One Croydon
Your Health and Care partnership

Croydon Health and Care Plan 2024-2029

CROYDON
www.croydon.gov.uk

Croydon GP Collaborative

NHS
South London and Maudsley
NHS Foundation Trust

VCS

Croydon
South West London Integrated Care System

NHS
Croydon Health Services
NHS Trust

Introduction

The Croydon Health and Care Plan

We have been working together across health, care and the voluntary and community sector to deliver our Croydon Health and Care Plan for the last five years. The plan was first published in 2019 and was refreshed for 2022-2024.

Since the plan was last refreshed, there have been significant changes at place, South West London and national level. The elected Mayor of Croydon has published his Business Plan for 2022-2026. The South West Integrated Care System has produced both a Joint Forward Plan for the NHS and an Integrated Care Partnership Strategy. Lord Darzi has published his review of the NHS, and outlined three major shifts for healthcare – from acute to community, from analogue to digital, and from sickness to prevention.

This is a journey we have already embarked upon in Croydon and much has been achieved over the last five years through our work together in partnership on proactive and preventative care in the community. However, health inequalities in the borough remain stark and it is more important than ever that we work together as One Croydon, to improve health and care services and collaborate on the social and economic factors that affect health and wellbeing.

This plan should be read in conjunction with the Croydon Health and Wellbeing Strategy 2024-29 Appendix 1. Croydon JLHWS 2024-29.pdf agreed by Croydon's Health and Wellbeing Board. The Health and Care Plan has been guided by the population health data, public consultation and community insights described in the Health and Wellbeing Strategy, to set the vision and strategic priorities for health and wellbeing in the borough.

By aligning and joining up our efforts around a single set of strategic priorities, we can have the maximum impact on reducing health inequalities and improving the health and wellbeing of people in Croydon, supporting them to have healthy, happy and fulfilling lives.

Our vision and priorities

One Croydon
Your Health and Care partnership

Our shared vision for Croydon is that:

'Everyone in Croydon has healthy, happy and fulfilling lives, supported by safe, healthy and thriving communities and neighbourhoods. Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest'

To achieve this vision, during 2024-2029, we will focus on five **strategic priorities**:

1. Good mental health and wellbeing for all
2. Supporting residents to 'sleep, eat and have heat'
3. Healthy, safe and well-connected neighbourhoods and communities
4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential
5. Supporting our older population so they can live happier, healthier and independent lives for as long as possible

Our actions and decisions will be guided by the following **principles**:

1. Tackling health inequalities
2. Putting prevention first across all stages of life
3. Integrated partnership working
4. Working with our communities to develop shared solutions
5. Evidence-informed decisions and actions

CROYDON www.croydon.gov.uk
Croydon GP Collaborative
NHS South London and Maudsley NHS Foundation Trust
VCS
Croydon South West London Integrated Care System
NHS Croydon Health Services NHS Trust

The Croydon Health and Wellbeing Strategy

One Croydon
Your Health and Care partnership

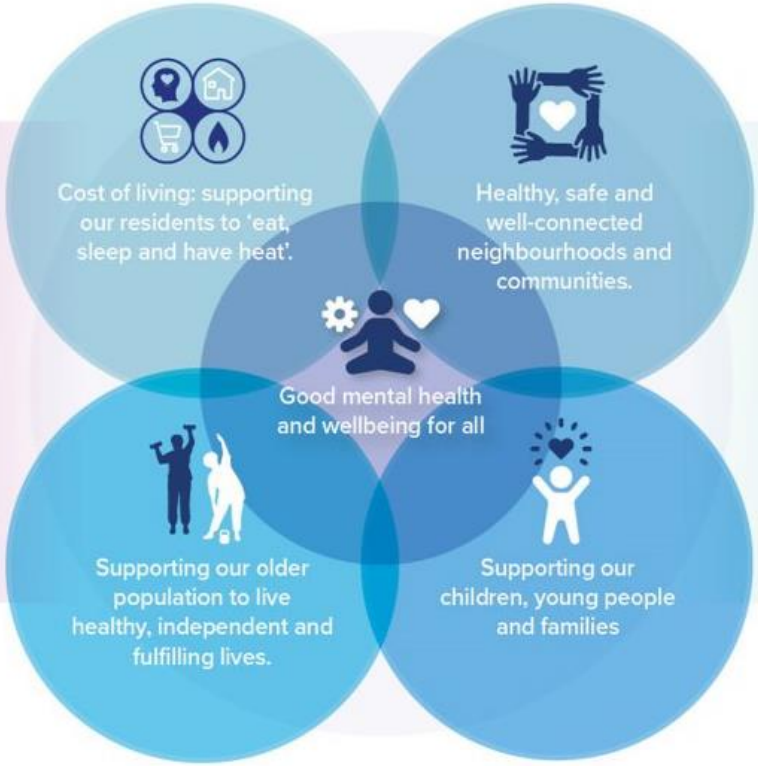
The Croydon Health and Care Plan 2024-2029 is driven by the Health and Wellbeing Strategy 2024-2029, which sets out our shared vision, priorities and principles:

OUR VISION FOR CROYDON IS THAT:

Everyone in Croydon has healthy, happy and fulfilling lives, supported by safe, healthy and thriving communities and neighbourhoods.

Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest.

TO ACHIEVE THIS VISION, DURING 2024-2029, WE WILL FOCUS ON:



OUR ACTIONS AND DECISIONS WILL BE GUIDED BY THE FOLLOWING PRINCIPLES:

1. Tackling health inequalities
2. Putting prevention first across all stages of life
3. Integrated partnership working
4. Working with our communities to develop shared solutions
5. Evidence-informed decisions and actions

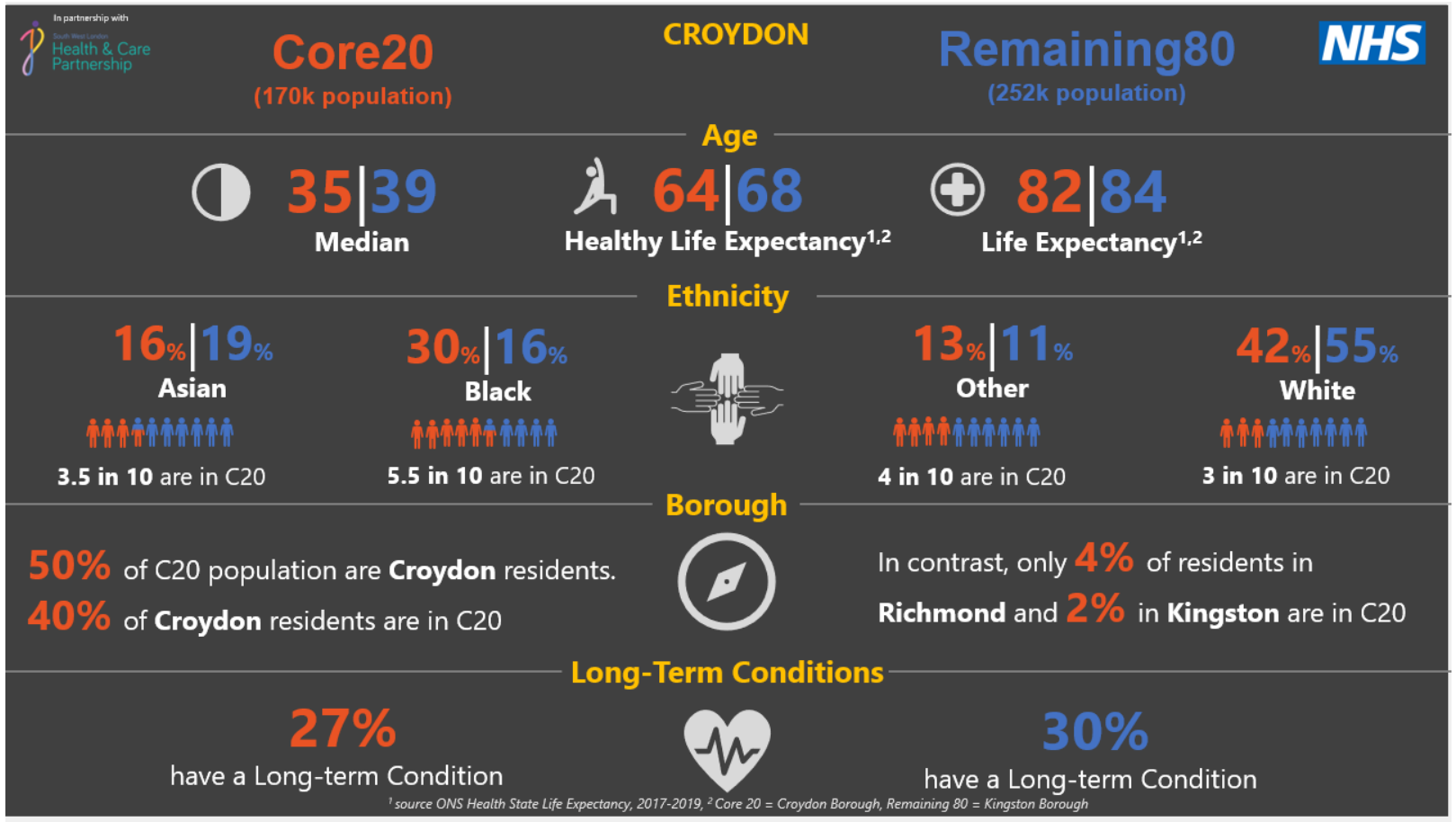
Engaging with people and communities across Croydon

Listening to the views and ideas of our community played a key role in developing the vision, priorities and principles:

CROYDON www.croydon.gov.uk
Croydon GP Collaborative
NHS South London and Maudsley NHS Foundation Trust
VCS
Croydon South West London Integrated Care System
NHS Croydon Health Services NHS Trust

Putting the principles into action – health inequalities

Many Croydon residents face health inequalities. Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Our Health and Care Plan aims to address health inequalities through prioritising actions that support better health and wellbeing for people in the 'Core20 Plus'.



The CORE20 refers to the people living in the 20% most deprived areas. PLUS incorporates groups that experience poorer than average access to services, experience of services or outcomes and inclusion groups. There are five priority clinical areas linked to this.

By focusing on improving outcomes for these residents, we can tackle the gap in health outcomes.

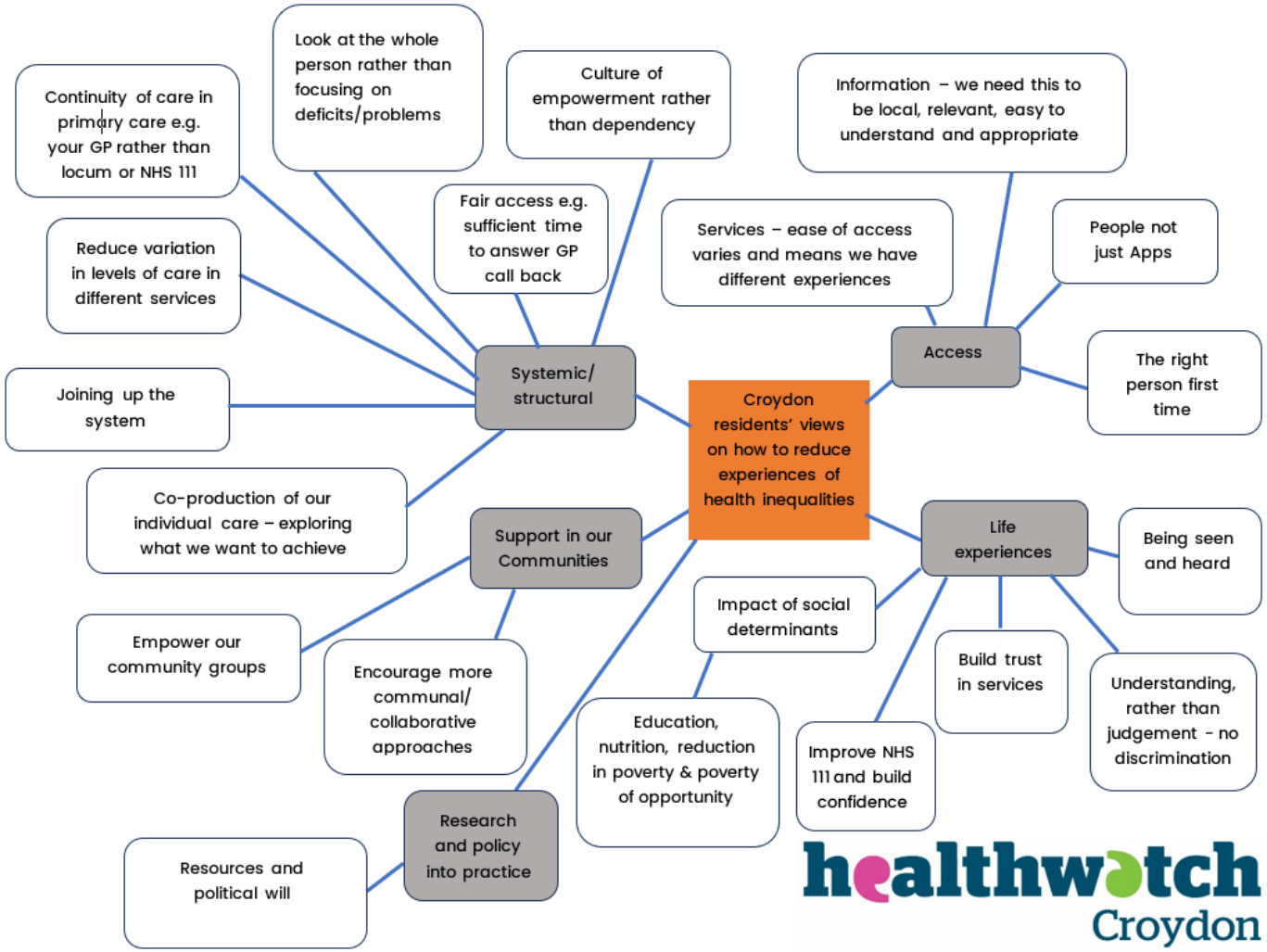
What are our communities telling us?
Health Inequalities

Healthwatch Croydon held a resident participation session in 2024 where residents were asked to feed back about:

- What health inequalities have you or people you know experienced?
- What improvements would you like to see and are there examples you know where this is working?

This session generated some potential opportunities for One Croydon Alliance partners to focus on in the delivery of our Health and Care Plan:

- Learn more about experience around access and build into implementation of changes
- Focus on service-user experience to ensure each contact counts
- Empower the person to manage their health
- Use life experiences to shape services
- Apply the power of communities
- Utilise research both local and beyond to drive change



healthwatch Croydon

What are our communities telling us?
Community insights

The Health and Care Plan is underpinned by the insights of Healthwatch and other community partners through specific pieces of work to listen to residents. We also hear from residents and community groups through six Local Community Partnerships established in different parts of the borough. We have heard that people want:

Increased mental health support in community settings. Community partners report seeing more people presenting with housing needs, people impacted by addiction, people feeling isolated and people with suicidal thoughts

Support with issues around 'Eat, sleep and have heat' and knowing where to go to get support. People sometimes fall between the gap of different services and don't know where to go. People need access to the right information and advice

Better access to services and healthy lifestyle support close to where they live, to help people stay physically and mentally well and maintain independence and social connections. Support for people with dementia is an important part of this

For people impacted by health inequalities to feel listened to when seeking care. Establishing trust takes time, respect and consistency.

Support for young people and families, including for children with special educational needs and disabilities, those with mental health challenges and those at risk of violence.

Community spaces, including parks and green spaces, for adults and young people to connect and improve their wellbeing

For carers across all Croydon's diverse communities to be supported so that they understand how to access support

Our population – strengths and challenges

Croydon has significant assets, including our diverse population, strong voluntary and community sector, dedicated health and care staff, many of whom are local residents, and a strong local partnership for health and care. There are also a number of challenges.

- Croydon is a large borough with 391,000 residents. 50% of the Core20 most deprived residents in South West London live in Croydon and 40% of all Croydon residents are in the Core20.
- Croydon has the lowest healthy life expectancy in South West London at 63.2 years. There is a significant gap in healthy life expectancy for those who face the greatest health inequalities.
- Croydon has 128 registered care homes and the largest Care Home provision within London with over 3000 beds, both for older adults and working age adults, many of whom are placed in Croydon from outside the borough.
- Croydon has high numbers of Looked After Children and care leavers, with a high proportion of unaccompanied asylum seekers.
- 13% (8,562) of school pupils are receiving support for Special Educational Needs.
- 42% of Year 6 children and 62% of adults are overweight or obese; 12.6% of people have hypertension.

Putting the principles into action – Croydon's integration journey

One Croydon
Your Health and Care partnership

Collaborating across South West London

Croydon is an active partner in the South West London Integrated Care System that brings together the all the health and care partners across six London boroughs. Croydon is the biggest borough in the system and has the highest proportion of residents in the most deprived 20% of the national population (40% of our residents). By working as part of South West London Integrated Care System we can improve outcomes for residents, reduce health inequalities, improve experience of and access to healthcare, share best proactive and find new ways to deliver sustainable services that are fit for the future. Croydon's strategic priorities are well aligned to the priorities of the South West London Integrated Care Partnership

An integrated place

The One Croydon Alliance is a partnership between the Council, Croydon Health Services, Croydon GP Collaborative, SWL Integrated Care Board, South London and the Maudsley and the Voluntary and Community Sector. The Alliance Agreement was signed in 2017 and runs until 2026/27.

The Alliance started out with a focus on the over-65s, particularly looking at how to reduce unplanned hospital admissions and maximise independence for older people. In 2020, we agreed to extend our focus to all adults as part of our Localities Programme and included the mental health transformation programme in the scope of Alliance working. Children's services have joined the One Croydon Health and Care Board to make better links for the health and wellbeing of children and young people.

As we move towards the end of the life of the current Alliance Agreement, we have considered the learning from the journey so far, the impact of changes in organisational and external environment and our local ambitions for further integration to improve health and wellbeing and reduce health inequalities in our population. We want to go further as an integrated place and over the coming months, we will work together to agree and formalise our next steps. This includes our approach to ensuring a strong voice for the voluntary and community sector within our partnership.

Joined up working in our neighbourhoods

Croydon has a well-established approach to multi-disciplinary team working in localities. Thousands of residents have benefited from health, care and voluntary sector staff working together to proactively plan their care and keep them as independent as possible. The continued development of Integrated Neighbourhood Teams is the cornerstone of our plan to shift from acute to community and from treatment to prevention.

CROYDON www.croydon.gov.uk
Croydon GP Collaborative
NHS South London and Maudsley NHS Foundation Trust
VCS
Croydon South West London Integrated Care System
NHS Croydon Health Services NHS Trust

Strategic context - national

The Darzi Report and the new Ten Year Health Plan

In July 2024, the Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an independent investigation of the NHS. Lord Darzi's report, published in September, provides an expert understanding of the current performance of the NHS across England and the challenges facing the healthcare system. The report's findings, along with the public engagement process will shape the government's 10 Year Health Plan, due to be published in spring 2025. This will be focused on three big shifts in healthcare. The actions set out in this plan will help deliver these shifts. For example:

1. Shifting from hospital to community:

- Arranging health and care services into integrated neighbourhood team and working together to proactively plan care and support to keep people well and avoid acute care where possible
- Developing community provision and new roles to support people with their mental and physical health in the community
- Building on Urgent Community Response and Virtual Wards to allow even more Croydon residents to be cared for at home

2. Shifting from analogue to digital:

- Greater use of apps for self-care
- Implementing the Patienteer system to enable professionals to collaborate on resident care more effectively
- Maximising the use of Technology Enabled Care to support people to maintain maximum independence

3. Shifting from sickness to prevention:

- Working together on the wider determinants of health to prevent ill health, through our 'eat, sleep and have heat' theme
- Focusing on proactive and preventative approaches, including outreach delivered by the Voluntary and Community Sector to tackle health inequalities
- Supporting children and families as early as possible through Family Hubs and a partnership approach to support for 0-19 years old.

Our action plans

The next section sets out our ambitions for the next five years, set by the Croydon Joint Health and Wellbeing Strategy and details the action plans for 2024-2026 for each of the strategic priorities.

The action plans will be overseen by our partnership governance and refreshed annually.

Priority 1: Good Mental Health & Wellbeing For All

In Croydon, we recognise that **there is no good health without good mental health, and promoting and protecting good health is everybody's business.**

Mental health and wellbeing impacts nearly all aspects of our health. To make a difference, **we need to place improving, protecting and promoting our mental health and wellbeing at the centre of our actions.**

Key commitments:

Focus on:

- Promoting mental wellbeing
- Preventing mental health conditions
- Preventing self-harm and suicide
- Continuing to build on the successes of the ongoing Mental Health Transformation Programme

Supporting the development and implementation of:

- Croydon's Multiagency Self-Harm and Suicide Prevention Action Plan
- Croydon's Dementia Strategic Plan
- Croydon's Autism Strategy
- South West London Mental Health Strategy

Good Mental Health & Wellbeing For All – Action Plans

One Croydon
Your Health and Care partnership

Actions	Lead partner
Produce a needs assessment for children and young people's mental health to ensure we understand the needs of different groups of young people	Public health
Review the implementation of mental health support teams in schools including uptake and coverage for Croydon. Improve headteacher engagement so we have Croydon heads as leads for all waves of the programme (16 schools joining the programme in January)	ICB/Integrated Commissioning Team CYP
Ensure transitions between services are proactively managed to ensure young people and others moving between services are supported at the right time and in the right place.	SWL ICB
Reduce waiting times for access to services and starting treatment through pathway improvements and optimised referral processes, and by reviewing and potentially revising service availability in terms of population need.	SWL ICB/SLAM
Continue to support improvement in mental health resilience within the borough through provision (direct delivery or commission) of public mental health training for Mental Health First Aid, Good Thinking and Thrive London	Public health
Continue the trauma informed programme which aims to help Croydon become a trauma-informed borough by improving the way local services and communities respond to residents affected by adversities.	Public health
Identify communities and population cohorts most at risk of mental ill-health and use a population health management approach to design and implement interventions to maximise emotional wellbeing and develop resilience.	South West London ICB/Public Health

Good Mental Health & Wellbeing For All – Action Plans

One Croydon
Your Health and Care partnership

Actions	Lead Partner
Support Voluntary, Community and Faith Sector organisations to increase the delivery of culturally and trauma informed counselling at a locality level to help tackle health inequalities	Public health
Work with system partners to implement a revised partnership approach, enabling the council's statutory duties to improve the outcomes of people seeking to access services to improve their mental health.	Croydon Council / SLAM
Build on the existing Croydon Mental Health Transformation programme, reviewing the key elements and delivering next steps to sustain the learning, improve quality and ensure sustainability of preventative, community-based support that addresses health inequalities. As part of this, work together in partnership across sectors on workforce development.	SWL ICB/SLAM
Develop the co-production approach to working with communities, residents, service users, carers and wider stakeholders bringing lived experience and seldom heard voices to the fore.	SWL ICB
Develop a specialist stop smoking service specifically aimed at Croydon residents with complex needs, including those with SMI.	Public health
Ensure that mental health support is available to those with physical health conditions working with primary care and acute partners to build this into physical health pathways. Develop coherent and responsive pathways involving specialist, community and VCSE services, and peer support, for people with co-occurring physical and mental health issues.	SWL ICB
Develop the partnership approach to ensuring that people with mental health need can be supported to find and maintain good employment – linking in with the work on cost of living.	One Croydon

Good Mental Health & Wellbeing For All – Action Plans

Actions	Lead Partner
Increase capacity in early intervention services to avoid tenancy breakdown and crisis escalation for vulnerable adults and those experiencing mental health challenges.	Croydon Council
Complete and publish Croydon's self-harm and suicide prevention strategy and action plan and establish a collaborative multi-agency steering group to take forward the recommendations and actions.	Public health
Continued partnership between SLAM and CHS to provide effective support to patients in the Mental Health Clinical Assessment Unit on site at Croydon University Hospital.	SLAM/CHS
Continue developing our approach to children, young people and adults who attend Croydon University Hospital in mental or emotional distress, often with significant social need, building on our approach to agreeing care plans for those who have attended the hospital on multiple occasions.	CHS

Good Mental Health & Wellbeing For All – Action Plans

Actions	Lead partner
Improve SLAM Community Offer • Establish stronger relationships with Primary Care Networks and schools • Increase appointments for people to access mental health support in primary care • Implement the recommendations from the SLAM community stocktake • Reduce inconsistency of crisis services across the four SLAM boroughs • Increased capacity in 24 hr Home Treatment Teams for night shifts	SLAM
Clarifying mental health secondary care offer • Establish clear criteria to access secondary care, only where care can not be provided in the community • Reduce unwarranted variation in clinical pathways • Offer time-limited clinical interventions and transfer patients back to community services as quickly as is safe to do so • Ensure more joined up working between Psychiatric Liaison Nursing (PLN), Home Treatment Team, Community Mental Health Teams and inpatient staff so the patient journey is seamless	SLAM
Strengthened mental health bed management • Increased senior decision making in PLN teams, working with 24 hr Home Treatment Teams to admit patients where absolutely necessary • Borough management of demand and capacity, with Acute Referral Centre oversight at SLAM-wide level • Improve operating procedures to ensure patients who are admitted to another borough bed are repatriated asap • Robust processes for escalation of all patients over 12 hrs so that no patient is waiting longer than 24 hours in ED	SLAM

Good Mental Health & Wellbeing For All – Action Plans

Actions	Lead partner
Increasing bed capacity • Open three new adult inpatient wards across SLAM footprint, including Tyson West 1 (Croydon). • Reduce Length of Stay by ensuring best practice re Daily Clinical Care meetings/morning discharges is in place and peer reviews of patients with a long length of stay. • Open Child and Adolescent Mental Health Service General Adolescent Unit and Psychiatric Intensive Care Unit beds. • Improve support for the discharge of patients who are Clinically Ready for Discharge.	SLAM
Recruitment and retention – Croydon Place • Bespoke recruitment and retention strategy in Croydon	SLAM
Sustainable community and inpatient estates – Croydon Place • Jeanette Wallace House programme underway for review of team space provision and amendment of estate to provide an additional floor of clinic rooms. • Collaborative working with key stakeholders to review community spaces for further outreach • Step down housing revision strategy; including trust wide market review of community embedded offers and contract work re step down housing provision (including barrier free transfer pilot)	SLAM

Learning disability and autism

Actions	Lead Partner
Continue development of the South West London key worker service for children and young people and extend the provision up to the age of 25, for those most at risk of a mental health inpatient admission	SWL ICB
Implement the digital dynamic support register platform to improve oversight of and support multi agency working with children and adults at risk of being admitted to a mental health hospital	SWL ICB
Deliver and review the Croydon adult community intensive support team pilot and consider how the learning from the pilot will inform the development of a SWL system model for autistic children, young people and adults with complex needs	SWL ICB
Deliver improved support, information and advice including psychoeducation to families and young people before and following a diagnosis of autism	SWL ICB/Croydon Council
Continue the development of the South London Specialist community forensic intellectual and neurodevelopmental disabilities (FIND) Service	South London Partnership Mental Health Collaborative
Work with the Social Care Institute of Excellence, SLaM and SWL ICB to implement policy and joint protocol to support people with complex needs	Croydon Council
Continue to deliver NHS learning disability annual health checks in primary care to at least 75% of people age 14 years and over on practice learning disability registers	SWL ICB
Roll out Oliver McGowan training for learning disability and autism across NHS providers	SWL ICB
Publication of refreshed Autism strategy and multi agency action plan	Autism Partnership Board
Work with young people with complex needs to increase their independence through our Active Lives Service.	Croydon Council

Priority 2: Cost of Living

Access to quality housing, that is warm, secure and can support independent living, as well as adequate healthy food are important for our health and wellbeing. To effectively tackle health inequalities, we need to ensure all residents have access to affordable quality housing and healthy food.

Key commitments:

- Multiagency approach to Cost of Living challenge
- Building upon existing partnerships and initiatives including but not limited to:
  - Healthy Communities Together and Community Hubs
  - Croydon Food and Healthy Weight Partnership

Cost of Living: eat, sleep, and have heat

Actions	Lead partner
Establish the One Croydon collaborative approach to supporting residents to eat, sleep and have heat, noting the wider role of the Health and Wellbeing Board in influencing the wider determinants of health.	Public Health
Review the existing projects and plans of the One Croydon partner organisations as Anchor Institutions to identify priority opportunities for joint working on Anchor 2024-2029. This might include: - Shared commitments around anti-racism and engaging with the South West London Anti-Racism Framework to ensure a positive impact for Croydon staff and residents from our diverse communities - Shared commitments around the implementation of the London Living Wage - Engagement with the South London Listens work on housing and health - Coordination of the Croydon partners' approach to supporting local people into jobs in health and care - Exploring opportunities for closer partnership working to support Croydon residents with health barriers into work - Sharing information about the partners organisations' green plans to identify opportunities for working together - Ongoing work to prioritise social value in procurement and partnerships with the voluntary and community sector	One Croydon Alliance
Review and optimise delivery of Health Advocacy Outreach Service for people experiencing homelessness to support navigating and accessing the healthcare system and support them with any ongoing health issues. Work with Crisis to embed service and support engagement and carry out further evaluation to evidence the outcomes.	SWL ICB
Review and optimise delivery of support provided through the Specialist Health Inclusion Service through the Rainbow Health Centre which delivers primary care led support to asylum seekers residing in Croydon hotels and homeless individuals.	SWL ICB
Carry out benefit analysis and review of funding options to increase access to emotional health support for asylum seekers through outreach activities.	SWL ICB
Continued focus on expanding the 'Safe Surgeries' scheme to tackle barriers faced by homeless people and asylum seekers accessing healthcare.	SWL ICB
Implement our Workforce Development Action Plan to support the ASCH workforce to deliver continuous improvement and better outcomes for residents	Croydon Council

Priority 3: Healthy, safe & well connected neighbourhoods and communities

We want to cultivate **healthy, safe and well-connected** neighbourhoods and communities, where **healthy choice becomes the easy choice**.

Key commitments:

- Physical activity, active travel, access to affordable healthy food
- Climate change: taking actionable steps to reduce carbon emissions and tackle climate emergency. Working with partners to embed and promote sustainability in our culture, especially in our planning, commissioning and procurement processes
- Health protection (infection prevention and control, environmental hazards), working with Croydon Health Protection Forum
- Working with our Voluntary and Community Sector to establish community-led initiatives aiming to foster a strong sense of belonging and help our communities thrive
- Ensuring culturally competent services and being a leader in South West London in establishing the use of an anti-racism framework
- Equalities Pledge and George Floyd Race Matters Pledge to promote equality of opportunity for individuals of all characteristics with a specific focus on underserved groups such as minoritised ethnic groups, LGBTQ+ population, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.

Healthy, safe & well connected neighbourhoods & communities

Actions	Lead partner
Deliver against the Equalities Pledge and George Floyd Race Matters Pledge to promote equity for individuals of all characteristics with a specific focus on underserved groups. Ensure that the approach to measuring outcomes can assess the impact of this.	Public Health
Ensure there is a focus on reducing health inequalities through the Croydon Place Quality Collaborative	ICB
Share the outputs of the Healthwatch resident participation session on health inequalities and enable consideration of how the potential opportunities for responding to resident feedback are being maximised within the Health and Care Plan.	Healthwatch
Deliver the immunisation action plan to increase uptake of immunisations across Croydon's communities	Public Health/ICB
Develop the Food and Healthy Weight strategy and Action Plan to increase healthy weight across the life course for all Croydon's communities	Public Health
Improve availability and uptake of healthy weight support offers including Live Well and NHS digital weight management.	SWL ICB
Evaluate the two year local pilot service for adults with severe and complex obesity and implement next steps. Work with specialist centres to service to provide pathways for access to weight loss drugs and bariatric surgery where appropriate.	SWL ICB
Develop the Healthy Behaviours offer, including through the Live Well Service	Public Health
Review the Croydon offer for Sexual Health Prevention and Treatment	Public Health
Plan for the review, redesign and recommission of NHS Health Checks in 2026/27	Public Health

Healthy, safe & well connected neighbourhoods & communities

Actions	Lead partner
Plan for the substance Misuse Prevention and Treatment contract review in 2026/27	Public Health
Work together to deliver the actions in the Croydon carers' strategy for all age groups, working with the Older People's workstream	All Partners
Embed the learning from the Healthy Communities Together programme by continuing to develop relationships and partnership working between voluntary sector and statutory sector partners in Croydon	One Croydon Alliance Team
Optimise the impact of health improvement community hubs and community outreach activities aimed at supporting Croydon's core 20 population, as part of integrated working in Croydon's neighbourhoods	Community hubs providers
Complete a value for money review on Local Community Partnerships (commissioned through the Healthy Communities Service contract), implementing any agreed recommendations, ensuring the voice of our residents are reflected in service delivery	SWL ICB
Complete a value for money review on the Localities Commissioning Model management and contract award scheme, implementing any agreed recommendations to enable support to grassroots organisations targeting Croydon's core 20 population	SWL ICB
Identify opportunities for creative and cultural interventions to support resident needs, and support uptake through information sharing, community grants, resources and commissioned programmes as appropriate (Creative Health)	Croydon Council
Establish a prevention initiative in Croydon based on the "Local Area Coordination" model of relational support, investment in a team of Council-employed community based relational practitioners to provide proactive support to residents, with a focus on those who may be close to needing support from statutory services.	Public Health

Healthy, safe & well connected neighbourhoods & communities

Actions	Lead partner
Develop the commissioning intentions, service specification and outcomes framework for a more integrated community health prevention and improvement offer to support long-term partnership between the providers, the NHS SWL ICB and other stakeholders that creates the working environment needed to support continuous improvement	SWL ICB
Support and monitor delivery of SWL ICB health inequalities fund schemes for Croydon. Evaluate the impact of SWL investment fund schemes for Croydon and share learnings across system workstreams to improve healthcare inequalities.	SWL ICB
Explore options for continuation of ICB investment fund schemes to support falls prevention and maintenance of independence	SWL ICB
Support the ongoing development of Primary Care Networks in Croydon.	SWL ICB/ GP Collaborative
Work with PCNs and practices to remove the unnecessary back office administration of tasks that can be done at scale such as recruitment, processing of funding and procurement of services.	GP Collaborative
Continue to develop recruitment, retention and engagement programme, as well as training and mentorship for GP Practice workforce.	GP Collaborative
Continue to work with GP practices and Primary Care Networks to deliver the South West London Primary Care Strategy, focusing on access, integration and proactive care.	SWL ICB

Healthy, safe & well connected neighbourhoods & communities

One Croydon
Your Health and Care partnership

Actions	Lead Partner
Review the current urgent care hub offer in Croydon and lead the recommissioning, aligned to the overall urgent care strategy and Primary Care Strategy for Croydon.	CHS
Review the current Croydon community service specifications against the newly developed South West London specifications and develop a service redesign and improvement programme in partnership.	SWL ICB
Review access, outcomes and patient experience for musculoskeletal services in Croydon and identify options for recommissioning in 2025/26.	SWL ICB
Croydon input to the Integrated Care Board's delegated responsibilities for pharmacy, optometry and dentistry, described in the SWL NHS Joint Forward Plan as follows: • The promotion of good oral health, particularly for children. • Better access to NHS dentistry. • Further promotion of community pharmacy in being a key access and delivery partner across a wide a range of preventative and care. • Embedding eye care and health into our considerations at both local and system level • Considering local gaps and opportunities to deliver services in the community	SWL ICB
Deliver a review of our approach to Technology Enabled Care (TEC), to ensure our residents are able to utilise TEC to its full potential. This aims to help people live happy, independent and connected lives which will blend in with mainstream technology and complement face-to-face care.	Croydon Council

Healthy, safe & well connected neighbourhoods & communities

Actions	Lead partner
Deliver a two-year roadmap to further develop Integrated Neighbourhood Teams in Croydon to enable our partnership approach to proactive and preventative care closer to home.	SWL ICB/One Croydon Alliance team
Align clinical and operational leadership across North, Central and South of the borough to support Integrated Neighbourhood Team (INT) development and ensure ongoing improvement in ways of working and clinical safety. Establish three INT Managers in North, Central and South, as well as lead GPs in for multi-disciplinary team neighbourhood huddles.	SWL ICB/One Croydon Alliance team
Develop collective management team roles, responsibilities and updated objectives for INTs and enable service leads to support learning and development activities focused on team building, multi-disciplinary team best practice, proactive care and frailty.	One Croydon Integrated Management Team
Review the results of the 2024 Integrated Neighbourhood Team pilots and develop next steps. Engage with GP and other community system leaders to identify and develop the approach for INTs based on local need and population health management approach.	SWL ICB
Implement the case management solution (Patienteer) to enable cross-system interoperability and record sharing, onboarding all core services and developing recording standards.	One Croydon Alliance team
Develop performance and reporting framework based on agreed INT objectives and outcomes, begin reporting and evaluate initial impact	One Croydon Alliance team

Healthy, safe & well connected neighbourhoods & communities

Actions	Lead partner
Embed the Proactive Care model across community-based multi-disciplinary teams, with a focus on proactive case identification, strengthening resident contact, care lead allocation and care coordination across the core members and wider network of specialist services	SWL ICB
Develop the performance and reporting framework for proactive care delivery, using digital tools to allow for recording and reporting automation	SWL ICB/One Croydon
Train staff and report on access and use of Universal Care Plans across proactive multi-disciplinary teams and with General Practices as part of the Proactive Care Locally Commissioned Scheme.	SWL ICB
Evaluate progress in Proactive Care delivery, including effectiveness/outcomes, and adjust the approach and targets, based on learning and feedback. Develop the next iteration of the proactive care LCS based on learning, feedback and impact to date	SWL ICB/One Croydon
Review and optimise delivery of community outreach and empowerment activities designed to prevent, identify and self-manage Long Term Conditions by: • Training local champions, delivering health and well-being activities and awareness raising events, and community health checks for diabetes risk, chronic kidney disease risk and blood pressure. • Delivering the evidence based self-management Expert Patient Programme. • Delivering the Community Health and Wellbeing worker 1-year pilot in Thornton Health during 24/25. Evaluate the above schemes and make a case as appropriate for continuing to enable these activities.	SWL ICB

Healthy, safe & well connected neighbourhoods & communities

Actions	Lead partner
Optimise prevention and management of diabetes by increasing capacity in community-based diabetes care, focus on joint working and upskilling all health and care professionals, improve the uptake of enhanced appointments for young people with type 2 diabetes, maximise uptake of the NHS diabetes prevention programme, diabetes structured education courses and Type 2 diabetes remission programme. Review enhanced diabetes care delivered by general practices to ensure it continues to meet the needs of people with diabetes by 2026.	SWL ICB
Increase accurate diagnosis of asthma and Chronic Obstructive Pulmonary Disease (COPD) and support people to better manage their conditions and stay well by working with CHS and GP practices to ensure effective use of breathlessness diagnostic. Embed and evaluate self-management structured education programmes so that 800 people benefit annually.	SWL ICB
Work with Croydon Primary Care Networks to Identify people with undiagnosed Chronic Kidney Disease at an early stage and ensure those with a diagnosis have treatment optimised	SWL ICB
Increase timely and accurate diagnosis, and management of hypertension: Work with community pharmacies and GP practices to maximise use of the pharmacy hypertension case finding services. Work with primary care networks and practices to monitor and share best practice to maintain achievement of national targets of 77% of people meeting NICE treatment targets and reduce any inequalities.	SWL ICB
Implement a pilot to support improvements in the community offer for patients with Sickle Cell Disease (SCD) in Croydon, to enable them to maintain healthy lives and reduce hospitalisation. Establish improved inks between specialist SCD services and acute services, general practice, neighbourhood teams and community hubs, patients and their families	SWL ICB/Croydon Health Services
Open a ‘one stop shop’ for NHS testing in New Addington, fast-tracking access to vital tests, such as x-rays, CT scans and cardiology screening to help detect serious illness sooner and to help patients manage their existing conditions more effectively .	CHS

Priority 4: Supporting our children, young people & families

To tackle health inequalities and set the stage for a lasting healthy life, we need to prioritise our early years and ensure our babies get a good start in life.

Key commitments:

- Supporting our parents, carers and families in their communities, addressing both health and social care needs, including any pregnancy concerns.
- Promoting the mental health and emotional wellbeing of parents and carers as well as all children and young people in Croydon
- Taking a whole-family approach and taking action from before and during pregnancy through to childbirth and throughout childhood to enable our children and young people to thrive in life and create a positive impact for generations to come.
    - Croydon's Partnership Early Years Strategy
    - Family Hubs and Start for Life Transformation Programme
    - Corporate Parenting and Care Experienced Young People Strategies 2024
    - SEND and Alternative Provision Strategy 2023-26

Supporting CYP & Families

Actions	Lead partner
Ensure the delivery of the Healthy Child Programme, including transformation of Public Health Nursing services into an integrated 0-19 service offer aligned to the Family Hubs model across Croydon	Croydon Council
Sustain the commitment to a bi-annual Health and Wellbeing survey for school-aged children and young people, expanding to include the development of an action plan based on what children and young people tell us in 2024/25	Croydon Council
Continue to support children and families in Croydon with healthy behaviour and healthy weight advice through the delivery and expansion of the Family Healthy Behaviours Service. Consider how this can be included in a 0-19 service.	Croydon Council
Ensure effective delivery of the National Child Measurement Programme within the borough, monitor trends in patterns, and ensure that families identified as requiring additional support are supported effectively	Croydon Council
Commit to co-production, co-ownership and co-delivery of the Start for Life offer as part of our Family Hubs in Croydon	Croydon Council/ICB/CHS
Align our local Healthy Schools/Early Years programmes with the National Children's Bureau's refresh. Launch the Wellbeing Charter Mark with the Croydon Education Partnership linked to these programmes.	Croydon Council

Supporting CYP & Families

Actions	Lead partner
Ensure that the all-age approach to mental health and wellbeing prioritises children and young people	Croydon Council/ICB/SLAM
Develop the perinatal mental health and parent infant relationship strategy for Croydon	Croydon Council/ICB/SLAM
Transform Speech and Language Therapy and Occupational Therapy services, expanding reach to include children and young without Education, Health and Care Plans, those post 16 and support for mainstream Primary and Secondary schools.	Croydon Council/ICB
Work collaboratively to deliver the Croydon Special Educational Needs and Development Strategy 2023-2026: • Early Identification of SEND and access to early support. • Providing the support needed by children and young people with SEND during Key Life Transitions • Partnership to deliver transparent, co-produced and robust processes for Education, Health, and Care Plans (EHCPs.	Croydon Council/ICB
Improve the access and timeliness of assessments of neurodiversity for children	ICB/SLAM
Work with South West London partners to implement learning from the Sutton-led project on improving joined up working for children with complex needs, across: - Integration and systems - Data and outcomes - Practice	Croydon Council/ICB

Supporting CYP & Families

Actions	Lead partner
Work in partnership across health and the Council (CSC, assets, finance) to identify opportunities to establish more homes for children that can meet a diverse range of needs, including clinical and therapeutic support to enable early exits from care to home	Croydon Council
Work collaboratively on a bid to the DFE for capital investment to develop provision for children with complex mental health needs and challenging behaviour	Croydon Council/ICB/SLAM
Support children and young people in care with undiagnosed Neuro Developmental Disorder to avoid escalation into a mental health inpatient hospital. Work collaboratively with NHS Trusts, Children's Social Care, Education and Partners to identify children and young people requiring a diagnosis ensuring the pathways to accessing pre and post diagnostic care/support are in place and fully operational.	Croydon Council/ICB
Ensure a joint response to identified needs of children in care across Education, Children's Social Care and Health including joint funded assessments.	Croydon Council/ICB
Ensure the Emotional Wellbeing Mental Health offer for children and young people in care is responsive to meet continued growing demand and identified needs in line with the Mental Health Transformation programme and the NHS Long Term Delivery Plan, improving access & timeliness for children and young people	Croydon Council/ICB
Improve the health and wellbeing offer for children in care and experienced young people	Croydon Council /ICB

Priority 5: Supporting our older population

Our older residents have told us that to remain healthy and happy and live fulfilling lives:

- They would like to be able to self-care and live independently.
- They would like to have strong community connections and take part in physical and social activities, for example through dedicated physical exercise classes for older people or cultural celebrations.
- They would like to have accessible health and care services and have the information they need in a clear and understandable language.

Key commitments:

- Supporting our residents with long-term conditions, helping them to manage their own conditions and improving the care they receive through Croydon's Proactive and Preventative Care Model.
- Using innovative, data-driven methods, through our Population Health Management Programme, to identify and support residents to manage their frailty and prevent their frailty from progressing.
- Focusing on frailty to ensure people who have been identified as frail are supported in a holistic way.
- Supporting the delivery of Croydon's Dementia Strategic Plan and work with our partners to ensure Croydon progresses as a dementia-friendly borough.
- Working with our Voluntary and Community Sector and our older people to tackle loneliness and social isolation and increase opportunities for physical and social activities.

Supporting our Older Population

Actions	Lead partner
Continue identification of opportunities and interdependencies across existing programme areas for older people. Aiming to align approaches to 1. Develop and deliver services which are evidence based e.g. learning from Older Peoples JSNA (currently in draft), local pilots and national best practice; which reflects resident feedback, addresses health inequalities and reflects local need 2. Ensure that there is equity of provision and service offer to our older residents 3. Focus on a strength-based approach, personalised care and use of community assets to support and maintain independence for as long as possible. 4. Simplify and streamline pathways of care, including use of technology, to improve continuity, reduce duplication and release resource. 5. Ensure a joint approach to implementation of the Council's transformation programme for Adult Social Care	ICB/Croydon Council
Develop Ageing and Dying Well partnership document which sets out the One Croydon Alliance deliverables and expected outcomes for older people for 2025 to 2029.	ICB
Work with partners to support delivery against the Croydon Carers Strategy *NB: Cross Cutting Action*	Croydon Council
Implement the Croydon Dementia Strategy action plans across all relevant programme areas. Monitor progress and impact of the action plan via steering group linked with Croydon Dementia Action Alliance.	Croydon Council
Improve support for people in Croydon living with Frailty. This includes including Frailty & Falls pathways across NHS, Social Care, VCSE and delivery of proactive care via multi-disciplinary teams in the community. Work to be based on gap analysis against model of care and priorities / need across Croydon residents and services	ICB
Review and refresh the Adult Social Care and Health approach to providing information, advice and guidance to residents in an easily accessible way.	Croydon Council

Supporting our Older Population

Actions	Lead partner
Undertake Value for Money review and secure future funding for Frailty Model delivery – including: 1. Ongoing provision of services currently funded via the Better Care Fund 2. The same day emergency care model – learning from current model including approach for ambulance triage and direct conveyancing 3. Prevention / self management approaches linked with Public Health Living Well schemes	ICB
Review the Falls services in line with frailty pathway development and delivery of BCF commitments	ICB
Revise and embed outcome measures and quality metrics for the overall frailty pathway to inform ongoing service development	ICB
Development of communication and engagement approach – including local materials and support - for staff and residents to improve awareness of, and access to, the variety of services available to support independence	ICB
Embedding Frailty awareness across all statutory and VCSE services / teams: 1. Review and rationalisation of existing training programmes to support older people 2. Identify 'quick wins' such as embedding Rockwood scoring into key contacts including e.g. planned / elective care contacts 3. Identifying opportunities for information sharing across systems e.g. EMIS / London Universal Care Plan / Patienteer	ICB
Continue implementation of the Croydon discharge and intermediate care programme and ensure ongoing partnership development and oversight to improve resident outcomes in terms of hospital length of stay and maximising independence following a hospital admission	One Croydon Alliance team
Implementation of a bespoke IT interface, Patienteer, that will support effective and real-time discharges from hospitals into all community pathways.	One Croydon Alliance team

Supporting our Older Population

One Croydon
Your Health and Care partnership

Actions	Lead partner
Work in partnership to develop Intermediate Care provision in Croydon	ICB
Increase the number of Croydon residents accessing reablement services, enabling residents to live more independent lives.	Croydon Council
Work with Community Catalysts to develop a market of accredited micro-enterprises to expand the range of high-quality providers available to residents.	Croydon Council
Self assessment against Enhancing Health and Care Homes Criteria and prioritisation of key actions – early focus on training, digital tools and building relationships with care homes. Where appropriate this will include joint contract management with care homes directly commissioned by the Council. This approach includes consideration of the needs for mental health/learning disability care homes.	ICB
Undertake value for money and stakeholder review of the Care Home telemedicine support service to inform procurement approach for service delivery from September 2026.	ICB
Review and revise the Care Home Locally Commissioned Scheme, including the approach to multi-disciplinary support and weekly GP ward rounds, ensuring continuity linked to current contractual requirements and improving equity of support arrangements across care home residents.	ICB
Review current care home support provision against wider examples of Care Home Support Teams across SWL ICB (including revised community services specifications) to identify opportunities / gaps in service delivery	ICB

Supporting our Older Population

Actions	Lead partner
Develop the approach to collating learning / data for care home residents to inform targeted support: 1. Work with SWL ICB BI team to improve care home resident identification in health insights dashboard based on GP coding 2. Bring together data across partners to consider the impact of key projects and identify challenges within key care homes	ICB
Develop the delivery plan for all age end of life care including: 1. Alignment with and as part of Aging and Dying Well integrated approach 2. Ensure an all age approach	ICB
Align approach for Croydon Residents at end of life with the South West London ICB Hospice Review and Community Services Redesign: - Review End of Life pathway across community, acute, hospice and fast track processes to ensure consistency and smooth transfer of care - Review service specification for hospice service including community care, care home support and community engagement for re-procurement - Review service specification for End of Life Night Sitting (Planned Variable) service, including learning from the Palliative Care Hub approach in Sutton, to inform future service model - Review the End of Life Carers Respite Service caseload to ensure the most appropriate patients are able to access the service	ICB
Engage with stakeholders and communication to underpin development of the End of Life pathway of care	ICB
Embed advance care planning within the London Universal Care Plan for all patients identified as end of life – with multidisciplinary input and review.	ICB

One Croydon
Your Health and Care partnership

Croydon Health Services NHS Trust – transformation plans
NB: Cross Cutting across priorities, but held within the Older People's section

Improving patient flow through the hospital and ensuring safe and timely discharge

- Embedding of optimised board rounds across all wards and roll out of 'criteria to reside' recording to help ensure that patients who no longer need to be in a hospital bed can be discharged and any delays or barriers reduced, to include patients who have no recourse to public funds and / or are homeless
- Embedding of all Integrated Discharge Team roles and new ways of working to support early discharge planning and effective partnership working.
- Embedding of the 'full capacity protocol' for the Emergency Department, so that beds in the wards are made available when they are needed to maintain safe care across the hospital site
- Carrying out of regular Multi Agency Discharge Events (MADE) and Perfect Week events throughout the year to support improved ways of working
- Use of the Same Day Emergency Care Team to support residents to return home after attending the Emergency Department without requiring admission to a hospital ward

Increasing productivity in operating theatres and minimizing waiting times for elective procedures

- Ensuring the capacity in theatres aligns to demand.
- Continuing to develop Croydon Elective Centre to ensure that elective care can continue to take place whilst also managing demand for unplanned care.
- Focusing on 'Getting it right first time' (GIRFT) for patients coming into the hospital for elective procedures, including adherence to GIRFT for pre-assessment to avoid duplication in assessment and ensure quality care.
- Introduction of stock management systems to increase productivity and efficiency
- Improving consent processes and piloting of E-Consent
- Optimising the flow of patients using Same Day Emergency Care

Increasing productivity in Outpatients

- Empowering patients to have ownership of follow up appointments through Patient Initiated Follow Up (PIFU) in relevant areas to prevent unnecessary appointments and reduce 'Did Not Attend' (DNA) rates.
- Improving communication with patients, including through technology where that is the patient's preference.
- Effective planning of Outpatient Clinics and Theatres to ensure capacity aligns with demand.
- Digitising communication between the Trust and GPs.
- Aligning standard practice across all areas of Outpatients to reduce unwarranted variation in patient experience

Outcomes and quality

Outcomes for the population

The agreed vision for Croydon's health and wellbeing strategy leads us to focus on two overarching outcomes:

The gap in health and wellbeing for those facing the most health inequalities is reduced

All Croydon residents improve their health and wellbeing

A new **Knowledge and Intelligence Partnership** Subgroup is being established in Croydon, to develop the outcomes framework for the next five years. This will be a multi partnership subgroup with representation from the council, health and the voluntary sector and will be responsible for developing the Joint Outcomes Monitoring framework with key performance indicators to track progress for each of the priority areas of the Joint Local Health and Wellbeing (JLHWB) strategy, which underpin the Health and Care Plan.

Initial work has been undertaken by the public health team to review current outcomes frameworks and alignment with the priority areas and there will be a process of engagement to develop this further.

In Croydon, we aspire to be a **learning health and care system**. This is supported by our logic model for quality in health in care, as set out in the two pages that follow.

Quality in Health & Care

If we…	Then…	As a result…by 2026/27
Create safer systems of care that reflect continuous learning and improvement.	We will have a better understanding of how we learn from errors, embrace excellent care and adopt best practices.	We will reduce % incidents of harm in healthcare services and make health and care services in Croydon a safer place for patients. We will lead as a **Learning Health and Care System** in Croydon.
Implement the initiatives in the NHS patient safety strategy across Croydon Place and maximise the provision of harm-free care using a variety of measures that continue to inform our health and care providers.	We will improve and embed a safety culture within Croydon to ensure that staff feel safe and able to challenge situations without repercussions.	Croydon will develop a system-based approach to learning from incidents, rather than focusing on individuals.
Act on service users' experience of care and use their feedback, compliments, and complaints to make service improvements that improve the quality of health and care by listening to our Patient Safety Partners across Croydon Place to support this work.	We will ensure those who are under-represented or who cannot speak for themselves are heard. In turn, this will lead to services that are coordinated, inclusive and equitable.	We can start to address health inequalities by considering them when developing policies and plans, and by engaging with people with different needs.
Make continuous improvements of the quality of our health and care based on research, evidence, clinical /NICE quality standards benchmarking and clinical audits	We will reduce unwarranted variation in clinical care, share best practice and embed a learning and improvement culture across the Croydon Place.	Our patients will receive gold standard levels of care based on clinical evidence and their outcomes and experience of services in Croydon will be positive.
Work with our Croydon and South West London healthcare providers and care homes to reduce health care associated infections through embedding best practice, adhering to guidance and sharing learning	We will see a % reduction in outbreaks of infections across Croydon health and care settings, a decrease in closure of places of care e.g wards, care homes etc	We will reduce the % rates of Croydon residents who acquire infections in hospitals and in the community and reduce incidents of harm and poor outcomes.

Quality in Health & Care

If we…	Then…	As a result…
Work with Croydon's health and care providers to ensure that commissioned organisations meet their statutory safeguarding responsibilities.	We will ensure there are clear leadership and lines of accountability, appropriate policies ,procedures, and safeguarding training so that the Croydon workforce are empowered to protect children and adults at risk of harm.	We will reduce safeguarding incidents, reduce risk and empower, support, and enable people to make safe choices and protect them from harm, neglect, abuse, and breaches of their human rights.
Work with Health providers and Local Authorities to improve the pathways for initial health assessments and reviews guidance.	We would achieve the targets that assessments and reviews are undertaken for children looked after in a timely manner (20 days) in accordance with statue and legislation	We would achieve our target by % and would have improved better outcomes for our Croydon children looked after and would have met their physical and mental health needs. We will also implement an improved quality of health assessments by embedding a robust quality assurance process and reducing unwarranted variation in Croydon.
Meet the requirements set out in the NHS England support offer (May 2023),	We would deliver the phases of the child protection information sharing system. Support the identification of domestic abuse with the use of independent domestic violence advisors working with primary care, and local maternity and neonatal systems	We would reduce serious violence within the healthcare setting and beyond, developing an improvement plan with our community safety partnerships.

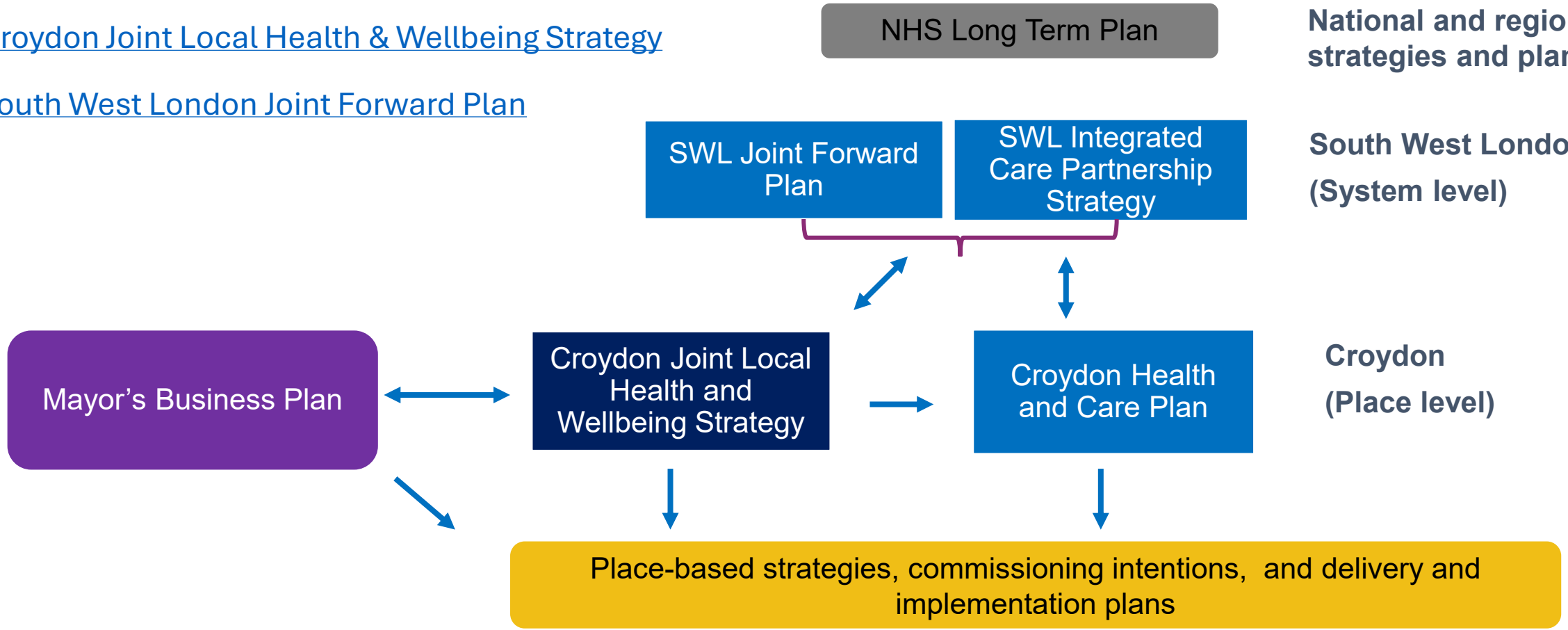
Strategic context - references

Strategic context – system and place

Croydon Mayors Business Plan 22-26

Croydon Joint Local Health & Wellbeing Strategy

South West London Joint Forward Plan



Alignment of strategic priorities for place and system

Croydon Health and Wellbeing Strategy's strategic priorities	South West London Integrated Care Partnership's priority areas	Mayor of Croydon's Business Plan outcomes
Good mental health and wellbeing for all	Positive focus on mental wellbeing	People can lead healthier and independent lives for longer
Supporting residents to eat, sleep and have heat	Tackling and reducing health inequalities	Croydon is a place of opportunity for business, earning and learning
Healthy, safe, connected neighbourhoods and communities	Preventing ill health, promoting self-care and supporting people to manage their long-term conditions	Croydon is a cleaner, safer and healthier place, a borough we're proud to call home People can lead healthier and independent lives for longer
Supporting our children, young people and families	Supporting the health and care needs of children and young people	Children and young people in Croydon have the chance to thrive, learn and fulfil their potential
Supporting our older population	Community based support for older and frail people	People can lead healthier and independent lives for longer

References

This plan connects with key organisational strategies and plans that impact across the strategic priorities.

These include:

- The Croydon Health and Wellbeing Strategy 2024-2029 Appendix 1. Croydon JLHWS 2024-29.pdf
- The Mayor's Business Plan - Croydon Mayors Business Plan 22-26
- Future Croydon, the Council's Transformation Plan for 2024-2029 REPLACEMENT-UPDATE - Appendix 1 - Transformation Plan.pdf (croydon.gov.uk)
- Croydon Health Service NHS Trust's Five Year Strategy 2023-2028 Five year strategy (2023-2028) | Croydon Health Services NHS Trust
- The Locality Community Plans developed by Local Community Partnerships Local Community Partnerships - Croydon Voluntary Action (cvalive.org.uk)
- The South West London Primary Care Strategy
- The South West London All Age Mental Health Strategy Our Mental Health Strategy for South West London - NHS South West London Integrated Care Board
- The South West London NHS Joint Forward Plan SWLICBJFP_June2023Final.pdf
- The South West London Integrated Care Partnership Strategy South West London Integrated Care Partnership Strategy 2023-2028
- South London and the Maudsley NHS Trust's five year strategy Our strategy. South London and Maudsley NHS Foundation Trust's operational strategy.
- NHS England Operating Guidance NHS England » NHS operational planning and contracting guidance
- Healthwatch - Health inequalities report for the Croydon Health and Care Plan - https://www.healthwatchcroydon.co.uk/report/2025-03-25/health-inequalities-report-croydon-health-and-care-plan

Please send any feedback on this document to the One Croydon Alliance team via one.croydon.alliance@croydon.gov.uk