

Health & Wellbeing Board Supplementary Agenda 2



2. Minutes of the Previous Meeting (Pages 3 - 22)

To approve the minutes of the meeting held on 20 January 2021 and 17 June 2021 as an accurate record.

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

Anoushka Clayton-Walsh
020 8726 6000 x62537
anoushka.clayton-walsh@croydon.gov.uk
www.croydon.gov.uk/meetings

This page is intentionally left blank

Health & Wellbeing Board

Meeting of held on Wednesday, 20 January 2021 at 2.00 pm.
This meeting was held remotely.

DRAFT MINUTES

- Members Present:** Councillor Louisa Woodley (Chair);
Dr Agnelo Fernandes (NHS Croydon Clinical Commissioning Group) (Vice-Chair);
Councillor Jane Avis
Councillor Margaret Bird
Councillor Sherwan Chowdhury
Councillor Alisa Flemming
Councillor Yvette Hopley
Rachel Flowers, Director of Public Health - Non-voting
Edwina Morris, Healthwatch
Guy Van-Dichele, Executive Director of Health, Wellbeing & Adults, Croydon Council - Non Voting
Michael Bell, Croydon Health Services NHS Trust - Non-voting
Steve Phaure, Croydon Voluntary Action - Non Voting
- Apologies:** Councillor Janet Campbell and Hilary Williams

PART A

1/21 **Minutes of the Previous Meeting**

RESOLVED: that the minutes of the meeting held on 21 October 2020 were agreed as an accurate record

2/21 **Disclosure of Interests**

There were no disclosures at this meeting.

3/21 **Urgent Business (if any)**

There was none.

4/21 **Public Questions**

There were none.

Covid-19 workshop follow up including update on current Covid-19 situation

The Director of Public Health updated the Board on the Covid-19 situation in the borough. She stated that the infection rate in the community was slowly falling due to lockdown. Currently, Croydon was the 6th highest rated borough and the 20th local authority in the country. She told the Board that the latest variant of Covid-19 was disproportionately affecting the south Asian community.

Dr. Agnelo Fernandez, NHS CCG and Vice Chair, addressed the Board and stated the following:

- At least 15,000 people had been vaccinated in Croydon.
- There were six new GP community sites that had gone live based in Old Coulsdon, Purley, Valley Park, New Addington, Thornton Heath and Fairfield Halls.
- The vaccinations were focused on the over 80's and those in care homes, including staff, and next age would move onto the vulnerable/shielding group.
- A limiting factor was transporting the Pfizer vaccines. This made it difficult to deliver into care homes, which was why they had to administer that vaccine in a centre.
- The AstraZeneca vaccine was easier to transport which enabled it to be administered in care homes.
- GP Surgeries that were offering vaccinations had been given permission to reduce some of their other services due to a shortage of staff.
- In February 2021, sites would open in central Croydon and Crystal Palace, which would speed up the vaccination programme by providing a good coverage of the borough.
- There were issues in vaccine supplies, with some sites stating that they were not receiving the supplies to meet demand.
- The army were also providing assistance and were posted to support different sites.
- There were issues in relation to staff absences due to shielding or because they contracted Covid-19.
- An issue with the vaccination programme was hesitancy. The vast majority of residents who were over 80 years of age gladly received the vaccine, however, there had been reluctance amongst some groups particularly in the black and Asian community which included care home and practice staff. There needed to be more information circulated to enable people to make informed decisions in regards to taking the vaccine.

The Executive Director for Health, Wellbeing and Adults informed the Board that the information being circulated locally was likely to be the most accurate data because there had been an error in national data recording. Whilst

attending the Health and Resilience meeting, noting care homes submitting data, a technical issue in how that data was processed was discussed.

In response to a question regarding vaccine shortages, the Vice Chair stated that patients were able to decide whether they go locally or to attend the mass vaccination sites.

The Director of Public Health informed the board that the priority in terms of vaccination had been decided nationally based on clinical risk and stressed that social distancing measures had to remain in place despite the vaccine roll out in order to minimise risk of spreading the virus.

In response to a question from a councillor, the Vice Chair informed the Board that, despite the lack of available data, he estimated that each site had given 1,000 vaccines a week therefore at least 17,000 vaccines administered to date. He stated that information would be made available in the near future.

It was noted that there was work being carried out to tackle the challenge of invalidated data being spread throughout the country. The hope would be to produce more up to date data with more granular information about both the localities and the demographic data around populations.

The Chair of Croydon Health Services NHS Trust, Michael Bell, provided the Board with an update on the Covid-19 situation within the hospital. He stated that the numbers in hospital had increased quite dramatically from the middle of December onwards. There were roughly 20 to 30 new admissions every day and he anticipated that these numbers would stay relatively stable for the next 3-5 weeks. He informed the Board that the hospital was not offering the full range of planned care that it would normally be providing in terms of outpatients and non-urgent operations. All emergency and urgent operations were continuing in a Covid secure space and diagnostic procedures such as cancer diagnosis would continue to be provided.

In response to a question relating to vaccine roll out, the Chair of Croydon Health Services NHS Trust informed the Board that there had been careful planning of the programme of work in accordance with government guidelines. The general practice prioritised older people in care homes in the first few weeks of the vaccine rollout. In the past week, they had begun a programme, which focused on younger residency care homes, particularly those which housed residents with learning disabilities.

The Executive Director for Health, Wellbeing and Adults followed up by stating that both he and the Director of Public Health had met with the Department of Health & Social Care Covid-19 regional support team and they were pushing for a focus on 'Care Settings', rather than just care homes. There were vulnerable residents in Croydon that live in other types of accommodation (such as hostels).

Councillor Hopley informed the Board that a resident had mentioned to them that people were being discharged from hospitals, if they were to capacity,

back into care homes without being tested. The Member asked whether staff would be mandated to have vaccinations in order to take care of vulnerable residents in the hospital and why the allocated beds in the Nightingale hospital may not be used as previously planned.

The Chair of Croydon Health Services NHS Trust informed the Board that the mortality rate was lower for the number of inpatients than in the first wave, which was likely a result of better treatments and practice as a result of learning from the first wave. He stated that he was not in favour of making it mandatory for staff who cared for vulnerable people to take the vaccine.

The Executive Director for Health, Wellbeing and Adults informed the Board that he had no reports of people being discharged into care homes without being tested. He said in his opinion that it was not beneficial to release staff into the Nightingale hospitals as they had managed to keep a steady flow of patients being admitted and discharged from hospitals, so there was no real need to use the Nightingale hospitals because they were able to manage the pressure.

In response to a question regarding caring for patients at home, the Vice Chair informed the Board that there were more patients recovering from Covid-19 outside of hospital than there were inside. A new pulse oximetry service went live earlier in January 2021 which measured people's oxygen and was supported by the GP collaborative. This would help with early detection in patients and allow treatment before deterioration. He also stated that despite Croydon having more residents with Covid-19 complications than other boroughs, Croydon had been able to respond rapidly due to the good systems that were in place. This had been seen by clinicians and feedback from a number of patients indicating that the quality of care had been excellent.

In regards to the mandated vaccine, the Vice Chair stated that there were cohorts in general practices, hospitals and care homes that were either anti-vaxxers or were hesitant to receive the vaccine. According to GP's, one of the most important factors in whether residents were willing to take the vaccine was the prospect of vaccine passports and whether it would affect their ability to travel. He stated that while the vaccine would not be mandated in this country, there were instances where private organisations may require their staff to be vaccinated or where there may be a requirement for a Covid-19 vaccine certificate someone wanted to travel and request permission to enter another country. He also informed the Board that the CVA (Croydon Voluntary Action) had been co-ordinating the effort for all of the vaccine centres and thanked them for their contributions

6/21

Response to Integrated Care System (ICS) consultation

The Executive Director for Health, Wellbeing and Adults informed the Board that the consultations were a national exercise and every local authority across the country was in a different position, Croydon's being good. He

stated that the proposals in the consultation were endorsing some of the practices that Croydon already had in place for a while. He informed the Board that they wanted to respond as the One Croydon Alliance because they were in agreement that the ICS would continue to enhance the work that the council were already doing.

The Vice Chair informed the Board that the reorganisation proposed by the ICS consultation was a huge project. As a result, there had been a lot of concerns about these changes being conducted during the pandemic because many people were busy, such as clinicians. Whilst these changes had been planned for some time, there had been a lack of consideration in regards to the lessons that had been learnt during the pandemic of integrated working. The fact that it was an engagement rather than a consultation had not given the opportunity for clinicians to provide feedback because they had been preoccupied.

Concerns had been raised by clinicians, such as GP's, of the removal of Clinical Commissioning Groups (CCG) and the resulting loss of influence and involvement of GP's and hospital clinicians to the system. The plans discuss clinical leadership, however in practice that would be on the periphery and not centred to decision making.

The British Medical Association (BMA) and the Local Medical Committee (LMC) raised serious concerns about the future of general practice in these plans, and that Primary Care Networks (PCN) were not representative organisations or statutory bodies. This would lead to the voice of General Practice being reduced even further. While this could be mitigated in Croydon through several different means, the face of General Practice would still change and there were associated risks. Without the involvement of clinicians in the decision making process, there may be a rise in the costs of healthcare, as well as the inefficiencies and the quality of care also decreasing.

There were real concerns fed back by the LMC's and by the BMA, however it was uncertain whether they would be taken into account due to the engagement in place of a consultation. He stated that from a Croydon perspective, they could mitigate some of the issues because integrated care already harboured strong relationships within the borough that could be built upon further.

The Chair of Croydon Health Services NHS Trust informed the Board that one of the strengths in Croydon was that clinicians have taken the lead in the planning of services and that they worked across the divide between acute physicians and those who work in primary care and general practice. He stated that despite whichever system would be implemented nationally, they would mitigate that within Croydon and provide reassurance to the public that acute physicians and those that work in primary care would continue to work together to deepen the partnership. They would continue to help develop the appropriate pathways to different services for the local population in order to improve their health and well-being in future.

The Healthwatch Croydon CEO informed the Board that they were concerned about the patient and resident voices being heard throughout the changes, as Healthwatch and the voluntary sector references were missing at sector level, and the potential to regress their involvement to that of the past.

The Croydon Voluntary Action (CVA) CEO informed the Board that while he was chairing a London wide call for the Social Prescribing Advisory Group, one of the issues that was discussed was the pressure on link workers and community builders. There had been difficulties such as referring people to activities during lockdown and also having to manage more complex cases. He believed that the Healthy Communities Together Project would enable them to support coordinated voluntary and community provision through the localities model in Croydon.

7/21 **Section 114 Notice and impact on the Health & Wellbeing Board**

The Executive Director for Health, Wellbeing and Adults stated that Croydon was now operating in a Section 114 notice, however there were other local authorities in similar situations. He stated that the council continued to meet their statutory need in relation to social care. The council were currently waiting for the capitalisation directive that was submitted in December 2020 and conversations with the Ministry of Housing, Communities and Local Government (MHCLG) were ongoing.

The Executive Director for Health, Wellbeing and Adults informed the Board that there was a plan in place to form an independent panel which would be the conduit between the Secretary of State and the council. The Health & Wellbeing Board would continue separately from that process. He assured the Board that by the end of the financial year the council would be informed whether they had been granted the capitalisation directive. This would allow them to decide the budget and work on the medium term financial strategy 2020-24, which would reduce costs in social care.

In response to the Vice Chair, the Executive Director for Health, Wellbeing and Adults stated that the Council's reduction in spend was not just about social care but wider well-being and ensuring provisions could remain in place even if they had to be delivered slightly differently. The members of the independent board had not yet been appointed, however once the board was implemented, the Health & Wellbeing board would not simply receive information about future changes being made but they would also have some influence in the changes that were implemented.

The Chair of Croydon Health Services NHS Trust stated that the NHS would continue to support the council, particularly the social care services.

Planning had been conducted with the Local Government Association (LGA) and their specialist around health and social care. They had been helpful in informing the council that making changes to provisions and spending too quickly would not result in good outcomes for people and that it was

recommended to reduce the funding over a longer period of three or four years.

8/21 **Healthwatch Annual Report**

The Healthwatch Croydon CEO introduced the report. She stated that this was the first year that the local leadership board was in operation and they had produced 11 reports pre-Covid-19. She informed the Board that Healthwatch was dedicated to listening to the concerns of local residents and patients and finding solutions.

Healthwatch engaged and surveyed local people and collated that gathered information. These were then presented as reports to those who held power and responsibility in the sector to make a difference and implement the necessary changes where possible.

Healthwatch had developed a 'Prioritisation Matrix' which enabled them to determine whether they could make a difference by carrying out work in a particular area and whether they were the right people to carry out that work. Following that exercise, they would then review whether other work was happening elsewhere, and if it was, they would not continue work and saturate that area or would liaise with other service providers.

The Healthwatch Croydon CEO informed the Board that the pandemic prevented them from carrying out their 2020-21 planned work. Their focus during the pandemic was to help their partner organisations in their work.

The Healthwatch Croydon CEO informed the Board that they were going to produce a report on dentistry. In the coming months, the Healthwatch Croydon would study dentistry websites to see what information was available to patients. They would then devise a survey which would allow patients to detail their experiences of NHS dentistry.

RESOLVED – That the Health & Wellbeing Board agreed to note the report.

9/21 **Exclusion of the Press and Public**

This item was not required.

The meeting ended at 3.55 pm

Signed:

Date:

This page is intentionally left blank

Health & Wellbeing Board

Meeting of held on Thursday, 17 June 2021 at 2.00 pm.
This meeting was held remotely.

DRAFT MINUTES

- Member Present:** Councillor Janet Campbell (Chair);
Dr Agnelo Fernandes (NHS Croydon Clinical Commissioning Group) (Vice-Chair);
Councillor Alisa Flemming
Councillor Jerry Fitzpatrick
Councillor Mary Croos
Councillor Yvette Hopley
Councillor Margaret Bird
Rachel Flowers, Director of Public Health - Non-voting
Edwina Morris, Healthwatch
Hilary Williams, South London and Maudsley NHS Foundation Trust
Steve Phaure, Croydon Voluntary Action - Non Voting
Annette McPartland, Director of Operations, Acting Interim DASS, Croydon
- Apologies:** Councillor Stephen Mann, Michael Bell and Matthew Kershaw

PART A

1/21 **Confirmation of Chair**

It was confirmed to the Board that Councillor Janet Campbell was appointed as the Chair of the Health and Wellbeing Board for municipal year 2021/2022 at the Annual Council meeting held on 4 May 2021.

2/21 **Disclosure of Interests**

There were no disclosures at this meeting.

3/21 **Urgent Business (if any)**

There was none.

4/21 **Public Questions**

There were none.

Integrated Care System update

The Director of Strategy Croydon Health Services, Neil Goulbourne, presented the update. He explained that the transition to the new arrangements in April 2022 would be managed through the One Croydon Alliance structures.

There had been a round of significant organisational changes to the NHS circa 10 years ago and Clinical Commissioning Groups (CCGs) were introduced. Their creation brought greater competition for services and a collaborative approach was encouraged, which differed to previous reforms. He noted that a progress had already been made in Croydon towards integrated working, more so than other regions, which was reflected in the white paper.

The purpose of the white paper, and the legislation to follow, was to encourage development in those collaborative approaches, to remove further of the barriers to integration and to formalise agreements where consensus was identified.

The guidance sets out that services should be delivered locally where possible, closer to patients and their communities. He informed the Board that the white paper was relatively silent on social care and was primarily NHS and acute care focused. The government had set out an assurance that there would be further reform of social care, but it was not addressed as part of these papers. He added that the white paper was also notably light on Public Health, however it was clear they would have a role to play.

A Partnership Board would be introduced at Integrated Care System (ICS) level, which would have an advisory role and would create a long term strategy bringing together the NHS and partner. Additionally, there was a newly introduced requirement of a duty to collaborate placed on the NHS and local authorities; however that would not bring a material effect to Croydon as those systems were already in place.

The role of Health and Wellbeing Boards was still seen as important entities, and although it was left to local discretion as to the Boards involvement, it was repeatedly acknowledge that they should be integrated into the developments.

There were three elements to the ICS:

- **ICS Level Body** – This would comprise of a board, a partnership board, an executive team and a significant number of staff. Strategic planning would be carried out and the focus would be on inequalities. There was a disproportionate level of need within Croydon and for which funding was not reflected and should be adjusted accordingly.
- **Place** – In SW London there were 6 'Places', Croydon being the largest by population.

One Croydon Alliance closely matches how Place should operate, as outlined within the white paper. There would need some changes to be made to enable Place to form a contract with the ICS, through which it would have delegated powers.

- **Provider Collaborative** – There was a SW London Acute Provider Collaborative which brought together the four Acute Provider Trusts. Using those systems, there were collaborated share back services and clinical pathways providing mutual aid to manage waiting times.

The white paper and guidance presented an enhanced role for all collaboratives with a suggestion they should do more to reduce inequalities and challenge providers to improve performance.

Croydon was already well placed for achieving the white paper objectives by having a defined transition team with representation from the various partners. The transition would take place through the One Croydon governance.

There were a number of to complete over the next few months ahead of the transition. A plan had been developed including to decide the organisational form, outcomes which could be achieved and the basis of the contract with the ICS.

The Chair thanked the Director of Strategy Croydon Health Services for his presentation and invited questions and comments from the Board.

The Healthwatch CEO, Edwina Morris, stated that they had carried out work seeking local residents' views when CCGs were merged into the SW London CCG. Concern was raised about decision making becoming more remote away from Croydon. She stated that she was pleased to hear that Croydon Place would be a strong entity, but expressed concern about how delegation to Croydon would be achieved. It was positive to see the new guidance making reference to the role of Healthwatch, the voluntary community and the social enterprise sector as being strong in representing local views at the Croydon Place level. However, she added that it was less clear about how they would be represented at the SW London level.

Councillor Hopley said there was clearly significant change ahead and she had several constituents asking what this meant for them. She had concerns regarding the disproportionate level of need within Croydon and the governance arrangements regarding outcomes for Croydon and the role of Public Health. Councillor Hopley asked how Croydon councillors would be involved in the work and the role of GPs.

The Director of Strategy Croydon Health Services responded that locally and nationally there was buy in to the principal of subsidiarity. Discussions with colleagues across SW London would take place with the key element being the ICN+ model and how health and care services build within localities.

The Vice Chair, Dr Agnelo Fernandez, responded that there was a patient forum across SW London already and that He and Councillor Campbell attended the Health and Care Partnership Board where the patient and voluntary care voice was heard. He stated that Croydon had a greater population and diversity and it was a key element that appropriate funding for Croydon be put in place. He explained that going forward that the NHS Board would have the executive and non-executive board members but also one local authority person, one GP (not representing general practice) and one member from the hospital trusts, as well as the Chief Executives of the trusts. The key element was to make sure subsidiarity was enabled with the structures of One Croydon Alliance being robust. Further guidance on the Partnership Board was pending.

The Director of Operations (Croydon Council), Annette McPartland, added that it was very important that the local authority was represented within all groups. The long awaited reforms for social care would come into force and it was essential that funding reached the right places.

The Director of Public Health talked about the pandemic, which was still prevalent and a threat, and expressed her condolences to anyone who had been impacted.

Having spoken with colleagues across SW London regarding the amount of people who had vaccinations within Croydon and the inequalities and demographics experienced within the Borough, the Director of Public Health stated that the local authority retained Public Health and there would be a further paper regarding the future of Public Health England. She said a an update would be presented to a future Board.

Councillor Fitzpatrick asked for elaboration on accountability in the ICS, who the accountability would be to and what preliminary thinking had been done to improve the accountability of health providers. In response, the Director of Strategy (Croydon Health Services) responded that there was the aspiration to foster partnership regardless of organisational boundaries and to blur the lines of accountability and responsibility. He stated that this had been an initial discussion and the white paper was a drawing from earlier in 2021, the guidance was now available and the legislation would follow, together with further discussions through the One Croydon Alliance.

6/21

Health and Care Plan refresh update

The Interim Director of Commissioning and Procurement, Rachel Soni, and the Associate Director for System Strategy for SW London CCG and Croydon Health Services, Sam Boyd, introduced the Health and Care Plan Refresh update and outlined the following:

- The Council was refreshing the Plan, to be completed by 1 October 2021.
- The Plan was forward and backward looking and due to the pandemic some milestones had not progressed to the point as originally planned.

- An engagement event was due to be held on 24 July 2021 and local resident's and patient's input would be built into the refreshed Plan.
- The three aims of the refreshed Plan that were co-designed with local people in 2019 would remain as; a proactive and preventative approach; to making most of community assets; and to ensure services were in the heart of communities.
- The Health and Care Plan covered every health and care service delivered across Croydon.

The Chair thanked officers for their update and invited questions and comments from the Board.

The Vice Chair stated that the aim now was to refresh the Plan, taking into consideration the impact of the pandemic. As the Health and Care Plan was owned by the Health and Wellbeing Board, Dr Fernandes asked how the Board was involved in shaping and leading the refresh.

In response, the Interim Director of Commissioning and Procurement stated they had mapped existing stakeholders and documents had been brought together collating learning during the pandemic. The Shadow Health and Care Board tracked the Plan and the delivery so that the Health and Wellbeing Board was assured that the Plan could deliver the Health and Wellbeing strategy.

Additionally, the Associate Director for System Strategy for SW London CCG and Croydon Health Services said that a desktop exercise of work had been carried out by various organisations which included engagement with communities. Most of the learning, from progress or gaps, were because of the pandemic and often services had changed for the better during this time.

Councillor Hopley highlighted that many different types of services which had evolved during the pandemic and asked how these groups had liaised with aforementioned work as this should form a good basis for the Plan going forward.

The Croydon Voluntary Action (CVA) CEO, Steve Phaure, informed the Board that there were different types of services taking place throughout the whole borough. He was reassured by learning described by colleagues. He added that at local voluntary partnership level there was a lot of discussion in regard to learning and changes to services, which was rich information to shape the Health and Care Plan going forward.

The Interim Director of Commissioning and Procurement agreed with colleagues that presented was a tight timetable and ambition to complete tasks by 1 October, which may require tempering. There was a total programme structure, and within that a lot of work would take place within

groups and fed into the overarching Plan as set out across the organisation. She noted that any plans must be aligned with the Croydon Renewal Plan.

7/21

One Croydon - Integrated Community Networks update

The Interim Deputy Director One Croydon Alliance, Laura Jenner, introduced the update and explained that the programme was being carried out with voluntary and community partners. She stated that the Integrated Community Network Programme and Locality work aims rooted from the Croydon Health and Care Plan moving services locally to connect and support with the community. The aim was to focus on prevention, unlocking community and putting services back into the heart of the community within the six Integrated Care Networks (ICNs).

This work had commenced within Thornton Heath and was now rolling out within the other five localities. Within Thornton Heath, staff had been co-located with community nursing, occupational therapy, pharmacists, network facilitators, Age UK PICs and also mental health PICs as well as under 65 social workers who had recently joined. Talking therapists were available to speak on subjects such as anxiety and loneliness. A huge amount of work had been carried out to connect with the local community to support the clients in a multi-disciplinary way which had resulted in excellent outcomes.

It was recorded that some colleagues were apprehensive, but the feedback had been positive and this approach to working was found to be beneficial. The model was an asset based model using a person centred point of view. A Talking Point had been set up which had been virtual during the pandemic. This brought together voluntary groups with referrals from GPs to support people with housing, benefits and connecting them with the community which had been very successful in Thornton Heath.

The CVA CEO gave an overview of the work being carried out with the Kings Fund Programme, which had resources to support the wider work across Croydon. This had taken place across the borough and food relief had been provided from early on in the pandemic with the emphasis on people in the community supporting each other. He said that this was Croydon's unique contribution to devolution in the borough.

The Healthwatch Croydon CEO added that this brought together representatives from the statutory bodies involved in the One Croydon Alliance with the voluntary sector partners to deliver this model. There were challenges in the large and diverse range of organisations within Croydon, supporting people in the community to develop a model of leadership, which was being worked through.

In addition, there was a need for the ICNs to work together with a range of voluntary organisations to ensure people were connected with their communities which puts less demand on statutory services. Money is tight for all organisations concerned and there was a need to develop a range of

preventative services which could only be done by diverting resources from statutory services.

- This was being worked on through the Funding and Commissioning Group to effect change and deliver improved outcomes for individuals.
- Cllr Hopley asked how data was being tracked regarding the different needs of residents within the 6 localities.
- In response, JL said a broad needs assessment analysis had been carried out which could be shared. This highlights the different needs of localities such as falls within the South and Diabetes and Hypertension in the North of the borough.
- The district nurses and social workers were asked what they were faced with and they had provided priority areas such as hoarding and self-neglect, especially during the pandemic and the teams are starting projects to address these issues.

The Chair thanked LJ for the presentation and asked her to join the meeting again at a later stage to give an update.

The Chair said that in future the Board would like to make a statement to highlight what had been achieved through the meeting, to ensure it had relevance and was a good example of what was to come in the future.

The CVA CEO said that if these models were developed there was a way to enable people to feed into local planning from the neighbourhood level across the whole borough. It was hoped that in meetings to come it would be evident how this has paid off.

The Chair suggested people from the community could talk to the Board about what had happened within their area and asked for any ideas for the forward plan, especially from the community board members.

8/21

Croydon Mental Health Transformation update

The Deputy Head of Mental Health Commissioning SW London CCG Croydon Place, Wayland Lousley, introduced the Croydon Mental Health Transformation update. The Woodley Review, which was review of mental health services was launched in late 2016 to assess progress against Croydon's mental health strategy (2014-19) and identify trends in inequalities, took place where there was clear evidence that there was a disproportionate model of care delivered in acute settings for mental health rather than across the voluntary sector.

A need was identified to develop a vision to look at an alternative which was more preventative and early intervention focused. A blue print was built to deliver this vision over a number of years ensuring the funding was correct. It was noted that some start dates were delayed because of the pandemic. Despite this, the Recovery Space was actioned in October 2020, which was

an alternative café style setting for people presenting with mental health crisis, but who had been assessed as not needing clinical intervention and would enable them access to ongoing support across the voluntary sector. This was actioned in October 2020 and had been extremely successful.

The key focus was to develop the first pilot mental health and wellbeing Hub, which would be delivered in the Central area in September/October 2021 and the second hub going live in 2022/23. Leading on from the successes of the Local Voluntary Partnership across Croydon over the past two years, a bespoke focus was placed on mental health. The focus on key communities such as The Turkish Youth, Asian Resource and Croydon BME Forum, the Body and Soul Initiative (for people experiencing HIV) and to extend the counselling provision which was in response to the impact of Covid and preparing for the surge to meet the expected demand going forward.

Underpinning all the work was a focus on ethnic minority interventions where there was a need. Another initiative was the Ethnicity in Mental Health Improvement Programme, which was a development of an expert panel of local leaders to start addressing what was happening within communities to engage with them in a more productive way and at a deeper level. Hubs would be able to support those communities more effectively and look at the pathways through the crisis and the community pathway to improve the experience and inpatient services with better outcomes as a result.

Croydon Integrated Community Network Plus outlined all of the activity across the out of hospital work, the engagement with the GP communities and the connection between the council and out of hospital work, which brought together social and physical health care. Mental health had been a key partner within this process and this was about dealing with people with physical health as a primary issue, but also mental health as a presenting need.

The model of care for mental health wellbeing hubs was being developed in partnership with the BME Forum, in collaboration with SLAM. These hubs would be hosted by the voluntary sector with clinical input from SLAM on site. Another element was that peer support workers would be available within the hub, as well as an online presence being available with a self-assessment tool to identify needs. It would also enable people to understand groups and activities available within the area to support wellbeing as well as mental health.

Mental Health Personal Independence Coordinators had begun their work, taking referrals, and were engaged with GPs across Croydon. The first week operating they received seven referrals and the second week a further nine, which demonstrated the need for this outreach functionality and support for primary care.

The Primary Care Network Mental Health Practitioners were being recruited and would provide Band 6 and 7 clinical nurses to support GPs and primary care to meet the issues that were presented together with the increased demand going through GP practices.

The MIND Recovery Space in Croydon had seen 222 people in the first six months, of which about 32% were aged 18-25. A further 27% were aged 25-35 and 58% were not known previously to services, which reflected unknown needs coming through as a result of the pandemic and being picked up by this alternative provision.

The Core 24 is a standardisation and quality mark within the Mental Health Liaison team and a mental health assessment unit was moving forward at pace to create an onsite facility for people at CUH awaiting care, a bed or more intensive support. There was ongoing support to improve mental health connectivity between 111 and 999 into the mental health crisis line provided by SLaM.

The transformation work was aimed at improving the service users' experience, access and outcomes and giving the care at the right place and time. The work was also aimed to improve the physical health for those experiencing severe mental illness and reducing presentations at A&E, reducing non-elective admissions, activity through police and around social care.

The Chair thanked the Deputy Head of Mental Health Commissioning, SW London CCG, Croydon Place for his presentation and invited questions and comments from the Board.

Councillor Fitzpatrick asked for reassurance that there would be appropriate data available to enable the understanding of ethnic minority needs. He secondly asked, as the Croydon's Autism Champion, if there would be introducing any neuro-diversity champions to the work and stated that population was the most over-represented in ill-health and a large proportion of that was within ethnic minority groups where there was insufficient data.

In response, reassurance was given that data, for ethnic minorities and neuro-diverse population, would be obtained from SLaM, Public Health and an expert panel to gain data directly from communities. Additionally, there was an Autism Strategy where work was taking place to understand and assess needs of users and to provide training, specifically if there were mental health issues.

The BME Forum representative, Andrew Brown, added that there was work currently being carried out with SLaM, with support from the Police, where a new project had been started around ADHD and Autism and how it affected men in their society.

The Director of Public Health stated that the journey had been a challenging one and it was reassuring they were now at this point. Regarding trauma informed care, it was known that many users coming into the service had adverse childhood experiences in the past. She stated that she had previously made a recommendation for trauma based training for staff. She additionally raised that the LGBT+ community were often in the vulnerable category with a high rate of self-harm, suicide and long term disability within these communities.

Councillor Hopley said it was good to see an integrated system and expressed the difficulties in accessing mental health care in the past. She was particularly pleased to see the new hub and the recovery space for MIND. She asked where the other two hubs would be located and commented there was a need in the south of the borough, hoping one could be set up in Sanderstead.

Many residents had contacted Councillor Hopley in the past because they were feeling down and had been locked within their homes for over a year during the pandemic period. They were still scared to go out and she stated they residents would benefit from these hubs across the borough.

The Deputy Head of Mental Health Commissioning, SW London CCG Croydon Place, explained that hubs would be presented in the Central location in the Whitgift Centre, the Thornton Heath area and in the south there would be two smaller hubs, located in New Addington and east Coulsdon. In response to a question raised regarding trauma provision, he informed the Board that psychologist input would be available within the hubs.

The Asian Resource Centre CEO, Ima Miah, welcomed the plan and commented that the Asian Resource Centre had been operating in the borough for 20 years and this was the first time they had been involved in discussions around mental health which was greatly welcomed. She stated that the Centre was taking full advantage of being involved in the discussions relating to Asian mental health and this conversation was important, together with gaining data from different and varying communities. She added that talking about trauma and other things that influence mental health would provide high quality data. If these hubs were effective and genuine co-production was put in place, it would be evident how Croydon differs and stood out to other boroughs.

Councillor Flemming echoed the previous comments and welcomed the work taking place, acknowledging the difference it made and the impact it had on young people who were within the criminal justice system and the impact of mental health within the black community. Firstly, Councillor Flemming asked about educational psychologists being involved within this work and what teaching could be shared into how support was developed for older members

of the community. Secondly, the CVA CEO asked how this work could connect with schools and head teachers, who would feel valued to be included in this.

.....

In response, the Deputy Head of Mental Health Commissioning SW London CCG Croydon Place firstly stated that the focus would be on the clinical psychologist by engaging with SLaM and clinical support using a systemic therapy approach, engaging with families within the wider community. Secondly, he informed the Board that transitions were being reviewed and there would be connection built within hubs as the programme moved forward with an interface with schools and young people who would be supported if they presented within hubs.

A number of initiatives were under way to address younger people and the Croydon Drop-In was one of the successful applicants for the transitions initiative and as part of the process the funding panel asked for the age to be dropped from 18 to 16, to include apprenticeships, to address needs across the borough.

There was a need to improve support for older adults in the area. Age UK, the Alzheimer's Society and the Memory Clinic through SLaM, were working with older adults and the Dementia Action Alliance would be reignited with additional resource provided.

The Deputy Head of Mental Health Commissioning SW London CCG Croydon Place stated that the work discussed was a journey and successes would be clear in the next two years.

9/21 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 4.25 pm

Signed:

Date:

This page is intentionally left blank