

## **HEALTH & WELL-BEING BOARD (CROYDON)**

### **To: Elected members of the council:**

Councillors Alisa FLEMMING, Yvette HOPLEY, Maggie MANSELL (Chair), Margaret MEAD (Vice-Chair), Louisa WOODLEY

### **Officers of the council:**

Paul GREENHALGH (Executive Director of Children, Families & Learning)  
Hannah MILLER (Executive Director of Adult Services, Health & Housing)  
Dr Mike Robinson (Director of public health)

### **NHS commissioners:**

Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group)  
Dr Jane FRYER (NHS England)  
Paula SWANN (NHS Croydon Clinical Commissioning Group)

### **Healthwatch Croydon**

Vanessa HOSFORD (Healthwatch Croydon)

### **NHS service providers:**

Steve DAVIDSON (South London & Maudsley NHS Foundation Trust)  
John GOULSTON (Croydon Health Services NHS Trust)

### **Representing voluntary sector service providers:**

Kim BENNETT (Croydon Voluntary Sector Alliance)  
Steve PHAURE (Croydon Voluntary Action)  
Nero UGHWUJABO (Croydon BME)

### **Representing patients, the public and users of health and care services:**

Mark JUSTICE (Croydon Charity Services Delivery Group)  
Karen STOTT (Croydon Voluntary Sector Alliance)

### **Non-voting members:**

Ashtaq ARAIN (Faiths together in Croydon)  
Marie T BROWN (Croydon College)  
TBA (Metropolitan Police)  
Adam KERR (National Probation Service (London))  
David LINDRIDGE (London Fire Brigade)  
Andrew McCOIG (Croydon Local Pharmaceutical Committee)  
Lissa MOORE (London Probation Trust (Croydon))

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Thursday 11th September 2014 at 2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

JULIE BELVIR  
Council Solicitor & Monitoring Officer,  
Director of Democratic & Legal Services,  
London Borough of Croydon  
Bernard Weatherill House  
8 Mint Walk  
CR0 1EA

MARGOT ROHAN  
Senior Members Services Manager  
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www.croydon.gov.uk/agenda  
2 September 2014

Members of the public have the opportunity to ask questions relating to items on this agenda of the Health & Wellbeing Board, either in advance or at the meeting, at the discretion of the chair.

Written questions should be addressed to:

Margot Rohan, Democratic Services & Scrutiny, Bernard Weatherill House, 4th Floor Zone G, 8 Mint Walk, Croydon CR0 1EA or email: [margot.rohan@croydon.gov.uk](mailto:margot.rohan@croydon.gov.uk)

Questions should be of general interest, not personal issues. Written questions for raising at the meeting should be clearly marked.

Other written questions will receive a written response to the contact details provided (email or postal address) and will not be included in the minutes.

There will be a time limit for questions which will be stated at the meeting.

Responses to any outstanding questions at the meeting will be included in the minutes.

## **AGENDA - PART A**

### **1. Minutes of the meeting held on Wednesday 16th July 2014 (Page 1)**

To approve the minutes as a true and correct record.

### **2. Apologies for absence**

### **3. Disclosure of Interest**

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality in excess of £50. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Business Manager at the start of the meeting. The Chairman will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

### **4. Urgent Business (if any)**

To receive notice from the Chair of any business not on the Agenda which should, in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

Better Care Fund 2014-15:

The report of the Executive Director of Adult Services, Health & Housing and the Chief Officer, Clinical Commissioning Group will follow.

Reasons for urgency: The special circumstances for non-compliance with

Access to Information Procedure Rule 5.01/Section 100B(4) of the Local Government Act 1972 (items not to be considered unless open to inspection at least 5 days before the meeting) are that the BCF Executive will be approving the papers on 8 September and the submission date for the Croydon BCF Plan is 19th September 2014. As this is such a significant piece of legislative change, joint work is needed to meet the requirements of NHS England.

**5. Exempt Items**

To confirm the allocation of business between Part A and Part B of the Agenda.

**6. Adults safeguarding board annual report (Page 9)**

The report of the Executive Director of Adult Services, Health & Housing is attached.

**7. Children's safeguarding board annual report (Page 15)**

The report of the Executive Director of Adult Services, Health & Housing is attached.

**8. Public Questions**

For members of the public to ask questions relating to the work of the Health & Wellbeing Board.

Questions should be of general interest, not personal issues.

There will be a time limit of 15 minutes for all questions. Anyone with outstanding questions may submit them in writing and hand them to the committee manager or email them to: Margot.Rohan@croydon.gov.uk, for a written response which will be included in the minutes.

**9. Report of the Chair of the Executive Group (Page 19)**

The report of the Executive Group is attached, covering the Work Programme and Risk Register.

**10. FOR INFORMATION  
"Somewhere to go, Something to do"**

A survey of views of people Using Mental health Day services in Croydon - Richard Pacitti (MIND)

**11. Camera Resolution**

To resolve that, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

## **AGENDA - PART B**

None

**HEALTH & WELL-BEING BOARD (CROYDON)**  
**Minutes of the meeting held on Wednesday 16th July 2014 at 2pm in**  
**The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**

**Present:**        **Elected members of the council:**  
Councillors Sue BENNETT, Yvette HOPLEY, Maggie MANSELL,  
Louisa WOODLEY

**Officers of the council:**  
Jane DOYLE (Director of Community & Support Services)  
Hannah MILLER (Executive Director of Adult Services, Health &  
Housing)  
Dr Mike ROBINSON (Director of public health)

**NHS commissioners:**  
Dr Tony BRZEZICKI (NHS Croydon Clinical Commissioning Group)  
Paula SWANN (NHS Croydon Clinical Commissioning Group)

**Healthwatch Croydon**  
Not represented

**NHS service providers:**  
Steve DAVIDSON (South London & Maudsley NHS Foundation  
Trust)  
Karen BREEN (Croydon Health Services NHS Trust)

**Representing voluntary sector service providers:**  
Sara MILOCCO (Croydon Voluntary Action)

**Representing patients, the public and users of health and care  
services:**  
Stuart ROUTLEDGE (Croydon Charity Services Delivery Group)

**Non-voting members:**  
Ashtaq ARAIN (Faiths together in Croydon)  
Marie T BROWN (Croydon College)  
Beran PATEL (Croydon Local Pharmaceutical Committee)  
Selene GRANDISON (National Probation Service (London))

**Also present:**  
Solomon Agutu (head of democratic services & scrutiny), Fiona  
Assaly (Project co-ordinator, Public Health, Croydon Council),  
Councillor Pat Clouder, Jenny Hacker (Consultant in Public Health),  
Tina Hickson (Associate Director Nursing Family Services, Croydon  
Health Services NHS Trust), David Mills (Media Relations Officer,  
Croydon Council), Anna Kitt (Health Improvement Principal, Public  
Health Croydon), Sarah Nicholls (Consultant in Public Health),  
Steve Morton (head of health & wellbeing, Croydon Council),  
Michelle Rahman (Interim Director of Quality and Governance,  
Croydon CCG), Dwynwen Stepien (Head of Early Intervention and  
Family Support, Croydon Council), Councillor Andrew Rendle  
(Deputy Cabinet Member for People & Communities), Brenda

Scanlan (Director of Adult Care Commissioning, Croydon Council), Stephen Warren (Director of Commissioning Designate, CCG) and Linda Wright (Head of Inclusion, Learning Access and SEN)

**Committee Manager:** Margot Rohan (senior members' services manager)

**A27/14 APPOINTMENT OF CHAIR**

Solomon Agutu, Head of Democratic Services and Scrutiny, took the chair for this item and asked for proposers and seconders for Chair and Vice-Chair, who were duly elected as follows:  
Chair: Councillor Maggie Mansell - proposed by Councillor Louisa Woodley and seconded by Hannah Miller  
Vice-Chair: Councillor Margaret Mead - proposed by Councillor Yvette Hopley and seconded by Councillor Maggie Mansell.

**A28/14 MINUTES OF THE MEETING HELD ON WEDNESDAY 26TH MARCH 2014**

The Board **RESOLVED** that the minutes of the meeting of the Health & Wellbeing Board (Croydon) on 26 March 2014 be agreed as an accurate record.

**A29/14 APOLOGIES FOR ABSENCE**

Apologies were received from Dr Agnelo Fernandes, Councillor Alisa Flemming, John Goulston, Paul Greenhalgh, Vanessa Hosford, Mark Justice, David Lindridge, Andrew McCoig, Councillor Margaret Mead, Steve Phaire and Karen Stott.

**A30/14 DISCLOSURE OF INTEREST**

There were no disclosures of pecuniary interest at this meeting.

**A31/14 URGENT BUSINESS (IF ANY)**

**Reform of services for children who will be subject to education, care and health plans**

It was agreed this would be considered after item 12.  
The reason for urgency: the Children and Families Act 2014 becomes enacted in September, before the next meeting of the Board, and this aims to provide assurance to the partnership of our collective readiness to being implementation of the significant reforms relating to SEN.  
Jane Doyle, Director of Community & Support Services, introduced the briefing note.

Linda Wright, Head of Inclusion, Learning Access and SEN, gave a brief explanation.

The Board **NOTED** the briefing note.

**A32/14 EXEMPT ITEMS**

There were no exempt items.

**A33/14 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

Dr Mike Robinson introduced the report and explained that the director of public health's annual report normally focuses on a particular theme. This year's report focused on the New Addington & Fieldway community. Dr Robinson reported that this is a deprived area and suffers from significant health challenges. The report, however, takes an asset based approach and examines local assets and the ways in which the local community and its people are working to improve their health. A discussion followed. It was pointed out that by focusing only on the positive an opportunity may have been missed to identify needs. There was also a request for more comparative data on the health of the local population in order to inform service provision. Dr Robinson said that his team could make this information and also made the suggestion that an update report be produced in a year's time, alongside the next Annual Report.

The Board **RESOLVED** to endorse the Annual Public Health Report for 2014, having considered the public sector equality duty and the Joint Health and Wellbeing Strategy.

**A34/14 FOCUS ON OUTCOMES: PRESSURE ULCERS IN THE COMMUNITY**

Michelle Rahman, Interim Director of Quality and Governance, Croydon CCG, gave a Powerpoint presentation (attached).

A discussion followed on the issue of how to raise awareness of pressure ulcers in the community, in order to prevent them occurring, as well as treating those which still occur.

The Board **RESOLVED** to extend the work initiated by Croydon Health Services, by leading public awareness campaigns with the public, patients and carers, including galvanising the support of voluntary sector organisations to assist in the focus of reducing the risk of pressure ulcers developing at home.

The Board recommended that a task and finish group be set up following the stakeholder event in August.

**A35/14 JSNA 2013/14 HEALTHY WEIGHT CHAPTER FINAL DRAFT**

Anna Kitt, Health Improvement Principal, Public Health Croydon, and Sarah Nicholls, Consultant in Public Health, highlighted the main points of the report.

There was a discussion including a question on how the proliferation of fast food outlets could be addressed. Dr Mike Robinson stressed that the Croydon Heart Town project includes an 'Eat Well' project, which will encourage fast food businesses to offer healthier choices.

The Board **RESOLVED** to:

1. approve the document in principle and delegate final approval of any further amendments to the responsible directors;
2. endorse the recommendations of the rapid Healthy Weight JSNA.

**A36/14 JSNA 2014/15 KEY CHAPTER TOPICS**

Jenny Hacker, Consultant in Public Health, gave a brief summary of the report.

The Board **RESOLVED** to agree to needs assessments taking place, a part of the annual JSNA cycle, on the following in 2014-15:

- Service provision for the over 65s
- Respiratory illness, children and young people
- Maternal health

**A37/14 JOINT MENTAL HEALTH STRATEGY**

Paula Swann introduced the report. Stephen Warren, Director of Commissioning Designate for Croydon Clinical Commissioning Group, and Brenda Scanlan, Director of Adult Care Commissioning, Croydon Council, summarised the highlights of the report.

The Board **DISCUSSED** and **COMMENTED** on the report, making the following points:

- Need for mental health services to work differently with Primary Care
- Intervention strategy needed to ensure patients continue with their medication
- Vital to work more closely with primary care, including pharmacies
- GP infrastructure needs to include having a mental health specialist in each cluster



- GP training in mental health issues crucial to the development of the strategy

**A38/14**

**CHILDREN'S PRIMARY PREVENTION PLAN**

Dwynwen Stepien, Head of Early Intervention Support Service, Children, Families & Learning (Croydon Council) and Tina Hickson, Associate Director Nursing Family Services (Croydon Health Services NHS Trust), gave a presentation to illustrate the main points of the report.

Dr Mike Robinson recommended that the development of this initiative should be brought back to the Board, to look at it further in relation to the review and refresh of the joint health and wellbeing strategy later in the year.

It was noted by the CCG that the paper had inadvertently included maternity services which were outside of the scope of the delivery model review.

The Board **RESOLVED** to recommend that consultation and engagement on the development of a new integrated delivery model of services to children under five and their parents be designed around the needs of families, to ensure a more effective service delivery.

**A39/14**

**PUBLIC QUESTIONS**

Anne Milstead asked a question regarding public consultation:

*"The NHS Constitution quite clearly states that, " the NHS belongs to us all" and in the document, Transforming Participation in Health and Care, by NHS England, it says, under s. 14Z2 of the Health and Social Care Act 2012:*

*Public Involvement and Consultation by Clinical Commissioning Groups – Legal Duties for Clinical Commissioning Groups and NHS England - "the Clinical Commissioning Group must make arrangements to secure that individuals to whom the services are being or may be provided are involved in the planning of the commissioning arrangements by the group*

*a) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals, or the range of services available to them and*

*b) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact*

*c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact*

*My question is:*

*Exactly with which patients and public did the CCG “make arrangements to secure that individuals to whom the services are being or may be provided are involved” when they made the first decision to downgrade the services and reduce the hours in New Addington and Purley Hospital before they made the announcement at the CCG Board meeting in May, 2013?”*

As this was an operational question, Paula Swann agreed to have the information circulated, as agreed at the CCG Board meeting, when the same question was asked. The information is below:

*“A written question was received from Anne Milstead who asked why the CCG had not taken action on legible, large-lettered, easy to read from the footpath, signs about new opening hours outside New Addington and Purley. There was a sign outside Edridge Road and there was a large banner advertising for new patients outside Parchmore, so why was there no signage outside New Addington and Purley? In addition exactly which group of patients and public did the CCG consult and engage with before the CCG took the decision to reduce the hours bearing in mind that this was first announced, without notice, in May 2013?*

*Stephen Warren responded that as part of the CCG’s wider communication plan about the minor injuries unit at Purley and Parkway it had pressed for improvement to signage at both sites. Although some progress had been made the CCG had asked for additional options to be explored including large signs and banners outside each site The CCG was currently working with the service providers, site owners and NHS Property Services to find a suitable solution.*

*With regard to engagement, the changes had been discussed at the CCG Governing Body meetings in public on a number of occasions with final agreement being given on 24 September 2013. The proposals and local clinical support from GPs, who had discussed them at the Croydon GP clinical networks, were supportive of the need to change the current service model and had been involved in the development of the new service specification. Discussions had been held with the Purley and Woodcote Residents Association (PWRA) in September 2013 and an offer was made to provide a briefing to the full Executive Committee of the PWRA if required, however, no concerns, feedback or representations were received. Briefings were also provided to all local councillors, Croydon MPs, the Overview and Scrutiny Committee, Health & Wellbeing Chair, Croydon Voluntary Action (CVA), Healthwatch, Croydon Neighbourhood Care Association, the Croydon BME Forum and Diabetes UK, with an offer of follow up meetings to discuss the proposals in detail if required but no concerns feedback or representations were received. The CCG confirmed that it would review the service regularly and would be involving the residents’ associations as part of the review of these changes to share findings and obtain feedback.”*

**A40/14            REPORT OF THE CHAIR OF THE EXECUTIVE GROUP**

Steve Morton drew attention to specific points in the report.

The Health and Wellbeing Board **RESOLVED** to agree proposed changes to the board work plan set out at paragraph 3.3 and to note risks identified at appendix 3.

**A41/14            FOR INFORMATION ONLY**

**CCG Response to a request to update the Croydon Health and Wellbeing Board on the Joint SWL Collaborative Commissioning 5 Year Strategy**

Paula Swann requested any comments to be emailed to her and, if necessary, an update will be given at the next meeting.  
The report was noted.

**A42/14            DATES OF FUTURE MEETINGS IN 2014**

The next meeting of the Health and Wellbeing Board will be on **Thursday** 11 September in the Council Chamber, Croydon Town Hall. The start time in the afternoon will be announced later.

The meeting finished at 4:50pm.

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>11 September 2014</b>
<b>AGENDA ITEM:</b>	<b>6</b>
<b>SUBJECT:</b>	<b>Annual Report of the Croydon Safeguarding Adults Board.</b>
<b>BOARD SPONSOR:</b>	<b>Hannah Miller, Executive Director of Adult Services, Health &amp; Housing &amp; Deputy Chief Executive, Croydon Council</b>
<b>WARDS:</b>	<b>All</b>

**CORPORATE PRIORITY/POLICY CONTEXT:**

Part of Croydon Council's Corporate Plan is to protect vulnerable people. This report details the work carried out by social work staff in investigating concerns regarding the abuse of vulnerable adults. It also sets out the preventative agenda which is being pursued through joint working arrangements between the Council, the Croydon Clinical Commissioning Group, Croydon Health Services, the Police and voluntary agencies.

Both the investigation of abuse and the preventative work supports another key Corporate priority of encouraging people to take responsibility in order to understand better how to protect themselves and to become more resilient. The report refers to the shift in practice, led by Making Safeguarding Personal, to move away from a paternalistic approach to safeguarding adults at risk, to ensuring the full involvement of the individual and/or their representative in considering issues of safety and a positive approach to risk taking and risk management.

The report evidences a strong strategic partnership across all agencies, both statutory and voluntary, with regard to the support, wellbeing and empowerment of adults at risk.

**FINANCIAL IMPACT**

n/a

**FORWARD PLAN KEY DECISION REFERENCE NO.:** This is not a key decision

**1. RECOMMENDATION**

1.1 The health and wellbeing board is asked to note and comment on the content of the annual report. The report is being brought to the board as the safeguarding of adults at risk is an important area of work which the council resources. Quality and safety is identified as an improvement area in the joint health and wellbeing strategy. The work of the Safeguarding Adults Board will be placed on a statutory footing under the Care Act. The Annual Report of the Safeguarding Adults Board is signed off by the safeguarding board.

## **2. EXECUTIVE SUMMARY**

- 2.1 The Annual Report of the Croydon Safeguarding Adults Board provides an overview of the work being carried out by Croydon Council and partner agencies with regard to preventative work. This is aimed at improving the safety and wellbeing of adults who are at risk of harm, as well as carrying out enquiries when harm may have occurred. The report sets out the business plan of the Board and the progress being made in achieving its aims. It highlights the importance of joint working and the complexity and challenges of some of the issues which are being addressed on a daily basis by Council staff and by other agencies to support people at risk of harm and to make people safer in the community.
- 2.2 The Board is a partnership of statutory and non-statutory agencies. Its aim is to work to enable people who need help and support to retain independence, wellbeing and choice and to access their right to live a life that is free from abuse and neglect. This Annual Report reflects the work of the partnership in seeking to realise this aim. It provides an overview of the shared work plan developed for improving the effectiveness of safeguarding adults work; the achievements across the partnership and aspirations for the coming year.
- 2.2 With the implementation of the Care Act in 2015, the Safeguarding Adults Board will become a statutory body and must include key statutory agencies, the Council, Health services and Police. Croydon Council has been proactive in already establishing a Safeguarding Board along these lines which has been operational for 12 years.

## **3. DETAIL**

- 3.1 This year's annual safeguarding report focuses on the Safeguarding Board's two year business plan, 2013- 2015 and the progress made to date across the safeguarding partnership. The business plan covers eight key areas of focus with achievements and challenges highlighted in the report.
- 3.2 The report highlights the current work of the safeguarding social work teams to ensure that service users, their wishes and desired outcomes remain at the heart of each and every safeguarding enquiry and that there is a proportionate balancing of positive risk taking and safety. At the core it is important that in making people safe we do not make their live less meaningful by overzealous or disproportionate plans to protect them or by unhelpful interventions in family life.
- 3.3 The prevention of harm also means there needs to be robust work with independent and private providers of care to ensure their services meet a desired standard. The report describes the ongoing work to provide monitoring, training and advice to Croydon's many private care providers who support Croydon residents and residents from other Local Authorities in residential and nursing homes and people living in their own home with the support of domiciliary care. This includes the work of the Care Support Team and of

commissioners who strive to ensure that care is provided in a caring, dignified, safe and empowering way.

- 3.4 Of particular note is the ongoing joint work to strengthen the partnership between agencies with regard to intervening in cases of harm and in order to reduce and prevent incidences of harm. The report also emphasises the partnership focus on robust staff recruitment, development and training to ensure a well-supported workforce. Only people who possess the right values and commitment should be selected to work with people who are vulnerable. They in turn should expect support from their organisation to carry out what at times may be a physically and emotionally demanding job, but one, that with the right approach, can also be extremely rewarding. The Dignity in Care agenda lies at the heart of this philosophy. Recent publicity of incidences of poor practice and at times criminal abuse in care services highlights the real importance of getting this right.
- 3.5 Helping people who are in need of services to lead safe and meaningful lives also requires a clear focus on their own expectations, hopes and wishes. The report highlights the work around Making Safeguarding Personal and what has been done during the past year to make this a reality for people. As a result of Making Safeguarding Personal some key changes have occurred:
- Safeguarding meetings are held at the adult at risk's home when this is the preferred choice.
  - The adult at risk or their representative is invited to all meetings, including the initial strategy meeting to agree how the matter should be taken forward.
  - Making sure we find out what the adult at risk wants to happen rather than following a set process.
  - More use of advocacy services for adults at risk.
  - Enabling people to exert real choice even when there is some degree of risk remaining – there is no point making someone safe if in doing so, we restrict their life so much that they are miserable as a consequence.
  - Seeking feedback at the end of the safeguarding process to check that what we have done has made a positive difference to the person at the centre of it all.
- 3.6 The report also includes information about the outcomes from an external file audit of safeguarding adults work carried out by Tony Benton, independent auditor with extensive experience of regulatory work, on behalf of the Council's Adult Social Care Service in partnership with relevant agencies. This builds on an audit of the previous year and demonstrates continuous improvement as well as identifying areas for further development. The audit concluded that: 'safeguarding practice is safe, secure and 'solid' within a largely traditional safeguarding paradigm' and the report gives details of areas for development and progress being made, which fits well with the Making Safeguarding Personal work already underway.
- 3.7 Mention is also made of the application of the Mental Capacity Act as it relates to people who may lack capacity to make important decisions for themselves. This is a complex subject and work is ongoing across the partnership to strengthen practice to meet this challenge. It is vitally important that all people working with adults at risk are able to support people to make their own

decisions as far as possible. Included is some of the ongoing work being done to strengthen practice in this area.

- 3.8 The report presents statistical data from safeguarding investigations during the past year and what this may tell us about how well we are protecting people from harm. We have seen a small rise in the number of safeguarding investigations carried out, from 858 investigations in 2012/13 to 882 investigations during 2013/14. In total there were 1406 safeguarding concerns raised and which were considered through initial fact finding, of which 882 progressed to a full safeguarding investigation. This represents increasing recognition of abuse and willingness to report it. As well as the work of the Croydon Safeguarding Adults Board to raise awareness of abuse across the community, it is likely that recent television programmes highlighting abuse have also contributed to an increasing refusal to tolerate harm towards people at risk.
- 3.9 The data shows that the people most at risk of harm in the younger age ranges (18 to 64) are people with a learning disability. This group makes up a significant proportion of younger adults who are likely to be at risk or harm. 220 safeguarding investigations were carried out for younger adults with learning disability compared with 191 investigations for all the other groups of people at risk, (such as physical disability, mental health issues, substance abuse). As people age, health and mental capacity may deteriorate leaving the older age groups more at risk of harm. Overall there were 530 abuse investigations carried out for physically disabled or frail people of all ages compared with 225 investigations for people with a learning disability across all ages.
- 3.10 The statistics show us that there is still a discrepancy in the numbers of reported abuse cases for white citizens compared with black and minority ethnic citizens. This may reflect that Croydon's older population is less ethnically diverse than amongst the younger age groups but it is also likely to be the result of the barriers that may still exist for some minority groups in recognising abuse and having the confidence to report it. The report gives an example of joint work between Adult Social Services, the BME forum and other voluntary sector organisations to raise awareness and confidence around adult safeguarding within BME communities.

#### **4. CONSULTATION**

- 4.1 This report is on behalf of the Safeguarding Adults Board. It contains reports and submissions from partner agencies and has been circulated for comment and amendment. Notably there are reports from Croydon Health Services, Croydon Clinical Commissioning Group, South London and Maudsley NHS and the Metropolitan Police as well as reports from the voluntary sector. The Board's business plan, which lies at the heart of this report, was developed as a collaborative exercise by Board members.
- 4.2 The report will be available on the Croydon Council website alongside earlier years' reports.



## **5. EQUALITIES IMPACT**

- 5.1 The report deals with two protected groups – older age and disability. It also breaks down data in terms of ethnic groups.
- 5.2 The report demonstrates that there are still some inequalities in terms of adult safeguarding activity and ethnic groupings. There is a higher number of safeguarding enquiries carried out for the white population compared with other ethnic groups. The inequalities are in part explained by the demographics of Croydon which are likely to have a higher proportion of white citizens amongst the older age groups who are represented in much of the safeguarding activity. However we also know that many people are not confident in recognising abuse and may not have the confidence to report it to statutory bodies and may be concerned about the consequences if they do report abuse. We know that people from ethnic minority groups may be especially disadvantaged in reporting abuse for these reasons. For some people there may be language barriers or cultural barriers at work.
- 5.3 The report indicates that work is ongoing to reduce inequalities that may derive from certain groups feeling less confident or able to recognise and report abuse and gives the example of training sessions jointly led between the Adult Social Services safeguarding coordinator and the community worker in the BME forum.

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**CONTACT OFFICER:** Kay Murray, Head of Professional Standards, Croydon Council  
[kay.murray@croydon.gov.uk](mailto:kay.murray@croydon.gov.uk) Tel: 020 8405 6711

**APPENDIX: Annual Report** (available online:  
<http://egeprapwv01lc.lbcbau.croydon.net/akscroydon/images/att4151.pdf>)

### **BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972**

None

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<b>REPORT TO:</b>	<b>Health and Wellbeing Board (Croydon)</b> <b>11 September 2014</b>
<b>AGENDA ITEM:</b>	<b>7</b>
<b>SUBJECT:</b>	<b>Local Safeguarding Children's Board</b> <b>Annual Report 2013-2014</b>
<b>BOARD SPONSOR:</b>	<b>Paul Greenhalgh, Executive Director, Children, Families &amp; Learning, Croydon Council</b>

**CORPORATE PRIORITY/POLICY CONTEXT:**

The Children's Safeguarding Board is a statutorily required body in each local authority. It is independently chaired. Its key role is to enable agencies to hold each other to account to secure effective safeguarding arrangements for children in the local authority area. It is a Regulatory requirement that the chair of the Board reports annually to the Council regarding issues of safeguarding children.

**FINANCIAL IMPACT**

N/A

**KEY DECISION REFERENCE NO.:** This is not a key decision

**1. RECOMMENDATIONS**

- 1.1 to inform the Health and Wellbeing Board of the Annual Report of the Local Safeguarding Children's Board, and to hold to account the Health and Wellbeing Board for its role in relation to safeguarding children in health services.

**2. EXECUTIVE SUMMARY**

- 2.1 The annual report details the activity and effectiveness of the Croydon Safeguarding Children Board (CSCB) between April 2013 and March 2014. The report is submitted by the independent chair of the Safeguarding Board, which ensures that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding children. The report has been prepared by Paul Fallon, who was chair of the Board up to 31<sup>st</sup> July 2014. A new chair, Catherine Doran, has been appointed and has now taken up the role. The report identifies how relevant organisations involved in safeguarding children have discharged their responsibilities both individually and as a group, how the CSCB functions in holding agencies to account for safeguarding children in Croydon. The report also includes the CSCB Business Plan for 2014 /15. This report sets out the key priorities for the Board for the current year. The report is provided as an e-copy please use this link to access the report from the Council's website.

### 3. DETAIL

3.1 The CSCB was created in order to be compliant with the requirements of the Children Act 2004, which established Local Safeguarding Children's Boards. These Boards have the statutory functions of co-ordinating the work of local agencies in relation to safeguarding, promoting the welfare of children in the area and ensuring the effectiveness of agencies in this respect. Further guidance on the responsibilities of Safeguarding Boards is set out in '*Working Together 2013*', which is the key Government Guidance on multi-agency arrangements for safeguarding children. Croydon's Local Safeguarding Board is independently chaired, and the independent chair is accountable to the Council Chief Executive. These arrangements are set out in *Working Together*. The Council hosts the support functions of the board.

3.2 In November 2013, Local Safeguarding Children's Boards became subject to inspection by Ofsted as part of their single Inspection of Children in Need of Protection and Looked After Children. Inspections take place on a three year cycle.

3.3 The CSCB must ensure that all agencies continue to offer and develop services to safeguard children. It does so through a number of sub-groups which in turn report to the main Board.

#### 3.4 **Developments**

There were a number of significant developments in services to safeguard children during 2013-14:

- The board's structure was completely realigned and refocused to maximise efficiency and achieve a concentration on the key issues.
- The 'Strengthening Families' approach to Child Protection case conferences was fully embedded to positive effect, as identified through external review.
- Good progress has been achieved in relation to the quantity and quality of performance information available to the board.
- The quality of data has improved following the implementation of a new Children's Recording System (CRS) in October 2013 in Children's Social Care and Family Support.
- We continued to develop practice in tracing and protecting missing children and children who are sexually exploited by working closely with colleagues from Police, Health, Education and Voluntary agencies.
- We have clarified the relationships between the various governance structures and Boards that cover this area of work. Relationships between the Children and Adults Safeguarding Boards, the Health and Wellbeing Board, the Safer Croydon Partnership and Community Safety have been strengthened.
- The last year has seen a very extensive training programme designed to ensure that the relevant practice lessons from Serious Case Reviews are learned.

- The Multi-Agency Safeguarding Hub (MASH) was established, to provide a single point of assessment and pathway into early help or statutory services.
- We continued to focus on domestic violence in the borough and relevant training has been delivered to staff across agencies.
- The CSCB website is now live, which is improving our ability to communicate the board's key messages across the partnership and with the public.

### 3.5 **Areas for Development**

The CSCB also has to look forward and plan for future developments. The Business Plan for 2014-15 is attached to the Annual Report for 2013-14. The areas for future developments are:

- Embed the growing strengths in quality assurance and ensure it drives further improvements in safeguarding practice.
- In the light of the summer 2014 needs assessment, to keep under review agencies' responses to a growing, and more deprived, population and greater demand, in the context of public finance restraint, and to ensure any required mitigating actions are in place.
- Embed growing strengths in learning, training and development, and lessons from Serious Case Reviews.
- Further strengthen partnerships and a whole system approach in early help.
- Further embed improvements in missing children and children who have been sexually exploited.
- Review the partnership's approach to safeguarding children under the age of one.
- Develop a strategy for addressing female genital mutilation.
- Further strengthen 'think family' approaches, particularly in relation to children who have mental health problems, domestic violence and substance misuse issues.
- Strengthen the engagement with local communities and develop the use of feedback from children and parents.

**CONTACT OFFICER:** Paul Greenhalgh, Executive Director - CFL

**APPENDIX: Annual Report** (available online:  
<http://egeprapwv01lc.lbcbau.croydon.net/akscroydon/images/att4149.docx>)

**BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972**

None

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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>11 September 2014</b>
<b>AGENDA ITEM:</b>	<b>9</b>
<b>SUBJECT:</b>	<b>Report of the chair of the executive group: incorporating risk register and board work plan</b>
<b>LEAD OFFICER:</b>	<b>Hannah Miller, executive director of adult services, health and housing &amp; deputy chief executive, Croydon Council</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>	
The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.	
<b>FINANCIAL IMPACT:</b>	
None	

<b>1. RECOMMENDATIONS</b>
The health and wellbeing board is asked to: <ul style="list-style-type: none"> <li>• Note risks identified at appendix 2</li> <li>• Note changes to the board work plan set out in paragraphs 3.7 and 3.8</li> </ul>

**2. EXECUTIVE SUMMARY**

2.1 The health and wellbeing board agreed its work plan for 2013/14 at its meeting on 24 April 2013. The work plan is regularly reviewed by the executive group and the chair. This paper includes the most recent update of the board work plan at appendix 1.

2.2 A number of strategic risks were identified by the board at a seminar on 1 August 2013. The board agreed that the executive group would keep these risks under review. A summary of risks is at appendix 2.

**3. DETAIL**

3.1 The purpose of health and wellbeing boards as described in the Health and Social Care Act 2012 is to join up commissioning across the NHS, social care, public health and other services that the board agrees are directly related to health and wellbeing, in order 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.

### **Work undertaken by the executive group**

3.2 The board seminar on 1 August 2013 recommended that the chair of the executive group reported regularly to the board on the work undertaken by the executive group on behalf of the board. Key areas of work for the executive group in July and August 2014 are set out below:

- Review of the work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy
- Review of progress with the new pharmaceutical needs assessment
- Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership
- Review of board strategic risk register
- Review of responses to public questions and general enquiries relating to the work of the board

### **Board work plan**

3.7 Changes to the board work plan from the version agreed by the board on 16 July 2014 are summarised below. Changes were discussed by the executive group on 15 July 2014 and with the chair on 25 July 2014. This is version 31.0 of the work plan. The work plan is at appendix 1.

3.7.1 Items on improving outcomes in general practice; and learning disability partnership group update moved to 22 October 2014

3.7.2 New item on Better Care Fund for 11 September 2014

3.7.3 Items on safeguarding adults and safeguarding children moved from 22 October to 11 September 2014

3.7.4 Item on improving outcomes: household income and health moved from 22 October to 25 March 2015.

3.8 A board away day was to have been held on 16 June 2014 to take forward the review and refresh of the joint health and wellbeing strategy. This has now been deferred until 7 November 2014.

### **Risk**

3.6 Risks identified by the board are summarised at appendix 2. The executive group regularly review the board risk register. There has been on change to risk ratings since the board meeting on 16 July 2014. Risk LSPHC0008 Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data has been down rated from a risk rating of 20 to a rating of 16 due to the establishment of the integrated commissioning unit and ongoing work to address data sharing issues.

## **4. CONSULTATION**

4.1 A number of topics for board meetings have been proposed by board members. These have been added to a topics proposals list on the work plan. Board members were asked to indicate their priorities from this list through a short survey circulated at the beginning of September 2013. The executive group on 22 October 2013 asked the head of health and wellbeing to review topics covered at previous board and shadow board meetings and cross check



against health and wellbeing board priorities to identify potential gaps. Recommendations were taken to the chair's meeting on 24 January 2014 and are reflected in the work plan.

## **5. SERVICE INTEGRATION**

- 5.1 All board paper authors are asked to explicitly consider service integration issues for items in the work plan.

## **6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 6.1 Where there are financial or risk assessment considerations board paper authors must complete this section and gain sign off from the relevant lead finance officer(s). Where there is joint funding in place or plans for joint funding then approval must be sought from the lead finance officer from both parties.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Advice from the council's legal department must be sought on proposals set out in board papers with legal sign off of the final paper.

## **8. HUMAN RESOURCES IMPACT**

- 8.1 Any human resources impacts, including organisational development, training or staffing implications, should be set out for the board paper for an item in the work plan.

## **9. EQUALITIES IMPACT**

- 9.1 The health and wellbeing board, as a committee of the council, has a statutory duty to comply with the provisions set out in the Equality Act 2010. The board must, in the exercise of all its functions, have due regard to the need to comply with the three arms or aims of the general equality duty. Case law has established that the potential effect on equality should be analysed at the initial stage in the development or review of a policy, thus informing policy design and final decision making.
- 9.2 Paper authors should carry out an equality analysis if the report proposes a big change to a service or a small change that affects a lot of people. The change could be to any aspect of the service – including policies, budgets, plans, facilities and processes. The equality analysis is a key part of the decision-making process and will be considered by board members when considering reports and making decisions. The equality analysis must be appended to the report and have been signed off by the relevant director.
- 9.3 Guidance on equality analysis can be obtained from the council's equalities team.

**CONTACT OFFICER:** Steve Morton, head of health and wellbeing, Croydon Council [steve.morton@croydon.gov.uk](mailto:steve.morton@croydon.gov.uk), 020 8726 6000 ext. 61600

## **BACKGROUND DOCUMENTS**

None

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## HWB work plan version 31.0

### Topic proposed: date to be agreed

Fairness Commission  
Update on integrated care / Transforming Adult Community Services  
Mental health commissioning

Date	Item	Purpose	Board sponsor	Lead officer / report author
11 September 2014	Better Care Fund	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	Adults' safeguarding board annual report	Information	Hannah Miller	Kay Murray
	Children's safeguarding board annual report	Information	Paul Greenhalgh	Steve Love
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Risk register</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton
1 October 2014	Board public engagement event: joint health and wellbeing strategy review			
22 October 2014	Focus on outcomes: primary care : general practice	Discussion	Dr Jane Fryer	tbc
	Update on Heart Town <ul style="list-style-type: none"> <li>• NHS Health Checks</li> </ul>	Information	Mike Robinson	Katie Cuming / Bevolvy Fearon
	JSNA key dataset 2014/15	Discussion & decision	Mike Robinson	Jenny Hacker / David Osborne
	JSNA 2013/14 homeless households chapter final draft	Decision	Mike Robinson	Jenny Hacker /

## HWB work plan version 31.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
				Dave Morris
	Outcomes based commissioning for over 65s	Information	Paula Swann / Hannah Miller	tbc
	Update on adults with learning disabilities (from April 2013)	Information	Hannah Miller	Alan Hiscutt / Suzanne Culling
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Performance against health and wellbeing strategy indicators (quarterly standing item)</li> <li>• Risk</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Martin Ellender  Malcolm Davies
	Partnership groups report	Discussion & information	Hannah Miller	Steve Morton
10 December 2014	Commissioning intentions 2015/16	Discussion	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson/Jane Fryer	Stephen Warren / Brenda Scanlan / Jane Doyle/PH & NHS England leads tbc
	Health protection update <ul style="list-style-type: none"> <li>• Immunisation &amp; vaccination</li> </ul>	Discussion	Mike Robinson	tba
	Update on dignity and safety	Information	Hannah Miller / Paula Swann	Kay Murray / Fouzia Harrington

## HWB work plan version 31.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Risk</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton
11 February 2015	Focus on outcomes: health and wellbeing of offenders & their families	Discussion	tba	tba
	Pharmaceutical needs assessment final draft for agreement	Decision	Mike Robinson	tbc
	Joint health and wellbeing strategy 2015-20	Decision	Hannah Miller / Paula Swann / Paul Greenhalgh / Mike Robinson	tba
	JSNA 2014/15 chapter drafts	Decision	Mike Robinson	tba
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Performance against health and wellbeing strategy indicators (quarterly standing item)</li> <li>• Risk</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Martin Ellender  Malcolm Davies
25 March 2015	Focus on outcomes: household income and health	Discussion	tba	tba
	Final commissioning intentions 2015/16	Information	Paula Swann/Hannah Miller/Paul	Stephen Warren / Brenda Scanlan / Jane Doyle/PH &

## HWB work plan version 31.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
			Greenhalgh/Mike Robinson/Jane Fryer	NHS England leads tbc
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Risk</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Malcolm Davies

## Appendix 1b Summary record of topics covered at previous HWB meetings

n.b. minutes and papers of shadow health and wellbeing board meetings from 8 December 2011 to 13 February 2013 to can be found on the Council website by clicking on the following link: <http://tinyurl.com/ShadowHWB>.

Date	Items	Purpose	Board sponsor	Lead officer / report author
24 April 2013	Establishment of the health and wellbeing board	Decision	Councillor Margaret Mead	Solomon Agutu
	Focus on outcomes: adults with learning disabilities	Discussion	Geraldine O'Shea	Geraldine O'Shea / Mike Corrigan
	JSNA key data set 2012/13	Discussion	Mike Robinson	Jenny Hacker
	Heart Town proposal	Decision	Councillor Margaret Mead	Steve Morton / Bevolly Fearon
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
12 June 2013	Prevention, self-care and shared decision making	Discussion	Agnelo Fernandes	Daniel MacIntyre
	Better Services Better Value consultation	Discussion	Paula Swann / Agnelo Fernandes	Rachel Tyndall / Charlotte Joll
	Annual report of the director of public health	Information	Mike Robinson	Sara Corben
	Sign off JSNA deep dive chapters <ul style="list-style-type: none"> <li>• Depression in adults</li> <li>• Schizophrenia</li> </ul>	Decision	Mike Robinson	Bernadette Alves
	Update on integrated care (from September 2012)	Information	Agnelo Fernandes	Paul Young / Amanda Tuke / Brenda Scanlan
	Partnership groups proposal	Decision	Hannah Miller	Steve Morton

## Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
18 July 2013	Board workshop on strategic risk			
11 September 2013	Improving outcomes for children with disabilities	Discussion and decision	Paul Greenhalgh	Linda Wright
	Reablement and hospital discharge programme – funding allocations 2013/14	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	JSNA deep dive chapter <ul style="list-style-type: none"> <li>Emotional health and wellbeing of children</li> </ul>	Decision	Mike Robinson	Kate Naish
	JSNA work plan 2013/14	Decision	Mike Robinson	Jenny Hacker
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
	Adult social care local account 2012	Information	Hannah Miller	Tracy Stanley
	Report from Croydon Congress health themed meeting 16 May 2013	Information	Mike Robinson	Sharon Godman
	Integrated commissioning unit for health and social care	Information	Hannah Miller / Paula Swann	Brenda Scanlan / Stephen Warren
	Integrated care pioneer status bid	Information	Hannah Miller / Paula Swann	Laura Jenner
23 October 2013	Focus on outcomes: homelessness, health and housing	Discussion	Hannah Miller	Peter Brown / Dave Morris
	Heart Town programme to prevent heart and	Discussion	Mike Robinson	Steve Morton



## Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	circulatory diseases			
	JSNA 2013/14 overview of health & social care needs	Discussion	Mike Robinson	Jenny Hacker
	Performance report (standing item)	Discussion	Hannah Miller/Paul Greenhalgh/Paula Swann	Martin Ellender
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
	Integration transformation fund	Information	Hannah Miller / Paula Swann	Andrew Maskell
	Safeguarding adults	Information	Hannah Miller	Kay Murray
	Safeguarding children	Information	Paul Greenhalgh	Jeneen Hatt
	Update on carers (from April 2012)	Information	Roger Oliver	Harsha Ganatra
	Update on children's primary prevention plan (from Feb 2013)	Information	Paul Greenhalgh	Dwynwen Stepien
4 December 2013	Commissioning intentions 2014/15	Discussion	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson	Stephen Warren / Brenda Scanlan / Jane Doyle
	Substance misuse commissioning plans	Discussion	Hannah Miller	Alan Hiscutt
	Pharmaceutical needs assessment	Decision	Mike Robinson	Kate Woollcombe
	Work plan and report of the chair of the	Decision	Hannah Miller	Steve Morton

## Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	executive group (standing item)			
	Risk register (standing item)	Discussion	Hannah Miller	Steve Morton
5 December 2013	Board seminar – dignity and safety in care			
12 February 2014	Better Care Fund (formerly the integration transformation fund) 2014/15	Discussion & decision	Hannah Miller / Paula Swann	Andrew Maskell
	Dignity & safety in care seminar report	Discussion	Hannah Miller / Paula Swann	Kay Murray / Fouzia Harrington
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Performance against health and wellbeing strategy indicators (quarterly standing item)</li> <li>• Risk</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Martin Ellender  Malcolm Davies
	Local account 2012/13	Information	Hannah Miller	Tracey Stanley
	Heart Town update	Information	Mike Robinson	Steve Morton
26 March 2014	CHS emergency care department business case	Decision	John Goulston	Karen Breen
	South west London collaborative commissioning	Discussion	Paula Swann	Stephen Warren
	Final commissioning intentions 2014/15 <ul style="list-style-type: none"> <li>• CCG Operating Plan 2014/15 – 2016/17</li> </ul>	For information	Paula Swann/Hannah Miller/Paul	Stephen Warren / Brenda Scanlan / Jane Doyle

## Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	<ul style="list-style-type: none"> <li>Children and families' plan 2014/15</li> </ul>		Greenhalgh	
	JSNA 2013/14 domestic violence chapter final draft	Decision	Mike Robinson	Ellen Schwartz
	JSNA 2013/14 alcohol chapter final draft	Decision	Mike Robinson	Bernadette Alves
	Children & young people's emotional wellbeing & mental health strategy	Discussion	Paul Greenhalgh / Paula Swann	Geraldine Bradbury / Stephen Warren
	Pharmaceutical needs assessment work plan 2014/15	Information	Mike Robinson	Matt Phelan
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>Work plan</li> <li>Risk register</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton  Malcolm Davies
27 March 2014	Board engagement event: review of progress against joint health and wellbeing strategy			
16 July 2014	Board induction session			
16 July 2014	Appointment of chair	Decision	n/a	Solomon Agutu
	Annual report of the director of public health	Discussion	Mike Robinson	Jenny Hacker
	Focus on outcomes: Pressure ulcers in the community	Discussion	Paula Swann / Hannah Miller	Michelle Rahman / Kay Murray
	JSNA 2013/14 healthy weight chapter final draft	Decision	Mike Robinson	Sarah Nicholls / Anna Kitt

## Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	JSNA 2014/15 key chapter topics	Decision	Mike Robinson	Jenny Hacker
	SW London collaborative commissioning strategy	Information	Paula Swann	Paula Swann
	Joint mental health strategy	Discussion	Paula Swann / Hannah Miller	Paula Swann / Stephen Warren / Brenda Scanlan
	Children's primary prevention plan	Discussion	Paul Greenhalgh	Dwynwen Stepien
	Reform of services for children who will be subject to education, care and health plans	Information	Paul Greenhalgh	Linda Wright
	Report of the chair of the executive group <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Performance against health and wellbeing strategy indicators (quarterly standing item)</li> <li>• Risk register</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Laura Gamble  Steve Morton

11 September 2014

## Risk Status

Risk Ref	Business Unit	Risk	Risk rating		Control measures			
			01/14	Future	Future	Existing	Total	% Implemented
LSPHC0002	Significant Partnership	Failure to ensure that the board's focus is balanced (for example, between statutory requirements / national guidance and local priorities; or health and wellbeing)	16	8	2	4	6	67%
LSPHC0008	Significant Partnership	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	16	12	3	2	5	1%
LSPHC0012	Significant Partnership	Failure to understand the community's expressed wants and choices and to ensure that ongoing engagement with the public is maintained and views	16	12	5	2	6	40%
LSPHC0015	Significant Partnership	Failure to clearly understand the purpose, boundaries and remit of the Board	16	4	2	2	3	67%
LSPHC0018	Significant Partnership	Board is not able to demonstrate improved outcomes for the population	16	12	4	4	4	60%
LSPHC0043	Significant Partnership	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	2	4	50%
LSPHC0044	Significant Partnership	Failure to ensure that the Board continuously develops and has the capacity and capability to operate effectively and efficiently.	16	12	3	2	3	67%
LSPHC0045	Significant Partnership	Limited or constrained financial allocations in health and social care which gives rise to the inability to balance reducing budgets with a rising demand	20	15	3	5	7	80%
LSPH0046	Significant Partnership	Failure to produce the pharmaceutical needs assessment	12	8	2	2	4	50%

