

Public Document Pack

Health & Wellbeing Board

To:

Councillor Louisa Woodley (Chair)

Agnelo Fernandes (Vice-Chair)

Councillor Jane Avis

Councillor Margaret Bird

Councillor Janet Campbell

Councillor Alisa Flemming

Councillor Simon Hall

Councillor Yvette Hopley

Rachel Flowers, Director of Public Health - Non-voting

Emma Leatherbarrow, Healthwatch Croydon

Guy Van-Dichele, Interim Director of Adults Social Care, Croydon Council - Non Voting

Robert Henderson, Executive Director of Children, Families and Education

Faisal Sethi, South London and Maudsley NHS Foundation Trust

Michael Bell, Croydon Health Services NHS Trust - Non-voting

Steve Phaure, Croydon Voluntary Action - Non Voting

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 10 April 2019 at 2.00 pm in F10 - Town Hall**

JACQUELINE HARRIS BAKER
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2 April 2019

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 - 10)

To approve the minutes of the meeting held on 27 February 2019 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. Public Questions

There are none.

6. Social Prescribing (Pages 11 - 18)

The areas in the report and outcomes from implementing Social Prescribing and Local Voluntary Partnerships in Croydon address the following priorities in our Health and Wellbeing strategy:

- Strong, engaged, inclusive and well connected communities
- Mental wellbeing and good mental health are seen as a driver of health
- Get more people more active, more often
- A stronger focus on prevention
- The right people, in the right place, at the right time

7. Impact of Universal Credit on Croydon (Pages 19 - 28)

The report will provide an update from Gateway regarding the impact of Universal Credit.

8. Croydon's Health and Care Transformation Plan (Pages 29 - 70)

This report includes the full Croydon's Health and Care Transformation Plan following from the discussing on the draft version presented to the Board in February 2019.

9. Mental Health Community & Crisis Pathway Transformation (Pages 71 - 94)

This report is an update on One Croydon's 'Mental Health Community & Crisis Pathway Transformation'.

10. Brexit Update (Pages 95 - 122)

The report provides an update on plans for identifying and responding to short and longer term risks to health and wellbeing due to Brexit.

11. Exclusion of the Press and Public

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

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

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Health & Wellbeing Board

Meeting held on Wednesday, 27 February 2019 at 2.00 pm in F10 - Town Hall

MINUTES

Present: Councillor Louisa Woodley (Chair);
Dr Agnelo Fernandes (NHS Croydon Clinical Commissioning Group) (Vice-Chair);
Councillor Jane Avis
Councillor Margaret Bird
Councillor Janet Campbell
Councillor Simon Hall
Councillor Yvette Hopley
Rachel Flowers, Director of Public Health - Non-voting
Emma Leatherbarrow, Healthwatch Croydon
Robert Henderson, Executive Director of Children, Families and Education
Jonathan Northfield, South London and Maudsley NHS Foundation Trust
Michael Fanning, Croydon Health Services NHS Trust
Steve Phaure, Croydon Voluntary Action - Non Voting

Apologies: Councillor Alisa Flemming, Guy Van-Dichele and Michael Bell

PART A

1/19 **Chair's Communications**

A minute silence was observed by the Board for the late Maggie Mansell, who was a long serving Councillor and previously the Chair of the Health & Wellbeing Board.

2/19 **Minutes of the Previous Meeting**

RESOLVED that the minutes of the meeting held on 24 October 2018 were agreed as an accurate record.

3/19 **Disclosure of Interests**

There were no disclosures at this meeting.

4/19 **Urgent Business (if any)**

There was none.

5/19 **Public Questions**

There were none.

6/19 **Health & Wellbeing Board Workshop Feedback and Youth Plan Update**

The Board considered the report which provided an update on three related strands of work around supporting children and young people in Croydon; the Health and Wellbeing Board workshop, Croydon's five year Local Transformation Plan (LTP), and the key actions to be included in Croydon's Youth Plan.

The Chair welcomed comments from the school representatives present regarding the mental health and wellbeing of young people in connection with the Youth Plan, and how the Board could liaise with the local schools going forward.

Ms Jenny Adamson, Saffron Valley Collegiate, explained that there were concerns for the lack of resources within early years prevention work. It was explained staff who worked in schools were receiving mental health first aid training and there was a focus on how mental health manifests within the classroom.

The Broadmead Primary School representatives explained they had introduced a nurture provision, one held in the mainstream school building and one in the school grounds. This was a 12 week programme of nurture, where parents were worked with closely and it included signposting to outside agencies.

Councillor Avis noted that there was discussion at the previous Health & Wellbeing Board regarding the increase of young women being admitted to Accident & Emergency due to self-harm. In response to Councillor Avis, Ms Adamson noted that the cohort of young people showing signs of poor mental health within schools was largely young males who were acting out traumatic experiences; this was a huge concern as it was unsafe for the individual and others around them. The Broadmead Primary School representatives added that the behaviour from young males was often more apparent and young women showed symptoms in a less obvious way, and often slightly later in life. The Director of Public Health noted that evidence showed that different genders responded to trauma in different ways; it was often displayed in violence with women, either against themselves or others.

In response to Councillor Hall the representatives present explained there was a challenge with providing help within the school setting, especially mainstream schools, but the introduction of drama and music therapy had proven positive. It was explained that due to the lack of resources the schools were unable to focus on preventative schemes and had to wait until the individuals were a higher priority before intervening.

The Executive Director for Children, Families, Education and People stated that a school survey was to be circulated, likely on Monday 4 March 2019, requesting information on mental health resources available to schools and if further support was needed. He explained that from this it was hopeful that the resources and capacity could be sought to breach the gaps to ensure schools were able to provide full, preventative schemes. The outcome of the survey would be discussed at the head teachers' breakfast. Councillor Avis requested that the school representatives attend a future Health & Wellbeing Board meeting to feedback after the survey had been completed.

In response to Andrew Eyres, NHS Croydon Clinical Commissioning Group (CCG), the Chair noted that there would be further engagement on the Youth Plan to identify any gaps. The Croydon Voluntary Action representative added that they could work with the schools to identify services to help bridge the gaps.

The Director of Public Health noted that she had attended the South London and Maudsley NHS Foundation Trust (SLaM) Board on 26 March 2019 where it had been discussed that it was difficult to create one plan to cover all complex mental health issues. It was crucial to help those in the community through frontline, preventative services, including; schools, churches and mosques.

Sally Wadsworth, the Joint Head of Integrated Commissioning Children and Maternity and Category Manager for Early Help and Child Health explained that the Children and Young People's Emotional Wellbeing and Mental Health partnership board would create an easy-read version of the Youth Plan and would engage with young people to help write it. The Board was currently looking at young peoples' pathways to focus on establishing the key headlines the Board wanted to achieve.

In response to Ms Adamson the Chair confirmed that adult and youth services would be working collaboratively through the work of the First 1000 Days project.

Councillor Avis noted that the effects of social media and drug use needed to be included in the youth plan.

RESOLVED – That the Board agreed to:

- 1) Note the outputs of the HWBB workshop held on the 5 December 2018 on Children and Young Person's Mental Health.
- 2) Approve the proposed actions within the three children's priorities agreed by Health and Wellbeing Board in October 2018 for inclusion in the Youth Plan

- 3) Discuss the proposals to take forward the priorities Croydon's draft LTP (local transformation plan) for improving Children and Young People's Emotional Wellbeing and Mental Health.
- 4) Review and sign off Croydon Clinical Commissioning Group's LTP (local transformation plan) for Children and Young People's Emotional Wellbeing and Mental Health.

7/19 **Director of Public Health's Annual Report - The First 1000 days**

The Board considered the Director of Public's Health 2018 Annual Public Health Report, which was presented to Council Cabinet in November 2018 and the CCG Governing body in January 2019. The report focused on the first 1000 days of life and included pre-pregnancy health and Adverse Childhood Experiences. It was explained that the implementation of the report recommendations would support the delivery of the three Health and Wellbeing Board children's priorities, in particular the first 1000 days and healthy weight.

The Healthwatch representative noted that one of their main focuses within Croydon was perinatal mental health. The Director of Public Health agreed to engage with Healthwatch, in addition to SLaM and Croydon CAMHS, to ensure the community was represented. Furthermore, the Director agreed that there was an issue within the Borough regarding immunisation, which included cancer screening, and would discuss this with Healthwatch. Councillor Avis noted that Croydon had over 100 languages spoken and often medical advice and reports would be hard to interpret with English as a second language. It was agreed that the Board would consider a report on screening and immunisation at a future meeting.

The following Board Members agreed to be on the task and finish group: the Health & Wellbeing Board Chair, Councillors Avis, Flemming and Hall, Andrew Eyres (CCG) and Emma Leatherbarrow (Healthwatch).

The Chair encouraged the Board to email the Director of Public Health with any further comments on the annual report.

RESOLVED – That the Board agreed:

- 1) To take the responsibility for the oversight of the 34 recommendations and the monitoring of their implementation and impact.
- 2) Note the arrangements that are already in place to support implementation of the recommendations.
- 3) Support the creation of a task and finish group to monitor implementation progress.

Health and Wellbeing Strategy

The Board considered the Health and Wellbeing Strategy, including the development of a forward plan shaped by the actions agreed by the Local Strategic Partnership Board and other relevant partners. The Public Health Consultant, Dr Jack Bedeman, noted that the key changes since the draft Health and Wellbeing Strategy was previously presented to the Board in October 2018 was the inclusion of the outcomes for both the strategy and the Health and Care plan. These outcomes had been developed with the One Croydon Strategic Development Board.

Councillor Hopley noted that the communication and engagement between the Health & Wellbeing Board and the community needed to be improved as residents were not aware of the plans being developed and other ongoing projects. It was suggested that the information was circulated to resident associations and GP surgeries as hard copies. The Public Health Consultant confirmed that there would be a press release and an article in Your Croydon regarding the development of the strategy.

In response to the Croydon Voluntary Action representative the Chair explained that the Health Summit on prevention work had been delayed but this would be organised at the next Health & Wellbeing Board Executive meeting and information would be distributed to all Board Members.

The Statutory Board Members signed the Health & Wellbeing Board strategy.

RESOLVED – That the Board agreed to:

- 1) Sign off the Health and Wellbeing Strategy.
- 2) The development of a forward plan for the Health and Wellbeing Board aligned to the actions and commitments within the Health and Wellbeing Strategy.

Croydon Health and Care Transformation Plan and the NHS long term plan

Croydon Health and Care Transformation Plan

The Board considered the outline of Croydon's Health and Care Transformation Plan, which would be a key delivery plan of the Health and Wellbeing Board's Strategy, which in turn provided the health and care and in parts the wider determinants response to the Croydon Local Strategic Partnership vision. The plan would also inform the South West London Health and Care Partnership Plan which was being refreshed.

The Director of One Croydon Alliance Programme, Rachel Soni, explained that the Board was being requested to note the plan and agree it was the right

approach before the final version came to the Board for sign off before publishing it in July 2019.

The Vice-Chair stated that the plans should be clear, easy to monitor and ensure they were delivered. He agreed with Councillor Hopley's previous comment regarding the communication from the Health & Wellbeing Board to the public and noted that these plans should be publicised.

Fouzia Harrington, CCG, noted that the Transformation Plan was in the implementation phase and reflected the journey so far. In response to the Croydon Voluntary Action representative it was explained that the final document was to be published in summer 2019. Andrew Eyres, CCG, added that they would be engaging with public members to tailor the information included within the plan.

NHS Long term Plan

The Vice-Chair introduced the report and highlighted that the three key areas identified were; making sure everyone gets the best start in life, delivering world-class care for major health problems, and supporting people to age well.

The Board discussed the structural changes to the CCG and the Chair noted that she and the Leader had received a letter from NHS England and she had been copied in to the response. In response to Councillor Hopley she ensured that her response would be sent in her capacity as the Health & Wellbeing Board Chair, and not on behalf of all the Board Members, and agreed to circulate this to the Board when it was sent.

Councillor Avis noted concern for the decreased funding and added that the Green Paper on social care had been delayed. In response the Vice-Chair assured he would get the best deal for Croydon within the National NHS Plan. The Director of Public Health added that the Green Paper for primary prevention was also delayed and this was linked to the NHS Plan.

RESOLVED – That the Board agreed to note the Croydon Health and Care Transformation Plan and the NHS long-term plan.

10/19 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 4.24 pm

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) April 2019
SUBJECT:	Social Prescribing and Local Voluntary Partnerships March 2019 Update
BOARD SPONSOR:	<i>Agnelo Fernandes, Guy Van Dichele, Rachel Flowers</i>
BOARD PRIORITY/POLICY CONTEXT:	
<p><i>The areas in the report and outcomes from implementing Social Prescribing and Local Voluntary Partnerships in Croydon address the following priorities in our Health and Wellbeing strategy:</i></p> <ul style="list-style-type: none"> • Strong, engaged, inclusive and well connected communities • Mental wellbeing and good mental health are seen as a driver of health • Get more people more active, more often • A stronger focus on prevention • The right people, in the right place, at the right time 	
FINANCIAL IMPACT:	
<p><i>There is investment through the GP forward view monies for Social Prescribing and Croydon Clinical Commissioning Group funding for Local Voluntary Partnerships through One Croydon. There are no new financial implications arising from this report.</i></p>	

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board note:

- the progress made to date on embedding social prescribing – Croydon’s ‘Social P’ across the health and care system in Croydon, and
- the roll out of the Local Voluntary Partnership (LVP) initiative since January

2. EXECUTIVE SUMMARY

One Croydon are implementing Croydon’s ‘Social P’ (social prescribing) programme to support people with social and emotional needs that cannot be met through medical intervention. Funds are also being allocated to build additional capacity in the voluntary and community sector to support people to prevent and manage social isolation and mental health needs that are often present when people have one or more long term conditions. The report highlights the progress to date in the social prescribing activity and funding allocation and bids for the Local Voluntary Partnerships. The programmes are supporting individual and community resilience, should reduce pressure on GP appointments and have positive outcomes for people who have a range of needs and often experience social isolation and loneliness. The programmes focus on

connecting people and building partnerships with each other and their communities.

3. DETAIL

3.1 Social Prescribing

The Croydon Social Prescribing programme is built on three basic principles of engagement, opportunities and support, finding the best ways of engaging with the people and patients and the wider Croydon community, developing an array of local based opportunities proven to assist in their health, self-management and supporting them through the transition of long term behavioral change. These can be direct referrals to the programmes from GP's or self-referrals from any organisation or individual. Many people presenting at their GP have social and emotional needs that cannot be addressed with medical intervention.

The Programme has been established to:

- Look at long-term behavioral change of people;
 - Change patient dependency on clinical interventions;
 - Help capacity build local providers and local community hubs including churches, community organizations and center's;
 - To increase traffic flow of the community to these community hubs via GP practices;
 - Develop patient self-referral to more community activities;
 - Connect GP/health practitioners with local community hubs;
 - Improve the patient experience at practices and increase learning around Shared Decision Making;
 - Develop more holistic community interventions;
 - Ensure a multi-agency/ multi-disciplinary approach working to build on and co-ordinate the range of work already developed in the borough;
 - Develop local community hubs which are 'led by the community / for the community / owned by the community'. They become one stop shops for community development.
- 3.2 This is being delivered through a wide variety of partnerships (more than 60 set up to date across the borough) linking statutory providers with third sector organisations, local community groups, and corporate partners.
- 3.3 Across each network community hubs sign up to be key members of partnerships to provide the infrastructure for community and voluntary groups to thrive, which also enables GPs and other professionals to have easier access to refer their patients into. To date, there are 32 community hubs signed up to the programme, which include community centres, churches and other organisations with physical spaces.
- 3.4 Since the programme was launched in Thornton Heath 18 months ago, the model has been rolled out to 5 of the 6 GP networks, and there have been over 40,000 attendances at community and voluntary groups from people identified from general practice.

3.5 In contrast to other social prescribing models in London and nationally, the focus in Croydon has been on building up social prescribing networks and partnerships from the ground up with partners in the local community, rather than starting by employing a centrally commissioned team of social prescribers to build connections between general practice and the community.

3.6 Local Voluntary Partnerships

The One Croydon Alliance is seeking to fund local voluntary and community groups to provide services, initiatives and activities that will help reduce social isolation and loneliness. The service aims to target people over the age of 55, with complex health or care needs including those with dementia and mental health conditions.

- Recurrent and one off funding is available in the region of £1,000—£5,000 per project. Higher amounts for exceptional initiatives can be discussed with the One Croydon Community Facilitators.

3.7 Who can apply?

- Voluntary and community organisations delivering services to Croydon residents and those registered with Croydon GPs.
- Must be able to demonstrate how you link with other local groups and organisations.

3.7 Progress to date:

- Funding packs and flyers have been circulated.
- 48 packs have been requested and sent. A total of 19 completed Expression of Interest Forms received and discussed.
- The Funding Panel met in February and due to meet on 18th March to discuss the received applications. (This will be the third panel meeting). The bids have a range of requests to support people over the age of 55, providing activities and places to meet and direct one to one support and befriending for example. Support is being given to initiatives that add capacity to already stretched resources, helping to become self-sustaining and also to enhance and build partnerships and encourage new grass roots innovations and start up funds. Some bids are being approved who require one off funds as start-up pump prime, providing equipment to expand their service or offer or to pilot something for example. Bids requiring recurrent funds need to show how they increase their current capacity, provide face to face support or intervention for people and provides ongoing intervention that will positively impact people's wellbeing and sense of inclusion.
- The LVP Steering Group is established and has met monthly since Sept 2018. The next Steering Group will be held on 25th March.
- Our Age UK Croydon Advice Service Croydon Information & Advice (I&A) service is being varied to include locality based I&A points of access. These are currently in three of the six localities and will be in all six in time. One telephone number for access and advice into community solutions for our

4 CONSULTATION

The monthly One Croydon over 65s Service User Reference Group have been engaged all the way through the design and development. The VCS infrastructure organisations and steering group members are involved in directing and influencing the programme.

5 SERVICE INTEGRATION

5.1 The nature of Social Prescribing and Local Voluntary Partnerships are predicated on collaboration and partnerships within and between communities, organisations and individuals which supports integrated and more seamless services and interventions for Croydon residents.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

The CCG are funding the Local Voluntary Partnership initiatives. In 2019/20 it is separated £100k to be allocated as one off funds and £148k to be allocated recurrently for two years. Social Prescribing is funded separately from GP forward view money through the CCG. The One Croydon Community Facilitators cost £80k per annum.

6.1 Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2018/19 £'000	2019/2020 £'000	2020/21 £'000	2021/22 £'000
Revenue available				
Expenditure	-	148	148	-
Effect of decision from report	80	100 (1 off) 80	80	
Expenditure				
Income				
Remaining budget		0	0	
Capital available				
Expenditure				
Effect of decision from report				
Expenditure				
Remaining budget				

6.2 The effect of the decision

Allocation of funds will build capacity in the voluntary and community sector to support people over the age of 55 who have complex needs and require support with their emotional and social needs. The out of hospital business case demonstrates the positive contribution as an enabler this makes to reducing admissions to hospital and de-escalating care needs.

7 LEGAL CONSIDERATIONS

7.1 The Head of Litigation and Corporate Law has no additional comments on behalf of the Director of Law and Governance & Deputy Monitoring Officer.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer.

8 EQUALITIES IMPACT

8.1 The social prescribing programme will help us meet our equality objective to 'reduce social isolation among disabled people and older people' improve the proportion of people from different backgrounds who get on well together by developing community hubs.

8.2 The programme will have a positive impact on protected groups as it will support people with social and emotional needs that cannot be met through medical intervention.

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICERS:

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Rachel Soni, Alliance Programme Director Rachel.soni@croydon.gov.uk

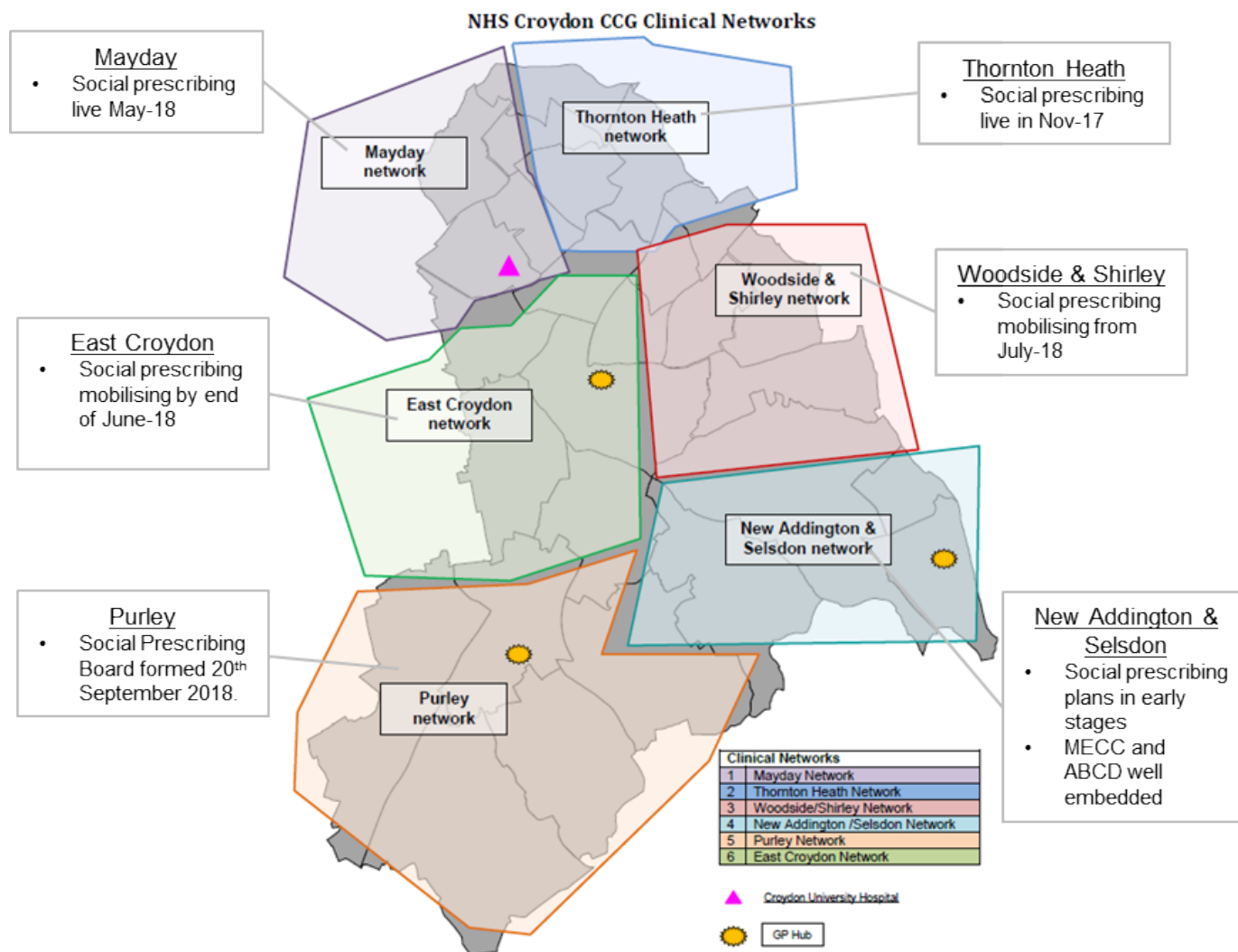
APPENDICES:

Appendix 1 – Map of social prescribing roll-out to date

BACKGROUND DOCUMENTS:

None

Appendix 1 – Map of social prescribing roll-out to date



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REPORT TO:	Health & Wellbeing Board 10 April 2019
SUBJECT:	Croydon’s support for residents on Universal Credit
BOARD SPONSOR:	<i>Rachel Flowers, Director of Public Health</i>
BOARD PRIORITY/POLICY CONTEXT:	
<p>This report will assist the following work stream:</p> <ul style="list-style-type: none"> • the joint health and wellbeing strategy – see www.croydonobservatory.org/strategies-for-health-and-social-care/ 	
FINANCIAL IMPACT:	
<p>There are financial impact in terms of demands around Discretionary Housing Payments (DHP) from Department from Work and Pensions (DWP), but no financial impact in terms of this board or request for internal funding. External lobbying to DWP will be undertaken around the DHP funding issue.</p>	

1.	<p>RECOMMENDATIONS (This report is for information only)</p> <p>This report recommends that the Health & Wellbeing Board:</p> <p>1.1 Note the approach of Gateway in tackling not only Universal Credit issues but all welfare reform challenges.</p> <p>1.2 Note the take up campaigns Gateway are supporting across Resources, Public Health and Energy Officer.</p> <p>1.3 Note the joint working between Gateway and Public Health around food poverty action group and healthy start.</p>
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2. EXECUTIVE SUMMARY

- 2.1 Croydon was one of the original pilot sites for Universal Credit (UC) roll out and have played a vital role in UC improvements during the ‘test and learn’ phase and many of the developments made to UC; has been driven by Croydon and our colleagues in other LAs lobbying and working closely with DWP. Universal Credit is administered by DWP and is the merging of six legacy benefits - UC Housing Costs has taken over from Housing Benefit to pay peoples rent, UC living costs replaces Income Support, Job Seekers allowance, Employment Support Allowance, Working and Child Tax Credit.
- 2.2 UC takes on average six weeks to put into payment, Housing Costs and Living Costs are paid in one payment by UC, so vulnerable residents can struggle to budget and ensure their rent and other bills are paid. UC is paid in arrears and by default is paid direct to the resident.

- 2.3 There are some functions of UC that makes it difficult for Croydon's most vulnerable residents to claim and maintain their UC claim. UC has to be made online, some vulnerable residents do not have email addresses, online access or digital skills, and so intense support is needed to help some to claim and maintain their claim. UC takes on average six weeks to put into payment, Housing Costs and Living Costs are paid in one payment by UC, so vulnerable residents can struggle to budget and ensure their rent and other bills are paid. UC is paid in arrears and by default is paid direct to the resident, this again can cause issues around vulnerable residents getting large sums of money.
- 2.4 Support by Job Centres and by Gateway is needed with most vulnerable residents, but support can only be provided once we are aware of these cases, and since UC is administered by DWP and no sharing agreement in place; we often only get contacted once they are in risk or crisis. UC is hard to get backdated and will only go back one month, so we are often left to deal with rent arrears and debt issues to tackle and assist through discretionary funding pots.
- 2.5 DWP's current figures highlight that Croydon has approximately 27,000 residents on Universal Credit in Croydon, spread across three Job Centres – Purley, Thornton Heath and Croydon Job Centre.
- 2.6 To tackle Universal Credit (and all welfare reforms) and homelessness, Croydon created a Gateway division to offer a single point of contact for prevention and early intervention work. Gateway ensures residents are given a personalised action plan to address debts, budgeting, benefit maximisation, employment and address any housing issues they may have. Our focus supports UC principles, public health and health and well-being.
- 2.7 It is not reflective of the true circumstances for our residents to simply consider UC in isolation, without considering the other reforms that impact on thousands of our residents – Local Housing Allowance freeze, benefit cap, social rent restrictions, Council Tax Benefit to Council Tax Support, two child rule with regards to Child Benefit and Child Tax Credit and EA Nationals changes (not able to claim for first 3 months and retain working status).
- 2.8 **Lessons learned from Croydon about UC:**
- UC journey is much smoother if you get the support right from day one
 - UC still has too many pitfalls for really vulnerable residents
 - Emergency Accommodation does not work under Universal Credit
 - Universal Support is vital to the roll out of UC
- 2.9 **Lobbying and changes we have welcomed from UC:**
- Policy decisions: to remove 7 day waiting period, Emergency Accommodation back to Housing Benefit (HB) control, increase in work allowances, and increase of deductions period to 6 to 12 months. Croydon were at the forefront of lobbying for these changes, along with our colleagues in Southwark.

- Universal Support offering: although disappointed at the plan to move over to CAB from April 2019 and the circa 60% reduction in funding being provided to Citizen Advice Bureau (CAB) from DWP, compared to what London Borough of Croydon got in 2018/19. Due to this, Gateway will continue to offer Universal Support in partnership with CAB.
- Landlord portal: this allows Councils direct access to UC in regards to their tenants, which ensure the verification of rents and payments process is quicker and better controls in place. Croydon again were at the forefront of this landlord portal idea.
- Childcare costs: this was a major barrier to work, as most childcare providers want to be paid up front and UC paid a month in arrears, which meant many wanting to get into work were unable to as couldn't afford to. A recent change to UC, now means you can now apply for a grant to pay your first month childcare costs.
- In Croydon, we have been piloting a local UC Housing post, where we can contact this DWP Officer direct to sort out complex housing decisions, where we believe the assessment is fundamentally wrong. Since January 2018, this role has saved 190 tenancies; without this role, this could have led to up to £1.3m extra costs to Croydon with these households presenting as homeless. This role is being piloted elsewhere in the Country now, following our successful trail; we see this role as a huge breakthrough in saving tenancies. This role has managed to back date UC claims in excess of £250k.

2.10 **Areas Croydon continue to seek improvements of Universal Credit and upcoming issues:**

- Implicit consent: need longer timeframes in place, not just payment periods. Implicit consent allows 3rd party access to talk about UC claims with DWP. Currently this only stays in place for one month, but is needed longer for real vulnerable residents.
- Sanctions around vulnerable residents: Although locally in Croydon sanctions are the last option to take, there are still real concerns in UC around the whole sanction activity by UC and impacts this has on vulnerable residents.
- Data sharing with LA's: There is no mechanisms in place for sharing UC data with Local Authorities, which would allow us to work pro-actively with residents, before they hit crisis. We are lobbying around this in partnership with Policy in Practice.
- Migration from legacy benefits to UC: within the next two years, all the rest of our working age caseloads that are currently on Housing Benefits, will move in bulk onto UC. The first Local Authority to go through managed migration has been named (Harrogate), we will ensure we contact them to learn from their experiences.
- An upcoming issue we are faced with, is the £118k reduction in funding from DWP of our Discretionary Housing Payment (DHP) budget in 2019/20 to £1,740,407. The table below highlights this is already a

strained budget, where we have topped up through HRA payments, but have also had to use reserves or other funding streams to maximise support and avoid households becoming homeless and impacting on our statutory services. Croydon will lobby DWP around the allocation of these funds with an aim of increasing Croydon's funding.

	DHP from DWP	HRA top up	Money from reserves/ funding	Combined budget	Money spent on residents
YTD 2018/19	£1,858,451	£500,000	£200,000 (predicted)	£2,558,451	£2,500,000 (predicted)
YTD 2017/18	£1,760,650	£500,000	£486,051	£2,746,701	£2,746,701
YTD 2016/17	£1,465,383	£500,000	£0	£1,965,383	£1,959,874
YTD 2015/16	£1,201,438	£500,000	£96,525	£1,797,963	£1,797,963

3. DETAIL

Gateway's approach to tackling UC and wider welfare reform issues.

3.1 To highlight numbers we helped since April 2018: Our Gateway approach has already helped 1,092 families avoid homelessness through support with household budgeting, benefits advice and employability and has achieved some great outcomes and cost avoidance is estimated in excess of £7.3m. There are also:

- **13,889** residents who have received **budgeting advice**
- **3,176** residents on Universal Credit, who we have supported with **personal budgeting and/or digital skills** allowing them to access services online
- **1,002** residents who have attended **budgeting, employment, debt and housing workshops**
- **208** residents we have **supported into employment**
- **238** we have **supported into work placements and work experience**
- **39** residents have also been **helped to retain their employment.**

3.2 We have also assisted with maximising residents' income to the value of **£9,781,611** increasing their independence and financial resilience.

3.3 Gateway have also supported **4,890 residents with blue badges**, freedom passes and/or taxi cards, to assist vulnerable residents with travelling.

3.4 Financial Assessments Team have assisted **9,862 households with a financial assessment** to see if we can assist them with costs towards their care packages. 471 residents have been supported as either a deputyship or

appointeeship, which is assisting really vulnerable residents with their finances, as they do not have the mental capacity to do themselves.

Welfare Reform Programme Board

- 3.5 Croydon established a Welfare Reform Programme Board in 2013, to focus on welfare reform and there has been a heavy focus on Universal Credit since roll out in our Borough. We focus on trends, changes, concerns, issues around Welfare Reforms and action plans are discussed and working groups set up where needed for intensive pieces of work. It has been at this Board where actions have been made to tackle UC policy decisions such as lobbying to get Emergency Accommodation back under HB control. Ideas to create a landlord portal for UC was discussed at this Board and the idea passed to DWP. We look at all aspects of where UC could affect residents, such as comparing Council Tax collection of residents on UC and those that are not. Many LAs have noticed a dip in Council Tax Support (CTS) claims, but the work delivered through Gateway and colleagues in Resources, have ensured we haven't seen that trend here in Croydon; again this was discussed and addressed at this Board.
- 3.6 Croydon also supplied information to the National Audit Office, during their review of Universal Credit; our Director also attended and gave evidence at the Select Committee. Through this Board, we also created an issues and resolution log for continuous improvement and learning. We also decided to undertake joint research with Southwark around UC, this has been invaluable in provided feedback, suggestions and service improvements to UC.

Universal Support

- 3.7 Gateway fully backed the offer of Universal Support and have supported the following numbers of residents over the past 23 months who have moved onto UC: 3,592 in terms of 1:1 personal budgeting support and 4,314 in assisted digital (supporting them get online and/or maintain their UC journal).
- 3.8 Croydon saw the value and really backed this offer, so much so that we recruited 3 full time permanent Officers to offer Universal Support. We are disappointed with the decision to move Universal Support to the CAB; our approach in Croydon is working, residents are getting vital support they need on the day they request it and we are able to offer our full wrap around Gateway support of budgeting, debt advice, employment support and benefit maximisation with each resident we support. We co-locate in Job Centre's throughout the week to ensure this support is reactive and do not lose the momentum of residents of taken that big step forward acknowledging that they need help. CAB have the contract from April 2019, but have received approximately 60% less funding to deliver, so Gateway will continue to offer universal support, in partnership with CAB.

Discretionary Support for UC residents

- 3.9 Croydon have maximised discretionary funds to support residents. Each year Croydon use £500k Housing Revenue Account funding to top up our DHP fund to support Council tenants in rent arrears. Croydon have also committed £455k each year to continue the Croydon Discretionary Scheme, after Central Government removed the funding. In the last 23 months, £1.9m has been spent of DHP money for residents on Universal Credit and this amount equates to helping 1,253 residents during this time on UC and in arrears and or are looking to move to affordable accommodation. In the last 23 months, the Discretionary Team have supported 5,467 residents in total, this ranges to helping with arrears, moving, food, utility payments and white goods.

Being proactive and not just reactive to residents' needs

- 3.10 Gateway have been working with Policy in Practice and using their business analytics tool to highlight residents affected by welfare reforms and/or in debt. This tool categorises cases into coping, struggling, at risk and in crisis; which means we can use resources the tackle the households most in need first. It also allows us to sort into properties with children and/or disabilities, which again means we can tackle these families first. This approach is reducing homelessness and ensuring children are not put at risk, which could increase workload and finances of our colleagues in Social Services. We have also used this tool around providing local events and targeting that specific local needs.
- 3.11 Again, we would support lobbying DWP to provide Policy in Practice our residents' data, so that we can continue to maximise the support for all our residents.

Gateway in the Community

- 3.12 Our Gateway approach in the community is to focus on prevention and early intervention, provide a holistic response to whole family needs looking beyond the presenting issue, prevent households from experiencing crisis and helping shape a positive future for Croydon residents. Main principles are:
- An innovative way of working across the Council, with our partners and our residents in order to prevent residents from experiencing crisis and homelessness
 - First Response Gateway Community Hub model run by the community for the community delivering services that are responsive to the specific needs of residents
 - Ensuring residents are financially stable, able to better manage their money and maximise their income through personal budgeting support, debt management, landlord liaison and by gaining employment
 - Community Connect support includes: benefits advice, personal budgeting support, housing options advice, income maximisation and

employability support (e.g. job club, training and volunteering opportunities)

- Working as an Alliance (36 partners) of organisations with shared objectives
- Was piloted in our two most deprived wards – Fieldway and New Addington

3.13 60% of residents seen at the hub are on Universal Credit. To date the hub in Fieldway and New Addington have achieved the following:

- Preventing homelessness by sustaining 51 tenancies
- Helping residents into work/training - 28 long-term unemployed residents into work and 22 into education/training
- Addressing poverty – the Food Stop reached its target number of members (100) within just weeks of its launch (160 members currently)
- 5.27 tonnes of surplus food provided, helping families save a combined £37,042.50 on their food shopping bills
- We’ve been closely tracking progress of the first 100 residents signed up to Food Stop when it launched and who are receiving support via Community Connect. We’ve seen some fantastic results:

	September 2017	January 2019
In work	14%	36%
In Financial risk	45%	13%
In poverty	45%	24%
With rent arrears	22%	0%

A second hub is due to open at the Parchmore Centre in Thornton Heath in April 2019, to build open the already established local support in place.

Take up campaigns

3.14 Using the Policy in Practice business analytics tool, Gateway are supporting the following take up campaigns:

- Working with the Energy Team to target 969 households where someone is over 70 years old in the household, in terms of healthy homes take up to assist with energy efficiency around their home. Take up campaign to take place in April 2019.
- Working with Public Health to target 3,166 households in terms of healthy start voucher take up. In these households there is a total of 7,201 children. Take up campaign to take place in April/May 2019.
- Working with Revenues and Benefits to target 1,023 households that may be entitled to Council Tax support but are currently not claiming. Take up campaign to take place in April/May 2019.

- Working with Welfare Rights and Housing to target 3,579 Council tenants who may be entitled to cheaper water bills through the Watersure discount. In these households there is a total of 2,886 children.

Gateway working with Public Health on Food Poverty Action Group and healthy start

3.15 A Food Poverty Action plan was created in 2017 and the main actions which relate to the impact of UC are:

- Increasing the uptake of Healthy Start which Gateway we will start in April by using the policy and practice tool as mentioned above. The other part of this is around increasing retailers to accept Healthy Start vouchers.
- Holiday hunger work stream – last year we engaged the voluntary and community groups in the mayor’s fund for London kitchen social programme which targets children who may be at risk of holiday hunger to attend youth scheme over the summer which also provides hot meals. This year, Family Action the national charity have submitted a bid to DFE to deliver a holiday meal programme in Croydon, the feedback nationally is there is a huge need for this provision over the summer but no ongoing statutory funding for any service to deliver this provision. If Family Action are successful we will then aim to engage all community groups delivering youth activities over the summer into programme. Also Legacy Youth, the new youth zone have also offered registered community youth groups use of their building this summer for a holiday hunger venue so we are in talks with them to how this could work currently.
- Mapping Community food provision – this is mentioned in the plan and to be able to put this online would be useful so residents who need information on affordable and healthy food options within their community can access this information.

3.16 In terms of healthy start, the priorities for 2019 include:

- Understanding why uptake rates remain static, despite the considerate effort to raise awareness and put better systems in place.
- Engaging with more residents
- Understand how people are using their healthy start vouchers
- Explore bringing in the Alexandra Rose vouchers to compliment the healthy start scheme
- Liaise with more foodbanks, early year’s providers and set up the community food banks as retailers.

4. CONSULTATION

4.1 Not applicable to this report.

5. SERVICE INTEGRATION

5.1 Not applicable to this report

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are financial implication from this report. As highlighted in section 2.10.5 Discretionary Housing Payments (DHP) from Department of Work and Pensions (DWP) in 2019/20 has been reduced by £118k to £1,740,407. External lobbying to DWP will be undertaken around the DHP funding issue.

Approved by: Flora Osiyemi, Head of Finance - Place, Finance Investment and Risk

7. LEGAL CONSIDERATIONS

7.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that there are no direct legal implications arising from the recommendations within this report, however some of the proposals highlighted will need to ensure compliance with legislative provisions, including in relation to compliance with the Data Protection Act 2018 and the General Data Protection Regulation.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer

8. EQUALITIES IMPACT

8.1 Not applicable to this report as just an information only report

CONTACT OFFICER: Julia Pitt, Director of Gateway Services

BACKGROUND DOCUMENTS:

None

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 10 April 2019
SUBJECT:	Croydon's Health and Care Transformation Plan
BOARD SPONSOR:	<i>Agnelo Fernandes</i> <i>Guy Van Dichele</i>
BOARD PRIORITY/POLICY CONTEXT:	
<p>Croydon's health and care transformation plan will be a key delivery plan of the Health and Well Being Board's Strategy, which in turn provides the health and care and in parts the wider determinants response to the Croydon Local Strategic Partnership vision.</p> <p>The plan will also inform the South West London Health and Care Partnership Plan which is being refreshed.</p>	
FINANCIAL IMPACT:	
<p>Partner Directors of Finance are refreshing the Croydon wide financial position. The position is expected to be similar to that modelled in 2017 with approximately £160m cumulative challenge over 5 years if the system 'does nothing'.</p> <p>Our plans are required to improve health and well-being as well as ensure a sustainable health and care system.</p>	

1.	RECOMMENDATIONS
	The Health and Wellbeing Board is asked to:
1.1	Comment on the health and care transformation plan discussion document.
1.2	Note the One Croydon Directional Statement and the next steps for integrated community networks.

2. EXECUTIVE SUMMARY

- 2.1 At its February meeting the Health and Wellbeing Board received Croydon's Health and Care strategic plan on page, draft outcomes framework and implementation plans. It noted that the full plan would return as a discussion document (attached as Appendix 1).
- 2.2 The One Croydon Transformation Board, made up of senior representatives from health, local authority and Age UK Croydon, has been developing Croydon's health and care transformation plan for a number of months. The draft discussion document is attached for the Health and Wellbeing Board to consider ahead of the Health Well Being Board agreeing a final plan in the summer.

- 2.3 It will be a key delivery plan of the Health and Wellbeing Board's Strategy, which in turn provides the health and care response, and in parts the wider determinants response, to the Croydon Local Strategic Partnership vision. The plan will also inform the South West London Health and Care Partnership Plan which is being refreshed.
- 2.4 The plan does not start from scratch or replace individual partner plans, but builds upon them and on specific service strategies, by taking a common lens and identifying key areas of collaboration.
- 2.5 The report also sets out the directional statement for One Croydon, the partnership between health, local authority and Age UK Croydon on its journey towards an integrated system locally. It includes the approach to developing the Integrated Care Network approach further and the Health and Wellbeing Board is asked to note this progress.

3. DETAIL

Introduction

- 3.1 The previous February 2019 report set out the background to the development of the report detailing the drivers, summary of the content and the engagement process in the plan's development.
- 3.2 Attached as Appendix 1 is the discussion document. It sets out some questions for consideration. These questions are prompts to facilitate thinking and discussion. Member comments can be sent to: getinvolved@croydonccg.nhs.uk by 24 May 2019.
 1. Do you recognise the context and challenges?
 2. Is our strategic direction / approach correct?
 3. Are our goals and outcomes correct?
 4. Do you understand what we will be focusing on in the next two years?
 5. What's the role of your organisation / group to support the delivery of these plans?
 6. What commitment will you make to support the delivery of these plans?
 - 1) As a leader in your individual roles
 - 2) As a champion
 7. Any other comments
- 3.3 It is recognised that further work is required ahead of the final publication including:
 - Reflecting the wider children's transformation agenda. The plan currently reflects only plans from a children's health perspective.
 - Make more explicit that we know our risks and are addressing them
 - Demonstrating how our plans address the financial gap

4. CONSULTATION / ENGAGEMENT

- 4.1 The February 2019 paper set out the engagement process to support the development of the plan. There will be further engagement to now test it. However, rather than seek comments on the discussion document as a whole, which has been drafted as a short, concise, readable document for stakeholders, there will be targeted engagement to test relevant elements of the plan.

5. SERVICE INTEGRATION

- 5.1 Our challenges show that we are not delivering all the health and care outcomes that our population deserves. We also see that some of our current models of care are not affordable or sustainable. We need to work together to change the way we support local people to improve their health and care.
- 5.2 **One Croydon Directional Statement.** The plan includes One Croydon's focus over the next three years to deliver a local integrated care system in Croydon by 2021. One Croydon began its journey focusing on the over 65's, our next step is to extend our scope to the whole population, aligning interventions and services to need, helping those that experience the worst health improve their health the fastest. The statement (in appendix 2) covers 5 key areas:
- Our delivery model - community services to be organised around localities and Modern acute hospitals, both secondary and mental health.
 - Integrated commissioning, commercial structures and delivery models
 - Working with South West London Partnerships and Integrated Care System/s
 - Influencing the role of wider determinants
 - Resourcing change management
- 5.3 Work is underway to develop the timeline for implementing the statement.
- 5.4 Attached as appendix 3 is the detail of the first of these statements; community services to be organised around localities.
- 5.5 **Integrated Community Network Plus (ICN+).** A number of health and care services have been planning to realign to the six GP networks. A piece of work has been undertaken across these services to develop the next phase of the Integrated Community Network model;
- 5.6 The model complements the wider localities work including the Council's Gateway model and will be different in each network depending on the need of the area. HealthWatch are leading a piece of work to support the development of how to engage the local populations in each the development of the model and indeed how to ensure ongoing engagement and accountability.
- 5.7 Two GP network areas will be identified to test the model with a proposed roll out to the other networks within a year.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 One Croydon Directors of Finance are refreshing the Croydon wide financial position. The position is expected to be similar to that modelled in 2017 with approximately £160m cumulative challenge over 5 years if the system ‘does nothing’.
- 6.2 Our plans are required to improve health and well-being as well as ensure a sustainable health and care system.

7. LEGAL CONSIDERATIONS

- 7.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance and Deputy Monitoring Officer that the recommendations within the report do not give rise to any legal considerations.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer

8. EQUALITIES IMPACT

- 8.1 The plan focuses on how we can reduce inequalities across Croydon. Our goals aim to ensure:
- People to live longer healthier lives
 - People that live in the most deprived areas of Croydon live as long as those in the most affluent areas of Croydon

- 8.2 The impact assessment will be completed as part of finalising the document.

CONTACT OFFICER:

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020 3458 5245

APPENDICES:

Appendix 1 – Draft Croydon Health and Care Transformation Plan
Appendix 2 – One Croydon Directional Statement
Appendix 3 – Integrated Community Network Plus Draft

BACKGROUND DOCUMENTS: NONE

Croydon Health and Care Transformation Plan

2019/2020 – 2024/2025

A discussion document

“Working together to help you lead your life”

One of London’s fastest growing and most diverse boroughs

A vibrant and energetic borough

The second greenest borough in the capital

Home to a thriving community, education, businesses, and the arts

Croydon Health and Care Transformation Plan

“It is not good enough to say that one organisation is responsible for this, the council for that, GPs or Croydon University Hospital for the other—the only way we can make meaningful and sustainable change and improvement is by working together.” **Councillor Louisa Woodley, Chair of the Croydon Health and Wellbeing Board.**

One Croydon is the partnership between the local NHS, Croydon Council and Age UK Croydon. Following our success focusing on the over 65's we have extended our partnership to the whole population. Together we continually review and assess the health and wellbeing needs in the borough of Croydon, along with existing services and facilities for meeting those needs. Where we find services that could be improved for our residents, it is our job to work together to integrate them and make improvements.

This discussion document sets out our approach to improving health and wellbeing in Croydon together. This will take many years and this five-year plan sets out our journey and the improvements we expect to see on the way. This plan is concise so that people can clearly see how our long-term goals and outcomes link to our priorities and to our plans for delivery. We want front line staff and stakeholders to understand why we are changing the way we work and what that means for the people of Croydon. A short film will be developed to help the public understand our plans.

Over the past few years we have made many improvements, building on previous improvement. Working together has meant people have had greater opportunities to feel more connected to their communities whilst supporting their health and wellbeing by piloting and implementing social prescribing. We have made available a Personal Independence Co-ordinator (PIC) for people needing individualised support to help develop 'My Life' Plans. People have better access to improved health pathways of care, such as improved access through new use of technology and through integrating the GP and hospital MSK services and more work across professionals to work proactively to de-escalate need. People have had better access to general practice by offering pre-bookable routine appointments at GP hubs.

However, in essence, current, traditional ways of working need to change if we want to improve the health and wellbeing of the people of Croydon. We need to see a fundamental change in how we do things and what we focus on. Too many of our services are focussed on supporting those in crisis or those with the most acute health and social care needs. We need to reset our operating model so that we work to support people to stay well for longer, and delay and avoid more people from becoming acutely unwell in the first place. We must do this by working more closely together and planning a united and holistic model of care for local people that is seamless at the point of use. We must have good conversations with people and use of Community Led approaches, looking at what's strong, not what's wrong. By working together we can align organisational objectives and we will:

- focus on prevention and proactive care – we want to support local people before things become a problem
- unlock the power of communities – key to helping local people stay fit and healthy for longer is to connect them with their neighbours and communities
- make sure local people have access to integrated services that are tailored to the needs of local communities – locality matters

One Croydon developed this health and care transformation plan to maximise the value of our partnership and work together to transform the way we deliver services.

The plan does not start from scratch but sets out for the first time an overview of the One Croydon plans in one document. It does not replace individual partner plans but builds upon them and on specific service strategies. It aligns with and supports the Health and Wellbeing Board's Strategy, the Croydon Local Strategic Partnership vision and the South West London Health and Care Partnership Plan. The NHS Long Term Plan was recently published which reinforces the direction of travel set out in this plan and further work is required to ensure the NHS Long Term Plan is appropriately reflected in this plan. In addition, we await the publication of the Social Care Green Paper which will equally need to be reflected in our system planning. It does not set out how all the engagement with stakeholders and the public has influenced our plans but provides an indication. This short film [here](#) gives a flavour of just one event held in November 2018.

This plan is not the final document but it is a discussion document to test the entirety of our plans. Your thoughts and comments will help us refine them further. There are some questions on page 20 to guide you. We will publish the final plan in July 2019.

Jerry Cope
Croydon Transformation Board
Independent Chair

Our case for improvement

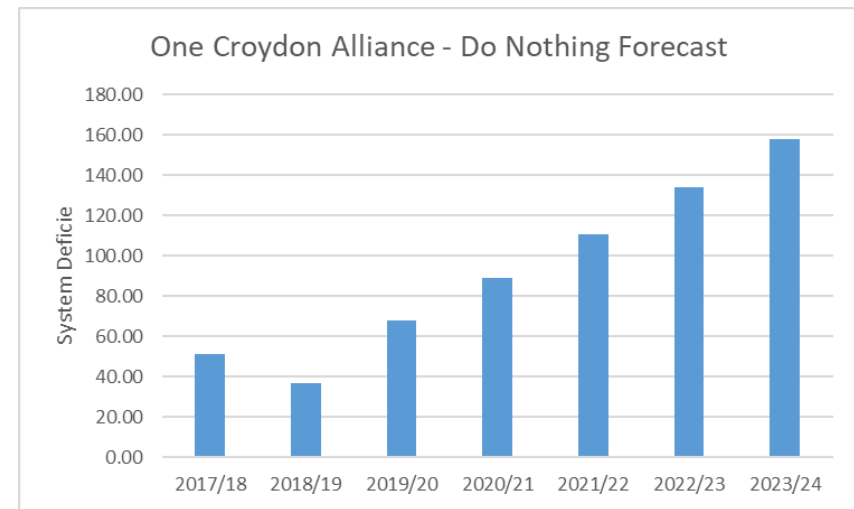
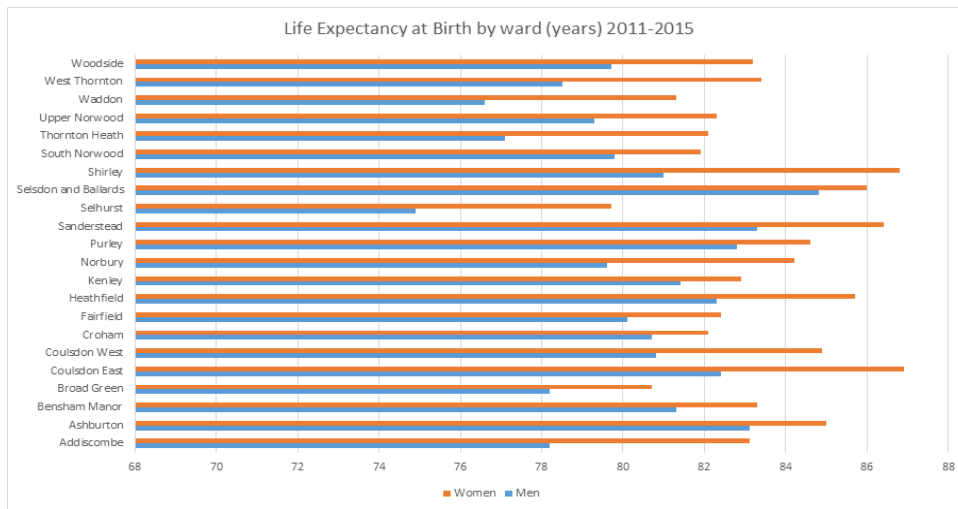
There are a number of challenges facing health and care services in Croydon that are preventing us from delivering **better outcomes for our population**.

Our current models of care are not **affordable** or **sustainable**. There are many opportunities to build on the strengths of local communities and integrate services for health and care that will lead to much improved models of care. We need to work together to change the way we support local people to improve their health and care. We must do this at a **scale** that will have the **biggest impact** and at a pace to keep up with the **growing demand**.

Some services are **fragmented and disjointed**. Teams do not work closely enough together across our organisations, which makes the user experience longer and more complicated than it needs to be. We must work to remove the unnecessary barriers between our services that are all working to support the same local people.

Too many of our services are focussed on supporting those in crisis or those with the most acute health and social care needs. We need to reset our **operating model** so that we work to **support people to stay well for longer**, and **delay and avoid** more people from becoming acutely unwell in the first place. We must do this by working more closely together and planning a united and holistic model of care for local people that is seamless at the point of use.

If we do nothing there will continue to be significant inequalities in health between communities across the borough. The difference in Life Expectancy and Healthy Life Expectancy in Croydon and the decline in Healthy Life Expectancy means that people are spending more years in poor health. If we do nothing our system deficit will increase to such a scale, potentially leading to fewer services and a decline in quality.



Our health and care challenges and how they set our goals and priorities

There is significant inequality in health outcomes between communities

People in affluent areas are living significantly longer than people in poorer areas. This difference is even more extreme when we are looking at healthy life expectancy (HLE), life spent in good health and free from disability and disease. In Croydon, men living in Fieldway (HLE - 58.2) are expected to live 13 more years in poor health than those in Sanderstead (HLE - 71.3)

The improvements in raising life expectancy as well as healthy life expectancy has slowed down in recent years and people living in poorer areas experience an even slower rate of improvement. Some reasons for this decline are known such as deaths due to flu among older people, a slower rate of improvement for cardiovascular health, and a rise in obesity and dementia.

A key long term goal must be to:

- Reduce inequalities
- Improve healthy life expectancy

A key priority must be to:

- Improve wider determinants of health and wellbeing

Social, economic, and environmental circumstances have the biggest impact on health outcomes

Employment and adequate **housing** are key factors that determine physical and mental health and wellbeing. Almost a fifth (18.7%) of children under 16 in Croydon live in **low income families**. In Croydon, 234 people were seen sleeping rough in 2017 and 2450 people are living in **temporary accommodation**, including 864 families. Just under 25% of adults in Croydon are unemployed which is lower than the average for England. The **quality of the air** we breathe impacts on our health and can have a severe health impact on people with existing cardio-vascular or respiratory disease. In Croydon, air quality is variable with poor quality air correlating with some of the most deprived neighbourhoods. First time entrants to the **youth justice system** of the 10 - 17 olds was 537 per 100,000 year, the highest across the 33 London boroughs.

The first 1,000 days are crucial for the best start in life

- Croydon has the **largest child population** in London.
- Croydon has 4,351 **Children in Need**, and nearly one in four of all London's **unaccompanied asylum-seeking** children are in Croydon which is the second highest in the country.
- The level of **childhood obesity** is high. In 2016/17 almost one in four children (23.7%) aged four to five years are overweight or obese, increasing to more than one in three (27.7%) children aged 10 to 11 years.
- Admissions for **mental health conditions** for under 18s is higher in Croydon compared to London and national averages.
- **Childhood immunisation** uptake in Croydon is low compared to England and London. Immunisations protect children from disability and potentially fatal childhood illnesses.
- Croydon has one of the highest rates of **admission for asthma** among children and young people

A key priority must be to:

- Enable a better start in life

Our health and care challenges and how they set our goals and priorities

A number of risk factors for poor health are more prevalent in Croydon

We know there are a range of avoidable risk factors contributing to poor health outcomes and health inequalities. Around half of the difference in life expectancies between the least and most affluent parts of the borough can be linked to factors such as smoking, drinking more than the recommended amount of alcohol and having an unhealthy diet.

In Croydon, two thirds of adults are **overweight or obese**, one in eight adults **smoke** and there are high levels of sexually transmitted infections, particularly in areas of deprivation.

The proportion of the population with a long-term condition is increasing

Half of all adults registered with a GP report having a long-term condition. 23% (93,317) of the whole population of Croydon has two or more long term conditions (LTCs) and this is set to increase significantly over the next few years.

Mental Health issues are a leading cause of morbidity in the population

People with poor mental health often have worse physical health that is not adequately prevented or treated. In Croydon 6% of adults registered with a GP have a recorded diagnosis of depression. National estimates suggest that depression affects one in four adults so there is likely to be a significant proportion of the population in Croydon that have not been diagnosed.

Among young people, national reports estimate that one in eight five-19 year olds have at least one mental health disorder.

Too many people with mental ill-health are presenting at A&E and this has been increasing since 2017.

There are an estimated 1,300 people in Croydon with undiagnosed dementia

In 2017 there were an estimated 3,611 people aged 65+ living with dementia. However, in 2016/17, only 2,322 were formally diagnosed. Early diagnosis and treatment improves health outcomes and delays progression.

45% of people who use adult social care do not have as much social contact as they would like

In Croydon, there are an estimated 9,860 older people who are lonely and 5,423 older people who experience intense loneliness. There are also 17,227 people aged 18-64 who are socially isolated (annual public health report, 2016).

A key priority must be to:

- Improve quality of life

Our quality, workforce and finance challenges and how they set our goals and priorities

A key priority must be to:

- Integrate health and social care

Rising demand

The population of Croydon is growing. Overall life expectancy is increasing and we have an ageing population leading to greater demand on our services. Over the next few years, there will also be a particular increase in population around East Croydon station where there is a high concentration of new housing development.

Quality and Effectiveness of Care

The Care Quality Commission has rated **Croydon Health Services NHS Trust** as “requires improvement”. **South London and Maudsley NHS Trust** was rated “Good” overall but “Requires Improvement” in one area.

Of the 50 **general practices** across the borough, one was rated as ‘Inadequate’ overall and three were rated as ‘Requires Improvement’ overall. The remaining were rated as good or outstanding. However there is a lot of variation in care given by GPs, including rates for diagnosis and referrals, which leads to varying outcomes for patients. Access to primary care is also challenging, with a high proportion of unregistered patients.

Croydon Council took immediate action to improve its **Children’s Services** after an Ofsted inspection rated some areas of the service inadequate earlier this year. The council is addressing all the issues raised as a priority.

Croydon Health Services as a provider of choice

44% of the budget spent on hospital care is on patients attending hospitals outside of Croydon. We believe that at least 17% of this could be repatriated to Croydon Health Services so that patients are treated closer to home and the local hospital trust can become more financially sustainable.

Workforce challenges

Croydon faces a number of workforce challenges that are affecting the health service nationally: the numbers of **nurses** (particularly in the community and mental health) and **GPs** have fallen and **social care** faces difficulty in recruiting to specialist roles for more complex work. The increase in demand means health and care professionals are overstretched. In addition there are difficulties in attracting staff to Croydon, despite it being a vibrant and energetic borough. Croydon can only offer outer London wage supplements which means it is hard to attract staff from neighbouring London boroughs.

Financial challenge

The health and care systems in Croydon face significant financial challenges. Working together we can better manage our collective financial gap, whilst delivering the health and care the people of Croydon deserve. If we do nothing, the collective deficit for the system by 2023/24 will be approximately £160 million.

A key long term goal must be to have:

- A sustainable health and care system

What people have told us and how it sets our goals and priorities

“The feedback and ideas you have given us show us that you want to make Croydon health and care the very best they can be and we are all prepared to work to make that happen.” **Councillor Louisa Woodley, Chair of the Croydon Health and Wellbeing Board**

Understanding what local people think of existing services is essential for us to make improvements. We are committed to reaching out to all our local communities, building capacity and supporting residents to have their say in the future of local services.

You said, we did....

You told us about *your health and wellbeing aspirations* and they are key to long term goals.

‘Services need to be more flexible to be able to offer different levels of support to people in their own homes.’

We have brought together professionals into one virtual multi-disciplinary team (MDT) to identify which people might need additional support and to provide those services when they need them.

‘Train people who visit isolated people in their homes so that they can alert services when their health starts to deteriorate.’

We have run a pilot to train workers who deliver meals on wheels to spot signs of when people may be deteriorating and who to alert. We will use the Personal Independence Co-ordinators to help people feel confident to talk to vulnerable people about their concerns and what support may be available to them.

‘We need more Mental Health services for those in crisis in the community’.

We will co-locate and deliver services, using a hub and spoke model, across a number of communities ensuring maximum accessibility and joint working with existing community groups. We will develop an improved crisis pathway to provide people in crisis with easier access to specialist support.

What more we will do...

‘Be nice people. Why wouldn’t people be nice?’

We will help develop a Compassionate Croydon culture, where people can do little things that’ll make a big difference to people’s wellbeing. We will continue to develop the good work of our Dementia Action Alliance to make Croydon a compassionate place to live and work for people with Dementia and their carers, extending this to those with Autism and disabilities.

‘You need to build resilience and confidence in our schools and throughout our communities’

Our Local Voluntary Partnership model will enable and promote collaborative working among local voluntary and community sectors to support local residents and health and care providers to promote self-care, reduce social isolation and promote independence.

A key long term goal must be to:

- Help people meet their health and wellbeing aspirations

How we will know we have improved health and well being



OUR VISION Working together to help you lead your life

OUR GOALS (10 years)

Improve **healthy life expectancy** in Croydon from 62 years to 66 years for men and from 62.8 to 66.8 years for women over the next 10 years

Reduce the **gap in life expectancy** from one place to another in Croydon for men from 9.4 years to 7.4 years and for women from 7.6 years to 5.6 years over 10 years

Integrated health and care provision that meets people's aspirations

Increase the proportion of activity in the community: asset based individuals and communities, voluntary sector, social care, out of hospital setting (further work needed)

Increase activity in out of hospital settings and reduce unnecessary **acute activity shifted to out of hospital setting by 2024**

High level measure on the development of local **workforce** with health and social care skills to be developed
Sustainable **recurrent health and care financial performance**

OUR STRATEGIC OUTCOMES (5 Years)

Improve quality of life

Health and well being

1. More people will regularly engage in **behaviours** that will improve their health
2. More people with physical or mental long term conditions and their families and carers will be **supported to manage their condition well**
3. More people will be able to **live well at home** for as long as possible

Quality and Appropriateness of Care

4. People will have positive **experience and outcomes** of health and social care
5. More people will have their health and social care needs met in the **community**.

Enable a better start in life

6. Fewer children will be living in **poverty**
7. More children will have a maximised their **level of development** socially, emotionally and cognitively when they start school
8. More children will be a **healthy weight**
9. Fewer children will suffer **respiratory complications** requiring hospital treatment.

Wider determinants

10. Fewer people will be **homeless or living in temporary accommodation**
11. People will live in an **environment that supports health**, connectivity and independence
12. More adults and young people will be **economically active or in education or**

Integrate health and social care

13. **Effective, multi-disciplinary teams around the person providing seamless care**
14. Increased proportion spent on **prevention** and on **out of hospital**
15. **Sustainable health and care provision that meets people's aspirations**

Measurement is a critical part of testing and implementing changes.

We have developed an outcomes framework that has a balanced set of measures in order to monitor the changes we are making as well as whether they are actually leading to improvement where we need them.

Our challenges have driven our long term (10 year) goals that will demonstrate the health and wellbeing improvements and the infrastructure changes that we need to see.

We have considered the key factors that will have the greatest impact for the residents of Croydon on these goals and set (5 year) outcomes accordingly.

To ensure we are heading in the right direction we must keep track of the changes we expect to see annually. Appendix 1 sets out the annual health and wellbeing indicators and the system indicators.

However, we cannot be driven solely by delivering these health and wellbeing indicators as this will not lead to transforming the way we work together and deliver support and services across the health and care system.

We have therefore also set transformation indicators that will show we are delivering the health and care system change we need to see.

Croydon's health and care transformation plan on a page

We need to have a real focus on prevention – stopping things becoming a problem where we can – and making sure our services are available where and when people need them.” **Guy Van Dichele, Executive Director of Health, Well-being and Adults**

Working together to help you lead your life

The plan on a page (page 11) sets out a clear path from our long-term goals to our priorities and our plans for delivery. Our strategic approach to all that we do is to:

- **focus on prevention and proactive care** – we want to support local people before things become a problem. Our overall aim is to keep people well. We want people to stay well and we want to prevent things becoming a problem. If people do have a problem we want them to be able to manage well, and have access to support that will help them help themselves. For those that have the greatest need, we want them to have access to services in the right place, at the right time, first time.
- **unlock the power of individuals and communities** – key to helping local people stay fit and healthy for longer is to connect them with their neighbours and communities. When people need care, we want a health and care system that can support them based on what matters to them. Personalising care will mean people have choice and control over the way their care is planned and delivered.

There are many ways we will support people to do this: shared decision making, personalised care and support planning, social prescribing and community led support, support self-management, personalised health budgets and working with the strong voluntary sector in our borough to connect local people to be part of broader support networks so that local people can take control of their own well-being.

We will support the development of a strong voluntary sector and build resilient communities, who are key in our borough; connecting local people to being part of broader support networks so that local people can take back control of their own well-being. A new Voluntary Sector Strategy will support building capabilities with the voluntary sector as well as align where possible to support the delivery of this plan.

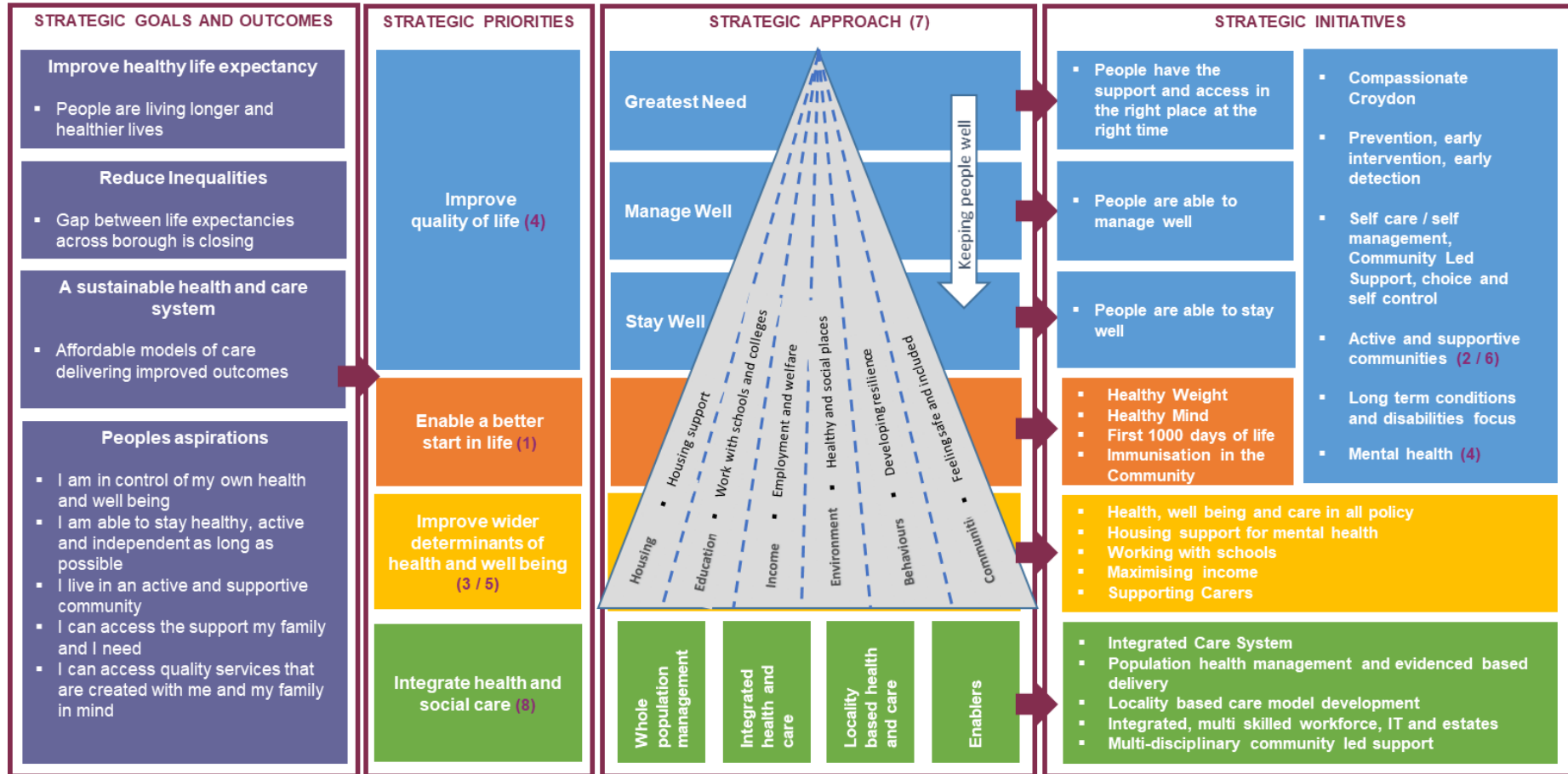
- make sure local people have access to **integrated services that are tailored to the needs of local communities** – locality matters. We want to keep people well and out of hospital. Making sure local people have access to services, closer to home, wherever they live in the borough. Services must be accessible and responsive to their individual needs.

Factors such as the environment we live in, the education we receive and the relationships around us are major contributors to health, accounting for 80% of an individual's health and wellbeing; whether that is to keep people well, help them manage well, our support those with the greatest need. We will work to improve the wider factors that contribute to the health of residents the most. Our strategic initiatives will shift a whole system towards this preventative model of care. We know in Croydon there are certain long-term conditions that are more prevalent than others, also identified in the NHS Long Term Plan, such as diabetes, cardiovascular disease and respiratory disease and we want to focus on trying to prevent further development of these conditions.

Croydon's health and care transformation plan on a page



OUR VISION
Working together to help you lead your life



(No.)= Supports delivery of Health and Wellbeing Strategy priority areas

(1) A better start in life, (2) Strong, engaged, inclusive and well connected communities , (3) Housing and the environment enable all people of Croydon to be healthy (4) Mental wellbeing and good mental health are seen as a driver of health, (5) A strong local economy with quality, local jobs, (6) Get more people more active, more often, (7) A stronger focus on prevention (8) The right people, in the right place, at the right time

Integrated services that are tailored to the needs of local communities

This directional statement sets out One Croydon’s focus for the next three years, to delivery an integrated care system in Croydon by 2021.

Working together we aim to improve the health of the people of Croydon, while also reducing inequalities both in life expectancy and healthy life expectancy. We began our journey focusing on the over 65’s, our next step is to extend our scope to the whole population, aligning interventions and services to need, helping those that experience the worst health improve their health the fastest.

1. Our delivery model

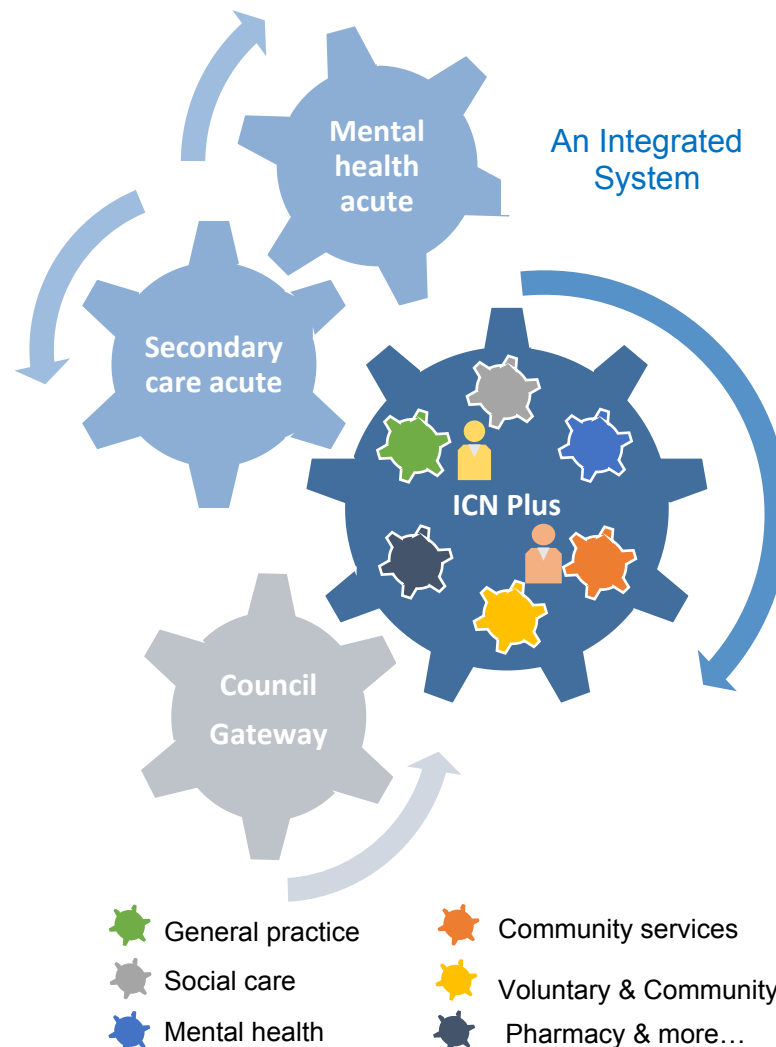
To deliver preventative and proactive care for the whole population and to engage the community directly requires:

- a. **Community services to be organised around localities** – Building on our current Integrated Community Network model, ICN+ will develop wider health and care models of care around 6 GP networks, with wider council services delivered around 3 gateway localities. Health and care need, the responding models of care and affordability will determine whether interventions need to be delivered at locality level, across localities or borough wide.

Models of care will focus on a range of services that will go beyond working jointly but will work in an integrated way. That means the workforce will be multi-skilled to work across traditional but sometimes, artificial professional boundaries and also joint locality management teams.

- b. **Modern acute hospitals** - both secondary and mental health – health and care models will ensure only those that need acute services go to hospital. Our local providers, by becoming the providers of choice will ensure acute provision responds at the

point of need with a focus on good clinical outcomes enabling local integrated care.



How we will deliver transformational change and our focus for the next two years

“We believe in an approach that means our residents get the care, support and interventions they need without having to know who is doing it, or how – it just works.” Dr Agnelo Fernandes, Vice Chair of the Croydon Health and Wellbeing Board, Clinical Chair of NHS Croydon

To deliver our ambitious goals we have developed a number of transformation programmes (appendix 1). These do not describe all the work happening in Croydon. They set out our vision for a joined up approach to transforming services. These programmes can be split into two themes:

- Models of care – the way health and care support and services are delivered. We will redesign preventative and proactive models of care that focus on the needs of local communities.
- Infrastructure – the way we work together to deliver our goals using the key assets we have such as our workforce, IT and estates, contracting and data capability and good population health management.

The **Together for Health and Care Programme** oversees the preventative agenda, leading on the implementation of many plans and ensuring all other programmes focus on preventative and proactive care. They will also lead on the development of vibrant communities. Our focus for the next two years is:

- Develop a new *long-term conditions model of care* that will provide support when intervention is needed, prioritising diabetes, cardiovascular disease and respiratory disease
- Build a *voluntary and community sector partnership* including the development of Local Voluntary Partnerships
- Develop our digital solutions to support people to access help and services quickly and easily

The **Locality Development Programme** is responsible for the co-ordinated development of integrated, locality-based care, designed around the needs of local communities. This will include the implementation of Primary Care Networks, as well as specific locality-based out of hospital models of care. Our focus for the next two years is:

- Develop a range of fully integrate locality based primary and community services, building on our Integrated Community Networks and Living Independently for Everyone (LIFE) programmes
- Extend *proactive case management* through the scaling up of the LIFE/ICN programme and more joined up ways of identifying and working with those in need

The **Better Start in Life** and the **Maternity Programmes** aim to ensure that children get the best possible **start in life** so that they have every chance to succeed and be happy. This includes promoting good emotional wellbeing and mental health for children and young people as well as ensuring mothers-to-be and their partners are supported throughout pregnancy. Our focus for the next two years is:

- Implement *children and young people's mental health transformation plan*
- Implement *Early Help Strategy* focusing on developing resilient families
- Redesign the *paediatric pathway* to ensure greater integration with primary care
- Implement the *Healthy Pregnancy programme* that will improve immunisation rates, breastfeeding rates, parenting support and Live Well programme uptake

The **Mental Health Programme** aims to prevent mental health problems and ensure early intervention for those with mental illness by improving access to services and providing care closer to home where appropriate. Our focus for the next two years is:

- Implement the mental health community hub and spoke model
- Improve the crisis pathway
- Provide greater support in primary care
- Improve *integrated housing* by development of a wider range of housing options for those with severe mental health problems

The **All Disabilities Programme** aims to support people with disabilities to remain at home as long as possible by providing quality services, timely and appropriate access, an effective journey and making more efficient use of resources. Our focus for the next two years is:

- Give working age people flexible care that they can arrange themselves and have choice and control over
- Provide more joined up care for people with disabilities by implementing locality-based services and bringing multi-agency teams together
- Transform our practice for children with disabilities to provide consistent, high quality and proportionate support throughout their childhood and the transition to adulthood
- Provide digital solutions and assistive technology to support access and management of care for people
- Have good conversations with people and use of Community Led approaches, looking at what's strong, not what's wrong.

The **Modern Acute Hospital Programme** aims to ensure that Croydon residents who need acute services will choose Croydon Health Services because it provides high quality care as part of the wider integrated health and care service. We cannot do this on our own and Croydon Health Services NHS Trust is working with hospitals across south west London to assess how they can collaborate more effectively. Our focus for the next two years is:

- Optimise acute pathways through the pathway redesign programme and improve efficiency so that CHS is the provider of choice for patients and GPs
- Continue to work with the south west London acute trusts to look at how to collectively improve the clinical and financial position
- Redesign flows within the hospital to support delivery of the four-hour emergency department waiting times standard

A **locally, integrated health and care system** is a key ambition for One Croydon. It is key to ensure we can deliver sustainable integrated services. One Croydon is building on the success of the integrated services developed for over 65s and has extended the Croydon Alliance remit to the whole population. This plan underpins the next steps for the Alliance and its potential future partners. Our focus for the next two years is:

- Identify the next *models of care programmes to be developed through the Alliance* and implement them
- Implement *greater alignment* of resources across organisations where it will support the delivery of our plans. This will include aligning staff (both front line and back office staff), functions, budgets and other infrastructure such as IT and estates where appropriate
- Croydon CCG and Croydon Health Services will implement closer alignment of structures
- Develop a *population health management system* that will provide health and care information to support local teams to provide services tailored to the needs of their communities. It will also provide shared business intelligence so that the health and care system have 'one version of the truth'

We will develop our **infrastructure** to support the implementation of our programmes. Our focus for the next two years is:

- Develop and implement an integrated **workforce** plan supported by an Organisational Development programme
- Implement Phase 1 and 2 of the **IT interoperability programme**, sharing information between primary and secondary care, community, mental health and social care
- Implement the capital programmes to support development of the new health and wellbeing hubs as well as the improvement of the primary care **estates**
- Develop **communications campaigns** that help people develop their resilience and engage with local people to understand their experiences of new services and models of care
- Develop standardised **financial and contracting models**

What it will mean for people

Our strategic initiatives will be implemented over the next five years. The implementation plans are set out in appendix 2. These may change as we learn what works and what does not work and as we develop our thinking. Our commitment is that everything we do will be to help people lead their lives, by preventing health or care issues arising and if they do, supporting people to be as independent as possible.

Better Start in life

We will offer children, young people and their families help when needs or concerns are first identified. We will provide more integrated services at locality level with a greater focus on prevention and early intervention.

Helping people stay well

We will focus on preventing or delaying people developing long-term conditions, such as vascular disease or diabetes, through screening and the management of those at risk. For those that do develop a condition supporting people to be activated in their own care (aka **patient activation**) will help people to develop the knowledge, skills and confidence to manage their own health and care, in partnership with health professionals.

There will be integrated **one-stop access points for mental health and wellbeing** in Croydon where a person can drop in and chat to a team member in a café area. An expert navigator can help with a range of issues including helping people to access benefits and housing support.

Helping people to manage well

Social prescribing - All GPs, nurses and other primary care professionals will be able to prescribe to a range of local, non-clinical services. This will help people to improve their quality of life and emotional, mental and general wellbeing, as well as levels of depression and anxiety. This is supported by developing vibrant partnerships in our local voluntary and community sector and investing in direct care from the sector (Local Voluntary Partnerships).

We will roll out **expert patient programmes** across Croydon to support people living with, or caring for someone with, one or more long-term health conditions. The course will give them a toolkit of techniques to manage their condition better on a daily basis, by increasing their confidence and quality of life.

Helping those with greatest need

We will continue to develop the good work of our Dementia Action Alliance to make Croydon a compassionate place to live and work for people with Dementia and their carers, extending this to those with Autism and disabilities. The work of our informal carers is valuable and we will work to co-produce support for them and increase choice and control for them and those they care for. We will work to ensure the right accommodation is available with support for older people and those with disabilities, with a focus on supported living and people having their own front door and ensuring people have Active Lives and are supported into and to remain in work. We will reform our workforce into localities and develop our skill mix ensuring we make every contact count. Our integrated services for people who become unwell will work to avoid the need to go to

What it will mean for people

hospital and provide joined up reablement, rehabilitation and intermediate care placements for people to support them while recovering. Following an unavoidable admission, we will support people as soon as they arrive home and provide the right rehabilitative care until they reach independence.

Developing Active and Supportive Communities

There will be a **community approach to social care**, which will help people to use their own strengths and capabilities and consider what support might be available from their wider support network or within the community. This means social workers will look at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities.

Local Voluntary Partnerships will help to promote collaborative working among voluntary groups that provide support to local residents by promoting self-care, reducing social isolation and promoting independence.

Developing locality-based care, tailored to local needs

There will be a range of health and care **services in community spaces** such as libraries and there will be **new health and care wellbeing centres** in New Addington, East Croydon and Coulsdon. We will have a **number of hubs and networks of buildings and spaces** bringing different professionals together to offer a range of services such as supporting children and families with their needs.

Health and care services will be tailored to local community needs. **Primary Care at Home** will support this by building on the Integrated Care Networks. These networks bring together a complete clinical and health professional community, integrating GPs, mental health and community nurses, social care, pharmacy and the voluntary sector to proactively manage people with complex health and care needs at practice level.

Wider determinants of health

By working in a more joined up way as partner organisations and in particular with town planners, schools, colleges and businesses providing jobs we will be able to create a healthier Croydon that enables our citizens to lead healthier lives. There will be changes to the Croydon plan and other key policies will undergo **Health Impact Assessments** to review their potential impact on health and to identify opportunities to improve local living conditions.

We are already making a difference

Croydon Best Start was one of the first initiatives in the country to bring together midwifery and health visiting services with services for young children and families provided by Croydon Council and the voluntary sector. More than 5,500 families have now been visited at home following the birth of their baby by a member of our joined-up team. And in total the service has provided nearly 20,000 appointments at child health clinics across the borough.

Social Prescribing in Croydon dramatically improves patients' health and wellbeing. In six months, there were over 28,000 attendances to community activities. A neighbouring borough found in a pilot they ran that patients needed 33% fewer GP appointments and it has cut hospital visits by 50% in the first year.

Personalised care at home in Croydon has delivered co-ordinated support for older people with long term conditions. Our 18 personalised independence coordinators aim to break the cycle of hospital admissions and this has resulted in fewer patients needing care packages for longer than six weeks after leaving hospital.

Medicines Management teams across Croydon Health Services and the Clinical Commissioning Group have improved patient care by facilitating better medicines management between the hospital, GPs and pharmacists.

Croydon's Integrated Care System

To deliver our ambitions we must work even more closely together not just at senior leadership level but at every level. Health and care professionals will work together alongside the voluntary sector, delivering a holistic approach for people.

The **One Croydon Alliance** focused initially on integrating services for over 65's. The Alliance makes partnerships more formal by having single budgets across organisations with agreed risk share arrangements, thereby removing some key organisational barriers.

This approach will be extended over time to the whole population, driven by the development of the plans identified in this document.

Integrated commissioning, commercial structures and delivery models

The next step is to focus on the development of the integrated community network plus model for the whole population. At business case stage, we will consider the commercial structure, vehicles and delivery model options most appropriate. Sub Alliances may be required to take these forward, considering the partners required, which will be considered on a business case by business case basis but expected to cover all ages and areas, e.g mental health, children, etc. Joint strategic planning and integrated commissioning and pooling of budgets is required to ensure commissioning of the system to underpin the development of models of care as well as deliver efficiencies, effective contracting and procurement processes with a focus on quality. Integrated functions across the system such as quality and safeguarding and placement funding decisions to be explored as a priority.

Working with South West London Partnerships and Integrated Care System/s

One Croydon will seek to further develop and expand its remit to full population towards an integrated care system for 2021. Building strong, local health and social care commissioning is vital to the ICS and we will seek to integrate our Alliance partner functions as a mechanism for successful integrated delivery. In addition to our Alliance the CCG and CHS are already working more closely and strengthening integration of services and the removal of organisational barriers to improvement. We will seek to influence and engage with South West London to seek capability, capacity and investment for Croydon on key enablers to support transformation such as IT, estates and data/IG capacity. Croydon will maximise opportunities with the Mayor of London provided by London devolution.

Influencing the role of wider determinants

We know factors such as the housing and environment we live in, the education we receive and the relationships around us are major contributors to health, accounting for 80% of an individuals' health. This is why we will work further than just across health and social care. We must reach in towards all community partners to lever and influence change that will positively impact peoples health and well being, with the role of wider Local Government provision being central to this success.

Resourcing change management

To make this substantial multi-organisational change happen we will invest in the organisational development and workforce planning needed to support the creation of a One Croydon culture.

Financial impact of our plans

The health and care system faces significant financial challenges.

Over the years organisations have been making improvements internally as well as by working together.

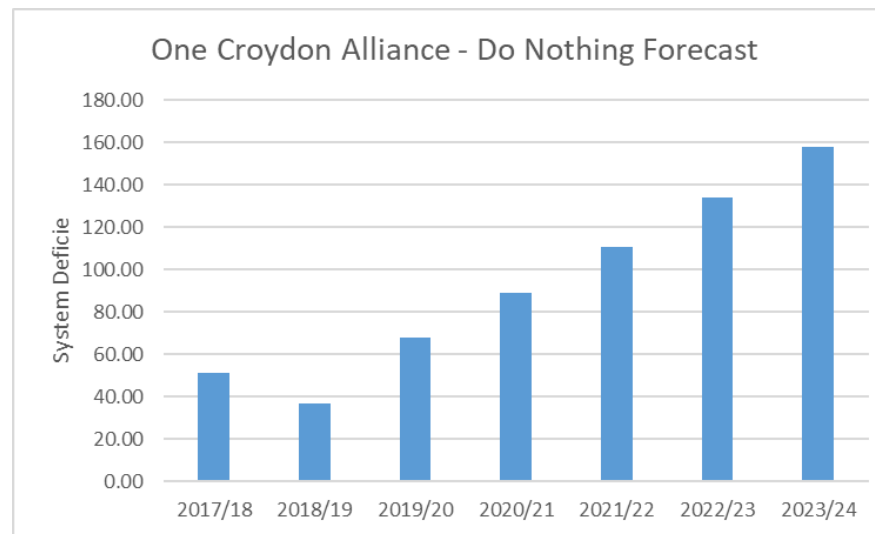
However with increasing demand from an ageing population, the need to improve quality and respond to rising patient expectations we must do more with the £850m (see Appendix 3) allocated to fund health and care in Croydon. It is therefore inevitable that the shape of services will have to change. To support our health and care plans we will shift the balance of our spend from reactive, high cost acute care to preventative, proactive out of hospital; care.

NHS England announced new 5-year population based allocations in January 2019. The Social Care green paper is awaited to clarify future funding for social care.

If we do nothing we will have approximately a £160m deficit by 2023/24. This is a similar challenge to that sized in previous strategies.

Clinically led working groups are developing patient focussed solutions to deliver care within the resources available. Further work will be undertaken from April to July to demonstrate how these plans will close the financial gap.

NOTE: This analysis requires updating for NHS 5-year planning assumption.



Do Nothing							
	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£m	£m	£m	£m	£m	£m	£m
CCG	-13.87	1.17	-14.77	-25.84	-36.99	-49.46	-62.99
CCG/CHS Gap	0.00	-7.77	-7.86	-7.94	-8.00	-8.07	-8.17
CHS	-25.90	-15.67	-27.26	-33.60	-40.09	-46.74	-53.55
LA	-3.80	-7.80	-10.20	-12.70	-15.30	-18.10	-21.00
SLaM	-7.53	-7.04	-7.94	-9.02	-10.19	-11.36	-12.39
	-51.11	-37.11	-68.03	-89.08	-110.56	-133.72	-158.10

For discussion

These questions are aimed as prompts to facilitate thinking and discussion. They will be reviewed by the One Croydon Strategic Development Board and will inform the final report to be published in July 2019. Please can you send your responses to: getinvolved@croydonccg.nhs.uk by 24 May 2019.

1. Do you recognise the context and challenges?
2. Is our strategic direction / approach correct?
3. Are our goals and outcomes correct?
4. Do you understand what we will be focusing on in the next two years?
5. What's the role of your organisation / group to support the delivery of these plans?
6. What commitment will you make to support the delivery of these plans?
 - (1) As a **leader** in your individual roles
 - (2) As a **champion**
7. Any other comments

Appendix 1 Our annual measures

OUR TRANSFORMATIONAL CHANGE (Incremental increases annually)		OUR HEALTH AND CARE INDICATORS (Incremental increases annually)	
Improve quality of life	<p>Increased coverage of social prescribing</p> <p>Increased voluntary sector and communities in delivering preventative services</p> <p>Increased number of community hubs and co-located services in local communities</p> <p>Increased identification of those at risk of and those with a long term condition in order to proactively manage their condition</p>	<p>Health and well being</p> <p>1a. Adults taking part in sports and physical activities</p> <p>1b. Smoking prevalence</p> <p>1c. Adult obesity</p> <p>1d. Proportion of people who report good life satisfaction and worth.</p> <p>2a Diabetes overall clinical care: people with T2DM that receive all 8 point process</p> <p>2b Diabetes: estimated diagnosis rate of the estimated prevalence of diabetes</p> <p>2c Dementia diagnosis rate</p> <p>2d Number of emergency admissions for back, neck and musculoskeletal pain</p> <p>2e Long term conditions prevalence gap by indices of multiple deprivation</p> <p>3a Excess winter deaths</p> <p>3b People who use social care who have control over their lives</p> <p>3d ASCOF – social care measures. (tbc)</p> <p>Quality and Appropriateness of Care</p> <p>4a People with long term conditions feel able to manage their condition</p> <p>4b Person experience and decision making (to be developed)</p> <p>5a Rate of unplanned hospitalisations aged 65+ for chronic ambulatory care sensitive conditions</p> <p>5b Deaths which take place in hospital- all ages</p> <p>5c Delayed transfer of care from hospital that are attributed to adult social care</p> <p>5d Proportion of people aged 65 and over who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation.</p>	
Enable a better start in life		<p>6a. Children in poverty (under 16)</p> <p>6a. Low birth weight of term babies</p> <p>7a .School readiness: maximised level of development at the end of reception year</p> <p>7b. School pupils with social, emotional and mental health needs</p> <p>7c. Rate of exclusions in primary and secondary school</p> <p>8a. Excess weight among children in reception year</p> <p>9a. Admissions for respiratory tract infections in infants aged 2,3 and 4</p> <p>9b. Unplanned hospital admissions for asthma for under 19</p> <p>9c. MMR for 2 doses</p> <p>9d. Flu vaccinations uptake in at risk groups</p>	
Wider determinants	<p>Greater engagement with the wider determinants of health partners</p> <p>Wider determinant partners demonstrably consider the impact of policy and plans on health and care</p>	<p>10a. Households in temporary accommodation</p> <p>11a .Air quality indicators</p> <p>11b. Access to healthy assets</p> <p>12a. Unemployment rate, maximisation of income and reduction in poverty</p> <p>12b. Employment of people with mental illness or learning disability</p> <p>12c. 16-17 year old not in education, employment or training.</p> <p>12d. Increased social inclusion</p>	
Integrate health and social care	<p>Increased the organisational alignment of back office resources</p> <p>Increased market share of maternity and of planned care in Croydon</p> <p>Increased multi disciplinary teams</p>	<p>13a. Recurrent health and social care financial balance</p> <p>13b 100% use of Croydon integrated pathways</p> <p>13c Reduced spend on private sector</p> <p>14a Reducing readmission rates</p> <p>14b Reducing length of stay</p> <p>14c Lower waste on drugs</p> <p>14d Lower Do Not Attend rates</p> <p>15b Higher productivity of staff, clinics, theatres, beds, premises.</p>	

Appendix 2 Our programmes of delivery

KEY
 ▪ Priority for 2019/20

PROGRAMMES TO DELIVER OUR INITIATIVES	Stay Well	Manage Well	Greatest Need
<p>Together for Health and Care <i>Prevention, Early Intervention and Detection</i></p>	<p>Prevention, Early Intervention, Early Detection</p> <ul style="list-style-type: none"> Develop consistent approach to preventing and proactive management of Long Term Conditions and support for people with disabilities Develop a prevention framework Review and develop Making Every Contact Count (MECC) Review and develop Just Be / Live Well Improve national diabetes prevention programme (Healthier You) Improve health screening including health checks <p>Self Care, Self Management and Personal Resilience</p> <ul style="list-style-type: none"> Expand Healthy pharmacy hub model to all areas of borough Create digital version of the Patient Activation Measure (PAM) Expand E-Market approach and align with social prescribing <p>Active and Supportive Communities</p> <ul style="list-style-type: none"> Build voluntary and community sector partnerships through the voluntary and community sector strategy to deliver whole system prevention Develop Local Voluntary partnerships (LVPs), including social prescribing, Asset Based Community Development (ABCD) Develop strengths based approaches across disciplines through community led support Maximise volunteering opportunities 		
<p>Locality Development</p>	<p>Prevention, Early Intervention, Early Detection</p> <ul style="list-style-type: none"> Develop proactive digital solutions including use and coverage of Health Help Now , service directory and e-market place Develop social prescribing at scale across the borough 	<p>Self Care and Self Management</p> <ul style="list-style-type: none"> Systemise medication reviews for people Expand range of options for diabetes structured education (SE) <p>Shared Decision Making</p> <ul style="list-style-type: none"> Expand expert patients programme Expand group consultation at scale across settings and for all conditions Develop the health champion role Roll out Shared Decision Making (SMD) toolkit 	<p>Self Care, Self Management & Personal Resilience</p> <ul style="list-style-type: none"> Multi-disciplinary community led support and strengths based approaches for our whole population "Nudge theory" to guide behaviour and activities Expand LIFE Proactive Community Referrals Proactive identification of people in greatest need
<p>Alignment with Strategic Priorities</p>	<ul style="list-style-type: none"> Develop our locality based, out of hospital care and proactive interventions model, including social care, housing, welfare and universal support Implement Gateway Locality Model to strengthen localities in three pilot areas Implement Primary Care Working at Scale and development of existing Integrated Community Networks Improve ambulatory emergency care, redesign of the roving GP, increase 111 offering Improve integration between primary and secondary services, social care and housing Pathway redesign and process redesign 		
<p>Improve Quality of Life</p>	<p>Enable a better start in life</p>	<p>Improve wider determinants of health and well being</p>	<p>Integrate health and social care</p> <ul style="list-style-type: none"> Support Carers Extend proactive care management through extended ICNs, Develop LIFE at Scale, Community IV antibiotics and catheter mgmt. Care homes transformation and Assistive Technology Transform Falls & Frailty including falls response pilot Improve End of Life Care High intensity user programme

Appendix 2 Our programmes of delivery

KEY
 ▪ Priority for 2019/20

PROGRAMMES TO DELIVER OUR INITIATIVES	Stay Well	Manage Well	Greatest Need
Better Start in Life	<ul style="list-style-type: none"> Implement Children and young people's mental health transformation plan Implement Early Help Strategy focusing developing resilient families Deliver the All Age Healthy Weight Strategy and pathway A focus on pre-conception health via Sexual health transformation and facilitating healthy behaviour Implement the School Superzones Programme First 1000 days of life Healthy Weight - healthy weight prevention and early intervention services Healthy Mind – develop and implement a screening tool Bringing Immunisation into the community 	<ul style="list-style-type: none"> Redesign paediatric pathway Expand pathway for A&E Frequent attenders Promote GP telephone advice line and asthma nursing service 	<ul style="list-style-type: none"> Develop community therapies strategy Redesign Children's community ASD diagnosis and care pathway
Maternity	<ul style="list-style-type: none"> Personalised care and choice of place of birth – personalised care plans, increasing midwifery led care Continuity of care – named lead midwife and buddy throughout a women's maternity journey Safe care – Multi disciplinary team training on Saving Babies Life's Care Bundle Multi disciplinary working and working across boundaries Healthy Pregnancy - Immunisations, Breast feeding strategy, parenting support, live well programme A fairer payment system 		<ul style="list-style-type: none"> Postnatal care – proactive triage phone calls Perinatal mental health care - increasing opportunities for identification of those at risk
Adult Mental health	<ul style="list-style-type: none"> Develop joint mental health strategy to promote good mental health problems and ensure early intervention Workplace wellbeing Provide the Live Well Croydon and Just Be services to improve mental wellbeing 	<p>Transforming community mental health provision for people with Serious Mental Illness to include:</p> <ul style="list-style-type: none"> Enhance Primary Care – seamless service between primary & secondary care; improved support & rapid telephone advice for GPs; new primary care mental health support workers; address stigma of mental health. Community mental health hubs – common access to primary & secondary care; provision of wide range of services (clinical & social including benefits/housing/employment); link to ICNS. Improved integrated housing - develop wide range of housing support options (e.g. The Shared Lives Scheme) Connected communities – information, Local Voluntary Partnerships, including social prescribing directory of services galvanise communities, PIC support Self harm and suicide prevention strategy 	<ul style="list-style-type: none"> Dementia Friendly Croydon Improve crisis care pathway for people in mental health crisis. Improve services for women with mental health issues during the perinatal period through enhanced community multi-disciplinary teams. Reduce physical ill-health amongst SMI population. Improve training and employment opportunities for people with severe mental illness Addressing addictive behaviours
Alignment with Strategic Priorities			
Improve Quality of Life	Enable a better start in life	Improve wider determinants of health and well being	Integrate health and social care

Appendix 2 Our programmes of delivery

KEY
 ▪ Priority for 2019/20

PROGRAMMES TO DELIVER OUR INITIATIVES	Stay Well	Manage Well	Greatest Need
All Disabilities	<p>All Age Disability and Adult Social Care Transformation (ADAPT)</p> <ul style="list-style-type: none"> Working age people will have flexible care that they can arrange themselves and have choice and control over, achieved through e-market places, Personal budgets and direct payments Transform our provision and workforce to implement locality based, multi agency working achieving seamless care for people with disabilities, with new front door Children with disabilities –Transforming our practice to provide consistent high quality and proportionate support through childhood and transition to adulthood People will have Active Lives, that are asset based and co-produced with them, ensuring coherent access and promotes inclusion and resilience for people and their carers Improve our housing offer to increase homes and housing options for people with complex health and social care needs Implement digital pathways 		
	<ul style="list-style-type: none"> Implement Compassionate Croydon Work and Health Programme Healthy Places including appropriate housing; accessibility; growth zone 		<ul style="list-style-type: none"> Supporting local integration and provision of services for our local population Community Led support with strength based approaches Improving housing options
			<ul style="list-style-type: none"> Neuro rehab development
Wider determinants of health and well being	<ul style="list-style-type: none"> Implement Health, prevention and early intervention in all policies (housing, licensing, transport, planning) Implement Air Quality strategy Development of Growth Zone Implement Gateway locality model Implement Homelessness Strategy Implement School Superzones action plan 		
Modern Acute Hospital	<ul style="list-style-type: none"> Optimising acute pathways and improving integration Redesign outpatient care Transforming acute provision including community facing services Clinically sustainable hospital 		
		<ul style="list-style-type: none"> Supporting local integrated services through repatriation 	<ul style="list-style-type: none"> A&E transformation

Alignment with Strategic Priorities

Improve Quality of Life	Enable a better start in life	Improve wider determinants of health and well being	Integrate health and social care
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Appendix 2 Our programmes of delivery

KEY
 ▪ Priority for 2019/20

PROGRAMMES TO DELIVER OUR INITIATIVES	Stay Well	Manage Well	Greatest Need
<p>ENABLERS A Croydon Integrated Care System</p>	<ul style="list-style-type: none"> ▪ <u>Development of an integrated care system design options</u> ▪ <u>Development and implementation of a population health management strategy and function</u> ▪ Business cases for transformation and contracting developments, including shift to outcomes ▪ Integrated organisational functions such as placements, safeguarding and quality ▪ Organisational development ▪ Joint NHS control total and system financial risk share agreement ▪ Total resource sharing and matrix working 		
<p>ENABLERS Others</p>	<p>Workforce and OD</p> <ul style="list-style-type: none"> ▪ <u>Develop and implement a workforce plan and organisational development programme</u> ▪ Whole system training solution ▪ Deliver culture change ▪ Workforce Well Being <p>IT and Digital</p> <ul style="list-style-type: none"> ▪ <u>Interoperability Phase 1 and Phase 2 implementation – primary & secondary care, community and acute and mental health & social care</u> ▪ IT infrastructure development ▪ Development of effective System IT Transformation Board and work programme <p>Estates</p> <ul style="list-style-type: none"> ▪ <u>Support locality based development including New Addington Health Centre, East Croydon Growth Zone, Coulsdon Health Centre</u> ▪ <u>Improve GP estate</u> ▪ Implement 'One Public Estate' <p>Communications and Engagement</p> <ul style="list-style-type: none"> ▪ <u>Communicate and engage with public, staff and stakeholders that supports the One Croydon" approach</u> ▪ <u>Develop a method for understanding peoples satisfaction and experience of the transformation across the system</u> ▪ Information and signposting ▪ Facilitate public consultations where necessary <p>Finance</p> <ul style="list-style-type: none"> ▪ <u>Develop whole system financial approaches</u> ▪ System Risk Share <p>Contracting & Procurement</p> <ul style="list-style-type: none"> ▪ <u>Design and implement contracts and appropriate procurement processes to incentivise/support models of care</u> 		

Alignment with Strategic Priorities

Improve Quality of Life	Enable a better start in life	Improve wider determinants of health and well being	Integrate health and social care
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Appendix 3 Integrated Financial Resources Draft 2019/20 Plans

	NHS Croydon Group Financial Position £m	Alliance Members Health Funding to Croydon Population £m	Total Croydon Health and Care Investment £m
CONSOLIDATED NHS CROYDON POSITON			
FUNDING			
NHSE Funding - Croydon Population	577.8	577.0	728.0
NHSE Funding - Other Sources	50.9	50.9	39.0
NHS Training	10.4	10.4	10.4
NHS R&D	1.2	1.2	1.2
DHSC Grant Funding to Local Authority	8.7	53.4	53.4
Other Revenue	13.7	20.9	20.9
Transitional Support (e.g. PSF)	0.0	0.0	0.0
Total Revenue	662.6	713.7	852.8
EXPENDITURE			
Pay	(213.9)	(273.6)	(273.6)
Non-Pay Other	(97.3)	(114.4)	(114.4)
Non-Pay - Drugs	(61.2)	(61.2)	(61.2)
Estates	(5.5)	(5.5)	(5.5)
Clinical Negligence Premium	0.0	0.0	0.0
Interest	0.0	0.0	0.0
Depreciation and amortisation	(9.2)	(9.2)	(9.2)
Capital Charges	0.0	0.0	0.0
Payments to Care Providers			
- Hospital Services	(189.8)	(143.9)	(263.0)
- Individual Placements	(29.5)	(65.0)	(65.0)
- Primary Care/Community Services	(71.1)	(71.1)	(91.1)
- Other	(22.6)	(15.9)	(15.9)
Total Expenditure	(700.1)	(759.8)	(898.9)
Net Financial Position	(37.4)	(46.1)	(46.1)
Croydon System Control Total (Target Deficit/Surplus)			
CCG	5.2	5.2	5.2
CHS	0.0	0.0	0.0
SLAM	0.0	0.0	0.0
NHSE	0.0	0.0	0.0
Local Authority	0.0	0.0	0.0
Total	5.2	5.2	5.2
Variance from Croydon System Control Total	(42.7)	(51.3)	(51.3)
Variance from Control Total Excl Trans Support	0.0	0.0	0.0

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One Croydon Directional Statement

Introduction:

The directional statement sets out our focus for One Croydon over the next three years to deliver an integrated care system in Croydon.

The statement articulates the overall aim of One Croydon to improve the health and wellbeing of the people of Croydon, while also reducing inequalities both in life expectancy and healthy life expectancy. It outlines an understanding that for significant change to happen the transformation needs to be appropriately resourced, facilitating the development of a new One Croydon culture. The One Croydon culture and structures will support the evolution of commissioning to influence the wider determinants of health, and the move to integrated commissioning, commercial structures and delivery models. This will result in integrated community services organised around localities and modern acute hospitals responsive at the point of need, with a focus on good clinical outcomes enabled through local integrated care. One Croydon will be a key partner within the regional health and care system, working Pan London and with South West London Partnerships and emerging integrated care systems.

One Croydon Directional Statement (1)

This directional statement sets out One Croydon's focus for the next three years, to delivery an integrated care system in Croydon by 2021.

Working together we aim to improve the health of the people of Croydon, while also reducing inequalities both in life expectancy and healthy life expectancy. We began our journey focusing on the over 65's, our next step is to extend our scope to the whole population, aligning interventions and services to need, helping those that experience the worst health improve their health the fastest.

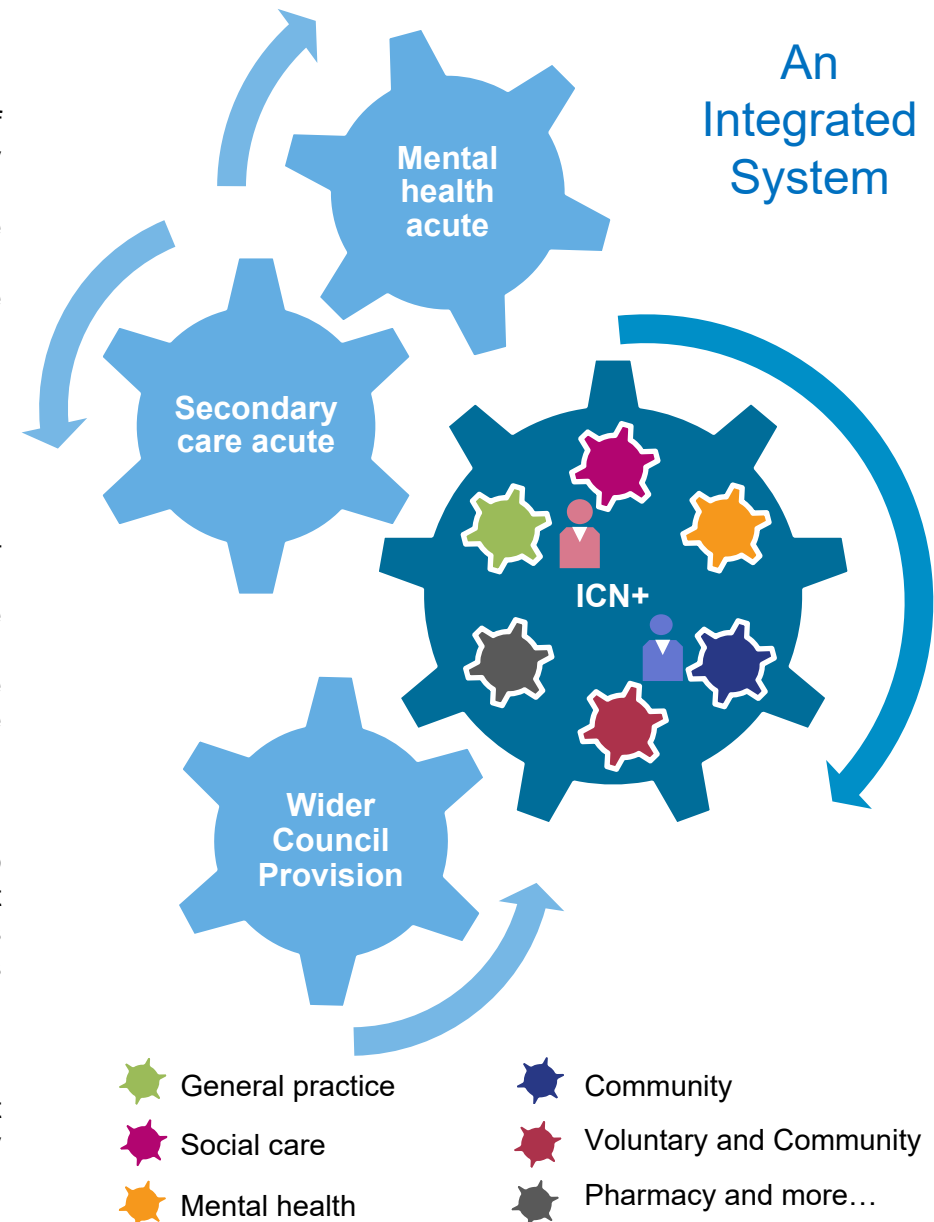
1. Our delivery model

To deliver preventative and proactive care for the whole population and to engage the community directly requires:

- a. **Community services to be organised around localities** – Building on our current Integrated Community Network model, ICN+ will develop wider health and care models of care around 6 GP networks, with wider council services delivered around 3 gateway localities. Health and care need, the responding models of care and affordability will determine whether interventions need to be delivered at locality level, across localities or borough wide.

Models of care will focus on a range of services that will go beyond working jointly but will work in an integrated way. That means the workforce will be multi-skilled to work across traditional but sometimes, artificial professional boundaries and also joint locality management teams.

- b. **Modern acute hospitals - both secondary and mental health** – health and care models will ensure only those that need acute services go to hospital. Our local providers, by becoming the providers of choice will ensure acute provision responds at the point of need with a focus on good clinical outcomes enabling local integrated care.



One Croydon Directional Statement (2)



2. Integrated commissioning, commercial structures and delivery models

The next step is to focus on the development of the community locality model for the whole population. At business case stage, we will consider the commercial structure, vehicles and delivery model options most appropriate. Sub Alliances may be required to take these forward, considering the partners required, which will be considered on a business case by business case basis but expected to cover all ages and areas, e.g mental health, children, etc. Joint strategic planning and integrated commissioning and pooling of budgets is required to ensure commissioning of the system to underpin the development of models of care as well as deliver efficiencies, effective contracting and procurement processes with a focus on quality. Integrated functions across the system such as quality and safeguarding and placement funding decisions to be explored as a priority.

3. Working with South West London Partnerships and Integrated Care System/s

One Croydon will seek to further develop and expand its remit to full population towards an integrated care system for 2021. Building strong, local health and social care commissioning is vital to the ICS and we will seek to integrate our Alliance partner functions as a mechanism for successful integrated delivery. In addition to our Alliance the CCG and CHS are already working more closely and strengthening integration of services and the removal of organisational barriers to improvement. We will seek to influence and engage with South West London to seek capability, capacity and investment for Croydon on key enablers to support transformation such as IT, estates and data/IG capacity. Croydon will maximise opportunities with the Mayor of London provided by London devolution.

4. Influencing the role of wider determinants

We know factors such as the housing and environment we live in, the education we receive and the relationships around us are major contributors to health, accounting for 80% of an individuals' health. This is why we will work further than just across health and social care. We must reach in towards all community partners to lever and influence change that will positively impact peoples health and well being, with the role of wider Local Government provision being central to this success.

5. Resourcing change management

To make this substantial multi-organisational change happen we will invest in the organisational development and workforce planning needed to support the creation of a One Croydon culture.

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Integrated Community Network Plus (ICN+)

Bringing Croydon together



Why?

Because we are better together, we want to revolutionise the way we work to enable everyone to live well.

How?

By realising the opportunity for the system to operate as one and to foster a partnership with the person that enables the individual to take control of their health and wellbeing

What?

An integrated Croydon health and social care system where an individual can experience seamless services, make shared decisions and live well.

Introduction

Delivering to the Directional Statement

This directional statement sets out One Croydon's focus for the next three years, to delivery an integrated care system in Croydon by 2021.

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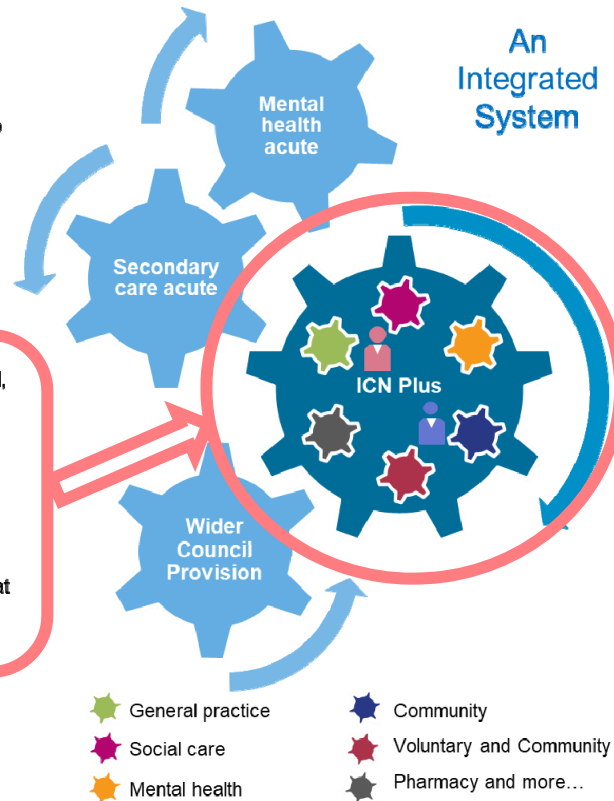
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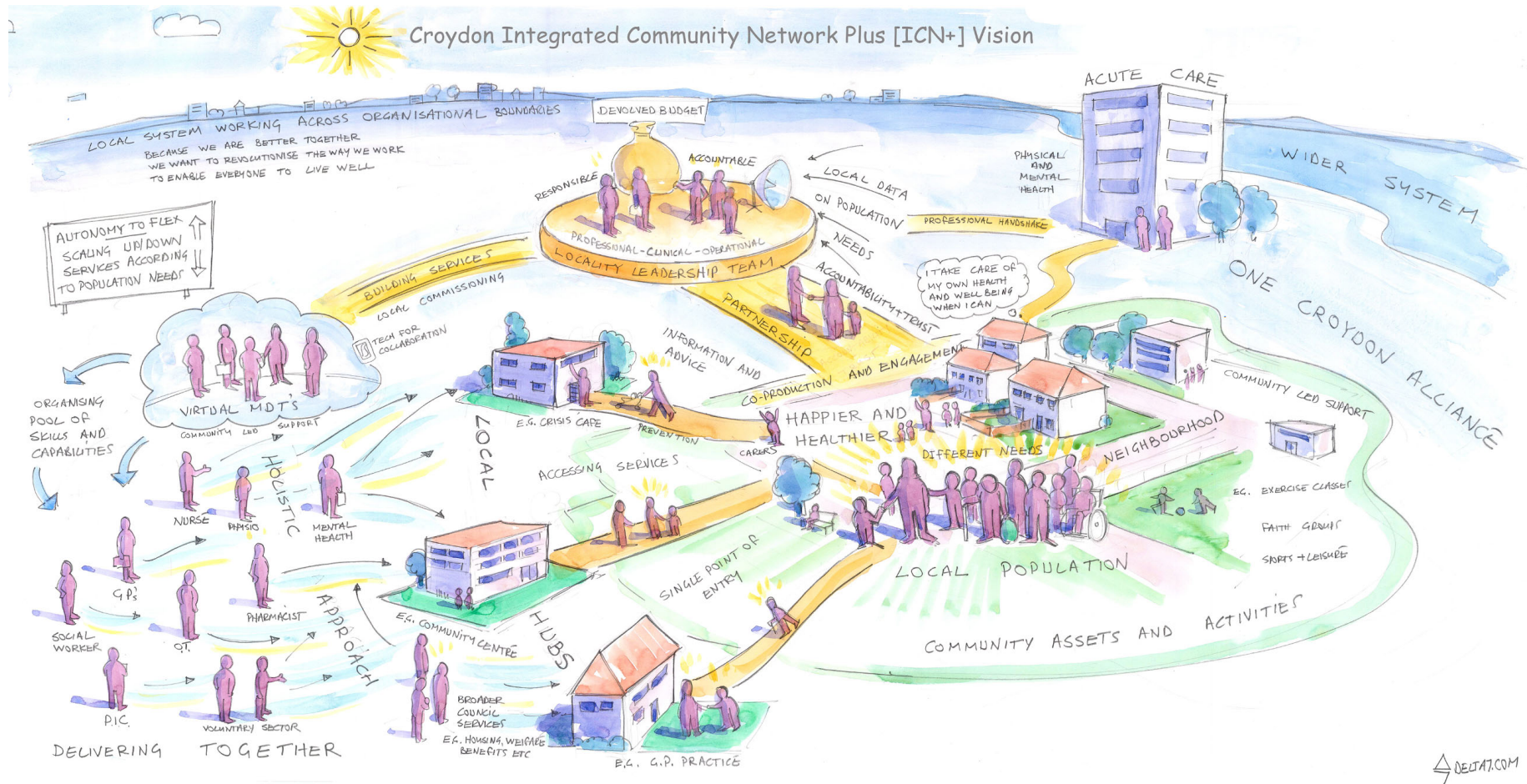
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ICN+ is a framework to integrate community based services around a local population of circa 50k

The emerging vision for ICN+



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- People can get a different support easily and quickly and feel empowered
- Staff are empowered, feel trusted & are able to use their time better
- Resources are used better - move from acute to community
- Staff are part of a "team" who know their neighbourhood
- Population health outcomes are the focus
- People are happier and healthier

3 key functions



Local Population

- Representative of the network population
- Inform the development of services to meet the local needs
- Promote community ownership of own health and wellbeing in the community
- Promote community ownership of ICN+
- Encourage community development of social assets that support ICN+

Leadership Team

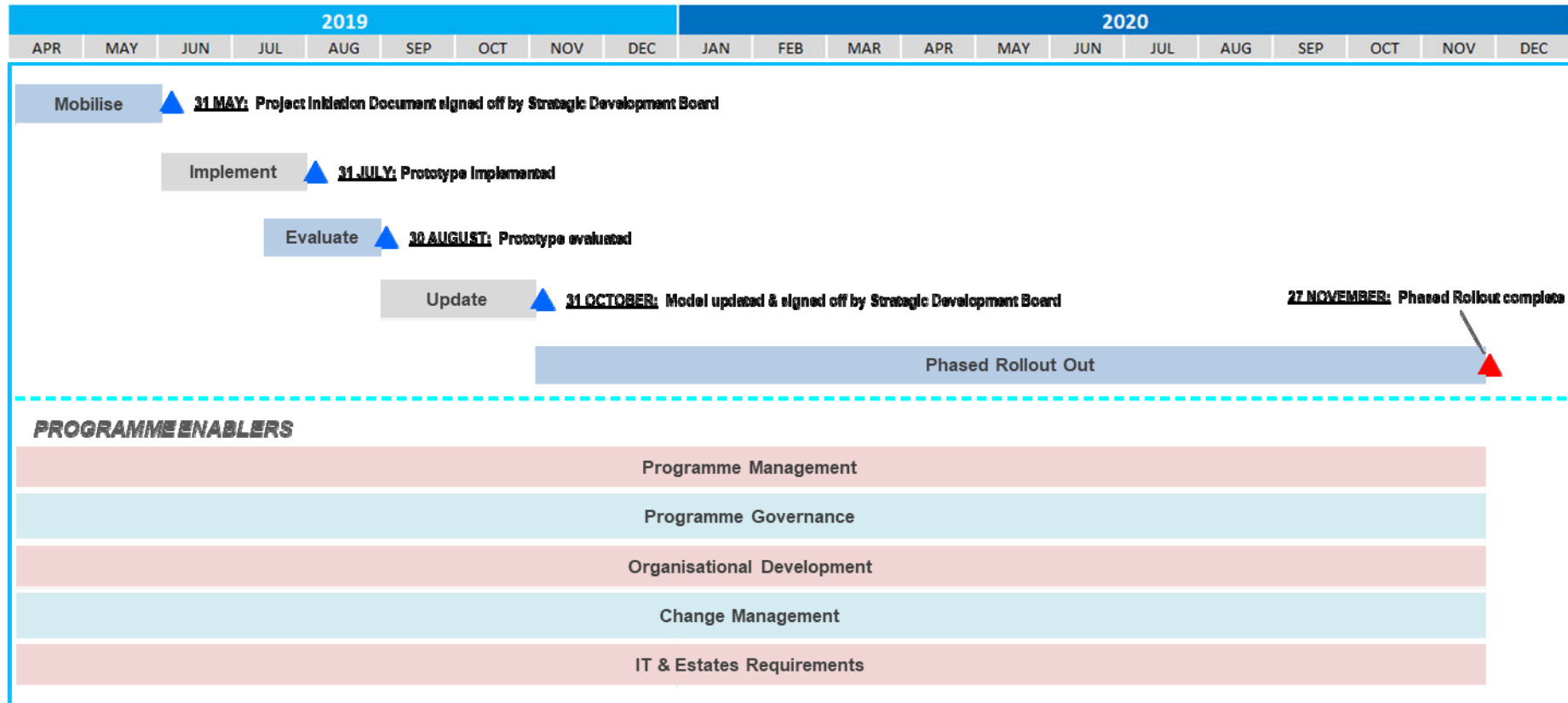
- Set a common purpose in partnership with the local population
- Lead the MDT
- Manage a devolved financial and operational responsibility to make decisions on the use of resources and service delivery for their communities using population data
- Will be multidisciplinary and multi-sector

MDT

- Co-located teams with emphasis on information sharing, joint assessment and care management
- Provide one-stop care where possible or will see issues for an individual through to solution
- Develop deep understanding of their local population, anticipating issues and resolving quickly
- Identify areas for improvement at the coalface

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Mobilising the prototype – plan for delivery



Dependency on other programmes:

- Modern acute hospital, PCN alignment, mental health model, LTC work
- Workforce, IT, estates, population health management to align with prototype

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 10 April 2019
SUBJECT:	Update on One Croydon's 'Mental Health Community & Crisis Pathway Transformation'
BOARD SPONSOR:	<i>Dr Agnelo Fernandes, Chair of Croydon CCG</i> <i>Rachel Flowers, Director of Public Health</i> <i>Guy Van Dichele, Executive Director of Health, Wellbeing and Adults</i>

BOARD PRIORITY/POLICY CONTEXT:

The Mental Health Community and Crisis Pathway Transformation (MHCCPT) work is concerned with improving and transforming community and crisis pathways, in primary care and community settings; and it derives authority and ambitions from the following:

- **The NHS Long Term Plan:** the FYFV ambitions are restated;
- **The Five Year Forward View:** comprehensive ambitions around improving community, primary care and crisis services;
- **Parity of Esteem:** working towards parity of esteem between mental and physical health
- **Transforming Care:** 24/7 crisis response for people with learning disabilities
- **The South West London Sustainability and Transformation Plan:** improving mental health crisis response services
- **The Local Transformation Plan**
- **The Children and Young People Plan:** Whilst children and young people are not in scope for the proposed transformation work, the ground will be laid for a future refresh of the mental health strategy to include ambitions to improve support and treatment for children and young people suffering from mental illness.

And,

- **The Croydon Health and Wellbeing Strategy;**

This work is explicitly outlined in Priority 4 Mental Wellbeing and good mental health are seen as a driver of health.

Specifically, the following reference:

Developed in the wake of the 2017 Woodley review, the Mental Health Transformation plan builds on the recommendations made. The plan commits to a redesign of community mental health services including improved information and advice, enhanced primary care support and more joined up working to improve access and reduce repeat assessments. Care for people experiencing mental health crisis will be improved, with better crisis resolution available in the community and more provision within health and social care.

FINANCIAL IMPACT:

None at this stage; the Transformation Plan interventions are in the process of being costed and benefits and financial savings modelled.

RECOMMENDATIONS

Health and Wellbeing Board is asked to:

- 1.1 Review and comment on the approach outlined in the report.

2. EXECUTIVE SUMMARY

- 2.1 The Woodley 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. The Woodley review illustrated a number of issues with Croydon's mental health services:
- a. Long waiting times;
 - b. Delays in hospital admission;
 - c. The voluntary sector disenfranchised from decision making and strategic thinking;
 - d. Commissioners working in silos;
 - e. And, highlighted a 'fatigue with consultation' and called for 'action'
- 2.2 Engagement with service users and voluntary sector organisations such as MIND, has highlighted the following (amongst other things):
- a. Over medicalisation of mental health support;
 - b. The personalisation of support;
 - c. The importance of social issues for mental health and the importance of support around benefits, employment and housing in averting mental health crises;
 - d. The need for alternatives to A&E and inpatient care, such as support on social issues in community settings.
- 2.3 Examples from other, comparable, boroughs, such as Lambeth, which has a mature and advanced mental health transformation programme – including the establishment of the 'Living Well Network' or 'Hubs' – has revealed the following:
- a. Community Mental Health Teams in South London and Maudsley (SLaM) require consolidating and a change of culture;
 - b. 'Hubs' divert people from secondary care and A&E;
 - c. A 'change of culture' amongst providers and service users is required to emphasise 'self care' and responsibility for 'own health' for those patients who are able to;
 - d. The Integrated Personalised Support Alliance (IPSA) in Lambeth helps people with long-term mental health needs to live in the community;
 - e. The result of improvements in community support for long-term mental health needs has not only resulted in reductions in admissions, length of stay in hospital, and A&E attendance, but has also reduced stays in residential care and increased the need for domiciliary care, which demonstrates well thought-out community support enables people with serious and chronic mental health problems to live independently;
 - f. The above, however, requires a change to risk assessment, clinical thresholds, management of medicines, physical health checks, as well as adequate community support;
 - g. The outcome of these improvements and transformation is an increase in the acuity and complexity of patients in secondary care, which impacts upon the structure and staffing of acute mental health services;
 - h. This precedes a programme of 'shifting settings of care' which will allow a transfer of resource from secondary care to primary and community

care;

- i. Finally, the experience of other boroughs, particularly Lambeth, has not only provided examples of 'good practices' but has highlighted the need to pilot and evaluate initiatives particularly where there is a paucity of good local data.

2.4 The transformation of mental health services within Croydon will be underpinned by a prevention approach as outlined within the Croydon Health and Wellbeing Strategy, Croydon Council's Corporate Plan and Croydon's draft Health and Care Transformation Plan. We will evidence the progression to a preventative approach as a partnership by making the necessary commitments to sign up to the Prevention Concordat for Better Mental Health. The Prevention concordat aims to facilitate local and national action around preventing mental health problems and promoting good mental health.

2.5 The Croydon 'Community and Crisis Pathway Transformation Programme' (CCPTP) is our response to these issues and influences the development of a Model of Care which is the basis of a business case currently being developed to address these issues; this report is to update the Health and Wellbeing Board on progress towards finalising this business case. No decisions are required from members at this moment, but guidance and observations are welcomed to help shape the business case. We hope to finalise the business by the end of April; and we have co-produced this work with One Croydon, with special input from Public Health who attend the CCPTP Delivery Group. The accompanying slides and 'detail' in this report will appraise you of our current thinking.

3. DETAIL

3.1 A high-level of mental illness and need exists in Croydon.

3.2 The prevalence of long-term, complex mental health needs higher in Croydon than the national average, with an NHSE mental health needs index of 1.21 (where 1.0 is the national average), making it comparable to many inner-London, high-prevalence Boroughs such as Westminster and Kensington.

3.3 The CCG has a registered Serious Mental Illness Population of 4,610 people, or 1.11% of the adult population (QOF 2017/18).

3.4 In addition, whilst no formal GP register exists, there is a significant group of people - numbering c16,000 - with complex non-psychotic conditions such as severe anxiety, depression and personality disorders who, due to their presenting behaviours and relative paucity of service responses, can pose a greater management challenge than those with a stable long-term SMI.

3.5 Need profiles vary across the Borough, from more affluent areas to more deprived, each presenting mental health and well-being support needs. Any service developments need therefore to be locally sensitive and able to respond to such variance through being locality and community-embedded.

3.6 Primary care support for people with Serious Mental Illness (SMI) is poor when

compared with the national picture: 5.5% achievement (of SMI population) compared to national averages of 24.2% (top achievers > 45%).

- 3.7 Engagement with service users has illuminated significant 'unmet need', particularly out-of-hours, in non-clinical community settings and involving non-medical social interventions and support, such as social prescribing and assistance with housing, benefits inter alia.
- 3.8 The needs of service users are complex, numerous and varied: there is a strong case for combining physical, mental and social health services in a single 'wellbeing offer'.
- 3.9 Based on the authorities and 'lessons learned' described above (including those described in 'Priority/Policy Context'), a Model of Care has been developed which addresses the issues highlighted above and has led to the following recommendations for 'action' (as requested in the Woodley Review):
 - a. Shifting resources towards earlier intervention and prevention with an emphasis on:
 - b. Developing wellbeing & primary care 'community hubs';
 - c. Creating mentally healthy communities with a prioritisation on prevention and support for 'self-care';
 - d. Emphasising the importance of good physical health, and recognising the role of ill physical health in creating mental health crises;
 - e. Highlighting the importance of suicide prevention initiatives;
 - f. Refocus to concentrate on high risk factors: loneliness, schools, debt / financial challenge, and develop appropriate social interventions and support;
 - g. Co-production in service design, help build community capacity & ensure adequate focus on BAME communities;
 - h. Better partnership working through improved governance oversight of the MH strategy & improve contract monitoring processes;
 - i. Use existing service user & stakeholder forums to inform the development of the Community and Crisis Pathways Transformation Model of Care;
 - j. And finally explore opportunities to use technology, such as the development of a GP Advice Line.
- 3.10 The attached slide pack (Appendix 1), provides a summary of the engagement work that was undertaken to develop the above recommendations. Below is provided a summary of engagement work and outcomes:
 - a. Recurring themes: services feel fragmented, hard to access, poorly-tailored to different BAME communities, too focused on crisis and reactive treatment not well-being and prevention; a need to rebalance this and ensure a greater role for 'Navigators' to support people, for 'champions' embedded in community groups, third sector and peer support, self-care and opportunities to improve well-being through work, social activities and exercise.
 - b. Our Co-Production Commitment. A strong theme of co-production (of system, service and individuals' care plans) runs throughout both the Woodley review & Grassroots. Co-production is an on-going way of

working, not an 'event' or process to support service change. It recognizes and values the different but equal assets brought to service co-design and co-delivery by those with lived experience, those who deliver, manage or commission them, and those who rely on them professionally.

- 3.11 The proposed model of care is based on similar initiatives in Lambeth, North West and West London and crisis response elements taken from the Bradford First Response model.
- 3.12 The model of care is predicated on the creation of a population-based, stepped, integrated care service where statutory and third sector providers work within an alliance/ACP model, delivered through locality Hubs
- 3.13 The following principles and aims underpin the model:
- a. To integrate assessment, support and care delivery across existing providers and General Practice, delivering a whole system/'one Croydon' approach to mental well-being.
 - b. To underpin the new model with a new enhanced GP service: paid extra time for an annual 'Well-Being plan', in year reviews and a single care record on EMIS.
 - c. To co-locate and deliver services across a number of locality -based 'Hubs' and 'Spokes', ensuring maximum accessibility and joint-working with existing community groups.
 - d. To attend, with equal weight, to the social, physical and mental health needs as defined by the service user, carer and their GP.
 - e. To act as a single, timely point of entry to the whole MH pathway, reducing duplication.
 - f. To provide a broad range of accessible services supporting recovery, resilience and hope.
 - g. To reduce mental health crisis escalations and reliance on urgent & acute care as 'default'.
 - h. To provide a proactive, valued resource for its users that encourages them to use the service proactively, supporting their self-efficacy to manage their continued recovery and avoid crises.
 - i. To provide 24/7 responsive crisis care services which are dynamic and able to pre-empt the onset of a crisis and avert the crisis.
 - j. To provide community-based non-clinical professional support for a variety of 'wrap-around' services such as advice and assistance with housing, benefits and employment.
 - k. To provide a community-based 'sanctuary' or 'Crisis Café' that will enable service users to self-refer and act as an informal drop-in centre which offers advice and support, albeit one which has clinical support and links with health services
- 3.14 Next stages:
- a. We plan to develop the Transformation Business Case over the next few weeks.
 - b. We are mapping the governance processes which the business case will need to pass through and timetabling meetings.
 - c. We are in conversation with all stakeholders regarding the co-production

- and finalisation of the business case.
- d. We are discussing potential investment within the appropriate forums.

4. CONSULTATION

The following consultations have already taken place:

- Transformation Workshop (MHPB) – June 2018
- All MHPBs transformation is a standing item – monthly 2018
- Grassroot events – July 18 & November 18
- Community Hub Delivery Group 17 September 18
- EPC Delivery Group 14 September 18
- Community Hub Delivery Group 1 October
- Croydon MH Forum (Hear Us) - February 2019

Engagement will continue with design and development based on principles of co-production

5. SERVICE INTEGRATION

We will utilise the One Croydon Alliance as the means of delivering this work. The fit of the Mental Health Community and Crisis Pathway Transformation work with the Croydon Integrated Care Network Plus Vision is illustrated in the slide pack.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 There are no direct financial implications arising from this report.

Approved by: Mirella Peters, Head of Finance

7. LEGAL CONSIDERATIONS

- 7.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance and Deputy Monitoring Officer that the recommendations within the report do not give rise to any legal considerations.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer

6. EQUALITIES IMPACT

Not at this stage of design work; though an EQIA and QIA will be undertaken

- 6.1 Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER: Richard McSorley, Interim Head of Mental Health, Croydon CCG

Richard.mcsorley@swlondon.nhs.uk

020 36683116

APPENDICES:

Mental Health Community & Crisis Pathway Transformation (slides)

BACKGROUND DOCUMENTS: None

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Mental Health Community & Crisis Pathway Transformation

10th April 2019

Version 3.0

Report to Health & Wellbeing Board

A new way to deliver community and crisis mental health services for people with chronic & serious mental illness

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all the people in Croydon



Background: Engagement & co-production

- Transformation Workshop (MHPB) – June 2018
- All MHPBs transformation is a standing item – monthly 2018
- Grassroot events – July 18 & November 18
- Community Hub Delivery Group 17 September 18
- Enhanced Primary Care Delivery Group 14 September 18
- Community Hub Delivery Group 1 October
- Croydon MH Forum (Hear Us) - February 2019
- Healthwatch Croydon. Meet the Changemakers Mental Health - July 2018
- With Public Health - Thrive London Borough wide event - July 2018

Other Grass roots events

- with South-west London Association for Pastoral Care in Mental Health -Sept 2018
- With AGE UK & ASKI BME Elders - MH prevention - March 2017 & May 2018
- Croydon College - LGBT group - June 2018
- Engagement will continue with design and development based on principles of

Lon
all the people in Croydon

Recurring themes: services feel fragmented, hard to access, poorly-tailored to different BAME communities, too focused on crisis and reactive treatment not well-being and prevention; a need to rebalance this and ensure a greater role for 'Navigators' to support people, for 'champions' embedded in community groups, third sector and peer support, self-care and opportunities to improve well-being through work, social activities and exercise.

Estimation of need / unmet need

- A high-level of mental illness and need exists in Croydon.
- The prevalence of long-term, complex mental health needs higher in Croydon than the national average, with an NHSE mental health needs index of 1.21 (where 1.0 is the national average), making it comparable to many inner-London, high-prevalence London Boroughs
- The CCG has a registered Serious Mental Illness Population of 4,610 people, or 1.11% of the adult population (QOF 2017/18). People with SMI are responsible for a lot of activity: A&E visits, calls to 999, high re-admission rates etc; and they experience long lengths of stay
- In addition, whilst no formal GP register exists, there is a significant group of people - numbering c16,000 - with complex non-psychotic conditions such as severe anxiety, depression and personality disorders
- Need profiles vary across the Borough, from more affluent areas to more deprived, each presenting mental health and well-being support needs
- Primary care support for people with Serious Mental Illness (SMI) is poor when compared with the national picture: 5.5% achievement (of SMI population) compared to national averages of 24.2% (top achievers > 45%).
- Engagement with service users has illuminated significant 'unmet need', particularly out-of-hours, in non-clinical community settings and involving non-medical social interventions and support, such as social prescribing and assistance with housing, benefits inter alia.
- The needs of service users are complex, numerous and varied: there is a strong case for combining physical, mental and social health services in a single 'wellbeing offer'.



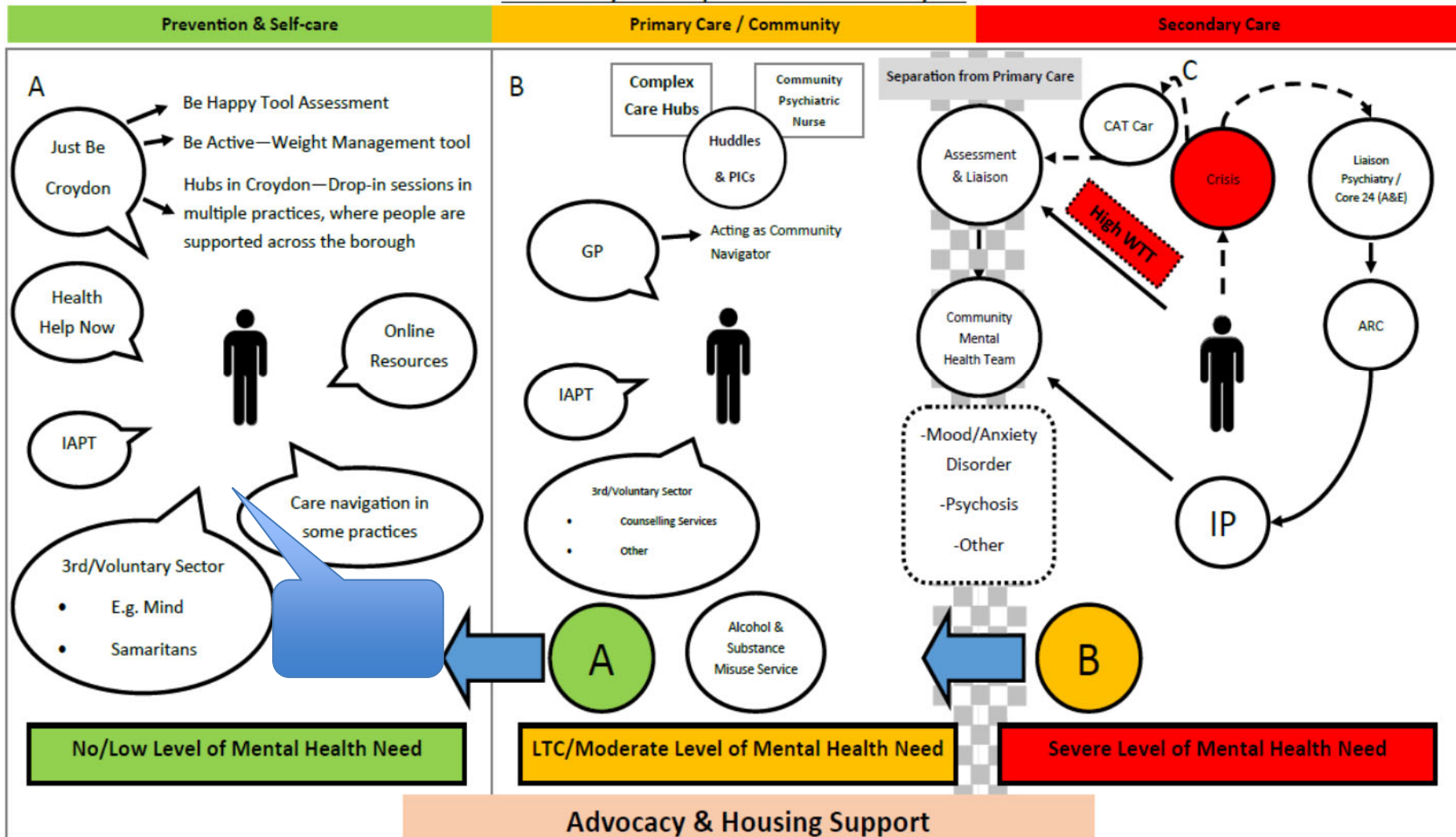
'As Is' Pathway Map ; Gaps in Services

- In May-18, we developed 'As Is' pathway to take stock of the current Mental Health offer, identifying issues, gaps and potential solutions

The 'As Is' Pathway

V1.0

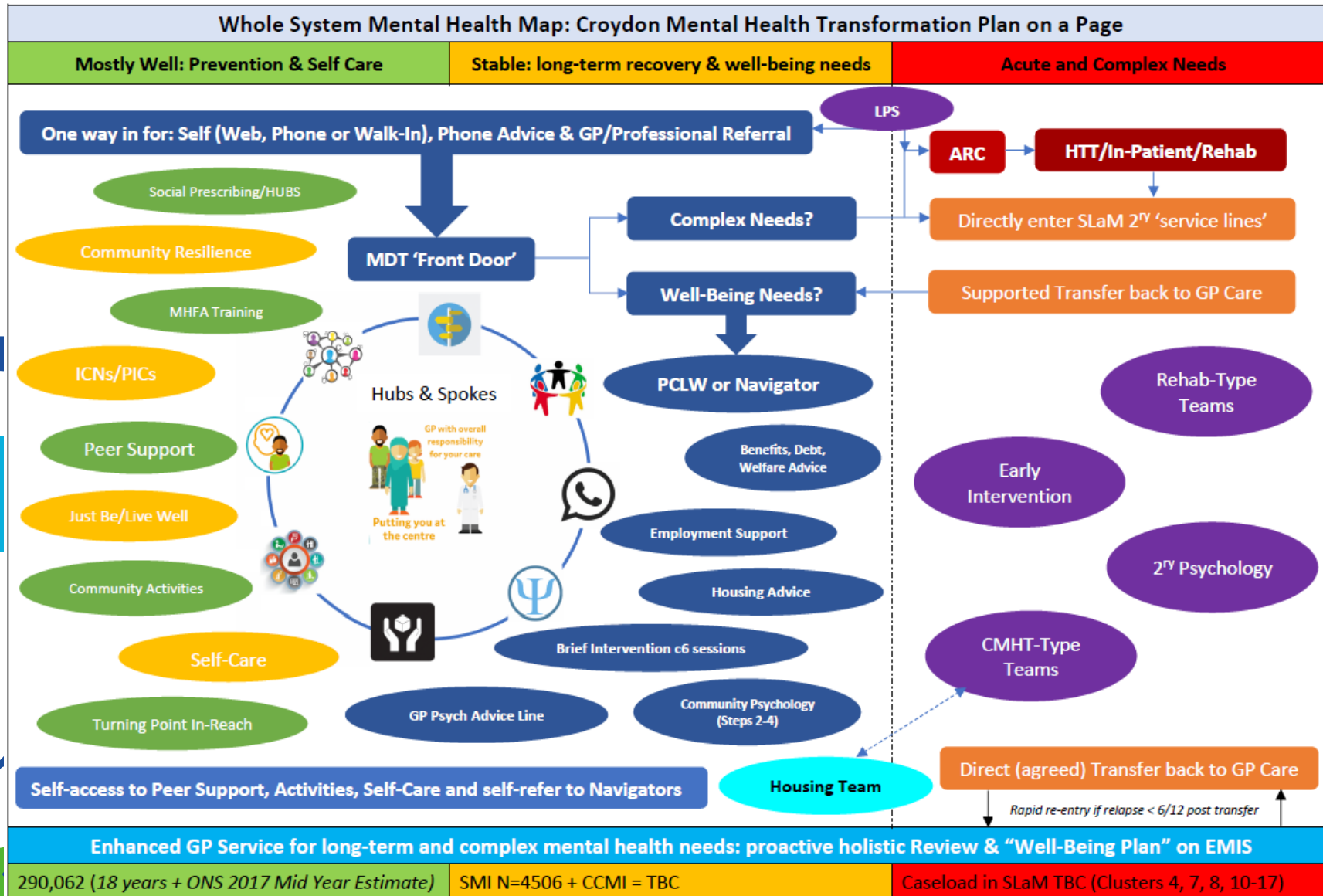
Overview System Map — Mental Health Croydon



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New System: 'As Will Be' Pathway Map

Page 83



#1 PRIMARY CARE

- Primary care services do not meet the physical health or mental health needs of people with SMI or other mental health patient cohorts, meaning it is very difficult to discharge patients into the care of their GP.
- Increased physical health checks, increased availability of talking therapies and other 'wrap-around' social support, and longer appointment times are required to meet the needs of people with mental illness.
- GPs currently do not have access to consultant psychiatrist advice and support.
- We need more proactive population-based approach: enabling GPs and the community to promote and retain well-being: social, mental & physical 'living well' and 'managing well'
- GPs need more time to go 'above and beyond' for complex MH needs patients: bio-psycho-social care planning with follow up time, in-year review, measuring impact. A dedicated GP advice line could support more people to 'manage well'.

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#2 SECONDARY CARE

- The existing secondary pathway isn't working: waiting times are too long, there are multiple teams/assessments, and services are inefficient/duplicative, and suffer from poor productivity, and variable support for Primary Care/GPs. **Integrated multi-agency and multi-disciplinary teams spanning across health and social care, and operating out-of-hours and in community settings are required to meet patient need and deliver effective and efficient services.**
- Acute services are delivered in distinct separate silos and are not integrated seamlessly with community services; furthermore, handovers between different organisations (both health and social care) can be problematic and there is no links with community-based voluntary sector provision. **A seamless, singular access route is needed for assessment and access to SLaM.**
- Bed Occupancy Rates at SLaM are c120% and average length of stay is 58 days – compared to a national average of 30 days – illustrating a high level of difficulty in facilitating early or timely discharge of patients. Mental health patients are being kept on wards longer than is clinically appropriate and this has adverse consequences for patient outcomes. **Without community-based alternatives SLAM are unable to apply appropriate clinical thresholds; and the CCG is unable to initiate a programme of 'Shifting Settings of Care' to transfer activity out of acute settings and into community settings.**

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#3 COMMUNITY CARE

- Psychiatric liaison services and crisis response and treatment services are not available out-of-hours 24/7, nor in accessible community. On any typical weekend A&E will host several people with only mental health problems who are not able to access suitable treatment or assessment and breach the 4-hour waiting time target.
- Some secondary care services feel off-putting and overly-clinical to service users: de-stigmatizing, welcoming community-based spaces are needed. Whilst MIND and a few other voluntary sector organisations provide drop-in centres offering wrap-around social support (employment, benefits, housing etc), there exists no comprehensive or collaborative approach towards community-based support for people with mental health problems.
- Long waiting times, high levels of referrals (currently no self-referrals are accepted) and extremely over-subscribed services demonstrate high levels of unmet need for social 'wrap-around' support in the community.
- To 'patch a gap' in services, Croydon experiences the inefficient and ineffective stop-gap measure in which scarce clinical professionals are providing social support to patients in order to improve treatment and facilitate discharge.
- Service users in crisis do not have a Single Point of Access to assessment and treatment linked in to 111; and they either present at A&E or call 999.
- There is a need to co-locate services and staff in locality Hubs, with far-reaching community spokes to ensure they are accessible and localized and reflect diverse needs.



Woodley Review

The Woodley Review echoed the issues on the preceding slides, emphasising:

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

..... and making the following recommendations which are picked up in the Transformation work:

- Shifting resources towards earlier intervention and prevention with an emphasis on:
 - Well-being & primary care,
 - mentally healthy communities,
 - importance of good physical health,
 - suicide prevention,
 - concentrate on high risk factors: loneliness, schools, debt / financial challenge
- Co-production in service design, help build community capacity & ensure adequate focus on BAME communities.
- Better partnership working through improved governance oversight of the MH strategy & improve contract monitoring processes.
- Use existing service user & stakeholder forums.
- explore opportunities to use technology.

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Overview Model of Care: what's in scope

Croydon's New Integrated Mental Health & Well-Being Model of Care: our vision on a page.

For the whole system

- Centre of community for mental health & well-being
- Mental Health expertise into locality 'gateway' centres
- Crisis avoidance should reduce MH presentation to A&E
- Reduced reliance on secondary MH
- Reduced reliance on A&E as default
- Reduced OBDs – in MH and acute hospital
- Strong links to ICNs, Huddles & with PIC
- Right care, right time, right place.

For Service Users & Carers

- Non-clinical, warm and welcoming environment
- Single way in for all non-crisis MH services
 - Walk-In, Telephone and Self-Referral
 - Find or keep paid work or volunteering
- Expert advice on debt, benefits & housing
 - Peer support and social activities
 - Care and support to match needs
- One care plan, services wrapped around you
- Convenient locations: Hubs and Spokes
- Supportive, instilling hope and well-being
 - Accessible opening hours



For providers

- Co-location in Hubs & Spokes.
- Partnership for Integrated Care.
- Better waiting times management.
- Co-location of staff = easier co-working.
- Easier flow of people across pathways.
- Whole population approach: less reactive, more planned care.
- MDT approach – enabling whole person support and care for clients.
- Efficiency via Shared IT, Comms/Marketing, Branding, Website, Back Office and Management.

For GPs

- Single point for all 1st and 2nd MH need
 - Dedicated GP clinical advice line
- Direct admission to 2nd without re-referral
 - One stop access to all services
- Community-embedded Psychiatry Service
 - JPN and H&SC Navigator Case Management
 - Single MDT Careplan on EMIS
- Support and services delivered in Practices where possible
- Primary access to IAPT and Step 4 Community Psychology



Enhanced GP Service for Serious and Complex Mental Health Needs: Annual Bio-Psycho-Social Review & Well-Being Plan

Single Care Plan on EMIS, extended appointments, proactively drawing on services integrated services in new model of care

Phased Delivery: high level summary

(Draft – subject to approval)

<p>Phase One A. & B.</p>	<p>Initial development and core service integration / Piloting and Evaluation of Test Sites (2019/20) Delivery Group Terms of Reference refreshed and used as a developmental Task & Finish Group A 'Mental Health Alliance Group' established as part of One Croydon Delivery Group GP Advice line to be launched Q1 Review of Advice Line in Qs 3 & 4 Review of management information from SLAM CMHT Q1 (Management Information CQUIN) Q1 LCS to be launched Q2 /Q3 Potential LCS Pilot test site in New Addington developed with TfL funding Q3 Enabling programmes & contractual levers and incentives developed and implemented Q1/Q2 - including business intelligence, Organisational Development, IT, Comms, SDIP – managed by post within the One Croydon Programme Office Implementation of Hub Pilot stage at either MIND or Edridge Road Community Health Centre in Q3 New community pathways implemented and piloted in Q2/3</p>
<p>Phase One A. & B.</p>	<p>Full Model Developed and Implemented 2021 / 2021/22 Locality Hubs – x3 sites – developed and implemented from 2021 onwards Full LCS scheme implemented in 2020/21 SLAM OBD Trajectory achieved in Q4 2020/21 Shifting Settings of Care Programme developed and implemented to transfer patients from acute to community settings, once Locality Hubs and LCS are fully operational and capacity exists in Primary Care and Community Settings 2020/21 Schemes and operations externally evaluated and reported to governance boards</p>

Finance: realising benefits and releasing savings

- The key design principles of the Transformation are improving patient outcomes through better provision of primary care and community-led support
- It follows therefore that we should see savings delivered through reductions in A&E attendance, admissions and re-admissions
- The principle means of funding the investment required will be a reduction in OBDs ; SLAM have provided a trajectory to reduce bed occupancy from 120% to 85%
- Work is required to identify the interventions required to accompany this transformation work to deliver this trajectory
- 2018/19 Winter Monies have been secured for a 'Discharge Facilitator' – SLAM are currently out to tender for this role – when in place the impact of the role on OBDs will be evaluated and a decision taken on whether further support in the role of a 'Patient Flow Coordinator' is required

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Development of the Delivery Model through the One Croydon Alliance

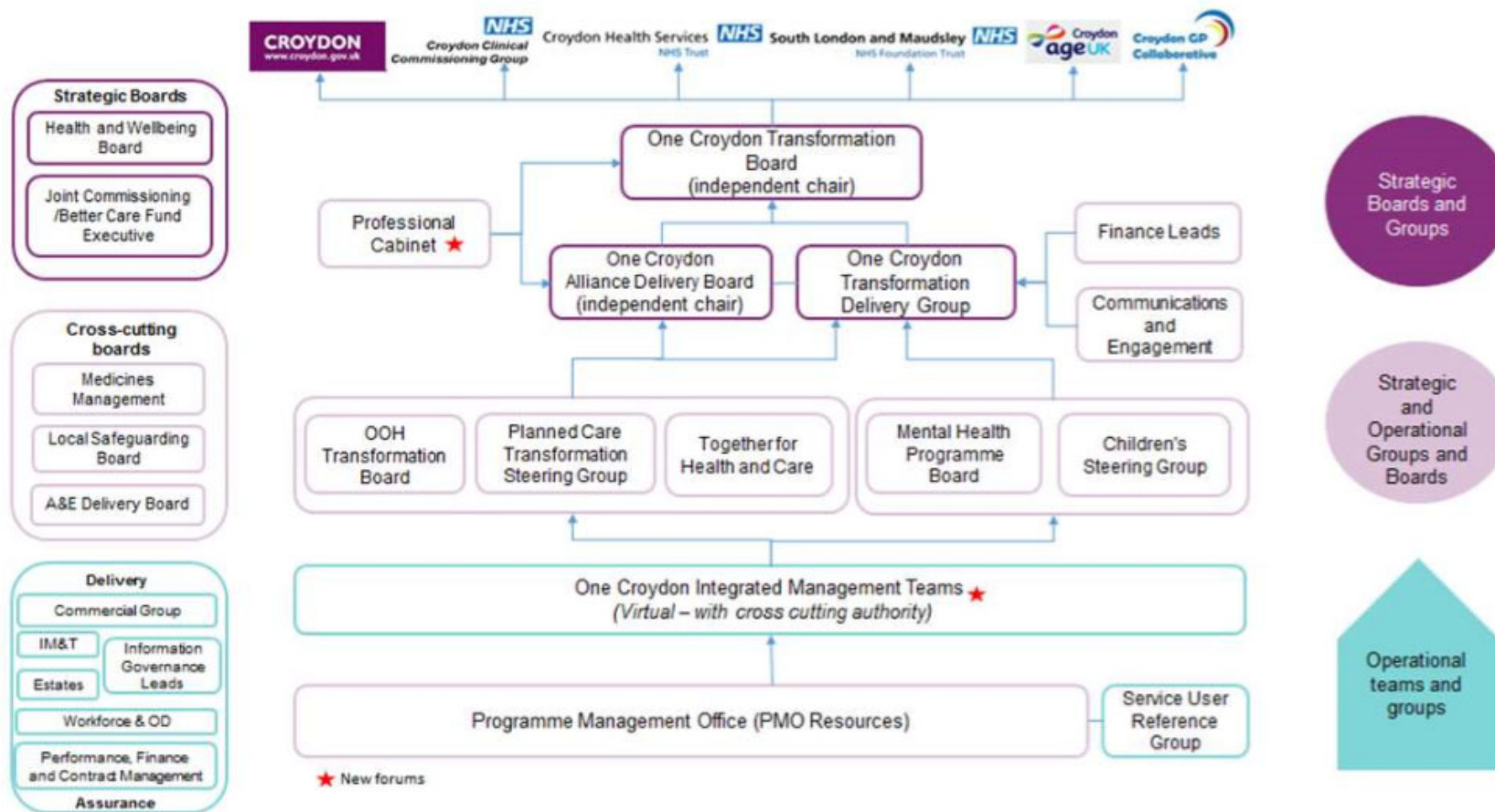
- Business model to be completed
- Full Business Case approval
- Discussion at One Croydon commercial group regarding the options around incorporating MH transformation and how to work with wider partners in the system
- Identification of key partners for delivery
- Discussion with South London Partnership regarding complex patients and commissioning options
- Next steps discussion at SDB and CTB

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Appendix I – Croydon Transformation Whole System Governance



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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 10 April 2019
SUBJECT:	Brexit: Update on plans for identifying and responding to short and longer term risks to health and wellbeing
BOARD SPONSOR:	<i>Rachel Flowers</i>
BOARD PRIORITY/POLICY CONTEXT:	
<ul style="list-style-type: none"> • Preparedness to mitigate the impact of an EU exit with or without a deal, is both a national and local priority. The Health and Wellbeing Board is well placed to ensure the health and care system has identified and responded to potential risks to health and to identify opportunities for alignment. 	
FINANCIAL IMPACT:	
<i>There are no financial impacts identified in this report.</i>	

1. RECOMMENDATIONS

This report recommends that the Health and Wellbeing board:

1. Note the potential impacts of Brexit on health and wellbeing and the national guidance on local and national preparedness
2. Provide an update on their own organisational plans to identify and mitigate the impact of Brexit on health and wellbeing
3. Identify opportunities for alignment of planning across organisations.

2. EXECUTIVE SUMMARY

- 2.1 There remains a significant amount of uncertainty about the impact of the United Kingdom leaving the European Union on health and wellbeing locally, in both the short and longer term.
- 2.2 A 'no deal' Brexit is still a possibility and has the potential to exacerbate the impact.
- 2.3 An effective response to dealing with the impact of the EU exit on health and wellbeing requires close working between all Health and Wellbeing Board member organisations.
- 2.4 A report went to Cabinet in December 2018 outlining the action being taken by the Council to plan for Brexit.
- 2.5 The Department of Health and Social Care are supporting health and care organisations and gaining assurance of Brexit preparations.

- 2.6 This report provides a high level overview of the potential health impacts and guidance from the Department of Health and Social Care on local and national preparedness.

3. BACKGROUND

- 3.1 The EU exit has potential for significant impact on health and care organisations and the health outcomes of Croydon residents in terms of local economy, community cohesion, our health and care workforce, access to medical supplies and public health regulation. There is great uncertainty over the nature of Brexit and the timescales for the UK leaving. There is also uncertainty over the scale of the implications for health and wellbeing.

4. IMPACTS ON HEALTH AND WELLBEING

- 4.1 Much has been written about the potential negative impacts of Brexit on health and wellbeing, however, it remains uncertain which of the risks will materialise and the strength of the impact.
- 4.2 The main areas of concern identified include: health and social care staffing shortages; access to and regulation of medicines; reciprocal healthcare arrangements; commissioning and procurement law; working time directives; cross border public health legislation (e.g. tobacco control; food safety; alcohol; housing standards); health protection surveillance; civil disorder; EU grants providing regeneration and employment and economic uncertainty.
- 4.3 On the flipside, some Brexit literature has focused on the potential opportunities for improved health outcomes that Brexit offers. The Health Foundation¹ (2018) discuss the opportunity for a stronger and more holistic health in all policies approach to UK legislation on trade; air quality; nutrition for example.

5. PREPARING FOR BREXIT

- 5.1 The Department of Health and Social Care (DHSC) is leading the response to EU Exit across the health and care sector. The DHSC wrote to all Directors of Public Health and Local Authority Chief Executives in March 2019 and to all health care commissioners and providers in December 2018 to outline the arrangements being put in place to protect the public's health as part of the preparations for the EU exit including preparing for a 'no deal' scenario.
- 5.2 The Government have published an Operational Readiness guidance document² covering the actions that all health and adult social care organisations should undertake in preparation for Brexit. This documents seven areas where

¹ https://www.health.org.uk/sites/default/files/Policies-healthy-lives_web.pdf

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf

preparedness should be focused at local and national levels, these areas reflect the literature on the likely impacts of an EU exit on health:

- 1) Supply of medicines and vaccines
- 2) Supply of medical devices and clinical consumables
- 3) Supply of non-clinical consumables, goods and services
- 4) Workforce
- 5) Reciprocal healthcare
- 6) Research and clinical trials
- 7) Data sharing, processes and access

- 5.3 Local health and social care providers and commissioners are asked to assess the risks in relation to these seven areas, and in addition potential increases in service demand and any locally specific risks,
- 5.4 The DHSC have established an Operational Response Centre to lead on any disruption to health and care delivery as a result of the EU Exit. The centre will coordinate reporting and information across the health and care system and will be supported by regional and local teams who will work with the local NHS to resolve issues that may arise.
- 5.5 The DHSC have been taking action to ensure public health regulations such as tobacco control and food safety regulation will continue to operate effectively. They have also been developing contingency plans to mitigate the risk of 'no deal' on NHS Blood and Transplant.
- 5.6 NHS England have hosted regional workshops to discuss local and regional NHS preparedness and contingency in the event of a no deal EU exit.

6. LOCAL PREPARATIONS

6.1 Croydon Council

6.1.1 The Council outlined their response and plans for Brexit in a paper for the December 2018. The paper outlined 4 key areas of potential implications: local economy; workforce and employment; finance and procurement and Community safety and cohesion and outlines the actions being taken by the council to mitigate the risks.

6.1.2 The Director of Public Health is ensuring that all Brexit communications are circulated to the Chief Executives of Croydon's Health and care system.

6.2 NHS Croydon CCG

6.2.1 NHS England and NHS Improvement are working closely with DHSC to best prepare the NHS. **NHS Croydon CCG** alongside our partner CCGs across south west London are working locally with partners to prepare for, and manage, the risks of a no-deal exit scenario as outlined in the DHSC [EU Exit Operational Guidance](#) which outlines the actions that providers and commissioners of health and social care services should take.

- 6.2.2 The NHS England Director of Acute Care and Strategic Commander for EU Exit, Professor Keith Willett, [wrote to clinical commissioning group \(CCG\) and trust Chief Executives](#) in February outlining the operational response that NHS England and NHS Improvement are undertaking at a national and regional level in preparation. This will be based on enhancing existing command and control protocols used in emergency preparedness, resilience and response (EPRR).
- 6.2.3 Government guidance is clear that stockpiling of medicines, devices and products is not necessary, and NHS England has put contingency plans in place to ensure the continued supply of medicines and other medical products. Therefore, neither the CCG nor local health trusts are making local stockpiles.
- 6.2.4 All organisations in south west London have reviewed staff rotas in late March and throughout April to ensure to ensure there will continue to be sufficient staff to deliver the high-quality services which the public relies following the UK's exit from the EU.
- 6.2.5 None of the organisations with whom we work have made any plans to cancel appointments or procedures for our patients.
- 6.2.6 NHS England is working closely with DHSC, patient groups and others to provide relevant information to patients and the public. Information for patients is available online from www.nhs.uk. GPs and Pharmacists are advised to refer patients to this information if they have concerns.

6.3 **Croydon Health Services**

- 6.3.1 Preparations are in line with the national operational guidance and include: establishment of local response and escalation arrangements, communication and engagement with the London region emergency preparedness resilience and response team via a daily situation report and planning against the 7 core areas in the DHSC operational guidance.

6.4 **South London and the Maudsley (SL&M)**

- 6.4.1 For **SL&M's** Brexit planning the Trust has devised and implemented a "Brexit Guidance Summary and Actions" document. This focuses around 7 core sections:

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal Healthcare
- Clinical trials and clinical investigations
- Data Sharing, Processing and Access

- 6.4.2 **SL&M** are also:

- Ensuring the Trustwide Business continuity plan that is fully risk assessed

and tested

- Reviewing Information sharing guidance
- Reviewing Pharmacy guidance
- Reviewing ISS business continuity plans
- Reviewing NHSP business continuity plans
- Ensuring Control room readiness

6.4.3 **SL&M**, as a part of the South East London STP is planning to ensure each organisation and collectively that we are sufficiently risk assessed and prepared for the possibility of a no deal Brexit. Our COO Kris Dominy is the SL&M SRO for this.

6.4.4 For no deal planning purposes as an organisation, SL&M has:

- Planned executive and senior management leave for March & April
- Reviewed clinical and non-clinical on call rotas for March & April
- Refreshed all business continuity plans
- Nominated a one person contact for each team/service should daily sitreps be required under a no deal scenario

7 CONSULTATION

N/A

8 SERVICE INTEGRATION

N/A

9 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

9.1 At this stage, it is not possible to identify the financial impact of Member organisations of leaving the European Union. (*See cabinet report*)

Approved by: Mirella Peters, Head of HWA Finance, Croydon Council

10 LEGAL CONSIDERATIONS

10.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance & Deputy Monitoring Officer that information provided in this report is necessary to demonstrate the Council's planning in relation to Brexit preparedness.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer

11 EQUALITIES IMPACT

11.1 An equality analysis has been conducted on the potential impact of Brexit on Croydon residents and is detailed in the December 2018 Cabinet report on the council's Brexit preparations.

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER: [Helen Harrison and Jack Bedeman, Public Health, Croydon Council]

Helen.harrison@croydon.gov.uk

Jack.bedeman@croydon.gov.uk

BACKGROUND DOCUMENTS

Appendix 1 – *Cabinet report December 2018: Council Preparations for Brexit*

REPORT TO:	CABINET 10 DECEMBER 2018
SUBJECT:	BREXIT PREPARATIONS FOR CROYDON
LEAD OFFICER:	JO NEGRINI, CHIEF EXECUTIVE
CABINET MEMBER:	CLLR TONY NEWMAN,
WARDS:	ALL
CORPORATE PRIORITY/POLICY CONTEXT	
<p>The United Kingdom's exit from the European Union on 29 March 2019 has major implications for local authorities in terms of their budgets, local economies, regulatory framework and community cohesion. A 'no-deal Brexit' remains a distinct possibility as the date for leaving the European Union approaches and would exacerbate the impact on the borough. Amid this uncertainty this report sets out some of the issues and Croydon's approach to mitigate the impact and safeguard the Council's ability to deliver its plans for growth, opportunity, enabling people to live health and independent lives and to drive fairness for all communities, people and places.</p>	
FINANCIAL IMPACT:	
<p>Leaving the European Union brings with it financial uncertainty for the Council, as well as the Country as a whole. Whilst the exact impact cannot be estimated at this point, sound financial management requires consideration and preparation for a range of consequences.</p>	
KEY DECISION REFERENCE NO.: N/A	
<p>The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below</p>	
1. RECOMMENDATIONS	
<p>The Cabinet is recommended to:</p>	
1.1	Note the potential impact and responses to Brexit in Croydon, as set out in the report
1.2	Endorse the statement that 'Croydon is open' for business and that everyone in our diverse communities is welcome
1.3	Authorise officers to make arrangements to keep EU citizens in Croydon aware of the EU Settlement Scheme and work with our partners to ensure those who need it have access to support to apply for settled status
1.4	Note that the Council will pay the application fee for Council employees earning less than £35,000 and their partners and children seeking settled status and encourage contractors to do the same
1.5	Ensure businesses are aware of the EU citizens' rights to residency and employment as they are confirmed

- | | |
|-----|---|
| 1.6 | Agree that regular updates be provided to all councillors and relevant stakeholders for each of the key categories outlined in the report |
| 1.7 | Support the Mayor of London's #LondonIsOpen campaign |

2. EXECUTIVE SUMMARY

- 2.1 The United Kingdom's exit from the European Union on 29 March 2019 has major implications for local authorities in terms of their budgets, local economies, regulatory framework and community cohesion.
- 2.2 A 'no-deal Brexit' remains a distinct possibility as the date for leaving the European Union approaches and would exacerbate the impact on the borough. Amid this uncertainty this report sets out some of the issues.
- 2.3 The implications of Brexit are grouped into the following categories within the report:
- Local Economy
 - Workforce and Employment
 - Finance and Procurement
 - Community Safety and Cohesion
- 2.4 The report takes each category in turn and summarise the potential impact, the actions being taken by the Council, further plans, and options for further action.
- 2.5 In many cases it is difficult to provide financial analysis due to the uncertainty. Therefore a key action across all activities is to continue monitoring the progress of negotiations and work with the Local Government Association and London Councils to ensure our concerns are shared effectively with Government and lobby for effective responses.
- 2.6 The Council will only be able to respond effectively to the challenges posed by Brexit through working closely with its partners in the Local Strategic Partnership, its providers, businesses and Voluntary and Community Sector (VCS) and faith organisations.

3. BACKGROUND

- 3.1 Whatever view is taken towards Brexit, it is likely to have significant implications for Croydon in terms of the local economy, workforce and skills, community cohesion, demand for public services, the Council's finances and regulatory framework. There is great uncertainty over the scale and timing of these implications, not least because there are a range of different scenarios that could occur.

EU Exit process and negotiations

- 3.2 The UK is due to leave the EU at 11pm UK time on 29 March 2019. Three possible scenarios on the manner of the withdrawal are:

- a deal is reached on both the Withdrawal Agreement and a future relationship between the UK and EU.
 - the terms of withdrawal are agreed but it proves impossible to agree on a future relationship
 - the UK leaves the EU without a Withdrawal Agreement in March 2019.
- 3.3 A Withdrawal Agreement has been agreed by the UK Government and European Council. If it is approved by the UK and EU parliaments and the Withdrawal Treaty is ratified by March 2019, it will provide for an implementation period. The period would last until December 2020, with the possibility of a time-limited extension for up to one or two years. This would give more time for the future relationship between the UK and EU to be defined, and for national and local government, business and others to put arrangements in place. The Political Declaration endorsed at the European Council on 25 November sets out the framework for the future relationship with the EU on matters such as trade, migration, cooperation on security and data-exchange, and participation in programmes in areas such as science, youth, culture and education and civil protection. However, the declaration is not a legally binding agreement and the terms may change.
- 3.4 If the Withdrawal Treaty was ratified, but there was no agreement on a future relationship with the EU, there would be a transition period until December 2020 (unless it was extended) and reciprocal rights of EU and UK citizens would be confirmed. After the transition period ended, and without any other agreement, World Trade Organisation rules would apply.
- 3.5 However, it is uncertain whether the UK parliament will approve the agreement. 'No-deal' would mean that the proposed implementation period would not happen. Preparations would, in that case, need to be ready for 29 March 2019.
- 3.6 The Withdrawal Act 2018 transfers existing EU legislation and regulations underpinning key services into UK law. They will continue to apply, unless changes are made subsequently. The Act applies even under 'no-deal', but the Withdrawal Agreement, which contains important provisions including reciprocal rights of EU and UK citizens, would fall. It has been estimated that some 800 items of secondary legislation would need to be passed by March 2019 to ensure that UK law was operable on 'Brexit day'.
- 3.7 For the purposes of this report we have assumed a 'no-deal' scenario, recognising that this would present the most change, and therefore greater uncertainty and risk. Any scenario where the Withdrawal Agreement is approved and / or the future relationship is agreed would result in less uncertainty and risk.

Risk Management

- 3.8 The Council maintains and regularly reviews a risk register. This ensures that we are monitoring and planning for potential issues that may impact on the Council's ability to deliver services, financial position or reputation.
- 3.9 The decision to leave the European Union has been included in the risk register since 2017, following the UK Government's triggering of Article 50 of the Lisbon

Treaty, which formalised the process for exit negotiations and set the timetable for March 2019.

- 3.10 The risk register provides a useful summary of the issues that the Council needs to consider. Whilst it recognises that the results of the Brexit negotiations are outside of our control, the Council will need to react to the issues that arise and the following potential impacts are identified:
- Uncertainties about the residency rights of current EU citizens in Croydon could cause community tensions.
 - Wider uncertainties about the UK's economy and trade arrangements could potentially impact development plans and inward investment that are vital for the borough's regeneration.
 - The Council has received funding for a number of initiatives from the EU with some of these part way through delivery. There is uncertainty about future funding and the availability of funds for projects.
 - The UK Economic performance will impact local authority budgets and grants. Currently there are unknowns about whether further grant cuts will be imposed and how Croydon's budget may be affected.
 - Croydon's business rates income could be impacted by any loss of confidence in investment in the UK economy.
- 3.11 The Council's Scrutiny and Overview Committee has considered the risks posed by Brexit at alternate meetings. The Committee will review the impact of Brexit at its meeting on 30 April 2019.
- 3.12 Whilst the risk register recognises that the results of the Brexit negotiations and terms of any deal are outside of the Council's control, we are taking action to protect Croydon from any negative impact, and maximise any benefits. The remainder of this report will outline these actions and consider further actions that could be taken.
- 3.13 The following sections summarise the potential impact of a 'no deal' Brexit on Croydon, outlines the actions being taken and identifies further actions that could be considered.

4. POTENTIAL IMPACT ON THE LOCAL ECONOMY

- 4.1 The GLA's 'Preparing for Brexit' report cites the Cambridge Econometrics model which suggests that the more abrupt the UK's exit from the EU, the greater the negative impact on the London Economy, ranging from a loss of between 0.8% and 2.1% in Gross Value added by 2030. The impact in terms of growth, employment and productivity in Croydon would appear to be less than the London average. Comparing the impact on growth to 2030 in the South London Partnership area which includes Croydon, against 'no Brexit', it suggests:
- a loss of 0.8% in Gross Value Added (GVA) by 2030 and 0.5% reduction in employment under a 2 year transition followed by Single Market (SM) without a Customs Union (CU)
 - a loss of 1.0% in GVA by 2030 and 0.9% reduction in employment under a 2 year transition with a CU, but no membership of the SM.

- a loss of 1.6% in GVA and 1.3% reduction in employment if the Brexit outcome is a 2 year transition followed by no membership of the SM or CU and falling back to World Trade Organisation (WTO) rules.
 - a loss of 1.8% in GVA and 1.3% reduction in employment where there is no transition, no membership of the SM or CU and no preferential EU/UK trade agreement.
- 4.2 Croydon's Small Business Commission reported that Brexit was a factor in reducing confidence and slowing investment. Businesses in Croydon may be impacted by higher interest rates, inflation and banking delays (set out more fully at Section 8 below), as well as higher tariffs on imports from the European Union on food, clothing, construction materials, car and transport equipment and paper. Additional customs and border controls may cause delays, which may affect 'just-in-time' deliveries and perishables.
- 4.3 Any reduction in economic growth is likely to impact on household budgets, which could subsequently cause a reduction in spending in the retail and hospitality sectors.
- 4.4 Many of the potential challenges faced by property developers are consistent with those in the wider economy, mainly concerning labour supply in the construction sector and cost inflation within the supply chain (driven by currency fluctuations and restrictions on the supply of materials). For Brick by Brick (BxB), the Council's development company, challenges also include the impact on the UK property market, in terms of property values and housing demand. The impact of each Brexit scenario on the property market is unclear. Any hint of reduced confidence in the wider UK economy is likely to create a more challenging environment for property developers. Uncertainty about Brexit has already affected the property market: the Royal Institute of Chartered Surveyors reported that new surveying instructions fell in each of the first seven months of 2018, indicating falling demand. Growth in property values in Outer London was around 0.3% in mid-2018, better than Inner London (which has seen a contraction in values). The impact in Croydon has been downward pressure on the annual growth rate in property values over the last two years, although this was from a high peak in July 2016. The average value of new-build residential units in Croydon has remained relatively flat over the last 18 months. Brexit uncertainty is one of a number of market factors contributing to this.
- 4.5 A positive impact of the uncertainty has been investors' reduced appetite for committing to buy land, which has reduced land values. This presents an opportunity for BxB to secure new sites for development (within an appropriate risk profile) and ensure that sites which would have otherwise been bought by private developers can release greater affordable housing provision.
- 4.6 On 29 October, the Future Place Board considered the local impact of Brexit. The Board is part of Croydon's Local Strategic Partnership and considers skills, employment and inclusive growth. Its membership comprises Council members and officers, and representatives of organisations from the public, private and voluntary sectors. Board members expressed concern about Brexit and the effect on confidence, community spend and workforce, in particular in the construction, hospitality, health and social care sectors which could suffer skills

gaps and rising wage bills. They indicated that social care and hospitality had slim profit margins.

- 4.7 Board members felt that, while Brexit could not be ignored, participants and businesses did not know what to expect, particularly given the lack of communication about it. It was reported that the Council already asked businesses what their future skills needs were, but that some firms did not have the ability to look ahead to 'future-proof themselves' from Brexit. While it was noted that the Partnership was already making connections between education and training organisations and business, Board members felt that there was more work to be done to enable young people to visualise what new career opportunities in trades, not just roles needing academic qualifications, might mean for them in real terms, and also to raise awareness of career progressions that might be possible for people already in work. Concern was also expressed over the loss of EU funding for training and learning.

5. LOCAL ECONOMY: OUR RESPONSE

- 5.1 The Council is committed to supporting our local economy. The Corporate Plan includes the following priorities:
- Everybody has the opportunity to work and build their career
 - More residents develop their skills and benefit from regeneration and investment in Croydon and more businesses pay the London Living Wage and employ and buy local
 - Business moves here and invests, our existing businesses grow
 - Local communities and high streets benefit from economic growth and flourish, small and medium enterprises (SMEs) and entrepreneurs thrive
 - Infrastructure supports economic growth.
- 5.2 The Council is therefore already taking a number of actions to support the local economy:
- Marketing 'Croydon is open' to attract more investment to the borough
 - Working with the Government and the GLA to improve the infrastructure for growth: better roads and public transport, and excellent broadband
 - Supporting the Growth Zone to develop new retail space, creating 24,000 jobs and 10,000 new homes for local people
 - Through our Value Croydon approach, increasing the number of local suppliers that are benefiting from our £400m annual commissioning – directly and through our existing providers, offering local SMEs access to supply chain opportunities and making it easier for them to bid for Council contracts, for example by breaking down large lots, ensuring that Croydon Businesses are aware of the ability to bid for low value contracts which are available with the Council
 - Encouraging and incentivising business to do the same through the Croydon Good Employer Charter: to pay the London Living Wage, recruit Croydon residents, use Croydon businesses for goods and services and have good policy and practice around equalities, workforce development and environmental sustainability.
 - Helping business to locate space in Croydon, creating work spaces through planning policy, reactivating empty properties and submitting a Creative Enterprise Zone bid to enable us to do more

- Supporting business and enterprise financially, through Croydon Enterprise Loan Fund and the Council's discretionary business rates relief
- Facilitating access to advice, information, mentoring and networking through the Croydon Business Network, Social Enterprise Network, a new small business hub and tech partnerships
- Supporting the development of new Business Improvement Districts and local economic development plans.

5.3 BxB's business plan includes measures to mitigate the potential Brexit impacts of falling property values and rising costs, as decisions to progress with developments are based on financial viability appraisals which make assumptions about property values and construction costs within each scheme:

- Cautious assumptions about property values have been made in appraisals for existing schemes and no inflation in values has been planned for in line with current trends. A recent valuation exercise for 26 schemes undertaken by qualified independent surveyors demonstrated that valuation estimates were higher than those currently used in BXB's business plan. This provides a contingency for any potential negative impact on the UK property market.
- BxB reserves the option to convert some of its existing private sale schemes into private rental schemes (PRS) in the event that capital values for property significantly decrease. Whilst this has an impact on cash flow in terms of how quickly debt can be repaid, it allows the company to hold assets in the expectation that they could be released at a higher value in future, whilst still making a return.
- BxB has been exploring options to procure elements of the construction process in more innovative ways that will allow it to control the cost items which are currently seeing the biggest increase across its programme.

5.4 Recognising the additional challenge that Brexit may create, the following actions will also be taken forward:

- Signposting to advice from Government and other sources to ensure that our businesses base is compliant with emerging legislation, policy and practice. This will include promotion of the Mayor of London's [Brexit Business resource hub](#).
- Supporting opportunities for international trade including attracting new investment, investors and developing new partnerships e.g. building on relationships with Henan Province China.
- With Croydon Business Network, deliver and enable a package of support to help existing businesses access new markets.
- Provide support to our existing business base to help create policies and procedures that enable them to become fit to supply major international companies.
- Joining with the Mayor of London to echo his message that #LondonisOpen - showcasing that Croydon is and will remain open for business, talent and ideas from across Europe and around the world - enhancing the borough's good reputation for being an easy place to invest and develop in, finessing the Council's offer and approaching developers to bring them to Croydon.
- Conduct an annual business survey which will add to our understanding of business confidence, concerns about Brexit, views on the Council's openness

- Encourage anchor organisations in Croydon (like NHS trusts, colleges, the Police) to support the local economy by paying the London Living Wage, buying local and employing local
- As part of its regulatory and enforcement role, the Council will notify retailers and food businesses of changes in regulations,
- Work with the Sussex Innovation Centre and TMRW tech hub and C2C to strengthen growth sectors.
- Once it is announced, respond to Government consultation on the new UK Shared Prosperity Fund to ensure it meets Croydon's needs, and support bids to fund skills training, innovation and export growth.

6. POTENTIAL IMPACT ON WORKFORCE AND EMPLOYMENT

- 6.1 The Council values the important contribution EU citizens make to the work of the Council, its partners and providers and key sectors of Croydon's economy.
- 6.2 Although no local data is available, London-wide data shows that the percentage of EU citizens in the construction industry, retail, healthcare and social work, education, accommodation & food and technology is high. All of these are important for the local economy in Croydon (Table A). This suggests that these key sectors all face significant risks of skills shortages.

Table A: Percentage of jobs filled by non-UK EEA nationals

Sector	Number of jobs in Croydon by sector	% of all Croydon jobs by sector	% of all London jobs filled by non-UK EEA nationals
Retail	20,000	16.9%	11%
Human health and social work	15,000	12.7%	11%
Education	12,000	10.2%	12%
Professional, Scientific, Technical	12,000	10.2%	12%
Accommodation and food	8,000	6.8%	32%
Construction	7,000	5.9%	32%

Source: NOMIS employee jobs 2016 and GLA.

- 6.3 Table A demonstrates that these six sectors account for 74,000 jobs in Croydon. If the proportion of employees is similar to the whole of London, there are circa 11,500 non-UK EEA nationals employed in these sectors alone across Croydon.
- 6.4 Feedback from construction companies demonstrates concerns about the skills gaps through loss of the EU workforce and increased costs and delays in supplying building materials. This would impact on regeneration projects in Croydon including the infrastructure, retail and housing development plans, repair and improvement works on council homes and the schools expansion programme.
- 6.5 Around 50 Council employees (1.5% of the workforce) are listed as EU nationals including 14 social workers. In addition, according to a preliminary estimate, 15% (110) of some 750 locums and agency staff employed across the Council are recorded as EU nationals. As disclosure of such information by existing employees is voluntary, these figures are likely to be underestimates.

The Council is in the process of assessing the reliance on EU nationals by the many contractors and providers that deliver council services. Many roles could be filled again; however social care workers would be more challenging to replace: 13% of posts filled by the largest agency are held by EU nationals.

Health & Social Care Implications

- 6.6 The impact on the health and social care sector if unmitigated has the potential to cause severe disruption. The NHS is currently facing shortages, particularly in nursing, midwifery and health; therefore, any negative impact from Brexit will exacerbate this issue. A Department of Health and Social Care report has outlined the potential impact of not enabling EU workers to work in the UK Social Care sector post-Brexit. The report warns that in a worst case scenario, there could be a shortage of 6,000 doctors, 12,000 nurses and 28,000 care staff. The Government has announced that doctors and nurses are to be exempt from the cap on skilled workers, but this does not address the shortage of care staff.
- 6.7 The social care sector nationally has an estimated vacancy rate of 6.6% and a turnover rate of 27.8%. In Croydon the size of the social care market is significant, with 140 care homes accommodating over 3,500 beds, and 50 domiciliary care providers. The local sector is already under strain due to cost and staffing; there have been eight market failures. An estimated 11% of workers in the sector are EEA nationals. The figures in Table A suggest that over 1,600 health and social care roles in Croydon are held by EEA nationals. Brexit has the potential to significantly worsen this staff shortage as, given the turnover, recruitment is essential. 30% of Croydon's adult social care providers report that they are currently affected by Brexit, mostly due to recruitment issues.
- 6.8 Our response must therefore be two-fold:
- retention of existing EU employees through providing reassurance, directly and through their employers, and enabling them to retain their residence and employment rights through the EU Settlement Scheme (see paragraph 6.9), and
 - skilling up of the local workforce to replace those EU workers who leave.

Retention of existing EU employees

- 6.9 In June 2018, the Government announced an EU Settlement Scheme to enable EU citizens to acquire settled status (indefinite leave to remain) or pre-settled status (limited leave to remain) and continue their lives in the UK with the same entitlements as now to work, study and access public services and benefits, according to current rules. The Withdrawal Agreement states that workers and self-employed persons will be guaranteed broadly the same rights as they currently enjoy.
- 6.10 A pilot of the EU Settlement Scheme, for people working in health and social care and certain educational institutions, will run from 29 November to 21 December 2018. The Scheme will be fully rolled out by 30 March 2019. Application is online. Government grant funding of up to £9 million is available for VCS organisations to support EU citizens who might need additional help when applying for their immigration status through the Scheme.

- 6.11 However, in the event of 'no-deal', the Withdrawal Agreement, including these provisions, would fall and emergency legislation would have to be passed to establish the ongoing status and rights of EU citizens currently living in the UK. The uncertainty of 'no-deal' could accelerate the departure of EU nationals, potentially posing a significant risk of skills shortages in key sectors in Croydon's economy.
- 6.12 In this situation, the status and rights of UK citizens living in EU countries would also be uncertain. It may lead to some UK citizens returning to the UK, but this is not anticipated to be at a level that will improve the workforce implications.

Recruitment

- 6.13 With regard to recruitment, there has already been a fall in job applications from other EU countries. The proposed strict controls on unskilled migrants (EU and non-EU) entering the UK from March 2019, if they earn less than £30,000 a year, would directly affect the important local sectors of construction, hospitality, catering, health, social care and retail.
- 5.14 It is therefore vital to upskill the existing UK workforce and enable young people about to enter the workforce to access job opportunities in these sectors.

7. WORKFORCE AND EMPLOYMENT: OUR RESPONSE

- 7.1 As set out in the section on local economy, the Corporate Plan includes a priority to ensure everybody has the opportunity to work and build their career.
- 7.2 In addition to the local economy actions, there are a number of actions already underway specifically focused on workforce and employment:
- The Council and social care providers are actively recruiting social care staff through various initiatives
 - To improve local skills we are working with schools, colleges, trainers and businesses to support vocational routes for the local workforce into growth sectors of care, culture, retail, tech and construction, through Croydon Works, the job brokerage service. A new construction skills academy in New Addington supports this work.
 - We support business in developing training programmes for current and new employees and in creating new apprenticeships.
 - We also work with schools to engage with business and develop traineeships and entry-level routes into employment.
- 7.3 Whilst not in place, work is already underway to undertake the following actions to support the retention of the local EU workforce. These formed the basis of a commitment announced by the Leader of the Council in October:
- Actively seek a full disclosure from all existing Council staff who are EU citizens and capture status as part of right to work for all new employees, reminding them that they are valued by the Council, which is committed to their ongoing employment.
 - Communicate with the Council workforce in autumn 2018 about the EU Settlement Scheme using information released by the Government.

- Arrange 'drop in' sessions/surgeries for any employee, locum or employee of our contractors engaged in delivering the Council's services, who are worried about their status, assist with applications and offer other welfare support and advice.
- Reassure the Council's employees that the Government's policy is that until 31 December 2020 EU citizens will still work freely in the UK. The application for settlement or pre-settlement status will need to be made before 1st July 2021.
- Pay the application fee for Council employees earning less than £35,000 and their partners and children seeking settled status and encourage contractors to do the same
- Ensure the Council's partners and providers are aware of the EU Settlement Scheme and its employer toolkit and are able to support their employees.
- Engage with the business community to raise awareness of the EU Settlement Scheme and employment law in respect to EU nationals' status, particularly during the Brexit transition period.

7.4 The following outlines further potential actions that the Council will take in support of workforce and employment:

- Speak to key partners i.e. agency providers, partner organisations, regarding the impact of workforce attrition on the whole health and social care system
- Assess the impact on supply and access to agency/locum workers
- Develop specific training into work and recruitment packages for those industries likely to be hardest hit by Brexit, for example working with employers and sector skills agencies to create training and recruitment solutions for health and social care, construction, retail and hospitality and developing stronger career pathways.
- Increase promotion of the study of STEM (science, technology, engineering and maths) subjects among young people.
- Support businesses and training providers to seek funding to improve training provision
- Work with the Voluntary & Community sector, faith groups and other places of community focus to ensure EU citizens are aware of the EU Settlement Scheme and get support if required to apply for settled status. Initially the Council will work with law centres, the Citizens' Advice Bureau and other advice agencies to develop a network of support and access to pro-bono advice. The Government has announced up to £9m in funding to VCS organisations to ensure EU citizens needing additional support get help in obtaining their settled status.
- Develop a web portal on Brexit on the Council's website:
 - for EU citizens with links to updated information on the EU Settlement Scheme including the Mayor of London's [guidance hub](#), and local sources of assistance
 - Information, once confirmed, on EU citizens' rights of residence, employment and access to benefits (to inform current and prospective employers and landlords) including a link to [EU Settlement Scheme Employer toolkit](#).

8. POTENTIAL IMPACT ON COUNCIL FINANCE AND PROCUREMENT

- 8.1 No deal Brexit poses a number of fundamental, wide-ranging and complex challenges for the Council's finances. However, it is difficult to predict the long-term impacts.
- 8.2 Inflation is likely to increase due to a fall in the value of Sterling, the impact of tariffs, supply chain concerns and labour shortages. This would increase costs for the council wage bill, supplies and services. Payments to providers rise in line with the Consumer Price Index (CPI). As the Council Pension is pegged to CPI, employer pension contributions would increase in the medium term.
- 8.3 Current levels of long-term borrowing for capital projects supporting regeneration in Croydon's Growth Zone and developing housing through Brick by Brick are insulated from increases in interest rates, but a sustained increase in the cost of debt could have a severe impact on affordability if further loans were required. This could delay or reduce the scale of such projects.
- 8.4 The Council has a loan facility from the European Investment Bank for £102m for the schools expansion programme. At 31 March 2018 it had drawn down £44.745m. The commercial arrangements are expected to continue unaffected.
- 8.5 The Pension Fund investment portfolio is currently valued at over £1 billion and invested in markets both inside and outside the EU. Latterly it has benefited from market volatility but in the longer term the impact of falling exchange rates could be damaging to the economy and cause adverse movements in interest rates and gilt yields.
- 8.6 Two-fifths of high street banks are based in the EU. There could be delays in clearing payments to them, increasing costs.
- 8.7 A decline in the rate of economic growth would impact on the Council's finances in three ways which are impossible to predict:
- by reducing income from Business Rates, Council Tax and charges, such as planning fees. As the Government's revenue support continues to decrease, local authorities are increasingly reliant on the health of the local economy at a time when service demand is increasing
 - by reducing the value of Council assets, such as its housing stock, against which borrowing can be raised
 - by increasing service demand from people whose budgets are squeezed and increasingly at risk of debt and homelessness.
- 8.8 Additional cost pressures are difficult to define at present, but would include increases in procurement costs and demand for services.

Procurement and delivery of public services

- 8.9 After Brexit day, all contract opportunities that would currently be posted on OJEU/TED platforms would be advertised on a new UK-specific e-notification service instead. Contracts in the process of being negotiated could be affected as the rules that frame the process change or disappear overnight. Delays and costs may increase during major procurement exercises if access is lost to EU systems.

- 8.10 Suppliers based in the EU, transporting goods across the continent, or relying on EU based firms (not extensive) may see their costs increase. This could lead to many suppliers asking for more money to deliver the same services. Construction, vehicle leasing and IT contracts are particularly exposed to this risk.
- 8.11 Certain sectors tend to request annual price increases due to fluctuations in market conditions. The uncertainty around Brexit could lead to a larger proportion requesting a price variation to their contracts.
- 8.12 Increase in cost of construction materials and lead-in times (as 64% are imported from EU) and labour costs (due to a worsening skills shortage) impacts on homes and schools capital delivery programme, housing repair, maintenance and improvement programmes.
- 8.13 There may be an increase in the cost of care, driven by staff shortages and food prices on top of existing rate of increase in social care costs. Some social care providers are already indicating that costs are increasing above the CPI rate that is budgeted for.

Demand for services

- 8.14 Brexit has the potential to change the nature and level of demand for services in a number of areas. However, it is not possible to predict the scale of demand, given the uncertainty.
- 8.15 If, following a 'no-deal Brexit', EU citizens lost their rights to residency, employment and eligibility for public services, such as housing and social care, some would be at increased risk of unemployment and homelessness, requiring a different service response, as offered to other people with no recourse to public funds. Those in emergency or temporary accommodation could have their eligibility reviewed. There would be higher risk of rent arrears owed by EU nationals who are council tenants if they ceased to be eligible for benefits or became unemployed.
- 8.16 As nationality is often not recorded and ethnicity data is a poor proxy measure, it is difficult to estimate the number of EU nationals receiving key services:
- Where nationality has been recorded, an average of 1.9% of children and young people across the children in need, looked after children, child protection and care leavers categories were EU nationals, equating to 125 individuals.
 - There is no nationality data for open adult social care users: 389 (7.0%) of those with open provision were 'white other', but this could underestimate the number of EU nationals by half.
 - 27 (4.2%) of approaches for assistance under the Homelessness Reduction Act in April to June 2018 (the first quarter of implementation) were non-Irish EEA nationals. Half (56%) of these were private tenants. 59% were employed but almost all of them were claiming benefits. 85% had dependent children. This indicates the potential vulnerability of this cohort to homelessness and that the Council might be faced with demand for assistance if prevention action were not taken.

- 8.17 The Withdrawal Agreement states that all UK nationals lawfully residing in an EU Member State at the end of the Implementation Period will be able to stay permanently in that Member State. They will have broadly the same entitlements to work, study and access public services and benefits as now where these entitlements have derived from UK membership of the EU. However, in the event of a 'no-deal Brexit', these entitlements would not be protected, and older vulnerable British Citizens returning to UK from other EU countries could require social care and housing. This demand is impossible to quantify, but they would have to meet the habitual residence test (HRT) which requires two years' residence in UK prior to housing application. The trend should be monitored with social care partners and advice agencies, and the policy for applying the HRT consistently in these cases agreed with the Department for Work & Pensions.
- 8.18 Poverty, already set to increase, could be exacerbated by Brexit. According to a JRF report, 'How could Brexit affect poverty in the UK?', the cost of living for the average UK household has increased by over £400 a year since the EU referendum (through the fall in sterling and rise in interest rates). Real wages would fall by 1.0% in the event of 'no-deal', increasing vulnerability to debt and homelessness. This could increase the need for homelessness prevention, budgeting support, discretionary housing payments, as well as temporary accommodation. It could also increase the amount rent and council tax arrears.
- 8.19 4,609 (5.8%) of 0-15 year olds in Croydon had EU passports in 2011. In 2016/17 there was an 8.4% decline in National Insurance Number registrations for work by foreign nationals in Croydon. The Cambridge Econometrics model suggests a reduction in the overall population in the South London Partnership area of between 1.0% and 3.2% by 2030, depending on the Brexit scenario. There could therefore be a decline in demand for school places in areas/wards in north and central Croydon where a larger proportion of EU citizens with children of statutory school age reside - an assumption as there is no precedent. This could reduce grant paid to the schools affected if those places were not taken up by others.
- 8.20 In the longer term, depending on the degree of reduction in household budgets, some residents may have less liquid assets to pay for domiciliary care.

EU Funding

- 8.21 The Government has announced that it would 'underwrite' European Structural and Investment Funding (ESIF) until the end of 2020 in the event of 'no deal'. This means that organisations that successfully bid into EU-funded programmes before December 2020 will continue to receive funding over the project's lifetime.
- 8.22 ESIF includes
- European Social Fund (ESF) which focuses on improving the employment opportunities, promoting social inclusion and investing in skills by providing help people need to fulfil their potential
 - European Regional Development Fund (ERDF) supports research and innovation, small to medium sized enterprises and creation of a low carbon economy.

- 8.23 After nearly five years of the 2014-20 programme, only 48% of ESIF funding has been allocated by Government.
- 8.24 The Government has stated that it will consult this year on the UK Shared Prosperity Fund (UKSPF) that will replace ESF and be designed to reduce inequality between communities across the UK and to deliver sustainable, inclusive growth. There is the potential for a funding scheme that is less bureaucratic to apply for and administer, that is more responsive to local needs with devolved decision-making. However, to date no information is available on the criteria, or the overall amount of funding, which could be less than that currently available. The final details will only be known after the next Spending Review. This leaves little time to design and deliver new programmes by January 2021, when councils will be relying on this funding to mitigate the effects of Brexit on their local economies.
- 8.25 Given the variety of timespans and geography of projects funded by the EU that benefit Croydon, it is difficult to give an overall figure. These projects include:
- Croydon is the main delivery partner of a Work and Health Programme for the South London Partnership for which the Council will receive a potential £6.7m of ESF funding over 2017/23 (match-funded by Department for Work & Pensions) for an education/ training programme to get long-term unemployed people back into the work place.
 - £9m ESIF funding was provided across 7 boroughs in 2016-18 for programmes to support NEET young people (Not in education, employment or training), with Croydon benefitting from 20-25% of the funding (£900k - £1.125m per annum). Some contracts have been extended for one year. Failure to replace ESIF funding fully would put at risk the Council's ability to identify young people not in education, employment and training (NEETs) and offer them appropriate support.
 - £105,000 ERDF funding has been allocated for business start-up advice and support in Croydon over three years and a bid for to retrofit properties to be zero carbon rated would provide £135,000 for Croydon if successful. Croydon has also submitted a progression in the Workplace bid under C2C LEP for around £2m in ERDF.
 - Octavo, Croydon's educational support mutual, will bid for funding under Erasmus + programme for Croydon teachers and other school staff to observe/undergo training in countries within Europe.
- 8.26 A number of local organisations, not all of which we are aware of, benefit directly from EU funding to provide skills training and employment support for long term unemployed, homeless people and people with particular support needs.

9. COUNCIL FINANCE AND PROCUREMENT: OUR RESPONSE

- 9.1 The Council manages its finances and resources well. Our Medium Term Financial Strategy has recognised the uncertainty that Brexit has created, although as stated previously it is not possible at this stage to estimate the financial impact with any certainty.
- 9.2 The following actions are already planned or being implemented:

- Plan to update pre-Brexit policies, procedures and other documents to reflect new tender, contract and other regulations for implementation from Brexit day
- Agree an approach for tenders and contracts that are due to end around March 2019. Nine contracts worth £13.3m a year are due to expire around this time
- Collaborate and share information further with neighbouring London councils to resolve issues and create joint-solutions where possible
- Complete the identification of suppliers based in the EU or with prominent EU connections so that the Council can anticipate, engage with relevant suppliers and plan to deal with emerging issues
- Plans to work with existing contractors to identify the impact on workforce and ensure contractors have plans in place to mitigate the impact on the services being delivered to our residents
- Developing a scenarios model with KPMG for the cost of care in Croydon, which will assist with demand budgeting
- Review risks and mitigations with housing contractors and increase time and cost contingencies in budgets for complex capital projects
- Ensure no significant transactions in March and April 2019 to avoid potential turbulence
- Monitor impacts, most of which will become clearer in the medium term.
- Work with the VCS sector, faith groups and others to ensure all our EU citizens will be aware of the EU Settlement Scheme as set out at 7.5 above will serve to mitigate the risk of them facing unemployment and homelessness as the result of being unregistered at the end of the transition period.

9.3 Further actions regarding finance and procurement have been identified, as set out below:

- Given the difficulty in modelling a rise in demand for services, make arrangements to monitor the effects of Brexit with partners across sectors and share monitoring data and information to capture issues as they arise and get an idea of changes in demand. The locality approach of the Council's operating model will enable targeted work with schools, the health service, VCS and other partners as emerging issues and changes in demand are identified.
- Review all council business continuity plans to consider supply chain and people impacts, identify critical suppliers and ensure strategies are in place for the partial/whole loss of these
- Reviewing the Housing Revenue Account 30 year business plan to take account of the decline in asset values and the potential risk of rising rent arrears
- Monitor staffing shortages across the health and social care system and its impact on the infrastructure.
- Lobby Government for clarity on eligibility rules for services in the event of a 'no-deal Brexit', given the potential impact on housing and social care and develop a policy response with DWP and other partners on services for EU citizens with no recourse to public funds.
- Ask partners, VCS infrastructure organisations and other local organisations the amount and purpose of EU funding that they receive and the impact of losing it
- If required, arrange access/facilitate access to Government's provision to underwrite EU funding programmes allocated by the end of 2020

- Once it is announced, respond to consultation on UK Shared Prosperity Fund (UKSPF) that will replace the ESIF and call for it to be a more responsive, less bureaucratic scheme led by local areas and not central government
- Make arrangements to access the UKSPF bidding process. Design and deliver new UKSPF funded schemes by 1 January 2021
- Identify what other sources of funding may be available to replace EU funding streams
- Taking into account the impact of Brexit in the design of the next Community Fund programme, e.g. so advice agencies have capacity.

10. POTENTIAL IMPACT ON COMMUNITY SAFETY AND COHESION

- 10.1 Racist hate crimes rose by 16% in Croydon in the year after the Brexit referendum, but have been decreasing toward pre-referendum levels. The future impact of Brexit on hate crime may depend on how the potential outcomes of 'no-deal' or a deal where freedom of movement was retained to some degree was portrayed in the press and social media.
- 10.2 It is understood that the National Police Coordination Centre has drawn up contingency plans for a no-deal exit, including for general public unrest. Unrest and an increase in acquisitive crime could occur in the event of interruptions in the supply chain leading to a shortage of vital items such as food and medicines. The prioritisation of resources to deal with these issues could lead to significant disruption to local Policing for a prolonged period of time.
- 10.3 Depending on the nature of the exit the Police could lose access to European intelligence system and the European Arrest Warrant which allows EU members to request the arrest and detention of criminals in other countries without extradition talks between them. This could impact on the Police's ability to identify and extradite criminals who were foreign nationals, particularly for transnational serious organised crime.
- 10.4 Restricting the freedom of movement, especially for 'low-skilled EU nationals', would create a market place for organised criminals and modern slavery in the informal economy.
- 10.5 The National Police Chiefs Council is setting up a national unit to enable Police forces to access other tools for information sharing via Interpol, alongside ongoing reviews around the potential for disorder following Brexit and the Police response.
- 10.6 The risk assessment of food and food traders will be more difficult and less targeted following loss of access to EU databases and testing. There is risk that following food price increases, cheaper unregulated products could enter the food chain. If Brexit results in a skills shortage in the catering industry, understaffed businesses will be less able to comply with food and safety legislation, risking an increase in food poisoning and complaints.
- 10.7 Irrespective of Brexit, EU citizens resident in the UK will remain entitled to vote and stand in local government elections until s.2 of the Representation of the People Act 1983 is amended. No amendment has been announced.

11. COMMUNITY SAFETY AND COHESION: OUR RESPONSE

- 11.1 The Council's Corporate Plan includes the priority that everyone feels safer in their street, neighbourhood and home, working in partnership to reduce crime, anti-social behaviour and ensure public protection.
- 11.2 The Council is therefore already taking a number of actions to support this area:
- We promote Croydon as a welcoming and open place
 - With our partners we are monitoring the level of community tension through existing projects and will respond to any emerging issues and negative messages arising from a Brexit deal on movement. This work is supported by the Counter Extremism Community Connector who is working with faith and VCS groups to build local networks to promote cohesion, respect and tolerance and monitor community tensions. A protocol on coordinated responses to tensions and cohesion related issues is being agreed. A faith responders group supports responses to community tensions
 - The Safer Croydon Partnership is working jointly to improve support and reduce vulnerability for all victims of crime, focusing on hate crime. This work includes funding community-led activities to overcome hate crime and support victims.
 - Croydon's plans for responding to emergencies align to national and regional protocols and procedures. Discussions are under way with the London Resilience Forum to undertake risk assessments and planning. Planning for any civil disturbance is led by the Police and will be shared with the Croydon Resilience Forum – the local multi-agency emergency planning partnership. They meet to assess risk and implement agreed action.
 - The Council is working with partners and providers to increase awareness of modern day slavery, identify and act to protect victims. Commissioning staff in the Council are being trained to provide assurance that supply chains do not involve enslaved or forced labour.
- 11.3 The following outlines further actions that the Council is intending to take to support community safety and cohesion:
- Improve processes for gathering and assessing information to improve our understanding of our local communities
 - Extend training and awareness raising on modern slavery to more groups including the Council's housing service, recycling and refuse contractor Veolia and Faiths Together. Brexit will be a standing item of the Modern Day Slavery committee to monitor the implications of whatever deal is reached.
 - We will step up food safety checks. However, amending documentation and notices to reflect legislative changes may cause delays in other parts of the service. We will notify retailers and food businesses of changes in the legislation and lobby the Food Standards Authority to provide a suitable replacement for the risk assessment and management function currently performed by EU institutions.
 - We will await guidance from the Association of Electoral Administrators, Cabinet Office and Electoral Commission. If the law changed to remove EU citizens' voting rights Electoral Services would contact each individual

EU citizen registered to advise them of the change. The Council would link up with national communications regarding this.

12. CONSULTATION

- 12.1 The Council will conduct surveys and engage with businesses, its partners and local VCS organisations through the Local Strategic Partnership Boards, networks and other forums and events to understand how Brexit impacts on them. It began this process with local business and employment organisations at the Future Place Board on 29 October. It will take account of these findings and concerns and develop plans with partners to mitigate those negative effects.
- 12.2 As specific measures are proposed, further consultation will be conducted as appropriate at that time.

13 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 13.1 At the time of writing this report it is not possible to identify the financial impact for Croydon Council of leaving the European Union. The financial implications will be explored and reported as national plans become clearer.
- 13.2 A key area of concern is the impact on our residents, staff and contractors. It is known that the cost to apply for settled status is £65 for over 16s and £32.50 for under-16s. Under certain circumstances it is free. A family of 4 would have to pay £195. Providing drop-in advice for Council employees, locums or employees of contractors engaged in delivering the Council's services will require extra staffing. Initially the Council could bring in expert help for initial sessions and work with local law centres and the CAB to develop a resource of pro-bono advice, before the VCS is able to access government funding for this work. These options will be assessed during the pilot phase from 29 November.
- 13.3 Risks
The reports sets out a full range of financial risks that face the authority as a result of leaving the European Union, as well as suggested mitigations.
- 13.4 Options
There are no options presented in this report.
- 13.5 Future savings/efficiencies
There are no future savings or efficiencies proposed in this report, although any opportunities that do arise will be incorporated into the Council's existing financial planning mechanism.

Approved by: Ian Geary, Head of Finance, Resources & Accountancy

14. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 14.1 The Solicitor to the Council comments that in offering incentives and assistance

as suggested within the body of the report, the Council will need to be mindful of the State Aid rules which currently remain in force and which are proposed to remain in force during any transitional arrangements. Furthermore the UK Government have stated that in the event of a no-deal Brexit, it is the government's intention to transpose EU State Aid rules into UK domestic legislation so that they will remain applicable post Brexit.

- 14.2 State aid rules apply as a matter of course to any assistance or advantage given on a selective basis by a public authority (such as the Council) to any organisations that could potentially distort competition and trade in the EU. The definition of state aid is deliberately very broad because 'an advantage' can take many forms. It is anything which an undertaking (an organisation engaged in economic activity) could not get on the open market. It specifically includes such things as grants, loans, tax breaks, rate relief, the use or sale of a state (or Council) asset for free or at less than market price etc. Not all State Aid is unlawful as there are certain defined exemptions. The De Minimis Regulation allows small amounts of aid – less than €200,000 over 3 rolling years – to be given to an undertaking for a wide range of purposes. In calculating whether any assistance or advantage falls within the exemption, it is worth bearing in mind that the €200,000 sum encompasses *any* assistance or advantage from *any* public body during the 3 rolling years, not just monies that the undertaking may have received solely from the Council. Records of aid granted must be kept and all the rules of the De Minimis Regulation must be followed in order for it to be claimed. If the EU Commission determines that assistance or advantage amounts to State Aid not falling within the exemptions, it can impose a range of sanctions, including a requirement that the state recover the aid in question, with interest. Any proposed indemnity to the recipient of aid will not only be unlawful and invalid, but also itself constitute aid. However a recipient of aid may themselves be able, on appropriate facts, to recover damages from the state on the basis of the recipient's legitimate expectation that the state would act lawfully.
- 14.3 Beyond what is set out above, there are no additional legal considerations arising from the recommendations within the report; however, as more clarity is obtained around the direction of travel, specific departmental advice may need to be sought in relation to the legal implications for their services.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law for and on behalf of Jacqueline Harris-Baker, the Director of Law and Monitoring Officer.

15. HUMAN RESOURCES IMPACT

- 15.1 There are no additional human resources implications arising from the recommendations within the report. However, as more clarity emerges, the impact on workforce planning and recruitment will continue to be assessed. Any changes that are required to Human Resources policies will be consulted on as necessary in line with our current practice.

Approved by: Sue Moorman on behalf of the Director of Human Resources

16. EQUALITIES IMPACT

- 16.1 Data from the 2011 census showed that 19,882, 5.5% of Croydon residents, held EU passports (excluding Ireland). This is an understatement as 22,975 EU electors are currently on Croydon's electoral register (8.5% of total electors). This is the most recent reliable data available.
- 16.2 Under the Equality Act 2010 the Council along with other public bodies has a statutory duty to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.
- 16.3 An equality analysis has been conducted of the potential impact of Brexit on Croydon residents. The main negative impacts identified were as follows:
- Depending on the perception of the Brexit deal agreed in terms of the freedom of movement and its portrayal in the press and social media, there may be an increase in community tension and race hate crimes.
 - Unless EU citizens gain settled or pre-settled status through the EU Settlement Scheme by 1 July 2021, they will lose their rights of residency, employment and recourse to public funds. The scheme will be fully operational by March 2019 but its online application system has implications for EU citizens who are digitally excluded. Those who are ill, isolated or hard to reach, have a learning disability or a physical disability such as impaired sight, or lack language skills may find it difficult to apply through the online system and are likely to require support.
 - Poverty could be exacerbated, particularly among low income families and people of working age, irrespective of nationality, due to rising interest rates, inflation and unemployment, increasing vulnerability to debt and homelessness.
- 16.4 The Council has identified the following actions to mitigate these negative impacts:
- One of the Council's equality objectives, adopted under s.5 of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, is to improve the proportion of people from different backgrounds who get on well together. The Council will continue to promote Croydon as a welcoming and inclusive place and work in partnership with all sections of the community to monitor the level of community tension, responding to any emerging issues and negative messages arising from Brexit. It will work with faith and VCS groups promote cohesion, respect and tolerance and take appropriate action with its partners to secure the safety and wellbeing of people from all communities and cultures.
 - The Council will work with the VCS, faith groups and other places of community focus to ensure EU citizens are aware of the EU Settlement Scheme and get support if required to apply for settled status.
 - The Council will monitor changing levels of poverty and debt and, where required, respond through its Gateway Service with its partners to prevent

homelessness, provide budgeting support, and link people employment and training opportunities through Croydon Works, the job brokerage service.

Approved by: Yvonne Okiyo, Equalities Manager

17. ENVIRONMENTAL IMPACT

17.1 There is no immediate environmental impact. The EU Withdrawal Act 2018 will ensure all existing EU environmental law continues to operate in UK law, providing businesses and stakeholders with certainty as we leave the EU. The UK's Climate Change Act is domestic legislation and will be unaffected by exiting the EU. The Council will consider the consequences of any subsequent amendment of EU environmental regulations by new UK legislation as these changes arise.

18. CRIME AND DISORDER REDUCTION IMPACT

18.1 There was a 16% rise in hate crimes over the year after the June 2016 referendum, which has since reduced towards the level prior to the referendum. Depending on the perception of the Brexit deal agreed in terms of the freedom of movement, there may be another increase. In the event of 'no-deal', there is also a risk of civil disorder and acquisitive crime in the wake of any rise in food prices, delays in the supply of medication and disruption in the delivery of health and social care services.

18.2 The Council will continue working with its partners as set out in this report to strengthen community cohesion, monitor community tension and tackle hate crime. Implementation of the Equality Policy and statutory equality objectives and working proactively with partners including the police, voluntary, faith and community organisations to raise awareness and develop coordinated responses is critical to tackling hate crime. The Council will work closely with the Police and other partners to monitor and respond to any threat of disorder.

19. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

19.1 To set out the Council's actions to mitigate the impacts of the UK's departure from the European Union, in particular a 'no-deal Brexit', declare that Croydon remains open for business and reassure EU citizens that their contribution to the working, civic and cultural life of Croydon is valued.

20. OPTIONS CONSIDERED AND REJECTED

20.1 None.

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APPENDICES: None
BACKGROUND DOCUMENTS: None