

## Health & Wellbeing Board

Meeting of the Health and Wellbeing Board held on Monday 17 October 2022 at 2.00pm in the Council Chamber, Town Hall, Katherine Street, Croydon, CR0 1AE

### MINUTES

**Present:** Councillor Yvette Hopley (Chair)  
Councillor Margaret Bird (Vice Chair)  
Councillor Janet Campbell  
Councillor Tamar Nwafor

Annette McPartland, Corporate Director Adult Social Care & Health (DASS)  
Rachel Flowers, Director of Public Health - Non-voting  
Edwina Morris, Chair of Healthwatch, Croydon  
Michael Bell, Chair of Croydon Health Services NHS Trust - Non-voting  
Matthew Kershaw, Chief Executive and Place Based Leader for Health

**Also**

**Present:** Helen Mason (Interim Head of Community and Primary Care)  
Ben Jolly (Addington Station Commander, London Fire Brigade)

**Apologies:** Councillors Maria Gatland, Amy Foster  
Co-optee Members Steve Phaure (Croydon Voluntary Action); Debbie Jones (Corporate Director for Children, Young People and Education); Yusuf Osman (Service User Representative)

### PART A

10/22 **Minutes of the Previous Meeting**

**RESOLVED** that the minutes of the meeting held on Wednesday 19 January 2022 were agreed as an accurate record

11/22 **Disclosure of Interests**

There were no disclosures at this meeting.

12/22 **Urgent Business (if any)**

There were none.

13/22 **Public Questions**

There were none.

## 14/22 **Better Care Fund End of Year 2021/22 submission to NHS England**

The Health and Wellbeing Board considered the Better Care Fund End of Year 2021/22 submission to NHS England report to ensure that both national and local governance was completed correctly.

The Board received an overview from the Interim Head of Community and Primary Care, Helen Mason who summarised that:

- The Better Care Fund (BCF) was a national vehicle that the government used to progress health and social care integration, and local areas were required to agree a joint plan using a pooled budget on how funds were spent.
- Croydon BCF and One Croydon programme were the strong foundation for the integrated care delivery.
- The schemes funded in 2021-2022 maximised independence for people, outcomes following hospital discharge and development for ICS plus model of care.
- Croydon's successes were identified as progressing integration; joint localities induction sessions; and commissioned leadership sessions.
- Croydon's challenges were identified through the population health management; bed occupancy in hospitals; increasing hospital discharges; the increasing costs of packages of care; and the high number of care homes within the borough.

The Chair thanked Helen for the work on this report, which addressed the concerns in detail.

The Board **RESOLVED**: To note the end of year 2021/22 outturn submission to NHS England.

## 15/22 **Better Care Fund Plan 2022/23 submission to NHS England**

The Health and Wellbeing Board considered the Better Care Fund Plan 2022/23 submission to NHS England report, to ensure that both national and local governance was completed correctly.

The Board received an overview from the Interim Head of Community and Primary Care, Helen Mason who summarised that:

- The funding and schemes showed minor changes to what was put forward in 2021-22 funding.
- There were changes to the requirements which were put in last year
- The policy objectives had slightly changed – to enable people to stay well, safe and independent at home for longer and provide right care in the right place at the right time.
- The BCF also outlined how local systems provided support to unpaid carers with details within the report, also the end of life support.

- The intermediate demand template plan was also submitted for policy direction, which covered community reablement and bed-based care step up from the community and step down from hospital.
- The report provided a summary how the financial part was broken down, which included the funding schemes described in amounts. The NHS contribution to the Adults Social Care was £11.3 million. The NHS schemes were funding £6.7 million worth of investments in out-of-hospital services. The BCF and One Croydon programme were a strong foundation within the plans.
- There was additional investment to the discharge to assess processes in Croydon to enable the continuation of the pathway mandated on the outset of the Covid-19 pandemic in March 2020.
- Metrics, for performance, were also described in the plans

Further comments from the Board highlighted that funding for Adults Social Care would be streamed from the BCF, additionally, the expectation from the NHSE encouraged the review of the propositions to the impact of bed numbers, ways in which the BCF could be used to speed up discharge or avoid admissions. Croydon was successful at being the only London borough to be working with the national team reviewing hospital discharge in Croydon and how learning from other areas could improve creativity in Croydon to be successful.

In response to queries raised by the Board, Annette McPartland, Corporate Director Adult Social Care & Health, and Michael Bell, Chair of Croydon Health Services NHS Trust, clarified the following:

- In relation to people being discharged into long-term placements; the Board heard that this work was to be reviewed as the process was for every placement to be questioned as people were stepped down out of a placement for recovery before going home. The complexity and frailty of people leaving hospital had increased and thus the acuity of people coming out of hospital were in high need, therefore having the right support at the right time and place.
- In relation to delay in discharge and where patients were held; the Board heard that some of the delays for discharge came down to internal practice; some delays were within the domiciliary care; other significant delays of people affected and discharge were seen for non-Croydon residents who were in care, and work was undertaken to improve speed of response from their social services team. Further, delay discharged with patients staying over twenty-one days had improved by 30-40% in the last six months, though teams were in a better position to how things were in spring, there was more room for improvement.

The Chair thanked officers for the hard work involved and outlined the importance of the joint work of the Board across the council feeding into the programme.

The Board **RESOLVED**: To ratify the 2022/23 Better Care Fund planning submission to NHS England.

## 16/22 **Pharmaceutical Needs Assessment**

The Health and Wellbeing Board considered the Pharmaceutical Needs Assessment (PNA) report, which provided an update on the process to produce and publish the 2022 PNA.

The Board received an overview from the Director of Public Health, Rachel Flowers who shared a summary that the PNA was a statutory requirement of the Health and Wellbeing Board which was to be published every three years.

Though the PNA was genuinely in a good form, the community and voices of the people across all demographics was very much important to be heard as pharmacies was an important part for people to access to health care as an alternative or complementary to general practice.

In response to comments raised by the Board, Rachel Flowers clarified the following:

- In regard to the proposals to expand the prescribing of a wide range of different pharmaceutical products through community pharmacies; the new voluntary Patient Group Directives which had been put in place particularly around contraceptive care that included repeat prescriptions of prep and other areas, what were the ambitions in relation to community pharmacies. The Board heard that there was still ongoing work to finalise what the expansion meant, though, there were a large group of qualified people who could prescribe prescription medication which may change some dynamics. Opportunities to for South West London to commission across the whole of South West London was not successful at this time. There was current work undertaken around the elements of sexual health services, where medication current prescribed at the general practice may also be prescribed at the pharmacy. There was also further work to communicate the PNA for better understanding.

The Chair thanked officers for the report and confirmed the scheduled extraordinary Health and Wellbeing Board date for 18 November 2022 to approve the PNA.

The Board **RESOLVED**: To

1. Note progress and planned steps to publishing the 2022 Croydon Pharmaceutical Needs Assessment (PNA).
2. The HWB agree to convene a meeting in November 2022 for the purpose of the HWB considering and if thought fit approving the revised PNA and the publication of same, in order to avoid any further

delay in publishing the revised assessment beyond the statutory deadline of 1 October.

## 17/22 **Update on South West London Integrated Care System**

The Health and Wellbeing Board considered the Update on South West London Integrated Care System report, which provided an update on governance of SWL Integrated Care System and One Croydon Place, it also outlined health and care plan priorities and provided some examples of the delivery of the plan.

The Board received an overview from the Michael Bell, Chair of Croydon Health Services NHS, who provided an update on the Integrated Care System (ICS) which had now gone live since July 2022 and was a statutory organisation.

In summary, the Integrated Care Board was set up to decide how the NHS budget for their area was spent and develop a plan to improve people's health, deliver higher quality care, and better value for money; whilst the Integrated Care Partnerships brought the NHS together with other key partners to develop strategies to enable the ICS to improve health and wellbeing within its area.

The report further provides a detailed overview of population across South-West London, provider collaboratives (mental health, and acute and community), the memberships of the different parts of the system and the Croydon place-based partnerships. The ICS was also responsible for delivering the health and care plan.

Matthew Kerswell, Chief Executive and Place Based Leader for Health, added to the Board that as there was a lot of input in different levels for Croydon as it was also important to get the balance right, additionally Croydon was very well represented in this. An example of Croydon contributing to the ICS was that Croydon was the runner for the virtual ward hubs. The virtual ward concept was the use of technology to monitor patients with acute illness who was on their journey to be safely discharged from the hospital to be monitored at home. A patient would be visited at home should they require additional care before discharge from the virtual ward. An example would be a patient with a pacemaker would be monitored at home virtually. The virtual ward hub was still addressing clinical ways to address what they would cover. It was not aimed to monitor every patient out in the community. In relation to staff assistance for virtual wards, there was a rapid response service for a patient to contact in need of support. This design was to avoid the emergency call which would return patients back in hospital.

The innovation funding was identified money to the ICS for the higher than population based, whereas the inequalities funding was based on the Core 20 analysis, which was a third of the money provided and was reflective on the

needs of the Croydon population and the analysis to demonstrate where the need was greater.

The Chair thanked officers for this report, the funding and the relationships with the ICS and partners.

The Board **RESOLVED**: To note the information in the paper for discussion at the Board.

18/22      **Exclusion of the Press and Public**

This was not required.

The meeting ended at 3:34pm

**Signed:**

**Date:**

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