

CROYDON HEALTH AND WELLBEING BOARD

Our joint health and wellbeing strategy 2013-2018

Revised March 2015 version 6.1 TRACKED CHANGES REMOVED

STRATEGY DOCUMENT

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Foreword

We make a significant investment in health and wellbeing in Croydon, and we have much of which we can be proud. Fewer people are dying from cancer and heart disease. More people are being supported to remain independent for longer. We also face significant challenges. There are inequalities in health outcomes across the borough. Increasing numbers of people in Croydon are overweight or obese. More people need support and care and their numbers will continue to grow. There are reduced public sector resources available. Many of our health and care services still need to be improved.

Our vision is for longer, healthier lives for everyone in Croydon. We believe that everyone has the right to good health. We want people in Croydon to be healthy, happy, and resilient. We want our health and care services to be integrated, high quality and safe. When you use our services we want you to have a positive experience of the care you receive. Good health and wellbeing is in everyone's interest. It is everyone's responsibility and requires everyone to play their part. We are committed to ensuring that Croydon becomes a place that supports and enables positive mental and physical health and wellbeing.

This strategy sets out how we will build on our successes and address the challenges. We will work together with local people, with businesses and with health and social care service providers. We will also work with other boroughs and with the London Health Board to agree the health issues that need to be tackled across a wider area. This includes the best configuration of services to meet people's needs within the resources available.

This strategy sets out our high level priorities for health and wellbeing in Croydon. It provides a framework for action by organisations which commission and provide services that promote people's physical and mental health and also their more general wellbeing. We have selected our priorities based on Croydon's joint strategic needs assessment and an assessment of the areas where we are likely to have most impact. Our strategy has to be implemented in the context of resources which are shrinking in real terms. This means rigorously applying existing evidence of effectiveness as well as seeking innovative solutions to difficult problems.

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Chair, Croydon Health and Wellbeing Board

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Chair, Croydon **Clinical** Commissioning Group

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Introduction

The Health and Social Care Act 2012 places health and wellbeing boards at the heart of planning to transform health and social care and achieve better population health and wellbeing. Health and wellbeing boards have been given a number of core responsibilities. These include assessing the health and wellbeing needs of the local population through the joint strategic needs assessment (JSNA) and preparing a joint health and wellbeing strategy.

Leaders from across the community have come together to form Croydon's health and wellbeing board. Our focus is on improving health and wellbeing so that people are able to live healthier lives, have good health outcomes, and have a better experience of using the health and care system. Health and wellbeing is more than the absence of disease; it is the ability for everyone to fulfil their potential, make a contribution and to be resilient to life's challenges.

This strategy sets out our vision and the long term improvements in people's health and wellbeing that we want to achieve. It also sets out our priorities for action and indicators that will help us measure progress. We expect that it will inform commissioning and service planning so that we achieve our goals. We expect that both commissioners and service providers will implement the strategy by seeking integration wherever this can deliver better health outcomes, a better experience for patients and service users and better value for money.

We face significant challenges, including an ageing population, rising demand for services, high expectations of those services and reduced public sector resources. Our strategy, therefore, aims to strengthen the role and impact of positive health promotion and ill health prevention as well as delivering integrated, safe, high quality services within the resources available to us. There are clear links between unhealthy lifestyles and the rise in many long term conditions. It makes sense to invest effort and resources in prevention to help stop people from developing those conditions in the first place.

Our two overarching goals are to increase healthy life expectancy and to reduce differences in life expectancy between communities. We also want people to be as resilient and independent as possible. People have told us that when they do use our services they want to be treated with dignity and respect – to have a positive experience of the care they receive. In order to deliver these goals we have chosen six areas for improvement and twenty six priorities for action. In revising our strategy we have agreed to focus our efforts on ten of these priorities where we believe that we have significant work to do. We have also identified measures that will help us track our progress.

Our health is shaped by a complex interaction between individual characteristics (e.g. age, sex and genes), our lifestyle and the physical, social and economic

environment. The different factors influencing our health are known as the determinant of health.



The Determinants of Health (1992) Dahlgren and Whitehead

There is a strong link between poverty and poor health and wellbeing: the poorer you are the less healthy you are likely to be. This is caused by many things, including differences in housing conditions, employment and working conditions, diet, levels of smoking and drinking, access to sport and leisure, social and support networks as well as barriers to accessing healthcare (such as language and literacy barriers). The recent national Strategic Review of Health Inequalities in England emphasised the importance of good education and employment for health and wellbeing. Our strategy aims to address these broader determinants of health through working across Croydon's family of partnerships. We will work with these partnerships to reduce child poverty, improve educational attainment, tackle homelessness and reduce worklessness and long term unemployment. Action to address health inequalities requires action across all the social determinants of health.

However, focusing on the most disadvantaged is not sufficient. Action must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Work to reduce health inequalities will benefit us in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These include lower productivity, reduced tax revenue, higher welfare payments and increased treatment costs.

The Equality Act (2010) places a requirement on all public bodies to consider the impact of their policies and services on the needs of individuals with the 'protected characteristics' of age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. There is also a legal requirement that public bodies consider human rights. So as well as reducing differences in health between communities and localities we also have a duty to promote equality and human rights. Our expectation is that those who commission or provide health and care services take account of this duty in everything they do.

We cannot achieve our aspirations alone. The health and wellbeing strategy is connected to a number of other core plans and strategies including the community strategy, the children and young people's plan, the housing strategy and the stronger communities strategy. The South West London Commissioning Collaborative is currently reviewing how health services are organised to deliver better outcomes across five boroughs. The Mayor of London also has a general duty to improve health across the capital and a statutory duty to reduce inequalities in health.

Our strategy will be delivered by health and care commissioners working with service providers, council planners, the police and probation service, schools and colleges, local businesses and the voluntary sector. We will need to find new ways to work together to improve the health and wellbeing of the whole community and meet the challenges that the future brings. Our expectation is that, with more integration and joint working, we can deliver better outcomes for local people and reduce health inequalities. We will target our action on the areas where we believe the need is greatest and where we can have the maximum impact on health and wellbeing.

Our Croydon

Our community

[INFOGRAPHIC HERE

POPULATION OF ABOUT 364,000

23% AGED 0-16: THE HIGHEST IN LONDON

12% AGED 65+

30% BORN OUTSIDE THE UK COMPARED TO 9% FOR ENGLAND

45% ARE FROM BLACK & MINORITY ETHNIC GROUPS]

Based on figures from the 2011 census, Croydon has the highest population of all London boroughs at almost 364,000. The population is projected to increase to around 409,000 by 2021. Compared to other areas Croydon has a relatively young population. We expect to see growth in the younger as well as older age groups in the borough.

Approximately 18,000 people move into Croydon and 20,000 people move out of Croydon from elsewhere within the UK each year. Croydon's population is subject to a net north to south movement of people migrating from Inner South London to Outer South London and from Outer South London to South Eastern England. Croydon has 6,000-7,000 new immigrants from outside the UK per year and at least 3,000 emigrants.

Almost half of Croydon's population is from Black, Asian and other minority ethnic groups, and the proportion is increasing over time. The north of the borough is more ethnically diverse than the south. The most common languages spoken by people in Croydon, other than English, are Tamil, Urdu, Gujarati and Polish.

Our place

[INFOGRAPHIC HERE

13,500 BUSINESSES

EMPLOYING XXXX PEOPLE

X² METRES OFFICE SPACE

XX PARKS AND GREEN SPACES

XX VOLUNTARY AND COMMUNITY ORGANISATIONS]

Croydon is a regional business hub. We accommodate over 13,500 businesses employing around xxxx people - x% of all of jobs in London. We have over x million square metres of office floor space. Many of those who work for these businesses will spend a majority of their waking day within our borough, so the health and wellbeing board feels a strong sense of responsibility to consider their health and wellbeing alongside resident communities. Croydon is also home to a thriving night-time economy, with over xxx bars, clubs and restaurants drawing people into the borough every night.

Croydon's green spaces and parks, excellent public transport links and thriving sports, leisure and cultural life are assets have helped the borough to preserve a sense of identity and pride. Croydon has a strong and diverse voluntary and community sector with over xxx organisations large and small.

Between 2004 and 2010, levels of deprivation increased in Croydon more than in any other borough in the south of London. Croydon is currently the 19th most deprived borough in London. If Croydon continues to grow more deprived at the same rate as recent years, by 2020 it will be the 12th most deprived borough in London. Many of the risk factors for poor physical and mental health are associated with deprivation including poor housing, unemployment, poverty, poor education, and high crime.

Our needs and challenges

[INFOGRAPHIC HERE]

X% OF CHILDREN ARE OBESE

1 IN 4 ADULTS ARE OBESE

19.7% OF ADULTS SMOKE

3 IN 5 PEOPLE 60+ HAVE A LONG TERM CONDITION

X NURSING HOMES

XX HOUSEHOLDS LIVING IN TEMPORARY ACCOMMODATION]

Levels of childhood obesity in Croydon are worse than for England. One in four adults in Croydon are obese. This is likely to lead to long term health problems as these individuals grow older, including diabetes, heart disease and some forms of cancer.

Whilst smoking rates continue to fall, smoking is still the single largest cause of preventable illness and premature death. Some groups have higher smoking rates than the general population. Smoking contributes more than any other identifiable risk factor to inequalities in life expectancy.

Changes in Croydon's population and lifestyle trends are likely to lead to more people needing care in the future. The latest projections suggest the number of people aged over 85 in Croydon will increase by two thirds by 2029. There will also be more births. It is expected that the number of births will rise by around 10% over the next five years. Both the very young and the very old need more care.

In the future more people will be living with long term health condition such as diabetes, heart disease, respiratory problems, asthma and epilepsy. Three out of every five people aged over 60 currently have a long term condition and this proportion is likely to rise. People with long term health conditions are the most intensive users of health services. They make up around 31% of the population but account for 52% of GP appointments and 65% of planned hospital appointments.

Advances in medicine and new technology mean that many of our existing services are changing. Health and social care service providers are seriously challenged in meeting people's expectations for more and better services whilst managing with fewer resources. Like many other parts of London we have particular challenges in the recruitment and retention of skilled, professional, staff.

The health and social care system faces significant financial challenge across both provider and commissioner functions. The health service in Croydon remains

underfunded at 6.7% (£28m) below its needs based target. Croydon Council is under significant pressure to reduce expenditure over the next three years.

Our vision

Our vision is for longer, healthier lives for everyone in Croydon

Health and wellbeing is more than the absence of disease; it is the ability for everyone in Croydon to fulfil their potential, make a contribution and to be resilient to life's challenges.

The outcomes we want to achieve are:

- 1. increased healthy life expectancy and reduced differences in life expectancy between communities**
- 2. increased resilience and independence**
- 3. a positive experience of care**

What will success look like?

Outcome 1: Increased healthy life expectancy and reduced differences in life expectancy between communities

1.1 Everyone will have the information and support they need to live healthy lifestyles and make healthy choices.

1.2 Local organisations will work together to address the factors that drive health problems amongst the poorest and most disadvantaged.

1.3 Everyone's health will be protected from outbreaks of disease, injuries and major emergencies and remain resilient to harm.

Outcome 2: Increased resilience and independence

2.1 Everyone will have the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information.

2.2 Earlier diagnosis and intervention means that people will be less dependent on intensive services.

2.3 When people need care, that care will take place in the most appropriate place, and enable people to regain their health and wellbeing and independence.

2.4 Everyone will live their own lives to the full and maintain their independence by accessing and receiving high quality support if they need it.

2.5 Carers will be able to balance their caring roles and maintain their desired quality of life.

2.6 Everyone will have choice and control and be able to manage their own support so that they can design what, how and when support is delivered to match their needs.

2.7 People will engage socially, as much as they wish, to avoid loneliness or isolation.

2.8 Everyone will enjoy physical safety and feels secure. People will be free from physical and emotional abuse, harassment, neglect and self-harm.

Outcome 3: A positive experience of care

3.1 People using health and care services will be kept safe from avoidable harm

3.2 People using health and care services and their carers will be satisfied with their experience.

3.3 Carers will feel that they are respected as equal partners throughout the care process.

3.4 Everyone will know what services are available to them locally, what they should expect, and who to contact when they need help.

3.5 People, including those involved in making decisions on care, will respect the dignity of the individual and ensure that support is sensitive to the circumstances of each individual.

How we will achieve our outcomes

These are the areas that we have agreed to work together on in order to increase healthy life expectancy, reduce differences in life expectancy between communities, increase independence and resilience and ensure that people have a positive experience of care.

We will achieve our outcomes by:

- 1. giving our children a good start in life**
- 2. preventing illness and injury and helping people recover**
- 3. preventing premature death and long term health conditions**
- 4. supporting people to be resilient and independent**
- 5. providing integrated, safe, high quality services**
- 6. improving people's experience of care**

Giving our children a good start in life

Research consistently demonstrates that the first years of a child's life are crucial in determining their future health and wellbeing, both as children and adults. A healthy pregnancy and early years provide the best start for every child. However, for many children, especially those in disadvantaged families, there are barriers to their ability to fulfil their potential. We will therefore work to ensure that all children to have a good start in life by supporting them, and their families, to live healthier lives and achieve a good level of physical and social development so that they can enjoy and achieve in school and play.

The health and wellbeing board has chosen to focus on:

- Improving the uptake of childhood immunisations
- Reducing overweight and obesity in children
- Improving children's emotional and mental wellbeing
- Reducing childhood poverty

The board will also support work by partners to

- Reduce low birth weight
- Increase breastfeeding
- Improve educational attainment in disadvantaged groups

OUTCOME	ACTIONS	INDICATORS
Increase healthy life expectancy and reduce differences in life expectancy between communities	Improve the uptake of childhood immunisations	Vaccination coverage at 1, 2 & 5 years
Increase healthy life expectancy and reduce differences in life expectancy between communities	Reduce overweight and obesity in children	% of children aged 4-5 and 10-11 who are either overweight or obese
Increased resilience and independence	Improve children's emotional and mental wellbeing	Emotional wellbeing of looked-after children
Increased resilience and independence	Reduce childhood poverty	% of children living in poverty
Increase healthy life expectancy and reduce differences in life expectancy between communities	Reduce low birth weight	% of live and still births under 2500 grams
Increase healthy life expectancy and reduce differences in life expectancy between communities	Increase breastfeeding	Breastfeeding initiation & prevalence

Increased resilience and independence	Improve educational attainment in disadvantaged groups	Attainment gap between free school meal pupils and their peers
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Preventing illness and injury and helping people recover

The health and wellbeing board want to do more to prevent illness and injury and to reduce years of life spent with a long term condition or disability. Prevention of ill health is helped by adopting healthy behaviours – not smoking, being physically active, only drinking alcohol in moderation and eating a healthy diet. Behavioural choices are made against a complex background of individual circumstance and environment. People who are disadvantaged or who have less control over their lives are less likely to prioritise looking after their health. We will work to develop interventions to support communities to take greater responsibility for their own health and wellbeing and make better behavioural choices.

The health and wellbeing board has chosen to focus on:

- Reducing overweight and obesity in adults

The board will also support work by partners to

- Reduce smoking prevalence
- Reduce the harm caused by alcohol misuse
- Increase early diagnosis and treatment of sexually transmitted infections including HIV infection
- Prevent illness and injury and promote recovery in the over 65s

OUTCOME	ACTIONS	INDICATORS
Increase healthy life expectancy and reduce differences in life expectancy between communities	Reduce overweight and obesity in adults	Excess weight in adults Adults achieving at least 150 minutes of physical activity per week Rate of hospital admissions with a primary or secondary diagnosis of obesity %of patients on GP registers aged 17 and over diagnosed with diabetes
Increase healthy life expectancy and reduce differences in life expectancy between communities	Reduce smoking prevalence	Self-reported 4-week smoking quitters Smoking prevalence
Increase healthy life expectancy and reduce differences in life expectancy between communities	Reduce the harm caused by alcohol misuse	Alcohol related admissions to hospital Recorded crime attributable to alcohol
Increase healthy life expectancy and reduce differences in life expectancy between	Increase early diagnosis and treatment of sexually transmitted infections including HIV infection	Persons presenting with HIV at a late stage of infection Chlamydia diagnoses

communities		
Increased resilience and independence	Prevent illness and injury and promote recovery in the over 65s	% of persons aged 65 and over immunised against influenza Injuries due to falls

Preventing premature death and long term health conditions

The major causes of early death in Croydon are cancers and cardiovascular diseases. Alongside primary prevention, the early detection and treatment of cancer is likely to make a significant difference to health outcomes. For many cancers the earlier the cancer is detected and treated the better the outcome, either in terms of survival or quality of life. Some treatments also tend to be more straightforward and easier for patients if they are started earlier.

Croydon has the second highest inequality gap in London for premature deaths from cardiovascular diseases (CHD and stroke). The most deprived communities in Croydon have a death rate up to three times as high as the least deprived communities. Diabetes shares some of the risk factors of circulatory diseases, and is itself an independent risk factor for developing these conditions. It is a long term disabling condition. The early detection and management of diabetes will lead to improved outcomes for the large number of people in Croydon affected.

The health and wellbeing board has chosen to focus on:

- Early detection and treatment of cancers

The board will also support work by partners to

- Increase early detection and management of people at risk for cardiovascular diseases and diabetes

OUTCOME	ACTIONS	INDICATORS
Increase healthy life expectancy and reduce differences in life expectancy between communities	Increase early detection and treatment of cancers	Early deaths from cancer considered preventable Breast screening rate Cervical screening rate
Increase healthy life expectancy and reduce differences in life expectancy between communities	Increase early detection and management of people at risk for cardiovascular diseases and diabetes	Early deaths from cardiovascular diseases considered preventable Deaths from diabetes Offered an NHS health check Take up of NHS health checks

Supporting people to be resilient and independent

The JSNA highlights that Croydon performs poorly against indicators for helping older people achieve independence through rehabilitation, as well as for supporting older people to live independently at home. Three out of every five people aged over 60 have a long term health condition and as the population ages, this proportion is likely to rise.

We know that people with long term health conditions are the most intensive users of health services. Across the UK, they make up 31% of the population but account for 52% of GP appointments, 65% of planned hospital appointments and approximately 80% of all prescriptions. They also account for one of every three hospital bed days. Long-term conditions also lead to many people going to hospital in an emergency. The main challenge is connecting parts of the health and social care system so people are supported to manage their own health problem better. At the moment, people who want to manage their own condition better are not always supported. There is often poor coordination between GPs, practice nurses, community pharmacists, social services and hospital staff.

A focus on supporting people to be resilient and independent will help us to improve outcomes for older people and people with long term conditions.

The health and wellbeing board has chosen to focus on:

- Rehabilitation and reablement to prevent repeat admissions to hospital
- Integrating care and support for people with long term conditions
- Promoting self-management and self-care
- Reducing the number of households living in temporary accommodation

The board will also support work by partners to

- Improve support and advice for carers
- Reduce levels of worklessness and long term unemployment

OUTCOME	ACTIONS	INDICATORS
Increased resilience and independence A positive experience of care	Rehabilitation and reablement to prevent repeat admissions to hospital	Emergency readmissions % of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
Increased resilience and independence A positive experience of care	Integrate care and support for people with long term conditions	Health related quality of life for people with long term conditions Patients with long term conditions supported to manage their condition
Increased resilience and independence	Reduce the number of households living in temporary accommodation	Households in temporary accommodation
Increased resilience and independence	Improve support and advice for carers	Carer reported quality of life Satisfaction of carers with social services % of carers who report that they have been included or consulted in discussion about the person they care for
Increased resilience and independence	Reduce levels of worklessness and long term unemployment	Number of people receiving job seekers allowance

Providing integrated, safe, high quality services

Demographic trends, the need to improve quality and financial pressures mean that the organisations that purchase or provide health and social care services for local people have to find new ways of delivery.

There is increasing demand for accident and emergency (A&E) services. Some people use A&E for non emergency needs and could be more appropriately treated elsewhere. Pressure on services means that patient safety and outcomes can be compromised. The responsiveness and quality of our services is variable with many people finding it difficult to access urgent GP appointments, particularly out of hours. At the moment people needing planned care can come off second best when pressure increases in hospitals for theatre time or beds to treat patients with urgent or emergency care needs. This can result in cancellation or delays in their planned surgery. Redesign of planned care pathways will help us address these factors and deliver the best possible outcomes within the resources available.

One in four people will experience a mental illness in their lifetime. £1 pound out of every £8 spent by the NHS in Croydon goes on the treatment of mental health problems. Although this is our biggest single area of spending, we spend more on secondary and tertiary care than other areas. Redesign of mental health pathways will help us rebalance the local system of care for people with mental health problems and enable us to respond to their needs more flexibly.

Conditions such as dementia are becoming increasingly commonplace. This results in increasing pressure on health and care services. Dementia can significantly affect a person's ability to get out and about and interact with their friends and family. However early diagnosis of dementia can ensure that people get the care they need and delay admission to residential or nursing care.

The health and wellbeing board will support work by partners to:

- Increase the proportion of planned care delivered in community settings
- Redesign urgent care pathways
- Improve the clinical quality and safety of health services
- Redesign mental health pathways
- Improve early detection, treatment and quality of care for people with dementia

OUTCOME	ACTIONS	INDICATORS
Increased resilience and independence A positive experience of care	Redesign mental health pathways	Access to mental health services
Increased resilience and independence A positive experience of care	Increase the proportion of planned care delivered in community settings	Unplanned admissions
Increased resilience and independence A positive experience of care	Redesign urgent care pathways	Emergency hospital admissions Emergency readmissions
A positive experience of care	Improve the clinical quality and safety of health services	Patient safety incidents Avoidable harm (MRSA, Cdiff)
Increased resilience and independence A positive experience of care	Improve early detection, treatment and quality of care for people with dementia	Early assessment, diagnosis, treatment and support for people who have change in cognitive performance Review of care for people with dementia in the previous 15 months

Improving people's experience of care

When people use health and care services we want them to have a positive experience. Although many people do appreciate the care and support that they receive, this is not always the case. Different services have different opening times, serve different needs and have different eligibility criteria, often leaving people confused. They may end up using emergency services inappropriately because they do not know where else to go. Services do not always work well together. People experience duplication, often having to give the same information several times. Some people do not receive the services that they need and are entitled to. There are still too many examples of poor communication and a lack of accessible information.

End of life care helps people with incurable illness or worsening health problems to live as well as possible until they die. Around one in three Croydon residents dies in their place of usual residence, although nearly two thirds of people say they would prefer to die at home. Everyone should have a dignified and peaceful end to their life regardless of their age or cause of death.

The health and wellbeing board has chosen to focus on:

- Improving patient and service user satisfaction with health and social care services

The board will also support work by partners to

- Improve end of life care

OUTCOME	ACTIONS	INDICATORS
A positive experience of care	Improve patient and service user satisfaction with health and social care services	Patient experience of primary care Patient experience of hospital care Patient experience of community mental health services Client satisfaction with care and support
A positive experience of care	Improve end of life care	Deaths in usual place of residence

