

# Croydon Council

## For General Release

<b>DRAFT REPORT TO:</b>	<b>FULL COUNCIL 28th January 2019</b>
<b>SUBJECT:</b>	<b>Annual report of the Health and Wellbeing Board 2017/18</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele Executive Director, Health, Well-being and Adults</b>
<b>LEAD MEMBER:</b>	<b>Councillor Louisa Woodley Chair, Croydon Health and Wellbeing Board</b>
<b>WARDS</b>	<b>All</b>
<b>CORPORATE PRIORITY / POLICY CONTEXT</b>	The constitutional requirement that Council receive and consider the annual report of the Health and Wellbeing Board.
<b>AMBITIOUS FOR CROYDON</b>	The Council is committed to work with its partners to improve the health and wellbeing of residents and visitors to Croydon in order to reduce inequality, contribute to community cohesion, and make Croydon a better place to live work and play.

### 1. RECOMMENDATION

- 1.1 Council is asked to receive and consider the annual report of the Croydon Health and Wellbeing Board 2017/18

## 2 EXECUTIVE SUMMARY

- 2.1 This report summarises the work undertaken by Croydon health and wellbeing board during the fifth year of its operation. The Board was established on 1 April 2013 as a committee of Croydon Council. A shadow health and wellbeing board had been operating for the two preceding years.
- 2.2 The report sets out the core functions of the Board and gives examples of how the Board has discharged those functions. It also describes how board development have been taken forward.
- 2.3 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.
- 2.4 The Board was reconstituted in June 2017 following a review of the terms of

reference and membership with a view to increasing its role and profile in the local health and social care system and its key role in reducing health inequalities in Croydon.

- 2.5 During 2017/18 the Board had 3 different Chairs following role changes and the local election. Cllr Manju Shahul-Hameed September 2017-February 2018, Cllr Maggie Mansell February 2018 – June 2018, Cllr Louisa Woodley June 2018 – present.
- 2.6 Cllr Louisa Woodley took over the Chair with the first meeting of the present Board on 20<sup>th</sup> June 2018
- 2.7 The Board agreed following its reconstitution in June 2017 to focus on 3 overarching goals;
  - Reducing health inequalities
  - Increasing focus on prevention
  - Progressing integration and devolution

### 3 DETAIL

3.1 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, among other matters, the purpose of the health and wellbeing board is to 'advance the health and wellbeing of the people in its area'. The core functions of the Board are:

- *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.*

- *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.*

- *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.*

- *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.*

- *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.*

- *To exercise such other Council functions which are delegated to the Board under the Constitution*

#### **.Reducing Health Inequalities**

3.2 Examples of how the Health and Wellbeing Board has taken forward its priority to reduce health inequalities are set out below.

#### ***Dementia Friendly Borough***

3.3 Following a Board workshop on dementia in 2017 the Board decided to actively support the development of the local Croydon Dementia Action Alliance (CDAA), established in 2016, through member support and the development of a council role to help facilitate the CDAA and establish wider social inclusion work.

3.4 The CDAA has just been awarded 'Working towards Dementia Friendly 18/19' status, the highest accolade awarded by the Alzheimer's Society, one year ahead of schedule.

3.5 With a wide range of organisations spanning the borough including the council,

emergency services, health, private sector and charities, the Croydon Dementia Action Alliance is very active. The Council alone has made more than 1,000 dementia friends and mandatory dementia sessions will shortly be rolled out to all staff. With more than 400 dementia friendly officers, the Met Police have plans for new recruits to attend a session as well. The three pillars of a dementia friendly society, people, place and process are being developed and underpin the wider work of the CDAA.

### ***Mayor of London's Health Inequalities Strategy***

3.6 In December 2017 the Health and Wellbeing Board responded on behalf of Croydon Council to the London Mayor's Health Inequalities Strategy. The Mayor's draft strategy had 5 main aims: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities, and Healthy Habits.

3.7 In the response to the Strategy we encouraged the Mayor to:

- exert his influence in lobbying for national policy changes where there are implications for health inequalities
- routinely consider the needs of groups that are at higher risk of health inequalities, such as Unaccompanied Asylum Seeking Children, travellers, and carers; including emphasis on young and ageing carers
- include specific targets for each of the objectives to support evaluation, show progress, and define what success would look like
- use the new health devolution deal for London to be used as a vehicle to support local communities such as Croydon to reduce health inequalities

### **Increasing focus on Prevention**

3.8 Croydon has an increasing population with a range of health and social care needs, significant inequalities and dwindling resources to address these challenges. Croydon needs to look at different ways of integrating health and social care to optimise all resources across the whole system.

3.9 A core part of this has to be about shifting the action, across all areas, on prevention;

- Primary Prevention – aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.
- Secondary prevention – aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems.

- Tertiary prevention – aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy which is directed at managing and rehabilitating persons with diagnosed health conditions to reduce complication.
- 3.10 It should be noted that there is also a less well known “Quaternary prevention” which is the set of health activities to mitigate or avoid consequences of unnecessary or excessive intervention of the health system.
- 3.11 Examples of how the Health and Wellbeing Board has taken forward its priority of increasing focus on prevention are set out below.

### ***Food Flagship and Healthy Weight Action Plan***

- 3.12 The Health and Wellbeing Board has supported the highly successful Food Flagship programme delivering community and school based food initiatives improving the quality of food available and sharing understanding of how diet impacts health and developing practical cooking and food growing skills amongst Croydon residents and school children. Over two years, the programme reached thousands of school children and their communities, and delivered significant successes with all projects achieving, and in some cases exceeding targets. More children, families and residents know how to grow and cook good food and understand the importance of a good diet in staying healthy. Many of the changes are now business as usual and several of the projects have sparked further developments.
- 3.13 Building on the success of the Food Flagship Programme, the Healthy Weight Action Plan for Children and Young People in Croydon was developed and signed off at the Health and Wellbeing Board in October 2017. This is a multi-agency plan to promote an environment that enables children, young people and their families to eat well, be physically active and maintain a healthy weight.
- 3.14 The plan has 3 priorities:
- Sugar: To become a Sugar Smart Borough and sign the Local Government Declaration on Sugar Reduction and Healthier Food
  - Integration and Targeting: To integrate information and services into a single interactive pathway for residents and health professionals. To target support at those with greater need.
  - Engage with physical activity: Engage residents and the community to promote physical activity in parks and open spaces. Roll out the Daily Mile in schools and Early Years settings. Implementation of the plan is overseen by a multi-agency Healthy Weight Alliance

### ***The Woodley Review***

- 3.15 The Woodley review of mental health services was launched in late 2016 to assess progress against Croydon's mental health strategy (2014-19) and identify trends in inequalities. The findings and recommendations were discussed and recommendations developed into actions at a Health and Wellbeing Workshop in September 2017 and the review reported to Cabinet in December 2017.
- 3.16 Key recommendations from the review were centred on realigning and sharpening the governance structures for mental health commissioning and delivery as well as the importance of engaging the community in development of the Croydon mental health offer particularly with the BAME community.
- 3.17 Following these recommendations the Mental Health Programme Board has been adapted and the recommendations have been used to inform the Mental Health transformation work being overseen by this board including a shift towards more community centred offer, increased shift towards supporting mental wellbeing as well as treating mental ill-health and a shift towards prevention.

### **Progressing Integration and Devolution**

- 3.18 Examples of how the Health and Wellbeing Board has taken forward its priority of increasing focus on integration and devolution are set out below.

### ***Croydon Health Summit 2018***

- 3.19 On the 7<sup>th</sup> of March 2018 Croydon Health and Wellbeing Board held the inaugural Croydon Health Summit. This was an afternoon of speeches and debate hosted by the Chair of the Health and Wellbeing Board. The Leader of the council outlined the vision for the borough with wider cross-sector collaboration, increasing focus on prevention and integration as a matter of course. The afternoon included speakers from across the political spectrum with The Rt. Hon. Stephen Dorrell, former Secretary of State for Health and Steve Reed MP providing the wider context for Croydon's journey.
- 3.20 In March 2019 the Health and Wellbeing Board plans to follow this with a wider community focussed on the theme of prevention

### ***One Croydon***

- 3.21 The Health and Wellbeing Board has regular updates from One Croydon Alliance facilitating regular public discussion of its development.
- 3.22 The One Croydon Alliance integrates health and social care with the aim of working together to help people live the life they want, and achieve a sustainable health and social care system. The One Croydon Alliance agreed to extend the agreement to March 2027 earlier this year and work towards extending the scope, following demonstration of positive impact on outcomes and success indicators.
- 3.23 The Alliance has developed an original transformation plan at the point of extension and the emerging One Croydon Health & Care Transformation Plan

supporting the joint health and wellbeing strategy objectives named in section 1.7 above. The four new strategic priorities in the draft plan align well, being:

- Improve Quality of Life
- Enable a better start in life
- Improve wider determinants of health and wellbeing
- Integrate Health and Social Care

3.24 Both the Clinical Commissioning Group and NHS Provider Trusts are enabling delivery of the NHS five year forward view ambition to integrate care through their membership of the Alliance, which allows them to manage a 'system' of care, transform services and focus on outcomes.

3.25 The Alliance enables Croydon Council to fulfil its duties in the Care Act 2014 to promote the integration of care and support services with health services. As a member of the Alliance the Council is promoting strategic integration, modelling the behaviours needed to achieve integration, and with fellow members of the Alliance has successfully implemented new integrated service models delivering more seamless care through integrated community networks and effective reablement services.

### ***Local Strategic Partnership***

3.26 The Health and Wellbeing Board has supported the review of the Local Strategic Partnership. The Board is working with the Local Strategic Partnership to support co-ordination across the Partnership Boards and is reviewing the governance structures and sub-boards to develop a more cohesive partnership.

3.27 The sub-boards and their governance structures are an important part of an integrated system and the Board is reviewing these to establish integration as a default across the system through interdependent partnerships.

3.28 The Board, along with other LSP boards, has developed 3 children's priorities that feed in to the Local Strategic Partnership Youth plan. These 3 priorities are:

1. **First 1000 days** – *to focus on the first 1,000 days from conception to 2 years, including improving childhood immunisations*
2. **Mental Wellbeing** – *To improve services for children and young people across the whole pathway from promoting resilience and prevention through to crisis support, including a strong focus on vulnerable adolescents*
3. **Healthy Weight** – *To create an environment that enables children and families to reach and maintain a healthy weight*

3.29 The Board held a workshop on the 5<sup>th</sup> December to develop the action plans to deliver these priorities.

### ***Joint strategic needs assessment and the joint health and wellbeing strategy***

3.30 The Health and Social Care Act 2012 amended section 116 of the Local Government and Public Involvement in Health Act 2007 to require local authorities and their partner CCGs to prepare joint strategic needs assessments (JSNAs). The Act also inserted new sections, 116A and 116B, into the 2007 Act. New section 116A requires that local authorities and their partner CCGs develop joint health and wellbeing strategies (JHWSs) for meeting the needs identified in JSNAs. New section 116B requires local authorities, NHS England (in relation to its local commissioning responsibilities) and CCGs to have regard to relevant JSNAs and JHWSs when carrying out their functions.

3.31 In February 2017 the Board agreed to a new process for producing the JSNA. This involves: retention of a key dataset to enable the health and wellbeing board and stakeholder organisations to have an overview of health and wellbeing needs in the borough; commissioner led process for identifying and conducting topic based needs assessment; a more rapid turnaround of needs assessments and a wider range of JSNA 'briefings' rather than a small number of detailed needs assessment.

3.32 Evidence from the JSNA forms the basis for selecting priorities for Croydon's joint health and wellbeing strategy. The Board has signed off in principle the refreshed Croydon health and wellbeing strategy with the following 8 priority areas:

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

### ***Exercise of functions having regard to the JSNA and joint health and wellbeing strategy***

#### ***Review of commissioning intentions and plans 2019/2020***

3.33 Clinical Commissioning Groups, NHS England and local authorities have a duty under the Health and Social Care Act 2012 to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning. In terms



of the alignment of commissioning plans with the joint health and wellbeing strategy, the health and wellbeing board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs. Furthermore, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS. The health and wellbeing board has a duty to provide opinion on whether the CCG's commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan.

3.34 On 24th October 2018 the Board considered reports detailing how the commissioning intentions for the CCG and council (both on a single and joint basis) address the priorities identified in the joint health and wellbeing strategy 2013-18.

## **Other functions**

### ***Pharmaceutical Needs Assessment***

3.35 From 1st April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA informs NHS England's decisions on commissioning pharmaceutical services for the area

3.36 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require each Health and Wellbeing Board to make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent

3.37 Every area is required to publish a refreshed PNA document within 3 years. Croydon, in line with national regulations, published its first PNA by 1<sup>st</sup> April 2015. In March 2018, the Director of Public Health and the Chair of the Health and Wellbeing Board, on behalf of the Health and Wellbeing Board, signed off Croydon's second PNA and this was subsequently published. A supplementary statement providing an update on changes in the availability of pharmaceutical services in Croydon followed. The Health and Wellbeing Board received the completed PNA on 20<sup>th</sup> June 2018

3.38 The PNA includes:

- A list of pharmacies in the area and the services they currently provide, including dispensing, health advice and promotion, flu vaccination, medicines reviews and local public health services, such as sexual health services.
- Relevant maps of providers of pharmaceutical services in the area.
- Services in neighbouring areas that might affect the need for pharmaceutical services locally.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

## Board development

Collectively, health and wellbeing board members need to be confident in their system wide strategic leadership role, have the capability to deliver transformational change through the development of effective strategies to drive the successful commissioning and provision of services and be able to create improvements in the health and wellbeing of the local community.

- 3.39 In June 2017 the Board was reconstituted with terms of reference and membership of the Board reviewed. Membership was streamlined from 28 members to 13. The first meeting of the Board under a new chair and revised constitution was September 2017.
- 3.40 The Board comprises of the following members:
- 5 Majority Group Members (voting) such members to include the Cabinet Member for Families Health and Social Care and the Cabinet Member for Children, Young People and Learning ,
  - 2 Minority Group Members (voting),
  - The Executive Director People (non-voting),
  - The Director of Public Health (non-voting),
  - 1 Croydon Clinical Commissioning Group (CCG) Representative (voting),
  - The Croydon Health Services NHS Trust Chair (non-voting),
  - 1 Healthwatch Croydon Representative (voting)
  - 1 South London & Maudsley NHS Foundation Trust representative (non-voting)
  - 1 Croydon Voluntary Action representative (non-voting)
- 3.41 The revised constitution contains a new function '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
- 3.42 The work of the Board is supported by a small executive group. Membership of the executive group comprises the Chair and the Vice Chair of the Board (the CCG's Chief Operating Officer), the council's Executive Director of Health, Wellbeing and Adults, Executive Director of Children, and the Director of Public Health, and the chief executive of Healthwatch Croydon.
- 3.43 Work was undertaken on a self-assessment exercise prior to the Board reconstitution which informed the broader Local Strategic Partnership review. Any changes to governance will be made in line with recommendations from the Local Strategic Partnership review. Work on promoting integration has been taken forward through the core Board work programme with a wide range of service areas considered. Areas identified for further work in 2018 include reviewing governance and improving stakeholder and community engagement.
- 3.44 The Board has sought input and engagement from members of the public in its meetings and broader work, including within the partnership groups accountable to the Board. Board meetings have dedicated time for public questions submitted in advance.
- 3.45 The Board is developing its work plan following the development of the health

and wellbeing strategy refresh to ensure it aligns with the priorities set out within the strategy.

3.46 The health and wellbeing board, as a committee of the council, has a statutory duty to promote equality as set out in the Equality Act 2010. As with other council committees, proposals coming to the Board require equality analysis if these involve a big change to a service or a small change that affects a lot of people. Guidance on equality analysis has been provided by the council's equalities team.

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

4.1 There are no direct financial implications arising from this report

(Approved by: *[Lisa Taylor, Director of Finance, Investment and Risk]*)

#### **5. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER**

The Solicitor to the Council comments that the Health and Wellbeing Board is required to prepare an annual report to full Council for consideration and comment. There are no additional legal considerations arising from the recommendations within this report.

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

#### **6. HUMAN RESOURCES IMPACT**

6.1 There are no Human resources impacts from this report  
(Approved by: *Deborah Calliste* on behalf of the Director of Human Resources)

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#### **SUPPORTING DOCUMENTS**

The joint strategic needs assessment can be accessed [here](#)

**The joint health and wellbeing strategy 2013-18 can be accessed [here](#)**

The Pharmaceutical Needs Assessment 2018 can be accessed [here](#)

Minutes of the cabinet meeting of 11 March 2013 agreeing the proposal to establish a health and wellbeing board (item A44/13) can be accessed [here](#)

**BACKGROUND DOCUMENTS:** None