

# Public Document Pack

## Health & Wellbeing Board

Meeting of held on Wednesday, 20 October 2021 at 2.00 pm.  
This meeting was held remotely; to view the webcast, please click [here](#).

### MINUTES

**Present:** Councillor Janet Campbell (Chair);  
Dr Agnelo Fernandes (NHS Croydon Clinical Commissioning Group) (Vice-Chair);  
Councillor Mary Croos  
Councillor Yvette Hopley  
Councillor Margaret Bird  
Rachel Flowers, Director of Public Health - Non-voting  
Edwina Morris, Healthwatch  
Hilary Williams, South London and Maudsley NHS Foundation Trust  
Michael Bell, Croydon Health Services NHS Trust - Non-voting

**Others present:** Councillor Maddie Henson in substitute for Councillor Alisa Flemming  
Sarah Burns, CVA Head of Communities in substitute for Steve Phaure  
Neil Gouldbourne in substitute for Matthew Kershaw

Dr Kevin Vento, Croydon South London and Maudsley (SLaM)  
Ima Miah, Asian Resource Centre  
Andrew Brown, Croydon BME Forum  
Yusuf Osman, Adult Social Service User Panel

**Apologies:** Councillor Alisa Flemming, Councillor Jerry Fitzpatrick, Steve Phaure, Debbie Jones, Annette McParland and Matthew Kershaw

### PART A

10/21 **Minutes of the Previous Meeting**

**RESOLVED** that the minutes of the meetings held on 20 January 2021 and 17 June 2021 were agreed as a correct record.

11/21 **Disclosure of Interests**

Councillor Yvette Hopley declared that she was the Vice Chair of the South East Cancer Help Centre.

12/21 **Urgent Business (if any)**

There was none.

13/21 **Public Questions**

There were none.

14/21 **Health in Croydon's Black Community: A Tribute to Black History Month**

The Chair introduced the item and stated that there were two speakers. She firstly invited Dr Kevin Vento to address the Board.

Dr Kevin Vento stated that he was the psychosis lead for Croydon South London and Maudsley (SLaM) services for adult mental health and that he would be speaking on both the Croydon Health and Wellbeing Space, which was in the process of being launched, and black mental health. He detailed the following:

- A common misconception was the black people, particularly black men, did not benefit from mental health services. However there were challenges in engaging the black community with mental health services.
- It was known that black communities struggled engaging with primary care services, and the difficulty was in the first step in getting help where they were underrepresented, which needed to be improved. Black communities were overrepresented in secondary care services.
- A black person is almost three times more likely to be detained under the Mental Health Act, which as a statistic had not changed in the past 20 years.
- The NHS Long Term Plan included embedding services within the community and for community to work closer together. The Croydon Health and Wellbeing Space was a collaboration between Mind in Croydon, the Croydon BME Forum and SLaM.
- Dr Vento stated that he would be the clinical lead for the Space, which would be based at the Whitgift Centre, and he expressed his optimism for a true partnership going forward.
- The site would be open seven days a week and have an open door policy to maximise engagement and be an inviting venue. This initial engagement would then increase the access to secondary health services. As well as sign-posting, the Space would run in-house services and groups to support residents coping with traumas.
- The Space will be a service to fit the community and an accessible place, staffed by local people and link to local churches and other community groups.

The Chair thanked Dr Vento for his introduction and invited questions from the Board.

Councillor Yvette Hopley praised the idea and the model to provide services to people within the community, staffed by members of those communities the service users would feel comfortable to share their experiences with. She expected the Space to be a success story for Croydon and said the message needed to be shared with residents and associations that this site was operating and what services it provided.

Sarah Burns, CVA Head of Communities, welcomed the approach and stated that the ambition was positive. She said there were a few questions that needed to be considered in the early stages of development; firstly, in how the wider voluntary sector would be able to work with the BAME community, and secondly, how they would connect people struggling with mental health issues to the Health and Wellbeing Space. She said there were possible solutions to those, adding that one that should be considered was that the Mental Health Alliance. This Alliance would soon be launching which would be bringing together grassroots groups who had been working hard for years across Croydon to establish reputations and already worked with BAME communities. Another model to join up was the localities operating model within One Croydon.

In response, Dr Vento agreed that this provision should be inclusive of all other services and communities available in the borough. He stated that Croydon was a strikingly diverse borough, across heritage and religion with over 100 languages spoken, and the drive was to provide services that enabled residents to connect better and were fit for everyone.

Ima Miah, Asian Resource Centre CEO, agreed that the work should greater connect to the wider voluntary sector. Secondly, she raised concern over 'black' and 'BAME' being used interchangeably within this discussion – which risked excluding other communities, particular in light that Asian communities were also pressing for recognition of mental health. There were different understandings of mental health in different communities, where religion also was a factor; for instance in the Asian community a person may look to seek help from an Imam instead of a doctor, and different solutions may be discussed, such as marriage in some cases. In another example, it might be that Polish communities may not seek help from an advertising campaign that only presented black and brown service users. She reiterated the importance of the need to be inclusive of all communities to maximise engagement and outcomes.

Rachel Flowers, Director of Public Health, stated that it needed to be recognised that there were both operational and strategic considerations to address the deep seated inequalities around racism and discrimination in BAME communities, which captured a whole range of people and experiences. As a Board, they would not be able to solve the issues immediately, however the addition of this Space would be a welcome contribution to the large tapestry of services which have been developing and established within Croydon. She noted that there were a vast range of needs and types of engagement required around Croydon. She thanked Dr Vento for his presentation and commended his work.

Dr Agnelo Fernandez, Vice Chair, stated that the Space reflected great work in trying to address some of the issues previously highlighted. He agreed that there was a lot more to do across board, however particularly in underrepresented communities. It was clear that in relation to this piece of work, that specifically working with the black community around psychosis

was long past due, without excluding others. It was clearly important to act inclusively, but this work would also teach lessons in addressing similar issues in other communities to go forward effectively and utilise resources efficiently.

Dr Kevin Vento thanked the Board for their feedback and echoed the emphasis on inclusivity being key to the work. He stated that their approach would be transparent and accessible to ensure the service could be used by anyone.

The Chair thanked Dr Vento for his update to the Board, and next invited the colleagues from Croydon Health Services to speak on the item.

Leila Howe, Croydon Health Services, outlined the following:

- Speaking as part of the steering group which run alongside the Asian Minority Staff Network in Croydon, she thanked NHS colleagues for supporting their success as a network
- Messaging from staff within the network was that if you were BAME in Croydon, sometimes an experience would not be as good as white counterparts and that issues needed to be addressed
- When the aims and objectives of the network were drafted, they wanted to tackle issues as well as hosting cultural events, three being: bullying and harassment at work, lack of career progression and the recruitment process.

Andrew Brown, BME Forum, stated that by the end of the week over 40 BME events would have taken place in Croydon. He thanked everyone who had supported the Forum over this period.

## 15/21 **Integrated Care System (ICS) Update**

Neil Gouldbourne and Mike Bell, Croydon Health Services NHS Trust, introduced the ICS update, outlining the following:

- There was a national timetable to move away from Clinical Commissioning Groups (CCGs) to the new statutory bodies in the Integrated Care System (ICS), with duties transferred.
- There were several elements important to note of the South West (SW) London ICS in the context of Croydon:
  - There would be two Boards for the district: the Integrated Care Board, which would hold the NHS budgets, and an Integrated Care Partnership Board to focus on the wider detriments on health (which would include more collaboration from the council and the voluntary sector).
  - Discussions were taking place about how the Boards should relate to one another, their membership and remit.
  - There was understanding that Croydon was already working in an integrated and collaborative way that the upcoming changes were aimed to enable across the country, and Croydon would continue on its own journey in that context.

- A hallmark trait of CCGs was the prominent positions of GPs in the running and management of the health service, and in Croydon it was clear that had brought value. They intended to continue that strong voice for GPs in Croydon following the structure changes.
- With the dissolve of CCGs, it was important to investigate what GP leadership should look like going forward. A number of workshops took place to review what had worked well in Croydon and now there was a draft plan for the future arrangements of a GP leadership group within the Croydon structure and a position in the One Croydon Alliance.
- There were successful acute provider collaboratives in SW London, which run the SW London elective orthopaedic centre, SW London Pathology and a range of other initiatives. ICS was intended to further develop provider collaboratives and potentially provide a larger vehicle for the planning for the standardisation of clinical pathways procedures.
- The leadership of the ICS: the Chair had been confirmed as Millie Bannerjee and the process of appointing the individual as the Chief Executive was underway.
- The staffing of the ICS: the ICS would inherit the CCG staff. There would be decisions to follow on how they would be deployed, given the move to a strategic commissioning model.

Dr Agnelo Fernandez, Vice Chair, stated the following:

- It was important to retain aspects of the clinical leadership in the new model. There would likely be only one representative at the ICS level for SW London.
- There was concern over the budgets going forward for clinical leadership, which were vital for its provision. Croydon was already currently underfunded. Croydon started the year with a deficit and ending in surplus due to efficiencies made and supported by good working relationship of the CCG and the integration agenda.

There would be risks and opportunities with the new model, however there was a history of Croydon of working together to achieve the best outcomes and working with communities that would put Croydon in a strong position in the future.

Councillor Yvette Hopley, Shadow Cabinet Member for Families, Health & Social Care, raised the following points of concern over:

- the process of funding and control moving away from Croydon;
- the separation of the GP voice in the new system and one representative SW London level seeming limited; and
- the politician's role in the new model. Currently there was an active role in the One Croydon Alliance and CCG of communication to residents that may be disassociated going forward in the new structures.

Edwina Morris, Healthwatch CEO, stated the following:

- Currently it felt that the views of residents and the work of Healthwatch was respected on a local level to Croydon. Going forward, working with

five other Healthwatch groups in SW London may be difficult to maintain an affective voice to still speak on behalf of local residents and needs, before decisions were made.

- Healthwatch England had been lobbying to the Department for Health and Social Care, meeting with ICS Chairs to make the point that Healthwatch needed to remain effective at all ICS levels.

Mike Bell, Croydon Health Services NHS Trust representative, stated in response to the concerns raised, that many of the options discussed were not set in stone and there were still exercises taking place to take into account the ambitions and anxieties of all parties affected. Going forward, Croydon would seek maximum delegation streams (funding and ambitions) from the ICS to establish local priorities. Additionally, Croydon's ambition was to co-produce more with the public. He encouraged any partners involved to engage with the process of promoting Croydon's self determination within the ICS.

The Chair thanked everyone for their contributions.

## 16/21 **Healthwatch Croydon Annual Report 2020-21**

Hilary Williams, Healthwatch CEO, introduced the [report](#) and [slides](#) to the Board which summarised the work achieved by Healthwatch Croydon between 1 April 2020 and 31 March 2021.

Additionally invited to speak were services users James Kotai, Carole Hembest, Michael Hembest on their experiences and Healthwatch colleague Robyn Bone. Firstly, the service users described how they were involved in a project to improve signage for patients in hospitals and to ensure that signage was aligned to messaging to hospital letters. The project also involved designing a digital signposting system. Secondly, the Healthwatch colleague described the Croydon College placements in Healthwatch and how young people were engaging and influencing the services and the key skills and they gained. It was clear from the placements that the area of mental health particularly resonated with young people.

Councillor Yvette Hopley thanked Healthwatch for their valuable work for residents and stated that awareness of health systems were important, adding that even small changes helped patients. She asked if Healthwatch would be engaging in more Covid-19 specific work. The Healthwatch CEO responded that there was a live survey on long-Covid on the Healthwatch Croydon webpage which could be accessed on the following link: <https://www.healthwatchcroydon.co.uk/take-part/projects/> Additionally, Healthwatch Croydon were involved in work on urgency and emergency care and looking at redesigning the pathways in Croydon and across SW London.

Councillor Margaret Bird congratulated the work of Healthwatch. She asked if there was any work, ongoing or planned, which focussed on diabetes services. She added that the Croydon contract for type two diabetes in the past moved to Bromley and had returned to Croydon. In response, the

Healthwatch CEO stated that they would note diabetes as a new stream of work to discuss.

Mike Bell, Croydon Health Services NHS Trust representative, echoed his thanks to Healthwatch for their work and excellent examples of co-production with residents, and on this occasion particularly in relation to the improvements to signage. He welcomed the upcoming work on emergency care pathways for Croydon.

Yusuf Osman, Adult Social Service User Panel, thanked Healthwatch for their work during the difficult time of the pandemic and successfully collating resident feedback. He asked if there were any plans in the upcoming year for Healthwatch Croydon to review the accessibility of information for the NHS in Croydon, particularly in relation to alternative formats for people who have disabilities. In response, Gordon Kay, Healthwatch Manager, stated that they had just been awarded a grant from Healthwatch England to carry out work on promoting accessibility beyond the current level, and for Croydon this will particularly focus on accessibility for residents and those of refugee status who speak little or no English. This work would then feed into the national accessibility of information standard.

**RESOLVED:** The Board agreed to note the recommendations as detailed in the report.

#### 17/21 **An update on the Joint Strategic Needs Assessment (JSNA)**

Jack Bedeman, Public Health Consultant, introduced the [report](#).

Yusuf Osman, Adult Social Service User Panel, asked if there was any data collected in relation to the number of residents living in Croydon with disabilities and whether this was sub-divided into separate impairments. He stated that type of data was important for planning local authority and NHS services. In response, Jack Bedeman stated that there was a limitation in what data was collected and that it was often stored disconnectedly across services, which resulted in Public Health's limitations to data access. Going forward, co-production was important in considering what data was required to build pictures of areas of interest and to retrieve the important data in a timely manner to understand what gaps needed to be filled and be outcome focussed.

Mike Bell stated that the statutory duty for Health and Wellbeing Boards to produce the JSNA continued under the new legislation. In the previous legislation, it was for CCGs to note the findings of the JSNA, however going forward he asked if there was a comparable duty for the ICS. Additionally, he asked if any discussion had taken place amongst the six SW London local authorities to aggregate some JSNAs for maximum impact of decisions taken at ICS level. In response, Jack Bedeman stated that there was not entirely clear steer yet on those positions.

Councillor Yvette Hopley asked what the role of the Board would be going forward and what sort of information would come to the board in the new strategic hierarchy. Secondly, she asked how data was picked up in the JSNA when local authorities provided for service users in other boroughs. In response, firstly, Jack Bedeman stated the JSNA was to provide baseline data which supported the development of the Health and Care Plan and the Health and Care Strategy, which both measured delivery and outcomes. The Board would benefit, in those terms, to have a clear forward plan and align that to the conclusions of those outcomes using a data driven approach - in relation to commissioning and and building bigger picture planning. Dr Agnelo Fernandez, Vice Chair, stated that the Croydon Public Health team in Croydon were national leaders of population health data, however going forward would be mined to a SW London level.

Mike Bell stated that in the move to the ICS system, it was critical for Croydon to retain the former CCG colleagues as a resource and analytical skill base. Councillor Yvette Hopley indicated the cross-party support of those intentions.

Edwina Morris and Jack Bedeman agreed there were opportunities for Healthwatch Croydon and Public Health to align and work together benefiting from strengths in combining the different types of data they handled.

**RESOLVED:** The Board agreed to note the recommendations as detailed in the report.

18/21 **Annual report of Health and Wellbeing Board 2020/2021**

Public Health Consultant, Jack Bedeman, introduced the [report](#).

**RESOLVED:** The Board agreed to note the recommendations as detailed in the report.

19/21 **Exclusion of the Press and Public**

This item was not required.

The meeting ended at 4.13 pm

**Signed:**

**Date:** .....