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 People)
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
Charlotte LADYMAN (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:
Stuart ROUTLEDGE (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)
Adam KERR (National Probation Service (London))
David LINDRIDGE (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Philip MOCKETT (Metropolitan Police)
Lissa MOORE (London Probation Trust (Croydon))

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Wednesday 21st October 2015** at **2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

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

MARGOT ROHAN
Senior Members Services Manager
(Democratic Outreach)
(020) 8726 6000 Extn.62564
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www.croydon.gov.uk/agenda
13 October 2015

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
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 9th September 2015 (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 update - The report of Croydon Clinical Commissioning Group's Chief Officer and Croydon Council's Executive Director of People TO FOLLOW.

5. Exempt Items

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

6. Strategic discussion item:

JSNA key dataset 2015/16 (Page 9)

The report of Croydon Council's Director of Public Health is attached.

7. Business Items:

Annual reports of the Safeguarding Adults and Safeguarding Children's boards (Page 49)

The report of Croydon Council's Executive Director of People is attached.

8. Local implementation of the National Autism Strategy (Page 55)

The report of Croydon Council's Executive Director of People is attached.

9. Report of the Chair of the Executive Group (Page 65)

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

10. 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

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HEALTH & WELL-BEING BOARD (CROYDON)
Minutes of the meeting held on Wednesday 9th September 2015 in The Markee, Croydon Conference Centre, 5-9 Surrey Street, Croydon CR0 1RG

Present:

Elected members of the council:
Councillors Maddie Henson, Yvette HOPLEY, Maggie MANSELL (Chair), Margaret MEAD (Vice-Chair), Louisa WOODLEY

Officers of the council:
Paul GREENHALGH (Executive Director of People)
Dr Mike ROBINSON (Director of public health)

NHS commissioners:
Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch Croydon
Charlotte LADYMAN (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:
Sarah BURNS (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME Forum)

Representing patients, the public and users of health and care services:
Karen STOTT (Croydon Voluntary Sector Alliance)

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)

A45/15 MINUTES OF THE MEETING HELD ON WEDNESDAY 10TH JUNE 2015

The Board **RESOLVED** that the minutes of the meeting of the Health & Wellbeing Board (Croydon) on 10 June 2015 be agreed as an accurate record.

A46/15 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Alisa Flemming, Kim Bennett, Dr Agnelo Fernandes, Dr Jane Fryer, Steve Phaure and Stuart Routledge.

A47/15 DISCLOSURE OF INTEREST

There were no disclosures of pecuniary interest not already declared and published on the website.

A48/15 STRATEGIC DISCUSSION ITEM: END OF LIFE STRATEGY

The Agenda order was changed due to the Director of Public Health, Dr Mike Robinson, being at a meeting in London, so discussion items 4 and 5 were moved to the end of the meeting, before Public Questions.

Stephen Warren and Brenda Scanlan gave a presentation (attached):

- Overall aim of strategy is to improve the experience for those at the end of their life.
- Co-ordination of best quality services

This was followed by round table discussions, where the Board members split into 3 groups, each to discuss 2 different aspects of the strategy.

Table 1:

1. Make talk of death & dying normal
2. Identify all people nearing the end of life

Table 2:

1. Effective care planning
2. Care in the last days of life

Table 3:

1. Involve and support family and friends
2. Develop competencies of the workforce

The following questions were considered in relation to the specific areas discussed by each table:

Q1: Are there any gaps in the implementation plan?

- Make sure we have looked at needs of communities with different cultural and spiritual needs

- Marketing of 'Coordinating my care' eg by vox pops - dying well
- Ensure equality impact assessment is completed

Q2: What can we do better?

- Build on the information we have around different systems that providers are using and utilise the data more effectively for families and carers
- Expand training programmes for GPs, etc so they can hold 'difficult' conversations about dying
- Are those dying in hospital within the hard to reach groups? How many hospital deaths could have occurred in another location?
- Financial sustainability - how can this be integrated?

Q3: What are the risks/issues to consider?

- Expand education and training for GPs, nurses and care home staff to ensure protection for families and carers possibly using peer support mechanism
- How can people with very complex care needs be supported at home - is this aspiration realistic/affordable?

Q4: Any other ideas for implementing the goals?

- Ensure services are comprehensive eg increase to seven days a week where appropriate across different care services

A49/15 STRATEGIC DISCUSSION ITEM:
ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Dr Mike Robinson gave a presentation (attached):

- Independent report Director of Public Health has to produce – no set style
- Duty of Council to publish it
- This year’s theme was health inequalities in Croydon

There was some discussion about which plans have short term and long term impacts. The issue of being able to interrogate individual ward statistics was also debated, to enable better targeting for interventions.

This was followed by round table discussions, where the Board members split into 3 groups.

Q1: Which of the future health plans should the HWB champion?

- Mental health issues –desire for the board to become more involved in championing intervention, demedicalisation and sustainability of resources to tackle the broader issue of mental health
- Walking and physical activity – lack of oversight
- Social isolation (mental health)

Q2: What is missing from the next steps?

- Picking up mental health issues earlier
- Parenting (tackled through Best Start)
- Evidence base for interventions to track cycles of deprivation

Q3: What would Board members like to see in the 2016 annual report?

- Smoking and mental health; alcohol and mental health; obesity and mental health
- Targeting of resources and outcomes to different areas/groups
- Mental health and other issues such as substance misuse
- Some exploration of the targeting of resources and improving outcomes in relation to specific groups of people. How factors such as locality and the people who live there interact

The Board **NOTED** the Annual Report of the Director of Public Health.

A50/15 BUSINESS ITEMS:

There was no urgent business.

A51/15 EXEMPT ITEMS

There were no exempt items.

A52/15 APPOINTMENTS

Cllr Yvette Hopley proposed Margaret Mead for Vice-Chair and the Board voted – all in favour.

The proposal for a 2nd Vice-Chair will be put to the next meeting, as the decision has to go to council first.

Cllr Yvette Hopley proposed the 2nd Vice-Chair to be from the CCG and this was seconded by the whole of the Board.

A53/15 JSNA 2015/ TOPIC PROPOSALS

(This item was postponed until after item 11)

Dr Mike Robinson summarised the report which looked at recommendations from the JSNA group. Any comments should be sent to Steve Morton or Dr Mike Robinson.

Dr Mike Robinson asked that the report on selection of JSNA topics be deferred. This was agreed by the board.

A54/15 LOCAL TRANSFORMATION PLANS (CHILD & ADOLESCENT MENTAL HEALTH SERVICES: EMOTIONAL WELLBEING AND MENTAL HEALTH)

Paula Swann gave a brief summary. Stephen Warren and Sam Taylor (Head of Integrated Commissioning & Partnership) clarified the main points:

- Represents opportunity for local system of emotional wellbeing for children and young people for investment into SLaM specialist service to increase access and meet demand.
- £700,000 potential additional funds
- Seeking to address range of services
- Moving to single point of access for specialist mental health support

The following issues were raised:

- Number of children with ASD looks to rise – based on what and why is it rising?

Sam Taylor: Local stats indicate referrals for diagnosis are higher than general London rates. It is a key element of the strategy. We will carry out detailed statistics to find out the underlying reasons.
John Goulston: 3 children were in Croydon University Hospital recently – the A&E department is not the right environment for children. The system needs to be transformed.

- Important that all schools doing best to address emotional issues. Training of staff vital. The pinchpoint is assessment. The waiting time for assessment is too long.
- Hard to tackle range of problems. Report welcomed. Children are waiting for beds not available. It is a serious London and national issue.

Sam Taylor: Content of report is at a deliberately high level. One of the recommendations is to enable local areas to sign up to tight

timescales. There will be a further opportunity for members of the Board to consider the detail. Arrangements in Croydon are different to those in other SLaM boroughs. Can we in Croydon adopt a more on-site liaison in-house team? There will be a cost for the service to extend hours to 9 or 10pm but we need stronger out of hours response. National pathways have been developed for this type of referral.
Pinchpoint around assessments – we do not have clear pathways into the tier 3 system. Key priority is to identify what is that pathway. We are piloting the development of a schools offer – combination of whole school approach – training offer for workforce development. There is a need to clarify counselling of individuals.

- Analysis of ethnicity in terms of the breakdown?
- Diversity of population in Croydon increasing – approach cannot be 'one size fits all'. Of interest to broader voluntary sector.
- Breakdown of diversity – disappointed not there already. Important – historically there has been a lack of concern over mental health service provision particularly to the BME community

Sam Taylor: Tier 4 beds and A&E breaches are due to unavailability of beds. Working towards improving the situation but it still remains an intrinsic issue. 2013-14 – there was a detailed piece of work in terms of deep dive, in relation to demography of local need. (Get link from Sam – should be on previous meeting)
Best Start is looking at the 0-5years population. Recruiting voluntary sector support. A broader piece of work is going through the Council corporately. Information, advice and guidance are important.
Paula Swann: Funding is only available for 3 years.

- If transformation plan yet to be prepared – will it be circulated to Board members first?

The Board agreed the recommendations and commitment to Board members that the plan will be emailed when prepared in October.

The Health and Wellbeing Board **RESOLVED** to:

1. Note the national process for the development of Local Transformation Plans and the short timescales for their agreement and submission.
2. In line with the national guidance, to delegate the Health and Wellbeing Board's sign off of the Local Transformation Plan to the Lead Member for children and young people, Chair of the Board, the statutory Director of Children's Services and the Director of Public Health.
3. Note that any proposed pathway changes will be discussed and considered with the CCG's Clinical Leadership Group on the 4th September 2015.
4. Note the high-level timetable for the development of the Plan.

A55/15 REPORT OF THE CHAIR OF THE EXECUTIVE GROUP

The Board noted the Risk Summary and thanked Paul Greenhalgh for the report.

The Board **RESOLVED** to agree changes to the board work plan set out in paragraph 3.8.

A56/15 PUBLIC QUESTIONS

The following question had been received from at the previous meeting and the following response was prepared and read out:

Question:

We have been considering the impact of the Care Act 2014 for the customers we serve who are homeless and have complex and multiple needs. They were previously dismissed (by and large) as FACS ineligible under the old system. The average life expectancy for someone sleeping rough is 40.5 years – therefore under the new regulations, their complex needs (physical health, mental health) have a significant impact on their wellbeing. Please can you tell us how social services is changing to move away from the FACS system and eligible/ineligible groups and how we can now refer rough sleepers with complex and multiple needs forward for a full assessment?'

Debra Ives
Head of Central and Community Services
South London YMCA

Response:

If someone presents to the council and is vulnerable and has housing needs, the first priority is to help them to access suitable accommodation, whether that be a hostel, B&B or another type of accommodation. We would also expect the vulnerable person to be referred to the Adult Social Care Duty Team. We would carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care and use the new national minimum threshold to judge eligibility for publicly funded care and support. We would also consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support). The person would have a right to be given the appropriate advice and information and signposting to relevant agencies – for example MIND; substance misuse providers, the IAPTS service - according to their needs. We would also help them register with a GP or make a referral to our gateway services for access to welfare benefits, employment advice etc. We also fund a homeless outreach worker who is based with our A&E liaison social work team at Croydon University Hospital. This post picks up cases in A&E or on the wards of homeless people who are living in temporary accommodation or who are rough sleepers. N.B. Referral of rough sleepers for social care assessment can be made through the intake team referral.team2@croydon.gov.uk.

YMCA colleagues have access to this referral route, as do Croydon Reach, our commissioned service for outreach and the resettlement of rough sleepers.
Pratima Solanki
Director of adult care services
Croydon Council

The response to another question from Peter Doye, which was submitted at the 25 March meeting, was omitted from the minutes for the 9 June meeting:
The Question and Response will be read out at the next meeting on 21 October 2015.

The meeting ended at 4:20pm.

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **21 October 2015**
AGENDA ITEM:	**6**
SUBJECT:	**JSNA Key Dataset 2015/16**
BOARD SPONSOR:	**Dr Mike Robinson, Director of Public Health, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

Joint Strategic Needs Assessment (JSNA) is a statutory requirement of local authorities and clinical commissioning groups (CCGs). The findings of the Key Dataset (one part of the 2015/16 Croydon JSNA) will be of interest to a range of stakeholders and should inform strategic decision making and priority setting. The key messages have been related in this report to the improvement areas in the Joint Health and Wellbeing Strategy.

FINANCIAL IMPACT:

No immediate financial implications.

1. RECOMMENDATIONS

This report recommends that, having considered the public sector equality duty and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board:

1.1 **Provide approval for the 2015/16 JSNA Key Dataset, allowing this to be disseminated to stakeholders in a timely fashion.**

1.2 **Note the findings highlighted by this report, and consider the report alongside the broader information included in the Key Dataset.**

1.3 **Use the findings from the Key Dataset in their ongoing work to improve health and wellbeing in Croydon.**

2. EXECUTIVE SUMMARY

2.1 The summary of the JSNA Key Dataset highlights areas where Croydon's performance relative to the rest of England is better/improving over time or worse/deteriorating over time. This report shows main messages from the dataset grouped by improvement areas from the Joint Health and Wellbeing Strategy.

2.2 The areas where Croydon is described as performing well include: breastfeeding, smoking during pregnancy, road casualties, chlamydia screening coverage, hip fracture care and smoking quitters, liver disease, life expectancy,

households on local authority housing waiting lists, avoidable hospital admissions, healthcare associated infection.

2.3 The areas where Croydon's performance is described as a challenge include: childhood immunisations, school attainment at age 11, youth offending, use of tobacco products other than cigarettes and e-cigarettes at age 15, mental health admissions for children, sexual and reproductive health, pneumococcal vaccination coverage for older people, injuries due to falls in older people, cycling, breast screening, people who have received an NHS health check, homelessness, diagnosis rate for dementia, patient reported outcomes for hip replacement and knee replacement, proportion of people dying at home, violence.

2.4 Other areas where Croydon's population has high or increasing need relative to other areas include: child poverty, looked after children, children with autism, population growth and turnover.

3. DETAIL

3.1 Background

The JSNA Key Dataset brings together comparative data to show Croydon's relative position in relation to over 250 indicators relating to health and wellbeing. It should be used both to investigate Croydon's performance in specific areas (such as crime, social care, health services) and to inform strategic prioritisation and commissioning decisions across the breadth of health and wellbeing.

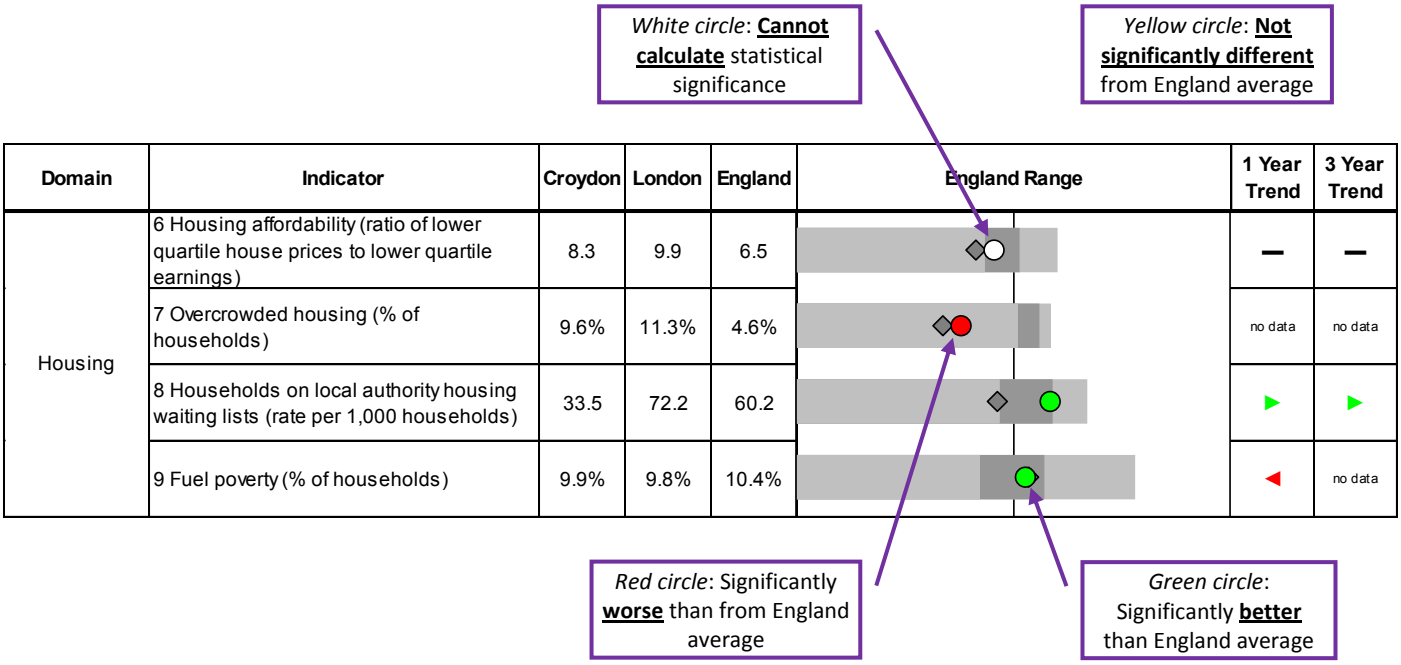
The set of indicators has been developed over the lifetime of the JSNA. The data is from publically available sources on the Internet (with the exception of one indicator that is accessible via a website with restricted access).

It was agreed by the JSNA Steering Group that a full review of the indicators selected for the dataset would not carried out in 2015/16, but the data for all indicators has been updated where new data is available and indicators have been added where new data was published as part of national outcomes frameworks.

The information is intended to give an overview of comparative data for Croydon to inform strategic prioritisation and commissioning decisions. Areas highlighted in the report should be investigated further in the context of other local intelligence.

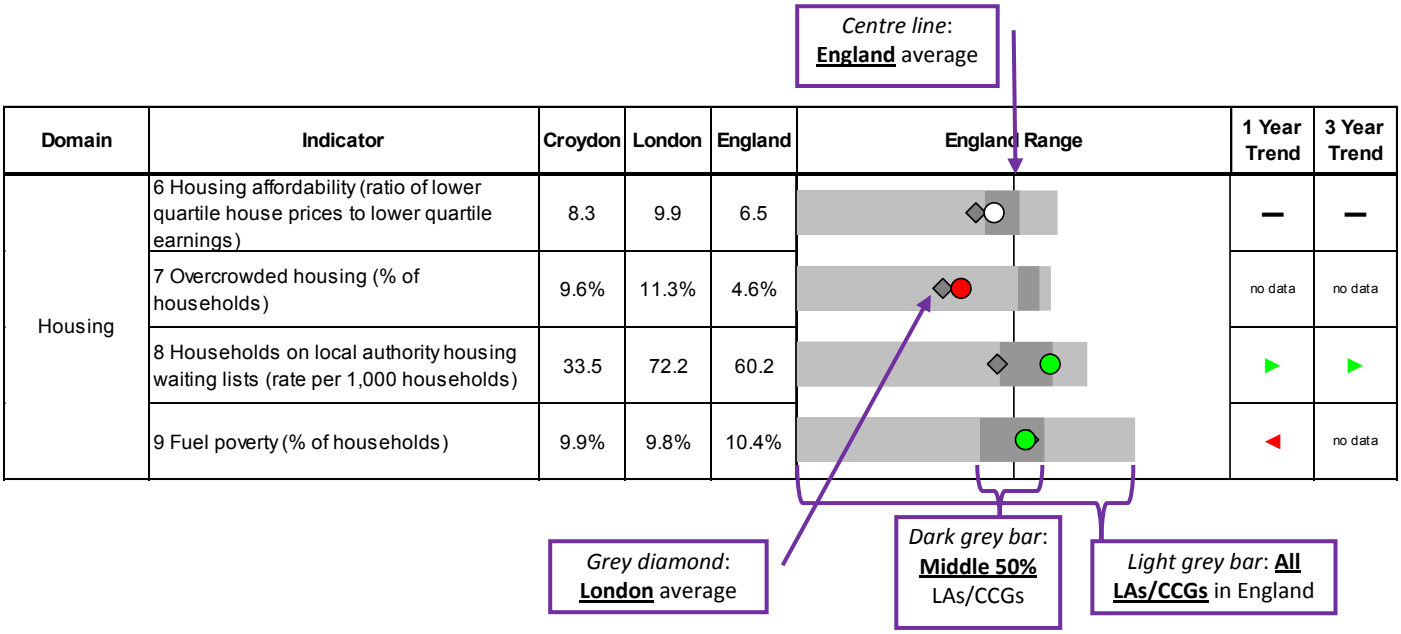
3.2 How to interpret the Key Dataset

The data shows Croydon's current performance and trend data over 1 and 3 years, relative to other local authorities/CCGs. Croydon's **current performance** is shown by a **circle**:



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Housing	6 Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	8.3	9.9	6.5		–	–
	7 Overcrowded housing (% of households)	9.6%	11.3%	4.6%		no data	no data
	8 Households on local authority housing waiting lists (rate per 1,000 households)	33.5	72.2	60.2		▶	▶
	9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data

The **grey bars** show the **range of values** for local authorities/CCGs in England; the centre line is the England average and the grey diamond shows the London average:



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
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	9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data

The **columns on the right** show the **1 year and 3 year trend**, based primarily on Croydon's ranking relative to other local authorities/CCGs.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Housing	6 Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	8.3	9.9	6.5		–	–
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	9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data

As with all comparative data of this kind, there is an inevitable **time lag**. The JSNA Key Dataset has kept this to a minimum by using the most recent data from each source that was available at the cut off point for this report (4th August 2015).

It is important to grasp that the trend data compares **relative performance or need**. There may be areas where Croydon has improved on its own performance in previous years; however, if other areas in the country are improving at a faster rate than Croydon is improving locally, Croydon's ranking will have fallen and the trend will show deterioration in performance.

It is also important to remember than the indicators in this Dataset are a selection, and only part of the story. There are many areas where data is simply not available (such as the number of problem drinkers), or of low quality (such as data on diet), or where data is available but indicators have not been prioritised by stakeholders for inclusion in the Dataset. For this reason, the Dataset should be used in conjunction with other local intelligence to inform commissioning decisions.

3.3 How the information was summarised

There are many potential approaches to summarising the wealth of information contained in the Key Dataset. The approach currently used was developed to consider equally current performance and trends over time, in order to identify levels of need or performance that fall into the following three categories[1]:

- **Areas where Croydon is performing well**: areas where Croydon' s performance is relatively good;
- **Challenges**: areas where Croydon's performance needs to improve;
- **High need**: areas where Croydon has high need relative to the rest of England and need is increasing or staying the same.

More detail about the method used and the full list of indicators highlighted in the summary is on pages 6 to 14 of the JSNA Key Dataset report.

The last category describes indicators that are considered strictly measures of need rather than performance. Many of the indicators in the dataset measure both need and performance to some extent.

To aid interpretation of the information, the main messages from the summary have been grouped under the improvement areas outlined in the Joint Health and Wellbeing Strategy.

[1] Five categories are used in the full JSNA Key Dataset report. 'Emerging issues' and 'Emerging needs' are excluded from this report because the indicators highlighted in them did not lead to additional key messages. This should be regarded as a technical issue, and does not indicate that there are not emerging issues in Croydon at the present time. Some indicators highlighted as emerging issues may be covered elsewhere, for example, under 'Challenges'.

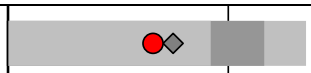
3.4 Main areas where Croydon is performing well

These are areas where Croydon's performance is better than other local authorities/CCGs and the trend is improving[2].

Areas where Croydon is performing well *(Areas where Croydon's performance is relatively good)*	
1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Breastfeeding and smoking during pregnancy	• Road casualties • Chlamydia screening coverage • Hip fracture care • Smoking quitters
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Life expectancy • Liver disease	• Households on local authority housing waiting lists
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Avoidable hospital admissions • Healthcare associated infection	

Each area in the table is considered, alongside relevant sections from the JSNA Key Dataset, below.

[2] For some indicators where Croydon is currently in the best performing 25% LAs/CCGs, the trend may show no improvement or deterioration. The method is described in full on page 7 on the JSNA Key Dataset report.

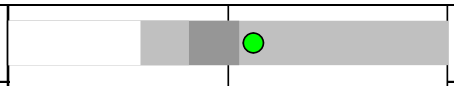
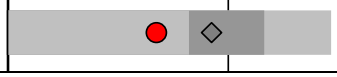
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Maternal and child health	92 Antenatal risk assessments before 13 weeks (% of antenatal risk assessments)	69.0%	72.7%	83.0%		no data	◄
	93 Smoking during pregnancy (% of mothers)	6.9%	4.9%	11.4%		–	–
	94 Breastfeeding initiation within 48 hours (% of mothers)	87.2%	86.0%	74.3%		–	►
	95 Breastfeeding prevalence at 6-8 weeks from birth (% of infants)	68.4%	53.9%	43.8%		–	►
	96 Newborn hearing screening coverage (% of eligible babies who were screened)	92.7%	98.2%	98.5%		no data	no data

- Croydon is in the best performing 25% of CCGs for **breastfeeding** and **smoking during pregnancy**.

- **Antenatal risk assessments** and **newborn hearing screening** are both challenges. However, it should be noted that there are data quality issues nationally with the antenatal risk assessments indicator, and that all areas have a relatively high coverage for newborn hearing screening (92.7% in Croydon).

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Road accidents	27 Killed or seriously injured casualties on roads (rate per 100,000 population)	25.9	32.7	39.7		►	–

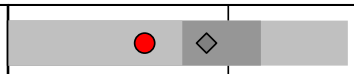
- Croydon is in the best performing 25% of local authorities for **road accidents**, having a lower rate of casualties than both London and England.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Chlamydia	110 Chlamydia screening coverage (% of people aged 15-24 screened)	28.0%	27.9%	23.9%		►	no data
	111 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2739	2178	2012		◄	no data

- Croydon is in the best performing 25% of local authorities for **chlamydia screening coverage** as part of the National Chlamydia Screening Programme for 15-24 year olds.

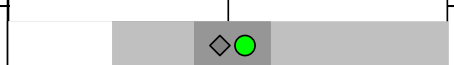
- Croydon has a high rate of **chlamydia diagnoses in young people**, and the indicator is shown as a red circle to reflect high need in terms of prevalence. However, this indicator is primarily used to measure how well chlamydia is being

detected, and a high rate indicates that Croydon is successful in controlling chlamydia infection.

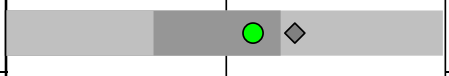
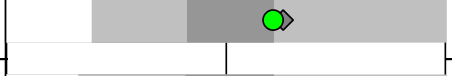
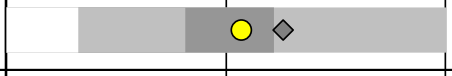
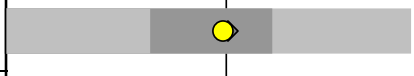
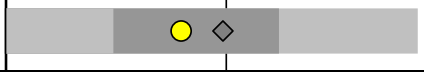
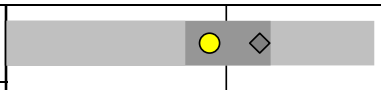
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Falls	138 Injuries due to falls (rate per 100,000 population aged over 65)	2574	2197	2064		◄	◄
Hip fracture	139 Admissions for hip fracture (rate per 100,000 population aged over 65)	524	530	580		►	►
	140 Patients receiving collaborative orthogeriatric care (% of patients with hip fracture)	98.0%	94.3%	93.6%		no data	no data
	141 Patients receiving timely surgery (% of patients with hip fracture)	74.0%	73.2%	74.9%		no data	no data
	142 Patients receiving multifactorial falls risk assessment (% of patients with hip fracture)	99.6%	99.1%	96.9%		no data	no data

- Croydon is performing well for most of the indicators that relate to hip fracture. The rate of **admissions for hip fracture** has improved over the last 1-3 years (to 2013/14) relative to other local authorities, and Croydon is in the top 25% of CCGs for two of the three new indicators for hip fracture care.

- Croydon has a high rate of **injuries due to falls**, and the rate has deteriorated over the last 1-3 years (to 2013/14), so the falls indicator is highlighted as a challenge in this year's Key Dataset.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Tobacco	241 Estimated smoking prevalence (% of survey respondents aged over 18)	17.0%	17.3%	18.4%		◄	–
	242 GP recorded smoking prevalence (% of people aged over 15)	18.1%	18.3%	19.1%		–	no data
	243 GP recorded smoking prevalence in people with long-term conditions (% of people with long-term conditions)	15.0%	15.9%	16.0%		–	–
	244 Smoking quitters (rate per 100,000 people aged over 16)	758	656	688		►	►
	245 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,508	1,606	1,645		–	◄
	246 Smoking attributable deaths (rate per 100,000 population aged over 35)	258	276	289		►	►

- Croydon is performing well for indicators relating to tobacco control. Croydon has a higher rate of **smoking quitters** than the London and England average, lower **smoking related hospital admissions and deaths**, and lower **smoking prevalence** than London and England.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Life expectancy	147 Life expectancy at birth (men) in years	80.0	80.0	79.4		▶	–
	148 Life expectancy at birth (women) in years	83.5	84.1	83.1		▶	▶
	149 Life expectancy at age 75 (men) in years	12.0	12.1	11.5		▶	▶
	150 Life expectancy at age 75 (women) in years	13.5	14.0	13.3		▶	▶
Healthy life expectancy	151 Healthy life expectancy at birth (men) in years	63.2	63.4	63.3		–	no data
	152 Healthy life expectancy at birth (women) in years	62.3	63.8	63.9		◀	no data
Inequality between areas of deprivation	155 Inequality in life expectancy between areas of deprivation (men) in years	9.1	7.1	8.4		–	–
	156 Inequality in life expectancy between areas of deprivation (women) in years	7.7	4.9	6.2		–	–

- **Life expectancy** has increased by more than the London and England average for both men and women over the last 1-3 years (to 2011-13), and is currently 80.0 years for men and 83.5 years for women.

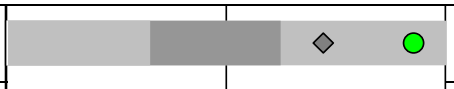
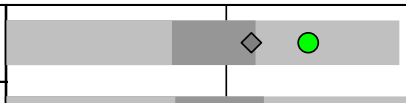
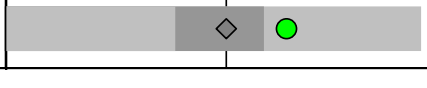
- Croydon has greater **inequality in life expectancy** between deprived and affluent areas than London and England, although the difference is not statistically significant.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Liver disease	238 Emergency admissions for alcohol related liver disease (rate per 100,000 population)	11.9	21.1	24.4		▶	▶
	239 Early deaths from liver disease (rate per 100,000 population)	14.2	17.9	17.9		▶	▶
	240 Early deaths from liver disease considered preventable (rate per 100,000 population)	12.9	15.7	15.7		▶	▶

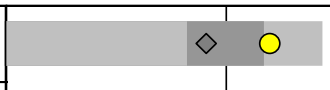
- Croydon is among the best 25% of local authorities for **hospital admissions and deaths from liver disease**, and rates have improved over the last 1-3 years.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Housing	8 Households on local authority housing waiting lists (rate per 1,000 households)	33.5	72.2	60.2		►	►

- The rate of households on Croydon's **housing waiting list** has reduced in the last 1-3 years (to 2014) relative to London and England. Housing waiting list statistics may vary between local authorities because authorities have different arrangements for checking that applicants continue to require housing, and their policies and practices can change over time.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Avoidable hospital admissions	89 Emergency admissions for children with lower respiratory tract infections (rate per 100,000 aged under 19)	123	242	373		►	►
	90 Emergency admissions for asthma, diabetes and epilepsy in children (rate per 100,000 population aged under 19)	271	268	311		►	►
Avoidable hospital admissions	265 Emergency admissions for acute conditions that should not require admission (rate per 100,000 population)	751	1052	1181		►	►
	266 Emergency admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)	596	788	791		►	►

- Rates of **avoidable hospital admissions** have significantly improved in Croydon relative to London and England over the last 1-3 years (to 2013/14), for the four avoidable hospital admissions indicators in the Clinical Commissioning Group Outcomes Indicator Set.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Healthcare associated infection	270 Incidence of MRSA (rate per 100,000 population)	0.8	1.8	1.5		►	►
	271 Incidence of C difficile (rate per 100,000 population)	14.5	20.2	26.3		–	–

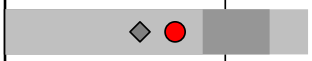
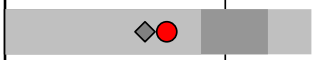
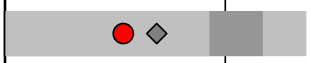
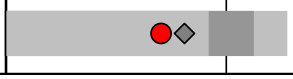
- Croydon is performing better than London and England for **healthcare associated infections** including MRSA and Clostridium difficile ('C diff').

3.5 Main challenges

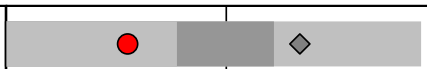
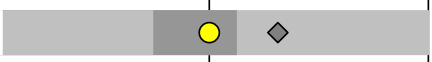
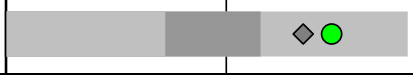
These are areas where Croydon's performance is worse than other local authorities/CCGs and the trend is deteriorating[3].

Challenges *(Areas where Croydon's performance needs to improve)*	
1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Childhood immunisations • Attainment at key stage 2 • Youth offending • Use of other tobacco products at age 15 • Admissions for mental health for children	• Sexual and reproductive health • Pneumococcal vaccination coverage for older people • Injuries due to falls in older people • Cycling
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Breast screening • Received an NHS health check	• Homelessness
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Diagnosis rate for dementia • Patient reported outcomes for hip and knee replacement	• Proportion of deaths at home
Wider determinants of health	
• Violence	

[3] For some indicators where Croydon is currently in the worst performing 25% LAs/CCGs, the trend may show no improvement or deterioration. The method is described in full on page 7 on the JSNA Key Dataset report.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Immunisation	54 DTaP / IPV / Hib vaccination coverage (1 year old)	91.7%	89.8%	94.3%		▶	▶
	55 Hib / MenC booster vaccination coverage (2 years old)	87.7%	86.8%	92.5%		▶	–
	56 PCV booster vaccination coverage (2 years old)	88.9%	86.3%	92.4%		▶	▶
	57 MMR vaccination coverage for one dose (2 years old)	88.9%	87.5%	92.7%		▶	▶
	58 DTaP / IPV booster vaccination coverage (5 years old)	78.1%	79.3%	88.8%		▶	◀
	59 MMR vaccination coverage for two doses (5 years old)	76.9%	80.7%	88.3%		▶	◀
	60 HPV vaccination coverage (girls aged 12-13 years old)	76.4%	80.0%	86.7%		–	–

- **Childhood immunisations** have been highlighted as a challenge in recent years for Croydon, and NHS England has been working with GPs to improve data quality and increase uptake. Childhood immunisations uptake for 5 year olds and human papilloma virus (HPV) vaccination coverage are still highlighted as challenges, however uptake has improved over the last year for nearly all indicators.

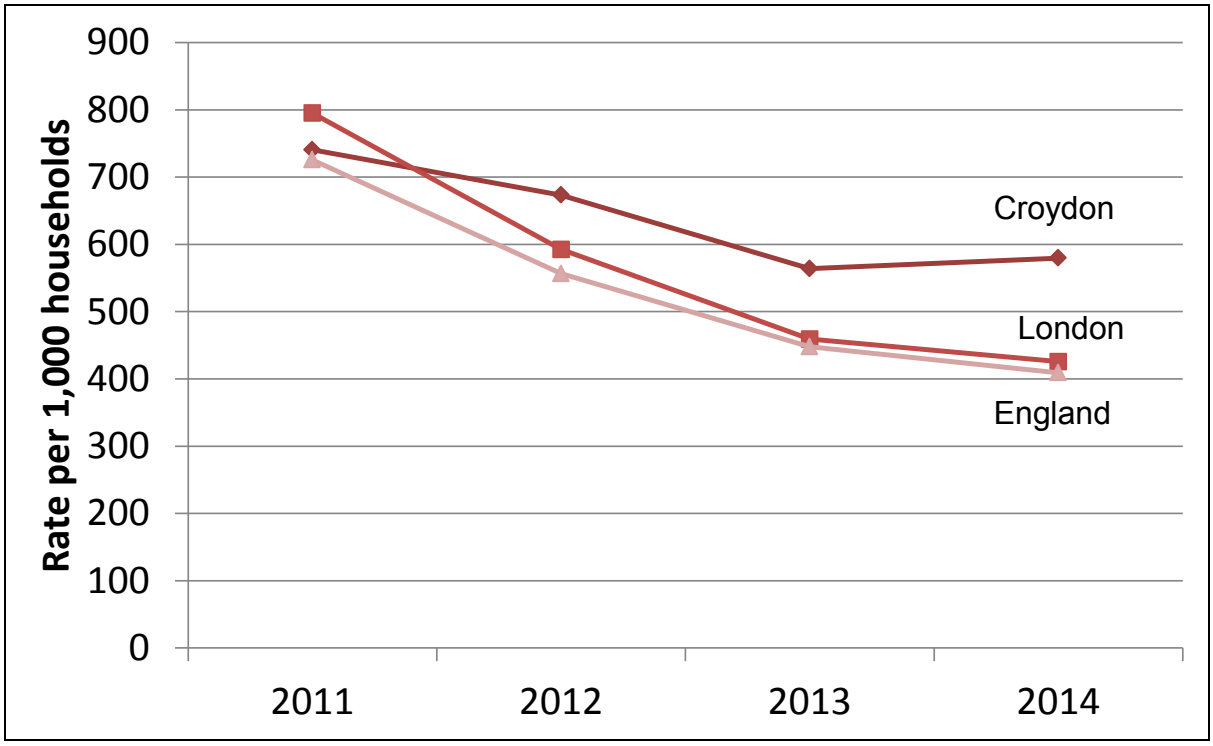
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
School attainment	65 Attainment at key stage 2 (age 11) (% achieving level 4 in reading, writing and mathematics)	75%	82%	79%		◀	no data
	66 Gap in attainment at key stage 2 (age 11) (between pupils receiving free school meals and the rest)	18%	13%	18%		–	no data
	67 Attainment at key stage 4 (age 16) (% achieving 5+ GCSEs at grades A*-C including English and Maths)	56.8%	61.5%	53.4%		◀	–
	68 Gap in attainment at key stage 4 (age 16) (between pupils receiving free school meals and the rest)	16.3%	19.1%	27.0%		▶	▶

- Croydon's performance has deteriorated over the last year for **attainment at key stage 2** (primary school age) in reading, writing and mathematics relative to London and England, and Croydon is now among the 25% worst performing local authorities for this indicator.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Youth offending	70 First-time entrants to the youth justice system (rate per 100,000 10-17 year olds)	580	426	409		◄	◄
	71 Youth re-offending (% re-offending within 12 months)	45.2%	42.2%	37.2%		►	►

- Croydon is in the worst 25% of local authorities for **youth offending**. The rate of first time entrants to the youth justice system has deteriorated over the last 1-3 years relative to London and England. The rate of re-offending for young people within the youth justice system has improved.

First time entrants to the youth justice system, 2011 to 2014



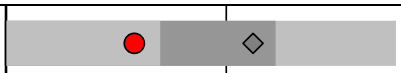
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Tobacco	79 Smoking prevalence at age 15 (% of survey respondents)	7.2%	6.1%	8.2%		no data	no data
	80 Use of e-cigarettes at age 15 (% of survey respondents)	0.9%	1.0%	2.7%		no data	no data
	81 Use of other tobacco products (including shisha) at age 15 (% of survey respondents)	4.4%	4.0%	2.6%		no data	no data

- The What About Youth Study is a new national postal survey of young people designed to produce robust data at local authority level. Croydon has a similar prevalence of **smoking among 15 year olds** to the England average, a lower

prevalence of **e-cigarette use** and a higher prevalence of the **use of other tobacco products** in the same age group. The survey question on the use of other tobacco products gave the examples "shisha pipe, hookah, hubble-bubble, water pipe etc." The results for Croydon are similar to London as a whole.

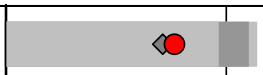
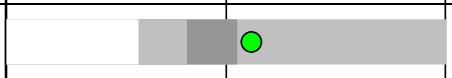
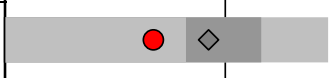
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Mental health	86 Hospital admissions for mental health conditions (rate per 100,000 population aged under 18)	127.7	101.9	87.2		◄	◄

- Croydon has a higher rate of **hospital admissions for mental health conditions in children** than the England average, and the rate has deteriorated relative to other local authorities over the last 1-3 years (to 2013/14).

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Teenage pregnancy	98 Under 18 conceptions (rate per 1,000 girls aged 15-17)	32.5	21.8	24.3		◄	◄
	99 Under 16 conceptions (rate per 1,000 girls aged 13-15)	6.5	4.8	5.5		◄	◄
Abortions	100 Access to NHS funded abortions (% of NHS funded abortions before 10 weeks gestation)	82.9%	83.7%	80.4%		◄	◄
	101 Abortion rate (per 1,000 women aged 15-44)	25.7	20.9	16.0		–	no data
	102 Repeat abortions (ages under 25) (% of abortions)	36.5%	32.3%	27.0%		–	–
	103 Repeat abortions (all ages) (% of abortions)	49.0%	41.9%	37.6%		◄	◄
Reproductive health	104 GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	39.6	25.1	52.7		◄	no data
	105 Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	301	203	236		►	►
	106 Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	138	115	90		◄	◄

- Croydon's **teenage pregnancy** rate has increased over the last year, whereas the rate for London and England has continued to decrease.

- Croydon continues to have a high rate of **repeat abortions** relative to other local authorities. Repeat abortions were the topic of a chapter in the Croydon JSNA 2011/12.

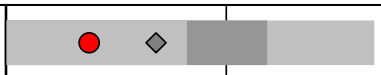
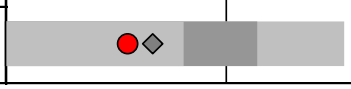
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
HIV	107 HIV prevalence (rate per 1,000 people aged 15-59)	5.1	5.7	2.1		–	–
	108 Uptake of HIV testing in GUM clinics (% of tests offered)	87.1%	83.7%	77.5%		◄	–
	109 Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	56.8%	40.5%	45.0%		◄	no data
Chlamydia	110 Chlamydia screening coverage (% of people aged 15-24 screened)	28.0%	27.9%	23.9%		►	no data
	111 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2739	2178	2012		◄	no data
	112 Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	272.1	377.2	173.2		–	no data
Other sexually transmitted infections	113 Gonorrhoea diagnoses at GUM clinics (rate per 100,000 population)	152.1	190.5	63.3		–	–
	114 Syphilis diagnoses at GUM clinics (rate per 100,000 population)	10.5	27.4	7.8		►	–
	115 Genital herpes diagnoses at GUM clinics (rate per 100,000 population)	61.7	88.1	57.8		►	►
	116 Genital warts diagnoses at GUM clinics (rate per 100,000 population)	127.2	161.3	128.4		◄	◄

- Croydon has a higher rate of **persons presenting with HIV at a late stage of infection** than the London and England average.

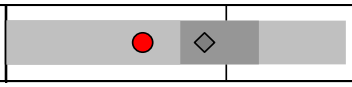
- There has been a large increase in **gonorrhoea** nationally over the last year. Croydon is in the worst 25% of local authorities in England.

- Prevalence of **syphilis** and **genital herpes** has improved in Croydon relative to other local authorities over the last year, whereas prevalence of **genital warts** has deteriorated.

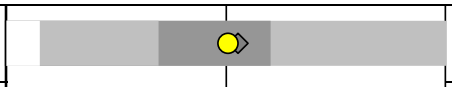
- (Chlamydia is covered above under areas where Croydon is performing well.)

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Vaccination	136 Flu vaccination coverage (ages over 65)	65.9%	69.2%	72.7%		►	–
	137 PPV vaccination coverage (ages over 65)	61.7%	63.6%	68.9%		◄	◄

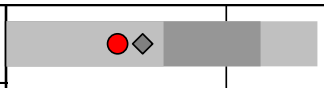
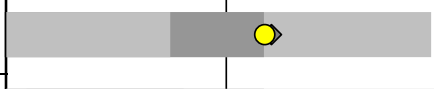
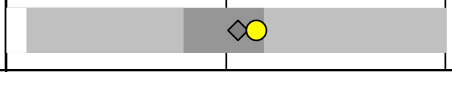
- Croydon is among the worst 25% of local authorities for **flu and pneumococcal vaccination** coverage for older people. Coverage for pneumococcal vaccination has deteriorated relative to London and England in the last 1-3 years.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Falls	138 Injuries due to falls (rate per 100,000 population aged over 65)	2574	2197	2064		◄	◄

- Croydon has a high rate of **injuries due to falls in older people**, and the rate has deteriorated over the last 1-3 years (to 2013/14).

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Physical activity	260 Active adults (doing at least 150 minutes of physical activity per week) (% of adults aged over 16)	57.1%	57.8%	57.0%		–	no data
	261 Inactive adults (doing less than 30 minutes of physical activity per week) (% of adults aged over 16)	25.6%	27.0%	27.7%		◄	no data
	262 Walking (estimated % of adults who walk at least 3 times per week)	58.8%	64.0%	57.9%		◄	no data
	263 Cycling (estimated % of adults who cycle at least once a month)	6.8%	14.2%	15.0%		◄	◄

- Croydon has a significantly lower proportion of people **cycling** than the London and England average. Although this data is from a small survey sample, the finding is consistent with the 2011 Census, which showed that only 1.2% of people cycle to work in Croydon, compared with 2.1% for Outer London and 3.9% for London as a whole.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Breast cancer	187 Breast screening rate (% of women aged 53-70)	66.7%	68.9%	75.9%		◄	◄
	188 Incidence of breast cancer (rate per 100,000 population)	156	155	164		►	◄
	189 Deaths from breast cancer (rate per 100,000 population)	33.9	35.2	36.2		►	◄

- Croydon is in the worst 25% of local authorities for **breast screening** coverage, and coverage has deteriorated over the last 1-3 years (to 2014) relative to London and England.

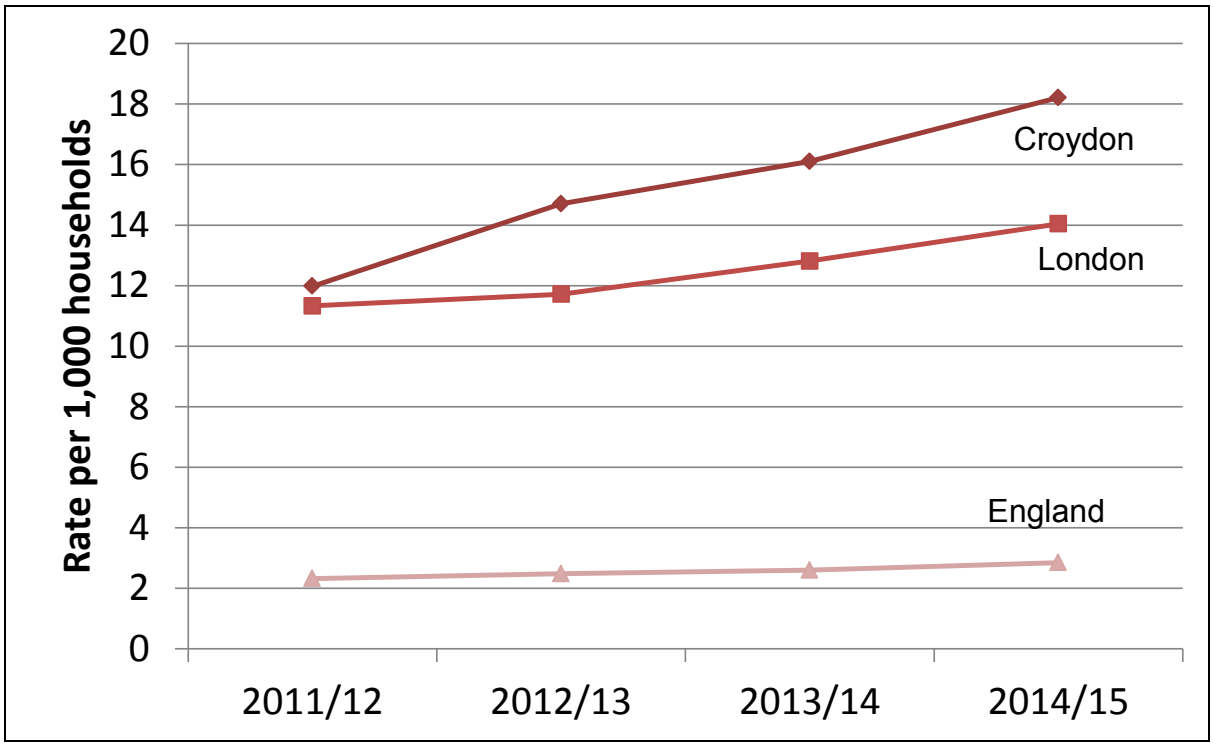
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
NHS health checks	274 Offered an NHS health check (cumulative % of eligible people aged 40-74)	11.9%	44.6%	37.9%		▶	no data
	275 Received an NHS health check (cumulative % of eligible people aged 40-74)	6.9%	21.5%	18.6%		–	no data

- Croydon has a low coverage for **NHS health checks** relative to London and England (data from 2013/14-2014/15). NHS health check services have been re-commissioned in the last year, and we would expect to see an improvement in next year's dataset.

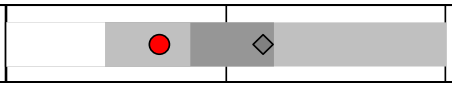
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Homeless-ness	10 Homelessness acceptances (rate per 1,000 households)	5.8	5.1	2.4		◀	▶
	11 Households in temporary accommodation (rate per 1,000 households)	18.2	14.0	2.8		–	◀
	12 Households in bed & breakfast accommodation (rate per 1,000 households)	1.30	0.86	0.23		–	▶

- Croydon has a higher rate of **homelessness** than the London average. Homelessness was the topic of a chapter in the Croydon JSNA 2013/14.

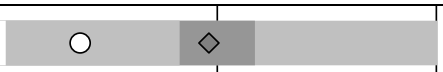
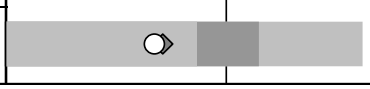
Households in temporary accommodation



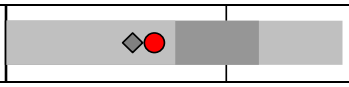
- The rate of **households in temporary accommodation** in Croydon continued to rise in 2014/15.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Mental health	210 Diagnosis rate for dementia (% of estimated true prevalence of dementia)	51.8%	65.8%	60.8%		◄	◄

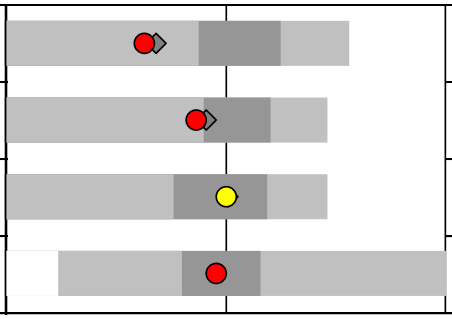
- Croydon is in the worst 25% of CCGs for **diagnosis of dementia** (as a proportion of estimated cases of dementia in the population) (data from March 2015). There is ongoing work within Croydon CCG to address this, so the diagnosis rate would be expected to increase in the coming year.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Patient reported outcomes for elective procedures	272 Patient reported improvement following hip replacement (average health gain)	0.37	0.42	0.42		◄	no data
	273 Patient reported improvement following knee replacement (average health gain)	0.28	0.28	0.31		◄	no data

- The **average health gain reported by patients following hip and knee replacements** in 2012/13 in Croydon was worse than the England average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
End of life care	264 Proportion of deaths at home (% of all deaths)	39.1%	37.2%	45.1%		◄	◄

- The proportion of **people dying at home** in Croydon has deteriorated over the last 1-3 years relative to London and England. Croydon is in the worst 25% of local authorities, although performing slightly better than the London average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Violence	16 Violence against the person offences (rate per 1,000 population)	20.3	19.3	13.5		◄	◄
	17 Sexual violence offences (rate per 1,000 population)	1.84	1.73	1.54		►	►
	18 Emergency admissions for violence (rate per 100,000 population)	52.1	51.3	52.4		–	no data
	19 Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	20.0	20.0	19.4		◄	–

- **Violence against the person** and **sexual violence** offences have increased nationally over the last year. Croydon's rate of violence has deteriorated relative to London and England, whereas the rate of sexual violence shows relative improvement.

- Data on **domestic violence incidents** may be affected by how domestic violence is reported and recorded by the police. In Croydon the rate is similar to the London average. Domestic violence was the topic of a chapter for the Croydon JSNA 2013/14.

3.6 Main areas of need

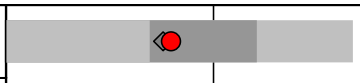
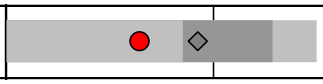
Many of the indicators in the Key Dataset measure both need and performance to some extent, however this section describes indicators that are considered strictly measures of need rather than performance, and highlights those where Croydon has relatively high need compared to other local authorities/CCGs.

Areas of 'high need' are those where there are much higher levels of need in Croydon than other local authorities/CCGs and need is increasing or staying the same[4].

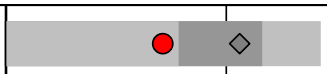
Areas of 'emerging need' are those areas that are not currently highlighted as high need, but where Croydon has higher need than the England average, and the trend data shows deterioration, so that they are likely to become areas of high need if current trends continue.

Areas of high need *(Areas where there are much higher levels of need in Croydon than other local authorities/CCGs)*	
1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Child poverty • Looked after children • Children with autism	
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
Wider determinants of health	
• Population growth and turnover	

[4] The method is described in full on page 13 on the JSNA Key Dataset report.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period
Poverty	45 Children in poverty (% of children aged under 16)	23.0%	23.7%	19.2%		–	–	2012
	46 School children known to be eligible for free school meals (% of primary school pupils)	22.0%	18.5%	15.6%		◄	◄	Jan 2015
	47 School children known to be eligible for free school meals (% of secondary school pupils)	18.1%	19.6%	13.9%		◄	◄	Jan 2015
Lone parent families	97 Lone parent benefit claimants (% of working population)	1.6%	1.2%	1.1%		◄	–	Nov 2014

- The most recent data on **child poverty** in the Key Dataset shows that the proportion of children in poverty in Croydon is deteriorating relative to London and England. Indicator 45 on children in poverty is used nationally to measure child poverty; however, this indicator has a longer time lag to publication than other relevant indicators on lone parent families and free school meals eligibility.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Looked after children	72 Looked after children (per 10,000 child population)	86	54	60		◄	►
	73 Unaccompanied asylum seeking children (per 10,000 child population)	39.3	5.0	1.7		–	–
	74 Looked after children living in the same placement for at least 2 years (% of looked after children)	67%	68%	67%		◄	►
	75 Emotional well-being of looked after children (score)	12.6	13.4	13.9		◄	◄

- Croydon has a high prevalence of **looked after children**, primarily due to the large number of unaccompanied asylum seeking children the local authority has responsibility for, as a result of the Home Office being located in the borough.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Learning disability	87 Learning difficulties known to schools (rate per 1,000 pupils)	24.9	27.0	34.1		–	–
	88 Autistic spectrum disorder known to schools (rate per 1,000 pupils)	13.1	11.7	10.9		–	◄

- Croydon has a higher prevalence of **child autism** than London and England.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Population growth and migration	1 Projected change in population size (% change in next 5 years based on ONS projections)	5.4%	6.1%	3.5%		no data	no data
	2 Total fertility rate (children per woman)	2.01	1.71	1.83		◄	◄
	3 Population turnover (rate per 1,000 population)	130	184	116		◄	◄
	4 International migrants identified on GP register (rate per 1,000 population)	15.5	25.1	10.9		►	–

- Croydon has higher rates of **population growth and migration** than the England average and fertility and population turnover rates have increased relative to London and England over the last 1-3 years.

3.7 Conclusion

The JSNA Key Dataset contains a wealth of information that can be used to inform strategic prioritisation and commissioning decisions.

This report highlights some of the main messages from the JSNA Key Dataset based on current performance and trend data, grouped by improvement areas from the Joint Health and Wellbeing Strategy.

The report should be considered alongside the broader information included in the JSNA Key Dataset.

4. CONSULTATION

4.1 The set of indicators has been developed over the lifetime of the JSNA through discussion with the JSNA Steering Group and service heads. The 2015/16 Key Dataset has been discussed with the multi-agency JSNA Steering Group which includes staff from the local authority, Croydon Health Services, Clinical Commissioning Group, HealthWatch and Croydon Voluntary Action, and with relevant staff from various agencies nominated by the JSNA Steering Group.

5. SERVICE INTEGRATION

5.1 The dataset includes indicators of how effectively sections of the healthcare system are working together. The most relevant sections are those on social care (page 18 of the JSNA Key Dataset report) and health services (pages 45-46).

6. EQUALITIES IMPACT

6.1 The report as a whole highlights areas of inequality where performance and need in Croydon are different from other local authorities/CCGs in England. The following sections also highlight inequalities between groups within Croydon's population: life expectancy, healthy life expectancy and disability-free life expectancy (page 32 of the JSNA Key Dataset report), school readiness and school attainment (pages 21-22), mental health and learning disability (page 29).

6.2 Equalities issues are built into the JSNA topic prioritisation process. Each topic submission is scored against eight criteria, one of which is the number of equalities groups that are affected by the topic under consideration.

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BACKGROUND DOCUMENTS

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Croydon
Joint Strategic
Needs Assessment

Croydon Key Dataset 2015/16

Lisa Colledge, Public Health Intelligence Analyst

CROYDON
www.croydon.gov.uk

CROYDON PUBLIC HEALTH INTELLIGENCE TEAM
PHIT

Background

- Overview of **comparative data** for Croydon
- Set of indicators developed through **consultation** with JSNA Steering Group and relevant leads
- **278 indicators** relevant to health and wellbeing
  - Data updated for 230 indicators
  - 22 new indicators
- Data is **publically available** and is the latest published data as at 4th August 2015
- To **inform** strategic prioritisation and commissioning decisions

An example (1)

White circle: **Cannot calculate** statistical significance

Yellow circle: **Not significantly different** from England average

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
6 Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	8.3	9.9	6.5		–	–
7 Overcrowded housing (% of households)	9.6%	11.3%	4.6%		no data	no data
8 Households on local authority housing waiting lists (rate per 1,000 households)	33.5	72.2	60.2		▶	▶
9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data

Red circle: Significantly **worse** than England average

Green circle: Significantly **better** than England average

An example (2)

Centre line: **England** average

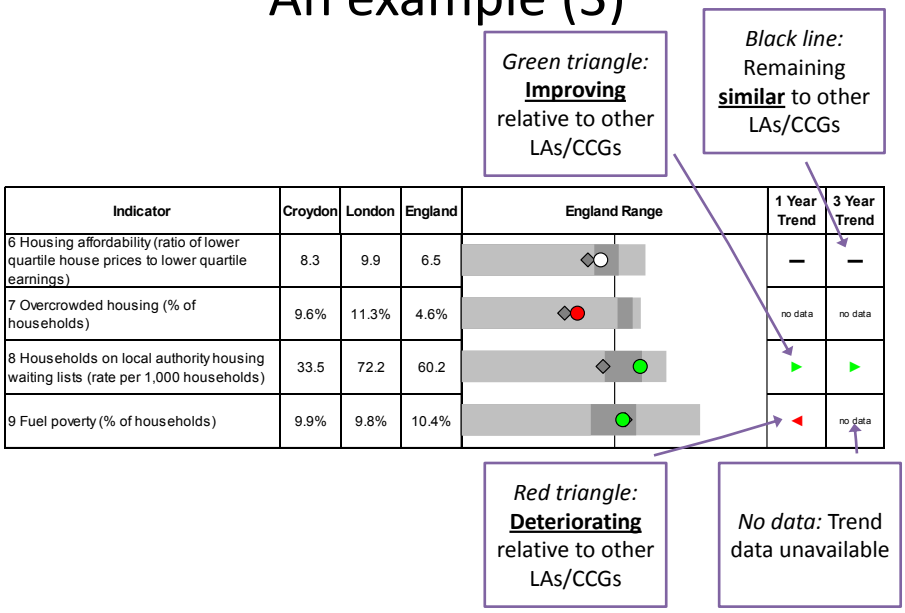
Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
6 Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	8.3	9.9	6.5		–	–
7 Overcrowded housing (% of households)	9.6%	11.3%	4.6%		no data	no data
8 Households on local authority housing waiting lists (rate per 1,000 households)	33.5	72.2	60.2		▶	▶
9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data

Grey diamond: **London** average

Light grey bar: **All LAs/CCGs** in England

Dark grey bar: **Middle 50%** LAs/CCGs

An example (3)



Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
6 Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	8.3	9.9	6.5		–	–
7 Overcrowded housing (% of households)	9.6%	11.3%	4.6%		no data	no data
8 Households on local authority housing waiting lists (rate per 1,000 households)	33.5	72.2	60.2		▶	▶
9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data

How is the information summarised?

- **Areas where Croydon is performing well**: areas where Croydon' s performance is relatively good;
- **Challenges**: areas where Croydon's performance needs to improve;
- **High need**: areas where Croydon has high need relative to the rest of England, where need is increasing or staying the same;

Main areas where Croydon is performing well

1) Giving our children a good start in life	2) Preventing illness and injury and helping people recover
• Breastfeeding and smoking during pregnancy	• Road casualties • Chlamydia screening coverage • Hip fracture care • Smoking quitters
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Life expectancy • Liver disease	• Households on local authority housing waiting lists
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Avoidable hospital admissions • Healthcare associated infection	

Main areas where Croydon is performing well

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Maternal and child health	92 Antenatal risk assessments before 13 weeks (% of antenatal risk assessments)	69.0%	72.7%	83.0%		no data	◄
	93 Smoking during pregnancy (% of mothers)	6.9%	4.9%	11.4%		–	–
	94 Breastfeeding initiation within 48 hours (% of mothers)	87.2%	86.0%	74.3%		–	►
	95 Breastfeeding prevalence at 6-8 weeks from birth (% of infants)	68.4%	53.9%	43.8%		–	►
	96 Newborn hearing screening coverage (% of eligible babies who were screened)	92.7%	98.2%	98.5%		no data	no data

• Liver disease
• Healthcare associated infection

Main areas where Croydon is performing well

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Chlamydia	110 Chlamydia screening coverage (% of people aged 15-24 screened)	28.0%	27.9%	23.9%		▶	no data
	111 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2739	2178	2012		◀	no data

Smoking quitters

3) Preventing premature death and long term health conditions

- Life expectancy
- Liver disease

4) Supporting people to be resilient and independent

- Households on local authority housing waiting lists

5) Providing integrated, safe, high quality services

- Avoidable hospital admissions
- Healthcare associated infection

6) Improving people's experience of care

Main areas where Croydon is performing well

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Tobacco	241 Estimated smoking prevalence (% of survey respondents aged over 18)	17.0%	17.3%	18.4%		◀	–
	242 GP recorded smoking prevalence (% of people aged over 15)	18.1%	18.3%	19.1%		–	no data
	243 GP recorded smoking prevalence in people with long-term conditions (% of people with long-term conditions)	15.0%	15.9%	16.0%		–	–
	244 Smoking quitters (rate per 100,000 people aged over 16)	758	656	688		▶	▶
	245 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,508	1,606	1,645		–	◀
	246 Smoking attributable deaths (rate per 100,000 population aged over 35)	258	276	289		▶	▶

services

- Avoidable hospital admissions
- Healthcare associated infection

Main areas where Croydon is performing well

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Life expectancy	147 Life expectancy at birth (men) in years	80.0	80.0	79.4		▶	–
	148 Life expectancy at birth (women) in years	83.5	84.1	83.1		▶	▶
	149 Life expectancy at age 75 (men) in years	12.0	12.1	11.5		▶	▶
	150 Life expectancy at age 75 (women) in years	13.5	14.0	13.3		▶	▶
Healthy life expectancy	151 Healthy life expectancy at birth (men) in years	63.2	63.4	63.3		–	no data
	152 Healthy life expectancy at birth (women) in years	62.3	63.8	63.9		◀	no data
Inequality between areas of deprivation	155 Inequality in life expectancy between areas of deprivation (men) in years	9.1	7.1	8.4		–	–
	156 Inequality in life expectancy between areas of deprivation (women) in years	7.7	4.9	6.2		–	–

Healthcare associated infection

Main areas where Croydon is performing well

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Liver disease	238 Emergency admissions for alcohol related liver disease (rate per 100,000 population)	11.9	21.1	24.4		▶	▶
	239 Early deaths from liver disease (rate per 100,000 population)	14.2	17.9	17.9		▶	▶
	240 Early deaths from liver disease considered preventable (rate per 100,000 population)	12.9	15.7	15.7		▶	▶

term health conditions

- Life expectancy
- Liver disease

independent

- Households on local authority housing waiting lists

5) Providing integrated, safe, high quality services

- Avoidable hospital admissions
- Healthcare associated infection

6) Improving people's experience of care

Main areas where Croydon is performing well

1) Giving our children a good start in life	2) Preventing illness and injury and helping people recover
• Breastfeeding and smoking during pregnancy	• Road casualties • Chlamydia screening coverage • Hip fracture care • Smoking quitters
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Life expectancy • Liver disease	• Households on local authority housing waiting lists
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Avoidable hospital admissions • Healthcare associated infection	

Main challenges

1) Giving our children a good start in life	2) Preventing illness and injury and helping people recover
• Childhood immunisations • Attainment at key stage 2 • Youth offending • Use of other tobacco products at age 15 • Admissions for mental health for children	• Sexual and reproductive health • Pneumococcal vaccination coverage for older people • Injuries due to falls in older people • Cycling
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Breast screening • Received an NHS health check	• Homelessness
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Diagnosis rate for dementia • Patient reported outcomes measures	• Proportion of deaths at home
Wider determinants of health	
• Violence	

Main challenges

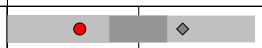
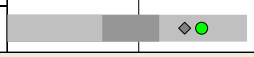
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Immunisation	54 DTaP / IPV / Hib vaccination coverage (1 year old)	91.7%	89.8%	94.3%		▶	▶
	55 Hib / MenC booster vaccination coverage (2 years old)	87.7%	86.8%	92.5%		▶	–
	56 PCV booster vaccination coverage (2 years old)	88.9%	86.3%	92.4%		▶	▶
	57 MMR vaccination coverage for one dose (2 years old)	88.9%	87.5%	92.7%		▶	▶
	58 DTaP / IPV booster vaccination coverage (5 years old)	78.1%	79.3%	88.8%		▶	◀
	59 MMR vaccination coverage for two doses (5 years old)	76.9%	80.7%	88.3%		▶	◀
	60 HPV vaccination coverage (girls aged 12-13 years old)	76.4%	80.0%	86.7%		–	–

- Patient reported outcomes measures

Wider determinants of health

- Violence

Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
School attainment	65 Attainment at key stage 2 (% achieving level 4 in reading, writing and mathematics)	75%	82%	79%		◀	no data
	66 Gap in attainment at key stage 2 (between pupils receiving free school meals and the rest)	18%	13%	18%		–	no data
	67 Attainment at key stage 4 (% achieving 5+ GCSEs at grades A*-C including English and Maths)	56.8%	61.5%	53.4%		◀	–
	68 Gap in attainment at key stage 4 (between pupils receiving free school meals and the rest)	16.3%	19.1%	27.0%		▶	▶

- Received an NHS health check

5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- Patient reported outcomes measures

6) Improving people's experience of care

- Proportion of deaths at home

Wider determinants of health

- Violence

Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Youth offending	70 First-time entrants to the youth justice system (rate per 100,000 10-17 year olds)	580	426	409		◄	◄
	71 Youth re-offending (% re-offending within 12 months)	45.2%	42.2%	37.2%		►	►

3) Preventing premature death and long term health conditions

- Breast screening
- Received an NHS health check

4) Supporting people to be resilient and independent

- Homelessness

5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- Patient reported outcomes measures

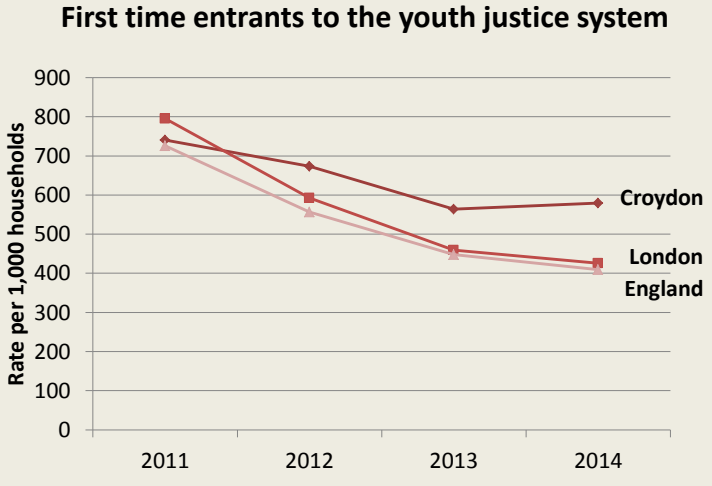
6) Improving people's experience of care

- Proportion of deaths at home

Wider determinants of health

- Violence

Main challenges



Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Tobacco	79 Smoking prevalence at age 15 (% of survey respondents)	7.2%	6.1%	8.2%		no data	no data
	80 Use of e-cigarettes at age 15 (% of survey respondents)	0.9%	1.0%	2.7%		no data	no data
	81 Use of other tobacco products (including shisha) at age 15 (% of survey respondents)	4.4%	4.0%	2.6%		no data	no data

health conditions

- Breast screening
- Received an NHS health check

independent

- Homelessness

5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- Patient reported outcomes measures

6) Improving people's experience of care

- Proportion of deaths at home

Wider determinants of health

- Violence

Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Teenage pregnancy	98 Under 18 conceptions (rate per 1,000 girls aged 15-17)	32.5	21.8	24.3		◄	◄
	99 Under 16 conceptions (rate per 1,000 girls aged 13-15)	6.5	4.8	5.5		◄	◄
Abortions	100 Access to NHS funded abortions (% of NHS funded abortions before 10 weeks gestation)	82.9%	83.7%	80.4%		◄	◄
	101 Abortion rate (per 1,000 women aged 15-44)	25.7	20.9	16.0		–	no data
	102 Repeat abortions (ages under 25) (% of abortions)	36.5%	32.3%	27.0%		–	–
	103 Repeat abortions (all ages) (% of abortions)	49.0%	41.9%	37.6%		◄	◄
Reproductive health	104 GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	39.6	25.1	52.7		◄	no data
	105 Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	301	203	236		►	►
	106 Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	138	115	90		◄	◄

Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
HIV	107 HIV prevalence (rate per 1,000 people aged 15-59)	5.1	5.7	2.1		–	–
	108 Uptake of HIV testing in GUM clinics (% of tests offered)	87.1%	83.7%	77.5%		◄	–
	109 Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	56.8%	40.5%	45.0%		◄	no data
Chlamydia	110 Chlamydia screening coverage (% of people aged 15-24 screened)	28.0%	27.9%	23.9%		►	no data
	111 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2739	2178	2012		◄	no data
	112 Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	272.1	377.2	173.2		–	no data
Other sexually transmitted infections	113 Gonorrhoea diagnoses at GUM clinics (rate per 100,000 population)	152.1	190.5	63.3		–	–
	114 Syphilis diagnoses at GUM clinics (rate per 100,000 population)	10.5	27.4	7.8		►	–
	115 Genital herpes diagnoses at GUM clinics (rate per 100,000 population)	61.7	88.1	57.8		►	►
	116 Genital warts diagnoses at GUM clinics (rate per 100,000 population)	127.2	161.3	128.4		◄	◄

Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
NHS health checks	274 Offered an NHS health check (cumulative % of eligible people aged 40-74)	11.9%	44.6%	37.9%		►	no data
	275 Received an NHS health check (cumulative % of eligible people aged 40-74)	6.9%	21.5%	18.6%		–	no data

3) Preventing premature death and long term health conditions

- Breast screening
- Received an NHS health check

4) Supporting people to be resilient and independent

- Homelessness

5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- Patient reported outcomes measures

6) Improving people's experience of care

- Proportion of deaths at home

Wider determinants of health

- Violence

Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Homeless-ness	10 Homelessness acceptances (rate per 1,000 households)	5.8	5.1	2.4		◄	►
	11 Households in temporary accommodation (rate per 1,000 households)	18.2	14.0	2.8		–	◄
	12 Households in bed & breakfast accommodation (rate per 1,000 households)	1.30	0.86	0.23		–	►

health conditions

- Breast screening
- Received an NHS health check

Independent

- Homelessness

5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- Patient reported outcomes measures

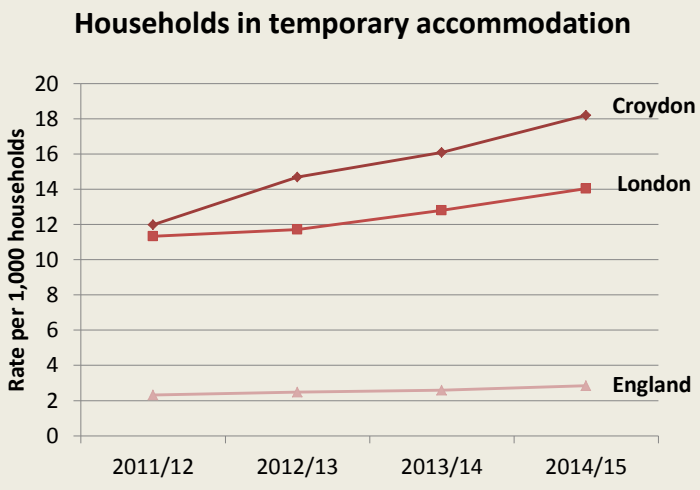
6) Improving people's experience of care

- Proportion of deaths at home

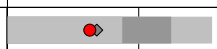
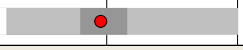
Wider determinants of health

- Violence

Main challenges



Main challenges

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Violence	16 Violence against the person offences (rate per 1,000 population)	20.3	19.3	13.5		◄	◄
	17 Sexual violence offences (rate per 1,000 population)	1.84	1.73	1.54		►	►
	18 Emergency admissions for violence (rate per 100,000 population)	52.1	51.3	52.4		–	no data
	19 Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	20.0	20.0	19.4		◄	–

• Received an NHS health check	
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Diagnosis rate for dementia • Patient reported outcomes measures	• Proportion of deaths at home
Wider determinants of health	
• Violence	

Main challenges

1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Childhood immunisations • Attainment at key stage 2 • Youth offending • Use of other tobacco products at age 15 • Admissions for mental health for children	• Sexual and reproductive health • Pneumococcal vaccination coverage for older people • Injuries due to falls in older people • Cycling
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Breast screening • Received an NHS health check	• Homelessness
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Diagnosis rate for dementia • Patient reported outcomes measures	• Proportion of deaths at home
Wider determinants of health	
• Violence	

Main areas of high need

1) Giving our children a good start in life	2) Preventing illness and injury and helping people recover
• Child poverty • Looked after children • Children with autism	
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
Wider determinants of health	
• Population growth and turnover	

Main areas of high need

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period
Poverty	45 Children in poverty (% of children aged under 16)	23.0%	23.7%	19.2%		–	–	2012
	46 School children known to be eligible for free school meals (% of primary school pupils)	22.0%	18.5%	15.6%		◄	◄	Jan 2015
	47 School children known to be eligible for free school meals (% of secondary school pupils)	18.1%	19.6%	13.9%		◄	◄	Jan 2015
Lone parent families	97 Lone parent benefit claimants (% of working population)	1.6%	1.2%	1.1%		◄	–	Nov 2014

5) Providing integrated, safe, high quality services	6) Improving people's experience of care
Wider determinants of health	
• Population growth and turnover	

Main areas of high need

1) Giving our children a good start in life	2) Preventing illness and injury and helping people recover
• Child poverty • Looked after children • Children with autism	
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
Wider determinants of health	
• Population growth and turnover	

Conclusion

- Use to inform strategic prioritisation and commissioning decisions
- Consider alongside:
  - Other local intelligence to understand context
  - Rest of the JSNA Key Dataset 2015/16 report

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **21 October 2015**
AGENDA ITEMS:	**7**
SUBJECT:	**Annual reports of the Safeguarding Adults and Safeguarding Children's boards**
BOARD SPONSOR:	**Paul Greenhalgh, Executive Director - People, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

The Children's and Adult's Safeguarding Boards are a statutorily required body in each local authority. Both Boards are independently chaired. The key role of each Board is to enable agencies to hold each other to account to secure effective safeguarding arrangements for children and adults in the local authority area. It is a Regulatory requirement that the chairs of the Boards report annually to the Council regarding issues of safeguarding children and safeguarding adults.

The Health and Wellbeing Board annual report it states:
Under its vision statement the strategy details a number of outcomes the board will work towards achieving. In order to realise these outcomes the Health and Wellbeing Board identified six areas for improvement:
1. giving our children a good start in life
2. preventing illness and injury and helping people recover
3. preventing premature death and long term health conditions
4. supporting people to be resilient and independent
5. providing integrated, safe, high quality services
6. improving people's experience of care

The annual report of the children and adult safeguarding boards reflect these objectives and also evidence work in line with the Council's corporate plan 2015-18 and Independence Strategy – enabling growth, independence and liveability which includes:

- The protection of children and vulnerable adults by working with our partners to ensure protection from harm, abuse and exploitation through effective and efficient safeguarding processes and procedures.
- Prevention of domestic abuse and sexual violence where possible, supporting victims and holding perpetrators to account
- Helping our residents to be as independent as possible

FINANCIAL IMPACT:

There are no financial impacts identified by this report

1. RECOMMENDATIONS

1.1 This report recommends that the Health and Wellbeing Board notes the effectiveness of the Croydon Safeguarding Children Board in ensuring the safeguarding of children and young people in Croydon.

1.2 That the Board notes the effectiveness of the Croydon Safeguarding Adult Board in ensuring the safeguarding of adults in Croydon.

2. EXECUTIVE SUMMARY

2.1 The purpose of the reports is to detail the activity and effectiveness of the Croydon Safeguarding Children Board (CSCB) and the Croydon Safeguarding Adult Board (CSAB) between April 2014 and March 2015. The reports are submitted by the respective independent chairs of the Safeguarding Boards, which ensures that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding children. The report also includes the Business Plans for 2015/16. This report sets out the key priorities for the Boards for the current year.

2.2 The report is being presented to the health and Wellbeing Board. In view of the stated intention for the HWBB and Safeguarding Adults Boards to work more closely together it is helpful that there are links between objectives of the safeguarding boards and those of the Health and Wellbeing Board. It is important that we ensure going forward that there is growing mutual influence of priorities and that we are proactive in making the relevant links so that the impact on joint objectives is enhanced. In this context the Safeguarding Boards will welcome annual presentation of the Health and Wellbeing Board Annual Report and Strategy.

3. DETAIL

3.1 The Children's Safeguarding Annual Report is due for presentation at the Children and Family Scrutiny Panel on 13th October 2015. It is an important function of Council's oversight of this vital activity that the safeguarding activity of our most vulnerable residents is given rigorous scrutiny by elected members.

3.2 The report is introduced by the Independent Chair of the Board, Catherine Doran. The Chair is required to be independent and this ensures that agencies receive the challenge and scrutiny required to ensure improvement. The report gives a comprehensive update on the multi-agency activity to safeguard children.

3.3 The report outlines that considerable progress has been made in the past year. This is set out in the Executive Summary in Section 3 of the Report. Section 7 of the Report gives more detailed information regarding the progress against the Business Plan for 2014-15.The Report also outlines key information about the context and the growing demands on agencies given the circumstances of a growing population and a rise in the relative levels of deprivation. The role of lay members is an additional layer of independent challenge and their contributions are set out in Section 8. The Board relies for much of its detailed

work on the operation of the sub-groups and their work is set out in greater detail in Section 9. This includes the outcomes of Serious Case Reviews. In the past year, we have established a cross-Party Serious Case Review Group, which allows the Director of Children and Family Early Intervention and Children's Social Care to share the outcomes of Reviews with elected members prior to publication.

3.4 The Business Plan for 2015-16 sets out the actions against the agreed priorities for the Board this year. The priorities are:

- Ensuring Greater Provision of Early Help
- Improving Multi-agency Interventions
- Improving the Stability, Knowledge and Capacity of the Workforce
- Focussing on Performance, Outcomes, Audit and Improvement
- Children with Disability
- Completing Serious Case Reviews and Ensuring the Learning is Embedded
- Improve the Communication Strategy
- Continue to Raise the Profile of Child Sexual Exploitation

3.5 The Board recognises the need for further improvement in the current year and beyond. The report outlines where there remain issues of concern and what actions are planned to address these. The work of the Board is to bring agencies together to meet the requirements to protect children and to promote their wellbeing. In the circumstances where all agencies are increasingly under pressure of resources, this collective endeavour remains crucial.

4. DETAIL – Croydon Safeguarding Adults Board

4.1 The report is introduced by the Independent Chair of the Board,Jane Lawson . The independence of the Chair ensures that agencies receive the challenge and scrutiny required to ensure improvement. The report gives a comprehensive update on the multi-agency activity to safeguard adults.

4.2 The report identifies that key areas of development during the year April 2014 - March 2015 have been:

- The ongoing consolidation of a person centred approach under Making Safeguarding Personal including holding a succession of meetings with service users to begin to work out how best to ensure that they have a voice in how safeguarding services are developed
- Responses to specific areas of concern to strengthen the prevention agenda. This includes:
    - Fire safety prevention
    - Work to reduce the incidence of pressure ulcers
    - Strengthening commissioning and quality assurance activity as a vehicle to improve the standards of care delivered by Providers
- Expanding Deprivation of Liberty Safeguards services in response to a Supreme Court ruling which has significantly changed how we support people who lack capacity to make decisions about their own care.

- Establishing multiagency working groups to share information about individual incidences of serious harm in order to ensure lessons are learnt and changes made
- Delivering a robust multiagency learning and development programme to up-skill everyone working with adults at risk, including training for Providers of care and support
- Reaching out to BAME communities and faith groups to try to break down the barriers that lead to an underreporting of abuse
- Development of the Safeguarding Adults Board in preparation for implementation of the Care Act and the Care and Support Statutory Guidance. This included establishing a Leadership Executive to the Board in March to provide leadership, governance and performance management functions enabling the statutory partners to the Board to fulfil a leadership role.

The report includes data on safeguarding adults' referrals and activity. The data reveals that there has been a significant increase in the numbers of safeguarding alerts from 2013/14 and 2014/15. The data shows that there is still a disproportionate number of referrals for the 'white' population compared with rates for the other ethnic groups.

4.3 The business plan for 2015/16 sets the priorities going forward:

- Further strengthening the safeguarding partnership's effectiveness,
- Further strengthening a Making Safeguarding Personal approach
- Ensuring production of accessible information for staff, people who use safeguarding, support carers and the public.
- Ensuring that people who may lack capacity are kept safe by developing knowledge and practice in respect of the MCA/DoLS
- Improving the way in which services are commissioned and contracts are monitored to reduce risk of abuse/neglect.
- Improving risk management
- Strengthening workforce capacity through safer recruitment and a focus on staff support and development.

The Board recognises the importance of the partnership in working together to meet the above objectives.

4. CONSULTATION

4.1 All relevant local agencies contributed to the annual report.

5. LEGAL CONSIDERATIONS

5.1 The Solicitor to the Council comments that there are no legal issues arising from the content of this report.

(Approved by: Jacqueline Harris Baker, head of social care and education law on behalf of the Director of Democratic and Legal Services)

6. EQUALITIES IMPACT

8.1 Quality assurance data provided in the annual review report is designed as a summary set of information and is provided at a high level, without detailed breakdown of groups with various protected characteristics. However, needs assessment, quality assurance and performance information provided to the LSCB on an ongoing basis does report upon some equalities characteristics for vulnerable children. Gender and age data is routinely considered and it is acknowledged that practice in relation to the full range of equalities characteristics needs to be further strengthened in the period ahead.

8.2 For adults there remains a lower than expected number of safeguarding referrals for people in BAME communities taking account of the proportions represented in the total Croydon population. However, analysis reveals that the numbers of safeguarding referrals for BAME groups are largely in line with the numbers of people from these groups who receive support services.

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BACKGROUND DOCUMENTS: None

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **21 October 2015**
AGENDA ITEM:	**8**
SUBJECT:	**Local implementation of the national autism strategy**
BOARD SPONSOR:	**Paul Greenhalgh, Executive Director – People** **Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

The following report is written in the context of the following:

- Joint Health and Wellbeing Strategy priorities;
- National Strategy in relation to the Autism Act 2009;
- The Care Act 2014;
- Integrated Commissioning Unit (ICU) Commissioning intentions 2015-16.

FINANCIAL IMPACT:

The Financial context and impact of the local implementation of the national autism strategy is set out in sections 2 and 3 below.

1. RECOMMENDATIONS

This report is provided for information and recommends that the health and wellbeing board note the following:

1.1 Financial context in which the Act and national autism strategy is set;
1.2 The commissioning approach to local implementation of the national autism strategy;
1.3 The partnership approach to the local implementation of the national autism strategy.
1.4 To comment on further improvements to aid delivery of the strategy.
1.5 To receive a report with regard to services for children and young people with autism.

2. EXECUTIVE SUMMARY

2.1 The Adult Autism Act ("the Act") received Royal Assent on 12 November 2009. The Act placed a duty on the Secretary of State to prepare and publish by 1 April 2010 a strategy for meeting the needs of adults in England with autistic spectrum conditions, by improving the provision by local authorities and National Health Service bodies of health and social services to such adults. The Secretary of State is required to keep the autism strategy under review and may revise it.

2.2 The Act also required the Secretary of State to issue guidance, by 31 December 2010, to NHS bodies, NHS foundation trusts and local authorities on implementation of the strategy. The Secretary of State must keep the guidance under review, and consult with the NHS and local authorities both before issuing the guidance and before revising it in any way that would result in a substantial change. The Act puts on local authorities and NHS bodies a duty to act under this guidance.

2.3 Since the Act was introduced further guidance has been published which has, in fact strengthened the requirements of the Act.

2.4 In considering this report the Health and Well Being Board should bear in mind that autism is a "catch all" term and has a wide spectrum on which a person can be diagnosed. Ranging from classic autism at one end to Asperger's syndrome at the other the needs and abilities vary on an individual, case by case basis.

3. DETAIL

3.1 Introduction

3.1.1 Croydon Council has taken a pragmatic approach in the implementation of the Act enabling the council to improve and develop services and responses within the diminishing available resources. To this end, resources were focussed in specific areas of service provision, commissioning and procurement. A similar approach has been taken in relation to the commissioning of health services by joint commissioners and Croydon Clinical Commissioning Group (CCG).

3.1.2 The main focus on the Act is to improve service accessibility and response, increase awareness of autism amongst employees, volunteers and communities.

3.1.3 In delivering the national strategy at a local level the guidance gave clear direction as to how this should be done by placing a duty on all public bodies specifically local authorities and the NHS in their capacity as both commissioners and service providers. Through a simple approach of ensuring that all contracts and service speciation's contain clear expectations that services will meet the requirements of the Act regardless of which organisation is commissioning (local authority or NHS) a consistent approach can be achieved.

3.1.4 However, given the range and variety of services which are ranged under local authority and NHS more detailed focus is required in specific areas to ensure that the outcomes required within the Act are addressed.

3.1.5 To this end, the Act should (and is) viewed as a golden thread which runs through all strategic planning and service delivery. Simply autism should be seen as an additional "protected characteristic" and commissioners as well as providers apply the simple test of "does this service meet the needs of people with autism and their carers?" and "does this service meet the requirements of the Autism Act?"

3.1.6 This report gives focus to the provision of services for adults with autism given that the national strategy supports the Adult Autism Act. However, references

are made throughout the report to services for children and young people. Useful information on services and available support can be found on the Croydon Council website.

3.2 **Prevalence**

3.2.1 Estimates on the prevalence of autism amongst the population vary. The National Autistic Society estimates that approximately 1:100 of the population could be diagnosed as being on the spectrum (see 2.4) but in reality it could be as high as 1:50.

3.2.2 One factor which is likely to have impacted on the potentially increased prevalence could be greater awareness of the condition. Over recent years teachers, nursery workers and teaching support staff have benefited from greater awareness of autism. Where once a child may have been thought of as "fidgety" or "disruptive" staff have now been trained to look beyond the negative behaviour and consider other traits and other behaviours. In addition, greater understanding and awareness among parents has also contributed to this especially with the plethora of resources and information available on line. As such, the increase in awareness amongst early years staff and parents has resulted in an increase in referrals to specialist services for diagnosis.

3.2.3 Diagnosis amongst the adult population though remains low but steady. In many cases adults tend to be diagnosed only when a crisis has arisen possibly due to a later-life transition or involvement with the criminal justice service.

3.2.4 Improvements to referral and diagnostic pathways for adults are an area where development and improvements need to take place. However, due to the improved identification and diagnosis at an earlier age it is anticipated that the prevalence of undiagnosed autism in adults will diminish.

3.2.5 It should be noted that undiagnosed autism in adults generally occurs amongst those groups who later go on to be diagnosed with Asperger's Syndrome and by nature tend to be high functioning.

3.2.6 The table below provides an estimate of the prevalence of autism in the borough 2014-20 by age and gender.

Table 1
PANSI Data

Data for: Croydon					
People aged 18-64 predicted to have autistic spectrum disorders, by age and gender, projected to 2020					
	2012	**2014**	**2016**	**2018**	**2020**
Males aged 18-24 predicted to have autistic spectrum disorders	290	290	281	275	266
Males aged 25-34 predicted to have autistic spectrum disorders	495	499	511	520	529
Males aged 35-44 predicted to have autistic spectrum disorders	466	464	472	477	482
Males aged 45-54 predicted to have autistic spectrum disorders	464	477	475	470	461
Males aged 55-64 predicted to have autistic spectrum disorders	308	319	340	364	391
Total males aged 18-64 predicted to have autistic spectrum disorders	**2,023**	**2,048**	**2,079**	**2,106**	**2,129**
Females aged 18-24 predicted to have autistic spectrum disorders	32	30	29	28	27
Females aged 25-34 predicted to have autistic spectrum disorders	59	59	59	59	59
Females aged 35-44 predicted to have autistic spectrum disorders	55	56	57	58	59
Females aged 45-54 predicted to have autistic spectrum disorders	54	56	57	57	56
Females aged 55-64 predicted to have autistic spectrum disorders	37	39	41	43	46
Total females aged 18-64 predicted to have autistic spectrum disorders	**238**	**240**	**243**	**246**	**248**
Figures may not sum due to rounding. Crown copyright 2012					
The information about ASD is based on Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey 2007 was published by the Health and Social Care Information Centre in September 2009.					
The prevalence of ASD was found to be 1.0% of the adult population in England, using the threshold of a score of 10 on					
The report Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special					
The National Autistic Society states that 'estimates of the proportion of people with autism spectrum disorders (ASD)					
The prevalence rates have been applied to ONS population projections of the 18 to 64 population to give estimated numbers predicted to have autistic spectrum disorder to 2020.					

3.3 Approach to commissioning and procurement

3.3.1 Croydon has taken two approaches to commissioning and procurement in regard to autism and can be categorized as commissioning for individual needs and commissioning for general need.

3.3.2 Commissioning for individual need refers specifically macro and micro commissioning of services to support an individual. This would take the form of commissioning a specialist placement provider who has demonstrable skills and track record in being able to deliver a range of accommodation or residential based services for a person with autism and a learning disability; alternatively, a provider may be commissioned to deliver a specific service to an adult with Asperger's syndrome who is experiencing mental ill-heath. It is Croydon's practice to commission on "need" rather than on "diagnosis", thereby providing services which respond to the individuals, needs and the required outcomes.

3.3.3 Commissioning for general need applies to how commissioners (including the work of the Integrated Commissioning Unit) have approached embedding good practice in services delivered by our partners and contractors. Consequently, guidance has been provided to commissioners to ensure that the Autism Act is referenced in service specifications and arrangements are put in place in order to monitor how contractors have implemented this requirement (e.g. of staff training, making reasonable adjustments, etc.).

3.4 **Service for people with eligible assessed social care needs**

3.4.1 As described in 3.1 above, Croydon's approach to commissioning and procurement is one based on need rather than diagnosis. However, there are a range of services which are commissioned to meet eligible need which are autism specific. This includes a range of residential services both in and out of borough as well as community based day opportunity services.

3.4.2 For many, the requirement for a residential care placement is often due to the comorbidity of autism and learning disability. Nationally the number of adults with a dual diagnosis of autism and learning disability accounts for around 30% of the total adult learning disabled population. Consequently, residential services for adults with a learning disability tend to be presupposed working with a customer group with multiple needs. Such services tend provide placements for people who are more likely to have "classic" autism as opposed to being high functioning (ie Asperger's Syndrome).

3.4.3 A similar profile can be found for supported living providers, it tends to be those offering services for adults with a learning disability that are more able to demonstrate their abilities in this area.

3.4.4 In terms of community based day opportunity services there is a slightly different picture. A number of agencies provide specific day opportunity services for adults with autism such as the National Autistic Society and Croydon Care Solutions. People in receipt of day opportunity services tend to be those who are higher functioning and have a degree of independent living (i.e. living with family or in supported living environments). Moreover, services tend to be skill development based – ranging from activities of daily living to behaviour management.

3.5 **Services for people who do not have assessed eligible needs**

3.5.1 For many people who do not have assessed eligible needs the availability of information, advice and support is the cornerstone in their ability to remain independent in the community.

3.5.2 Our approach to commissioning and procurement is such that it is our expectation that services commissioned and funded are compliant with the Autism Act in terms of accessibility, reasonable adjustments and suitably trained staff.

3.5.3 Croydon has a rich and vibrant community and voluntary sector which continues to grow. Consequently, there are a number of organizations locally which offer support and services to people with autism, their carers and families.

3.5.4 Activities such as youth clubs, adult social clubs, drop in services and family support services are available. Some are free whilst some require a subscription but in the main, are comparable in cost to "main stream" activities such as cubs, scouts, brownies, guides, etc.

3.6 **Service Demand – Current and Future**

3.6.1 In the most recent guidance for the Adult Service Care Outcomes Framework (ASCOF) local authorities are now required to record the prevalence of autism amongst adults using and accessing services through the Short and Long Term Conditions (SALT) return. This requirement was introduced in 2014 with data being included in the 2015 return.

3.6.2 As this is the first year of recording in this manner it is expected that it will take some time before the prevalence data accurately reflects the population. The guidance states that recording can only take place where there is a formal diagnosis of autism or Asperger's Syndrome and does not report "self-diagnosis". Therefore, with this in mind it is not possible to give an estimate as the current demand for service based on diagnosis alone.

3.6.3 Using the data provided above it is estimated that in 2016 there will be approximately 2,250 people aged 18-64 with an autistic spectrum disorder living in the borough (ref 2.4 above). However, to give a sense of the proportion of this cohort who will be in receipt of some form of service we can use the estimate of 30% of adults with a learning disability being on the spectrum which would mean that in the region of 500 people would be in receipt of a service.

3.7 **Outcomes**

3.7.1 As in every area of health and social care outcomes are related to the individual but clearly link with those outcomes expressed in the independence strategy. There are a range of outcomes which both commissioners and providers seek to achieve through their respective areas and are broadly covered in 3.2 above. However, at an individual level listed below are some examples of outcomes which are being achieved:

- Development of social communication skills to assist a person on the spectrum understand the world around them;
- Development of general communication skills to enable a person on the spectrum to communicate effectively their needs and wishes;
- Development of coping skills to assist a person on the spectrum manage situations which do not fit with "their plan";
- Development of social networks to facilitate socialization and opportunities to meet with others who share similar "special interests";

3.8 **Staff training 2011 to 2015**

3.8.1 When the Act was introduced a clear area for service development was that of staff training. Whilst many staff within services such as learning disability and mental health had received some training it was by no means across the board for everyone. Training has been commissioned within the available resources and as stated above no additional resources were made available through central government to fund developments. A suitably qualified and accredited provider was commissioned to deliver training to council staff as follows:

3.8.1.1 Tier 1 training was aimed at social care staff and provided grounding on autism, what it is, how it affects people and strategies for communication. This was commissioned in recognition that autism is a condition that can

affect anyone and is not just restricted to people with a learning disability for instance. It also paved the way for people attending the tier 2 training.

3.8.1.2 Tier 2 training was very much developed to support case management staff to enhance their assessment and support planning skills. Through providing greater understanding and awareness of the autistic spectrum and linking this with well-established methodologies such as person centered planning case managers have been able to develop better and more outcome based support plans.

3.8.1.3 In addition where the need for additional training had been identified by managers and supervisors this has been met through attendance at specialist training events, additional reading, on line training or job shadowing.

3.9 **Staff training 2015 onwards**

3.9.1 In commissioning training for 2015 onwards, consideration was given to the fact that the council needed to expand the skills for all customer-facing staff such as Access Croydon staff, housing staff, etc. Therefore, a programme has been commissioned to be delivered from 2015-16 onwards which will provide the two tier system as described above (but for all relevant staff) and an additional on-line e-learning module.

3.9.2 As well as meeting the learning objectives which have been set out, the provider must also demonstrate that the training has been coproduced by people on the spectrum and must be co-delivered by people on the spectrum.

3.9.3 In the winter of 2014, the Department of Health announced a one off capital grant of £18,500 for local authorities to apply for. Croydon elected to apply for funds to develop an e-learning module on autism which could be accessed by anyone who lives or works in the borough. The e-learning also has to be co-produced by people on the spectrum. The objectives of the e-learning module are to enable the Croydon community develop their awareness in autism and in time develop an autism friendly borough.

3.10 **Key areas for development are:**

- diagnostic pathways;
- information, advice and support;
- awareness and training;
- Accessibility of universal services.

4. CONSULTATION

4.1 Over the past 12 months there has been a significant change in the amount and type of community involvement. Perhaps one of the most visible methods of involving the community in autism agenda has been the development of a specific webpage on Croydon Council's website and the launch of a Facebook page.

4.2 The council Autism Champion supported by the Autism Lead has reconstituted the Autism Reference Group which has now been renamed the Autism Partnership Group. The Partnership Group meetings quarterly and includes representatives from statutory (health, social care, education) and voluntary sector organizations such as, parent support groups, carers and individuals on the spectrum and service providers. The agenda, minutes and related documents are available to the public on the autism webpages. Accountability and reporting mechanisms for the partnership group have yet to be fully embedded. This is in part due to a review of the current partnership arrangements within the council. However, it is envisaged that for practical purposes the Autism Partnership Group will in the interim report to the Learning disability Partnership Group.

4.3 In order to set the direction of travel and prioritise the areas of service development this is heavily influenced by the outcomes of the autism self-assessment undertaken approximately every 2 years. The self-assessment itself covers all the domains with the statutory guidance and the outcomes enable the partnership group consisting of all stakeholders (eg carers, service users representatives, providers and commissioners) to set out a clear work plan.

5. SERVICE INTEGRATION

5.1 Services are in the main already integrated with the health and social care sphere for those with eligible needs. Joint health and social care service delivery and commissioning within both mental health and learning disability services has been common place for many years in Croydon.

5.2 Taking a preventative, early intervention and whole family approach across all "people facing" services the needs of people with autism and their carers can be identified and addressed in a holistic way.

5.3 The Act clearly sets out the expectations in terms of not just service delivery being integrated but commissioning as well. To this end, the council and Croydon CCG through the ICU have clear commissioning intentions which further promote and embed the requirements of the Act in all service delivery. Consequently, the approach described in 3.3.3 above is one that has been adopted by Croydon CCG in the commissioning and procurement of NHS related services.

5.4 Whilst the Act relates specially to adults it does influence the commissioning and service delivery of services for children and young people. As such, the ICU through its procurement, commissioning and contracting functions applies the requirements of the Act across both children/young people and adult services.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 It is important to reiterate the point in 2.4 above in terms of funding. When the Act was introduced in 2010 it was done with no additional or identified separate funding from government to support it. Consequently, all developments and service improvements have had to be achieved within existing shrinking budgets.

7. EQUALITIES IMPACT

7.1 Although to date a Joint Strategic Needs Assessment (JSNA) has not been undertaken specifically on autism this is being addressed through the "golden thread" approach described in 3.1.5 above as and when services are undertaking Equality Impact Assessments.

7.2 Given the high demand and resources required to undertake JSNAs the Joint Strategic Needs Assailment steering Group have been asked to adopt the same "golden thread" approach described above in all forthcoming JSNAs.

CONTACT OFFICER: Simon Wadsworth, Strategic Projects Manager, Croydon Council.

BACKGROUND DOCUMENTS: None

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DRAFT REPORT TO:	**HEALTH AND WELLBEING BOARD** **21 October 2015**
AGENDA ITEM:	**9**
SUBJECT:	**Report of the chair of the executive group: incorporating risk register, board work plan and performance report**
LEAD OFFICER:	**Paul Greenhalgh, Executive Director, People, Croydon Council**

CORPORATE PRIORITY/POLICY CONTEXT:

The Health and Social Care Act 2102 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.

FINANCIAL IMPACT:

None

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Note risks identified at appendix 1.
- Agree changes to the board work plan set out in paragraph 3.6.

2. EXECUTIVE SUMMARY

2.1 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 on its behalf. A summary of risks is at appendix 1.

2.2 The health and wellbeing board agreed a work plan for 2015/16 at its meeting on 10 June 2015. The board work plan is regularly reviewed and updated by the executive group and the chair. The most recent version of the board work plan 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 workshop held on 1 August 2013 recommended that the chair of the executive group reports 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 September 2015 are set out below:

- Review of the board work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy.
- Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership.
- Review of responses to public questions and general enquiries relating to the work of the board.
- Organisation of a joint workshop with the Opportunity and Fairness Commission

3.3 A draft board development plan was discussed by the executive group at its meeting on 8 September 2015.

3.4 Proposals made at the board workshop held on 24 July 2015 were grouped into five themes:

a. Develop increased ownership of the board by key partners.
b. Improve style of board meetings (issues with venue, council committee process, number of agenda items and paperwork, lack of discussion time).
c. Improve focus in the work of the board on its key strategic priorities and core statutory functions.
d. Give more attention to the wider determinants of health by the board.
e. Increase engagement with the broader community and public.

Risk

3.5 Risks identified by the board are summarised at appendix 1. The executive group regularly review the board risk register. There have been no amendments to risk ratings since the last report to the board. However, the executive group reviewed in depth risk HWB5 which relates to financial allocations in health and social care. This was raised from 20 to 25 in June 2015. Further work is underway on mitigating actions.

Board work plan

3.6 Changes to the board work plan from the version agreed by the board on 9 September 2015 are summarised below. Changes were discussed by the executive group on 8 September 2015. This is version 74.0 of the work plan. The work plan is at appendix 2.

3.6.1 Community services for over 65s and maternal health JSNA chapters moved to 9 December 2015.
3.6.3 JSNA process and topics 2016 moved to 9 December 2015.

Appendices (as attachments)

Appendix 1 risk summary
Appendix 2 board work plan

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 front page of the work

plan. As items are scheduled they are moved to the relevant board meeting date.

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, 020 8726 6000 ext. 61600

BACKGROUND DOCUMENTS

None

21 October 2015

Risk Status

			Risk rating		Control measures			
Risk Ref	**Business Unit**	**Risk**	**Current**	**Future**	**Future**	**Existing**	**Total**	**% Implemented**
HWB5	HWB	Limited or constrained financial allocations in health and social care which gives rise to the inability to balance reducing budgets with a rising demand	25	20	4	5	9	70%
HWB6	HWB	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%
HWB8	HWB	Board is not able to demonstrate improved outcomes for the population	16	12	4	4	4	60%
HWB4	HWB	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%
HWB1	HWB	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%
HWB3	HWB	Failure to clearly understand the purpose, boundaries and remit of the Board	12	4	2	3	3	67%
HWB2	HWB	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	15	12	3	2	5	71%
HWB7	HWB	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	4	4	80%

Topic proposed: date to be agreed
Pharmaceutical needs assessment update (December 2016?)
Fairness Commission initial report / final report
Integrated care/Transforming Adult Community Services (reports in autumn 2015 timing to be confirmed)
SW London Commissioning Collaborative
JSNA 2014/15 young people and smoking chapter final draft
Food Flagship
Early years/'Best Start'

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
23 October	**Joint workshop with Opportunity and Fairness Commission**				
Date to be agreed	**Public engagement event / HWB conference**				
9 December 2015	**Strategic items**				
	Commissioning intentions 2015/16	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS and the power to give its opinion to the council on whether the council is discharging its duty to have regard to relevant JSNA and JHWS.	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan / Jane Doyle

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Urgent care transformation	To inform the board of work to transform urgent care	Redesign urgent care pathways	Paula Swann	tbc
	Business items				
	Health protection update	To inform the board of key health protection issues for the borough including uptake of immunisations & vaccinations	Improve the uptake of childhood immunisations	Mike Robinson	Ellen Schwartz / Miranda Mindlin
	JSNA 2014/15 maternal health chapter final draft	To consider the findings of the chapter and agree to its publication	Giving children a good start in life	Mike Robinson	Sarah Nicholls / Dawn Cox
	JSNA 2014/15 community based services for over 65s chapter final draft	To consider the findings of the chapter and agree to its publication.	Prevent illness and injury and promote recovery in the over 65s	Mike Robinson	Steve Morton / Nerissa Santimano
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Paul Greenhalgh	Steve Morton
	Partnership groups report	To provide an overview	n/a	Paul Greenhalgh	Steve Morton

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	(Partnership group: All)	of the work of the partnership groups accountable to the board and to agree any changes as a result of a review of the partnership groups.			
10 February 2016	**Strategic items**				
	Business items				
	Health and social care integration: outcomes based commissioning for over 65s	To update the board on progress since the last report on 22/10/14	Prevent illness and injury and promote recovery in the over 65s	Paula Swann / Paul Greenhalgh	
	Report of the chair of the executive group • Performance report • Work plan • Risk	To inform the board of work undertaken by the executive group, to consider performance and review the board risk register	n/a	Paul Greenhalgh	Steve Morton
13 April 2016	**Strategic items**				
	Final commissioning plans 2015/16	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS and the power	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan / Jane Doyle

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		to give its opinion to the council on whether the council is discharging its duty to have regard to relevant JSNA and JHWS.			
	Business items				
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Paul Greenhalgh	Steve Morton
June 2016	**Strategic items**				
	Business items				
	Heart Town annual report			Mike Robinson	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton

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 / Bevoly 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 • Depression in adults • Schizophrenia	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 • Emotional health and wellbeing of children	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 circulatory diseases	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
	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 executive group (standing item)	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
	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 • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	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 • CCG Operating Plan 2014/15 – 2016/17 • Children and families' plan 2014/15	For information	Paula Swann/Hannah Miller/Paul Greenhalgh	Stephen Warren / Brenda Scanlan / Jane Doyle
	JSNA 2013/14 domestic violence chapter final draft	Decision	Mike Robinson	Ellen Schwartz

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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 • Work plan • Risk register	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
	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 /	Paula Swann /'

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
			Hannah Miller	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 • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk register	Discussion & decision	Hannah Miller	 Steve Morton Laura Gamble Steve Morton
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 • Work plan • Risk register	Discussion & decision	Hannah Miller	Steve Morton
	Somewhere to go, something to do: a survey of the views of people using mental health day services in Croydon	Information	Maggie Mansell	Richard Pacitti
1 October 2014	Board public engagement event: joint health and wellbeing strategy review			

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

22 October 2014	Focus on outcomes: primary care : general practice	Information and discussion	Dr Jane Fryer	Dr Jane Fryer
	JSNA key dataset 2014/15	Discussion & decision	Mike Robinson	Jenny Hacker / David Osborne
	Outcomes based commissioning for over 65s	Information & discussion	Paula Swann / Hannah Miller	Brenda Scanlan / Stephen Warren
	Partnership groups report • Summary report from all partnerships • Update on adults with learning disabilities (from April 2013)	 Information & discussion Information & discussion	 Hannah Miller Hannah Miller / Paula Swann	 Steve Morton Alan Hiscutt / Suzanne Culling
	Adult social care commissioning plan 2014/15	Information	Hannah Miller	Brenda Scanlan
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Decision	Hannah Miller	Steve Morton / Laura Gamble
7 November 2014	Board half awayday on the review of the joint health and wellbeing strategy, to discuss findings from the engagement event on 1 October			
10 December 2014	Commissioning intentions 2015/16	The board has a duty to satisfy itself that commissioning intentions are aligned with the joint health and wellbeing	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson/Jane Fryer	Stephen Warren / Brenda Scanlan / Jane Doyle

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

		strategy		
	Health protection update	To inform the board of key health protection issues for the borough including uptake of immunisations & vaccinations	Mike Robinson	Ellen Schwartz / Miranda Mindlin
	Croydon Food Flagship	To inform the board on progress with the Food Flagship programme	Mike Robinson	John Currie
	Report of the chair of the executive group • Work plan • Risk	Discussion & decision	Hannah Miller	Steve Morton
11 February 2015	**Strategic items**			
	Mental health strategy action plan (Partnership: Mental Health)	To inform the board of key actions to be undertaken to deliver the mental health strategy	Paula Swann / Paul Greenhalgh	Brenda Scanlan / Sue Grose
	Primary care co-commissioning	To inform the board of local plans for primary care co-commissioning and enable board members to comment on those plans	Paula Swann / Jane Fryer	tba
	Care Act implementation and market position statement	To consult the HWBB on the draft statement before the new statutory requirement	Paul Greenhalgh	Alan Hiscutt/ Paul Heynes

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

		to publish such a statement is finalised		
	Business items			
	Proposal to establish a borough health protection forum	To consider and agree the proposal.	Mike Robinson	Ellen Schwartz
	Progress report on work undertaken to determine the scale and nature of the illicit tobacco problem	Information	Mike Robinson	Katie Cuming/ Jimmy Burke
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Discussion & decision	Paul Greenhalgh	Steve Morton Laura Gamble
25 March 2015	**Strategic items**			
	Health and wellbeing of offenders & their families	To enable the board to consider issues affecting the health and wellbeing of offenders and their families	Lissa Moore / Adam Kerr	Lissa Moore / Adam Kerr
	Joint health and wellbeing strategy 2015-18	To agree amendments to the joint health and wellbeing strategy	Members of the executive group	Steve Morton
	CCG commissioning plans 2015/16	The board has a statutory duty to provide opinion on whether the CCGs final commissioning plan has	Paula Swann	Stephen Warren

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		taken proper account of JHWS.		
	Business items			
	Mental health crisis care concordat (Partnership: Mental Health)	To endorse the principles of the concordat and to provide assurance that plans are in place to deliver it	Paula Swann/Paul Greenhalgh	Brenda Scanlan / Stephen Warren / Sue Grose
	Winterbourne View action plan (Partnership group: Learning Disability)	To assure the board that the Winterbourne view action plan reported to board in February 2014 has been progressed.	Paul Greenhalgh	Brenda Scanlan
	Drug and alcohol recommissioning (Partnership group: Drugs & Alcohol)	To inform the board of progress with recommissioning of drug and alcohol services	Paul Greenhalgh	Alan Hiscutt / Shirley Johnstone
	Pharmaceutical needs assessment final draft for agreement	The board has a statutory duty to publish a PNA by 31 March 2015	Mike Robinson	Sara Corben / Matt Phelan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	Paul Greenhalgh	Steve Morton

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

10 June 2015	**Strategic items**			
	Croydon Council commissioning plans 2015/16	The board has the power to give its opinion to the council on whether the council is discharging its duty to have regard to relevant JSNA and JHWS.	Paul Greenhalgh	Brenda Scanlan
	Household income and health	Household income is a key determinant of health. This item relates to the JHWS priority of child poverty.	Paul Greenhalgh	Mark Fowler / Amanda Tuke
	JSNA 2013/14 homeless households chapter final draft	To consider the findings of the chapter and agree to its publication.	Mike Robinson	Jenny Hacker / Dave Morris
	Healthy weight strategic action plan	To agree local plan to address overweight and obesity.	Mike Robinson	Sarah Nicholls/ Anna Kitt
	Deprivation of liberty safeguards	To provide the board with assurance that appropriate safeguards are in place to protect vulnerable adults from arbitrary detention.	Paul Greenhalgh /	Edwina Morris / Kay Murray
	Sexual health procurement strategy	To provide the board with a briefing on the wider issues relating to the procurement strategy for sexual health	Paul Greenhalgh / Mike Robinson / Paula Swann / Jane Fryer	Lisa Burn / Ellen Schwartz

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

		services		
	Business items			
	Francis Review action plans	To assure the board that the Francis Review action plans reported to board in February 2014 has been progressed and that plans are in place in each of these areas	Paula Swann / John Goulston / Steve Davidson	Sean Morgan / Zoe Packman / Alison Beck
	Local alcohol action area (Partnership group: Drugs & alcohol (DAAT); Healthy Behaviours)	To inform the board of achievements of the programme and to note future recommendations	Mike Robinson	Bernadette Alves/ Matt Phelan
	Local Government Declaration on Tobacco Control	To ask the board to sign up to the Local Government Declaration on Tobacco Control	Mike Robinson	Bernadette Alves / Jimmy Burke
	Carers partnership group report (Partnership group: Carers)	To inform the board of the work of the carers partnership group in delivering board priorities.	Paul Greenhalgh	Amanda Lloyd / Harsha Ganatra
	Heart Town annual report	To inform the board of progress in the delivery of Croydon Heart Town	Mike Robinson	Steve Morton
	Report of the chair of the executive group	To inform the board of work undertaken by the	Paul Greenhalgh	Steve Morton

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

	• Performance report • Work plan • Risk	executive group, to consider performance and review the board risk register		
24 July 2015	**Board seminar – developing the system leadership role of the HWB**			
9 September 2015	**Strategic items**			
	End of life strategy	To agree the joint end of life strategy	Paul Greenhalgh / Paula Swann	Brenda Scanlan / Lucky Hossain
	Annual report of the director of public health	To discuss the content of the director of public health's annual report and agree any actions for the board arising from it	Mike Robinson	Mike Robinson
	Business items			
	Appointment of chair, vice chair and executive group Appointment of board representative on SW London co-commissioning joint committee	To agree key appointments for the board and any changes to the terms of reference	n/a	Solomon Agutu
	Better Care Fund	To inform the board of progress on the work schedule	Paul Greenhalgh / Paula Swann	Paul Young / Andrew Maskell
	JSNA 2015/16 key chapter topics	To agree the needs assessments to be carried out as part of the JSNA for	Mike Robinson / Paula Swann / Paul Greenhalgh	Steve Morton

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

		2015/16			
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton
21 October 2015	**Strategic items**				
	JSNA key dataset 2015/16	Discussion & decision	n/a	Mike Robinson	David Osborne
	Business items				
	Implementing the national autism strategy	To inform the board of progress with the local implementation of the Autism Act 2009	Not a JHWS priority	Paul Greenhalgh	Simon Wadsworth
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Paul Greenhalgh	Kay Murray
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Paul Greenhalgh	Gavin Swann
	Health and social care integration: Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paul Greenhalgh / Paula Swann	Paul Young / Ivan Okyere-Boakye

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	Improving patient transport	To consider work to improve patient transport	Improving patient and service user satisfaction with health and social care services	John Goulston	tbc
	Report of the chair of the executive group • Performance report • Work plan • Risk	To inform the board of work undertaken by the executive group, to consider performance and review the board risk register	n/a	Paul Greenhalgh	Steve Morton

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