

## Health & Wellbeing Board

Meeting of held on Wednesday, 28 June 2023 at 2.00 pm in Council Chamber, Town Hall,  
Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillor Yvette Hopley (Chair);  
Councillor Margaret Bird (Vice-Chair);  
Councillor Tamar Barrett  
Councillor Janet Campbell  
Councillor Humayun Kabir  
Councillor Joseph Lee  
Rachel Flowers, Director of Public Health - Non-voting  
Edwina Morris, Healthwatch  
Jonathan Northfield, SLaM  
Yemisi Gibbons, Croydon Health Services NHS Trust - non voting  
Steve Phaure, Croydon Voluntary Action - Non Voting  
Matthew Kershaw, NHS Croydon Clinical Commissioning Group (CCG)  
Debbie Jones, Corporate Director for Children, Young People and Education

**Apologies:** Annette McPartland

### PART A

47/23 **Minutes of the Previous Meeting**

**RESOLVED** that the minutes of the meeting held on Wednesday 18 January 2023 and Tuesday 21 March 2023 were to be deferred until the next meeting.

48/23 **Disclosure of Interests**

There were no disclosures at this meeting.

49/23 **Urgent Business (if any)**

There was none.

50/23 **Public Questions**

There were none.

51/23 **Better Care Fund Plan 2022-23 Year End Submission**

The Health and Wellbeing Board considered the Better Care Fund Plan 2022-23 Year End Submission report, which ensured that both the national and local governance was completed correctly.

The Deputy Director for Primary and Community Care, Daniele Serdoz presented to the Board a summary of the Better Care Fund which was a national vehicle to drive integration between health and social care, consisting of pulling funds with the council and NHS with wider partners agree a plan on how to spend the funds. After every year a report was required to be submitted for the plan which was delivered in year 2022-2023.

The key things he highlighted in the year end were:

- The plan has built on previous years plan increasing on the emphasis of maximising independence.
- Strengthening frailty services.
- Additional funding was provided to support winter discharge from hospital.
- Challenged faced included: residential and nursing care home market; and continued struggle with IT in sharing information. This was an area to be improved.

The Chair noted the duplication of data sharing and isolated areas within the systems where systems were not working together and data sharing was not shared for specific reasons and addressed that having better efficiency would provide better outcomes.

In response to a question from the Board relating to a clarification in the report that residents of Croydon may not receive the support needed as there were many out of borough patients placed in Croydon, the Board heard that there were pressures within the market as there was a growing number of outside patients, though there were patients who had to be placed outside of borough particularly those patients with complex issues. This worked out to be a third of patients. There was no capacity problem within the market.

In response to a question from the Board relating to the clarity of the process of transferring patients in and out of borough; and the impact of patients unable to be placed, the Board heard that patients were placed locally within the borough and endeavoured to respect people's choice. The service ensured that the process views were considered and given value, and in rare cases patients were placed outside of borough.

The Board **RESOLVED** to sign off the BCF Year End submission for 2022/23 to NHS England.

## 52/23 **Better Care Fund Plan 2023-25 Submission**

The Health and Wellbeing Board considered the Better Care Fund Plan 2023-2025 Submission report, which ensured that both the national and local governance was completed correctly.

The Deputy Director for Primary and Community Care, Daniele Serdoz presented to the Board a summary of the planning of the two-year Better Care Fund (BCF) 2023-2025.

At a glance:

- The policy framework and planning requirement included a two-year spending plan, a one-year plan for a number of metrics linked to the BCF. There was an NHS minimum of funding allocations and contribution to the BCF and the discharge fund.
- In terms of outputs and capacity, there was an additional metric including BCF which related to emergency admissions due to falls.
- The BCF National Conditions included two policy objectives delivery and maintaining the NHS contributions to the adult social care and out of hospital services.
- The funding streams and allocations were currently in draft from year two onwards, and the service had maintained the minimum spend on out-of-hospital services.
- The ethos was to build on the integration work that was implemented since 2017 through the One Croydon Alliance of health and care. Schemes had been reviewed, renamed and aligned to reflect current programmes of transformation.

The Chair welcomed the work that had gone into the report and the onerous of its monitoring particularly with the frontrunner. The Chair was looking forward to assistive technology working which innovated opportunities, additionally welcomed the falls work and the key aspects noted within the report.

In response to the question raised from the Board relating to the advantages of having a two-year plan, the Board heard that though there was a lot more work, with the One Croydon infrastructure it had enabled quicker discussions and decisions for delivery. In finalising the plans for the next year, the service would revisit the plans and review any changes which may arise.

In response to the question raised from the Board relating to the margin costs of equipment and salaries rising and how the service would cope within the next one or two years, the Board heard that the growth element within the plan, enabled every scheme to have an allocated growth of 5.66% which was the only buffer for growth and inflation.

In response to the question relating to a clarification of what was meant by common mental health illness within the report, the Board heard that this was in relation to healthcare and the term was shorthand for a range of clinical mental health conditions (such as anxiety and depression and many more). In response to the question relating to workforce, recruitment and retention for 2023/24, the Board heard that this was linked to the Adult Social Care discharge funding which was a scheme of additional support for step down beds and thus was categorised as workforce for the next year.

In response to the question relating to whether changes could be made to the plans to involve the voluntary sector, the Board heard that the plan entailed that the care plan scheme would be reviewed to reinvest with other neighbourhood services with earmarked schemes for agreement. The process had not been invested, though the idea was within the plan.

Further comments from the Board included the importance of the healthy communities together programme which highlighted real tangible results from the new way of operating within the community, though the funding was to end in 2024, and with more funding, more could be done, and thus for a sustainable model the plan needed to be reviewed.

In response to the question relating to the clarification to the metric data in Appendix 1 of the report (page 8 of 28) –in the planning template and the residential admissions for long term support for 65+ years, the Board was to receive feedback on this clarification from officers.

The Board **RESOLVED** to sign off the 2023-25 Better Care Fund planning submission to NHS England.

53/23

### **Pharmaceutical Needs Assessment: Supplementary Statement**

The Health and Wellbeing Board considered the Pharmaceutical Needs Assessment: Supplementary Statement report which provided an update and summarised the process to explain changes to the availability of pharmaceutical services in Croydon.

The Public Consultant Jack Bedeman summarised that the Pharmaceutical Needs Assessment (PNA) was published in November 2022, which was a statutory obligation of the Board. The Board heard that three pharmaceutical closures were scheduled to close as Sainsbury's were removing Lloyd Pharmacy from its stores across the country. The report had laid out the process to create supplementary statement, further to ensure that NHS England were able to review the PNA should anyone want to open a pharmacy and whether there was a need.

Louise Coughlan, Joint Chief Pharmacist for Croydon Health Services, further added that Boots had also announced that over 200 pharmacies would soon be closed. The service continued to work with community pharmacy colleagues across Croydon to minimise impact on patients and to also support colleagues.

The Chair was concerned at the number of pharmacies closed, closing and scheduled to close with little control, and queried on what was happening across boundaries.

In response to the question relating to the three providers no longer providing services, the Board heard that Sainsbury's nationwide had made the decision end pharmacy services with Lloyd and had started to communicate by signposting new pharmacy locations for pharmacy support.

The Board discussed that many independences were cutting provision on services, and this was to be reviewed.

The Board **RESOLVED**:

- 1.1. To explain the changes to the availability in pharmaceutical services in Croydon.
- 1.2. Producing a new PNA for this purpose would be disproportionate. Therefore, the Board is recommended to publish a supplementary statement.

## 54/23 **Verbal update on the Workshop**

The Health and Wellbeing Board received a verbal update in relation to the Workshop that focused on the operation and statutory role of the Board, and Health and Wellbeing Strategy.

The Chair shared with the Board that:

- There was agreement that the Board was still an important functioning and operational component of the system.
- Important to map and align the Board with other Boards.
- Health and Wellbeing Strategy development was an opportunity to get the Croydon narrative across and provide a strong basis with future engagement with South West London, particularly around the health and Wellbeing Strategy which would provide the basis for future intentions on joint forward plans, and the Croydon health and care plans.
- There was a strong agreement for the need to focus on engagement and resident voice.

For strategic operational points:

- The Board discussed receiving less priorities and clearer outcomes.
- Older system of priorities was still relevant to the Board.
- Utilise existing community structures and supporting health care in the community including mental health first aid care.

Next steps:

- Dates for steering group to develop joint health and care Board.
- To address actions into priorities from the mental health summit.

There were comments from the Board which included a request for a multiagency partnership welcoming different organisation to be a part of making a difference. Other comments had welcomed the workshop that had taken place and looking forward to the future direction of the Board. Members were keen to see how the health and community together fits in the future, sustainability, and the opportunity to harness with the Mental Health First Aiders in the community. Further comments highlighted that the Croydon Citizens were a big part of the engagement around the Mental Health Summit. Though the collaborations were happening, the Board was to ensure they were involved in the steering group and aligning the work within the mental health spaces were reflected in the creation of the strategy.

## 55/23 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 3.12 pm

**Signed:**

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**Date:**

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