

# Public Document Pack

## Health & Wellbeing Board

To:

Councillor Yvette Hopley (Chair)  
Councillor Margaret Bird (Vice-Chair)  
Councillor Janet Campbell  
Councillor Amy Foster  
Councillor Maria Gatland  
Councillor Tamar Nwafor  
Annette McPartland, Corporate Director Adult Social Care & Health (DASS)  
Rachel Flowers, Director of Public Health - Non-voting  
Edwina Morris, Healthwatch  
Hilary Williams, South London and Maudsley NHS Foundation Trust  
Yemisi Gibbons, Croydon Health Services NHS Trust - Non-voting  
Steve Phaure, Croydon Voluntary Action - Non Voting  
Matthew Kershaw, NHS Croydon Clinical Commissioning Group (CCG)  
Debbie Jones, Corporate Director for Children, Young People and Education

A meeting of the **Health & Wellbeing Board** will be held on **Tuesday, 21 March 2023 at 2.00 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

Katherine Kerswell  
Chief Executive  
London Borough of Croydon  
Bernard Weatherill House  
8 Mint Walk, Croydon CR0 1EA

Michelle Ossei-Gerning  
michelle.gerning@croydon.gov.uk  
[www.croydon.gov.uk/meetings](http://www.croydon.gov.uk/meetings)  
13 March 2023

The agenda papers for all Council meetings are available on the Council website [www.croydon.gov.uk/meetings](http://www.croydon.gov.uk/meetings)

If you require any assistance, please contact Michelle Ossei-Gerning as detailed above.

### AGENDA – PART A

**1. Apologies for Absence**

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

**2. Minutes of the Previous Meeting [To Follow]**

To approve the minutes of the meeting held on Wednesday 18 January 2023 as an accurate record.

**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 17 March 2023 to [democratic.services@croydon.gov.uk](mailto: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. Healthwatch Croydon Annual Report 2021-2022 (Pages 5 - 48)**

The Annual Report summarises the work undertaken by Healthwatch Croydon between 1st April 2021 and 31st March 2022. It also sets out the priorities and plans for work in 2022-2023 as identified at the beginning of that year.

**7. Health and Wellbeing Board Annual Report 2021-2022  
(Pages 49 - 66)**

This Annual Croydon Health and Wellbeing Board Report provides an opportunity to celebrate all the hard work that has been achieved over the past year by everyone in the Croydon Borough right across the health and social care system, as well as looking ahead to some of the opportunities for the coming year.

**8. Update on Croydon's JSNA (Pages 67 - 72)**

This report is an update of content that has been added to the JSNA since the topic last came to the Health & Wellbeing Board in October 2021 and a summary of the challenges faced.

**9. Croydon Health and Wellbeing Strategy Refresh (Pages 73 - 80)**

This report requests a review and refresh of this Strategy and proposes an approach through which this could be achieved in 2023.

**10. South West London Integrated Care Partnership Strategy and Joint Forward Plan (Pages 81 - 90)**

To receive the report of South West London Integrated Care Partnership Strategy and Joint Forward Plan

**11. 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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## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>HEALTH AND WELLBEING BOARD</b>	
<b>DATE OF DECISION</b>	<b>21st March 2023</b>	
<b>REPORT TITLE:</b>	<b>HEALTHWATCH CROYDON ANNUAL REPORT 2021-2022</b>	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>EDWINA MORRIS, CHAIR, HEALTHWATCH CROYDON</b>	
<b>LEAD OFFICER:</b>	<b>GORDON KAY, HEALTHWATCH CROYDON MANAGER</b>	
<b>AUTHORITY TO TAKE DECISION:</b>	[Identify the section giving authority from the schemes of delegation or when specific delegation was conveyed e.g., Cabinet report, date, copy of exact recommendation which gave delegated authority]	
<b>KEY DECISION?</b>	<b>NO</b>	REASON: N/A
<b>CONTAINS EXEMPT INFORMATION?</b>	<b>NO</b>	PUBLIC
<b>WARDS AFFECTED:</b>	ALL	

### 1 SUMMARY OF REPORT

1. The Annual Report summarises the work undertaken by Healthwatch Croydon between 1st April 2021 and 31st March 2022. It also sets out the priorities and plans for work in 2022-2023 as identified at the beginning of that year.

### 2 RECOMMENDATIONS

For the reasons set out in the report [and its appendices], the Health and Wellbeing Board is recommended:

- 2.1 to note the Annual Report of the work of Healthwatch Croydon in 2021-2022, which is attached as an Appendix to this report.

### 3 REASONS FOR RECOMMENDATIONS

- 3.1. Local Healthwatch organisations are required under the Health and Social Care Act 2012 to produce an Annual Report by 30th June each year, and to present the report to the relevant Health and Wellbeing Board.

### 4 BACKGROUND AND DETAILS

- 4.1. Healthwatch Croydon works to get the best out of local health and social care services by ensuring the people who use health and care services can influence the way they are delivered. From improving services today to helping shape better ones for tomorrow, we listen to local people’s views and experiences and then influence decision-making.
- 4.2. Help & Care is a charity based on the South coast and is one of the largest providers of Healthwatch services in England. As an organisation, they have been involved in patient and public involvement in health for over 20 years and their work on Healthwatch has enabled them to build on and share their skills and experience as well as offer considerable economies of scale. They strongly believe that enabling people to shape health and care will support the creation of better services that meet needs more effectively. With so much change taking place in health and care services currently, the need to engage effectively with people has never been so important.
- 4.3. Healthwatch has several legal functions, under the 2012 Health and Social Care Act. These are:



- 4.4. **Key statistics for the year:** Healthwatch Croydon heard from 1,722 people during 2021/22 about their experiences of health and social care. They published nine reports about the improvements people would like to see to health and social care services. They had 20 volunteers who helped to carry out the work. In total, the volunteers contributed 809.5 hours, equaling nearly 108 days, to make care better for Croydon's community.
- 4.5. **Context:** In April 2021, the COVID-19 pandemic was still a major concern, with many people experiencing COVID related bereavement. There were significant pressures on health and social care services, with periodic lockdowns and social distancing still with us. For an organisation whose core work, previous to the pandemic, focused on meeting people face-to-face in community locations such as hospitals, GP surgeries and libraries and with local community groups and organisations, this posed a significant challenge. There were only rare short periods when it was safe to carry out face-to-face interviews that had previously provided rich insight into individual people's experiences of health and care services.
- 4.6. **Response to COVID-19:** Fortunately, the COVID-19 vaccine programme was underway, although uptake monitoring had revealed stark differences. Some people with poorer health outcomes were less likely to be vaccinated. Healthwatch Croydon worked with statutory and voluntary organisations to identify how best to communicate with different communities, (page 24 of the Annual Report) and carried out a survey on views about the COVID-19 vaccine as part of a project for Healthwatch England (page 20) to identify more insight to help commissioners.
- 4.7. **Long Covid:** Together with Healthwatch organisations across South West London, Healthwatch Croydon collected insight from people affected by Long COVID (page 19). They provided information to commissioners at Place and at South West London Clinical Commissioning Group level about the difficulties people experienced, and made recommendations about how services could support people better.
- 4.8. **Urgent care pathway and GP experience via partners text messaging:** Reaching people has been a challenge. By working in partnership with providers, they were able to contact people on their lists so that Healthwatch Croydon could seek people's views via direct text messaging. This has been used to gather information from GP patients working with a New Addington group practice (page 22), which helped the practice in understanding their patients' needs and improving their service. Working with South West London Clinical Commissioning Group, Healthwatch Croydon heard from over 1,000 patients on their experiences of the urgent and emergency care pathway and services – the latter providing hundreds of responses in a matter of days. This has helped redefine services, with Healthwatch Croydon presenting recommendations about better integration of 111 to GP services and to provide GP Hubs near Croydon University Hospital Accident and Emergency and Urgent Care which have been recently adopted.(see page 14)
- 4.9. **Dentistry:** Access to dentistry came up as an issue in a poll undertaken as part of the 2020 Annual Meeting. Following this, in 2021, Healthwatch Croydon surveyed

residents on their experience and views of dental services and also assessed dental practice websites, working closely with the Croydon Local Dental Committee. This work found variability in access, with patients having difficulty accessing services when they were in pain, and a lack of information and confusion on how services are delivered. However, there was significant satisfaction with NHS services once people were seen. There were also concerns about costs – even with NHS treatment. 47 practice websites were assessed with examples found of good practice as well as many that could be improved. Working with the Local Dental Committee was a very positive experience for both organisations. Healthwatch Croydon learnt much about the complexity of dental commissioning and how this may well affect resident access and usage of the service. Recently Healthwatch Croydon has been liaising at the South West London ICS level on this with the other South West London local Healthwatch organisations and the recently merged South West London Local Dental Committee. The commissioning of dentistry is planned to be delegated from NHS England to the ICS from April 2023, which provides an opportunity for issues raised locally to be addressed (page 15).

- 4.10. **Focus groups and interviews:** With the Healthy London Partnership, Healthwatch Croydon arranged an online focus group to talk with a diverse group of Croydon residents about their views on a draft GP access guide (page 13). Another online focus group was arranged by Healthwatch Croydon to gather information on the experiences of seldom heard people, including those from Black, Asian and minority ethnic communities (page 21). In addition, members of patient participation groups were brought together to share views on the proposals for the Primary Care section of the Croydon Health and Care Plan refresh to help shape better integrated services across the borough (page 16).
- 4.11. **Supporting the evaluation of the Personal Independence Coordinator service:** Healthwatch Croydon spoke to 64 recent service users about the experience and outcomes for them of this key integrated care service to help shape its future delivery. This helped the wider evaluation of the service to support future planning (page 17).
- 4.12. **National impact on language barriers:** Building on previous work in accessing services, Healthwatch Croydon was funded to work alongside six other Healthwatch organisations to gather intelligence for a Healthwatch England “Your Care Your Way” campaign to review the Accessible Information Standard in terms of language support. Healthwatch Croydon conducted structured interviews – all through an interpreter - with French African, Latin Spanish, and Ukrainian speakers and held a focus group with people from a local Tamil community. A number of professionals who worked across a range of healthcare settings and interpreters were also interviewed. The resultant local intelligence was fed back to Healthwatch England who produced this evidence in their publication [Lost for Words](#). (page 18).
- 4.13. **Advice and information:** Healthwatch Croydon is supported by the Help & Care Healthwatch Hub Team who are there to help give advice, information and support by phone and email. The calls received are often complex with average call times in Croydon in the reporting period of 32 minutes per call including research time. These



calls help people to access the services they need via our dedicated Healthwatch Hub. Information is also provided on the Healthwatch Croydon website and through social media. This year Healthwatch Croydon also helped people by providing up to date information on COVID-19, linking people to reliable information they could trust, and supporting the COVID-19 vaccination and booster programme.

- 4.14. **Volunteers:** Healthwatch Croydon could not achieve all that it does without the dedicated group of 20 volunteers, many of whom are students at Croydon College learning research skills that they can take into their career and providing significant social value. During this year, Healthwatch Croydon was successful in bidding for funding to host a Healthwatch England funded Diversity Ambassador working in Croydon on explore more about issues of diversity and then sharing their learning with another Healthwatch in the East of England to support their diversity initiatives (page 26).
- 4.15. **Strategic Meetings:** In addition to meeting regularly with Croydon Council colleagues and being a member of the Health and Wellbeing Board, individual members of staff and local leadership board members have attended a wide range of strategic meetings. These include the Health and Care Board (where the representative sits as an official observer) and the Croydon Health and Social Care Scrutiny Sub-Committee as a co-opted non-voting member. Representatives also attend a range of other meetings including the Senior Executive Group, Proactive and Preventative Care Board, the ICN+ Project Development Group, Croydon Health and Social Care Communications Meeting, Care Homes Strategy Group, Autism Partnership Board, two Mental Health Programme Boards and the Safeguarding Adults Board. The manager also attends South London and Maudsley Local Healthwatch Meetings and the Healthwatch London Network as well as other network meetings to ensure good relationships are built and maintained.
- 4.16. **Local Leadership Board:** The Healthwatch Croydon Local Leadership Board has been operational since April 2019. Board members are all closely connected to Croydon and provide strategic direction to the delivery of services. All board members take an active role and many also represent Healthwatch Croydon on other boards and meetings.
- 4.17. **What Healthwatch Croydon is working on in 2022-23:**At the beginning of this year, the board and staff team agreed the priority areas for attention which resulted in the following projects: Working with local schools to ask 11 to 16 year olds about mental health needs and service experience to provide insight for commissioners; assessing GP websites to see if they meet patient expectations and provide consistent and relevant information, particularly around registration; asking those with dementia, and those who care for them, about their experience of services to help develop a new Croydon Dementia Strategy; hearing from patients their experience of discharge from hospital and how they are being supported to recover to help improve this key service; finding people with health inequalities who are usually seldom listened to and asking them about their experiences then raising the profile of their needs to inform service

responses. During the year other priorities and opportunities emerge, with potential projects being assessed using a prioritisation process, see Appendix B.

## **5 ALTERNATIVE OPTIONS CONSIDERED**

- 5.1. Not applicable.

## **6 CONSULTATION**

- 6.1. Healthwatch Croydon listens to local people's views and experiences of health and social care services, and works to get the best out of local services by ensuring that the people who use those services can influence decision making and the way services are delivered.
- 6.2. The Annual Report summarises the work undertaken by Healthwatch Croydon during 2021-22 which includes seeking the views of local residents about a number of health and social care services and presenting those views, along with findings and recommendations for changes and improvements in services, to those people with responsibility for commissioning and / or providing those services.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1. The work of Healthwatch Croydon, as summarised in the Annual Report, contributes to the delivery of the five priority outcomes in the Mayor's Business Plan, but most particularly to outcome 5, "people can live healthier and independent lives for longer".
- 7.2. Healthwatch Croydon works with partner agencies, including those within the One Croydon Alliance, and VCS organisations, to ensure that the voices of local residents contribute to the promotion of people's independence, health and wellbeing and help to keep vulnerable adults safe. This is done through projects that are undertaken with reports written and presented to decision makers, the gathering and reporting of insight, and influencing and representation at various local Boards and Committees.
- 7.3. In addition, Healthwatch Croydon works closely with health and care services and VCS organisations to improve local residents' health and reduce health inequalities. Particular attention is paid to ensuring that the voices of marginalised communities and hard to reach groups are heard and conveyed to local leaders and decision makers, so that their needs are taken into account in the design and operation of local services.
- 7.4. Healthwatch Croydon also provides information and signposting to local residents about health and social care services, both online and via telephone, and enables Croydon residents to participate in community life.

## **8. IMPLICATIONS**

### **8.1 FINANCIAL IMPLICATIONS**

- 8.1.1. This report does not have any financial implications. The requirement to produce an Annual Report is included within the service specification produced by London Borough of Croydon officers when letting the contract for delivery of a local Healthwatch service in Croydon. The costs incurred in producing the Annual Report are therefore included in the contract price.
- 8.1.2. Comments approved by Mirella Peters the Head of Finance, Adult Social Care and Health on behalf of the Director of Finance. (Date 23/02/2023)

### **8.2 LEGAL IMPLICATIONS**

- 8.2.1. The Council has a statutory responsibility to commission an independent Healthwatch service for the Borough. Under Section 227 (Local Healthwatch organisations: annual reports) of the Local Government and Public Involvement in Health Act 2007 local Healthwatch organisations are required to prepare for each financial year a report in relation to the activities of the organisation under the contractual arrangements with the Council. Such reports must include details of amounts spent by the organisation and its contractors in the year concerned, details of what those amounts were spent on, and such matters as the Secretary of State may direct. Such reports must be prepared by 30 June after the end of the financial year concerned. A copy of such reports must be sent to the local authority, and to the overview and scrutiny committee of the local authority.
- 8.2.2. Comments approved by Sandra Herbert the Head of Litigation and Corporate Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 23/02/2023)

### **8.3 EQUALITIES IMPLICATIONS**

- 8.3.1. Section 149 of the Act requires public bodies to have due regard to the need to:
- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
  - advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
  - foster good relations between people who share a protected characteristic and people who do not share it.
- 8.3.2. Protected characteristics defined by law are race and ethnicity, disability, sex, gender reassignment, age, sexual orientation, pregnancy and maternity, and religion or belief and marriage and Civil Partnership.
- 8.3.3. Healthwatch Croydon has regard to health inequalities throughout its work and will continue to seek out and amplify the voices of people who experience the greatest

health inequalities including people with protected characteristics. This is reflected in the prioritisation tool see Appendix B.

8.3.4. The Health & Wellbeing Board has an overriding principle within the Croydon Health and Wellbeing Strategy to reduce health inequalities. It is therefore critical that the findings of Croydon Healthwatch inform the Board's approach to tackling any inequalities that are identified from their work. This should be a key element of future reports.

8.3.5. Comments approved by Gavin Handford, Director of Policy, Programmes & Performance. (10 March 2023)

## **9. APPENDICES**

9.1 A: Championing what matters to you: Healthwatch Croydon Annual Report 2021-22

9.2 B: Healthwatch Croydon New Project Proposal Form and Prioritisation Tool

## **10. BACKGROUND DOCUMENTS**

10.1 None

# Championing what matters to you

Healthwatch Croydon  
Annual Report 2021-22

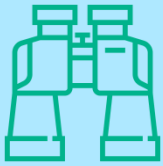




# About us

## Your health and social care champion

Healthwatch Croydon is your local health and social care champion. From GPs and hospital services to social care, dentistry and community services, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



### Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Sir Robert Francis QC,  
Chair of Healthwatch  
England



"The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."



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“Our partnership working has been invaluable, particularly the incredible support to our Urgent and Emergency Care programme. The insights gathered put patients at the heart of the discussions in our working groups to allow us to come up with a model that worked best for local populations.” **See page 9**

“The contribution of the wonderful patients you recruited for the focus group has been invaluable...the patients gave informed thoughtful and constructive feedback. We made lots of changes to the London General Practice Guide.” **See page 13**

Healthwatch Croydon helped the CQC to gather rich and reliable insights from these communities in accessible formats which will be valuable in shaping the CQC’s regulatory work.” **See page 21**

“I volunteered at Healthwatch Croydon because I admire how they ensure that people’s views on care are heard and that improvements are made where possible” **See page 26**

# Meet our team and board

Healthwatch Croydon is delivered by four members of staff and supported by a local leadership board comprised of Croydon residents and others with a commitment to the borough.

## Our team



(Left to right in photograph)

Jeet Sandhu, Communications Lead  
Gordon Kay, Healthwatch Croydon Manager  
Robyn Bone, Volunteer and Partnerships Lead  
Yinka Faponle, Engagement Lead

## Our local leadership board

Edwina Morris (Chair)  
Martin Faiers (Deputy Chair)  
Olusina Adeniyi  
Pat Knight  
Michael Lawal  
Anantha Ramaswamy

## Healthwatch Croydon and Help & Care

Help & Care hold the contract for Healthwatch service for Croydon, which is commissioned by Croydon Council. Local leadership board members have been selected through an open recruitment process and are Croydon residents or those with a commitment to the borough. They bring a wide experience and knowledge of health and care services. Emma Leatherbarrow as Director of Partnerships at Help & Care is a member of the board. Gordon Kay is the operational manager and also attends the board.



# Message from our chair

This last year has seen Healthwatch Croydon respond to the challenges of COVID-19 and look beyond to ensure resident and patient insight has impact.

In April 2021, the COVID-19 pandemic was still a major concern, with many people experiencing COVID related bereavement. There were significant pressures on health and social care services, with periodic lockdowns and social distancing still with us.

Fortunately, the COVID-19 vaccine programme was underway, although uptake monitoring had revealed stark differences. Some people with poorer health outcomes were less likely to be vaccinated. We worked with statutory and voluntary organisations to identify how best to communicate with different communities, (see page 24) and carried out a survey on views about the COVID-19 vaccine(see page 20) to identify more insight to help commissioners.

Later, together with Healthwatch organisations across South West London, we collected insight from people affected by Long COVID (page 19). We provided information to commissioners about the difficulties people experienced and made recommendations about how services could support people better.

Reaching people has been a challenge. By working in partnership with providers, they were able to contact people on their lists so that we could seek people's views via direct text messaging. We have used this to gather information from GP patients (page 22), and from people who have experienced urgent and emergency care services (page 14) - the latter providing hundreds of responses in a matter of days.

There have only been rare short periods when it was safe to carry out face-to-face interviews that had previously provided rich insight into individual people's experiences of health and care services. However, we have looked at ways to gain this insight through online focus groups and interviews. With the Healthy London Partnership we arranged an online focus group to talk with a diverse group of Croydon residents about their views on a draft GP access guide (page 13). We also held an online focus group to gather information on the experiences of seldom heard people, including those from Black, Asian and minority ethnic communities (page 21).

*(continued on page 6)*



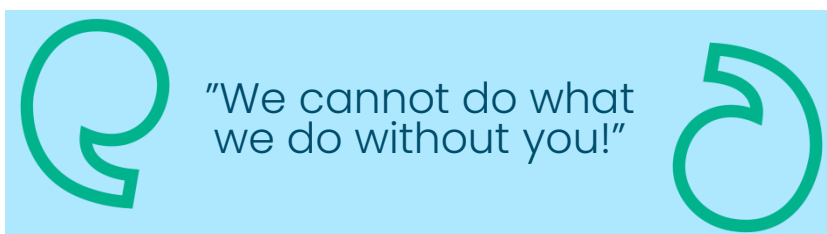
*E. Morris*

Edwina Morris  
Healthwatch Croydon Chair

“Reaching people has been a challenge. By working in partnership with providers, they were able to contact people on their lists so that we could seek people's views via direct text messaging.”

# Message from our chair

When Age UK Croydon commissioned us to gather views of people who had received the Personal Independence Co-ordinator service (page 17) we arranged for trained staff from our Healthwatch Hub to ring and speak to each person, recording their words for later analysis.



When deciding which projects to take forward, we focus on important issues where we can make a difference. For example, at our 2020 Annual Meeting attendees raised concerns about lack of access to NHS dentistry. We liaised with Local Dental Committee members, ran an online survey and analysed dental practice websites during 2021 (page 15).

Finally, our staff and board members use information gleaned from our project work to represent local people's views to senior managers, clinicians and councillors at a range of boards, committees and groups in Croydon.

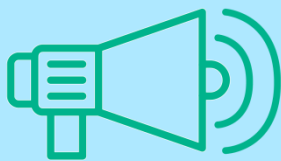
I would like to say thank you to our dedicated team and board and volunteers for their significant contribution, and to all health and social care stakeholders for listening and responding. And most importantly thank you to all those Croydon residents and patients for sharing your views and experiences – we cannot do what we do without you!



# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**1,712 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**1,344 people**

regularly receive our monthly newsletter and other occasional updates on what is happening in health and social care in Croydon and further afield.

## Making a difference to care



We published

**nine reports**

about the improvements people would like to see to health and social care services.

Our most wide-reaching project was the

**GP Access Guide Focus Group**

which highlighted the challenges around access and supported the development of a good practice guide sent to 1,200 London GPs.

## Health and care that works for you



We're lucky to have

**20** outstanding volunteers, who gave up **809.5 hours**

equal to **108 days** to make care better for our community.

We're funded by Croydon Council. In 2021-22 we received:

**£151,618** which is **14% less than the previous year.**

We did win **£14,666** from key stakeholders through competitive bids for projects or negotiating for funding.

We also currently employ

**four staff** (two full time and two four days per week)

who carry out this work working with board members and volunteers. No change on the previous year.

## How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



Contributing to Healthwatch England engagement project, we received views from Croydon residents on the COVID-19 vaccine [see page 20](#).



Asked people to have their say on accessing and using dental services and finding information on dental websites [see page 15](#).

Summer



Ran an online survey via text to understand the journey of those who arrived at Croydon University Hospital Accident and Emergency/ Urgent Care receiving 1,038 responses [see page 14](#).



We ran a focus group on the primary care aspects of Croydon's Health and Care plan refresh and gained insight to shape aspects of the plan around Patient Participation Groups [see page 16](#).

Autumn



We interviewed 64 Personal Independence Coordinator service users to contribute to a wider evaluation of a flagship project of the One Croydon Alliance [see page 17](#).



We heard French Africans, Hondurans, Tamil and Ukrainians tell us about language barriers in using services for Healthwatch England's 'Your Care Your Way' campaign [see page 18](#).

Winter




We co-presented with the Healthy London Partnership at Healthwatch London Network the work we had done with them to improve GP access across the capital [see page 13](#).




We raised profile of the importance of patient participation at the Proactive and Preventative Care Board in response to focus group feedback on Croydon's Health and Care plan refresh [see page 16](#).

# What our stakeholders say


While independent of all health and social care services, we work closely with our stakeholders to provide insight that can impact change based on what you tell us as Croydon residents. Here are some comments from stakeholders:




“As Croydon begins to recover from the COVID-19 pandemic, Healthwatch has continued to help us to listen to the needs of our community. As we start to rebuild, reaching more deeply into our communities, particularly those experiencing health inequalities, has been more important than ever. Our partnership working has been invaluable, particularly the incredible support to our Urgent and Emergency Care programme. The insights gathered put patients at the heart of the discussions in our working groups to allow us to come up with a model that worked best for local populations. As we continued to roll out the biggest vaccine programme the NHS has ever delivered, Healthwatch were so helpful in sharing information on our behalf and reporting back on how residents felt about the vaccine. I’d like to extend my thanks to Healthwatch Croydon for another year working together to improve health and care for people living in our borough.”



Dr Angelo Fernandes, Chair at NHS Croydon Borough, NHS South West London Clinical Commissioning Group



“The priority for our integrated system of health, care and the community and voluntary sector is to improve outcomes for residents in Croydon. Our Healthwatch Croydon partners are a key part of this, and working with them we are able to hear, through their informative reports, the experiences of our residents when accessing health and care. As a system, we can integrate these findings into any transformative programmes of work. Our Croydon Council Adult Social Care & Health strategy shows our commitment to listening to the Resident Voice, building long lasting relationships through strengths based operational and commissioning practice. As we move into a recovery phase following the COVID-19 pandemic and as a council move our focus to transformation, Healthwatch Croydon’s connection with our communities is invaluable and I look forward to a continued strong working relationship with our colleagues at Healthwatch Croydon.”




Annette McPartland, Corporate Director Adult Social Care and Health, Croydon Council

# What our stakeholders say



“As local councillors, we are acutely aware that as a Health and Social Care Scrutiny Committee, we don't have the resources to undertake the scale of consultation with Croydon's residents needed to gain meaningful insight into their patient experience. Our performance has been immeasurably improved by the research that Healthwatch has undertaken and published over the last year. In particular, their insight into the patient's experience of the local NHS, which their Co-optee brings to the committee, strengthens our accountability role.”

**CLr Sean Fitzsimons, Chair of Croydon Health and Social Care Scrutiny Committee**



“Throughout the year, our work with Healthwatch Croydon has continued to grow in strength and prominence. As a critical friend, they have helped us to stay focused on what our patients say and feel about our care. As an active member of our public Board meetings, they have also made sure the voice of our patients and local community is heard to guide the decisions we take and the plans we make to enhance our services for the borough. Looking forward, there are big changes to how the NHS is run, with the establishment of Integrated Care Systems taking on new health and care statutory responsibilities from 1 July 2022. Healthwatch Croydon will be one of seven place based partners, that will include the Trust, the local authority, mental health services and voluntary services to work together to ensure local people can receive the best care possible.”

**Matthew Kershaw, Croydon Health Services NHS Trust Chief Executive and Place Based Leader for Health**





# Our plans for 2022-23

## An overview on our plans and thoughts on the year ahead.

COVID-19 may not be affecting our day-to-day lives in quite the way it was during the last two summers, but its impact on services and patients is still very profound. Add to this the biggest redesign of health and social care services since Healthwatch was formed and there is much to focus on. While the new Integrated Care System (ICS) helps bring commissioners, providers and services into one system, most residents want to know what this will mean for services in Croydon, or their neighbourhood, and our focus will always be here.

Through all of this change, we have not moved from our core aims of improving health and care services by providing feedback from residents and focusing on areas where we feel we can make a difference. We aim to keep our ear to the ground to feedback what matters to you with more face-to-face opportunities such as regular outreach, events and meetings.

We also take our responsibility for representing views at key boards, meetings and groups seriously. Our focus this year will be on the following areas:

- Working with local schools to ask 11 to 16 year olds about mental health needs and service experience to provide insight for commissioners.
- Assessing GP websites to see if they meet patient expectations, and provide consistent and relevant information, particularly around registration.
- Asking those with dementia, and those who care for them, about their experience of services to help develop a new Croydon Dementia Strategy.
- Hearing from patients their experience of discharge from hospital and how they are being supported to recovery to help improve this key service.
- Finding people with health inequalities who are usually seldom listened to, asking them about their experiences, and raising their profile of their needs to inform service responses.

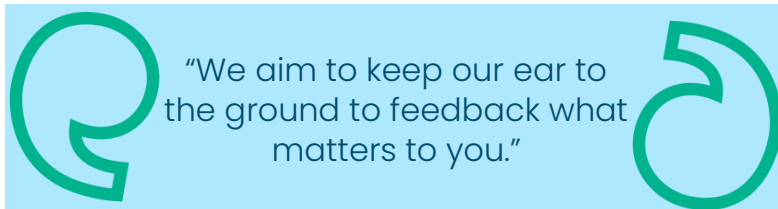
Our work does not end with publication of reports. We will still be working with dentists on raising the profile of local need, as well as supporting development in local neighbourhood services through localities and Integrated Care Networks. The significance of the new ICS will see us working closely with our South West London Healthwatch and others to represent your views.

So please keep in touch and tell your views and experiences – your voice counts!



A handwritten signature in black ink that reads "Gordon Kay".

Gordon Kay  
Healthwatch Croydon Manager



"We aim to keep our ear to the ground to feedback what matters to you."

# Listening to your experiences

Your views are essential for services to improve. That's why it is our priority to listen to feedback from all areas of the community. By understanding your experiences we can share them with services to help them improve.





## Supporting better GP Access across London

We were commissioned by the Healthy London Partnership to provide patient insight into access and experience to help inform good practice for 1,200 GPs.

We held a diverse focus group where patients reviewed proposed guidance and gave their views to improve access to GPs. Patients were representative of refugee and asylum seeking communities as well as long-term Croydon residents, carers, parents and those with physical and mental health conditions.

The Healthy London Partnership got to hear first hand the experiences and challenges that patients had in accessing and using GP services.

The main themes that emerged were around waiting for appointments, trust, self care and risk, access to registration and the documents required, use of interpreters in appointments, and discrimination, privacy and dignity.

### We made the following recommendations:

- Take a personal approach; provide better information; give effective language support in translation and interpretation for refugees and asylum seekers; utilise technology; understanding your community; and relevant training for staff.

The full report and transcript can be viewed here . [GP-Access-Guide-Focus-Group-September-2021-final.pdf \(healthwatchcroydon.co.uk\)](#)



“The contribution of the wonderful patients you recruited for the focus group has been invaluable...the patients gave informed thoughtful and constructive feedback. We made lots of changes to the London General Practice Guide.”

Sian Howell, GP and Clinical Lead for Access, Transforming Primary Care Team, Healthy London Partnership, NHS England.



### What difference did this make?

Our work strengthened the guide around the role of carers, the importance of working closely with the community, requirements of practices to provide translating services and prompt care for short-term patients.

Each of 1,200 London GP's was given a copy of the London General Practice Guide, which was supported by a series of webinars for the GPs when the guide was launched in September 2021 . Healthwatch Croydon presented at these webinars You can see the video here: <https://youtu.be/CENaOzmV7rs>

Healthy London Partnership and Healthwatch Croydon presented together at the Healthwatch England London Network to raise the profile of GP access. Other Healthwatches have also taken this subject up in London and there are further discussions planned on how we can work together at a London level to support improvement, particularly in response to changes as a result of COVID-19.

## Helping improve urgent and emergency care pathways

We have worked with NHS South West London Clinical Commissioning Group to understand how Croydon University Hospital Accident and Emergency (A&E) patients used the pathway they took and their satisfaction with it.

Through an online survey to all participants who had used our local hospital in the previous six months we received 1,038 responses. This survey looked at the choices people made, what issue led them to urgent care and A&E, and how satisfied they were with the experience. This was compared across various demographics and also against Primary Care Networks of GPs to see if there were any differences.

We found that most people used 111 or called their GP and had a less number of stops before getting to A&E or urgent care than those who used GP Hubs, or pharmacies. Most wanted to be seen quickly or could not get a GP appointment. People with certain illnesses were more likely to use specific urgent care services and pathways and there was also variety across ages. There was also confusion about the multiplicity of services and how they are to be accessed and used. While satisfaction was 62%, this ranged from 50% to 75% across ages, genders, ethnicities and disability.



**52% contacted GP or 111**

**in their pathway to urgent care, but there was significant difference in choice based on age, gender and ethnicity.**

### Our recommendations:

- Fully integrate pharmacies and GP Hubs into the pathway and create positive communications to give confidence that this is as good as going directly to A&E/Urgent Care or GP.
- Define NHS 111 as the single reliable point of access to direct care via GPs, pharmacies, GP Hubs or A&E/Urgent Care and give it capacity to do the job it needs to do.
- Learn more about how condition and situation may affect choice and reflect that in pathway.
- Understand these services from the user perspective.
- Reduce satisfaction gaps between ages, gender, ethnicity and disability and services in geographic location. Experience needs to be less variable, particularly if coming from different areas of Croydon.

### What difference did this make?

This insight has been presented at the Urgent and Emergency Care Transformation Board set up to redesign the pathways in line with patient demand and expectation. A focus on making NHS 111 a reliable first step which allows booking to other services has been influenced in recommissioning of this service. Further developments are being put together by the Croydon Urgent Care Alliance to transform all aspects of the service. The ability to show how patients used pathways and also show that there is a gap in satisfaction between certain demographics provides useful insight to shape services going forward.

## Listening to Croydon residents about dentistry and supporting better communication of services

We surveyed residents on their experience and views of dental services and also assessed dental practice websites, working closely with the Croydon Local Dental Committee.

We found variability in access, with patients having difficulty accessing services when they were in pain and a lack of information and confusion on how services are delivered. However, there was significant satisfaction with NHS services once seen. There were also concerns about costs – even with NHS treatment. We also assessed 47 practice websites and found examples of good practice as well as many that could be improved. We are sharing this best practice to help improvement of all NHS dental practice websites in Croydon. Working with the Local Dental Committee has been a very positive experience for both organisations. We learnt much about the complexity of dental commissioning and how this may well affect resident access and usage of the service.



### 49% found it difficult

to get a dental appointment when there was a problem.

#### Our recommendations:

- Access needs to be less variable – focus on how it can be commissioned better.
- Undertaking a local needs assessment. The last reallocation of units of dental activity, which affect dentist availability were last set sixteen years ago.
- Understanding the perception of the regular dentist, even though registration does not exist.
- Review allocation of regular check-ups and increase recall period subject to dentist's clinical decision and patient's agreement to free up units of activity in line with National Institute of Clinical Excellence Guidelines.
- Provide better communication about how dentistry is delivered to give residents better insight into services.
- Use best practice on websites to ensure all practices present relevant information to help residents access and use services well.

The full report can be viewed here [Croydon residents experiences of accessing and using NHS dental services \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk). [Service user experience of dentists' websites in Croydon \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk)

#### What difference did this make?

We will be working with the newly formed South West London Local Dental Committee to design materials to inform patients on how services are commissioned and how they can best access services in Croydon. We are also using the insight to raise profile of dental issues to support a strategic needs assessment and wider discussion, particularly as dental commissioning comes under the umbrella of the South West London Integrated Care System.



“We look forward to working with Healthwatch Croydon and other local partners to secure the dental care that Croydon requires and deserves.”

Sushil John, South West London Local Dental Committee



## Supporting the Health and Care Plan refresh

We brought together members of patient participation groups to share views on the proposals for the Primary Care section of the Croydon Health and Care Plan refresh to help shape better integrated services across the borough.

In July 2021, Healthwatch Croydon organised a focus group to provide feedback on the refresh of the Health and Care plan focusing on the Primary Care section. This was a two-hour focus group of a variety of local residents with an interest and experience in this area to gain their insights. We heard that there needed to be clearer communication on objectives and outcomes to increase engagement, including the role of Primary Care Networks (PCNs). There was also a key role for Patient Participation Groups (PPGs) with examples of good practice and a concern that grassroots level organisations in the voluntary and community sectors are not being effectively involved in conversations. There was also a consideration that the volunteer base may not have capacity to meet expectations defined in the plan.



"Within our PCN we are a group of five practices, so we're quite a large PCN. As far as our PPGs go, we actually work together, and there's no reason why other PPGs cannot do that."

Focus group participant sharing good practice within Croydon.



### Our recommendations:

- Provide clearer communication on objective and outcomes to increase engagement and define the role of PCNS in delivering the Health and Care Plan.
- Involve, encourage, and support PPG at both GP and PCN level and apply good practice with PPGs so they know their role.
- Ensure grassroots level micro-organisations in the voluntary and community sector are involved in conversations and don't overestimate volunteers

The full report can be viewed here: [Our reports \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk)

### What difference did this make?

The views from the full transcript have been presented to the One Croydon Alliance of health, social care and voluntary service providers and also presented at the Proactive and Preventive Care Board and Primary Care Commissioning Board. As a result, recognition of the role of PPG groups are now mentioned within the final version of the Health and Care Plan due to be released in July 2022.

Further discussions are continuing through Primary Care Leads in Croydon as part of the South West London Integrated Care System and also with the Local Voluntary Partnership to ensure the community and voluntary sector can meet the expectations of an integrated care system.

## Helping the evaluation of Croydon's Personal Independence Coordinator service

We spoke to 64 recent service users about the experience and outcomes for them of a key integrated care service to help shape its future delivery.

Since 2018, the One Croydon Alliance has commissioned Age UK Croydon to deliver the Personal Independence Coordinator (PICS) programme. The clients were previously regular attendees at GPs or hospital services. The aim of this service is to help clients become more independent. Healthwatch Croydon was commissioned by Age UK Croydon to provide independent insight of service user experience of the service as part of a wider evaluation. We spoke to 64 service users through telephone interviews between August and October 2021.

We heard that physical and mental health issues and managing finances were key issues for clients. Once clients had finished the programme, most found that financial issues had improved, and they had support over the physical health issues. Over three quarters saw long term-impact with an increase in confidence for some. However, a third wanted extra support or contact.



**78% of those asked had felt some significant long-term impact of PICS some months after the programme finished.**

### Our recommendations:

- Look at those it did not work for and understand why.
- Extra support once the programme ends.
- Information and communication.

Read the report here: [PICS Evaluation 2021 \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk)

### What difference did this make

From this report, we were able to influence change by informing Age UK and South West London CCG, on the future of the PIC Development Plan. Our recommendations will be included in decision making and there have already been changes implemented with the introduction of a new outcomes tool and additional volunteer support. In addition, there will be more focus on a person-centred approach to the PICS service.



“This Healthwatch survey achieved the objective of gaining the views of clients on the impact of having a PIC and what could be improved as it moved forward. It has enabled the voice of the older person to come through very clearly alongside the detailed evaluation. It helpfully reinforces the detailed recommendations of the independent evaluation.”

Sanjay Gulati, Chief Executive Age UK Croydon



## Contributing insight to the Your Care, Your Way campaign

Building on our previous work in accessing service, we were funded to work alongside six other Healthwatch to gather intelligence for a Healthwatch England campaign to review the Accessible Information Standard.

NHS England implemented the Accessible Information standard in 2016 to ensure people with a disability, impairment or sensory loss could communicate effectively with providers.. [NHS England » Accessible Information Standard](#). Recently there is consideration of whether to extend the standard to include those who have language barriers in accessing services by having little or no English language skills.

We carried out structured interviews – all through an interpreter – with French African, Latin Spanish, and Ukrainian speakers and held a focus group with a Tamil community. We interviewed a number of professionals who worked across a range of healthcare settings as well as an interpreters. Our local intelligence was fed back to Healthwatch England who produced this evidence from local Healthwatch findings [Briefing \(healthwatch.co.uk\)](#)

We heard Tamil families say they could not register people at a GP because of language barrier. French African patients felt embarrassed to ask children to interpret health conditions, especially when they did not want family to know. Ukrainian patients not knowing that they could get interpreters and due to language barrier not expressing themselves and therefore keeping their mental health issues inside. Honduran patients feeling powerless because they cannot communicate effectively. This meant the condition got worse and they ended up admitted for a hospital stay via A&E. Somali interpreter says pandemic had made things worse as unable to read patient's body language as meetings are no longer face-to-face.



“They don't respect them and don't try to help. They don't try to help somebody who can't speak the language, they are not moving forward to help. Plus, when they know they can't speak the language it's a difficult attitude.”

Tamil resident in Croydon on their experience of using services



### Our initial suggestions:

Our local report will be published in the summer 2022, but initial themes are:

- Need to ensure interpreting and translation services are provided when required.
- Improve information flows between providers to ensure this need is flagged up.
- Improve information and communication about accessing interpreting and translation to ensure patients get the support they need.

### What difference did this make

Healthwatch England have made five key recommendations calling for health and social care providers to fully comply with the AIS [Accessible Information Standard – our recommendations | Healthwatch](#). Healthwatch Croydon are analysing the transcripts we made with the aforementioned groups to produce our own local recommendations for Croydon's health and social care providers as well as showing examples of good practice.



## Sharing insight on the impact of Long COVID

Working with our colleagues across Healthwatch in South West London we sought views of those experiencing this new condition as a result of having COVID-19 so that patients can be better supported.

Long COVID is an informal term that is commonly used to describe signs and symptoms that continue and develop after an acute infection of COVID. There are a variety of symptoms from breathlessness, brain fog, fatigue and anxiety as well as physical pain all of which last longer than 12 weeks after getting COVID-19. There is no test or clear pathway for Long COVID. This makes the condition tricky to identify and treat and there is a variation among GPs confidence to diagnose.



**75%** felt their **quality of life** had been affected

Our analysis showed that 33% were still experiencing symptoms 12 months later, 74% said long COVID negatively impacted their mental and emotional health while 53% had not received any help and the same number relied on friends & family. 75% felt their quality of life was affected.

### Our recommendations

We suggest developing a better screening process, create better pathways between GPs, consultants, and wider teams, delivering dedicated community support for those with Long COVID. We also suggest focusing on supporting family and friends. Ensure those living on their own get the care they need. More insight is also needed by age, gender, and ethnicity.

### What difference will this make?

Healthwatch Croydon is raising the profile of this new condition with all stakeholders in Croydon as well as working with our South West London colleagues to influence change at the Integrated Care System level.

The full report can be viewed here: [Croydon residents' experiences of living with Long Covid \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk)



“This Healthwatch report is a helpful reminder for the prolonged impact COVID-19 can have. This is something we are acutely aware and one that we are working on to wrap our care and support around people in our community.”

Matthew Kershaw, Croydon Health Services NHS Trust Chief Executive and Place Based Leader for Health.



## Gaining insight on Croydon residents' views on the COVID-19 vaccine

We were commissioned to understand public views towards the new COVID Vaccine, as part of a Healthwatch England engagement platform project.

We asked questions about vaccines in general, views on accepting the COVID vaccine, main reasons for wanting it, motivations for refusing it and views on the information received about the vaccine. Most were positive towards the COVID-19 Vaccine and to vaccines in general. Protecting themselves, their family and friends and vulnerable people were the main reasons for wanting the vaccine. However, over one in five respondents were COVID-19 vaccine hesitant with people not trusting the intention behind it, as well as concerns around the safety of the vaccine and its ingredients. Some did not think COVID-19 posed a risk to them. Barriers to receiving the COVID-19 vaccine included booking, distance, and time of appointments/NHS and government websites were seen as best source of information about the COVID vaccine. There were limitations in the sample, on gender, age, and ethnicity in representing the diversity of Croydon, reflective of general online surveys..



**Around 1 in 5 were COVID vaccine hesitant with concerns about safety and not trusting the intention. Some also believed that COVID-19 did not pose a risk for them.**

### Our recommendations:

- Ensure the vaccine is more accessible to all members of the community.
- Communicate the risks against the benefits in a more effective way.
- Continue conversations with those unsure about the vaccine.
- Develop strategies how to reduce the fake and misleading news on the vaccine.
- Wider studies are needed on specific ages, gender, ethnicity, and other demographics.

Read report: [Croydon residents' views on the COVID vaccine \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk)

### What difference did it make

Our report has highlighted key areas where improvements can be made around information dissemination, access to the vaccine and the trust and efficacy of the COVID-19 vaccination program. We have already seen NHS Campaigns both locally and nationally to try to help alleviate these concerns for this sub-set of community members. Our report will help local stakeholders find out the general consensus of vaccination programmes and further aid decision making around communication and immunisation rollouts as well as make the case for more focused insight.



“Listening to the voices of our community is central to everything we do. This new Healthwatch Croydon report explores the challenges that have been, and continue to be, at the heart of monumental efforts across the borough to protect people from COVID-19.”

Matthew Kershaw, Place Based Leader for Health, Croydon





## Understanding perceptions of the Care Quality Commission from minority communities' perspective

We worked with Black, Asian and ethnic minority groups to listen to their experiences, create case studies and explore their perceptions of the CQC.

We held semi-structured interviews and a focus group and received a letter and gained experiences from five Croydon residents with a broad range of health and social care needs. We spoke with a young person with a long term health condition, a refugee mother who is a carer for her son who has Autism, a woman who is a carer for her elderly parents and sister, an older man who cares for his wife while taking care of himself. We also gained the views of a parent with an adult son in resident care facilities.

We asked these residents what services they use, the challenges they face engaging with services and the CQC, their hopes and fears for health and social care and about changes that they would like to see in the health and social care system.

### Our recommendations

We made a number of separate recommendations to the CQC on the basis of each unique case study but themes included communication of the role of the CQC in the complaints process, ways the people can be supported to engage effectively with the CQC, and more clarity around the way it makes decisions, the impact that this may have on provision of services and crucially how this is effectively communicated to the public. You can read the full report, transcripts and recommendations here: [Croydon Black Asian and ethnic minority groups experiences of health and social services and the role of the CQC \(healthwatchcroydon.co.uk\)](https://www.healthwatchcroydon.co.uk/croydon-black-asian-and-ethnic-minority-groups-experiences-of-health-and-social-services-and-the-role-of-the-cqc)

### What difference did this make?

The CQC Public Insight team used this insight to influence. Through the Access Able panel content is tested for accessibility to improve knowledge by working with people who use services. This will improve the accessibility of content and engagement of people who use services. This was also shared with the Transformation team that is developing policies and new ways of working and regulating services. A large part of the Public Engagement strategy focuses on improving our accessibility including the importance of accessibility and alternative formats; clarity of wording; explanations for how to navigate the system; importance of including the voices of carers and family; support useful to help certain groups to share their experiences. Senior leadership see feedback as part of the public engagement insight report.



"The aim of this work was to reach communities that might be called seldom-heard. Healthwatch Croydon helped the CQC to gather rich and reliable insights from these communities in accessible formats which will be valuable in shaping the CQC's regulatory work."

Statement from the Care Quality Commission



## Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



### Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

As part of the work we did for the Care Quality Commission (see page 21), we heard from a young woman who had a long-term condition that was not diagnosed for some years because it was rare for her age. This showed the need to be listened to and be believed and for services to be more responsive and understanding.



### Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

We worked together with three GP practices in New Addington to provide them feedback from 335 of their patients which was sent via a GP text. We gave them insight on how all their services were received but also on their dedicated patient app so that they could assess how effective it was and make improvements as a result.

Read report at [Experience of patients of Parkway, Fieldway and Headley Drive surgeries \(healthwatchcroydon.co.uk\)](https://healthwatchcroydon.co.uk)



### Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

We have known that dementia care services could be better. We published a report about the experience of dementia carers in 2017. The recently revived Croydon Dementia Action Alliance are now taking on many of the recommendations we suggested. Croydon Health Services in particular have made significant progress in improving services for an increasing population. Much more work still needs to be done and we are working with health and social care stakeholders to help this be realised.

# Advice and information

If you feel lost and don't know where to turn, Healthwatch Croydon is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19.
- Linking people to reliable information they could trust.
- Supporting the COVID-19 vaccination and booster programme.
- Helping people to access the services they need via our dedicated Healthwatch Hub.





## Supporting NHS and social care messaging throughout the year

While we are independent of the NHS and social care services, we participate in the Croydon Communications and Engagement Group where we discuss approaches to campaigns and advise from our outsiders' perspective.

Although we did not take a position on whether people should be vaccinated or not, it was our role to help share the information to ensure people have the correct information to make their own decisions. We have continued to do this on a range of campaigns from reducing winter pressures at A&E to where to get help during bank holidays and promoting the Pharmaceutical Needs Assessment survey.



## Helping and advising on people stuck in the system

There is a real demand for parents and guardians accessing mental health support for their children. A caller wanted advice regarding how to make a complaint to Children and Adolescent Mental Health Services. Her son was referred in June 2021 and since then she reported that she hasn't heard from them nor been provided any support for herself or her son. We advised long waiting lists but the callers complaint is the lack of communication although she did say she has received two letters and some questionnaire texts asking for her son to complete them. We advised that we would send email with some organisations that they could approach for support whilst waiting . Talked through complaint including ideal outcome and suggested it may be best at this stage to speak to PALS initially. Caller expressed thanks for help and for calling back so quickly.



# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Croydon. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say from home, carrying out surveys online and later on with some outreach occasions when it was safe to do so..
- Carried out website and telephone reviews for local services on the information they provide and assessing their accessibility.
- Road tested a new digital signage system at Croydon University Hospital to feedback and ensure it works to patients' expectations
- Feedback to the team on issues that we should be investigating or feedback on services and change that we would raise with stakeholders and at key meetings in public.





### Sally

"I have just completed my foundation degree in Public Health and Social Care. Volunteering has given me insight into inequalities and inequities that people face. I have now begun a new volunteer role as Diversity Ambassador at Healthwatch where I will be using my lived experience to support better representation from diverse backgrounds to create stronger, healthier communities."



### Michael

"I have been a Healthwatch Croydon Volunteer for seven years. It has empowered me and, in turn, I can empower others. Having learned about the health service and its administration as I gather local intelligence I can signpost. It's a two way thing. I get involved with all aspects of the work, mostly online at the moment but we did get out and listen to residents."



### Benedita

"I'm a student studying BTEC Applied Science and planning to study medicine at university. I volunteered at Healthwatch Croydon because I admire how they ensure that people's views on care are heard and that improvements are made where possible. The nicest part is having a real influence to help make changes that Croydon residents want to see."



### Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



[www.healthwatchcroydon.co.uk](http://www.healthwatchcroydon.co.uk)



0300 012 0235



[robyn.bone@healthwatchcroydon.co.uk](mailto:robyn.bone@healthwatchcroydon.co.uk)



# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding received from local authority	£151,618	Staff costs	£147,030
Additional funding	£14,666	Operational costs	£14,040
<b>Total income</b>	<b>£166,284</b>	Support and administration	£23,400
Planned reserve expenditure*	£18,186	<b>Total expenditure</b>	<b>£184,470</b>

\*The expenditure was managed from reserves accrued over previous years.

## Top five priorities for 2022–23

1. To improve health and care services by providing feedback from local residents who use services about what works for them.
2. To contribute to the reduction of health inequalities by finding out, and informing the people who design and run health and care services, about what works for people whose views are seldom heard.
3. To contribute to the improvement of local health and social care services by representing the views of local residents to those people responsible for funding, designing and providing such services.
4. To ensure that local people are able to access health and social care services more quickly.
5. To keep informed, and make comments on behalf of local residents, about the impact on local health and social care services of national and local developments, such as the transition to a SWL Integrated Care System and to a directly elected Mayoral system in Croydon.

## Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

# Statutory statements

## About us

Healthwatch Croydon, 24 George Street, Croydon CR0 1PB

Contract holder as of 31 March 2022: Help and Care, A49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

Healthwatch Croydon is commissioned by Croydon Council.

Healthwatch Croydon uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.





## **The way we work**

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Croydon board consists of six members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local communities. Through 2021/22 the board met 11 times and made decisions on approving every piece of work we undertook that year based on using a matrix of questions to ensure relevancy and impact.

We ensure wider public involvement in deciding our work priorities. We look at the comments we receive from general outreach and calls to our Healthwatch Croydon Hub. Last year, the issue of dentistry came up as an issue that was regularly being commented on particularly access. This led to us taking on a project on the access and experience of dentistry as well as dentist practice websites.

### **Methods and systems used across the year's work to obtain people's views and experience.**

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, attended a range virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media, as well as some outreach sessions when it was safe to do so.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, those who have little or no English working with relevant interpreters for, French African, Honduran, Tamil and Ukrainian communities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and promote and share it across the community.

### **Responses to recommendations and requests**

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Croydon is represented on the Croydon Health and Wellbeing Board by Edwina Morris, Chair of Healthwatch Croydon. During 2021/22 our representative has effectively carried out this role by participating in discussions about the implications of the proposed ICS developments for Croydon residents; contributing to the Health and Care Plan refresh, including by ensuring that the views of local residents were taken into account (see page 16); commenting on the Integrated Care Network developments (utilising resident insight obtained by Healthwatch Croydon in 2020); presenting the HWC 2020/21 Annual Report alongside Healthwatch Croydon volunteers; and ensuring that the proposed Pharmaceutical Needs Assessment would include residents' views on local pharmacy services and that the Healthwatch Croydon Manager would be offered a place on the steering group.

## 2021-2022 Outcomes

Project / Activity Area	Changes made to services
Hospital signage project	Provided volunteers who had raised issues about signage to road test and feedback and on new digital signage at Croydon University Hospital
GP Access Guide insight	Croydon residents' views influenced advice guide and handbooks sent to 1,200 London GPs. All London GPs now have a report assessed and influenced by us.
Dentistry	Plans to coproduce leaflet to improve knowledge; Practice websites to be assessed against report findings. Raising the profile of this issue with key stakeholders and building support with them and others to influence change.
COVID Vaccine	Insight helping with future planning – discussions on opportunities to conduct further insight with specific groups to help services not just on immunisation but other health issues.
Urgent and Emergency Care	This is already informing commissioning strategy in this area before publication.
Health and Care Plan Refresh	Ensured patient participation groups are now part of the Primary Care aspect of the plan; raised profile of microorganisations perspective on developments and also possible overreliance on a volunteer base to deliver objectives.
CQC Seldom Heard Engagement Report	Informing different strands of CQC strategy including engagement with public.

## 2021-2022 Outcomes continued

Project / Activity Area	Changes made to services
Personal Independence Coordinators Evaluation	More informal support and information for those once the scheme has finished so service users feel adequately supported to be independent.
Accessible Information Standard	Provided evidence-base for Healthwatch England to champion change nationally. Once published Healthwatch will profile good practice and support improvement locally.
Long COVID	Insight has already been shared at South West London level meetings – all South West Healthwatch here looking to work together to push for change.



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 HealthwatchCR0

## Healthwatch Croydon New Projects Proposal Form Prioritisation Tool

**Title:**

**Proposer:**

### **1) Evidence available:**

What evidence do we have to why this is an issue? What is the source for this evidence? Is this from Healthwatch own data or external data?

### **2) Ability to impact within timescales:**

Can we make a difference in the time we undertake the insight? Does this time well with a project or initiative taking place in Croydon? Can it be achieved within a relevant timescale?

### 3) Issue being dealt with by someone else:

Who else is doing this in Croydon? Does our work complement or compete with what they are doing? Is it better for us to lead in this area, work in partnership, or support current work taking place with data?

### 4) Likely impact on the community

What impact will it have on the communities we serve?

## 5) Healthwatch Croydon can make a difference:

How can we make a difference by taking this forward? What position do we have in this that can bring new insight or access communities which others cannot? Does our independence allow us to provide reliable insight on this area?

## 6) Related to priorities of Joint Health and Wellbeing Strategy/ Health and Care Plan:

How does this relation to the Joint Health and Wellbeing Strategy? See link here:  
<https://democracy.croydon.gov.uk/documents/s13992/Health%20and%20Wellbeing%20Strategy%20-%20Final.pdf>

<https://www.southwestlondonics.org.uk/content/uploads/2022/06/Croydon-Health-and-Care-Plan-2022-to-2024.pdf>

How can we be sure our insight is relevant to those make decisions on services?



## 7) Equalities Impact Assessment:

Does this research reflect the wide range of communities based on gender, age, ethnic background, religious belief, sexual identity and disability?

## 8) Risk analysis

What is the risk in taking on this project instead of others? These include: ability to gain relevant data; that data is recent and relevant; that it may be seen as controversial by key stakeholders; that the insight requires additional staff or resources which we would need to plan? Overall how do the potential positives weigh against the potential negatives.

# Agenda Item 7

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	Health and Wellbeing Board	
<b>DATE OF DECISION</b>	21 <sup>st</sup> March 2023	
<b>REPORT TITLE:</b>	Health and Wellbeing Board Annual Report	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Rachel Flowers, Director of Public Health	
<b>LEAD OFFICER:</b>	Jack Bedeman, Consultant in Public Health Email: jack.bedeman@croydon.gov.uk Telephone: 22616	
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care	
<b>DECISION TAKER:</b>	Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care	
<b>AUTHORITY TO TAKE DECISION:</b>	Constitution of the London Borough of Croydon - Part 4.L 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.	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	No	Public
<b>WARDS AFFECTED:</b>	All	

## **1 SUMMARY OF REPORT**

- 1.1** This Annual Croydon Health and Wellbeing Board Report provides an opportunity to celebrate all the hard work that has been achieved over the past year by everyone in the Croydon Borough right across the health and social care system, as well as looking ahead to some of the opportunities for the coming year.

## **2 RECOMMENDATIONS**

This report recommends that the Health and Wellbeing Board:

- 2.1** Report to Full Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.
- 2.2** Note the contents of the Annual report in the Appendices Report.

## **3 REASONS FOR RECOMMENDATIONS**

- 3.1** To share the report to interested parties
- 3.2** To integrate the learnings from this report into future work streams for the Board

## **4 BACKGROUND AND DETAILS**

- 4.1** In accordance to Part 4A Council Procedure Rules, s 3.45 highlights, the Annual reports shall be received at the Annual Council meeting.

## **5 ALTERNATIVE OPTIONS CONSIDERED**

- 5.1** Not applicable

## **6 CONSULTATION**

- 6.1** Not applicable

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1** This report contributes to delivering 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** Finance have reviewed the report and can confirm 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 the Assistant Chief Executive and Resources, on behalf of the Director of Finance. (Date 10/03/2023)

### **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. Part 4.L of the Council's constitution Terms of Reference Health and Wellbeing Board include, at paragraph 1.8 "To report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report".

**8.2.2** Comments approved by the Head of Litigation & Corporate Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 09/03/2023)

### **8.3 EQUALITIES IMPLICATIONS**

**8.3.1** Section 149 of the Act requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

**8.3.2** Protected characteristics defined by law are race and ethnicity, disability, sex, gender reassignment, age, sexual orientation, pregnancy and maternity, and religion or belief and marriage and Civil Partnership.

**8.3.3** The report provides a summary of the work of the Health and Wellbeing Board over the past year There is an overriding principle within the Croydon Health and Wellbeing Strategy to reduce health inequalities. As set out in the report, this will continue to be a focus for the Health and Wellbeing Board going forward.

Comments approved by Gavin Handford, Director of Policy, Programmes & Performance, (Date 10/03/2023)

## **9. APPENDICES**

**9.1 A - Annual Health and Wellbeing Board Report 2021-2022**



# Health and Wellbeing Board Annual Report 2021 – 2022



## Foreword

This Annual Croydon Health and Wellbeing Board Report provides an opportunity to celebrate all the hard work that has been achieved over the past year by everyone in the Croydon Borough right across the health and social care system, as well as looking ahead to some of the opportunities for the coming year.

The health and care system in Croydon, like many other boroughs in London continues to face a number of significant challenges with increasing demand, recruitment and financial difficulties against the backdrop of the recovery from COVID, and the cost-of-living crisis.

To address the issues, we are continuing to work together to promote greater integration and build closer working relationships between health, care, and wider partners to ensure services meet the needs of our residents and tackle the factors that affect everyone's health and wellbeing, both now and in the future.

The period, 2021-2022 has been a busy year for the Board. The Board has secured closer working support from the Local Government Association, and we welcome support and experiences from other local authorities to ensure that we can share learnings and gain expertise to improve the health and wellbeing of our residents.

The Board also supported the new executive Mayor's Mental Health Summit, whereby we were able to truly engage with Croydon residents to hear their voices, and explore opportunities to maximise resources, and improve the quality of local mental health provision.

Looking forward to the coming year, we will continue to drive integration and closer partnership working, to make a real difference, to the health and wellbeing of our residents in Croydon.

**Cllr Yvette Hopley Chair of the Croydon Health and Wellbeing Board, Cabinet Member for Health and Adult Social Care**

# Introduction

This report summarises the work undertaken by Croydon Health and Wellbeing Board July 2021 to December 2022. The board was established on the 1st of April 2013 as a committee of Croydon Council.

In 2022, the Board was able to meet five times, of which there were three Board meetings scheduled this municipal year, and two extraordinary meetings (November 2022 and December 2022).

The report sets out the functions of the board and gives examples of how the board had discharged those functions. This annual report contains the outcomes of the boards monitoring of the delivery plans in fulfilment of the health well-being strategy available here.

Examples of key achievements of the Board are described, including the encouragement of great integration and partnership working, tackling health inequalities, and increasing focus on prevention of ill health.

The Croydon Health and Wellbeing Board is a formal committee of the London Borough of Croydon, established under the health and Social Care Act 2012.

It exists to bring together leaders primarily from the health and social care sector, but also includes local representatives of other local influential and strategic stakeholders who have a role to play in improving the health and wellbeing of local residents.

# Health and Wellbeing Board Membership

This board in Croydon is made up of the following membership:

- London Borough of Croydon (6 Councillors of which there are 3 Majority, and 3 Minority group members)
- Director of Public Health
- Corporate Director Adult Social Care & Health (DASS & Calidcott Guardian)
- Corporate Director Children, Young People & Education (DCS & Calidcott Guardian)
- Service Director for Croydon (South London and Maudsley NHS Foundation Trust)
- Chairman of Croydon Health Services
- Croydon Voluntary Action Chief Executive
- Place Based Leader for Health, Croydon, NHS South West London Integrated Care Board
- Chief Executive of HealthWatch Croydon

## Functions of the board

The board has nine main functions as outlined below:

1. To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provisions of health or social care services in Croydon to work in an integrated manner.
2. To provide such advice, assistance or other support as appropriate for the purpose of encouraging partnership arrangements under Section 75 of the National Health Service Act 2006 between the Council and NHS bodies in connection with the provision of health and social care.
3. To encourage persons who arrange for the provision of health-related services (i.e. services which are not health or social care services but which may have an effect on the health of individuals) to work closely with the Board and with persons providing health and social care services.
4. To exercise the functions of the Council and its partner Clinical Commissioning Groups in preparing a joint strategic needs assessment under Section 116 of the Local Government and Public Involvement in Health Act 2007 and a joint health and wellbeing strategy under Section 116A of that Act.
5. To give the Council the opinion of the Board on whether the Council is discharging its duty to have regards to the joint strategic needs assessment and joint health and wellbeing strategy in discharging the Council's functions.
6. To agree the delivery plans of the Health and Wellbeing Strategy.
7. To monitor the delivery plans in fulfilment of the Health and Wellbeing Strategy
8. To report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report
9. To exercise such other Council functions which are delegated to the Board under the Constitution.

Cllr Yvette Hopley - Cabinet Member for Health and Adult Social Care took over as Chair and Cllr Margaret Bird was appointed Vice Chair in May 2022.

# Croydon Health and Wellbeing Strategy

The current Health and Wellbeing Strategy is structured around the following 8 priorities.

Priority 1- A better start in life

Priority 2 – Strong, engaged, inclusive and well connected communities

Priority 3 – Housing and the environment enable all people of Croydon to be healthy

Priority 4 – Mental wellbeing and good mental health are seen as a driver of health

Priority 5 – A strong local economy with quality, local jobs

Priority 6 – Get more people more active, more often

Priority 7 – A stronger focus on prevention

Priority 8 – The right people, in the right place, at the right time

The following report covers the work of the Croydon Health and Wellbeing Board from July 2021 to December 2022 and links this to the priorities in the Health and Wellbeing Strategy.

## **Review of July 2021 to December 2022**

The Board was able to meet five times and was able to review strategic work being undertaken in the borough across the following areas:

### **Pharmaceutical Needs Assessment (priority 5, 7, 8)**

Every Health and Wellbeing Board (HWB) in England has a statutory duty to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

The PNA reports on the present and future needs for pharmaceutical services in Croydon and is used to inform the planning and commissioning of pharmaceutical services and to support the decision-making process in relation to new applications of change of premises of pharmacies. The PNA also seeks to identify gaps in current services or improvements that could be made in future pharmaceutical provision.

As part of the process, two surveys were conducted between May and July 2022 to gain views from Pharmacy Contractors and residents. A 60-days consultation took place from 31 August to 29 October 2022.

The final PNA document was formally approved by the Board on 18<sup>th</sup> November 2022. The full document can be viewed on the [Croydon Observatory](#).

## **Integrated Care Systems (ICS) creation (All priorities)**

The Board received updates on the development of the ICS and its sub-structures of integrated care boards (ICBs) and integrated care partnerships (ICPs) and the processes of moving from the, now defunct, Clinical Commissioning Group (CCG).

The Health and Care Act 2022 introduced significant reforms to the organisation and delivery of health and care services with the creation of integrated care systems building on the recent development of regional Clinical Commissioning Groups. Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

42 ICSs were established across England on a statutory basis on 1 July 2022, and there was an ICS developed for South West London, South West London Health and Care Partnership became [South West London Integrated Care System](#).

## **Health and Wellbeing Board Development (priority 8)**

A key function of the HWB is to promote and encourage integration across the health and care system, and the Health and Care Act 2022 introduced significant reforms to the organisation and delivery of health and care services such as the creation of the integrated care boards (ICBs) and integrated care partnerships (ICPs). The changing landscape provides an opportunity for the HWB to consider its future role in the health and care system in Croydon and South West London. To this end the HWB has invited the Local Government Association to work with the Board as part of their board development work. Two initial scoping meetings have been undertaken with two full board workshops planned to be undertaken during April and June 2023.

In March 2023 the Board will start a review of the current Health and Wellbeing Strategy and if refreshed this will be done alongside the development of the Board allowing synergy.



## **Joint Strategic Needs Assessment (JSNA) (All priorities)**

Croydon Health and Wellbeing Board is a formal committee established under the Health and Social Care Act 2012 with a statutory duty to produce a joint strategic needs assessment (JSNA).

JSNA is a continuous, systematic process through which local data and intelligence are analysed and interpreted. Within Croydon, since 2017, the JSNA is published digitally at <https://www.croydonobservatory.org/jsna/>, and rather than being a static document, it is a collection of key datasets and statistical bulletins, which are updated as new data become available to ensure timely and up-to-date data and information on Croydon's overall population, their general health and wellbeing and key factors that affect health and wellbeing.

This digital JSNA aims to identify current and future health and social care needs of the local community which in turn inform outcomes and priorities to be considered for the joint local health and wellbeing strategy.<sup>1</sup>

The Board received an update on the JSNA processes and improvement in the user experience.

## **Health and Care plan refresh (all priorities)**

The five-year Croydon Health and Care Plan was developed in 2019 setting out how Croydon would deliver the Health and Care Strategy ambition to 'Work together to make Croydon a great place to live, work and play for all its residents through creating rapid improvements in the health and wellbeing of our communities' through its three aims: focusing on prevention and proactive care, unlocking the power of communities and putting services back in the heart of the community.

The Board was able to hear about how progress has been made on delivering the aims of the Health and Care Plan with multiple initiatives that join-up health, care and the voluntary and community sector to provide more coordinated services in our borough at the heart of communities; however, there are huge challenges ahead including uncertainty for jobs and

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<sup>1</sup> More information about the JSNA process in Croydon can be found at <https://croydonobs.wpenginepowered.com/wp-content/uploads/2021/11/The-JSNA-in-Croydon.pdf>

economy, deterioration in residents' wellbeing during the pandemic, emerging unmet need and financial pressures across health and social care.

The Health and Wellbeing Board reviewed the approach to refreshing the Health and Care Plan and agreed the refresh on January 19th 2022

**Transforming Mental Health Services for Children, Young People (0-25) and their families across South West London – Local Transformation Plan refresh 2021 (priority 4)**

The Board was able to receive a report about the refreshed Children and Young People's Emotional Wellbeing and Mental Health Local Transformation Plan for 2021. The 2021 refreshed plan combines six local Children and Young People's Local Transformation Plans.

The aim of this combined refresh plan is to establish a more consistent strategic framework for improving mental health and emotional wellbeing services for children, young people and their families across South West London.

**Director of Public Health annual report: The Magnificence of Croydon during the COVID-19 pandemic (Priority 2, 3, 7 and 8)**

The Board was able to receive a report from the Director of Public Health (DPH). The DPH has a statutory duty to produce an independent annual report to advise and make recommendations to professionals and the public, to improve population health. The Council also has a statutory responsibility to publish the Annual Report. Due to the unequivocal impact of COVID -19, the focus of the report is, the impact of COVID-19 on inequalities through the experience of Croydon residents, with recommendations on how we in Croydon can best protect ourselves, keep healthy and tackle inequalities together.

**Health in Croydon's Black Community (All priorities)**

On October 20<sup>th</sup> 2021 the Board had a focus on health in Croydon's black community in recognition of Black History Month. The Board received presentations and facilitated a conversation about the issues facing the local black population in Croydon, both from a mental health perspective, and how there are challenges with black populations being able to engage with primary care services.

The Board heard from Dr Vento, Psychosis lead for Croydon South London and Maudsley (SLaM) services for adult mental health who detailed the following:

- A common misconception was the black people, particularly black men, did not benefit from mental health services. However there were challenges in engaging the black community with mental health services.
- It was known that black communities struggled engaging with primary care services, and the difficulty was in the first step in getting help where they were underrepresented, which needed to be improved. Black communities were overrepresented in secondary care services.
- A black person is almost three times more likely to be detained under the Mental Health Act, which as a statistic had not changed in the past 20 years.
- The NHS Long Term Plan included embedding services within the community and for community to work closer together. The Croydon Health and Wellbeing Space was a collaboration between Mind in Croydon, the Croydon BME Forum and SLaM.
- Dr Vento stated that he would be the clinical lead for the Space, which would be based at the Whitgift Centre, and he expressed his optimism for a true partnership going forward.
- The site would be open seven days a week and have an open door policy to maximise engagement and be an inviting venue. This initial engagement would then increase the access to secondary health services. As well as sign-posting, the Space would run in-house services and groups to support residents coping with traumas.
- The Space will be a service to fit the community and an accessible place, staffed by local people and link to local churches and other community groups.

### **Mental Health Summit 2022 (priority 2, 4, 6, 8)**

On November 18<sup>th</sup> 2022 the Board facilitated the Croydon Mental Health Summit in partnership with Croydon Citizens, delivering on Mayor Perry's manifesto pledge and bringing together over 100 people from across the health and social care system, community members and community groups with an interest in mental health.

The board heard a summary from local residents, who 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 development of future health and wellbeing strategies in Croydon.

A theme in the discussions of the day was in the need for recognition of the extra challenges around access and treatment for Croydon's black population and that although progress is being made it is too slow and that more radical approaches are required to shift the structural issues that result in health inequalities.



Senior delegates at the Mental Health Summit. Left to right: Sir Norman Lamb, Chair at SLam NHS Trust, Councillor Yvette Hopley, Matthew Kershaw - Croydon Health Services NHS Trust, Jason Perry - Executive Mayor of Croydon, Bishop Dr Rosemarie Mallett - Bishop of Croydon, Rachel Flowers, Croydon's Director of Public Health, Jack Swan -Croydon Citizens, and Mother Susan Wheeler-Kiley



Jason Perry - Executive Mayor of Croydon opening the Mental Health Summit accompanied by Sir Norman Lamb, Councillor Hopley and Mother Susan Wheeler-Kiley



## **Healthwatch Croydon Annual Report (All priorities)**

The Board was able to review and discuss the annual report produced by Healthwatch Croydon. Local Healthwatch organisations are independent, corporate bodies set up by the Health and Social Care Act 2012, the legislation that also brought the Health and Wellbeing Board into being. Croydon Healthwatch has a seat on this Health and Wellbeing Board and contribute to ensuring the voices of local people are heard. Healthwatch Croydon works to get the best out of local health and social care services by ensuring the people who use health and care services can influence the way they are delivered. The report reflected heavily on the impact of COVID 19.

### **Better Care Fund (priority 2,7,8)**

The Health and Wellbeing Board considered the Better Care Fund End of year 2021/2022 submission to NHS England report to ensure that both national and local governance was correctly followed.

- The Better Care Fund (BCF) is 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

### **Adult Social Care Discharge Fund Plan (priority 2,7,8)**

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 funding of £2.687m was given to Croydon. This funding was used on activities that reduced funding was to be used on activities that reduced flow pressure on hospitals by enabling more people to be discharged to appropriate settings.

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.

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## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>HEALTH AND WELLBEING BOARD</b>	
<b>DATE OF DECISION</b>	<b>21 MARCH 2023</b>	
<b>REPORT TITLE:</b>	<b>Update on Croydon's JSNA</b>	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>Rachel Flowers, Director of Public Health</b>	
<b>LEAD OFFICER:</b>	<b>Dr Jack Bedeman, Consultant in Public Health Email: <a href="mailto:jack.bedeman@croydon.gov.uk">jack.bedeman@croydon.gov.uk</a> Telephone: 22616</b>	
<b>LEAD MEMBER:</b>	<b>Councillor Yvette Hopley, Cabinet Member of Health and Adult Social Care</b>	
<b>DECISION TAKER:</b>	<b>Health and Wellbeing Board</b>	
<b>AUTHORITY TO TAKE DECISION:</b>	<b>Constitution of the London Borough of Croydon - Part 4.L 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.</b>	
<b>KEY DECISION?</b>	<b>No</b>	<b>REASON: N/A</b>
<b>CONTAINS EXEMPT INFORMATION?</b>	<b>No</b>	<b>Public</b>
<b>WARDS AFFECTED:</b>	<b>N/A</b>	

### 1 SUMMARY OF REPORT

- 1.1 The Croydon Joint Strategic Needs Assessment (JSNA) is a collection of information relating to the health and wellbeing needs of our population. This report is an update of content that has been added to the JSNA since the topic last came to the Health & Wellbeing Board in October 2021 and a summary of the challenges faced.
- 1.2 They key items to note are;
- 1.2.1. The JSNA is publicly available and sits on the Croydon Observatory (linked to from the Croydon Council website)

- 1.2.2. Key items that have been updated include the Key Dataset, Borough Profile, a number of data profiles / factsheets and the Pharmaceutical Needs Assessment
- 1.2.3. Key challenges remain in updating the JSNA that include collaboration, resource, South West London processes and system-wide approaches

## 2 RECOMMENDATIONS

For the reasons set out in the report [and its appendices], the Health and Wellbeing Board is recommended:

- 2.1 to approve the update to JSNA content
- 2.2 to note the challenges and, if deemed necessary by the Board, discuss how to overcome these

## 3 REASONS FOR RECOMMENDATIONS

- 3.1 To allow the Health and Wellbeing Board, in accordance with its Terms of Reference, to be responsible for reviewing the JSNA in order to give the Council the opinion of the Board on whether the Council is discharging its duty to have regard to the joint strategic needs assessment and joint health and wellbeing strategy in discharging the Council's functions.

## 4 BACKGROUND AND DETAILS

- 4.1 A Joint Strategic Needs Assessment (JSNA) is continuous, systematic process for assessing the health and wellbeing needs of a population to inform decision making that will improve the health and wellbeing outcomes and reduce inequalities.
- 4.2 The Local Authority and the NHS via Local Health and Wellbeing Boards have a joint, statutory duty to produce a JSNA, a Joint Health and Wellbeing Strategy and ensure that LA, CCG and NHS England commissioners take the JSNA into account for planning and redesigning health and care services.
- 4.3 A JSNA has no set format; local areas are free to manage and design a JSNA as they see fit. They should be owned by all organisations within the Health and Wellbeing Board.
- 4.4 In 2019, Public Health England produced a '10 top tips' for best practice of a JSNA
- 4.5 The [JSNA page](#) on the Croydon Observatory (found under the health and wellbeing tab) has been formatted as per the last HWBB meeting with content now falling under the five main themes: population overview, population groups, wider determinants,

healthy behaviours and health conditions. Each section is made up of a number of different document types.

**4.6** There have been data updates to the JSNA content itself, since October 2021 the following documents have been updated;

4.6.1 Croydon key dataset (updated quarterly)

4.6.2 Croydon borough profile (updated biannually)

4.6.3 Data profiles (all updated annually). Specific topics that have been updated are life expectancy, personal wellbeing, child obesity, housing affordability, recorded crime, sexual health profile, diagnosed conditions, suicide

4.6.4 Detailed profiles (/ needs assessments updated as required). The Pharmaceutical needs assessment has been updated since October 2021

**4.7** Challenges remain with regards to the JSNA

4.7.1 Collaboration is needed with NHS/SWL colleagues to provide data where there are gaps

4.7.2 Unclear processes around JSNA with SWL

4.7.3 Resource

4.7.4 System wide approach

## **5 ALTERNATIVE OPTIONS CONSIDERED**

5.1 N/A

## **6 CONSULTATION**

6.1 The development of any product forming a part of the JSNA involves consultation with multiple local partner organisations and departments, including with patients, clients and the public where appropriate.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

7.1 Provide the organisation with evidence and data to inform planning and decision making across a whole range of business functions.

7.2 Be the change engine for the organisation to drive improvement and deliver for our residents.

## **8. IMPLICATIONS**

### **8.1 FINANCIAL IMPLICATIONS**

**8.1.1** The co-ordination of the JSNA is part of core business for the Public Health Team and therefore no additional financial resources are required.

**8.1.2** Updating the key dataset and data profiles is part of core business for the Public Health Intelligence Team and therefore no additional financial resources are required.

**8.1.3** It should be noted that the development of some JSNA content does require active participation of all partner organisations in Croydon.

#### **8.1.4 Revenue and Capital consequences of report recommendation**

Finance have reviewed the report and can confirm there are no financial implications at this time. All costs relating to this report are part of business as usual and can be met within existing resources.

**8.1.5** Comments approved by Lesley Shields, Head of Finance for the Assistant Chief Executive and Resources, on behalf of the Director of Finance. (Date 09/03/2023)

### **8.2 LEGAL IMPLICATIONS**

**8.2.1** Under Section 116 (Health and Social Care: joint strategic needs assessments) of the Local Government and Public Involvement in Health Act 2007, an assessment of relevant needs must be prepared in relation to the Council's area, and it is for the Health and Wellbeing Board to prepare any assessment on behalf of the Council and its partner integrated care board. A further assessment must be prepared if the Secretary of State so directs and may be prepared at any time. In preparing an assessment, the Council and the integrated care board must co-operate with one another, have regard to any guidance issued by the Secretary of State, involve the local Healthwatch organisation for the area, and involve people who live or work in the area. In preparing an assessment, the Council or the integrated care board may consult any person it thinks appropriate.

**8.2.2** Paragraph 3.5 of the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies provides "Health and wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however boards will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans. To be transparent and enable wide

participation, boards should be clear with their partners and the community what their timing cycles are and when outputs will be published”.

**8.2.3** Comments approved by the Head of Litigation & Corporate Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 09/03/2023)

### **8.3 EQUALITIES IMPLICATIONS**

**8.3.1** The aim of a Joint Strategic Needs Assessment is to review the health and wellbeing needs of a population and take note of the distribution of protected characteristics in order to inform strategic and commissioning decisions that will improve health and wellbeing outcomes and reduce inequalities.

**8.3.2** Data in the JSNA is broken down by protected characteristics where possible for example in the SEND profile where data can be seen to be broken down by age, sex, and ethnicity. The JSNA highlights where there are inequalities in relation to protected characteristic, an example is on the life expectancy profile where inequalities and differences in life expectancy and healthy life expectancy are shown between males and females and also differ between geographical location of residents.

**8.3.3** The Joint Local Health and Wellbeing Strategy (JLHWS) is developed by the Health and Wellbeing Board to address the needs and priorities identified in the JSNA.

**8.3.4** The Local Authority and NHS Integrated Care Board must take proper account of the JSNA and JLHWS in exercising their functions and the Health and Wellbeing Board can give its opinion on whether they are discharging this duty.

**8.3.5** Comments approved by Gavin Handford Director of Policy Programmes and Performance, on behalf of the Equalities Manager. (Date 10/03/2023)

### **OTHER IMPLICATIONS**

**8.4** [NONE]

## **9. APPENDICES**

**9.1** *A Presentation delivered*



JSNA update for the  
HWBB 2023.pptx

## **10. BACKGROUND DOCUMENTS**

**10.1** [Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)

## **11. URGENCY**

**11.1** Low



# Agenda Item 9

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	Health and Wellbeing Board	
<b>DATE OF DECISION</b>	21 <sup>st</sup> March 2023	
<b>REPORT TITLE:</b>	Croydon Health and Wellbeing Strategy Refresh	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Rachel Flowers, Director of Public Health	
<b>LEAD OFFICER:</b>	Dr Jack Bedeman, Consultant in Public Health Email: <a href="mailto:jack.bedeman@croydon.gov.uk">jack.bedeman@croydon.gov.uk</a> Telephone: 22616	
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley	
<b>DECISION TAKER:</b>	Health and Wellbeing Board	
<b>AUTHORITY TO TAKE DECISION:</b>	Constitution of the London Borough of Croydon - Part 4.L 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.	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	No	Public
<b>WARDS AFFECTED:</b>	All	

## **1 SUMMARY OF REPORT**

- 1.1** The Croydon Health and Wellbeing Board Strategy was published in 2019 with the vision: “Croydon will be a healthy and caring borough where good health is the default not the exception and those that experience the worst health improve their health the fastest.”
- 1.2** This report requests a review and refresh of this Strategy and proposes an approach through which this could be achieved in 2023.

## **2 RECOMMENDATIONS**

The Health and Wellbeing Board is recommended:

- 2.1** To agree on the process for the review and refresh of the Health and Wellbeing Strategy to cover the years 2024-2029.

## **3 REASONS FOR RECOMMENDATIONS**

- 3.1** There is a statutory requirement for the Health and Wellbeing Board to produce a joint health and wellbeing strategy. This is now renamed as the ‘joint local health and wellbeing strategy’ with the implementation of the Health and Care Act 2022.
- 3.2** With the implementation of the Health and Care Act 2022, Health and Wellbeing Boards continue to be responsible for the development of the joint local health and wellbeing strategies. However, the Act notes that the Boards ‘must now have regard to the integrated care strategy when preparing their joint local health and wellbeing strategies in addition to having regard to the NHS Mandate.’<sup>1</sup>
- 3.3** Croydon’s current Joint Health and Wellbeing Strategy was published in 2019. Since then, the public health landscape in Croydon, like many other places, have seen important shifts.
  - 3.3.1** The health and care system has seen significant developments such as the creation of the Integrated Care Boards (ICBs) and Integrated care partnerships (ICPs) following the Health and Care Act 2022.
  - 3.3.2** In addition, the Covid-19 pandemic has shone a light on existing, and in some cases widening, health inequalities and their structural causes.
  - 3.3.3** More recently, the impact of the war in Ukraine and the current cost-of-living crisis continue to pose significant challenges not only to health and social care services but also to the health and wellbeing of Croydon residents.

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<sup>1</sup> More information is available at

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf).

- 3.4** With the support of the Local Government Association, the Health and Wellbeing Board is currently undertaking a review to ensure it is best able to deliver within the new landscape of ICBs and ICPs. This is an opportune time to also review and refresh the joint local health and wellbeing strategy to ensure alignment with Board development work as well as the wider context.

## **4 BACKGROUND AND DETAILS**

### **Background to the Croydon Health and Wellbeing Strategy**

- 4.1** Croydon Health and Wellbeing Board is a formal committee established under the Health and Social Care Act 2012 with a statutory duty to produce a joint strategic needs assessment (JSNA) and joint health and wellbeing strategy, now renamed as the ‘joint local health and wellbeing strategy’ with the implementation of the Health and Care Act 2022.
- 4.2** JSNA is a continuous, systematic process through which local data and intelligence are analysed and interpreted. Within Croydon, since 2017, the JSNA is published digitally at <https://www.croydonobservatory.org/jsna/>, and rather than being a static document, it is a collection of key datasets and statistical bulletins, which are updated as new data become available to ensure timely and up-to-date data and information on Croydon’s overall population, their general health and wellbeing and key factors that affect health and wellbeing.
- 4.3** This digital JSNA aims to identify current and future health and social care needs of the local community which in turn inform outcomes and priorities to be considered for the joint local health and wellbeing strategy.<sup>2</sup>
- 4.4** The joint local health and wellbeing strategy is the local strategy developed by the Board that addresses the needs and priorities identified in the JSNA. It sets out the shared vision, principles and priorities for actions.
- 4.5** The current Croydon Health and Wellbeing Strategy was published in [2019](#) with a clear vision ‘Croydon will be a healthy and caring borough where good health is the default not the exception and those that experience the worst health improve their health the fastest’ underpinned by three key principles:
- Reducing inequalities
  - Focusing on prevention, and
  - Increased integration.<sup>3</sup>
- 4.6** The Strategy has eight priorities:
- Priority 1 – A better start in life

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<sup>2</sup> More information about the JSNA process in Croydon can be found at <https://croydonobs.wpeninepowered.com/wp-content/uploads/2021/11/The-JSNA-in-Croydon.pdf>

<sup>3</sup> The Croydon Health and Wellbeing Strategy can be found online at <https://www.croydonobservatory.org/strategies-for-health-and-social-care/>.

Priority 2 – Strong, engaged, inclusive and well-connected communities

Priority 3 – Housing and the environment enable all people of Croydon to be healthy

Priority 4 – Mental wellbeing and good mental health are seen as a driver of health

Priority 5 – A strong local economy with quality, local jobs

Priority 6 – Get more people more active, more often

Priority 7 – A stronger focus on prevention

Priority 8 – The right people, in the right place, at the right time

## **A case for reviewing and refreshing the Croydon Health and Wellbeing Strategy**

- 4.7** Since the publication of the Croydon Health and Wellbeing Strategy in 2019, the health and wellbeing landscape in Croydon, like many other local authorities in the UK, has undergone substantial changes.
- 4.8** The Health and Care Act 2022 introduced significant reforms to the organisation and delivery of health and care services. With the implementation of the Health and Care Act 2022, Health and Wellbeing Boards continue to be responsible for the development of the joint local health and wellbeing strategies. However, the Act notes that the Boards ‘must now have regard to the integrated care strategy when preparing their joint local health and wellbeing strategies in addition to having regard to the NHS Mandate.’
- 4.9** In addition, many factors such as recovery from direct and indirect impacts of Covid-19, the impact of the war in Ukraine and the current cost-of-living crisis continue to pose significant challenges not only to health and social care services but also to the health and wellbeing of Croydon residents.
- 4.10** The Director of Public Health Report 2022 has highlighted that health inequalities in Croydon are increasing and collective action is required for both understanding the observed inequalities across various groups in the borough and taking effective action to address these inequalities.<sup>4</sup>
- 4.11** The fifth year of the publication of the current Strategy and the transforming health and social care landscape in the area provides an opportune time to review the current strategy and refresh it where necessary to ensure that:
- the Strategy is fit for purpose in the changing context in which health and social care services are operating,
  - outcomes and priorities identified in the Strategy address new and emerging local health and wellbeing needs, and

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<sup>4</sup> The Director of Public Health Report 2022 is available at <https://www.croydon.gov.uk/health-and-wellbeing/about-public-health-croydon>.

- the updated Strategy can continue to effectively inform relevant strategies and action plans in the area.

This will in turn enable collective efforts to improve the health and wellbeing of Croydon residents and reduce health inequalities to be effective.

## **Proposed process for reviewing and refreshing the Croydon Health and Wellbeing Strategy**

- 4.12** To oversee the review and refresh, it would be beneficial to create a multi-stakeholder steering group that is able to meet at regular basis. The steering group will be responsible for setting a project plan, setting up task and finish groups (where relevant), and providing regular updates to the Health and Wellbeing Board.
- 4.13** It is important that the Strategy is reviewed and refreshed in accordance with principles of co-production and participation so that identified vision, principles and priorities are shared amongst relevant stakeholders and people of Croydon.
- 4.14** The following table shows suggested steps and indicative timelines for the different phases of work required for the review and refresh.

<b>Phase</b>	<b>Indicative timeline</b>
Establishment of the steering group	April 2023
Review current JSNA and identify gaps in our understanding of needs	April-May 2023
Additional data analysis and identification of priority needs	June-July 2023
Stakeholder engagement (series of workshops engaging various system partners to discuss identified priority areas for the strategy)	August-September 2023
First draft ready for consultation with partners and stakeholders (engagement with Comms teams to ensure the draft Strategy is presented in an appropriate format and style)	October-November 2023
Public consultation period	Allow 4-6 weeks (November-December 2023)
Review and agreement by HWB	January 2024
Publication of updated Strategy	March 2024

## **5 ALTERNATIVE OPTIONS CONSIDERED**

- 5.1** 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.

## **6 CONSULTATION**

- 6.1** This report outlines a partnership approach to refreshing the Health and Wellbeing Strategy for the next five years. No direct consultation was undertaken for this specific report. However, the proposed approach considers feedback from previous stakeholder and public engagements, including the [Croydon Mental Health Summit](#) which took place in November 2022.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1** Croydon Health and Wellbeing Strategy supports the delivery of a number of key council priorities, including the following outcomes in Mayor's Business Plan (2022-26)
- Outcome 5. People can lead healthier and independent lives for longer
    - Priority 1. Work with partners and the VCFS to promote independence, health and wellbeing and keep vulnerable adults safe.
    - Priority 2. Work closely with health services and the VCFS to improve resident health and reduce health inequalities.
    - Priority 3. Foster a sense of community and civic life.
- 7.2** The Strategy will also have crosscutting links with several other outcomes in the Mayor's Business plan, including:
- Outcome 3. Children and young people in Croydon have the chance to thrive, learn and fulfil their potential
  - Outcome 4. Croydon is a cleaner, safer and healthier place, a borough we are proud to call home.

## **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.

Comments approved by Lesley Shields, Head of Finance for the Assistant Chief Executive and Resources, on behalf of the Director of Finance. (Date 10/03/2023)

### **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”. 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. However, the Local Health and Wellbeing Strategy is part of the Policy Framework under Article 4 of the Council’s constitution, and therefore the approval process is as set out in the Budget and Policy Framework Procedure Rules, and the function of approving the Strategy is a matter reserved to Full Council

Comments approved by the Head of Litigation & Corporate Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 09/03/2023)

### **8.3 EQUALITIES IMPLICATIONS**

- 8.3.1** The Council has a statutory duty to comply with the provisions set out in the Sec 149 Equality Act 2010. The Council must therefore have due regard to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3.2** The Health and Wellbeing Strategy crosses all equality/protected characteristics, since it places improving health and wellbeing and reducing inequalities in these outcomes at its core. The refresh of the strategy will aim to benefit all equality and protected characteristics among Croydon residents.
- 8.3.3** There are a number of Health and wellbeing challenges which may impact particular characteristics such as instances of mental health illness in males, LGBT+ community, racial trauma in the Global Majority and the over representation of the Global Majority in mental health institutions.
- 8.3.4** The council is a pilot organisation on the Chief Executive London Councils Tackling Racial Injustice Programme. The programme requires each local authority to understand, acknowledge and support racial trauma as an issue affecting the Global Majority in workplaces.
- 8.3.5** The development of the Health and Wellbeing Strategy will include an equalities impact assessment which will identify and explore equality implications for all characteristics.

Approved by: Denise McCausland – Equality Programme Manager 06 March 2023.

## **9. APPENDICES**

**9.1** Not applicable.

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	Health and Wellbeing Board	
<b>DATE OF DECISION</b>	21 <sup>st</sup> March 2023	
<b>REPORT TITLE:</b>	South West London Integrated Care Partnership Strategy and Joint Forward Plan	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Matthew Kershaw, Place Based Leader for Health	
<b>LEAD OFFICER:</b>	Rachel Flagg, Joint Director of Transformation and Commissioning, South West London Integrated Care Board (Croydon) and Croydon Health Services NHS Trust	
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley	
<b>DECISION TAKER:</b>	Health and Wellbeing Board	
<b>AUTHORITY TO TAKE DECISION:</b>	Constitution of the London Borough of Croydon - Part 4.L 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	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	No	Public
<b>WARDS AFFECTED:</b>	All	

## **1 SUMMARY OF REPORT**

- 1.1** South West London is required to produce two plans, a system-wide plan ‘the Integrated Care Partnership Strategy’ and an NHS plan ‘the Joint Forward Plan (JFP)’.
- 1.2** South West London Integrated Care Partnership has shared a discussion document for the draft Integrated Care Partnership Strategy. This can be found here: <https://www.southwestlondonics.org.uk/publications/shaping-our-integrated-care-partnership-priorities-discussion-document/>.
- 1.3** The Integrated Care Partnership Strategy discussion document been discussed at One Croydon Health and Care Board and a One Croydon Alliance response for Croydon Place is being submitted.
- 1.4** The final version of the Integrated Care Partnership (ICP) strategy detailing shared outcomes and key strategic priorities for system-level action is due to be published in June.
- 1.5** The Joint Forward Plan (JFP) will be a five-year delivery plan and will describe how ICBs and their partner NHS trusts intend to meet the health needs of their population through arranging or providing NHS services. It will include delivery plans for the integrated care strategy and will align with joint local health and wellbeing strategies (JLHWSs).
- 1.6** In preparing or revising their JFPs, ICBs and their partner trusts are subject to a general legal duty to involve each HWB whose area coincides with that of the ICB.
- 1.7** At this stage, the request of the Health and Wellbeing Board is to describe the priorities in its Health and Wellbeing Strategy that it would wish to see reflected in the Joint Forward Plan.
- 1.8** Once the Joint Forward Plan has been drafted, the Health and Wellbeing Board will be asked to respond and confirm that the draft takes proper account of its priorities.

## **2 RECOMMENDATIONS**

The Health and Wellbeing Board is recommended:

- 2.1** To note the development of the Integrated Care Partnership Strategy for South West London and the process for agreeing the Croydon place response to the draft.
- 2.2** To provide input to the development of the draft NHS Joint Forward Plan for SWL in terms of the Croydon Health and Wellbeing Strategy priorities that should be reflected.

- 2.3 To receive a further update on the development of the NHS Joint Forward Plan when it has been drafted.

### **3 REASONS FOR RECOMMENDATIONS**

- 3.1 The involvement of the Health and Wellbeing Board in the development of the NHS Joint Forward Plan is a requirement set out in the guidance underpinning the National Health Service Act 2006 (as amended by the Health and Care Act 2022).
- 3.2 Croydon's approach to integration across health and social care means that we wish to align our strategic objectives for the benefit of the residents we serve.

### **4 BACKGROUND AND DETAILS**

#### **The SWL Integrated Care Partnership Strategy**

- 4.1 The Integrated Care Partnership is made up of all parts of the health and care system across the six boroughs.
- 4.2 The system-wide Integrated Care Partnership Strategy will influence the NHS Joint Forward Plan considerably, in terms of setting the strategic direction and so both of these strategic plans are developing together.
- 4.3 The views of residents are captured in the discussion document for the Integrated Care Partnership Strategy, as summarised in Appendix 1.
- 4.4 The proposed priorities for the SWL ICP Strategy are:
- Tackling and reducing health inequalities
  - Preventing ill-health, promoting self care and supporting people to manage their long term conditions
  - Supporting the health and care needs of children and young people
  - Targeting mental health
  - Community based support for older and frail people
- 4.5 The following cross cutting themes are proposed to underpin this:
- Equality, diversity and inclusion
  - Championing the Green agenda
  - Elevating patient, carers and community voices
- 4.6 The proposed focus for the first year of the strategy is 'tackling our system wide workforce challenges'.
- 4.7 These priorities were supported by the One Croydon Health and Care Board on 8 March 2023, with feedback incorporated into the place response. The Croydon

response focuses on the importance of working together on these issues at borough level, with enablers supported by the SWL system.

## **The NHS Joint Forward Plan (JFP)**

- 4.8** As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements.
- 4.9** Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, systems are encouraged to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the Joint Local Health and Wellbeing Strategies, that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.
- 4.10** The draft outline of contents for the NHS Joint Forward Plan is as set out in Appendix 2.
- 4.11** The plan will be drafted over the coming months and is due to be published in June.

## **Alignment between the SWL Integrated Care Strategy, the NHS Joint Forward Plan and Croydon's Health and Wellbeing Strategy**

- 4.12** There is a clear synergy between the priorities set out in the SWL Integrated Care Strategy and the vision of the current Croydon Health and Wellbeing Strategy i.e. 'Croydon will be a healthy and caring borough where good health is the default not the exception and those that experience the worst health improve their health the fastest' underpinned by three key principles:
- Reducing inequalities
  - Focusing on prevention, and
  - Increased integration.
- 4.13** The Health and Wellbeing Board can share the current eight priorities in its existing strategy with the ICB and if appropriate, ask the ICB to note that the Croydon Health and Wellbeing Strategy is being reviewed this year, so refreshed priorities may need to inform next year's NHS JFP.
- 4.14** The Board may also wish to flag any emerging priorities for consideration alongside this.

## **5 CONSULTATION**

- 5.1** Please refer to the community engagement summarised in Appendix 1, which informed the discussion document for the ICP Strategy.



## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

**7.1** There is particular relevance to a number of outcomes and priorities in the Mayor's Business Plan (2022-26), including:

- People can lead healthier and independent lives for longer
  - Work with partners and the VCFS to promote independence, health and wellbeing and keep vulnerable adults safe.
  - Work closely with health services and the VCFS to improve resident health and reduce health inequalities.
- Children and young people in Croydon have the chance to thrive, learn and fulfil their potential
- Croydon is a cleaner, safer and healthier place, a borough we are proud to call home.

## **8. IMPLICATIONS**

### **8.1 FINANCIAL IMPLICATIONS**

**8.1.1** There are no direct financial implications as a result of this report.

### **8.2 LEGAL IMPLICATIONS**

**8.2.1** As set out in Section 3.1.

### **8.3 EQUALITIES IMPLICATIONS**

**8.3.1** Reducing health inequalities is a key aim of the SWL Integrated Care Partnership Strategy and plans to deliver on this aim will be described in the NHS Joint Forward Plan.

## **9. APPENDICES**

**9.1** Appendix 1: Summary of community engagement informing the discussion document for the SWL Integrated Care Partnership Strategy

**9.2** Appendix 2: Outline contents for the SWL NHS Joint Forward Plan

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# We have sought the views and concerns of local people and our communities in developing our priorities

## COST OF LIVING CRISIS



- Affecting people's mental health and ability to live a healthy lifestyle – from early years to older age
- ! Accessibility of services – transport and affordability
- ! Financial support through the crisis – help to know about and access the funds that are available to support them – lack of trust contributes to this, not just about signposting
- Concerns about feeding families and heating homes
- Concerns about housing – lack of availability and affordability
- Homelessness on the increase
- Higher risk of certain health conditions – putting extra pressure on NHS services – particularly mental health services and increasing health inequalities

## NEW! DIVERSITY AND INCLUSIVITY



- Unconscious bias training
- Encourage conversation about transparency on cultural differences
- Be prepared to make changes
- Ensure systemic issues are investigated and tackled

## COMMUNICATION, NAVIGATION AND SIGNPOSTING



- Signposting, navigation and a single point of access where possible
- ! Sufficient information to know where to get help, all in one place
- ! People's ability to look after their own health and wellbeing (self-care), with ability to ask professionals questions or and contact to help navigate where necessary
- Lack of materials in accessible formats, including for people with a learning disability, translations, sight impaired
- Transition between services - need for joined up approach across health and care – 'tell us once' approach
- Missing letters and not keeping patients informed about delays and changes to appointments

## NEW! EMPLOYMENT



- Pathways to employment after covid, for carers, people with learning disabilities
- Support for local economies, including local businesses and job growth

## NEW! GREEN AND ENVIRONMENTAL CONCERNS



- Access to clean, green spaces
- Traffic and poor air quality barriers to healthy living
- Active travel

## NEW! DEMENTIA



- Variability of support services across SWL
- Information needs to be in one place, support from one point of contact

## TRUST IN PUBLIC SERVICES



- In public sector organisations and professionals amongst some communities
- ! Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- ! Need to build trust in services, based on experiences people have had before

## NEW! DIGITAL EXCLUSION



- Shift to digital services has left some population groups facing digital exclusion
- Need multiple points of access and to retain options for face to face contact



## VOLUNTARY AND COMMUNITY SECTOR CAPACITY



- ! Capacity and resource across the sector
- Important to hear from small & large organisations
- Broader representation is needed

## SUPPORT FOR CARERS



- Carers' voices need to be elevated and need for carers to be considered as essential part of support and decision making

## NEW! SOCIAL ISOLATION



- Social isolation for older people and adults with learning disabilities
- Also for carers and younger adults and children

## MENTAL HEALTH SERVICES



- Long service waiting times, need interim support
- Access, hard to navigate, more support needed in some communities and services need to be culturally competent
- Children and young people's mental health - access, waiting times, substance misuse

## REFERRALS AND WAITING TIMES



- Challenges getting timely referrals and long waiting times for mental health, children and young people's mental health and outpatient services
- Patients left chasing updates and not being clear who to contact about their referral. How can we support and provide more information and updates for patients about status of their referral

## GPs AND DENTISTRY



- Availability of appointments, waiting times including face-to-face
- Variation in access across and within boroughs

## SERVICE AVAILABILITY AND DEMAND



- Perceptions that additional services are wanted and are not always delivered
- Concern around service availability of services/sites in some areas
- Multiple engagement requests with tight timescales and low resources affect communities ability to be involved
- Priority for local people that we feedback how their feedback has influenced the provision of services

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# Draft outline of contents for the SWL NHS Joint Forward Plan

Place input is particularly requested for sections 4 and 8



South West London

Senior leaders group

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Part	Section	
	Foreword	
1	Needs assessment NHS Context ICP strategy headlines	
2	Addressing health Inequalities Preventing ill health Supporting self-care and supporting people to manage their LTCs	
3	Settings of Care, Collaboratives and spotlights	Primary Care
		Community care
		Mental health and our mental health provider collaborative
		Acute care and our acute provider collaboratives
		Spotlight on Cancer - Royal Marsden Partners cancer collaborative
		Spotlight on Diagnostics
	Spotlight on UEC	
	Spotlight on Maternity	
4	Working together at Place <i>including HWBB Strategy requirements</i>	
5	Workforce plan – ICP and JFP content	
6	Estates and green agenda	
7	Data, digital and PHM	
8	Supporting wider social and economic development	
9	System development	
10	Finance, Investment, Securing VFM, Procurement and Supply Chain	
11	Quality	
12	Performance and outcomes	
13	Engaging our population	

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