

Health & Wellbeing Board Agenda



To: Councillor Yvette Hopley (Chair)
Councillor Margaret Bird (Vice-Chair)
Councillors Janet Campbell, Amy Foster, Maria Gatland, Tamar Nwafor,
Annette McPartland, Rachel Flowers, Morris, Hilary Williams, Michael Bell,
Steve Phaure, Matthew Kershaw and Debbie Jones

In attendance: John Goulston and Gordon Kay

A meeting of the **Health & Wellbeing Board** which you are hereby invited to attend, will be held **Wednesday, 18 January 2023 at 2.00 pm. F10, Town Hall, Katharine Street, Croydon CR0 1NX.**

STEPHEN LAWRENCE-ORUMWENSE
Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
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AGENDA

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (Pages 5 - 16)

To approve as accurate records, the minutes of the meetings of the Board, held on:

- Monday 17 October 2022
- Friday 18 November 2022
- Thursday 15 December 2022

3. Disclosure of Interests

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any items(s) of business on today's agenda.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Public Questions

Public Questions should be submitted before 12 noon on 16 January 2023 to democratic.services@croydon.gov.uk. Any questions should relate to items listed on the agenda. 15 minutes will be allocated at the meeting for all Public Questions that are being considered.

6. Adult Social Care Discharge Fund/Winter Pressures

The Board will receive a verbal update from Jack Edge of SWL ICS.

7. Family Hubs - REPORT TO FOLLOW

8. Croydon Mental Health Summit - November 2022 (Pages 17 - 80)

To consider the attached report, which details the outcomes of the Summit, held in November 2022.

9. LGA Review Update

To receive a verbal update.

10. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

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Health & Wellbeing Board

Meeting of the Health and Wellbeing Board held on Monday 17 October 2022 at 2.00pm in the Council Chamber, Town Hall, Katherine Street, Croydon, CR0 1AE

MINUTES

Present: Councillor Yvette Hopley (Chair)
Councillor Margaret Bird (Vice Chair)
Councillor Janet Campbell
Councillor Tamar Nwafor

Annette McPartland, Corporate Director Adult Social Care & Health (DASS)
Rachel Flowers, Director of Public Health - Non-voting
Edwina Morris, Chair of Healthwatch, Croydon
Michael Bell, Chair of Croydon Health Services NHS Trust - Non-voting
Matthew Kershaw, Chief Executive and Place Based Leader for Health

Also

Present: Helen Mason (Interim Head of Community and Primary Care)
Ben Jolly (Addington Station Commander, London Fire Brigade)

Apologies: Councillors Maria Gatland, Amy Foster
Co-optee Members Steve Phaure (Croydon Voluntary Action); Debbie Jones (Corporate Director for Children, Young People and Education)

PART A

10/22 **Minutes of the Previous Meeting**

RESOLVED that the minutes of the meeting held on Wednesday 19 January 2022 were agreed as an accurate record

11/22 **Disclosure of Interests**

There were no disclosures at this meeting.

12/22 **Urgent Business (if any)**

There were none.

13/22 **Public Questions**

There were none.

14/22 **Better Care Fund End of Year 2021/22 submission to NHS England**

The Health and Wellbeing Board considered the Better Care Fund End of Year 2021/22 submission to NHS England report to ensure that both national and local governance was completed correctly.

The Board received an overview from the Interim Head of Community and Primary Care, Helen Mason who summarised that:

- The Better Care Fund (BCF) was a national vehicle that the government used to progress health and social care integration, and local areas were required to agree a joint plan using a pooled budget on how funds were spent.
- Croydon BCF and One Croydon programme were the strong foundation for the integrated care delivery.
- The schemes funded in 2021-2022 maximised independence for people, outcomes following hospital discharge and development for ICS plus model of care.
- Croydon's successes were identified as progressing integration; joint localities induction sessions; and commissioned leadership sessions.
- Croydon's challenges were identified through the population health management; bed occupancy in hospitals; increasing hospital discharges; the increasing costs of packages of care; and the high number of care homes within the borough.

The Chair thanked Helen for the work on this report, which addressed the concerns in detail.

The Board **RESOLVED**: To note the end of year 2021/22 outturn submission to NHS England.

15/22 **Better Care Fund Plan 2022/23 submission to NHS England**

The Health and Wellbeing Board considered the Better Care Fund Plan 2022/23 submission to NHS England report, to ensure that both national and local governance was completed correctly.

The Board received an overview from the Interim Head of Community and Primary Care, Helen Mason who summarised that:

- The funding and schemes showed minor changes to what was put forward in 2021-22 funding.
- There were changes to the requirements which were put in last year
- The policy objectives had slightly changed – to enable people to stay well, safe and independent at home for longer and provide right care in the right place at the right time.
- The BCF also outlined how local systems provided support to unpaid carers with details within the report, also the end of life support.

- The intermediate demand template plan was also submitted for policy direction, which covered community reablement and bed-based care step up from the community and step down from hospital.
- The report provided a summary how the financial part was broken down, which included the funding schemes described in amounts. The NHS contribution to the Adults Social Care was £11.3 million. The NHS schemes were funding £6.7 million worth of investments in out-of-hospital services. The BCF and One Croydon programme were a strong foundation within the plans.
- There was additional investment to the discharge to assess processes in Croydon to enable the continuation of the pathway mandated on the outset of the Covid-19 pandemic in March 2020.
- Metrics, for performance, were also described in the plans

Further comments from the Board highlighted that funding for Adults Social Care would be streamed from the BCF, additionally, the expectation from the NHSE encouraged the review of the propositions to the impact of bed numbers, ways in which the BCF could be used to speed up discharge or avoid admissions. Croydon was successful at being the only London borough to be working with the national team reviewing hospital discharge in Croydon and how learning from other areas could improve creativity in Croydon to be successful.

In response to queries raised by the Board, Annette McPartland, Corporate Director Adult Social Care & Health, and Michael Bell, Chair of Croydon Health Services NHS Trust, clarified the following:

- In relation to people being discharged into long-term placements; the Board heard that this work was to be reviewed as the process was for every placement to be questioned as people were stepped down out of a placement for recovery before going home. The complexity and frailty of people leaving hospital had increased and thus the acuity of people coming out of hospital were in high need, therefore having the right support at the right time and place.
- In relation to delay in discharge and where patients were held; the Board heard that some of the delays for discharge came down to internal practice; some delays were within the domiciliary care; other significant delays of people affected and discharge were seen for non-Croydon residents who were in care, and work was undertaken to improve speed of response from their social services team. Further, delay discharged with patients staying over twenty-one days had improved by 30-40% in the last six months, though teams were in a better position to how things were in spring, there was more room for improvement.

The Chair thanked officers for the hard work involved and outlined the importance of the joint work of the Board across the council feeding into the programme.

The Board **RESOLVED**: To ratify the 2022/23 Better Care Fund planning submission to NHS England.

16/22 **Pharmaceutical Needs Assessment**

The Health and Wellbeing Board considered the Pharmaceutical Needs Assessment (PNA) report, which provided an update on the process to produce and publish the 2022 PNA.

The Board received an overview from the Director of Public Health, Rachel Flowers who shared a summary that the PNA was a statutory requirement of the Health and Wellbeing Board which was to be published every three years.

Though the PNA was genuinely in a good form, the community and voices of the people across all demographics was very much important to be heard as pharmacies was an important part for people to access to health care as an alternative or complementary to general practice.

In response to comments raised by the Board, Rachel Flowers clarified the following:

- In regard to the proposals to expand the prescribing of a wide range of different pharmaceutical products through community pharmacies; the new voluntary Patient Group Directives which had been put in place particularly around contraceptive care that included repeat prescriptions of prep and other areas, what were the ambitions in relation to community pharmacies. The Board heard that there was still ongoing work to finalise what the expansion meant, though, there were a large group of qualified people who could prescribe prescription medication which may change some dynamics. Opportunities to for South West London to commission across the whole of South West London was not successful at this time. There was current work undertaken around the elements of sexual health services, where medication current prescribed at the general practice may also be prescribed at the pharmacy. There was also further work to communicate the PNA for better understanding.

The Chair thanked officers for the report and confirmed the scheduled extraordinary Health and Wellbeing Board date for 18 November 2022 to approve the PNA.

The Board **RESOLVED**: To

1. Note progress and planned steps to publishing the 2022 Croydon Pharmaceutical Needs Assessment (PNA).
2. The HWB agree to convene a meeting in November 2022 for the purpose of the HWB considering and if thought fit approving the revised PNA and the publication of same, in order to avoid any further

delay in publishing the revised assessment beyond the statutory deadline of 1 October.

17/22 **Update on South West London Integrated Care System**

The Health and Wellbeing Board considered the Update on South West London Integrated Care System report, which provided an update on governance of SWL Integrated Care System and One Croydon Place, it also outlined health and care plan priorities and provided some examples of the delivery of the plan.

The Board received an overview from the Michael Bell, Chair of Croydon Health Services NHS, who provided an update on the Integrated Care System (ICS) which had now gone live since July 2022 and was a statutory organisation.

In summary, the Integrated Care Board was set up to decide how the NHS budget for their area was spent and develop a plan to improve people's health, deliver higher quality care, and better value for money; whilst the Integrated Care Partnerships brought the NHS together with other key partners to develop strategies to enable the ICS to improve health and wellbeing within its area.

The report further provides a detailed overview of population across South-West London, provider collaboratives (mental health, and acute and community), the memberships of the different parts of the system and the Croydon place-based partnerships. The ICS was also responsible for delivering the health and care plan.

Matthew Kerswell, Chief Executive and Place Based Leader for Health, added to the Board that as there was a lot of input in different levels for Croydon as it was also important to get the balance right, additionally Croydon was very well represented in this. An example of Croydon contributing to the ICS was that Croydon was the runner for the virtual ward hubs. The virtual ward concept was the use of technology to monitor patients with acute illness who was on their journey to be safely discharged from the hospital to be monitored at home. A patient would be visited at home should they require additional care before discharge from the virtual ward. An example would be a patient with a pacemaker would be monitored at home virtually. The virtual ward hub was still addressing clinical ways to address what they would cover. It was not aimed to monitor every patient out in the community. In relation to staff assistance for virtual wards, there was a rapid response service for a patient to contact in need of support. This design was to avoid the emergency call which would return patients back in hospital.

The innovation funding was identified money to the ICS for the higher than population based, whereas the inequalities funding was based on the Core 20 analysis, which was a third of the money provided and was reflective on the

needs of the Croydon population and the analysis to demonstrate where the need was greater.

The Chair thanked officers for this report, the funding and the relationships with the ICS and partners.

The Board **RESOLVED**: To note the information in the paper for discussion at the Board.

18/22 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 3:34pm

Signed:

Date:

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Health & Wellbeing Board

Meeting of the Health and Wellbeing Board held on Friday, 18 November 2022 at 9.15 am in Room 1.01 and 1.02 - Bernard Weatherill House, Mint Walk, Croydon CR0 1EA

MINUTES

Present: Councillor Yvette Hopley (Chair)
Councillor Margaret Bird (Vice-Chair)
Councillor Amy Foster
Councillor Amy Foster
Rachel Flowers, Director of Public Health - Non-voting
Matthew Kershaw, NHS Croydon Clinical Commissioning Group (CCG)
Louise Cretton (Vice Chair Croydon Health services)

Also

Present: Jack Bedeman (Public Health Consultant)

Apologies: Councillor Janet Campbell, Councillor Maria Gatland, Councillor Tamar Nwafor, Annette McPartland, Edwina Morris, Hilary Williams, Michael Bell and Debbie Jones (Croydon Voluntary Action); Debbie Jones (Corporate Director for Children, Young People and Education); Michael Bell, Croydon Health Services NHS Trust - Non-voting; Hillary Williams, South London and Maudsley NHS Foundation Trust

PART A

19/22 **Disclosure of Interests**

There were no disclosures at this meeting.

20/22 **Urgent Business (if any)**

There was none.

21/22 **Public Questions**

There was none.

22/22 **Pharmaceutical Needs Assessment**

The Health and Wellbeing Board considered the Pharmaceutical Needs Assessment (PNA) report, which provided an update on the process to produce and publish the 2022 PNA.

This report followed the briefing heard at the Board meeting on 17 October 2022, which further highlighted that there was a registered pharmaceutical service within the borough to increase emergency care with vaccination and health inequalities.

The needs assessment reflected on the importance and how good the service was including the increase in emergency care with vaccination and equalities, though the challenges raised were around the growing prices of medication. The PNA was also a very important part of primary care and showed how people could access their pharmacy and where they were located.

With a question relating to trusted providers and social prescribing, the Board heard that more work needed to be done around social engagement with more understanding around this work, it was noted that social prescribing did not always relate to drugs and that it was also a social aspect. Further, the importance for people to know what their local pharmacy provided in the community and how it was communicated was also highlighted.

The Board **RESOLVED**:

To sign off the 2022 Croydon Pharmaceutical Needs Assessment.

23/22 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 9.35 am

Signed:

Date:

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Extraordinary Health & Wellbeing Board

Meeting of the Extraordinary Health and Wellbeing Board held on Thursday 15 December 2022
at 10:08am in Bernard Weatherill House, Room 1.01 - 1.02, Croydon, CR0 1AE

MINUTES

- Present:** Councillor Yvette Hopley (Chair);
Councillor Margaret Bird (Vice-Chair);
Councillor Janet Campbell
Annette McPartland, Corporate Director Adult Social Care & Health (DASS)
Rachel Flowers, Director of Public Health - Non-voting
- Also Present:** Councillor Amy Foster
Councillor Tamar Nwafor
Debbie Jones (Corporate Director for Children, Young People and Education);
Stephen Hopkins (Head of Adult Placement, Brokerage and Market Management)
Richard Eyre (Head of Improvement in Adults Social Care)
Helen Mason (Interim Head of Primary and Community Care)
Daniele Serdoz (Deputy Director for Primary and Community Care Transformation for South West London ICB)
Jack Bedeman (Public Health Consultant)
Gordon Kay (Healthwatch Croydon)
Stella Bolt (EMHIP Programme Manager, Croydon BME Forum)
- Apologies:** Councillor Maria Gatland,
Edwina Morris, (Healthwatch) Steve Phaure, Croydon Voluntary Action;
Michael Bell, Croydon Health Services NHS Trust - Non-voting; Hilary Williams, South London and Maudsley NHS Foundation Trust; and Matthew Kershaw, ICB.

PART A

24/22 Disclosure of Interests

There were no disclosures at this meeting.

25/22 Urgent Business (if any)

There was none.

26/22 Public Questions

There were none.

Sign Off the Adult Social Care Discharge Fund Plan

The Health and Wellbeing Board considered the Adult Social Care Discharge Fund Plan report, that was enabled using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

The Board received a presentation from Helen Mason, Interim Head of Primary and Community Care, which highlighted:

- £500m was promised from the government to support discharge into the social care; 60% to ICB (Integrated Care Board) and 40% directly to local authorities. £2.687m was given to Croydon.
- Funding was to be used on activities that reduced flow pressure on hospitals by enabling more people to be discharged to appropriate settings.
- Fortnightly reports to NHSE to address specific criteria and monitor progress and metrics. Monitoring of impact was also addressed locally.
- All funds to be spent by March 31 2023, and activities must also end at that point.
- The Croydon Place Better Care Fund (BCF) working group worked with hospitals, CHS, adult social care, ICB, SLAM and primary care leads to develop potential schemes and addressed what was effective.

The Chair and Board Members congratulated officers for the immense work which demonstrated how the money was spent and the fortnightly monitoring of evidence which added a lot more work within the project.

In response to queries raised by the Board, Annette McPartland (Corporate Director Adult Social Care & Health), Stephen Hopkins (Head of Adult Placement, Brokerage and Market Management), Helen Mason (Interim Head of Primary and Community Care) and Daniele Serdoz (Deputy Director for Primary and Community Care Transformation for South West London ICB) clarified the following:

- In relation to sustainability and what would happen at the end of March, the Board heard that funding was a short-term development for the winter period.

Croydon was also successful in bidding for money from the Innovation fund which went to the voluntary sector as the BCF funding was targeted for the beds and hospital flow. The additional funding of Innovation, and the Age UK launching scheme to discharge and pathway zero, the proposal was to monitor to review success in the same light. Innovation fund and money for the voluntary sector needed to be more worked on with oversight on what was working within the community.

The Board heard that at present there were no commitment or clawback from NHSE to take back any money that was not spend by the end of March, though there was no additional funding at the end of March.

Further, the on-going pressures was to be reviewed as the metrics helped review the impact of the funding across the borough and all the schemes also had different start dates. With most of the schemes enhancing and bolstering, there were no new pathways or risks. Feasibility round staffing was the biggest risk, as there were significant challenges in recruitment. The scheme had investigated this to address skills and risks.

- In relation to bed discharge in paediatric wards and CAMHS, the Board heard that this particular BCF funding was not applicable to children's services, however, there was a proposal for a two-year plan through the main funding in 2023-24 to include children's services to also support children and discharge.
- In relation to staffing, the Board heard that work force was an issue which may result in what schemes would take off. There was willingness from staff across board to embark on the work over the winter, this included overtime of extra shifts which staff would be remunerated for. Skill mixes within in the system was also sought in recruiting more staff; this included gaining staff from private organisations to support and help local authorities and hospitals to avoid the pressure.
- In relation to what the two-weekly assessment would look like, the Board heard that 1% would be used for the administration of the report feeding in the data and information. There would be clear metrics for use.
- In relation to the role of the HWBB, the Chair requested for reports to return to the Board to address the progress and see the measures of success and what was not working, to understand the evaluation of what was happening with the money.
- In relation to the monitoring of the funds, the Board heard that the BCF Board were to review the schemes performance with any change in a scheme had to be passed by the BCF Board to gain agreement across with partners for this change. There was a clear governance around how to use the BCF. The BCF Board were also managing the metrics. However, the Innovation funds and how that fund was spent sat outside of the BCF Board. Alignment between the two would be monitored through the BCF working group as one programme.

During the consideration of the recommendations, the Board discussed the following:

- There were clear benchmarks on these projects, which were good to see what would be working well and better.
- Preventative measures in the community and understanding the social support through other avenues was welcomed for further discussion.

- What success looked like would come from a resident's perspective, therefore it was important to monitor success.

The Board **RESOLVED:**

To ratify the Adult Social Care Discharge Fund schemes as an addendum to the previously submitted 2022/23 Better Care Fund submission to NHS England.

28/22 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 11.10 am

Signed:

Date:

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LONDON BOROUGH OF CROYDON

REPORT:	Health and Wellbeing Board	
DATE OF DECISION	18 th January 2023	
REPORT TITLE:	Croydon Mental Health Summit – November 2022	
CORPORATE DIRECTOR / DIRECTOR:	Rachel Flowers, Director of Public Health	
LEAD OFFICER:	Jack Bedeman, Consultant in Public Health Email: jack.bedeman@croydon.gov.uk Telephone: 22616	
AUTHORITY TO TAKE DECISION:	<p><i>Constitution of the London Borough of Croydon - Part 4.L</i> It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon, to work in an integrated manner and the Summit and its outcome arose from that.</p>	
KEY DECISION? [Insert Ref. Number if a Key Decision]	No	N/A
CONTAINS EXEMPT INFORMATION?	NO	Public
WARDS AFFECTED:	All	

1 REPORT

- 1.1 The Croydon Mental Health Summit was held at Braithwaite Hall on the 18th November 2022, 9.45am-1pm.
- 1.2 The event was held to deliver a Mayoral campaign commitment to hold a summit with Croydon Citizens and delivers against the Mayor's Business plan 2022-2026 Outcome 5, People can lead healthier and independent lives for longer, Priority 2, work closely with health services and the Voluntary Community and Faith Sector (VCFS) to improve resident health and reduce health inequalities.

- 1.3 The event was jointly hosted by the Health and Wellbeing Board and Croydon Citizen's. The Chair of the Board, Cllr Hopley, welcomed attendees alongside Mother Susan Wheeler- Kiley of Croydon Citizens.
- 1.4 The Key notes were delivered by Sir Norman Lamb, Chair of South London and the Maudsley; Rt Revd Dr Rosemarie Mallett, Bishop of Croydon; and Jason Perry the Executive Mayor of Croydon.
- 1.5 There were 100 participants from across community groups and the health and social care sector.
- 1.6 The Slides presented and outline of the day are included within appendix A along with the feedback from the outbreak sessions from participants in appendix B.
- 1.7 Participants shared their experiences around barriers to access and signposting and treatment in the community as well as looking at the opportunities around mental health in the current health and wellbeing strategies in Croydon.
- 1.8 There was lively discussion on the day and consensus around the importance of mental health and wellbeing as a driver of good health, that there is more to be done around access to mental health and looking at the structural barriers and drivers of health inequalities that impact on poor mental health. There was a theme around fragmentation of the mental health support offer and the need for strong leadership and more join up of strategies and services.
- 1.9 Croydon Citizens agreed to take the findings to continue their work engaging with communities and working to support primary care.
- 1.10 The feedback will be used to inform the refresh of the Croydon Health and Wellbeing Strategy.

2 RECOMMENDATIONS

The Health and Wellbeing Board is recommended:

- 2.1 to note the outcomes of the summit.
- 2.2 to note that a further report will be brought to the Health and Wellbeing board with recommendations and proposed process and timeline for commencing the development of proposals for inclusion in a new Local Health and Wellbeing Strategy with the outcomes of the summit being fed into the process.

3 REASONS FOR RECOMMENDATIONS

- 3.1 To share the outcome of the Croydon Mental Health Summit

- 3.2** To integrate the learning from the Mental Health Summit into the development process of a Local Health and Wellbeing Strategy.

4 BACKGROUND AND DETAILS

- 4.1** *The Mayor made a campaign promise to hold a Summit around mental health and primary care with Croydon Citizens.*
- 4.2** *It is a statutory function of the board to develop a Joint Local Health and Wellbeing Strategy however the adoption of the Strategy is a matter which is reserved to Full Council. The current strategy was published in February 2019.*

5 ALTERNATIVE OPTIONS CONSIDERED

- 5.1** *The Mental Health Summit was designed with Croydon Citizens to fulfil a Mayoral campaign pledge.*

6 CONSULTATION

- 6.1** *Members of the public were consulted as part of the event.*
- 6.2** *The development of the Health and Wellbeing Strategy will build on other existing local health strategies and will utilise the outcomes of previous engagement. It will also build on the evidence from the local Joint Strategic Needs Assessment and undertake additional engagement and consultation as required.*

7. CONTRIBUTION TO COUNCIL PRIORITIES

- 1.11** *The summit was the delivery of a Mayoral commitment and delivers against the Mayor's Business plan 2022-2026 Outcome 5, People can lead healthier and independent lives for longer, Priority 2, work closely with health services and the VCFS to improve resident health and reduce health inequalities.*

8. IMPLICATIONS

8.1 FINANCIAL IMPLICATIONS

- 8.1.1** There are no direct financial implications as a result of this report. Any future financial impact will be fully considered as part of subsequent reports as they arise.
- 8.1.2** Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. (Date 10/1/2023)

8.2 LEGAL IMPLICATIONS

- 8.2.1** The establishment, composition and functions of the Health and Wellbeing Board are set out in the Health and Social Care Act 2012, sections 194-196.
- 8.2.2** Section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022 provides that the responsible local authority and each of its partner integrated care boards must prepare a strategy (“a joint local health and wellbeing strategy”) setting out how the assessed needs in relation to the responsible local authority’s area are to be met by the exercise of functions of—
- (a) the responsible local authority,
 - (b) its partner integrated care boards, or
 - (c) NHS England.
- 8.2.3** The responsible local authority and its partner integrated care boards need not prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that the existing joint local health and wellbeing strategy is sufficient.
- 8.2.4** In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must, in particular, consider the extent to which the assessed needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way). In addition, the responsible local authority and each of its partner integrated care boards must have regard to the integrated care strategy prepared under section 116ZB, of the 2007 Act, the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006, and any guidance issued by the Secretary of State. In this regard the current statutory guidance is the Department of Health guidance “Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies” from 2013 which is due to be updated following the 2022 legislative changes. There is also published non-statutory guidance “Health and Wellbeing Boards- guidance” dated 22 November 2022 which is of relevance.
- 8.2.5** In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must—(a) involve the Local Healthwatch organisation for the area of the responsible local authority, and (b) involve the people who live or work in that area.
- 8.2.6** The responsible local authority must publish each strategy prepared by it under this section.
- 8.2.7** The Health and Wellbeing Board continues to be responsible for the development of joint strategic needs assessments and joint local health and wellbeing strategies but the function of approving any Local Health and Wellbeing Strategy is a matter reserved to Full Council under Part 2 of the Constitution.

Comments approved by the Head of Litigation and Corporate law on behalf of the Director of Legal Services and Monitoring Officer. (Date 09/01/2023)

8.3 EQUALITIES IMPLICATIONS

8.3.1 The Mental Health summit crosses all equality characteristics in that mental health concerns may impact all members of the community. As such the development of a strategy will also benefit all characteristics in the Croydon community.

8.3.2 The invitation to the Mental Health Summit was shared widely through community groups including an emphasis on minoritized groups and experts by experience. The summit also had a focus on improving mental health outcomes for racialised groups.

8.3.3 Development of the Health and Wellbeing Strategy will include an equalities impact assessment which will identify equality implications for all characteristics.

8.3.4 Comments approved by Denise McCausland Equalities Programme Manager (10/01/2023)

9. APPENDICES

9.1 A *Croydon Mental Health Summit Slides*

9.2 B *Croydon Mental Health Summit Participant Feedback*

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Croydon Mental Health Summit

Friday, 18 November 2022

Welcome

Please help yourself to some tea/coffee

Croydon
citizens



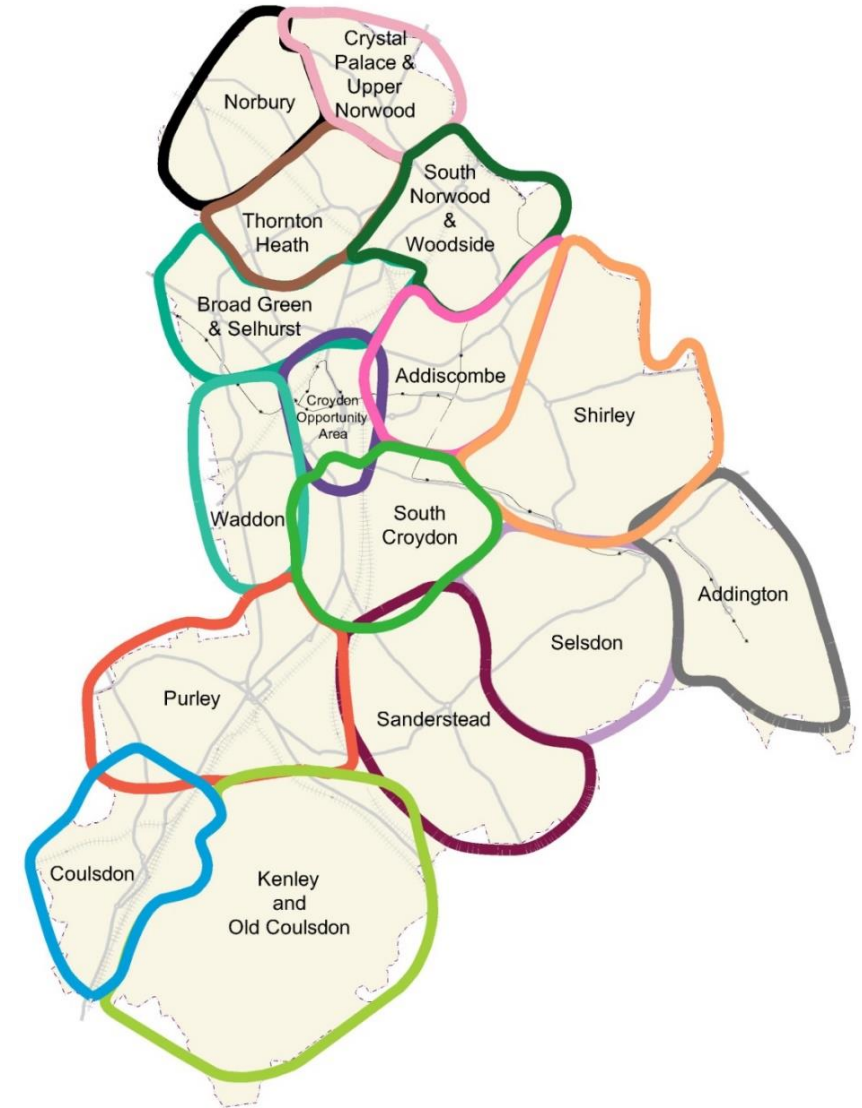
CROYDON
www.croydon.gov.uk

House Keeping

- Welcome, please sign-in
- Fire exits: we are not expecting a fire alarm
- Location of bathrooms
- Opportunity to network – say hello and share your good practice
- Break-out sessions – move around as suits you
- Sensitive discussions – be kind and take a moment if needed
- Notes of the day will be circulated after the meeting

Agenda

- Welcome
- Hear from our speakers
- Mental health in the community and primary care
 - Breakout groups
 - Plenary debrief
- Hear from more of our speakers
- Informing the Health and Wellbeing Strategy
 - Breakout groups
 - Plenary debrief
- Reflections and closing



Welcome

Cllr Yvette Hopley

Cabinet Member for Health and Adult Social Care
Chair of Croydon Health and Wellbeing Board



Mother Susan Wheeler- Kiley



Sir Norman Lamb

Sir Norman Lamb

Chair of South London and Maudsley NHS Trust

Co-chair of South London Listens Taskforce



Bishop Dr Rosemarie Mallett

The Ven Dr Rosemarie Mallett

Bishop of Croydon

Co-chair of South London Listens Taskforce



Mayor Jason Perry

Mayor Jason Perry

Mayor of Croydon



Croydon Citizens – Mental Health in the Community and Primary Care



Croydon
citizens

Breakouts - Mental Health in the Community and Primary Care

Tables	Discussion themes
Tables 1 and 2	Barriers to access in the community
Tables 3 and 4	Signposting and treatment in primary care
Please help yourself to tea and coffee.	

Wayland Lousley and Stella Bolt

Wayland Lousley

Head of Mental Health Commissioning
for Croydon

Stella Bolt

Programme Manager, Ethnicity &
Mental Health Improvement
Programme (EMHIP)



Co-production

Recurring themes: services feel fragmented, hard to access, poorly-tailored to different Ethnic Minority communities, too focused on crisis and reactive treatment not well-being and prevention. There is a need to rebalance this and ensure there are new roles to support people, mental health 'champions' to be embedded in community groups, third sector and peer support, enabling self-care and opportunities to improve well-being through work, social activities and exercise.

A summary of the engagement that took place to support the development of the original business case for Mental Health Wellbeing Hubs:

Engagement and Co-production events:

- Transformation Workshop (MHPB) – June 2018
- All MHPBs transformation is a standing item – monthly 2018
- Grassroot events – July 18 & November 18
- Community Hub Delivery Group 17 September 18
- Enhanced Primary Care Delivery Group 14 September 18
- Community Hub Delivery Group 1 October
- Croydon MH Forum (Hear Us) - February 2019
- Healthwatch Croydon. Meet the Changemakers Mental Health - July 2018
- With Public Health - Thrive London Borough wide event - July 2018
- Other Grass roots events
- with South-west London Association for Pastoral Care in Mental Health - Sept 2018
- With AGE UK & ASKI BME Elders - MH prevention - March 2017 & May 2018
- Croydon College - LGBT group - June 2018
- Engagement will continue with design and development based on principles of co-production

The Woodley Review

echoed the issues raised through co-production events, emphasising:

- Long waiting times and delays in hospital admission.
- Voluntaries disenfranchised from decision making & strategic thinking with Commissioners working in silos

All the Woodley and Co-produced recommendations have informed and underpin the Croydon Mental Health Transformation Programme. Co-production has continued throughout service design, building community capacity & ensuring a focus on BAME communities at every organisational level of the decision making process

Additional Service User, CCG, LA, Voluntary Sector engagement:

- Hear Us Presentation 7th May 2019
- Governance discussions with LA and One Croydon Apr-May 2019
- Public Health discussions with LA Mar-May 2019
- Discussions with MIND to repurpose contract Apr-May 2019
- BAME Workshop June 2019
- LMC Engagement June 2019
- Discussions with Autism Carers Group Apr 2019
- On-going discussions with CCG Clinical Lead

Vision

Well co-ordinated mental health care and support in the most appropriate setting, which is truly person-centred and helps people to maintain their independence

The Challenge: The existing Model of Care is disproportionately provided in Acute settings particularly for people from Ethnic Minority backgrounds. There not being enough alternative provision in Primary Care and Community settings, provided by GPs, health and voluntary sector professionals, and peer support workers. Evidence demonstrates that patients spend too long in hospital, past the point of clinical effectiveness, and health professionals are spending a significant proportion of their working day providing support on non-health related social matters. Mental health patients report feeling support is over-medicalised, and they are not receiving the support they need to prevent poor mental health, self-manage their illness, and avert mental health crises. The current system of support for mental illness is both expensive and inefficient. The challenge is to provide alternative appropriate support – social as well as health related – in accessible settings at convenient times to avert crises, prevent admissions which includes appropriate alternative provision in community settings that promote well-being and recovery. The Model of Care therefore must be transformed to meet the need of the individual in the right place at the right time.

Objectives

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The following are objectives of this business case:

enable people to take responsibility for managing their own health and wellbeing in the most appropriate setting for them;

deliver a Model of Care that ensures people are at the centre of their care, enabling them to achieve the outcomes that are important to them and promotes a shift in focus from dependency and ill health to independence and wellbeing;

- incentivise effective partnerships, providing care and support in and through the community;
- engage, empower and grow community networks and assets so they are responsive, timely and flexible to individual needs;
- reduce health inequalities and improve health and well-being outcomes across the borough;
- deliver transformation across the system in order to achieve optimum value for money and economies of scale and efficiency by leveraging resources and capabilities across the system.

Principles

- Acknowledging that the existing Model of Care is not optimum and is not supporting people to stay healthy in the community;
- And is not empowering people to look after themselves,
- Acting in accordance with the needs of people in Croydon, recognising the cultural diversity, the existing health inequalities, stigma and engrained attitudes;
- being collaborative, co-operative and timely in our approach to system transformation and decision making;
- invest, transfer funding appropriately to different settings of care to change the Model of Care;
- continuing to operate to principles of co-design and co-production through engagement with the people of Croydon and other key stakeholders, seeking their views and facilitating their involvement;
- committing to a culture that promotes innovation and transformation across the system, and organisational boundaries; making best use of available resources.
- The Model of Care and the Delivery Landscape will be based on that of the ICN+ and there will be close joint working.

Major Themes

Major themes and threads that run through the transformation work include but are not limited to:

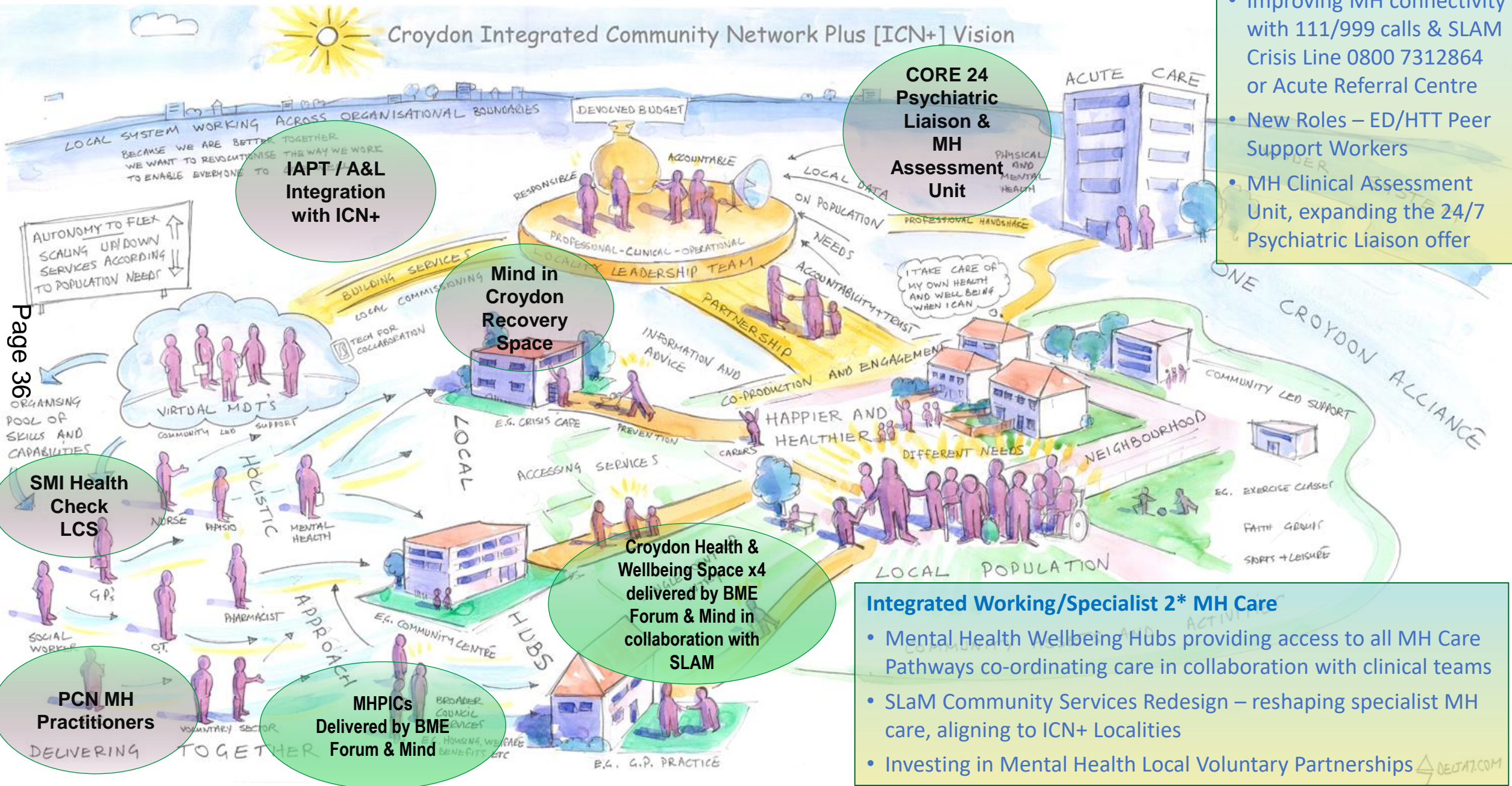
- Tackling Inequalities
- Improving the transition from CAMHs to Adult MH Services
- Making the most of Digital Innovation
- Prevention and Public Health Mental Health: Education & Training
- Intervening 'up-stream' and averting crises
- Providing appropriate community-based alternatives to inpatient treatment / Depots in the community
- Social prescribing and emphasis on social support to prevent clinical crises
- Modelling the impact of increasing acuity and specialised support in secondary care settings
- Working in 'alliance', with outcome based commissioning and capitated budgets

Strategic Context – Phased Delivery of Vision

Our 'Blueprint' for delivering the 'vision': 'what good looks like'...

Phase 1: Meeting the Ambitions of the Five Year Forward View (FYFV)	Phase 2: Meeting the Ambitions of the NHS Long Term Plan	Phase 3: Shifting Settings of Care (Cultural Change; Workforce; Thresholds)
2019/20 – 2020/21 (Covid delayed starts)	2021/22 – 2022/23	2023/24 – 2024/25
<div>Page 35</div> <p>Funding source: NHSE Crisis Transformation Fund</p> <p>Strategic Aim: Meeting the ambitions set-out in the 5yr Forward View (FYFV)</p> <ul style="list-style-type: none"> Establishment of a Recovery Space (crisis café) Local Commissioned Scheme for SMI Health Checks and Longer Appointments MH Advice Line for GPs MH PIC workers in GP Huddles & ICN+ MDT's Peer Support Workers CMHT Restructuring Stabilising Voluntary sector – longer contracts MH Local Voluntary Partnership – Grant funded initiatives strong focus on improving care for people with learning disabilities and autism Strong focus on carers / families IPS Wave 2 Health Education England training for care coordinators 	<p>Funding source: Mental Health Investment Standard and Spending Review Allocation</p> <p>Strategic Aim: Meeting ambitions in NHS Long Term Plan</p> <ul style="list-style-type: none"> Establish a Pilot MH Wellbeing Hub (Croydon Health & Wellbeing Space) – Open Access in Central area 2021/22, 2nd Hub North area 2023 Intermediate supported accommodation for step down (Shared Lives – implementation started in 2020/21, Enhanced Crisis pathway in 2021/22) MHW Hubs to work closely with each of the 6 ICN+ Localities & Talking Points (MHPICs) Autism adapted support – Autism Strategy Managing transition from CAMHs to Adult MH Further support in workplace (awareness / resilience) Ethnic Minority Focused Services - Ethnicity in Mental Health Improvement Programme (EMHIP) 	<p>Funding source: Mental Health Investment Standard / Shifting Settings of Care (i.e. transferring resource and activity from secondary care to community and primary care)</p> <p>Strategic Aim: meeting ambitions in NHS Long Term Plan / funding social care and housing</p> <ul style="list-style-type: none"> 3rd Health & Wellbeing Space in South area 2024 (may require 2 smaller hubs to cover the geography) Benefits Realisation from phases 1 & 2 – Begin to see improved access, experience, and outcomes especially for Ethnic Minority Communities Delivering a Modern Acute Mental Health Hospital Shifting activity and resource from secondary care to primary care and communities Enhancing primary care and community support further Improved psychological support Improved social care support

Where we are..... Mental Health Transformation – Improving Outcomes



Case Study- Mind “Recovery Space”

Background

- Mr A was referred by the MH Liaison Team at CUH for Emotional Support, Psychological Intervention, Social Inclusion, Information, Activities to Assist Daily Living
- A phone call assessment by Recovery Space staff happened whilst Mr A was waiting for an ambulance to go to the Emergency Department again. The assessment resulted in Mr A cancelling the ambulance and going to the Recovery Space instead

What did we do?

- The HTT were able to provide Mr A with his medication whilst at the Recovery Space
- Checked if Mr A had been referred to Turning Point ensuring he was
- Agree to reduce alcohol consumption
- Refer Mr A to Employment Services, Active Minds, Social Networking Service and a Carers Service

As a result of the Recovery Space involvement Mr A is now...

- engaged with other services.
- able to focus and feels motivated to action his personal recovery plans.
- not drinking alcohol or calling for an ambulance when anxious.
- supported to achieve & engage with services to continue to work on the reasons for referral.
- self reporting on the Recovery Star as learning or being self reliant in 9 out of the 10 areas e.g. managing his mental health, trust and hope, which is a marked difference from when he started, scoring 1 or 2 e.g. feeling stuck or struggling to accept help.

**Mr A concluded
“ this is the first
time I had a service
that works for me ”**



Before & After Case Study – Croydon Health & Wellbeing Space

Amy is 37. She has had a diagnosis of Schizophrenia for 15 years and has been living very stably for the last decade when she presented to her GP distressed, feeling paranoid and like she was losing control of her life. Having lost one of her two part-time jobs, she has fallen into arrears with her Housing Association. She ignored the last two letters, but on Friday received a letter threatening her with eviction should she fail to respond to this final notice. She is also being depressed about the weight she's gained on her medication, and she admits to skipping doses and to smoking cannabis to help her relax, due to the stress.

BEFORE

Amy's GP is very concerned about her mental state and welfare. She feels that a medication review is essential and agrees to refer her back to her old CMHT for this. The waiting time to be seen is roughly 10 weeks, she is told, and they will contact Amy directly at her address. Amy is at imminent risk of losing her tenancy, which doesn't meet the criteria as an urgent referral.

Her GP then advises her about a Citizen's Advice service run by the Council and suggests she goes there to get support with her flat and suggests they may also be able to give her debt advice. They can also be accessed on-line.

She asks Amy if there are other ways to relax that she enjoys, rather than relying solely on cannabis. She used to enjoy yoga but got out of the habit and now feels unsure about how she could afford to attend a class and feels that people would talk about her.

They agree to meet again in a week, but Amy doesn't attend that appointment. Four months later the GP gets a letter to say that she has just been discharged from an in-patient ward and is moving in to supported accommodation for a year.

AFTER

Amy's GP sends a 'task' via EMIS to the CHW Space, a one-stop shop for mental health and well-being, requesting a same-day call back with a Psychiatrist to discuss Amy's medication. A full review is agreed, considering options that have fewer cardio-metabolic side effects to take place at the New Addington GP Huddle.

At the same time the GP updates Amy's "Well-Being Plan" with the latest information following their consultation. Amy identifies from the 'CHW Space' website when the next Housing Advice session is running and arranges to see a Support/Peer Worker later that day. They agree to meet the Housing Association together.

In notes, her GP advises that Amy is feeling socially isolated and would likely benefit from some time with the Support/Peer Worker to access weekly yoga or mindfulness sessions near where she lives. When Amy is meeting the Support/Peer Worker in the CH & Wellbeing Space café area, she recognizes someone she once knew well from Rehab who's also going to yoga. She agrees to pick Amy up so they can walk there together.

The Support Worker updates Amy's "Well-Being Plan" on EMIS, so it is available when Amy's GP sees her in a week's time to review.

Health and Care Plan Priorities 2021 – 2023

Improve the Community Mental Health pathway (Underpinned by Prevention & Early Intervention)

- Deliver Mental Health Wellbeing Spaces for Croydon in Central, North, South-East and South-West Localities
- Re-establish the Dementia Action Alliance
- Strengthening Mental Health and Substance Misuse Pathways

Improve the Crisis Mental Health Pathway (Underpinned by Prevention & Early Intervention)

- Establish a Mental Health Assessment Unit at Croydon University Hospital
- Strengthen both the non-clinical / clinical provision and care pathways for those experiencing a mental health crisis

Provide greater Mental Health support in primary care (Underpinned by Prevention & Early Intervention)

- Introduce new clinical & non-clinical roles focused on mental health
- Strengthen the care pathways for mental health

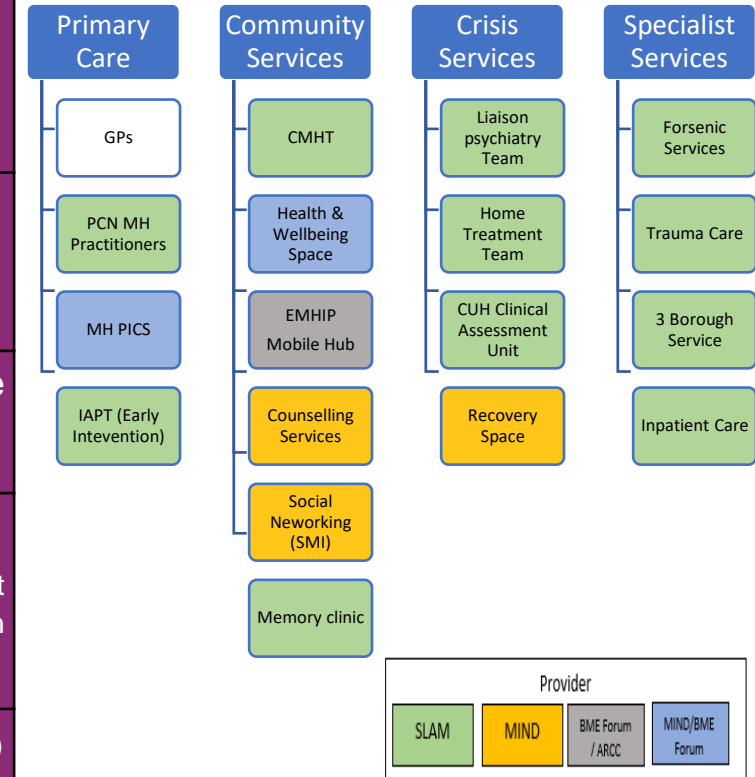
Establish a clear pathway for people with a serious mental illness to facilitate step down to more independent living

Enhance Partnership Working – Moving to an Integrated Care System (ICS)

- Establish a Mental Health & Learning Disability Joint Commissioning Boards to develop our commissioning plans, review current provision and market relations, and to ensure our collective resource is being used appropriately to support individuals with health and social care needs with a focus on prevention and early intervention

Address the Health Inequalities for Mental Health across Croydon (Underpinned by Prevention & Early Intervention)

- Implement the Ethnicity Mental Health Improvement Programme



The Mental Health Programme aims to prevent mental health problems and ensure early intervention for those with mental illness by improving access to services and providing care closer to home where appropriate. Despite the negative impact of the pandemic causing delay's in delivery, progress has been made. The pandemic and lockdown restrictions have negatively impacted on people's mental health and as restrictions were lifted we have seen a significant increase in demand and acuity through all of our services.

Improving Outcomes for Ethnic Minority Communities

The Croydon transformation workstreams have initially focused on establishing the new infrastructure and roles e.g. Recovery Space, MHPICs hosted by Voluntary Sector in the Community to shift the emphasis from Acute inpatients to prevention and early intervention in the Community. Including enabling mental health services to further integrate with physical health developments e.g. ICN+ Localities.

Diversity has underpinned each step, building on the engagement events. Co-production of design, recruitment of staff with Croydon BME Forum in Partnership with Mind to deliver MHPICs and Health & Wellbeing Hubs, and establishing Ethnic Minority champions to change practice, enable culturally sensitive service provision, and inform operational and commissioning decisions.

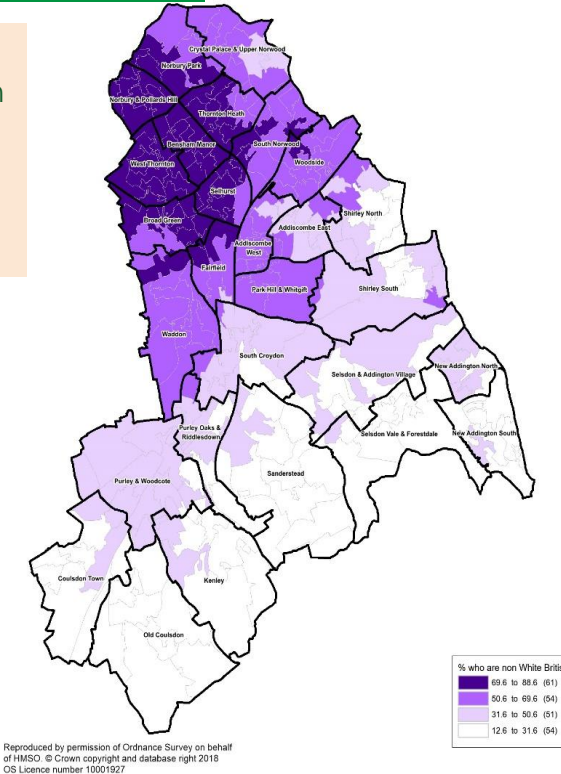
Ethnic Minority Interventions:

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Establish a Recovery Space (crisis café) with robust statutory referral links. Oct' 2020

Recovery Space increased referral sources e.g. GP's, CMHT's (Q4 2020/21) and targeting specific under-represented communities (from Q2 2021/22)

- Establishing new community based Health & Wellbeing Space. Contract awarded to Croydon BME Forum in partnership with Mind in Croydon. Started (Q4) 4th Jan 2022.
- New MH Personal Independence Coordinators (MHPICs) roles from April 2021. Specifically recruited to ensure diversity, developing as Ethnic Minority champions and will work closely with the EMHIP Mobile MH Wellbeing Hub to target hard to reach communities.
- MH Local Voluntary Partnership Grant – the successful initiatives provide essential community development roles as spokes to the MH Wellbeing Hubs. Mar' 2021.
- Peer Support workers in Crisis Pathway initiatives e.g. MH Assessment Unit, HTT
- Right Care, Bed Flow and reshaping of SLAM MH Services enables better alignment with the Health & Wellbeing Space and new roles. Enabling the appropriate changes in



NEXT STEPS:

- Ensure effective reporting of Ethnic Minority outcomes to further inform operational and strategic decision making across the health and care system.
- 'Test and Learn' approach to implementation allows for quick adjustments to service provision
- Robust local governance and commitment to ensuring a focus on Ethnic Minority communities at every organisational level of the decision making process.

Ethnicity Mental Health Improvement Programme



The Ethnicity and Mental Health Improvement Project (EMHIP) is a system-led partnership with a specific objective to reduce ethnic inequalities in access, experience and outcome of mental health care and will link to SLaM's Patient Carer Race Equality Framework (PCREF) development.

A collaborative partnership:

- South West London CCG
- South London & Maudsley NHS Trust
- Local network of BME voluntary, faith and community groups, organised by Croydon BME Forum in collaboration with Wandsworth Community Empowerment Network (WCEN)

Aims of the project:

- Achieve a more detailed and granular understanding of the extent and nature of ethnic disparities in mental health care in Croydon
- Develop a bespoke whole-system intervention programme to reduce ethnic disparities in access, experience and outcome in mental health care in Croydon
- Implement this intervention within the local mental health systems
- Monitor and evaluate the process and outcomes

Phase 1:

- Establish a BME Expert Oversight Group & Approve Project proposal
- Establish a project team
- Project development:
 - ✓ mobilisation and alignment of local resources / assets including key partner agencies
 - ✓ Mapping and analysis of BME mental health / points of inequality in care pathway – Croydon
 - ✓ Identify and mobilise BME community assets / networks
 - ✓ Ethnicity audit process finalised
 - ✓ Key stakeholder engagement events – iteration / adaptation / “what good looks like”
 - ✓ Co-develop and agree key interventions delivering a business case for implementation of Phase 2

Ethnicity Mental Health Improvement Programme – Next Steps



➤ Approval of EMHIP Phase 1 report – Proposed Key Interventions

Phase 2:

- Report feedback and stakeholder consultation
 - ✓ It is important that stakeholders who contributed to the report can see that their views are considered, and they have an opportunity to comment on the proposals (interventions) and for further iteration.
- Develop Full Business Cases and costings - Five Key Interventions
- Develop a High-level Implementation Plan (incl. Scoping existing provision)
 - ✓ Anchoring each intervention in the system, in partnership with services and clinicians
 - ✓ Establish Service Implementation Groups (SIG) – identify processes, barriers, facilitators
 - ✓ Ensure BME community and Lived Experience involvement
 - ✓ Data alignment and audit – monitoring and outcomes
 - ✓ Governance and project management

➤ EMHIP Phase 3 – Implementation

MILESTONES



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5 KEY INTERVENTIONS

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**MOBILE
HEALTH &
WELLBEING
HUB**

1

IMPROVING
CRISIS CARE
AND CHOICE

2

REDUCE
RESTRICTIVE
COERCIVE
PRACTICES

3

ENHANCING
CARE FOR
PEOPLE WITH
SMI

4

CULTURALLY
CAPABLE
WORKFORCE

5

Community at the Heart

Mental Health & Wellbeing Hub



- First intervention / Adaption to a mobile model
- Bid for Health Inequalities Fund
- Whole-family approach
- Non-clinical service, supported by a psychologist
- Linked to the Health and Wellbeing Spaces
- Linked in with specialist care pathways (*DASV, perinatal mental health, family hubs, mental health teams*) – priority is to **bring everything together to the community.**
- Plans to fully integrated with LTC health care pathways and physical clinics (*diabetes, respiratory and cardiovascular*) supporting communities by linking the mind and the body
- Launching 2023



Systemic Family Therapy Training

- Training up our local faith and community leaders
- Level 6 Accredited Course, Two Year Commitment, commenced from Sept 2022
- 19 Students Registered, range of ages
- Students from Black Caribbean, Black African and South East Asian backgrounds
- From the Christian and Muslim faiths
- Weekly sessions held at the BME Forum
- Building community champions: the aim is to provide local residents with the skills to support their own communities
- Mental Health and Wellbeing Hub Psychologist will also support these students within their communities

EMHIP PRIORITIES & NEXT STEPS

NOV 2022 - JAN 2023



- Confirm locations for Mobile hub team sessions with Faith & Community Leaders
- Further engage with 'Lived Experience' residents
- Set up an implementation delivery working group
- Complete service specification for Mobile Hub (Nov'22)
- Complete procurement and contract processes (Dec'22)
- Award contract with recruitment to start - prioritising the Manager role (Jan'22)
- Establish a forward plan with more detailed milestones for all interventions (Jan'22)

Questions?

Rachel Flowers

Rachel Flowers

Director of Public Health,
Croydon Council



How are you feeling today?

Mental Health in Context

Mental health is not linear



Falling on hard(er) times...

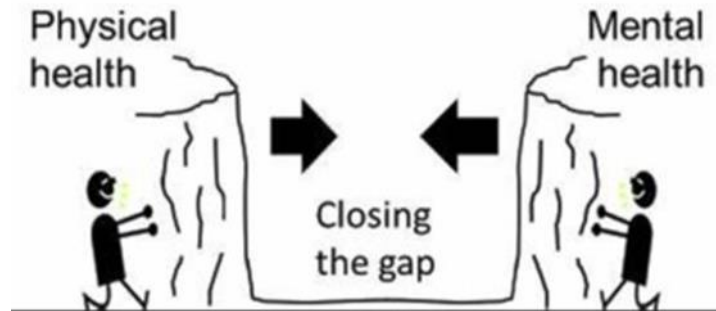
COVID-19 pandemic

- 1/3 of adults and young people said their mental health has got much worse since March 2020
- 88% young people said loneliness has made their mental health worse since the pandemic (Mind, 2021)

Cost-of-living crisis

- 77% British adults have reported feeling stressed because of the cost-of-living crisis (ONS, 2022)
- 50% people in debt also have a mental health problem
- 1 in 5 people experiencing a mental health problem also experience money issues (Mental Health UK, 2022)

No Health Without Mental Health



Breakouts Tables

Tables	Theme
Table 1: South London Listens	Review of priority pledges, how they fit for Croydon, who else needs to know about this?
Table 2: Croydon Health and Care Plan	How can we maximise mental health and wellbeing?
Table 3: SWL Mental Health Strategy	How might this fit for Croydon? How can we build on this?
Table 4: Suicide Prevention Strategy	What's working well, where are the gaps, what needs to be improved and what priorities should be considered for inclusion
Table 5: Reflections and Thoughts	Anything missed, concerns and hopes

Reflections?

Thank you

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Mental Health Summit – Participant Feedback

18th November 2022
Braithwaite Hall, Croydon

Summary of information

- These slides summarise the information captured by facilitators at Croydon's Mental Health Summit on 18th November 2022, these are the views and experiences of attendees from across Croydon and should be viewed as such
- There were 2 break-out sessions in which participants were asked to provide views on the following topics
 - Barriers to access in the community / signposting and treatment in primary care
 - Informing the health and wellbeing strategy refresh – a review of key strategic work programmes
- The information captured here on each of these sessions will be used to inform the Health and Wellbeing Strategy refresh in 2023
- Participants were also asked to provide feedback on the day via an online evaluation form – this form asked participants to reflect on the day and the priorities that should be reflected in the Health and Wellbeing Strategy refresh. A summary of the responses is captured in this slide deck. The questions are included at the end of this pack however only 1 response was received so we are unable to report on this.

Signposting and treatment in primary care

Stories and Solutions

Table 1

Stories

- Mental health first aid
- Practice nurse- mental health nurses in GP practices
- BTP – supporting young people who present on railways
- Money on my mind support for young people as well as adults
- Gap for young people
- Challenges getting people to GPs
- Allowing next of kin to help and have information

Solutions

- Training faith leaders
- Systemic family therapy
- More support after a traumatic event
- Sharing of information about other services e.g., the app available in Croydon
- Website – www.croydon.simplyconnect.uk

Table 2

Stories

- Work with groups of carers- they believe you don't get help you need or comes too late
- Father diagnosed with borderline personality disorder – didn't go to be signposted
- Training for family members and friends as well as professionals
- Not being able to get appointments for signposting
- Stigma- parents not coming forward
- Cared for mother in law with dementia – GP helpful – signposted to voluntary respite
- Friend with bipolar and alcohol issues – caught between primary care and alcohol organisation
- Trust issues- being able to see the same doctor

Solutions

- Putting information and screening tools in everyone's hands
- Listening
- Greater co-working between organisations
- Opportunity to have sufficient time with someone who can listen (mental health practitioner in GP with time and quick access)
- Equip community leaders to know what to do in these situations
- Continuity of care- retention of MH care coordinators
- Well-functioning local hubs which work together and in harmony
- Reduce waiting lists
- Facilitate employment for people with MH issues
- Empower local organisations, churches, kitchens as sanctuaries for MH patients

Table 3

Stories

- Get through to GP for surgery concerns- no call back – left- no reassurance
- Anxiety and fear of losing home went to GP with rosea (redness of skin) – GP promoted talking therapies – 6 weeks for anxiety/ cognitive therapy – waited for 3 weeks for an appointment. Good experience. Signed up for mental health for adults
- GP said long waits in relation to Priory, or taking medication is the only option/ pay for private treatment

Solutions

- Poster with self-help information at the surgery
- People who want to be volunteers connected with groups to help others
- All front-line staff (receptionists) should have MHFA training
- GPs undertaking more time to triage mental health needs
- Longer appointment times with specialised posts

Barriers to access in primary care

Stories and Solutions

Table 1

Stories

- First barrier is to recognise that something's wrong - early education
- Accessing different doctors everytime
- How MH issues impact crime levels
- Hard for advocates to help digitally
- Schools not picking up signs of MH early enough
- Charity - pandemic impacted workplace stress
- Mental health first aid and training - no knowledge of what can be accessed
- Access to GP - regimented times to get appointment - people need immediate assistance - need instant help - only other option is A&E
- Need some flexibility to access
- Language barrier due to Home Office - lack of articulation
- GP not very proactive. Need to make it easier for people without access to advocates
 - Dismissive
 - Not enough training
- No flexibility to the way they think

Solutions

- Create clear signs of where people can access support first
- Sourcing a bigger pool of interpreters to help those who can't communicate
- Longer appointment times and better MH training for GPs
- GPs allowing family to come into the appointment - create a comfortable environment
- Have a MH practitioner at the GP practice to take pressure off GPs
- Schools receiving training in recognition early on - people other than teachers - children need support early on
- Generous care from GPs reading what the best service would be
- Person affected would feel welcome
- Someone per school to help out with early intervention (these things need to be escalated to the council - education dept)
- More faith organisations
- Perhaps a training on an inset day to give education on how to recognise MH

Table 2

Stories

- Carers are not listened to
- Young children with autism - carer burden been told not my problem by GP
- From one place to the other - resorted to self-help
- Dismissive services - minimise the problem - discrimination for mental health concerns - connection
- Accessing GP for help not clear/wasting time
- Discussion of LGBT and ethnic minorities - subtle racism - "I'll speak to you later" and it never happens
- Lack of competition between GPs and other services
- Lack of investment in community resources especially charities
- GPs not referring patients
- Family burdens
- You have to be at breaking point for something to happen
- Social proscribing is not really used effectively: small groups are not very used and are [??] not enough emphasis on ongoing support/rehabilitation over reliance on medications
- Menopause crisis - no menopause clinics in Croydon

Solutions

- Lots of duplication to services could be merged - old organisations pushed out by newer, cheaper ones
- Out of hours services should be funded in the same way
- Lack of social support = rise in need of mental health services
- Focus on young people's careers needs would resolve a lot of those issues
- GP has to be reviewed unannounced
- Lower appointment time
- Mental health practitioners in GP practices
- Support don't punish those living in constant crisis
- Police to be given sufficient mental health awareness/training

Table 3

Stories

- GPs lack of knowledge on referral
- GPs appointments
- A&E mental health patients not ideal venue
- CUH has separate mental health unit –
- Studio upstairs - a first point of call to patients not wanting issue to be on record
- Mental health patient on roof of CUH - CUH phoned a local ward councillor!

Solutions

- Mental health nurses attached to GP practices for initial access. No single point access
- student nurses
- Wellbeing service
- Single sheet directing to services to everybody via locality
- Be Well hubs - doing a directory service
- Better way for voluntary sector to refer into service

Suicide Prevention Strategy

- What's working well?
- Where are the gaps?
- What needs to be improved and what priorities should be considered for inclusion?

Participant feedback

- Early intervention needed. Social workers/ mental health nurses dealing after the event
- Schools need people to listen who are not medicalised
- Parents and safeguarding courses needed
- Look at violence agenda in Lewisham/ Peckham for good practice around suicide prevention
- Can the CYP focus include parents
- Make sure we share the info around suicide prevention initiatives (public health team)

Health and Care Plan – Early Years and Maternity

How would you maximise mental health and wellbeing within these priorities?

Participant feedback

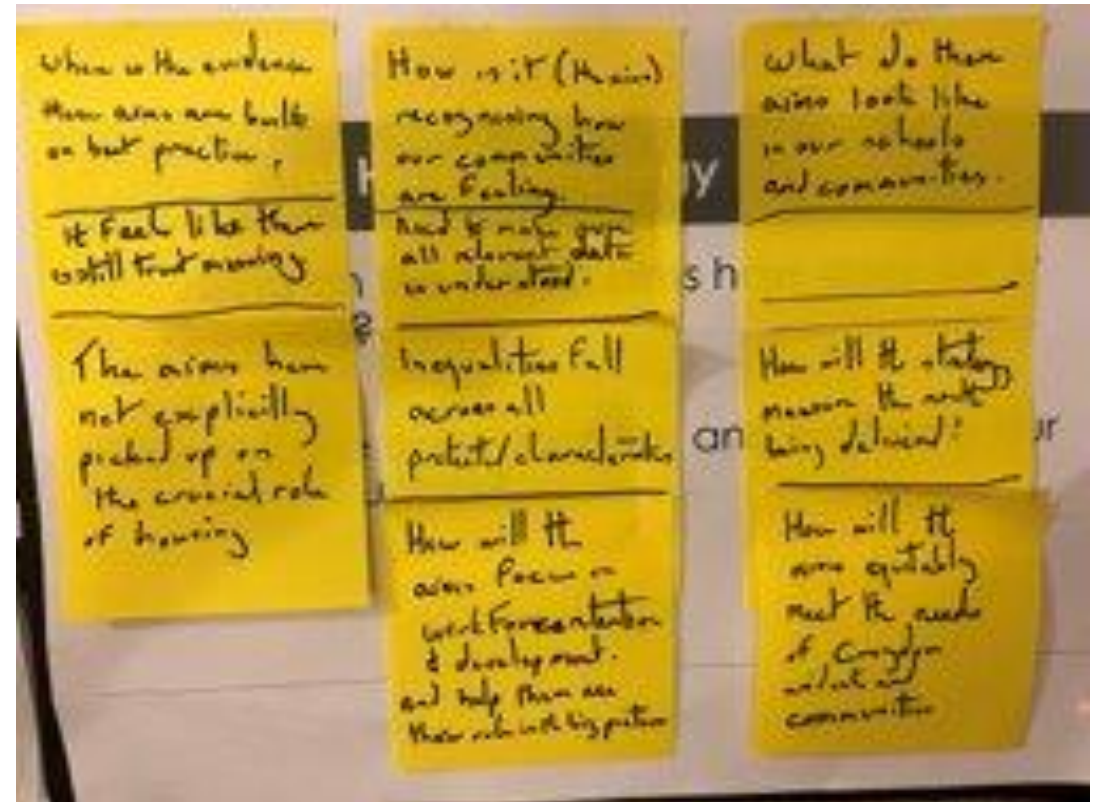
- What is working well - Salvation army under 5s stay and play; community organiser; complete care – older adults x 2; lead commissioner CYP social care; CYP CAMHS commissioner; off the record; One Croydon Alliance
- Why are the 6-week postnatal GP checks not being done?
- Where is the support for LGBTQ+ youths?
- The cut in health visitor sessions i.e., weighing is dangerous – who do new mums talk to
- Focus on supporting siblings as well
- Youth justice inequalities
- School exclusion to be included
- Incorporate mental health topics and discussion in institutions with children but also involve their families as this would help young people to be open about their mental wellbeing with their families

Participant feedback

- Systems working in silos – need one system with less fragmentation
- Gap in services for children aged 0-8/11
- Differences in mental health and Neurodiversity
- Disparity in access – “chosen few”
- Disconnect in how to access early help
- Wait for crisis rather than prevention
- GP as main referrer – need more information & training
- Long waiting lists are off-putting
- Being balanced around service

SWL Mental Health Strategy

- Focussing on the stated aims how does this fit for Croydon?
- How can we build upon this and embed in our roles/communities?



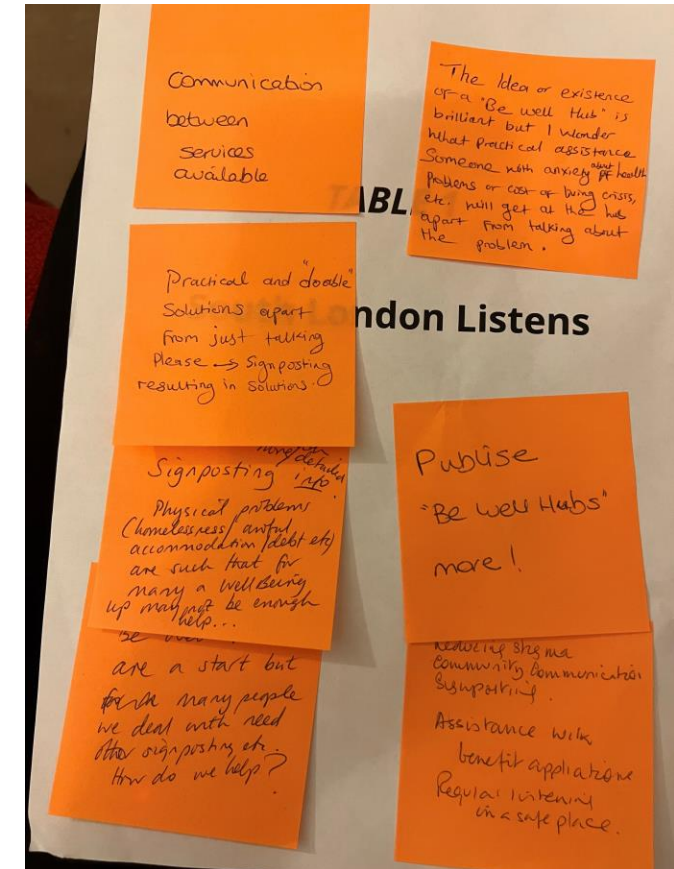
Participant feedback

- Where is the evidence that these aims are built on best practice? It feels like there is still trust missing
- The aims have not explicitly picked up on the crucial role of housing
- How are the aims recognising how our communities are feeling?
- Need to make sure that all relevant data is understood
- Inequalities fall across all protected characteristics
- How will the aims equitably meet the needs of Croydon residents and communities?
- How will the aims focus on workforce retention and development and help them see their role in the big picture?
- What do these aims look like in our schools and communities?
- How will the strategy measure the results being delivered?

South London Listens

Be Well hubs

- Reflections on the opportunities in Croydon
- How could their signposting element support your work?



Participant feedback

- Communications between services available
- The idea or existence of a “be well hub” is brilliant but I wonder what practical assistance someone with anxiety about health problems or cost of living crisis etc will get at the hub apart from talking about the problem
- Practical and doable solutions apart from just talking -> signposting resulting in solutions
- Signposting into physical problems (homelessness / awful accommodation/ debt etc) are such that for many a wellbeing hub may not be enough help
- Publicise “be well hubs” more
- Be well hubs are a start but many people we deal with need other signposting etc – how do we help?
- Reducing stigma; community communication; signposting; assistance with benefit applications; regular listening in a safe place

Reflections and Thoughts

- Has anything been missed that you want to note?
- Your concerns?
- Your hopes?

Participant feedback

- Support in the community following diagnosis
- Concerns raised – more support needed for the family affected by mental health issues
- Signposting people correctly- need more support.
- Breaking cultural barriers within mental health
- Supporting individual carers
- People not being able to come together for support
- GP's aren't getting the information they need
- Financial strain on the individual seeking care

Participant feedback

- Information around services needs to be more accessible and advertised
- Lack of suitable emergency housing once discharged from wards
- Lack of alternatives for the police when dealing with a person in crisis
- The need for more mental health therapies including the desperate need for funding for APCMHT and father therapy
- Ordinary people are unable to access information about services available
- Support groups need to be funded again- many have already been lost
- Hoping for support as a mental health charity with one-year resources to find funding after our current funding has gone
- Links with GP and mental health service and eHealth/ social prescribing

Participant feedback – reflections about the event

- Poor microphone quality – missed some of the speakers
- Create a sub-group with the speakers
- Next time perhaps gain input from the attendees about the agenda
- Not enough time on overall interaction with speakers – more question time needed to keep people engaged
- Knowing that there are times for questions following presentations
- Haven't had in-person meetings for 2 years which has built up frustration

Participant evaluation

1. How satisfied were you with the day?
2. What did you find most interesting?
3. What did you want to hear about that didn't get discussed on the day?
4. What areas of mental health would you like to see prioritised when we refresh the Health and Wellbeing Strategy?
5. Any other feedback?