

# 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 Sherwan Chowdhury  
Councillor Alisa Flemming  
Councillor Yvette Hopley  
Edwina Morris, Healthwatch  
Hilary Williams, South London and Maudsley NHS Foundation Trust  
Rachel Flowers, Director of Public Health - Non-voting  
Guy Van-Dichele, Executive Director of Health, Wellbeing & Adults - Non Voting  
Michael Bell, Croydon Health Services NHS Trust - Non-voting  
Steve Phaure, Croydon Voluntary Action - Non Voting  
Matthew Kershaw, NHS Croydon Clinical Commissioning Group (CCG)

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 21 October 2020** at **2.00 pm** in **This meeting will be held remotely and can be viewed [here](#).**

JACQUELINE HARRIS BAKER  
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13 October 2020

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If you require any assistance, please contact Cliona May as detailed above.

### 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 - 14)**

To approve the minutes of the meeting held on 22 January 2020 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**

**6. Winter Preparedness (Pages 15 - 24)**

**7. Health Inequalities (Pages 25 - 34)**

**8. Let Autism Emerge from the Haystack (Pages 35 - 54)**

**9. Mental Health First Aid (Pages 55 - 62)**

**10. Annual Report (Pages 63 - 68)**

**11. Health & Wellbeing Strategy Outcomes Dashboard (Pages 69 - 70)**

**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 of held on Wednesday, 22 January 2020 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 Alisa Flemming  
Councillor Simon Hall  
Councillor Yvette Hopley  
Rachel Flowers, Director of Public Health - Non-voting  
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, Edwina Morris and Michael Bell

### PART A

10/20 **Minutes of the Previous Meeting**

**RESOLVED** that the minutes of the meeting held on 30 October 2019 were agreed as an accurate record, subject to the amendment above.

11/20 **Disclosure of Interests**

There were no disclosures at this meeting.

12/20 **Urgent Business (if any)**

There was none.

13/20 **Public Questions**

There were none.

## 14/20 **Update on ACE and Perinatal Mental Health**

The Director of Public Health introduced the report and explained that her 2018 annual public health report focused on the first 1000 days from conception to the age of 2. The report had made 34 recommendations for action, which were all in progress or completed, which was positive.

The Executive Director – Health, Wellbeing and Adults noted that the action plan created from the public health report was helpful to monitor the progress of the recommendations; he was hopeful to see a similar process with the 2019 annual public health report to ensure a broad delivery of the recommendations. The Director of Public Health added that her independent report for 2019 was focused on food, and welcomed a workshop with the Health & Wellbeing Board Members to develop a work plan for the suggested actions from this.

The CVA representative, Steve Phaure, thanked the Director of Public Health and noted that the CVA had submitted a bid with the Local Government Association to focus on trauma and perinatal health care due to her 2018 public health report, which helped shape their bids throughout the year.

**RESOLVED** – That the Board noted the progress in implementing the recommendations made in the Director of Public Health’s Annual report 2018.

## 15/20 **Homelessness Strategy**

The Director of Gateway Services introduced the report and explained that homelessness legislation required housing authorities to publish a new homelessness strategy, based on the results of a further homelessness review. In way of introduction, she highlighted the following:

- The Homelessness Prevention and Rough Sleeping Strategy would deliver on, and contribute, to two of the outcomes the Council had committed to in the Corporate Plan 2018 -22: “*Good decent homes for all*” and “*Live long, happy and independent lives*”.
- The Local Housing Allowance rates had been frozen since 2016 and had recently been slightly lifted; however, residents were still struggling.
- There was a big migration into the borough from more expensive parts of London, which was a contributing factor. The neighbouring authorities also did not have as much private renting accommodation, so homeless people were being placed in Croydon; these people often had complex needs.
- The five key actions were based around intervention and prevention.
- The Somewhere Safe to Stay hub (SStS) at Croydon University Hospital (CUH) was the missing link in Croydon and was working very well; it was a 24/7 support centre with a rapid rehousing pathway. It

had been soft launched in November 2019 and 50 people had already moved through the service with positive outcomes.

- A long-term temporary accommodation plan was currently being developed.
- Consultation events were ongoing and the Homelessness and Rough Sleeping Strategy was to be approved and published by March 2020.

The Health & Wellbeing Board were shown a video called "*Rough Sleeping Partnership Working in Croydon 2020*", which was available on YouTube. The Director of Gateway Services thanked all the volunteers and organisations across the borough, who worked in partnership, and had helped develop the Strategy.

The Chair and Vice-Chair thanked the Director for her presentation and the development of the strategy; it was noted that the strategy including a wide range of partners and that the work was already being implemented was extremely positive.

Councillor Hopley thanked the Director and noted that there were a lot of fantastic initiatives included within the report. She expressed concern with the influx of those coming to Croydon due to being on the Gatwick Express line, the Home Office being based in Croydon and having a large support network and community projects available. The Director of Gateway Services explained that those using the services were monitored and it was verified from where they were from and the vast majority of homeless people were not from outside of the borough. The statistics were indicated that Croydon would soon have rates of homelessness as high as Westminster, however, due to the ongoing work and initiatives included within the strategy, this had been prevented. There was a high number of Eastern European homeless people in Croydon but there was government funding available to provide short-term accommodation, for up to six weeks, to help them get back in to employment to prevent long-term homelessness.

During the discussion, the Health & Wellbeing Board Members stated the following:

- The official launch of the SStS was on 30 January 2020 and the Director welcomed a representative from the Health & Wellbeing Board to be present. She also suggested that a couple of Board Members at a time could visit the Hub, which she would organise with the Chair, as it was a small space and the adults were vulnerable.
- Gateway Services were working closely with the CCG, Director of Public Health and social services; it was a whole system approach.
- All partners needed to be informed of the services available, namely the localities services, to ensure referrals were being made.
- A prison navigator role had been developed and newly appointed to; they were working closely with those released from prison and ensuring that nobody was discharged directly on to the street without signposting, a plan and a home.

- Those who chose to appear homeless or were travelling to the borough on a daily basis were not included in the strategy. Intelligence was being collected, alongside the Violence Reduction Unit, regarding those who were begging for money but were not street homeless to ensure they were provided with the correct help and support.
- Begging often became a part of people's lives and had a sociable aspect to it and it was important to provide support in breaking these habits.
- The Director had asked someone who was formally homeless to do a video about how it felt to now have a home to ensure the residents voice was captured.
- There was a high number of people who were appearing to be homeless in the Purley area; the Director of Gateway Services agreed to distribute data to the Health & Wellbeing Board Members regarding how many people were appearing to be homeless and in which areas.
- The third Community Connect/Food Stop would be based in Coulsdon and would provide support to residents in the local area, not just those from Coulsdon. Key partners in the area would be asked to participate and some organisations were already offering to help.

Councillor Hall commented that the Community Connect/Food Stop had been life changing for some families and he had spoken to constituents who had preventing becoming homeless because of them. He also noted that it was important for those in crises, all forms of homelessness, have access to mental health services; the timeliness of this was crucial.

The Director of Public Health congratulated the Director of Gateway Services for her and her teams fantastic work for the most vulnerable living in Croydon. She noted that the Adult Safeguarding Board had identified homelessness as a priority since the strategy had been produced. She explained that there were different types of homelessness and it was important to collect the stories of all to track if there were any patterns and introduced earlier prevention work.

**RESOLVED** – That the Board agreed to note the draft priorities for a Homelessness Prevention and Rough Sleeping Strategy for Croydon.

16/20 **CYP Mental Health update**

The Head of Commissioning and Procurement Children's, Family and Education, Executive Director Children Families and Education and Director of Commissioning and Procurement introduced the report and explained that a previous report was presented to the Health and Wellbeing Board in October 2019 to provide an update on the work overseen by the Children and Young People's Emotional Wellbeing and Mental Health (CYP EW&MH) Partnership Board. The report being presented was an update to provide

further information across emotional wellbeing and mental health services for Croydon's children and young people.

During the introduction of the report, the following points were highlighted:

- Croydon Council had set a number of different actions and priorities in recent years and the aim was to link these in to one clear action plan for all services to work towards.
- The Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health was annually reviewed and aims were identified to work towards.
- A task and finish group was to be established who would develop a dashboard to monitor and measure data from all providers in the borough.
- The report highlighted the key achievements in 2018/19.
- From February 2020, the single point of contact (SPOC) service would expand to include emotional wellbeing and mental health. Practitioners from (SLaM), specialists from social care, early help, health visiting, education, safeguarding, police, and housing services would be located at Bernard Weatherill House.
- An increase of referrals when the SPOC service was first opened was expected and this information would be collected to review and possible redesign the resources to meet the need of the residents.
- There was an increasing demand for mental health services and it was positive that additional investments were incoming to meet the demand. There was a requirement for the CCG to invest in mental health services annually, but there was a challenge to ensure this investment used wisely.

In response to Board Members, it was explained that Kooth had been commissioned to deliver online counselling across schools in South West London as part of the Mental Health in Schools trailblazer offer. There was an anonymous chat function for young people if they did not want to seek help from a service.

In response to Councillor Hopley the Executive Director – Children, Families & Education confirmed that all schools in Croydon were engaged, including private schools. It was added that not all schools would be included in the Trailblazers programme but they would all have an offer to access the resources available to schools; it was assured that there would not be a blanket "one fits all" model.

In response to the Healthwatch representative the officers explained that the voice and experience of the young people should be at the heart of the framework, so the timing of the Healthwatch report regarding mental health was useful. There were ongoing projects as funding had been recently

secured but a clear “Croydon one offer”, which would be easy to navigate, needed to be established.

In response to Councillor Campbell it was noted that family therapists would be commissioned and this would be open to foster families; the Head of Commissioning and Procurement Children's, Family and Education agreed to feed further information back to Councillor Campbell regarding this.

Councillor Fitzsimons was present at the meeting as the Lead Member for Scrutiny. He explained to the Board that at the Scrutiny Children & Young People Sub-Committee, on 21 January 2020, it was agreed by Scrutiny Members to look at the fostering services and improve relations. He also noted that Scrutiny Health & Social Care Sub-Committee would be having a joint meeting on 21 April 2020 with Croydon CAMHS and SLaM to review the mental health services in Croydon and invited the Health & Wellbeing Board Members to attend and participate.

During the discussion, the Health & Wellbeing Board Members stated the following:

- The CVA were supporting emotional wellbeing in schools from the summer term, beginning 17 April 2020 and activities organised by various community groups would start again in the summer holidays.
- The redesign of the services should work in collaboration with the Trailblazer programme and monitor the impact collectively.
- The importance of data collection, both qualitative and quantitative, was expressed. An action and outcome plan should be developed, similar to the Homelessness Strategy, to accurately measure the impact. It was important to develop a framework of a full Croydon offer outlining all the services to gain a full understanding.
- It was recommended that all new information should be sent to the officers who presented the report to ensure it was linked in the new framework.
- Communication of the services available to residents was key.
- Foster Carers had noted concern regarding the mental health services available for young people and had requested support with navigating the services; many had expressed concern that if the child were to access these services then they would be removed from the foster carers. It was added that SLaM in Lambeth provided bespoke support for foster carers in terms of training and officers in Croydon were looking at introducing this.

The Chair thanked the officers for their report and requested that a further report be presented at the Health & Wellbeing Board in June 2020 to update Board Members on the progress.

**RESOLVED** – That the Board agreed to:

- 1) Note the additional investment for emotional wellbeing in schools through the Mayor's Young Londoners Fund;
- 2) 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;
- 3) 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.

17/20 **Director of Public Health Annual Report - Food**

The Director of Public Health introduced her Annual Report, which focused on food and the key role it played through the course of Croydon residents' lives and explored the complexity within their system and the associated challenges around obesity, food insecurity and sustainability. The report had used over 100 evidence-based practises to form 22 recommendations, six of which were key, to produce facts as opposed to opinion. She expressed that she would appreciate the Health & Wellbeing Board Members to endorse the recommendations and support the implementation in Croydon.

Councillor Hopley noted that the implementation of the recommendations could be difficult, in particular with getting local businesses involved due to the commercially sensitive nature. In response, the Director of Public Health agreed and explained that the advantage of the Health & Wellbeing Board being involved and endorsing the recommendations was having a wide range of Members being on the Board from various organisations. She suggested holding a workshop with Members to discuss how the recommendations could be implemented.

Through discussion, the Health & Wellbeing Board Members stated the following:

- Food poverty was a concern in Croydon; there were many residents who would be grateful to fill a nine-inch plate.
- There were engagement events held across the borough with the intention of helping less wealthy families, children and schools to learn how to grow healthy foods in large allotments; education had a big impact on influencing the community.
- To encourage a healthier relationship with food for younger people it was suggested that eating healthy needed to become trendy; there could be a focus on body image and eating disorders for instance.
- It should be promoted that eating healthier often saved money.
- Local Government had less power regarding licensing than residents thought; a dialogue with Government could be started regarding the licensing of fast food outlets.

- There were more GP referrals to leisure centres in Croydon than any other borough, which was helping the transformation.
- The Transformation Board should include the recommendations in the Health & Care Plan.

The Executive Director - Health Wellbeing and Adults volunteered to be the sponsor between the Health & Wellbeing Board and the Croydon Transformation Board and suggested that actions should be established within the next six weeks, which he would co-ordinate.

In response to the Vice-Chair the Director of Public Health agreed to work with him on creating a separate piece of work regarding allergies and introducing foods at an early age to prevent these in the future.

**RESOLVED** – That the Board agreed to note the information and recommendations outlined in the Annual Director of Public Health Report, endorse, and support the recommendations.

#### 18/20 **Health Protection Forum Update**

The Director of Public Health introduced the report and noted that the report included an update of the ongoing work with seasonal influenza, the MMR (Measles Mumps Rubella) vaccination, BCG (Bacillus Calmette-Guérin) vaccination and the pan London priorities. It was noted that a letter from the Director had been distributed to all local schools expressing the importance of the MMR vaccination; it was further requested that the Health & Wellbeing Board members began the conversation with those around them regarding the whether they have the vaccination.

The Vice-Chair noted that London was one of the worst areas in the country for being vaccinated and Croydon had one of the lowest population in a London Borough to be vaccinated. The London Borough of Sutton was the highest borough to be vaccinated, so he suggested that the Health & Wellbeing Board looked at how they were promoting the MMR vaccinations. The Director of Public Health added that the figures in Croydon were improving and she hoped that having a targeted approach would improve these further; it was important to start going out and having physical conversations with people, similar to the localities approach. An action plan had been created and the Director agreed to share this with Board Members.

The Vice-Chair noted that the coronavirus was becoming a concern, however, there was not a vaccination for this yet; the Director of Public Health agreed but noted that people were dying from measles and flu and there were vaccinations for these available.

- Parents were unaware if their child has had both doses of the MMR vaccination or not; it was positive that a letter had been sent to the

schools, but it needed to be ensured that this message would filter to the parents and trigger them to book appointments for the vaccination or to check if their child was already vaccinated.

- Active engagement with the different communities within the borough was crucial.
- It was important to discover the common cause of why people were refusing the vaccinations; the example given was social media promoting the vaccinations negatively to parents.
- A clear message to parents was needed, including, when vaccinations should be had, the process, information regarding receiving a double dose and the importance of vaccinations.
- Teachers were obliged to be vaccinated, however, this was not checked and health workers were also obliged to be vaccinated and obliged to receive confirmation of this from their GP to supply to the employer; it was important that this was changed for teaching staff.
- The first 1001 days focus was important, however, it should be increased to 2001 days (to when the child turned five) to capture a critical period in their lives, including vaccinations.
- Grandparents often held the memory of diseases and the impact from these, so could have an influence on present vaccinations.

**RESOLVED** – That the Board agreed to note the contents of the report and to continue to support the activities and actions to improve flu and MMR vaccinations.

19/20 **London Vision**

The Executive Director – Health Wellbeing and Adults introduced the report and explained that the Healthy London Partnership (HLP) Vision for London was published in October 2019. The Vision outlined 10 priority areas which were closely aligned to the priorities within the Croydon Health and Wellbeing Strategy and Health and Care Plan.

**RESOLVED** – That the Board agreed to note the report.

20/20 **Exclusion of the Press and Public**

The meeting ended at 16:55

**Signed:**

**Date:** .....

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> 21 October 2020
<b>SUBJECT:</b>	<b>Winter Preparedness 2020/21</b>
<b>BOARD SPONSOR:</b>	<b>Rachel Flowers, Director of Public Health</b>
<b>PUBLIC/EXEMPT:</b>	Public

**SUMMARY OF REPORT:**

This report provides an update on the system planning for the winter to mitigate additional pressures on health and social care arising from the current second wave of Covid-19 and other winter pressure such as flu.

**BOARD PRIORITY/POLICY CONTEXT:**

HWBB strategy priorities and outcomes, in particular *A better start in life* (Priority 1) and *A stronger focus on prevention* (Priority 7)

Council's Corporate Plan, including:

*People live long, healthy, happy and independent lives: through our public health messaging, adult social care and support for vulnerable residents.*

**FINANCIAL IMPACT:**

There are no financial impacts arising from the recommendations in this report

**RECOMMENDATIONS:**

It is recommended that the Health and Wellbeing Board note the contents of the report and encourages its members to work in an integrated manner to:

- Support local winter planning efforts by promoting services available to residents to help them stay well and healthy over the winter period
- Keep abreast of winter planning activities and support quick and effective collaboration between partners in order to overcome any system pressures that arise
- Act as champions for flu vaccination and encourage residents to take up the offer of the vaccination.

**1. PURPOSE**

- 1.1 The purpose of this document is to summarise the plans and therefore preparedness of the Croydon health and care system to minimise additional pressures resulting from seasonal winter events and the current second wave of Covid-19.

## **2. WINTER PREPAREDNESS 2020/21**

- 2.1 Winter pressures and planning is a key issue for the acute, mental health, community and ambulance service trusts, social care and local authority services. Demand for health and social care fluctuates seasonally, peaking in the winter. The reasons more people get ill/ die in winter are complex, but evidence shows that it is often vulnerable populations, including the elderly and those living in deprivation, who are worst affected by the challenges of winter months.
- 2.2 Seasonal pressures over the winter can impact the quality of health and social care services. The NHS and social care systems often reach maximum capacity during the winter months, with NHS bed occupancy often around 95% (NHS England, 2019). The most recent data show that there were approximately 49,410 excess winter deaths in England and Wales in 2017/18 (ONS, 2019). In 2020/21 there will be additional pressure on the health and care system that may well exacerbate existing winter challenges, by even further increasing demand on resources.
- 2.3 This report documents three of the most challenging winter pressures facing the Croydon system this year, outlines the local responses to these challenges, and then summarises key local plans that will be in place over the 2020/21 winter period to ensure the health and social care system in Croydon is best equipped to support residents effectively.

### **Part 1: Winter pressures**

## **3. Winter Pressure- COVID-19**

- 3.1 2020 has seen unprecedented challenges for the health and social care system due to the COVID-19 pandemic. COVID-19 has challenged service delivery and system resilience. Nationally it is anticipated that there is likely to be an increase of COVID-19 infections over the winter period.
- 3.2 We are now in a second wave of COVID-19 nationally, with continued local or regional epidemics likely throughout the winter months. Health and social care services have been re-designed/ reconfigured to adapt to COVID-19 secure requirements, but this is likely to have a knock-on effect on non-COVID care during winter, potentially causing delays in access to treatment. Further, the backlog of non-COVID care and treatment may have already led to people living with poorly managed long-term health conditions, and higher number of people with undiagnosed illnesses (both physical and mental health), both of which might surface during the winter months and put additional demands on an already overstretched system. These factors will be further compounded by anticipated increases in staff sickness levels over the winter months (Academy of Medical Sciences, 2020<sup>1</sup>).

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<sup>1</sup> <https://acmedsci.ac.uk/file-download/51353957>

- 3.3 Locally, public health has worked extensively with partners to develop the COVID-19 outbreak control plan, published on Croydon Council's website, which details how we will respond to COVID-19 outbreaks in Croydon. It covers plans for preventing the spread of the virus, monitoring cases via a multi-agency data hub, testing, contact tracing, managing outbreaks in high-risk locations including schools, care homes, and places of worship, and supporting vulnerable populations. The plan is also supported by a detailed communications plan. The development of this plan leaves the local system in an advanced state of preparedness to control and respond to the Covid-19 second wave. The considerable join-up and collaboration between organisations that has taken place to create the Croydon Outbreak control plan, and with the wider Croydon public, has created enhanced system resilience that will help to mitigate and respond to winter pressures.
- 3.4 There has been significant learning and development from the first wave of COVID-19 locally, including establishing systems to identify and support vulnerable residents, and the previously shielding population, which can now be used to mitigate harm during the second wave, and support local plans to protect residents from flu, and winter pressures generally.

#### **4. Winter pressure – Cold**

- 4.1 The latest government figures (2018 data) show 17,108 Croydon households are living in fuel poverty. Fuel poverty statistics are calculated from the energy efficiency of the homes, and household incomes, but taking into account any specific needs of the household, for example those with higher energy needs due to medical conditions. With residents losing income and spending more time at home due to COVID-19, the number of residents struggling with heating their homes and paying their bills will be much higher. Citizen Advice Bureau estimate that 2.8M UK households are currently in debt to their energy suppliers, and this number is likely to increase considerably as winter approaches.
- 4.2 In 2015 the National Institute of Clinical Excellence (NICE) published guidance NG6: Excess winter deaths and illness and the health risks associated with cold homes. Croydon Healthy Homes (CHH) is Croydon's domestic energy efficiency support programme, which operates in line with the guidance's 2<sup>nd</sup> recommendation (to ensure there is a single point of contact health and housing referral service for people living in cold homes). The objective of the programme is to tackle fuel poverty and deliver carbon emissions savings across Croydon's homes. This is achieved through one to one support which support residents in reducing their energy costs while still keeping warm. The service is targeted at households at risk of being in fuel poverty, or with health conditions exacerbated by living in cold or damp conditions.
- 4.3 Croydon Healthy Homes has delivered over 1000 home visits to date through two externally commissioned services with different providers. In early November 2020, a new in-house service will launch, through a team of 2 x full

time advisors and a co-ordinator. The team will be able to offer one to one support to 800-1000 households a year over a 2.5 year period.

## **5. Winter pressure – Seasonal flu**

5.1 There is also the potential pressure of a flu epidemic. Flu can be a severe illness in vulnerable people, potentially causing serious complications such as pneumonia. Sometimes it can be fatal. Those most at risk from flu are also those most vulnerable to COVID-19. This coming winter we will be faced with co-circulation of COVID-19 and flu. Flu vaccination is the most effective way to reduce pressure on the health and social care system.

5.2 This year the government is launching the largest flu vaccination programme in history with more people eligible than in previous years. The flu vaccination programme this year will be targeted primarily at those of greatest risk from both flu and COVID-19. It is hoped that the expansion of the free flu vaccination programme this year to include all at-risk groups (including healthcare workers) and children aged between 2 and 12 will help to relieve pressure on the health system over the winter by preventing simultaneous surges in COVID-19 and flu infections.

5.3 Croydon's system approach to flu is based on a strong partnership approach between the CCG, Public Health, communications, and local stakeholders. The seasonal flu vaccination programme has multiple key strands:

- Work with national and regional teams to ensure local delivery of ambitions and targets
- Communication (joint communication is being planned between the CCG, Public Health and local partners)
- General Practice Preparedness
- School Age Children
- Care Home Residents and Staff
- Frontline Health & Social Care Workers (FHCW), including employee staff flu vaccination programmes

5.4 Croydon CCG has also submitted a local action plan to NHS England, as part of their annual requirement around flu planning.

## **Part 2: Local system plans**

### **6. Winter Planning – One Croydon**

6.1 All organisations in Croydon are developing winter plans to ensure there are arrangements in place within each organisation to manage winter pressures. On top of this, an overarching winter plan for Croydon is currently in development, with contributions from all key agencies involved in supporting residents over the winter period. The core components of the overarching partnership winter plan are set out in the table below:

**Effective management of Covid-19 and other infectious diseases in the borough**

- Preventing healthcare-acquired Covid-19
- Emergency planning for potential second wave of Covid

**Proactive and preventative approach to keep Croydon well over winter**

- Managing complex patients
- Population health management approach
- Supporting care homes staff and patients
- Flu vaccination programme for staff and the community

**Support the people of Croydon to stay independent and only admit to hospital if required and for minimum period required**

- Avoiding hospital admissions through community services
- Proving same-day emergency care (SDEC) services to avoid emergency admissions where possible
- Discharge patients as soon as they are medically optimised

**Make sure we have the capacity to care for the people of Croydon in the right place at the right time throughout winter**

- Effective workforce management
- Capacity plans (staff, equipment, inpatient beds)
- Clear escalation actions within services, organisations and across system
- Protect elective activity and integrity of 'Covid Protected' zone

6.2 Winter Planning Update – Croydon Health Services

6.3 In August 2020, the Prime Minister confirmed that Croydon Health Services had been successful in securing funding to upgrade its winter preparations, alongside 116 trusts in the country. Croydon secured more than £2.5 million, which will be used for:

- Reconfiguring ward areas and installing additional equipment, creating safe clinical environment for patients who need to be treated somewhere other than in our emergency department (ED).
- Providing a dedicated 'same day' mental health facility for patients who have both a physical and mental health need.
- Creating a dedicated surgical assessment unit to ensure that the number of medical inpatients doesn't impact on our ability to deliver same day emergency surgical care.
- Implement a community intravenous (IV) facility, reducing the number of patients who need to attend or be admitted to hospital for antibiotics.

- Expand our emergency diagnostic capacity by providing two dedicated emergency rooms, so that we can provide timely care in the Same Day Emergency Care unit (SDEC).
- Implement the direct booking from NHS 111 to SDEC, ED and our urgent treatment centre (UTC), reducing footfall and waiting time in ED.

## **7. Winter Planning Update – Croydon Council Social Care**

7.1 Croydon Council Health, Wellbeing and Adults will use the Department of Health and Social Care Adult Social Care – our COVID-19 Winter Plan 2020/21 when planning locally. The plan is split into four themes:

- preventing and controlling the spread of infection in care settings
- collaboration across health and care services
- supporting people who receive social care, the workforce, and carers
- supporting the system

7.2 The plan principles are as follows:

- Proactive and preventative measures to keep Croydon independent and well during winter
- Capacity and escalation plan, eg:
  - Covid-19 Hospital Discharge Service
  - Placements
  - Homelessness
  - Social workers
- Service improvements/transformation schemes planned before winter
- Prioritised proposals for additional initiatives, should further resources be available

7.3 Locally, a number of plans are in place to increase support and capacity over the winter period, including:

- Focussed additional funding to cover additional adult social care staff resources during winter for enhanced discharge from hospital, i.e. to cover longer days and weekend working (Living Independently for Everyone Services (LIFE) remains at 7 day working, and brokerage support is available at weekends).
- Enhanced senior management support over weekends to the hospital and community social work teams.
- Increased intermediate step-down beds in the hospital, supported by the enhanced social work presence in the integrated discharge lounge at the hospital. Enabling proactive discharge of residents with a coordinated reablement offer.
- Building on the strength of the One Croydon partnership, our Integrated Care Network plus pilot in Thornton Heath is intended to make it easier for people to access the care they need and to reduce health inequalities.

- The Telemedicine service has been extended for 12 months starting from December. 75 care homes have the service. In addition, the provider has developed a new portal to allow other health and care professionals in Croydon to connect to the telemedicine laptop in the care home to support other virtual consultations and assessments.

## **8. Winter Planning Update - Communications**

8.1 A number of coordinated communication and engagement activities are planned to support winter preparedness:

- The SW London communications and Engagement group work closely to ensure consistent messaging is shared across health, the council, One Croydon Alliance and 3<sup>rd</sup> sector partners
- Croydon's Public Health team lead on the extreme cold messaging for vulnerable people which is adopted by the whole Council and, along with the Flu messaging is pushed by the corporate communications and engagement team to ensure the wider public are aware and can take action.
- We will be supporting the 'NHS is here for you' campaign to reassure local people that it is safe to return to the NHS and seek advice and treatment when they need it.
- Engagement with people of Croydon, including seldom heard groups, to inform the communications for the Flu Vaccination will be a priority. This insight shared across the SW London Communications and Engagement Group
- Another priority will be regularly communicating the NHS Test and Trace advice and guidance, and wider public health messaging, to maximise awareness and stop the spread of COVID-19 to Croydon Council staff and the public.

## **9. CONSULTATION**

9.1 Winter planning arrangements are developed and shared between health and care partners; a collaborative approach to winter planning is essential. The partnership approach will be documented most clearly in the forthcoming One Croydon Winter Plan.

## **10. SERVICE INTEGRATION**

10.1 Addressing the various winter pressures referenced in this report requires a continuation of close synergy between all partners involved, CCG, Croydon Council, NHSE, Public Health England, and local stakeholders committed to protecting residents' wellbeing.

## **11. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 11.1 All actions within this paper will be absorbed within current resources, hence there are no direct financial implications from this report
- 11.2 The outbreak control plan is enabling the development of local systems and services required to respond effectively to the pandemic in Croydon.

*Approved by:* Josephine Lyesight Head of Finance, on behalf of the Director of Finance, Investment and Risk

## **12. LEGAL CONSIDERATIONS**

- 12.1 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

## **13. HUMAN RESOURCES IMPACT**

- 13.1 There are no direct human resource implications arising from this report.
- 13.2 Winter planning forms part of the ongoing integrated working between teams within the Council and its partners within health and the voluntary sector. Appropriate measures have been put in place to manage the additional pressures anticipated during the winter period. In addition, careful human resource planning has been undertaken to ensure that any staff absences due to sickness do not result in adverse patient/service user care or experience.

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

## **14. EQUALITIES IMPACT**

- 14.1 Actions to address winter pressures aim to address inequalities and improve outcomes of all those with protected characteristics. Improved vaccination rates, for example, protect vulnerable members of society who are the most at risk if there is an outbreak of flu and may lack protection if they are unable to have vaccination due to underlying conditions.
- 14.2 There is a particular risk of severe illness from flu in the following cohorts:
- Older people
  - The very young
  - Pregnant women

- 14.3 Older people, and those on low incomes, will be directly supported by the work of Croydon Healthy Homes.
- 14.4 All outbreak control and winter planning is based on and aimed at identifying areas of inequality and addressing these by targeting services and intervention as well as communications and engagement. There has been a disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic communities, which we are addressing through our local COVID-19 response efforts. There is also specific work to actively encourage take up of flu vaccine in these communities too.

*Approved by:* Yvonne Okiyo, Equalities Manager

## **15. DATA PROTECTION IMPLICATIONS**

### **a. WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?**

**NO**

Rachel Flowers, Director of Public Health

### **b. HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

**NO**

No processing of personal data is involved in the subject of this report.

### **c. The Director of Public Health comments that the subject of this report is a higher level description of the plans and preparedness for winter pressures across the system in Croydon. No personal data has been used in this report.**

(Approved by: Ellen Schwartz on behalf of the Director of Public Health)

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### **CONTACT OFFICER:**

Dr Ellen Schwartz, Consultant in Public Health, Croydon Council  
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### **APPENDICES TO THIS REPORT**

*None*

### **BACKGROUND DOCUMENTS:**

*None*

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> 21 October 2020
<b>SUBJECT:</b>	Health Inequalities
<b>BOARD SPONSOR:</b>	Rachel Flowers, Director of Public Health
<b>PUBLIC/EXEMPT:</b>	Public

**SUMMARY OF REPORT:**

This report outlines work happening across the borough to reduce health inequalities

**BOARD PRIORITY/POLICY CONTEXT:**

This paper addresses the overarching Health and Wellbeing Strategy aim of reducing Health Inequalities, it also addresses Priority 2 of the Health and Wellbeing Strategy ‘Strong, engaged, inclusive and well connected communities’

**FINANCIAL IMPACT:**

There are no direct financial implications of this report

**RECOMMENDATIONS:**

This report recommends that the Health and Wellbeing Board:

- 1) Note the contents of this report.
- 2) Discuss if there is work across Croydon that sufficiently addresses the structural barriers that lead to health inequalities.
- 3) Start to identify areas where Croydon as a whole system could do more to address structural barriers.
- 4) To note the development of the Croydon prevention framework and the need to actively provide the support at all levels for this to be a meaningful tool to put reducing inequalities at the heart of all design in Croydon.
- 5) Agree to support the population health management work at South West London and Croydon level to develop Croydon measures to address health inequalities.
- 6) Agree that to help deliver the Health and Wellbeing strategy Board members work together to advocate regionally and nationally for action on tackling the wider determinants of health.

## 1. HEALTH INEQUALITIES

“Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society”

The Marmot Review, 2010

- 1.1 The Black Report was a 1980 document published by the Department of Health and Social Security (now the Department of Health and Social Care) in the United Kingdom, which was the report of the expert committee into health inequality chaired by Sir Douglas Black. It was demonstrated that although overall health had improved since the introduction of the welfare state, there were widespread health inequalities. It also found that the main cause of these inequalities was economic inequality. The report showed that the death rate for men in social class V was twice that for men in social class I and that gap between the two was increasing, not reducing as was expected
- 1.2 Thirty years later The Marmot Review into health inequalities in England was published in February 2010. The report draws attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health.
- 1.3 The report, titled 'Fair Society, Healthy Lives', proposes a new way to reduce health inequalities in England post-2010 and to improve health for all of us and to reduce unfair and unjust inequalities in health.
- 1.4 It proposed an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.
- 1.5 The Marmot review outlined six key policy objectives;
  - Give every child the best start in life
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill health prevention
- 1.6 The review also recommended a universal approach proportional to the level of disadvantage, so called 'proportionate universalism'.
- 1.7 In February 2020, Health Equity in England: The Marmot Review 10 Years On was published. This report was produced by the Institute of Health Equity and commissioned by the Health Foundation to mark 10 years on from the landmark study Fair Society, Healthy Lives (The Marmot Review).

- 1.8 The report highlights that despite increased knowledge and awareness of health inequalities life expectancy in England has stalled, years in ill health have increased and inequalities in health have widened.
- 1.9 In Croydon we see 11.4 years difference in male life expectancy across the borough.

## **2. BLACK LIVES MATTER**

- 2.1 The summer saw a global response following the murder of George Floyd on 25<sup>th</sup> May 2020 in the USA. This increased international, national as well as local conversations about racism and the differences in risks and outcomes in Black, Asian and minority ethnic communities. There is a recognition that there are wider systemic barriers leading to health inequalities for BAME communities, including racism and discrimination.

### **Public Health England 'Disparities' report 2020**

- 2.2 Public Health England released a review of the disparities in risk and outcomes of COVID-19 in June 2020, with a follow up paper on understanding the impact of COVID-19 on Black, Asian and minority ethnic Communities which contained recommendations for action. Harms caused by COVID-19 has replicated existing health inequalities, and in some cases increased them. The largest disparity found was age, but the risk of dying among those diagnosed with COVID-19 was also higher in males, than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic groups than in White ethnic groups.
- 2.3 National recommendations from the Public Health England report:
- Mandate comprehensive and quality ethnicity data collection and recording
  - Support community participatory research
  - Improve access, experience and outcomes of NHS, local government and integrate care systems commissioned services by BAME communities
  - Accelerate the development of culturally competent occupational risk assessment tools
  - Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
  - Accelerate effort to target culturally competent health promotion and disease prevention programmes for non-communicable diseases
  - Ensure that COVID-19 recover strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change

- 2.4 Ongoing effects of the national Lockdown and corresponding economic impact of COVID related restrictions are also widening inequalities e.g. by disproportionately affecting workers who are female, young and low-paid.

### **Work in Croydon**

- 2.5 The Croydon Health and Wellbeing Board already has reducing health inequalities at its heart as an overarching theme for the Croydon Health and Wellbeing Strategy, and in its delivery through the Health and Care Plan. The foundations are there to focus on reducing health inequalities through delivering against work streams that already focus on reducing health inequalities such as Croydon's comprehensive plan to reduce food poverty, and work of the Prevention and Proactive Care Board, formerly the Together for Health Board.
- 2.6 On 1<sup>st</sup> July 2020 the Health and Wellbeing Board held a virtual workshop on Health Inequalities inviting representatives from the BME forum and the Asian Resource Centre Croydon (ARCC) to understand how the health and wellbeing board could support the delivery of the health and wellbeing strategy in light of COVID and the associated impact on inequalities. Within the workshop it was agreed that the board would work to enhance and support the coordination of efforts across the borough to reduce inequalities. Specifically it recognised the work being undertaken by the Local Strategic Partnership (LSP), the developing Autism strategy and Equality strategy and the need for improving data as recognised in the PHE disparities recommendations.
- 2.7 Croydon LSP convened the COVID Inequalities Working Group to set short and long term actions for LSP partners to take in order to tackle inequality further in Croydon. It was recognised that this work should align with existing work streams such as;

1. Ongoing development and delivery of the Croydon Outbreak Control Plan
2. Completion and implementation of the Croydon Prevention Framework across One Croydon
3. Development and implementation of the Croydon Council's Equality Strategy 2020-2024
4. South West London Integrated Care System (SWL ICS) Strengthening Communities Programme

### **Croydon Outbreak Control Plan**

- 2.8 Croydon's local outbreak control plan outlines 5 steps to prevent, control and manage COVID-19 incidents and outbreaks. It describes our local whole system response and it has been developed with a wide range of stakeholders and overseen by Croydon COVID-19 Health Protection Board.

The aim of this plan is to:

- build on existing plans to prevent and manage outbreaks in specific settings

- ensure the challenges of COVID-19 are understood
- consider the impact on local communities
- ensure the wider system works together to contain the spread of infection locally.

This plan will be regularly updated, as further evidence emerges.

It has been signed off by the Croydon COVID-19 Health Protection Board, Croydon Council Chief Executive and Director of Public Health and Public Health England (PHE) Health Protection Team representative. It was first published on Monday 29 June 2020 and can be found here: <https://www.croydon.gov.uk/democracy/dande/policies/health/covid-19-outbreak-control-plan>

- 2.9 Engagement with local communities is at the heart of communicating the Croydon Outbreak control plan. The plan has been developed working with partners, residents, community and faith groups to understand their preferred channels and format, to ensure communications are tailored to all of Croydon's diverse communities, so they are kept informed, safe and reassured. Recognising that Black, Asian and Minority ethnic communities were disproportionately impacted by the first wave of the pandemic.

### **Croydon Prevention Framework**

- 2.10 The Croydon Prevention Framework is being developed by the Prevention and Proactive Care Board as a partnership approach to embedding the preventative approach to health and reducing health inequalities across all work of One Croydon, and wider across the health system.
- 2.11 The purpose of the framework is to create the conditions for which prevention initiatives will flourish and support One Croydon's aim to reduce inequalities. It will:
- underpin the development of our strategies and implementation plans, ensuring our strategies following the same preventative priorities and therefore have a greatest impact and
  - set out the approach for how we will embed the preventative approach in all we do

### **Council Equality Strategy 2020-2024**

- 2.12 The Council is in the process of refreshing its current Equality objectives (2016-2020) and developing an Equality Strategy and accompanying action plan for the Borough. This is scheduled due to go to cabinet and full Council in January 2021. Consultation for the strategy consisted of an online survey, online focus groups and one-to-one telephone interviews with staff, community groups, residents and the Councils infrastructure organisations (BME Forum, ARCC, CVA and Faiths Together in Croydon). The Council approached internal and external stakeholders to give feedback on current equality objectives including current areas of strength, areas for improvement and preferred areas of focus in relation to equalities.

- 2.13 The Council wants to ensure it consults with residents across the Borough, taking into account the diversity of the Borough and ensure needs of all residents across protected characteristics as defined by the Equality Act are heard. The strategy will also consider the geography of the Borough in relation to localities and as such worked in partnership with internal colleagues and VCS groups to hold targeted sessions for particular groups e.g. young people, staff diversity networks, and people living with autism.
- 2.14 The Council is also in the process of developing an equalities pledge that commits signatory partners and organisations to publicly state their commitment and identify how to make the Equality Pledge a reality in the work that they do and help Croydon become a more inclusive and welcoming place for all.

### **South West London *Intergrated Care System (ICS)* Strengthening Communities Programme**

- 2.15 Equality, Diversity and Inclusion is the South West London ICS 20/21 key ambition
- 2.16 The Strengthening Communities Programme is identifying preventative priorities utilising the benefits of working at a South West London level:
- Diabetes
  - Obesity
  - Smoking
  - Hypertension/Cardiovascular Disease
  - Alcohol
  - Flu Vaccination
  - Children and young people Vaccinations
  - Long-term condition management
  - Health checks for people with learning disabilities
  - Increasing the continuity of maternity carers including for BAME women and those in high risk groups

### **Conclusion**

- 2.17 There is lots of work happening across Croydon to reduce inequalities, and specifically to reduce health inequalities. However, the challenge remains to make sure that the actions taken move beyond rhetoric and start to systematically embed behaviours and practices that allow a sustainable focus on reducing inequalities and fosters culturally aware organisations by default. The pressures on the Croydon system both financially and from national organisations such as the government, NHS England, and Public Health England creates the risk that recommissioning processes and service development have timescales and limited resources for implementation which make returning to type almost inevitable. Unless reducing inequalities is built into the fabric of the Croydon health and care system (SWL ICS/Croydon CCG, Croydon Health Services, London Borough of Croydon, South London

and the Maudsley, One Croydon, local Voluntary and Community Services) and unless the system uses its power to influence beyond traditional 'health and care' boundaries then the risk is that although the rhetoric of reducing inequalities is in place its impact will be hampered.

- 2.18 In the design of new organisations and services, such as One Croydon and the South West London Integrated Care System, there is the opportunity to ensure that the systems and engagement processes are culturally aware from the ground up and that new services are inequality reducing by design. This requires buy in to a process that goes beyond the completion of traditional Equality Impact Assessments but determines whether these are being designed for the people of Croydon, for their needs and cultures.
- 2.19 To ensure that we are meeting the needs of residents of Croydon we need to be capturing those sufficiently through continuous engagement, and data capture that is fit for purpose. This includes capturing ethnicity, race and all other protected characteristics in a meaningful manner for Croydon residents.
- 2.20 Health inequalities are caused by wider determinants of health, not just those traditionally addressed through health and care organisations. This is about housing, employment and the built environment, which the board members do not have direct impact on. Action is required at all levels, local, regional and national, to tackle these wider determinants.
- 2.21 This paper recommends that the Board:
- Note the contents of this report.
  - Discuss if there is work across Croydon that sufficiently addresses the structural barriers that lead to health inequalities.
  - Start to identify areas where Croydon as a whole system could do more to address structural barriers.
  - To note the development of the Croydon prevention framework and the need to actively provide the support at all levels for this to be a meaningful tool to put reducing inequalities at the heart of all design in Croydon.
  - Agree to support the population health management work at South West London and Croydon level to develop Croydon measures to address health inequalities.
  - Agree that to help deliver the Health and Wellbeing strategy Board members work together to advocate regionally and nationally for action on tackling the wider determinants of health.

### **3 CONSULTATION**

- 3.1 This paper pulls together work being undertaken across the Local Strategic Partnership, One Croydon, the South West London Integrated Care System and feeds in discussions from the health and wellbeing board members workshop on 1<sup>st</sup> July 2020.

## 4 SERVICE INTEGRATION

- 4.1 This paper is about the collaborative approach to tackling health inequalities across services as part of service and system integration.

## 5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are no direct financial implications of this paper.

*Approved by:* Josephine Lyesight Head of Finance, on behalf of the Director of Finance, Investment and Risk

## 6 LEGAL CONSIDERATIONS

- 6.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the Equality Duty (s149 Equality Act 2010) applies across Great Britain to public bodies and to any other organisation when it is carrying out a public function. It means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. In the exercise of their functions, they must have **due regard** to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are often referred to as the three aims of the general equality duty. The Equality Act explains that the second aim (advancing equality of opportunity) involves, in particular, having due regard to the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act 2010 (Specific Duties) Regulations 2011 require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

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

## **7 HUMAN RESOURCES IMPACT**

7.1 There are no direct impact on Human resources in this report.

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

## **8 EQUALITIES IMPACT**

8.1 This report is to draw attention to, and for Board members to discuss and take further supportive action for, the work being undertaken across the health and care system to tackle inequalities as well as engaging with the emerging Council Equalities Strategy an accompanying action plan.

*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**

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**CONTACT OFFICER:** Rachel Flowers, Director of Public Health, Croydon Council  
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### **APPENDICES TO THIS REPORT**

*None*

### **BACKGROUND DOCUMENTS:**

*None*

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> 12 October 2020
<b>SUBJECT:</b>	Let Autism Emerge from the Haystack
<b>BOARD SPONSOR:</b>	Councillor Louisa Woodley & Guy Van Dichele, Executive Director
<b>PUBLIC/EXEMPT:</b>	Public

**SUMMARY OF REPORT:**

A discussion paper, intended to generate conversation and actions, in relation to autism and our autistic residents in Croydon. This is a personal viewpoint from Councillor Jerry Fitzpatrick, Borough Autism Champion.

**BOARD PRIORITY/POLICY CONTEXT:**

- There are no specific mentions of Autism in the Croydon Health and Wellbeing Strategy. This is the type of omission which we are seeking to address in this report and presentation. However, our collective work with autistic people is included within, and addresses, every one of the priorities outlined in the Strategy.
- The NHS Long-Term plan includes a considerable number of recommendations relating to autism; and the Implementation Framework for NHS Trusts contains three significant related requirements.

These are:

5.8 System plans should set out how they will deliver the Long Term Plan commitments to improve services and outcomes for people with learning disabilities, autism or both, reducing the reliance on inpatient provision and increasing community capacity. To do this effectively, systems must ensure that they understand their local unmet need, gaps in care, including local health inequalities. It is expected that all STPs and ICSs will have a named senior responsible officer to oversee local implementation of Long Term Plan ambitions for individuals with learning disabilities, autism or both, and their families.

- 5.9 Systems should involve people with lived experience and their families in checking the quality of care, support and treatment, and set out how they will ensure all local services make reasonable adjustments for people with learning disabilities, autism or both when they need it.
- 5.10 System plans should clearly set out:
- their share of the required further reduction inpatient usage and beds;
  - learning disability and autism physical health checks for at least 75% of people aged over 14 years;
  - how proposals for people with learning disabilities and/or autism align with their plans for mental health, special educational needs and disability (SEND), children and young people’s services and health and justice;
  - the local offer for autistic young people, people with a learning disability and their families;
  - how NHS-led provider collaboratives will be developed locally and should ensure that digital plans use the reasonable adjustment ‘digital flag’ in the patient record or, where this is not available, use the Summary Care Record as an alternative.

**FINANCIAL IMPACT:**

There is no direct financial impact relating to this paper. We expect to work within existing resources, seeking improvements through more efficient and effective partnership working.

**RECOMMENDATIONS:**

This report recommends that the Health and Wellbeing Board:

- 1 Notes the content of this paper, and the accompanying Powerpoint presentation
- 2 Encourages organisations and agencies represented on the Health and Wellbeing Board to work together to improve our data and knowledge with regard to the health and wellbeing of our autistic residents

- 3 Encourages organisations and agencies represented on the Health and Wellbeing Board to agree, take shared ownership of, and implement those parts of the Croydon Autism Strategy and Action Plan which address issues of concern regarding the health and wellbeing of Croydon residents.
- 4 Encourages organisations and agencies represented on the Health and Wellbeing board to take up representation on the Autism Partnership Board, and the Autism Data Group, taking into account these bodies' dealings with issues relating to the health and wellbeing of Croydon residents.
- 5 Gives consideration to the health and wellbeing needs of autistic Croydon residents in the evolution of any future refreshed Health and Wellbeing Strategy.

## **1. DETAIL OF YOUR REPORT**

- 1.1. A detailed discussion paper is attached as Appendix 1 to this covering report.

## **2. CONSULTATION**

- 2.1 The attached discussion document has been personally written by Councillor Jerry Fitzpatrick, Borough Autism Champion. A two-month public web-based consultation, relating to the priorities for our forthcoming Autism Strategy, has, at the date of the board meeting, just concluded. The results of this will not be available in time for the meeting but will inform our direction of travel. We also intend to consult with smaller groups of autistic people in the next few weeks, by whatever means currently possible.

### **3. SERVICE INTEGRATION**

- 3.1 Our Autism Partnership Board leads on collaboration in this area of work, and includes members from various local health bodies, other public sector organisations, and the voluntary sector, as well as the autism community itself.
- 3.2 Driven by this group, all forms of integrated working are under discussion, and we intend to issue our Autism Strategy early in 2021 as a shared vision across the public sector and beyond in Croydon.

### **4. LEGAL CONSIDERATIONS**

- 4.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the Health and Wellbeing Board's Terms of Reference include: "To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon to work in an integrated manner."
- 4.2 The Council, and other Organisations are obliged (by the Equality Act 2010) not to discriminate against persons on the ground of age or disability and also have a duty (s149) to advance equality of opportunity between people who share a protected characteristic and those who do not.

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

## **5. HUMAN RESOURCES IMPACT**

- 5.1. There is no direct Human Resources impact as a result of this report.

## **6. EQUALITIES IMPACT**

- 6.1 An Equalities Impact Assessment has not been carried out in relation to the attached report. The report represents a personal opinion and does not require any formal decision.

## **7. DATA PROTECTION IMPLICATIONS**

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

No

- 7.2. The Director of Public Health comments that there are no data protection implications in relation to this report.

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**CONTACT OFFICER:** Kevin Oakhill, Autism Inclusion Lead  
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### **APPENDICES:**

Appendix 1 - Let Autism Emerge from the Haystack, Councillor Jerry Fitzpatrick

### **BACKGROUND DOCUMENTS:**

None

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**Appendix 1**

**Let Autism Emerge from the Haystack**

**We must improve the lives of our autistic community**

**1. Recommendations:**

**Board members are invited to agree the following:**

- 1.1 To note the content of this paper, and the accompanying Powerpoint presentation
- 1.2 To encourage organisations and agencies represented on the Health and Wellbeing Board to work together to improve our data and knowledge with regard to the health and wellbeing of our autistic residents
- 1.3 To encourage organisations and agencies represented on the Health and Wellbeing Board to agree, take shared ownership of, and implement those parts of the Croydon Autism Strategy and Action Plan which address issues of concern regarding the health and wellbeing of Croydon residents.
- 1.4 To encourage organisations and agencies represented on the Health and Wellbeing board to take up representation on the Autism Partnership Board, and the Autism Data Group, taking into account these bodies' dealings with issues relating to the health and wellbeing of Croydon residents.

- 1.5 To give consideration to the health and wellbeing needs of autistic Croydon residents in the evolution of any future refreshed Health and Wellbeing Strategy.

## **2. What is autism?**

- 2.1 Autism, or Autistic Spectrum Condition (ASC), affects the way a person communicates, and experiences the world around them. Whilst autistic people often share common traits, they are all different from one another. Some people with autism can live almost entirely independent lives, whilst others have additional challenges, including learning disabilities or mental health conditions, which means their support needs are different.
- 2.2 Autism is often categorised alongside learning difficulties, or mental health conditions. However, it is not either of these things.
- 2.3 Most autistic adults can undertake at least some form of work, but only 14% are in paid employment.
- 2.4 Autism is sometimes seen as a condition which predominantly affects men. However, recent research and better understanding of autistic women suggests that this may well not be the case.
- 2.5 Autistic people – even those who present as independent and intellectually able - can feel and behave very differently from day to day. Appearing to be fine and not needing support one day, does not mean that the same will be true the next day. They may introduce a learned paper with confidence but suffer anxiety about routine daily interactions – such as buying a railway ticket - which neurotypical people perform very easily.
- 2.6 Autistic people commonly present as – and probably are – more straightforward and less prone to be manipulative than neurotypical people, but some may be vulnerable to manipulation themselves.

### **3. Challenges for autistic people in health settings**

- 3.1 Health settings (as with many public places) can pose additional challenges for autistic residents. Many autistic individuals suffer as a result of too much sensory input.
- 3.2 Issues which may cause them problems can include:
  - Too much noise, or too many different sounds / noises
  - Bright electric lighting
  - Delays, particularly delays without a clear reason or likely timescale, can be very stressful for autistic people
  - Fear of the unknown when waiting to see medical professionals
- 3.3 **We need more data about this.** Are autistic people more likely to cancel or re-schedule appointments? We may be able to reduce this, help autistic people, and save money, if we can collect and use better data about autistic patients.

### **4. What does the autistic community say?**

- 4.1 In January 2019, I launched (with the active support of a team of volunteers from the autistic community) a Hear Autism initiative. The team had a large number of detailed conversations with members of the autistic community in the ensuing months. In addition, I was informed by many other such conversations before and after Hear Autism. The narratives to which I listened set out rich personal experiences of local and national policies and practices.
- 4.2 Hear Autism showed me vividly and poignantly that – among other issues - the vulnerability of autistic adults who live independently or semi-independently is great. Many autistic individuals with the same potential as their neurotypical peers live stunted and withdrawn lives and suffer recurring episodes of mental ill-health. There is a pattern of a downward trajectory starting quite soon after the completion of full-time education or perhaps after a brief and unsuccessful period of full-time employment.

- 4.3 If the above is correct, it is a reminder that the route to good health and emotional wellbeing is through the meeting of the full range of prosocial human needs.
- 4.4 In order to mark the passage of the tenth anniversary of the Autism Act 2009, the National Autistic Society was commissioned by the All Party Parliamentary Group on Autism (APPGA) to prepare a report on progress made over the period. The report – which has detailed recommendations – deserves to be read in full. It contains a survey of the British autistic community. I have set out below some of the results.
- 4.5 8% of autistic adults and 5% of families stated that health and care services in their areas had improved between 2009 and 2019.
- 4.6 76% of autistic adults stated that they had reached out for mental health support in the last 5 years.
- 4.7 82% of autistic adults stated that the process of getting support from mental health services took too long.
- 4.8 14% of autistic people said there were enough mental health services in their area to meet their needs.
- 4.9 26% of autistic people said they were properly supported into adulthood.
- 4.10 The estimation of autistic adults regarding the “good understanding of autism” of various professionals was as follows: 10% for social workers, 19% for support workers, 22% for GPs, 13% for nurses, 11% for hospital doctors, 32% for mental health professionals, 4% for Jobcentre Plus staff, and 6% for police.
- 4.11 13% of autistic adults stated that the care and support they currently get helped them to find – or stay in – work.
- 4.12 What weight should our organisations give to these responses? If we are not prepared to give weight to them – why not? If we are going to give weight to them, what actions do we need to take?

## **5. The autistic population of Croydon**

- 5.1 We cannot know the number of autistic people in Croydon. Autism is not recorded as a part of census data or in any other comprehensive way.
- 5.2 Studies from US Centers for Disease Control and Prevention, Northern Ireland and South Korea suggest prevalence of autism currently sits at **1.5 to 3 percent of children in the western world**. This is an increase from UK figures in 2006, which first suggested prevalence had reached 1 percent.
- 5.3 We do know that well over 2% of year 11 pupils in Croydon schools are autistic – the year group for which we are most likely to have accurate information.
- 5.4 According to very recent CAMHS data, 23% of all young people accessing CAMHS have a diagnosis of autism.
- 5.5 A new secondary special school will be opening in Croydon in September, specifically to cater for the significant rise in young people diagnosed with autism, and specialising in provision for those with more complex needs.
- 5.6 We also know that there is a strong body of expert opinion which holds that there is significant under-diagnosis of girls. Francesca Happé, Professor of Cognitive Neuroscience at King's College, London, stated in a 2015 interview:

"We think the social difficulties in some girls with autism may be less obvious [i.e. than that of boys – JF]. Some women with autism describe a strategy of copying somebody. They pick somebody in their class or workplace and they just copy everything about that person: how they dress, how they act, how they talk....."

"I think we know very, very little really about how autism presents in girls and women. There are some studies, but the main problem is that the studies start in a clinic. If we are missing women and girls with autism because we are not good at recognising them, then studying those we do spot isn't going to tell us very much about the ones we miss."

- 5.7 If it correct that there is under-diagnosis of autism in girls, it follows that the number of autistic people in our community may be closer to 3% than 2%. It is not in any way fanciful to postulate that the autistic population of Croydon is about 10,000, which is 2.6% of the total population.
- 5.8 A significant proportion of that autistic population is likely to be undiagnosed adults, who grew up at a time when knowledge and understanding of autism was less. Some of these individuals are aware that they may be autistic, but are unable to obtain a diagnosis, which may have a significantly deleterious effect on their mental health and emotional wellbeing. The absence of an adult diagnostic pathway for Croydon residents except for adults in crisis is not creditable.

## **6 Data**

- 6.1 The Council is able to state with a high degree of accuracy the number of autistic children for whom it is providing schooling.
- 6.2 The Council database for adults only identifies those who have Educational Health and Care Plans and/or in receipt of social care/direct payments. The database does not include autistic people outside the aforementioned categories, and therefore it has no record of many adults with ASC who do not have learning difficulties.
- 6.3 At present, migration of data between Council departments is unsatisfactory, and data sharing between public bodies is extremely limited possibly due to data protection issues and/or incompatibility of respective software.
- 6.4 G.Ps are not expressly required currently to flag autism on a patient's medical records, although I understand that to do so would not be incompatible with data protection law. I have heard it said that to flag autism would not only be possible but easy. It would be a strong step forward if this were to come about.
- 6.5 The fact that ASC is not specifically a protected characteristic but is subsumed within the generic characteristic of learning disability (which is not a necessary attribute of autism) is probably disadvantageous to the autistic community as it prevents the

collation of comprehensive data. The amount of data about adults who do not have learning disabilities is negligible. Consequently, there is little hard evidence about the nature and extent of their episodes of mental ill-health, or about the nature and extent of their co-morbidities.

- 6.6 We do not know the number of autistic children who receive fixed term or permanent exclusions. Many attributes of excluded children are recorded, but not autism. From my conversations with parents, I am aware that many autistic children suffer recurring exclusions from a mainstream schools. The generic category of "SEND" is recorded but not the specific neurological condition.
- 6.7 There is also very limited data on autistic residents accessing health settings, or with additional health conditions/co-morbidities. Therefore, although we do know that during the pandemic there has been a significant increase in the number of deaths of adults with learning difficulties in care settings, we cannot identify how many of those who died were autistic. Thus far we have no data on how many autistic people have presented with mental health problems during the pandemic, and how the figures compare with non-pandemic years. I have asked about this data and not received a reply, and I am drawing the inference that such data is not gathered.
- 6.8 The stressful effect upon the mental health and emotional wellbeing of carers of looking after one or more autistic child or looking after one or more autistic child alongside non-autistic siblings during lockdown remains a matter merely of conjecture and anecdote.
- 6.9 The absence of detailed, granular information about the autistic community presents a formidable obstacle to the development of policies and practices which better meet the needs and aspirations of the community. As yet, we do not as a nation have a sufficiently conscientious desire to meet those needs and aspirations. If we did have a sufficiently conscientious desire, it would not be difficult to expand the necessary evidence base.

6.10 Government needs to consider the question of whether or not the collection and migration of autism data within and between agencies needs to be facilitated in order to improve the effectiveness of national and local autism strategies.

## **7. The physical and mental health of the autistic community**

7.1 Autistic people die on average 16 years earlier than the general population and this increases if they also have learning disabilities.

7.2 Research from the USA has shown that adults with autism have significantly increased rates of all major psychiatric disorders including depression, anxiety, bipolar disorder, obsessive compulsive disorder, schizophrenia, and suicide attempts. (Other research shows that 4 out of 5 young people with ASC experience mental health problems.)

7.3 The same research – which draws upon a study of the medical records of 1,507 autistic adults against the records of a control group of 15,070 neurotypical people shows that nearly all medical conditions were significantly more common in adults with autism, including immune conditions, GI and sleep disorders, seizure, obesity, dyslipidemia, hypertension, and diabetes. Rarer conditions, such as stroke and Parkinson’s disease, were also significantly more common among adults with autism.

7.4 The best known co-morbidities are as follows:

- Around 40% of autistic people have a learning disability.
- Autistic people are more likely to have Epilepsy, ADHD or ADD.
- Autistic women are considerably more likely to be anorexic than the general population.

7.5 We know anecdotally that Covid-19 has had a detrimental impact on autistic people. Many autistic individuals need or prefer a set daily routine, and find it hard to process or manage changes to their routine. The constant, unpredictable changing nature of day-to-day life has had a huge impact on autistic people and their families, in spite of the good work undertaken by many services to try to accommodate this.

7.6 It is concerning that in many health plans, autistic adults without learning difficulties are not specifically identified as a vulnerable group, and their needs by implication minimised.

7.7 The authors of the 2015 American research referred to above conclude:

“In this large, insured population, we see significantly increased rates of medical and psychiatric conditions among adults with ASD. These findings indicate an urgent need for the development of improved strategies for delivering effective health education and health care to this growing population (Nicolaidis, Kripke et al. 2014). A better understanding of the possible mechanisms leading to poorer health status will enable improved patient care and ultimately enhance the quality of life for adults on the autism spectrum.”

## **8. Addressing complex needs**

8.1 The All Party Parliamentary Group on Complex Needs and Dual Diagnosis which was set up in 2007 has repeatedly criticised failure of policy-makers to address effectively the needs of patients with complex needs.

8.2 Anyone with two or more co-morbidities is described as having complex needs. A high proportion of autistic people have complex needs, therefore, the most usual needs being a mental health issue, one or more physical health condition, a learning disability, a physical disability, employment problems, housing issues, family or relationship difficulties, social isolation.

8.3 The All Party Parliamentary Group on Complex Needs and Dual Diagnosis stated in their 2014 report that:

“These needs are often severe, longstanding, difficult to diagnose and therefore to treat. Ongoing inequalities continue to exist and are only likely to increase as people live longer with a wider range of needs. Data on the complex needs people face is not generally recorded by government or shared between commissioners. This means that although there is much anecdotal evidence, much needed statistics are lacking. What we do know is that as well as thousands of individuals who would fall under our definition, there

are many groups within our communities that are more susceptible to having entrenched complex needs and experience staggering health inequalities. As a society we often fail to understand and coordinate the support people need, particularly when they find services difficult to engage with. As we have heard at every meeting of the APPG over the last 5 years, this lack of understanding, priority and support leads to people feeling helpless, facing discrimination and even premature death. Studies have been conducted which indicate that many people, from different backgrounds, across the country have complex needs and the majority of services are not being designed or delivered in a way that meets them. With increasing national focus on integration, wellbeing, giving patients a voice and reducing inequalities, people with complex needs - not just older people or those with long term conditions – must be considered when solutions are being sought.”

- 8.4 In 2014, the National Institute for Health and Care Excellence (NICE) published **Quality Standard 51 on Autism**. It recommends that people having a diagnostic assessment for autism are also assessed for coexisting physical conditions and mental health problems; that a personalised plan should be developed in partnership between them, their carers and the autism team: <https://www.nice.org.uk/guidance/QS51>
- 8.5 There has been little progress on the implementation of the NICE recommendation. The treatment of the many autistic people with co-morbidities is likely to be considerably sub-optimal until there is provision of multi-disciplinary teams which can take an overview of their needs and provide a satisfactory treatment plan.

## **9. Placements and discharge from placements**

- 9.1 In November 2018, the Scottish Government published **“Coming Home: A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs”**, by Dr Anne MacDonald. This report is likely to be as relevant in an English context as in a Scottish.

- 9.2 The report identified 705 people with learning disabilities placed out of area, of whom 453 were out of area not through choice, and 109 were classed priority for return. Around **50% of the priority for return group had ASD**. The report's recommendations included the development of crisis services and flexible support responses, a more proactive report to planning and commissioning services, linked to local housing plans, and workforce development in Positive Behavioural Support.
- 9.3 Many of the recommendations of the Scottish report are similar to those contained in the Transforming Care report following the Winterbourne View scandal of 2011, most of which have still not been implemented universally.
- 9.4 Dr MacDonald argues for: minimising restraint; minimising use of psychotropic medications; MDTs working alongside generalist services; the provision of effective community services which enable people to be safely discharged from hospitals/ATUs; better post-diagnostic support, such support being particularly cost-effective.
- 9.5 Dr MacDonald identifies the following areas as being important for the wellbeing of autistic people, including those with complex needs:
- Physical health
  - Meaningful activity
  - Employment, Education and Volunteering
  - Transport
  - Finance /management of finance
  - Advocacy

## **10. Everybody supports a holistic approach**

- 10.1 We know a lot now about what a good service for autistic people should look like. The challenge is to deliver it.
- 10.2 There is a long way to go. Some of the things the autistic community needs – in no particular order - are:

- Granular data
- Mainstream education which takes into account the attributes of those with ASC
- Effective diagnostic pathways
- More professionals at every level with greater knowledge of autism and sometimes with greater sensitivity to autistic people
- Multi-disciplinary teams
- More customised care planning including supported housing which enables the autistic resident to pursue their main interest
- Community provision of recreational and volunteering opportunities
- Jobs which are set up in such a way that the autistic employee is not doomed to failure
- Greater attentiveness to the needs of carers

10.3 It is a long list and not comprehensive.

## **11. Making a start**

11.1 I sometimes reflect how vulnerable neurotypical people might be if society was organised through the prism of the neurodivergent.

11.2 So far, the autistic community has not been an effective political force. The fragmented nature of the community and the attributes of autism may hinder the development of that political voice. But a community should not need to shout to have its justified concerns placed more visibly on local and national agendas.

11.3 It is a significant step that the Council is evolving its first autism strategy and action plan. But there is such a long distance to travel, I suggest that joy needs to be suitably confined.

11.4 I invite the Council's partners – all of those to whom I have spoken have showed great goodwill – to share ownership of the strategy and action plan, and to regard it as a work in progress upon which we should resolve to build, and with a view to liberate the great talents which exist within our autistic community, and to

enable them to live stable, healthy and fulfilling lives in the manner to which they (like all of us) aspire.

11.5 With thanks to the many people who have contributed to this in a variety of ways, and most particularly Nicky Selwyn, Co-Chair of the Autism Partnership Board, and Kevin Oakhill, Croydon Council's Autism Inclusion lead officer.

**Jerry Fitzpatrick**

**Councillor for Addiscombe West, London Borough of Croydon**

**Chair, Autism Partnership Board/Borough Autism Champion**

**28 September 2020**

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> 21 October 2020
<b>SUBJECT</b>	Mental Health First Aid Community Programme
<b>BOARD SPONSOR:</b>	Rachel Flowers & Councillor Janet Campbell
<b>PUBLIC/EXEMPT:</b>	Public

**SUMMARY OF REPORT:**

- To highlight the activities of the Community COVID Mental Health First Programme, which is based on the TFL funded Recovery model.
- This programme is intended to support the mental health and wellbeing of Croydon residents which has been impacted by the COVID epidemic and to help them recognise others who are struggling with their mental health and wellbeing and listen to and support those in distress.
- It is intended to reach a 1000 Croydon residents and people who live and work in Croydon.

**BOARD PRIORITY/POLICY CONTEXT:**

- Improving mental health is a key part of Priority 4 of the Health and Wellbeing Strategy.
- By training more people in the community as Mental Health First Aiders will be equipping people to deliver the ‘Improving mental health is everyone’s business. We want to see this led by employers, service providers and communities’.
- Reducing inequalities. The cost of this training to attendees will usually make it inaccessible to many residents and community groups. This programme facilitates the reduction in inequalities by directly supporting residents and community groups to increase their knowledge about mental health as well as having prioritised delivery to those affected by the Sandilands tram accident including areas which are some of the most deprived in Croydon.

**FINANCIAL IMPACT:**

The costs for training are funded by TfL and the Local authority test and trace service support grant. There are no financial implications on the general fund.

**RECOMMENDATIONS:**

This report recommends that the Health and Wellbeing Board note:

- 1) The Community COVID MHFA and Croydon Recovery Mental Health First Aiders programme
- 2) Residents from across the Borough are encouraged to apply and,

- |  |
|--|
| 3) That Mental Health First Aider instructors within all organisations represented on the Health and Wellbeing Board, and beyond, are asked to join the network and deliver future training. |
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## **DETAIL OF YOUR REPORT**

### **1. Background – Croydon Recovery Model**

- 1.1 As a result of the Sandilands tram accident, Transport for London (TFL) provided financial support for a programme known as the 'Croydon Recovery model'. The aim of the programme is to support the mental health and wellbeing of people living along the tramline and particularly New Addington. It is managed by the Public Health team.
- 1.2 The delivery model agreed with TFL has a number of components, the largest of which is a programme to train people working and living in Croydon as Mental Health First Aid Instructors and Mental Health First Aiders (adult and youth programmes)
- 1.3 The instructor course is an 8 day programme, and the Mental Health First Aider course is 2 days. Since COVID both options have been turned into on line training courses
- 1.4 The aim of Mental Health First Aid training is to provide people with:
- An in-depth understanding of mental health and the factors that can affect wellbeing
  - Practical skills to spot the triggers and signs of mental health issues
  - Confidence to step in, reassure and support a person in distress
  - Enhanced interpersonal skills such as non-judgemental listening
  - Knowledge to help someone recover their health by guiding them to further support - whether that's self-help resources, through their employer, the NHS, or a mix
- 1.5 A key TFL requirement was to build in long term sustainability and investment in the community. The Recovery model therefore adopted a train the trainer approach which invests in the skills of the local community. This training normally costs £3000 per individual and once trained and accredited individuals or their organisations can earn income from running their own MHFA courses.
- 1.6 The Recovery Model started delivering the Mental Health First Aid (two day) training to people living and working in Fieldway and New Addington in 2019 and the first group of instructors started their 8-day training in March 2020. The instructor training was interrupted by COVID and the remaining training days are taking place in October.

## **2. Mental Health Aware Croydon - Croydon Mental Health First Aid Instructor network**

2.1 The purpose of the Croydon MHFA instructor network is to support the sustainable development of Croydon as a Mental Health Aware borough. The network first met in October 2019 with representatives from the Council, MIND, Croydon Health Services. The network provides both learning, development and sharing opportunities. All organisations with instructors are encouraged to enable their trainer to join the network.

2.2 Applicants for the Recovery model instructor training are required to join the instructor network and to provide two free two-day Mental Health First Aid courses on behalf of the network each year. Council staff will be expected to deliver more than this. This will ensure that there will be a minimum 300 Mental Health First Aider training places available across the community each year.

## **3. Building on the Recovery model to support people's mental health and wellbeing during COVID – 'The COVID Community MHFA programme'**

3.1 In May 2020 Councillor Campbell and Croydon Mutual Aid set an ambition of training 1000 people living and working in Croydon on the Mental Health First Aid 2-day training course. It was recognised that delivering on this commitment would help deliver the goals of the TFL funded the Recovery model.

3.2 COVID19 has affected the way in which the original Croydon Recovery Model programme is delivered and the solutions have expanded its reach and uptake.

- MHFA England paused all frontline training but they then developed a virtual training package for the MHFA 2 day course which the Council with support from community instructors has been delivering since it became available in June
- The traditional Mental health first aider course is face to face training for two full days whereas the new virtual option is four half days spread out over two weeks. We are seeing that this is much easier for people to manage.
- Virtual training has also reduced venue and refreshment costs, and this money is being used to more directly support training and increase the number of Mental Health First Aiders

3.3 An additional training post is being recruited too using the COVID grant in recognition of the impact of COVID and the wider effects of COVID on the mental wellbeing of Croydon residents to enable delivery of more courses, particularly in the evenings and weekends.

**4. Number of people applying to and attending the COVID community MHFA programme to date.**

4.1 Prior to June over 70 people had been trained in the Croydon Recovery programme, with the first tranche of trainers also starting training. Since June over 300 people have applied to the programme. By the end of October an additional 150 people will have taken part. Participant feedback is very positive.

4.2 The team attends regular meetings with Councilor Campbell, Croydon Mutual Aid, CVA, and other community representatives to provides updates on the training programme and discuss any issues and publicity opportunities e.g. World Mental Health Day on the 10<sup>th</sup> October.

4.3 Accessibility. Applicants are asked to fill in an equal opportunity form so we can assess the programmes' reach and understand where more publicity is required. The data is limited to those people that complete the equal opportunities form, but it suggests that men are underrepresented in the applications to date.

	Category	Number	%
Equal opportunity forms returned		79	
Gender	Male	16	20%
	Female	62	78%
	Prefer not to say	1	1%
Age			
	18-24	3	4%
	25-34	13	16%
	35-44	19	24%
	45-54	21	27%
	55-64	15	19%
	65+	6	8%
Ethnic Group	Asian or Asian British	11	14%
	Black/African/Caribbean/Black British	18	23%
	Mixed/ Multiple Ethnic Groups	4	5%
	Other ethnic group	1	1%
	White	39	49%
	Do not wish to declare ethnic group	2	3%

4.4 Applications have been received from organisations across Croydon including:

• Croydon Volunteer Centre	20
• Samaritans	8
• BME forum	6
• Croydon Mencap	2
• Croydon College	27
• Places of worship	14
• Children's Centres	10
• Home start Croydon	3
• Primary schools	10

4.5 The recruitment of the new temporary instructor will help with some of the challenges of the programme. These include providing evening and weekend training opportunities and supporting the administrative challenges associated with this large training programme.

## 5. Next steps

- Recruit new temporary (COVID grant funded MHFA instructor / senior programme co-ordinator)
- Increase accessibility by adding weekend and evening courses
- Support the new instructors finishing the training in October to start delivering training
- Set up the next Croydon Mental Health First Aid instructor network meeting

## 6. CONSULTATION

6.1 Members of the public are involved via Croydon Mutual Aid. Feedback from the community about their struggles with emotional wellbeing during COVID informed the decision to create the programme.

## 7. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

7.1 The costs for training are funded by TfL and the Local authority test and trace service support grant. There are no financial implications on the general fund.

*Approved by:* Josephine Lyesight Head of Finance, on behalf of the Director of Finance, Investment and Risk

## 8. LEGAL CONSIDERATIONS

8.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that there are no additional that there are no direct legal implications arising from the recommendations within this report.

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

## **9. HUMAN RESOURCES IMPACT**

- 9.1 No human resources impact directly from this report. MHFA trainers provide internal training of Mental Health First Aiders who provide mental wellbeing support across Croydon Council. This was in existence before the development of the Croydon Recovery model, however there is additional gain in the development of the wider network and sharing of best practice and skills across the borough.

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

## **10. EQUALITIES IMPACT**

- 10.1 We are in the process of completing an equalities impact assessment. In the meantime, we are monitoring to uptake to the course by different groups using the equal opportunities form. As COVID has exacerbated existing inequalities the aim this programme is to give access to people who otherwise might not be able to take part in such a training programme.
- 10.2 We are aware that COVID has had a disproportionate impact on BAME communities and such will ensure we work through the Council Infrastructure organisations the BME Forum, ARCC, CVA and Faiths together in Croydon, and local community groups to help them recognise others who are struggling with their mental health and wellbeing and listen to and support those in distress. We will also target groups such as women, young people, LGBT and disability.

*Approved by:* Yvonne Okiyo, Equalities Manager

## **11. DATA PROTECTION IMPLICATIONS**

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

**YES**

Applicants for the training course have to provide a delivery address, email and phone number. This information is collected and held securely in accordance with GDPR.

The equal opportunities data is anonymous and cannot be related to the individual's application.

**b. HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

**NO**

Limited personal data is retained to maintain training lists and network contact details

Approved by: Rachel Flowers, Director of Public Health

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**CONTACT OFFICER:** *Rachel Flowers, Director of Public Health, Croydon Council*  
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**APPENDICES TO THIS REPORT**

*None*

**BACKGROUND DOCUMENTS:**

*None*

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD</b> 21 October 2020
<b>SUBJECT:</b>	Annual Report of Health and Wellbeing Board 2019/2020
<b>BOARD SPONSOR:</b>	Councillor Louisa Woodley
<b>PUBLIC/EXEMPT:</b>	Public

**SUMMARY OF REPORT:**

This report summarises the work undertaken by Croydon Health and Wellbeing Board from June 2019 to May 2020.

**BOARD PRIORITY/POLICY CONTEXT:**

Health and Wellbeing Board is required to report to Full Council annually on the work undertaken throughout the preceding civic year. In addition, the Health and Wellbeing Strategy is part of the Council's policy framework, the approval of which, full Council has reserved to itself.

Health and Wellbeing is relevant to all of the Council's corporate priorities but the key priorities that the work of the Board aligns to are:

- People live long, healthy, happy and independent lives
- Our children and young people thrive and reach their full potential

**FINANCIAL IMPACT:**

There is no financial impact of this report

**RECOMMENDATIONS:**

This report recommends that the health and wellbeing board:

- 1) Report to Full Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.
- 2) Note the contents of this report.

**1. Executive Summary**

- 1.1 This report summarises the work undertaken by Croydon Health and Wellbeing Board from June 2019 to May 2020. The Board was established on 1 April 2013 as a committee of Croydon Council.
- 1.2 The Board had to cancel the April 2020 Health and Wellbeing Board due to the measures taken in response to COVID-19.

1.3 The report sets out the functions of the Board and gives examples of how the Board has discharged those functions.

1.4 Examples of key achievements of the Board are described, including the encouragement of greater integration and partnership working, tackling health inequalities, and increasing focus on prevention of ill health.

## **2. Functions of the Health and Wellbeing Board**

2.1 The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their purpose, as set out in the Act, is 'to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer'. Part 4L of the Council's Constitution provides that, the functions of the Board are:

1. To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon to work in an integrated manner.
2. To provide such advice, assistance or other support as appropriate for the purpose of encouraging partnership arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in connection with the provision of health and social care services
3. To encourage persons who arrange for the provision of health-related services (i.e. services which are not health or social care services but which may have an effect on the health of individuals) to work closely with the Board and with persons providing health and social care services.
4. To exercise the functions of the Council and its partner Clinical Commissioning Groups in preparing a joint strategic needs assessment under section 116 of the Local Government and Public Involvement in Health Act 2007 and a joint health and wellbeing strategy under section 116A of that Act.
5. To give the Council the opinion of the Board on whether the Council is discharging its duty to have regard to the joint strategic needs assessment and joint health and wellbeing strategy in discharging the Council's functions.
6. To agree the delivery plans of the Health and Wellbeing Strategy.
7. To monitor the delivery plans in fulfilment of the Health and Wellbeing Strategy.
8. To report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.
9. To exercise such other Council functions which are delegated to the Board under the Constitution.

2.2 Cllr Louisa Woodley took over the Chair with the first meeting of the present Board on 20th June 2018

### **3. Croydon Health and Wellbeing Strategy**

3.1 The current Health and Wellbeing Strategy is structured around the following 8 Priorities:

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

3.2 The following report (paragraphs 5-11) covers the work of Croydon Health and Wellbeing Board from June 2019 to May 2020 and links this to the Priority in the Health and Wellbeing Strategy.

### **4. Integrated Localities Approaches**

4.1 Looking at delivery against the Health and Wellbeing Strategy Priority 8, 'The right people, in the right place, at the right time', the Board requested and received a report on the different strands of localities working from across the community, with input from the community and voluntary sector, Croydon Council, Croydon Health Services and One Croydon. The report included perspectives and updates on the locality approach for:

- *Council's Operating Model*
- *Health and Care Locality Development – Integrated Community Networks + (ICN +)*
- *Locality approach for the Children and Young People Agenda*
- *Shift to strengths based approaches, such as Community Led Support*
- *The locality approach and the voluntary and community sector experience*
- *A Healthwatch Croydon perspective on what locality working means to the public*

### **5. The Health and Care Transformation Plan**

5.1 The Board received and signed off the [Croydon's Health and Care Transformation Plan \(HCP\)](#) which is the delivery plan for the Board's Health and Wellbeing Strategy.

## **6. Health Protection Forum updates**

- 6.1 The health protection forum supports the work to deliver against the Health and Wellbeing Strategy priority 1, 'a better start in life', and priority 7, 'A stronger focus on prevention'. The Board received regular Health protection updates at each meeting from the Health Protection Forum. This allows a discussion across health and social care into the health protection plans and for partners to commit to promotion and sharing the knowledge from updates internally within their organisations. Updates were received on Measles and MMR vaccination, and the annual Seasonal Flu Plan.

## **7. Prevention Green Paper Response**

- 7.1 Supporting borough wide work to deliver the Health and Wellbeing strategy priority 7 'a stronger focus on prevention', the Board worked to develop a response under the One Croydon banner to the Prevention Green Paper 2019, outlining the vision for proactive, predictive and personalised prevention to address slowing increases in life-expectancy and social gradient to health life-expectancy

## **8. Croydon Health and Care Commissioning Intentions 2020/21**

- 8.1 The Board received and commented on the Croydon Health and Care Commissioning intentions as part of its statutory duty.

## **9. CYP Mental Health Local Transformation Plan**

- 9.1 Aligned to Health and Wellbeing Strategy Priority 1, 'A healthy start in Life' and Priority 4, 'Mental wellbeing and good mental health are seen as a driver of health'.
- 9.2 The Board received and supported the progress and completion of the Children and Young People Mental Health Local Transformation Plan, including the Croydon trailblazer programme supported by multiple Board members.

## **10. Healthy Weight Workshop**

- 10.1 Aligned to Health and Wellbeing Strategy Priority 1, 'A better start in life', Priority 2, 'Strong, engaged, inclusive and well connected communities', and Priority 7 'A stronger focus on prevention'.
- 10.2 The Health and Wellbeing Board supported the Croydon Healthy Weight partnership a Healthy Weight workshop in December 2019. The workshop brought together over 60 members from organisations across Croydon, including representatives from Croydon Council, health and community bodies, schools and local businesses. There was a joint 2 year commitment to strengthen efforts to reduce obesity rates in the borough to help support residents by making healthier choices easier through a range of actions such as seeking to reduce the number of fast food outlets, encouraging people to exercise by walking more and exploring the borough and cooking healthier meals.

## **11. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 11.1 There is no direct financial impact relating to this paper. We expect to work within existing resources, seeking improvements through more efficient and effective partnership working.

*Approved by:* Josephine Lyesight Head of Finance, on behalf of the Director of Finance, Investment and Risk.

## **12. LEGAL CONSIDERATIONS**

- 12.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the Health and Wellbeing Board are required to a) monitor the delivery plans in fulfilment of the Health and Wellbeing Strategy and b) report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report. .

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

## **13. HUMAN RESOURCES IMPACT**

- 13.1 There are no human resources impacts from this report

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

## **14. EQUALITIES IMPACT**

- 14.1 There are no Equalities impacts from this report. The Health and Wellbeing Board works to reduce inequalities, specifically health inequalities through the delivery of the Croydon Health and Wellbeing Strategy, by the Croydon Health and Care Plan. The Board also considers the reduction of inequalities as a key aim of all of the work that comes to the Board.

*Approved by:* Yvonne Okiyo, Equalities Manager

## **15. DATA PROTECTION IMPLICATIONS**

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

**NO**

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**APPENDICES TO THIS REPORT**

*None*

**BACKGROUND DOCUMENTS:**

*None*

**CROYDON HEALTH AND CARE PLAN (2019/20-2024/25): INDICATORS DASHBOARD**

Latest Update: August 2020

No.	Indicator	BASELINE		LATEST DATA				TREND DATA					
		Timeframe	Croydon position	Timeframe	Croydon position	Change from baseline	Date Updated	Baseline	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
<b>Improve Quality of Life: Health &amp; Wellbeing</b>													
1a	Adults taking part in sports and physical activity	2016/17	64.2%	2018/19	62.1%	↓	May-20	64.2%	66.3%	62.1%			
1b	Smoking prevalence	2016/17	16.9%	2018/19	16.2%	↓	May-20	16.9%	16.7%	16.2%			
1c	Adults who are overweight and obese	2016/17	59.0%	2018/19	62.9%	↑	May-20	59.0%	62.7%	62.9%			
1d	Proportion of people who report good life satisfaction (response score of 7 or higher)	2017/18	77.0%	2018/19	83.5%	↑	Aug-20	77.1%	80.2%	83.5%			
1e	Proportion of people who report good life worth (response score of 7 or higher)	2017/18	77.6%	2018/19	82.4%	↑	Aug-20	77.6%	82.4%	82.4%			
2a	People with type 2 diabetes who received all 8 care processes	2016/17	40.1%	2018/19	60.2%	↑	Aug-20	40.1%	52.5%	60.2%			
2b	Estimated diabetes diagnosis rate	2017	65.8%	2018	66.4%	↑	Nov-19	65.8%	66.4%				
2c	Estimated dementia diagnosis rate	2018	66.7%	2020	70.8%	↑	Aug-20	66.7%	69.7%	70.8%			
2d	Rate of emergency admissions for back, neck and musculoskeletal pains	2014/15	58.8	2017/18	93.9	↑	Nov-19	58.8	93.9				
2e	<b>Long term conditions prevalence gap by IMD (to be developed)</b>	N/A, precise indicators still to be confirmed											
3a	Excess winter deaths	2016/17	19.8%	2017/18	29.4%	↑	Nov-19	19.8%	29.4%				
3b	People who use services who have control over daily lives	2016/17	76.0%	2018/19	69.9%	↓	Nov-19	76.0%	71.2%	69.9%			
3d	<b>ASCOF social care measures (TBC)</b>	N/A, precise indicators still to be confirmed											

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