

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 Ellen SCHWARTZ (Acting Joint 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:

Eleanor BATEMAN (South London & Maudsley NHS Foundation Trust)
John GOULSTON (Croydon Health Services NHS Trust)

Representing voluntary sector service providers:

Kim BENNETT (Croydon Voluntary Sector Alliance)
Sara MILOCCO (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:

Lissa ANDERSON (London Probation Trust (Croydon))
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)

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Wednesday 9th December 2015 at 2:00pm**, in **C.01, Community Space, Bernard Weatherill House, 8 Mint Walk, Croydon CR0 1EA.**

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
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www.croydon.gov.uk/agenda
30 November 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 21st October 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.

5. Exempt Items

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

6. Strategic Items:

Commissioning intentions 2015/16 (Page 9)

The report of the Chief Officer of Croydon's Clinical Commissioning Group and Croydon Council's Executive Director of People is attached.

7. Urgent care reprocurement (Page 31)

The report of the Chief Officer of Croydon's Clinical Commissioning Group is attached.

8. Business Items:

Health protection update (Page 55)

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

9. JSNA maternal health chapter final draft (Page 59)

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

10. Improving people's experience of care: patient transport (Page 63)

The report of the Chief Executive of Croydon Health Services NHS Trust is attached.

11. Report of the chair of the executive group (Page 69)

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

12. Public Questions

For members of the public to ask questions relating to items on the agenda of the Health & Wellbeing Board meeting.

Questions should be of general interest, not personal issues.

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

13. Camera Resolution

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

AGENDA - PART B

None

HEALTH & WELL-BEING BOARD (CROYDON)
Minutes of the meeting held on Wednesday 21st October 2015 in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

- Present:**
- 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)
- NHS commissioners:**
Not represented
- Healthwatch Croydon**
Darren MORGAN (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)
Aishi BRYANT (Croydon Voluntary Action)
- Representing patients, the public and users of health and care services:**
Not represented
- Non-voting members:**
Beran PATEL (Croydon Local Pharmaceutical Committee)
Philip MOCKETT (Metropolitan Police)
- Absent:** Dr Mike ROBINSON (Director of public health), Dr Jane FRYER (NHS England), Paula SWANN (NHS Croydon Clinical Commissioning Group), Steve PHAURE (Croydon Voluntary Action), Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group), Charlotte LADYMAN (Healthwatch Croydon), Nero UGWUJABO (Croydon BME), Stuart ROUTLEDGE (Croydon Charity Services Delivery Group), Karen STOTT (Croydon Voluntary Sector Alliance), Ashtaq ARAIN (Faiths together in Croydon), Marie T BROWN (Croydon College), Adam KERR (National Probation Service (London)), David LINDRIDGE (London Fire Brigade), Lissa MOORE (London Probation Trust (Croydon))
- Apologies:** Councillor Andrew RENDLE, Dr Mike ROBINSON, Dr Jane FRYER, Paula SWANN, Steve PHAURE, Charlotte LADYMAN, Andrew McCOIG

A57/15 MINUTES OF THE MEETING HELD ON WEDNESDAY 9TH SEPTEMBER 2015

The Board **RESOLVED** that the minutes of the meeting of the Health & Wellbeing Board (Croydon) on 9 September 2015 be agreed as an accurate record.

The outstanding response to Peter Doye's question from March was read out at the meeting (see Public Questions at A65/15).

A58/15 DISCLOSURE OF INTEREST

There were no disclosures of a pecuniary interest not already registered.

A59/15 URGENT BUSINESS (IF ANY)

BETTER CARE FUND UPDATE

This report had not been circulated in time and the Chair proposed it be taken as an urgent item. The reason for urgency is that The Health and Wellbeing Board agreed the Better Care Fund plan on 11 September 2014. Good governance requires annual reporting of progress against the Better Care Fund plan to the board.

The Board agreed to accept it as an urgent item.

Stephen Warren gave a summary of the report and the mitigations put in place for transforming the adult care service.

The Better Care Fund (BCF) is a national initiative which introduced the potential for a shared budget between Clinical Commissioning Groups (CCG) and Local Authorities, providing an opportunity to transform local services. People will be provided care and support through better integration between health and social care. It will provide a whole system approach, improving patient outcomes through investing in community based services, reducing demand on acute services. The BCF enables local authorities and CCGs to focus on both physical and mental health needs in their BCF plans.

In 2014/15, the programme contributed savings of £2.2m towards the £11.0m Quality, Innovation, Productivity and Prevention (QIPP) efficiency savings achieved by Croydon CCG.

The following issues were raised by the Board:

- Request for an indication of timescale for schemes to be in place
- Need to ensure information is available for nursing and care homes through the Care Homes Forum meetings
- Young people with mental health issues: Some are ending up

in A&E. A robust package is needed to get them referred to CAMHS services

- CAMHS: need for referral waiting times to be reduced and noted that this is being addressed in the CAMHS Transformation Plan

The Board **NOTED** progress in implementing the Better Care Plan and mitigations on performance identified in Section 6.1 of the report

A60/15 EXEMPT ITEMS

There were no exempt items.

A61/15 STRATEGIC DISCUSSION ITEM:

JSNA KEY DATASET 2015/16

(This item was taken at the end of the meeting.)

Lisa Colledge (Public Health Intelligence Analyst) gave a presentation (see attached).

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.

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.

Where 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.

Croydon's population also has high or increasing need relative to other areas in the following: child poverty, looked after children, children with autism, population growth and turnover.

Round table discussions followed the presentation. The issues considered were:

- Are there needs or issues identified in this year's key dataset to which the Board should give greater attention over the

- coming year?
- Are there issues or needs that you believe are important but which are not highlighted in the report?

Issues raised:

- Shisha bars – potential harm for young people
- Teenage pregnancy
- Croydon has higher prevalence of people with HIV due to demographics in the borough
- Challenges around vaccination data
- Children and young people – autism, rise in domestic & sexual violence, outcome based commissioning up to 19 years
- Youth Hub – to deal with all issues eg so that GUM Clinic is not so visible or Broad Hub – comprising primary care, community services, voluntary sector or use of different access points for sexual health services
- Health Checks – issue of GP data not being available to public health a big issue. Targeting the younger age range is a priority (ie 40+)
- Mental health - pattern of some people being detained on a regular basis

Main points fed back from each table regarding issues needing greater attention:

- Wellbeing of children - focus on immunisation and sexual health
- Difference of Croydon from other boroughs with more violence and youth re-offending
- Mental health - more data required around how many people are detained under the Mental Health Act and how many times these people have not been secured appropriately
- Emotional wellbeing (domestic/sexual violence) – accessing/signposting children and victims earlier
- Location of sexual health clinics – further discussion required

Issues not addressed in the report:

- Drop in Key stage 2 attainment
- Validation of data, particularly for adverse indicators
- More up to date population turnover data
- *Shisha awareness - more communication required on potential harm and if possible, more stringent planning/licensing policies

hubble bubble smoking - is a way of smoking tobacco, sometimes mixed with fruit or molasses sugar, through a bowl and hose or tube.)

A62/15

BUSINESS ITEMS:

ANNUAL REPORTS OF THE SAFEGUARDING ADULTS AND SAFEGUARDING CHILDREN'S BOARDS

The safeguarding annual reports are submitted by the respective independent chairs of the Safeguarding Boards, to ensure that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding children and adults. The annual reports also include the Business Plans for 2015/16. The key priorities for the Boards for the current year were summarised by Paul Greenhalgh (Executive Director of People):

Children's Report:

- Improved data and reporting
- Child Sexual Exploitation - improved working
- Improved joint working with police
- Development of strand on FGM (female genital mutilation) - particularly on awareness
- Next steps:
 - Continuing to work with departments towards contribution partners make
 - Strengthening links across partnerships

Adults Report:

- Implementation of Care Act requirements
 - Making care personal
 - Reducing fire risk in homes
 - Improved quality assurance

The following comments were made:

- Increase in Safeguarding reporting from BME communities
- The new independent chair - Catherine Doran - has done a huge amount of work around child sexual exploitation
- Important to have these reports to ensure communication between HWB and the safeguarding boards

The Board **NOTED** the effectiveness of the Boards in ensuring the safeguarding of children, young people and adults in Croydon.

A63/15

LOCAL IMPLEMENTATION OF THE NATIONAL AUTISM STRATEGY

(This item was taken before the Safeguarding item.)

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.

The report set out Croydon’s strategy for meeting the needs of adults in with autistic spectrum conditions, by improving the provision for such adults by Croydon Council and local health services.

Simon Wadsworth, Strategic Projects Manager, summarised the report.

It was noted that Cllr Andrew Rendle has brought a tremendous amount of passion as Autism Champion. He was unable to attend due to illness.

The following issues were raised:

- Diagnosis seems quite low.

In response, it was stated that, according to the NAS (National Autistic Society), the prevalence is about 1 in 100. Recent work indicates 1 in 50. Now there is better diagnosis and greater awareness. Short and long term service - local authorities are now required to collect data regarding diagnosis - not able to accept self diagnosis. Some people engage with the service but have not been formally diagnosed. About 30% of adults with learning disability have an autism diagnosis.

- Many adults with communication difficulties get agitated in social situations. It is important to have frontline service where staff aware of issues so they can manage accordingly.

In response, it was stated that there are capital funds from the Department of Health, to develop an e-learning platform. It will be available to anyone living in the borough and should be up and running by April 2016.

The Board **NOTED** the report.

1. The financial context in which the Act and national autism strategy is set;
2. The commissioning approach to local implementation of the national autism strategy;
3. The partnership approach to the local implementation of the national autism strategy.

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 in Appendix 1.

The 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 in Appendix 2.

There were no questions raised on this report.

The Board:

- **NOTED** the risks identified in Appendix 1
- **AGREED** the proposed changes to the Board Work Plan set out at paragraph 3.6

A65/15 PUBLIC QUESTIONS

Mrs Maureen Levy raised the following question:

- Is Urgent Care Reprourement being part of consultations on CCG proposals? Also, is the Board aware of the 8 Purley RAs' 6A scenario proposals in addition to the 8 put forward by the CCG, who seem to be pushing for 4 or 6? 6A proposal is supported by Chris Philp MP, Steve O'Connell, GLA Member, and Councillors.

RESPONSE

The CCG is about to undertake a reprourement of urgent care services.. Further engagement will be undertaken over December – and January, with a final decision being made at the February CCG GB. Option 6A put forward by the resident's associations had been included in the scenarios and will be modelled along with the existing scenarios reflected in the Reprourement Strategy.

Below is a question from Peter Doye, which was submitted at the March meeting:

QUESTION

The HSJ on 24 March 2015 referred to funds handed to local authorities for NHS complaints advocacy services not necessarily being used for this purpose. What is the Croydon situation in relation to this issue?

RESPONSE

A consortium of local authorities of which Croydon is a member have a contract for the provision of NHS advocacy services which is provided by Voiceability. The contract is monitored monthly through provision of reports from the provider as well as monthly meetings with the provider.

The contract value reflects the funds received by the local authority when responsibility transferred to councils from the NHS. Details of the funding received and allocated by Croydon Council were provided to Healthwatch England in a response to a Freedom of Information Request and can be found in their report which prompted the article in the Health Service Journal.

The full report is at www.healthwatch.co.uk/news/patchy-complaints-support-putting-vulnerable-people-risk

The meeting ended at 4:28pm.

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 9 December 2015
AGENDA ITEM:	6
SUBJECT:	Strategic commissioning intentions 2016/17
BOARD SPONSOR:	Paul Greenhalgh, Executive director, People Paula Swann, Chief officer, Croydon Clinical Commissioning Group
BOARD PRIORITY/POLICY CONTEXT:	
<p>The Health and Social Care Act 2012 ('the Act') 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.</p> <p>Clinical Commissioning Groups, NHS England and local authorities have a duty under the Act to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning.</p> <p>The health and wellbeing board (the Board) has a duty under the Act to encourage integrated working between commissioners of health services and commissioners of social care services and, in particular, to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006. It also has the power to encourage close working (in relation to wider determinants of health) between itself and commissioners of health related services and between commissioners of health services or social care services and commissioners of health-related services.</p> <p>In terms of the alignment of commissioning plans, the Board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs. In addition, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS.</p> <p>The Board also has a duty to provide opinion on whether the CCGs final commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG).</p>	
FINANCIAL IMPACT:	
<p>Financial implications for each area within the commissioning intentions will be subject to the respective commissioning organisation's financial planning processes. Detailed financial impact will be considered within the framework of the governance mechanisms set out in each organisation's constitution.</p>	

1. RECOMMENDATIONS

- 1.1 This report recommends that the Board comments on the alignment of strategic 2016/17 commissioning intentions to the joint health and wellbeing strategy 2013-18.

2. EXECUTIVE SUMMARY

- 2.1 This report focuses on the high level commissioning intentions of the Local Authority for 2016/17. Aligned with the CCG's commissioning intentions these translate into the work programme of the Integrated Commissioning Unit (ICU), which has the aim securing health, social care and well-being for Croydon people. The purpose is that the health and wellbeing board can comment on the alignment of these intentions with the priorities identified in the joint health and wellbeing strategy 2013-18 as informed by the joint strategic needs assessment (JSNA).
- 2.2 . Since its establishment in early 2014, the Integrated Commissioning Unit (ICU) has been responsible for leading the commissioning and development of a range of joint service areas on behalf of Croydon Council and Croydon CCG in respect of adult and children's social and health care. This report focuses primarily on the key high level priorities of Croydon Council. However, given the nature of integration, several of the work streams undertaken in the ICU comprise areas that reflect both Health and Social care commissioning.
- 2.3. The Chart supplied as a detailed appendix to this report sets out the ICU's proposed work programme for 2016/17. It illustrates many specific examples of the council's commissioning intentions for 2016/17, although in a few instances, the projects are joint work-streams where the CCG has a lead responsibility.
- 2.4. The aim of commissioning is to ensure that people's identified needs are addressed within the resources available; that commissioners commission the appropriate services to meet local needs; and that the right services are in place, in order to improve health and to reduce health inequalities. Commissioning can be undertaken across a range of geographical areas depending on the nature and scale of the needs and services required. This can be at a national level for some highly specialised services, regionally and locally (for example, at borough or sub-borough level).

3. DETAIL

The commissioning landscape

- 3.1 Local authorities are responsible for commissioning adults and children's social care services. As noted above, they are responsible with Public Health England for commissioning public health services. They also commission or directly provide a wide range of services which contribute to the overall health and wellbeing of the population.
- 3.2 Commissioning of public health services is undertaken by Public Health England (PHE) and by local authorities, although NHS England commissions, on behalf of Public Health England, many of the public health services delivered by the NHS, for example immunisations and vaccinations.

- 3.3 Most of the NHS commissioning budget is now managed by clinical commissioning groups (CCGs). These are groups of general practices which come together in each area to commission services for their patients and population. NHS England commissions specialised services, primary care, offender healthcare and some services for the armed forces.
- 3.4 CCGs and NHS England are supported by commissioning support units (CSUs). Their role is to carry out contracting commissioning functions, such as; market management, healthcare procurement, contract negotiation and monitoring, information analysis and risk stratification.

4. Local commissioning intentions – Croydon council

- 4.1 National policy context will continue to shape the council's strategic commissioning priorities for 2016/17. This includes embedding the requirements arising from implementation of the Care Act 2014, in particular
- ~ consolidating statutory duties relating to universal information, advice and advocacy,
 - ~ engaging communities so that they can play a stronger role in supporting individuals, particularly in preventative initiatives, and helping to manage demand for statutory intervention, treatment or support,
 - ~ duties to shape, manage and sustain the local care and support market including ensuring the local authority's ability to evaluate the risks of and address the practicalities of market failure, and
 - ~ extended responsibilities to address the needs of family carers.
- 4.2 The council will also work collaboratively in its commissioning intentions with the CCG so that the core requirements of the Better Care Fund can be achieved, for example in working to reduce non-elective admissions, ensuring people get effective re-ablement at the appropriate time to help them attain maximum recovery and independence and improved support to Croydon's care and nursing home sector.
- 4.3 One of the most important commissioning areas for the council in 2016/17 will be the initiation of the Outcome-based commissioning (OBC) Programme for over 65s which is a joint initiative with the CCG. This far-reaching project should see the bringing together of all existing CCG and Council contracts for older people into a single approach in which the five main providers of services: Croydon Health services, South London & Maudsley NHS Foundation Trust, the provider side of the council's Adult Social Care services, Croydon GPs grouping and Age UK Croydon; are due to form themselves into an Accountable Provider Alliance working together as a united partnership to improve care and people's experience of care and to foster a preventative and well-being approach across the wider Croydon population.
- 4.4 The council will ensure it commissions effectively for mental health where re-ablement and recovery will be strengthened¹ with an emphasis on supporting people to maintain their well-being outside of secondary and in-patient services wherever possible.

The council will also prioritise its commissioning to enable the transformation of services for people with learning disabilities. In collaboration with colleagues in the Adult Social Care Division, the aim is to commission providers to develop a

¹ Building on the outcomes and findings of the MH re-ablement pilot, evaluated by University of Page 11 of 124

wider range of personalised options for people with learning disabilities which support choice and independence, to optimise opportunities for employment (voluntary or paid), expand the range of housing options (albeit this will be challenging in terms of Croydon's extensive housing and homelessness pressures) and foster inclusion and citizenship. Day opportunities will also be reviewed and developed to ensure that people can have "a life and not just a plan".

An important area for joint service development relates to the Transforming Care Programme (formerly "Winterbourne View"). NHSE in partnership with the DH, Local Government Association and the Association of Directors of Adult Social Services (ADASS), are committed to minimising the use of specialist in-patient provision for people with Learning Disabilities and complex needs. CCGs are responsible for reviewing local pathways for treatment, care and support and for commissioning a range of local community based health services to meet needs. This requires close partnership working with other organisations most notably the Local Authority.

- 4.5 In relation to children's and young people's commissioning, a range of areas will be taken forward in 2016/17 including developments to support Looked After Children's (LAC) health and well-being and the first full year of implementation of Croydon's Transformational Plan for Young People's emotional well-being and mental health, utilising the welcome investment that has been made through NHS England.
- 4.6 The council's commissioning intentions for Public Health are also set out in the work programme. Alongside those areas such as substance misuse and sexual health which have been priority areas for some time, 2016/17 will see strengthening in key areas such as commissioning for 0 to 5s.
- 4.7 "*Ambitious for Croydon*" has set out the council's vision as a stronger, fairer borough where no community is held back. The Opportunities and fairness Commission is currently under way and it is anticipated that a number of their findings will influence and help shape the council's commissioning intentions for 2016/17 and beyond. In early 2015, the council restructured itself to help deliver its Ambitious for Croydon vision into three departments for Place, Resources and People each with its own enabling strategy. Within the People Department (where the ICU is based) an Independence Strategy has been developed with key priorities to support the strategy's delivery. These strategic priorities inform the council's commissioning intentions which the ICU plays a key role in taking forward and which underpin the work programme at the end of this report.
 - ~ Empower individuals and communities to be better able to take more responsibility for themselves and each other
 - ~ Enable residents to make informed choices about how to meet their needs through the provision of high quality information, advice and guidance
 - ~ Provide people with the best opportunity to maximise their life chances and have a good quality of life through the provision of high quality universal services, including an excellent learning offer
 - ~ Empower people to resolve issues early through the provision of joined up assessment and support
 - ~ Enable children and adults to maximise their independence and ensure they are safe from harm through the provision of high quality specialist service.

- 4.8 The ICU work programme and commissioning intentions detailed in appendix 1 shows the key areas that are being taken forward by the Integrated Commissioning Unit in relation to the priorities set out in the joint health and wellbeing strategy. They are primarily council commissioning intentions for which the council is accountable, but they also reference linkages not just between the council and CCG, but between children and adult services where appropriate as well as with the council's public health commissioning.
- 4.9 Increasingly as will be seen from the document, commissioners are moving away from commissioning by activity and wherever possible are commissioning to achieve outcomes and developing outcomes frameworks to enable this.

5. Joint health and wellbeing strategy priorities

5.1 The priorities of the health and wellbeing board are set out in the joint health and wellbeing strategy 2013-18. Priorities are grouped into six areas for improvement. These are:

- Giving our children a good start
- Preventing illness and injury and helping people recover
- Preventing premature death and long term health conditions
- Supporting people to be resilient and independent
- Providing integrated safe, high quality services
- Improving people's experience of care

5.2 The full strategy document can be accessed at:
www.croydonobservatory.org/Strategy_Health_and_Social_Care/

5.3 The commissioning intentions for children form part of the programme of delivery for the Children and Families Partnership (CFP) and as such are aligned to the CFP's priority themes. These are to:

- Reduce childhood obesity
- Improve the emotional wellbeing and mental health of children and young people.
- Increase the impact of early intervention
- Strengthen the consistency of engagement of children, young people and families across the partnership
- Increase participation in education, employment and training and improve outcomes at age 19
- Reduce child poverty and mitigate impact of poverty
- Improve integration of services for children and young people with learning difficulties/disabilities
- Improve health and education/training outcomes for Looked After Children

6. CONSULTATION

6.1 The development of commissioning intentions is part of the commissioning cycle which entails ongoing engagement with stakeholders. This report is part of that engagement process.

7. SERVICE INTEGRATION

- 7.1 In April 2014 the Integrated Commissioning Unit (ICU) was formally established. Since then, the ICU has enabled a joint approach to commissioning and delivery of a number of services. ICU structure enables NHS and LA staff within it to gain a better understanding of different organisational cultures, governance systems and performance regimes. This contributes to identifying opportunities for service development & quality improvement, along with finding practical solutions to problems that cross organisational boundaries. A report was made to the Health and Well-being Board in June 2015 which outlined some of the progress at that point.
- 7.2 The ICU fulfils its remit across all ages, and commissions services based in the community and also in in-patient/care service settings and includes maximising service user and patient experience, service quality and value for money through taking a view of commissioning across health and social care services in the widest sense: from prevention, early intervention and self-care, through to commissioning specialist /secondary health and social care provision. In this report the focus is on commissioning intentions that are the responsibility of Croydon council.

8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 8.1 Financial implications for each area of commissioning intentions will be subject to the respective financial planning processes in 2016/17 of each of the partners – either council or the CCG.

9. LEGAL CONSIDERATIONS

- 9.1 Legal advice has not been sought on the content of this report.

10. EQUALITIES IMPACT

- 10.1 Equality analysis will be carried out where service or policy change is indicated by the commissioning intentions. Taken together the priorities will enable the council to address its duties under the Equalities Act.

CONTACT OFFICER:

Brenda Scanlan, Director of Commissioning, Integrated Commissioning Unit, Croydon Council

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BACKGROUND DOCUMENTS

ICU Commissioning Intentions 2016-17

ICU Work Programme 2016/17:- Proposed commissioning priorities for Integrated Commissioning Unit

ICU Mission Statement: To focus on commissioning a comprehensive range of high quality “end to end” integrated health and social care services for people in Croydon and using health and social care commissioning resources more efficiently and, over time, achieving better value for money.

ICU Commissioning Principles: These overarching principles are based on CCG and Council principles.

- Commissioning will be evidence-based
- Focus on good outcomes for individuals, their families and communities
- Enhance quality and value for money via market development
- Promote personalised care and support, close to home
- Effective management of current and future demand for services.
- Promote Prevention, Self-Care/Management and Shared Decision making
- Promote integrated care & support which puts the patient or service user at its heart and gives them genuine choice
- Governance arrangements will be clear, workable and understood by everyone working in the ICU
- Our systems, processes and protocols with partners will assure quality and safety in commissioned services

The ICU comprises 5 main teams of integrated commissioning, each led by a Head of Service:-

~ Children and Maternity,

~ Older people, physical disabilities, end of life care and carers

~ Mental Health & Substance Misuse

~ Working Age Adults, which includes learning disabilities, public health commissioning, supported housing, market development/contracts support

~ In addition the ICU benefits from the input of a Strategic Projects post which enables support on cross-cutting projects across the ICU.

Health & Well Being Board Priority	Children & Family Partnership Priority
<ul style="list-style-type: none"> • Preventing Illness and Injury and helping people recover • Preventing premature death and long term health conditions • Supporting people to be resilient and independent • Providing integrated safe, high quality services • Improving People’s Experience of Care 	<ul style="list-style-type: none"> • Reduce childhood obesity • Improve the emotional wellbeing and mental health of children and young people. • Increase the impact of early intervention • Strengthen the consistency of engagement of children, young people and families across partnership • Increase participation in education, employment and training and improve outcomes at age 19 • Reduce child poverty and mitigate impact of poverty • Improve integration of services for children and young people with learning difficulties/disabilities • Improve health and education/training outcomes for Looked After Children

Service Lead	H&WB/C&F Partnership Priority	Commissioning Priority	Commissioning Objective
	Preventing Illness and Injury and helping people recover		
Head of Service Working Age Adults		Efficient and good quality adult public health services	Complete redesign of sexual health services
			Establish a new dynamic purchase system for contracting for Public Health commissioned primary care services
			Complete re-commissioning of residential detox and rehab services for substance misuse
			Continued focus on improving recovery rates in the substance misuse treatment system
Head of Service Older People, Physical Disability, Long Term Conditions, End of Life & Carers		Ensure carers are supported to continue their caring role.	Continue to focus on development of services to carers.
			Re-commission counselling service for carers
Head of Service Adult Mental Health		Ensure services are accessible to people in Croydon to prevent them becoming ill or increasingly unwell and to enable them to make an effective recovery.	Develop the Early Intervention in Psychosis service to meet national targets by April 2016 (CCG responsibility)
			Revise and confirm service specification for the Oasis service to support prevention in Mental Health and work with younger People (CCG commissioner responsibility)
		Building on the successful pilot project, ensure a re-ablement approach is the first option for people with significant mental health needs, with clarity about “easy in and easy out” pathways that plan for recovery and discharge from secondary Mental Health services as soon as possible drawing on peer- and wider community/voluntary sector support.	Review and strengthen the MH re-ablement service to ensure it fulfils and consolidates its reach, recognising its potential to manage demand on a sustainable basis.

	Preventing premature death and long term health conditions		
Head of Service Older People, Physical Disability, Long Term Conditions, End of Life & Carers		Ensuring access to preventative health services and mental health services for people with physical disabilities and sensory impairments	Contract monitoring to introduce new outcome measures to include health promotion, mental health and access targets.
			Ensure that those receiving packages of care primarily because of age, mental health, or learning disabilities also have access to support with their physical health needs and sensory impairments.
Head of Service Adult Mental Health		Improve the Health and reduce premature mortality rates in people with mental health problems	Implement a project to increase the number of patients with serious mental illness accessing annual health checks through their GP
			Strengthen existing projects which seek to increase the number of people with Mental Health problems cease smoking in a range of community- and Accommodation-based settings.
		Enhance quality and value for money with evidence based outcome incentives	Monitor and evaluate the results of the health CQUIN and the progress of the Mental Health Trust in implementing an increased focus on physical health across their patient cohort (CCG-responsibility)

	Supporting people to be resilient and independent		
Head of Service Working Age Adults		Market management and development.	Develop the adult social care market to offer a wider range of personalised options that enable people to use their personal budgets.
			Increase access to social and private rented sector housing tenancies for people with care & support needs who are in housing need
			Review and improve the alignment between the Support Needs assessment and Placement Team (SNAP) and the Council's Gateway service to improve the customer experience and to manage demand more effectively
			Redesign and re-commission day opportunity and employment support services for people with learning disabilities to improve outcomes, taking an approach which understands people's individual circumstances, connections and personal strengths.
			Take forward proposals to develop new supported housing options including cluster flats for people with learning disabilities and extra care sheltered housing to optimise independence
			Re-commission respite services for people with learning disabilities so that there is a wider range of personalised options to support both customers and their carers
			Review and re-commission supported housing services for vulnerable ex-offenders

Head of Service Older People, Physical Disability, Long Term Conditions, End of Life & Carers	Reduce the proportion of people with significant needs related to physical disabilities and/or sensory impairment who live in residential care/supported living out of borough and distant from Croydon	Commissioning to focus on improving access to meaningful activities, including universal services that promote confidence, resilience and independence.
		Develop a demand management programme that delivers in- borough supported living tenancies based on best estimates of future need
		Flexible care packages to support independent living with providers developing bespoke service offers that are attractive to Direct payment customers
		Increase the development of supported living opportunities and conversion of residential care places to supported living to offer increased independence and improved customer experience.
	Develop preventative services that support independent living and reduce risks for those living independently	Commissioning to support the planned review programme of clients living in residential accommodation out-of-borough
		Commission an expansion of Careline Plus and assistive technology roll-out within the delivery of the Outcome-Based Commissioning Programme (OBC) for over 65s.
	Ensure provision of information and advice for carers is delivered to a high standard and available across a number of media platforms	Promote carer assessments to all groups of carers to enable them to access the required support to continue caring, particularly through the voluntary and community sectors. Ensure that appropriate advocacy is also available.
		Review and re-commission services to carers.

			Using feedback from carer engagement, develop innovative pilot projects to support carers more effectively, drawing on and also building up the evidence base of “what works”.
			Commissioners to ensure third sector organisations with responsibilities for social inclusion for older people & their carers are enabled to take advantage of relevant funding and development opportunities.
Head of Service Adult Mental Health		Develop services that support independence enabling people to live well with Long Term Conditions.	Monitor, review and evaluate the Dementia Advisors service and outcomes achieved.
		Ensure there is a re-focusing of the Mental Health system with an emphasis on supporting people to recover from common mental illness resulting in a reduction in serious mental illness	Ensure the expansion of the Improving Access to Psychological Therapies (IAPT) is achieved and particular focus is given to specific health conditions (CCG commissioner responsibility)
		Ensure there is provision for advice and support at times of crisis so that crisis can be managed well and best patient outcomes achieved	Oversee the implementation of the 24/7 Crisis Line and its promotion amongst service users and family / carers in Croydon
			Develop an ‘all age’ Psychiatric Liaison Service (PLS) at Croydon University Hospital to improve patient experience and to ensure timely access to services that enable people to get the right treatment which helps their recovery. (CCG commissioner responsibility)
	Providing integrated safe, high quality services		
Head of Service Working Age Adults		Manage the market for adult social care services	Develop and strengthen the monitoring programme across residential care, domiciliary care and supported housing, to embed further development of performance and quality monitoring systems

			<p>Develop and implement an adult social care workforce development plan so that current and future needs across sectors are understood, risks mitigated and a collaborative approach is taken to recruitment, training and long-term sustainability.</p> <p>Implement a system for logging and commenting upon Planning applications for new development of residential care homes so that these can be aligned with the assessed market needs of the Borough.</p> <p>Implement an adult social care market engagement and communications plan, including a refresh of the Market Position Statement so that all providers are alerted to the state of the market, specific commissioning requirements and the roles they can play in managing potential areas of market frailty.</p>
Head of Service Older People, Physical Disability, Long Term Conditions, End of Life & Carers		Ensure smooth transition to adulthood (at age between 17 to 25yrs as appropriate) and from working age adult to older person at age 65	<p>Ensure there is clear pathway for transitions in the all age <65 disability service and that service specifications covers transition points and identifies appropriate indicator(s) that are fully user-centred</p> <p>Ensure there is a clear pathway for addressing disability and sensory impairments in older people's Services so that these needs are integrated into the person's life plan.</p>
		An integrated palliative care system that provides a full range of quality person centred palliative and End of Life Care services to the people of Croydon in the care setting and community of their choice.	Commissioning St. Christopher's Hospice to deliver the 6 Steps to Success (CCG commissioner responsibility)
			Marie Curie: Continuing and embedding the work from 2015/16 in a phased approach based on need.

			Evaluate the feasibility and benefit from running further training sessions around 'Dying Matters, Having Difficult Conversations' for healthcare professionals, and ad appropriate, commission additional sessions.
		Strengthen the support and preventative measures provided to people receiving a package of Domiciliary Care in their own homes, to improve the quality & experience of care received.	Train and backfill of Domiciliary Care Workers to increase their awareness of the following potential issues: Falls, Pressure ulcers, UTIs, End of Life Care, Medicines adherence.
		Strengthen the support and preventative measures provided to Nursing and Residential Care Homes in Croydon, to improve the quality & experience of care received by Residents, leading to the reduction of unnecessary ambulance attendance and A&E attendance/admissions	Reduce the high level of disparity between Care Homes in terms of utilising Emergency Services, to ensure all interventions are clinically appropriate. (CCG commissioner responsibility)
			Increase the coordination of services supporting Care Homes.
			Ensure Care Homes for older people have a recognised End of Life Care programme in place.
			Engage with the Acute Hospital around initiating Advance Care Planning and liaising with Primary Care & Community Services to look at preventing further admissions. (CCG commissioner responsibility)
		Review current systems in place for the provision of Continence Services in Croydon for the over 65s, while ensuring the service is fit for purpose and only supports patients who are entitled to the service. (CCG-led Priority)	Continece nurses to provide a new robust approach to monitoring and earlier interventions that will lead to better quality of care (CCG commissioner responsibility)
			Training for Care Home Staff, Dom Care Staff, Hospital staff, GPs, patients in proper toileting regimes, catheter care, as well as helping to avoid urinary tracts infections and sores (CCG commissioner responsibility).

		Explore options for a laundry service to help carers continue to support those with continence needs to stay in their own homes.
Head of Service Children, Young People and Maternity	Redevelop the carer assessment pathway.	Supporting catheter care & fitting in the community with the Croydon Health Services Continence Team (CCG commissionerresponsibility)
		Work with Health Innovation Networking South East London (HISEL) supporting a 'No Catheter, No Catheter Associated UTIs' scheme in Croydon. (CCG responsibility)
	Implement recommendations of commissioning review of Children's Continuing Health Care.	Implement data sharing protocols between the council & the third sector to integrate and improve the assessment process.
Embed recommendations community paediatrics service review, including the review of designated roles, and embed in service specifications and data requirements for relevant services. CCG Commissioner responsibility		
Work with the provider to strengthen the integration between the acute and community paediatric service. CCG Commissioner responsibility		
Continue to work closely with the provider and the South West London Commissioning Collaborative to deliver the 2016/17 commissioning intentions for Maternity services. CCG Commissioner Responsibility		

Head of Service Adult Mental Health		Ensure transformation projects are supported to successful outcome	Conclude the Adult Mental health (AMH) and Older Adults (MHOA) service redesign projects to base more services in primary and community settings and ensure they become aligned to existing work as 'business as usual' (CCG commissioner responsibility)
		Ensure transformation projects are supported to successful outcome	Review all service specifications within the Core Contract to ensure up to date and reflective of need (CCG commissioner responsibility)
		Undertake innovation / pilots exercise to develop best practice	Implement and evaluate the outcomes of the Mental health Multi-disciplinary team (MDT) pilot between secondary and primary care and use lessons learnt to inform future commissioning approach
Improving People's Experience of Care			
Head of Service Working Age Adults		There is assurance that Assessment & Treatment hospital settings are only used when absolutely necessary	Transforming Care(Winterbourne) – all people in A&T hospital settings to have their needs reviewed through the Community Treatment Review (CTR) process, to have a clear plan for moving on and assurance that the current placement is safe and appropriate
			Transforming Care (Winterbourne) – commission a range of tailored services to meet the needs of those that cannot be accommodated and/or supported in existing commissioned provision

			Transforming Care (Winterbourne) – NHSE reporting returns to be submitted on time and to respond effectively to any other NHSE requirements. CCG Commissioner responsibility
			Implement the recommendations of the jointly commissioned review of the local Learning Disability pathway including any changes needed to the current services commissioned from SlaM and CHS. (CCG commissioner responsibility)
Head of Service Older People, Physical Disability, Long Term Conditions, End of Life & Carers		Identify an appropriate, client driven, recording system that goes beyond client satisfaction to record progress in maximising independence. (For example Independent Living Star)	Pilot and implement system
Adult Mental Health		Start early and reduce reliance on inpatient care	Ensure the MHOA & AMH programmes do deliver community based services and a reduction in the bed based services (CCG commissioner responsibility)
		Deliver person centred care that address inequalities	Develop a structured approach and clear action plan for taking forward the recommendations from ‘Mind the Gap’
		Ensure PPI / stakeholder feedback is integral to the whole commissioning cycle	Continue to engage with service users and carers groups through strategy groups, peer-led organisations, PPGs, steering groups, partnership boards and updating at carers groups. Ensure service users are involved as partners in service re-design, in recruitment and in ongoing quality monitoring of services.
		Enhance quality and value for money via market development	Build on recommendations of the Voluntary Sector Review to make improvements and to enhance people’s independence

Children		Improve service pathways for people with Autism Spectrum Disorders.	Complete the redesign of the Autism Spectrum Disorder pathway for children and young people and embed in service specifications and data requirements for relevant services.
	Reduce childhood obesity		
Children	(see Early Intervention)		
	Improve the emotional wellbeing and mental health of children and young people.		
Head of Service Children, Young people and maternity		Develop Local Transformation Plan for CAMHS, setting out the direction of travel for the next five years. projects	Continue service change already underway for initiatives including the single point of access, autism pathway, open access counselling and these will be built on with further service development
	Increase the impact of early intervention		
Head of Service Older People, Physical Disability, Long Term Conditions, End of Life & Carers		Ensure access to employment opportunities are included when ensuring smooth transition to adulthood for young people and young adults with needs related to PD and/or LD (at age between 17 to 25yrs as appropriate)	Ensure there is clear pathway for transitions in the all age <65 disability service and specification covers transition and identifies appropriate indicator(s)
			Develop support project for carers in the workplace, to better prepare them for caring & promote carer friendly workplaces in Croydon
		Ensure that information and advice provision is fit for purpose.	Improve outcomes from mobile information provision in Croydon, by reducing duplications and improving co-ordination
			Implement communication & engagement strategy for CarePlace tool and monitor its use in the borough by residents and council staff.

Head of Service Children, Young People and Maternity		Implement section 75 agreements to increase early intervention.	Implement section 75 partnership agreement for Health Visiting and Family Nurse Partnership as part of Best Start model.
			Implement section 75 partnership agreement for School aged nursing and School aged immunisations service as part of 5 to 19 health improvement service including weight management services.
	Strengthen the consistency of engagement of children, young people and families across partnership		
	Increase participation in education, employment and training and improve outcomes at age 19		
	Improve integration of services for children and young people with learning difficulties/disabilities		
Children		Design, commission and implement service changes which are delivered through integrated pathways.	Continue move from commissioning by activity to commissioning using an agreed outcomes framework for services.
			Ensure services are safely relocated from the Crystal Centre to an appropriate alternative. Further service developments and improvement will continue to be taken forward through contract monitoring and management process in 2016/17. (See Autism under Improve People's experience of Care)

	Improve health and education/training outcomes for Looked After Children		
Children		Implement agreed recommendation, outcomes and develop new service models.	Embed the agreed recommendations from the 15-16 Commissioning review of health services for children looked after including reviewing how the designated LAC roles are discharged.
			Embed the use of the agreed health outcomes framework as a key commissioning tool. Croydon Health Services are currently commissioned to provide a UASC health assessment service
			Working with Croydon Health Services to explore the feasibility of providing a different service delivery model to provide health assessment services for UASC in the future.

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 10th December 2015
AGENDA ITEM:	7
SUBJECT:	Urgent Care Re-procurement
BOARD SPONSOR:	Paula Swann, Chief officer, Croydon Clinical Commissioning Group

BOARD PRIORITY/POLICY CONTEXT:

In September 2015 the CCG Governing Body approved the Croydon Urgent Care Re-procurement strategy. The strategy proposed 8 scenarios that could make up the reconfiguration of Urgent care services in Croydon.

The number of models was increased to 11 with three variations of scenario 6 and an additional 9th scenario following a proposal from the Purley residents. Each scenario has been modelled and assessed against 7 key criteria.

Scenarios 6, 7 and 9 all scored above 70% and therefore are the proposed models to commence engagement with starting from Friday 27th November. The engagement will be for 8 weeks and will be a continuation from the substantial engagement undertaken so far with the public and key stakeholders

FINANCIAL IMPACT:

The 3 proposed scenarios all fall within the financial envelope considered appropriate by the CCG. There is limited impact on any partner organisations.

1. RECOMMENDATIONS

The Health and Wellbeing Board are asked to:

To note the approved modelling documents ahead of public engagement commencing on Friday 27th November

2. EXECUTIVE SUMMARY

In September 2015 the CCG Governing Body discussed the Croydon Urgent Care Re-procurement strategy. The strategy proposed 8 scenarios that could make up the reconfiguration of Urgent care services in Croydon.

The number of models has increased to 11 with three variations of scenario 6 and an additional 9th scenario following a proposal from the Purley residents. Each scenario has been modelled and assessed against 7 key criteria.

Scenarios 6, 7 and 9 all scored above 70% and therefore are the proposed models to commence engagement with starting from Friday 27th November.

Following the detailing modelling work two key documents for the public have been produced. The link to these documents is outlined in the presentation which will take the reader to all the main engagement documents on the CCG website.

3. DETAIL

Following the modelling work the following three scenarios have been proposed for the engagement:

Scenario 6	Scenario 7 (as is option)	Scenario 9
<p>1 x UCC (Urgent Care Centre) for 24 hours 7 days a week Based at the front of A&E Fitting the national specification as part of the national review</p> <p>1 x GP OOH service co-located with UCC Fitting the national specification as part of the national review</p> <p>3 x GP extended 08.00 to 20.00hrs 7 days a week centres with enhanced minor injuries capacity - these 3 GP centres will cover Croydon borough.</p>	<p>1 x UCC (Urgent Care Centre) for 24 hours 7 days a week Based at the front of A&E Fitting the national specification as part of the national review</p> <p>1 x GP OOH service co-located with UCC Fitting the national specification as part of the national review</p> <p>1 x WiC (Walk in Centre) based in the centre of Croydon</p> <p>2 x MIU (Minor Injury Units) from 14.00hrs to 20.00hrs 7 days a week in Purley and Parkway</p>	<p>1 x UCC (Urgent Care Centre) for 24 hours 7 days a week Based at the front of A&E Fitting the national specification as part of the national review</p> <p>1 x GP OOH service co-located with UCC Fitting the national specification as part of the national review</p> <p>2 x GP extended 08.00 to 20.00hrs 7 days a week centres with enhanced minor injuries capacity - these 2 GP centres will cover Croydon borough. Under the new urgent care contract a level of GP cover to the Hubs will be supported by investment in the minor injury skill base. (Different location options are given in the engagement document).</p>

4. CONSULTATION

The engagement process is part of the active engagement the CCG has and continues to undertake with patients, public and key stakeholders.

Public events so far

Six events were held between December 2014 – March 2015:

- Feedback informed scenarios created based on national requirements, local usage and local public and clinical engagement
- Strong focus on services in the community delivered by local clinicians
- Develop scenarios that provide wide access but also support self-care and prevention

Future Engagement

Wide ranging engagement between November – January involving:

- Community meetings and drop in clinics across the borough
- Information and survey – paper / online
- Deliberative events to reach seldom heard groups
- Partnership working with key interest groups
 - Focus on those impacted the most: parents, young people, low income households, BME communities, mental health service users
 - Inclusive, proportionate and transparent

5. SERVICE INTEGRATION

The Croydon Urgent Care Strategy outlines the integration of Urgent Care Services and improving the delivery of services through a consolidated contractual model.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

The financial impact has been considered within the framework of the governance mechanism of the Croydon CCG as the responsible organisation

6.1 Revenue and Capital consequences of report recommendations

The 3 proposed scenarios all fall within the financial envelope considered appropriate by the CCG.

Approved by: Mike Sexton on behalf of Director of Finance, Croydon Clinical Commissioning Group

7. LEGAL CONSIDERATIONS

7.1 Legal advice has not been sought on the content of this report

8. EQUALITIES IMPACT

8.1 Initial analysis has taken place in-depth analysis will be undergone In November 2015- January 2016

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BACKGROUND DOCUMENTS

www.croydonccg.nhs.uk/urgentcare

Urgent Care Reprourement Strategy

Right Care, Right Place, First Time

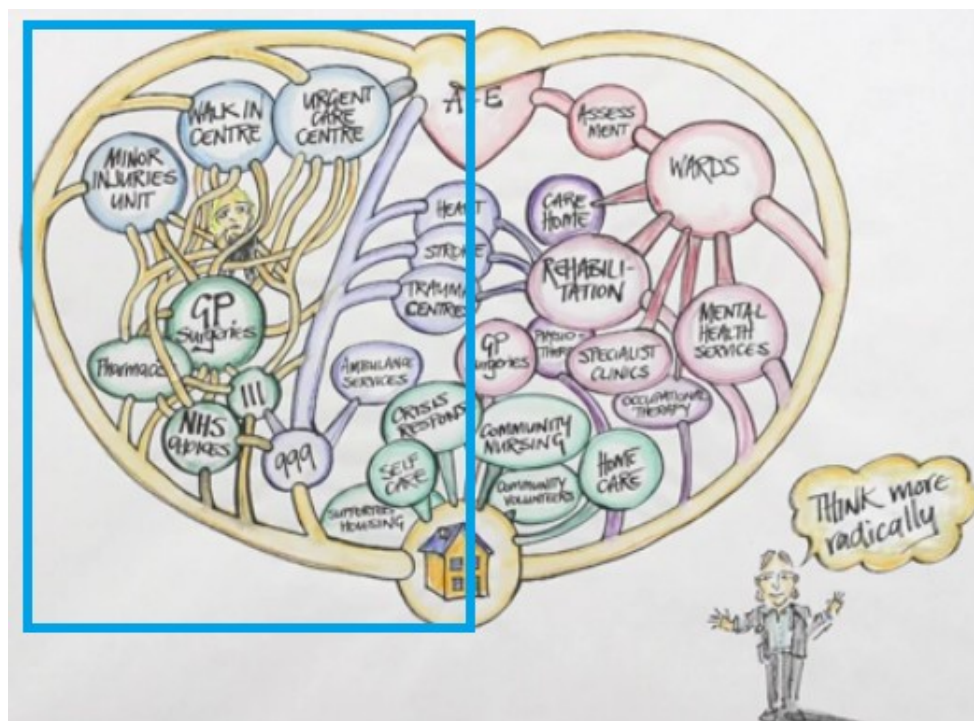


The case for change

- National vision - need fundamental redesign of how urgent care is accessed
- Opportunity to review and improve urgent care to meet the needs of local people
- Contracts for current Croydon urgent care services expire on 31st March 2017
- Part of five year plan to improve safety, quality and affordability of healthcare across south London facing same financial, staffing and population challenges;
- Moving focus to more prevention, self-care and shared decision making; improving access; right care at the right place and greater intervention and treatments by GP and community services
- Formalised into our Urgent Care Re-procurement formalised in September 2015



Our aim is to reduce complexity and confusion and maximise patient care at the right place, first time



We need a system which is safe, sustainable and that provides consistently high quality care.

Vision:

- For those people with **urgent care needs** we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.



Review of Urgent Care in Croydon will include:

- Urgent Care Centre
- Minor Injury Units
- Walk- in Centre
- GP out of hours



Current model – what we have now

(referred to as Option 2 in our Public Engagement Document)

Option 2

What we have now



- H** Croydon University Hospital
- UCC** Urgent Care Centre 24/7
- GPOOH** GP Out Of Hours
- MIU** Minor Injuries Unit
- WIC** Walk-in Centre
- ⇄** East Croydon Station



Facts: local use of current urgent and emergency care

- Urgent and emergency care use has decreased overall, and in most wards
- Annually there are approximately 60,000 calls to 111 service from Croydon residents
- Use of urgent care is linked to areas of deprivation
- Population growth in Croydon borough varies between wards
- Pharmacies and GP practices are concentrated in the north of the borough
- Croydon providers deliver the majority (90%) of urgent care



Facts: local use of current urgent and emergency care

- Patients mainly use urgent care between 7am and 10pm.
- Peak times are around midday and early evening – tapering off from 8pm.
- Weekends are busier.
- Most people use urgent care for minor injuries and minor illness



Developing our options

- Future service models were developed based on key principles detailed in national guidance, local needs, patient and public comments and health professionals' advice.
- Service models had originally considered 8 scenarios. A further scenario was proposed by the public which was also considered. All nine scenarios went through a detailed modelling exercise.
- All nine scenarios developed include a 24/7, 365 days a year Urgent Care Centre, supported by services that include additional Urgent Care Centres, extended GP practice opening and 365 day GP hubs with minor injury services.



Key criteria

The CCG has developed and considered nine scenarios through further engagement with stakeholders, patients and the public and measured these scenarios against key criteria:

- Improving access in areas of demand
- Workforce
- Affordability and value for money
- Safety and quality
- Estates availability
- Current demand and need
- Meet national standards

Details on the modelling can be found on: www.croydonccg.nhs.uk/urgentcare

Unfortunately the scenario put forward by the public did not reach the minimum requirements under affordability or national standards



Options for future Urgent Care services

All three options include a 24/7 365 day Urgent Care Centre and GP out of hours service supported by:

- **Option 1**

Three GP hubs, in the vicinity of existing services, open 8am-8pm, 365 days a year.

- **Option 2**

Is the current urgent care service model.

- **Option 3**

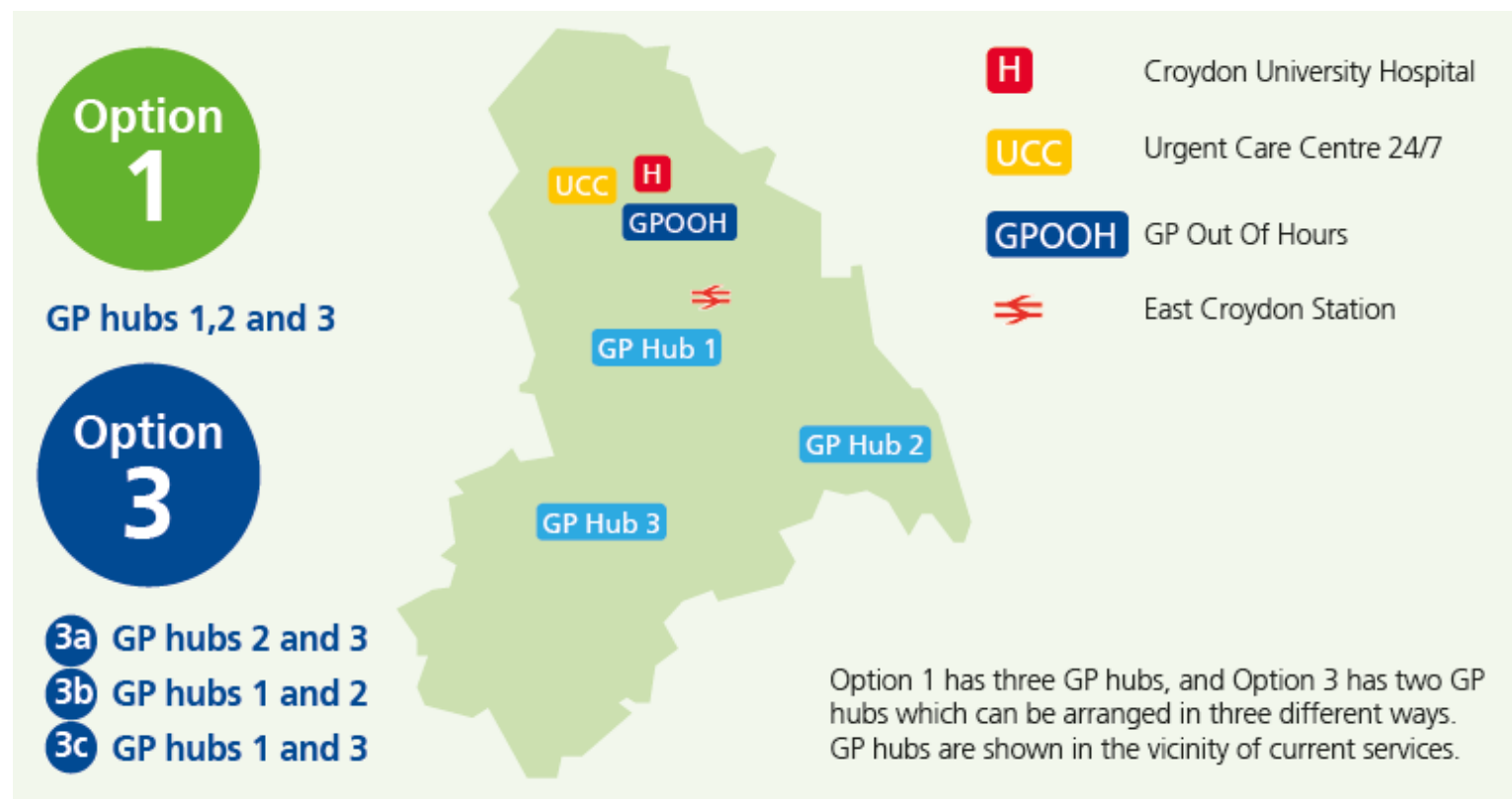
Two GP hubs, in the vicinity of existing services, open 8am-8pm, 365 days a year.

These two GP hubs to be located in the vicinity of two of the three existing services.

(as shown on the map)



Map Showing GP hubs

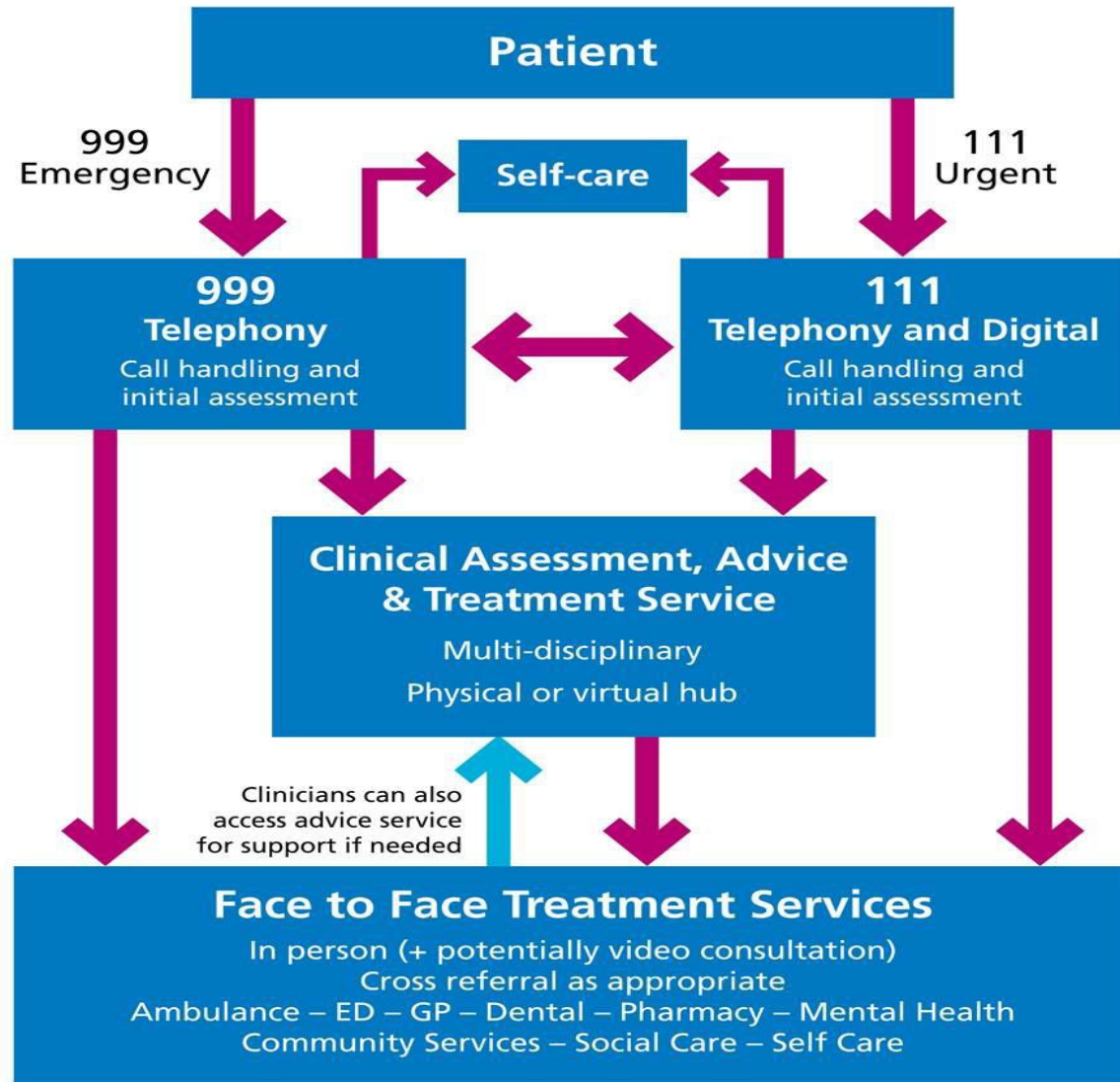


Extra support at GP hubs

Service	You can see a GP or nurse	You can book appointment	You can walk-in/no appointment	Can see your records	Will give telephone advice	Can treat minor injuries	Can treat minor illnesses
Walk-in Centre 8am - 8pm	✓	✗	✓	✗	✗	✓	✓
Minor Injury Units 2pm - 8pm	✓	✗	✓	✗	✗	✓	✗
GP hubs 8am - 8pm (proposed to replace the services above)	✓	✓	✓	✓	✓	✓	✓



**Functionally Integrated
Urgent Care Commissioning
Strategy**



Impact on residents – we aim to:

- Meet local urgent care need
- Extend services - not reduce them
- Improve accessibility of services
- Promote prevention, and support self care and self management
- Provide and support the right care in the right place, first time and reduce unnecessary burden on inappropriate services e.g. A&E
- If locations change, services will be offered in the vicinity of existing services, access overall will be improved and the range of services expanded

Taking into account the modelling criteria and impact on residents our preferred option is **Option 1**



What have the public and professionals already said we need?

- Improved awareness, signposting and clear descriptions of the different services available;
- Greater campaigns to inform the public;
- More knowledge and education of self-care, prevention and the public taking responsibility for their health;
- High quality services, improved GP access, extended opening times (7 days), walk in facilities and more appointments and resources in the community;
- Need for increased use of services such as pharmacies, use of new technologies, telephone consultations, sharing of records and coordination of care.



Public events so far

- Six events held between Dec 2014 – March 2015
- Feedback informed scenarios created based on national requirements, local usage and local public and clinical engagement
- Strong focus on services in the community delivered by local clinicians
- We have developed scenarios that provide wide access but also support self-care and prevention



Future engagement

- Wide ranging engagement between Nov – Jan involving:
 - Community meetings and drop in clinics across the borough
 - Information and survey – paper / online
 - Deliberative events to reach seldom heard groups
 - Partnership working with key interest groups
- Focus on those impacted the most : parents, young people, low income households, BME communities, mental health service users
- Inclusive, proportionate and transparent



Timetable

- Dec 2014 – March 2015 Engagement with public and providers
- Sept 2015: Strategy agreed by Governing Body
- Sept 2015: Co-design workshop
- Nov 2015 – Jan 2016: Wider engagement with patients and public
- Feb 2016: Decision by Governing Body on final model
- February and March 2016: Feedback with patients and the public
- Jan – March 2016: Procurement process
- March – April 2016: Planning and service migration
- April 2016: Award contract
- April 2017: New service to commence





**Longer, healthier lives for
all the people in Croydon**

NHS

Croydon

Clinical Commissioning Group

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 9 December 2015
AGENDA ITEM:	8
SUBJECT:	Health Protection Update
BOARD SPONSOR:	Dr Ellen Schwartz, Acting Joint Director of Public Health, Croydon Council
BOARD PRIORITY/POLICY CONTEXT:	
<p>Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.</p> <p>Local Authorities have a statutory responsibility to protect the health of their population from all hazards, and to prevent as far as possible, those threats arising in the first place. This duty includes advice and information to key agencies on where to target resources to maximum effect.</p> <p>This report informs the Health and Wellbeing Board on current health protection priorities for Croydon's Health Protection Forum.</p>	
FINANCIAL IMPACT:	
None	
1. RECOMMENDATIONS	
<p>The Health and Wellbeing Board is requested to note the health protection priorities identified by the Health Protection Forum.</p>	

2. EXECUTIVE SUMMARY

Following a previous update by the Director of the SW London Health Protection Unit, the Board requested annual updates on local health protection issues.

In March 2015, the Health and Wellbeing Board endorsed the establishment of a Health Protection Forum for Croydon to advise the director of public health and to facilitate the regular review of health protection priorities, appropriateness of local plans and horizon scanning of potential risks to the local population.

3. DETAIL

The Croydon Health Protection Forum was established in June 2015 and has met twice, in July and September 2015. The main achievements have been the development of a joint communications strategy between local partners on health protection issues and contributions to a local joint Seasonal Flu plan for 2015/16.

Croydon's Health Protection Forum priorities fall in the following categories:

3.1. Vaccine Preventable Diseases

- Childhood infections (measles, mumps, whooping cough, meningococcal disease)
 - Croydon's childhood immunisation rates have consistently been below the World Health Organisation (WHO) recommended herd immunity level of 95%. An action plan is in place to increase uptake of immunisations in Croydon through partnership work amongst NHSE, PHE, local authority, CCG and the community provider.
 - There was a fall in uptake of immunisations in Quarters 2 and 3 of 2014/15. This area is being kept under active review and co-operation between NHSE and local partners has been stepped up to improve the situation.

3.2. Sexually Transmitted Infections (including HIV)

- HIV prevalence in Croydon is high (5.1/1000 population)
- A high proportion of people with HIV are diagnosed at a late stage of the infection (57%) and are unlikely to benefit fully from treatment. This is mainly due to the fact that the HIV infection in Croydon is found in risk groups (people of African origin and heterosexual transmission) where HIV is highly stigmatised. Targeted health information and testing has led to an increase in testing activity over the last two years. Continued improvement in this area may lead to a further increase in the detection of people with late stages of HIV infection in the short term before an improvement of this indicator can be expected.
- High rates of diagnosis with gonorrhoea, syphilis and genital herpes.
- Coverage of young people testing for chlamydia and gonorrhoea is high and the proportion of young people testing positive for chlamydia continues to increase. This indicates an appropriate targeting of testing services, but also high levels of infection among young people.

3.3. Tuberculosis

- There are moderately high rates of diagnosis with tuberculosis in Croydon, but variations exist across the borough. Relatively high rates of drug resistant TB compared to other boroughs in London.
- Rates of TB in Croydon continue to reduce year on year. Croydon CCG is in the process of implementing screening for latent TB, which will bring down active TB cases in the longer term. Croydon meets the public health outcome framework target of 85% completion of treatment. We aim to broaden awareness with affected communities over the next few months.

4. CONSULTATION

4.1 The Health Protection Forum is a mechanism whereby the director of public health can engage and consult with relevant local stakeholders and partners.

5. SERVICE INTEGRATION

5.1 The forum enables partners to collaborate and to identify areas where further integration would improve outcomes for local people.

6. EQUALITIES IMPACT

6.1 The forum gives an opportunity to identify negative impacts on groups with protected characteristics and to advise the director of public health on how these may be mitigated.

CONTACT OFFICER: Dr Ellen Schwartz, Joint Acting Director of Public Health,
Croydon Council, x 6144

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 9 December 2015
AGENDA ITEM:	9
SUBJECT:	Joint Strategic Needs Assessment - Maternal Health 2014/2015
BOARD SPONSOR:	Steve Morton, Acting Joint Director of Public Health, Croydon Council

BOARD PRIORITY/POLICY CONTEXT:

- The Maternal Health JSNA chapter supports the joint health and wellbeing strategy goals through giving our children a good start in life, providing integrated high quality services and improving peoples experience of care.
- Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing board members. Local authorities and Clinical Commissioning Groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA).

FINANCIAL IMPACT:

The main financial implications lie in the unmet need that is identified and the projections of growing need in the future.

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

- consider the Maternal Health JSNA chapter
- approve the document in principle
- agree that delegated authority be granted to the Acting Director of Public Health, Executive Director, People, Croydon Council and Chief Officer of Croydon CCG to agree any final changes to the document.
- support the recommendations of the Maternal Health JSNA

2. EXECUTIVE SUMMARY

2.1 The Maternal Health JSNA chapter forms part of Croydon's 2014/2015

2.2 Gaps in the ability to achieve healthy relationships within current service provision have been identified, and recommendations have been formulated after reviewing the data and audit, for future developments.

- 2.3 There are a number of key challenges to improving outcomes for maternal and infant health. These include:
- increasing numbers of women with high risk pregnancies, social complexities and increasing social and ethnic diversity leading to communication difficulties, social and clinical difficulties.
 - for women having their first antenatal booking assessment at Croydon Health Services NHS Trust (CHS), it is estimated that 13% have little or no understanding of the English language, and nearly two-thirds of women are subject to increased deprivation.
 - there are increasing numbers of women with pre-existing medical conditions, high risk and complex pregnancies as well as social complexities.
 - half of the women having their babies at CHS are overweight, obese or morbidly obese and 5% of women are diabetic.
 - a quarter of pregnant women in Croydon have their first antenatal assessment after 12 weeks of pregnancy;
 - the conception rate for 15-17 year old women is increasing and the percentage of mothers smoking in pregnancy and the proportion of low birth weight babies are both higher than London
 - estimated that 3% of maternities in Croydon are for women affected by Female Genital Mutilation
 - Using national figures, it is estimated that 20% of women in Croydon could be affected by Perinatal Mental Illness
- 2.4 There are a number of different commissioning bodies involved in the range of service provision in maternal and infant health. The CCG maternity spend per weighted head of population was £88 which is higher than England. Nationally, it is estimated that the total cost to a mother and child for perinatal mental health ranges from £35k to £74k

3. DETAIL

- 3.1 The overall aim of the chapter is to improve outcomes pregnant women and new mothers, through influencing commissioning.
- 3.2 The aim of the Maternal Health chapter is to provide an overview of:
- the relationships that are developed between the professionals involved in providing support and the caregivers of the baby,
 - the professional relationships that are developed with those involved in the provision of support across health, social care and the voluntary sector to provide a seamless pathway for the mothers and her family
 - what is known about the determinants and risk factors impacting on maternal and infant health in Croydon and the outcomes that are seen as a result
- 3.3 The chapter has an executive summary with key messages and recommendations.
- 3.4 The chapter will be made available online on the Croydon Observatory website.

4. CONSULTATION

- 4.1 The chapter has been shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon. There have been opportunities for CCG input at earlier stages via involvement in the JSNA prioritisation processes, membership of the JSNA Governance group, the JSNA Steering Group and the CCG SMT. These groups have commented on earlier drafts of the chapter.

5. SERVICE INTEGRATION

- 5.1 The recommendations of this chapter support strong service integration and collaborative working across the whole maternity pathway

6. EQUALITIES IMPACT

- 6.1 The Maternal Health JSNA has considered equality and diversity implications by examining the health and wider determinants of clients, parents, caregivers and infants accessing maternal health services and identifying risk factors that impact on outcomes for mother and infant/child.

- 6.2 The chapter has also considered needs for those people with protected characteristics.

- Just over half of Croydon's population are from Black and minority ethnic groups and this is reflected in the ethnicity of women having their babies at Croydon Health Services
- Increasing social and ethnic diversity leading to communication difficulties and social and clinical challenges
- Evidence suggests that perinatal mental illness affects up to 20% of women which would equate to 1200 women in Croydon per year, with 13 new mothers in Croydon experiencing postpartum psychosis and chronic serious mental illness
- It is recognised that pregnant women with complex social factors may have additional needs.
- A number of gaps were identified in the audit of agencies relating to supporting women with learning and physical difficulties and disabilities including sensory impairment, communication
- A number of recommendations made, reflect consideration of equality and diversity

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Dr Sarah Nicholls, Consultant in Public Health, Croydon Council

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BACKGROUND DOCUMENTS: Joint Strategic Needs Assessment - Maternal Health 2014/2015

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 9th December 2015
AGENDA ITEM:	10
SUBJECT:	Improving people's experience of care: Patient Transport
BOARD SPONSOR:	John Goulston, Chief Executive, Croydon Health Services NHS Trust
BOARD PRIORITY/POLICY CONTEXT: This report addresses the Health and Wellbeing Strategy 2013-2018, by informing the Board of Croydon Health Services NHS Trust continued monitoring and planned improvements of the Non-Emergency Patient Transport (NEPT) service.	
FINANCIAL IMPACT: N/A	

1. RECOMMENDATIONS

This report is for information only.

2. EXECUTIVE SUMMARY

A recent survey/analysis of the service user experience of patient transport reported an 80% negative sentiment with regards to the NEPT service.

The analyses of each stage of the Care Pathway raise concern on the following domains: Advice/Information, Timing, Registration/ Access and General Comments.

The management of the NEPT service has recently been restructured and is now within the Estates & Facilities department. These domains have been the focus of the new monthly performance/contract meetings, whereby both the Trust and ERS Medical (the NEPT external contractor awarded to deliver the service) have signed up to improve the service delivery.

3. DETAIL

Domain 1 - Advice/Information (20% negative)

The service user experienced poor advice/information regarding contact details of the department they were due to visit, this led to confusion and the inability to communicate with the service provider.

Improvement 1 – The current leaflet – A guide for Patients and Carers, is under review, this will enhance the communication between the service user and the Trust.

Domain 2 – Timing (16% negative)

There was concerns raised with the arrival times, some service users were experiencing early arrival and others late arrivals.

Improvement 2 – The transport request system is under review along with the Key Performance Indicators (KPI's) with the intention to reduce early arrivals by better utilising of the ERS fleet.

Domain 3 - Registration/ Access (14% negative)

Some service users were unable to use the service as they did not meet the eligibility criteria.

Improvement 3 – The eligibility criteria is defined by DH within their published document “Eligibility Criteria for Patient Transport Services (PTS), Gateway Ref: 8705. However, due to the document being published in 2007 the Trust is currently reviewing the criteria to ensure that the criteria are still relevant.

Domain 4 - General Comments (14% negative)

Some service users stated that the transport lounge is not easy to locate.

Improvement 4 – The Trust has made some major moves to allow building work to begin on Croydon's new £21.25m Emergency Department (Accident & Emergency). To allow the project to go ahead, the transport lounge has been relocated and this has allowed for new and improved signage, which has enhanced the pathway.

4. CONSULTATION

4.1 The planned improvements are currently under review and agreement with ERS Medical (SRCL Group).

5. SERVICE INTEGRATION

N/A

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

N/A

7. LEGAL CONSIDERATIONS

N/A

CONTACT OFFICER: Allan Morley – Croydon Health Services

BACKGROUND DOCUMENTS

Healthwatch Croydon, Trends Analysis Report - Patient Transport, July 2014



Trends Analysis Report

Patient Transport

ABOUT THIS REPORT

Healthwatch Croydon has analysed the service user experience of patient transport.

The Coding

Service user comments have been coded using a nationally recognised coding matrix, which applies issue, care pathway location, and (positive, neutral or negative) sentiment.

Quality assurance of coding is ensured through the Healthwatch Croydon Patient Experience Panel.

The Care Pathway

Care Pathway locations are Transport (ability to get to-and-from services), Reception (reception services including back-office), Diagnosis/Testing (diagnosis of condition, including testing and scans), Clinical Treatment (treatment received by trained clinicians), Clinical Nursing (care received by trained nurses), Discharge (discharge from a service), Follow On (supplementary services following discharge, including care packages), Community (community based services, such as social care, district nursing and community mental health).

Disclaimer

The trends within this report are based on service user comments we have obtained from sources outlined in Section 1. Comments obtained from these sources may not be representative of all service users experiences or opinions.

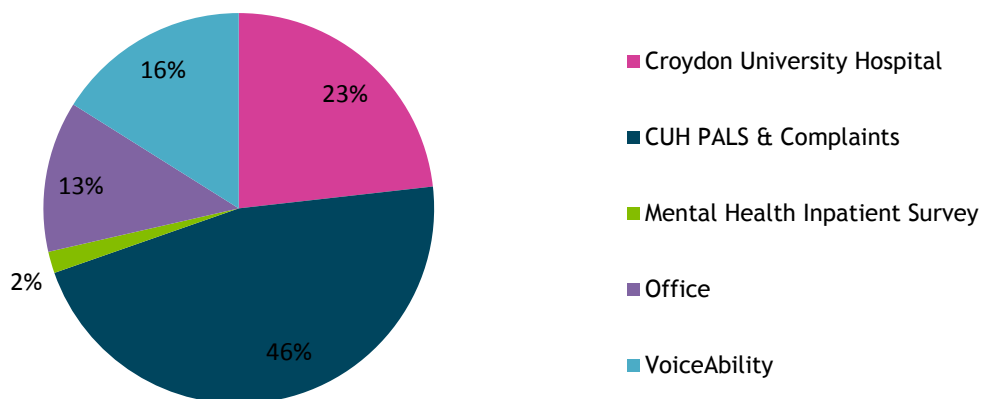
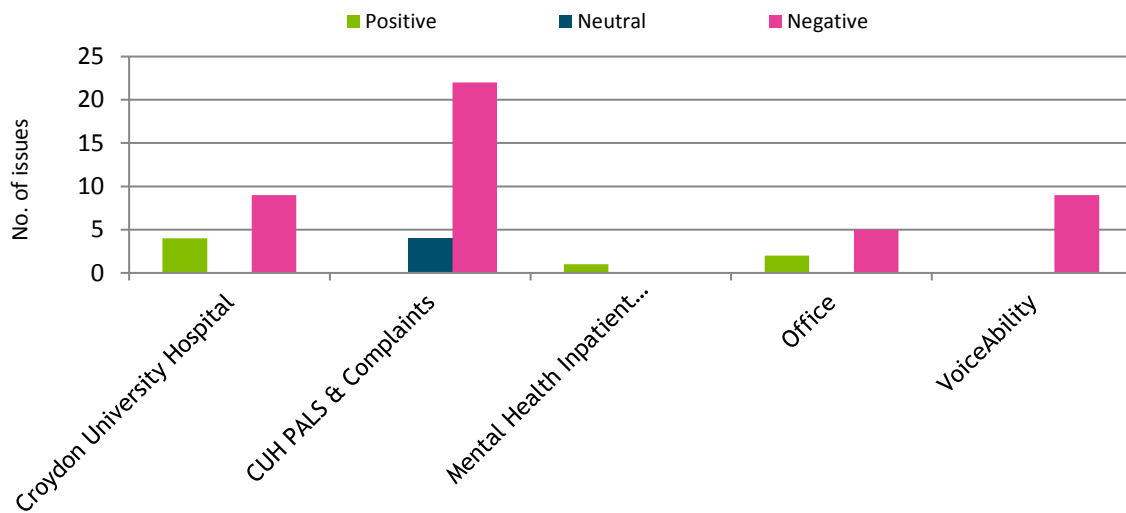
SECTION 1: REPORT CONTENT

Healthwatch Croydon has identified 56 issues during the period below:

1.1: Reporting Period: From: 01/07/2014
To: 06/10/2015

This report identifies the data origin (Section 1.2), the top trends (Section 2) and analyses each stage of the Care Pathway (Section 3).

1.2: Data Origin



The Data in this Report

Around half of the service user comments originate from CUH PALS & Complaints, with the remainder from other sources, including outreach at CUH (Patient Transport Lounge).

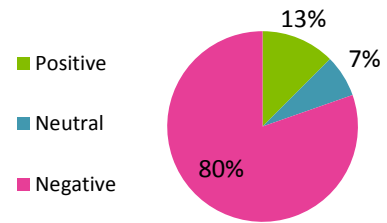
Please note that comments obtained from these sources may not be representative of all service users experiences or opinions.

Report Date: 06/10/2015

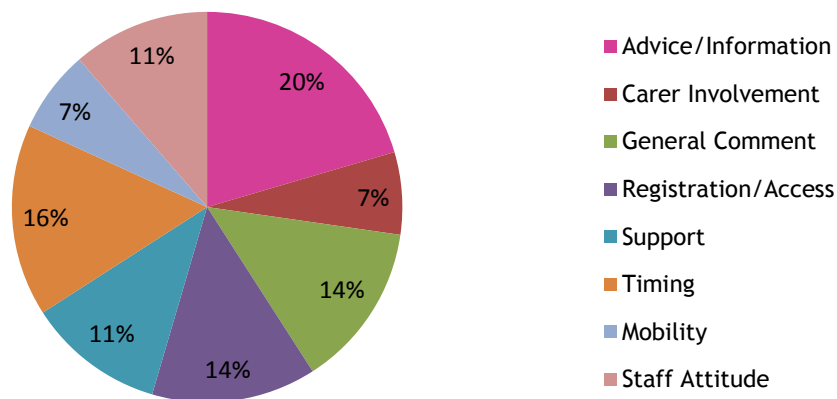
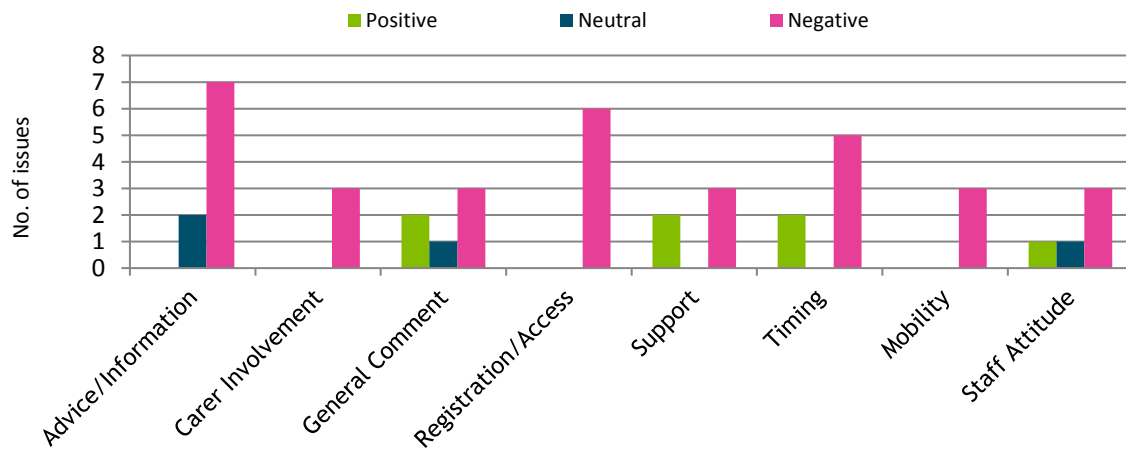
SECTION 2.1: TOP OVERALL TRENDS

2.1.1 Sentiment:

According to the comments, the overall sentiment as a whole is 80% negative. To some extent, this may be attributed to the data origin.



2.1.2 Top Trends



Trends to Watch:

According to comments, the leading trend is Advice/Information, with some patients not knowing the department's contact details, and the (temporary) transport lounge is not easy to locate. Registration/Access is also an issue, with some patients complaining that they do not meet the eligibility criteria. Comments suggest sentiment about arrival times is mixed.

REPORT TO:	HEALTH AND WELLBEING BOARD 09 December 2015
AGENDA ITEM:	11
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 3.4
- Consider the report at appendix 3 identifying performance against key indicators for board priorities set out in the joint health and wellbeing strategy.
- Note the two areas identified for further consideration at a joint workshop between the board and the Opportunity and Fairness commission on 21 October 2015: social isolation and early years.

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. A summary of risks is at appendix 1.
- 2.2 The health and wellbeing board agreed its work plan for 2015/16 at its meeting on 25 March 2015. The work plan is regularly reviewed by the executive group and the chair. This paper includes the most recent update of the board work plan at appendix 2.
- 2.3 Areas of success and challenge in the delivery of the joint health and wellbeing strategy identified by the performance report are set out in section 3.5 of this paper.

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 Key areas of work for the executive group in October and November 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.
- Review of proposed targets for inclusion in the joint health and wellbeing strategy.
- Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership.
- Considered the role, function and governance of partnership groups accountable to the board. The executive group plan to bring a proposal for a reconfiguration of the partnership groups to the board meeting on 10 February 2015.
- Review of board strategic risk register.
- Review of responses to public questions and general enquiries relating to the work of the board.
- Held a joint workshop with the Opportunity and Fairness Commission to consider the interim report of the Commission. Two areas for further work and consideration were identified by board members attending: social isolation and early years. Notes of the workshop are at appendix 4.

Risk

3.3 Risks identified by the board are summarised at appendix 1. The executive group regularly review the board risk register. Amendments to the risk register include:

- There have been no changes to the risk ratings since the board meeting on 21 October 2015.

Board work plan

3.4 Changes to the board work plan from the version agreed by the board on 21 October 2015 are summarised below. The executive group discussed these changes on 20 October 2015. This is version 73 of the work plan. The work plan is at appendix 2.

3.4.1 JSNA community based services for over 65s chapter final draft moved from 9 December 2015 to 10 February 2016.

3.4.2 Update on South West London Commissioning Collaborative added to agenda for 10 February 2016.

3.4.3 Partnership groups proposal added to agenda for 10 February 2016.

3.4.4 JSNA programme 2016 added to agenda for 10 February 2016.

Performance report

- 3.5 Appendix 3 shows results for a selection of performance measures relating to joint health and wellbeing strategy priorities. The selection of performance indicators was agreed by the board. The report shows graphs for a selection of successes and potential challenge areas, and results for a wider suite of measures in tabular form.
- 3.5.1 For **improvement area 1: giving our children a good start in life**, breastfeeding prevalence is identified as an area of success. The teenage conception rate has been identified as an area of continuing challenge.
- 3.5.2 For **improvement area 2: preventing illness and injury and helping people recover**, smoking prevalence and Alcohol attributable hospital admissions are identified as areas of success. Areas of challenge include over 65s vaccinated against influenza and injuries due to falls
- 3.5.3 For **improvement area 3: preventing premature death and long term health conditions** deaths from diabetes and breast screening rates are identified as areas of challenge. Areas of success identified include lower rates of preventable early deaths from cancers and liver disease.
- 3.5.4 For **improvement area 4: supporting people to be resilient and independent**, areas of success identified are the proportion of people using social care who receive self-directed support and the rate of delayed transfers of care from hospital which are attributable to adult social care.. Areas of challenge identified include the proportion of adults in contact with secondary mental health services living independently, with or without support and the proportion of adults with learning disabilities in paid employment.
- 3.5.5 For **improvement area 5: providing integrated, safe, high quality services** an area of challenge identified is the all cause emergency hospital admissions rate.
- 3.5.6 For **improvement area 6: improving people's experience of care** an area of challenge identified is patient satisfaction with the primary care out of hours service.

Appendices (as attachments)

Appendix 1 risk summary.

Appendix 2 board work plan.

Appendix 3 performance report.

Appendix 4 notes of the joint workshop between the Opportunity and Fairness Commission and the health and wellbeing board.

4. CONSULTATION

- 4.1 A number of topics for board meetings have been proposed by board members. These have been added to a topics proposals list on the work plan.

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

Risk Status

Risk Ref	Business Unit	Risk	Risk rating		Control measures			
			Current	Future	Future	Existing	Total	% Impleme
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%

nted

HWB 9 December 2015

Appendix 2

HWB work plan version 73

Topic proposed: date to be agreed

Opportunity & Fairness Commission final report

Transforming Adult Community Services

JSNA young people and smoking chapter final draft

Food Flagship

Early years/'Best Start'

Date to be agreed	Public engagement event / HWB conference				
Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
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	
	South West London Commissioning Collaborative	To update the board on progress		Paula Swann	tbc
	JSNA 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	Director of public health	Steve Morton / Nerissa Santimano
Partnership groups proposal (Partnership group: All)	To propose a reconfiguration of the partnership groups accountable to the board to better align them to the board's core functions	n/a	Paul Greenhalgh	Steve Morton	

	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	JSNA programme for 2016	To agree the JSNA programme for 2016	n/a	Director of public health	Steve Morton
	Report of the chair of the executive group <ul style="list-style-type: none"> • 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 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
	Business items				
	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	Paula Swann / Paul Greenhalgh	Paul Young / Andrew Maskell
	Report of the chair of the executive group <ul style="list-style-type: none"> • Performance report • 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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
June 2016	Strategic items				
	Business items				
	Heart Town annual report			Director of public health	Steve Morton
	Partnership groups report (Partnership group: All)	To provide an overview 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.	n/a	Paul Greenhalgh	Steve Morton
Report of the chair of the executive group <ul style="list-style-type: none"> • Work plan • Risk 	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton	
September 2016	Strategic items				
	Business items				
	Report of the chair of the executive group <ul style="list-style-type: none"> • Work plan • Risk 	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
October 2016	Strategic items				
	JSNA key dataset 2016	To consider key challenges and needs identified by the key dataset	n/a	Director of public health	Steve morton
	Business items				
	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	Paula Swann / Paul Greenhalgh	Paul Young
	Partnership groups report (Partnership group: All)	To provide an overview 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.	n/a	Paul Greenhalgh	Steve Morton
	Report of the chair of the executive group <ul style="list-style-type: none"> • 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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
December 2016	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 the JSNA and JHWS.	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan
	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	Director of public health	Ellen Schwartz
	Pharmaceutical needs assessment (PNA) update	To consider any changes to the PNA and agree process for full update	n/a	Director of public health	Matt Phelan
Report of the chair of the executive group <ul style="list-style-type: none"> • Performance • 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	

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 / Bevolvy Fearon
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
12 June 2013	Prevention, self-care and shared decision making	Discussion	Agnelo Fernandes	Daniel MacIntyre
	Better Services Better Value consultation	Discussion	Paula Swann / Agnelo Fernandes	Rachel Tyndall / Charlotte Joll
	Annual report of the director of public health	Information	Mike Robinson	Sara Corben
	Sign off JSNA deep dive chapters <ul style="list-style-type: none"> • 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
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
18 July 2013	Board workshop on strategic risk			

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
11 September 2013	Improving outcomes for children with disabilities	Discussion and decision	Paul Greenhalgh	Linda Wright
	Reablement and hospital discharge programme – funding allocations 2013/14	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	JSNA deep dive chapter <ul style="list-style-type: none"> 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
	JSNA 2013/14 overview of health & social care needs	Discussion	Mike Robinson	Jenny Hacker
	Performance report (standing item)	Discussion	Hannah Miller/Paul Greenhalgh/Paula	Martin Ellender

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
			Swann	
	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
	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	Kay Murray / Fouzia

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
			Swann	Harrington
	Report of the chair of the executive group <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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
	JSNA 2013/14 alcohol chapter final draft	Decision	Mike Robinson	Bernadette Alves
	Children & young people's emotional wellbeing & mental health strategy	Discussion	Paul Greenhalgh / Paula Swann	Geraldine Bradbury / Stephen Warren
	Pharmaceutical needs assessment work plan 2014/15	Information	Mike Robinson	Matt Phelan
	Report of the chair of the executive group <ul style="list-style-type: none"> Work plan 	Discussion & 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
	<ul style="list-style-type: none"> Risk register 			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 / Hannah Miller	Paula Swann / Stephen Warren / Brenda Scanlan
	Children's primary prevention plan	Discussion	Paul Greenhalgh	Dwynwen Stepien
	Reform of services for children who will be subject to education, care and health plans	Information	Paul Greenhalgh	Linda Wright
	Report of the chair of the executive group <ul style="list-style-type: none"> Work plan Performance against health and wellbeing strategy indicators (quarterly standing item) Risk register 	Discussion & decision	Hannah Miller	Steve Morton Laura Gamble Steve Morton

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
11 September 2014	Better Care Fund	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	Adults safeguarding board annual report	Information	Hannah Miller	Kay Murray
	Children's safeguarding board annual report	Information	Paul Greenhalgh	Steve Love
	Report of the chair of the executive group <ul style="list-style-type: none"> 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			
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 <ul style="list-style-type: none"> 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	Decision	Hannah Miller	

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	<ul style="list-style-type: none"> • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk 			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 strategy	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson/Jane Fryer	Stephen Warren / Brenda Scanlan / Jane Doyle
	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 <ul style="list-style-type: none"> • Work plan • Risk 	Discussion & decision	Hannah Miller	Steve Morton
11 February	Strategic items			

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

Date	Items	Purpose	Board sponsor	Lead officer / report author	
2015	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 to publish such a statement is finalised	Paul Greenhalgh	Alan Hiscutt/ Paul Heynes	
	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 <ul style="list-style-type: none"> • 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				

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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 taken proper account of JHWS.	Paula Swann	Stephen Warren
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	Paul Greenhalgh	Brenda Scanlan

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
		been progressed.		
	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 <ul style="list-style-type: none"> • Work plan • Risk 	To inform the board of work undertaken by the executive group and consider the board risk register	Paul Greenhalgh	Steve Morton
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

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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 services	Paul Greenhalgh / Mike Robinson / Paula Swann / Jane Fryer	Lisa Burn / Ellen Schwartz
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	Paula Swann / John Goulston / Steve Davidson	Sean Morgan / Zoe Packman / Alison Beck

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
		areas		
	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 <ul style="list-style-type: none"> • 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	Paul Greenhalgh	Steve Morton
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	Paul Greenhalgh /	Brenda Scanlan /

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
		life strategy	Paula Swann	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 2015/16	Mike Robinson / Paula Swann / Paul Greenhalgh	Steve Morton
	Report of the chair of the executive group <ul style="list-style-type: none"> • 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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
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
	Report of the chair of the executive group <ul style="list-style-type: none"> • 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
23 October	Joint workshop with Opportunity and Fairness Commission				

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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
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 the JSNA and JHWS.	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan
	Urgent care transformation	To inform the board of work to transform urgent care	Redesign urgent care pathways	Paula Swann	Stephen Warren
	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	Director of public health	Ellen Schwartz
	JSNA maternal health chapter final draft	To consider the findings of the chapter and agree to its publication	Giving children a good start in life	Director of public health	Sarah Nicholls / Dawn Cox
Patient transport	To receive a report on improvements to patient transport in response to patient and carer feedback	Improving people's experience of care	John Goulston	Allan Morley	

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

	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Report of the chair of the executive group <ul style="list-style-type: none"> • Work plan • Risk • Performance 	To inform the board of work undertaken by the executive group and consider the board performance report, risk register and work plan	n/a	Paul Greenhalgh	Steve Morton

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APPENDIX A

Health & Wellbeing Board Performance Report

Nov-15

SCC - Performance Team Contact: Sharon.kaur@croydon.gov.uk

25 November 2015

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NOTE – the principal source of data within this report is the Croydon Key dataset developed by the Croydon Public Health Intelligence Team.

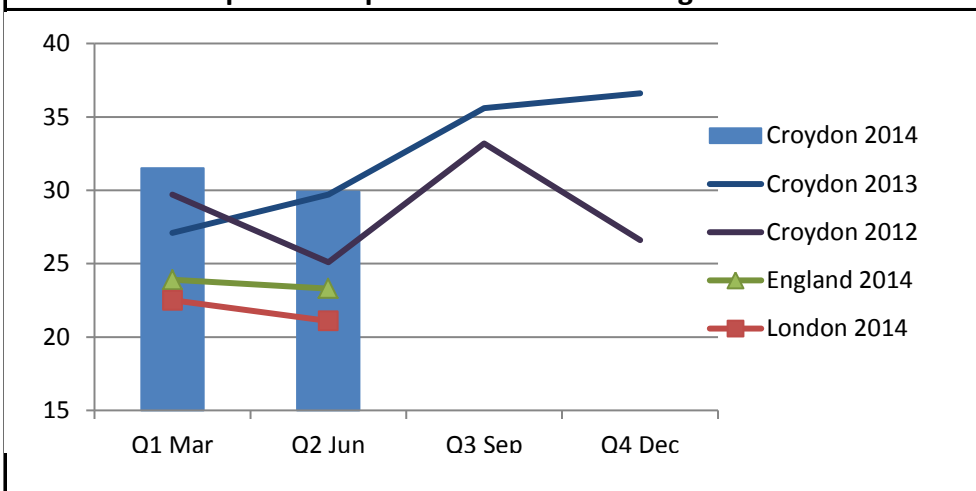
Improvement area 1: giving our children a good start in life

Priorities

- 1.1 Reduce low birth weight
- 1.2 Increase breastfeeding initiation and prevalence
- 1.3 Improve the uptake of childhood immunisations
- 1.4 Reduce overweight and obesity in children
- 1.5 Improve children’s emotional and mental wellbeing
- 1.6 Reduce the proportion of children living in poverty
- 1.7 Improve educational attainment in disadvantaged groups

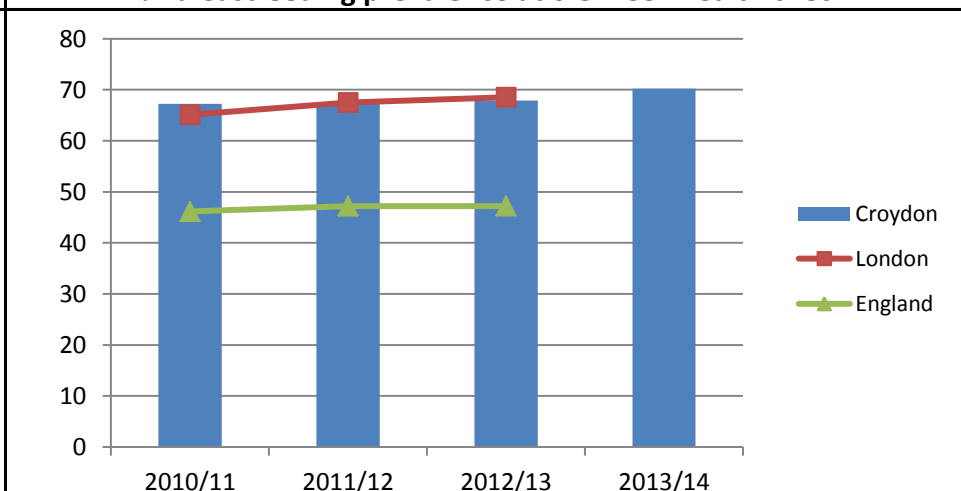
Potential challenge areas	Areas of success
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Conception rate per thousand Women aged 15 to 17



Conception rate (actual) was 29.9 per 1000 girls aged 15-17 years of age and equated to 53 conceptions. The rolling quarterly average conception rate for Q2-2014 was 33.4 per 1000 girls aged 15-17 years of age. This is unchanged from Q1 but, prior to Q2, the rolling quarterly average data showed consistent increases over the previous five quarters and this trend upwards was significant. That is, we are 95% certain that the rates are increasing rather than this observed increase being a random fluctuation. Therefore this is something we should consider as an emerging public health issue.

% breastfeeding prevalence at 6-8 week health check



Breastfeeding prevalence at 6-8 weeks is significantly higher than the national average and remains in line with the London average for 2012/13. London and England level data for 2013/14 is not yet available.

Performance measures

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Conception rate per thousand women aged 15 to 17	Croydon key dataset	LOW	29.9	2014 Q2	31.5 2014 Q1	21.10	23.3	Better	Worse	Worse
Breastfeeding initiation within 48 hours (% of mothers)	Croydon key dataset	HIGH	86%	2013/14	87%	86.77%	73.86%	About the same	About the same	Better
% breastfeeding prevalence at 6-8 week health check (infants totally or partially breastfed as a % of all subject to a health check)	Croydon key dataset	HIGH	70.18%	2013/14	67.88%	Not yet Available	Not yet Available	Better	Unknown	Unknown
Percentage of women who are smokers at the time of delivery	Croydon key dataset	LOW	6.10%	2015/16 QTR1	6.8% 2014	5.00%	10.70%	Better	Worse	Better
Percentage of children aged 4-5 years with height and weight recorded who are either overweight or obese	Croydon key dataset	LOW	23.40%	2013/14	23.70%	23.10%	22.50%	About the same	About the same	About the same
Percentage of children aged 10-11 years with height and weight recorded who are either overweight or obese	Croydon key dataset	LOW	38.40%	2013/14	38.20%	37.60%	33.50%	About the same	About the same	Worse
Percentage of live and still births under 2500 grams	Croydon key dataset	LOW	8.30%	2011	8.80%	8.00%	7.46%	About the same	About the same	About the same

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Immunisations - DTaP / IPV / Hib vaccination coverage (1 year old)	Croydon key dataset	HIGH	91.69%	2013/14	91.14%	89.76%	94.34%	About the same	Better	Worse
Immunisations - Hib / MenC booster vaccination coverage (2 years old)	Croydon key dataset	HIGH	87.67%	2013/14	86.60%	86.81%	92.51%	Better	About the same	Worse
Immunisations - PCV booster vaccination coverage (2 years old)	Croydon key dataset	HIGH	88.88%	2013/14	86.40%	86.31%	92.44%	Better	Better	Worse
Immunisations - MMR vaccination coverage for one dose (2 years old)	Croydon key dataset	HIGH	88.93%	2013/14	86.47%	87.46%	92.66%	Better	Better	Worse
Immunisations - DTaP / IPV vaccination coverage (5 years old)	Croydon key dataset	HIGH	92.80%	2012/13	92.70%	92.80%	95.60%	About the same	About the same	Worse
Immunisations - MMR vaccination coverage for two doses (5 years old)	Croydon key dataset	HIGH	76.93%	2013/14	74.22%	80.70%	88.32%	Better	Worse	Worse
Tooth decay in children aged 5 (average number of teeth)	Croydon key dataset	LOW	case too small	2011/12	NA	1.23	0.94	Unknown	Better	Better
Emotional wellbeing of looked-after children (mean score out of 40)	Croydon key dataset	LOW	12.6	2013/14	12.6	13.40	13.9	About the same	About the same	Better
Children living in poverty	Croydon key dataset	LOW	23.00%	2012	25.70%	23.70%	19.20%	Better	About the same	Worse

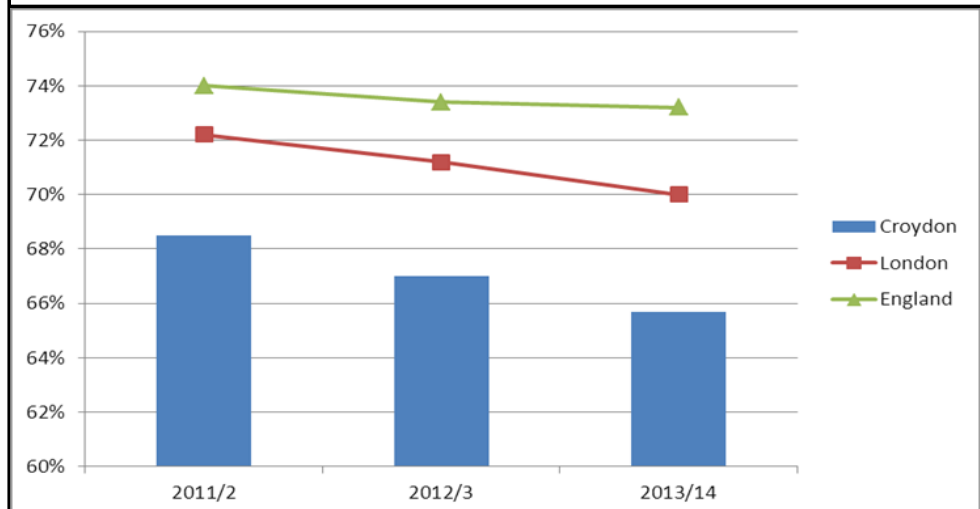
Improvement area 2: preventing illness and injury and helping people recover

Priorities

- 2.1 Reduce smoking prevalence
- 2.2 Reduce overweight and obesity in adults
- 2.3 Reduce the harm caused by alcohol misuse
- 2.4 Early diagnosis and treatment of sexually transmitted infections including HIV infection
- 2.5 Prevent illness and injury and promote recovery in the over 65s

Potential challenge areas	Areas of success
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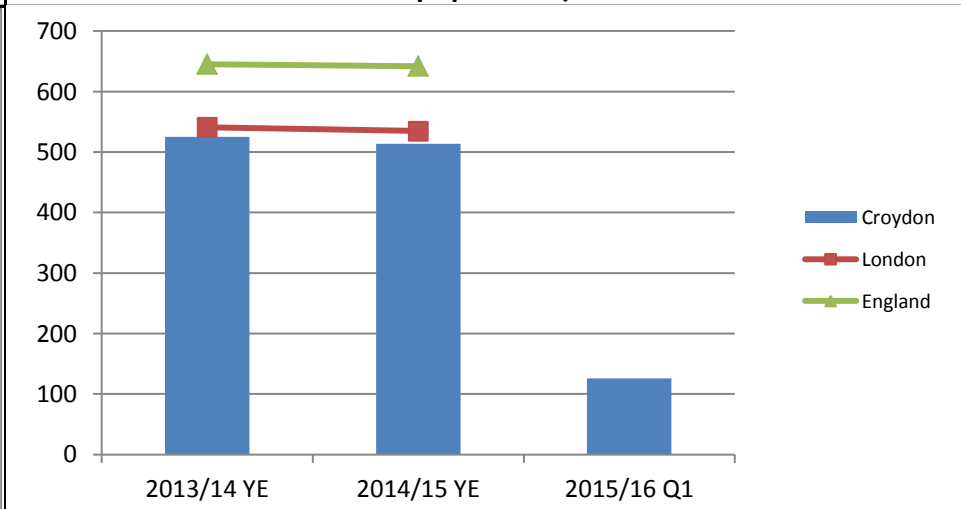
% of persons aged 65 and over immunised against influenza



Graph requires updates

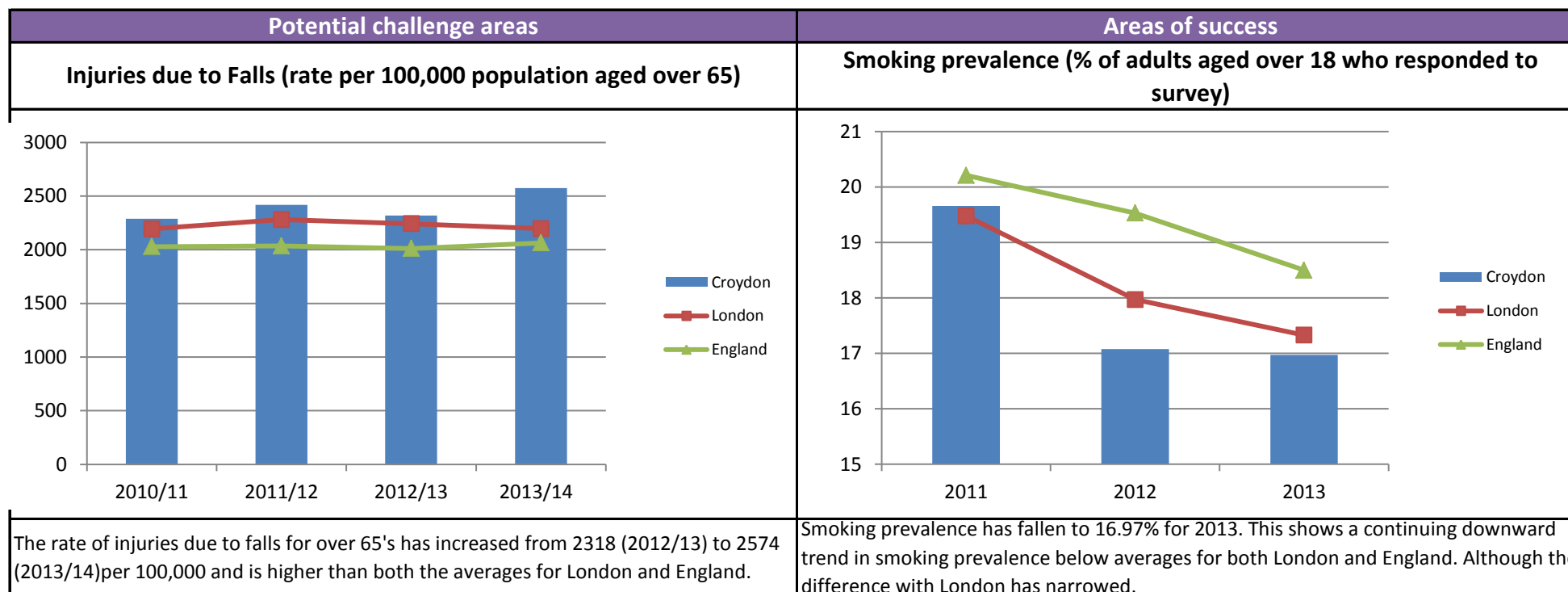
The influenza immunisation rate for this age group in Croydon falls short of the national and London averages, although shows a similar rate of decline to the London average.

Narrow Def: Alcohol attributable hospital admissions (rate per 100,000 population)



The 2015/16 quarter 1 outturn (126.1) shows Croydon continues to perform slightly better than the London average (133.09) and England average (156.12) for this reporting period. The narrow indicator allows more accurate comparison of alcohol-related harm between different areas and over time.

In order to reduce alcohol related harm, Croydon Public Health is working in partnership to develop its borough programme of alcohol IBA to identify people who drink at higher risk levels and deliver brief interventions. Furthermore, it is working with the local emergency department to prevent alcohol related violence through sharing A&E data with the Safer Croydon Partnership.



Performance measures

Measure description	Source	Polarity	Most recent annual	From	Previous year	London Average	England Average	Comparison with previous	Comparison with London Average	Comparison with England
% of persons aged 65 and over immunised against influenza	Croydon key dataset	HIGH	65.85%	2014/15	66%	69%	72.74%	About the same	Worse	Worse
Self-reported 4-week smoking quitters per 100,000 adult population aged 16+	Croydon key dataset	HIGH	758	2013/14	793	656	688	Worse	Better	Better
Smoking prevalence (% of adults aged over 18 who responded to survey)	Croydon key dataset	LOW	16.97%	2013	17.08%	17.33%	19%	About the same	Better	Better

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Rate of hospital admissions with a primary or secondary diagnosis of obesity per 100,000 population	Public Health Outcomes Framework	LOW	526	2013/14	440	505	679	Worse	About the same	Better
Narrow Definition: Alcohol attributable hospital admissions (rate per 100,000 population)	Croydon key dataset	LOW	126.1	Q1 2015/16	Q4 14/15 128.84	Q1 15/16 133.1	Q1 15/16 156.1	About the same	Better	Better
Percentage of patients on GP registers aged 17 and over diagnosed with diabetes	Croydon key dataset	LOW	6.48%	2013/14	6.39%	6.00%	6%	About the same	About the same	About the Same
Adults achieving at least 150 minutes of physical activity per week (% of adults aged over 16)	Croydon key dataset	HIGH	13.00%	2012-14	10.30%	12.80%	14.70%	Better	About the same	Worse
Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	Croydon key dataset	LOW	56.8%	2011-13	56.7%	40.5%	45.5%	About the same	Worse	Worse
Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	Croydon key dataset	n/a	2739	Jan-Dec 2014	2704 (Q3 2014)	2178	2012	n/a	n/a	n/a
Percentage of households identified as "fuel poor"	Croydon key dataset	LOW	9.89%	2013	8.81%	9.79%	10.39%	Worse	About the same	Better
Injuries due to falls (rate per 100,000 population aged over 65)	Croydon key dataset	LOW	2574	2013/14	2318	2197	2064	Worse	Worse	Worse
Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average

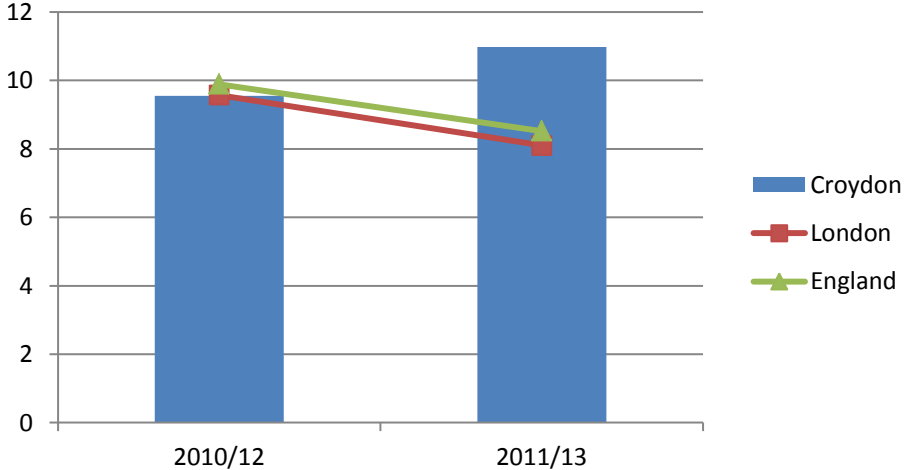
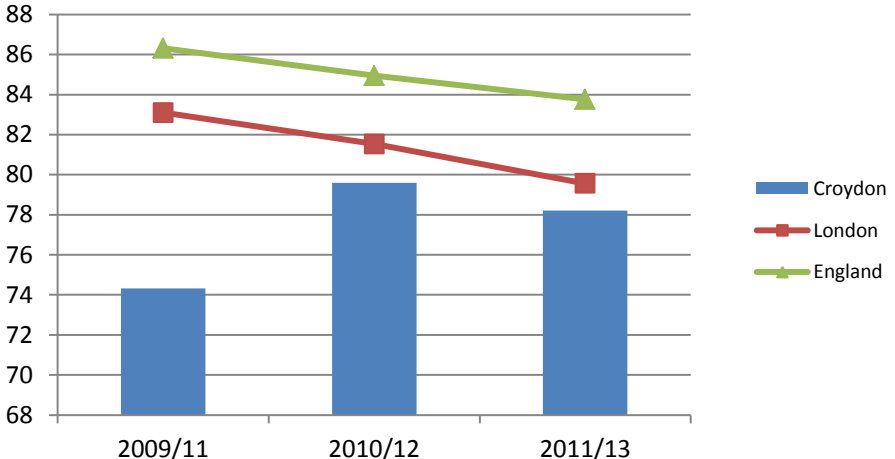
Patient reported outcomes for elective procedures: Groin Hernia (EQ-5D- average health gain score out of 1)	NHS outcomes framework	HIGH	Suppressed due to small sample	2013/14	Suppressed due to small sample	Unknown	unknown	Unknown	Unknown	Unknown
Patient reported outcomes for elective procedures: Hip Replacement (EQ-5D- average health gain score out of 1)	NHS outcomes framework	HIGH	0.423	2013/14	0.391	0.43	0.423	About the same	About the same	About the same
Patient reported outcomes for elective procedures: Knee Replacement (EQ-5D- average health gain score out of 1)	NHS outcomes framework	High	0.294	2013/14	0.285	0.29	0.318	About the same	About the same	Worse
Patient reported outcomes for elective procedures: Varicose Vein (EQ-5D- average health gain score out of 1)	NHS outcomes framework	High	Suppressed	2013/14	Suppressed due to small sample	0.063	0.093	Unknown	Unknown	Unknown

Improvement area 3: preventing premature death and long term health conditions

Priorities

3.1 Early detection and management of people at risk for cardiovascular diseases and diabetes

3.2 Early detection and treatment of cancers

Potential challenge areas	Areas of success																												
<p data-bbox="297 467 985 500">Deaths from diabetes (rate per 100,000 population)</p>  <table border="1" data-bbox="192 537 1099 1003"> <caption>Deaths from diabetes (rate per 100,000 population)</caption> <thead> <tr> <th>Year</th> <th>Croydon</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>2010/12</td> <td>9.55</td> <td>9.8</td> <td>10.0</td> </tr> <tr> <td>2011/13</td> <td>10.98</td> <td>8.2</td> <td>8.8</td> </tr> </tbody> </table>	Year	Croydon	London	England	2010/12	9.55	9.8	10.0	2011/13	10.98	8.2	8.8	<p data-bbox="1175 451 2073 516">Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)</p>  <table border="1" data-bbox="1175 548 2073 1003"> <caption>Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)</caption> <thead> <tr> <th>Year</th> <th>Croydon</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>2009/11</td> <td>79.6</td> <td>83.2</td> <td>86.5</td> </tr> <tr> <td>2010/12</td> <td>79.6</td> <td>81.5</td> <td>85.0</td> </tr> <tr> <td>2011/13</td> <td>78.2</td> <td>79.5</td> <td>83.5</td> </tr> </tbody> </table>	Year	Croydon	London	England	2009/11	79.6	83.2	86.5	2010/12	79.6	81.5	85.0	2011/13	78.2	79.5	83.5
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<p>While London and England have both seen minor a fall in deaths from diabetes per 100,00 of the population; Croydon's rate has increased from 9.55 to 10.98 deaths from diabetes per 100,000 of the population.</p>	<p>Early deaths from cancer considered preventable rolling three year average, has fallen from 79.6 to 78.2. London and England averages have also shown a fall in these early deaths at a similar rate to Croydon.</p>																												

Potential challenge areas	Areas of success																																
<p align="center">Breast screening rate (% of women aged 53-70)</p>	<p align="center">Early deaths from liver disease considered preventable (rate per 100,000 population age<75)</p>																																
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<p>A decline in the % of eligible women receiving breast screening from 69.2% to 66.7% occurred in 2014. This rate of decline is not replicated for the London or England averages.</p>	<p>The rate of early deaths from liver disease considered preventable has reduced from 14 to 12.9 per 100,000. A similar rate of reduction can be seen for the London average but not for England overall.</p>																																

Performance measures

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Infant mortality - Rate per 1,000 live births,	Croydon key dataset	LOW	3.95	2011-13	3.91	3.84	3.98	About the same	About the same	About the same
Life expectancy at age 75 (males) in years	Croydon key dataset	HIGH	12	2011-13	11.5	12.1	11.5	About the same	About the same	About the same
Life expectancy at age 75 (females) in years	Croydon key dataset	HIGH	13.5	2011-13	13.3	14	13.3	About the same	About the same	About the same
Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	Croydon key dataset	LOW	78.21	2011/13	79.6	79.57	83.76	About the same	About the same	Better
Deaths from causes considered preventable (rate per 100,000 population)	Croydon key dataset	LOW	173.52	2011/13	179	171.81	183.85	Better	About the same	Better
Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	53.92	2011/13	55.18	50.22	50.89	Better	Worse	Worse
Early deaths from liver disease considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	12.89	2011/13	14.05	15.72	15.7	Better	Better	Better

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Early deaths from respiratory diseases considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	17.35	2011/13	17.9	17.14	17.85	About the same	About the same	About the same
Offered an NHS health check (% of eligible people aged 40-74)	Croydon key dataset	HIGH	11.91%	2014/15	0.80%	44.61%	37.94%	Better	Worse	Worse
Take up of NHS health checks (% of people offered health checks)	Croydon key dataset	HIGH	6.94%	2013/14	1.60%	21%	19%	Better	Worse	Worse
% of NHS health checks that identify patients to be at high risk	TBC	TBC	12.30%	2012/13	10.20%	Local indicator	local indicator	Unknown	Unknown	Unknown
Breast screening rate (% of women aged 53-70)	Croydon key dataset	HIGH	66.75%	2014	69.25%	68.91%	75.90%	Worse	Worse	Worse
Cervical screening rate (% of eligible women aged 25-64)	Croydon key dataset	HIGH	72.50%	2014	71.74%	70.31%	74.16%	About the same	Better	Worse
Deaths from diabetes (rate per 100,000 population)	Croydon key dataset	LOW	10.98	2011-13	9.55	8.1	8.52	Worse	Worse	Worse

Improvement area 4: supporting people to be resilient and independent

Priorities

- 4.1 Rehabilitation and reablement to prevent repeat admissions to hospital
- 4.2 Integrated care and support for people with long term conditions
- 4.3 Support and advice for carers
- 4.4 Reduce the number of households living in temporary accommodation
- 4.5 Reduce the number of people receiving job seekers allowance

Potential challenge areas	Areas of success																																								
Proportion of adults in contact with secondary mental health services living independently, with or without support	Proportion of people using social care who receive self-directed support																																								
<table border="1"> <caption>Proportion of adults in contact with secondary mental health services living independently, with or without support</caption> <thead> <tr> <th>Year</th> <th>Croydon</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>71</td> <td>75</td> <td>58</td> </tr> <tr> <td>2012/13</td> <td>78</td> <td>80</td> <td>59</td> </tr> <tr> <td>2013/14</td> <td>71</td> <td>79</td> <td>61</td> </tr> <tr> <td>2014/15</td> <td>63</td> <td>78</td> <td>60</td> </tr> </tbody> </table>	Year	Croydon	London	England	2011/12	71	75	58	2012/13	78	80	59	2013/14	71	79	61	2014/15	63	78	60	<table border="1"> <caption>Proportion of people using social care who receive self-directed support</caption> <thead> <tr> <th>Year</th> <th>Croydon</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>48</td> <td>48</td> <td>43</td> </tr> <tr> <td>2012/13</td> <td>74</td> <td>64</td> <td>56</td> </tr> <tr> <td>2013/14</td> <td>70</td> <td>68</td> <td>61</td> </tr> <tr> <td>2014/15</td> <td>80</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Year	Croydon	London	England	2011/12	48	48	43	2012/13	74	64	56	2013/14	70	68	61	2014/15	80	-	-
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<p>2014/15 has seen a decline in the proportion of adults in contact with secondary mental health services living independently</p>	<p>Across all services, all presenting clients with eligible needs, excluding those in crisis or receiving reablement services, are assessed utilising the single Resource Allocation System to determine the amount of personal budget they will receive to fund their social care services.</p>																																								

Potential challenge areas	Areas of success																																
Proportion of adults with learning disabilities in paid employment	Delayed transfers of care from hospital per 100,000 population																																
<table border="1"> <caption>Proportion of adults with learning disabilities in paid employment</caption> <thead> <tr> <th>Year</th> <th>Croydon</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>5.0</td> <td>9.1</td> <td>7.0</td> </tr> <tr> <td>2013/14</td> <td>5.6</td> <td>9.2</td> <td>6.8</td> </tr> <tr> <td>2014/15</td> <td>6.0</td> <td>7.7</td> <td>6.1</td> </tr> </tbody> </table>	Year	Croydon	London	England	2012/13	5.0	9.1	7.0	2013/14	5.6	9.2	6.8	2014/15	6.0	7.7	6.1	<table border="1"> <caption>Delayed transfers of care from hospital per 100,000 population</caption> <thead> <tr> <th>Year</th> <th>Croydon</th> <th>London</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>3.5</td> <td>7.0</td> <td>9.5</td> </tr> <tr> <td>2013/14</td> <td>5.2</td> <td>6.8</td> <td>9.6</td> </tr> <tr> <td>2014/15</td> <td>4.2</td> <td>6.5</td> <td>11.2</td> </tr> </tbody> </table>	Year	Croydon	London	England	2012/13	3.5	7.0	9.5	2013/14	5.2	6.8	9.6	2014/15	4.2	6.5	11.2
Year	Croydon	London	England																														
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2013/14	5.2	6.8	9.6																														
2014/15	4.2	6.5	11.2																														
While the proportion of people with learning disabilities in paid employment has slightly increased, it is still below average for both London and England.	Croydon's performance has remained below the averages for both London and England; and has further decreased delays in the transfer of care.																																

Performance measures

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Survey Social care-related quality of life	ASCOF	HIGH	18.4	2014/15	18.7	2013-14 18.5	2013-14 19.1	About the same	About the same	About the same
Proportion of people who use services who have control over their daily life	ASCOF	HIGH	71.50%	2014/15	74.90%	2013-14 71.6%	2013-14 76.7%	Worse	About the same	Worse

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Proportion of people using social care who receive self-directed support	ASCOF	HIGH	80.50%	2014/15	70.00%	2013-14 67.50%	2013-14 62.10%	Better	Better	Better
Proportion of people using social care who receive direct payments	ASCOF	HIGH	14.50%	2014/15	10.40%	2013-14 22.10%	2013-14 19.10%	Better	Worse	Worse
Survey: Carer-reported quality of life	ASCOF	HIGH	7.4	2014/15	7.7	2013-14 7.7	2013-14 8.1	About the same	About the same	Worse
Proportion of adults with learning disabilities in paid employment	ASCOF	HIGH	6.00%	2014/15	6%	2013-14 7.7%	2013-14 6%	About the same	Worse	Worse
Proportion of adults in contact with secondary mental health services in paid employment	ASCOF	HIGH	4.40%	2014/15	5.70%	2013-14 5.5%	2013-14 7.1%	Worse	Worse	Worse
Proportion of adults with learning disabilities who live in their own home or with their family	ASCOF	HIGH	60.40%	2014/15	66.20%	2013-14 68.5%	2013-14 74..8%	Worse	Worse	Worse
Proportion of adults in contact with secondary mental health services living independently, with or without support	ASCOF	HIGH	63.10%	2014/15	71.00%	2013-14 78.7%	2013-14 60.9	Worse	Worse	Better

Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	ASCOF	LOW	9.4	2014/15	7.7	2013-14 10.0	2013-14 14.4	Worse	Better	Better
Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	ASCOF	LOW	436	2014/15	421	2013-14 463.9	2013-14 668.4	Worse	Better	Better
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	ASCOF	HIGH	87.80%	2014/15	85.20%	2013-14 87.8	2013-14 81.9	Better	About the same	Better
Delayed transfers of care from hospital per 100,000 population	ASCOF	LOW	4.2	2014/15	5.2	2013-14 6.4	2013-14 9.12	Better	Better	Better
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	ASCOF	LOW	1.4	2014/15	1.4	2013-14 2.1	2013-14 2.5	About the same	Better	Better
Overall satisfaction of people who use services with their care and support	ASCOF	HIGH	59.90%	2014/15	57.90%	2013-14 60.10%	2013-14 64.09%	Better	Worse	Worse
Overall satisfaction of carers with social services	ASCOF	HIGH	25.50%	2014/15	29.90%	2013-14 35.2%	2013-14 42.7%	Worse	Worse	Worse

Proportion of carers who report that they have been included or consulted in discussion about the person they care for	ASCOF	HIGH	68.60%	2014/15	63.4	2013-14 65.90%	2013-14 72.80%	Better	Better	Better
Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Proportion of people who use services and carers who find it easy to find information about services	ASCOF	HIGH	71.60%	2014/15	73.10%	2013-14 72.6%	2013-14 74.7%	Worse	About the same	Worse
Proportion of people who use services who say that those services have made them feel safe and secure	ASCOF	HIGH	65%	2014/15	64.00%	2013-14 63.1%	2013-14 66%	Better	Better	About the same

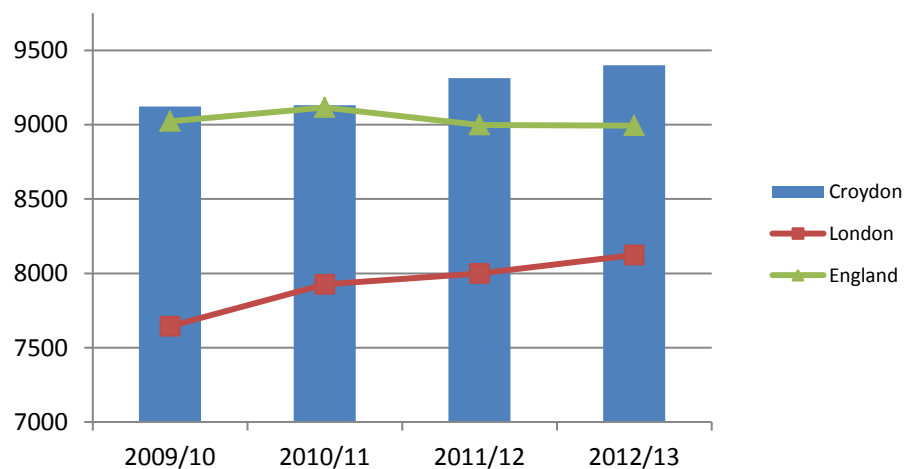
Improvement area 5: providing integrated, safe, high quality services

Priorities

- 5.1 Redesign of mental health pathways
- 5.2 Increased proportion of planned care delivered in community settings
- 5.3 Redesign of urgent care pathways
- 5.4 Improve the clinical quality and safety of health services
- 5.5 Improve early detection, treatment and quality of care for people with dementia

Potential challenge areas

All cause emergency hospital admissions (rate per 1,000 population)



All cause emergency admissions have increased for the year 2012/13 at a similar incline to London's average. England's average remained similar to the previous year.

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
All cause emergency hospital admissions (rate per 1,000 population)	Croydon key dataset	LOW	9399	2012/13	9312.91	8123.24	8993.11	About the same	Worse	Worse
Emergency readmissions within 30 days of discharge from hospital (%)	Croydon key dataset	LOW	12.90%	2011/12	12.00%	12.23%	11.80%	About the same	About the same	About the same
Proportion of deaths from all causes that occur at usual place of residence	Croydon key dataset	NA	39.8	2012	38.1	35.8	43.7	Unknown	Unknown	Unknown
Safety incidents involving severe harm or death per 100 admissions	NHS outcomes framework	LOW	1.3	04/14-09/14	2.3	Not available	Acute Non specialist (Croydon's comparator group):0.5	Better	Unknown	Worse
Patient safety incidents reported rate per 100 admissions	NHS outcomes framework	LOW	26.48	04/14-09/14	25.6	Not available	Acute Non specialist (Croydon's comparator group):24.07	About the same	Unknown	Worse
Incidence of avoidable harm: MRSA (crude count)	NHS outcomes framework	LOW	3	2013/14	1	Not available	5	Worse	Unknown	Better
Incidence of avoidable harm: C.difficile (crude count)	NHS outcomes framework	LOW	14	2013/14	30	Not available	5.2	Better	Unknown	Worse

Improvement area 6: improving people’s experience of care

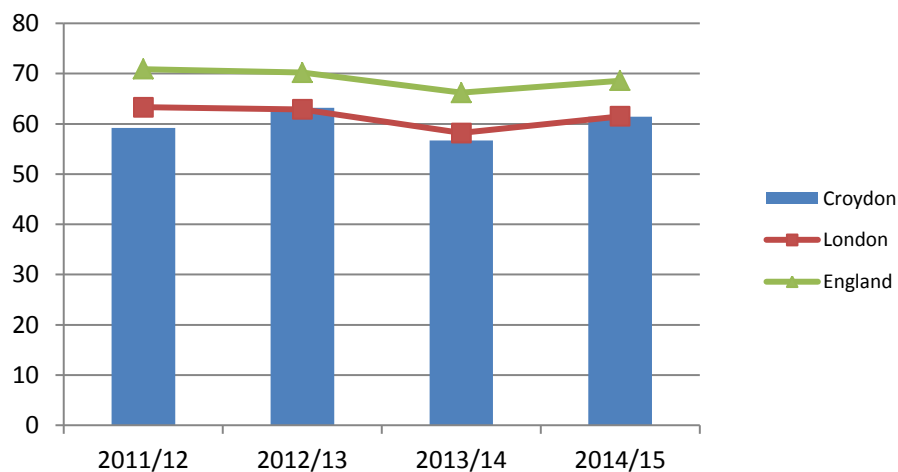
Priorities

6.1 Improve end of life care

6.2 Improve patient and service user satisfaction with health and social care services

Potential challenge areas

Patient experience of primary care: Out of Hours Service



Patient satisfaction rates for experience of primary care: Out of Hours Service has increased for the period 2014/15, However remains just below the London average and considerably below England average.

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Patient experience of primary care: GP Services	NHS outcomes framework	HIGH	82.60%	2014/15	83%	80.20%	84.80%	About the Same	Better	Worse
Patient experience of primary care: Out of Hours Services	NHS outcomes framework	HIGH	61.40%	2014/15	56.70%	61.50%	68.60%	better	About the same	Worse
Patient experience of primary care: Dentistry	NHS outcomes framework	HIGH	83.60%	2014/15	82.90%	80.9	84.60%	About the Same	better	About the same
Patient experience of hospital care: Inpatient Overall Experience	NHS outcomes framework	HIGH	70.5	2014/15	67.1	Not available	76.6	better	Unknown	Worse
Patient experience of hospital care: Outpatient Overall Experience (out of 100)	NHS outcomes framework	HIGH	74.4	2011	75.3	Not available	79.5	About the Same	Unknown	Worse
Patient experience of hospital care: Inpatient Responsiveness to Needs (out of 100)	NHS outcomes framework	HIGH	61.6	2013/14	57.4	66.7	68	better	worse	Worse
Patient experience of hospital care: A&E Overall Experience	NHS outcomes framework	HIGH	73	2014	75.2	Not available	80.7	About the Same	Unknown	Worse
Access to NHS dental services (out of 100)	NHS outcomes framework	HIGH	94.7	2014/15	94.6	93.1	95	About the Same	About the same	About the same
Access to GP services	NHS outcomes framework	HIGH	71.40%	2014/15	73.40%	68.70%	73.30%	Worse	Better	Worse

Measure description	Source	Polarity	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Women's experience of maternity services: Intrapartum[3] (score between 1 -100)	NHS outcomes framework	High	70.5	2013	73	Not available	74.5	Worse	Unknown	Worse
Patient experience of community mental health services[4] (score between 1-10)	NHS outcomes framework	HIGH	7	2014	8.75	Not available	6.6	Worse	Unknown	About the same

[\[1\] Data for 2011/12 is available but Croydon's data set has been suppressed due to its small size](#)

[\[2\] As this data is provisional England and London will remain at 2013/14 for benchmarking until the final release.](#)

[\[3\] Reliable data not available for pre and post natal components of this indicator. The indicator definition includes 6 questions across an antenatal survey \(which Croydon did not submit\), a Intrapartum survey- shown here and a Postnatal survey for which only one of the two questions is available in the Croydon report. As a result only the two questions c13 and c17 average from the Intrapartum results have been shown here.](#)

[\[4\] Data is only available at SLAM \(South London and Maudsley\) level.](#)

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Building a better Croydon for Everyone – Interim Report

- Commission chaired by Bishop of Croydon
- Independent body set up by Croydon Council
- Final report for January 2016
- Engagement with c.3,000
- CCG and various organisations, particularly the public
- Obesity not covered
- Prioritised errors where major challenge and could add value

Chapter 1 – Vibrant, responsible and connected communities

- Are there ways to increase participation of volunteers?
- Can we devolve power to communities to take more responsibility in their areas?
- Use online platform for exchange of time and support within communities
- BID model to include residents – devolving responsibility for some services such as upkeep, aspects of crime and local transport

Chapter 2 - A town centre that lifts the whole borough

- Can we spread prosperity out to more deprived areas?

Chapter 3 – Leaving no child behind

- Early years intervention
- Improving support for SEN children
- Wellbeing – nurturing programmes (Best Start)
- Best practice around therapeutic support in schools
- Overload of CAMHs service
- Many schools could do more around mental health issues
- Praise around work done by Fair Access Panel

Chapter 4 – A connected borough where no one is isolated

- Further work needed to understand challenges around isolation
- More volunteering needed to support socially isolated residents
- Major agenda around issues in hospitals – bed blocking, people in hospitals unnecessarily

Chapter 5 – Finding homes for all

- Challenge of more security in private sector renting
- Good Landlord Charter to encourage acceptance of tenants on benefits
- Home owners to take in homeless people?

Chapter 6 – Supporting residents towards better times

- Can more be done around child care to support people into work
- Could developers be part of the solution by investing in child care?
- Support for money wise training for those in debt
- First Step – offer everyone a local work experience job

Issues discussed:

1. Social isolation

Voluntary sector – social isolation – major problem of transport to get people out into community to provide support

Community centres – encourage them to open up at lunchtimes – need information on people who are isolated – how to contact them

Get information from GP surgeries about people who are isolated – confidentiality issues

Voluntary sector - number of directories in the borough – consolidated into one resource (Care Place) to provide information for GPs and other services to pass on

Issue of getting people to take the first step – need encouragement from neighbours

Isolation not just elderly people – single men without social skills and emotional intelligence have particular difficulties

Care Place – some people unable to use this website – struggling to gain access – only an information resource – will not replace advice services

Libraries – signpost people there and ensure staff available to help find information

Digital solution not the only answer

Pivotal for people to connect with each other

Volunteers needed for Go On launch....

GPs should have information about other voluntary societies for specific needs

Diversity needed to cover different needs – some people not social animals

Not only social contact – practical issues cause problems for isolated

Project in east London, Good Gym – people identified by GPs – once a week drop in – gardening etc – digitally facilitated

Young people to adopt older people

Volunteering for young people – during school years, students going to university and in 'gap' year

Mental health – need to deal with practical problems before they can cope with everyday life

Community transport

Neighbourhood Care Association offer transport service but short of volunteer drivers

Inconsistency of offer across the borough

Asset based community development – what do we need in order to create in north of borough the same service as existing in the south? Start with a Big Lunch?

Finances – difficult to get relatively small amounts of money to keep initiatives going?

Residents' Associations funding local charities

Projects around the borough need linking up – churches, RAs etc

2. Improving outcomes for children

Drop In Centre - Referring children 9-13 years – deal with young people up to 25 years – increasing numbers – have multiple problems

Isolated older people encouraged to go into schools and share experiences with children and help younger children to read

Social movement in Croydon – needs to be at local level

Finding a way for people to help neighbours, get people together

Lot of depression – worried about school, getting a job

Bullying in schools – some racist
Issue of marriage break ups – domestic and emotional violence – children in the middle
Children need someone to listen – befriending
Work looking at joining up the problems – gateway approach – make connections and support families as a whole
Increasing children and young people in poverty – work being done collectively – direct/indirect consequences?
Opportunity through Local Plan to transform young people’s emotional and physical issues – need to plan well over coming years – to give children more resilience
Trying to recognise messages YP put out
Extra CAHMS money from central government – proportion to focus on early indicators at primary school to identify issues and put support in early where needed
Lack of support in schools a major issue
Fair Access – looked at 3 therapeutic interventions – providing emotional nourishment – from leadership in schools and sharing best practice
Not all schools using Octavo support
“Prevention is far better than cure” – particularly with mental health issues
Look at how much money being spent – education, social care, voluntary sector – what proportion should be on preventative, as opposed to treatment basis?
Need commitment to way of looking and measuring this – state of the nation report every two years – “right thing to do”
Need to help parents to understand what is going on when they have difficulties with their children
Children learn from their parents – copy or do the opposite
Disruption in home life reduces chances of success in adult life
Prevention – environmental impact – nature space in Norbury (was a fly tip)
Thornton Heath – another betting shop in place where young girls complained if being harassed – likely to increase – authorities have a responsibility to address this
PTAs to get more involved? Fundraise and provide additional services – crèches etc. - get fathers more involved

Summary

CAMHs – outreach for prevention rather than cure
Supporting parents
Developing PTAs
Concern about betting shops – need changes in Licensing/Planning rules
Concern about bullying
Developing emotional intelligence in children and parents
¹Reducing poverty
How to unlock money and use in a different way to alleviate feeling of hopelessness amongst young people?
Social prescribing – How to promote it more? How effective is it? Could be taken forward through the Transforming Care Board?

CCG to provide briefing regarding CAHMs funding

¹ **Note:** *Delhi – despite poverty, local government manages to run a successful environment – traffic keeps moving, no begging.*

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