

# Public Document Pack

## Health & Wellbeing Board

To:

Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group)\* (Vice-Chair)

Alisa FLEMMING (Councillor - Cabinet Member for Children, Young People & Learning)\*

Barbara PEACOCK (Executive Director of People, Croydon Council)

Guy VAN DICHELE (Interim Director of Adults Social Care, Croydon Council)

Jai JAYARAMAN (Healthwatch Croydon)\*

Louisa WOODLEY (Councillor - Cabinet Member for Families, Health & Social Care)\*

Maggie MANSELL (Councillor)\* (Chair with effect from 1 February 2018)

Margaret BIRD (Councillor)\*

Mike BELL (Croydon Health Services NHS Trust)

Neil ROBERTSON (South London & Maudsley NHS Foundation Trust)

Patsy CUMMINGS (Councillor - Deputy Cabinet Member for Families, Health & Social Care)\*

Rachel FLOWERS (Director of Public Health)

Simon HALL (Councillor - Cabinet Member for Finance & Treasury)\*

Steve PHAURE (Croydon Voluntary Action)

Yvette HOPLEY (Councillor)\*

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 7 February 2018** at **2.00 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS-BAKER  
Director of Law and Monitoring Officer  
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30 January 2018

## 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 (Pages 5 - 8)

To approve the minutes of the meeting held on 13 December 2017 as an accurate record.

**3. Disclosure of Interests**

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

**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. Feedback and next steps from Health and Wellbeing Workshop**  
(Pages 9 - 12)

To feedback from the workshop and agree the next steps.

**6. Feedback from the Greater Manchester Visit**

Verbal feedback on the visit to Manchester.

**7. Devolution of London and what it means for Croydon** (Pages 13 - 14)

The report for the Devolution of London and what it means for Croydon is attached.

**8. The One Croydon Alliance**

Verbal update on the One Croydon Alliance.

**9. Public Questions**

For members of the public to ask questions to items on this agenda of the Health & Wellbeing Board meeting.

Questions should be of general interest, not personal issues, and must

be received in writing no later than noon on the Friday prior to the meeting.

There will be a time limit of 15 minutes for all questions and responses which will be minuted. The responses to any outstanding questions will be included as an Appendix to the minutes.

**10. Exclusion of the Press and Public**

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

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

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## Health & Wellbeing Board

Meeting of held on Wednesday, 13 December 2017 at 2.00 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group)\* (Vice-Chair)  
Alisa FLEMMING (Councillor - Cabinet Member for Children, Young People & Learning)\*  
Barbara PEACOCK (Executive Director of People, Croydon Council)  
Louisa WOODLEY (Councillor - Cabinet Member for Families, Health & Social Care)\*  
Manju SHAHUL-HAMEED (Councillor)\* (Chair)  
Margaret BIRD (Councillor)\*  
Michael BELL (Croydon Health Services NHS Trust)  
Neil ROBERTSON (South London & Maudsley NHS Foundation Trust)  
Patsy CUMMINGS (Councillor - Deputy Cabinet Member for Families, Health & Social Care)\*  
Rachel FLOWERS (Director of Public Health)  
Simon HALL (Councillor - Cabinet Member for Finance & Treasury)\*  
Steve PHAURE (Croydon Voluntary Action)  
Yvette HOPLEY (Councillor)\*

**Also Present:** Jack Bedeman (Public Health Registrar); Michelle Gerning (Democratic Services Officer)

**Apologies:** Jai JAYARAMAN (Healthwatch Croydon) and Guy VAN DICHELE (Interim Director of Adults Social Care, Croydon Council)

### PART A

#### A120/17 **Minutes of the Previous Meeting**

**RESOLVED** that the minutes of the meeting held on 18 October 2017 were agreed as an accurate record.

#### A121/17 **Disclosure of Interests**

There were no disclosures at this meeting.

## A122/17 **Urgent Business (if any)**

Cllr Hall expressed concerns of a statement criticising the Board which was aired at Cabinet and Council.

Members of the Board discussed the progress that had been made since the constitution of the Board, and further discussed that the Board development was an ongoing process which would take time to build. It was agreed that the Board needed to work collaboratively in this manner and use the Board development to agree on how to achieve this. It was acknowledged that the voluntary and community sector had been heard and now have representation on the Board and that they would be involved.

## A123/17 **Croydon Transformation Board & Alliance Update**

A report was shared to the Board providing an update of the progression of the alliance into its full ten year term.

The Board was impressed that the overall narrative of the alliance was successfully working as the alliance had taken a long time to reach its current progression stage. Work had been supported by the voluntary and the community sector, existing hubs and six GPs and the voluntary sector was keen to be involved going forward. The Board noted the huddles in GPs and highlighted the confidence it was bringing to alliance, which was a good foundation for the future. The NHS had also reconfirmed commitment to the Alliance.

Members of the Board was interested in the transformation in year one and it was discussed whether the expectation was for the service to work in the same way. It was identified that some partners would have higher savings as in a full year.

It was identified there are demographic variations across Croydon e.g. Coulsdon and Sanderstead which has a high number of over 65s, and the question was asked about how this approach could benefit across the whole of the borough. It was identified that there are different processes building capacity across Croydon that should address this issue.

Members of the Board highlighted the need to listen and adapt to things that was not working. Relationships and behavioural change, as they put the people of Croydon first.

The Board **NOTED** the contents of the report, ensuring feedback and engagement is fed back to the Board going forward.

#### A124/17 **Mayor of London's Health Inequalities Strategy**

A presentation shared an overview of the Mayor of London's strategy and Croydon's response to the national health policy, devolution and social economic change. The presentation showed a difference in what the Mayor and the local authority can do.

The Board discussed the situation of the funding. It was noted that the process of the Board's engagement for the development of the response was raised, and it was noted that there should be a clear process. The Board also noted that issues around STP response to tobacco, and it was suggested that the council reviewed the tobacco section of the STP Plan and feedback into the STP process.

The Board **NOTED** the presentation.

#### A125/17 **Director of Public Health Annual Report**

The independent report shared the demographic challenges in Croydon. The report was welcomed by the Board, and Members discussed that funding is important for transformation, nonetheless it was highlighted that it was important not to lose sight of transforming the system within the current cash envelope.

The Board **NOTED** the report.

#### A126/17 **PNA - Delegated Responsibility**

The report highlighted the progression in the development of the Pharmaceutical Needs Assessment in 2018.

The Board discussed the consultation processes and requested to be informed of events that would be shared and distributed to the Members networks.

The Board **NOTED** the progress and agreed to delegate the sign off to the Chair and the Director of Public Health.

#### A127/17 **Dementia Friendly Town**

An update on the vision of making Croydon a dementia friendly borough was shared with the Board. The presentation looked into the wider solution and identified key things.

The Board welcomed the work from the officer and supported the work going forward. Members of the Board made recommendations of contact that can

feed into the work further which would create awareness of the progression throughout the borough.

The Board **NOTED** the progress, and was enthusiastic of the work going forward.

**A128/17 Health Protection Update**

The officer shared the report with the Board highlighting the areas in protecting health around communicable diseases and emergency preparedness.

The Board **NOTED** the contents of the report.

**A129/17 Public Questions**

There were no public questions heard at the meeting.

The meeting ended at 4.26 pm

**Signed:**

**Date:**

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>7 February 2018</b>
<b>SUBJECT:</b>	Feedback from the Health and Wellbeing Workshop – The Next Steps
<b>BOARD SPONSOR:</b>	<i>Agnelo Fernandes, Guy Van Dichele, Rachel Flowers</i>
<b>BOARD PRIORITY/POLICY CONTEXT:</b> <i>This paper contains feedback from the Health and Wellbeing workshop on January 10<sup>th</sup> 2018. The workshop focussed on Board development, prioritisation and</i>	
<b>FINANCIAL IMPACT:</b> N/A	

## 1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

- 1.1 Note the workshop outcomes
- 1.2 Discuss and agree the proposed lead areas as listed in 2.10
- 1.3 Agree the next steps listed in 3.1, 3.2, 3.3

## 2. DETAIL

**2.1** The Aim of the workshop was for the Board members to develop their understanding of how they want to work together as a Board to achieve the Board's priorities. This was also a chance to start developing a shared narrative and understanding of the purpose of the board.

**2.2** The workshop used the Health and Wellbeing Strategy development as a practical exercise to achieve the aim of the workshop.

**2.3** The agenda of the workshop was:  
 10-10.45 - Introduction  
 10.45 - 11.30 - Prioritisation for the 2018-22 Health and Wellbeing Strategy  
 11.30-11.45 - Coffee  
 11.45 – 13.00 - Delivering the 2018-22 Health and Wellbeing Strategy

**2.4** The Members discussed what they wanted from the Board, an overriding theme was that Members wanted the Board to be a '*System Leader*' taking a '*Helicopter view*' of the local health and social care system rather than being a 'talking shop'. The Board should look for the additionality it can bring rather than duplicating what is discussed at other local boards. The members discussed what they thought was important in making a more active Board:

- Not just reports – more variety in how the Board works
- Members need to be Board representatives outside of meetings
- Don't just focus on services
- Engage in the wider prevention and wellbeing agenda

**2.5** The first main session agreed sub-priorities to the Boards 3 main priorities as listed below to form the main priority areas to be reflected in the Health and Wellbeing Strategy:

**Health Inequalities**

- Mental Health – including BAME and CAMHS
- Substance misuse strategy
- Housing and Homelessness

**Prevention**

- Prevention Strategy
- Dementia Friendly Croydon
- Health Summit

**Integration of health and Social care**

- OBC and integration beyond the over 65 (One Croydon Alliance)
- Local partnership plan
- London Devolution and Croydon

**2.6** The Board separated into working groups to discuss 4 of the sub-priorities in-depth and discuss how they could be developed for the Health and Wellbeing Strategy. An overarching framework was developed to tackle a sub-priority to be used for the strategy development:

- What are the issues?
- What is already in the system around this?
- How does the Health and Wellbeing Board add value?
- What are we aspiring to? (What does good look like?)
- How do we follow through recommendations and produce a timeline?

**2.7** The Prevention strategy was discussed and the members suggested that there needs to be a shared language around prevention; a clear life course approach; there needs to be breadth to include the wider determinants of health; developed with evaluation in mind with realistic milestones; be able to take risks e.g. around innovation, social media and using the local population as an asset. The members agreed it would be good to investigate possible frameworks around becoming a ‘Marmot city’ to reduce health inequalities across the borough.

**2.8** The development of a Health Summit was discussed to feed into the Health and Wellbeing Strategy and develop into an ongoing annual event to become a ‘Croydon Conversation’ about wellbeing in Croydon. It was felt that a Summit in March could be used to develop the concept and future iterations could be modelled on Black History month to engage across the borough in multiple localities. It was also discussed that the branding and name was important as residents may not engage with a term like ‘health summit’.

**2.9 Delivering the 2018-22 Health and Wellbeing Strategy:**

What System leadership might look like:

- Working not as services but as a neighbourhood
- Digital Wellbeing Leader
- Can shape the debate in Croydon

- Linking in to other areas to enter the conversation such as Schools
- Use the knowledge of Board Members
- Use local unique resources such as Croydon Tech City

## 2.10 HWB Lead areas

The Members present agreed that to ensure the Board has purpose and drives the priorities forward that Board members should take responsibility for Leadership on a priority. They will then update the board with progress on these areas and work with local stakeholders and officers to develop and deliver the health and wellbeing strategy.

Proposed Lead Members are:

### Health Inequalities

- Mental Health – including BAME and CAMHS – Cllr Cumming/Cllr Fleming/Cllr Woodley
- Substance misuse strategy – TBC
- Housing and Homelessness - Cllr Woodley

### Prevention

- Prevention Strategy – Steve Phaure
- Dementia Friendly Croydon – Cllr Hopley/Guy Van Dichele
- Health Summit – Chair of the Health and Wellbeing Board

### Integration of health and Social care

- OBC and integration beyond the over 65 (One Croydon Alliance) – Mike Bell
- Local partnership plan – Agnelo Fernandes
- London Devolution and Croydon – Mike Bell

## 3. NEXT STEPS

**3.1** Organise a Health Summit for March 2018

**3.2** Agree Board Leads for sub-priorities

**3.3** Organise workshop in April to develop next steps to turn priorities into the Health and Wellbeing Strategy

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### CONTACT OFFICER:

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**BACKGROUND DOCUMENTS:** Coventry Marmot Cities report:  
[http://www.coventry.gov.uk/info/176/policy/2457/coventry\\_a\\_marmot\\_city](http://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city)

### APPENDICES:

None

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>7 February 2018</b>
<b>SUBJECT:</b>	Devolution of London and what it means for Croydon
<b>BOARD SPONSOR:</b>	<i>Agnelo Fernandes, Guy Van Dichele, Rachel Flowers</i>
<b>BOARD PRIORITY/POLICY CONTEXT:</b>	
Devolution has the potential to significantly impact health and social care within Croydon. This item directly relates to the Devolution sub-priority within the Integration Board priority.	
<b>FINANCIAL IMPACT:</b>	
<i>There are no financial implications of this report. This report will touch on the potential financial implications of Devolution in general terms but there are no details at this time.</i>	

## 1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

- 1.1 Note the report
- 1.2 Note the presentation by Dick Sorabji, Corporate Director Policy and Public Affairs, London Councils, and discuss the potential implications of devolution

## 2. DETAIL

- 2.1 In November 2017 a memorandum of understanding for London Health and Social Care Devolution was signed for and on behalf of London, Central Government and National Health and Care Partners.
- 2.2 The landmark agreement gives the Mayor, London Councils and health leaders more control over health and care in the capital, leading to more joined-up services for Londoners. The deal is the largest of its kind in England with over 100 organisations involved in shaping it over the past couple of years.
- 2.3 Localising decision-making to London through devolution will bring many improvements to health and care. It was hailed by Mayor of London, Sadiq Khan, as “a really important step in the right direction in our journey to becoming the world’s healthiest city.”
- 2.4 The NHS is one of the largest owners of land and buildings in London: land it owns is up to three times the size of Hyde Park and has an estimated value of more than £11bn. Currently, a high proportion of London’s primary care estate – including GP surgeries and family health clinics – is in poor condition, with 13 per cent requiring rebuilding and 51 per cent in need of refurbishment.
- 2.5 The memorandum of understanding means that money from the sale of NHS-owned assets will be available for much-needed primary and community care

and wider public services in the capital. The release of unused land will also create the opportunity to develop more housing.

- 2.6 A London Estates Board will bring together London and national partners to support the release of capital from surplus NHS estate and land to be reinvested in the city's health and care system. This new way of working will speed up decision-making and ensure improvements happen much faster than the current five to 10-year average time to develop NHS estates.
- 2.7 Over the past two years, pilot projects across five areas in the capital have been exploring innovative ways of working across London's large and complex health and care system – developing better and more efficient services that meet the needs of Londoners. Through their work, London has secured a number of powers which will help streamline care, improve services and drive prevention to the heart of local communities.
- 2.8 This deal brings health and social care services closer together, meaning that Londoners will experience more joined-up care that better meets their needs. This will help to overcome many of the barriers to health and care organisations working better together – such as around payments, regulation or workforce.
- 2.9 Improving London's health inequalities is a major focus for the Mayor, with huge disparities in the quality of life across the capital caused by the differences in people's homes, education and their childhood experiences, local environment, their jobs, access to public services and their habits. London is now in a stronger position than before to support Londoners to be as healthy as possible for as long as possible, taking more action to tackle the childhood obesity crisis and to significantly reduce health inequalities through a focus on the consumption of illegal tobacco and alcohol.

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**CONTACT OFFICER:** Rachel Flowers, Director of Public Health,  
Croydon Council  
Rachel.flowers@croydon.gov.uk

**BACKGROUND DOCUMENTS:** London Health and Social Care Devolution, Memorandum of Understanding, November 2017:  
[https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/11/171115\\_Signed-Memorandum-of-Understanding-Report-VF.pdf](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/11/171115_Signed-Memorandum-of-Understanding-Report-VF.pdf)

**APPENDICES:** None