

Public Document Pack

Health & Wellbeing Board

To:

Councillor Louisa Woodley (Chair)

Dr Agnelo Fernandes, NHS Croydon Clinical Commissioning Group (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

Edwina Morris, Healthwatch

Guy Van-Dichele, Executive Director of Health, Wellbeing & Adults, Croydon Council

Robert Henderson, Executive Director of Children, Families and Education

Hilary Williams, South London and Maudsley NHS Foundation Trust

Michael Bell, Croydon Health Services NHS Trust

Steve Phaure, Croydon Voluntary Action

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 22 January 2020** at **2.00 pm** in **F10, Town Hall**

JACQUELINE HARRIS BAKER
Director of Law and Governance
London Borough of Croydon
Bernard Weatherill House
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14 January 2020

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 30 October 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

TBA

6. Update on ACE and Perinatal Mental Health (Pages 11 - 18)

To receive an update on the 2019 Annual Public Health Report.

7. Homelessness Strategy (Pages 19 - 56)

To receive the Croydon Homelessness Strategy.

8. CYP Mental Health update (Pages 57 - 172)

To sign off the LTP plan, update on children's integration.

9. Director of Public Health Annual Report - Food (Pages 173 - 258)

To receive the Director of Public Health Annual report.

10. Health Protection Forum Update (Pages 259 - 264)

To update on vaccination priorities within the London context. Including MMR and BCG pathway.

11. London Vision (Pages 265 - 336)

For information – NHS London Vision.

12. 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, 30 October 2019 at 2.00 pm in F10, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

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

PART A

1/19 **Minutes of the Previous Meeting**

RESOLVED that the minutes of the meeting held on 19 June 2019 were agreed as an accurate record

2/19 **Disclosure of Interests**

There were no disclosures at this meeting.

3/19 **Urgent Business (if any)**

There was none.

4/19 **Public Questions**

There were none.

CYP Mental Health Local Transformation Plan

The Chair of the Children and Young People Emotional Wellbeing and Mental Health Partnership Board, Dr John French, introduced the report and explained that St. Mary's Catholic High School was the first school to trial the Trailblazer programme in Croydon.

In December 2018 there had been a joint workshop with the Health & Wellbeing Board where the four key elements for the Mental Health Local Transformation Plan to focus on, these being: engagement with children, young people, their families, carers and communities; supporting schools and colleges to promote the emotional health and wellbeing of all their pupils; Clinical Pathways: navigating through the system with the right access at the right time in the right place; and strategic join up and wider work: maximising the resilience of the population through working with wider services and approaches.

The Board was informed that the Youth Engagement Manager, Emily Collinsbeare, had been working alongside Croydon Drop In to create a leaflet commissioned by the council and written by users and children which had been published for parents, carers and professionals. It was offered that copies were distributed to Board Members for their information.

Officers had been looking at how people were accesses services to determine a single point for all areas for referring patients who were in need of care. South London and Maudsley NHS Foundation Trust (SLAM) had developed a triage to refer patients to the appropriate agencies. It was noted that it was a large piece of work and unfortunately resources were limited, particularly with CAMHS (Child and Adolescent Mental Health Services).

Councillor Hopley noted that she had attended an event on the Croydon Trailblazer programme with the Vice-Chair, Executive Director - Children Families and Education and Councillor Margaret Bird. She informed the Board Members that the event was extremely helpful to see how the local schools could deal with mental health and identify the issues at an early stage, particularly through the schools working closely with the families. Councillor Hopley highlighted that these concerns were not due to deprivation or poverty based as there were these problems in private schools also. The Director of Public Health noted that there were different elements to mental health and there were no identified trends. The suicide rates were fortunately low in Croydon but they would see if any patterns could be identified across South London.

The Executive Director - Children Families and Education noted that from the demonstration at the Croydon Trailblazer programme event it was clear that the tracking software was already beginning to have an impact. Having a designated mental health professional based in the school working with children, families and staff had transformed the behaviour and attitude towards mental health. He explained to the Board that he was going to begin communicating with schools shortly to see if the Trailblazer programme would

be useful and begin rolling the scheme out. The Chair added that a high number of state schools were unable to do a trial in the Trailblazer programme as they did not have the resources available.

The Headteacher of St Mary's Catholic High School, Mr Patrick Shields, was present as his school was the first in Croydon to trial the Trailblazer programme. He explained that the Trailblazer programme was working in conjunction with other schemes and partnerships within the school to significantly improve the mental health and emotional wellbeing of the pupils.

The Board Members were informed that clusters were to be formed across the local boroughs and Mr Shields and Ms Portia Kumalo were beginning to develop a cluster group action plan, including auditing and establishing policies. This would be reviewed in the December half term 2019.

The Headteacher explained that the key elements of the Trailblazers programme were: pupils now had direct access to trained mental health first aiders; staff had received vocabulary training to identify signs at early stages, as well as full awareness training; the Headteacher would meet with parent groups, in particular the Year 7 welcome evenings; and publicity around the school with full signposting, including online advice. He also noted that through the Trailblazers programme he now had direct access to senior staff in CAMHS which had been beneficial when specialist help was needed or a referral needed processing quickly.

It was explained that some of the success was due to St Mary's Catholic High School working closely with the local authority, in particular the Early Help team, appointing an Early Help lead, and employing a qualified social worker to be based permanently on the site.

The Board Members were informed that exclusions in St Mary's Catholic High School had reduced by 80% since the introduction of the programme as staff were looking closely at the underlying behaviours which caused the reaction, rather than the reaction itself. The Headteacher noted that whilst this had been positive the programme had caused a drain on resources and increased stress levels in teaching staff. The school did not have additional resources when the pupils were being kept in school, when previously they would have been excluded to the public referral unit.

The Board were delivered a presentation by Ms Kumalo, which detailed the Trailblazers programme across South London and specifically to the London Borough of Croydon. She introduced by explaining that the original work had started in 2017 focusing on self-harm and was then widened to emotional resilience; a strategy was formed in partnership with local children and the aim was to reduce self-harm by 20%. The Prime Root Cause was identified as *"There is not consistent early and effective support for emotional wellbeing in our children and young people"*.

The presentation highlighted the following: the matrix team, including the system leaders; the early engagement work with children and young people;

the Whole School Approach; the development of clusters; the current Trailblazer sites and the next two “waves” of enrolment, including the next Croydon site to be focused on reducing knife crime and youth violence; a further education site to be developed which would focus on the transition points for children, in particular from school to college and then to work or further education; the successful bid submitted to be trailblazer for Green Paper; achievements; and what had been learnt since implementation.

The South London and Maudsley NHS Foundation Trust representative, Hilary Williams, noted that her son attended a Trailblazer school site and she had noticed a development in his emotional intelligence since the implementation of the scheme.

In response to Councillor Hall the Director of Public Health explained that there were other mental health aids within schools; the Trailblazer programme was a really important piece of work but the report did not capture all the work being completed in local schools. She noted that it was important to introduce benchmarking to identify how the programme linked to other areas of work within Croydon.

The Vice-Chair noted that the programme demonstrated that a large impact can be made within a short timeframe and it was extremely positive to see the difference it was making for children, families and teaching staff.

Councillor Hopley agreed with the Board Members that the programme was extremely positive; however, she noted concern that a lot of local children were attending schools in different boroughs and would not be included.

Councillor Hopley queries how the data would be collected and analysed and expressed the importance of the information being centralised. She further requested that a selection of case studies be presented to a future Health & Wellbeing Board.

The Healthwatch representative, Edwina Morris, informed the Board that Healthwatch had worked with some students from Croydon College during the summer holiday 2019 through a workshop setting. The students designed a survey regarding mental health and collected data from 146 survey results, with the average age of participant being 17. She noted that it would be useful to share these findings with the Board, Croydon College and other partners of the Trailblazers programme.

The Croydon Voluntary Action (CVA) representative, Steve Phaure, noted that the CVA had been successfully granted a large bid, which would generate £1.6m to the scheme. The CVA would begin supporting 1400 children in the borough on a one-to-one basis.

In response to Councillor Campbell the Headteacher explained that there were extra pressures on teaching staff now; for example, removing the option of exclusion from teachers and being required to de-escalate situations that may arise. There had also been external pressures on teachers and the

school, such as, a free school being opened within close proximity to the school, ensuring pupils were retained to secure funding, and Ofsted inspections. It was noted that staff were beginning to understand mental health from a different view and the benefits of not excluding pupils; however, it was important for teachers to not lose their authority and carefully balance therapy and mental health help with punishment. The Chair added that she used to be a teacher and agreed that teachers must feel additional pressure not being able to exclude and retaining their authority.

RESOLVED – that the Board:

- 1) Noted the progress since January 2019 against the four priorities of Croydon's LTP (Local Transformation Plan) for Children and Young People's Emotional Wellbeing and Mental Health,
- 2) Noted the progress of the Croydon Trailblazer programme within the context of the South West London Trailblazer programme, and
- 3) Noted the process by which the Board can influence the annual refresh of the Local Transformation Plan.

6/19 **Prevention Green Paper Response**

The Director of Public Health introduced the report which included the One Croydon response to the Prevention Green Paper 2019, outlining the vision for proactive, predictive and personalised prevention to address slowing increases in life-expectancy and the social gradient to healthy life-expectancy.

The Chair and Vice-Chair thanked the Director of Public Health and her colleagues for their hard work.

RESOLVED – That the Board noted the Croydon response to the Prevention Green Paper, as outlined in Appendix 1 to the report.

7/19 **Croydon Health and Care Commissioning Intentions 2020/21**

The Board watched a video created by One Croydon which outlined the work of the Croydon Health and Care Plan. The Chair added that the final Plan had been signed off by Full Council on 15 July 2019.

The Vice-Chair introduced the report and explained that the Croydon Health and Care Plan event was organised to capture the views of Croydon residents and following this the Plan had been officially launched on Wednesday 23 October 2019. He noted that all Croydon GPs needed to be working to the same plan and it was important to establish a clear leadership to deliver this.

Councillor Hopley noted that paragraph 3.3 of the report referenced a lot of work to be completed in 2020/21 and requested further details to be sent to

her regarding the timeframes for this and how data would be collected and measured. She added that other data collected within the council should be incorporated, for instance, emissions-based parking charges. The Director of Public Health noted the importance of the interpretation of the data; if there were any inequalities then it would be crucial to add narrative to obtain a true representation.

In response to queries from the Board the Vice-Chair stated that referrals had reduced by 14% overall, namely private referrals and referrals to outside NHS providers. Work was underway to identify different options for appointments and to receive test results, and one potential was to encourage scheduled telephone appointments. He stated that it was crucial that the quality of service was always improving and there had been improvements since the joint working had begun.

In response to the CVA representative it was clarified that the Croydon Health and Care Board would be in place by April 2020 but some of the work had already begun.

RESOLVED – That the Board noted the report, appendices and the areas where the Council and CCG are considering joint commissioning.

8/19 **Health Protection update: Immunisation Steering Group and Annual Seasonal Flu Plan**

The Director of Public Health introduced the report and informed the Board that the Croydon Immunisations Steering Group, as a subsidiary group of the Croydon Health Protection Forum (HPF), had undertaken system wider work to develop a local seasonal flu action plan. It was noted that there was not a shortage of the vaccine and all primary schools, community services and frontline staff were being offered it for free. It was noted that flu could be worse than previously predicted and agreed to update the Health & Wellbeing Board in January 2020.

RESOLVED – That the Board agreed to note the contents of the report and to encourage its members to work in an integrated manner regarding the delivery of the actions derived from the draft Seasonal Flu Action Plan.

9/19 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 3.57 pm

Agenda Item 6

REPORT TO:	HEALTH AND WELLBEING BOARD 22 January 2020
SUBJECT:	The first 1000 days from conception to the age of 2. An update on the recommendations of the 2018 Annual Public Health Report for Croydon
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT:

The Director of Public Health presented her 2018 annual public health report to the Health and Wellbeing Board report in February 2019. The report focused on the first 1000 days from conception to the age of 2. At that meeting, the board agreed to take responsibility for the oversight of the 34 recommendations and the monitoring of their implementation and impact.

This report provides an update for the board on progress in implementing the recommendations. Progress and achievements are grouped into 4 themes:

- Adverse Childhood Experiences (ACES) - Developing a Trauma Informed Approach across the borough
- Perinatal mental health
- Pre-pregnancy health and planning pregnancy
- Healthy Behaviours

Ownership of recommendations sits within several cross borough, multiagency partnerships.

BOARD PRIORITY/POLICY CONTEXT:

This report describes activities that help to deliver two of the eight priority areas in Croydon's joint Health and Wellbeing strategy 2018-2023:

- Giving children and young people a better start in life is one of eight
- A stronger focus on prevention

FINANCIAL IMPACT:

There are no direct financial implications arising from this report. The majority of the recommendations within the 2018 Annual Public Health Report for Croydon do not require funding because they recommend changes in the way the system works so that it is more integrated and focused on prevention and upstream activities. Where funding is required, external funding is being sought through grants and bids.

RECOMMENDATIONS:

This report recommends that the health and wellbeing board notes progress in implementing the recommendations made in the Director of Public Health's Annual report 2018.

1. DETAIL OF YOUR REPORT

- 1.1 The Director of Public Health 2018 Annual Report for Croydon focused on the first 1000 days from conception to the age of 2. The report highlighted that working together to ensure that children experience the best possible first 1000 days is a vital prevention activity that will enable us to change the future health of Croydon residents. It can be downloaded here:
<https://www.croydon.gov.uk/healthsocial/phealth/publichealth>
- 1.2 The report focused on five areas:
- The role of the wider environment in shaping early experiences
 - Preparing for pregnancy
 - Pregnancy
 - Infancy
 - Adverse Childhood Experiences (ACEs)
- 1.3 It made 34 recommendations for action including 4 key recommendations:
- Review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners.
 - All (100%) of midwives and health visitors in Croydon to receive training around recognising and supporting families with risk of multiple Adverse Childhood Experiences.
 - 1000 front line staff in the council, NHS, police and voluntary sector to have training around Adverse Childhood Experiences, their causes and impact.
 - Develop and Implement a plan of action for increasing the levels of awareness about pre pregnancy health and the importance of preparing for pregnancy
- 1.4 The recommendations have been grouped into 4 themes:
- Adverse Childhood Experiences (ACES) - Developing a Trauma Informed Approach across the borough
 - Perinatal mental health
 - Pre-pregnancy health and planning pregnancy
 - Healthy behaviours
- 1.5 Progress in each theme is summarised in the next sections and includes key achievements and next steps.
- 1.6 Theme 1: Adverse Childhood Experiences (ACES) - Developing a Trauma Informed Approach across the borough**
- 1.6.1 The Director of Public Health convened a cross-borough multi-agency group which is meeting regularly to develop a trauma informed approach across the borough. Its work supports not only the implementation of recommendations from the 2018 Annual Public Health Report, but also recommendations from

the borough framework “A Public Health Approach to Reducing Violence” and the Croydon Safeguarding Children’s Board review “Vulnerable Adolescent Thematic Review”.

1.6.2 The cross-borough group is now led by Croydon’s Violence Reduction Network. It has already:

- Undertaken a rapid review of trauma informed training that has either already been delivered or is planned over the coming months,
- Produced a guide to Croydon’s trauma informed approach and training framework. Based on the Scottish model it proposes four levels of training so that the workforce have the appropriate level of training and awareness in line with their role. It provides principles and guidance for those commissioning training.
- Bids have been made to external funding sources to fund this programme. Different approaches are proposed, including group briefings, face to face training and e-learning modules. Several potential delivery options are being explored.

1.7 Theme 2: – Perinatal mental health

1.7.1 Significant work has been undertaken in this area to take forward the perinatal mental health recommendations from the 2018 Annual Public Health Report. The recommendations also develop the findings from the Best Start conference in September 2018.

1.7.2 Ownership for taking forward the key maternal mental recommendation now rests with Croydon’s Perinatal Mental Health Steering Group with multi-agency membership from across the borough including maternity, health visiting, mental health providers, commissioners, parent representatives and partnership board chairs.

1.7.2 Following publication of the report on the first 1000 days, a multi-agency group carried out a review of the pathway of support for women and their families with mental health problems within the perinatal period, that is, during pregnancy and in the first year after birth. The review mapped current services, spoke to stakeholders, including those who use the services or may have need of them, to identify strengths and weakness. It also reviewed the need and the evidence base of what works.

1.7.3 In July 2019, a workshop was held with approximately 100 delegates from across the borough to review the findings and develop the recommendations. A multi-agency steering group, with representation from maternity, health visiting, primary care, mental health services, public health, adult and child mental health commissioners and users with lived experience are now leading the delivery of actions.

- 1.7.4 Funding has been secured from NHS England to recruit a perinatal educator post for Croydon who will work with professional staff groups to improve understanding of perinatal mental health and signposting/referral pathways.
- 1.7.5 Public health specialists and CCG commissioners are working with South London and Maudsley, the borough's statutory provider of mental health services, to review, develop and implement the perinatal mental health service specification, ensuring that findings from the mapping work conducted in Summer 2019 informs these discussions.

1.8 Theme 3: Pre-pregnancy health and planning pregnancy

- 1.8.1 National awareness of the importance of improving pre-pregnancy health is growing. Public Health England (PHE), the national agency that aims to protect and improve the nation's health and wellbeing, and reduce health inequalities is taking a lead in this area. It published pre-conception health recommendations in 2018, and, in 2019, building on these recommendations, PHE set up a national programme to develop a resource that describes "what good looks like" in pre-conception care.
- 1.8.2 PHE London and PHE at a national level have approached Croydon and the South West London Maternity and Children's programme to develop this work.
- 1.8.3 This emerging partnership of Croydon with PHE and South West London is a positive outcome for Croydon as it provides an opportunity to take forward the report recommendations on preconception health. It is an exciting opportunity to influence this work at a sector wide / national level through an innovative pilot.
- 1.8.4 Alongside this, preconception health and pregnancy planning is being built into other action plans such as the new systems wide all ages healthy weight action plan, the teenage pregnancy action plan and the implementation of the new national relationship and sex education (RSE) guidance.
- 1.8.5 The Croydon relationship and sex education (RSE) forum was developed to maximise the opportunities provided by the new RSE legislation to cover planning for pregnancy and pre-pregnancy health when schools start to teach the new programme from September 2020.
- 1.8.6 The Young Person's Sexual Health Outreach team deliver RSE programmes to the majority of Croydon secondary schools and clinics and interventions within three colleges in the borough. Training will be given to schools to enable them to deliver the materials themselves when the outreach team is at capacity.

1.9 Theme 4: Healthy Behaviours

- 1.9.1 This is one of the most wide ranging themes with several different strands that seek to improve health behaviours in the early years, in pregnancy and pre-conception.
- 1.9.2 In December 2019, a healthy weight workshop was held that brought together local stakeholders, The workshop was an opportunity to understand the complexity of the causes of overweight and obesity, celebrate successes and identify changes across the whole system so that we can influence the wider determinants of healthy weight, including green spaces, businesses, transport and education. One of the strands was the life course approach and the impact of early life experiences.
- 1.9.3 A multi-agency immunisation steering group has been set up. It meets quarterly, and has a wide membership from across the many agencies that seek to improve immunisation rates and reduce inequalities. It has produced an MMR (measles, mumps and rubella) action plan to improve the level of protection within the population, targeting those at higher risk.
- 1.9.4 The current Healthy Lifestyle service, “Live well” is under review and the findings will be available in February 2020. It provides an opportunity to ensure the newly redesigned service meets the needs of women and families who are planning pregnancy, pregnant or who have children up to the age of two as described in the 2018 Annual Public health report.
- 1.9.5 Following the 2018 Annual public health report, the eligibility criteria have been amended so that not only pregnant women but also those up to 1 year after giving birth who live in Croydon are now able to receive an offer of face to face support.
- 1.9.6 In terms of breastfeeding, the newly formed infant feeding partnership steering group (which meets monthly) involving key stakeholders has been set up and Terms of Reference agreed. It will focus on improving performance and reducing inequalities.

2. CONSULTATION

- 2.1 Feedback has been collated from a wide range of stakeholders across various partners including, Public Health England, Croydon CCG, Croydon Council, and other local stakeholders committed to delivering this annual report

3. SERVICE INTEGRATION

- 3.1 Most of the recommendations within the annual report require a continuation of close synergy between all partners involved, CCG, Croydon Council,

NHSE, Public Health England, and local stakeholders committed to delivering this work stream.

4. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 4.1 There are no direct financial implications arising from this report. The majority of the recommendations within the 2018 Annual Public Health Report for Croydon do not require funding because they recommend changes in the way the system works so that it is more integrated and focused on prevention and upstream activities. Where funding is required, external funding is being sought through grants and bids

Approved by: Josephine Lyseight Head of Finance, Croydon Council

5. LEGAL CONSIDERATIONS

- 5.1 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 in the report.

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

6. HUMAN RESOURCES IMPACT

- 6.1 There are no direct Human Resources implications arising from this report for Croydon Council employees.

Approved by: Debbie Calliste, Head of HR Health, Wellbeing and Adults on behalf of the Director of Human Resources

7. EQUALITIES IMPACT

- 7.1 This report updates the Board on progress against a number of recommendations that aim to improve the early life experience of babies and young children in Croydon. Maternity and pregnancy is one of the protected characteristics and this report is strongly focused on improving the circumstances of this group. However, the recommendations also actively address some of the inequalities associated with other protected characteristics. Evidence shows that many people with protected characteristics are more likely to have worse outcomes around pregnancy, maternity, and early life experiences. Some of this evidence is presented in the report (the 2018 Annual Public Health Report) Implementation of the recommendations will therefore provide more intense support to some groups

of people with protected characteristics and improve the outcomes for their babies and children.

Approved by: Yvonne Okiyo, Equalities Manager

8. DATA PROTECTION IMPLICATIONS

8.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

8.2 HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?

NO

8.3 No DPIA was undertaken because there is no processing of personal data directly relating to this report. Any subsequent requests or need for data arising from implementation of the recommendations would be reviewed and a Data Protection Impact Assessments undertaken as required.

Approved by: Rachel Flowers, Director of Public Health

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

APPENDICES TO THIS REPORT

There are no appendices

BACKGROUND DOCUMENTS:

There are no background documents

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REPORT TO:	HEALTH AND WELLBEING BOARD 22 January 2020
SUBJECT:	Consultation - Croydon Homelessness Prevention and Rough Sleeping Strategy
LEAD OFFICER:	Julia Pitt, Director of Gateway Services
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

[Corporate Plan for Croydon 2018-2022](#)

The Homelessness Prevention and Rough Sleeping Strategy will deliver on, and contribute to two of the outcomes the Council has committed to in the Corporate Plan 2018 -22:

Good decent homes for all – to develop our Homelessness Prevention and Rough Sleeping Strategy and assist and enable our residents to secure accommodation, supporting vulnerable residents to increase resilience and independence.

Live long, happy and independent lives - improve and reduce differences in life expectancy between communities. The mean age at death of rough sleepers was 44 years for men, 42 years for women and 44 years for all persons between 2013 and 2017; in comparison, in the general population of England and Wales in 2017, the mean age at death was 76 years for men and 81 years for women (ONS). The strategy sets out how we will prevent and relieve rough sleeping and homelessness which will in turn, contribute to a reduction in associated health inequalities.

FINANCIAL IMPACT

There are no direct financial implications arising from the recommendations in this report. Any specific proposals requiring capital investment or with implications for the Council's revenue budgets will need to be reviewed and approved via the appropriate approval route ahead of implementation. It should be noted that Croydon Council has been successful in obtaining additional funding via the Rough Sleeping Initiative bidding process over the last two years and are awaiting the outcome of our bid for 2020/21.

1. RECOMMENDATIONS

To note and comment on the draft priorities for a Homelessness Prevention and Rough Sleeping Strategy for Croydon.

2. EXECUTIVE SUMMARY

- 2.1 Homelessness legislation requires housing authorities to publish a new homelessness strategy, based on the results of a further homelessness review,

within the period of 5 years beginning with the day on which their last homelessness strategy was published.

- 2.2 Following a review of homelessness in Croydon during late 2018, we have produced the Homelessness Prevention and Rough Sleeping Strategy for Croydon 2019-2022. This short-term strategy sets out our priorities for preventing homelessness over the next three years with a focus on six themes:
- Engagement and early intervention
 - Homelessness prevention
 - Sustainable accommodation
 - Support outcomes
 - Rough sleeping
 - Young people

For each theme we've highlighted what we want to achieve, how we are going to do it and how we will measure success, as well as an action plan for the direction and delivery of the strategy.

- 2.3 The strategy is attached to this report and its contents are set out in the detail of the report below.
- 2.4 Homelessness prevention and relief is relevant to the health of our residents. Homelessness has adverse health impacts on all affected. Starting life in temporary accommodation may impact on access to universal health care, for example immunisations, and temporary accommodation is associated with greater rates of infections and accidents. Homeless children are more likely to experience stress and anxiety, resulting in depression and behavioural issue. Homeless parents experience increased stress, depression and isolation. Homeless people demonstrate worse physical and emotional health status than the general population, including those who reside in areas of high deprivation. Chronic homelessness is characterised by tri-morbidity, meaning they are more likely to suffer from mental ill health, physical ill health and substance misuse, and at the same time less likely to access the health services they need. This leads to rates of mortality in the homeless population that are in high in both absolute and relative terms compared with the general population.

3. **DETAIL OF YOUR REPORT**

- 3.1 The content below summarises the contents of the Strategy:
- 3.2 **Deliver early intervention services across the borough:** We want more people to know about and use Croydon's public and voluntary sector services to help them avoid crisis, and to avoid being threatened with homelessness altogether. To provide support earlier we need to work in communities, delivering trusted services where they are needed most, based on local evidence and intelligence. We will build coordinated early identification networks and effective referral services linked to existing commissioned preventative services. More services in areas of high need will be delivered with

or by community projects. New adult social care customers will benefit from the Council's 'Gateway' service, which responds to a whole household's needs concerning income, employment, skills and training, as well as housing. The aim of this collaborative, holistic approach is to increase resilience and independence. We will train and share information with commissioned services and voluntary groups providing services to people in need, to build their capacity and improve collaboration.

- 3.3 **Prevent homelessness:** For those residents who are threatened with homelessness within 56 days, and for whom our statutory duty to prevent homelessness applies, we will continue to develop a more proactive, evidence-based prevention service. This will include more effective prevention of the three main causes of homelessness: the loss of private tenancies; exclusion by parents, relatives and friends; and domestic violence. We will promote housing advice and options services; work jointly with public authorities such as prisons, probation and health services; and extend the Gateway approach into more areas of high need through Community Connect/Food Stop projects to ensure that people at risk of homelessness approach the Council for advice as early as possible and understand how we can help them find alternative accommodation.
- 3.4 **End entrenched rough sleeping and end core homelessness by 2030.** We will employ an effective 'No First Night Out' approach to tackle rough sleeping early, establishing rapid rehousing pathways from the street and opening a short stay centre to assess complex needs and develop swift person-centred solutions for rough sleepers and individuals at immediate risk of street homelessness. We will extend the Housing First approach to get the most vulnerable people off the streets and into their own home with support. Other actions include joint work with Police and local businesses to arrange support and reduce anti-social behaviour associated with some rough sleepers and sleeping sites. We will work alongside voluntary and community services to provide solutions to street homelessness among European Economic Area nationals and other migrants with no access to welfare benefits, taking into account the implications of wider change, such as Brexit.
- 3.5 **End youth homelessness in Croydon:** This priority covers services for young people aged 16-25 without dependents. It will include improving joint work between housing and children's services on housing and support for young people and care leavers. We will co-design housing advice and information with young people; develop a youth homelessness prevention peer education programme and a young persons 'tenancy ready' programme; and identify young people at risk of tenancy failure through eviction or abandonment. We will develop alternative emergency accommodation for young people and end the use of B&B hotels.
- 3.6 **Ensure sufficient housing supply to meet the needs of homeless households:** This priority includes housing strategy actions to provide homes needed to discharge the Council's housing duty and provide housing options for moving on from supported accommodation. It will ensure sufficient supply for specific groups such as over-65s with complex needs and young people;

and enable the Council to reduce the use of B&B hotels with shared facilities as emergency accommodation.

- 3.7 **Support our residents through localised support services based on local need:** This will include support to enable vulnerable tenants to sustain their tenancies, reviewing the provision of health services for homeless households; and providing opportunities for volunteers to meet need in their local area.
- 3.8 **Enter into a collaborative partnership with Crisis to develop and implement a ten year strategy to end core homelessness in Croydon.** Ending core homelessness means: no one sleeping rough; no one forced to live in transient or dangerous accommodation such as tents or squats; no one living in emergency accommodation such as shelters and hostels without a plan for rapid rehousing into affordable, secure and decent accommodation; no one homeless as a result of leaving a state institution such as prison or the care system; and everyone at immediate risk of homelessness getting the help that prevents it happening. Working with Crisis, the national homelessness charity and campaigning organisation, we will test innovative and effective ways of reducing homelessness and rough-sleeping in the borough, and lobby for further funding and research towards this end.

4. CONSULTATION

- 4.1 The draft Homelessness Prevention and Rough Sleeping Strategy has been developed following significant input from community organisations, homelessness charities and housing providers in the borough, amongst other contributors through the participation in Croydon's Homelessness Review.
- 4.2 The Homelessness Review was made available on the Council's website for 3 months, and relevant organisations and partners were invited to review and provide feedback and a variety of focus groups were held. The document was also available for review by the general public.
- 4.3 **Future consultation on the draft Homelessness Prevention and Rough Sleeping Strategy:** The Council proposes to publish the draft Homelessness Prevention and Rough Sleeping Strategy for comment and feedback on our website for 6 weeks prior to final review and publication. During this period key local and national stakeholders will be invited to review and comment on the draft document, and where appropriate changes will be made to improve the strategy. Focus groups are planned with local housing providers and charities working with homeless households and rough sleepers, to ensure that the views of our key partners are reflected in the final strategy.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 Any specific proposals requiring capital investment or with implications for the Council's revenue budgets will need to be reviewed and approved via the appropriate approval route ahead of implementation. Over the last four to five

years we have demonstrated that our approach makes a positive difference to our residents and have evidenced cost avoidance.

- 5.2 It should be noted that Croydon Council has been successful in obtaining additional funding via the MHCLG Rough Sleeping Initiative and Rapid Rehousing Fund bidding process over the last two financial years, securing an additional £1.65m to provide services to relieve and prevent future rough sleeping. We are awaiting the outcome of our funding proposal for 2020/21, to enable us to continue to develop/ maintain services for the street homeless population. In addition Croydon Council receives Homelessness Reduction Grant and the Flexible Homeless Support Grant to enable it to fulfil its statutory duties as laid out in the Homelessness Reduction Act. The Council's allocation for 2020/21 has recently been confirmed, totalling £6.65m.

5.3 **Revenue and Capital consequences of report recommendations**

This report sets out our strategy only. There are no immediate revenue or capital consequences.

5.4 **The effect of the decision**

No decision is required. This report requests that the Health and Wellbeing Board note and comment on the strategy.

5.5 **Risks**

There is a risk that the Council is unable to meet its statutory obligations in respect of homelessness when local authority budgets are under constraint due to central government reductions. This could have an impact on the Council's ability to provide early intervention/prevention of homelessness and rough sleeping.

There is a risk that if the level of funding from MHCLG and other government bodies reduced significantly, we would need to review what services we are able to provide while ensuring we maintain the statutory minimum.

There could be broader implications, with potential additional costs to health & social care owing to the high prevalence of chronic, terminal and mental health conditions, alcohol and substances use amongst the street homeless population.

5.6 **Options**

Do nothing: Producing a review of homelessness and a homelessness and rough sleeping strategy is a statutory requirement. This option is therefore rejected.

5.7 **Future savings/efficiencies**

N/A

Approved by: Felicia Wright on behalf of Director of Finance, Croydon Clinical Commissioning Group

6. LEGAL CONSIDERATIONS

- 6.1 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 in this report.

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

7. HUMAN RESOURCES IMPACT

- 7.1 There are no direct implications for LBC workforce arising from this report.

Approved by: Sue Moorman, Director of Human Resources

8. EQUALITIES IMPACT

- 8.1 An equality analysis has been carried out and has found that the proposals in the draft strategy will have no adverse impact on the Council's ability to meet any of the Public Sector Duties in the Equality Act 2010.

9. ENVIRONMENTAL IMPACT

- 9.1 No negative environmental impacts have been identified arising with the homelessness and rough sleeping strategy

10. CRIME AND DISORDER REDUCTION IMPACT

- 10.1 Reducing homelessness and rough sleeping has a positive impact on crime and disorder, and perceptions of public safety. People sleeping rough are more likely to be victims of crime and almost 17 times more likely to have been victims of violence (in the past year compared to the general public). Additionally, many people who rough sleep develop issues with drugs and alcohol (Crisis).

11. DATA PROTECTION IMPLICATIONS

- 11.1 No data protection implications identified.

- 11.2 **WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?**

NO

11.3 HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?

NO

Producing and publishing a strategy does not involve processing or sharing data.

CONTACT OFFICER: Julia Pitt, Director of Gateway Services, 07988 029073

APPENDICES TO THIS REPORT

Appendix 1: Homelessness Prevention and Rough Sleeping Strategy for Croydon 2019 - 22

BACKGROUND DOCUMENTS:

None

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Homelessness Prevention and Rough Sleeping Strategy for Croydon 2019-22

Foreword: Deputy Leader and Cabinet Member for Homes and Regeneration¹

Page 28

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¹ [https://issuu.com/martinhuxley/docs/croydon_manifesto - full version_pa](https://issuu.com/martinhuxley/docs/croydon_manifesto_-_full_version_pa)

We have set out our ambitions for Croydon over the next two years, and key amongst them is creating a borough that is a place to call home. We have worked hard to make this true for as many people in Croydon as possible by: setting up Brick by Brick to deliver more than 2,000 homes in Croydon, including affordable rent and shared ownership. We have set up the borough's first Landlord Licensing Scheme to protect private tenants; brought 379 empty homes back into use; created the Gateway Service; securing £1.4m in government funding to tackle rough sleeping; and introduced Choice Based Lettings.

We believe a place to call home is a fundamental right, but for many an affordable, safe and secure home is beyond their reach.

It is clear that the supply of new homes does not meet demand, and that consequently house prices and rents are too high. Failure to invest in social housing means that there are not enough affordable homes and the effects of austerity and welfare reform have led to increased poverty and homelessness.

We have around 2000 families and individuals who have been made homeless living in temporary housing, whose lives have been put on hold. There are around 15 people sleeping rough on Croydon's streets every night, and we know that this is unacceptable in the UK today. Croydon is developing a partnership with Crisis to show that,

with the right reforms and proper investment, homelessness can be brought to an end in Croydon in 10 years.

This is a short term strategy that will lay the foundations for our future 10 year ambitions that we will develop with Crisis. It sets out our priorities for preventing homelessness over the next three years (2019-2022) to make a real change in Croydon. Over the next three years we will:

- Build 2,000 homes for Croydon residents
- Extend the Landlord Licensing Scheme after the first 5 years
- Buy 250 homes for families in need to be let at truly affordable rents
- Develop a strategic partnership with Crisis to develop our 10 year strategy to end homelessness
- Continue with our Housing First approach to get our most vulnerable rough sleepers off the streets
- Build on our Social Lettings Agency pilot in order to both encourage good landlords and to sustain tenancies.

Cllr Alison Butler

**Deputy Leader and Cabinet Member
for Homes and Gateway Services**



Alignment to our other strategies and plans

Local authorities are required to publish a homelessness prevention strategy under the Homelessness Act 2002. A new strategy should be published every five years. Local authorities are required to engage with public and local authorities, voluntary organisations and other people and organisations considered appropriate when adopting or modifying their homelessness strategy.

When developing a new homelessness strategy, the local authority should carry out a review of homelessness in its district. The purpose of the review is to establish the extent of homelessness in the area, identify future trends and any gaps in the services currently being provided. We carried out a review in the autumn of 2018, and a summary of the findings is provided in the next section of the strategy.

There is also a requirement (under the Localism Act) to make sure the Council’s existing Tenancy Strategy and Housing Allocations Policy do not contradict any new Homelessness Strategy. Our new Homelessness Strategy has been designed to align with our current Housing Allocations scheme, and our intention to amend our Tenancy Strategy to reinstate the use of lifetime secure tenancies for council homes.

The strategy has also been developed to align with and support Croydon’s wider strategies and plans, including Croydon’s Community Strategy which is the overarching strategy for the borough, Ambitious for Croydon and our Corporate Plan.

[Delivery and partnerships](#)

Early intervention and prevention

A theme running through this strategy is a desire to explore how we can do things differently, gain a better understanding of the factors

that put people at risk of homelessness, and intervene as early as possible.

We have also embedded an early intervention, preventative and collaborative approach throughout this strategy to ensure our services are in line with the supportive, enabling and advisory model set out in Croydon’s Corporate Plan.



Evidence based and locally designed

Fundamental to this early intervention approach is using evidence to target services to the localities where they are needed most. Equally as important is working with local organisations (‘assets’) that our residents trust to ensure there is ready ‘take-up’ of the services offered, and no stigma about hand-outs or charity. The focus of these services is to enable residents to sustain their accommodation, employment, maintain their caring responsibilities, and provide a reasonable family life.

Co-designed services

Public services are often designed and commissioned in a way that meets the bureaucratic needs of organisations, and not the people that use them. Very often, these services can be improved by asking for the input of people with experience of the kinds of disadvantage that led them to require the service in the first place – often called co-design. We will make sure our residents influence the design and delivery of our services, that they are focused on what needs to be achieved, and that they build trust and positive relationships between our residents and our local services.

Collaborative governance

We need to work together effectively to prevent homelessness in Croydon. The economic and housing market factors that contribute to homelessness, place a strain on family and other relationships, and act on individual issues (in many cases multiple and complex issues including mental and physical health and addiction. Strained relationships are more vulnerable to crisis and breakdown, and for many to the loss of accommodation. There is also the issue of domestic violence, families being hostile to LGBT members of the family as well as the additional vulnerability of people who are care leavers.

We want to make sure that rather than services being delivered from ‘siloes’, they are delivered through a collaborative multi-agency

[Key statistics 2017/2018\(infographic\)](#)

approach with different partnerships championing and driving forward specific aspects of the strategy. Croydon’s Health and Wellbeing Board will take the lead on the many health related impacts of homelessness that are within its existing strategic priorities. The Health and Wellbeing Board will receive a report on a regular basis reporting on progress and have the opportunity to be involved in an evolving homelessness and rough sleeping strategy.

We will explore developing a homelessness reduction board, to

bolster local accountability arrangements.



Croydon has excellent examples of collaborative working and integrated approaches, but the local delivery landscape is complex, with a number of agencies and bodies with different priorities and funding constraints operating under a variety of accountability arrangements.

Drivers	Market factors	Impacts	Achievements
---------	----------------	---------	--------------

Croydon has 2 nd largest borough population in London	Croydon has only 12 th largest council housing stock in London	Croydon makes on average 2,000 homeless decisions every year.	2,400 households prevented from becoming homeless
2,164 new households forming per year over next 20 years	1,368 additional dwellings per year on average have been added to the overall housing stock over last 10 years	In 2017/18 Croydon prevented 2,155 families and individuals from becoming homeless.	15,000 people have received budgeting support
Croydon has youngest population in London	Average house prices are over 10 times average salaries in Croydon	2005 homeless households	4,700 people improved digital skills
Croydon has 41 LSOAs in the 20% most deprived areas in England	Average rents between £80 and £223 per month higher than LHA rates	31 People sleep rough in Croydon on a typical night (2017)	33 volunteers from LBC and external and 4 outreach workers completed Statutory rough Sleeping count from midnight – 5am
1 in 5 households living in poverty (DWP)	(ASHE) 2017 shows median earnings for people working full time living in Croydon IS £33,821	5,052 households are registered on Croydon's Housing Waiting List	Cost of emergency accommodation reduced by £2m

Key statistics 2018/2019(latest figures post statutory review)

Drivers	Market factors	Impacts	Achievements
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Croydon has 2 nd largest borough population in London	Croydon has only 12 th largest council housing stock in London	Croydon makes on average 2,000 homeless decisions every year.	2,400 households prevented from becoming homeless
2,164 new households forming per year over next 20 years	1,368 additional dwellings per year on average have been added to the overall housing stock over last 10 years	In 2018/19 Croydon prevented 3049 families and individuals from becoming homeless.	14,685 people have received budgeting support
Croydon has youngest population in London	Average house prices are over 10 times average salaries in Croydon	3100 homeless households	4,900 people improved digital skills
Croydon has 41 LSOAs in the 20% most deprived areas in England	Average rents between £80 and £223 per month higher than LHA rates	15 People sleep rough in Croydon on a typical night (2018)	35 volunteers from LBC and external and 5 outreach workers completed Statutory rough Sleeping count from midnight – 4am
1 in 5 households living in poverty (DWP)	(ASHE) 2017 shows median earnings for people working full time living in Croydon IS £33,821	5,871 households are registered on Croydon's Housing Waiting List	Cost of emergency accommodation reduced by £2m

How do we define homelessness

Defining homelessness

In drafting this strategy, a number of reports have been particularly informative and helpful. The first being The Homelessness Monitor commissioned and funded by Crisis and the Joseph Rowntree Foundation². The other is the UK Housing Review published by the Chartered Institute of Housing³. Both reports have helped shape our recent homelessness review and suggested areas of investigation. We have deliberately used a wide definition of homelessness similar to that used in the Homelessness Monitor which includes:

- People sleeping rough
- Single homeless people living in shelters, hostels, and supported accommodation
- Statutory homeless households
- People that can be described as "hidden homelessness" (i.e. people who are squatting, living in severely overcrowded accommodation and concealed households).

Core homelessness

Crisis have also produced a definition of what it means by "ending [core] homelessness" in its plan "Everybody in – How to end Homelessness in Great Britain"⁴ which will also help shape the

priorities to be set out in our new strategy. The definition of ending homelessness is:

- No one sleeping rough
- No one forced to live in transient or dangerous accommodation, such as tents, squats and non-residential buildings
- No one living in emergency accommodation such as shelters and hostels without a plan for rapid rehousing into affordable, secure and decent accommodation
- No one homeless as a result of leaving a state institution such as a prison or the care system
- Everyone at immediate risk of homelessness gets the help that prevents it happening

Another related issue this strategy seeks to address is the availability of suitable emergency accommodation, or settled accommodation for residents once they have completed a period of treatment, care, or a residential stay in supported accommodation or an institution (such as a prison or hospital). We want to prevent vital health and care being blocked' for the want of effective, coordinated 'move-on provision

² <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/>

³ <https://www.ukhousingreview.org.uk/>

⁴ <https://www.crisis.org.uk/ending-homelessness/the-plan-to-end-homelessness-full-version/executive-summary/>

Our Homelessness Review findings

Levels of homelessness

Our homelessness review has provided a wealth of information about levels of homelessness, and where they might be over the next 5 years. In summary the key issues points of the review are:

Homelessness demand: the number of people approaching the council for assistance has been consistently at around 4,000, and more approach local advice services and community groups looking for help. In the last couple of years, however, we have changed our approach and put more resources into preventing homelessness, helping more than 2,000 people at risk of losing their homes in 2017/18 and 2,100 in 2018/2019. We need to work more closely together to identify households that are starting to experience problems, before they deteriorate into crisis

Causes of homelessness: losing a private rented tenancy is the most common cause of homeless (and has been for a number of years), followed by someone's parents or relatives not being able to continue to accommodate them, and domestic violence.

Temporary accommodation: The Council has reduced the number of people housed in temporary accommodation, and significantly those in housed emergency accommodation), however, there are still over 3,000 homeless children living in temporary accommodation in Croydon and there is much more to do.

Rough sleeping: In 2018/19, we were aware of 274 people sleeping rough in Croydon, of which only 27 had returned to the streets having slept rough previously. The annual statutory count identified that we had 15 people sleeping rough in Croydon on a typical night (November 2018).

Underlying drivers of homelessness

The underlying factors driving homelessness and rough sleeping include:

Poverty: Croydon residents earn less, and are employed in less well paid occupations than other parts of London⁵. Welfare reform has reduced the support families and individuals receive to meet their housing and other vital needs. Residents experiencing financial difficulties in and out of work has been increasing leading to additional demands being placed on foodbanks. Local Housing allowance has fallen far behind market rents. Universal Credit and other welfare reforms are associated with homelessness and poverty, and it hampers finding sustainable solutions. London's share of Discretionary Housing Payment has reduced⁶. Young people are significantly disadvantaged by welfare reform and housing benefit provision.

The housing supply crisis: Croydon's population is the largest in London and is growing. A growing population increases housing demand and need. There will be nearly 2,500 new households forming in the borough each year over the next 20 years. The draft London Plan expects Croydon to meet an annual housing target of more than 2,900 new homes per year. Housing supply will need to double to keep up with demand. The failure to build in sufficient volumes over the past 30 years has led to an overall shortage of housing, including affordable housing in Croydon.

Housing affordability: Average house prices are over 10 times average incomes. Changes to and freezing housing benefit rates

⁵ Further details in the review and ASHE, NOMIS data, IMD 2015

⁶ See Joseph Rowntree Foundation

until 2020, and the introduction of Universal Credit have made it harder for people to afford private rented homes even with benefit help. Young people are particularly disadvantaged.

Austerity: Deficit reduction and the government's austerity policies have had an impact on public services generally, and in particular on the community services that help prevent homelessness. In particular this has affected housing support, hostels, specialist provision including mental health and drug and alcohol services, floating support.

Multiple needs: Increasingly complex needs presented by vulnerable people accessing housing support. Most support providers tell us that they are catering to people with more complex and multiple needs than previously.

EEA and other migrants: The complex rules affecting non UK nationals that are homeless or sleeping rough, and the limits to how public services can assist. Over 60% of the increase in rough sleeping in London is from non UK nationals. Since 2014 this group have limited access to public services including benefits and housing and many EEA/other migrants have multiple needs further adding to the complexity of finding solutions for this group.

A profile of homelessness

Unsurprisingly homelessness is most likely to affect those individuals and families that are in low paid, insecure employment, or are out of work, or who struggle to secure employment due to caring/parental responsibilities. It also affects those whose

vulnerabilities make it difficult/impossible for them to provide for themselves through market employment and housing. The key points are:

- **Gender:** More than 6 out of ten of homeless applicants are single females
- **Children:** More than 8 out of ten households applying as homeless have dependent children
- **Age:** Homeless households also tend to be younger than the general population, with more than half of applicants being aged between 25 and 44
- **Ethnicity:** Black households tend to be overrepresented among homeless households. In Croydon, 46% of homeless households are of Black ethnic background (compared to 20.2% of the general population on census day 2011)
- **Rough sleepers gender/age:** In contrast rough sleepers tend to be male (more than 7 out of 10), but again younger than the general population
- **Additional needs:** The majority of rough sleepers (6 out of 10) have additional needs (including substance misuse or mental health problems)
- **Institutional history:** More than half of rough sleepers have an institutional history, having spent time in care, prison or in the armed forces)

National and regional homelessness policy

The government published its national Rough Sleeping Strategy in 2018 which aims to end rough sleeping entirely by 2027. The

Homelessness Reduction Act also came into force 01/04/2018, and introduced two new duties - the Prevention duty and the Relief duty - to the existing homelessness legislation further raising the Homelessness agenda.

The Government pledged to allocate £100m by 2027 to deliver initiatives that will help to stop people becoming homeless, provide rapid rehousing, and provide support to help people find work and live independently. Croydon secured funding from the Homelessness 'Trailblazers' Prevention Programme, the government's Rough Sleeping Initiative Fund and Rapid Rehousing Pathway.

Using this funding we have prevented people from becoming homeless through developing targeted approaches and reduced rough sleeping in Croydon. Croydon will continue to prevent residents from becoming homeless using targeted early intervention and prevention techniques. It will develop a 24/7 direct access hub for rough sleepers in the borough, and support CRZero to achieve its aim of ending entrenched rough sleeping.

In London the Mayor has set out a range of 'asks' of central government to expand and improve the currently inadequate provision to tackle rough sleeping in the capital effectively. These include additional resources for improved outreach, monitoring and recording through CHAIN, accommodation and support services.

Crisis recently published a long term plan to end homelessness in Great Britain. It sets out the costs and policy changes required to achieve this outcome. They advocate a swift process for identifying people sleeping rough, and providing short-term help for those that can be moved into secure decent housing (such as assistance with a deposit and rent in advance) and longer-term support for more vulnerable people with complex needs through approaches such as Housing First. The plan also makes a number of policy recommendations including: calling for over 100,000 new social homes per year; imposing a wider duty on public bodies across Great Britain to prevent homelessness (not just refer); and, enabling everyone to access help and abolishing 'priority need' in England and Wales. Croydon will over the next year partner with Crisis to drive forward a joint plan to end core homelessness.

What do we want to achieve?

We want to end core homelessness in Croydon by 2029

What we are going to do:

We will make a commitment to end homelessness

- The Council will actively support the ending of homelessness and rough sleeping and lobby to maintain appropriate levels of funding
- The Council will support the Mayor and others in their calls for additional funding for prevention, accommodation and support services in London
- The Council will partner with Crisis to deliver a long-term plan to end core homelessness in Croydon

Key measures of success

- Reduced numbers of people sleeping rough in Croydon
- Reduced numbers of people living in shelters, hostels and emergency accommodation

Engagement and early intervention
What do we want to achieve

We want more people to know about, use and look to Croydon's public and voluntary sector services to help them avoid crisis.

What is happening now?

We know that people's journeys into homelessness are different, and that they provide different opportunities to intervene. Public and voluntary sector services collect a lot of data, and know a lot about individuals and families that could be at risk of homelessness (e.g. the Council, DWP, advice services, and the voluntary sector). However, at the moment these different services operate in isolation, are often unaware of the work others are engaged in, duplicate each other, and fail to coordinate and target services to those that need it most. The council also commissions housing advice and mediation services to help prevent homelessness and resolve issues before they reach crisis.

Gateway and Welfare: The welfare reforms introduced in 2013, and the roll-out of Universal Credit forced Croydon to adopt a different approach to assist the 16,000 residents affected. Our Gateway and Welfare service is designed to respond to whole family needs including income, employment, skills/training and housing needs. It enables families and individuals to find sustainable solutions, collaborates across services to avoid duplication, and supports residents to take control and overcome the challenges they face.

It uses business intelligence to target areas with high levels of debt, Universal Credit claimants and deprivation, identifies areas isolated from the Town Centre, and provides services that respond to specific local needs.

A key part of Gateway's prevention approach is providing opportunities to access employment. Croydon has incredible

potential for growth given its location and connectivity. We need to ensure our local working population possesses the required skills and qualifications that employers in higher value sectors require. Delivering our plans for growth and regeneration are therefore a key part of our Homeless Prevention Strategy, as are encouraging small businesses and social enterprises, and harnessing the potential of public sector commissioning to deliver social value.

Gateway Achievements – 2018/2019

Helped more than 2,400 families avoid homelessness

Given budgeting support to over 14,900 people

Supported over 4,700 people on Universal Credit to improve their digital skills

Seen a 15% reduction in the number of people applying as homeless

Cut the cost of giving people emergency accommodation by £2m

Increased the homeless prevention rate from 25% to 58%

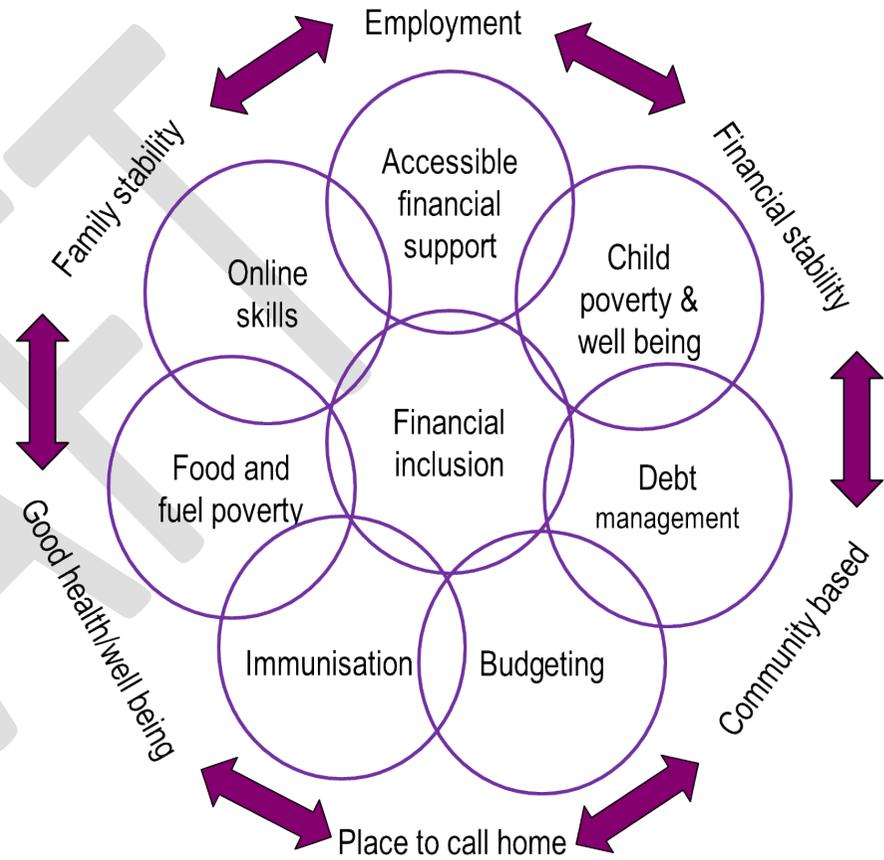
Reduced the numbers in emergency accommodation from 824 to 667

Supported 587 residents into employment.

Gateway Phase 1 is saving the Council £2.5m per year

Gateway and Welfare services – joint working

Gateway used data to identify those residents most at risk of homelessness so that intervention can be specific and targeted to individual needs. A single woman was registered onto Community Connect Food Stop after being contacted as part of the targeted intervention work and immediately began working closely with her Gateway Officer. She had had Council Tax arrears of £3,112.68 and had a total of £1,525.55 in rent arrears. She had a direct payment from her universal credit for her rent plus an additional £50.45 each month to pay towards the rent arrears set up on her rent account. However this meant that ultimately she was left with just £140 per month to cover all other bills and food shopping. A Discretionary Housing Payment was paid to support with the rent arrears and the monthly rent shortfall. She was also referred to the Food Stop at Parchmore Methodist Church, (the church is working in partnership with Croydon Council to deliver community solutions), which is helping to reduce her food shopping bills. She was also supported to make an affordable agreement with debt collectors for her council tax. In addition, her Gateway Officer has supported her with non-dependents on her Council Tax Support (CTS) claim. As there were no income details noted for Miss X on the system, this meant that a full non-dependent deduction was being taken from her entitlement and this has helped to reduce the Council Tax arrears.



Gateway and Welfare

What we are going to do:

We need to provide support earlier and to do that we need to be working in communities, delivering trusted services, based on local evidence and intelligence.

Our Gateway approach has shown that early identification intervention to help people stabilise their situation, and wrap-around holistic support works. Our approach will continue to focus on stabilising people’s housing, employment and caring arrangements. We also know that the Gateway principles and approach are effective, and can be applied more widely across different services and localities. We are therefore going to:

- Build coordinated early identification networks and effective referral services that work well together. These will be linked to our existing commissioned independent preventative services – e.g. housing advice and community mediation services
- Develop more locally delivered, evidence based services, tailored to local need, and delivered with/by community assets by extending the Gateway approach into new localities through our new Community Connect/Food Stop projects building on the success of the existing Fieldway, New Addington Food Stop. Initially targeting Thornton Heath, Monks Hill and Coulsdon
- Provide regular training and information sharing sessions for commissioned and voluntary groups providing services to



people in need, to build capacity, develop collaboration, commitment to shared priorities

- Extend the holistic Gateway approach to all new adult social care customers approaching the council – increasing independence and resilience



- Develop a co-designed monitoring and evaluation framework to produce evidence of the effectiveness of our activity to reduce poverty, increase resilience, and improve skills and employability
- Increase local employment with employers working closely with prevention services. We will also enable our residents to make the most of the opportunities that arise from the borough’s regeneration by ensuring Gateway & Welfare employment Public Sector delivering social value Small Business Commission SEEK project

Key measures of success

- Tenancies sustained
- Increased local employment
- Decreased reliance on benefits
- Decreased debt
- Reduced expenditure on food
- Reduced childhood obesity
- Reduced social isolation
- Increased overall health and wellbeing for all residents
- Increased digital skills

Homelessness prevention

What do we want to achieve

A high quality, efficient prevention service
A high proportion of homeless prevention outcomes
Shorter stays in temporary accommodation
We want to end core homelessness in Croydon by 2029

The Homelessness Reduction Act came into force in April 2018, and introduced two new duties - the Prevention duty and the Relief duty - to the existing homelessness legislation (HA 1996, part 7). The key measures in the act are an extension of the period 'threatened with homeless' from 28 to 56 days and a new duty to prevent homelessness for all eligible applications threatened with homelessness, regardless of priority need. It also requires a new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need. Along with this 'a duty to refer' came into effect where public services will need to notify a local authority if they came into contact with someone they think may be homeless or at risk of becoming homeless.

What is happening now?

Despite an increasing focus on early intervention and prevention, a significant number of people apply to the council as homeless, over 2,000 per year on average over the past 10 years. With the introduction of the Homelessness Reduction Act presentations are now running at over 3,000 p.a. In spite of the high levels of presentations to the council the numbers of households who we owe a full housing duty has remained at between 600- 900 over the last 5 years.

Prevention and intervention: The council's approach to prevention focuses in the first instance on resolving the threat of homelessness including negotiating with landlords, engaging tenancy relations in the case of potential illegal eviction, and family mediation (including that provided for young people through a commissioned service). Where prevention is not possible the Relief Team work on an accommodation plan with the applicant, and on other issues such as debts or budgeting, finding employment, or signposting to other services. The Interventions Team follows this work up with families in emergency accommodation holding 'finding a home' events and providing support and encouragement to find alternative accommodation. One of the main barriers to effective prevention and relief is an insufficient supply of accommodation available within current benefit rates. As a result families are spending extended periods living in temporary accommodation.

Single homeless service (SHS): The SHS assesses single homeless applications and provides access to supported accommodation. It works with people recovering from mental ill health, care leavers, ex-offenders (some of whom are under MAPPA and / or Jigsaw) people addicted to alcohol and/or drugs, people affected by welfare benefits reform, young people at risk, people escaping domestic abuse, refugees, people with a physical disability, people with a learning disability and many residents who have a combination of these needs. There is a limited portfolio of supported accommodation and the number of people with multiple and complex needs accessing the SHS is increasing. Affordable move-on accommodation is also limited. SHS also works closely with the street outreach team to identify rough sleepers, access accommodation as quickly as possible and prevent a return to sleeping rough.

Homelessness prevention-in action

A single woman who had been in care in the North of England came to London for work. She found a property but fell into arrears when the company she worked for did not pay her salary. She took them to an employment tribunal, but her landlord had already started eviction proceedings. A prevention officer intervened as she had a possession hearing scheduled the following week. Through negotiations with the landlord he agreed that if the arrears were reduced to below 2 months' rent he would ask for a suspended order rather than an outright order. A discretionary housing payment of £1000 was paid and she took out a loan with the credit union for £2500 which was sufficient to halt proceedings. She has agreed an additional amount on her monthly rent to clear the rest of the arrears. She is now working as a supervising social worker, is on a local residents group and has used some lottery money to create a fund with the credit union for local residents to draw on.

What are we going to do?

We want to continue to shift our approach to a more proactive, preventative approach, and ensure that families and individuals approaching for housing advice or at risk of homelessness understand the support we can provide to help them find alternative accommodation quickly.

- Promote our housing advice and options services, and ensure that vulnerable people are supported to access our online housing advice resources
- Continue to refine and communicate our '*Your Home Your Move*' messages to encourage homeless households to actively engage in finding alternative accommodation
- Review our protocols with Public Authorities (prisons, probation, health, SLaM) to ensure effective joint working with a focus on preventing homelessness crises
- Ensure people applying as homeless spend as short a time as possible in Emergency or Temporary Accommodation
- Develop effective preventative approaches to tackle the main causes of homelessness:
 - Eviction from private rented sector (PRS) accommodation
 - Exclusion by parents, relatives and friends
 - Domestic violence
- All families/individuals in emergency or temporary accommodation have a realistic plan for rapid rehousing into affordable, secure and decent accommodation
- Develop our Social Lettings Agency ; Croydon Lettings to continue to broker accommodation solutions that aligns with prevention and the escalation of crisis and need for statutory services

Key measures of success

- Number of homelessness preventions acceptances
- Families spend minimum period in bed and breakfast style accommodation
- Minimum expenditure on emergency accommodation
- Emergency or temporary accommodation has adequate facilities for enabling people to work, do homework, cook, live a healthy lifestyle
- Embedding the Social Lettings Agency from a pilot to a full service; reducing the number of households entering into statutory services

Sustainable accommodation

What do we want to achieve

Housing targets are met

New homes meet the needs of our communities

We have an effective long-term temporary accommodation plan

Sufficient housing supply to meet the needs of homeless households and to provide move-on from supported accommodation

What happens now?

Our review shows that homelessness in Croydon is exacerbated by the lack of supply and access to suitable, settled accommodation. Resolving structural housing market factors that impact homelessness requires a focus on housing delivery, including the delivery of truly affordable housing. Croydon has a growing population and housing supply will need to at least double to keep pace. We will ensure there is an alignment with the homelessness strategy and the housing strategy in order to achieve an effective long-term temporary accommodation plan

Lack of supply in turn leads to increasing housing prices and rents, and welfare reform makes it nearly impossible for those in poverty or on low incomes to access sustainable housing in the current market. It also impacts move-on options people that are ready for independence are effectively trapped in supported accommodation, potentially blocking others in the system from moving on and getting the help they need.

Improving the quality and standards of private rented accommodation contributes to tackling homelessness, and helps reduce the poor housing conditions that affect health and may have long-term implications for income and employment. Croydon set up a borough-wide landlord licensing scheme in 2015 which protects private sector tenants and drives up standards.

Croydon has a smaller social housing stock than many other London boroughs, and consequently relies on private landlords to provide accommodation for homeless households both as temporary accommodation and as a discharge of the homelessness duty. We have a short-term supported housing portfolio of around 500 units, with floating support also provided to vulnerable people in hostels or in emergency accommodation. There are more than 2,000 households in temporary accommodation (including 3,000 children), and the Council has worked hard to reduce the number in B&B style emergency accommodation in recent years with significant success. Homeless families and single homeless, however, still spend too long 'living in limbo' in temporary accommodation and our focus will be on reducing the average length of stay.

The council offers a range of offers to private landlords and accommodation providers to supply accommodation for homeless households. Empty homes brought back into use with the financial

assistance of the council are used as supply for meeting housing need. A significant proportion of council and housing association homes are allocated to homeless households via Croydon's housing allocations scheme.

What we will do

To drive forward housing delivery - we will:

- Ensure developers recognise Croydon as a borough with an easy to navigate planning framework and an effective proactive enabling function
- Support residential and economic growth with the required infrastructure
- We will deliver 2,000 truly affordable homes through the Brick by Brick housing programme
- We will bring 100 empty homes back into use
- Further develop our Social Lettings Agency; Croydon Lettings

To reduce the use of bed and breakfast style emergency accommodation, and rationalise our temporary accommodation portfolio – we will:

- Produce an accurate up to date forecast of our need for emergency and temporary accommodation
- Develop a long-term emergency and temporary accommodation plan – based on future need , minimising use of emergency accommodation (particularly bed and breakfast style accommodation with shared facilities for 16/17 year olds and families with children)
- Improve offer to large-scale housing providers and smaller private sector landlords and develop an efficient accommodation

procurement framework to provide move on accommodation required to discharge our housing duty

- Purchase homes and acquire long term interest in accommodation to provide long-term portfolio of affordable accommodation for households in need
- Explore use of modular housing to increase accommodation supply
- Ensure sufficient supply of accommodation for specific groups – over 65 year old people with complex needs, women with complex needs, young people (Crash Pad), former rough sleepers with chronic and severe ill-health.

Key measures of success

- Housing supply figures
- Empty homes brought back into use
- Prevention supply achieved
- Number of households in emergency accommodation
- Emergency accommodation expenditure

Support outcomes

What do we want to achieve

- Aligned messages and approach to independence and resilience
- Localised support services based on local need
- Volunteers enabled to devote time/energy to meet need in their local area

What happens now?

Croydon is developing a robust housing strategy and action plan that will align with the homelessness and rough sleeping strategy.

Croydon is fortunate to have wide ranging and active voluntary and community organisations providing support and advice to our residents that helps to build community resilience. The faith sector in particular provides support to homeless households and residents in need through day services, food and companionship, and a night shelter. Croydon also has health services dedicated to supporting rough sleepers and homeless households including the Homeless Health Team at the Rainbow Centre, and NHS walk-in services.

The Crisis Skylight Centre located in Surrey Street provides a wide range of support services including helping rough sleepers, housing coaching, renting ready, tenancy training and much more.

The Family Justice Centre (FJC) is a multi-agency co-located service (in Park Lane, Croydon) which offers support for victims of domestic abuse and sexual violence and their children. The FJC works closely with the Council's Housing Needs and Assessments Service where cases involve victims threatened with homelessness or needing to move to safe accommodation urgently.

Poor quality and inappropriate housing impacts health services in different ways including repeat visits to the family doctor or Accident and Emergency department, or delays in discharge from hospital due a lack of safe, suitable accommodation to return to. The Council's Staying Put Team service and Major Adaptations Unit provides support to help people remain independent who would otherwise need to move home.

The support services available in Croydon, however, are oversubscribed and insufficient for current levels of need.

Funding for the SLaM START mental health outreach to rough sleepers expires in 2020, and is only funded on a skeletal basis. There is no outreach primary health care provision meaning that some of the most vulnerable street homeless individuals do not access primary care or dentistry. Some former rough sleepers in hostels have chronic, severe physical and mental health needs that are challenging to provide for and are not accessing mental, primary and personal care services due to lack of specialist provision.

What we will do

- Undertake a Health Needs Assessment and mapping exercise in order to review the adequacy of health services to homeless households including access to:
 - Primary care provision, walk-in and emergency services for the most vulnerable
 - Mental health services
 - Dentistry
- Continue to support residents to remain independent through the Staying Put adaptations service
- Ensure our temporary accommodation provides the facilities and opportunities to live a healthy active lifestyle even in the most difficult circumstances
- Continue to provide tenancy sustainment services to prevent homelessness
Support delivery of housing related support to individuals with complex needs through Psychologically Informed Support (PIE)

Key measures of success

- Improved access mental, primary and dental health services for rough sleepers with complex needs
- Networked voluntary and community sector services Tenancy sustainment

Rough sleeping

What do we want to achieve

We want to end entrenched rough sleeping

Single Man has multiple and complex needs and a long history of rough sleeping, he was identified as a suitable candidate for the Housing First initiative to help alleviate issues associated with entrenched rough sleeping. He has been supported with signing a tenancy via Croydon Council as a part of the Housing First project.

To promote engagement with services and to enable communication, he has been provided with a mobile phone, which is used to contact him when home visits are not required, and equally, he is being actively encouraged to maintain regular contacts his key worker.

To address his substance misuse, he has been referred to a local drug service and is being accompanied to regular appointments with healthcare professionals. He is now in the process of addressing his drug addiction and has been supported with accessing appropriate medication

Rough sleeping our efforts in action: from rough sleeper to having a place to call home

Croydon has a significant rough sleeping problem with 274 people recorded as sleeping rough in 2018/19, of which around 50 were effectively living on the streets. Bi-monthly counts conducted by our rough sleeping outreach team find a fluctuating figure of between 15 to 35 rough sleepers on any night. Within that number there are a group of destitute European Economic Area (EEA) migrants that cannot claim benefits, and survive hand-to-mouth with the support of local day services.

Rough sleeping has been increasing in outer London as a result of the housing crisis and a lack of affordable housing. Private rented homes are increasingly expensive and insecure, and welfare reform and in particular, benefit sanctions have had a significant impact on vulnerable people. Austerity has reduced the preventative services that would have kept many off the streets, and it has raised the threshold for eligibility for other services (including mental health and substance misuse services). Homelessness prevention funding is allocated on out of date patterns of need, restricting the ability of outer London boroughs to respond effectively.

Croydon is fortunate to have many residents who volunteer for services for rough sleepers and people in need including a floating winter shelter provided by local churches (Croydon Churches Floating Shelter). In the winter of 2018 local premier ship football team Crystal Palace agreed to help provide severe weather shelter, converting a lounge into a space that could accommodate up to 12 rough sleepers in need of shelter, this was operated by volunteers and outreach staff. We commission an outreach and resettlement service, Croydon Reach. Crisis located one of its Skylight Centres in Croydon a few years ago, delivering vital services to help people off

the streets and into accommodation and employment. The Council aims to operate an 'in for good' policy, providing accommodation on a discretionary basis, and has also worked with providers, assisted by the CR Zero campaign to remove barriers to rough sleepers accessing, and remaining in supported accommodation. Our hostel providers have changed their policy regarding using alcohol, accepting dogs, and are to be flexible around couples. We have secured funding for specialist rough sleeping navigators through the Rapid Rehousing Fund, who provide an intensive focus on finding pathways for rough sleepers with complex needs.

While this is more comprehensive provision than many other boroughs, the need in Croydon is demonstrably higher than other outer London boroughs there are still significant gaps in provision including the frequency and coverage of outreach, sustained funding for mental health outreach, access to primary healthcare and dentistry, immediately available safe emergency accommodation, services for entrenched rough sleepers with multiple needs, resources to engage entrenched EEA migrants with complex needs. Providers report that there are increasing numbers of rough sleepers with multiple and complex needs.

What we are going to do:

The Council was recently very successful in securing Rough Sleepers Initiative (RSI) funding to enhance service provision. This funding, the CR Zero partnership and our partnership with Crisis to end core homelessness in Croydon provides the framework for tackling rough sleeping over the next two to three years.

We will:

- Develop our Rough Sleepers Alliance to create a network bringing together all service providers, faith groups, and people with lived experience to support new organisations, share good practice, work through issues and improve services.
- Explore the opportunities to develop a Homelessness Reduction Board to enhance accountability of all partners
- Support the work of CRZero to end chronic rough sleeping
- Continue to commission a rough sleeping outreach service
- Provide an effective No First Night Out approach through a 24/7 crash space and rough sleeper assessment centre, providing a swift person-centred solutions for individual rough sleepers
- Maintain Housing First opportunities
- Develop rapid rehousing pathways
- Relieve homelessness amongst EEA and other migrants nationals who are unable to access benefits
- Work with Police, council anti-social behaviour teams, and local businesses to support rough sleepers and reduce the anti-social behaviour associated with some rough sleepers and sleeping sites, participating in forums and implementing targeted approaches.

Key measures of success

- No one living on the street / reduced numbers living on the street
- An accurate picture of rough sleeping based on detailed individual case data

Young people

What do we want to achieve

We want to end youth homelessness in Croydon

What is happening now?

Homeless acceptances of young people over the past ten years has been quite low - the Council has accepted on average 3 applicants aged 16 or 17 per year, and only 4 per year applicants that has formerly been in care. The number of young people accessing housing advice services at the Turnaround Centre Drop in Zone, however, is quite high (544 in 17/18), and research shows young people will often sofa surf with family or friends before they access support.

Our services have a strong focus on prevention with Croydon Children's Services working with young people and parents to prevent family breakdown to support young people to remain at home. They take also the lead in applications from 16/17 year olds. The commissioned Drop in Zone service for single 16-21 year olds provides mediation, family therapy, and works with the Youth Offending Service, and Probation. The councils' Leaving Care Team holds a 2 weekly accommodation panel to identify and plan for suitable accommodation for care leavers after age 17 ½ and following the introduction of the Children and Social Work Act, and a Croydon Local Offer has been developed.

There is also a variety of provision of accommodation and support for young people, including; assessment centre and supported accommodation, short and longer term supported lodgings, and shared accommodation with visiting support. The Single Homelessness Service provides a dedicated officer to work with complex need young people who are ready to move on.

Our review and engagement found that there has been an increase in the level of complex needs young people needing accommodation and housing support, particularly those age over 18. Also, there is insufficient supported and suitable emergency accommodation for homeless young people, resulting in the use of bed and breakfast style emergency accommodation.

What we are going to do:

There are a number of ways we can improve services for young people, increase prevention, and eliminate the use of unsuitable accommodation (B&B in particular) altogether. In order to achieve this we will:

- Review, and relaunch the Croydon Youth homelessness joint protocol ensuring housing and children's services work effectively together to provide the housing options and support young people and care leavers need

- Improve online housing advice and information (co-designed with young people)
- Developing a youth homeless prevention peer education programme
- Create a single integrated YP gateway (with social work support)
- End the use of B&B accommodation and create an alternative Croydon 'crash pad'
- Introduce home visits to all young people who approach as homeless aged 16-24
- Identify a menu of move on options, including effective assessment process
- Work with landlords to increase their confidence in accommodating young people
- Develop a young persons 'tenancy ready' programme
- Identify young people at risk of tenancy failure through eviction or abandonment,
- Explore different accommodation models, such as peer landlord schemes and shared housing with floating support.

Key measures of success

- Number of young people accommodated in B&B
- Number of young people accepted as homeless

Action Plan

The Cabinet Member for Homes and Gateway Services oversees the direction and delivery of the Homelessness Prevention and Rough Sleeping strategy and associated services.

Outcome	Aim	Key Actions	Milestones	Owner
Taking the Gateway approach out into the community	Early intervention and prevention to stabilise households in crisis and prevent homelessness with a holistic approach for our most vulnerable residents through Access Croydon, Contact Centre and localities	Deliver and roll out Community Connect/Food Stop - Community Hub model run by the community for the community delivering services that are responsive to the specific needs of residents Development of the Homelessness Reduction Board to discuss sustainable long term solutions	30/9/2020	Director of Gateway Services
Homelessness prevention	Supporting residents to sustain their tenancies Develop the Social Lettings Agency to become a full service aligned to prevention and the prevention of the escalation of crisis and need for statutory services	Intensive support activity to sustain participation and find long lasting solutions	30/9/2021	Director of Gateway Services
Networked community, voluntary and faith sectors	Community Connect Alliance of organisations - multi-agency 'Alliance' approach empowers the local community, builds on existing relationships and forges new connections with stakeholders to strengthen and improve outcomes for local people	Partnership working across the community, voluntary, faith, private and public sectors to strengthen and improve outcomes for local people. Maintain and support the Community Connect Alliance	Ongoing	Director of Gateway Services

Outcome	Aim	Key Actions	Milestones	Owner
A high proportion of homelessness prevention outcomes	Fewer homeless households in emergency accommodation	Promote our housing options and advice services	Ongoing	Director of Housing Assessment and Solutions
	Fewer households in emergency accommodation	Review our protocols with Public Authorities (prisons, probation, health, (SLaM) to ensure effective joint working with a focus on preventing homelessness crises	Ongoing	Director of Gateway Services/ Director of Housing Assessment and Solutions
	Fewer households in emergency accommodation	Review our preventative approaches to tackle the main causes of homelessness: <ul style="list-style-type: none"> • Eviction from PRS accommodation • Exclusion by parents, relatives and friends • Domestic violence 	Ongoing	Director of Gateway/ Director of Housing Assessment and Solutions
Shorter stays in temporary accommodation	Homeless families in temporary accommodation actively engage in finding alternative accommodation	Refine and communicate 'Your Home Your Move' messages	Ongoing	Director of Housing Assessment and Solutions
	Homeless families in temporary accommodation actively engage in finding alternative accommodation	All families/individuals in EA/TA have a realistic plan for rapid rehousing into affordable, secure and decent accommodation	30/12/2020	Director of Housing Assessment and Solutions

Outcome	Aim	Key Actions	Milestones	Owner
Prevention supply achieved	Ensure developers recognise Croydon as a borough with an easy to navigate planning framework and an effective proactive enabling function	Support residential and economic growth with the required infrastructure	30/12/2020	Director of Planning Director of Housing Assessment and Solutions
New homes meet the needs of our communities	Ensure housing targets are met	Deliver 2,000 truly affordable homes through the Brick by Brick housing programme	Ongoing	Director of Housing Assessments and Solutions
Sufficient housing supply to meet the needs of homeless households	Ensure housing targets are met	We will bring 100 empty homes back into use	31/12/2022	Director of Housing Assessments and Solutions
We have an effective long term TA plan	Produce an accurate up to date forecast of our need for EA/TA	Develop a long-term EA/TA plan – based on future need, minimising use of EA (particularly B&B with shared facilities for 16/17 year olds and families with children)	31/12/2021	Director of Housing Assessment and Solutions
Sufficient housing supply to meet the needs of homeless households and to provide move-on from supported accommodation	Improve offer to and large-scale housing providers and smaller private sector landlords and develop an efficient accommodation procurement framework to provide move on accommodation required to discharge our housing duty	Develop separate offers for: <ul style="list-style-type: none"> • Large scale housing providers • Smaller private sector landlords 	31/12/2022	Director of Housing Assessment and Solutions
		Delivery of a new procurement framework	30/3/2021	Director of Housing Assessment and Solutions
		Purchase homes and acquire long term interest in accommodation to provide long-term portfolio of affordable accommodation for households in need	30/3/2022	Director of Housing Assessment and Solutions
		Ensure sufficient supply of accommodation for specific groups – over 65s with complex needs, women with complex needs, young people (Crash Pad), former rough sleepers with chronic and severe ill-health.	31/12/2022	Director of Gateway Services/ Director of Housing Assessment and Solutions/ Commissioning and Improvement

Support Outcomes

Outcome	Aim	Key Actions	Milestones	Owner
Localised support services based on local need	Improved access mental, primary and dental health services for rough sleepers with complex needs	Undertake a Health Needs Assessment and mapping exercise in order to review the adequacy of health services to homeless households including access to: <ul style="list-style-type: none"> • Primary care provision, walk-in and emergency services for the most vulnerable • Mental health services • Dentistry 	30/12/2020	Director of Public Health
Tenancy sustainment	Psychologically Informed Environments	Delivery of housing related support to individuals with complex needs through Psychologically Informed Support (PIE).	30/12/2021	Director of Gateway Services
Aligned messages and approach to independence and resilience	Volunteers enabled to devote time/energy to meet need in their local area	Alliance of community and voluntary services creating good practice networks, aligned aims and opportunities for volunteers	Ongoing /annual review	Director of Gateway Services
Networked voluntary and community sector services	Localised support services based on local need	Ensure links between residents in temporary accommodation, voluntary, community services and social prescribing networks	Ongoing/annual review	Director of Housing Assessments and Solutions

Rough Sleepers

Outcome	Aim	Key Actions	Milestones	Owner
An end to entrenched rough sleeping An end to entrenched rough sleeping	An alliance of voluntary and community sector services with a shared goal	Maintain and support the Rough Sleepers Alliance	30/06/2020	Director of Gateway Services
	Work with CR Zero 2020 to establish an innovation fund for rough sleeping services	Relieve homelessness amongst EEA and other migrants nationals who are unable to access benefits	31/03/2021	Director of Gateway Services
An end to entrenched rough sleeping	Provide an effective No First Night Out approach to tackling rough sleeping early	Deliver and monitor outcomes of our Somewhere Safe to Stay Hub - a 24/7 crash space and rough sleeper assessment centre to ensure swift person-centred solutions for individual rough sleepers	1/11/2019	Director of Gateway Services
	Provide an effective Housing First service	Implement Housing First and accommodate 20 entrenched rough sleepers through Housing First intervention and support	31/03/2020	Director of Gateway Services
	Entrenched rough sleepers are given the support they need to leave the streets	Work with Police, council anti-social behaviour teams, and local businesses to support rough sleepers and reduce the anti-social behaviour associated with some rough sleepers and sleeping sites, participating in forums and implementing targeted approaches.	31/09/2020	Director of Gateway Services

Outcome	Aim	Key Actions	Milestones	Owner
End youth homelessness in Croydon	Increased homelessness prevention outcomes for young people	Review, and relaunch the Croydon Youth homelessness joint protocol ensuring housing and children’s services work effectively together to provide the housing options and support young people and care leavers need	30/06/2020	Director of Early Help and Children’s Social Care
		Develop a single integrated gateway for 16 and 17 year olds	31/12/2019	Director of Early Help and Children’s Social Care
		Identify young people at risk of tenancy failure through eviction or abandonment	30/06/2020	Director of Early Help and Children’s Social Care
		Introduce home visits for all 16-24 year olds who approach as homeless	30/06/2020	Director of Early Help and Children’s Social Care
		Deliver improved online housing advice and information (co-designed with young people)	30/06/2020	Director of Early Help and Children’s Social Care
		Develop a youth homelessness prevention peer education programme	30/06/2020	Director of Early Help and Children’s Social Care
Sufficient housing supply to meet the needs of homeless households and to provide move-on from supported accommodation	End the use of B&B accommodation for young people	Create ‘crash pad’ accommodation.	Ongoing	Director of Gateway and Welfare
	Increased supply of PRS move on accommodation	Work with landlords to increase their confidence in accommodating young people	30/10/2020	Director of Housing Assessments and Solutions
		Research different accommodation models, such as peer landlord schemes and shared housing with floating support and create a delivery plan	31/12/2021	Director of Housing Assessments and Solutions
	Increased supply of PRS move on accommodation	Develop a young person’s tenancy ready programme	31/12/2022	Director of Housing Assessments and Solutions

REPORT TO:	Health and Wellbeing Board 22 January 2020
SUBJECT:	Improving mental health and emotional wellbeing in children and young people in Croydon
LEAD OFFICER:	Michelle Quinn/Pasquale Brammer
PUBLIC/EXEMPT:	Public
<p>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:</p> <p><i>Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities:</i></p> <p>Corporate Plan for Croydon 2018-2022</p>	
<p>BOARD PRIORITY/POLICY CONTEXT:</p> <p>Giving children and young people a better start in life is one of eight priority areas in Croydon's joint Health and Wellbeing strategy 2018-2023. This report provides further information about plans to deliver this priority specific to emotional wellbeing and mental health.</p>	
<p>FINANCIAL IMPACT</p> <p>There are no financial implications arising from this report.</p> <p>There could be financial implications associated with individual commissioned activity in the future as a result of the work undertaken on the priorities detailed in the report, once identified, these will require the relevant approvals as they arise.</p>	

1. RECOMMENDATIONS

The Health and Wellbeing Board are recommended to:

- Note the additional investment for emotional wellbeing in schools through the Mayor's Young Londoners Fund;
- Note the projects that are developing joint working across the council, CCG and mental health service providers to improve delivery of emotional wellbeing and mental health services;
- Note the 2019 Refresh of the Local Transformation Plan for children and young people's emotional wellbeing and mental health as required by NHS England.

2. EXECUTIVE SUMMARY

2.1 A report presented to the Health and Wellbeing Board in October 2019 provided

an update on the work overseen by the Children and Young People's Emotional Wellbeing and Mental Health (CYP EW&MH) Partnership Board and focused on:

- Progress achieved across the 4 workstreams of the CYP EW&MH Partnership Board, agreed by the Health and Wellbeing Board in 2018/19;
- Introduction to the Mental Health Support Teams in schools trailblazer, an investment by NHS England;
- Progress on the 2019 refresh of the Local Transformation Plan, an annual requirement of NHS England.

2.2 This report provides further information across emotional wellbeing and mental health services for Croydon's children and young people:

- Additional investment in emotional wellbeing in schools via a successful bid to the Mayor's Young Londoners Fund;
- Progress achieved in redesigning services to deliver improved outcomes for children and young people:
 - Emotional wellbeing and mental health to join multi-agency Single Point of Contact (SPOC)
 - Specialist emotional wellbeing team to join Children Looked After service
 - Joint council and CCG contracts for voluntary sector providers
 - Expanding our reach for engagement with children and young people, their teachers and families
 - Planning to deliver a needs assessment specific to children and young people's emotional wellbeing and mental health;
- Review of the final version of the 2019 refresh of the Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health, to be submitted to NHS England.

3. SUCCESSFUL BID: MAYOR'S YOUNG LONDONERS FUND

3.1 In December 2019, it was announced that Croydon had secured a three year £1.25 million grant through the Young Londoners Fund, the Mayor of London's flagship programme tackling youth violence, one of only five boroughs to receive funding this year.

3.2 The Croydon Community Partnership Against Trauma project will be led by voluntary sector partners, including Croydon Voluntary Action, Croydon Drop In and Palace for Life. It will directly address priorities from Croydon's long-term strategy focused on reducing youth violence - building partnerships that bring families, schools and local communities together in an integrated programme that equips young people with the tools to overcome a range of adverse childhood experiences and the skills to achieve their goals. It will drive our commitment to creating trauma-informed school communities.

3.3 Targeting support at the transitional phases between primary/secondary and school/college, the project will extend the alternative provision role in supporting

young people with social and emotional problems into mainstream education and use community-based activities to tackle the root causes of youth violence.

- 3.4 The project will be delivered alongside the Mental Health Support Teams in schools Trailblazer; a centrally funded programme of professionals offering advice, support and brief interventions in schools in Croydon. Work is underway to ensure strong collaboration between these different projects. Sarah Hayward, Director of Croydon Violence Reduction Network, Shelley Davies, Director of Education and Steve Phaure, Director of Community Voluntary Action, have agreed to be members of the Trailblazers Steering Group, and this will support strong leadership with links into the wider Croydon Partnership Early Help Network.

REDESIGNING SERVICES FOR IMPROVED OUTCOMES

- 3.5 There are five projects currently underway or in planning stage that will take forward our commitment to redesigning services in ways that improve outcomes for children and young people.

Single Point of Contact

- 3.6 The project is on-track. From late January 2020, the existing multi-agency single point of contact (SPOC) service will expand to include emotional wellbeing and mental health.
- 3.7 Practitioners from South London & Maudsley NHS Foundation Trust (SLaM) will be co-located at Bernard Weatherill House, joining specialists from social care, early help, health visiting, education, safeguarding, police, and housing services. A new online referral form has been developed with the support of Selsdon Park Medical Practice in testing for usability. All information sharing and user confidentiality concerns have been addressed and a protocol put in place.
- 3.8 Over the next six months, the service will be evaluated to determine how it is working and identify future developments. This may include further training for team members, modification to the pathway flow, or expansion of staffing numbers.
- 3.9 Improved outcomes expected:
- All referrals will be accepted. The team will identify the needs of the individual and pass the referral onto the most appropriate service. This may include: NHS mental health, voluntary sector providers, or early help;
 - A single referral will be sufficient even if several different service providers will need to become involved;
 - Emotional wellbeing and mental health needs will be included in multiagency team discussions about how best to meet the needs of an individual.

Specialist team for Children Looked After

- 3.10 We have re-designed the emotional wellbeing service provision for children who are looked after by the local authority. The project will go live in April 2020.
- 3.11 Taking our growing understanding of the impact of adverse childhood experiences, a small team of specialist mental health practitioners will be co-located with the children looked after social care service at Bernard Weatherill House. This will be an investment of approximately £222,000 in the first instance.
- 3.12 The principle behind this new service is that rather than waiting for a child or young person to display symptoms of significant mental ill health, there should be a focus on early intervention and prevention, thus supporting stability of placements and giving children a stronger foundation for emotional and educational attainment.
- 3.13 Over the next twelve months, the service will be evaluated to determine how it is working and identify future developments. It is anticipated that an expanded team will be required to support all children looked after.

Improving voluntary sector contracts arrangements

- 3.14 We are working to offer increased clarity and stability of funding for two key voluntary sector partners currently delivering emotional wellbeing services for children and young people. Effective from April 2020, Off The Record and Croydon Drop In will each have a single contract that has been jointly developed by Croydon Council and Croydon CCG, that can replace the nine individual smaller contracts currently in operation.
- 3.15 Together, this will align up to £1.1m of funds for emotional wellbeing, tackling some of our key priorities and also supporting the drive to deliver these services in localities.
- 3.16 The innovative joint contracts will include all NHS clinical & service quality requirements, alongside all Croydon Council social value and “Value Croydon” commitments. From the providers’ perspective, the contracts will enable them to focus their energy on delivering outcomes and also offer some security as they move away from a year-to-year funding cycle towards a contracting arrangement that could operate for up to five years.
- 3.17 The services delivered are: support service for Young Carers; face-to-face & digital counselling; emotional wellbeing advocacy & advice; and specialist outreach for excluded groups, including black & minority ethnic (BAME), refugee & unaccompanied asylum-seeking youth.
- 3.18 These changes will create stability in the local market and also in our strategic partnerships as we take forward redesign of the wider emotional wellbeing and mental health landscape, working more closely in localities and with Early Help services.

Engagement with children and young people, their teachers and families

- 3.19 As emotional wellbeing services begin to become more available in our school communities, through initiatives such as, Mental Health First Aider leads, the Mental Health Support Teams in school trailblazer, and the Community Partnership Against Trauma project, we will see a change in the levels of engagement we achieve, and the impact this can have on service redesign.
- 3.20 While Croydon has always had quality engagement with children and young people, finding those individuals able to provide feedback around emotional wellbeing and mental health services has been limited to forums supported by contracted service providers, such as SLAM and Croydon Drop In.
- 3.21 As the new services roll-out across our school communities, we will gain greater insight because our reach will be wider: we will begin to receive insights from young children in infant school; young people transitioning at primary/secondary and secondary/college; teachers supporting year groups undertaking exams; pastoral leads and family members supporting children and young people through life events, such as bereavement. This will allow engagement to reach more people, where only some individuals will have sought support from our contracted service providers.
- 3.22 This ability to engage with and learn from the experiences of young people from very low to very high mental health support needs will shape the long-term services that we design to replace the short-term funded pilot programmes.

Needs Assessment

- 3.23 Understanding the needs of children and young people's emotional wellbeing and mental health is key to supporting transformation of the system and enabling the best commissioning decisions. A Children Looked After Needs Assessment is currently being undertaken due to report to the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board in February 2020.
- 3.24 A wider review will be undertaken as part of the All Ages Mental Health Needs Assessment in the first quarter of 2020. This is currently being scoped and will report to the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board.

4 2019 REFRESH OF THE LOCAL TRANSFORMATION PLAN

- 4.1 The first draft of the 2019 refreshed Local Transformation Plan for children and young people's emotional wellbeing and mental health was submitted to NHS England, as required, on 31 October 2019. An updated version was submitted on 11 December 2019 as required, for review by the quality assurance team.
- 4.2 Further work has been undertaken, and The Plan now includes updates on the 4 priorities identified by the Health and Wellbeing Board in 2018/19, and addresses all 106 Key Lines of Enquiry as required by NHS England.

- 4.3 The Plan was presented to CCG Senior Management Team on 10 December 2019 and all recommendations incorporated into this final version (see appendix).
- 4.4 The document is over 100 pages and addresses the 106 Key Lines of Enquiry. It includes sections on:
- Our local priorities
 - Our achievements in 2018/19
 - Our key initiatives for 2019/20
 - Our action plan for 2020/21
- 4.5 The four local priorities (identified by health and wellbeing board members at workshops in December 2018 and January 2019) continue to dominate our delivery:
- **Engagement** with children, young people, their families, carers and communities. Those who have lived experience of mental health problems and families who support children and young people with mental health needs, to be placed at the heart of services.
 - Working with and supporting **schools and colleges** to promote the emotional health and wellbeing of all their pupils.
 - **Pathways**: navigating through the system with the right access at the right time in the right place. This means that children and young people who have mental health problems such as emotional disorders, eating disorder, autism and many others get the right support and help when they need it.
 - **Strategic join up** and wider work: maximise the resilience of the population through working with non-mental health services, providing information, and through improving wider determinants such as housing.
- 4.6 Achievements in 2018/19, we have:
- Improved support for young people in transition from CYP to Adult mental health services, especially where multiple agencies are involved.
 - Strengthened the working of our Partnership Board for CYP Emotional Wellbeing and Mental Health, supporting representation from across our community, including parent carers, voluntary sector and NHS providers, schools, statutory services, and developing a greater emphasis on discussion through workshops to ensure all voices contribute to our decisions.
 - Further developed the Single Point of Access for emotional wellbeing and mental health referrals across NHS and voluntary sector partners, creating a more streamlined process for referrers and ensuring young people receive appropriate contact as quickly as possible.
 - Worked with colleagues across South East London to ensure Eating Disorder services continued to meet all nationally mandated access and waiting times targets.
- 4.7 Key Initiatives for 2019/20 are:
- Increase Access to Services and Reduced Wait Times – to meet the 2019/20 target that 34% of children and young people with a diagnosable

mental health disorder, have access to services (Five Year Forward View for Mental Health and The NHS Long Term Plan). At December 2019, we remain on-track to meet this year's target.

- Expansion of delivery by our voluntary sector partners:
 - Digital / online counselling services, including text chat and video sessions has been expanded with an additional £30,000 investment;
 - Counselling services for unaccompanied young refugees and asylum seekers have been enhanced by £26,500 investment
 - Review of key pathways have been undertaken providing:
 - Understanding of how the Neuro-Developmental Pathway works; with particular focus on assessment for autism spectrum disorders and attention deficit hyperactivity disorder, and how these may be further evolved;
 - Review and streamlining of SLAM pathways for eating disorders and early intervention for psychosis;
 - Redesign of the offer for Children Looked After to focus on an early intervention model that recognises and addresses the impact of multiple adverse childhood experiences on emotional wellbeing, placement stability, and long-term physical and mental health outcomes
 - Redesign of the CAMHS Single Point of Access (SPA) to join the multi-agency children and young people's Single Point of Contact (SPOC) based at Bernard Weatherill House
- Implementation of the NHS England funded Mental Health Support Teams (MHST - trailblazer) to create three MHST's across 35 schools and one college: to work with teachers, children and young people, and their parents to develop whole school approaches to improving support for emotional wellbeing and mental health; a two year investment of approximately £1.6m;
- Training of 'Young Commissioners' through a contract with the National Youth Agency; these new recruits have contributed to the recommissioning of the Council's Community Fund for community providers;
- Engagement of young people in the design and content of the easy-read version of the LTP through workshops and an art competition with Year 7 & 8 students. This has helped to further understanding of emotional wellbeing and mental health, the causes, and the services available, and given insights into how best to raise awareness in the school setting;
- 2 Croydon young people were successfully appointed as members of the UK Youth Parliament, following Croydon Council re-joining the British Youth Council in 2019;
- Close working with providers and wider stakeholders to agree a longer term view of our priority investment and service redesign needs for 2020/21.

4.8 Action Plan for 2020/21

An action plan for the coming year is included within the document. This is a living document and will continue to be reviewed and updated throughout the year, as actions are completed and new actions identified.

4.9 NHS England undertakes quality assurance of the submitted document and provides a scorecard based on responses to the 106 Key Lines of Enquiry. A

draft version of the updated plan was submitted to NHS England in December 2019.

- 4.10 It is a requirement of NHS England that the Local Transformation Plan is presented to the Health and Wellbeing Board. This version is then made available to the public on the CCG website.

4. CONSULTATION

- 4.11 This report is an update on progress of activities undertaken by the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board.
- 4.12 As described in section 3 of this report, consultation and engagement with children, young people, their families and carers, will form part of our ongoing delivery.
- 4.13 The 2019 refresh of the Local Transformation Plan has been developed in consultation with members of the Partnership Board, NHS and voluntary sector service providers, public health, adult mental health commissioners, SEL and SWL commissioner networks, CCG finance, youth engagement, youth offending team, education and school colleagues.
- 4.14 The Children and Young People's Emotional Wellbeing and Mental Health Partnership Board is designed to support joined up delivery. One of the four key workstreams is 'strategic join up'.
- 4.15 The changes planned for the voluntary sector provider contracts will support joined-up delivery, moving from nine individual contracts to just one for each provider. This will create joint council and CCG contracts with full alignment of budgets.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are no direct financial implications arising from this report. There could be financial implications associated with individual commissioned activity in the future as a result of the work undertaken on the priorities detailed in this report, once identified, these will need costing and require the relevant budget approvals.
- 5.2 The Children and Young People's Emotional Wellbeing and Mental Health Partnership Board, which covers Croydon Council, Croydon CCG, and South West London Health & Care Partnership, will contribute to develop any investment proposals arising from this report.

- 5.3 The NHS England investment for the Mental Health Support Teams in schools trailblazer will be paid directly to the mental health service providers, SLaM, Off The Record and Croydon Drop In.
- 5.4 The Mayor's Young Londoners Fund investment for Community Partnership Against Trauma project will be paid directly to the lead mental health provider, Community Voluntary Action.

Approved by: Kate Bingham (Interim) Head of Finance (Children, Families and Education), Croydon Council on 7/1/2020

6. LEGAL CONSIDERATIONS

- 6.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the statutory basis for the establishment of the Health and Wellbeing Board and the parameters of the Board's legal powers are set out in the Health and Social Care Act 2012. The Constitution, at Part 4L sets out the terms of reference of the Health and Wellbeing Board which mirror the statutory requirements for functions of the Board. In view of the statutory functions of the Board and the terms of reference, the Local Transformation Plan is presented for the Board's final comment as a culmination of the Board's involvement in commenting on the Plan.
- 6.2 Any potential legal implications arising from and associated with the Local Transformation Plan will need to be appropriately considered and addressed as individual actions or commissioned activity are taken forward. This will include ensuring that, where relevant, appropriate procurement advice is sought and implemented and that Data Protection implications are appropriately addressed.

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

7. HUMAN RESOURCES IMPACT

Approved by: Deborah Calliste, Head of HR for Health, Wellbeing and Adults on behalf of the Director of Human Resources

8. EQUALITIES IMPACT

- 8.1 This report asks the Board to review progress against priorities chosen to improve the mental health and wellbeing of children and young people in Croydon. Evidence shows that many people with protected characteristics are disproportionately impacted by poor mental health. In addition, children and young people with poorer mental health are more likely to be overweight, achieve poorer educational outcomes and engage in risky behaviours. Delivery of these priorities will therefore provide more intense support to those with

protected characteristics and improve the outcomes for children and young people experiencing low mental health.

- 8.2 A range of health inequalities are addressed through the delivery of the priorities for example a key element of the school trailblazer funding focuses on targeted work with children and young people that are looked after or are part of the youth justice system. A number of programmes are commissioned to provide additional mental health support for vulnerable young people such as unaccompanied young refugees and asylum seekers. A summary of key achievements are listed in section 4.6 of the report.
- 8.3 Equality Analysis will be undertaken for key initiatives to be delivered in 2020/2021 to ascertain any potential impact on groups that share protected characteristics.

Approved by: Yvonne Okiyo, Equalities Manager on 2/1/20

9. ENVIRONMENTAL IMPACT

N/A

10. CRIME AND DISORDER REDUCTION IMPACT

N/A

11. DATA PROTECTION IMPLICATIONS

11.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

11.2 HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?

NO

- 11.3 The Director of Commissioning and Procurement comments that there are no personal data processing requirements through the delivery of this report. Any personal and sensitive data processing implications associated with individual commissioned activity in the future, as a result of the work undertaken on the priorities detailed in this report, will be considered as they arise.

Approved by: Michelle Quinn on behalf of the Director of Commissioning and Procurement

CONTACT OFFICER:

Pasquale Brammer

Head of Commissioning and Procurement, Children Families and Education

07732 075237

APPENDICES TO THIS REPORT

Appendix 1 – Children and Young People’s Emotional Wellbeing and Mental Health:
Croydon’s Local Transformation Plan 2019/20 Refresh

BACKGROUND DOCUMENTS:

None

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Croydon

Clinical Commissioning Group

Children and Young People's Emotional Wellbeing and Mental Health

Croydon's Local Transformation Plan
2019/20 Refresh

Current Version: 11 December 2019

Contents

Foreword	5
Executive Summary	7
1 Transparency and Governance	16
1.1 Governance Arrangements	16
1.1.1 Children and Young People's Mental Health and Emotional Wellbeing Partnership Board	16
1.2 Policy and Planning Context	17
1.2.1 National Policy	17
1.2.2 Regional Strategies, Plans and Programmes	19
1.2.3 Local (Croydon) Strategies and Plans	22
1.3 Croydon's Local Transformation Priorities	24
1.3.1 Health and Care System Changes	24
1.3.2 Children and Young People's Emotional Wellbeing and Mental Health Local Transformation Priorities 2019/20	24
1.3.3 Sharing Innovation as Best Practice	25
1.4 How the System Tracks and Improves Progress in Activity, Outcomes and Experience of Care	26
1.4.1 How the System Tracks whether the Cohort is Receiving Support Appropriate to their Needs and Measures the Effectiveness of this Support	26
1.5 Summary of Baseline and Latest 2018/19 Out-turn Figures (Where Available)	27
1.5.1 Finance	27
1.5.2 Workforce	28
1.5.3 Community Based Mental Health Services Activity	29
1.6 Allocation and Use of Funding	32
1.6.1 Main CCG and Local Authority Commissioned Services	32
1.7 Modelling of Current Mental Health Provision and Plan of Investment across the Whole System Pathway	33
1.8 Engagement with Children, Young People and their Parents and Carers ...	33
2 Understanding and Addressing Local Need	37
2.1 How this LTP is Addressing Local Need	37
2.2 Why Supporting Good Mental Health in Children and Young People is Important	37

2.3	Local Context – Croydon’s Growing Population of 0- 25 Year Olds	38
2.4	Estimated Numbers of Children and Young People with Mental Health Disorders within Croydon	39
2.5	Addressing the Needs of Children and Young People	42
2.5.1	Emotional Wellbeing and Mental Health Services	42
2.5.2	Services for Those at Higher Risk of Mental Health Problems	42
2.6	Gaps in Provision and Expansion Plan	49
3	Local Transformation Plan (LTP) Ambition 2018-2020.....	51
3.1	Whole System of Care	52
3.1.1	Achievements to Date and System Development.....	52
3.2	Pathways of Care.....	54
3.2.1	Staying Well - Mental Health Promotion and Prevention	54
3.2.2	Manage Well.....	56
3.2.3	Greatest Need	59
3.3	Special Considerations	62
3.3.1	Linking with Adult Mental Health Services	62
3.3.2	Developing the 0-25 Children and Young People Pathway by 2023/24	62
3.4	Improving Access and Waiting Times	63
3.4.1	Sustainable Increases in Access and Reductions in Waiting Times.....	63
3.4.2	Improvements in Productivity and Efficiency	65
3.5	2019/20 Action Plan	65
4	Data - Access and Outcomes.....	69
4.1	Key Data Areas Measured by NHS England.....	69
4.1.1	Submission of the NHS Digital Mental Health Services Data Set (MHSDS).....	69
4.2	Monitoring and Using Data on Key Ambitions	69
4.2.1	Improving Data Quality, Access and Flow	69
4.2.2	Using Data.....	70
4.3	Local and Regional Data Reporting	70
4.3.1	Local Children and Young People’s Dashboards	70
4.3.2	Enhancing Local Delivery	71
5	Health and Justice.....	71
5.1	Crisis Care Related to Police Custody	71
5.2	Croydon Child Sexual Assault (CSA) Referral Centres and Services	72
5.3	Liaison and Diversion (L&D) Services.....	73

5.4	Youth Offending Service (YOS)	73
5.4.1	Emotional Wellbeing and Mental Health Assessments.....	73
5.4.2	Recording Data from Youth Justice Services	74
5.5	South London Community Forensic Children and Adolescent Mental Health Services (Community FCAMHS).....	74
5.6	SLaM Mental Health Services in Croydon for Those with Complex Needs .	75
5.7	Co-production with Young People in Contact with Youth Justice Services .	75
6	Eating Disorders.....	75
6.1	Eating Disorder Provision in Croydon	75
6.2	CCGs Partnering in the Eating Disorder Cluster	76
6.3	Performance against the Eating Disorder Access and Waiting Time standards	77
6.4	How Additional Funding in 2019/20 is being Invested to Further Enhance and Develop Provision	79
6.5	National Quality Improvement Programme	79
7	Urgent and Emergency Mental Health Care.....	80
7.1	Croydon Crisis Provision.....	80
7.1.1	Crisis Team & Medic on Call System	80
7.1.2	South London Partnership CAMHS Programme Crisis Services.....	80
7.1.3	Locally Agreed KPIs, Access and Waiting Time Ambitions and the Involvement of Children and Young People and their Families, Including Monitoring their Experience and Outcomes	81
7.2	Further Crisis Care Transformation.....	81
7.2.1	Further Enhancing Community Crisis Care Provision – South London Partnership Future Plans from 2019	82
8	Early Intervention for Psychosis	83
8.1	Full Age-Range Service, Including All Children and Young People Aged 14 Years or Over Experiencing a First Episode in Psychosis (EIP)	84
8.1.1	Croydon CAMHS	84
8.1.2	OASIS.....	85
8.1.3	COAST	85
8.2	Offer of NICE Recommended Treatment within 2 Weeks of Referral	85
8.3	Improving EIP Services.....	86
9	Mental Health in Schools.....	86
9.1	Transparency and Governance.....	87
9.2	Joint Assessment of Need in the Education Setting - by Children and Young People Mental Health Services and School/College Leadership	88

9.3	Schools Based Support.....	89
9.3.1	Supporting Senior Mental Health Leads to Introduce, Develop and Support a Whole School/College Approach	89
9.3.2	Trailblazer Programme	90
9.3.3	Other Initiatives.....	94
10	Workforce	95
10.1	Current Staff Establishment	95
10.2	Workforce Planning.....	96
10.2.1	Workforce Modelling.....	98
10.2.2	Expanding and Training the Workforce	98
10.2.3	Engagement with Key Organisations.....	100
	Appendix 1: FCAMHS Information Leaflet.....	102

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Foreword

Foreword

We are pleased to refresh the Croydon Children and Young People's Local Transformation Plan (LTP) as we pursue our journey of improvements in emotional wellbeing and mental health services for the children and young people of Croydon, along with their families and carers, whom we serve.

This 2019 LTP details Croydon's ongoing response to the government's "Future in Mind" policy document (2015) and to ambitions detailed within both the Five Year Forward View for Mental Health (2016) and The NHS Long Term Plan (2019). It sets out how we are continuing to meet the challenges of, and taking opportunities to enhance, emotional wellbeing and mental health services for children and young people.

We are delighted that Croydon's Health and Wellbeing Board adopted emotional wellbeing and mental health of our children and young people as one of their top three priorities and that they remain committed to monitoring our progress towards delivery of this plan during its lifetime.

There is a recognition that achieving good provision of services to address the emotional wellbeing of children and young people is, by its very nature, complex and multi-faceted, involving wide ranging systems and structures, including schools, health services, social care, and leisure. We are continuing to build on existing partnerships and services as we strive to develop even more innovative solutions to meet the challenges we know lie ahead.

This refresh of the LTP makes use of the feedback we have received from our children, young people, their families, carers and communities who receive services. We are committed to further improving their engagement and participation to shape the future pattern of service delivery. We will do this because we know it is a crucial step in ensuring our solutions work for the people who use them.

Building resilience from the early years is key to giving every child the very best start in life, and population based prevention is a key theme in this plan. When problems arise, every child and young person who needs help should get the right support, at the right time, close to where they live in their locality and their own community.

We will ensure that all staff and other groups working with children and young people strive towards the ambition to place emotional wellbeing on an equal footing with support and intervention for physical health, taking proactive action to make this happen. We are working with schools and colleges to ensure the emotional wellbeing of students is a significant priority in this plan. A key principle underlying this LTP and the way we are taking the work forward, is that young people's emotional health really does need to be everybody's business.

We will continue to shape, develop and co-produce the Local Transformation Plan over its lifetime. This Plan is a 'living document' and we will ensure improved quality

and reach of services delivered, building on intelligence and evidence-based practice, to ensure better emotional wellbeing and mental health for all children and young people, their families and carers has a strong focus on supporting the needs of the most vulnerable children and young people across our borough.

Croydon CCG Clinical Lead, Children's Services Dr John French

Chair, Governing Body Croydon CCG Dr Agnelo Fernandes

Chair of Croydon Health & Wellbeing Board Cllr Louisa Woodley

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Executive Summary

Introduction

Childhood is a crucial time for laying down good foundations of life long mental health. Half of all adults with a lifetime mental illness (excluding dementia) have experienced symptoms by the age of 14, and three-quarters have experienced symptoms by the age of 18. This makes early engagement with parents, carers and children and young people crucial if we are to achieve the most positive outcomes for people across their lifetimes.

For those experiencing mental health support needs, early intervention has been shown to be effective and can improve life chances and outcomes – including physical health, educational attainment, work prospects, relationships with friends, family and the community, and ultimately overall wellbeing.

There is overwhelming evidence that early intervention is cost effective, with national social return on investment studies showing returns of between £1.37 and £9.20 for every £1 invested.¹

Poor mental health can be both a cause, and a consequence of, health inequalities. Children living in low-income families have a three-fold increased risk of developing a mental health problem (Future In Mind, 2015). This, in turn, has a significant impact on their long-term life outcomes, with the finding that people with a serious mental illness die 16-25 years earlier than the general population.²

This Local Transformation Plan sets out Croydon's continuing multi-agency approach to improving children and young people's emotional wellbeing and mental health. It is part of our wider improvement journey that is increasing the focus on early intervention and early help, offering the right help, at the right time, and in the right location.

What We Achieved in 2018-19

- Worked with colleagues across South East London to ensure Eating Disorder services continued to meet all nationally mandated access and waiting times targets
- Further developed the Single Point of Access for emotional wellbeing and mental health referrals across NHS and voluntary sector partners, creating a more streamlined process for referrers and ensuring young people receive appropriate contact as quickly as possible

¹ Mental Health of Children and Young People in London, Dec 2016, Public Health England.

<https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people>
accessed 22/11/19

² <https://www.gov.uk/government/news/people-with-severe-mental-illness-experience-worse-physical-health>
accessed 22/11/19

- Improved support for young people in transition from children and young people's to adult mental health services, especially where multiple agencies are involved
- Strengthened the working of our Children and Young People's Mental Health and Emotional Wellbeing Partnership Board, supporting representation from across our community, including parent carers, voluntary sector and NHS providers, schools, statutory services, and developing a greater emphasis on discussion through workshops to ensure all voices contribute to our decisions

With strong partnership working and investment through the CCG, Croydon Council and NHS England, good progress has been achieved in children and young people mental health services across all areas, however there is still more that we must do.

Local Need

Services in Croydon face very clear demographic pressures. The Croydon Observatory tells us:

- Croydon has the second largest child population in London at an estimated 96,751 (in 2018) for children and young people under the age of 18 years and by 2026 it is projected that this number will grow to approximately 103,930 (an increase of circa 7% from 2018 figures). The biggest expected increase in the under 18 population is in those aged 5 and above, which is projected to grow by 10% from 67,870 to approximately 74,690 by 2026
- An estimated 14,835 children live in low income families (HMRC, 2016); this rate of 16% is below the London (19%) and England (17) averages but is still too many
- As at 31 March 2019, there were 819 children in care in Croydon, a rate of 86 per 10,000, higher than London (50 per 10,000), and England (65 per 10,000). 265 of these children (32%) were unaccompanied asylum seeking children

Mental Health of Children and Young People in England survey, 2017 revealed rising needs:

- 1 in 10 primary and 1 in 7 secondary school children had at least one mental health disorder
- A quarter of 17-19 year old girls have a mental health illness, with half of these self-harming or attempting suicide

Children and Young People's Emotional Wellbeing and Mental Health Services

Children and young people who have difficulties with their emotional or behavioural wellbeing may need help with a wide range of issues at different points in their lives. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing.

Parents, carers and young people can receive direct support through both universal and specialist child and adolescent mental health services.

Current services cover a range of options to address different needs:

- Universal: Early Help - support for families experiencing difficulty with a range of issues including sleeping, fussy eating, school engagement, anti-social behaviour, and emotional wellbeing
- Targeted: Support delivered in schools, community centres, and specialist NHS locations
- Targeted: Counselling, Advocacy and Advice via unplanned drop-in, planned face-to-face, and digital sessions
- Targeted: Additional services developed for young people in youth offending support, and children looked after, including unaccompanied asylum seeking minors
- Specialist assessment and intervention for emotional, behavioural and mental health concerns that are moderate to severe. This includes support for eating disorders, psychological distress, self-harm, assessment for neuro-psychiatry, neuro-developmental disorders, and young people experiencing a mental health crisis

Transformation Priorities

National Context

As detailed in the NHS Mental Health Implementation Plan 2019/20-2023/24 (July 2019), NHS England has identified a number of key priorities for children and young people's mental health. This follows and builds on from the Future in Mind Policy for Children's Mental Health in 2015. The national priorities are ambitious and far reaching:

- By 2020/21

A significant expansion in access to high quality mental health care:

- Nationally at least 70,000 additional children and young people each year will receive evidence-based treatment; this will be equivalent to 35% of those with a diagnosable mental health condition accessing the treatment they need (as a stepping stone to achieving Parity of Esteem with physical health access)
- Develop a crisis response that is suitable to meets the needs of under 18 year olds
- 95% of children and young people with eating disorders will be able to access treatment (within 1 week for urgent cases and 4 weeks for routine cases)

- By 2022/23
 - Children and young people's mental health plans will be aligned to those for children and young people with learning disability, autism, special educational needs and disability (SEND), and health and justice
- By 2023/24
 - Nationally, a further 345,000 children and young people aged 0-25 years will access support via NHS-funded mental health services and school/college -based Mental Health Support Teams
 - A comprehensive offer will be available for 0-25 year olds - reaching across mental health services for children, young people and adults
 - The 95% Eating Disorder target will have been maintained
 - 100% coverage of 24/7 age-appropriate crisis care services, via NHS 111, including:
 - 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions
 - Complementary and alternative crisis services to A&E and admission (including Voluntary, Community & Social Enterprise (VCSE) / Local Authority provided services) within all local mental health crisis pathways
 - Mental health professionals working within ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators
 - All general hospitals to have mental health liaison services
 - All services to have suicide bereavement support services providing timely, appropriate support to families and to staff
 - 15 new clinics nationally will provide NHS specialist treatment for people with serious gambling problems – to include piloting provision for under 18s
 - 20 high-need areas nationally to have established new specialist mental health provision for rough sleepers
 - Local systems to offer a range of self-management apps, digital consultations and digitally-enabled models of therapy

Regional Context

Croydon CCG is part of the South West London (SWL) Sustainability and Transformation Partnership (STP) footprint. We work with other South West London clinical commissioning groups, provider trusts, local authorities and patient representatives across the six boroughs as part of the SWL Health and Care

Partnership. Together we have agreed the top health promotion and prevention priority is to champion and improve children and young peoples' mental health and emotional wellbeing, and we have committed to working as a system to improve the support that children and young people with mental health needs receive.

At a regional level, the South West London response to the NHS Long Term Plan incorporates the ambitions and plans set out in this Local Transformation Plan. These include the expansion of access to NHS-funded community services, the continuous improvement of our eating disorders services, improving transition through alignment with Croydon's adult mental health programme to deliver a comprehensive offer for 0-25 year olds, and the development of a 24/7 crisis care pathway for children and young people.

Children's mental health has its own dedicated programme under the overarching SW London mental health portfolio, through which projects are delivered collaboratively.

Croydon's main provider of specialist mental health services is South London and Maudsley NHS Foundation Trust (SLaM). As SLaM works across three other boroughs, all located within the South East London (SEL) STP footprint, Croydon also works with colleagues within SEL STP.

Local Policy Context

Croydon has been undergoing a transformation process across a number of policy and service areas that contribute to the emotional wellbeing of children and young people living in the borough or registered with a Croydon GP.

Croydon Council's Local Strategic Partnership (LSP) brings together many organisations and communities involved in decision making which affects the wellbeing of those who live, work, learn, and visit the borough.

'One Croydon' is a partnership between the local NHS, Croydon Council and Age UK Croydon. It has launched a new five-year plan to support residents to stay well for longer by making services more accessible in the heart of their communities. There is a commitment to developing similar partnership working for children and young people services.

The Local Strategic Partnership (LSP) and the Croydon Health and Wellbeing Board (HWBB) have agreed that children's emotional wellbeing is a top priority for action across the whole system, involving stakeholders for all agencies and partners. It is included as a priority commitment in all key strategic borough documents:

- **Croydon's Health and Wellbeing Strategy** published in 2019 has eight priorities, one of these is giving children and young people a better start in life and includes a mental health commitment
- **Croydon Health and Care Transformation Plan 2019/2020 - 2024/2025** - developed by One Croydon commits to giving children a better start in life. One of its strategic outcomes is improving the mental health of children and young people in the early years

- The **Director of Public Health's Annual Report 2018** recognised the importance of the first 1000 days of a child's life, from before conception to two years of age, in building emotional wellbeing and resilience and in laying the foundations of lifelong mental and physical health. Recommendations are continuing to be taken forward
- **Youth Plan** - Croydon's LSP is committed to a multi-agency Youth Plan to tackle the priorities that were identified by young people at the Youth Congress meetings held in 2017 and 2018. This work is ongoing

Promoting population resilience, intervening early and targeting support at those with sub-optimal mental health and emotional wellbeing requires a whole systems approach. In addition to the strategies, plans and reports mentioned above, there are many others that support the borough's efforts to improve mental health and emotional wellbeing.

There is a growing recognition of the importance of an all-ages preventative approach to improving mental health. This is demonstrated through the Council's Corporate Plan commitment to develop an All-Ages Mental Health Strategy in 2020. This work has commenced.

Our last Local Transformation Plan refresh introduced four overarching priorities, developed by the Health and Wellbeing Board (HWBB) at workshops in December 2018 and January 2019. The work is strategically led by the multi-agency Children and Young People's Mental Health and Emotional Wellbeing Partnership Board. The Chair is the CCG Clinical Lead for Children's Services.

The four priorities are:

- **Engagement** with children, young people, their families, carers and communities. Those who have lived experience of mental health problems and families who support children and young people with mental health needs, to be placed at the heart of services
- Working with and **supporting schools and colleges** to promote the emotional health and wellbeing of all their students
- **Pathways:** navigating through the system with the right access at the right time in the right place. This means that children and young people who have mental health problems such as emotional disorders, eating disorder, autism and many others get the right support and help when they need it
- **Strategic join up and wider work:** maximise the resilience of the population through working with non-mental health services, providing information, and through improving wider determinants such as housing

As we continue on a journey of improvement for all children and young people in Croydon, further commitments and plans are developing. These include:

- Exploration of how the successful partnerships for older people within the One Croydon Alliance can be developed to support children and young people is underway

- Transformation of how we think about the boundaries between services is underway, with a shifting approach towards an integrated place-based locality model across universal and targeted services
- The planning for an All-Ages Mental Health Strategy is underway.

What the Local Transformation Plan is Delivering in 2019/20

Key initiatives include:

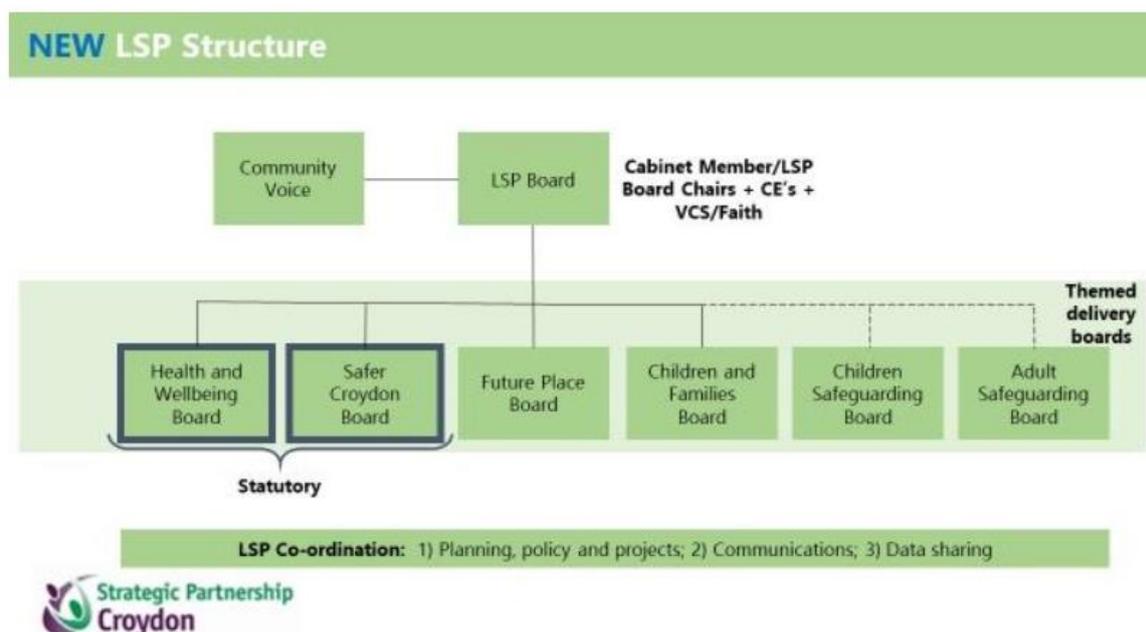
- Increased access to services and reduced waiting times – through additional investment towards achieving access and waiting time targets as set in the Five Year Forward View for Mental Health and The NHS Long Term Plan
- Increased counselling services for unaccompanied young refugees and asylum seekers - delivered by a voluntary sector partner
- Expansion of digital online counselling services across our voluntary sector partners
- Developing an approach to sustaining services currently supported by non-recurrent funded initiatives and to mainstreaming transformation funding beyond 2020/21
- Work with the South West London Sustainability and Transformation Partnership (STP), Croydon Council and the voluntary sector to review and improve the effectiveness of interventions, ensuring they reach more children and young people and that they achieve even better outcomes for our most vulnerable young people
- Review of investments in pre and post-diagnosis support for children and families living with complex communication and autism related needs
- Further development of our neurodevelopment pathway
- Set up of the Croydon Trailblazer Programme to create three Mental Health Support Teams (MHSTs) in 35 schools and one college: to work with teachers, children and young people, and their parents to develop whole school approaches to improving support for emotional wellbeing and mental health
- Commissioning of the National Youth Agency (NYA) to deliver training for young people to become Young Commissioners who are involved in the recommissioning of the Community Fund
- Work to produce an easy read version of the Croydon Local Transformation Plan (developed with local children and young people). An art competition was run with year 7 & 8 school pupils. This has helped with their further understanding of emotional wellbeing and mental health, of what the causes can be, and of the services available where they can access support
- Croydon Council has re-joined the British Youth Council (BYC) and there are 2 UK Youth Parliament Members for Croydon (UKYP)

Transformation Governance and Transparency

In line with national guidance, Croydon CCG is responsible for overall leadership, management and strategic coordination of this Local Transformation Plan (LTP) on behalf of the local Children and Families Board, the Health and Wellbeing Board and other partnership groups.

Day to day LTP work is overseen by the Children's Integrated Commissioning Team, which plays a key role in helping to join up the local system of commissioning in Croydon on behalf of the CCG and Council.

In order to take this work forward, the Children and Young People's Mental Health and Emotional Wellbeing Partnership Board is our cross-sector partnership with responsibility for ensuring that an inclusive multi-agency response is planned and delivered to meet the emotional wellbeing and mental health needs of children, young people, their families and carers. This partnership board is a multi-stakeholder group that comprises representatives from across the borough including: health, local authority, NHS providers, public health, the voluntary sector, schools, parents and carers.



The Children and Young People's Mental Health and Emotional Wellbeing Partnership Board reports to, and receives direction from, the Children and Families Board and has a dotted line to the Croydon Health and Wellbeing Board (see structure).

Engagement of Children and Young People

Croydon is committed to improving participation of children, young people and their families as agents for change, for example:

- Our youth engagement team already works in youth settings, and in the wider community, with the aim of improving outcomes for all young people in the

borough. They lead on youth consultation through varied forums, and also support youth work for LGBT+ young people in Croydon. There are also links to work around domestic abuse, exploitation and family justice

- Following a successful Council-led Youth Takeover Challenge in November 2018 (when one of the top priorities for discussion was emotional wellbeing and mental health of children and young people) a further Youth Takeover Challenge took place in November 2019
- A specification is in development to create a range of youth engagement events, including those who are hard to reach, and those who have lived experience of intensive mental health services. This will occur over the coming three years to create an ongoing dialogue for service improvement

Funding

Additional funding through NHS England's investment for Local Transformation Plan initiatives since 2016/17, means that by 2020/21 there will have been £1,598,000 more funding for children and young people services in Croydon.

This funding has seen the creation of new services, expanding access to counselling, advice and advocacy with more locations and later opening hours, introducing digital counselling via text chat and video sessions, developing specialist services for BAME and refugee groups, and providing group sessions in schools.

1 Transparency and Governance

1.1 Governance Arrangements

The Local Transformation Plan (LTP) sets out Croydon’s multi-agency approach to improving children and young people’s emotional wellbeing and mental health.

In line with national guidance, Croydon CCG is responsible for overall leadership, management and strategic coordination of this LTP on behalf of the local Children and Young People’s Mental Health and Emotional Wellbeing Partnership Board, the Health and Wellbeing Board, and other partnership groups.

Day to day LTP work is overseen by the Children’s Integrated Commissioning Team, which plays a key role in helping to join up the local system of commissioning in Croydon on behalf of the CCG and Council.

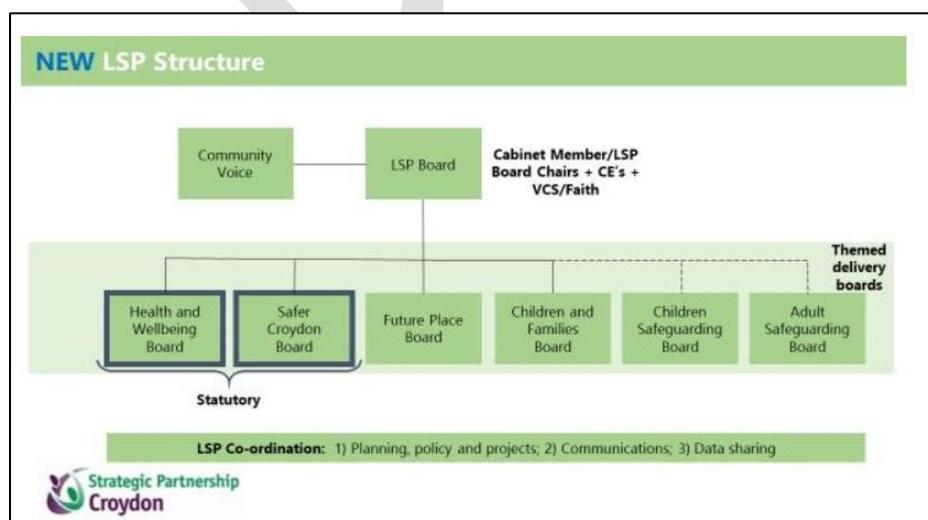
1.1.1 Children and Young People’s Mental Health and Emotional Wellbeing Partnership Board

In order to take this work forward, the Children and Young People’s Mental Health and Emotional Wellbeing Partnership Board is our cross sector partnership with responsibility for ensuring an all-inclusive multi-agency response is planned, and delivered, to meet the emotional wellbeing and mental health needs of children, young people and their families and carers.

The partnership board is a multi-stakeholder group that comprises representatives from across the borough including: health, local authority, NHS providers, public health, the voluntary sector, schools, parents and carers (during 2019, the membership and terms of reference of the partnership board have been reviewed in order to increase its strategic reach).

The Children and Young People’s Mental Health and Emotional Wellbeing Partnership Board reports to, and receives direction from, the Children and Families Board and has a dotted line to the Croydon Health and Wellbeing Board (see structure).

Croydon Council’s Local Strategic Partnership Structure



The Croydon Health and Wellbeing Board (HWBB) regularly brings together work strands at the Croydon and South West London levels - most recently through a joint presentation at the October 2019 Croydon HWBB on mental health support in schools.

1.2 Policy and Planning Context

This Croydon LTP aligns with national, regional and local policies and plans as detailed in the following sub-sections.

1.2.1 National Policy

Mental Health Policy

Over the last few years, the government has developed and renewed its commitment to strengthen and transform support provided to children and young people with emotional wellbeing and mental health problems. The key national policy documents include:

- Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (Policy for children and young people's mental health) - 2015
- NHS The Five Year Forward View for Mental Health - 2016
- Transforming Children and Young People's Mental Health Provision: a Green paper - 2017
- NHS Long Term Plan - 2019

Considering each of these in turn:

- **Future in mind** identified five key proposals to make it easier for children and young people to access high quality mental health care when they need it:
 - Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce

It further proposed the development and agreement of Local Transformation Plans for Children and Young People's Mental Health and Wellbeing to clearly articulate the local offer

- The **Five Year Forward View for Mental Health** identified **children** and young people as a priority group for mental health promotion and prevention. It called for quick access to good quality care. It highlighted waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care. It identified a series of priority actions to be achieved by 2020/21. For children

and young people, this included a commitment that **nationally, by 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it**

- **Transforming Children and Young People’s Mental Health Provision** set out proposals to improve mental health support in schools and colleges. It committed the NHS to fund Mental Health Support Teams (MHSTs) linked to groups of schools and colleges to provide additional support to those with mild to moderate needs. It committed to roll out Mental Health Support Teams to at least a fifth to a quarter of the country by the end of 2023
- The **NHS Long Term Plan** renewed existing commitments and put forward new proposals including:
 - By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams
 - A new approach to young adult mental health services for people aged 18-25 that will support the transition to adulthood. This includes a proposal to extend the current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults
 - The 95% children and young people Eating Disorder referral to treatment time standards achieved in 2020/21 to be maintained
 - From 2022/23 children and young people’s mental health plans to be aligned with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice
 - 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including:
 - 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions
 - Complementary and alternative crisis services to A&E and admission (including in Voluntary, Community and Social Enterprise (VCSE)-/Local Authority –provided services) within all local mental health crisis pathways
 - Mental health professionals working within ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators
 - All general hospitals to have mental health liaison services
 - All services to have suicide bereavement support services providing timely, appropriate support to families and to staff

- 15 new clinics nationally will provide NHS specialist treatment for people with serious gambling problems – to include piloting provision for under 18s
- 20 high-need areas nationally to have established new specialist mental health provision for rough sleepers
- Local systems to offer a range of self-management apps, digital consultations and digitally-enabled models of therapy

Other Strategic Reforms and Plans for Children and Young People

This LTP also aligns with other key strategic reforms and plans for children and young people overall, for example plans regarding Transforming Care, Special Educational Needs and Disabilities (SEND) and Youth Justice.

The Transforming Care Programme is about making health and care services better so that more people with a learning disability, autism or both (including those with a mental health condition such as severe anxiety, depression, psychotic illness or personality disorder) can live in the community, close to home, with the right support. The vision for the future of the programme is for people with learning disabilities and/or autism to achieve equality of life chances, live as independently as possible and have the right support from mainstream health and care services.

In line with the NHS Long Term Plan, the programme has evolved into the Learning Disabilities and Autism Programme and continues to focus on reducing inpatients, preventing admission and building capacity locally.

1.2.2 Regional Strategies, Plans and Programmes

There are many regional strategies, plans and programmes which have been taken into account in the development of Croydon's local transformation priorities and this LTP. This section details those that are considered to be key to the transformation of children and young people's emotional wellbeing and mental health services.

Healthy London Partnership Children and Young People's Programme

The aim of the Healthy London Partnership Children and Young People's Programme, which brings together the NHS in London (Clinical Commissioning Groups and NHS England), the Mayor of London, Greater London Authority, Public Health England, London Councils and Health Education England, is to achieve better health and care for all Londoners. The partnership aims to improve children and young people's mental health services to help children and young people stay emotionally and mentally well.

In 2017/18, London CCGs identified the following priority themes for the Healthy London Children and Young People's Mental Health Programme:

- Crisis care – to support commissioners/providers to implement the Healthy London Partnership Children and Young People Mental Health Crisis Care guidance

- Data and Information
- Learning Disability
- Eating Disorders
- Directory of Services
- Thrive London and Digital Mental Health Programme
- Workforce

Regional Sustainability and Transformation Partnership (STP) Plans

This Local Transformation Plan aligns to two STPs' Sustainability and Transformation Plans:

- **South West London STP** - Croydon is part of the South West London (SWL) Health and Care Partnership comprised of organisations that provide health and care in six south west London boroughs. The partnership, which is made up of the NHS, local councils and the voluntary sector, has developed a Sustainability and Transformation Plan. One of its aims is for children and young people to have the best start in life so they achieve their full potential and have good mental health into adulthood.

Specifically, the Partnership:

- Have agreed the top health promotion and prevention priority is a joint commitment to champion and improve children and young peoples' mental health and well-being
- Are committed to working as a system to improve the support that children and young people with mental health needs receive
- Are working with teachers, school counsellors, GPs, mental health, local authority and social care professionals, children and young people advocates and the voluntary sector to deliver a range of joint actions to ensure consistent early and effective support for emotional wellbeing
- Have agreed (through their Health and Wellbeing Boards, CCG Governing Bodies, school governors and trustees in participating schools, and CAMHS Partnership Boards) to work in partnership with children, young people, parents and carers in the boroughs to deliver these actions
- Want to ensure interventions are needs based and reflect the voices of children and young people
- Plan to develop integrated pathways that will ensure a joined up approach to working - to deliver evidence based early interventions in universal settings.

The Partnership's recent response to the NHS Long Term Plan incorporates the ambitions and plans set out in this Local Transformation Plan, including:

- The expansion of access to NHS-funded community services
- The continuous improvement of eating disorders services
- Improving transition through alignment with Croydon's adult mental health programme to deliver a comprehensive offer for 0-25
- The development of a 24/7 crisis care pathway for children and young people.

Children's mental health has its own dedicated programme under the overarching SW London mental health portfolio, through which projects will be delivered collaboratively to achieve the ambitions set out in both the Long Term Plan response and this Local Transformation Plan.

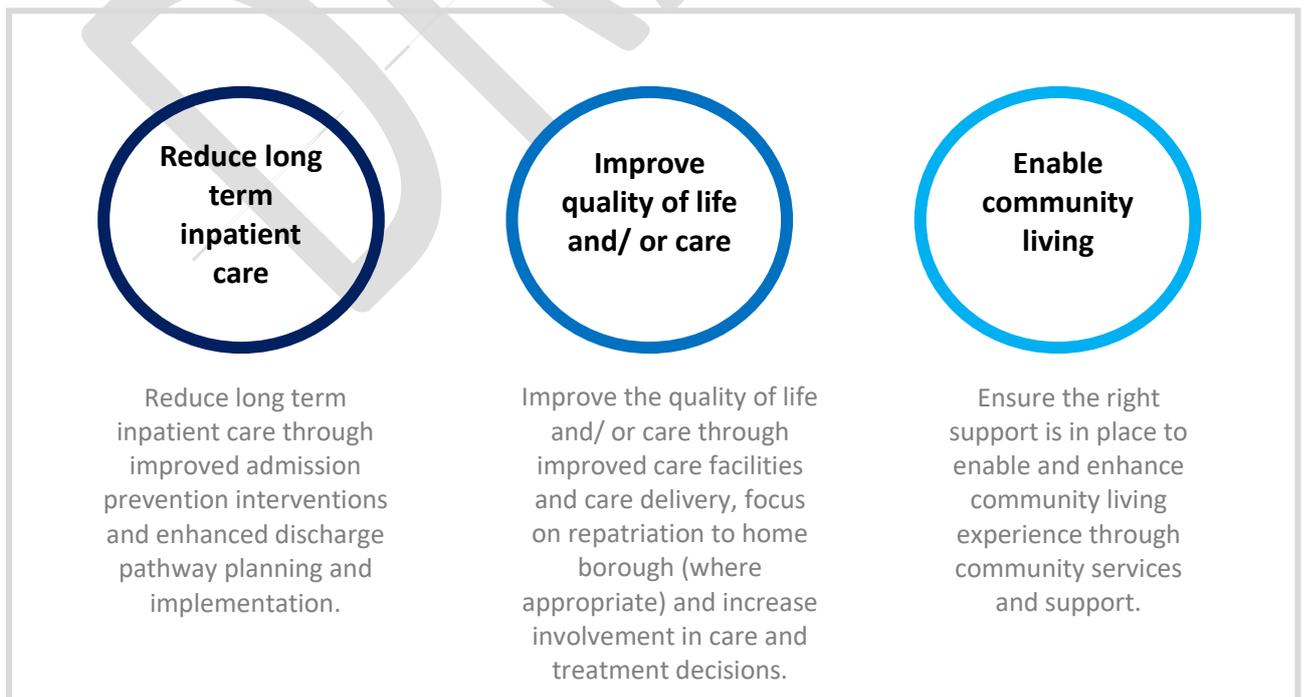
- **South East London STP**

South London and Maudsley NHS Foundation Trust (SLaM) is the main provider of mental health services within Croydon and it also provides services across several boroughs within the South East London STP footprint. As several of Croydon's mental health services are common to all of these boroughs this LTP therefore also aligns, in part, to the South East London STP Plan.

South West London (SWL) Transforming Care Partnership (TCP)

The SWL TCP, which is comprised of South West London (SWL) CCGs, Local Authorities and NHS England Specialised Commissioning, is delivering the SWL Transforming Care Strategy – the main elements of which are shown in the following diagram.

South West London Transforming Care Strategy



The Transforming Care Programme continues to focus on reducing inpatients, preventing admission and building capacity locally.

South London Partnership (SLP) Plans

The SLP is a collaboration of five London boroughs politically led by the Leaders of the five councils – Croydon, Merton, Sutton, Kingston upon Thames and Richmond upon Thames.

One of their priorities is ‘supporting the integration and transformation of health and care services to increase health and wellbeing for our residents’. The SLP team support the boroughs in working with health partners across South West London to shape and implement the South West London Sustainability and Transformation Plan (SWL STP).

1.2.3 Local (Croydon) Strategies and Plans

Croydon has been undergoing a transformation process across a number of policy and service areas that contribute to the emotional wellbeing and mental health of children and young people living in the borough or registered with a Croydon GP.

Croydon Health and Care Plan 2019/20 – 2024/25

‘One Croydon’, which is a partnership between the local NHS, Croydon Council, and Age UK Croydon, has launched a five-year plan, the Croydon Health and Care Plan 2019/20 – 2024/25. It includes a ‘Better Start in Life’ Pathway Programme (which will implement this LTP) to support residents to stay well for longer by making services more accessible in the heart of their communities (i.e. locality-based care). The Plan outlines a fresh vision for how health and social care will be delivered across the borough, particularly for those with the greatest need, to transform the health and wellbeing of local people. It emphasises three clear priorities:

1. A focus on prevention and proactive care: supporting people to stay well, manage their own health and maintain their wellbeing by making sure they can get help early
2. Unlocking the power of communities: connecting people to their neighbours and communities, who can provide unique support to stay fit and healthy for longer
3. Developing services in the heart of the community: giving people easy access to joined up services that are tailored to the needs of their local community

The Health and Care Plan builds on a number of successful schemes already in place in Croydon.

Of note, a plan is in place for the six CCGs within South West London to merge in April 2020 and, when they do, the Local Health and Care Plans of each will form the foundation of the proposed new SWL CCG’s Health and Care Plan.

Other Borough Plans and Priorities

The Croydon Health and Wellbeing Board (HWBB) and the Local Strategic Partnership Board (which the HWBB is a sub-committee of) have agreed that

children's emotional wellbeing is a top priority for action across the whole system (involving stakeholders for all agencies and partners).

In October 2018, the Croydon HWBB identified "improving the mental health of children and young people" as one of its three high-level children's priorities, and made a commitment to "improve services for children and young people across the whole pathway from promoting resilience and prevention through to crisis support, including a strong focus on vulnerable adolescents." Of note, the priorities are interlinked, with poor mental health leading to lower levels of economic success and greater involvement in crime.

Following on from this, the priority 'Improving the mental health of the children and young people of Croydon' is included in all key strategic borough documents:

- **Croydon's Health and Wellbeing Strategy** published in 2019 has eight priorities, one of these is giving children and young people a better start in life and includes a mental health commitment
- The **Director of Public Health's Annual Report 2018** recognises the importance of the first 1000 days of a child's life, from before conception to two years of age, in building emotional wellbeing and resilience and in laying the foundations of lifelong mental and physical health.
- **The Youth Plan** - Croydon's LSP is committed to a multi-agency Youth Plan to tackle the priorities that were identified by young people at the Youth Congress meetings held in 2017 and 2018.

Promoting population resilience, intervening early and targeting support at those with mental health difficulties and low emotional wellbeing requires a whole systems approach. In addition to the strategies, plans and reports mentioned, above there are many others that through collaboration and implementation, support Croydon borough's efforts to improve mental health and emotional wellbeing, for example:

- Croydon Partnership Early Help Strategy 2018-2020
- Special Educational Needs and/or Disabilities (SEND) Strategy 2018-2021
- Public Health Approach to Violence Reduction (June 2019)
- Vulnerable Adolescents Thematic Review – Croydon Safeguarding Children Board - February 2019
- CCG Operating Plan and Business Plans
- Local Strategic Partnership and Health and Wellbeing Board Plans
- Children's Improvement plan following Ofsted inspection

There is growing recognition of the importance of an all-ages preventative approach to improving mental health demonstrated through the council's corporate plan commitment to an all-ages Mental Health Strategy.

1.3 Croydon's Local Transformation Priorities

The transformation of children and young people's emotional wellbeing and mental health services is happening within the context of wider whole health and care system changes.

1.3.1 Health and Care System Changes

There have been significant changes in the local Croydon health and care system over the last few months, with a view to bringing elements of children's health and social care closer together so that the outcomes for children and young people are improved.

How boundaries between services are thought of is being transformed - with a shifting approach towards an integrated place-based locality model. This will create a stronger focus on the wider determinants, such as housing, employment and education that have a profound impact on mental health and emotional wellbeing. These changes in the system will create a stronger environment to integrate pathways and promote resilience within the population.

Work has also commenced to develop an all-ages mental health strategy. This will incorporate wider strategic work for children and young people.

1.3.2 Children and Young People's Emotional Wellbeing and Mental Health Local Transformation Priorities 2019/20

At a Health and Wellbeing Board (HWBB) workshop on children and young people's mental health and emotional wellbeing (held in December 2018 to explore this topic), and at the February 2019 HWBB meeting, the following four priorities were agreed:

1. **Engagement** with children, young people, their families, carers and communities. Those who have lived experience of mental health problems and families who support children and young people with mental health needs, to be placed at the heart of services
2. Working with and **supporting schools and colleges** to promote the emotional health and wellbeing of all their pupils
3. **Pathways:** navigating through the system with the right access at the right time in the right place. This means that children and young people who have mental health problems such as emotional disorders, eating disorder, autism and many others get the right support and help when they need it
4. **Strategic join up and wider work:** maximise the resilience of the population through working with non-mental health services, providing information, and through improving wider determinants such as housing

The intention was that these priorities will determine the direction of travel over the next three years and the priorities have therefore been incorporated into this refresh of the Local Transformation Plan.

1.3.3 Sharing Innovation as Best Practice

The local Croydon offer includes innovative 'best practice' such as a digital offer for children and young people rather than visiting mental health services in person (therefore avoiding stigma and promoting mental health prevention and treatment).

The digital offer is focussing on digitally enabled self-care by empowering patients in the management of their care. The digital platform is available on any web-enabled, internet connected device (including laptop, smart phone, and tablet) 24/7, 365 days a year. It includes features such as messaging, static forums and magazine articles. Specifically, the digital offer is:

- Connecting the patient and allowing them to exchange information via connected digital apps of their choice
- Reducing reliance on traditional face to face models of care in primary care and outpatient settings in favour of digital alternatives
 - The SWL STP's Digital Programme is identifying opportunities for delivering care through digital means. Kooth has been commissioned to deliver online counselling across schools in SW London as part of the Mental Health in Schools trailblazer offer. The service gives children and young people easy access to an online community of peers and a team of experienced counsellors. Access is free of the typical barriers to support: no waiting lists, no thresholds, no cost and complete anonymity.
 - Croydon has invested in its digital offer to children and young people with Off the Record's on line counselling service.
 - In addition a national programme, the award winning NHSGo, is available to all children and young people aged 16 - 25 years in London:
 - It is free to download on iTunes and Google play and users can also visit www.nhsgo.uk to see all of the content online
 - It provides advice to children and young people, using NHS Choices content on conditions, rolling content on topical matter, a service finder and information about rights for children and young people
 - There have been 75,000 + downloads
 - Over 800,000 in app page views (most popular topics are mental health and sexual health)



1.4 How the System Tracks and Improves Progress in Activity, Outcomes and Experience of Care

Croydon CCG regularly monitors performance against key children's and young people's mental health performance indicators to check progress is being made towards achieving national, regional and local targets e.g. using the Five Year Forward View for Mental Health Dashboard (published quarterly) to monitor progress against delivery of the Five year Forward View for Mental Health.

1.4.1 How the System Tracks whether the Cohort is Receiving Support Appropriate to their Needs and Measures the Effectiveness of this Support

Patient experience is measured through use of the Friends and Family Test.

Mental health service providers are contracted to use and report outcome measures to commissioners to monitor the appropriateness and effectiveness of the support they provide.

There are a number of different outcomes measures in use within Croydon currently and they vary by provider. Examples include:

1. The Children's Global Assessment Scale (CGAS)
2. Strength and Difficulties Questionnaires (SDQ's)
3. CYP-IAPT outcome measures
4. Specific disorder related measures (Spence Anxiety Scale - Anxiety; Angold Mood & Feelings Questionnaire – Depression; CY-BOCS – OCD etc.)
5. Patient Reported Outcome measures (PROMS)
6. Patient reported Experience Measures (PREMS)
7. Goal GBO
8. YP-CORE: an NHS/IAPT approved measuring tool for 11-16 year olds.
9. CORE 10: 16 + Year Olds
10. RCADS (Revised Children's Anxiety & Depression Scale): an NHS/IAPT approved tool
11. Goal Based Outcomes
12. Outcome Rating Scale (ORS) can be completed by 13-18 year olds and can be used to monitor young people's feedback on progress
13. Session Rating Scale (SRS) is a tool used to measure key areas of effective therapeutic relationships
14. CGAS scores by team for patients discharged from the team in the last 12 months

Of note, there is an action, as part of this LTP refresh (refer to Section 3.5) to set outcomes measure for emotional health and monitor progress toward improved outcomes as a result of the delivery of the Local Transformation Plan.

1.5 Summary of Baseline and Latest 2018/19 Out-turn Figures (Where Available)

The following sections detail finance, workforce and activity figures.

1.5.1 Finance

The historic and planned expenditure (including the amount contributing to transformation delivery) is detailed in the following tables.

Historic and Planned NHS Expenditure Statement

Historic & Planned NHS Expenditure Summary	YEAR				
	2016/17	2017/18	2018/19	2019/20	2020/21
Core non-LTP Expenditure (£000s)					
SLaM Community	2,521	2,521	2,521	2,521	2,521
Eating Disorders SLaM	81	81	81	81	81
Total non-LTP spend (£000s)	2,602	2,602	2,602	2,602	2,602
Additional Expenditure (£000s)					
SLaM CAMHS LTP	388	389	494	727	736
Non-SLaM CAMHS LTP	471	305	433	579	593
CYP Delayed Discharges Prevention (Non Recurrent) (Non Recurrent)	119	0	0	0	0
CYP Liaison & Diversion (Non Recurrent)	0	79	40	40	0
CYP Waiting Lists (Non Recurrent)*	0	0	110	81	0
TBC - To invest in CAMHS LTP	0	0	0	0	500
Total Additional Expenditure (£000s)	978	773	1,077	1,346	1,829
Total spend (£000s)	3,580	3,375	3,679	4,029	4,431

Historic and Planned Local Authority Expenditure

Historic & Planned Council Allocation & Expenditure Summary	YEAR				
	2016/17	2017/18	2018/19	2019/20	2020/21
	£000s	£000s	£000s	£000s	(£000s)
Service					
Children's Services	567	927	927	927	582
Voluntary Sector	305	305	305	305	305
Total	872	1,232	1,232	1,232	887

The overall total budget for Children and Young People's Emotional Wellbeing and Mental Health during 2019/20 is therefore £5,261,000.

1.5.2 Workforce

Current Staffing

The following table details the current workforce within mental health services in Croydon.

Total Number WTE - Full Workforce (as at 31st March 2019)

Workforce	WTE	Comment(s)
CCG commissioned CYPMHS workforce for all pathways	52.45	Includes face-to-face & online. For SLaM includes 6.7 WTE admin staff and 3.5 WTE assistant psychologists. This does not include the CYP IAPT funded posts through Child Wellbeing Practitioners (CWPs) / Recruit To Train (RTT).
CCG commissioned CYPMHS workforce vacancies for all pathways	11.7	SLaM includes 10.6 newly funded posts from Q4 2018 still being recruited to.
Any additional WTE CYPMHS information held including in Voluntary, Community and Social Enterprise (VCS) and Local Authority (LA) provision	15.87	Includes young carer support, outreach SLaM: 4.2 WTE are included above as part of the workforce. Not all LA investment is linked with specific staff but rather funds specific interventions that can be delivered by a number of staff from within the core establishment.

Additionally, following successful bids, Mental Health Support Teams (MHST Teams) are currently being recruited in Croydon. Following successful completion of the Educational Mental Health Practitioner (EMHP) Diploma course at Kings College

London, trainees will be offered posts as qualified practitioners, thus enhancing service access both in 2021 when they qualify, and for the future. The CAMHS service will also benefit from additional band 6, 7 and 8a posts recruited to the MHSTs.

As part of implementing the South West London STP, recruitment infrastructure is being increased to support the planned expansion of the CAMHS workforce to meet increased and improved access to services as part of the NHS Long Term Plan.

Current Skill Mix

The present skill mix includes: Medical Staff, Counsellors, Counselling Managers, Trainee Counsellors, Clinical Supervisors, Qualified Nurses, Clinical Psychologists, Allied Health Professionals, Social Workers, Therapists and Psychotherapists.

Consideration is being given, within the workforce strategy, as to what further career pathways may be able to be created for the future workforce.

Plans to Increase Skill Mix Capabilities

The Healthy London Partnership (HLP) published a Children and Young People's Mental Health Workforce Strategy in May 2019 and a South East London system workforce plan is being developed to target the local population to grow the integrated community workforce with a focus on including the following roles:

- Peer Support Workers
- Physicians' Assistants
- Social Workers
- Occupational Therapists
- Nurses
- Mental Health Practitioners

Training will promote flexibility to work across all ages (where possible) and to be able to support physical health needs.

In addition, opportunities are being taken to widen consideration of careers within mental health and CAMHS in particular, through employment of apprentices in administration roles and nursing associates on inpatient wards.

Workforce planning during 2019/20 will include a review of skill mix.

1.5.3 Community Based Mental Health Services Activity

Access and Waiting Times

Access

Population access rates for children and young people aged under 18 years of age accessing / that will access treatment, and waiting times for treatment, from 2016 to 2021 are detailed in the following tables.

Of note, Croydon has three main providers of community-based mental health services for those with mild to severe mental health difficulties and treatment interventions are delivered face to face or online.

Activity figures do not include the children and young people who are choosing to access interventions via Kooth (a digital counselling service).

Five Year Forward View Access to Treatment Targets and Activity for 0 - 18 Year Olds in Croydon – 2016/17 to 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
Estimated total number of individual children and young people aged 0-18 with a diagnosable mental health condition. Based on a prevalence rate of 1:10 having significant mental health need in the population	8,855	8,855	8,855	8,855	8,855
Target percentage of children and young people aged 0-18 with a diagnosable mental health condition who were / are receiving treatment	30%	30.5%	32%	34%	35%
Number of individual children and young people aged 0-18 targeted to receive treatment funded community services	2,656	2,700	2,833	3,011	3,100
Total number of individual children and young people aged 0-18 that actually received treatment funded community services in the reporting period	2,700	2,400	2,347		
Difference in target and actual number of children and young people that accessed services	+44	-300	-486		

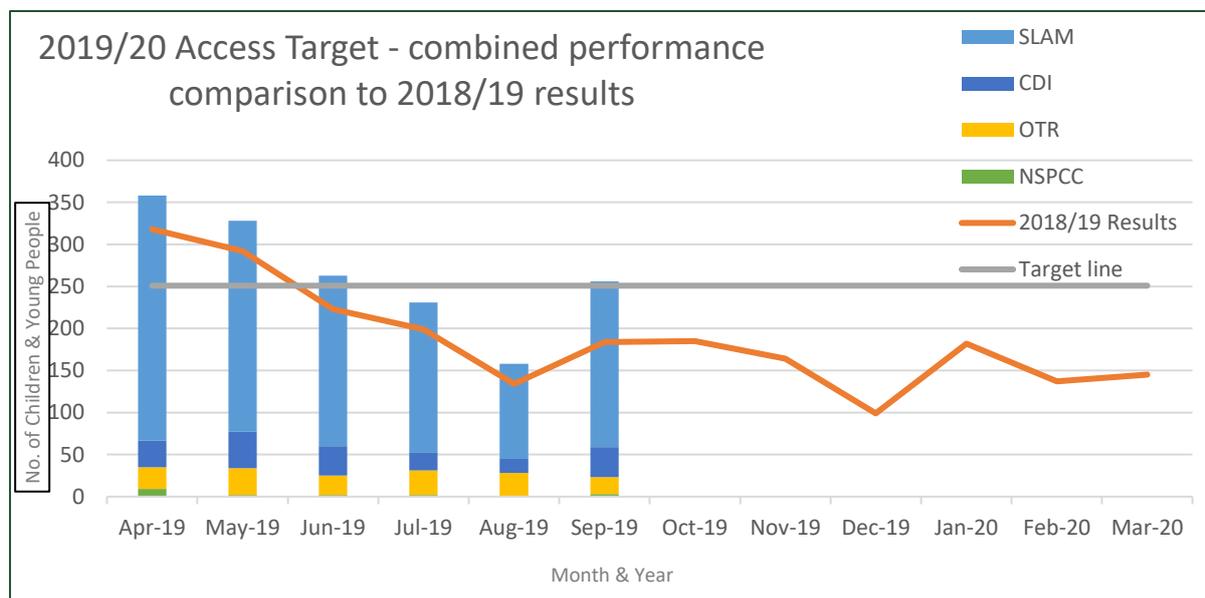
Access to treatment activity did not achieve the baseline target in 2018/19 – it fell 486 short of the target of 2,833 target (i.e. a shortfall of approx. 17%). The main reasons for the shortfall were a combination of the following:

- Staffing shortages – SLAM experienced difficulty with recruiting to additional neuro-developmental assessment specialist posts funded by NHSE during Quarter 3 2018/19. These posts have been successfully recruited to during Sept 2019
- Data recording and data cleansing was needed to make sure that all the contacts were being counted accurately by the three main local contracted providers delivering commissioned services

Croydon CCG now receives a four borough data monitoring report on a monthly basis and meets with SLAM managers to discuss issues and to put actions in place to address them.

The access to treatment and waiting time position reported at the end of September 2019 has improved - as shown in the following figure and table.

2019/20 Access to Treatment Performance 2018/19 to 2019/20



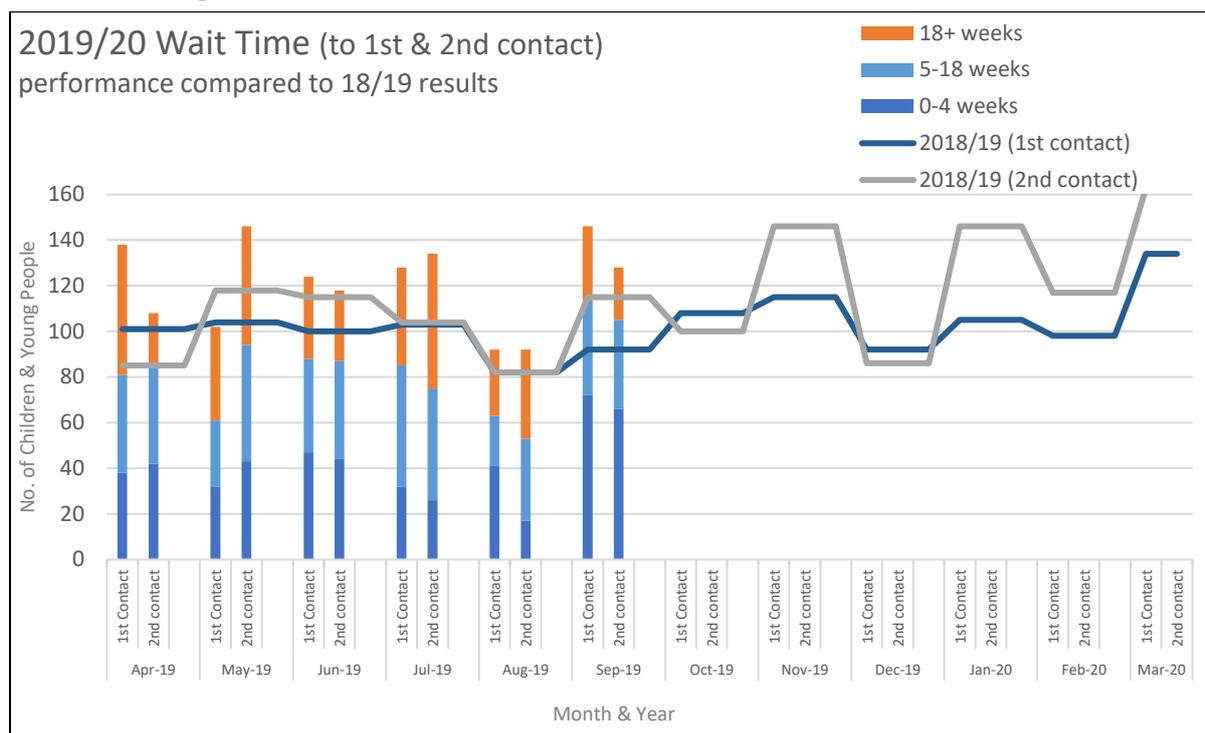
Summary of 2019/20 Access to Treatment Target Position for 0 – 18 Year Olds in Croydon Reported to NHSE as At the End of September 2019

	April	May	June	July	Aug	Sept	Total for Q1 & Q2	Projected Outturn at the End of March 2020
Actual	358	328	263	231	158	256	1,594	TBC
Target	251	251	251	251	251	251	1,506	Baseline target 3011
Difference	+107	+77	+12	-20	-93	+5	+88	TBC

Waiting Times for Treatment

The following figure details waiting times for treatment over the period 2018/19 to 2019/20.

2019/20 Waiting Times for Treatment



For access and waiting times for Eating Disorders and Early Intervention in Psychosis services please refer to sections 6.3 and 8.2 respectively.

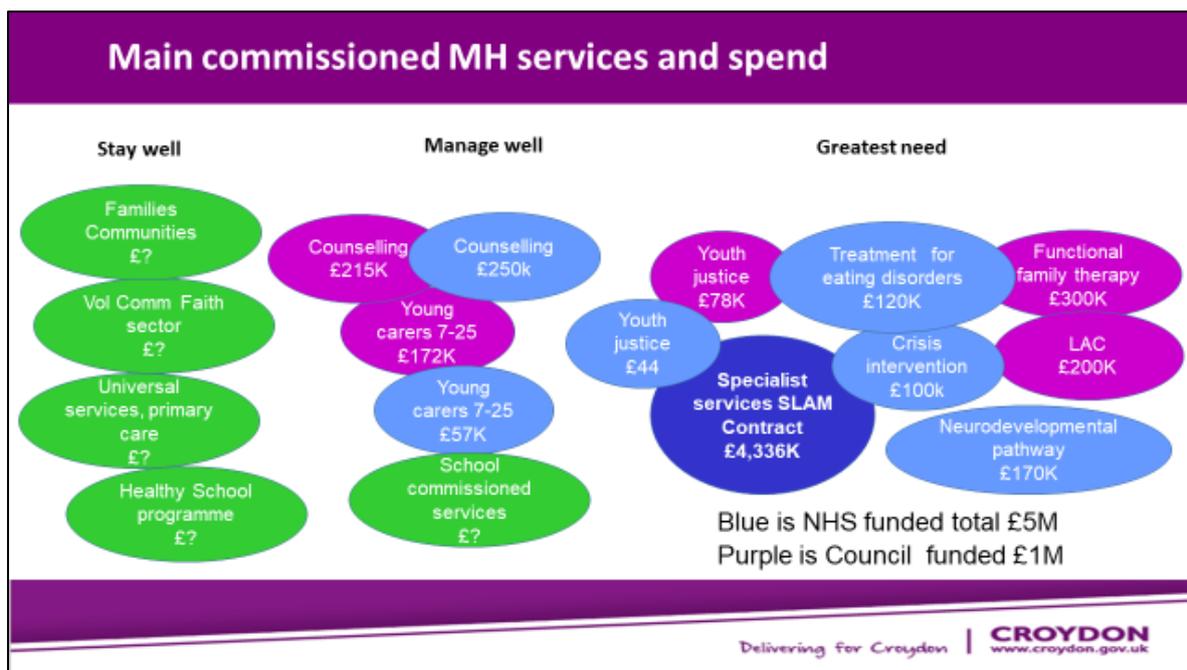
1.6 Allocation and Use of Funding

Croydon CCG and partners are committed to using CAMHS Local Transformation funding to improve outcomes for children and young people who need support with their mental health and emotional wellbeing - including increasing access for those with less needs and reaching our more vulnerable groups.

The CAMHS Local Transformation funding supports initiatives that are in line with local authority priorities and we will ensure this work remains aligned.

1.6.1 Main CCG and Local Authority Commissioned Services

The following is a brief outline of the main CCG and Local Authority services commissioned.



Due to Croydon's financial position, we are unable to confirm additional funding for CAMHS beyond 2020/21, without a ring-fenced directive from NHSE.

1.7 Modelling of Current Mental Health Provision and Plan of Investment across the Whole System Pathway

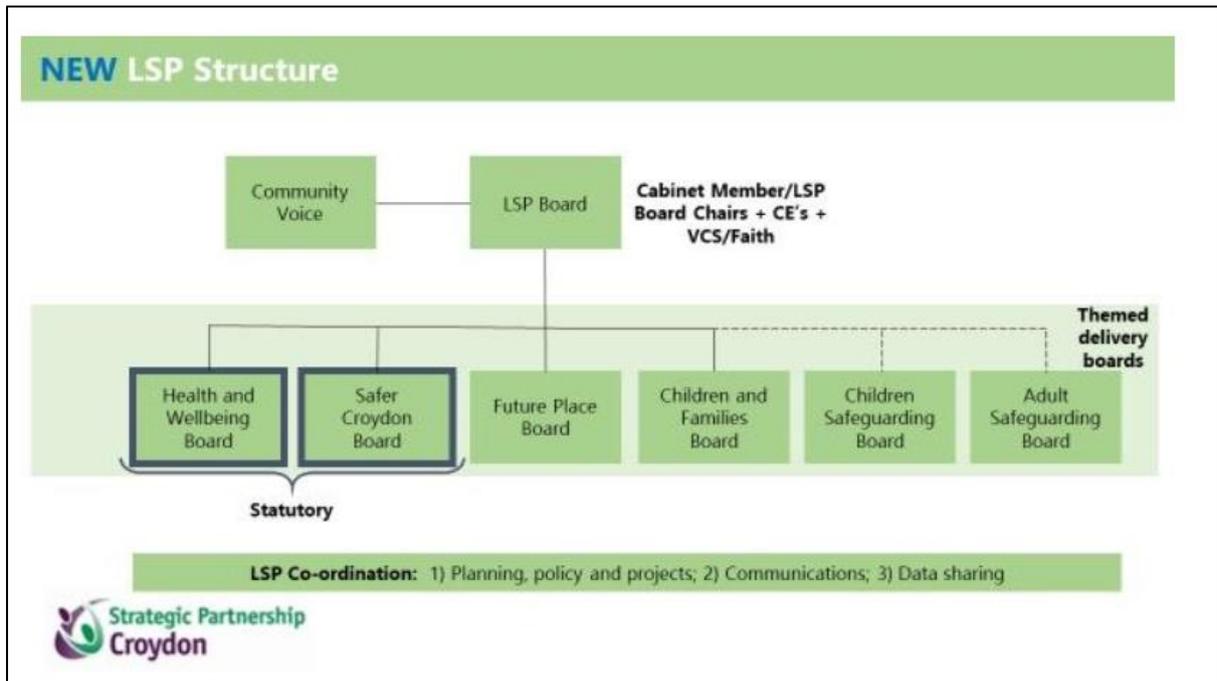
Croydon is working collaboratively with the six South East London boroughs to improve efficiency of services through better partnerships, community based outreach, provision of care for children and young people close to their home and reduced waiting times.

Commissioners and providers will come together, in early 2020, to engage in a System Dynamic Modelling Tool workshop, supported by the regional team. This Tool has been recommended as a vehicle for engaging commissioners and providers in a system-wide overview of local need and services, in order to improve service efficiency. It is a vehicle for addressing these issues within a framework that supports evidence-informed planning and investment into services. This approach will present opportunities for support and shared learning, resulting in more efficient service planning and the delivery of better outcomes for children and young people.

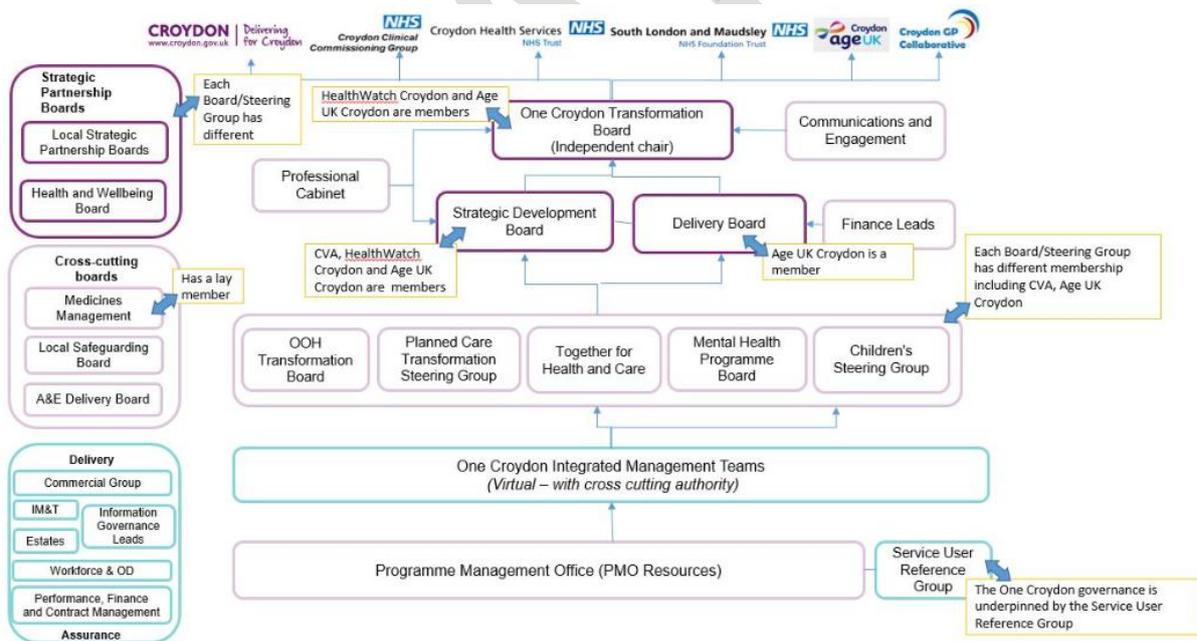
1.8 Engagement with Children, Young People and their Parents and Carers

The Local Transformation Plan provides the framework to involve all partners, services and service users on the journey to whole systems improvement.

The Voice of the Community is part of the LSP Governance structure as shown in the following figure.



One Croydon Alliance also supports the wider engagement process through the Service User Reference Group as detailed in the following figure.



In addition, each of the Croydon mental health service providers have a patient participatory group which engages with children and young people who use services to inform service development and areas for service development are discussed and fed back to commissioners to inform commissioning and improve services. For example:

- Croydon CAMHS - engages with young people through their Youth Advisory Group

- Croydon Drop In - engages with children and young people through their young people's participation group and, in July 2019, a booklet³ was published for parents, carers and professionals, available in both paper and electronic formats. Written and illustrated by young people aged 13-20, it gives a voice to their experiences, helping to guide the adults in their lives to support them in ways they find most beneficial. The work was funded by the council and developed by a local voluntary sector provider, Croydon Drop In (CDI), and their young people's participation group
- Croydon's Youth Disability Team - supports young people with more complex disabilities and physical needs to have a voice in decision making processes, particularly in relation to their education and care needs

Croydon also has a number of other participatory forums and consultation opportunities for children and young people. These include:

- The Council's youth engagement team – which works in youth settings and the wider community. The team lead on youth consultation through varied forums, and also support youth work for LGBT young people in Croydon. There are also links to work around domestic abuse, exploitation and family justice. It aims to improve outcomes for all young people in the Borough
- Croydon Council's Takeover Challenge – during which young people take over the directors and heads of services roles within the council and partake in decision making
- Croydon Young Mayor and Deputy Mayor initiatives
- Locality Youth Forums
- The Youth Congress

All groups are inclusive and young people are representative of the diversity of Croydon.

Croydon is committed to improving participation of children, young people and their families as the agents for change through their engagement and participation to support the ongoing development of services that meet the preferences and lived experiences of those who access delivered services.

As part of this refresh of the Local Transformation Plan there is an action to consult with more children and young people about their experiences of mental health services in order to improve their participation and engagement through delivering a consultation event which aims to:

- Improve participation of children, young people and their families as the agents for change

³ Croydon Drop In, 'I'm Fine' booklet, 2019 <http://croydondropin.org.uk/leaflets-literature>. Accessed 25th October 2019

- Ensure that children and young people consulted are reflective of the diversity of the borough
- Ensure that children and young people, their families and carers, are at the heart of mental health services
- Create an evaluation report showing outcomes and potential impact
- Develop more effective engagement processes in order to identify gaps and understand the needs of underrepresented communities
- Explore best practice on sharing of engagement services

The engagement event will include consultation on service planning, service delivery and evaluation, treatment and supervision and feedback to inform commissioning and services.

Key Planned and Recent Engagement Activities

Current Year (2019/20)

- 1. The second Croydon Young Mayor and Deputy Mayor will be elected in March 2020**
- 2. Takeover Challenge 2019 (21st Nov)** - the Director of Public Health's role was taken over by a young person
- 3. On-going Award Winning 'Choose Your Future Campaign'** – during Sept and Oct 2019 there has been a focus on 'mental health matters for young people' in line with World Mental Health Day
- 4. Young Commissioners are taking part in the Tendering and Re-commissioning of the Council Community Fund (Oct-Mar 2019/20)** - this is key to decision making about services delivered for young people in their communities
- 5. Further Consultation** – we propose to offer an opportunity for a partner organisation from the voluntary sector to carry out further consultation and research and gather evidence from children and young people on their participation and co-production in services

Last Year (2018/19)

1. **On-going Award Winning ‘Choose Your Future Campaign’** – encouraging young people to choose their future based on choices they make
2. **2018 Croydon Takeover Challenge** – In November 2018 the Council hosted 130 young people as part of a Takeover Challenge. One of the top priorities for discussion was emotional wellbeing and mental health and a workshop was facilitated by Public Health for children and young people about emotional wellbeing

2 Understanding and Addressing Local Need

2.1 How this LTP is Addressing Local Need

Croydon’s Local Transformation Plan aims to address the needs of the whole population through not only providing services for those with mental health problems, but also promoting initiatives and programmes that promote wellbeing and population resilience and that target support to those who are at higher risk of developing mental health problems. In doing so, this LTP draws on a local understanding of need.

2.2 Why Supporting Good Mental Health in Children and Young People is Important

Childhood is a crucial time for laying down the foundations of life long mental health and wellbeing. Half of all adults with a lifetime mental illness (excluding dementia) will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 18. Childhood and adolescence is therefore a crucial time for services to engage with children, young people and their parents.

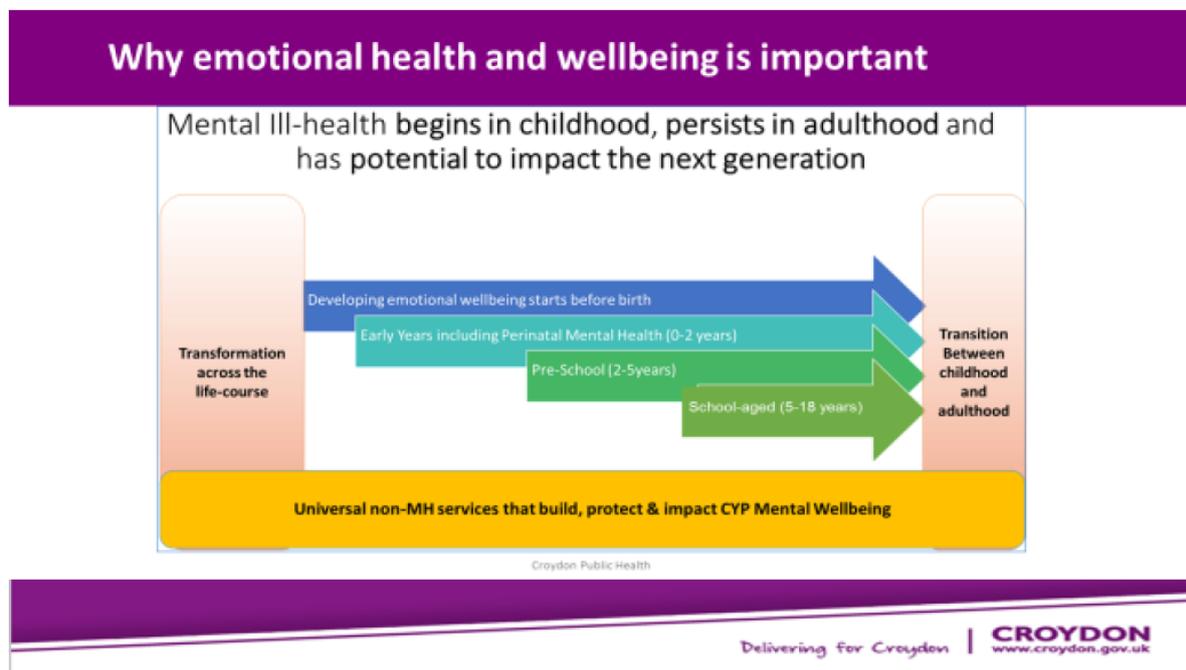
For those experiencing mental health problems, early intervention is effective and can improve life chances and outcomes (including physical health, educational attainment, work prospects and relationships with friends, family and the community). There is overwhelming evidence that early intervention is cost effective, with national social return on investment studies showing returns of between £1.37 and £9.20 for every £1 invested⁴.

Poor mental health is both a cause, and a consequence, of health inequalities. Children in low income families have a three-fold increased risk of developing mental health problems⁵. People with a serious mental illness die 16-25 years earlier than the general population.

⁴ Mental Health of Children and Young People in London, Dec 2016, Public Health England. Accessed online at: <https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people> on 10/10/19

⁵ Department of Health and NHS England (2015) [Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing](#), Department of Health.

Mental ill-health begins in childhood, persists in adulthood and has the potential to impact the next generation as shown in the following diagram⁶.



Children and young people experiencing mental ill health are more likely to have worse outcomes both as children and in later life as adults:

- Children with mental disorders are much more likely than other children to have had time off school
- Children with emotional disorders and those with conduct disorders have been found to be much more likely than other children to have had unauthorised absences⁷
- They are twice as likely to have special educational needs and tend to be behind with their schooling

2.3 Local Context – Croydon’s Growing Population of 0- 25 Year Olds

The size of the 0 to 18 years and 0 to 25 years populations, and their projected growth, sets the context for the level of mental health need.

Croydon has the second largest child population in London at an estimated 96,751 (in 2018) for children and young people under the age of 18 years and by 2026 it is projected that this number will grow to approximately 103,930 (an increase of circa 7% from 2018 figures). The biggest expected increase in the under 18 population is in those aged 5 and above, which is projected to grow by 10% from 67,870 to approximately 74,690 by 2026.

⁶ Croydon Public Health

⁷ Absenteeism, Mentally Healthy Schools, <https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/absenteeism/> accessed October 2019.

As at 31 March 2019, there were 819 children in care in Croydon, a rate of 86 per 10,000, higher than London (50 per 10,000), and England (65 per 10,000). 265 of these children (32%) were unaccompanied asylum seeking children.

2.4 Estimated Numbers of Children and Young People with Mental Health Disorders within Croydon

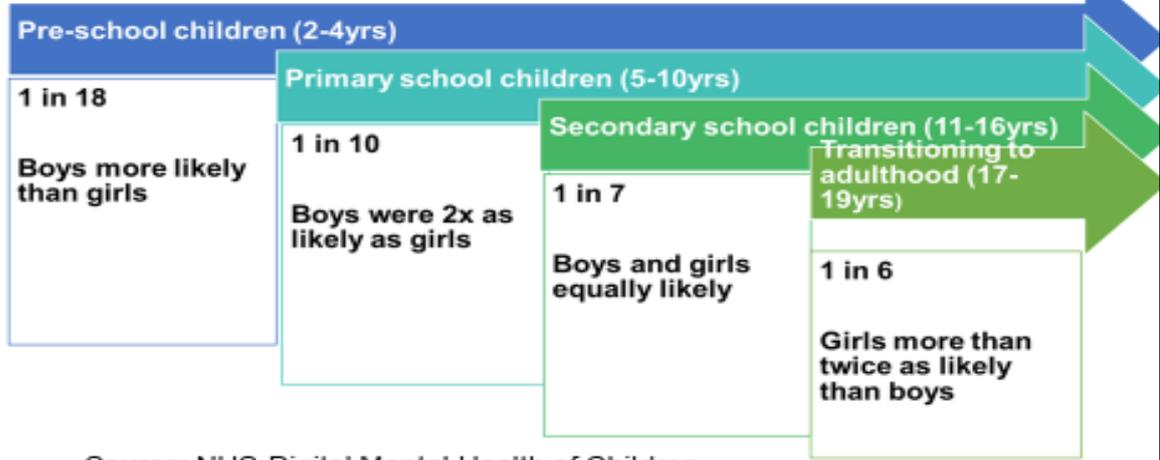
This section gives detailed information about the prevalence of mental health disorders and those who are at increased risk in Croydon. The size of these populations influences how we deliver services at a population level as well targeting those most at risk and providing additional support to people with greater need.

National estimates of need were updated in 2017, by a national survey of mental health in children and young people which looked at diagnosable mental disorders in children and young people aged 2 – 19 years. The previous survey took place 13 years earlier in 2004 and looked at a narrower age range 5 – 15 years.

The 2017 survey showed only a modest increase in the overall proportion of people aged 5 to 15 with diagnosable conditions from 10.1% to 11.2%. There was some variation by type of disorder - emotional disorder rates increased, while other disorder types were stable. The 2017 survey gave important insights into the pattern of mental illness within the population. It showed that:

- The proportion of mental illnesses between boys and girls changes during childhood – at aged 2 to 4, it's more common among boys, at ages 17 to 19, girls are twice as likely as boys to be diagnosed (see following figure)
- Mental health conditions become more common with age.
- Young women were a high risk group. Approximately one quarter of girls aged 17 to 19 (23%) were found to have a mental disorder and, of these, over half (57%) reported having self-harmed or made a suicide attempt.
- One in twenty (5.0%) 5 to 19 year olds met the criteria for two or more mental health disorders.

Prevalence rates by age group



Source: NHS Digital Mental Health of Children and Young People in England, 2017 [PAS]
11 November 2018



The national survey grouped disorders into four broad types and the prevalence of each is shown in the following figure.

Levels of need	
<ul style="list-style-type: none"> 1 in 8 (5-19 year olds) had at least one MH disorder when assessed in 2017. Girls aged 17-19 had highest rates (23.9%) Overall increase in the rates, and particularly for emotional disorders 	
<p>Emotional Disorders 1 in 12 (8.1%) F=10% and M=6.2% Anxiety was more common than depression</p>	<p>Behavioural (or conduct) disorders 1 in 20 (4.6%) M=58% and F=3.4%</p>
<p>Hyperactivity Disorders 1 in 60 (1.6%) M=2.6% and F=0.6%</p>	<p>Other less common disorders 1 in 50 (2.1%) 1.2% with ASD 0.4% with eating disorders 0.8% with tics or other</p>

The following table displays the estimated prevalence of common mental health disorders in Croydon. It is based on national prevalence estimates applied to current population data. In some cases, two different age specific rates have been applied to relevant population subgroups to give a total for the 0-25 age group.

Table to Show Current and Projected* Estimated Prevalence of Mental Health Conditions for Children and Young People in Croydon

Condition	Estimated Prevalence	2017 (0 -25 yrs)	2021 (0-25 yrs)	2023 (0-25 yrs)	2025 (0-25 yrs)
Emotional disorders	3.6% of 5-16 yr olds	4,598 (1 in 28)	4,880	4,958	5,047
Conduct disorders	5.6% of 5-16 yr olds	7,153 (1 in 18)	7,591	7,712	7,851
Hyperkinetic disorders	1.5% of 5-16 yr olds	1,916 (1 in 67)	2,033	2,066	2,103
Autism spectrum disorders	0.9% in 5 - 16 yr olds 1.1% in 18 and older (to 25yr)	1,150 (1 in 111)	1,290	1,310	1,334
Eating disorders	0.30% in 5 - 16 yr olds 13.2% in 17 -24 yr olds	5,859 (1 in 22)	4,898	5,000	5,215
Self-harm	10% in 5 - 16 yr old	12773 (1 in 10)	13,555	13,771	14,019

**Modelled based on research prevalence estimates applied to current population data.*

There is recognition that there are many children and young people who may be experiencing mental health problems that are causing difficulties but do not meet the thresholds for diagnosis.

There is also significant co-morbidity. Approximately 1 in 4 children with a mental disorder, and just under 1 in 3 with autism spectrum disorder, also have another of the main types of clinically recognisable mental health disorder, most commonly conduct disorder.

During 2017/2018, 174 of Croydon's children and young people aged 10-24 years were admitted to hospital as a result of self-harm. This is a directly standardised rate of 263.6 per 100,000 population aged 10-24 years and is higher than the London rate (209) but lower than the England rate (421) per 100,000 population aged 10-24.

In 2018, there were 1,403 school aged children in Croydon identified as having social, emotional and mental health needs. This is 2.24% of children in Croydon's primary schools and 2.09% of secondary school children in Croydon, and equates to approximately 763 and 463 children respectively.

Those with mental disorders were more likely to engage in risky behaviours such as misuse substances, particularly smoking and drug taking. In 2018/19 there were 139 young people in treatment (for substance misuse) locally.

2.5 Addressing the Needs of Children and Young People

2.5.1 Emotional Wellbeing and Mental Health Services

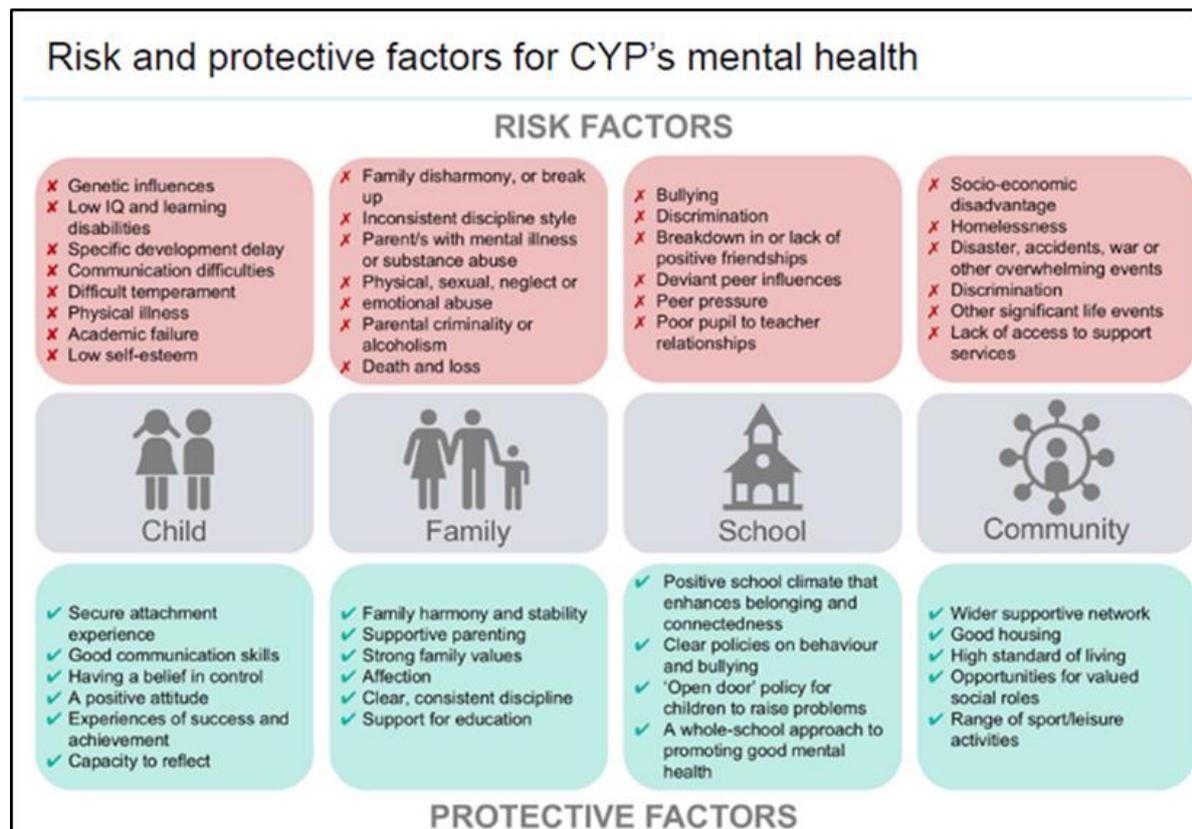
The following table details current mental health services (in bold) plus other services commissioned by other parts of the system that provide emotional support and wellbeing.

Emotional Wellbeing and Mental Health Services in Croydon

Aim	Services
Stay Well	Universal services such as Health Visiting (signposting to mental health services) Healthy Schools Programme Primary Care
Manage Well	Counselling – Croydon Drop In Counselling – Off the Record IAPT for Children and Young People Mental Health Support Teams in Schools and Colleges Kooth Early Help Family Nurse Partnership
Greatest Need	Eating Disorder Service Early Intervention in Psychosis (EIP) Crisis Care Inpatient – 8 bed PICU Forensic CAMHS

2.5.2 Services for Those at Higher Risk of Mental Health Problems

There are many risk factors for poor mental health in children and young people. The following figure sets out both risk factors and protective factors at individual, family, school and community levels.



Protective factors lead to greater resilience whereby there is a stronger ability within a person and their community to positively adapt to life's inevitable ups and downs.

There are a number of groups of children who are at a higher risk of experiencing mental health problems including those:

- Who have experienced four or more adverse childhood experiences
- In the care system – i.e. looked after children - 60% of looked after children (including unaccompanied asylum seeking children) have some form of emotional or mental illness
- With special educational needs, autism and attention deficit hyperactivity disorder
- In the youth justice system
- With adverse family circumstances, such as parental mental ill health, parental separation and parents in prison. Around a 1/4 of children with mental disorders had a parent with serious mental illness. Maternal depression is associated with a 5 fold increased risk of mental illness for the child
- In low income households and areas of higher deprivation

The following table details some of these risk factors and their prevalence within Croydon, in comparisons to London and England for data that is available.

Risk Factor	Measure	Latest Data	Croydon	Croydon in comparison to London	Croydon in comparison to England
Childhood poverty	Children in poverty (under 16) % of children aged under 16 living in low income families	2016	16.1%	Statistically better	Statistically better
	Children in poverty (under 20) % of dependent children aged under 20 living in low income families	2016	16.3%	Statistically better	Statistically better
	Family homelessness Rate per 1,000 applicant households with dependent children or pregnant women accepted as unintentionally homeless and eligible for assistance	2017-2018	4.0	Statistically worse	Statistically worse
Children looked after	Children in care Rate of Looked After Children per 10,000 population aged under 18.	2018	83	Statistically worse	Statistically worse
	Number of Unaccompanied Asylum Seeking Children (UASC) looked after children	2018	295	Statistically worse	Statistically worse
	Children in care (excluding UASC)	2018	212	Statistically worse	Statistically worse
	Child Protection Plans Rate per 10,000 of children under 18 who were the subject of a child protection plan at any point in the year.	2018	108.5	Statistically worse	Statistically worse
	Child in Need episodes Rate per 10,000 of children under 18 with an episode of need at any point in the year	2018	822.1	Statistically worse	Statistically worse
Children with Special Educational Need	Primary school pupils with SEN % of pupils in primary schools with statements, EHC plans or receiving support	2018	13.4%	Statistically similar	Statistically similar
	Secondary school pupils with SEN	2018	12.9%	Statistically better	Statistically better

Risk Factor	Measure	Latest Data	Croydon	Croydon in comparison to London	Croydon in comparison to England
	% of pupils in secondary schools with statements, EHC plans or receiving support				
	All pupils with SEN % of pupils with statements, EHC plans or receiving SEN support	2018	14.6%	Statistically worse	Statistically worse
Absence from education	Pupil Absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	2017/18	4.67%	Statistically similar	Statistically similar
	16 -17 year old NEET % of 16 -17 year olds not in education, employment or training (NEET) or whose activity is not known	2017	7.9%	Statistically worse	Statistically worse
Youth Justice	First time entrants to the youth justice system. Rate of 10 – 17 year olds receiving their first reprimand, warning or conviction per 100,000 population	2018	393.8	Statistically worse	Statistically worse
Teenage pregnancy	Under 18 conceptions Rate of conceptions per 1,000 population women aged 15 -17	2017	20	Statistically worse	Statistically similar

Mental health issues are both a cause, and a consequence, of health inequalities and therefore Croydon are giving additional support to those at high risk.

A wide range of services and initiatives are in place to address the health inequalities.

Deprivation

A higher proportion of the population who are children and young people are in the North and East of the borough where there is also higher levels of deprivation.

The rate of family homelessness in 2018 in Croydon, (4.0 per 1000 households), is significantly worse than London and England, and Croydon has the 5th highest rate when compared to statistical neighbours.

The planned integrated place-based locality model will create a stronger focus on wider determinants, such as housing, employment and education that have a profound impact on mental health and emotional wellbeing. These changes in the system will

create a stronger environment to integrate pathways and promote resilience within the population.

Black and Minority Ethnic (BAME) Backgrounds

Croydon has a diverse population with just over 60% of 0-25s from black and minority ethnic (BAME) backgrounds. Generally, Black and Minority Ethnic groups are more likely to be diagnosed with mental health problems and admitted to hospital, experience a poor outcome from treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and to a deterioration in their mental health.

Among Croydon's population, BME communities tend to be under represented in Tier 3 and Tier 4 Mental Health services. There is also lack of engagement with services of children and young people known to the Youth Offending Team and Tier 4 mental health services in Croydon.

Off the Record offers BAME mental health outreach counselling (including for those impacted by serious youth violence).

LGBTQ+ Children and Young People

In general, people identifying as lesbian, gay, bisexual and/or transgender may be at greater risk of experiencing mental health conditions than people who identify as heterosexual due to a range of factors, including discrimination and inequalities⁸.

The proportion of the UK population identifying as lesbian, gay or bisexual (LGB) increased from 1.5% in 2012 to 2.0% in 2017. Of all age groups, people aged 16 to 24 years were most likely to identify as LGB in 2017 (4.2%) and regionally, people in London were most likely to identify as LGB (2.6%)⁹

The youth engagement team support youth work for LGBTQ+ young people in Croydon. There is a needs assessment for people who identify as LGBTQ+. The results of this assessment help to identify gaps in support. The council commissions Metro to deliver the Bridge LGBTQ youth club which includes a peer support group for young people age 11 – 25 years identifying as LBGTQ. In addition, the organisation Rainbow Across Borders supports LGBTQ asylum seekers in Croydon.

Adverse Childhood Experiences (ACE)

Adverse Childhood Experiences (ACE) are experiences that children have, that impact negatively on later childhood and adulthood. Although not all ACEs will occur within the first 1000 days of life, evidence shows that children who experience four or more of what is known as ACEs have been found to be:

⁸ Hudson-Sharp, N. & Metcalf, H. (July 2016). Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf [Accessed 21/10/19].

⁹ Office for National Statistics: Sexual orientation, UK: 2017. Experimental statistics on sexual orientation in the UK in 2017 by region, sex, age, marital status, ethnicity and socio-economic classification.

- 8 times more likely to have committed acts of violence between the ages of 18 and 69
- 30 times more likely to have made a suicide attempt¹⁰
- 41% more likely to experience low mental well-being

There are a number of recommendations from the Director of Public Health 2018 report¹¹ which prioritises workforce training; particularly on a trauma informed approach, to equip staff to support children, young people and their parents to identify, manage and prevent ACEs. The borough is currently developing a trauma informed approach.

Unaccompanied Asylum Seeking Children (UASC)

Croydon has a disproportionately high number of unaccompanied asylum seeking children (UASC) as part of it's looked after children (LAC) cohort.

As at 31 March 2019, 265 (32%) of the children in care in Croydon were unaccompanied asylum seeking children. This is due to the Home Office being located within the borough.

The voluntary sector organisation; Off the Record is commissioned to provide specialist counselling provision for young refugees and asylum seekers (predominantly UASC) aged 11-25 years. Counselling is accessible through self or professional referral and offered at community bases and local colleges working through interpreters where required. In addition, the service delivers workshops and counselling for new arrivals through a partnership with the Virtual School.

Children Looked After

As at 31 March 2019, there were 819 children in care in Croydon, a rate of 86 per 10,000, higher than London (50 per 10,000), and England (65 per 10,000). 265 of these children (32%) were unaccompanied asylum seeking children.

During 2017/18, 1028 children in Croydon under the age of 18 were the subject of a child protection plan at any point during the year. This is a rate of 108.5 per 10,000 children which is statistically higher than the London rate (88.4) and the England rate (99.8) in England.

There is currently work taking place to develop a needs assessment for Children Looked After to inform commissioning plans for this vulnerable group. The assessment will assist with determining and addressing the mental health support required for looked after children including children and young people in need, children and young people subject to child protection and care leavers.

¹⁰ Gilliver C (2018) Trauma-informed care in response to adverse childhood experiences. *Nursing Times* [online]; 114: 7, 46-49. Accessed 28 October 2019.

¹¹ <https://www.croydon.gov.uk/healthsocial/phealth/publichealth> accessed 24th October 2019.

Care Leavers

During 2017/18 there were 442 children who ceased to be looked after by the local authority at any point in the year. This is a rate of 46.6 per 10,000 children, which is statistically higher than the London rate (27.3) and England (25.2). There were 673 care leavers aged 19-21 years who were previously looked after by the council for 13 weeks or more, after their 14th birthday.

The needs assessment being developed for Children Looked After will assist with determining and addressing the mental health support required for care leavers.

Adopted Children

During 2017/18, 11 children in Croydon were adopted which is 2% of the total LAC who left care in the same year. Adopted children and young people follow the standard route of accessing mental health support within Croydon.

Children in Need

During 2017/18 there were 7,791 children identified as in need of local authority services to achieve or maintain a reasonable standard of health or development. This is a rate of 822.1 per 10,000 children, which is statistically higher than the London rate (644.5) and England rate (594.1).

The needs assessment being developed for Children Looked After will assist with determining and addressing the mental health support required for children and young people in need.

Disabled Children and Young People - including those with a Learning Disability, Autism or Both

Croydon population data from 2017 suggests there are potentially 10,094 children and young people (aged 0-25) in the borough with disabilities¹².

The prevalence of special educational needs and disability (SEND) within the school population is slightly higher than the London average and Croydon's statistical neighbours average but similar to the proportion seen across England.

In January 2019 there were 9,876 children with SEN in primary and secondary schools, which is a 25% reduction from 2010 (a similar reduction to both London and England). In January 2019, a total of 2,999 children and young people living in Croydon had an Education, Health and Care (EHC) Plan, 76% more than in 2010. The joint strategic needs assessment and SEND strategy (2019 -2021) particularly addresses the mental health support needs of children and young people with SEND.

Croydon CAMHS has a small dedicated team providing care and treatment for children and young people with learning disability and neurodevelopmental

¹² 2017/18. Department for Work and Pensions. [Family Resources Survey](#) and Mid-2018. Office for National Statistics. [Population Estimates](#).

disorders, including ASD (Autism Spectrum Disorder), and ADHD (Attention Deficit Hyperactivity Disorder), FAS (Foetal Alcohol Syndrome).

Croydon CCG continues to work with South West London (SWL) CCGs, Local Authorities and NHS England Specialised Commissioning as part of the SWL Transforming Care Partnership (TCP) to focus on making sure support is provided to people with a learning disability and/or autism in the community, to do this it will improve services for people in times of crisis and provide training in positive behavioural support.

Intervening early, and admission prevention, is particularly important for children and young people to prevent long term inpatient care in adulthood. To date, the TCP has supported a reduction in the number of children and young people (CYP) with a learning disability and/ or autism in hospital and are working to ensure that not more than five are admitted at any given time.

Croydon CCG also work with South East London CAMHS, SEND leads and social care to ensure that Transforming Care is at the fore-front of transformation planning, and that a consistent approach to transformation is taken across the SEL STP footprint. Commissioning to improve community capacity gained momentum during 2019/20 and the use of Root Cause Analysis (RCAs) has helped inform commissioning. Services for older young people with autism and/or mental health conditions has been identified for development and is supportive of the transition from children and young people to adult services. The TCP has therefore:

1. Identified the need for a children and young people lead (0-25) to support patient care, case management, and benchmarking and admission prevention
2. Commissioned training for families, carers and frontline staff on Positive Behaviour Support (PBS) and Autism Awareness
3. Scoped opportunities for community services to engage with ongoing Transforming Care market management and housing work streams to support the development of community services for children and young people in SEL
4. Sought to engage community and voluntary sector organisations to raise the profile of the Transforming Care programme and share their service offer with care co-ordinators and in parallel, raise awareness of existing services via Local Offer websites
5. Committed to working with the TCP Forum to include children and young people's views and to ensure the Forum is representative of SEL's diverse population

2.6 Gaps in Provision and Expansion Plan

There is an on-going need to address identified gaps with regards to children and young people's mental health service provision which include:

- Promotion of resilience and prevention at all ages
- Early intervention

- Targeted support for those with low mental health and emotional wellbeing
- Improving access and waiting times to treatment
- Community based care - close to where families live
- Support for people whilst waiting for care
- Co-ordinated care for children and young people with learning/intellectual disabilities and autism
- Transition services i.e. for 18 – 25 Year olds
- 24/7 crisis care
- Mental health support for those with mild to moderate mental health needs in schools and colleges

As described in Section 1.2.1, NHS England has identified a number of key priorities for children and young people's mental health in the Five Year Forward View for Mental Health that must be achieved by 2020/ 21. This follows and builds on from the Future in Mind Policy for Children's Mental Health in 2015. Key priorities for the next 18 months include:

- A significant expansion in access to high quality mental health care for children and young people
- Nationally at least 70,000 additional children and young people each year to receive evidence-based treatment, a rate of 35% of those with a diagnosable mental health condition

To address current staff vacancies and meet the nationally proposed expansion, the national mental health workforce plan recommends that at least 1,700 therapists and supervisors need to be employed to meet the additional demand by 2020/21. The illustrative trajectory for the necessary growth in therapists was published at the national level (England region). South West London has produced the trajectory up to 2020/21 of SWL population based share as well as CCG level contribution to 1,700 additional therapists. The collaboration across South West and South East London will ensure streamlined care pathways, consistent and robust cross boundary commissioning arrangements and collaboration between secondary care providers, South West and South East London CCGs and NHS England.

The Five Year Forward View for Mental Health Implementation Plan, as well as Stepping forward to 2020/21, recommends that at least 3,400 existing CAMHS staff be up skilled in CYP IAPT therapies. To implement local plans to transform children and young people's mental health, SWL STP has produced the trajectory to meet the national target of 3,400 current staff being trained by 2020/21 based on SWL population and CCG contribution to ensure the sustainability of psychological therapies workforce.

Following the publication of the Future in Mind and the development of the Local

Transformation Plan, additional funding has been made available each year to enhance mental health and emotional well-being services for children and young people.

To reduce the need for children and young people to attend A&E and to be admitted to in-patient care, there is an aim to work to prevent crises, and when they happen, to stop them from escalating by providing support as early as possible in the local community by increasing capacity of community-based services.

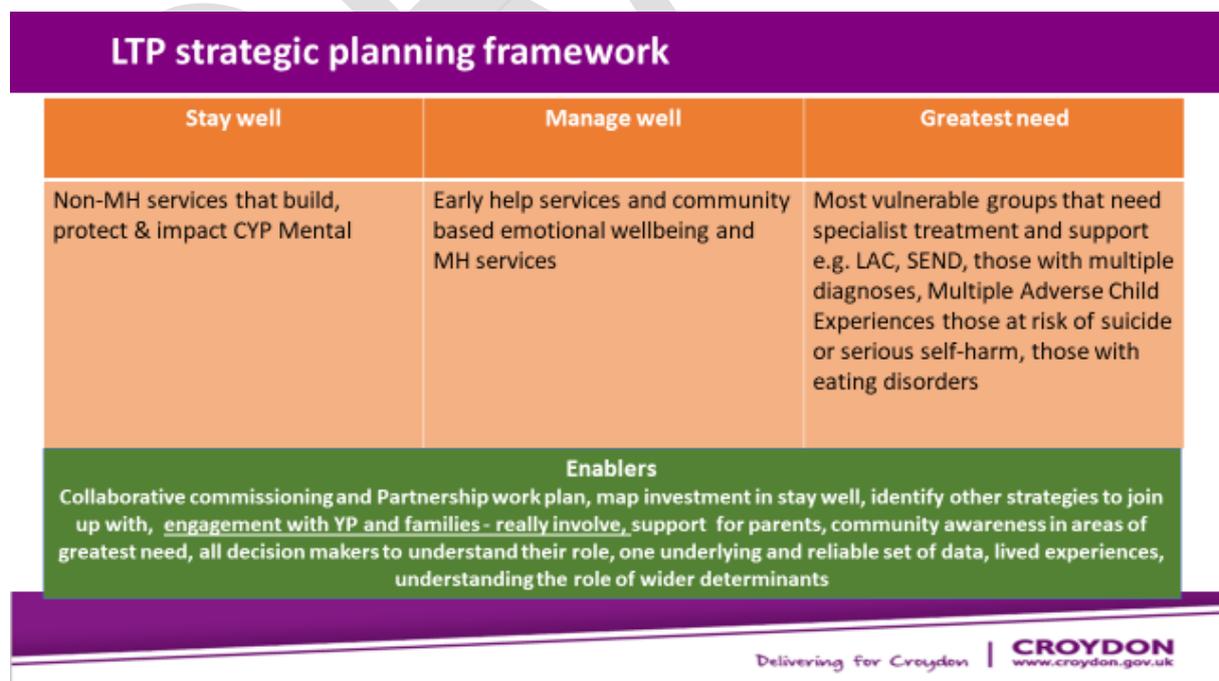
3 Local Transformation Plan (LTP) Ambition 2018-2020

Good emotional wellbeing and mental health is essential to enable children and young people to enjoy life, to achieve their goals and to make a successful transition into adulthood.

The Government made clear its commitment that mental health services for people of all ages should have parity of esteem with physical health services and the responsibility for this rests with all agencies. Child and adolescent mental health services must play an integral part of this for children, young people and families/carers in Croydon.

In keeping with Future In Mind, the transformation of services in Croydon constitutes a move away from a system defined in terms of the services and/or organisations provided (the 'Tiered' model) towards one built around the needs of children, young people and their families/carers.

The strategic planning approach being taken to transformation (improvement) of children and young people's emotional wellbeing and mental health in Croydon is summarised in the following diagram.



3.1 Whole System of Care

Emotional wellbeing and mental health services in Croydon are benefitting from a whole systems approach to improvement with a recognition that each service component is a key element along a pathway of support. For example, some children and young people will be well supported by universal services, whilst others will need extra support, and others still will require high intensive support or crisis care.

Mental health provision for children and adolescents in Croydon is complex. As in other boroughs, it is commissioned at a local and national level and has multiple funding streams including the NHS CCG, Local Authority, Schools and NHS England.

In addition, there are multiple relationships and interfaces with a large number of public and third sector agencies - these include: Off The Record, Croydon Drop In, mainstream school provision via Head Start, Children Looked After and Youth Offending Teams, Children's Centres, Primary Care General Practitioners, and Adult Mental Health Services (for children in transition).

3.1.1 Achievements to Date and System Development

The following figure details Croydon's transformation journey to improve emotional wellbeing and mental health services for children and young people since 2016.

Road Map to 2021

Access and Waiting Times

2019 and beyond More children and young people able to access mental health and emotional support at the right time and place within 4 weeks. Children with Autism Spectrum Disorder (ASD) seen and assessed in line with NICE guidance timescales. All vulnerable children and young people will have access to treatments within 4 weeks of being accessed if routine or 1 week where urgent.

Care for the Most Vulnerable

Supporting CYP exposed to Child Sexual Exploitation (CSE) /Child Sexual Assault (CSA). Mental Health provision in place for Looked After Children (LAC) and Special Educational Needs and Disabilities (SEND) CYP. **2019** Commitment to CSA Hub. Looked After Children (LAC) Mental Health Provision. Transition to Adult Mental Health Services. Forensic Children and Adolescent Mental Health Services (FCAMHS) and provision of Liaison & Diversion services to young people in the justice system or at risk. Funding for Perinatal Mental Health Services **2019**. New SEND Strategy Launched **2019**.

Developing the Workforce

2016 CYP Increasing Access to Psychological Therapy (IAPT) accessed by our young people making them emotionally resilient, knowing where and when to access support when needed. Mental Health First Aid, SLaM work force development plan.

Promoting Resilience, Prevention & Early Intervention

2019 Children's Wellbeing Practitioner (CWP) programme delivery. **2019** Arrangements in place for Single Point of Access (SPA) and Single Point of Contact (SPOC) (Early Help) merge. **2016** Children and Adolescent Mental Health Services (CAMHS) community support embedded in community settings.

Improving Access to Effective Support

NHSE Pathway review and implementation of recommendations. Crisis Care provision in place. **2019/20** Mental Health Support Teams (MHST) Trailblazer mobilisation in schools. **2018/19** Croydon developed as a fast follower for emotional wellbeing and mental health in schools. **2016 and Beyond** Eating Disorders service continue to be accessed by Children and young People (CYP).

Further details regarding services that have been the focus for improvement to date are available in the following sections:

- Section 5: Health and Justice
- Section 6: Eating Disorders
- Section 7: Urgent and Emergency Mental Health Care
- Section 8: Early Intervention in Psychosis

- Section 9: Mental Health in Schools

There is, however, a general acknowledgement that the system can still be further strengthened and that more integrated working in future will be required.

The aim is for children and young people to have the right evidence-based care in the right place, at the right time, and for them to spend the shortest amount of time in intense care. This will enable them to step down to the most appropriate, lowest level of support required. Key objectives include: increasing access to services, reducing waiting times for treatment, and preventing children and young people's needs from escalating to require higher intensity mental health services (where possible).

This LTP draws on the local needs analysis (detailed in Section 2) and engagement and consultation findings (detailed in Section 1.8) to enable it to meet the needs of the people of Croydon.

3.2 Pathways of Care

Navigating through the health and care system in Croydon with the right access, at the right time, and in the right place (through mapping and improving pathways of care) is one of this LTP's 4 transformation priorities determining the direction of travel over the next three years (refer to Section 1.3.2).

Care pathways within Croydon are aligned to the LTP strategic planning framework (detailed in the previous section).

3.2.1 Staying Well - Mental Health Promotion and Prevention

Families and communities have a primary role to ensure that children and young people are emotionally healthy and that this is maintained throughout their adult lives. Commissioned emotional wellbeing services aim to be preventative - to work with children, young people, their families and carers as early as possible to reduce the need for higher intensity services. Similarly the community voluntary and faith sector have an important part to play in supporting children, young people and families and often add extra social value through the fund raising and support they offer outside of public sector contracts.

Universal Settings

Some children are already being well supported by universal services that promote wellbeing. Universal services are provided as a right to all children including our most vulnerable children and those with additional, intensive or specialist needs.

Most children and families/carers will never come into contact with statutory or specialist services - the basic needs of all children can usually be met by their family and community and faith networks together with universal services such as maternity services, health visitors, school nurses, GP practices, health care, early years, schools and education services, housing and youth services. These services are also well placed to recognise and respond when extra support may be necessary, so that support is addressing family vulnerabilities early - this may be because of the child's changing developmental, health and wellbeing needs or because of parental or family circumstances.

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

3.2.2 Manage Well

Early Intervention

Early Help

Early help is currently provided to reduce the need for statutory interventions for emotional and physical wellbeing whenever it is possible and safe to do so.

Children, young people and their families must be offered help when needs and/or concerns are first identified. Where special needs and disabilities are identified, early help is based on the following principles:

- Early identification and intervention
- Effective integrated support for children with complex needs
- Children, young people and their families are listened to
- Agencies work together with shared responsibility
- Safe-guarding and welfare of the child/young person is paramount
- Helping families to help themselves

If housing, family or other domestic circumstance is thought to be contributing to educational need, agencies will work together to provide support.

A local guidance document sets out Croydon's Partnership approach to Early Help for everyone who works with children, young people, their families and carers in Croydon. It is about ways of working together, sharing information and making sure that children and families are always the main focus and concern when providing effective support to them. The focus is to help children and their families become stronger and more resilient, so that they can identify what is difficult and find solutions before the problems become so complex that specialist statutory social work help is required.

The Family Nurse Partnership

The Family Nurse Partnership is a maternal and early years public health programme using a psycho-educational approach. It provides on-going, intensive support to young, first-time mothers and their babies (and fathers/ other family members, if mothers want them to take part) and is offered to first time parents aged 19 years or under. Structured home visits, delivered by highly trained nurses, start in early pregnancy and continue until the children's second birthdays. The delivery of the Healthy Child Programme is encompassed within the Family Nurse role.

The programme is preventative and has the potential to transform the life chances of the most disadvantaged children and families in Croydon, helping to improve their

social mobility and break the cycle of intergenerational disadvantage. Health in pregnancy, and the quality of the caregiving babies receive during the first years of life, can have a long lasting impact on a child's future health, happiness, relationships and achievement of their aspirations.

Targeted Support in Schools and Colleges

A schools based counselling service, using evidence-based interventions, is offered to schools and local community sites and staffing capacity has been increased to support and develop additional schools-based counselling through enhanced CAMHS LTP funding.

In addition, Kooth has been commissioned to deliver online counselling across schools in SW London as part of the Mental Health in Schools trailblazer offer.

Section 9 details mental health support available in schools and colleges.

Primary Care Networks

As previously described, in Section 3.2.1 (Staying Well - Mental Health Promotion and Prevention), there is an aspiration to deliver locality- based health services for children and young people which will include mental health services.

Community Based Emotional Wellbeing and Mental Health Services

Open Access Counselling

Two organisations are the principal source of counselling support, using evidence-based interventions, for young people in Croydon. Across the two organisations, support is available to young people aged 10-25. Both services see young people from anywhere in the borough, and offer a range of evidence-based modalities of interventions which fall within the remit of CYP IAPT.

The current service offers are as follows:

- Croydon Drop-In (CDI):
 - Immediate drop-in assessment and counselling support from bases in the centre and north of Croydon for young people aged between 10-18 years (although younger children may be seen if necessary)
- Off the Record:
 - CYP IAPT open-access humanistic counselling services for 14 – 25 year olds (initial sessions are largely offered through open-access weekly walk-in sessions)
 - A Specialist Compass counselling and psycho-educational work service open to young people who are refugees, asylum-seekers and migrants aged from 11 years. Counselling is offered, through interpreters where necessary, by a small team of specialist therapists
 - BAME mental health outreach counselling (including support for those impacted by serious youth violence)

- Multi-disciplinary support (including assessments and mental health interventions) for young people aged 7 – 25 years with care responsibilities at home

Schools also offer various types of in-house support for pupils who have emotional or mental health needs. It is not possible to completely map these due to schools' varied levels of engagement with the Local Authority, but known provision includes:

- o Nurture groups, either formal or informal
- o Counselling – either bought in or in-house, with various levels of expertise or availability
- o Commissioned support from CAMHS or other agencies

Digital Counselling

Off the Record offers online, real –time or message-based counselling delivered through a dedicated secure online counselling site using trained online counsellors. Groups being targeted to access on-line support are:

- o Children and young people with emotional wellbeing and/or emerging mental health problems - many of whom require a low level/targeted/short-term intervention
- o CYP who are hard to reach and do not engage with services through traditional routes

The digital platform is available on any web-enabled, internet connected device (including laptop, smart phone, tablet) 24/7, 365 days a year. It includes features such as messaging the team, static forums and magazine articles.

Mental Health Support Teams in Schools and Colleges

Mental Health Support Teams have started to provide evidence-based interventions in schools and colleges for children and young people with mild to moderate mental health difficulties through targeted support in Croydon. An online counselling service (Kooth) has also been successfully commissioned and a self-help service as part of the Thrive model.

The Mental Health Support Teams have been delivering staff workshops to support the implementation of the whole school approach in Croydon. The “empowering parents empowering community” (EPEC) peer parenting programme aims to develop parental resilience and hub staff have been identified who will be trained to train parents as parent group leaders. These parent group leaders will recruit and deliver EPEC parenting as part of a core trailblazer offer for schools.

In addition, the Mental Health Support Teams have been delivering evidence based parenting groups in primary schools to support parents with mild to moderate mental health conditions such as anxiety, conduct disorders and social communication difficulties.

Section 9 further details mental health support available in schools and colleges.

Learning Disability, Autism or Both and Complex Behaviour

Early intervention support is available for Children and Young People with Learning Disabilities and/or Neurodevelopmental Disorder.

Mental Health Support for Children Looked After

A team is being developed to offer mental health support to children looked after. The service will commence on 1st April 2020.

Parent Infant Partnership (PIP) Service

Croydon Drop in offers a Croydon Best Start PIP service for parents-to-be and parents of babies up to 24 months working in the home and in a variety of community settings, such as Locality Hubs, Children Centres, Croydon Special Care Baby Unit and voluntary sector settings. The service aims to provide help for families to strengthen parent-infant bonds and build positive relationships.

3.2.3 Greatest Need

Community Based Services

Croydon Children and Adolescent Mental Health Service (Croydon CAMHS)

A CAMHS specialist service for children and young people up, to the age of 18 years, in Croydon who present with significant mental health difficulties is currently provided by South London and the Maudsley NHS Foundation Trust (SLaM). Referrals are accepted from primary, secondary and tertiary child health or mental health services, education, voluntary agencies, the Youth Offending Team and social care professionals. Referrals are made with the referees' knowledge and agreement.

The child or young person will typically exhibit persistent and significant disturbance of functioning where there is a likelihood of one of the following:

- Psychotic illness
- Affective disorder
- Anxiety disorder or phobia
- Obsessive Compulsive Disorder (OCD)
- Developmental disorders (childhood Autism, Asperger's Syndrome)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Post-traumatic Stress Disorder or traumas related to child protection issues
- Severe behavioural disturbance with underlying treatable condition
- Eating disorders
- Deliberate self-harm

Referrals are also accepted where it is thought that family functioning severely impairs the social and emotional development of the child.

The children and young people are assessed and those with moderate to severe, acute or enduring mental disorder are treated using evidence-based practices in clinics and/or other community settings. Interventions may be individual, family or group therapies, and may include:

- Cognitive Behaviour Therapy
- Interpersonal Therapy
- Brief Solution Focussed Therapy
- Assertive Outreach
- Behavioural Therapy/Modification
- Creative Therapies
- Medication
- Play & Art Therapy
- Psycho-education, including carers
- Individual Psychodynamic Psychotherapy to adolescents and their families
- Substance Abuse Counselling
- Family Therapy

Recent service improvements include:

- Activity expectations being scrutinised at the individual clinician level and it is anticipated that the current trajectory of improvement will be maintained through robust collaborative work and the Local Transformation Plan process
- A range of activity to support improvement in DNAs
- Increasingly involving young people in development and change of the service. Work is being carried out with young people to have them sit on the CAMHS Executive Group
- Going at risk to recruit additional clinical staff in the expectation that a central team will be developed to respond promptly to peaks in service demand or vacancies
- A Schools Engagement and Delivery Service (SEaDS) – a CAMHS service provided in schools for those with mild to moderate mental health difficulties and problems that is that offers, consultation, direct work, training etc
- The further development of EPEC (Empowering Parents, Empowering Communities) for the teenage population

In addition, to help ensure posts in Croydon are attractive to applicants, the SLaM service has a number of recruitment and retention initiatives:

- Development posts for nurse prescribers

- Rotational posts
- Recruiting permanently to fixed term posts

CAMHS staff also continue to work with partners in education and social care to ensure that escalation and discharge planning are symbiotic and work in unison. This work links to the Ofsted Improvement Plan for Croydon Children's Social Care. CAMHS staff will work locally with partners in Adult Mental Health and Social Care to ensure that young people in residential care transition either back to the community or to adult residential care in a timely and seamless manner.

In-Patient and Day Treatment Services

SLaM CAMHS specialist services are providing in-patient care for children and young people when required. The South London Partnership (a provider collaborative) has successfully delivered a new model of care for children and young people's inpatient care providing additional local beds and more community-interventions which significantly reduced occupied bed days outside the borough. In April 2018 SLaM opened a new eight-bed adolescent PICU (Psychiatric Intensive Care Unit) for patients from across the partnership, increasing local capacity.

It is acknowledged that the latest research establishes and confirms that young people and children in crisis are often better served by integrated, holistic care in the community than by inpatient care. To that end, a key objective that runs throughout this Local Transformation Plan is to prevent escalation of need in young people such that they should require in-patient and other specialist and highly specialist services commissioned through NHS England. The aim is to ensure that by 2020/21, inpatient stays are appropriate, minimum length of stay and close to home. The number of avoidable admissions will continue to be reduced through a balanced approach to early intervention, ensuring that escalation pathways are vigorously scrutinised by a multi-disciplinary team to ensure that treatment plans are in the best interest of the child or young person.

The Child and Adolescent Eating Disorder Service provides an intensive day treatment service for children and young people with anorexia nervosa.

Other Specialist Mental Health Services

Other key specialist mental health services offered in Croydon are described in detail in following sections within this LTP:

- Section 5: Health and Justice
- Section 6: Eating Disorders
- Section 7: Urgent and Emergency Mental Health Care
- Section 8: Early Intervention in Psychosis

3.3 Special Considerations

3.3.1 Linking with Adult Mental Health Services

SLaM has a transitions protocol in place between adult and children/young people services and will implement a collaborative approach to improving transition going forwards.

Building on the recent Transition CQUIN, transition projects are underway to further support this work. SLaM CAMHS are taking part in a national NSHi Improving Healthcare transition collaborative, which will initially develop transition processes for two pathways in Lewisham CAMHS; Early Intervention in Psychosis and Learning Disability/Neurodevelopmental, prior to broadening the initiatives across pathways and boroughs. This quality improvement collaborative is a joint project, with both CAMHS and Adult Team members working together from the outset. Consideration is also being given to the development of a transition passport to support the young person through the process.

Support for parents and carers around the transition of their young person is also being further strengthened, with signposting to resources such as Young Minds.

3.3.2 Developing the 0-25 Children and Young People Pathway by 2023/24

The South West London Health and Care Partnership does not currently have a comprehensive service that covers children and young people aged 0-25 years. However, examples of good practice across SW London include transition workers in Croydon working with the Early Intervention in Psychosis team - with good processes in place generally to support transition from CAMHS to adult services.

To achieve the ambition, a South West London 0-25 Working Group will be set up, which will link to the adult community Transformation Steering Group and the children and young people Crisis Working Group given the patient flow between these services. The timelines will complement the work in each of these other areas, with flexibility to ensure services are not being organised or set up in isolation of each other.

Work will be undertaken, with children and young people and families, to extend current service models in South West London to create a comprehensive offer that reaches across mental health services for children, young people and adults and delivers an integrated approach across health, social care, health and justice, education and the voluntary sector.

0-25 Timeline

2019/20	2020/21	2021/22	2022/23	2023/24
Sep-Dec 2019: <ul style="list-style-type: none">• Review prevalence across SW London for under-5s	<i>Apr-Sep 2020:</i> <ul style="list-style-type: none">• <i>Review pathway for children and young people with co-morbid</i>	<i>Apr-Dec 2021:</i> <ul style="list-style-type: none">• <i>Pilot models of delivery in chosen sites</i>	<i>Mobilise 0-25 offer</i>	<i>Full implementation of 0-25 offer</i>

2019/20	2020/21	2021/22	2022/23	2023/24
<ul style="list-style-type: none"> • Map existing under-fives pathway and services • Baseline activity for 18-25s in line with national request • Align Local Transformation Plan funding to strengthen under-5s services <p>Jan 2020:</p> <ul style="list-style-type: none"> • Establish 0-25 Working Group 	<p><i>presentations (LD/Autism)</i></p> <ul style="list-style-type: none"> • <i>Review existing pathway/transition arrangements for children and young people turning 18</i> <p><i>Oct-Dec 2020:</i></p> <ul style="list-style-type: none"> • <i>Begin identifying potential service models for delivery</i> <p><i>Jan-Mar 2021:</i></p> <ul style="list-style-type: none"> • <i>Consult on preferred models for delivery</i> 	<p><i>Jan-Mar 2022:</i></p> <ul style="list-style-type: none"> • <i>Review pilots and prepare for wider mobilisation</i> 		

For under-5s, the focus will be on existing CAMHS services operating alongside universal services (such as health visiting and children’s centres) and specialist services, such as perinatal mental health. A clear pathway for children with comorbid presentations, such as learning disabilities or autism, will be ensured. This will be an integrated approach across health, social care, education and the voluntary sector.

For 18-25 year olds a Croydon specific service model will need to be developed that meets local needs. Core principles will include co-production, needs-based care and developmentally appropriate care. There will be a focus on partnerships and joint working across CAMHS and adult services.

3.4 Improving Access and Waiting Times

3.4.1 Sustainable Increases in Access and Reductions in Waiting Times

Increased access and reduced waiting times is a key initiative that this LTP is delivering during 2019/20 – through additional investment towards achieving access and waiting time targets as set in the Five Year Forward View for Mental Health and The NHS Long Term Plan.

Regional transformation funding was received in December 2018, and more recently in October 2019, for activities to support sustainable improvements in access, outcomes and waiting times for CAMHS, Croydon Drop In and Off the Record. This is supporting a range of projects in Croydon including:

- Project Management Office capabilities and informatics systems to support development and monitoring of waiting lists
- A new Croydon Drop In database compliant with MHSDS requirements

Section 1.5.3 details access and waiting targets and activity. Although access to treatment activity did not achieve the baseline target in 2018/19 as it fell 486 short of the target of 2,833 target (i.e. a shortfall of approx. 17%), the main reasons for the shortfall have since been addressed:

- Staffing shortages – SLaM experienced difficulty with recruiting to additional neuro-developmental assessment specialist posts funded by NHSE during Quarter 3 2018/19. These posts have been successfully recruited to during Sept 2019
- Data recording and data cleansing was needed to make sure that all the contacts were being counted accurately by the three main local contracted providers delivering commissioned services. For example, SLaM has been working with their teams to ensure that correct access definitions are used, and that activity is accurately coded and reported on Trust systems (refer to Section 4.2.1)

However, Croydon CAMHS service is currently not meeting its access target and efforts continue to improve SLaM's overall performance in this area, for example:

- Regular ongoing monitoring at a local and senior management level - service performance against targets is included in management reports produced by the Trust's Performance and Contracts Department which are submitted to CAMHS Senior and Executive Directors on a monthly basis
- A list of those individuals requiring one or two contacts in the current financial year has been generated by the Trust Contracts and Performance Manager and circulated to Service Managers to take forward with their teams to facilitate appropriate targeting of relevant individuals
- Each service's access performance is published on the CAMHS Trust reporting system and refreshed daily to reflect the current percentage, trajectory and actual numbers of contacts required to achieve the annual target
- A review of CAMHS referral documentation and processes is underway in order to standardise the approach across the community teams, ensure a consistent level of information is received from referrers and streamline the process for staff, young people, their parents / carers and professionals. It is envisaged that once the review recommendations have been implemented, the improvements to the process will impact positively on performance in relation to waiting times and access targets as the average length of time between referral and assessment will be reduced

The waiting time initiatives introduced to CAMHS to date have proved successful:

- The use of opt in letters is now regular practice in community services and has also helped to identify individuals who no longer meet the referral criteria, for example, those who have moved away to another CCG area
- Arrangements are in place to introduce Saturday clinics to the Croydon service, in an effort to significantly reduce the waiting times for the 52+ weeks cohort. Each clinic will be delivered by a multi-disciplinary staff team along with administrative support
- Monitoring of waiting times takes place on a weekly basis at huddle meetings attended by Service Managers, Directors and senior clinicians. Actions taken to improve performance since the previous week, and those planned for coming weeks are discussed along with a review of progress for each service. Any blocks or challenges to improving waiting times are highlighted and solutions proposed to take forward for review at the following weeks' meeting

Additional activity has been reported for April to September 2019 and a subsequent uplift in the performance position for CCGs that commission services from SLaM and the voluntary sector.

3.4.2 Improvements in Productivity and Efficiency

As detailed in Section 1.7, Croydon is working collaboratively with the six South East London boroughs to improve efficiency of services through better partnerships, community based outreach, provision of care for children and young people close to their home and reduced waiting times.

In early 2020, commissioners and providers will attend a System Dynamic Modelling Tool workshop supported by the regional team. The aim is to use the Tool in a system-wide overview of local need and services, in order to improve service efficiency. This approach will present opportunities for support and shared learning, resulting in more efficient service planning and the delivery of better outcomes for children and young people.

3.5 2019/20 Action Plan

This LTP has four overarching priorities. Three were developed by Croydon's Health and Wellbeing Board at a workshop in December 2018 and the fourth was confirmed and added at a HWBB meeting in early January 2019.

The following table details actions planned during 2019 and 2020 and the partners involved in each action.

Action	Specific	Measurable	Completion Date	Partners Involved	Agency Funded By
Priority 1: Pathways: navigating through the system with the right access at the right time in the right place					
Map and improve pathways of care including transition points into Adult Mental Health Services.	<ul style="list-style-type: none"> Implement the priority actions as developed by the Children and Young People Mental Health and Emotional Well Being Partnership Board. 	<ul style="list-style-type: none"> Programme of pathway reviews in progress. Feedback from service users is used to evaluate changes. 	<p>Jan 2020.</p> <p>June 2020.</p>	Children and Young People's Mental Health and Emotional Wellbeing Partnership Board.	
Priority 2:Engagement with children, young people, their families, carers and communities					
Engagement with children, young people, their families, carers and communities.	<ul style="list-style-type: none"> Develop a plan for engagement and begin implementation building on Croydon wide initiative such as the Youth Congress. Develop an easy read version of the Local Transformation Plan. Art competition run with year 7 & 8 school pupils to gain an understanding of their interpretation of the plan. 	<ul style="list-style-type: none"> Evidence that engagement is influencing plans. Clearer understanding of emotional wellbeing and mental health and what this means to them. Knowledge of local services available. Artwork featured in Local Transformation Plan. 	June 2019 and ongoing.	<p>Children and Young People Mental Health and Emotional Wellbeing Partnership Board.</p> <p>SW London STP.</p> <p>Parents in Partnership.</p>	
Priority 3: Working with and supporting schools and colleges to promote the emotional health and wellbeing of all their pupils.					
Co-produce and implement, with schools, a consistent offer of emotional wellbeing and mental health services.	<ul style="list-style-type: none"> Address the gaps identified from the recent mapping exercise carried out to identify mental health and emotional wellbeing services. 	<ul style="list-style-type: none"> School cluster leads for wave 1 and 2 in place and overseeing staff training. Mental Health First Aid training delivered in schools. 	Sept 2019 and ongoing.	Children and Young People Mental Health and Emotional Wellbeing	

Action	Specific	Measurable	Completion Date	Partners Involved	Agency Funded By
		<ul style="list-style-type: none"> Empowering Parents, Empowering Communities (EPEC) training roll out. Mental Health Support Teams (MHSTs) in schools in mobilization phase. 		Partnership Board. SW London STP.	
Priority 4: Strategic join up and wider work					
Maximize opportunities to improve population resilience and mental wellbeing with those empowered to influence services and the wider determinants such as housing, community cohesion, etc.	<ul style="list-style-type: none"> Strengthen opportunities to influence wider agendas. 	<ul style="list-style-type: none"> Strengthen the partnership boards and network meetings to ensure there is effective working and collaboration between the Clinical Commissioning Group (CCG), Local Authority (LA) and providers. Work with service providers to better record the number of children with Special Educational Needs and Disability (SEND) who have mental health and emotional wellbeing needs and how services are contributing to Education, Health and Care Plans (EHCPs) and improved outcomes for these children. Set outcomes measure for emotional health and monitor 	Jan 2020. April 2020. June 2020.	Children and Young People Mental Health and Emotional Wellbeing Board Partnership Board. SW London Sustainable Transformation Partnership. SE London Integrated Care System (ICS).	

Action	Specific	Measurable	Completion Date	Partners Involved	Agency Funded By
		progress toward improved outcomes as a result of the delivery of the Local Transformation Plan.			

DRAFT

4 Data - Access and Outcomes

4.1 Key Data Areas Measured by NHS England

4.1.1 Submission of the NHS Digital Mental Health Services Data Set (MHSDS)

There is a system-wide recognition of the importance of all NHS -commissioned and jointly-commissioned services submissions of data to the NHS Digital Mental Health Services Data Set (MHSDS). Data submissions made by the commissioned services provide an insight into performance, what outcomes are actually being delivered and how the service continues to fit in with the overall mental health provision within Croydon. Data submissions also support the tracking of progress against national policy future targets as detailed in the following table.

Five Year Forward View Mental Health ambition by 2020/21	Long Term Plan ambition by 2023/24
<ul style="list-style-type: none"> At least 70,000 additional children and young people each year will receive evidence based treatment Increase access to meet the needs of at least 35% of those with diagnosable mental health conditions 	<ul style="list-style-type: none"> 345,000 additional children and young people aged 0-25 to have access to support via NHS-funded mental health services or college based Mental Health Support
Five Year Forward View Mental Health ambition by 2020/21	Long Term Plan ambition by 2023/24
<ul style="list-style-type: none"> Achieve a target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases 	<ul style="list-style-type: none"> The 95% CHILDREN AND YOUNG PEOPLE eating disorder referral to treatment standards achieved in 2020/21 will be maintained

4.2 Monitoring and Using Data on Key Ambitions

4.2.1 Improving Data Quality, Access and Flow

SLaM has developed a number of quality improvement initiatives for CAMHS that are being prioritised in 2019/20. A SLaM Deputy Director has been nominated to lead on quality improvement areas in relation to service performance being prioritised in 2019/20 – with a particular focus on access, flow and data. Several of the initiatives have already been implemented with others scheduled in the coming months.

Regular South East London meetings with the borough's key providers, South East London Sustainability Transformation Programme (STP) and commissioning leads are also helping to ensure good progress is made on the CAMHS access and waiting time target which also supports collaborative working. There has been a focus on ensuring data collection improvements continue to be made to capture the non-NHS contribution which is still causing some issues. In addition, as mentioned in Section 3.4.1 SLaM has been working with their teams to ensure correct access definitions are used, activity is accurately coded and reported on Trust systems. This exercise has resulted in additional activity being reported for April to September and

a subsequent uplift in the performance position for CCGs that commission services from SLaM and the voluntary sector. However, not all services are able to report activity data especially services delivered in schools.

In addition, a project has commenced to modify the SLaM electronic Patient Journey System (ePJS) to enable improved recording and reporting of CAMHS data. Once the new system is implemented, the monitoring of activity and outcomes will be enhanced and will enable Service Managers to obtain a real time detailed or summary overview of individual and / or team performance. The new system will include mandatory fields to ensure data entry capturing essential information, for example ethnicity and increase user capacity by removing the need for multiple entries of the same information for different purposes, as is currently the case.

4.2.2 Using Data

To facilitate the performance monitoring process the following steps are followed:

1. Providers submit monthly and quarterly data to the commissioner
2. Data is reviewed by the commissioner
3. A Task and Finish Group within the Local Authority and CCG reviews the data
4. Monthly and quarterly contract monitoring meetings are held with individual providers to discuss the activity and performance data submitted

Where queries arise, providers are asked to respond:

- To any discrepancies within the data
- With a mitigating exercise

Commissioners hold quarterly contract monitoring meetings with providers and raise questions on performance, and problem solve, putting plans of actions into place as required and monitoring progress.

In addition, regular South East London meetings with the borough's key providers, the South East Sustainability Transformation Programme (STP), and commissioning leads, are helping to ensure good progress is made on the CAMHS access and waiting time target. However workforce challenges continue with difficulty in retaining band 6 and 7 staff, team leader roles and recruitment to deliver waiting list initiatives.

4.3 Local and Regional Data Reporting

4.3.1 Local Children and Young People's Dashboards

A Children and Young People Mental Health Dashboard has recently been developed which is being used to compare data across the 4 CCGs commissioning services from SLaM. It has been agreed jointly to ensure performance in areas is accurately reported on, and the provider prepares a monthly report across the 4 commissioning CCG's (one of which is Croydon CCG).

4.3.2 Enhancing Local Delivery

Work is on-going with South East London (SEL) partners to achieve the 5 year ambition of 35% access to mental health services annually, with the target for 2019/20 set at 34%. To do this SEL partners are working together to see how access can be improved and will be completing a demand and capacity exercise using the NHS System Dynamic Modelling Tool.

A South East London (SEL) CAMHS meeting now takes place every 2 months enabling a learning collaborative approach with commissioners, providers and the STP to share best practice within SEL and elsewhere.

Croydon CAMHS is making better use of data to:

- Understand any disparity and inequity of access, outcome and experience
- Provide targeted awareness raising and identification of the gap in provision for people with protected characteristics under the Equality Act 2010; with a focus on black, Asian and minority ethnic communities (BAME)
- Develop action plans to address the gap in services for people where there is evidence of unmet need
- Compile a Croydon directory of effective support for children and young people and their parents, carers with mental health needs

5 Health and Justice

There is full pathway within Croydon for children and young people in contact with Health and Justice Services which includes the following elements:

- Crisis care related to police custody
- Sexual assault referral centres (SARCs)
- Liaison and diversion (L&D) services
- Youth offending service (YOS)
- Forensic CAMHS
- Transitioning to and from Children and Young People's Secure Estate – there are a number of establishments e.g. at Feltham and Cookham Wood for children and young people to be placed on welfare and youth justice grounds (with dedicated mental health support provided within the facilities)

5.1 Crisis Care Related to Police Custody

Urgent mental health assessments in police custody are undertaken by the on-call CAMHS Consultant within SLam's CAMHS Crisis Team or out of hours support.

The number of seriously mentally unwell children and young people being taken to police custody suites is very small and the L&D service also provides some support

for them there. It is important there is a pathway for these rare, but very vulnerable, children and young people as police custody suites are not suitable.

5.2 Croydon Child Sexual Assault (CSA) Referral Centres and Services

The CSA emotional support service, currently provided by the National Society for the Prevention of Cruelty to Children (NSPCC), is for all children and young people registered with a General Practitioner within the catchment areas of Croydon who meet the referral criteria. Referrals into the Early Emotional Support Service are usually made by the local Multi-Agency and Safeguarding Hub (MASH), Children's Social Care Teams or the Police. Social workers also sometimes phone the team for advice to discuss cases. Due to an increase in awareness of the service with children's social care teams, referrals in Croydon have increased.

The current pathway ensures all children and young people aged 0-18 years receive a holistic service following suspected or disclosed child sexual assault. The service is comprised of:

- Medical examination and sexual health screening
- Mental health assessment and brief intervention
- Onward referral to appropriate local counselling or therapy as required

Staff are located at the Croydon NSPCC Service Centre and services are provided at these offices or somewhere more convenient, and local, to the child/young person and parents/carers.

Appointments for paediatric assessments are organised at a time convenient to the child/young person and their family rather than in regular clinics. The Children's Services Practitioners, who are trained in a NICE evidenced based / NSPCC therapeutic approach for this cohort of young people, carry out mental health and emotional wellbeing assessments and provide support. The early emotional support service model offers:

- Up to 6 sessions involving practical and emotional support, advice, case management and assessment
- An in-depth functional assessment of a young person's strengths, difficulties, and risk and resilience
- Onward referral to appropriate services where appropriate

The service links with the local Croydon Paediatric CSA Services - the Children's Services Practitioner either attends the paediatric CSA assessment at Croydon University Hospital or arranges a speedy follow-up.

Croydon children and young people also have access to other sexual assault referral centres - for example the Haven SARCs which provide 24/7 services and see approximately 2,000 children and young people per year, with 700 of these being under the age of 18.

Work continues to improve and strengthen referral pathways into Child Sexual Assault Paediatric Services. Referrals out of the Early Emotional Support service transfer to the 'Letting the Future In' or 'Protect and Respect' services. External referrals are also made to the relevant services such as CAMHS and specialist support services for survivors of sexual violence, domestic violence or Child Sexual Assault.

5.3 Liaison and Diversion (L&D) Services

The L&D pathway for Croydon includes the following:

- A Police custody suite in Croydon (L & D provided by SLaM)
- Croydon Magistrates Court (L & D provided by SLaM)
- Croydon Youth Offending Service (YOS)
- Forensic CAMHS service

A CAMHS L&D worker is co-located with YOS and the police custody suite and young people on the edge of offending are assessed in custody or at the YOS office at the first opportunity.

All children and young people in contact with the L&D service have a screening mental health and emotional wellbeing assessment. If a mental health need is identified the young person is referred on to CAMHS with their consent, for a full mental health assessment or network meeting (if more appropriate). The appointment will be documented on CAMHS and NHS England records.

5.4 Youth Offending Service (YOS)

The Croydon YOS is based in the Turnaround Centre - a purpose built venue that brings together a range of partner services to help ensure young people in Croydon can achieve their full potential.

The service works with young people in custody with identified mental health needs in close liaison with Croydon CAMHS. It is accessed on average by 600 young people a year with a range of complex needs. It also links with the young person's resettlement plans on release from custody.

5.4.1 Emotional Wellbeing and Mental Health Assessments

All young people who present at the YOS are assessed using the Asset Plus assessment tool which covers emotional wellbeing and mental health. If a mental health need is identified the child or young person is referred to the YOS CAMHS Team.

The average age of young people using the YOS remains 15 to 17 years with a small, but significant, number of 13 to 15 year olds having been involved in serious offending. 90% of the young people accessing this service are male and over the last 3 years there has been a 6% drop in females coming into contact with the service team. There is a disproportionate number of young people who are BME (71%) but

not as significant as nationally reported. Of note, BME have been 7% points over-represented in the Youth Justice System as compared to the background population.

The most prevalent offences in 2018/19 were the same as in 2017/18:

- Violence against the person (including robbery and possession of knives)
- Drugs offences
- Theft
- Motoring
- Public order offences

In terms of wellbeing, where a child is identified as having other complex needs they will be referred on e.g. to Single Point of Contact (SPOC) Multi- agency Safeguarding Hub (MASH), Early Help and Education and/or commissioned voluntary sector organisations (Off the Record and Croydon Drop In).

5.4.2 Recording Data from Youth Justice Services

The YOS service has an information system in place to record service data e.g. re-offending rates, first time entry into the Youth Justice System, and children and young people in contact with youth justice services.

A flag is put on to the system for cases who are also known to CAMHS and YOS intervention plans will include keeping CAMHS appointments, whilst the CAMHS Care Plans will acknowledge the children or young people are known to YOS and what is being worked on.

5.5 South London Community Forensic Children and Adolescent Mental Health Services (Community FCAMHS)

FCAMHS is a Specialist Forensic Community Child and Adolescent Mental Health Service for young people and their families to work with professionals in South London. It provides advice, consultation, assessment and some limited short-term interventions. The service can also provide training for local professionals and it is a multi-disciplinary service including Consultant Adolescent Forensic Psychiatrists and Psychologists.

In South London, FCAMHS is provided in partnership, through South London Mental Health Partnership (SLP), hosted by the South London and Maudsley NHS Foundation Trust (SLaM) on behalf of the three trusts also in the partnership i.e. Oxleas and South West London and St George's NHS Trusts. The service aims to be accessible to community mental health teams as well as other services working with young people and their families (such as Youth Offending Service, Social Care etc.). The service has been accepting referrals since September 2018. Appendix 1 details an FCAMHS Information Leaflet.

Young people requiring the FCAMHS service will often have multiple and complex needs and be known to professionals from multiple agencies. The service also

provides consultation/assessments of complex young people for whom secure inpatient admission is being considered.

Input from FCAMHS depends on a number of factors and degree of need or risk, as well as what services are available locally. It is expected that the child or young person will be open to their local CAMHS specialist service which will co-ordinate care and provide risk management and emergency care planning.

5.6 SLaM Mental Health Services in Croydon for Those with Complex Needs

The SLaM Adolescent At-Risk & Forensic Service (AAFS) is a national and specialist, flexible and responsive service offering evidence-based assessment, consultation and treatment for young people who are engaged in, or present significant risk of offending behaviour. This can include, but is not limited to, serious violence, fire-setting and/or sexually harmful behaviour. Young people who present significant risk of harm to self are also seen, for example those exposed to harm through risk-taking behaviour or exploitation. Many clients will present with emerging personality and/or neurodevelopmental disorders.

The service often treats young people who have exhausted the resources of their local CAMHS and still need assistance. Referrals are accepted from within SLaM, Greater London Boroughs and Nationally.

5.7 Co-production with Young People in Contact with Youth Justice Services

A youth forum is run by Croydon Council's Central Locality Team which gives young people a say in, and the opportunity to be involved in, planning activities and services. Membership and participation in this Youth Forum is open to young people using the Turnaround Centre to access the YOS.

6 Eating Disorders

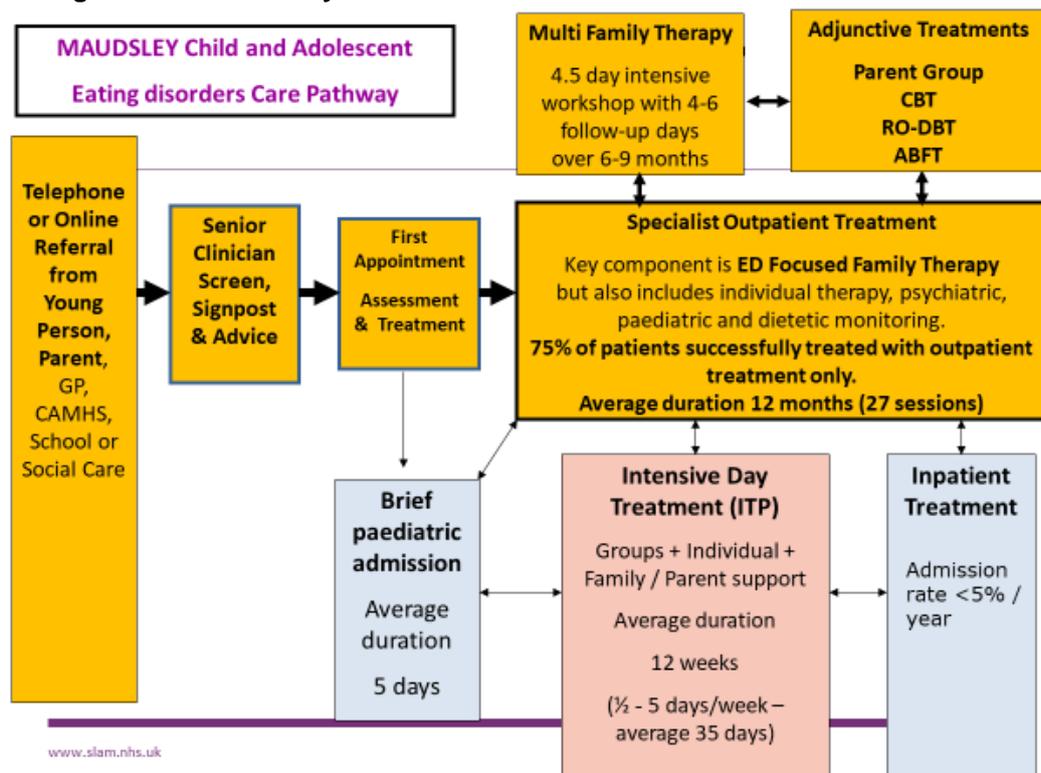
6.1 Eating Disorder Provision in Croydon

Referrals to Croydon CAMHS for a possible eating disorder are immediately redirected to the Maudsley Centre for Child and Adolescent Eating Disorders Service (MCCAEDS).

This South London Partnership driven Child and Adolescent Eating Disorder Service provides community based eating disorder assessment, treatment and care for children and young people with severe physical and psychological problems relating to eating disorders. The service also provides intensive day treatment for children and young people with anorexia nervosa. It covers a population of approximately 1.8 million people (encompassing seven boroughs in South London including Croydon).

The MCCAEDS pathway is shown in the following figure.

Eating Disorders Pathway



6.2 CCGs Partnering in the Eating Disorder Cluster

In 2014, SLAM established a pilot study in South East London to facilitate rapid assessment and flexible tailored treatment for young adults in the early stages of their illness. The MCCAEDS has had a longstanding and highly successful arrangement in which seven CCGs have been partnered: Croydon, Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The impact of this community-based service was audited in 2015 and data showed 80% of children and young people receiving treatment were discharged having recovered from their eating disorder after an average of one year of treatment. More recently, the service received 144 new referrals during Q1 and Q2 of 2019/20, of which some 84% of cases were accepted into the service.

MCCAEDS is one of the most accessible child and adolescent eating disorders services in the country. Since February 2016, it has been open to self-referrals by young people and parents in addition to referrals by any professionals working with a young person (including non-medical professionals e.g. teachers, school nurses and social workers). Self-referrals can be made via a dedicated phone line, staffed by senior clinicians, open from 9am - 6pm or by making an online referral using the following link <https://www.maudsleycentre-cyp-eatingdisorders.co.uk/>.¹³ Parents or professionals worried that a young person may have an eating disorder can phone and receive guidance and support.

¹³ <https://www.national.slam.nhs.uk/services/camhs/camhs-eatingdisorders/>

Of note, The Children and Adolescent Eating Disorder Service (CAEDS) was cited as a national example of good practice in the NHS England (2015) commissioning guidance: Access and Waiting Time Standard for Children and Young People with an Eating Disorder.

6.3 Performance against the Eating Disorder Access and Waiting Time standards

Initial and ongoing assessments provide baseline information to ensure effective performance monitoring against national access and waiting time standards, which are regularly reported to the NHS England and CCG commissioners.

Future in Mind (2015) set out to establish access and waiting time standards for Eating Disorders and MCCAEDS has continued to work hard to deliver against its ambitious targets and plans for innovation. The service has shown considerable improvement in waiting times since the baseline was established in 2015.

In Q1 2016/17 performance against waiting time targets for urgent and routine referrals were 40% and 38% respectively. In Q1 and Q2 2018/19, performance against waiting time targets were at 100% for all seven boroughs for both urgent and routine referrals. For current performance across the seven boroughs, please see the two following tables (confirming Croydon was fully compliant with meeting targets).

Table 1. Access and Waiting Time Targets by CCG

Q1: 1 April to 30 June 2019

Borough	All referrals		Urgent referrals (7 days)		Routine referrals (28 days)	
	Received	% accepted	Received	% Met Target	Received	% Met Target
Croydon	7	57.14%	1	100%	3	100%
Bexley	6	66.66%	0	N/A	3	100%
Bromley	12	75.00%	1	100%	9	100%
Greenwich	8	87.50%	1	100%	6	100%
Lambeth	15	86.66%	2	100%	11	100%
Lewisham	11	81.81%	1	100%	8	100%
Southwark	13	100%	0	n/a	13	100%
Grand Total	72	81.9% n=59	6	100%	53	100%

Table 2. Access and Waiting Time Targets by CCG
Q2 1 July to 30 September 2019

Borough	All referrals		Urgent referrals (7 days)		Routine referrals (28 days)	
	Received	% accepted	Received	% Met Target	Received	% Met Target
Croydon	8	75%	0	n/a	6	100%
Bexley	5	80%	0	n/a	4	100%
Bromley	18	100%	1	100%	17	100%
Greenwich	11	91%	1	100%	9	100%
Lambeth	9	89%	0	n/a	8	100%
Lewisham	9	56%	0	n/a	5	100%
Southwark	12	92%	0	n/a	11	100%
Grand Total	72	88% N=62	2	100%	60	100%

Overall Summary For the MCCAEDS Service - for all 7 Boroughs

The following table reports the total number of referrals for each referral type, % of these where the waiting time target was met, and the range of waiting time.

	2018/19				2019/20			
	Q1 Apr- Jun	Q2 Jul- Sep	Q3 Oct- Dec	Q4 Jan- Mar	Q1 Apr- Jun	Q2 Jul- Sep	Q3 Oct- Dec	Q4 Jan- Mar
Emergency < 1 day	N/A	N/A	N/A	N/A	N/A	N/A		
N								
%								
range								
Urgent < 7 days								
N	6	12	4	2	7	2		
%	100%	100%	100%	100%	100%	100%		
range	1-3	1-4	3-7	1-5	1 - 7	7		
Routine < 28 days								
N	57	45	84	77	65	70		

	2018/19				2019/20			
%	100%	97.78%	100%	100%	100%	100%		
range	1-25	2-31	2-28	4-28	5 - 27	4 - 28		
Total Referrals	73	70	88	79	72	72		
% Accepted	86.03%	92.86%	97.73%	91.1%	81.9%	86.1%		

6.4 How Additional Funding in 2019/20 is being Invested to Further Enhance and Develop Provision

The MCCAED service continues to work on creating a new website for young people, parents and professionals. Clinical staff have recently filmed video clips for the website resource pages which explain different interventions available to young people and their families when mainstay treatments require an additional approach tailored to meet the unique individual or family circumstances. Once licenses and permissions are finalised this helpful new resource will be launched - most likely towards the end of 2019.

NHS England funding has recently been granted to MCCAEDS to be the London Region pilot site for the National avoidant restrictive food intake disorder (ARFID) pilot project for adaptations to the CYP-ED pathway. MCCAED also now have funding via King's College London to act as national trainer for this exciting initiative led by a World expert in the field.

In addition, the CAEDS service is working closely with colleagues across all three Mental Health Trusts, as part of the South London Partnership (SLP) and the following priorities are being considered when working with children and young people that are affected by an eating disorder:

- Reducing demand for inpatient beds
- Enabling young people to be supported closer to their home and community
- Greater integration of community and inpatient services
- Improving the consistency of eating disorder care across the three trusts in the partnership
- Enhancing the collective eating disorder service offer across the partnership

6.5 National Quality Improvement Programme

The SLaM Child and Adolescent Eating Disorders Service is a member of the Royal College of Psychiatrist's Quality Improvement Network for Community Eating Disorder Services for Children, Young People and their Families (QNCC-ED).

7 Urgent and Emergency Mental Health Care

The urgent and emergency care offer for children and young people in crisis in Croydon is detailed in the following sections.

7.1 Croydon Crisis Provision

7.1.1 Crisis Team & Medic on Call System

Croydon has a dedicated, extended hours CAMHS Crisis Team that works in the A&E Department at Croydon University Hospital and provides seven day follow-up of service users in the community - more sessions are offered if required (for up to two months).

The Crisis Team is made up of specialist nurses and clinicians, with dedicated Consultant Psychiatry support, who provide assessment and management plans for children and young people in mental health crisis (aged up to 18 years) who present at Croydon University Hospital A&E Department. The service operates 9am-10pm Monday-Friday and 9am-5pm on Saturdays and works closely with A&E staff and with the local specialist CAMHS service to facilitate the safe discharge and community follow-up of young people seen in crisis, or to facilitate timely admission where this is needed.

A SLAM on-call doctor provides cover outside of the CAMHS Crisis Team's hours of operation.

The combination of the extended hours Crisis Team and medic on call system in SLAM provides 24 hour CAMHS provision for crisis assessment in Croydon University Hospital A&E.

7.1.2 South London Partnership CAMHS Programme Crisis Services

During 2017, NHS England accepted the submission of the South London Mental Health and Community Partnership (SLP) for New Models of Care CAMHS Wave 2 programme and set up a partnership of South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust (SLAM).

The operation of New Models of Care began on 1st October 2017, with the partnership taking responsibility for a £20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

Key features of the SLP CAMHS Wave Two New Care Models Programme have been to strengthen community and preventative services and improve consistency and efficiency of inpatient capacity management. Initiatives have included:

- Enhanced and new Community Crisis Services: nurse-led and multi-disciplinary teams are established for each Trust covering their localities. The services intervene in community settings including referrals from Community Mental Health Teams, first response outside core working hours, and in A&E

departments, to provide assessment, initial interventions and support and aim to prevent A&E attendance and admissions, and de-escalate crisis situations

- Telephone crisis support
- Service development featuring co-design and co-production with service users and their families/carers. Crisis care services have been tailored drawing on insights from young people

Alongside local Community Teams (including the Croydon CAMHS Crisis Team as described previously), the following teams support crisis provision across the South London Partnership:

- Enhanced Treatment Team (ETS) - this operates 9am-5pm Mon-Fri and offers intensive interventions 5 days a week for ~12 weeks. It facilitates discharge from in patient units or provides intensive interventions to prevent admission where possible
- CAMHS Response Team - the CAMHS Response Team, set up in October 2017, operates 9am-10pm Mon-Fri and 9am-5pm Sat and Sun. It provides short-term, intensive interventions 7 days a week for ~2 weeks and also assists with A&E assessments (generally out of hours). The team can offer weekend visits to young people under the care of the ETS team if needed and dependant on capacity

7.1.3 Locally Agreed KPIs, Access and Waiting Time Ambitions and the Involvement of Children and Young People and their Families, Including Monitoring their Experience and Outcomes

The South London Partnership Crisis and Intensive Interventions Workstream has made progress in working across the Trusts to agree a common set of KPIs and Outcomes. Currently data is captured in different formats across the 12 boroughs which is a constraint to achieving a common data set. Initiatives in place to help with this include:

- SLaM CAMHS development of a consistent recording of crisis assessments and key data on the electronic patient journey system (EPJs)
- SLP Data Lake project to automate reports
- Developing standardised crisis proforma

7.2 Further Crisis Care Transformation

The South London Mental Health and Community Partnership (SLP) is leading on reviewing crisis support through its Crisis and Intensive Interventions Workstream across South London.

In addition, the South West London (SWL) Mental Health Programme has begun reviewing the provision of acute hospital CAMHS Emergency Care Services (CECS) alongside the South London Partnership Crisis and Intensive Interventions

Workstream which has provided funding to extend the CECS hours of operation. As part of the Long Term Plan delivery programme, the need for acute psychiatric liaison for SWL children and young people and enhancing provision as necessary will be identified

7.2.1 Further Enhancing Community Crisis Care Provision – South London Partnership Future Plans from 2019

Further improvements will include:

- Digital technology:
 - Crisis support including secure messaging, online, text messaging: based on input from young people on their preferences for these channels
- Training:
 - Delivery of service user co-designed training to professionals to improve young people's experience in Emergency Departments. The training programme for A&E/ all physical health care staff will include how to provide empathic care and avoid unwittingly reinforcing unhelpful behaviours. This project, planned for trial with King's College Hospital, was proposed by young people during SLP CAMHS Service User Group meetings which covered all elements of the Crisis Pathway. Young people who had experienced negative experiences at A&E department suggested the best way to improve this was to share their experience and how language, behaviour and environments made them feel when presenting at A&E. The programme will be developed by young people and co-delivered to include video, face-to-face training, simulation, online and paper resources and tips
- Enhancing capacity and skills of South London Partnership Trusts' CAMHS Crisis Care teams to:
 - Support young people back into education / employment
 - Reduce incidences of repeat self-harm. Crisis teams are to be equipped with DBT-based skills to help them manage these issues, and enable quicker access to evidence based interventions
 - Intensive outreach across SLP area to enable timely engagement with therapeutic work
- Developing community partner capacity:
 - Scoping the benefits of working with existing youth services such as clubs or activity centres as hubs from which support workers, mentors and peer advisors can provide telephone guidance in a crisis. Co-location of CAMHS teams in the community hubs, to see young people needing assessment or support from crisis services, avoiding A&E

attendance and subsequent negative experience. The Community hub model would host a range of services at a local level and could incorporate 'respite' crisis facilities for when the young person (existing service users) cannot be effectively cared for at home and requires professional support in a different environment to reduce A&E attendance and potential admissions

- Crisis containment: specific, targeted resources for support within the community, such as mental health support cafés specifically designed for children with ASD and Minecraft Asperger clubs
- Improved inpatient pathways and processes - planned assessment packages for further development include:
 - A three-day admission package when young people present in crisis - additional work is needed to build and provide the best community package
 - A one-night admission package for a one-night stay for those engaged with crisis teams, to offer containment and respite at a challenging time for the young person and family. The crisis team will support intensively from the next day to facilitate discharge and prevent further admissions
- Consistent ward Standardised Operating Procedures (SOPs) for example there will be 'Welcome meetings' (including inpatient and community care teams as well as family / carers and any other appropriate professionals) for those admitted for treatment to identify the focus of the admission, the family's role and engagement with services, the family's expertise on what may help the young person through this crisis and clarifying the goals and steps needed towards being able to leave hospital
- Wider scope and developments also include further support and training for schools to help support speedier return and resumption of studies after a crisis

As part of the SWL SLP Crisis and Intensive Interventions workstream, the whole crisis pathway for south London children and young people is being reviewed with the aim to develop consistent and equitable access to services that provide an effective intervention to children and young people presenting in crisis or needing intensive intervention to manage or prevent further crisis presentations.

8 Early Intervention for Psychosis

An important element of local young people's mental health services is Early Intervention in Psychosis (EIP) as evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes.

8.1 Full Age-Range Service, Including All Children and Young People Aged 14 Years or Over Experiencing a First Episode in Psychosis (EIP)

The following services provide early intervention in psychosis (EIP) within Croydon:

- Croydon CAMHS - for children and young people aged under 18 years
- Oasis (Outreach and Support in South London) - for young people aged 14 - 35 years experiencing psychological distress who are at risk of developing psychosis
- COAST - a community service for adults aged 18 to 65 years provided by SLaM and Off the Record

These services are described further in the following sections.

8.1.1 Croydon CAMHS

In line with the EIP National Access Standards, referrals for young people under 18 yrs referred to Croydon CAMHS with a possible first episode of psychosis (or where psychosis is subsequently suspected) are initially screened by clinicians to ensure that high risk cases are expedited as appropriate, i.e. a clinical decision is made based on the referral information and clinical need of the young person.

Following assessment, young people diagnosed with, or suspected of having, psychosis are allocated a care coordinator to meet with them to monitor adherence and side effects from any prescribed medication and their physical health (including advice around diet and lifestyle). The frequency of meetings is based on assessment of clinical need and in agreement with the young person and family.

With respect to their care plans, all young people and families / carers are offered a family intervention focusing on reducing stress vulnerability and reducing the impact of high expressed emotion in the family context. Young people are also offered individual therapy in the form of Cognitive Behavioural Therapy (CBT) for psychosis. The frequency and duration of treatment is agreed in collaboration with the young person and family and is dependent on clinical need and therapeutic progress.

Clinical staff within the psychosis treatment pathway work closely with the multidisciplinary team and inpatient services (if a young person is admitted into hospital) to ensure there is clear communication between professionals, services and continuity of care by the local CAMHS team post discharge. The team also liaise with social care and other agencies when appropriate, which is particularly important where young people cannot be discharged home but may require specialist residential or educational provision.

For young people aged 16 to 18 years, an EIP transition worker (who works across CAMHS and COAST) is allocated as the care coordinator to:

- Facilitate rapid and smooth assessments

- Ensure consistency of care and smooth transition to the over 18 EIP COAST service
- Ensure the delivery of NICE-recommended packages of care as required by the National Standards

This ultimately ensures that, as a service, Croydon CAMHS is compliant with the NICE guidelines for assessment and treatment of first episode psychosis and that best practice is also applied to other young people with psychosis.

There is currently an established Croydon CAMHS working party (comprised of a Consultant Psychiatrist, the CAMHS-COAST Transition Worker as well as clinicians who offer evidenced based interventions for psychosis), to formalise the CAMHS EIP pathway, as described above. This is in response to an audit of NICE guidance compliance which identified gaps in service provision. Following changes being made to improve the service for young people with psychosis, a re-audit will be undertaken to evidence an improving service provision.

8.1.2 OASIS

The OASIS Service is provided by SLaM. It offers specialist assessments and intervention for young people (14-35 years old) who are at risk of developing psychosis (prodromal phase of psychosis).

This service provision, in conjunction with the local EIP service, meets the EIP National Standards requirement and is contributing to national guidance for “at risk mental state” (ARMS). OASIS contributes to the EIP rapid access target as the team are co-located with local EIP teams, facilitating joint assessment within two weeks.

8.1.3 COAST

COAST provides care for people aged 18-65 years who live in Croydon, and help people when they first begin to develop the symptoms of mental illness. The service provides a prompt assessment, treatment and advice to help people to maintain their health and to prevent them reaching a crisis point.

The team includes a CAMHS transition worker, a role split between the CAMHS and EIP services that facilitates rapid and smooth assessments and transfers and ensures the delivery of NICE-recommended package of care as required by the National Standards.

8.2 Offer of NICE Recommended Treatment within 2 Weeks of Referral

The table below shows the provider performance across the four boroughs services by SLaM.

SLaM Reported Referrals with Suspected First Episode Psychosis or at 'Risk Mental State' Starting a NICE-Recommended Care Package within 2 Weeks of Referral (Q1 17/18 – Q2 19/20)

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral	9	17	17	10	11	22	18	23	17	6
Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package	13	20	21	16	16	25	21	31	27	8
Actual %	69%	85%	81%	63%	69%	88%	86%	74%	63%	75%
Target %	50%	50%	50%	50%	55%	55%	55%	55%	56%	56%

8.3 Improving EIP Services

The SLaM EIP teams (including COAST and OASIS in Croydon) are conducting further work in monitoring the delivery of the eight NICE Quality Standards with the support of NHS England and London Health Partnership. In addition they are developing EIP interventions, particularly CBT for Psychosis and Behavioural Family Therapy (BFT), in line with National Standards for 2020/21.

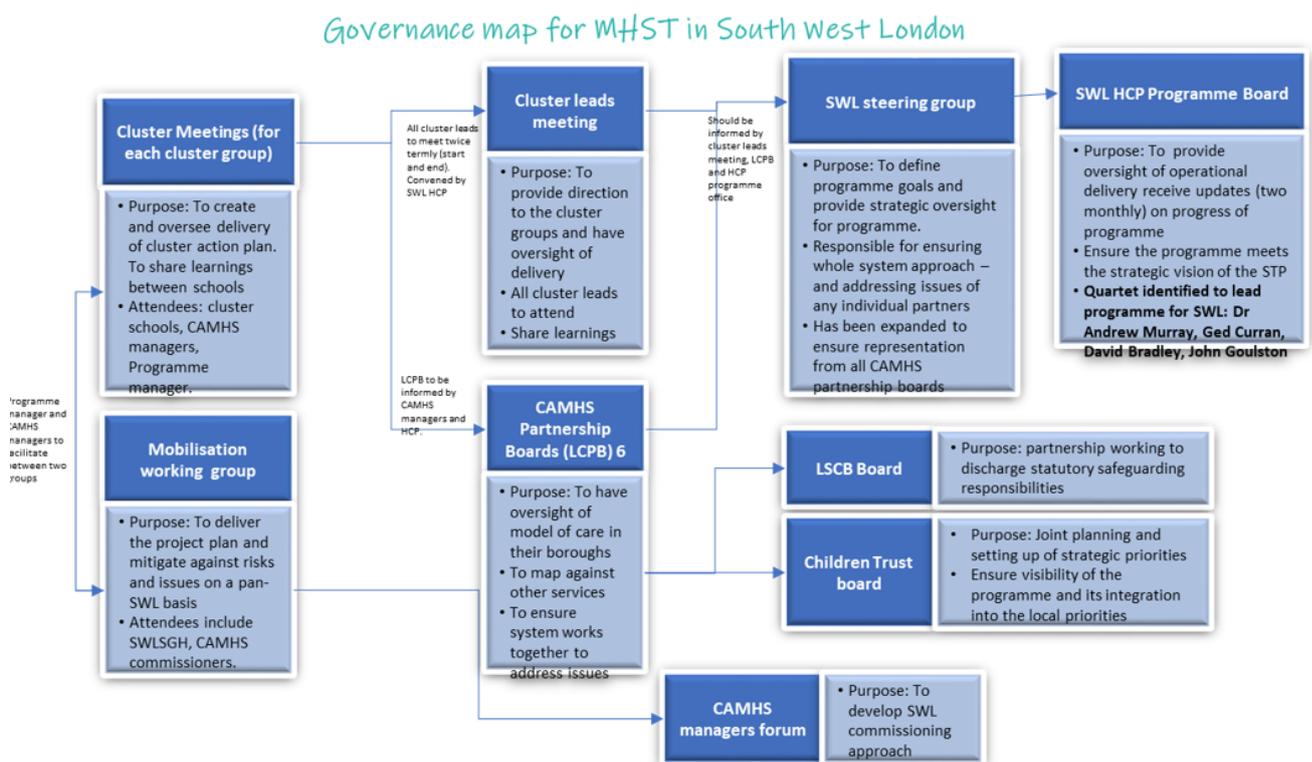
9 Mental Health in Schools

Schools play a major role in supporting children and young people needing support with mental health and emotional wellbeing. Working with, and supporting, schools and colleges to promote the emotional health and wellbeing of all their pupils is one of the four priority areas of this Croydon LTP (refer to Section 1.3.2).

9.1 Transparency and Governance

The SWL Health and Care Partnership (HCP) Programme has well established governance arrangements in place with a focus on building relationships and partnership working with different parts of the system. The programme ensures connection with different strategic strands using the CAMHS partnership board as a delivery vehicle. A memorandum of understanding sets out ways of working and a collective commitment to the whole school approach – and has been signed by all providers, commissioners and school governors and trustees in all participating schools.

Recognised changes to be made in the governance arrangements at different levels will be worked through in 2020. The following diagram shows the relationship between the programme and the wider governance arrangements.



The South West London (SWL) Health and Care Partnership is developing integrated pathways to ensure a joined up approach to delivering evidence based early interventions in universal settings – for example, the Anna Freud Centre’s Mental Health Services and Schools Link Programme and a forum (the Wellbeing Forum) has been set up whereby schools and services come together in order to discuss and review mental health issues. The Forum meets termly with a flexible agenda set by members.

9.2 Joint Assessment of Need in the Education Setting - by Children and Young People Mental Health Services and School/College Leadership

The Healthy London Partnership Mental Health in Schools Project (agreed by the London Health Board in April 2018) undertook a mapping exercise of mental health in schools with the aim of supporting a survey of services for children in schools through the local authority, CCGs and Mental Health Trusts to support better understanding of the current provision across London. From this the expectation was to:

- Develop a Key Line of Enquiry for Local Transformation Plans within London, supported by NHS England
- Develop a self-assessment tool for CCGs to measure their progress in developing services through the Local Transformation Plan and their oversight through Health and Wellbeing Boards
- Develop an online toolkit, which will be a best practice guide for school leaders, governing bodies and commissioners in health and local authorities
- Investigate the availability of suitable apps for use by children and young people and whether these can be promoted to assist children and young people's understanding of health issues
- Hold an event through the Greater London Authority to launch and publicise the toolkit

Responses were received from 27 out of 33 local authority areas (a return rate of 82%) and key findings were:

- There was evidence of a considerable range of activity to support emotional wellbeing and mental health within schools in the majority of areas
- The nature of activity varied considerably between boroughs. There were a wide range of initiatives, sometimes within the same geographical area
- There was variation in how much knowledge and awareness, of services provided and commissioned by schools, the CCG and Local Authority held
- Commissioning arrangements remained complex, particularly at the lower ranges of intervention
- Many initiatives were at early stages in their evaluation of effectiveness
- There was limited data about the numbers of children and young people who are accessing services currently through schools and colleges

Recommendations included:

- Clinical Commissioning Groups and Local Authorities should work together to understand the overall services available to children and young people at schools and colleges

- The self-assessment tool developed by Healthy London Partnership is available to assist with this. This process should be overseen through Health and Wellbeing Boards
- Clinical Commissioning Groups, Local Authorities (including colleagues from Public Health) School Forums should work together to clarify commissioning responsibilities for services to children and young people at schools and colleges
- Providers from NHS and Voluntary Sector Organisations should be engaged in this work. A commissioning tool has been developed by Healthy London Partnership to assist with this
- Commissioning Guidance for schools should be developed. This should include Guidance on how to evaluate services. A working group of Commissioners and school leads should be convened to draw up this Guidance
- As interventions are evaluated, information should be shared across London. The Mental Health in Schools online toolkit should be maintained and updated as a method of sharing information

This work has been further recognised by the Government in their Green Paper 'Transforming Children and Young People's Mental Health' and Consultation Response. There are three key proposals:

- Incentivising schools/colleges to train a Designated Senior Lead for Mental Health
- Creating new Mental Health Support Teams to provide extra capacity for early intervention and on-going help
- Trialling a four week waiting time for access to specialist NHS children and young people's mental health services

It is planned for these proposals to be established across 20-25% of England by 2023.

It is also important to note that Mental Health Support Teams are designed to provide additional capacity and support and to complement existing services, not to replace them.

9.3 Schools Based Support

9.3.1 Supporting Senior Mental Health Leads to Introduce, Develop and Support a Whole School/College Approach

In January 2019, the pilot of a system-wide Whole School Approach was mobilised in Croydon and it is delivering against a local action plan signed off by the local CAMHS Partnership Board.

- **Ethos and environment** - The schools have made progress to develop a mental health school environment, this has been underpinned by all pilot schools developing a mental health policy
- **Curriculum and teaching** - the schools have improved emotional literacy in primary schools by using Emotional Literacy Support Assistants (ELSAs) in Croydon to improve social and emotional learning in primary schools
- **Student Voice** - Students have given their feedback on the school action plans, schools have worked with CCG engagement leads to do this work. They have also been involved in the procurement of the online counselling and self-help service. Insight work with students has been completed that will inform the language to use to describe mental health and wellbeing. This insight work will be used to further develop campaigns and in any information developed for children and young people. The cluster schools in Croydon have agreed to participate in a research project to gain in-depth insights from children and young people working in partnership with the communication team and the organisation that did the original insight work
- **Staff development and support** - All key pastoral staff in the pilot schools have been trained in mental health first aid. There is an intention to extend this offer to other teaching staff in schools. The schools have engaged their staff in identification of additional support which has resulted in schools delivering programmes such as yoga and mindfulness to support staff

The capacity and capability of staff in education settings will be further developed in 2020/21 by providing opportunities for them to access national training for the senior mental health leads and local training opportunities focused on the inequalities of health they are trying to address.

Opportunities to develop a supervision framework that will not only support staff in education but everyone else who is delivering evidence based interventions in schools are being explored. This will ensure that in 2020/21 there is a coherent supervision framework for the programme.

9.3.2 Trailblazer Programme

The schools and colleges priority area of Croydon's Local Transformation Plan was significantly strengthened in July 2019 when South West London was awarded £4.3m for their Trailblazer bid to set up Mental Health Support Teams (MHSTs) to improve mental health in schools. This was in addition to the existing £1.8m awarded in 2018. As a result, Croydon will receive approximately £850k benefit from the total of the South West London bids.

As part of the South West London Trailblazer award, Croydon was successful in bids for three MHST clusters:

- Inclusion
- Reducing serious youth violence

- Transition to adulthood

The award, announced in July 2019, means extra support for 18,000 students, their teachers and parents across 35 Croydon schools: primary, secondary, special education need schools and one of Croydon’s three further education colleges. Recruitment has been based on geographic and demographic profiles and targeted at those with greatest need so that the programmes can maximise a reduction in health inequalities.

Targeting MHST Resources at the Areas of Greatest Need within the South West London STP

Across the six boroughs in South West London (which Croydon is part of) there are approximately 222,000 children and young people in school. The boroughs have mixed demographics characterised by some areas of high affluence and some areas that have some of the poorest communities with high levels of index of multiple deprivation in some of the super output areas.

Table 1: Inequalities data for South West London

	Croydon	Merton	Kingston	Richmond	Sutton	Wandsworth	London	England
CYP school population	57,000	34,000	26,201	27,826	39,000	38,000		
% CYP with Special Educational Needs 2018	14.60%	16.2	11	11.7	12.5	17.3	14.4	14.4
16-17 CYP Not in Education, Training or Employment (NEET) 2017	7.9	2.6	2.8	3.7	4.3	9.1	5	6
CYP accessing support for learning difficulties/disabilities (EHCP)	2,693	1,518	1,042	1,239	1,588	1,854	53,975	319,819
School children from Black, Asian and Minority Ethnic (BAME) all schools percent	43.8	33.9	22.1	10.7	29.0	39.4	40.9	16.7
First time entrants in criminal justice system 2017 rate per 100,000	586.2	282.6	222.2	184.9	265.6	379.3	292.5	380.3
Reoffending rate % 2013	54%	25%	100%	0%	100%	71%	47.5%	42.6%
Looked after children 2018 rates per 10,000	83	33	33	23	45	49	49	64
Secondary Fixed term exclusions per 100 pupils 2016/17	7.6	7.8	3.3	7.2	4.4	5.2	7.5	9.4
Permanent Exclusion rate (all schools 16/17)	0.07	0.06	0.06	0.05	0.05	0.09	0.09	0.1
Children in need (all CIN as 31st March 2018 rate of episodes per 10,000)	873.4	458.9	344.2	326.4	580.0	867.2	681.4	635.2
Youth victims of total notifiable offences 2018	5,251	2,013	1,996	1,814	2,008	3,819	4,204	
Serious youth violence victims rate per 100,000 2018	440	116	96	96	155	201	252.1	
Children in care 2018 rate per 100,000	83	33	33	23	45	49	49	64
% of school CYP with social, emotional and mental health needs 2018	2.46	2.82	1.45	1.91	2.06	3.62	2.41	2.39
% Eligible and claiming for free school meals 2018	19.8	14.6	7.1	7.7	10.9	15.4	13.5	6
% of 11-15 year olds CYP from low income families 2013	18.9	16.2	11	8.3	12.8	21.5	21.5	16
IMD average scores % 2015	23.6	14.9	11.1	10	14.6	18.3		21.8
Hospital admission as a result of self harm 10-14 year olds rate per 100,000 2017-18	130.2	105.5	191.6	136.3	129	83.5	100.3	210.4
Hospital admission as a result of self harm 15-19 year olds rate per 100,000 2017-18	431.9	364.1	470.9	500.3	539.7	485.2	341	648.6
Hospital admission episodes for alcohol specific conditions U18 rate per 100,000 2015-18	24.1	24.3	17.5	31.3	32	15	18	32.9

Sources of Data
 Fingertips.phe.org.uk- child & maternal health data
 London mayor of london- MOPAC, data and statistics
 School population number- local authority school admission data

These variations within boroughs and across boroughs result in inequalities in health including:

- High numbers of children and young people have special education needs and disability. The majority of these children have Education and Health Care Plans (EPHCP)
- The population of 16-17 year olds not In Education, Training or Employment (NEET) is above the England average in Croydon and Wandsworth

- There are pockets of high crime and first-time entrants to the criminal justice system, in Croydon (586/100,000) and Wandsworth (379/100,000) both of which are higher than the London rate
- There are high levels of children in need in some areas of South West London in particular Croydon (873/100,000) and Wandsworth (867/100,000)
- There are high levels of risky behaviour (particularly in areas of high affluence which is linked to poor emotional resilience)

The South West London (SWL) Health and Care Partnership have been successful in attracting over £6m trailblazer funding. There are 3 trailblazer waves (2018/9; 2019/20 wave 1 and 2019/2 wave 2) delivering across 10 sites which are based in the wards that reflect these inequalities in health.

Current sites, which include 3 sites in Croydon, are either focused on building emotional resilience or addressing a particular inequality in health.

Current Mental Health Support Teams



Croydon	Merton	Sutton	Kingston	Richmond	Wandsworth
<ul style="list-style-type: none"> • Building emotional resilience and reducing exclusions focused in West Croydon which has some wards with high level of needs • Reducing youth violence focused on the wards with highest level of youth violence and addressing some of the mayor's priorities on youth violence reduction • Further education Croydon college- this is part of the wider SWL Further education mental health team that is focused on transition 	<ul style="list-style-type: none"> • Building resilience focused on the schools that have the least mental health provision in schools and those from East Merton where there is the highest deprivation • Special education need working in partnership with Sutton to build the relationship with the borough based SEND strategy and also develop innovative approach for training the MHST workforce to work with CYP with ASD and ADHD in our schools. The learning from this trailblazer will be used to inform future workforce training and development of our MHST staff. In addition we aim to develop innovative approaches to delivering support for this group of children. • Further education South Thames college- this is part of the wider SWL Further education mental health team that is focused on transition 	<ul style="list-style-type: none"> • Building emotional resilience focused on the wards with the highest level of deprivation • Special Education need working in partnership with Sutton to build the relationship with the borough based SEND strategy and also develop innovative approach for training the MHST workforce to work with CYP with ASD and ADHD in our schools. The learning from this trailblazer will be used to inform future workforce training and development of our MHST staff. In addition we aim to develop innovative approaches to delivering support for this group of children. • Further Education Carshalton college- this is part of the wider SWL Further education mental health team that is focused on transition 	<ul style="list-style-type: none"> • Building resilience focused on reducing inequalities of health associated with wealth with a focus on reducing self-harm and alcohol misuse as evidenced in presentations in A and E • Further Education Kingston College- this is part of the wider SWL Further education mental health team that is focused on transition 	<ul style="list-style-type: none"> • Building resilience focused on reducing inequalities of health associated with wealth with a focus on reducing self-harm and alcohol misuse as evidenced in presentations in A and E • Further Education Richmond College- this is part of the wider SWL Further education mental health team that is focused on transition 	<ul style="list-style-type: none"> • Southfield cluster focused on building emotional resilience to address the needs of children in this part of the borough • Battersea cluster focused on BME and a Trauma informed approach to address the needs of the children these this part of our borough • Further education South Thames college- this is part of the wider SWL Further education mental health team that is focused on transition

Croydon CAMHS's Integration with Mental Health Support Teams

The local Croydon CAMHS Service will work in partnership with educational settings to provide services in schools and colleges.

The trailblazer programme in Croydon will create approximately three MHSTs and includes 16 new posts, including eight new roles of Emotional Wellbeing Practitioners (EWP) who will be supported by a one year university course, and clinical supervisors.

With a senior mental health practitioner as team leader, they will work with teachers, children and young people, and parents to develop whole school approaches to improving support for emotional wellbeing and mental health that will build emotional resilience, improve inclusion, and lead in turn to a reduction in issues such as bullying, youth-on-youth violence, and the need for referral on to specialist mental health services.

Eight schools volunteered to be early adopters. They joined a South West London forum and over the past eight months they have:

- Developed the role of Designated Senior Lead for Mental Health in each school, to support this long-term area of work
- Undertaken an audit of their policies and systems to understand their existing support for emotional wellbeing and mental health of their population – updated these policies
- Established a supportive network ready to provide peer-to-peer support, share ideas, and develop solutions to issues as they are identified throughout the two-year life cycle of the Trailblazer award

In addition, at least two staff from each school have completed Mental Health First Aid training.

The first four Emotional Wellbeing Practitioner trainees are in post. They commenced the university course in October. The second four Emotional Wellbeing Practitioners will commence their course in January 2020. Recruitment for all other trailblazer staff is underway.

Once trained, the MHST will offer consultation to teachers so that they get timely advice and support on management strategies that will ensure children and young people get the right support and stay in education.

It is anticipated that further opportunities will be available in the coming years to submit further bids to expand this programme into more Croydon schools and colleges. At this time, our vision is that all our children and young people will benefit, based on the formal evaluation of the initial Trailblazer locations.

The cluster school model will be expanded to include the provision in education settings by the Child and Wellbeing Practitioners where appropriate to bridge the gaps in those schools that currently don't have access to mental health support teams.

Through work with the Links Programme there is a plan to build relationships between school staff and those in specialist CAMHS, social care early help and specialist teams and strategic education so that schools and colleges feel supported and the advice they receive is consistent and cohesive. The outcome of these discussions will feed into the cluster action plan for all the clusters in 2019/20 with some of the delivery being done in 2020/21.

Fidelity to National Prescribed Functions of MHST

The South West London Trailblazer Programme is based on the whole school approach and how MHST will support schools deliver their whole school approach action plans which are based on the school's self-assessment of need.

This is in keeping with the national guidance on implementing mental health support teams. They work with teachers, parents /carers and children and young people to embed the whole school approach in education settings.

Whole School Approach... supporting children and young people, their parents and carers and teachers



9.3.3 Other Initiatives

In addition to the MHST work described above, other initiatives are also underway across Croydon's wider school and college population, including:

- Healthy schools programmes - providing training for schools and parents on emotional health and wellbeing, and developing mental health policies within schools
- Support Engagement and Delivery in Schools (SEaDS) programme - provides a mental health Link Worker in schools
- CUES ED programme - delivers lessons and activities to primary school children to build their emotional wellbeing and resilience
- Suicide prevention training - to raise awareness amongst professionals working with young people
- Croydon Drop-In (CDI) offers schools-based counselling for young people aged between 10-18 years

In addition, there are various private or voluntary organisations that support schools in their work around children’s mental health and emotional wellbeing. These include the Palace for Life Foundation, Mentivity, and the local Black and Minority Ethnic Forum.

10 Workforce

10.1 Current Staff Establishment

The Croydon’s Children and Young People’s (CYP) Emotional Wellbeing and Mental Health workforce, in place as of 31st March 2019, is detailed in the following table.

Croydon Children and Young People’s Emotional Wellbeing and Mental Health Workforce

Croydon Workforce			
Total number WTE - Full Workforce (as at 31st March 2019)	CCG commissioned CYPMHS workforce for all pathways	52.45	Includes face-to-face & online For SLaM includes (admin of 6.7 WTE and assistant psychologists of 3.5 WTE). This does not include the CYP IAPT funded posts through CWP / RTT)
	CCG commissioned CYPMHS workforce vacancies for all pathways	11.7	SLaM includes 10.6 newly funded posts from Q4 2018 still recruiting to.
	Any additional WTE CYPMHS information regarding Voluntary and Community Sector (VCS) and Local Authority (LA) provision	15.87	Includes young carer support, outreach SLaM: 4.2 WTE are included above as part of the workforce. Not all LA investment is linked with specific staff but rather funds specific interventions that can be delivered by a number of staff from within the core establishment.
TOTAL		68.32	

The number of WTE voluntary sector community clinical workforce providing counselling services is further broken down as follows.

Croydon Drop In = 4.25	Off the Record = 6.1
Part-time paid Counsellors x 8	Counselling Manager x 1
Volunteer Counsellors x 11	Trainee counsellors x 16
Counselling Manager x 1	Paid counsellors x 8
Clinical Supervisors x 4	(Posts work across the 14-25 age range with 0.7 WTE funded through local authority and the rest funded equally between CCG (Children and Young People) & CCC (Adult).

In addition, the estimated WTE staff providing mental health interventions in educational settings who are commissioned directly by schools is 4.04 WTEs.

10.2 Workforce Planning

Workforce planning within Croydon aligns to wider STP Workforce Planning. In this regard, the South West London STP is refreshing the multi-agency workforce plan that aligns with priorities under the Mental Health Five Year Forward View and Stepping Forward and progress is reported regularly.

The STP's rationale for development of the CAMHs workforce is to:

- Continue expanding access to community mental health services, including the new Mental Health Support Teams in schools
- Deliver a comprehensive offer for 0-25 year olds across children and young people and adult mental health services
- Maintain the waiting times standards for eating disorders services
- Provide 24/7 coverage for mental health crisis care for children and young people that combines assessment, brief response and intensive home treatment functions by 2023/24
- Ensure that children and young people's mental health plans will align to those for children and young people with learning disability, autism, special educational needs and health and justice

To increase access to NHS-funded community services across the system additional resources have recently been committed including the use of Child Wellbeing Practitioners. Across South West London there is a strong track record of delivery with Children and Wellbeing Practitioners (CWPs). The sector has CWPs from every cohort and has established funding for Band 5 posts across every borough with a CWP team. CWP teams are also working collaboratively with trailblazer teams to share learning and resources. Providers and CCGs apply in partnership for funding to create CWP training posts at band 4, which come with resource to provide supervision and support. These posts constitute a sub-service, equipped to see

young people who wouldn't otherwise reach local thresholds for CAMHS; they are distinct roles, and not assistants to existing therapists.

The following tables detail South West London Health and Care Partnerships workforce areas of focus, planned actions and dependencies with other programmes.

South West London Workforce Action Plan

Area of Focus	Current Position	Planned Action
Eating Disorders		Scoping exercise to be undertaken to determine staffing resources required for Eating Disorders Scoping exercise to determine what training programmes need to be developed
Crisis Line		Undertake scoping exercise to determine staffing and training requirements for a 24/7 crisis line
Development of Roles	A SLaM bid has been approved locally and forwarded on to HEE to deliver a series of training courses to target Early Intervention and Prevention of Mental Health Conditions for Children and Young People in Primary Care. A 'Minding the Gaps' training course will target transitions between adults and children and young people	Assess possible expansion of the CAMHS Emergency Care and Assertive Outreach Teams to provide 24/7 cover for a range of mental health problems and to keep young people at home. Establish number of staff required to enable this expansion
Mental Health in Schools Teams	MHSTs are mobilising in Croydon, with a Whole School Approach for a new MHST in Croydon.	Continued use of Child Well Being Practitioners, and further funding has been identified to increase these roles across SWL. Mobilisation of Wave 2 to begin in January 2020.

Dependencies with Other Programmes

Programmed Involved	Subject Area	Responsibility for Delivery
Adult Mental Health	0-25 provision	Joint delivery
Emotional Wellbeing & Resilience	Mental Health School Teams	Emotional Wellbeing & Resilience Programme

Programmed Involved	Subject Area	Responsibility for Delivery
Learning Disabilities	Children and young people with complex needs with a primary LD need	Learning Disabilities
Urgent and Emergency Care (UEC)	NHS 111 24/7 crisis provision	Children and Young People Programme

10.2.1 Workforce Modelling

As detailed in Section 1.7, in early 2020 commissioners and providers will attend a System Dynamic Modelling Tool workshop supported by the regional team. The aim is to use the Tool in a system-wide overview of local need and services, in order to improve service efficiency. This approach will present opportunities for support and shared learning, resulting in more efficient service planning and the delivery of better outcomes for children and young people.

The table below shows modelling already carried out for future workforce requirements to achieve full coverage of mental health support teams in schools and colleges in South West London.

Workforce assumptions for MHST							
Team make up							
Admin band 4	0.5 wte per MHST						
EMHP band 4/5	4 wte per team						
band 6	2 wte per MHST						
band 7	1 wte per MHST						
band 8a	0.5 wte per MHST						
Total	8 wte per MHST						
	Funded		Future plan				Total Workforce
	2018-19	2019-20	2020-21	2020-22	2022-23	2023-24	by 2024
Number of MHST	3	7	6	6	6	0	28
Admin	0	3.5	3	3	3	0	12.5
EMHP	12	28	24	24	24	0	112
band 6	0	14	12	12	12	0	50
band 7	2	7	6	6	6	0	27
band 8a	3	2	1.5	1.5	1.5	0	9.5
	17	54.5	46.5	46.5	46.5	0	211

10.2.2 Expanding and Training the Workforce

Regional Workforce Strategies and Plans

In the recent South West London STP response to the NHS Long Term Plan, future workforce needs have been identified in relation to the initiatives to expand the mental health workforce and to up skill staff in CYP IAPT therapies (as detailed in Section 2.6).

The Healthy London Partnership published a children and young people's mental health workforce strategy in May 2019. South East London (SEL) will use this as a

template to develop a strategy with support from Health Education England and Healthy London Partnership. There will be a focus in SEL on what the South London partnership (SLP) can offer to support recruitment and retention.

More generally across SEL a system workforce plan is being developed to target the local population to grow SEL's integrated community workforce, focusing on new roles, peer support workers, physicians' assistants, social workers, OTs, nurses and MH practitioners. Training will promote flexibility to work across all ages where possible and to be able to support physical health needs.

Croydon CAMHS Workforce Plans

Croydon CAMHS (SLaM) is contributing to the national target for an additional 1700 therapists and supervisors by 2020/21, and for upskilling of staff in children and young people IAPT. Specific initiatives include recruiting Child Wellbeing Practitioners, and Educational Mental Health Practitioners and upskilling staff in post graduate CYP IAPT (Increasing Access to Psychological Therapies):

- **Child Wellbeing Practitioners (CWPs)** - CWP teams are well-established in Croydon. Band 5 CWP practitioners in place are able to take responsibility for a caseload of children and young people with mild to moderate conditions. The strategy aims to ensure that once trained, CWP practitioners will be offered posts as qualified practitioners in CAMHS. CWPs undertake certificate level training for 1 year, hosted by either University College London (UCL) or Kings College London (KCL)
- **Educational Mental Health Practitioners (EMHPs)** - Following successful bids, Mental Health Support Teams (MHSTs) are currently being recruited. Following successful completion of the Educational Mental Health Practitioner (EMHP) Diploma course at Kings College London, trainees will be offered posts as qualified practitioners, thus enhancing service access both in 2021 when they qualify, and for the future. As described in Section 9 each Mental Health Support Teams (MHSTs) will include 16 new posts - eight new roles of Emotional Wellbeing Practitioners supported by a one year university course and clinical supervisors. Recruitment has been based on geographic and demographic profiles and targeted at those with greatest need so that the programmes can maximise a reduction in health inequalities. The first four Emotional Wellbeing Practitioners commenced the university course in October 2019. The second four will commence their course in January 2020. Recruitment for all other trailblazer staff is underway
- **Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT)** - Croydon CAMHS has introduced CYP IAPT. Staff are being trained to deliver evidence-based interventions by taking part in the children and young people IAPT workforce capability programme (with staff being released to attend training courses). The staff complete a 2 Year Postgraduate Diploma in CYP IAPT Therapy the following modalities: CBT, SFP (all delivered at KCL) IPT-A, ASD/LD, 0-5s (all delivered at UCL). Staff

have successfully completed various trainings and retention of their posts has then been prioritised. Having CYP IAPT trained staff has improved the frontline delivery of therapeutic support. 'Recruit to Train' posts are part of a Health Education England (HEE) initiative to fund new workforce capacity for delivering evidence-based interventions

The number of Croydon CAMHS staff in post has increased by 25% (by 12.6 WTE – from 51.27 to 63.87) over the past year (from 30 September 2018 to 30 September 2019). Of note, there were 3 WTE locum staff filling vacancies as of September 2019. The significant increases in staffing since April 2019 has been due to new investment. The SLaM workforce plan includes:

- Actions needed to recruit and retain in all professions and training and development for staff
- Actions needed with respect to individual hard-to-recruit posts, for example consideration is being given to recruitment incentives for CAMHS community team leader posts.
- Recruitment milestones which are tracked
- Training and development for staff

All staff who engage with children and young people receive the necessary education and training to provide safe and effective clinical and emotional care, including training for mental health staff in increasing physical health skills and for physical health staff in responding to mental health need. Training includes how to support vulnerable children and young people, such as those with learning disabilities, as well as those who are looked after children. Relevant statutory and mandatory training as well as professional competencies are built into current educational provision and personal development.

The plan is managed and monitored through the Education, Development and Workforce Committee which meets every two months.

Voluntary Sector Workforce

During 2019 Croydon has expanded the range of Tier 2 services available, with specialist services delivering to BAME young people, refugee & asylum-seeking minors, outreach services, extended hours counselling, and a local digital platform and further expansion of the workforce is planned during 2019/20.

10.2.3 Engagement with Key Organisations

The South West London STP is engaging with schools and colleges and is on track to deliver Mental Health in Schools Teams. Two Mental Health Support Teams are being developed in schools. The local school digital counselling service has also been expanded.

To achieve a successful Trailblazer offer, the following will need to be achieved:

- Integration of working between health and social care ensuring the workforce plans are aligned and support the delivery of CAMHS local transformation plans
- Work with Health Education England (HEE) to train a new Emotional Wellbeing Practitioner workforce to deliver the evidence based practice as part of the Mental Health Support Teams
- Engagement with local providers to ensure development of a new competency framework for the senior staff that will form part of the Mental Health Support Teams - this will enable recruitment widely from health, education and social care professionals
- Work with local providers to agree a cohesive SWL supervision framework to ensure a consistent approach across all mental health support teams
- Work with education and social care to ensure all staff are trained in mental health first aid to improve understanding of mental health and wellbeing
- Work with parents and the voluntary sector to improve capacity and capability on parenting resilience training.
- As there is a recognition that there are different cultures in health and education, work will be carried out with school clusters and CAMHS Partnership Boards to commission organisational development work to ensure development of a shared language and a value system that is conducive to collaborating
- The relationship between MHST supervisors and cluster leads will need to be developed in a way that allows for joint accountability of the team between the employing authority and the cluster

Appendix 1: FCAMHS Information Leaflet

We will summarise a formal consultation and assessment in writing, and include the agreed plan with clear roles and responsibilities.

Referrals are accepted from

- CAMHS Tier 3 and Tier 2 services
- Local Authorities (Children's Social Care)
- Youth Offending Teams
- CAMHS Inpatient Facilities
- Youth Justice services
- Education

If the referrer is not from a local CAMHS team, and the referral is accepted for further input, we will discuss the referral with the young person's local CAMHS team.

We facilitate a joint approach to the referral from relevant mental health providers including, when possible, joint assessment and working.

About FCAMHS

FCAMHS is an NHS England project that aims to provide forensic consultation and provision for young people across the country.

Here in South London, FCAMHS is provided by the South London Mental Health Partnership which includes South London and Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust and South West London and St George's NHS Foundation Trust.

Evaluation and feedback

We collect written feedback as part of the NHS England evaluation of FCAMHS.

We also welcome verbal feedback from professionals and young people.

Where to find us

South London Forensic CAMHS
Michael Rutter Centre
Maudsley Hospital
De Crespigny Park
Denmark Hill
London
SE5 8AZ

Call: 020 3228 8863

Email: SouthLondonFCAMHS@slam.nhs.uk

Open: Monday to Friday 9am to 5pm

Consultations and assessments occur at agreed locations that are accessible to the local professional network and to young people and their families.

Ask us if you need this information in a different language or format.

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**South London and Maudsley NHS Foundation Trust**

South London Community Forensic CAMHS (FCAMHS)

Information for referrers



What is FCAMHS?

We are the Forensic Community Child and Adolescent Mental Health Service for South London.

Our multi-disciplinary team provides advice, consultation and training for local health and social care professionals.

We also provide assessment and some short term interventions for young people and their families.

Which young people do we support?

Our remit is to improve the outcomes of young people who present with high-risk mental health and forensic issues - such as being at risk of, or having a history of, offending, or being involved in the youth justice system.

The young people we work with often have multiple and complex needs and are known to professionals from multiple agencies.

Who can contact us and what do we offer?

You can contact us if you are from a community mental health team or any other service that works with young people under 18 and their families - such as youth offending teams and social care. See back page for more information about who can refer to us.

Ask us if you have questions about a young person's mental health or neurodevelopmental difficulties including mild or moderate learning disability and autism who present with high risk.

We also provide consultation and assessment of complex young people if secure inpatient admission is being considered.

Our input depends on several factors including the degree of need or risk and what local services are available.

If we provide assessment or treatment, we expect the young person to be open to their local Tier 3 CAMHS, and that local CAMHS would coordinate care and provide risk management and emergency care planning.

We provide:

- Telephone advice
- Consultation with local mental health teams and other services that work with young people and their families (such as YOT, social care)
- Expert guidance of local assessments and interventions
- In some cases, forensic assessments and time-limited interventions

The mainstay of our service is consultation.

If we work directly with a young person or family, they will see a trained mental health professional with specialist forensic expertise such as an adolescent forensic psychiatrist or psychologist.

What can you expect?

A member of FCAMHS will have a short initial discussion you - either face-to-face or by phone. This discussion will either lead to:

- agreement that brief advice such as signposting or helping access to more appropriate services has met your goals.
- you being asked to complete a referral form for a formal consultation and/or assessment, and to forward background documents from involved agencies.

Consultation and assessment

We provide a consultation with the local professional network, and in some cases will guide local assessment or conduct a forensic assessment.

Assessment and consultation will be informed by the goals, expectations and hopes of the referrer and the young person and their family.

We also consider the knowledge and expertise of local professionals, the relevant evidence base, local, regional and national resources, and attend to safety.

Our agreed plans aim to contribute to positive outcomes for the young person and their family.

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REPORT TO:	HEALTH AND WELLBEING BOARD 22 nd January 2020
SUBJECT:	Director of Public Health Annual Report 2019 - Food
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT:

The report presents the evidence around the key role food plays through the life course of our residents and explores the complexity within our system and the associated challenges around obesity, food insecurity and sustainability. The report has used the evidence to inform key recommendations.

The report acknowledges the wider determinants around food and focuses on the biological, economical, social and physical determinants, providing examples of how we can sustain and build on the work we are committed to achieve for the people of Croydon.

In summary the Director of Public Health Report for 2019 focusses on:-

- Food poverty & insecurity
- Food throughout life
- Diet
- Body Image and body perception
- Food and your mood
- Weight
- The impact of food and drink on our teeth and gums
- Fast food
- Sustainability

As part of the report, 22 recommendations have been made, with six key recommendations.

BOARD PRIORITY/POLICY CONTEXT:

It is a statutory requirement for the Director of Public Health to produce an Annual Report and for the Council to publish this (section 73B (5) of the National Health Service Act 2006). This year's report focuses on Food, a celebration but also explores the complexity within the system and the associated challenges around obesity, food insecurity and sustainability.

The issues highlighted in this report will support the successful delivery of the following objectives in the Health and Wellbeing Strategy and Croydon's Corporate Plan

- Increase healthy life expectancy.
- Reduce health inequalities between communities.
- People live long, healthy, happy and independent lives.

- Our children and young people thrive and reach their full potential.
- A cleaner and more sustainable environment.
- Business moves here and invest, our existing businesses grow.
- We value the arts, culture, sports and activities.

FINANCIAL IMPACT:

There are no direct financial implications arising from this report.

RECOMMENDATIONS:

The Board are asked to note the information and recommendations outlined in the Annual Director of Public Health Report (Appendix A); and endorse and support the recommendations.

1. DETAIL

- 1.1 There is a statutory requirement for the Director of Public Health to produce an annual report. This is the Director of Public Health's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be useful for both professionals and the public.
- 1.2 The annual report is an important vehicle by which the Director of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It will also be a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.
- 1.3 The report is a tool for advocacy as well as a statement of needs, current priorities and action and continuing progress. It can also be a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.
- 1.4 We have an opportunity to influence the future for our children and young people by shaping the way our food is produced, provided and consumed. Croydon has a young population and a high percentage of BAME children (over 70%) who have access to unhealthy food on a daily basis, contributing towards the obesity epidemic in this country.
- 1.5 The report gives us the facts and figures around the impact food can have on us all throughout our lives, celebrates the fantastic food we have on offer in Croydon and explores the complexity within our system and the associated challenges around obesity, food insecurity and sustainability.

- 1.6 The report is presented in eleven sections, each can be read on their own in any particular order.
- 1.7 Food Glorious Food - Croydon has a wonderfully diverse community from many different countries. According to the 2011 census, Croydon has a higher proportion of Black and Minority Ethnic (BME) residents than the national average. This has had a hugely positive influence on the range of food available in our shops giving us many opportunities to experiment with ingredients and tastes from around the world. Croydon's current generation of younger adults and children is even more diverse than previous ones. This provides a great opportunity to sow the seed for embracing access to healthy, tasty and diverse food within our local shops and markets.
- 1.8 Food Poverty and Insecurity - Within Croydon, 8,786 residents live in areas considered to be within the 10% most deprived in the whole country. After housing costs, 30% (30,889) of children in Croydon and 17% (10,701) of adults over 60 live in poverty compared to 16.2% in England. This will understandably have an impact on what and how people buy their food. Over the last few years there has been a change in how poverty impacts people and it is no longer just those people who are in households where no one works. At the time of this report, two thirds of children living in poverty live in a household where at least one parent works. A recent survey of 6000 Londoners found that 60% of those experiencing food insecurity were in full or part time work. The combination of low pay, insecure work and high housing and high childcare costs can all contribute towards poverty. 19.8% (11,483) of children in Croydon are eligible for and receiving free school meals. It is worth noting that free school meals are mainly available to those whose parents are on a specified low income. Evidence suggests that there will be many families who are not eligible for free school meals but are still struggling to feed their children.
- 1.9 Food Throughout Life - Since the 1940's we have known that what women eat before (and during) pregnancy can have a lasting impact on our children. A baby's development in the womb is not only linked to their mother's diet while pregnant, but also on the nutrients and fats that have been stored through her lifetime. You may have heard the phrase "eating for two" while pregnant, but babies don't actually need this. We do not need to eat any more in the first six months of pregnancy and we only need an extra 200 calories per day in the third trimester, that's about two slices of buttered toast. Children from the youngest age need healthy balanced food throughout the day to ensure they receive all the nutrients they need to grow and develop. Croydon currently has 7 Food Flagship schools that aim to take a whole school approach to healthy eating and food education and more are being recruited. These schools are working towards moving children and adults away from sweet and fizzy drinks and foods high in fat, salt and sugar. As children get older they gain more freedom and have greater choice over the foods they eat. Whether this is on

the journey to and from school, walking past newsagents and fast food outlets or during their lunch break. Research among secondary school children found that 80% of pupils ate from shops surrounding their school at least once a week and this increased to 28 among those who were allowed out at lunchtime. Starting work and the changing lifestyle that comes with working can change the way we eat. A study found that irregular work hours, a busy lifestyle, low willpower and unappealing food were seen as the main barriers to healthy eating in the workplace. The older population have a wealth of food and cooking experience to offer and Croydon has the third highest number of people aged 65 and over in London. With age our risk of certain conditions increase and more of us are now living longer. With this in mind, it is important we continue to follow a healthy diet so that our extra years are lived as well as possible and are disease free.

- 1.10 Diet - A healthy diet helps reduce the risk of cardiovascular diseases, cancer, diabetes and other conditions linked to obesity. The Eatwell Guide is a really useful way of helping us achieve a healthy balanced diet. Growing up, many of us were told to eat everything on our plate - there were lots of reasons why. I am aware of others who never had enough to eat and getting a decent amount of food was a luxury that was to be sought at every opportunity as you never knew when the next meal was. These experiences develop habits that mean plate clearing is expected even when you feel full and with portion sizes increasing over the years so is our calorie intake. It's not just portion sizes increasing but also our tableware such as dinner plates and glasses. In the 1950's the average dinner plate was 9-10 inches, now it is more likely to be 12 inches or larger and the evidence has shown that we tend to consume more food and drink when offered larger sized portions or when using larger plates and glasses.
- 1.11 Body Image and Body Perception - There is evidence that some people from different cultures have different perspectives and views around body image. There is not one universal ideal body image since preferences can vary throughout the world and for some cultures they celebrate the person's body regardless of the appearance but more about what the body can achieve. An example of the differences between cultures can be found in a study by Lambeth Council Public Health (2009). They reported that a large proportion of residents did not recognise the concept of being overweight, and were shocked to learn from their doctor that they were obese or overweight and believed that they naturally had large body sizes.
- 1.12 Food and Your Mood -There is evidence to suggest that food not only affects your physical health but also your mental health. Whilst we know eating our fruit and veg can help us feel better, on the other hand a self-reinforcing cycle can develop whereby obesity and binge eating can lead to low mood which in turn results in further over consumption and ever worsening mood.

- 1.13 Weight - Why are some of us underweight? Sometimes if we are not feeling well, stressed or experience a period of time where we don't get to eat regular meals, we may lose weight. There are eating disorders that mean we become and remain underweight. There are some medications we take that may cause us to lose weight and some people are naturally underweight even though they eat a good varied diet. If we are underweight for a period of time it can affect our health. Why do some of us become overweight and obese? Quite simply, we put on weight when the amount of calories (food and drink) we consume exceed those which we use (through movement). A key contributor to the imbalance is the food we eat. If we do not balance the amount we eat with physical activity then most people of us will put on weight. Some of us will be overweight but some of us will become obese. Weight is measured in children at school in reception (aged 4-5) and year 6 (aged 10-11). In Croydon, slightly more than one in five children (21.9%) aged 4-5 are overweight or obese. By the time they reach the ages of 10-11, this increases to just greater than one in three children (37.9%). The prevalence of overweight and obese children in Croydon overall is similar to the average across London. While reception year prevalence has remained fairly constant over time, the proportion of year 6 children measuring as overweight and obese is increasing.
- 1.14 The Impact of Food and Drink on Our Teeth and Gums - Children in Croydon have high levels of tooth decay compared to London and England. 28.5% of 5 year olds in Croydon had one or more decayed, missing or filled teeth in 2016/2017 and improvements are not happening at the same rate as London or England.
- 1.15 Fast Food - Croydon has 394 fast food outlets with the rate of 102.8 per 100'000 people, sitting in the top 10 of the London boroughs for highest density of fast food outlets. The highest number of fast food outlets are in the more deprived areas. Residents living in areas of deprivation may struggle to afford or have access to the food needed for a healthy balanced diet. New Addington has been identified as a food desert which means it is poorly served by shops selling healthy fresh products at a fair price.
- 1.16 Sustainability – An astonishing seven million tonnes of food is discarded every year in the UK, about one third of the food produced. A vast amount of this food waste could have been eaten and what's more if the food waste is not separated from recyclable waste, it will damage other materials that could have been recycled. Growing your own food has many benefits, it's cheaper than buying from a shop, you have your own organic produce on your doorstep and not only will your home grown veg be fresher and more nutritious you can even reduce your carbon footprint by reducing the food miles of what you eat. Croydon Council has 17 allotment sites across Croydon and 6 community gardens in Croydon so if you don't have space at home, you can try one of these.

1.17 Early Experiences Last a Life Time – progress update on last year’s report - An enormous amount of work has been done to implement my top four recommendations: review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019. This work culminated in a workshop attended by over a 100 people in July 2019 and is informing action plans and bids for funding going forwards. The number of families claiming Healthy Start vouchers has increased by 20% during 2019. We also won funding from Sustain to increase our support for the eligible families who have not applied for the vouchers. A new and innovative partnership group is taking forward my recommendation to increase the percentage of children receiving the MMR.

1.18 The report makes 22 recommendations for action, with six key recommendations which include:-

Government

- Mandatory front of the pack food labelling.
- Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.

Mayor of London

- No food banks needed in London by 2024.

Across Croydon

- All GP practices and all departments in CHS to receive training around nutrition and weight management.

Food Businesses

- All Croydon fast food outlets must sign up to Eat Well Croydon.

Residents

- Ditch the large dinner plate for the 9 inch Croydon plate.

The entire 22 recommendations are:

Government

- Lobby front of the pack food labelling.
- Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.
- Lobby mandatory Ofsted to include food in their inspection framework.
- Sustain the work of the 2019 Food and Fun project to reduce summer holiday food insecurity and allow schools to open their halls and kitchens to support delivery.
- Lobby mandatory for early year settings to join Healthy Early Years London.

Mayor of London

- No food banks needed in London by 2024.

Local, Across Croydon

- By the time a child leaves school they should be able to cook from scratch at least 5 different types of savoury meals that they enjoy and are affordable.

- Borough wide marketing of healthy food – no advertising of unhealthy food in all Council contracts.
- Create Croydon Mayor's Food Awards to celebrate and recognise the efforts of our local food business.
- Create a Good Food Alliance to build a strong and unified food movement that works collaboratively with local residents and members of both the voluntary and private sector.
- Implement a programme to reduce food packaging and waste by 20% by 2025.
- Use planning and environmental tools to incorporate food growing and improving physical access to grow food in local plans.
- Increase the number of water refill sites across the borough – plastic reduction and water consumption.
- All workplaces provide free fruit and vegetables and implement 'cake on occasion' in the workplace.
- Ensure that all projects aim to tackle obesity, tailor interventions to specific groups including understanding cultural differences.
- All 64 GP practices and all departments in CHS to receive training around nutrition and weight management to ensure consistency of messaging.
- Develop a central system to capture the number of residents accessing emergency food.
- Work is undertaken to understand the prevalence of eating disorders across all ages at a local level.

Food Businesses

- Business rate reductions for businesses signed up to healthy start, Eat Well Croydon and healthy promotions.
- All fast food outlets sign up to Eat Well Croydon. As part of Environmental health checks issue healthy food inspections.
- All restaurants and fast food outlets show the amount of calories for each portion.

Residents

- Ditch the large dinner plate for a 9 inch Croydon plate.

1.19 This report was unveiled and presented to a range of stakeholders on the 4th of December as part of the strategic partnership on healthy weight and obesity workshop that had over 70 stakeholders attending. This workshop was supported by the Health and Wellbeing Board with the aim to continue the work around creating a healthy weight environment in Croydon and to take the whole systems working across the borough and within localities to the next level. There is already a lot of good practice in Croydon but with over 60% of adults and nearly 40% of 10/11 year olds in Croydon overweight and obese we also recognise that there is more to do. Addressing it is a strategic priority. The workshop helped lay the foundation for creating a new 2 year healthy weight action plan (2020-2022) with the recommendations from this report being included where possible.

2. CONSULTATION

- 2.1 As part of the development of this report people working in education, welfare and the community sector have been involved in the process. The Director of Public Health report is meant to provide an independent report that others can then use to inform and shape any subsequent consultations however feedback will be requested from readers of the 2019 Director of Public Health report to ensure that it is as accurate as it can possibly be.

SERVICE INTEGRATION

N/A

3. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 3.1 There are no direct financial implications arising from this report

Approved by: Lisa Taylor, Director of Finance, Investment and Risk and Section 151 Officer

4. LEGAL CONSIDERATIONS

- 4.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that under the Health and Social Care Act 2012 section 31(5) the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority which by section 31(6) the local authority is required to publish.
- 4.2 There are no additional legal considerations arising directly as a result of the recommendations in this report.

Approved by: Sandra Herbert head of Litigation and corporate Law on behalf of the director of Law and governance & Deputy Monitoring Officer.

5. HUMAN RESOURCES IMPACT

- 5.1 There are no direct Human Resources implications arising from this report. However, the content of this report are likely to have an impact on the future development of Council services, which may have HR implications. Where that is the case, the Council's existing policies and procedures must be observed and HR advice sought at an early stage.

Approved by: Debbie Calliste, Head of HR for Health, Wellbeing and Adults on behalf of the Director of Human Resources

6. EQUALITIES IMPACT

- 6.1 Food Glorious Food - Croydon has a wonderfully diverse community from many different countries. According to the 2011 census, Croydon has a higher proportion of Black and Minority Ethnic (BME) residents than the national average. This has had a hugely positive influence on the range of food available in our shops giving us many opportunities to experiment with ingredients and tastes from around the world. Croydon's current generation of younger adults and children is even more diverse than previous ones. This provides a great opportunity to sow the seed for embracing access to healthy, tasty and diverse food within our local shops and markets.
- 6.2 Food Poverty and Insecurity - Within Croydon, 8,786 residents live in areas considered to be within the 10% most deprived in the whole country. After housing costs, 30% (30,889) of children in Croydon and 17% (10,701) of adults over 60 live in poverty compared to 16.2% in England. This will understandably have an impact on what and how people buy their food
- 6.3 Croydon has a young population and a high percentage of BAME children (over 70%) who have access to unhealthy food on a daily basis, contributing towards the obesity epidemic in this country.
- 6.4 A recent survey of 6000 Londoners found that 60% of those experiencing food insecurity were in full or part time work. The combination of low pay, insecure work and high housing and high childcare costs can all contribute towards poverty. 19.8% (11,483) of children in Croydon are eligible for and receiving free school meals. It is worth noting that free school meals are mainly available to those whose parents are on a specified low income. Evidence suggests that there will be many families who are not eligible for free school meals but are still struggling to feed their children.
- 6.5 Fast Food - Croydon has 394 fast food outlets with the rate of 102.8 per 100'000 people, sitting in the top 10 of the London boroughs for highest density of fast food outlets. The highest number of fast food outlets are in the more deprived areas. Residents living in areas of deprivation may struggle to afford or have access to the food needed for a healthy balanced diet. New Addington has been identified as a food desert which means it is poorly served by shops selling healthy fresh products at a fair price
- 6.6 A key role of Public Health is to help break the inequalities cycle where possible. Food poverty and the level of unhealthy fast food outlets in areas of deprivation within Croydon are key areas for concern within this report. Working together as a Council to tackle these inequalities will help the Council meet its equality objective to reduce differences in life expectancy between communities.
- 6.7 An equalities impact assessment has been completed. This found that the work is robust. The evidence shows no potential for discrimination and we have taken all opportunities to advance equality and foster good relations,

subject to continuing monitoring and review. The report presents the information as an opportunity to think about the key issues we face around food here in Croydon; and it focuses on the outcomes and actions needed to reduce inequalities for the residents of Croydon. Within this report we have identified opportunities where we can make a difference to the residents and narrow the inequalities gap. For example, a key recommendation is to tackle food poverty and reduce the need of food banks across the country and specifically Croydon. We can help achieve this by tackling the socio-economic determinants of health (jobs, homes, education and income) and narrow the inequalities gap. Furthermore, by addressing the issues at each stage of the life course, we can positively break the cycle by start with pregnant women through to children, adults and older adults. The impact of this report will be reviewed a year from the release date.

Approved by: Yvonne Okiyo, Equalities Manager

7. DATA PROTECTION IMPLICATIONS

7.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

There are no data protection implications within this report.

7.2 The Director of Public Health comments that there will be no processing of personal data directly relating to this report, any requests or need arising for data resulting from the action plans to respond to the recommendations will be reviewed and any Data Protection Impact Assessments undertaken as required.

Approved by: Dr Jack Bedeman on behalf of the Director of Public Health

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

APPENDICES TO THIS REPORT

Appendix 1: Director of Public Health Report 2019 – Food

BACKGROUND DOCUMENTS:

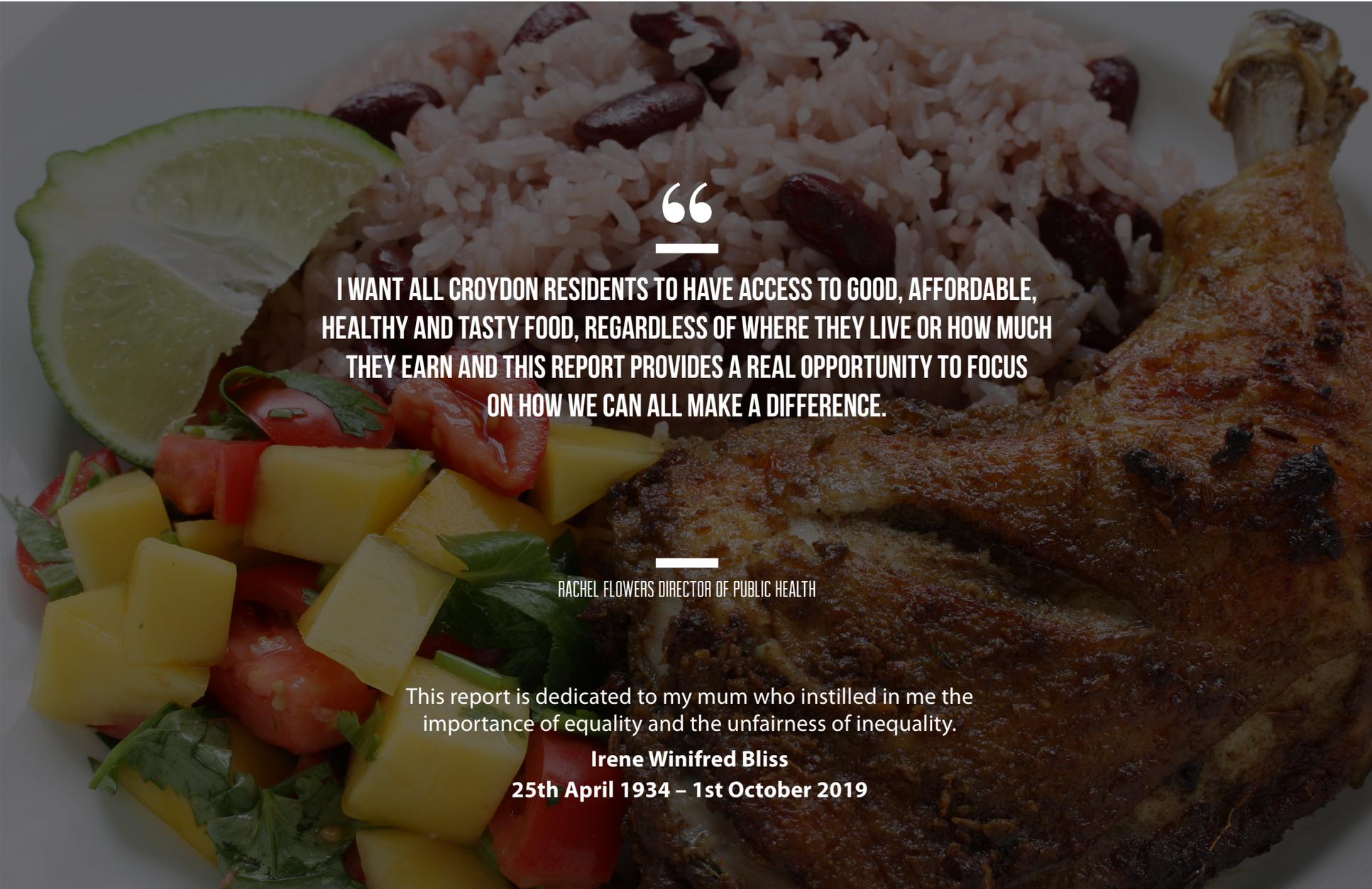
None

FOOD

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

Page 183





“

I WANT ALL CROYDON RESIDENTS TO HAVE ACCESS TO GOOD, AFFORDABLE, HEALTHY AND TASTY FOOD, REGARDLESS OF WHERE THEY LIVE OR HOW MUCH THEY EARN AND THIS REPORT PROVIDES A REAL OPPORTUNITY TO FOCUS ON HOW WE CAN ALL MAKE A DIFFERENCE.

RACHEL FLOWERS DIRECTOR OF PUBLIC HEALTH

This report is dedicated to my mum who instilled in me the importance of equality and the unfairness of inequality.

Irene Winifred Bliss

25th April 1934 – 1st October 2019

FOREWORD

by Tony Newman, Leader of the Council

I am delighted to be introducing Rachel Flowers's fourth independent annual public health report.

Rachel and our current administration continue to work together to address the historical inequalities that we have in Croydon. This year she has decided to use her report to start to address some of the complex issues around food. Croydon is a wonderfully diverse borough however we cannot ignore the fact that food affects us all in different ways and inequalities in many of our communities mean that we are seeing an increased number of food banks, food insecurity and lack of access to healthy food. We share Rachel's frustration and welcome her recommendation to Government and The Mayor of London about eliminating the need for food banks across London and the country.

We have declared a commitment to a sustainable growth across the borough and food provides a range of opportunities around this to benefit us all. The food we eat not only impacts on our health but it also impacts on the environment in the way it is produced and transported. Our young people are becoming increasingly concerned about the world they will be inhabiting in the future and food will play a major part on the choices they will be able to make when they become the adults of tomorrow.

This report will give us 'food for thought' in not only making healthy food accessible for all but also suggesting ways we can sustain a culture of providing local healthy produce, at a price that our residents can afford, regardless of what culture or financial status they are living in. We also need to take responsibility in working towards achieving a positive impact on our environment including the way we recycle our food and waste.



INTRODUCTION

Rachel Flowers, Director of Public Health

Throughout my life it has struck me about the complex, sometimes unspoken, relationship that many of us have with food. As something that is essential for life it makes me angry that in the 21st Century I am still seeing food poverty where people cannot afford enough nutritious food and that many people find that feeding themselves and their family extremely challenging while good food gets thrown away.

Many of us have memories of food, often from our childhood, and for most of us they are good- the wonderful aroma of your mum's chicken soup, eagerly waiting for your grandmother's bread to finish baking in the oven, jerk chicken with your mates, fish and chips as a treat with your dad, samosas made by auntie or your grandad preparing his signature dish at the weekend - which in my grandad's case seemed to often involve beer in the recipe and oh those family gatherings and parties where there was such a wide range of food - some better than others. And for some they are not so good - when there wasn't enough food in the house, where you hated your body because it was too big, too small, not the right shape or you were body shamed.

Food can help foster relationships. It connects us with our heritage and cultural identity. Different types of food, ingredients and styles of cooking vary dramatically between individuals and cultures.

Food is such a complex four letter word. All of us have a relationship with food be it good, bad or so-so which can and does change throughout our life. So I asked people what food means to them and got a wonderful range

of answers; **weight loss, weight gain, sustainability, hunger, nourishment, waste, friendship and community**, to name just a few.

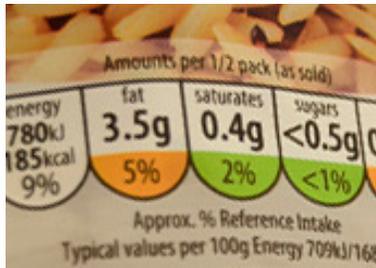
I want all Croydon residents to have access to good, affordable, healthy and tasty food, regardless of where they live or how much they earn and this report provides a real opportunity to focus on how we can all make a difference.

So this year my independent report celebrates the fantastic food offer in Croydon and some of the council's and their partners' Food Smart initiatives in the borough that are successfully improving residents' relationship with food. It also explores the complexity within our system and the associated challenges around obesity, food insecurity and sustainability.

This year, like last, I am making 22 recommendations and this year my six key recommendations are for government, the Mayor of London, businesses, Croydon and our residents.



SIX KEY RECOMMENDATIONS



Government

Mandatory front of the pack food labelling.

Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.



Food Businesses

All Croydon fast food outlets must sign up to Eat Well Croydon.



Mayor of London

No food banks needed in London by 2024.



Residents

Ditch the large dinner plate for the 9 inch Croydon Plate.



Across Croydon

All 64 GP practices and all departments in Croydon Health Services to receive training around nutrition and weight management.

- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Food Labelling

Mandatory front of the pack food labelling.

Ofsted

Mandatory for Ofsted to include food inspections in their framework.

Early Years

Mandatory for early year settings to join Healthy Early Years London.

Food in the Holidays

Sustain the work of the 2019 Food and Fun project to reduce summer holiday food insecurity and schools to open their halls and kitchens to support the delivery.

Food Poverty Strategy

Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.

Food Banks

No food banks needed in London by 2024.



- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents



THE RECOMMENDATIONS

Education

By the time a child leaves school they should be able to cook from scratch at least 5 different types of savoury meals that they enjoy and are affordable.

Celebrate

Create Croydon Mayor's Community Food Awards to celebrate and recognise the efforts of our local food businesses.

Whole Systems

Create a Good Food Alliance to build a strong and unified food movement that works collaboratively with local residents and members of both the voluntary and private sector.

Food Waste Reduction

Implement a programme to reduce food and packaging waste by 25% by 2025.



Plastic Reduction and Water Consumption

Increase the number of water refill sites across the borough.



Food Growing

Use planning and environmental tools to incorporate food growing and improving physical access to good food in local plans.

- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Tailored Interventions

Ensure that all projects that aim to tackle obesity tailor interventions to specific target groups, including understanding cultural differences.

GP Training

All 64 GP practices and all departments in Croydon Health Services to receive training around nutrition and weight management.



Awareness

Develop a central system to capture the number of residents accessing emergency food aid.

Free Fruit

All workplaces provide free fruit and vegetables and implement 'cake on occasion' in the workplace.

Marketing

Borough wide marketing of healthy food - no advertising of unhealthy food as part of council contracts.

- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Eating Disorders

Work is undertaken to understand the prevalence of eating disorders across all ages at a local level.

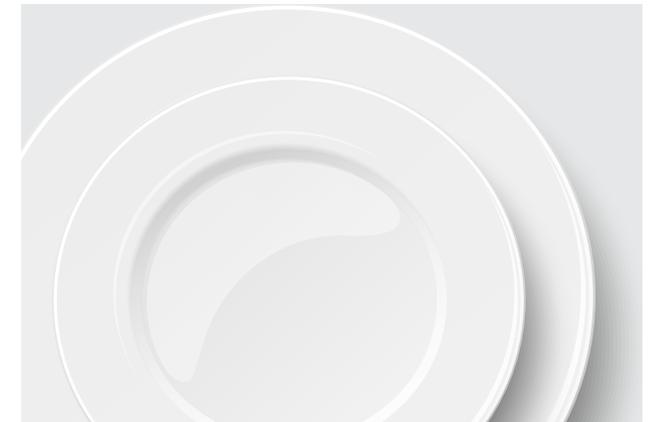
Business Incentive

Business rate reductions for businesses signed up to Healthy Start, Eat Well Croydon and healthy promotions.



Portion Control - The Croydon Plate

Ditch the large dinner plate for a 9 inch Croydon plate.

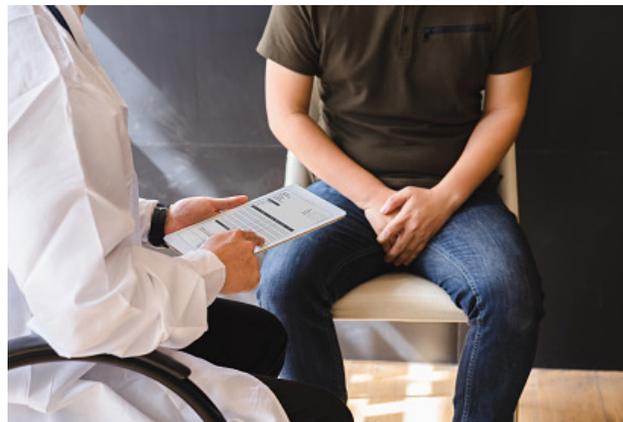


Calorie Control

All restaurants and fast food outlets show the amount of calories for each portion.

Eat Well Croydon

All fast food outlets must sign up to Eat Well Croydon
As part of environmental health checks, issue healthy food inspections.



- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

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FOOD IS SUCH A COMPLEX FOUR LETTER WORD. ALL OF US HAVE A RELATIONSHIP WITH FOOD BE IT GOOD, BAD OR SO-SO WHICH CAN AND DOES CHANGE THROUGHOUT OUR LIFE. SO I ASKED PEOPLE WHAT FOOD MEANS TO THEM AND GOT A WONDERFUL RANGE OF ANSWERS; WEIGHT LOSS, WEIGHT GAIN, SUSTAINABILITY, HUNGER, NOURISHMENT, WASTE, FRIENDSHIP AND COMMUNITY, TO NAME JUST A FEW.

RACHEL FLOWERS DIRECTOR OF PUBLIC HEALTH

CONTENTS

Food Glorious Food	12
Food Poverty and Insecurity	18
Food Throughout Life	24
Diet	32
Body Image and Body Perception	44
Food and Your Mood	47
Weight	48
The Impact of Food and Drink on our Teeth and Gums	56
Fast Food	60
Sustainability	64
Early Experiences Last a Life Time – progress update on last year’s report	68

FOOD GLORIOUS FOOD

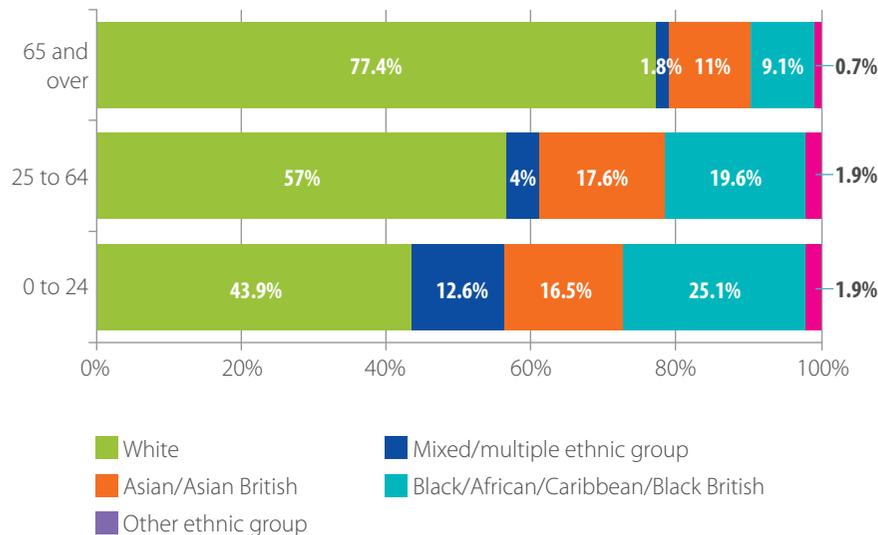
We live in a multi-cultural society - what does that mean and what does it look like in the context of food?

We only need to take a stroll down our high streets to see the huge variety of food from cultures that span the world. Back in 1086 Croydon was a small market town with 365 inhabitants, since then it has become the second most populated London borough, with 385,346 residents. It also has one of London's biggest retail and commercial centres (1). Did you know that many believe that Croydon's name derives from the Anglo Saxon 'Croh Denu' meaning "Crocus Valley". It is widely believed that Saffron was farmed here in Croydon by the Romans.

Croydon has a wonderfully diverse community from many different countries. According to the 2011 census, Croydon has a higher proportion of Black and Minority Ethnic (BME) residents than the national average (1). This has had a hugely positive influence on the range of food available in our shops giving us many opportunities to experiment with ingredients and tastes from around the world. Croydon's current generation of younger adults and children is even more diverse than previous ones. This provides a great opportunity to sow the seed for embracing access to healthy and diverse food within our local shops and markets.

One organisation which is helping us achieve this is Croydon Business Improvement District (BID). It plays an important role in bringing the community and businesses together and the annual food and music festival is just one example of where we can enjoy Croydon's wonderful food offer. Croydon residents can also try different types of food via the fantastic array of independent food businesses, through our local farmers markets and the range of other social events organised by the Council such as the Mela and PRIDE.

Ethnic Group by Age



Source: Croydon Observatory (1)

*Figures may not add to 100% because of rounding.



CROYDON – CROH DENU - CROCUS VALLEY

In 2015, Croydon’s Urban Saffron Farm was launched right in the heart of the town centre, opposite Fairfield Halls where the former council building, Taberner House used to stand. The project was a ‘meanwhile’ project, making use of a bit of land before building commenced.

Hundreds of people visited, and numerous residents worked on the saffron farm. Nearly 40,000 of its corms (the bulbs from which new crocuses grow) were shared with our community gardens, parks, public spaces and schools. Four years on and new crocuses continue to bloom across the borough creating a Croydon saffron legacy.



Amazing to think what you can do with a little bit of land and a fantastic army of volunteers!

RECOMMENDATION

Create Croydon Mayor’s Community Food Awards to celebrate and recognise the efforts of our local food businesses.



“

FOOD CAN HELP FOSTER RELATIONSHIPS. IT CONNECTS US WITH OUR HERITAGE AND CULTURAL IDENTITY. DIFFERENT TYPES OF FOOD, INGREDIENTS AND STYLES OF COOKING VARY DRAMATICALLY BETWEEN INDIVIDUALS AND CULTURES.

A SNAPSHOT OF OUR FOOD COMMUNITY

The community of Croydon provide fantastic and innovative food projects. Here is a taster (pun intended) of just some of those on offer.

FOODIE FRIDAY

'Our programme is aimed at mums who would like to learn how to cook healthy, affordable food for their family. Each week, with the ingredients sourced through Fareshare, our chefs make a quick, healthy and easy meal that can be shared with the family. This has been a huge success with mums remarking the recipes at home and posting the pictures on social media. One of our mum's Candice, often had microwave meals and takeaways and has learnt so much about cooking. Her daughter Leticia, who is 5 years old, has become sugar smart and looks forward to helping her mum within the kitchen, preparing their evening meal. Candice is our ambassador Mum who has learnt, benefited and passed on knowledge to others. The mums love the variety of food their families get to try which they would otherwise not buy due to cost, uncertainty of whether the children would like it and risk of wasting food. We also act as a food bank where mums are able to take shopping home each week which can consist of fruit, vegetables, condiments, nappies and wipes.'

🌐 www.guidinghands.org.uk

✉ Info@guidinghands.org.uk



FSE COOK TO TRADE

'The project supports young people aged 11-18 to learn how to grow their own food, to cook a variety of healthy food from different cultures and to gain street trading experience. We help to inspire, raise self-esteem and confidence and want to help young people feel more positive about the opportunities available and to develop local pride in their community. We are based at College Square, East Croydon so come and see the delicious, healthy food the young people of Croydon are cooking for you!'

Leeman Francis: ✉ fseprojectmail@gmail.com

THE BME FORUM

'The Healthy Living project funded by Croydon Council was set up in 2018 by Croydon Diabetes UK in partnership with the BME forum. It works with people who have diabetes, and those who are at risk of it, by running a series of activities including dietary advice, hands on cooking, weigh-ins, weekly walks, yoga, massage classes and opportunities to get involved in gardening with our partner agency Good Food Matters. Beneficiaries have seen improvements in their BMI, flexibility and confidence in cooking healthy food.'

'THANK YOU FOR THE COOKING CLASS LAST MONTH, I WAS ABLE TO MAKE A VERY HEALTHY CURRY WITH LOTS OF VEGETABLES FOR MY FAMILY AND IT WAS THE FIRST TIME AND WE ALL TRULY ENJOYED IT. I AM NOW COOKING MORE IN THE HOUSE AND AM REGAINING MY CONFIDENCE AS MY WEIGHT IS DROPPING.'

'SONAL THE NUTRITIONIST IS AN ENCYCLOPAEDIA IN HERSELF, SHE IS AMAZING, SUPPORTING AND ADVISING US EVERY TIME, WE LOVE HER.'



GOOD FOOD MATTERS

'We are based in the heart of the New Addington community and are working to help improve resident's diet, help them learn how to grow their own fruit and veg and teach them how to cook healthy and tasty meals on a tight budget. We grow and distribute fruit and vegetables to those most in need and we have a thriving community volunteer and activity programme. We strongly believe in partnerships and are proud to have CALAT, the BME Forum and Croydon Vision amongst the groups who regularly attend sessions.'

"YOU MADE OUR SUMMER - I DON'T KNOW WHAT OR HOW I WOULD HAVE FED OR KEPT THE KIDS OCCUPIED - WE HAVE HAD SUCH A GOOD TIME I DON'T WANT TO GO". LOCAL MUM, SUMMER 2019.

🌐 www.goodfoodmatters.org.uk

FOOD ACTIVITIES

Croydon has lots of food activities over the borough for residents to enjoy!

Our Edible Playgrounds

To help children understand where their food comes from, the edible playgrounds offer an engaging, multi-sensory way to teach children about growing and eating healthy food.



Surrey Street Market

There are several food markets that run across Croydon, the largest and longest established is Surrey Street Market which has been trading since 1276. The market sells a fantastic array of delicious fresh fruit and vegetables!

Edible Playground
West Thornton primary Academy – West Thornton

Surrey Street Market
Food from all over the world on offer!

Food Growing Garden

Edible Playground
St. Giles Primary School - Purley

Edible Playground
Rockmount Primary School - Upper Norwood

Edible Playground
Kensington Avenue Primary School - Norbury

Food Cycle Norwood Junction

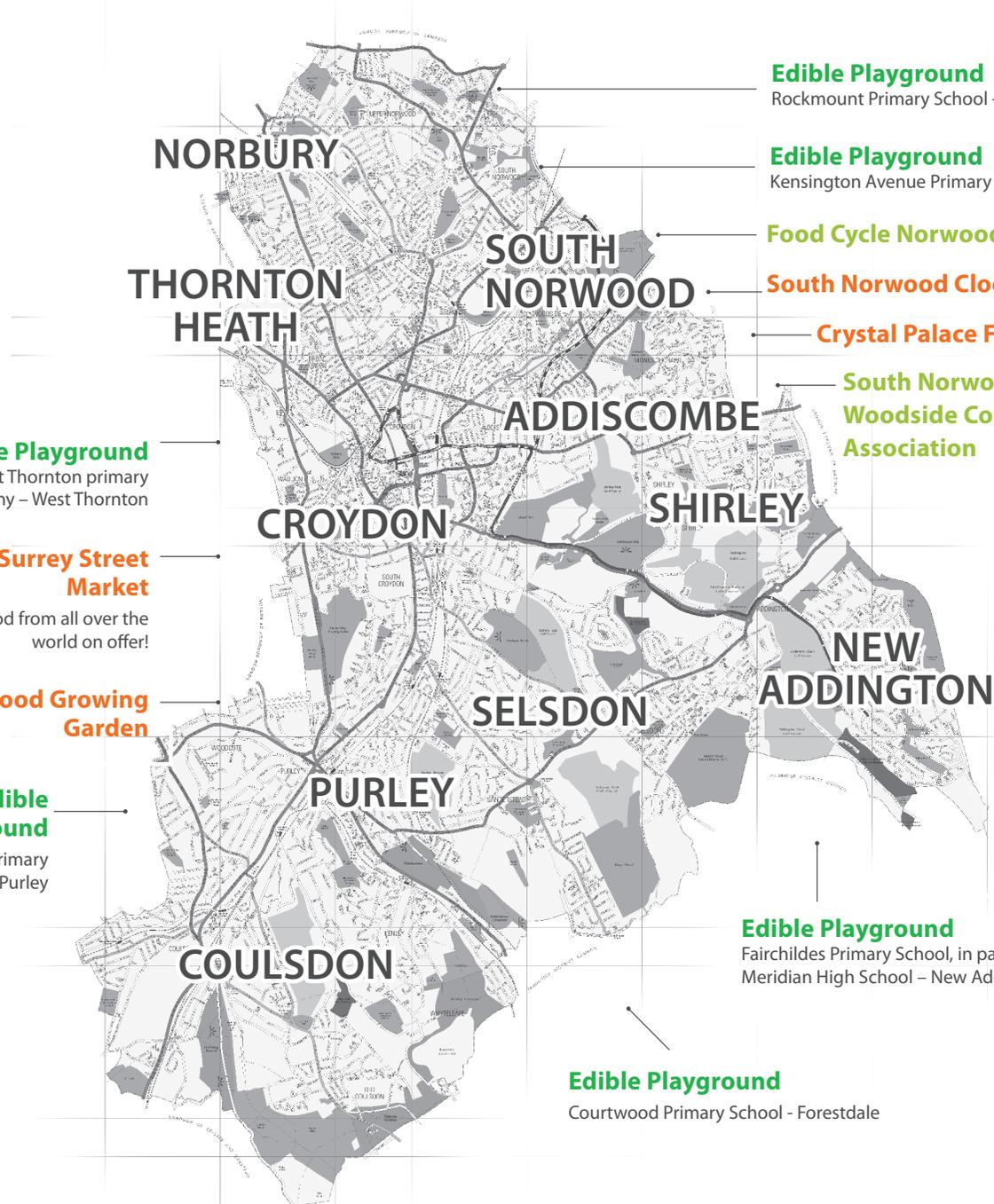
South Norwood Clocktower Market

Crystal Palace Food Market

South Norwood and Woodside Community Association

Edible Playground
Fairchildes Primary School, in partnership with Meridian High School – New Addington South

Edible Playground
Courtwood Primary School - Forestdale





Lunch Clubs

There is a strong community in South Norwood and a very active volunteering tradition. There are a number of well-established lunch clubs which provide 3 free meals for the community every week, all on a voluntary basis and (almost all) run on donations of food from local suppliers.

South Norwood Community Kitchen

Every Saturday, a three course lunch, 12pm - 2pm,
South Norwood Baptist Church, 2 Oliver Ave, South Norwood, London SE25 6TY

🌐 www.southnorwoodcommunitykitchen.co.uk

Food Cycle Norwood Junction Project – Save food from going to waste, serving tasty meals for people in need of a hot meal and friendship. Every Friday, 7pm, Oasis Academy Rylands, Oakley Road, London SE25 4XG

🌐 www.foodcycle.org.uk/location/foodcycle-norwood-junction

South Norwood and Woodside Community Association

Offer a lunch club for older people. They have a relationship with the Shelverdine Goathouse, one of the local pubs which provided a Christmas lunch for the regular group and offered to host a summer lunch as a way to continue the support and welcome older people into the pub.

Crystal Palace Food Market

Started in 2013, initiated by The Crystal Palace Transition Town. The market aims to build and sustain the resilience of the community by:

- Supporting small sustainable farmers and ensuring produce stall holders have organic products.
- Supporting food growers
- Free of charge community stall for members of the community
- Supporting local food producers to cultivate and build their skills

Clocktower Market South Norwood

The market is a mix of craft and food held on the 1st Saturday of the month. The stalls vary but you can often grab some jerk chicken, curried goat, vegetarian options and a selection of meats.



FOOD POVERTY AND INSECURITY

Food poverty has been in the headlines a lot, as has the increasing use of food banks. Over the last few years there has been a change in how poverty impacts people and it is no longer just those people who are in households where no one works. At the time of this report, two thirds of children living in poverty live in a household where at least one parent works (2). A recent survey of 6000 Londoners found that 60% of those experiencing food insecurity were in full or part time work. The combination of low pay, insecure work and high housing and high childcare costs can all contribute towards poverty.

Within Croydon, 8,786 residents live in areas considered to be within the 10% most deprived in the whole country (3), (4). After housing costs, 30% (30,889) of children in Croydon (5), and 17% (10,701) of adults over 60 live in poverty compared to 16.2% in England (6). This will understandably have an impact on what and how people buy their food.

The map illustrates deprivation across the borough with the darker colours demonstrating the most deprived areas. Evidence shows that low income is often linked to a less balanced diet for a range of reasons; availability, and affordability being key.

Food poverty affects people in different ways and has many causes. For some it can be a temporary crisis and for others a long term issue.

19.8% (11,483) of children in Croydon are eligible for and receiving free school meals (7). It is worth noting that free school meals are mainly available to those whose parents are on a specified low income¹. Evidence suggests that there will be many families who are not eligible for free school meals but are still struggling to feed their children. For many families, the school holidays are extremely difficult as they cannot afford the extra cost (£30-£40 a week) to feed their children and currently there is no statutory provision for children in the holidays.

Quality not just quantity

It is important that we consider the quality of food provided to those in need as well as the quantity. It is not just about hunger, but also about being appropriately nourished to attain and maintain health and generally a healthier diet is often deemed more expensive.

HOLIDAY FOOD AND FUN

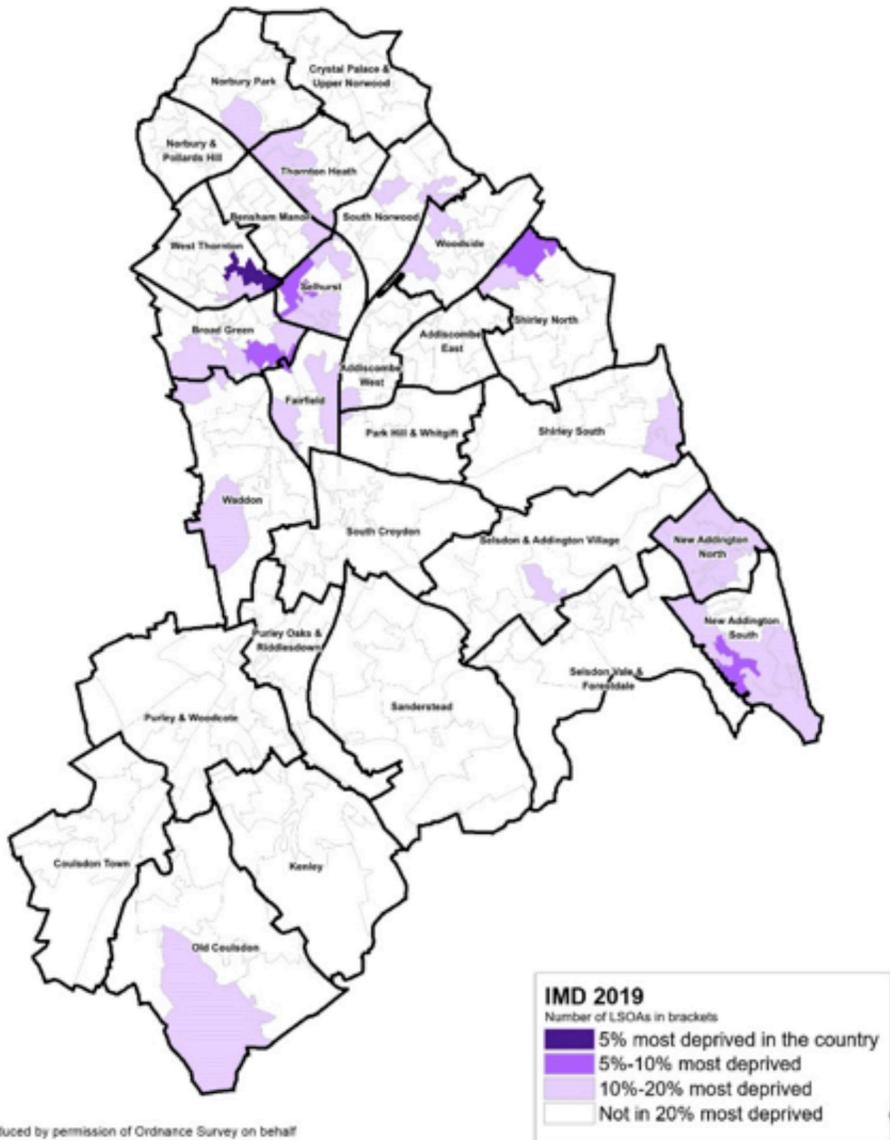
During the summer of 2019, Croydon Council and Family Action worked in partnership to provide Holiday Food and Fun – a programme of activities and food for children and parents in Croydon. Holiday clubs provide a free meal during the holidays to help those who may go without and help relieve the pressure on many families. They can also help parents continue to work during the holiday, without the financial cost of childcare and more often than not, the clubs provide free activities so children don't miss out.

RECOMMENDATION

Sustain the work of the 2019 Holiday Food and Fun project to reduce summer holiday food insecurity; and schools to open their halls and kitchens to support the delivery.

¹Eligibility criteria for free school meals: www.gov.uk/apply-free-school-meals/croydon

**Indices of Deprivation 2019
Croydon Lower Super Output Areas (LSOAs)**



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FOOD POVERTY AND INSECURITY

Food banks

In Croydon, we have a number of food banks and organisations offering food parcels to residents in need. Many of our council services are registered as foodbank referral partners and from April 2018 until August 2019 the councils Gateway service alone received 465 direct referrals from local foodbanks to help residents address the root causes to their crisis. We do not know how many people are actually accessing emergency food aid as we do not have access to one central system to capture the data. This is something I would like to change and is included in my recommendations so that we can understand the real situation here in Croydon.



MANY OF CROYDON'S FOODBANK USERS ARE REFERRED TO COMMUNITY CONNECT/FOOD STOP

Community Connect: The Food Stop uses surplus food to provide access to healthy food for residents as well as additional services and support via Community Connect who offer tailored pathways to employment, improved housing options and financial stability. The aim of Community Connect: Food Stop is to offer a hand up rather than a hand out. For a £3.50 membership fee residents can buy between £15-20 worth of fresh food (fruit, vegetables, meat, dairy and others). There are two food stops, one in New Addington and one in Thornton Heath.

RECOMMENDATION

Develop a central system to capture the number of residents accessing emergency food aid.

Government: Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.

Mayor of London: No food banks needed in London by 2024.



GIVE YOUR CHILD THE BEST START WITH HEALTHY START

Healthy Start is a government funded programme helping low income families with children under 4 years old. It provides vouchers to spend on fresh and frozen vegetables, fruit, milk and infant formula and vouchers for vitamins. Despite considerable efforts nationally and locally, knowledge and uptake of Healthy Start has been poor with over 22,000 London households missing out, that's £5.6m worth of Healthy Start vouchers not being claimed. Croydon is working with Sustain during 2019 to better understand the barriers. This includes offering bespoke support for those families who have not been claiming and asking people who have been using the vouchers for feedback on how they use the vouchers and how they think the scheme could be improved. Increasing up take of Healthy Start in Croydon is an objective within the Croydon Food Poverty Action Plan (2017 to 2020). We also have over 115 retailers across the borough accepting the Healthy Start food vouchers. These range from big chain supermarkets to the average corner shop and local newsagents. Families can exchange their voucher entitlement as part payment for their milk, fruit and vegetables. Beneficiaries can search for retailers by postcode on the Healthy Start website www.healthystart.nhs.uk/healthy-start-vouchers/where-to-use-the-vouchers/

Mothers can exchange their vouchers for vitamins at Children's Centres, the family nurse, the teenage pregnancy health visitor and at some health centres.

FOOD POVERTY AND INSECURITY

The cost

In 2016/17 the average household spent £43.18 per person per week on all food and drink. This includes alcoholic drinks and eating out (8). The percentage of income spent on food continues to be highest for households with the poorest 20%, at 14.3% in 2016/17, although the gap is closing (8). Food is the largest item of household expenditure for low income households, after housing, fuel and power costs.

Do healthy diets have to be expensive?

This is more complex than many people think and it's not really a yes and not really a no – there is an inequality dynamic involved. In 2016 the chair of the Royal College of GPs said fruit and veg were so costly that it was 'unrealistic to expect people on low incomes to eat their five-a-day'. As five-a-day goal is sometimes suggested to be ten-a-day, the food foundation said that those on low incomes would find eating ten portions of fruit and veg a day 'impossible'. There is a complicated relationship between where food can be purchased, if it is bought from a local shop or a supermarket chain, how much can be afforded or carried? It is not just as simple as saying that things can be bought cheaply if, in your area they can't be. And it doesn't matter if you can buy the raw ingredients cheaply if you don't know how to cook them. In many households there are people who haven't had cooking skills passed onto them and this is one of the skills that we need to encourage.

A new report from the institute of economic affairs has shown that rice, pasta and potatoes can, in many places purchased for less than 5p per serving. Apples and pears can be bought for less than 10p and bananas, oranges and grapes cost less than 30p per serving. A serving of 80g of carrots, peas, cabbage or tinned tomatoes costs less than 8p. You can, taken together, have your ten-a-day for less than 60p and a nutritious, although basic, diet for less than £1 a day.

However let's look at the price of other foods. The cheapest ready meals cost at least £1 each. Sugar and fat rich snacks invariably cost more than pears or apples. 80g of crisps is four times more expensive than 80g of banana or broccoli. High sugar drinks don't just cost more than water, but they are typically more expensive than low sugar soft drinks such as sugar-free orange squash or diet lemonade.

Diet versions of most products cost the same as their originals. Skimmed milk costs the same as whole milk, light mayonnaise costs the same as full-fat options and white bread costs the same as brown.

However, when eating out, less healthy options are relatively cheap in comparison to the healthy options, such as a portion of chips compared to purchasing a readymade healthy salad. The cheapest food is less likely to be fresh and higher in calories, which is sometimes more filling.

And here lies one of the challenges around healthy eating. In today's fast paced society we find ourselves looking for fast, convenient and tasty food which can often lead to the abundance of fast food outlets.



RECOMMENDATION

By the time a child leaves school they should be able to cook from scratch at least 5 different types of savoury meals that they enjoy and are affordable.

The charity Sustain, recommend the following actions to develop a local response to food poverty and the factors that drive it. Croydon has currently achieved or is working towards completing all of the 10 recommendations.

Sustains Recommendation	Achieved	Working Towards
1. Have a comprehensive plan to reduce food poverty which would include these subsequent recommendations.	✓	
2. Have a designated Healthy Start coordinator and an integrated programme of activities to reach a minimum local uptake for 80% uptake.	✓	
3. Increase the prevalence of breastfeeding by working towards Unicef UK Baby Friendly accreditation.	✓	
5. Improve the implementation and uptake of free school meals.	✓	
6. Ensure that all children have access to nutritious food 365 days a year.		✓
4. Take action to ensure that statutory provisions for children are sufficient and used to deliver concrete actions to tackle food poverty.		✓
7. Lead on activities to improve physical access to good food by working with planners, retailers and caterers.		✓
8. Become an accredited London Living Wage employer.	✓	
9. Reinvigorate provision of meals on wheels, developing a 'more than the meal' approach.		✓
10. Minimise the burden of Council Tax payments for residents on low-income.		✓

123

FOOD FOR THOUGHT

Tips to help you eat on a budget

- Write a shopping list and plan your meals so that all your ingredients are used - don't forget to freeze any unused food.
- Buy frozen fruit and vegetables, they are just as good for you and are sometimes cheaper than the fresh version.
- Cook with beans, lentil and peas – they are cheaper than meat and fish and packed with fibre.
- Cut back on takeaways and try cooking your own meal from scratch - recipes can be found on the change 4 life website www.nhs.uk/change4life/recipes

As a result of the hard work taking place in Croydon to tackle food poverty, we have recently been recognised as being the 2nd best borough (out of 33 London boroughs) for leading the way in tackling food poverty.

FOOD THROUGHOUT LIFE

Food is often a focal point in our lives. It is vital for our physical survival but it is also a source of pleasure and it brings us together, whether for an evening meal, meeting up with friends and family, a celebration, or simply grabbing a sandwich with a colleague. Whenever we eat, whoever we eat with, most of us will think at some point about whether the type of food and how much we are eating is 'good' or 'bad' for us. As we can see from the stories in the press, what we eat, and how much we eat plays a vital role in our health and wellbeing. But the decisions we make about food are not simple and there are many things which influence what we choose or can do.

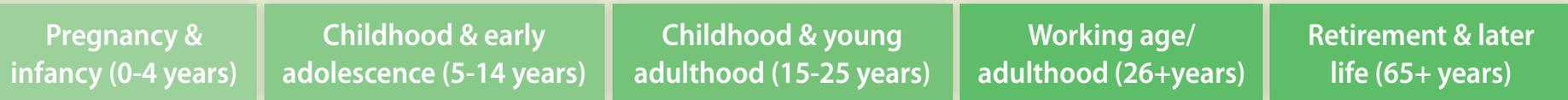


What affects our view of food and what we prefer to eat?

What we eat is influenced by our health beliefs, which in turn are influenced by our culture, family and wider factors (9).

Our attitudes towards food are also affected by what is called 'learnt behaviours' which we adopt from early childhood. Research has found that 56% of the differences between how quickly people feel full when eating, and 40% of the differences in how much they enjoy food are explained by their learnt behaviours (11). The availability of different foods, parental role modelling, food being used as a reward, television viewing and child parent interactions around food are of vital importance and will have an impact on learnt behaviours (12).

Since the 1940's we have known (13) that what women eat before (and during) pregnancy can have a lasting impact on our children. In my 2018 annual report, Early Experiences Last a Lifetime, I detailed that there is a large and growing body of evidence that good health before pregnancy provides the best start for children and what we eat contributes to this good health (14), (15), (16), (17). A baby's development in the womb is not only linked to their mother's diet while pregnant, but also on the nutrients and fats that have been stored through her lifetime (18), (19). Taking folic acid before pregnancy can prevent some infants from suffering severe problems with the formation of their spine and nerves (20). We also know that women living in the least deprived areas are more likely to take folic acid (21) and using the national rates we have estimated that 1200 babies each year in Croydon have mothers who did not take folic acid before pregnancy.



AT DIFFERENT STAGES IN OUR LIVES, OUR REQUIREMENTS FROM FOOD CHANGES

FOOD THROUGHOUT LIFE

Food and pregnancy

You may have heard the phrase “eating for two” while pregnant, but babies don’t actually need this (16). We do not need to eat any more in the first six months of pregnancy and we only need an extra 200 calories per day in the third trimester, that’s about two slices of buttered toast (17). Eating well during pregnancy is vital (22) as babies in the womb whose mothers don’t eat well may have higher risk of diseases in later life such as coronary heart disease, diabetes, stroke and hypertension (23).

Snacks approximately around the 200kcal mark



Toast with butter 40g of porridge with semi skimmed milk and some fruit

Aside from folic acid, there are other vitamins and minerals important for pregnancy. Some people, for example, may need to take more vitamin D. A deficiency in iron in pregnancy can harm the development of the child and a supplement may be advised if women are not getting enough from their diet (24). Other important nutrients in pregnancy include vitamin C and calcium, which can be obtained through a balanced diet (22).

Food, childhood and early adolescence

Babies receive all nutrients they need in the first six months of their life through milk. It is recommended that mothers should exclusively breastfeed for the first six months, if possible (25). While there is clear evidence that breast milk gives babies the best start in life, infant formula can be used (20). Breastfed babies are less likely to be overweight and

obese or have type 2 diabetes (26) and it also helps bonding between mothers and their babies (27). The cost to the NHS every year of treating just five types of illnesses linked to babies who were not breastfed is at least £48 million (28).

In England, 74% of mothers start to breastfeed, with 44% breastfeeding at six weeks and only 1% exclusively breastfeeding until six months (29). Older mothers and some BME groups are much more likely to breastfeed, whereas young, white mothers working in routine and manual jobs and who left education early are least likely to breastfeed (28). If more mothers in low income families were supported to breastfeed exclusively during the first six months their babies health inequalities would be reduced (29). In my 2018 annual report a key recommendation was to achieve level 3 of the UNICEF Baby Friendly award and I am delighted that our local health services will be applying to receive this highest level of accreditation for their breastfeeding services in 2020.

Breastfeeding supports families and communities¹⁹



Breastfeeding can help to reduce health inequalities for babies and improve their life chances



Breastfeeding can support family budgets – less illness and time off work, feeds babies for significantly less

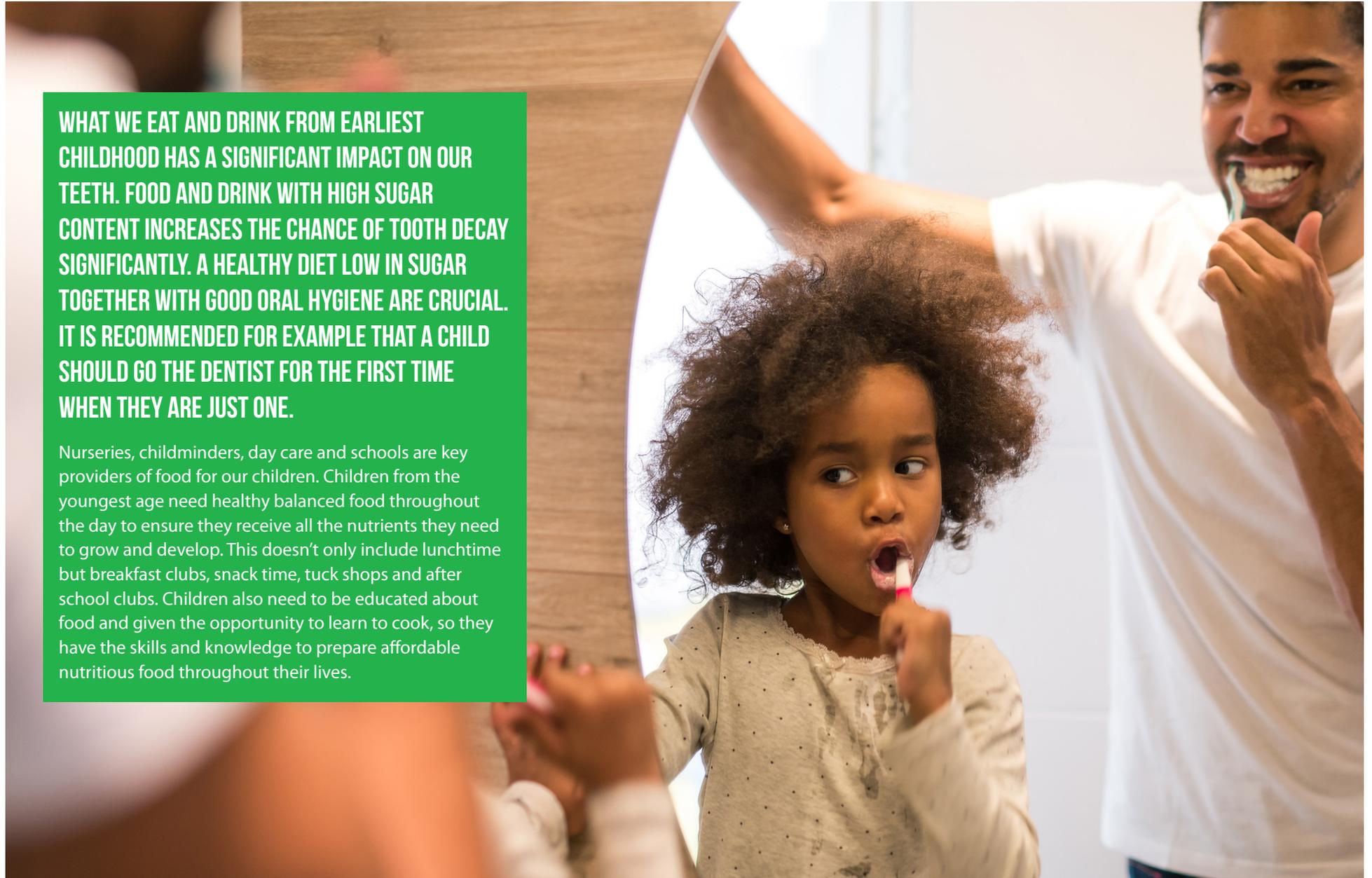


Families benefit from the inherent relationship building that breastfeeding brings

Source: PHE Commissioning Infant feeding service 2016 (30).

WHAT WE EAT AND DRINK FROM EARLIEST CHILDHOOD HAS A SIGNIFICANT IMPACT ON OUR TEETH. FOOD AND DRINK WITH HIGH SUGAR CONTENT INCREASES THE CHANCE OF TOOTH DECAY SIGNIFICANTLY. A HEALTHY DIET LOW IN SUGAR TOGETHER WITH GOOD ORAL HYGIENE ARE CRUCIAL. IT IS RECOMMENDED FOR EXAMPLE THAT A CHILD SHOULD GO THE DENTIST FOR THE FIRST TIME WHEN THEY ARE JUST ONE.

Nurseries, childminders, day care and schools are key providers of food for our children. Children from the youngest age need healthy balanced food throughout the day to ensure they receive all the nutrients they need to grow and develop. This doesn't only include lunchtime but breakfast clubs, snack time, tuck shops and after school clubs. Children also need to be educated about food and given the opportunity to learn to cook, so they have the skills and knowledge to prepare affordable nutritious food throughout their lives.



FOOD THROUGHOUT LIFE

Croydon currently has 7 Food Flagship schools that aim to take a whole school approach to healthy eating and food education and more are being recruited. These schools are working towards moving children and adults away from sweet and fizzy drinks and foods high in fat, salt and sugar. The Flagship schools are helping to entice pupils back to school dining halls and increase the uptake of school meals by offering more nutritious menus and improving the overall dining experience.

As children get older they gain more freedom and have greater choice over the foods they eat. Whether this is on the journey to and from school, walking past newsagents and fast food outlets or during their lunch break. Research among secondary school children found that 80% of pupils ate from shops surrounding their school at least once a week and this increased to 97% among those who were allowed out at lunchtime (30).

Next time you are near a school, take a look at the surroundings and see what is on offer.



ST. MARY'S CATHOLIC PRIMARY TRUST - FOOD FLAGSHIP SCHOOL

As part of the Croydon Food Flagship Programme, St. Mary's became a Food Flagship School in September 2017 and embarked on a 2 year plan to improve food provision and education across the whole school community. They have made some incredible changes such as reducing sugar by 10% in all puddings and main meals (such as sauce based dishes) and on Wednesday's they only have fruit and yoghurt for pudding. The whole school is now water and milk only and they have created a new teaching kitchen for students and families to utilise after school and in the holidays.

RECOMMENDATION

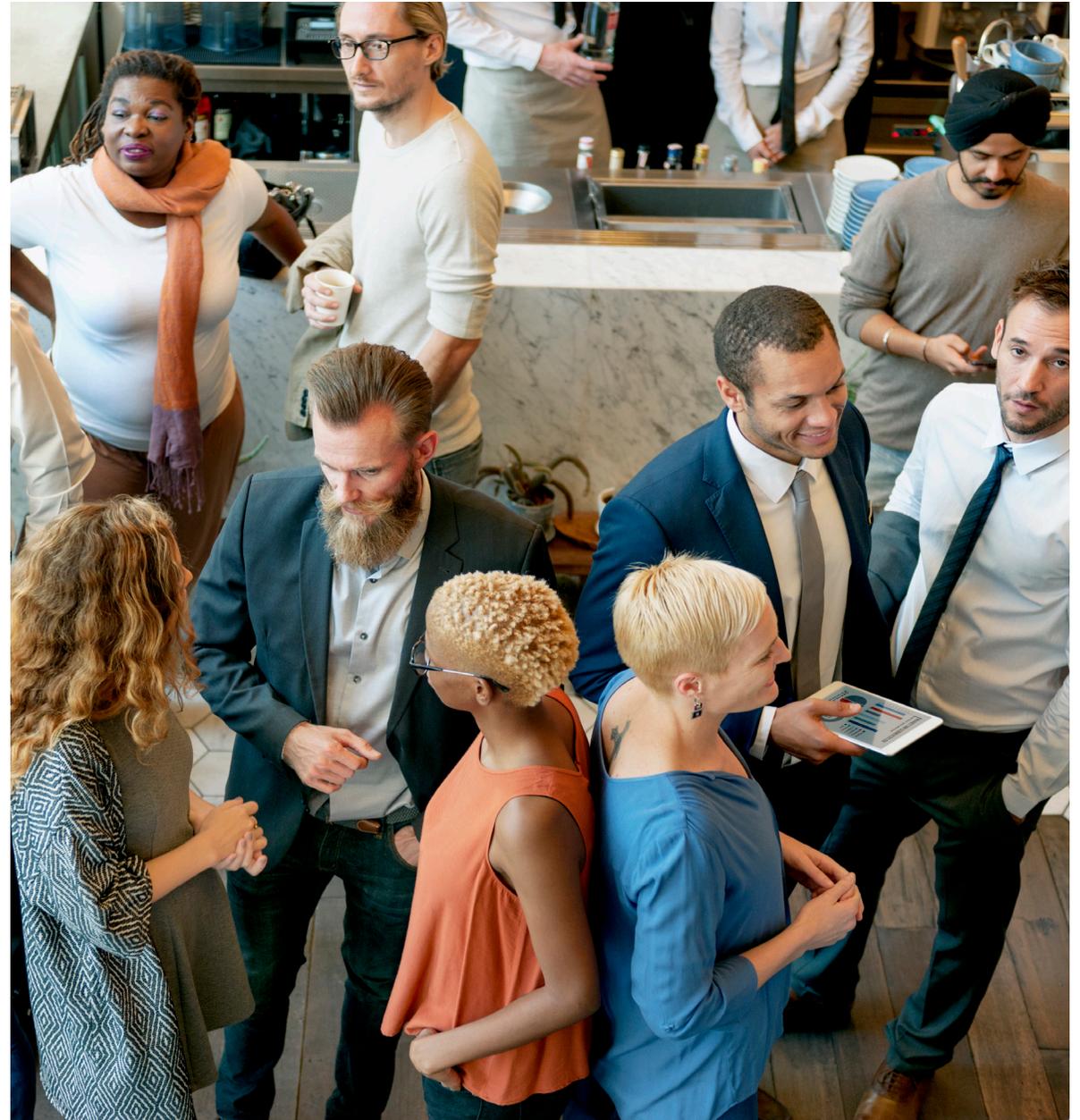
Mandatory for Ofsted to include food inspections in their framework.
Mandatory for early year settings to join Healthy Early Years London.

Food and working age adulthood

Croydon has the third highest number of working age adults in London. The 55-59 and 60-64 age groups are predicted to grow the most by 2025 (33).

Starting work and the changing lifestyle that comes with working can change the way we eat. A study found that irregular work hours, a busy lifestyle, low willpower and unappealing food were seen as the main barriers to healthy eating in the workplace (34).

The workplace has been identified as an ideal location to promote healthy lifestyles, including healthy eating. People eat most of their meals during the working day and the benefits of eating healthy at work can result in improved health and attendance (35). One study found that providing free fruit in the workplace, increased the variety of fruit individuals consumed, not only at work but also at home (36).



FOOD THROUGHOUT LIFE

What do you eat at work?

A typical working day may start with the alarm going off and a slight sense of urgency to get ready and on the way to work, regardless if you are a 9-5er or on shift work. Do you eat breakfast? For some, breakfast helps them start the day but it is important you eat the right food at breakfast and watch out for the sugary cereals or the lure of the fry up on a regular basis.

Coffee or tea time - how much sugar, milk do you add? What about biscuits? And no that wasn't an offer, do you reach for the biscuits as a reward for doing something at work, maybe even being in work?

So now to lunchtime - do you make time to eat? If so what? A sandwich, something you made at home, a meal deal with a bag of crisps and a snack to keep you going on the last stretch and then home. Sound familiar? Looking back on your day, would you have eaten any fruit or veg or had any water?

A busy work day can sometimes lead to long periods of time without eating. Research has found that those who go longer between meals are more likely to consume extra calories and choose foods high in sugar and fat (37). The office cake culture has also crept in and a recent study found that a third of respondents suggested office cake had led to weight gain (38). We all know how easy it is to reach for the cake or biscuit tin when feeling a bit tired and not only that, it provides an opportunity to have a catch up with a colleague. That said, (and I don't want to ruin everyone's day by suggesting we never have cake in the office) could you keep cakes and sweet treats for special occasions and offer a healthy alternative to cake instead?

RECOMMENDATION

All workplaces provide free fruit and vegetables and implement 'cake on occasion' in the workplace.

For those that work nights or do shift work it can be difficult to eat well, whether it's because quality sleep is lacking or due to the change of shift schedules and the body not adapting to the change in patterns. In the 2013, health survey for England (39), it was reported that shift workers were more likely to experience general ill health and consume less fruit and veg to those who didn't work shifts. A suggestion to help with eating better whilst working a shift is to try having smaller healthy snacks throughout the shift which might help improve alertness, digestion and the temptation to reach for the sweet treats!

Signing up to the healthy workplace charter can support workplaces to improve the food offered to employees. www.london.gov.uk/what-we-do/health/london-healthy-workplace-award/about-london-healthy-workplace-award



Add some fruit, veg and healthy snacks to your working day, why not try some of the suggestions below.

Breakfast: A fruit smoothie, banana on toast, yoghurt and fruit, porridge with fruit.

Mid-morning: A piece of fruit, malt loaf, plain popcorn, crackers

Lunch: A chicken salad sandwich, vegetable soup, or a veggie wrap.

Afternoon: Raw veg sticks with hummus, fruit, small portion of unsalted nuts.

Don't forget to drink your water – keep a reusable water bottle with you and drink throughout the day. You can also find out about the Refill app further on in this report.

Food and menopause

It is important to eat a healthy balanced diet regardless of your life stage but for menopausal and post-menopausal women, a healthy diet can help prevent osteoporosis which is associated with lower levels of oestrogen (which occurs during the menopause) and a healthy diet can also help reduce the risk of cardiovascular disease which increases post menopause (40). Calcium and vitamin D are both important for bone health with vitamin D helping the absorption of calcium from foods. Milk, cheese, yoghurt sesame seeds and dried figs are all good sources of calcium (40). It is also important to cut down on your saturated fats (things like butter and cream) and replace them with unsaturated fats (things like olive oil). As part of the menopause, physiological changes can mean that some women put on weight so it is important to try and eat a healthy balanced diet and to try and keep as active as possible.

Food in later life

The older population have a wealth of food and cooking experience to offer and Croydon has the third highest number of people aged 65 and over in London (33). With age our risk of certain conditions increase and more of us are now living longer. With this in mind, it is important we continue to follow a healthy diet so that our extra years are lived as well as possible and are disease free. It is important to eat a varied diet with plenty of fruit, vegetables, fibre and little salt (41). One in ten people over the age of 65 are at risk of malnutrition or are malnourished (42) and for some older people, eating and drinking enough to maintain their health and wellbeing can be difficult. Tastes change and appetite can also decrease leading to unintended weight loss which can have a serious impact on someone's health. Having smaller meals and snacks can help with appetite loss rather than having three large meals and eating with someone can sometimes help improve appetite. Join a friend or try your local community group or lunch club. 🌐 www.ageuk.org.uk/services/in-your-area/.



DIET

A healthy diet helps reduce the risk of cardiovascular diseases, cancer, diabetes and other conditions linked to obesity (8). The Eatwell Guide is a really useful way of helping us achieve a healthy balanced diet. The Guide is suitable for all ethnic groups, vegetarians and vegans; the only group it isn't suitable for is children under the age of 2, because they have different food needs.

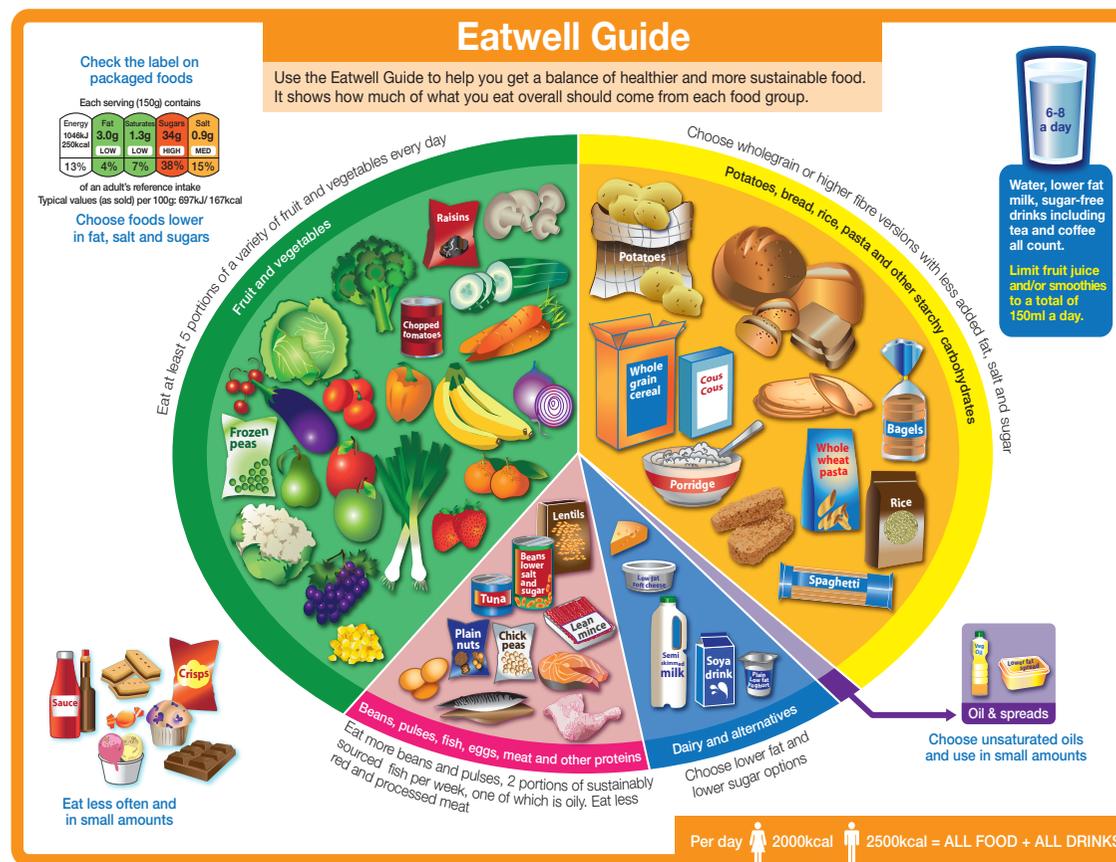
It's recommended that on average men have around 2,500 calories a day and women should have around 2,000 calories a day.

There are lots of different tools out there to help us keep track of the calories in our food, these are some I like:

The One You campaign: 400 600 600

Public Health England's One You campaign offers some top tips to help keep calories on track. They suggest 400 calories for breakfast, 600 calories for lunch and 600 calories for dinner, allowing room for healthy snacks and drinks in between (43).

Why not try using the 400 600 600 and the Eatwell Guide to support your journey to maintaining a healthy weight. You can find out more at: www.nhs.uk/oneyou



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Know your portions

With restaurants now offering huge portions, drinks coming in extra-large sizes and snacks sold in king-sized packages, it can be really difficult to know how much to eat. It's also increasingly difficult to avoid eating more at home. The size of dinner plates, glasses and cake tins have all grown over the last 20 years. As it all gets bigger, bigger becomes the new normal. Modern portion sizes on average contain 50-150 extra calories when compared to portions a few decades ago. This extra 100 calories a day can pack on an extra 10 pounds of weight in a year!

Even some meals that look 'normal' in size can add up to an entire day's calorie allowance. A large portion of chips can add up to 1,000 calories, with a drink and a burger added in you can end up having more than 2,000 calories in just one sitting. And this is pretty common, with 96 percent of restaurant meals exceeding recommendations for fat, salt and overall calories (44).

RECOMMENDATION

All restaurants and fast food takeaways show the amount of calories for each portion (as part of Eat Well Croydon).

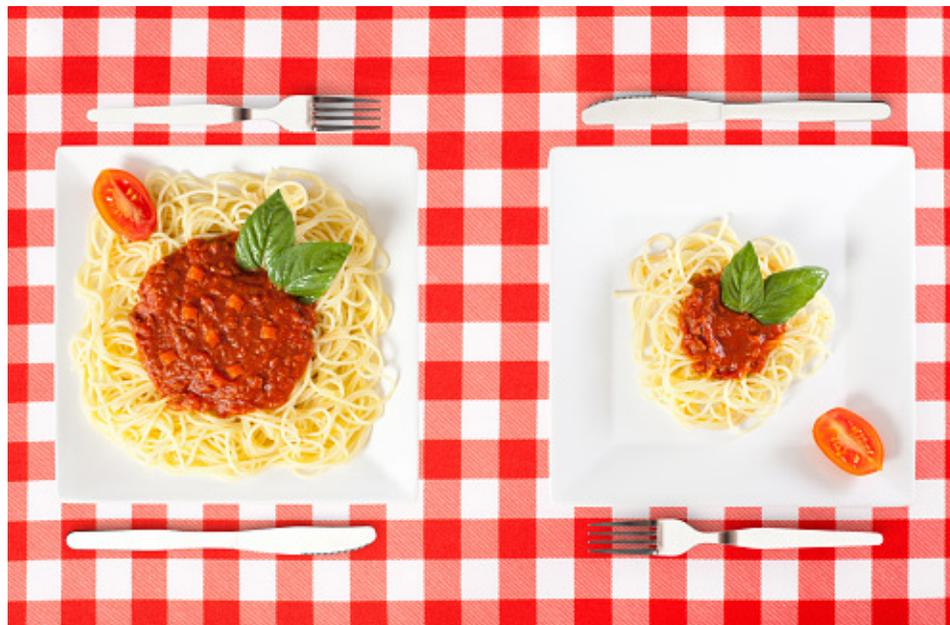
Take a look at the pictures below to see the size a healthy portion should be.



DIET

The Croydon Plate

Growing up, many of us were told to eat everything on our plate - there were lots of reasons why. I am aware of others who never had enough to eat and getting a decent amount of food was a luxury that was to be sought at every opportunity as you never knew when the next meal was. These experiences develop habits that mean plate clearing is expected even when you feel full and with portion sizes increasing over the years so is our calorie intake. It's not just portion sizes increasing but also our tableware such as dinner plates and glasses. In the 1950's the average dinner plate was 9-10 inches, now it is more likely to be 12 inches or larger and the evidence has shown that we tend to consume more food and drink when offered larger sized portions or when using larger plates and glasses (45). And yes plate sizes still tend to be in imperial sizes in the UK.



INCREASES IN PORTION SIZES

1993 ► NOW

STEAK AND KIDNEY PIE
(short crust, individual)



1993

Weight: 160g
Calories: 425kcal

NOW

Weight: 240g
Calories: 640kcal
50% INCREASE

SLICE OF WHITE BREAD
(Large loaf, medium thickness)



Weight: 36g
Calories: 85kcal

Weight: 40g
Calories: 95kcal
11% INCREASE

CHICKEN CURRY WITH RICE (frozen)



Weight: 260g
Calories: 305kcal

Weight: 395g
Calories: 460kcal
52% INCREASE

FROM THE BREAD ALONE, HAVING A SANDWICH FOR LUNCH EVERYDAY IS EQUAL TO **7,300 CALORIES A YEAR MORE NOW THAN IN 1993**



12" PLATE

9" PLATE

WHAT SIZE IS YOUR DINNER PLATE?

Why not try the smaller and shallower 9 inch plate, alongside cutlery that holds smaller mouthfuls – you might be surprised how this one small change might have a big impact.

RECOMMENDATION

Ditch the large dinner plate and try a 9 inch plate for your main meal.



FOOD FOR THOUGHT

- Eat with small plates and bowls.
- Eat slowly as it takes around 20 minutes for your stomach to tell your brain you are full.
- Aim to have two portions of vegetables on your plate.
- Turn off the TV so you notice what you are eating.
- Weigh your food and you may be surprised at how much one portion size is.

DIET

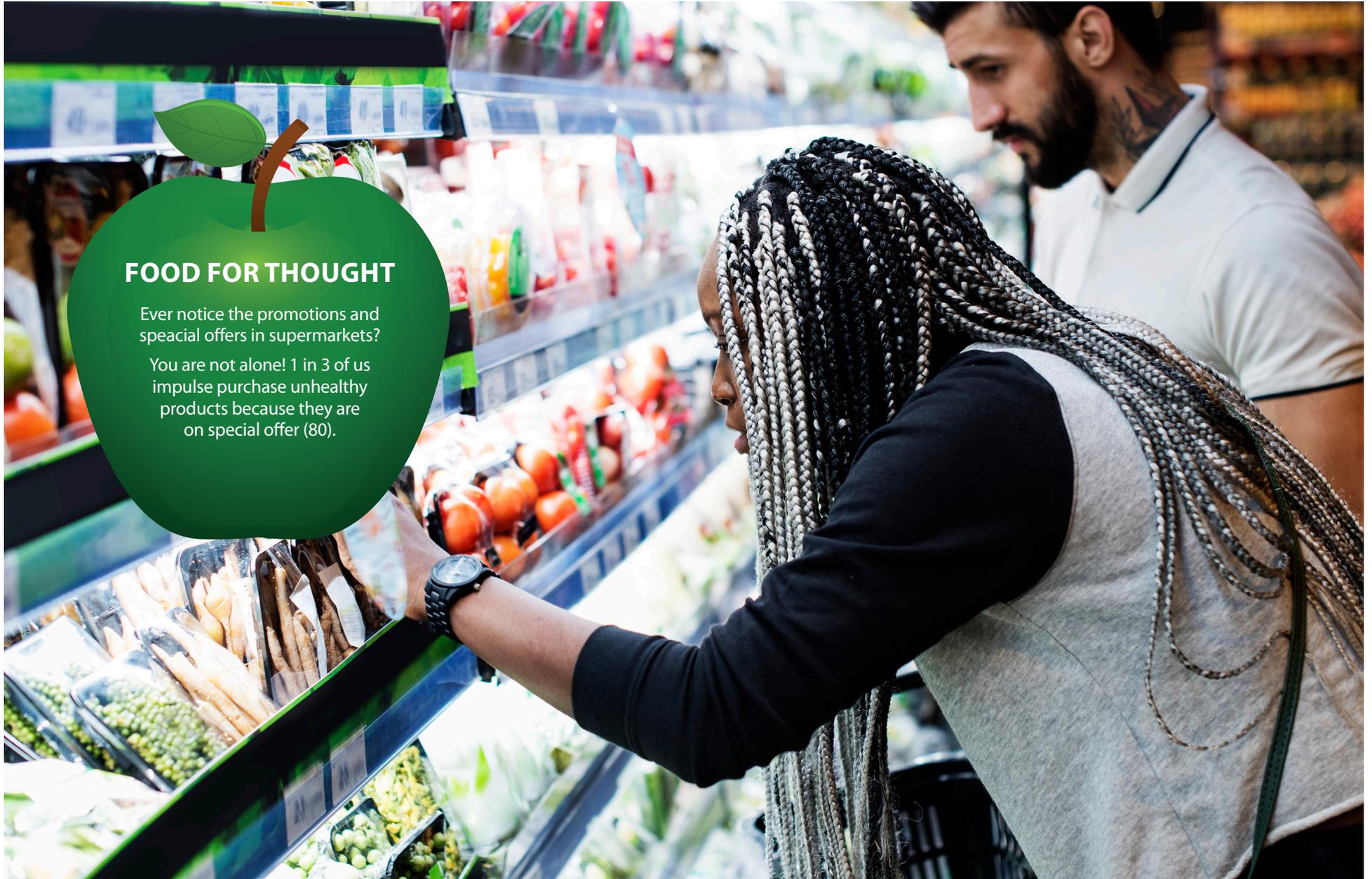
Nudge nudge

Have you ever thought about what you buy in the food shop? Items placed at eye level may be purchased more frequently than those nearer the floor (46). Thaler and Sunstein (47) state that a 'choice architecture' exists, where outside forces guide a person's decision, like supermarkets putting a specific food at eye level to encourage people to buy it or restaurants serving smaller portion sizes and using smaller plates to give the perception that the portion size hasn't changed. These are known as 'nudges'. Research has shown that nudges can positively increase an individual's healthy food choices (46) and they can be used as a low cost option to improve individual's lifestyle choices. Retailers, such as supermarkets can play a vital role in enabling families and individuals to make healthier choices. According to the Food Standards Agency's criteria, 89.5% of products on display at children's eye level, in UK supermarkets were unhealthy (48).



RECOMMENDATION

Work with food retailers and food outlets to use nudge theory techniques to promote healthier products in the first instance.



FOOD FOR THOUGHT

Ever notice the promotions and special offers in supermarkets? You are not alone! 1 in 3 of us impulse purchase unhealthy products because they are on special offer (80).



DIET

Vegetarian, vegan, flexitarian and pescatarian

I couldn't talk about food without making some reference to the range of dietary choice that cuts across society. Many people either through faith, cultural beliefs or personal choice choose specific diets. As someone who has been vegan and was lacto vegetarian, I felt that I should make reference to these diets and do a little unpacking about some of the types of diets that people have.

Vegetarian - a diet with no meat or fish, some vegetarians may eat dairy products like milk and eggs.

Vegan - a diet with no meat or fish, with no animal products like milk or eggs.

Flexitarian - a semi-vegetarian diet with much less red meat, less chicken, fish and dairy but increased vegetables, beans and plant based food.

Pescatarian - a diet with no meat, but does allow fish.

Vegetarian

A vegetarian diet consists of grains, pulses, legumes, nuts, seeds, fruits and vegetables and other non-animal based foods (49). What many people don't realise is that there are different types of vegetarian diets and I've included four of the main vegetarian types below:-

Lacto Vegetarian:

Eats dairy products but not meat, fish or eggs.

Ovo Vegetarian:

As Lacto but also eats eggs.

Jain Vegetarian:

As Lacto but eats no vegetables which grow underground.

Allium Vegetarian:

As Lacto but eats no onions or garlic.

For more information on the different vegetarian types and exceptions and restrictions please visit www.vegetarianUK.org

Vegan

A vegan diet contains only plants and plant based protein e.g. vegetables, grains, beans, nuts and pulses and food made from plants (50) such as bread, rice and pasta. Vegan diets tend to contain a lot of iron but the iron can be harder to digest than that coming from meat. Vitamin B12 which we need to help maintain a healthy nervous system is only found naturally in animal sources so people following vegan diets may need to take supplements. Small amounts of Vitamin B12 are found in cereals, yeast extracts and non-dairy milk (51).

To help regulate the amount of calcium in the body, we need vitamin D, exposure to sunlight is the best way, but you can also get small amounts from breakfast cereals and unsweetened soya drinks (51).

Vegetarian and vegan diets are becoming increasingly popular, partly due to perceived health benefits, the environment and animal welfare (52). The evidence is not clear as to whether one diet is better than the other but what we do know is that by following the Eatwell Guide and eating a healthy balanced diet, we can improve our health.

Flexitarian

44% of people in Britain are willing or have tried eating vegetarian food (53). This gives us a great opportunity to increase the diversity of the food we buy from restaurants and shops. Flexitarians may eat meat but will choose to eat vegetarian associated food as little or as often as they like.



Pescatarian

A pescatarian will eat fish and other seafood's along with pulses, grains and vegetables. Meat is excluded and in some cases dairy is also excluded (54). If we eat a healthy pescatarian diet that includes unprocessed, low sugar, low salt vegetarian type foods and the fish options include lean white fish and fish that contains omega 3, for example, salmon, tuna, mackerel; we are more likely to reduce our risk of living with type 2 diabetes, high blood pressure and heart disease. The pescatarian diet can be linked to a mediterranean diet as it includes fresh fruit and vegetables which is also associated with reducing our risks of living with cardiovascular disease.

Whatever diet you prefer, do your research and be confident you are taking the right amounts of vitamins and minerals. Ever heard the saying 'if you fail to plan you could be planning to fail?' the same goes with your diet. If you plan well and make sure that what you are eating gives you enough calcium, iron and Vitamin B12 you can get all the nutrients you need.

What does the label say?

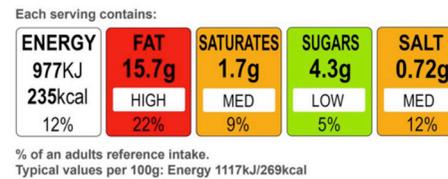
Knowing whether a food is high or low in fat, salt or sugar can sometimes be tricky. Different shops have different branding and it can all get a bit confusing! **Have you noticed the traffic light system used on some foods?**

Red, amber and green

Colour-coded nutritional information tells you at a glance if the food has high, medium or low amounts of fat, saturated fat, sugars and salt (55):

- **red means high**
- **amber means medium**
- **green means low**

You can also follow the guidelines below to tell you if a food is high or low in fat, saturated fat, salt and sugar – why not take note and check next time you pick up a sandwich.



FOOD FOR THOUGHT

Ingredients are often listed on the back of food packaging and are listed in order of weight. So the main ingredients will always come first. For example if you see butter or cream at the top of the list, then the food will be high in fat.

Total fat
High: more than 17.5g of fat per 100g
Low: 3g of fat or less per 100g

Saturated Fat
High: more than 5g of saturated fat per 100g
Low: 1.5g of saturated fat or less per 100g

Sugars
High: more than 22.5g of total sugars per 100g
Low: 5g of total sugars or less per 100g

Salt
High: more than 1.5g of salt per 100g (or 0.6g sodium)
Low: 0.3g of salt or less per 100g (or 0.1g sodium)

DIET

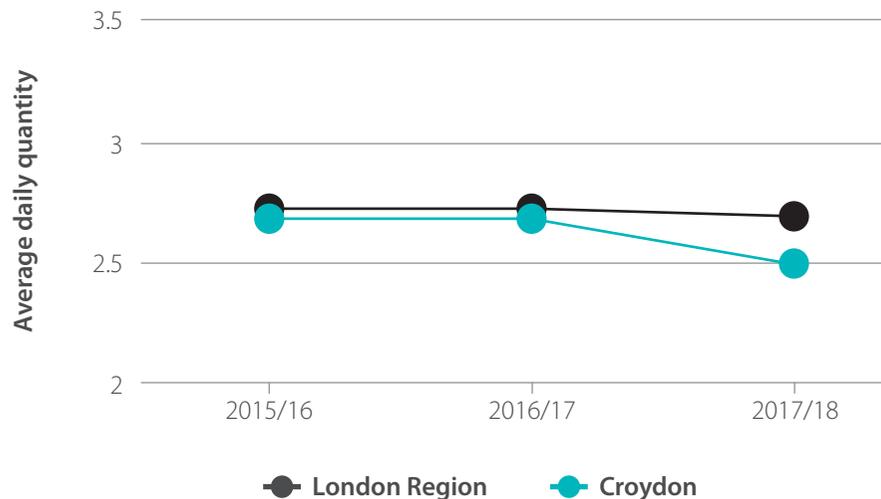
Five a day

Many of us have heard of 'five a day' when it comes to fruit and vegetables, eating plenty of fruit and veg helps reduce our risk of disease and keeps us healthy.

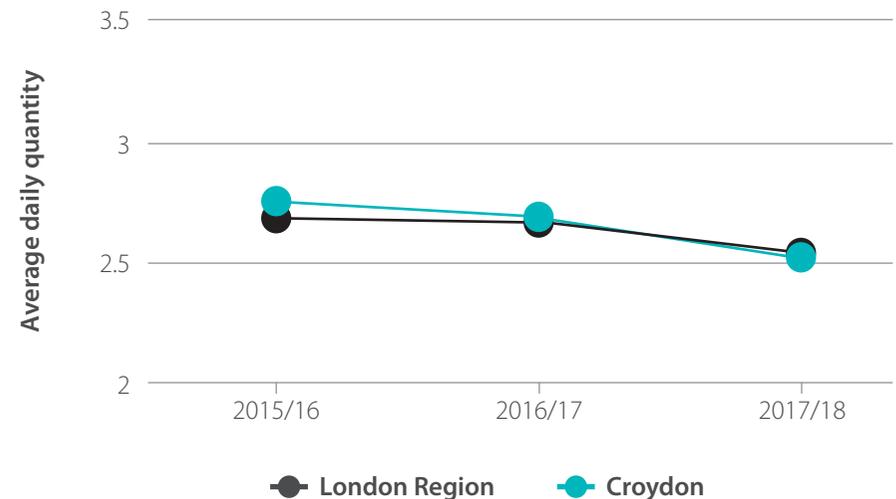
In 2017/18 the average number of portions of vegetables consumed daily by adults (16+ years) in Croydon was 2.48, this is lower than both the London average of 2.68 and the national average of 2.65 (56). The average number of portions of fruit consumed daily by adults (16+ years) in Croydon was 2.51. This is the same as the national average (2.51) and similar to London at 2.54 (56). What we also know is that people in the north of the borough are less likely to eat fruit and vegetables than those living in the south of the borough.



Average number of portions of vegetable consumed daily (adults) for Croydon



Average number of portions of fruit consumed daily (adults) for Croydon



This map illustrates that the north and east of the borough have the highest numbers of residents who are likely to eat fruit, three or less days per week.

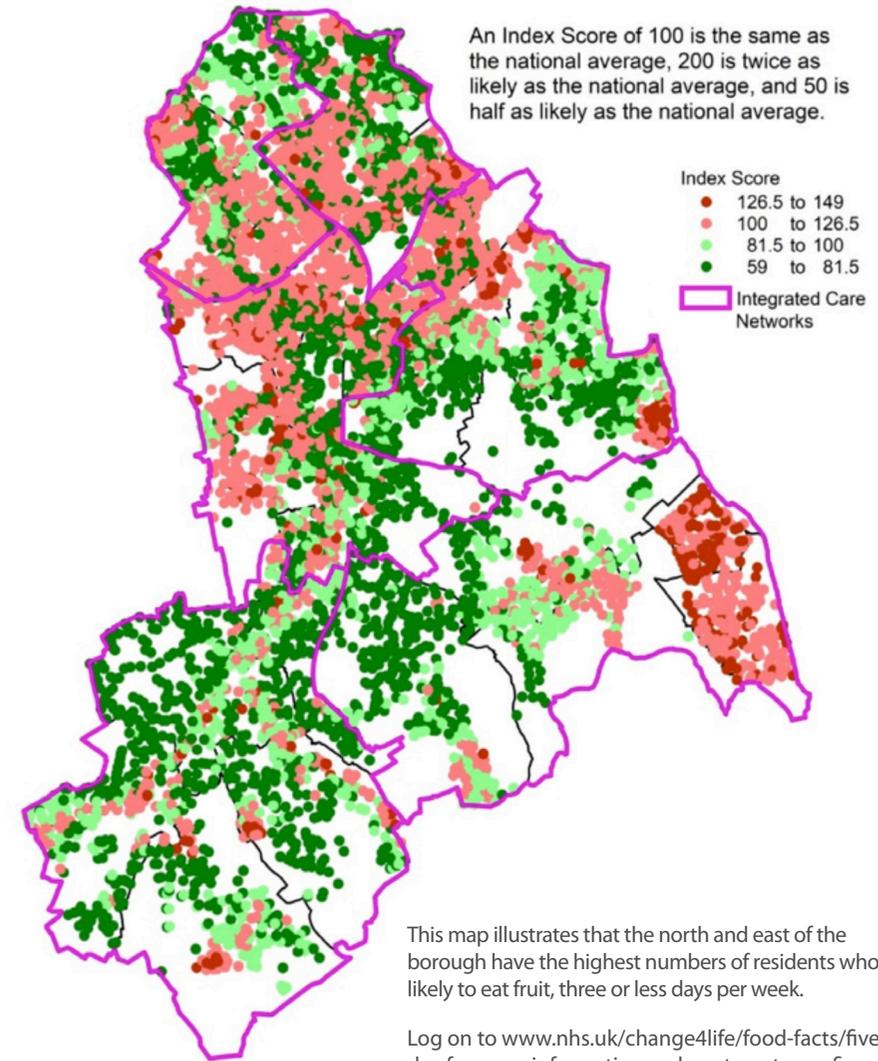
Log on to www.nhs.uk/change4life/food-facts/five-a-day for more information on how to get your five a day.



SCHOOL MARKETPLACE – Come and get your fruit and veg!

Every year, pupils from schools in Croydon, come together to sell their very own fresh fruit, vegetables, jams and herbs at the School Marketplace in Croydon Clocktower. The children spend much of the year cultivating fruit and vegetables, in preparation for the market day. It is a fantastic way for the school children to learn about where food comes from but to also learn entrepreneurial skills.

Likelihood of eating fruit 3 or less days per week ACORN Wellbeing 2018



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DIET

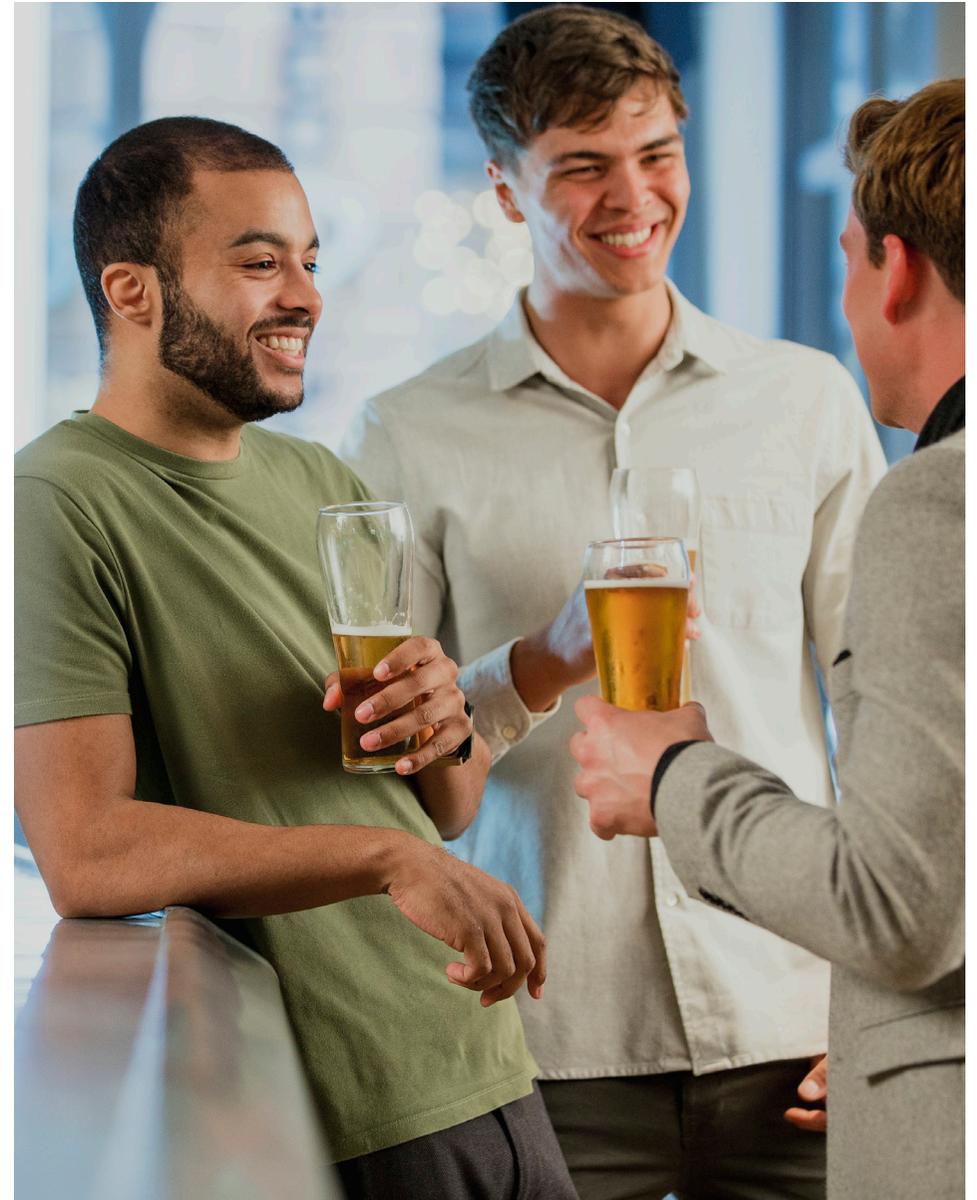
Alcohol

If you regularly drink above the recommended amount, you may find it has a noticeable impact on your waistline. A standard glass of wine (175ml) has the same calories as a Cadbury chocolate mini roll (126kcal) and a pint of 5% strength beer is the same calories as 1 packet of McCoy's salted crisps (215kcal).

Liquid calories: You can find how many unit and calories are in your drinks at www.drinkaware.co.uk/understand-your-drinking/unit-calculator

Drinking above recommended levels also increases a range of health risks including hypertension, stroke, heart and liver disease, pancreatitis, depression, anxiety and insomnia. In addition, the most recent review of evidence suggests that the protective effects of alcohol at low levels (i.e. to heart health) have been over-estimated. Alcohol is also associated with a wide range of criminal and anti-social behaviour, particularly public drunkenness and street drinking, violence, domestic violence, injury and deaths and casualties due to road traffic accidents. Evidence suggests that there are inequalities in the distribution of harm and costs from alcohol misuse with around 40% of the total costs arising from the 20% most deprived areas (57). The burden of alcohol misuse is not limited to deprived groups but alcohol harm is experienced more by these groups. In fact, lower socioeconomic groups often report lower levels of average consumption, yet show greater susceptibility to the harmful effects of alcohol and are more likely to die or suffer from a disease relating to their alcohol use. This is particularly true for mortality from chronic liver disease. This gives rise to what has been termed the 'alcohol harm paradox' whereby disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations (57).

In Croydon, there are a significant number of local residents who are drinking alcohol at levels potentially harmful to health. Estimates from Public Health England are that 19.2% of the adult population are drinking over the recommended units each week (58). Croydon is estimated to have approximately 3,402 or so dependent drinkers (just over 1.18% of the local population) (59).



UK Chief Medical Officers' Low Risk Drinking Guidelines

Drinkaware explains



Unit guidelines are now the **SAME** for men & women. **BOTH** are advised **not to regularly drink** more than **14 units a week**

This is what 14 units looks like:



BUT don't 'save up' your 14 units, it's best to **spread evenly** across the **week**.

If you want to cut down the amount you're drinking, a good way is to have several **drink-free days** each week.



Note: 175ml 13% ABV wine and 4% ABV beer

If you're **pregnant** you **shouldn't drink alcohol at all**



Keep the short-term health risks low by:

- **limiting** the total amount of **alcohol** in **one session**
- **drinking** more **slowly**, alternating with **food** and/or **water**

The **guidelines** have been set at a level to keep the **risks of cancer** or other diseases **low**.



BODY IMAGE AND BODY PERCEPTION

Body image develops over time and can be influenced by a range of different things like family beliefs, friends, social media, advertising and cultural beliefs. There is also the social norm and expectations. How you feel about the way you look and the way you see yourself can vary from one person to another and amongst different cultures. It has been reported that children as young as eight years old give accounts of body dissatisfaction that are similar to those of adult women (60). The influence society can have on how someone feels about their body image can often be internalised, causing lowered body image and reduced self-esteem.

There is evidence that some people from different cultures have different perspectives and views around body image. There is not one universal ideal body image since preferences can vary throughout the world and for some cultures they celebrate the person's body regardless of the appearance but more about what the body can achieve.

However, body image can also be seen as the ideal body weight and there is a healthy weight recommended for each of us, based on our height as mentioned in the 'weight' section of this report.

An example of the differences between cultures can be found in a study by Lambeth Council Public Health (2009). They reported that a large proportion of residents did not recognise the concept of being overweight, and were shocked to learn from their doctor that they were obese or overweight and believed that they naturally had large body sizes (61). Others responding to the survey did not wish health professionals to compare their weight to what they considered a 'white standard'. The survey also suggested that some residents preferred slim bodies and others believed that slim bodies were desirable but not realistic.

In the same study, the majority of communities, regarded large children as healthy children and thin children as unhealthy children.

We need to be mindful and respectful of the way different cultures view body image and what constitutes towards a healthy body weight, especially when helping families change their behaviours. A targeted intervention for a specific target group may have a greater impact on changing behaviours.



How our sex affects food choices

Being male or female can also have an effect on what we eat and how we view food and weight. Women will tend to divide food into two groups: “healthy foods” and “junk foods” (62). Females tend to link junk food with, among other things, weight gain, pleasure, friends, independence, and guilt; while consumption of healthy food is associated with weight loss, parents and being at home. In general, women experience more food-related conflict than men in that they like fattening foods but think that they should not eat them and are more likely to be dissatisfied with their body weight and shape than men (63). This is not to say that men do not have similar struggles with food choices or body image or suffer with the pressure of society to be ‘manly’ and to look a certain way, more recently the pressure is for young males to be lean and muscular to fit a ‘masculine’ stereotype.

Social media can have a strong influence on our food choices and our views on the ideal body image. Many social media apps now involve the use of images as a way of communicating as opposed to text, this can encourage people to focus on image above anything else and does not always present the reality.

RECOMMENDATION

Ensure that all projects that aim to tackle obesity tailor interventions to specific target groups, including understanding cultural differences.



BODY IMAGE AND BODY PERCEPTION

Sexual identity and health

A growing body of evidence shows that sexual identity and gender identity can have a big impact on an individual's health. Lesbian, and bisexual women are more likely than heterosexual women to smoke (64) (65) (66), drink alcohol excessively (67) (68), live with poor mental health (69) and be overweight or obese (70). Taken together these raise the risk of chronic health conditions including diabetes, high blood pressure, heart disease, and some cancers (71).

We do not know for certain why this is the case. It may be due to diet. Some studies have shown that lesbians older than 50 years of age are less likely to meet the recommendation of five or more servings of fruits and vegetables per day (68). Bisexual women are more likely than heterosexual women to not eat breakfast, to eat out at restaurants, to engage in unhealthy weight control behaviours (including laxative use, vomiting, and diet pills) and binge eating, but they are less likely than heterosexual women to eat fast food. Living in rural areas may also have further adverse implications on the health of lesbian and bisexual women in that they experience less social support and lack of community, as well as more health risk behaviours (72) (73). Although lesbian and bisexual women report more engagement with aerobic exercise per week, they also report sitting an average of 4-5 hours/week more than heterosexual women.

Men who identify as bisexual are more likely to be underweight or very overweight (BMI \geq 35.0 kg/m²) than heterosexual men (74). Gay men are significantly less likely to drink regular fizzy drinks, but they are also more likely to frequently eat at restaurants. In terms of physical activity, gay men are less likely than heterosexual men to engage in moderate physical activity or strengthening activity. Gay men are also more likely to engage in unhealthy weight control behaviours including binge eating and are less likely to feel satisfied with their body than heterosexual men.

There has been very little research looking at the diet of transgender and gender non-conforming people. A large-scale study of college students found that overeating and attempts to compensate by under eating are higher among transgender students than cisgender, gay or heterosexual students (75). This may be because some transgender people

experience distress in relation to features of their biological sex that are inconsistent with their gender identity. Extreme weight loss strategies among TGNC people may therefore be a means to reduce undesired, or develop desired, gender features (75), (76). The evidence is limited for all the groups we have mentioned because we have only been recording sexual identity since 2008. I am leading a formal review of the health needs of LGBT members of the Croydon community, which we will publish in due course.

Croydon FOOD FLAGSHIP



In 2014, Croydon became a Food Flagship borough. Growing food, learning to cook healthier food, and understanding the importance of a balanced, nutritious diet in preventing obesity were the principal aims of the programme. The programme delivered a range of projects to different communities across the borough and achieved significant success with key

projects achieving and, in some cases, exceeding targets. Good Food Matters delivered catering and horticultural courses to over 300 residents, with 4/5 residents stating their diets had become healthier as a result. The Community Gardening project trained 22 residents as Master Gardeners who committed over 1000 hours of volunteering and 80 social prescription referrals were made. A fantastic amount of work took place in our schools resulting in infant school meal uptake increasing from 81% to 85.2% and key stage 2 meal uptake increasing from 53% to 64.5%. This was described as the best uptake in the country. 30 start-up food businesses also received support to help develop their healthy food business and £25,000 was invested in supporting community projects such as cooking and nutrition lessons for a BME group, specifically aimed at women out of work.

The commitment to support families to live long and healthier lives has continued over the past 5 years with initiatives such as Sugar Smart and the Local Declaration on Sugar Reduction and Healthier Food continuing to drive this agenda forward.

FOOD AND YOUR MOOD

There is evidence to suggest that food not only affects your physical health but also your mental health (64). Have you ever had one of those days where you start on the sweet treats early and then feel sluggish so go back for more? Or perhaps you have eaten lots more fruit and veg and have far more energy?

Food can have a direct immediate impact on our mood. Although not all studies on the subject are consistent, a recent systematic review of all the evidence has shown that the following diets can make you feel happier more often (77):

- A vegetable-based diet.
- A glycaemic load-based diet which selects food that will have minimal alteration to your glucose levels.
- A very low carbohydrate diet (ketogenic).
- A paleo diet based on meat, fish, veg and fruit and excludes any processed food.

Whilst we know eating our fruit and veg can help us feel better, on the other hand a self-reinforcing cycle can develop whereby obesity and binge eating can lead to low mood which in turn results in further over consumption and ever worsening mood (79).

Just as behaviours learnt in childhood can cause obesity in later life, obesity early on, predisposes to the later development of depressive symptoms, especially amongst the young and female (80). But while obesity can predispose to low mood, the reverse is also true. Low mood and anxiety can increase the risk of gaining weight. Although weight gain is best predicted amongst women by decreases in leisure time and physical activity, in men, weight gain over a year is best predicted by anxiety scores. Put simply, the more anxious, the greater the risk of unwanted weight gain (81).

This relationship may partly be explained by the hormone leptin. Leptin is an appetite suppressor made by fat cells. Recent studies suggest a novel role for this hormone in the regulation of mood and emotion (82). Low levels of leptin have been found to be associated with depressive behaviours and increased appetite. Indeed, leptin appears to display antidepressant-like efficacy. Both leptin insufficiency and leptin resistance may therefore contribute to low mood.



WEIGHT

Whether what we weigh is healthy or not is connected to our height. The recommended method to measure your weight is through the body mass index (BMI) score which is calculated using both your height and weight.

For most adults, a BMI of:

18.5 or less	Means you're underweight
18.5 to 24.9	Means you're a healthy weight
25 to 29.9	Means you're overweight
30 to 39.9	Means you're obese
40 or above	Means you're severely obese

If you would like to know if your current body weight is in the healthy range, you can try the BMI calculator: www.nhs.uk/live-well/healthy-weight/bmi-calculator

You can use the BMI calculator to determine whether someone is overweight or obese but it is worth noting that the BMI is not used to definitively classify whether a person is overweight or obese as someone who is very muscular may have a high BMI without having excess fat. Waist circumference can be used as an additional measure.

Why are some of us underweight?

Sometimes if we are not feeling well, stressed or experience a period of time where we don't get to eat regular meals, we may lose weight. There are eating disorders that mean we become and remain underweight. There are some medications we take that may cause us to lose weight and some people are naturally underweight even though they eat a good varied diet. If we are underweight for a period of time it can affect our health. We could experience nutritional difficulties, weakened immune system and fertility problems (83). There are times throughout our lives, especially as we get older, we may

lose our appetite and eat less; and yet it is important we should still aim to maintain a healthy weight throughout our life. There are healthy ways to gain weight by eating regular small meals and regular healthy snacks. Eating with friends and regular exercise can also boost our appetite. Walking is a great way to maintain a regular exercise routine. Keeping active lowers our risk of heart disease and stroke even if we are underweight.



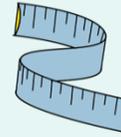
Why do some of us become overweight and obese?

Quite simply, we put on weight when the amount of calories (food and drink) we consume exceed those which we use (through everyday life). A key contributor to the imbalance is the food we eat. If we do not balance the amount we eat with the energy we use, then most of us will put on weight.

So what does obesity mean?

Someone who is very overweight with a lot of body fat, is described as obese (84). It is estimated that obesity is responsible for more than 30,000 deaths each year in the UK and on average an individual loses 9 years of life if they are obese (85).

We may not see ourselves or our children as obese...



Adults tend to underestimate their own weight
Half of parents do not recognise their children are overweight or obese



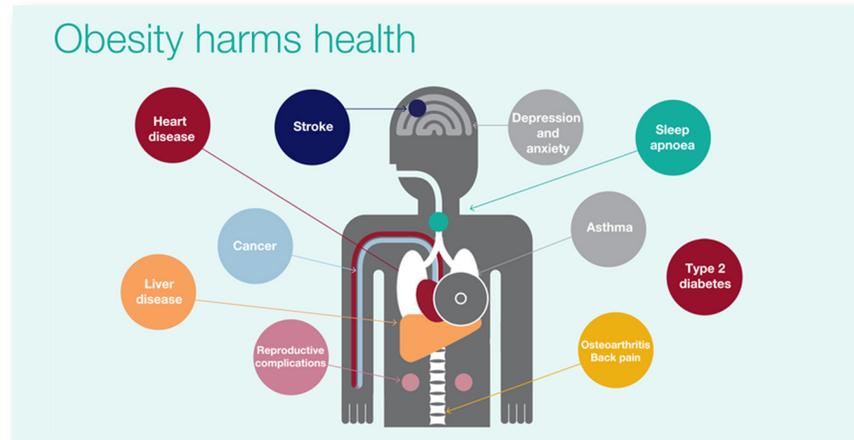
The media tend to use images of extreme obesity to illustrate articles about obesity



GPs may underestimate their patients' BMI



If we do not recognise obesity we are less likely to prioritise tackling it



Source: Public Health England; Adult Obesity: applying All Our Health (111)

Obesity harms adults



Less likely to be in employment



Discrimination and stigmatisation



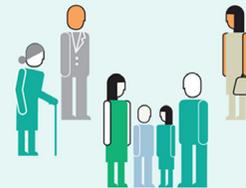
Increased risk of hospitalisation



Obesity reduces life expectancy by an average of 3 years
Severe obesity reduces it by 8-10 years

Obesity does not affect all groups equally

Obesity is more common among:



People from more deprived areas

Older age groups

Some black and minority ethnic groups

People with disabilities

WEIGHT

Overweight and obesity in Croydon

Weight is measured in children at school in reception (aged 4-5) and year 6 (aged 10-11). In Croydon, slightly more than one in five children (21.9%) aged 4-5 are overweight or obese. By the time they reach the ages of 10-11, this increases to just greater than one in three children (37.9%) (86).

The prevalence of overweight and obese children in Croydon overall is similar to the average across London. While reception year prevalence has remained fairly constant over time, the proportion of year 6 children measuring as overweight and obese is increasing. This is not just happening in Croydon, it is happening across England.

There is some variation across the borough, with high levels of excess weight being concentrated in the north of the borough in year 6 children but more spread out across the borough in reception year children (87).

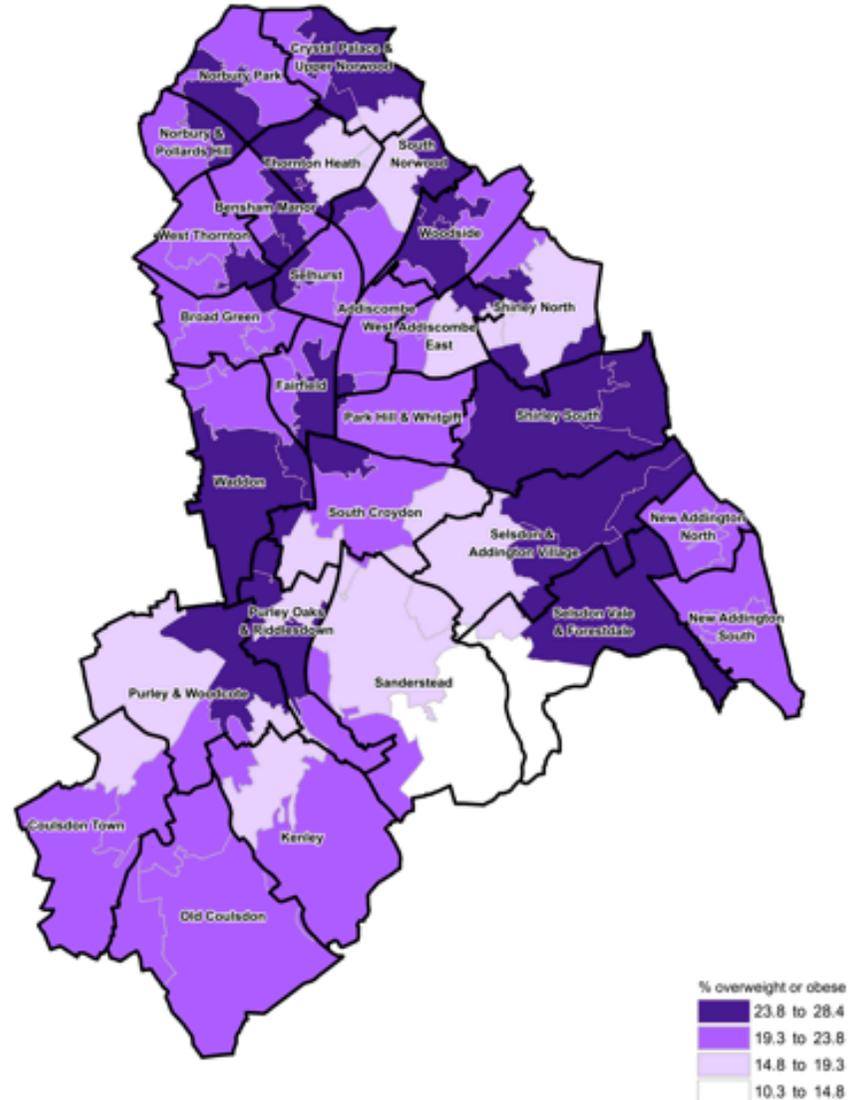


**1 IN 5 CHILDREN
IN RECEPTION YEAR IS
OVERWEIGHT OR OBESE**



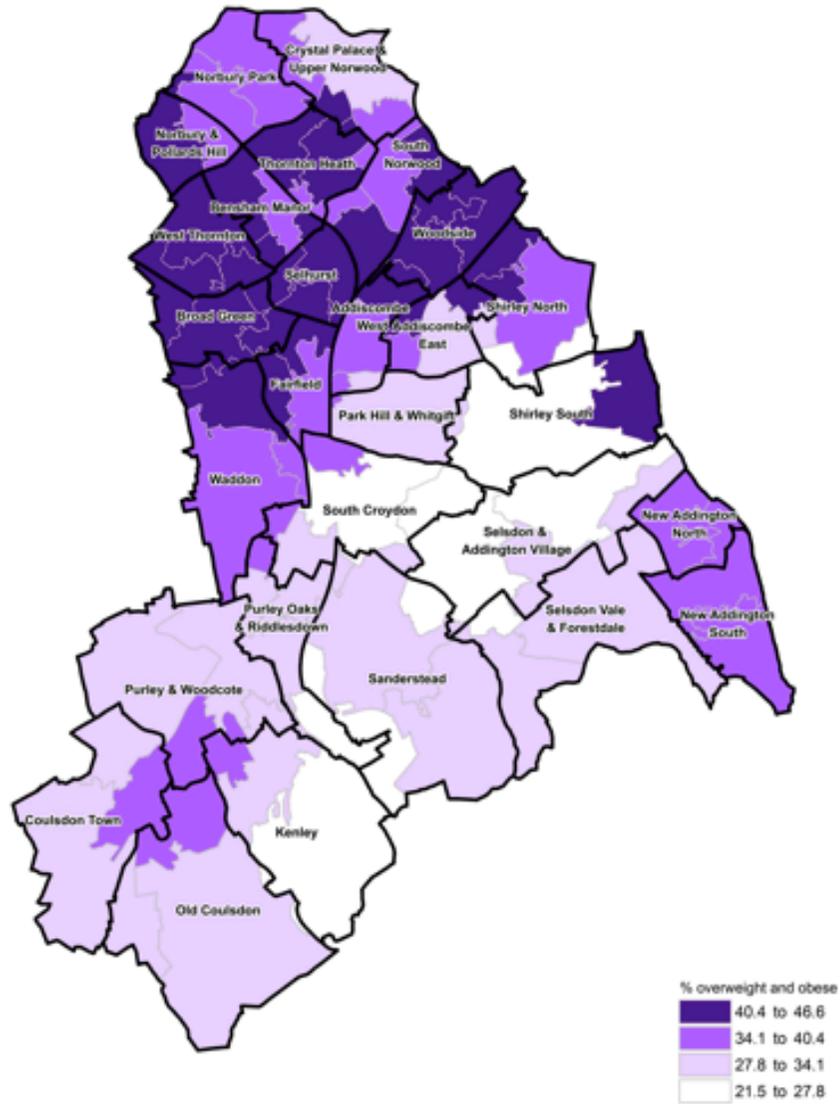
**1 IN 3 CHILDREN
IN YEAR 6 IS OVERWEIGHT OR OBESE**

Prevalence of overweight and obese reception age in Croydon.
NCMP small area data, 2015-2018



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Prevalence of overweight and obese year 6 age children in Croydon.
NCMP small area data, 2015-2018



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WEIGHT

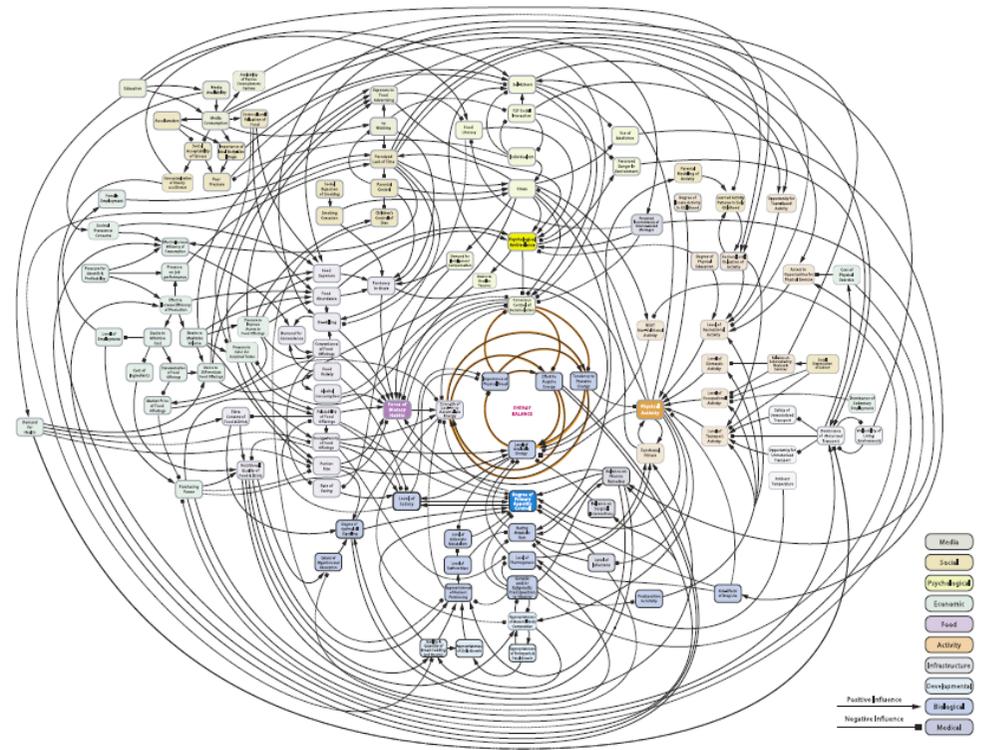
Almost two in every three adults (62.7%) are estimated as overweight or obese in Croydon. This is higher than the London average (55.9%) but similar to the national figure of 62% (88). Being overweight or obese is becoming the social norm and the prevalence of obesity is twice as likely for those living in a deprived area (89). Obesity is a complex, multifaceted problem which has many drivers including the environment, genetics, behaviour and culture.

As you would guess, there is not a one size fits all approach but a whole systems approach is needed to truly tackle obesity across the population, locally and nationally. We must work together to make the healthy food choice the easy choice and the population's health needs to be taken into account in every policy and decision.

The complexity of the problem is illustrated with the Foresight Obesity Systems Map (90), highlighting the interaction between all of the issues that can cause obesity.

A complex issue

Foresight: Obesity System Map



Source: Foresight Tackling Obesity: Future Choices - Project Report (90).

IS IT ALL IN THE GENES?

Over the last five decades society has fundamentally changed. The jobs we do, the patterns of our working hours, the production and availability of our food and our modes of transport have altered. These societal changes have exposed an underlying biological tendency, for many people, to both put on weight and maintain the weight gain as a consequence of a modern lifestyle (90). It is important to say that whilst for some individuals, their genetics may make losing weight more difficult, it is not impossible.





Live Well Croydon

Live Well Croydon is a free local healthy lifestyle service to help support residents (16+ years) to look after their health and wellbeing. The programme focuses on diet and unhealthy weight, alcohol intake, physical inactivity and smoking in addition to sexual health advice and support for mental health and wellbeing.

As part of the Live Well programme there is an interactive website 'Just Be Croydon' which provides top tips on healthy eating and also a short health MOT to help you take that first step to improving your health and wellbeing. You can join the other 24,000 UK residents who have visited the website and the 4,000 residents who have already completed the health MOT at www.justbecroydon.org.uk



Live Well also offers 12 months of one to one support with a Live Well Advisor for residents with greater health needs, along with tailored advice and goal setting to help keep residents on track with their progress. Contact: the Live Well team at livewell@croydon.gov.uk or call **0800 0198570**.

What is being done to help?

Nationally there is an aim to half childhood obesity rates by 2030 and the first childhood obesity plan was produced in 2016 followed by a second chapter in 2018. One of the plan's key recommendations was to tackle the advertising and marketing of unhealthy food. A report published by Cancer Research UK found that young people who recalled seeing junk food adverts every day were more than twice as likely to be obese (91). This study also found that food marketing increases the likelihood of junk food consumption in teenagers (91).

The great news for us is that Transport for London have recently banned unhealthy food and drink advertisements on the entire TfL network. Public Health England published its guide 'whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight' (92) and the Mayor of London outlined key actions to improve the quality of food in London in his 2018 Food Strategy.

Reversing the trend in the way we eat as a society is incredibly hard and requires everyone to work together to have the greatest impact. Croydon took a whole systems approach to obesity in its Child Healthy Weight Action Plan (2017-2020) and has recognised the need to extend this approach to all ages going forward. Overseeing the action plan is the All Ages Healthy Weight Partnership Steering Group which includes representation from Croydon Clinical Commissioning Group, Public Health Croydon and local community groups. The membership is being expanded to include town planning, transport, and housing and other departments that represent the 'wider determinants'.

My recommendations in this report will inform the action planning at a Croydon workshop on system wide approaches to healthy weight planned for early December 2019.

RECOMMENDATION

All 64 GP practices and all departments in Croydon Health Services to receive training around nutrition and weight management.

Furthermore, an all age's healthy weight pathway on a page has been developed to guide health professionals in signposting to appropriate support and services. Practitioners across Croydon are now utilising this pathway and further developments are expected, adding links to local services and programmes.

Croydon's All Ages Healthy Weight Pathway for staff - to aid signposting and referral

COMMUNITY – ALL AGES

All adults, families and children are encouraged to participate in universal healthy lifestyle activities and are encouraged to access: [Just Be Croydon](#), [Physical activity finder](#), [Connect for Health](#), [Parks and Open Spaces](#), [Leisure Centres](#), [Children's Centres](#), [Sugar Smart](#)

UNIVERSAL PREVENTION SERVICES

0-4 years: Health Visiting, Early Help Hubs, Children Centres

5-15 years: GP, School Nursing, School Health & Wellbeing Services

16+ years: Just Be, GP (inc.social prescribing)

PRECONCEPTION HEALTH

PREGNANCY

Weight concern identified (for example [children 91 st centile](#), [adults BMI 25 and over](#), [Malnutrition Universal Screening Tool](#) identifies risk)
Overweight or Underweight: use brief intervention/motivational interviewing skills to raise the issue.

Children (under 4 years)

Croydon Health Service - dietetic support

Under weight

Under 2 years: weight 2 centiles below the length centile
2-4 years: BMI < 2nd centile

Overweight

Under 2 years: weight 2 centiles above the length centile
2-4 years: BMI > 91st centile

Children (4 to 16 years)

Palace for Life

Tier 2 weight management programme (Healthy Eagles)
BMI >91st centile

Croydon Health Service - dietetic support BMI < 2nd centile

Child and adolescent mental health services Eating disorders

Adults (services available from 16)

Live Well

Overweight (BMI plus 2 unhealthy behaviours)

Croydon Health Service - dietetic support

Acute weight loss MUST = 4
Nutritional problems during pregnancy
BMI 30-35 with CHD risk factors
BMI >35 no other risk factors
Complex diabetes

SLAM

Eating disorders

Adults (services available from 18)

National Diabetes prevention programme Blood test in pre-diabetic range

Community diabetes service Dietitian support for complex type 2 and non-complex type 1 diabetes; diabetes education courses

MDT support and consideration for bariatric surgery BMI >35 with other significant diseases/co-morbidities

BMI >40

Preconception & Pregnancy

Live Well

Pregnant or 1yr post-natal and overweight

THE IMPACT OF FOOD AND DRINK ON OUR TEETH AND GUMS

Healthy teeth and gums are important to our general health and wellbeing. If we do not look after our teeth and gums we can experience discomfort, pain and eventually loss of function (96). These can all impact on eating, speaking, sleeping, family life, and ability to go to school or work.

Children in Croydon have high levels of tooth decay compared to London and England.

28.5% of 5 year olds in Croydon had one or more decayed, missing or filled teeth in 2016/2017 and improvements are not happening at the same rate as London or England (97).

Less children in Croydon go to the dentist than the national average (98). Children go to the dentist for free and I would encourage all parents to take up this offer from when their children reach their first birthday. I would also encourage parents to make a Sugar Smart pledge or use the free water offer from businesses or organisations in the refill campaign.

During the past 2 years (2018/19 and 2017/18) adults in Croydon attended dentist appointments slightly more often (47%) than adults in London (44%) and slightly less than England (50%) (99). The 2009 Adult Dental Health Survey showed that people from managerial and professional occupation households had better oral health (91%) compared with people from routine and manual occupation households (79%) (100).

We have an all age approach to oral health in Croydon and a system wide steering group supporting a local action plan. Examples of the local actions are oral health promotion in schools and pre-school services and regular surveys of the health of children in Croydon. Most of these activities are combined with advice on a healthy diet. The make every contact count principle can play a key role in the provision of prevention activities for oral disease.

King's Dental Service provides oral health promotion for Croydon. They are commissioned by NHS England and deliver training for staff including staff working in residential homes.

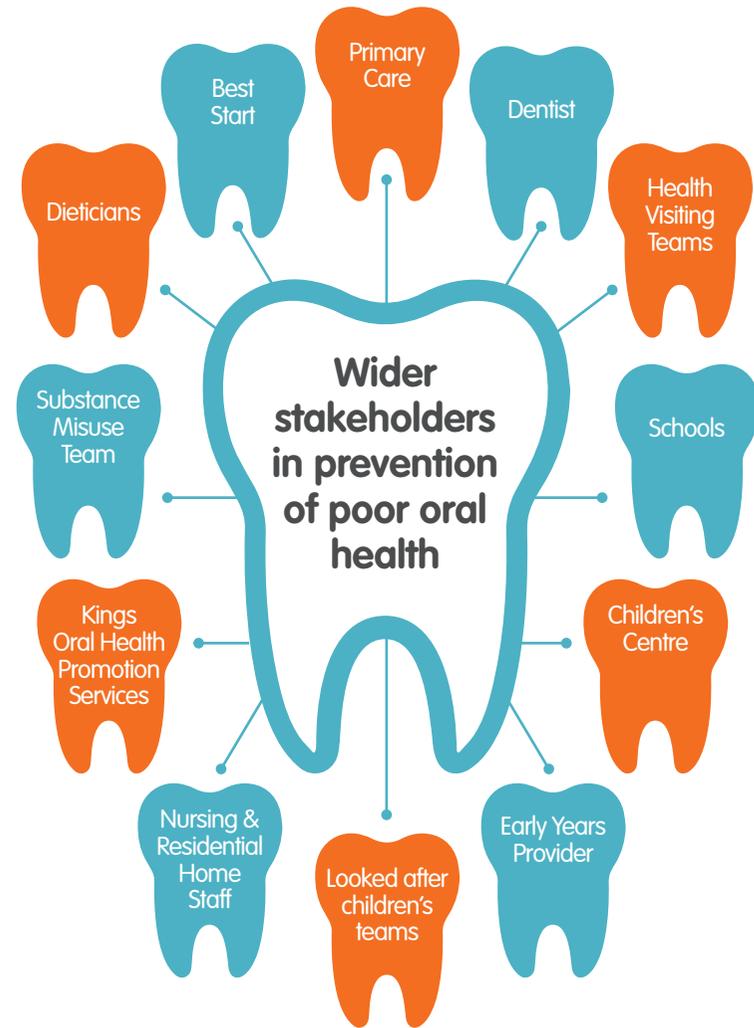
X40
SOME BRITS CONSUME AS MANY AS
40 TEASPOONS OF SUGAR EVERY DAY
THAT'S MORE THAN 3 TIMES THE
THE RECOMMENDED DAILY ALLOWANCE

OVER 15% OF
CHILDREN UNDER
3 YEARS OF AGE
HAVE SOME
DENTAL DECAY

TOOTH
EXTRACTION
IS THE LARGEST
CAUSE OF ADMISSION
TO HOSPITAL IN
5-9 YEAR OLDS

Oral health disease is fundamentally preventable (101) if we incorporate a healthy diet to our lifestyle. Oral diseases are also associated with coronary heart disease, diabetes, rheumatoid arthritis and adverse pregnancy outcomes (100).

Good oral health is an essential component of 'active ageing'. Oral health in adults and the elderly has improved over the past 30 years so many of us aged 50+ may experience retention of teeth compared to our older relatives, friends and peers (102). Oral health in care homes appears to be more difficult to manage in general. Croydon's oral health steering group have identified the local need for our older people and are training staff within nursing homes in addition to staff who work with children and adults in primary care and in the community.



THE IMPACT OF FOOD AND DRINK ON OUR TEETH AND GUMS



Croydon is a SUGAR SMART borough which is a national campaign led by the Jamie Oliver Foundation and supported by Sustain. Through our support of this campaign we want to raise public awareness of the levels of sugar in food and drink and its health impact. We also want to promote a healthier food environment across all parts of the

Borough so people can make healthier, less sugary food and drink choices.

We encourage schools, workplaces, restaurants, businesses and organisations to take action on sugar by signing pledges to make simple changes to their food and drink offer. To date we have over 180 SUGAR SMART commitments from schools, early year settings, public and private business, community groups and individuals. If you would like to make a pledge or you need any help or ideas about becoming SUGAR SMART please take a look on our local website <https://www.croydon.gov.uk/healthsocial/phealth/sugar-smart/get-involved-make-your-pledge>

If you would like to take further action there are lots of ideas for running campaigns, quizzes to educate children, and menus to support reduced sugar. www.sugarsmartuk.org



THE IMPACT OF FOOD AND DRINK ON OUR TEETH AND GUMS

Local declaration on sugar reduction and healthier food

We are currently working towards signing the declaration and committing to tackling six different actions across six different areas. The six areas we are working on are:

- Area 1 Tackle advertising and sponsorship**
- Area 2 Improve the food controlled or influenced by the council and support the public and voluntary sectors to improve their food offer**
- Area 3 Reduce prominence of sugary drinks and actively promote free drinking water**
- Area 4 Support businesses and organisations to improve their food**
- Area 5 Public events**
- Area 6 Raise public awareness**

Actions include continuing support to existing initiatives which will help us to sustain and improve access to sustainable healthy food. We have already made progress at improving the food controlled by the Council through the staff café joining Sugar Smart and offering drinking water at eye level and increasing the offer of less sugary options. Within 2 months of going Sugar Smart the manager of the café reported that sales of water increased, including the purchase of healthy alternatives.



This is our commitment to you but we cannot do this on our own. What could your commitment be?

Sugar? No thanks I am sweet enough



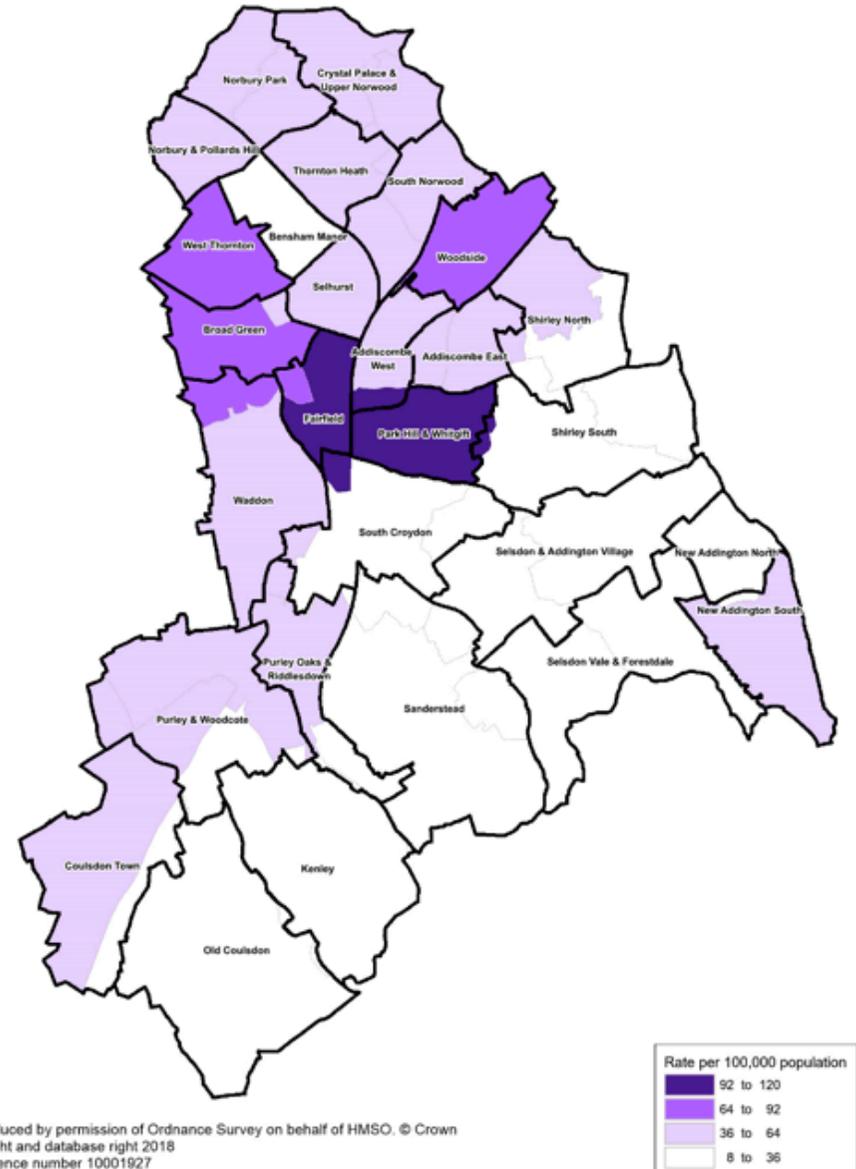
RECOMMENDATION
 Borough wide marketing of healthy food - no advertising of unhealthy food as part of council contracts.

FAST FOOD

The easy availability of unhealthy food makes it particularly difficult for people to eat a healthy balanced diet and maintain a healthy weight. On average, there are more fast food outlets in deprived areas than in more affluent areas. Croydon has 394 fast food outlets with the rate of 102.8 per 100'000 people, sitting in the top 10 of the London boroughs for highest density of fast food outlets (103). The map illustrates the number of fast food outlets within Croydon, the highest density is in the town centre and towards the north of the borough. The highest numbers are in the more deprived areas. Residents living in areas of deprivation may struggle to afford or have access to the food needed for a healthy balanced diet. New Addington has been identified as a food desert which means it is poorly served by shops selling healthy fresh products at a fair price (104).

There are certain things we can do to help improve the fast food situation, NICE recommend that Environmental Health Officers, Trading Standards, Local Government Planning departments and Trading Standard Officers can take action by using bylaws to regulate opening times of fast food takeaways, particularly those close to schools. In addition they suggest limiting the number of takeaways in any given area, and help owners of takeaway foods improve the nutrition of the food offered (105). The Mayor of London has also outlined key actions to improve the quality of food in London in his 2018 Food Strategy and improving the food environment is a key component of taking a whole systems approach to obesity (92).

**Fast food outlets (as at December 2017)
Rate per 100,000 population**



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RECOMMENDATION

Business rate reductions for businesses signed up to health initiatives and promotions such as: Healthy Start and Eat Well Croydon.

FAST FOOD

What are we currently doing to improve the situation?



Within Croydon Council's Local Plan we have restricted any new fast food outlets within 400 metres of schools, this is due to be replicated across London. However, this does not impact existing premises and we know that fast food outlets sell quick, accessible, cheap, high fat and high sugar foods, which can have a significant impact on the young people of Croydon's health (106). In a bid

to improve the food offer in our current fast food outlets, we have the Eat Well Croydon scheme. Eat Well Croydon is a voluntary scheme based on the principle that small changes to food preparation, cooking methods and options can make a big difference to support residents to have a healthy choice. We currently have 38 businesses signed up to the scheme.

If you are a food business and want to make the healthy choice the easy choice for our residents, you can join Eat Well Croydon

📧 deborah@diethealth.co.uk ☎ 07754467918

RECOMMENDATION

All fast food outlets must sign up to Eat Well Croydon.
As part of environmental health checks, issue Healthy Food Inspections.



FAST FOOD

Small changes can make a big difference

Congratulations to the 38 Croydon food businesses that have been accredited by Eat Well Croydon.

Soul Vegan

Standing out like a beacon of health and colour, Soul Vegan proudly and confidently brightens up College Square, central Croydon with their beautiful and hearty food served with love and a smile. Soul vegan provide a healthy, tasty, enjoyable alternative to meat based foods. They also try to reduce waste and maximise the use of environmentally friendly packaging.



Bruschetta

Beautiful salads and healthy pizza choices served with passion.



Cafe Tresor

Fantastic food with choices that go on and on. Customers can always choose something different but always know they can eat well!



FAST FOOD

GOOD FOOD RETAIL

Croydon is working on improving the retail offer in our Borough and is developing a Good Food Retail Plan with the support of the Greater London Authority and Sustain. Part of the plan is to help develop our local markets to provide healthy, tasty and good food whilst also supporting start up traders.

SCHOOL SUPERZONE

A superzone has been set up around 1 secondary school in West Croydon to see if we can improve the environment within walking distance of the school, so that our young people can access healthier choices. An analysis on the area was conducted which identified local issues around air pollution, proximity of fast food outlets and traffic accidents. The chosen school is also situated in the most deprived LOWER SOCIO OUTPUT AREA of all of the secondary schools in Croydon. The actions range from improvements to the fast food offer, exploring how we can establish greenways and green links to schools from bus/tram stops and to run an air quality campaign to raise awareness among parents and pupils.

RECOMMENDATION

Create a Good Food Alliance to build a strong and unified food movement that works collaboratively with local residents and members of both the voluntary and private sector.

Did you know we have Boxpark in Croydon?

Boxpark is a food park made out of refitted shipping containers and offers over 30 unique food businesses, situated next to East Croydon Station.



SUSTAINABILITY

What are we currently doing to improve the situation?

Sustainability is a broad concept and can cover many different aspects. For some it is about eating healthy and home grown food, for others it is reducing food waste and considering the impact we have on the environment. Sustainable Food Cities have usefully thought about food across six key areas:

1. Promoting healthy and sustainable food to the public

2. Tackling food poverty, diet-related ill health and access to affordable healthy food

3. Building community food knowledge, skills, resources and projects

4. Promoting a vibrant and diverse sustainable food economy

5. Transforming catering and food procurement

6. Reducing waste and the ecological footprint of the food system

Food waste

An astonishing seven million tonnes of food is discarded every year in the UK, about one third of the food produced (107). A vast amount of this food waste could have been eaten and what's more if the food waste is not separated from recyclable waste, it will damage other materials that could have been recycled. When food waste is recycled it creates electricity and fertiliser for farmers to use to grow more food, when food waste isn't recycled it goes to an Energy Recovery Facility where it is burnt and the nutritional benefits are lost.

Food packaging

Food packaging can help protect food and keep it fresh and therefore prevents food waste, however a large amount of packaging is purely cosmetic and generates a huge amount of waste. Getting rid of the packaging even when it is recycled correctly also costs a lot of money. Join us in lobbying government for stricter rules on packaging!

Use by and best before – so what is the difference?

The use by date is the most important date, food can be eaten until the use by date but not recommended after the use by date (95), to prevent risk of food poisoning.

The best before date is not about safety but is about the quality of the food, for example the flavour and texture might not be as good after the best before date but would still be okay to eat (108).

RECOMMENDATION

Implement a programme to reduce food and packaging waste by 25% by 2025.



Food and the environment

The large quantities of meat and dairy consumed around the world is having an impact on our environment. By making some small adjustments to what we eat can have a significant impact on the environment, specifically climate change (109). Why not try 'meat free Mondays', as it suggests, you don't eat meat on Mondays! You could also reduce your carbon footprint by buying from one of the many local shops we have here in Croydon.

Page 247

FOOD FOR THOUGHT

Shop locally at places that use minimal packaging, why not try Surrey Street Market for a selection of delicious fruit and vegetables.

Don't forget that 'use by' is different from 'best before'. If it's a 'best before', it means just that, you can still eat it after that date, just check it over before eating.

Chill out – check the temperature of your fridge and freezer, if it's not cold enough your food will go off quicker.

You can get the two food waste caddies you need to recycle unwanted food delivered to your home for free, just log into My Account on www.croydon.gov.uk to get yours.



FOOD FOR THOUGHT

The average UK family throw away £810 worth of food annually (108).

SUSTAINABILITY

8 glasses a day

It is recommended to have 6-8 glasses of water a day to keep hydrated, help digestion, help temperature control and for our brain to work well. To help you drink more water, Croydon has signed up to becoming a Refill Borough working with local partners, Sustain and City to Sea. Refill is a national tap water campaign encouraging local shops, businesses and organisations to give access to free drinking water to members of the public. Not only will this help us to increase our water consumption, it will also help reduce our single use of plastic by reusing our water bottles. This is in line with the Mayor of London's Food Strategy target, to reduce single use plastic.

You can download the Refill app now to see where your local refill stations are or if you are a businesses you can sign up to offer free drinking water. Our Sugar Smart campaign includes pledges to increase drinking water as a preferred option to sugary drinks, why not pledge and sign up to the Refill app now! 🌐 www.refill.org.uk



Food growing

Growing your own food has many benefits, it's cheaper than buying from a shop, it gets you physically active, you have your own organic produce on your doorstep and not only will your home grown veg be fresher and more nutritious, you can even reduce your carbon footprint by reducing the food miles of what you eat (109). Croydon Council has 17 allotment sites across the borough and 6 community gardens so if you don't have space at home, you can try one of these. 🌐 www.croydon.gov.uk/leisure/parksandopenspaces/allotments

Croydon is undergoing a huge regeneration programme with 29,490 new homes planned over the next 10 years and a new £1.5bn retail outlet. These developments have enabled the Council to invest £350k into improving existing allotment provision as well as providing new opportunities to encourage everyone to grow food or reap the rewards of food growing. Roof top gardens, green walls and fruit trees in and around our streets not only look aesthetically pleasing but can also contribute towards improving air quality and resident's mental health and wellbeing (110).



CROYDON URBAN MUSHROOMS – CR'OYSTERS

Croydon Urban Mushrooms is an operation that collects waste coffee grounds from local outlets and reuses them as a substrate to grow tasty and nutritious oyster mushrooms. The Croydon oyster mushrooms or Cr'oysters are sold to cafes, restaurants and households.



RECOMMENDATION

Use planning and environmental tools to incorporate food growing and improving physical access to good food in local plans.



West Croydon Station Energy Garden

We are lucky to have so many green spaces in Croydon (127 parks and green spaces in fact) but you can also find edible plants and flowers growing in spaces you might not expect. Check out West Croydon Station for example, Croydon Transition Town and other community groups have created a wonderful energy garden that offers large planters, insect hotels and a living wall – helping improve air quality and reduce noise pollution.

Where could we apply this model elsewhere?

EARLY EXPERIENCES LAST A LIFE TIME

– PROGRESS UPDATE ON LAST YEAR'S REPORT

We have been very busy this year implementing the 34 recommendations in my 2018 Public Health Report: Early Experiences Last a Life time. I would like to take this opportunity to report back on the highlights so far.

An enormous amount of work has been done to implement my top four recommendations: review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019. This work culminated in a workshop attended by over a 100 people in July and is informing action plans and bids for funding going forwards.

Breastfeeding is good for children's health and good support is key. I am delighted that our local health services will be applying to receive the highest level of accreditation for their breastfeeding services in 2020. I was also delighted to see the relaunch of Croydon's breastfeeding peer support team earlier this year.



A new and innovative partnership group is taking forward my recommendation to increase the percentage of children receiving the MMR vaccine.

The percentage of children receiving their health visiting development checks continues to increase. As Director of Public Health I am committed to ensuring that this vital support in early childhood continues to improve.



EARLY EXPERIENCES LAST A LIFE TIME – PROGRESS UPDATE ON LAST YEAR'S REPORT

Our Sugar Smart campaign has been going from strength to strength this year with more early years providers signing up to becoming Sugar Smart.



The implementation of our locality approach with teams, including health visitors based together in the community, will achieve my recommendation that parents who need additional support know what options are on offer and where to access them.



I am very pleased to report that we have agreed Borough wide principles for a trauma informed workforce that will deliver my top four recommendations that health visitors, midwives and the wider workforce be trained in Adverse Childhood Experiences.



In April we agreed a partnership action plan to improve the oral health of Croydon residents. A key element is implementing my recommendation to increase the number of one year olds who go to the dentist.

I would like to thank all those who have contributed to the development and writing of my report especially Ash Brown, Bevolvy Fearon, Jack Bedeman, George Miller, Carol Lewis, Ellen Schwartz and Rachel Tilford.

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REPORT TO:	HEALTH AND WELLBEING BOARD 22 January 2020
SUBJECT:	Health Protection Update
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT:

This report provides an update on Pan-London vaccination priorities and local progress around seasonal flu, Measles, Mumps and Rubella (MMR) and Bacillus Calmette-Guérin (BCG) vaccination pathways.

BOARD PRIORITY/POLICY CONTEXT:

This report addresses the following priorities and outcomes set out in the Health and Wellbeing Strategy:

- A better start in life (Priority 1)
- A stronger focus on prevention (Priority 7)

FINANCIAL IMPACT:

There are no financial implications.

1. RECOMMENDATIONS

- 1.1 The Health and Wellbeing Board is asked to note the contents of the report and to encourage its members to continue to support the activities and actions to improve flu and MMR vaccinations.

2. EXECUTIVE SUMMARY

- 2.1 The Croydon Health Protection Forum (HPF) was established in July 2015 with the purpose of having a strategic overview of health protection matters with the aim to support the Director of Public Health (DPH) in her statutory assurance role around the safety of the local population. In this role, the DPH seeks assurance that arrangements in place to protect the health of residents are robust and implemented appropriately to local health needs. Health protection issues discussed at the Forum include national screening programmes and adult and child immunisation programmes.
- 2.2 The Health Protection Forum meets quarterly bringing together various organizations including Croydon Council, Croydon Clinical Commissioning Group (CCCG), Croydon Health Services, NHS England, Public Health England and other agencies relevant to the particular theme under discussion.

- 2.3 This report highlights Pan-London vaccination priorities and provides a local update on progress against action plans around seasonal flu and activities around the Measles, Mumps and Rubella (MMR) and Bacillus Calmette-Guérin (BCG) vaccination pathways.

3. DETAIL

Pan London Priorities

- 3.1 From the pan-London perspective, NHS England has the following priorities around health protection:
- Increasing coverage and uptake for seasonal flu vaccination in the 2019/2020 season
 - Delivery of the MMR Recovery Plan for London
 - Implementation of changes to the BCG immunisation pathway in September 2020 (phasing out of universal vaccination of neonates and transition to community based vaccination of high risk babies at four weeks of age).

Seasonal Influenza

- 3.2 The purpose of the London wide influenza vaccination plan is to improve vaccination via the following aims:
- To increase vaccination uptake rates in specific clinical 'at risk' groups between 6 months to 64 years to 50%
 - To increase vaccination uptake rates of over 65s in London to 2018/19 national level of 71.3%
 - To increase vaccination uptake rates of pregnant women to 2018/19 national level of 45%
 - To increase delivery of child flu vaccination services across all primary school year groups and increase uptake to more than 50%
 - To attain 40% national standard for age 2 and age 3 child 'flu vaccinations in general practice
 - To streamline the time-consuming multiple reporting processes on 'flu vaccination rates during 'flu season
 - To assure that all general practices are prepared for the extra demand and capacity that 'flu vaccinations place on winter primary care services
 - To increase uptake amongst frontline health care workers to 80% including primary care staff
 - To improve access to vaccinations for London's homeless population by bringing vaccinations to them via pharmacy, general practices that specialise in caring for the homeless
- 3.3 Croydon Council, through its Public Health department, the CCCG, Croydon Health Services and other partners work jointly to minimize the health impact of seasonal flu in Croydon.

- 3.4 The Immunisation Steering Group was established in April 2019 in response to the publication of the UK measles and rubella elimination strategy. The group reports to the Health and Wellbeing Board via quarterly Health Protection Forum updates. Through the Immunisation Steering Group, there has been a joined up approach among partners towards effective communication, robust monitoring, and prevention and treatment strategies.
- 3.5 A local influenza action plan has been developed with key local stakeholders, using a system wide approach to promoting vaccination, and those at higher risk of flu are being targeted (such as children, older people, pregnant women).
- 3.6 There is also renewed focus on joint working among partners to facilitate targeting and vaccination of specific patient groups like housebound residents and residents who are not registered with a GP.
- 3.7 A summary of flu vaccination rates among high risk groups in Croydon in 18/19 is outlined in the table below:

Population Group	Croydon Vaccination Rate (%)	London Vaccination Rate (%)
Aged 65 and over	65	72
Over the age of 6 months with a long term condition	45.5	48
Reception to year 5 (aged 4-10 years)	32.5	44.9
Aged 2 - 3 years old	32.5	44.9

Source: Public Health Outcomes Framework, Public Health England

Measles Mumps Rubella (MMR) vaccination

- 3.8 In Croydon (2017/18) only 67% of eligible children had received two doses of the MMR jabs (the full course). This is the second lowest rate in the whole country with varying vaccination rates between various GPs across the borough.
- 3.9 Croydon Council through its Public Health department is working with the Behavioural Insights Team to explore the barriers to uptake of the MMR vaccine. The learning from this research will be used to inform new strategies to improve uptake of the vaccine in Croydon.
- 3.10 Through the Immunisation Steering group, there has been whole system engagement to promote MMR through the following:

- The development of a detailed MMR action plan with stakeholders across key organisations, commissioners and providers
- Development of simplified messages delivered by front line staff
- Reduction of GP practice variation on uptake
- Repeated messages to schools, parents and carers

3.11 Examples of current and planned activity in this area:

- Good practice recognized across London in terms of the catch up campaign run by the School Nursing Immunisations team to vaccinate 10 and 11 year olds
- Pop up clinics were provided in some colleges in Croydon
- Vaccination information will also be included in the new relationships and health education programme in schools
- The Immunisation team added a question about MMR vaccinations to all flu consent forms for all primary school aged children. Children who had not received two doses would be signposted to their GP
- The Immunisation team will also visit all special needs schools including Pupil Referral Units

Bacillus Calmette-Guérin (BCG) vaccination

3.12 There has been a coordinated approach to re-establish comprehensive BCG and Tuberculosis services for looked after children in Croydon.

3.13 Looking to the future, changes to the provision of BCG vaccinations to neonates are expected to come into effect by September 2020. Vaccinations to neonates are expected to change from a universal offer to neonates in maternity services to a risk based offer in the community. BCG will be given at the age of four weeks to allow for the identification of neonates with a rare immunodeficiency immediately following birth. Neonates who are identified with this condition will not receive a BCG vaccination.

4. CONSULTATION

4.1 Feedback has been collated from members of local and regional organisations involved in the commissioning and provision of the various vaccination programmes discussed in this report as well as allied partners as part of the immunisations steering group processes.

5. SERVICE INTEGRATION

5.1 Both the health protection forum and the immunisation steering group require a continuation of close synergy between all partners involved, CCCG, Croydon Council, NHSE, Public Health England, and local stakeholders committed to delivering effective vaccination programmes in Croydon.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

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

Approved by: Josephine Lyseight, Head of Finance on behalf of the Director of Finance, Investment and Risk and S151 Officer

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 in this report.

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 Improved vaccination rates protect vulnerable members of society who are most at risk if there is an outbreak of disease and who may lack protection if they are unable to be vaccinated due to underlying health conditions.

Approved by: Yvonne Okiyo, Equalities Manager

9. DATA PROTECTION IMPLICATIONS

- 9.1 **WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?**

NO

There are no data protection implications for the Council as Council staff will not be involved in processing any personal data.

- 9.2 **HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

NO

Council staff will not be involved in processing any personal data. Actions and activities carried out by other organisations like the Croydon Clinical Commissioning Group (CCCG) and Croydon Health Services will be subject to those organisations' data protection policies.

Approved by: Ellen Schwartz, Consultant in Public Health on behalf of the Director of Public Health.

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APPENDICES TO THIS REPORT

None

BACKGROUND DOCUMENTS

None

REPORT TO:	HEALTH AND WELLBEING BOARD 22 January 2020
SUBJECT:	NHS Vision for London
BOARD SPONSOR:	Guy Van Dichele, <i>Executive Director Health, Wellbeing and Adults</i> Dr Agnelo Fernandes, <i>Chair of Croydon CCG</i> Rachel Flowers, <i>Director of Public Health</i>
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT: This report provides an overview of the London vision to be the healthiest global city. This was published in October by the Healthy London Partnership. The report also demonstrates alignment of the Croydon Health and Wellbeing strategic priorities.

BOARD PRIORITY/POLICY CONTEXT:

This report is in response to a strategic vision statement from the Healthy London Partnership and a letter from NHS England requesting that all London Health and Wellbeing Boards discuss the vision to identify where local actions can and will be taken to make London the healthiest global city. The Healthy London Partnership have also asked for reflections and comments on any aspect of the Vision.

The London Vision outlines 10 priority areas which are closely aligned to the priorities within the Croydon Health and Wellbeing Strategy and Health and Care Plan.

FINANCIAL IMPACT:

There are no direct financial implications in this report.

RECOMMENDATIONS:

The Board is recommended to:

- 1.1 Consider the London Vision, Appendix 1 hereto, and provide comments to be reported back to the Healthy London partnership
- 1.2 Consider the degree to which the Health and Wellbeing Board strategic priorities and Health and Care plan align with the pan London priorities outlined in the Vision.

2. DETAIL OF YOUR REPORT

- 2.1 The Healthy London Partnership (HLP) Vision for London (see Appendix A or follow this link <https://www.healthylondon.org/vision/>) was published in October 2019, with the ambition to make London the world's healthiest global city and the best global city in which to receive health and care services.

- 2.2 The HLP comprises NHS England, London Councils, The Mayor of London and Public Health England and thus the vision is a shared health and care vision where all organisations will collaborate to achieve the shared ambition.
- 2.3 The vision acknowledges the need to shift resources away from responding to prevent the root causes of ill health and to tackle health inequalities. This includes a focus on the wider determinants of health including the role of place, employment and communities. The HLP also recognises the importance of a life-course approach to ensure people are supported to be well throughout their lives
- 2.4 The vision will be achieved through partnership approaches to health and care including joint service provision, digital innovation to support predictive approaches to preventing ill-health and better use of health and care estates.
- 2.5 The Vision identifies 10 areas of focus where partnership action is needed at a pan-London level:
- *Reduce childhood obesity* - every young Londoner is supported to maintain a healthy weight. The aim is to achieve a 10% reduction in the proportion of children in reception (age four or five) who are overweight by 2023/24, delivered through bold citywide actions and targeted support for those most at risk.
 - *Improving the emotional wellbeing of children* - every London child reaches a good level of cognitive, social and emotional development with effective child and adolescent mental health services available to all young people whenever they need them. The commitment is to ensure access to high quality mental health support for all children in the places they need it, including schools and through the extending the use of digital support technologies.
 - *Improving mental health and progress towards zero suicides* –by ensuring that all Londoners have access to mental health care, support and treatment, especially those experiencing health inequalities
 - *Improving air quality so that every Londoner breathes safe air*, working towards WHO limits for particulate matter 2.5 concentrations by 2030.
 - *Improving tobacco control and reduce smoking* – by speeding up the reduction in smoking prevalence
 - *Reducing the impact and prevalence of violence* by addressing the root causes of violence
 - *Improving the health of the homeless* ensuring that no rough sleepers die on the street, no one is discharged from a hospital to the street and there is equal and fair access to healthcare for those who are homeless. The Vision commits to expanding the pan-London rough sleeping services funded by the Mayor, piloting new models of care and data collection, and developing plans to build more integrated services in London
 - *Improving services and prevention for HIV and other STIs* by 2030 no new HIV infections, zero preventable deaths and zero stigma

- *Supporting Londoners with dementia to live well* – London is the world’s first dementia friendly capital city by 2022 so that Londoners receive a timely diagnosis, ongoing support and can live well in their community. [2]
- *Improving care and support at end of life so that every Londoner can die at home or in a place of their choice, comfortably, surrounded by people who care for them by giving Londoners access to personalised care planning*

2.6 The London Vision is by and large aligned to the priorities being delivered in Croydon as set out in the [Croydon Health and Wellbeing Strategy](#) and [Health and Care Plan](#). Table 1 below demonstrates this alignment.

2.7 The HLP are inviting partners to discuss and debate the vision and how it can be achieved. NHS England has requested that local Health and Wellbeing Boards debate the vision including how locally they will contribute to the ambition and feedback to the HLP any reflections or comments.

Table 1

London Vision priority	Croydon priorities
Reduce childhood obesity	Health and Wellbeing Strategy Priority 1 – Better start in Life Health and Care Plan – Strategic outcome 8 – More children will be a healthy weight
Improving the emotional wellbeing of children	Health and Wellbeing Strategy Priority 1 - Health and Wellbeing Strategy – Better Start in Life Health and Care Plan ‘Enable a Better Start in Life’
Improving mental health and progress towards zero suicides	Health and Wellbeing Strategy Priority 4 - Mental wellbeing and good mental health are seen as a driver of health Health and Care Plan – Transforming community mental health provision
Improving air quality	Health and Wellbeing Strategy Priority 7 - A stronger focus on prevention Health and Care Plan – Improve Wider determinants of health and wellbeing
Improving tobacco control and reduce smoking	Health and Wellbeing Strategy Priority 7 - A stronger focus on prevention Health and Care Plan Strategic outcome 1 – More people will regularly engage in behaviours that will improve their health
Reducing the impact and prevalence of violence	Health and Wellbeing Strategy Priority 7 - A stronger focus on prevention
Improving the health of the homeless	Health and Wellbeing Strategy Priority 2 - Strong, engaged, inclusive and well-connected communities

	Health and Wellbeing Strategy Priority 4 - Housing and the environment enable all people of Croydon to be healthy Health and Care Plan – strategic outcome 10. Fewer people will be homeless or living in temporary accommodation
Improving services and prevention for HIV and other STIs	Health and Wellbeing Strategy Priority 7 - A stronger focus on prevention
Supporting Londoners with dementia to live well	Health and Wellbeing Strategy Priority 2 - Strong, engaged, inclusive and well-connected communities Health and Care Plan – Improved quality of life
Improving care and support at end of life	Health and Care Plan - Better end of life care - pathway

3 CONSULTATION

- 3.1 This report is outlining the Vision statement from HLP and how this aligns to work that has already been undertaken so no specific consultation has been undertaken. HLP are consulting partners on the Vision. Consultation and engagement has been undertaken in the development of the Croydon Health and Wellbeing Strategy and Health and Care Plan.

4 SERVICE INTEGRATION

- 4.1 Integration is a core principle underlying the direction of travel laid out in the Vision, and is demonstrated throughout the Croydon Health and Wellbeing Strategy and Health and Care Plan.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are no direct financial implications in this report

Approved by: Josephine Lyseight, Head of Finance on behalf of Lisa Taylor, Director of Finance, Investment and Risk and S151 Officer, Croydon Council

6 LEGAL CONSIDERATIONS

- 6.1 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 the report.

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

7 HUMAN RESOURCES IMPACT

7.1 There are no direct Human Resources implications in this report

Approved by: Debbie Calliste, Head of HR Health, Wellbeing and Adults on behalf of the Director of Human Resources

8 EQUALITIES IMPACT

8.1 This report is aimed at facilitating discussion around ongoing commitments and the ability to support pan-London work.

8.2 The Croydon Health and Wellbeing Strategy and Health and Care Plan have had respective equality analysis.

8.3 The London Vision acknowledges the need to shift resources upstream to prevent the root causes of ill health and to tackle health inequalities. This includes a focus on the wider determinants of health including the role of place, employment and communities.

8.4 The London Vision is by and large aligned to the priorities being delivered in Croydon as set out in the Croydon Health and Wellbeing Strategy and Health and Care Plan. This will help the Council achieve its Equality objective to 'reduce differences in life expectancy between communities'.

8.5 Approved by: Yvonne Okiyo, Equalities Manager

9 DATA PROTECTION IMPLICATIONS

9.1 **WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?**

NO

9.2 **HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

NO

9.3 The Director of Public Health comments that there will be no processing of personal data directly relating to this report, any requests or need arising for data at a pan London level would be reviewed and any Data Protection Impact Assessments undertaken as required.

Approved by: Director of Public Health

CONTACT OFFICER: Rachel Flowers, Director of Public Health,
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APPENDICES TO THIS REPORT

Appendix A – Healthy London Partnership London Vision

BACKGROUND DOCUMENTS: None

Our Vision for London



Contents

Foreword: Our Shared Vision	4
1 Our shared ambition is to make London the healthiest global city	5
1.1 London has a unique combination of assets which give our city the potential to be the healthiest global city	5
1.2 We have made progress, but significant and complex challenges remain	6
1.3 Transforming the health of Londoners is complex and requires a partnership approach	7
2 Our approach will focus on people, places and the emergence of population health systems	10
2.1 We will work with Londoners to develop more holistic support throughout a person's life	11
2.2 We will focus on people, places and integration to improve health for all local populations	12
2.3 We will focus on ten specific issues as priorities for citywide partnership action	13
3 Our next steps to make joint working and integration a reality in London	15
3.1 Accelerating integrated working to deliver a new approach to population health improvement	16
3.1.1 Supporting joint working and integration in neighbourhoods	16
3.1.2 Supporting joint working and integration in boroughs	17
3.1.3 Supporting joint working and integration within sub-regional systems	18
3.1.4 Supporting joint working and integration through citywide partnership	20
3.2 Continuing to make progress in addressing ten issues requiring specific citywide action	21

4	Our more detailed plans for action	23
4.1	Accelerating integrated working to deliver a new approach to population health improvement	23
4.1.1	Creating the conditions for improvement: taking action to attract, train and retain the workforce that we need to transform services	23
4.1.2	Creating the conditions for improvement: reimagining the health and care estate and rethinking how we develop them together	24
4.1.3	Creating the conditions for improvement: making the most of opportunities created by digital transformation, whilst bringing the public with us	27
4.1.4	Creating the conditions for improvement: establishing the right type of partnership working and collective oversight	31
4.2	Continuing to make progress in addressing ten issues requiring specific citywide action	33
<hr/>		
5	Our request of you: tell us what you think, and tell us how you would like to be involved	54
<hr/>		
6	Abbreviations	55
<hr/>		
7	Glossary A-Z	56
<hr/>		
8	References	62

Foreword: Our Shared Vision

London is a major global city that is dynamic and diverse. Like many big cities, London offers a wealth of opportunities for people to lead healthy and happy lives, but it also presents issues and challenges to health. In London, where there are significant and persistent inequalities, these issues and challenges are experienced most by those in our most deprived neighbourhoods and communities. That is why concerted and coordinated efforts are needed across public services and wider society to make the most of opportunities for good health, and to tackle the issues that cause poor health.

Our partnership is made up of the Greater London Authority, Public Health England, London Councils and the National Health Service (NHS) in London. It exists to provide coordinated leadership, a shared ambition to make our capital city the world's healthiest global city and the best global city in which to receive health and care services. We recognise that no single organisation can achieve this alone, and that shared action makes us greater than the sum of our parts. We have formed our partnership in order to address priority issues that require pan London solutions, to support pan London actions that enable more effective and joined up working at the level of the neighbourhood, the borough and the sub-regional system, and to make the most of the very direct social, economic and environmental roles we each play as major anchor organisations in London. Initiatives such as the Thrive LDN mental health movement, child mental health trailblazers, School Superzones, and the London Estates Strategy show just what can be achieved when we work together.

Building on significant work between our organisations over several years, this document sets out our vision for the next phase of our joint working. It reflects the Mayor's Health Inequalities Strategy, London Councils' Pledges to Londoners, the Prevention Green Paper and the NHS Long Term Plan. We share our thinking on ten key areas of focus where we believe partnership action is needed at a pan London level. This includes issues such as air quality, mental health and child obesity, and we set out our ambition for deeper and stronger local collaboration in neighbourhoods, boroughs and sub-regional systems so that services are genuinely integrated, and Londoners can start well, live well and age well. This Vision is not a description of the multitude of actions that are taking place locally, nor a population health plan, rather it sets out the areas where our shared endeavours seek to complement and add value to local action.

We see this as a milestone, a point in our partnership's ongoing journey to improve health and care outcomes for Londoners. We are publishing it now as an important invitation to you – professionals, partner organisations, the community and voluntary sector and members of the public – to discuss and debate it with us. We not only want you to tell us how we can refine, develop and strengthen our proposals, but to help us deliver this vision so that we can work towards ensuring a healthy future for all Londoners.



Sadiq Khan
Mayor of London



Cllr Raymond Puddifoot MBE
London Councils Executive
Member for Health and Care



Sir David Sloman
Regional Director,
NHS London



Prof. Paul Plant
Interim Regional Director,
Public Health England

1 Our shared ambition is to make London the healthiest global city

This section outlines the unique opportunities and challenges for the health of Londoners that arise in a global city. We state our ambition for London to be the healthiest global city, and the best global city in which to receive health and care services. We reflect on features of a city that contribute to health and wellbeing, our progress to date and the persistent health challenges London continues to face; and the ongoing need for strong partnership to make a real difference for all Londoners.

1.1 London has a unique combination of assets which give our city the potential to be the healthiest global city

Cities play an increasingly important role in the world and in our individual lives. They are already where most people live, and by 2050 almost 70% of the world's population is expected to live in a city¹.

For the 8.9 million people living in London, which is 16% of England's population, the benefits and challenges of an urban environment can interact in complex ways. For residents – and for the additional 2 million commuters, students and visitors who travel into London on an average day² – the urban environment can provide many things that keep people healthy and well. This includes diverse neighbourhoods and communities and opportunities for learning, jobs and income. Unsurpassed in its educational and cultural offer, London is home to excellent universities, four of which rank in the top 50 in the world³; it is recognised as a global capital for arts and culture⁴; and it is the first National Park City with green spaces covering over 47% of the capital⁵ with an ambition to make more than half of the capital green by 2050. However, cities can also be an unhealthy environment. Noise and air pollution make some people feel unsafe; and a busy and sometimes transient place can be stressful and isolating⁶.

London, like all cities, is dynamic and diverse. One in four Londoners is aged under 20, and the working age adult population has grown by 10% over the last decade, which is five times the rate across the rest of England (2%)⁷. We have a growing number of people over 65, forecast to grow by more than 60% by 2040 compared to 41% in the rest of England⁸,

bringing both new opportunities and challenges for our communities and services. Our diversity is our greatest strength. Londoners take pride in being the most multi-lingual city in the world. Londoners are proud of London – 81% of Londoners say they belong to the city, with black, Asian and minority ethnic Londoners reporting the strongest sense of connection, and 75% of people say they belong to their local area.

The economic power of London influences other economies across the globe. However, the story of London is also one of stark inequalities. On average, the poorest 10% of households in London have a weekly income that is almost ten times lower than the richest 10% of households, and households in London's bottom decile are comparably poorer than other regions in England⁹. Deprivation still affects millions of Londoners and has a negative impact on people's ability to lead happy and healthy lives. This must change. If London is to have a bright and sustainable future all of our residents must thrive. The power of a city is in its people, and a population's greatest asset is its health. We want to increase the years of life that people live in good health, and reduce the gap in healthy life expectancy experienced between the richest and the poorest in our city.

Ill health creates barriers for people trying to access the city's many opportunities, to see friends, support their family and feel part of their community. Poor health can make it difficult or impossible to work, and means employers lose good people, talent and creativity. If we do not address the conditions that lead to poor health or take opportunities for prevention and early intervention where we can, then people's need for support becomes more complex

We have a **growing number** of people over 65, forecast to **grow by more than 60%** by 2040, compared to 41% in the rest of England

and enduring. Any opportunity missed is someone's potential unfulfilled.

Health and social care systems are critical to maintaining the health of Londoners, but analysis in 2010 suggested that access to healthcare services may account for as little as 10% of a population's health¹⁰. We cannot just rely on treating people when they become ill. We know that many of our day to day behaviours – such as what we eat and how physically active we are – are important in maintaining our health and wellbeing. These factors are strongly influenced by our physical and social environment, and we know that the health burden of harms like poor diet, tobacco and alcohol fall disproportionately on the most disadvantaged in our communities. Adult Londoners who are employed in routine and manual jobs, and those who have never worked or are long-term unemployed, are more likely to smoke than the national average. Furthermore, alcohol related hospital admissions for Londoners are higher in the most deprived areas.

We also need a shift in emphasis and resources towards understanding and preventing the root causes of ill-health and tackling health inequalities. This means thinking about the places where people are born, live, work and age; how we value diversity and difference in our communities; and the roles that friends, families and communities play. The city as a human-made environment provides a unique opportunity to shape our own future by designing and building places that work for people, supporting good health in a sustainable way. The physical environment – our high streets, our ways of getting around, our homes and institutions and the services they provide – should enable all Londoners to thrive throughout their lives.

Like many cities, London has a directly elected Mayor, with a range of powers that allow him to play a key role in shaping the health of the city. The Mayor's Health Inequalities Strategy says that no Londoner's health should suffer because of who they are or where they live. To support that ambition the Mayor has chosen to put health and wellbeing at heart of wider policy making. This includes Transport for London's (TfL's) Healthy Streets Framework, the London Plan, the implementation and expansion of

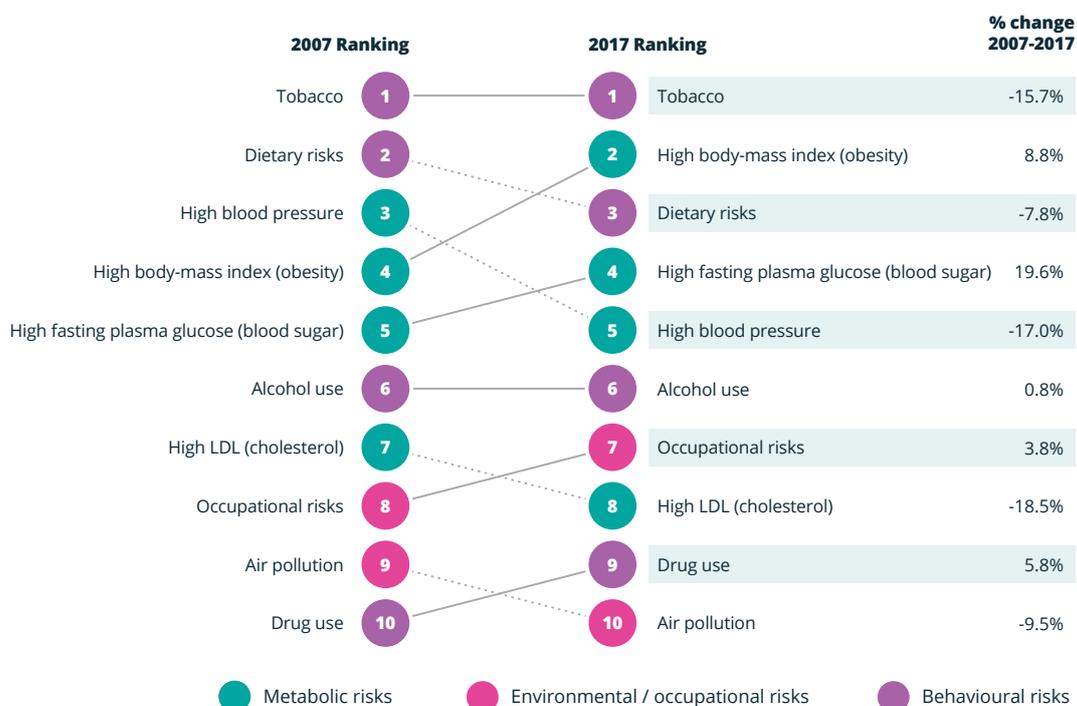
the Ultra Low Emission Zone (ULEZ), and banning unhealthy advertising across the TfL estate. Similarly, while every borough has its own priorities based on the vision of its elected councillors, developed with communities and businesses, and fulfilling its legal duties, London Councils' Pledges to Londoners set out commitments on pan-London priorities that address important determinants of health across the city.

1.2 We have made progress, but significant and complex challenges remain

The Global Burden of Disease analysis gives us a rich understanding of the causes of disability and death in London. Progress has been made in reducing risks associated with tobacco, diet, blood pressure and cholesterol, and there is evidence of improved life expectancy and infant mortality in London. Life expectancy here has improved more than the rest of the country. For males, it has risen from 76.0 years in 2001-03 to 80.5 in 2015-17, whereas for females it has increased from 80.8 to 84.3 years over the same period. Infant mortality has decreased by more than a third¹¹. However, this masks significant and persistent inequalities. There are signs that this progress is beginning to stall in some London boroughs and, despite progress, London lags behind other parts of the country on key public health outcomes, including child obesity and homelessness.

There are significant and sometimes widening health inequalities in London. The cumulative effect of different forms of deprivation is a substantial cause of this, as detailed in the Mayor's Health Inequalities Strategy. This leads to far shorter lives, lived in far poorer health, often with multiple and complex co-morbidities and long-term conditions emerging over a person's life. For example, Londoners in the poorest 10% are likely to have lives that are 4.9 years (women) and 9.3 years (men) shorter than those in the richest 10%¹².

Figure 1: Top 10 causes of disability-adjusted life years in London in 2017 and % change 2007-2017, all ages¹³



Between now and 2035 London will see increases of over 10% in the number of adults with diabetes, impaired mobility, hearing impairments, and personal care needs, compared with 3% or less across England overall. The prevalence of childhood obesity has remained persistently high in London, with 38% of children in year 6 being overweight or obese. Obese children are much more likely to stay obese into adulthood and have poorer health, with the considerable impacts of this epidemic for the individuals themselves, their families, the health and care system and the wider economy. Obesity currently costs the NHS £6.1 billion per year nationally, and wider societal costs are estimated to total £27 billion per year.

Funding pressures faced by local government are significant. London Councils estimates that London boroughs have experienced a reduction in core funding of over £4 billion in real terms since 2010 (a reduction of around 63%). This includes an estimated like-for-like cut in public health spending of more than five percent; it means that children’s services in London faced a shortfall of £100 million in 2018/19, and by 2025 London will have an adult social care funding gap in the region

of over half a billion pounds (£540 million)^{14,15}. This current shortfall in funding for children’s and adult’s social services will inevitably impact on the NHS if not addressed. The number of working age adults with social care needs is expected to rise disproportionately in London compared with England over the next few years. We need to work together in London, and with national teams, to determine how to ensure sustainable resourcing now and for future generations.

Effective action needs to be taken to secure the progress we have made for all Londoners, and to avoid escalating costs and demand that would place an unsustainable burden on local health and care services.

1.3 Transforming the health of Londoners is complex and requires a partnership approach

The combination of challenges described above is not unique to London. It is being faced in most major global cities. The World Health Organisation (WHO)

says that communities, employers and industries are increasingly expecting coordinated government action to tackle the determinants of health and wellbeing, and to avoid duplication and fragmentation¹⁶. In response to the 2014 *Better Health for London report (BHfL)*, the NHS in London, Public Health England, Health Education England, London Councils (representing London's boroughs), local borough partnerships, and the Mayor of London collaborated to pursue shared aspirations for London.

Our partnership is underpinned by a recognition that no single organisation alone can effectively address the opportunities and challenges we face. Shared action makes us greater than the sum of our parts. Our partnership has formed to address priority issues that require pan-London solutions, and to support pan-London actions that enable more effective and joined up working at the level of the neighbourhood, the borough and the sub-regional system. We also work together to make the most of the very direct social, economic and environmental roles we each play as major anchor organisations in London.

In a complex and adaptive system like London, it has been challenging to deliver improvements in all areas, and to deliver change at scale. There are good examples, such as the Great Weight Debate and Thrive LDN, where citizens have been engaged and encouraged to share their views on health priorities and the action to be taken. The review of *Better Health for London* demonstrated that through partnership working at all levels of the system progress has been made:

- The proportion of children who are school ready at age five has improved significantly, but progress on childhood obesity has been much more challenging to achieve

Our partnership is underpinned by a recognition that no single organisation alone can effectively address the opportunities and challenges we face

- The under 75 mortality rates for cardiovascular disease and cancer have declined and remained stable for respiratory disease
- Initiatives such as Stop Smoking London have been launched to support Londoners. Smoking rates have fallen to 13.9% in London (2018)
- London wide initiatives such as the Healthy Workplace Charter have helped to support prevention efforts, and three million working days have been gained through a reduction in sickness absence since the BHfL baseline (2012)
- A wide range of programme activity has occurred in relation to Londoners' mental health, from raising awareness and reducing stigma, through to early intervention and improving crisis care. However, there is more to do to address the mental health and emotional wellbeing of children and young people
- We have delivered programmes which empower Londoners to take care of themselves, including Good Thinking and Sexual Health London. Recent efforts have also focused on expanding social prescribing to tackle health inequalities and increase the proportion of Londoners who feel supported to manage their long term conditions
- Digitalhealth.London has linked digital health innovators with health and care organisations, and the OneLondon collaborative was established to help develop a Local Health and Care Record Exemplar (LHCRE) programme. We are building a system where people can create and access health and care information about themselves, and where teams of registered professionals can access accurate information, drawn from all of the relevant care providers, to provide safe, effective and efficient care. The OneLondon programme is recognised as one of the first five exemplar sites in the country
- London was the first region nationally to offer extended General Practitioner (GP) access in all of its local areas: 8am – 8pm GP access is now available in every London borough. Further work needs to focus on ensuring the quality of core GP services, reducing variation, and improving the primary care estate so that it is able to support London's emerging Primary Care Networks to deliver a wider range of community based services

Figure 2: Summary of achievements and persistent challenges in delivering the Better Health for London (BHfL) aspirations

Achievements against the BHfL aspirations	Persistent challenges in delivering BHfL aspirations
 <p>10% increase of London’s children achieving a good level of development by the end of reception. This means that over 13,000 more children are school ready by age five</p>	<p>The proportion of children who are obese in Year 6 has increased by 2% since 2014, and the overall proportion of children who are overweight or obese has now reached 38%</p> 
 <p>Smoking prevalence in London adults has seen a 3.3 percentage point reduction since 2014 (17.2% in 2014 to 13.9% in 2018). This is equivalent to 124,000 fewer smokers</p>	<p>The proportion of adults who are physically active in London is 65%, which is a lower than in 2015/16</p> 
 <p>The working days lost in London due to sickness absence has decreased by 3 million days</p>	<p>The mortality among adults with severe and enduring mental illness in London is significantly higher than the national average</p> 
 <p>Extended 8am-8pm GP access is available in all London boroughs, resulting in an additional 100,000 appointments being available each month</p>	<p>74.5% of Londoners are satisfied with their GP’s opening hours, which is lower than the national average</p> 
 <p>The mortality rate for causes considered preventable has declined in London, and at a slightly greater rate than nationally</p>	<p>There is a 10% gap in mortality following emergency admission to hospital between those admitted on a weekday and those admitted at weekends</p> 
 <p>60% of Londoners feel that health related services engage Londoners in service design</p>	<p>The proportion of Londoners who feel supported to manage their long term condition is 59%. London’s ambition to be in the top quartile nationally has not been met</p> 

Public Health England (2018) *Better Health for London: Review of Progress*

To help guide the next stage of our work together we are setting out a refreshed, shared Vision for London. This is underpinned by our respective and collective responsibilities to make a difference to the health of Londoners, the health and care services in London, and to the way we collaborate. The document is focused on actions that need partnership and coordination at a regional level. It is not intended to cover every aspect of health improvement in London, or to act as a description of all actions that are taking place locally. We are publishing the document to enable discussion and engagement about how we

accelerate health improvement, but the document is not itself a population health plan.

Our Vision for London is the start of an important conversation about the way our partnership can make the greatest improvements to the health of Londoners and make London the world’s healthiest global city. It provides purpose, a sense of urgency and direction, but it cannot yet provide all of the answers. In the next section we set out the approach to further strengthen and deepen our collaboration to improve the health of Londoners.

2 Our approach will focus on people, places and the emergence of population health systems

In the last section we set out our ambition for London to become the healthiest global city, highlighting the need for a partnership approach to make the most of London's array of assets and tackle inequalities to improve the lives of all Londoners.

In this section we outline the approach we will take as a partnership to deliver progress towards our ambition. The section introduces the concepts that will frame, guide and focus our actions together, and it describes some of the principles, processes and people that have been involved in establishing the actions we now plan to take. These ideas and actions will be explored in more detail in the rest of the document.

We want to make London a place where everyone can thrive, and people feel able to improve or manage their health in the context of other aspects of their lives. We know that Londoners do not expect this to be done to them but want to be involved in the improvement of their health, services and communities. Traditionally under represented groups must be given the opportunities to voice their views and be heard. Such targeted engagement was conducted by Thrive LDN, which highlighted that people want the following things¹⁷:

Help us as **residents to take on different roles** from supporters of initiatives, to health champions and promoters of change

Support us to work in our communities to engage people at risk of isolation and to build intergenerational and inter-cultural relationships

Inform us about existing initiatives and **help us to learn from others**

Adopt a more holistic and positive approach to mental health, tackling the stresses that cause people to get ill – like poverty and violence – as well as the symptoms



2.1 We will work with Londoners to develop more holistic support throughout a person's life

As core values underpinning our approach, our partnership will continue to work in ways which are:

- **Citizen-focused** – focusing on what is important to Londoners not our organisations
- **Collaborative** – we will work together across organisational boundaries, listening to different partners' perspectives, skills and experience
- **Co-produced** – Londoners know their lives best. We will work with citizens to design improved interventions
- **Evidence-based** – we will collect, and be informed by, evidence at all stages of intervention whether design or deployment
- **Open** – it is in everyone's interests if we are transparent about what has and hasn't worked. This will help other professionals learn from each other, preventing duplication and hopefully improving outcomes

Our approach will focus on the support people need throughout their lives. We want all Londoners to:



Start well



Live well



Age well

London is very diverse, and Londoners have a wide range of health needs. Some people may have infrequent or episodic need, whereas other people live with multiple risk factors and health conditions requiring ongoing support and sometimes specialist services. We know that risk factors and disease are linked to the inequalities present in the city, and that too often the 'inverse care law' is evident, meaning that people who live in more deprived areas have fewer health resources available to them¹⁸. Supporting all Londoners to start well, live well and age well requires commitment to address these various needs and situations. Therefore, we must think about our life stages in the context of the neighbourhoods we live in, the services we rely upon, and the communities we are part of. This means we need to work together to ensure London as a global city that:

- Nurtures the people, places and partnerships that support wellbeing and health
- Fosters and develops integrated community-based services that are accessible, proactive and coordinated
- Supports and sustains high quality specialist services and networks that are available to people with acute and complex needs

Figure 3 illustrates the framework to combine a life-course approach with a commitment to local asset-based local approaches, integration of community-based services, and the maintenance of high quality specialist services. The framework illustrates the scope of approaches we could be taking and highlights the foundations needed to enable better health and better health and care services. These are explored further in the sections below.

Figure 3: Providing support across the whole life-course

	People, places and partnerships to support wellbeing and self-care	Integration to provide joined-up community based services	Collaboration to sustain high quality specialist networks
 Start well	Our environment, schools and communities promote and nurture the health and wellbeing of all children and families	Schools and health and care services work together to provide a seamless service and give families and children tools to manage their own health	Children and young people have access to high quality specialist care, with safe and supported transitions to adult services
 Live well	Our environments and local communities help us avoid unhealthy habits and eliminate homelessness and any stigma surrounding mental health	Early support for health issues is consistently available and there is true parity of esteem between physical and mental health	Londoners have access to high quality 24/7 emergency mental and physical health, alongside world-class planned and specialist care services
 Age well	Londoners are supported to manage their long term conditions and maintain independence in their community	As people grow older they are supported in their community with seamless care between organisations	Hospital care is consistent, of high quality and safe and ensures Londoners can get in and out of hospital as fast as they can

Enabled by: Ensuring Londoners are engaged in their own health Digitally connecting London's health and care providers Developing London's workforce Transforming London's estate

2.2 We will focus on people, places and integration to improve health for all local populations

As the engagement from Thrive LDN shows, Londoners want to be involved in developing improvements to their care. An assets based approach to population health improvement recognises and builds on the combination of human, social and physical capital that exists within communities. An assets based approach can complement traditional public service models and enhance a person's health despite systemic inequalities¹⁹. London is a unique city made up of communities with a varied abundance of human,

social and physical capital. The integration of these assets can generate health at different population levels, from the individual and their immediate community, to local neighbourhoods and up to the whole London population.

To do this we need to think beyond the constraints of how services are currently funded and organised, so that the various needs of Londoners shape the way we collaborate across our public services and in our communities. We have a shared belief that we need a radical shift towards more holistic and integrated working. At the most limited this means much closer integration between health and care services, and at its more expansive this means much stronger joint

working between local authority services, the local NHS and civil society so that the full range of assets in communities can positively impact wellbeing and health. Through a more deeply connected way of working we can more effectively tackle the things that have the greatest influence on our health and wellbeing, including housing, education, transport, leisure services and employment, as well as the delivery of health and care services.

There is no “one size fits all” solution, but we should work together using common approaches to deliver consistently high standards of health and care across the capital. Different areas will move at different speeds, depending on local circumstances, but we will all be moving in the same direction. And, although integration in local services happens at the local level, collaboration is needed at all population levels to make it the norm across London. There are things that are easier for local partnerships to achieve if action is coordinated with other areas facing similar challenges, and there are some things that only regional bodies can do to create the conditions for successful local integration. Without actively creating the conditions for joint working at local level we risk making it harder for places to establish a population health approach.

Our partnership needs to unlock opportunities for better population health, working at the level of the neighbourhood, the borough, the sub-regional system and the pan-London level. But this will not be easy. London has some significant barriers to overcome if we are to make systematic improvements. These include key workforce shortages, major financial issues in some of our health providers, continued budget pressures faced by local authorities and a historic divide between health and care underpinned by legislation that can make joint working difficult. However, together we have a real commitment to transform the way partners collaborate so that London is a healthier place to live and to receive care. We want to build on the progress already achieved in many of our boroughs and support all Londoners to benefit from this type of joint working. Section 3.1 outlines in greater detail what we are planning to do, and section 4.1 illustrates how we will take action to support this type of working across all areas of London.

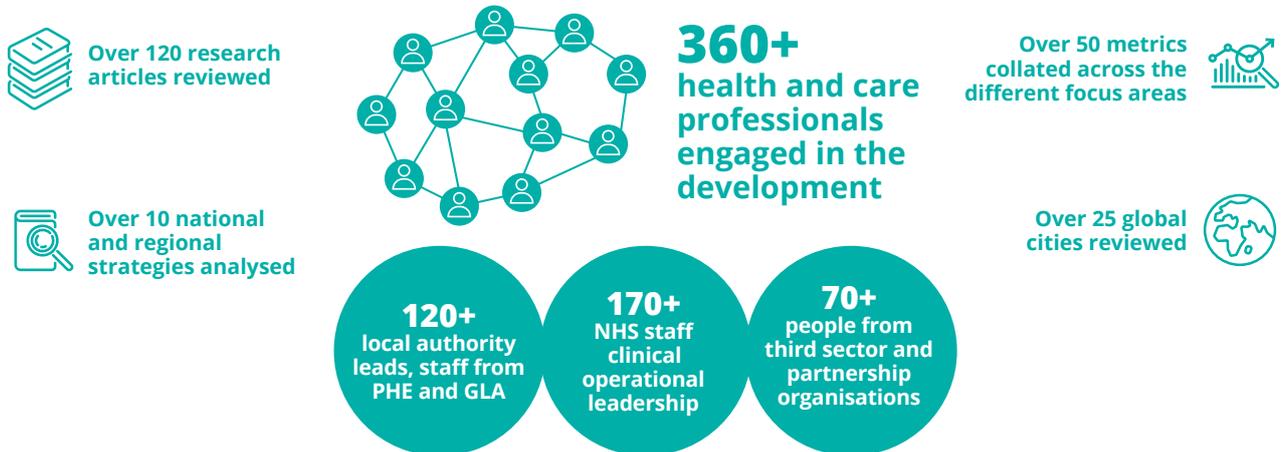
Professional expert panels have developed evidence compendiums bringing together **data analysis, research and case studies** from other global cities to support each priority

2.3 We will focus on ten specific issues as priorities for citywide partnership action

There are some issues that demand collective action at a pan-London level to improve health outcomes, either because they cut across our local neighbourhood and borough boundaries – for example with air quality – or because there are significant scope or scale benefits that emerge from acting collectively. Within our partnership we have identified ten areas of focus for pan-London action, having sought advice and evidence from more than three hundred experts. While these ten areas are not the only things that we will work on together, they do represent a focus for collective action. This is because we think that these are the issues that Londoners care about, and where members of the partnership have shared priorities, local and regional levers for change, a history or willingness for collaboration, and a real opportunity to make a difference.

Throughout the process, we have drawn from the experience and expertise of London’s directors of children’s services, directors of adult services, directors of public health, alongside clinical leaders from across the capital. Expert panels, drawn from the NHS, local government and community organisations, have developed evidence compendiums bringing together data analysis, research and case studies from other global cities to support each priority. Section 4.2 explores these issues in more detail, highlighting some of the impressive work already happening, and indicating specific actions that we will take next to make further progress.

Figure 4: Identifying areas to prioritise for citywide action



Areas of focus for pan-London collaboration

1. Reduce childhood obesity
2. Improve the emotional wellbeing of children and young Londoners
3. Improve mental health and progress towards zero suicides
4. Improve air quality
5. Improve tobacco control and reduce smoking
6. Reduce the prevalence and impact of violence
7. Improve the health of homeless people
8. Improve services and prevention for Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs)
9. Support Londoners with dementia to live well
10. Improve care and support at the end of life

To note: these pan-London actions will sit alongside and are complementary to action at the level of the neighbourhood, the borough and the sub-regional system.

The principles and approaches outlined in this section are explored in more detail in the subsequent sections. Because these are broad principles that frame the actions across our partnership, these

approaches are shared by London's five Sustainability and Transformation Partnerships, and they inform the population health plans that are being developed in each of those areas.

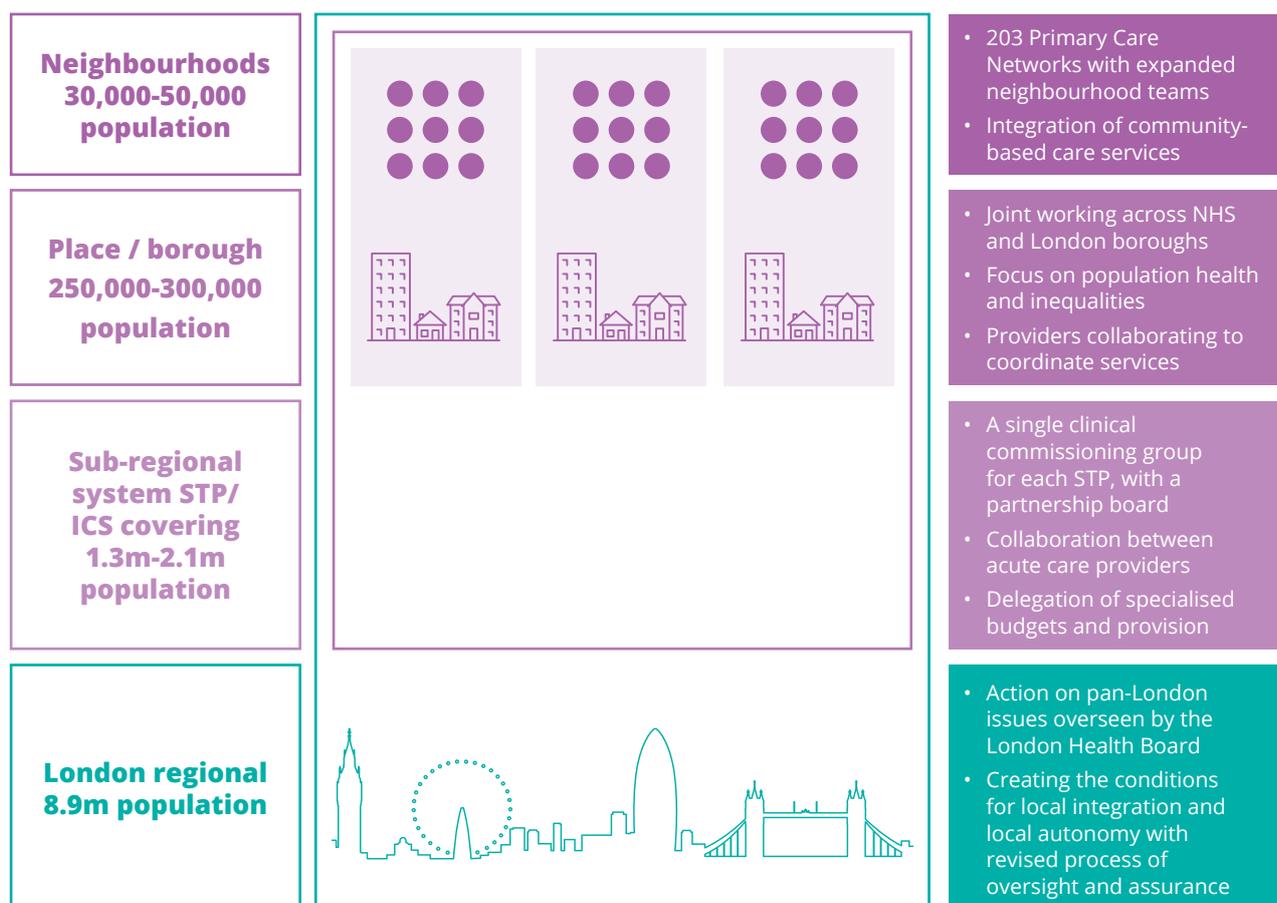
3 Our next steps to make joint working and integration a reality in London

This section explores in more detail our vision for the development of place-based, preventative and joined up approaches to health and care. As well as working at a pan-London level, a key part of this is the development of Integrated Care Systems (ICSs) in each of our five Sustainability and Transformation Partnership areas: North West, North Central, North East, South East and South West. London has organised health and care service development on a sub-regional basis for many years and these five sub-regional systems reflect the way that Londoners use the major hospitals and the city's radial transport networks. The move to ICSs will see NHS organisations increasingly working in partnership with local councils and others to take collective responsibility for the health of the populations they

serve rather than focusing only on the treatment and care they deliver. Our ambition is to see these arrangements fully established across London, with ICSs having in place inter-connected decision making and service provision at three important levels: neighbourhoods, boroughs and the sub-regional systems. This is illustrated in Figure 5, and we think this approach will help services to be planned in a more coordinated and integrated way to meet population needs, with joined up primary, community and social care acting as a foundation.

The section then explores the ten areas of focus for citywide action, setting out the proposed measures that we will track and improve.

Figure 5: Illustrating joint working and integration at different levels of our system



3.1 Accelerating integrated working to deliver a new approach to population health improvement

3.1.1 Supporting joint working and integration in neighbourhoods

In London, the building blocks of integrated care will be the boroughs and the neighbourhoods within them. We want to improve the collaboration between staff working for different organisations, and with voluntary and community services (VCS) partners, to ensure people receive coordinated support in the best setting for them, which is often in the community. This will involve a variety of community based services, such as social prescribing, debt and housing support, smoking cessation, education and local authority community services. This is particularly important for people who have a range of complex health and care needs and for whom access to local community assets and civil society networks may be limited.

To support this integration, each neighbourhood will be served by a Primary Care Network (PCN). There are more than 7,000 GPs working in London, across 1,200 GP practices. PCNs are new collaborations that are built around groups of general practices working together with a range of other local services, including pharmacies, social care and the community and voluntary sector. PCNs will be supported to offer more personalised and coordinated health and care to their local populations, including the more systematic use of social prescribing. By working together, GP practices will find it easier to continue to offer extended hours, which in London has created more than 100,000 extra appointments each month. And there will be more options for residents who need support but do not necessarily need to see a GP by employing

There are **more than 7,000 GPs** working in London, across **1,200 GP practices**

Primary Care Networks will typically serve **populations of at least 30,000 but more often closer to 50,000**. They will be small enough to be local, but large enough to support **integrated multi-disciplinary teams of professionals**

other professionals such as clinical pharmacists and nurse practitioners. Londoners will be able to access diagnostic services such as ultrasounds closer to home, and as health information is joined up across multi-disciplinary health and care teams, people with complex needs will receive a more proactive and coordinated help without having to repeat their story to lots of different professionals.

PCNs will typically serve populations of at least 30,000 but more often closer to 50,000 so they will be small enough to be local, but large enough to support integrated multi-disciplinary teams of professionals. At present, there are plans for 203 PCNs to be established in London. Through additional funding allocated in the NHS Long Term Plan, the NHS will invest an additional £400 million in primary care in London over the next five years. Each PCN will have a Clinical Director who will ultimately join the broader leadership team for borough level health and care partnerships.

Establishing more collaborative ways of working is key to ensuring that we can restore joy in general practice, offer more to Londoners by broadening the skills and roles in our workforce, reduce the isolation of professionals and practices, and make more intelligent use of technology and information to provide a joined up health and care system.

3.1.2 Supporting joint working and integration in boroughs

At borough level our collective ambition is that providers of care services come together in integrated care partnerships to join up care and remove the historic barriers between care settings and organisations. Our intention is that integrated care partnerships include providers from primary care, community care, mental health, social care and the voluntary sector. Some of our boroughs already have these partnerships in place and will seek to formalise them through contractual arrangements, using mechanisms such as alliance contracts or Section 75 agreements. Others will create less formal partnerships, underpinned by a Memorandum of Understanding, with a clear commitment to work together to improve population health. In time (and subject to legislation), some of our providers may wish to join together as Integrated Care Trusts.

In South East London, Local Care Partnerships (LCPs) have been set up in each borough, including 'One Bromley' and 'Lambeth Together'. Each LCP has representation from acute, community, mental health, social and primary care professions, as well as the voluntary sector. Lambeth Together has enabled provider collaboration such as the Lambeth Living Well Collaboration, which supports multi-agency working on mental health across the borough.

At borough level our **collective ambition** is that providers of **care services come together in integrated care partnerships** to join up care and remove the historic barriers between care settings and organisations

In North East London, 'Tower Hamlets Together' is a partnership of health and care organisations where the council and CCG have established a Joint Commissioning Executive with pooled budget and there is a provider alliance arrangement for delivery of community services that involves social services, GPs, acute trusts and the community and voluntary sector.

In South West London the 'One Croydon' alliance operates a partnership between the local NHS, Croydon Council and Age UK Croydon. Providers work together in confidential multi-agency huddles between GPs, social workers, pharmacists and other healthcare professionals, to discuss care plans for over 65s and to determine the most appropriate interventions. As a result, Croydon has seen unplanned admissions for the over-65 group fall by 15% against a rising trend.

These examples illustrate the work across London to explore models of health and care integration. We expect a limited number of models to emerge across London that are then tailored to suit local circumstances, ensuring that we have a clear and transparent way of working together whilst making sure arrangements make sense for local stakeholders.

We will continue to support these local approaches, with an expectation that health and social care budgets can be more aligned or blended, where councils and CCGs agree this makes sense. Learning from examples across London, and the rest of the country, there are four major models that have been shown to work individually or in combination. Our ambition is for local partners in all of London's boroughs to consider and establish:

- Voluntary budget pooling between a council and CCG for some or all of their responsibilities
- Individual service user budget pooling through personal health and social care budgets
- Oversight of a pooled budget and a joint-commissioning team for all adult health and care services, by the NHS and at the request of the local authority
- The joint-appointment at the borough level of a Strategic Director for local health and care

commissioning budgets, accountable to the Council chief executive and the ICS Accountable Officer (e.g. the Lambeth model)

- Integrated leadership models across providers and commissioners, learning from the model in Croydon – of joint-appointments across the CCG and acute provider – and from the Salford and City of Manchester models where council staff are directly deployed within the Local Care Organisations

In addition, the leadership in each borough, at the political and executive level, will have a central role in the strategic direction of health and care services and will be engaged in decision-making at all key points. This will mean health and care partners setting specific priorities together regarding health inequalities and population health.

3.1.3 Supporting joint working and integration within sub-regional systems

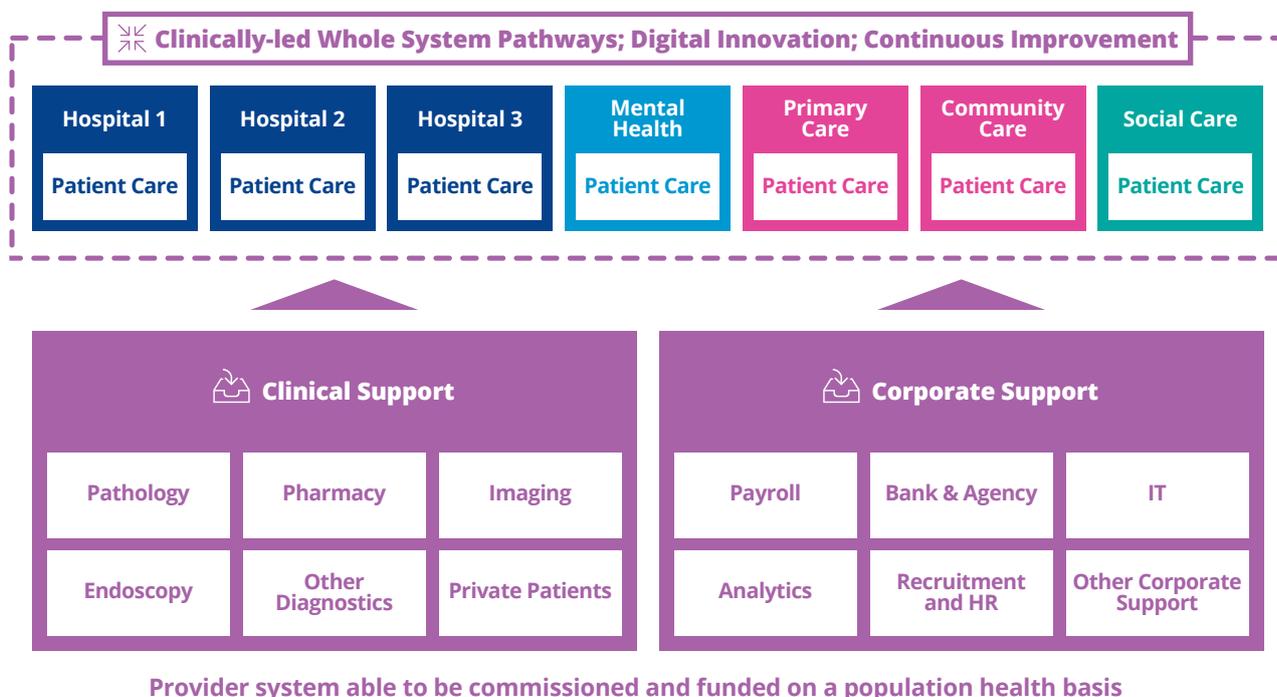
London has some of the best academic health science centres, and the greatest concentration of specialised services, in the world. There are 36 provider trusts in London, with 19 acute hospitals, 10 mental health trusts, 6 community trusts and the London Ambulance Service. These organisations already operate to provide vital local services, and many of them provide more specialist services at sub-regional level, such as major trauma and stroke services. These services are necessarily planned across larger geographical areas, and ICSs will have a responsibility to work out how services are best arranged to meet the needs of the wider population being served.

All trusts will be expected to collaborate to support innovation, productivity, specialisation and consolidation. This will be important to ensure

There are **36 provider trusts in London**, with **19 acute hospitals**, **10 mental health trusts**, **six community trusts** and the **London Ambulance Service**

continuous improvement and the reduction of unwarranted clinical variation; to deliver the highest safety, experience and effectiveness of treatment; and to safeguard the resources needed to sustain such services now and for future generations. We have seen important examples of clinical service consolidation in London, for example through the reconfiguration of stroke services and the creation of a single South West London Elective Orthopaedic Centre (SWLEOC). As a result of the changes to London's stroke services there have been significantly fewer deaths and shorter hospital stays²⁰. And for SWLEOC, in place of four separate units that individually were struggling to meet patient expectations around access, the development established the largest hip and knee replacement centre in the United Kingdom (UK), performing 5200 procedures every year with comparably high performance on access and length of stay²¹. Similar consolidation has been undertaken in clinical support services, such as pathology, and there are trusts that have progressed significant collaborations around corporate support services, such as payroll, human resources and information technology services.

Figure 6: Illustrating joint working and collaboration between providers of services



Proposals to make significant changes to clinical services will take into account the Mayor’s ‘six tests’. These tests will ensure that system leaders have: considered the impact of changes on health inequalities; demonstrated that bed numbers are credible and take into account demographic change; identified sufficient capital and revenue funding; taken into account the financial impacts of new pathways on social care services; demonstrated widespread clinical support; and demonstrated widespread, ongoing and iterative public engagement²².

In addition, some population health system management functions can also be better organised on a bigger scale, for example by removing duplication, streamlining activities and developing more sophisticated approaches to data, service planning and system intelligence. This has the potential to support more effective management of clinical and financial risk; and to streamline processes so that teams can free up time to focus on the core job of improving services for

Londoners, and free up resources for reinvestment in frontline care. To realise these benefits the NHS commissioning landscape will need to change, with CCGs consolidating to cover a larger geographical area. By April 2021, we expect that a single CCG will be established for each of the five sub-regional integrated care systems. Within this, delegation models to borough partnerships are being developed. Our ambition is to delegate to place wherever this benefits local people, service users and carers, and where it will best deliver neighbourhood and borough priorities whilst satisfying residents’ entitlements through the NHS Constitution and Mandate. The consolidated CCGs will also be able to take strategic commissioning decisions for services best delivered across a multi-borough area such as acute and specialist provision.

Each sub-regional integrated care system will form an ICS partnership board. This will be where key stakeholders come together and take decisions on improving the health and care for the local

population. These boards will need to determine collective priorities, drive transformation, support improvement, and take action to reduce health inequalities. As such, they will be empowered to make decisions on investments such as capital and re-investment of savings made from integration across the system. The partnership board will together manage system financial risk so that the system operates within its overall funding allocation. We also expect sub-regional system partners to agree how functions such as back office services, digital infrastructure, workforce and business intelligence are best managed across the wider system, with the intention to reduce duplicative overhead costs so that they can be committed to fund frontline health and care services.

3.1.4 Supporting joint working and integration through citywide partnership

At a regional level, there is a clear commitment to work closely across our partnership to provide transformation and improvement support. Success will rely on forging close working with and between local partners, supporting the development of sub-regional ICSs, and enabling providers and commissioners to take on increased responsibility for making collaborative decisions for their population.

For regional partners in London, the vision is for as many activities as possible to be taken by sub-regional systems and boroughs, rather than the regional office. For example, NHS London currently commissions specialised services, but many of these services – such as inpatient mental health and radiotherapy – are part of pathways that are already commissioned by CCGs in London. We want to support the delegation of these functions so that local commissioners and providers are able to play a leading role in planning how such services are delivered.

There are also some big issues that we need to tackle jointly at a citywide level. Strong collaboration will be needed to create the right conditions for local joint

working, for example by establishing effective and shared mechanisms for oversight and support. There are also opportunities to take a more coordinated leadership and delivery approach for vital enablers of integration such as: the development of new primary and community-based estate; the creation of better data systems to support the availability of joined up information and the digital transformation of services; and the coordination of action to attract, train and retain our vital workforce. In addition, our partnership has identified areas of focus for citywide action, including issues such as the reduction of violence, the reduction of suicides, and the improvement of care for people who are homeless.

We already have important examples of this type of citywide collaboration:

- The London HIV Prevention Programme (LHPP) is a London-wide initiative funded by local authorities to promote prevention choices for Londoners. The LHPP works with partners to deliver sexual health promotion outreach to men who have sex with men, and a free condom distribution scheme across more than sixty venues in the capital. LHPP's Do It London campaign has helped to increase awareness of HIV, safer sexual behaviours and drive up rates and the frequency of HIV testing
- Good Thinking is a pan-London initiative – driven by local government, the NHS and Public Health England – to provide a digital mental wellbeing service. It has provided more than 300,000 Londoners with self-care support to tackle sleep, anxiety, stress and depression. This powerfully demonstrates multi-agency collaboration to meet local need, innovation to use new channels to reach people we have not traditionally reached, and an ability to influence the wider national policy agenda through the approach taken to the Every Mind Matters campaign

Through the London Health Board, elected leaders, health and care leads, and public health experts will continue to work together to drive improvement in health outcomes, health inequalities and health

services. The Board has a key role in facilitating partnership working between NHS bodies and local authorities, and it can identify and help address new opportunities and challenges as and when they arise.

3.2 Continuing to make progress in addressing ten issues requiring specific citywide action

Important and innovative work is happening across London to make our city a healthier global city. But more needs to be done, and this Vision is the beginning of a conversation to refine and focus the key actions that we now need to take as a partnership to move us closer to London becoming the healthiest global city.

London is learning from the approach of other global cities on how to measure and track improvements in the health of its citizens, and changes in the inequalities within the city. For example, *Take Care New York 2020* is New York City's blueprint for improving the health and lives of its citizens²³. The City's Health Department, in collaboration with various partners, has created top priorities for each of its communities. Progress against these goals is reviewed annually.

The table below summarises some of the proposed measures that we want to track and improve for Londoners, taking citywide action. More granular and specific detail on each of these issues provided in Section 2.

Table 1: Outcomes that we will track to determine the difference we are making for Londoners

Area of focus	The outcomes we think we should track
Overall population health improvement	<ul style="list-style-type: none"> • Average healthy life expectancy for London • The slope index of inequality (SII)
Reduce childhood obesity	<ul style="list-style-type: none"> • Reception: Prevalence of overweight including obesity • Reception: Prevalence of severe obesity • Year 6: Prevalence of overweight • Year 6: Prevalence of obesity (including severe obesity) • Reception: Inequality in the prevalence of obesity (including severe obesity) • Proportion of five year olds free from dental decay
Improve the emotional wellbeing of children and young Londoners	<ul style="list-style-type: none"> • School readiness: the percentage of children achieving a good level of development at the end of reception • Number of schools with Healthy Schools London awards • Number of early years settings with Healthy Early Years awards • NHS Children and Young People Mental Health access
Improve mental health and progress towards zero suicides	<ul style="list-style-type: none"> • Suicide: age-standardised rate per 100,000 population (three year average) • Adults in contact with secondary mental health services who live in stable and appropriate accommodation • Referrals Moving to Recovery for the Improving Access to Psychological Therapies pathway • Rates of detention under the Mental Health Act

Area of focus	The outcomes we think we should track
Improve air quality	<ul style="list-style-type: none"> Percentage of London roads compliant with EU limit levels for Nitrogen Dioxide (NO2) Meeting World Health Organisation (WHO) limits for PM2.5 concentrations by 2030 Hospital admissions for asthma (under 19 years) Percentage of Londoners who report doing 20 minutes of walking or cycling on the previous day
Improve tobacco control and reduce smoking	<ul style="list-style-type: none"> Smoking prevalence The difference in smoking rates of London vs national Smoking rates in pregnancy at the time of delivery Smoking rates among people working in routine and manual occupations Smoking rates in people with a serious mental illness
Reduce the prevalence and impact of violence	<ul style="list-style-type: none"> Violent crime (including sexual violence) Hospital admissions for violence
Improve the health of homeless people	<ul style="list-style-type: none"> Number of people sleeping rough on the street Statutory homelessness rate (per 1,000 households) Deaths of homeless people (experimental statistics)
Improve services and prevention for HIV and other STIs	<ul style="list-style-type: none"> HIV testing coverage HIV late diagnosis proportion New HIV diagnosis rate /100,000 (15 year old plus) Syphilis diagnostic rate /100,000 New STI diagnoses (excl. chlamydia aged <25) /100,000 Gonorrhoea diagnostic rate /100,000
Support Londoners with dementia to live well	<ul style="list-style-type: none"> Dementia: Recorded prevalence (aged 65 years and over) Deaths in usual place of residence: People with dementia (aged 65 years and over) Dementia: Residential care and nursing home bed capacity (aged 65 years and over) Place of death – hospital: People with dementia (aged 65 years and over)
Improve care and support at the end of life	<ul style="list-style-type: none"> Percentage of deaths that occur in hospital (all ages) Percentage of people who have died that have a Coordinate My Care record Percentage of population on palliative care register

We will continue to explore whether there are other outcomes measures, designed by Londoners, which could be used to track progress to see whether our commitments are making a difference.

4 Our more detailed plans for action

The previous sections of this Vision have described how we intend to shift our approach to health and wellbeing for London so that it is more asset-based, proactive, and preventative. Delivering this change requires a shift towards more integrated working across the NHS and local government at neighbourhood, borough and system level. As described in the framework in Figure 3, such a shift requires action on the things that enable new ways of working, covering workforce, the estate, the digital infrastructure and system leadership. This section of the document looks in more detail at the actions we plan to undertake to address these issues. It then explores in turn the ten areas of focus for pan-London action to highlight the granular and specific actions that are already in progress, and our plans to go further. These pan-London actions complement, and will sit alongside, actions at the level of the neighbourhood, the borough and the sub-regional system.

4.1 Accelerating integrated working to deliver a new approach to population health improvement

There is strong agreement that widespread transformation in complex systems requires substantial leadership, local relationships, and local design to improve services on the ground. These are things that cannot be simply described and dictated at a regional level. However, as a regional partnership we also think that local action is more likely to happen if we take shared responsibility for creating the right conditions for collaboration and integration to happen. This enabling action needs to be felt within neighbourhoods, boroughs and sub-regional systems.

4.1.1 Creating the conditions for improvement: taking action to attract, train and retain the workforce that we need to transform services

An appropriately skilled and resourced workforce is key to enable the change in the model of care, and to ensure that core services are sustainable. We need to support recruitment and retention of health and care staff, specifically focussing on shortage occupations.

The London Workforce Board – which is made up of partners from across health, local government and employer organisations – is proposing six key commitments which will be championed by the board and its member organisations. These priorities will ultimately be aligned with the NHS People Plan and the local workforce plans in each of the five London Sustainability and Transformation Partnerships (STPs).

- **Support the recruitment and retention of health and care staff in the capital through the schemes such as CapitalNurse.** While there are more than 51,000 nurses in London, we have a nursing vacancy rate of 13.5%, which is higher than the rest of the country. Through CapitalNurse we have the vision to get nursing right for London; highlighting the benefits of nursing in the capital, developing career pathways in collaboration with our higher education institutions (HEIs); and creating nurse-friendly employment opportunities. By 2024 we want to grow London's nursing workforce by more than 8,000, and by 2028 reduce London's nursing vacancy rate by 5%. This ensures London has the right number of nurses, with the right skills, in the right place, working to deliver excellent care wherever it is needed
- **Mitigate the impact of the cost of living on the recruitment and retention of health and care and staff.** The cost of living in London impacts on the recruitment and retention of health and care staff. For example, 40% of London nurses say that the cost of housing means they expect to leave the capital in the next five years²⁴. Our commitment is to review the impact of the cost of living, specifically transport and housing, on recruitment and retention rates, and the options for mitigating this. This will be followed by a series of cost of living pilots across London which will be evaluated before support is provided to roll these out across the capital, and it complements existing work to support employers to meet London's Good Work Standard²⁵

By 2024 we want to grow London's nursing workforce by over 8,000

- **Support the development of a multi-disciplinary workforce within primary care.** Although GP numbers have increased there is a reduction in the overall participation rate (the ratio of full time equivalent numbers to headcount) and the nursing workforce is an ageing workforce. In order to create capacity to ensure that patients get the right care at the right time, it is necessary to recruit and develop a multi-disciplinary workforce. The introduction of the new GP contract includes funding for practices to form Primary Care Networks (PCNs) and recruit more health professionals including additional clinical pharmacists, physician associates, first contact physiotherapists, community paramedics and social prescribing link workers. By 2023/24 we want to grow the general practice clinical workforce by an additional 3,000 (>30%) health professionals. Progress will be monitored using the quarterly GP workforce census
- **Build a workforce that is grown from the ground up in order to create a culture of integrated health and care that encompasses the local London communities.** Within five years all London trusts and STPs will have produced and be delivering a strategy for developing healthcare professionals in their local community. Strong and sustainable local employment pathways will need additional recruitment into social care, with progression routes both within social care and into health. Recognising the connection between health and care progression routes would help develop a positive pathway, clearer for residents and supporting both recruitment and retention
- **Commit to employing a workforce that reflects the city's diversity and fosters inclusivity of cultures.** The London Workforce Board will support partners and employers in achieving best practice in equality and diversity so that the health and care workforce is reflective of London's rich diversity. Opportunities to learn, develop and work in health and care will be open to all, the experience of working in health and care will be a positive one and particular support will be provided to individuals in underrepresented groups. Progress in achieving these aims will be monitored using measures appropriate to the sector, acknowledging the multitude of employers and employment methods
- **Ensure the health and wellbeing of our workforce so they can feel valued, and be happy.** Workforce shortages, rising patient demand, and workplace bullying and harassment are putting health and care staff under extreme pressures, which is inevitably affecting patient care and the mental health of the workforce. We have a clear duty to care for our workforce. Over the next three to five years we commit to supporting organisations and systems to develop staff health and wellbeing improvement strategies that recruit and retain a healthy and happy workforce that is built around a culture of care. We'll continue to measure this through staff surveys, monitoring staff sickness and benchmarking the 'Freedom to Speak Up' marker for organisational health

4.1.2 Creating the conditions for improvement: reimagining the health and care estate and rethinking how we develop them together

Decent, affordable homes are a key determinant of health, and our neighbourhoods are places that shape people's health and wellbeing. They are places where people come together to meet, to work, and to make use of the community assets available to them. It is here where much of the informal care exists, which supports most people most of the time. And it is also where some of our most important health and care services are located.

By 2023/24 we want to **grow the general practice clinical workforce** by an additional **3,000 (>30%)** health professionals

At the heart of this vision is a shift towards more integrated local working at the neighbourhood and borough level. This requires us to reimagine the primary and community care model, so that the people, places and processes work together to help Londoners to stay healthy, to connect with activities and groups within the community, and to access high quality clinical services when they need them. This is a better model for people who use those services, but it is also a model that makes local care systems a more rewarding place to work, ensuring that teams have the facilities, infrastructure and relationships needed to do the job well.

London has some of the world's most advanced facilities, but it also has some of the worst GP and hospital buildings in Britain. Some primary care buildings are so dilapidated and inaccessible that they have been deemed beyond repair: a third of London's primary care infrastructure needs to be replaced. Our ambition is not only to fix the roof in challenging times, but to transform the health and care estate, so that it works more effectively for communities, for service users and for staff. Overall, we estimate £8 billion of new investment is required over the next 10 years²⁶.

Reshaping the care model will only happen if we transform the buildings and infrastructure that supports it. More of the same is not the answer: in the future we will need more neighbourhood-based care hubs, not simply large medical centres. We need places where professionals can work together collaboratively, where different public services can work side by side, and where residents can make use of the space as an asset in their community. And because such hubs sit at the heart of neighbourhoods, these places are not just about the provision of public services, they can also be developments that support new residential spaces, with an emphasis on affordable housing and key workers. These need to be community-led developments, rather than centrally specified and overly prescribed buildings, and local elected leaders and local government have a central role in shaping the emergence of this infrastructure, in partnership with the NHS, so that residents have access to 21st Century community assets.

Overall, we estimate **£8 billion of new investment is required** over the next 10 years

The Greater London Authority (GLA) and local authorities have a range of powers, capabilities, experience, local relationships and regeneration plans that can, in partnership with the NHS, completely transform our approach to the development of health and care facilities. Examples of this type of working are already available, such as in Lewisham, where the council and CCG have been working alongside the GLA, the Local Government Association (LGA) and the Cabinet Office – through the One Public Estates programme – to develop neighbourhood care hubs in each of its four neighbourhood areas. This work was identified as a devolution pilot with the aim of establishing a Community Based Care model which emphasises connections across communities and better integration of health and care services.

Likewise, in Newham, a joint venture has been established between the council and the local NHS Trust, with the support of the CCG and primary care partners, with the aim of creating state-of-the-art facilities that combine traditional GP surgeries with advanced medical, community, social care and mental health support, and reducing journey times for many service users and patients.

These partnerships are possible, but we have heard that progress is often very difficult, and that additional support is needed to make this easier. We want local partnerships to be able to create new neighbourhood care hubs. If there was one in each locality that would require approximately 80 developments across the city, which would be the most ambitious redevelopment of health and care infrastructure since the establishment of the NHS. Over the next five years we would want to

demonstrate what is possible by working with at least ten areas. Achieving this will radically upgrade and transform the way that services work for local populations, but it will require regional action to create the conditions within which local partnerships find it easier to make progress.

To make that happen, the London Estates Board and the London Estates Delivery Unit will begin work to explore the range of potential options available to enable the establishment of local community estates partnerships. In particular, we will explore how existing freedoms – such as the transfer of assets from NHS Property Services, the repurposing of surplus land, and

the ability for local authorities to borrow to invest in public infrastructure – could be applied to accelerate the development of new community hub facilities. We will also explore other practical challenges, such as streamlining and simplifying the way practices are reimbursed for their premises. Our intention is then to include in our investment pipeline the neighbourhood care hubs to be delivered over the next five years. Alongside this work we will also establish a task and finish project to identify the opportunities and barriers to implementing STP estate plans at a neighbourhood level, proposing solutions that help develop the local capability and capacity needed for the transformation of local services.

Lewisham

- Lewisham Health and Care Partners, are working with the GLA, LGA and the Cabinet Office to enable the development of four Neighbourhood Care Hubs across the borough. These aim to supplement and not duplicate other care services, emphasising co-location or collaboration with other voluntary sector support services.
- The hubs aim to be recognised as centres which do as much to promote health, wellbeing and self-care as to provide appropriate care for those with ill-health.
- It is envisaged that the Neighbourhood Care Hubs will house integrated health and care teams, such as the Neighbourhood Community Teams and the community mental health teams; provide touch down space for other local services, including the voluntary sector; act as a base for local social enterprises; support residents with help and advice for accessing digital services and making choices; offer bookable space for shared use; and provide urgent care and GP extended access services for the community.

Newham:

- Health and Care Space Newham (HCSN) is a joint venture partnership between Newham Council and East London NHS Foundation Trust (ELFT) to own and build integrated health and care facilities. It is the first such partnership between a local authority and an NHS FT in the country; and it is the delivery vehicle for a wider strategic partnership that includes NHS Newham CCG and the GP federation Newham Health Collaborative. HCSN is a £200m venture, underpinned by a business case which outlines the operation of the partnership over the next 60 years.
- The vision is to develop state-of-the-art facilities that combine traditional GP surgeries with advanced medical, community, social care and mental health support reducing journey times for many service users and patients. The venture will also build new homes to make working in the area more attractive to healthcare professionals who already work in Newham and encourage others to apply for vacancies. Around 250 affordable homes will be built as a result of the venture and will be allocated as a priority to key workers in the health and care sector.

4.1.3 Creating the conditions for improvement: making the most of opportunities created by digital transformation, while bringing the public with us

Our aspirations to create 21st Century public services should not be limited to the development of physical premises. Healthcare lags other industries in digital maturity, and enhanced digital capabilities will be essential if we are to: improve the experience of care; empower people in managing their own health and wellbeing; improve the experience of staff by reducing workload, offering more flexible working and strengthening teamwork; and deliver high value healthcare that improves the wellbeing of our population and reduces health inequalities. To do this we need to unlock the value of information so that we can understand what is really happening for an individual, see and act on patterns across the population, and keep learning about what works. The marker of success in this vision is the emergence of a learning health and care system that uses information to achieve better and more equitable outcomes for Londoners, whilst delivering affordability by driving out duplication and unnecessary costs. Shifting our approach will require collective action, public involvement, and a focus on user-centred design. It will enable more personalised, proactive and preventative services that are more convenient, more effective and more intelligent.

Most Londoners believe that information about their health is already shared between the professionals responsible for providing their care and are surprised to know that, at present, we are unable to connect their records between organisations⁴⁸. The reality is that the joining up of information in existing health and care systems is inconsistent, cumbersome, and fails to actively support patient care pathways or clinical workflows. It is still common for information to be exchanged via post, fax, telephone and email. This impacts on the quality of care provision – reducing the efficacy and safety of care, and resulting in a poor experience for patients and carers.

In the same way that the postal service has developed a reliable approach to delivering mail to different addresses by using a system of postcodes, we need a secure and reliable way to move information between service users, professionals and organisations. This will require us to develop digital infrastructure that enables the exchange of information in a timely way – just as the Post Office has done for letters and parcels. However, to provide population level improvements, improve health and care services, and develop new or more targeted treatments, simply joining up information is not enough. We need to be able to bring together the data from large numbers of people to provide new insights and understanding. This means having all of the relevant information in one place, organised with standard references so that it is easy to find – a little like a research library. This information needs to be held securely and only available to those who have legitimate reason to use it. It should also maintain people's privacy by, for example, making the data anonymous so that it is impossible to identify whose information it is.

Collectively, we will have to invest significantly in the technology and organisational change necessary to allow health and care services to make better use of powerful emerging techniques made possible through the revolutions in genomics and data analytics. Fundamentally, this is an issue of operational redesign and standards setting, and it requires ownership by the most senior leadership in each organisation: it is not an Information Technology issue. If we get it right, the opportunities promised by digital transformation are great, and they shape our aspirations for London.

Healthcare lags other industries in digital maturity, and **enhanced digital capabilities will be essential** if we are to improve

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- We want Londoners to feel confident about finding the right support to help themselves, and to engage in a different type of conversation with the care professionals who support them. That is why it is so important to continue to develop and adopt digital support tools such as Good Thinking and Coordinate My Care (CMC), both of which are available for free to all Londoners
 - We want Londoners to feel confident about accessing services in different ways - not necessarily requiring people to take time off work, or travel to their local clinic, but instead having the choice to have conversations with clinicians over the phone, online or using video calls
 - We want Londoners to feel confident that when they receive care their clinical teams have the right information at the right time to make the best decision; and that this is collected, stored and used in a secure way and in a way that safeguards privacy appropriately. That is why we are building on existing local programmes, such as the East London Patient Record (eLPR), to make sure that all general practices, community services, hospital services and mental health services in London can connect together to see relevant information about a person in their care. This is a core part of the first phase of the OneLondon LHCRE programme
 - We want Londoners to feel confident that professionals in different organisations are supported to share information and to work together to resolve issues without always having to refer someone for an additional appointment, resulting in additional delay and stress for the patient. New tools, such as the Referral Assessment Service and the e-Referral Service Advice and Guidance, are supporting GPs and hospital doctors to work together to resolve issues and make sure any referrals to outpatients are necessary and make best use of everyone's time. It is now possible for a GP to describe a person's symptoms and get a response from a hospital-based specialist within 48 hours. This not only fosters collaboration and problem-solving between clinicians, it also reduces some of the stress and inconvenience for people having to go to an outpatient appointment. It should also make a significant contribution to reducing the number of journeys required for healthcare, with a reduction in the harmful emissions that such travel generates
 - We want Londoners to feel confident that professionals are using health and care information intelligently so that they can spot potential issues and offer early support, rather than waiting for symptoms to develop and progress. This will be vital if we are to deliver the stage shift in cancer diagnosis, so that at least three-quarters of the Londoners who receive a cancer diagnosis are diagnosed at an early stage and treatment can be started earlier. Similar methods will also be important in providing more tailored support to reduce the impact of heart disease, diabetes, kidney disease, stroke and dementia – which we know drive much of the ill health people in London experience. The information revolution means we now have much more intelligence on which to base targeted offers of support, and Londoners should feel confident that we are using this intelligence to provide the most effective care at the earliest point
 - We want Londoners to feel confident that local services are planned and organised in a way that thinks about user-based design and considers the real needs of the local population, based on actual data. And to be confident that we are supporting research into the causes and treatments of illness, participating in the creation of new knowledge and treatments that will make a big difference to them, their families, and millions of other people in London and across the world

This will only be possible if Londoners understand why and how their health and care information is used, trust that it will be used appropriately and in line with their expectations, and are supportive of our ambitions. There are a multitude of factors that have confused debate about uses of health and care information in the past and the scope for misunderstanding and cynicism is therefore understandably high. We must address this risk by avoiding past mistakes. The most important factor will be to create a wider understanding and confidence amongst the public and care professionals. To create and sustain legitimacy and trustworthiness we must have a different type of conversation with Londoners about people's expectations, and we must ensure public services operate in line with these expectations.

Steps for further progress:

- We will continue to develop and integrate digital support tools so that they are easier to access and use
- We will continue to build on previous engagement with Londoners, using discussion and deliberation to explore and understand people's expectations of the use of health and care information
- We will continue the journey set out in our 'Smarter London Together' roadmap to transform London into the smartest city in the world, with coordinated efforts to promote MedTech innovation to improve treatments in the NHS and social care
- We will continue to develop the Local Health and Care Record infrastructure – in line with public expectations – so that it becomes a more sophisticated data service platform to support patients to access their own information, for

clinical services to provide more proactive and anticipatory care, and to act as a source of depersonalised information for population health intelligence and public health research

- We will explore the future models of funding that are required to create and sustain digital support tools, like Good Thinking, CMC, or other personal health and care records, so that all Londoners are able to access effective digital support

Our plans are ambitious and challenging, but they are essential if London is to become the healthiest global city now, for all, and for future generations. Strategic leadership will continue to be provided by the Chief Digital Officer of the Greater London Authority and the Regional Director of the NHS in London, with appropriate collaboration and governance to make sure we make a difference. To guide our efforts our partnership will develop a Data Strategy and Digital Declaration for London's health and care partners.

To create and sustain **legitimacy** and **trustworthiness** we must have a different type of conversation with Londoners about people's expectations, and we must **ensure public services operate in line with these expectations**

Early detection of Acute Kidney Injury has been cut from hours to minutes, **reducing the cost of care** from £11,772 to £9,761 for a hospital admission

This will describe how we bring together academic, public service and technology partners to act collectively so that we can get the maximum benefit for Londoners from the assets that we have in the capital, and will build on the existing progress that has been made through the Local Health and Care Record Exemplar, the Digital Innovation Hubs and the London Office for Technology and Innovation.

Early detection of Acute Kidney Injury

Detection of one of the biggest killers in the NHS has been cut from hours to minutes at the Royal Free Hospital in London thanks to the introduction of a new digital alerting tool which has been developed by technology experts at DeepMind Health in collaboration with clinicians at the Royal Free London NHS Foundation Trust to help identify patients at risk of acute kidney injury (AKI).

According to the evaluation led by University College London, and published in Nature Digital Medicine, the app improved the quality of care for

patients by speeding up detection and preventing missed cases. Clinicians were able to respond to urgent AKI cases in 14 minutes or less - a process which, using existing systems, might otherwise have taken many hours as clinicians would previously have had to trawl through paper, pager alerts and multiple desktop systems.

This has improved the experience of clinicians responsible for treating AKI, and reduced the cost of care to the NHS - from £11,772 to £9,761 for a hospital admission for a patient with AKI. Clinicians involved in the evaluation said the new technology 'has definitely saved people's lives', and 'it must save at least a couple of hours in a day'.

4.1.4 Creating the conditions for improvement: establishing the right type of partnership working and collective oversight

The opportunities and structures for leaders to participate in making decisions are undoubtedly important within any partnership: they determine the ability for different perspectives to be shared and understood, for relationships and trust to develop, and they act as the mechanisms through which partners can hold themselves and each other to account for making progress.

As a regional partnership – of the GLA, London boroughs, and the NHS – our approach to joint working must respect the different histories, statutory bases, and lines of democratic accountability inherent within each member. Whilst recognising these differences, we need to find effective ways of working together to transform outcomes for Londoners. At all levels of the system this includes creating ways to foster a consideration of ‘health in all policies’, to engender collaboration in decision-making and to support shared oversight of joint working, whilst also enabling clear delivery through executive structures.

At a regional level the leadership of our partnership is enabled by and through the London Health Board. It provides strategic direction and oversight of progress against our collective commitments by bringing together the most senior accountable officers for the NHS in London with representative political and executive leaders from local government, and the GLA. The board meets in public and is chaired by the Mayor of London, with the role of making the most of opportunities for partnership so that we make London the healthiest global city. We will explore how to strengthen our partnership mechanisms for executive leadership, working into

the London Health Board. This could include a range of mechanisms, such as more direct involvement of local government representatives in the NHS regional executive structures, the inclusion of NHS representatives within the collaborative structures of London Councils, and a refresh of the Healthy London Partnership governance arrangements.

Partner organisations are working to establish integrated systems leadership at a sub-regional level, covering each of the five STP footprints, by April 2021. These will each be supported by the creation of a partnership board (with an independent chair) and an executive board at the STP-level. These new arrangements must engender stronger collaboration between health and social care commissioners, and with providers, taking into account the democratic and institutional realities inherent in place-based leadership. These new structures are expected to oversee a movement towards place-based budgets in each borough, and to seek devolution of some NHS responsibilities from the regional level – such as with the devolution of responsibility for some specialised commissioning budgets. As these structures are established the regional NHS will work with ICS leaders to co-design system-wide objectives. ICS boards will be accountable for their performance against these objectives.

Local authorities and the NHS are committed to developing local proposals for integrating health and care in each borough. Over the next five years our ambition is for every borough to have developed place-based leadership arrangements with shared accountability and pooled budgets for specific groups of patients or people with similar needs. The specific form and scope of these arrangements, and the pace with which they will be implemented, will be determined locally with areas moving towards deeper integration and risk sharing at the pace of trust.

Lambeth

Lambeth has created a collaborative health and care partnership called *Lambeth Together*. The aim of the partnership is to improve health and wellbeing and reduce health inequalities for people in Lambeth. To enable this, statutory, voluntary and community stakeholders and partners have come together to create an environment where collaboration and integration is the way that things are done in Lambeth. This includes formalised integrated leadership arrangements across NHS and council commissioning, for example through the joint-appointment to the role of Strategic Director: Integrated Health and Care.

Lambeth Together is underpinned by a number of *delivery alliances*. The alliances enable groups of providers to come together to look at the range of services that they provide and see how they can work better together to improve outcomes in terms of population health, user experience, worker experience and better value for money.

The most advanced of these delivery alliance is the ground-breaking *Lambeth Living Well Network Alliance (LWNA)*. The LWNA has a range

of functions to support those adults who are experiencing mental distress or at risk of experiencing mental illness and distress. The services include employment and housing support. Partners work together through a formal 7-10 year alliance contract worth £67m per annum which has been in place since July 2018, demonstrating a commitment to integrated commissioning between health and social care, collaborative commissioner-provider working and a co-productive approach.

Building on the experience and lessons learnt from adult mental health, the next delivery alliance will be for *Neighbourhood Based Care and Wellbeing* – aligning neighbourhood developments across different parts of the health and care system including PCNs, neighbourhood nursing, neighbourhood home care provision and VCS developments. The neighbourhoods are based on populations of approximately 30- 50,000 in geographical areas.

Integration in Lambeth sits within the broader South East London System of Systems approach developed across South East London partners as part of the development of their wider ICS arrangements.

4.2 Continuing to make progress in addressing ten issues requiring specific citywide action

This section looks in more detail at the ten focus areas for action. The following summaries highlight the outcome commitment we think would be important to make a difference to, the challenge we face in doing that, the things we are already doing, the things we are considering doing next, and the wider mix of measures that will help to tell us if we are making an impact.

 <p>Reduce childhood obesity</p>	 <p>Improve the emotional wellbeing of children and young Londoners</p>
 <p>Improve mental health and progress towards zero suicides</p>	 <p>Improve air quality</p>
 <p>Improve tobacco control and reduce smoking</p>	 <p>Reduce the prevalence and impact of violence</p>
 <p>Improve the health of homeless people</p>	 <p>Improve services and prevention for HIV and other STIs</p>
 <p>Support Londoners with dementia to live well</p>	 <p>Improve care and support at the end of life</p>

London Vision

Reduce childhood obesity



Our ambition: every young Londoner is supported to maintain a healthy weight

Our commitment: we will achieve a 10% reduction in the proportion of children in reception (age four or five) who are overweight by 2023/24, delivered through bold citywide actions and targeted support for those most at risk

The challenge we face...

Around one in five (22%) of London's 4–5 year olds are an unhealthy weight, and by the time they leave primary school aged 10–11 years old the proportion affected rises to two in five (38%). This is the highest level of any region in England, and in some London boroughs up to 50% of children are affected as they head into secondary school^{25,27,28,31}

Over
20%

of children in Reception are overweight or obese



Londoners have higher rates of unhealthy weight versus other global cities



Obesity drives health problems such as dental cavities, fatty liver disease and Type 2 diabetes

Almost
40%

of children in Year 6 are overweight or obese

Children who grow up in London's most deprived areas are affected the most



As an adult, there is increased risk of cardiovascular disease, cancer & musculoskeletal disorders

Our actions so far...

- Supporting the Healthier Catering Commitment, a scheme promoted by local authorities to **help caterers and food businesses make simple, healthy improvements** to their food
- Collaborating with health and social care partners, including GLA, to School Superzones across the capital. These are **zones around schools, around a 5-10 minute walk, to create healthier and safer places** for London's children and young people to live, learn and play
- Rolling out Play Streets, a resident-led initiative supported by councils in several boroughs. This enables **temporary road closures for a few hours once a month so that children can play** in the road
- Implementing the Transport for London (TfL) Healthy Streets Approach which focuses on **creating streets that are healthy places for people of all ages to walk, cycle, play and spend time**. The Mayor's Transport Strategy includes a target for all Londoners to achieve 20 minutes of active travel each day by 2041
- **Restricting the advertising of unhealthy food** across the TfL estate
- Establishing London's Child Obesity Taskforce, convened with an ambitious goal to **halve the percentage of London's children who are overweight** at the start of primary school and obese at the end of primary school by 2030, and to reduce the gap between child obesity rates in the richest and poorest areas in London. They have published *Every Child a Healthy Weight: Ten Ambitions for London* which sets out an ambitious call to action for partners to act through a whole system approach⁴⁹

Our next steps...

- We will work with school leaders in London with the ambition for all schools to be able to become water-only schools, building on other actions in London to make NHS premises healthier
- We will develop specific proposals on ways that local communities can offer integrated, meaningful support to families from the most disadvantaged backgrounds to maximise the impact of the National Child Measurement Programme process
- We will offer children and families targeted support packages and access to weight management services. Including NHS services treating children for severe complications related to their obesity (e.g. diabetes, sleep apnoea, poor mental health) to prevent needing more invasive treatment
- We will support London's Child Obesity Taskforce in hosting the first global summit on child obesity in September 2020. To collaborate with other global cities to share and learn
- We will establish a London Childhood Obesity Delivery Board to consider and respond to the recommendations of London's Child Obesity Taskforce as part of the development of a whole systems child obesity plan, as outlined in London's first Child Obesity Taskforce action plan
- We will refine the incentives for hospitals to encourage healthier food options to be available and to limit the proportion, placement and promotion of foods high in fat, salt and sugar



London Vision

Improve the emotional wellbeing of children and young Londoners



Our ambition: every London child reaches a good level of cognitive, social and emotional development with effective child and adolescent mental health services available to all young people whenever they need them.

Our commitment: we will ensure access to high quality mental health support for all children in the places they need it, starting with 41 Mental Health Support Teams in schools, maximising the contribution of the Mayor's/GLA's Healthy Schools London Programme and Healthy Early Years London Programme, and extending the use of digital support technologies.

The challenge we face...

Young Londoners experience worryingly high levels of poor mental health and frequently face challenges when trying to get help. Poor mental health is a cause of inequality and disadvantage, as well as one of its consequences. We need to design solutions with young people^{50,51,52,53,54,55}

1/2

of all mental health problems manifest by age 14 and 75% by age 24

13%

of 15-18 year olds have a mental health disorder

123

schools are an effective setting to offer interventions for low levels of mental health need

35%

of young Londoners surveyed would feel most comfortable getting support online

30.5%

Although treatment access rates for children and young people have improved, they are still just 30.5%

Poverty, neglect, ethnicity, domestic violence, being a looked after child, being from the LGBTQ+ community and many other inequalities can all lead to poor mental health

Our actions so far...

- **Investing in children and young people's mental health services to achieve the national access target** of meeting the needs of at least 35% of children with a mental health conditions by 20/21, and contributing the national target of an additional 345,000 young people aged 0-25 by 2023/24
- **Investing £31m in mental health support teams** in schools, aiming for 41 teams in place across London by 2024 with teams in each STP area
- Promoting the GLA's Healthy Early Years and Healthy Schools London programmes to **support early years settings and schools to support the emotional wellbeing of children** and families
- **Training a mental health first aider for every London state-funded school and college** by March 2021 – funded by the Mayor
- Convening the **annual young Londoner-led mental health event** led by The Mayor's Peer Outreach Team and Thrive LDN
- Offering grants to **increase social action in young Londoners at greater risk of poor mental health**, through Young London Inspired - a joint Thrive LDN and Team London programme
- Sharing learning from the Young London Inspired programme to **encourage volunteering as a route to improving wellbeing** for young people at risk of mental ill health

Our next steps...

- By the end of 2020/21, there will be 41 Mental Health Support Teams operational in London, delivering evidence-based interventions for children and young people with mild-moderate mental health conditions. This represents an investment in excess of £25M. We are working with local areas to expand further, aiming to meet the NHS Long Term Plan ambition of 25% coverage by 2023. This supports our London ambition to ensure that all children and young people in London are able to access appropriate mental health support when they need it.
- Schools and colleges will have the opportunity to receive evidence-based training delivered by the Anna Freud Centre through the Schools Link Programme, so that children are able to receive the help they need at an earlier stage. We will work with CCGs and Local Authorities to ensure that all education settings are aware of this programme and encourage the highest possible engagement
- We will also establish a dedicated programme to work with schools, children's centres, early years education providers and local integrated care systems, with the aim of increasing participation in the GLA's Healthy Schools London and Healthy Early Years London programmes, and promoting mental health first aid training, suicide prevention training, and access to digital support technologies
- We will extend the Good Thinking digital wellbeing service so that it meets the needs of young Londoners aged under 18



London Vision

Improve mental health and progress towards zero suicides



Our ambition: London is a city where everyone's mental health and wellbeing is supported; working towards becoming a Zero Suicide city

Our commitment: we will ensure that all Londoners have access to mental health care, support and treatment, especially those experiencing health inequalities

The challenge we face...

Two million Londoners experience mental ill health every year. The impact of mental illness is not equal, with poverty and deprivation acting as key drivers of poor mental health. Austerity has impacted financial and housing security and public services; essential to protect from mental illness and for recovery

2 million

Londoners experience mental ill health every year

Up to
140

Londoners per 100,000 were detained under the Mental Health Act in 2017/18

12

Londoners die each week from suicide

That's
13

people on the average bus and more than **100** on the average tube

The Mayor of London's Health Inequalities Strategy included plans to tackle income inequality, a significant factor in, and consequence of, mental illness

Stigma and health inequalities, including the mortality gap of

10-20
years,

remain a significant cause of concern

Our actions so far...

- **Promoting open conversations about mental health and wellbeing** through Thrive LDN's 'Are you OK London?' campaign
- Promoting the London Healthy Workplace Award to **encourage employers to promote and support mental health and wellbeing**
- Innovating to **develop Good Thinking, a digital mental health and wellbeing service** for adults
- **Offering small grants (through Team London) to voluntary and community sector organisations** working to support people affected by loneliness and social isolation through social prescribing
- Increasing **access to psychological therapy close to home**, and perinatal mental health care
- **Achieving waiting time targets for urgent mental health services:** 24/7 community-based crisis response for adults and older adults, and all-age mental health liaison service for all London's emergency departments
- Ensuring **people living with severe mental illness have a physical health check** and that action is taken based on the findings
- Increasing **access to a range of alternatives to traditional crisis care**, such as Crisis Cafes
- **Delivering a pan-London s136 model of care with the NHS, police, local authorities and voluntary sector** that supports people in crisis
- Developing **local multi-agency suicide reduction plans**, led by Public Health teams in Local Authorities
- **Reducing suicide remains an NHS priority** with clear commitments to post suicide-support services and reducing inpatient suicides
- Encouraging all staff in the NHS, and in wider public services to **undertake suicide prevention training**

Our next steps...

- We will focus on interventions in schools, colleges, workplaces, and building social connectedness in communities for those in older age. For example, Thrive LDN is working with Papyrus in schools and colleges to engage with, and support, the work of London's Universities to improve student mental health
- We will simplify access to support and services through digital routes, such as Good Thinking, using digital tools that support efficient person-centred decision making, digital communication/information sharing with professionals and between services and once people are in services, they are offered digital enabled therapies and tools to support their recovery
- We will build on our ambition to be a Zero Suicide city, by changing social attitudes and behaviour, and by deepening our understanding on how and where to intervene
- The Mayor is leading a public-facing campaign with Thrive LDN for 100,000 Londoners to complete the free 20 minute Zero Suicide Alliance training. Thrive LDN will continue to develop an interagency real-time Suicide Information Hub to deploy system-wide intelligence across London on suspected and completed suicides
- The NHS, Local Authorities, and the Metropolitan Police Service will help London's employers by running internal campaigns to encourage employees to complete Zero Suicide Alliance training and, where appropriate, more intensive training e.g. for NHS emergency departments staff
- We will promote social connectedness to prevent suicide in later life through social prescribing



London Vision

Improve air quality



Our ambition: every Londoner breathes safe air

Our commitment: we work together to reach legal concentration limits of Nitrogen Dioxide (NO₂) and working towards WHO limits for particulate matter_{2.5} concentrations by 2030.

The challenge we face...

The quality of London's air is dangerous to health and breaches legal limits. Air pollution contributes to thousands of premature deaths each exacerbates poor health^{23,35,36}

2 million

Londoners live in areas that exceed legal limits for air pollution

c.450

Schools were still in areas that exceeded legal limits for NO₂ in 2016



Air pollution affects everyone but children and older people are more at risk

400,000

Children under 18 live in areas that exceed legal limits for air pollution



Children's developing and growing lungs are at greater risk of developing asthma

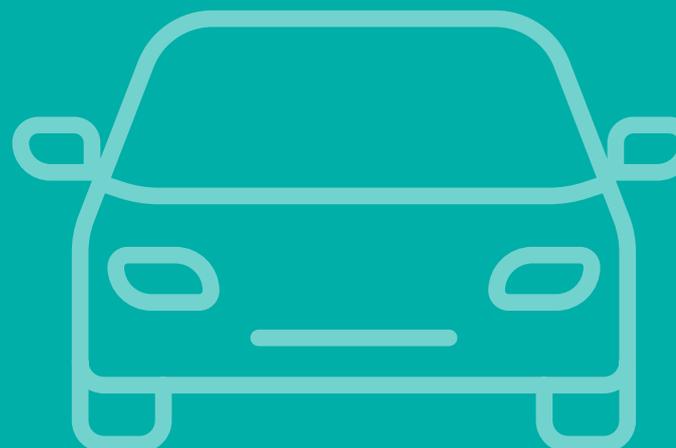
Those living in deprived communities are more likely to be exposed to higher concentrations of pollutants than those in less deprived communities

Our actions so far...

- Delivering the London Environment Strategy and **Mayor's Transport Strategy** commitments to improve air quality and ensure **80% of trips** are made by active or sustainable modes (walking, cycling and public transport) with all Londoners achieving the 20 minutes of active travel each day that they need to stay healthy by 2041
- Local authorities are implementing the **TfL Healthy Streets Approach**, Public Health England (PHE) recommendations and National Institute of Health and Clinical Excellence (NICE) guidance on air pollution
- Supporting all **Londoners to achieve 20 minutes of active travel every day**
- Launching the Ultra Low Emission Zone (ULEZ) in central London, where **vehicles driving in the zone must meet new, tighter emission standards or pay a daily charge** and introducing a number of Liveable and Low Emission Neighbourhoods
- **Cleaning up the bus and taxi fleet**, which now includes over 200 electric buses, 12 twelve Low Emission Bus Zones, and over 2,200 zero emission capable taxis
- **Conducting air quality audits** at 50 of the most polluted primary schools and 20 nurseries and working with schools and workplaces to reduce their contribution to air pollution by switching to walking, cycling and public transport
- **Exploring opportunities for trip consolidation**, including through telemedicine and integration of non-emergency patient transport services
- Promoting the text alerts system to **advise Londoners of pollution episodes and the protective actions** that those with heart and lung disease should take during high pollution episodes
- All health and care partnerships to take a networked, multi-disciplinary approach to asthma care for all ages, including promoting the **#AskAboutAsthma campaign**

Our next steps...

- London boroughs will deliver a major expansion in electric vehicle infrastructure by putting in place 300 rapid charge points by 2020, and 20 in each borough by 2022
- The Ultra Low Emission Zone boundary will be expanded to the North and South Circular Roads in 2021
- The NHS will cut business mileages and fleet air pollutant emissions by 20% by 2023/24. At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2028, and primary heating from coal and oil fuel in NHS sites will be fully phased out. Our plans to reduce outpatient appointments in London by 30% have the potential to avoid up to 50,000,000 miles of journeys. We estimate, that this could lead to a 30,000 kg reduction in traffic-related NOx emissions and a 2,500 kg reduction in traffic-related PM10 emissions each year in London (based on 2015 average fleet emissions). Reducing motor traffic volumes also has benefits in terms of reduced noise and an improved environment



London Vision

Improve tobacco control and reduce smoking



Our ambition: for London to be a smoke free city

Our commitment: we will speed up a reduction in smoking prevalence in London, especially among groups with the greatest health inequalities

The challenge we face...

Smoking remains London's leading cause of premature death, causing the early deaths of over 8,000 people per year. It contributes to four out of the five most common health conditions that kill Londoners^{37,38,39}

13.9% ▼

The number of adults smoking has fallen from 20% in 2011

8,000

Smoking remains London's leading cause of premature death, killing 8,000 people per year



Inequalities remain stark, with people working in manual occupations and/or living with serious mental illness, smoking more than the general population

38.9%

of people living with a serious mental health illness are smokers

£12.6bn

The annual financial cost of smoking to society



Investing £1 in tobacco control intervention could save £2.07 by year five, £3.92 by year 10 and £11.38 over a lifetime

Our actions so far...

- Promoting the **'Stamp IT Out London' illegal tobacco campaign**, which takes place each year
- Ensuring that the **'Stop Smoking London Programme' is available to all Londoners**
- Continuing to deliver **better outcomes for patients through the Screening and brief advice for tobacco and alcohol use** in inpatient settings
Commissioning for Quality and Innovation scheme
- **Sharing best practice from the Smoking in Pregnancy challenge group**, following the learning event in October 2019
- Offering tailored **support from PHE to each STP to understand the scale and costs of local tobacco-related harm**, and the benefits of taking action.

Our next steps...

We will establish a London-wide partnership 'Smoke Free London' with NHS, Local Authorities PHE, voluntary and community sector, GLA, London Councils and academia with the overall aim of further reducing rates of smoking in the capital by:

- We will agree an accelerated reduction aspiration for London
- We will further develop the "Stop Smoking London" programme as an asset for Londoners
- Undertake Pan London action to address illegal tobacco
- We will support the availability of brief intervention training, including Making Every Contact Count to support a consistent approach across organisations
- We will encourage and support the rollout of the Ottawa stop-smoking model to all NHS services, focusing on smoking in pregnancy and smoking cessation support for those in contact with mental health services
- We will ensure a focus on addressing smoking among key 'at risk' groups including people in routine and manual occupations, pregnant women, people with mental health needs including drug and alcohol users, and specific ethnic groups
- We will adopt a rounded approach to addressing tobacco, with work on tobacco linked into the alcohol agenda including the development of Alcohol Care Teams highlighted in the Long Term Plan



London Vision

Reduce the prevalence and impact of violence



Our ambition: every Londoner feels safe, knowing that we have reduced violence in their community

Our commitment: we will work collaboratively with the London Violence Reduction Unit to develop and implement effective ways of reducing violence, including addressing its root causes

The challenge we face...

The number of violent incidents across England and Wales has increased each year since 2014. Whilst London has observed a lower rate of increase than other areas, the number of violent incidents in London is unacceptably high and is one of the Mayor of London's highest priorities^{56,57,58}

200,000

offences of violence including 120 homicides were recorded in London in the 12 months to March 2019



The Royal London Hospital on average admits two people a day with a stabbing injury, having a devastating effect on families and placing avoidable pressure on NHS staff



The VRU unites specialists from health, police, local government, probation and community organisations

28%

of Londoners report feeling that knife crime is a problem in their local area

7%

Violent incidents have increased by 7% in London and by 22% nationally in the 12 months to March 2019



The areas of London most affected by violence are often those with high deprivation

Our commitments so far...

- Working at neighbourhood level and with local Community Safety Partnerships we are continuing to **develop best practice and multi-agency action plans that address violence in local areas**, which can be evaluated and promoted by the Violence Reduction Unit (VRU)
- Embedding case workers in Major Trauma Centres for example St. Giles Caseworkers who **offer support to young people** admitted to the Royal London Hospital as a result of serious violence
- Building on the Information Sharing to Tackle Violence (ISTV) programme, we are continuing to work together to review opportunities to: **identify individual and community risk and preventative factors; build the evidence base, and to share data** with the VRU and its partners
- Supporting the VRU to **develop a movement against violence** that promotes positive messages and activities for London citizens, building stronger and safer communities

Our next steps...

- NHS London will establish a clinical and professional network that provides leadership across the health system and establish a Violence Reduction Academy to support and equip local health systems to develop and implement best-practice evidence-based models across the capital
- NHS London will explore a more integrated trauma model so Londoners affected by violence and trauma can receive more effective, joined up physical and psychological support
- Violence reduction will be factored into JSNAs and into the work of Health and Wellbeing Boards
- Local health and care partnerships will interrogate existing care pathways for opportunities to reduce violence and social risk factors
- We, as a London-wide partnership, will identify promising new or non-traditional models of prevention and early intervention and look to evaluate, share and scale good practice across the capital
- Working with the VRU and other agencies across London, we will develop new models of care for people affected by violence, which will be co-produced with the people they aim to support
- We will support the VRU's work to strengthen London's network of support for those affected violence and trauma. This will include expanding support to parents and families; investing in London's youth workers and developing trauma-awareness among frontline professionals



London Vision

Improve the health of homeless people



Our ambition: no rough sleepers die on the street, no one is discharged from a hospital to the street and there is equal and fair access to healthcare for those who are homeless.

Our commitment: we commit to drive action to improve, grow and innovate services that improve the health of rough sleepers, including expanding the pan-London rough sleeping services funded by the Mayor, building on existing good practice, piloting new models of care and data collection, and developing plans to build more integrated services in London

The challenge we face...

The Homeless in London have some of the worst health and shortest lives of all adults. We need to address the health issues that are both a cause and a consequence of being homeless, alongside often complex social needs. We have to work collectively to design integrated services to improve health and prolong life^{40,41,42}.

44 years

Is the average age of death for those who are homeless



The number of rough sleepers in London has more than doubled in the last 10 years

For every person sleeping rough, there are estimated to be 13x more 'hidden homeless' who are sofa surfing, living in cars or in other precarious circumstances

126

Different nationalities recorded amongst rough sleepers in London, with half born outside the UK

8,855

People were seen sleeping rough in London in 2018/19



People experiencing homelessness use hospital services 4x more than general population

Our actions so far...

- Implementing a **hospital homelessness and immigration support service pilot, and a mental health pilot** across four Mental Health Trusts and 16 London boroughs
- Improving **access to mental health services**, through a specialist team to help coordinate and carry out mental health assessments with people sleeping rough
- Promoting **training developed for GP receptionists and practice managers**, and the dissemination of Groundswell 'my right to access healthcare' cards to promote GP registration
- Providing **peer-led advocacy for rough sleepers to access health services**
- Supporting the implementation of existing homeless health commissioning guidance for London, and the **development of Health & Wellbeing Boards homelessness and rough sleeping strategies**
- Requesting that NICE produces comprehensive guidance to **support homelessness prevention, integrated care and recovery**
- Promoting **guidance on care for homeless people** at the end of their lives
- Continuing to work with Safeguarding Adult Boards to ensure **robust Safeguarding Adult Reviews are undertaken when a person sleeping rough dies** and there is suspicion of abuse or neglect
- The Mayor is **doubling City Hall's rough sleeping budget** in 2019/20 to around £18m

Our next steps...

- We will develop a commissioning plan to establish integrated care pathways for rough sleepers; including specific proposals to enable safe and timely transfers from hospital to intermediate care, step down accommodation, or assessment in a home if required
- We will work with system-wide partners to support rough sleepers to have better access to specialist homelessness NHS mental health support, integrated with existing outreach services, sharing and promoting learning from pilots and best practice
- We will identify key prevention and health improvement opportunities, including health screening and contacts with primary or urgent care, and develop plans to promote these
- We will test ways of including housing status in data collections, quantifying the scale and progress in improving homeless health
- We will deliver a focused London-wide homelessness partnership, providing leadership and strategic oversight for London



London Vision

Improve services and prevention for HIV and other STIs



Our ambition: for London to get to zero by 2030: no new HIV infections, zero preventable deaths and zero stigma

Our commitment: we will broaden partnership working to focus further on tackling health inequality and a wider range of sexually transmitted diseases

The challenge we face...

HIV is an important public health problem in London. In 2017, an estimated 38,600 people were living with HIV in London, representing 38% of all people living with diagnosed or undiagnosed HIV in the UK. Poor sexual and reproductive health, including transmission rates of HIV have major impacts on population mortality, morbidity and wider wellbeing^{43,59}

1,549

Londoners were newly diagnosed with HIV in 2017



Black African people are over twice as likely to be diagnosed late with HIV



Despite considerable progress, HIV is twice as common in London as it is in England

44%

of Londoners living with diagnosed HIV were aged between 35 and 49 years in 2017

14%

of HIV-diagnosed Londoners expressed concern about discrimination in a health care setting in 2017

98%

of HIV-diagnosed residents were receiving anti-retroviral treatment in London in 2017, exceeding the UNAIDS target

Our actions so far...

- Continuing to **build cross sector collaborations through London's Fast Track Cities Initiative (FTCI)** Leadership Group and providing oversight London's action on getting to zero
- Continuing to engage the Department of Health and Social Care in calling for **access to PrEP for all to be funded** to reduce new HIV infections
- Deploying targeted health promotion, including widening testing to **reach those specific cohorts of the population where new HIV infections rates are highest** and regular testing should be encouraged
- Promoting prevention choices for Londoners on a pan-London basis through the **London HIV Prevention Programme**, funded by London boroughs

Our next steps...

- We will continue to be part of the FTCl, and to work towards zero new HIV infections, zero preventable deaths and zero stigma by 2030. We will invest £6m into this initiative over three-years with particular effort to support the 5% of people who live with undiagnosed HIV
- London health, care and government organisations will achieve stigma-free status by 2022 and engage other sectors towards the same aspiration
- We will reduce stigma by positively challenging myths around transmission; promoting the message that HIV is a long-term condition people live with and through effective treatment cannot pass it on
- We will continue to deliver world class health promotion across the city through the London HIV Prevention Programme, funded by London boroughs
- We will use our learning from this HIV work to help diagnose and treat other blood-borne viruses including hepatitis C, and sexually transmitted infections including chlamydia, gonorrhoea and syphilis



London Vision

Support Londoners with dementia to live well



Our ambition: London is the world's first dementia friendly capital city by 2022

Our commitment: we will ensure that Londoners receive a timely diagnosis, ongoing support and are able to live well in their community

The challenge we face...

An estimated that 72,000 Londoners are living with dementia, including around 3,700 people living with young onset dementia (onset under 65). If current trends continue, there will be a 40% increase in the people living with this condition by 2025. Diagnosis rates have significantly improved over the last five years from 54% to 73%, however there is significant variation across different parts of London. 18,500 Londoners are still estimated to be living with dementia without a diagnosis^{44,45,46,60}

£2.4bn

is the total cost of dementia to the London economy per year



Dementia diagnosis rates have significantly improved across London from 54% in 2014 to 73% in 2019

73%

Unpaid care accounts for 73% of the total cost of people with dementia living in the community, and 44% of the total cost of the overall dementia population in London

6 weeks

An ambition has been agreed for services to work towards 85% of people to receive a diagnosis and initial care and treatment plan within 6 weeks of referral.

Two thirds

of London boroughs are doing some kind of dementia friendly activity already

2x

People with dementia stay in hospital twice as long as other older people

Our actions so far...

- Working with the Alzheimer's Society to **launch Dementia Friendly London** and we are working towards:
 - Establishing **2,000 dementia-friendly organisations** – including shops, GP practices and cultural venues including galleries and museums and sports venue – that have considered people with dementia and taken practical action
 - **Recruiting 500,000 Dementia Friends** across the public, private and community sectors – including bus drivers and station staff, NHS staff and housing, and retail sectors
 - Supporting **all London boroughs to become Dementia Friendly Communities** building on the work already underway
- **Placing all people with dementia at the heart of Dementia Friendly London** through a People's Panel of Londoners living with dementia
- **Creating a cross sector executive board** made up of senior leaders across the partnership. This has been established to oversee the Dementia Friendly London strategy
- Establishing an, NHS London-led, mechanism of clinically led support to **improve diagnosis rates**
- Improving integrated working in South West London is being completed; **bringing psychiatrists, neurologists and neuroradiologist together** in a multi-disciplinary meeting
- Agreeing with each STP, **a mechanism to collect memory service waiting time data** and Dementia Clinical Network to streamline pathway, completing a pan-London memory service audit

Our next steps...

- Led by the dementia friendly London executive board, sectors will establish local action plans to achieve cross sector and individual ambitions
- The GLA will lead by example at City Hall where work will be led by the Mayor's Dementia Champion and Chief Officer, Mary Harpley
- London Association of Directors of Adult Social Services and Alzheimer's Society are supporting London's boroughs to become dementia-friendly.
- NHS London will offer Dementia Friends sessions to London regional staff
- NHS London's expert Dementia Clinical Network will bring together memory services and Parkinson's clinics to improve pathways and support joint working



London Vision

Improving care and support at the end of life



Our ambition: every Londoner is able to die at home or in a place of their choice, comfortably, surrounded by people who care for them.

Our commitment: we will ensure that all Londoners in their last year of life have access to personalised care planning and support that enables them to die in their preferred place

The challenge we face...

Londoners are disproportionately dying in hospital. The NHS Long Term Plan supports the need to personalise care and to improve end of life care. People entering their last year of life can be identified and offered personalised care and support planning⁴⁷

89%

of people would prefer to die at home or in a hospice

The overall cost of care is understood to be lower outside of hospital settings

London also has the highest average length of hospital stay for people with a terminal illness compared to other regions in England

6%

There is a considerably higher proportion of hospital deaths in London, which is 6 percentage points higher than the national average

15%

of all emergency hospital admissions in England belong to the 1% of people in their final year of life

The increase in the number of those with long-term health conditions means that people are more likely to require complex care for an extended period of time before their death

Our actions so far...

- Developing a programme of work in all STPs focused on **improving the experience of End of Life Care (EOLC)**
- Supporting health and care staff to **identify people who are likely to be in their last year of life** and offer them personalised care and support planning
- Giving **particular consideration to people likely to have specific needs**, for example those with learning disabilities and people who are homeless
- Supporting the implementation of 'Coordinate my Care' (CMC) for people in their last year of life, ensuring that important **information like wishes and preferences is shared with services** providing urgent or unplanned care
- Developing and supporting CMC in all care settings in London including **monitoring the quality of records** created
- Disseminating a resource developed by the EOLC Clinical Network to support primary care in **achieving the new 2019/20 quality improvement indicators** of the Quality and Outcomes Framework

Our next steps...

- NHS London will continue development and implementation of Coordinate My Care (CMC) through a lead commissioner approach, optimisation of digital enablers and wider clinical engagement education and training
- We will support adherence to the upcoming NICE guidance on EOLC service delivery across London
- The EOLC Clinical Network will complete a project with Newham CCG primary care using an electronic identification search tool and clinical pathways to improve EOLC identification and personalised care and support planning. Learning from this will be spread regionally
- Led by the EOLC Clinical Network; London's hospices, community services and acute Trusts will come together with the aim to create a single medication administration record chart
- The Metropolitan Police, London Ambulance Service, 111 services and the EOLC Clinical Network will create a protocol for responding to expected deaths in the community and associated training materials

5 Our request of you: tell us what you think, and tell us how you would like to be involved

This Vision document is the product of significant stakeholder engagement and collaboration over the past year, including: through Thrive LDN and the Fast Track Cities initiative; through advisory working groups with more than three hundred professionals (from public health, social care and the NHS) and through local discussions on integration within each of the five Strategic Transformation Partnerships. In addition we have attempted to recognise and reflect the ambitions, policies and ideas set out within the Mayor's Health Inequalities Strategy, London Council's Pledges to Londoners, the Prevention Green Paper and the NHS Long Term Plan - each of which has itself been the subject of widespread engagement.

The Vision is an important collaborative document to frame and support our ongoing conversation. We have not attempted to cover every aspect of health improvement in London or describe all actions that are taking place locally. Instead we have focused on issues where pan-London partnership action will add value and accelerate improvement. The Vision is a guide for us to design London wide and local action together.

We hope you will join us as we move from ambition to action:

1. The London Health Board will host a health conference in October to engage leaders of statutory organisations in a conversation about our collective ambition and actions;
2. Each partner organisation will use this Vision as the common basis for discussion with sector stakeholders, using their respective range of existing engagement channels and activities;
3. We invite your specific reflections and comments on any aspect of the Vision, which can be sent to us at the following email address: england.healthy london@nhs.net

6 Abbreviations

Acronym	Definition
AKI	Acute Kidney Injury
BHfL	Better Health for London
CCG	Clinical Commissioning Group
CMC	Coordinate My Care
EOLC	End of Life Care
FTCI	Fast Track Cities Initiative
GLA	Greater London Authority
GP	General Practitioner
HCSN	Health and Care Space Newham
HIV	Human Immunodeficiency Virus
ICS	Integrated Care System
LCP	Local Care Partnership
LGA	Local Government Association
LHCRE	Local Health and Care Record Exemplar
LWNA	Lambeth Living Well Network Alliance
MECC	Making Every Contact Count
NHS	National Health Service
NICE	National Institute of Health and Clinical Excellence
PCN	Primary Care Network
PHE	Public Health England
STI	Sexually Transmitted Infections
STP	Sustainability and Transformation Partnership
UK	United Kingdom
ULEZ	Ultra Low Emission Zone
VCS	Voluntary and Community Sector
VRU	Violence Reduction Unit
WHO	World Health Organisation

7 Glossary A-Z

A

Active travel

Active travel refers to transport that requires people to be physically active, such as walking and cycling. It also includes scooting, skating and skateboarding. Public transport is usually included too as part of the journey will have been done by active travel.

Acute Kidney Injury (AKI)

Acute kidney injury is a sudden episode of kidney failure or kidney damage that happens within a few hours or a few days. AKI causes a build-up of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluid in your body.

Air quality

Air quality refers to whether levels of air pollutants are relatively high or low. It usually considers pollutants in the UK Air Quality Standards Regulations 2010 (for example, particulate matter, lead, nitrogen dioxide).

Air pollution

Air pollution means substances in the air that harm human health, welfare, plant or animal life. Most pollution in London is caused by road transport and domestic and commercial heating systems.

B

Better Health For London Report

The Mayor of London set up the London Health Commission in September 2013 to review the health of the capital, from the provision of services to what Londoners themselves can do to help make London the healthiest major global city.

C

Child obesity

Child obesity is a condition in which a child has a high amount of body fat. It is measured by comparing a child's Body Mass Index (BMI) with the population average, accounting for the child's age, sex and height.

Clinical Commissioning Groups (CCG)

CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.

Co-ordinate My Care (CMC)

Coordinate My Care is an NHS clinical service that was launched in August 2010 to deliver integrated, coordinated and high quality medical care, built around each patient's personal wishes. The urgent care plan is created jointly by the patient and their healthcare professional.

Commissioning for quality and innovation

The Commissioning for quality and innovation framework supports improvements in the quality of services and the creation of new, improved patterns of care.

Cardiovascular disease

Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.

D**Disability**

Disability is defined in the Equality Act 2010 as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities.

E**Early years settings**

Places that provide childcare for the 0-5 age group, like childminders, crèches, nurseries, children's centres, nursery schools and schools with nurseries.

End of life care

End of life care involves treatment, care and support for people who are nearing the end of their life. It's an important part of palliative care. It's for people who are thought to be in the last year of life, but this timeframe can be difficult to predict.

F**Fast Track Cities Initiative**

The Fast-Track Cities initiative is a global partnership between cities and municipalities around the world and four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris. Launched on World AIDS Day 2014, the network has grown to include more than 300 cities and municipalities that are committed to attain the UNAIDS 90-90-90 targets by 2020: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90% of all HIV-diagnosed people receiving sustained ART will achieve viral suppression. Achieving zero stigma is the initiative's fourth target.

G

Good Work Standard

This is the Mayor's vision for a new agreement with London's employers to promote fair pay and excellent working conditions. It also covers diversity and inclusion, good work-life balance, health and wellbeing, professional development and lifelong learning, and employee voice and representation at work.

Green spaces

These are areas of vegetated land, like parks, gardens, cemeteries, allotments and sports fields, which may or may not be publicly accessible. Together these spaces help to form London's green infrastructure network.

H

Healthy Schools London (HSL)

This is the Mayor's awards scheme to support and recognise school achievements in student health and wellbeing. HSL promotes four themes: healthy eating, physical activity, emotional health & wellbeing and Personal Social Health Education.

Health and Wellbeing Boards

These were established in 2013 to bring together local health commissioning groups, elected councillors and senior council officers, with the purpose of designing local strategies for improving health and wellbeing through closer working between health and local government.

Healthy life expectancy

This is an estimate of the number of years lived in "Very good" or "Good" general health, based on how individuals perceive their general health.

HIV (human immunodeficiency virus)

HIV is a virus that damages the cells in the immune system and weakens the body's ability to fight everyday infections and disease.

Human papillomavirus (HPV)

This is a viral infection that's passed between people through skin-to-skin contact. There are over 100 varieties of HPV, more than 40 of which are passed through sexual contact and can affect your genitals, mouth, or throat.

I

Illegal tobacco

Tobacco that is smuggled, bootlegged or counterfeit, sold cheaply and tax-free and often linked to large-scale organised crime.

Improving Access to Psychological Therapies

A programme which began in 2008 to improve access for people with anxiety and depression, including OCD, to evidenced based psychological therapies, such as Cognitive Behavioural Therapy (CBT).

L

Lead commissioner

A lead (or coordinating) commissioner arrangement is where commissioning functions are delegated by organisations, within a partnership, to a specific organisation that carries out the commissioning functions.

London's Child Obesity Taskforce

The Taskforce's vision is that every child in London grows up in a community and an environment that supports their health and weight. Its purpose is to bring about a transformation in London so that every child has every chance to grow up eating healthily, drinking plenty of water and being physically active.

London Health Board

This is a non-statutory partnership. It is chaired by the Mayor of London, and involves representatives of London's boroughs, NHS Trusts and Clinical Commissioning Groups, as well as Public Health England and NHS England.

London Plan

This is the Mayor's spatial development strategy for London.

M

Mental ill health

This covers a very wide spectrum of mental health issues. It includes the worries and grief we all experience in everyday life to suicidal depression or complete loss of touch with daily reality.

N

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health in the United Kingdom, which publishes guidelines in four areas:

- the use of health technologies within the National Health Service (NHS) (such as the use of new and existing medicines, treatments and procedures)
- clinical practice (guidance on the appropriate treatment and care of people with specific diseases and conditions)
- guidance for public sector workers on health promotion and ill-health avoidance
- guidance for social care services and users

O

Older people

This refers to people over 50. It also recognises that those above retirement age and those over 70 may have special requirements to address.

Overweight

This refers to people with a Body Mass Index (weight in relation to height) which is higher than is considered healthy.

P

Primary care

Primary care provides the first point of contact in the NHS, and includes general practice (GP), community pharmacies, dental, and optometry (eye health) services.

Primary Care Network

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them.

PrEP

PrEP stands for pre-exposure prophylaxis. It is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. In England it is available as part of a trial.

Prevention

In the context of a health inequalities strategy, it's the work done to stop people from getting ill. Prevention can be more cost effective and better for reducing health inequalities than treating ill health.

Public Health England (PHE)

Public Health England is an executive agency of the Department of Health and Social Care in the United Kingdom that began operating on 1 April 2013. It works to protect and improve the nation's health and wellbeing, and reduce health inequalities.

S

Substance misuse

This is where a drug or alcohol is used in a way that harms an individual's physical or mental health. Some people will need specialist/medical support to help with recovery.

Sexually Transmitted Infections (STI)

An STI is an infection passed from one person to another person through sexual contact. An infection is when a bacteria, virus, or parasite enters and grows in or on your body. STIs are also called sexually transmitted diseases, or STDs. Some STIs can be cured and some STIs cannot be cured

Sustainability and Transformation Partnership (STP)

In 2016 the NHS and local councils came together in 44 areas covering all of England to develop proposals to improve health and care. They formed new partnerships – known as sustainability and transformation partnerships (STPs) – to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.

U

Ultra Low Emission Zone (ULEZ)

The Ultra Low Emission Zone (ULEZ) replaced the T-Charge on 8 April 2019. It operates 24 hours a day, 7 days a week, every day of the year, within the same area as the Congestion Charge zone.

W

Wellbeing

Wellbeing is a state of being where everyone can realise their potential, cope with the normal stresses of life, work productively and fruitfully and contribute to their community.

World Health Organization (WHO)

The WHO aims to create a better, healthier future for people all over the world. It has offices in over 150 countries. WHO staff work with governments and other partners to ensure the highest attainable level of health for everyone.

Z

Zero-suicide city

This is an idea developed in the USA. It is founded on the belief that suicide deaths can be prevented. Zero suicide relies on a system-wide approach rather than on the heroic efforts of individual practitioners. It requires engaging the wider community, especially suicide attempt survivors, family members, policymakers, and researchers.

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