

HEALTH & WELL-BEING BOARD (CROYDON)

To: Elected members of the council:

Councillors Margaret BIRD, Patricia HAY-JUSTICE, Yvette HOPLEY (Vice-Chair),
Maggie MANSELL (Chair), Callton YOUNG

Officers of the council:

Barbara PEACOCK (Executive Director of People)
Rachel FLOWERS (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

Jai JAYARAMAN (Healthwatch Croydon)

NHS service providers:

Zoe REED (South London & Maudsley NHS Foundation Trust)
John GOULSTON (Croydon Health Services NHS Trust)

Representing voluntary sector service providers:

Helen THOMPSON (Croydon Voluntary Sector Alliance)
Sara MILOCCO (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)

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

Kate PIERPOINT (Croydon Charity Services Delivery Group)
Karen STOTT (Croydon Voluntary Sector Alliance)

Non-voting members:

Ashtaq ARAIN (Faiths together in Croydon)
Adam KERR (National Probation Service (London))
David LINDRIDGE (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Cassie NEWMAN (London Probation Trust (Croydon))
Claire ROBBINS (Metropolitan Police)

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on
Wednesday 5th April 2017 at 2:00pm, in **The Council Chamber, The Town Hall,**
Katharine Street, Croydon CR0 1NX.

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

MARGOT ROHAN
Senior Members Services Manager
(Democratic Outreach)
(020) 8726 6000 Extn.62564
margot.rohan@croydon.gov.uk
www.croydon.gov.uk/agenda
27 March 2017

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.

PLEASE NOTE: This meeting will be paperless. The agenda can be accessed online via the mobile app: <http://secure.croydon.gov.uk/akscroydon/mobile> - Select 'Meetings' on opening page

AGENDA - PART A

- 1. Apologies for absence**
- 2. Minutes of the meeting held on Wednesday 8th February 2017 (Page 1)**

To approve the minutes as a true and correct record.

- 3. Disclosure of Interest**

Members will be asked to confirm that their Disclosure of Interest Forms are accurate and up-to-date. Any other disclosures that Members may wish to make during the meeting should be made orally. 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 relevant disclosable pecuniary interests at the meeting.

- 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:
Household income and child poverty update (Page 7)**

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

7. Social isolation action plan (Page 17)

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

8. Together for Health update (Page 25)

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

9. Business Items:

Clinical Commissioning Group operating plan 2017/18 (Page 47)

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

10. Health protection update (Page 51)

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

11. Healthwatch Croydon report (Page 55)

The report of the Chief Executive Officer of Healthwatch Croydon is attached.

12. Report of the chair of the executive group (Page 57)

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

13. Public Questions

For members of the public to ask questions relating to items on this 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.

14. [The following motion is to be moved and seconded as the “camera resolution” where it is proposed to move into part B of a meeting]

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

AGENDA - PART B

None

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Health & Well-Being Board (Croydon)
Minutes of the meeting held on Wednesday 8th February 2017 at 2pm in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

- Present:**
- Elected members of the council:**
Councillors Margaret BIRD, Maddie HENSON, Yvette HOPLEY (Vice-Chair), Maggie MANSELL (Chair), Callton YOUNG
- Officers of the council:**
Guy VAN DICHELE (Interim Director of Adult Social Care & 0-65 Disability)
Rachel FLOWERS (Director of Public Health)
- NHS commissioners:**
Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group) (Vice-Chair)
Stephen WARREN (NHS Croydon Clinical Commissioning Group)
- Healthwatch Croydon**
Jai JAYARAMAN (Healthwatch Croydon)
- NHS service providers:**
Zoe REED (South London & Maudsley NHS Foundation Trust)
- Representing voluntary sector service providers:**
Sara MILOCCO (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)
- Representing patients, the public and users of health and care services:**
Kate PIERPOINT (Croydon Charity Services Delivery Group)
Karen STOTT (Croydon Voluntary Sector Alliance)
- Non-voting members:**
Ashtaq ARAIN (Faiths together in Croydon)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
- Absent:** Councillor Patricia HAY-JUSTICE, Barbara PEACOCK, Dr Jane FRYER, Paula SWANN, John GOULSTON, Helen THOMPSON, Adam KERR, David LINDRIDGE, Cassie NEWMAN and Claire ROBBINS
- Apologies:** Councillor Patricia HAY-JUSTICE, Barbara PEACOCK, Dr Jane FRYER, Paula SWANN, John GOULSTON, Cassie NEWMAN and Jayne BLACK (deputy for John GOULSTON)

A76/17 Minutes of the meeting held on Wednesday 14th December 2016

RESOLVED that the minutes of the meeting held on 19 October were agreed as an accurate record.

Cllr Maggie Mansell mentioned that a number of ideas were put forward at the Seminar on 25 January. There will be a report at the next Board meeting.

A77/17 Disclosure of Interest

There were no disclosures at this meeting.

A78/17 Urgent Business (if any)

There was none.

A79/17 Exempt Items

There were none.

**A80/17 Strategic items:
Primary care co-commissioning**

Stephen Warren gave a presentation (attached) and summarised the report. Since April 2015, Croydon CCG, alongside the 5 other CCGs in South West London, have been moving towards increasing their ability to have greater influence over the commissioning of primary care services, to support the implementation of local out of hospital strategies. Croydon CCG has submitted an application to NHS England for delegated commissioning, to be effective from the 1st April 2017, to increase its ability to influence primary care commissioning and outcomes. Stephen Warren outlined the significant opportunities this would provide to ensure primary care is a key part of developing the Out of Hospital Transformation and the ability to shape local primary care services in response to local need.

Issues raised included:

- Pharmacies want to be more involved but they do not have access to patient notes
- Feedback on BAME issues from relevant sources

The Board **NOTED** the contents of the report.

A81/17

**Business Items:
Better Care Fund**

The Better Care Fund (BCF) is a national initiative which aims to promote better integration between health and social care to provide a whole system approach to improving patient outcomes through investing in community based services and by doing so reduce demand on acute services.

Stephen Warren and Guy Van Dichele presented the report and answered questions raised.

The following issues were raised:

- Recent publicity indicates it is not working elsewhere. It is an opportunity to fund transaction costs of changing services, bringing health and social services closer together.
- Financial savings have not been made but the work has not happened yet. It might alleviate problems we have now, by keeping work strains moving and embedded. There are issues about not having care packages and other issues.
- There are quite a large number of people in Croydon in a lot of care homes. A lot of these people are funded from other boroughs. It creates difficulties if they need care beyond what care the home is providing. Dementia is more complex, with mental and physical needs.
- We must learn from other areas and improve. It is not only about social care but also about hospitals - the way the system is organised. More support is needed in the community. We need to look at how it links into primary care. Prevention is important - evidence shows developing systems with continuity is critical.
- Effective management of A&E is also important.

Guy Van Dichele: It is not about one issue. It is more complex. We need to ensure support when patients come out of hospital.

The Board **NOTED** the report.

A82/17

JSNA programme for 2017

Rachel Flowers introduced the report. The paper sets out recommendations for a change to the process of producing Croydon JSNA. Previously an annual key dataset was produced with a small number of chapters on key topic areas, with the latter guided by an agreed prioritisation process to rank proposals received from stakeholders each year. Rachel Flowers explained that this is only

the beginning of the process. The JSNA is not just about commissioning. We need to be more agile. Most JSNA programmes previously had a big document but something more useful - bite sized - would be preferable. It is a work in progress, more data-based. It will be on the website. There are lots of examples of good practice. Practice in one borough does not necessarily work elsewhere but can be shared with colleagues. Data is available for all statutory agencies.

The following issues were raised:

- Croydon has wide ranging levels of deprivation

Rachel Flowers: Evidence shows the gap is closing. We need to drill down into the data to find out what it means; look for patterns. We can triangulate hard data with what we pick up from observation.

- Decisions need to be taken more rapidly. There is a lack of commissioner 'buy in'. Commissioners should identify the problems. How do you link in with other stakeholders - Healthwatch, CVA etc.?

Rachel Flowers: The commissioning cycle is quite rigid. Some of the data arrived after the cycle finished. Often people pick up issues before it appears in hard data. We need to make sure other relevant people are in the room - has to be evidence based. It is an important part of 'what's out there' in terms of anecdotes, to ensure we don't miss anything.

- Troubled by it being 'commissioner led'. Involvement of the community is significant. We may hear things that come up before they show in the data. If communities go through the process of responding we may then triangulate their information with data. We must look at ways of strong engagement with voluntary sector and other stakeholders. The greatest challenge is the implementation of recommendations and governance arrangements.

Rachel Flowers: Why would we not involve the community? It is a different kind of health literacy - people need to understand why decisions are made. Too often the commissioning process is done and is very well intentioned but communities do not feel part of the process. The JSNA is available to everyone.

The Board **ENDORSED** the following recommendations:

1. Retention of a key dataset to enable the health and wellbeing board and stakeholder organisations to have an overview of health and wellbeing needs in the borough
2. A commissioner led process for identifying and conducting topic based needs assessment
3. A more rapid turnaround of needs assessments and a wider range of JSNA 'briefings' rather than a small number of detailed needs assessment

A83/17 Healthwatch Croydon report

Jai Jayaraman gave a verbal report. A report on the experiences of teenagers in using sexual health services - age range 16-19 years, based on speaking to users of the facilities at The CASH Edridge Road, The Turnaround Centre and The Point, Croydon University Hospital, will be brought to the next Board.

A84/17 Report of the chair of the executive group

Steve Morton explained about the Workshop on 25 January, from which a social isolation action plan, including dementia friendly communities, will be forthcoming. It requires significant work across the borough over several years. The first action will be to set up a Dementia Action Alliance. This will launch in May and member organisations will be asked to sign up.

The Board **RESOLVED** to:

- Note work undertaken by the executive group since the last board meeting on 14 December 2016
- Support a proposal from the board workshop held on 25 January 2017 that Croydon works to achieve dementia friendly community status and that this is included in the social isolation action plan for Croydon
- Note risks identified at appendix 1
- Agree revisions to the health and wellbeing board work plan in section 3.4

A85/17 Public Questions

There were no public questions.

Some points about health meetings in public were discussed:
Peter Howard: Primary Care co-commissioning - when involving the public, nobody quantifies who is invited and when the meetings

happen.

Cllr Mansell: There are networks. CVA have an enormous network. Those who are interested can join these networks.

Nero Ughwujabo: There is a reducing number of members of public attending public meetings.

Sara Milocco: We summarise minutes of meetings and they are sent out and put on the CVA website. We need to make topics understandable.

Rachel Flowers: Meetings should go to the public and be relevant. HWBs are strategic but there may be value in thinking about going out to different carer groups etc. How do we make sure that we don't just get the 'usual suspects'? There are topic based conversations to be had with communities.

Stephen Warren: There are different areas of strategy. Other meetings go on that feed into the Board.

A86/17

FOR INFORMATION ONLY

Progress reports on:

South West London Sustainability and Transformation Plan (STP)

Outcomes Based Commissioning for over 65s

Reports attached.

Health App Now can be downloaded here:

<http://croydonandsutton.healthhelpnow.nhs.uk/>

The next meeting is Wednesday 5 April at 2pm in the Council Chamber.

The meeting ended at 3:35pm

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	6
SUBJECT:	Household Income and Child Poverty
BOARD SPONSOR:	Barbara Peacock Executive Director of People, Croydon Council
BOARD PRIORITY/POLICY CONTEXT:	
<p>Joint health and wellbeing strategy priorities: Priority 1.6 Reduce the proportion of children living in poverty Priority 4.5 Reduce levels of worklessness and long term unemployment</p> <p>Children and Families Partnership priority:</p> <ul style="list-style-type: none"> • Reduce child poverty and mitigate the impact of child poverty. 	
FINANCIAL IMPACT:	
Not applicable	
1. RECOMMENDATIONS	
1.1 To note and comment on progress to date.	

2. EXECUTIVE SUMMARY

- 2.1 This report confirms progress against the council's Household income and child poverty paper update agreed at cabinet on 13th April 2016.
- 2.2 It sets out the background behind the work the council has undertaken, clearly defining our rationale. How we have then linked these issues to wider pieces of work such as our approach to financial inclusion, considering whole family solutions through gateway and outcomes from the Opportunity and Fairness Commission (OFC).
- 2.3 The report sets out the work completed to date, the number of customers that have been assisted and our plans, and next steps for the future.

3. BACKGROUND

- 3.1 Reducing child poverty is a key priority for both the Health and Wellbeing Board and the Children and Families Partnership. Supporting families, particularly lone parent families, in achieving financial stability and finding sustainable employment enables them to meet their child care responsibilities and contributes to reducing child poverty. It will also summarise key outcomes from work undertaken through the gateway teams which underpin some of these objectives.

- 3.2 The most recent data shows that around three quarters of children living in poverty in Croydon live in lone parent families (estimated at 15,000).
- 3.3 These families will include workless families and those with low paid jobs. Although the official figures from 2006-2012 (latest available) show that in Croydon there is a decreasing proportion of children living in workless households, the indications are that for some, the move into employment has been into low paid jobs . Proportion of children living in workless households: 2006 – 19%; 2012 – 12%. The proportion of children in low income working households (i.e. receiving Child Tax Credit / Working Tax Credit) increased by 5.1 percentage points between 2006/7 and 2010/11 (HMRC – Children in out of work benefit households).
- 3.4 An issue was identified by Croydon Jobcentre Plus in engaging with lone parents to understand barriers to them finding sustainable jobs with sufficient net benefits to enable them to lift their families out of poverty. In response to this a survey of lone parents in Croydon was carried out by council officers in early 2014 in partnership with Jobcentre Plus and children’s centres. The parents, all of whom used children’s centre services, reported that barriers to finding sustainable work were high costs of childcare and a lack of part-time and flexible jobs which allow parents to combine caring responsibilities with work.
- 3.5 Around half of responders recognised that beyond the additional income, being in work would increase their independence and to provide a positive role model to their children. In addition a sense of purpose (by one in four) and social contact (by one in five) were identified as factors.
- 3.6 However disadvantages of being in work were identified as less time to care and support their children, cost of childcare and availability of flexible childcare, for example at weekends, and therefore potentially having overall less money once childcare costs were taken into account.
- 3.7 The majority were seeking work which would enable them to work term time only, school hours or flexible hours but were concerns about zero hours contracts were raised and the ability to earn enough.
- 3.8 In addition to lack of flexible jobs and affordable childcare, lack of skills, lack of confidence with applying for jobs, worrying about interviews and inability to afford appropriate clothes for interviews and work were also reported as obstacles to working.
- 3.9 The Child Poverty plan is addressing these issues by:

During 2016, developing a young people led Child Poverty Plan.

<https://www.croydon.gov.uk/healthsocial/families/ccfpartnership/ccfpartnership>

The plan identifies the young people’s top priorities and how they are being addressed.

- Poor education- low educations achievement, lack of qualifications and training

- Environment-poor quality housing and living condition, rundown areas that lack facilities
- Unemployment-joblessness, lack of income and less opportunity
- Poor health-young people can experience poor physical and mental health

The young people's priorities demonstrate that child poverty extends beyond financial poverty and includes intellectual poverty, environmental poverty, lack of opportunity and poor health.

- Local strategies being developed to increase opportunities for flexible working through developing a Flexible Working Borough policy to increase the number of flexible working opportunities in the borough.
 - Croydon has also developed a Good Employer Charter which aims to encourage local businesses to pay the Living Wage, maximising income for local residents.
 - Piloting a course, aimed at lone parents commenced (devised and delivered by CALAT and a local children's centre), to provide targeted support to help lone parents into work
- 3.10 Financial inclusion means stability of a resident's household budget; making educated financial decisions that are right for their needs and developing their skills to realise their personal ambitions in employment - making employment work for them. For the Council, financial inclusion represents providing the infrastructure that enables customers to maximise each of these aims; utilising engaging digital services, closer third party partnerships, the local community and volunteer groups. Promoting proactive intervention to all, but also responding where customers are in most need.
- 3.11 Realising financial inclusion for customers will have significant wider social and economic benefits; greater capacity generated from their income can be moved away from high interest debt repayments into spend within the local economy and also reduced effects from the mental health issues caused through debt. The approach will be built to support those directly accessing council services, to improve links and referrals from other local support and public bodies and where the council pro-actively aims to support local residents.
- 3.12 Enhancing residents' opportunities to utilise on-line/digital services is a key element of helping many families. It is estimated that household's offline are missing out on savings of £560 per year from shopping and paying bills online, or being able to keep in touch with family members and friends. The internet also provides improved job prospects as being digitally capable is critical in finding and securing employment opportunities.
- 3.14 The approach to Financial Inclusion is being led by the Council although it is recognised that in order to best reach out to those most in need, and to provide the broadest range of support, it needs to ensure the right engagement and support with third party partners and local community organisations.

3.17 The financial inclusion principles underpinning the strategy are shown in Table 1 with particular issues identifies being addressed to ensure families living in poverty benefit from the plan.

Table 1: Ensuring financial inclusion principles contribute to reducing family poverty

Principle	What does this mean	Examples of consideration to ensure families living in poverty benefit from Financial Inclusion plan
Ensuring customers have access to financial products; such as bank accounts and insurance	Allowing customers to maximise the most of financial products; receive faster payment, direct debit cost savings (and to assist budget management) and cover for unexpected events	Ensuring the primary carer has necessary control of family income.
Educate and develop the skills for all residents to allow them to budget and manage money, or plan for the unexpected	Through budgeting each resident can understand the reality of their income and expenditure, ways to maximise their income, prioritise debts, make lifestyle choices, understanding ways of saving money – food banks, charity shops, energy suppliers, transport etc.	Encouraging families to register for free school meals. Planning ahead for costs in relation to children for example replacing school uniform and other clothes and shoes and having access to second-hand school clothes.
Enabling people to make the most of their money through digital services	Each customer to recognise and have access to the financial benefits of using digital services (paying rent online, requesting benefits) and opportunities to save money through internet deals; freegle, uSwitch, shopping deals, ways to eat healthily for less	Both the benefits of savings but also accessing job websites, IT use for children's homework, accessing course and training materials and preparation for job interviews. This will not always be practical in a library or children's centre depending on childcare demands.
Ensuring there is access to affordable credit	Residents can source the credit that is required for unplanned unexpected events and what impact does this have on their budget. Promotion of Credit Unions, or social fund as an alternative to high interest credit (pay day lenders etc.)	Promotion of safe lending in Children's Centres. Making use of school payment plans for school trips for example when these are available.
Provide skills and opportunity to enter and own their future in employment	Residents understand their capability and the skills required to realise their ambitions. Having access to employment opportunities that match their skills, and keenly recognise the value of employment to them and society.	Having access to employment opportunities which would provide sustainable work because it will flex round available and affordable childcare. This will need to take into account the local child care market for example availability of weekend or evening childcare and differential costs of child care at different times of day for example for before school care or after school care.

3.18 As the new operating model in the Council's People Department evolves we are reviewing how we join up services to improve financial outcomes and support for residents. Our new Gateway and Welfare division leads on this. We are focusing on maximising income by reviewing current entitlements and supporting residents in making new applications where appropriate, finding work and support in overcoming barriers to find work, stabilising finances by carrying out budgeting support and offering debt advice.

4. PROGRESS TO DATE

The progress made for each theme during 2016/17 is as follows:

4.1 Enable our staff to engage effectively with customers regarding financial inclusion.

- Ongoing training has been provided to staff within the following services to provide basic budgeting support to residents:
 - Enablement and Welfare
 - Service Development
 - Housing Needs and Assessments
 - Revenues and Benefits
 - Corporate Debt Recovery
 - Housing Income
- Development of a staff toolkit shared across the above services containing a budgeting guide, budgeting tips, acceptable spend criteria along with cheaper alternatives
- Residents and all staff across the above services, our third and voluntary sector partners and our Jobcentre Plus (JCP) co-workers using one online budgeting tool
- Campaigns and debt awareness workshops have taken place to promote financial inclusion to our residents and staff:
 - Regular debt awareness workshops
 - 12 saves of Christmas

4.2 Undertake improvements to make tools and advice easier to navigate:

- The council's website continues to be reviewed and all money management advice and tools are now located on one web page for easy access for our residents and staff at <https://www.croydon.gov.uk/advice/yourmoney>
- A Croydon branded budgeting tool was developed for both residents and staff. This went live on the council's website in May 2015 and will be superseded in March 2017.
- Gateway has worked closely with Croydon Plus (Credit Union) to develop an *engage classic* account which enables members to access their credit union account on line, provides them with a debit card and a

“money envelope” facility which enables them to manage money for bills etc.

4.3 Promote the adoption of London Living Wage across the borough’s businesses

- The council is an accredited London living wage employer
- It is also now a requirement for all new contractors to pay the London living wage and is working with existing contractors to make the transition
- The council is now a flexible working borough and achieved accreditation from Timewise in December 2016. Our Improvement Plan identifies how the Council will increase flexible working opportunities for its existing staff as well as influence other employers in the borough to adopt flexible working practices.

4.4 Building 3rd party relationships to support financial inclusion

- In June 2015, the council became a Universal Credit (UC) digital pilot site. In partnership with the Department for Work and Pensions (DWP) and JCP, budgeting support has been provided to 1,807 residents migrating to UC who are deemed medium or high risk.
- The council continues to meet bi-monthly with our third and voluntary sector partners to promote services, support and products available to our residents
- A consistent approach to engagement and referral continues to be constantly refined as well as monitoring of outcomes
- This work continues to support the council’s outcome based commissioning review and community empowerment agenda
- Working with Croydon Plus the Council continues to promote new products and services and work collaboratively to meet the needs of our residents.

4.5 Develop skills and opportunities for citizens to maximise income

- The Gateway and Welfare directorate was established as part of the People Department in April 2015. Within the division, the Enablement and Welfare service provide holistic solutions for residents to prevent crisis. Financial stability is at the core and support provision includes:
 - Budgeting support
 - Income maximisation
 - Debt management
 - Employment support
 - Support in finding an affordable home
- Financial stability also supports two of the themes identified by Croydon’s Opportunity and Fairness Commission; finding homes for all and supporting residents to better times. Over 1,700 residents have been able

- to maximise their income through discretionary funding allowing them either to remain affordably in their home or move to an affordable home
- Croydon Healthy Homes is now in place; a project to provide energy efficiency / fuel poverty advice for vulnerable households in the borough with home visits for residents beginning in March 2016

5. OUTCOMES DELIVERED TO DATE

- 5.1 Since the last update April 2016 Gateway has engaged with over 10,000 households. Over £9 million has been claimed in additional welfare entitlements and over 1,800 residents yearly have access to in-work and out-of-work benefits through phone advice, case work advice and one to one support: the welfare rights service operates in health settings, children's health centres, home visits, and outreach in community centres. Included in this figure is a specific service targeting families whose child(ren) have a disability: since April 2016 it has supported over 290 families to claim disability benefits and in/out of work financial support worth over £1.8 million so far. This work is vital in supporting families who are then able to access the free 2-year-old nursery funding offer.
- 5.2 Financial stability also supports two of the themes identified by Croydon's Opportunity and Fairness Commission (OFC); finding homes for all and supporting residents to better times and Gateway has supported over 1700 residents maximise their income through discretionary funding allowing them either to affordably remain in their home or move to an affordable home suited to their need, 546 households have been supported with a move to a more affordable home (a 67% increase from 2015/2016).
- 5.3 Gateway and Welfare has supported nearly 240 households struggling with external debt and whose total debt was just over £1.5 million. By providing support, the overall debt owed has been reduced by over £73,000 with payment plans and budgeting support in place. In addition 4000 budget planners have been completed for households to help stabilise family income.
- 5.4 5,290 children have been identified as being eligible and have been provided with Free School Meals and take-up continues to be promoted across services to increase this figure.
- 5.5 To help tackle fuel poverty Croydon Healthy Homes worked with Gateway and other service areas to deliver a project to provide energy efficiency / fuel poverty advice and equipment for vulnerable households in the borough with home visits for residents beginning in June 16. 200 households at financial risk have benefited from a home visit enabling them to be lifted out of fuel poverty and have a healthy home.
- 5.6 Gateway is working collaboratively with Croydon Plus to pilot and roll out further innovative products such as a "jam jar" account which will enable customers to have income paid into a budgeting account which will not only ensure that standing orders are in place for bill payments but will encourage and support a cultural change in terms of saving. This approach will have significant wider social and economic benefits; with greater capacity

generated from their income, families can move away from high-interest debt repayments and reducing the effects of debt on mental health. The approach will be built to support those directly accessing council services, to improve links and referrals from other local support and public bodies and where the council pro-actively aims to support local residents.

- 5.7 Gateway has developed a Gateway Employment Support Service which works in partnership with Croydon Works and Jobcentre Plus (JCP) to support residents into work and training: reducing poverty by developing skills and opportunities. JCP are co-located within the People Department and work alongside Gateway and Welfare, the leaving care service and the troubled families programme. Of the most vulnerable families referred to Gateway and Welfare for employment support 128 (44%) have successfully gained sustainable employment.
- 5.8 Service areas within the People's department that provide employment support have supported the development of Croydon Works which maximises benefits from regeneration and growth; delivers preferential routes into sustainable work for our residents; and provides opportunities for better paid employment for our lowest paid households.
- 5.9 Gateway and Welfare have worked in conjunction with colleagues in Croydon Works to identify specific training needs and have developed a Childminding pathway for households affected by the increase of the benefit cap. Using intelligent data we have identified over 9,000 residents, currently on housing benefit, whose earnings are at or below minimum wage, enabling specific targeted support for those households.
- 5.10 Gateway and School Standards have worked collaboratively since Sept 2016 to identify young people not in education, employment or training (NEETS) - cross referencing housing benefit and school standards data. Using the segmented data, a cross service approach to support NEETs and their families into employment, education or training was initiated with over 160 young people now EET and over 20 families assisted with wider support needs.
- 5.11 Using funding secured from the DWP, Early Help and Gateway developed a Local Family Offer identifying and supporting financially unstable parents/co-parents at risk of poor parental relationships, thereby not only contributing to reducing the incidence of children in poverty but improving outcomes for those families in general, 9 of the 44 participants were assisted into sustainable employment, with all receiving budgeting support.
- 5.12 Following on from the 3 Think Family Panels held during 2016, the Family Link pilot has worked directly with 31 families and advised on a further 38. These families typically require multiple complex interventions and are high cost to the Council. The Family Link pilot has not only achieved positive outcomes for those residents but has reduced costs to the Council.

- 5.13 Our Community Connect project is delivering the Gateway approach into the community, developing a first response community hub model run by the community for the community, developing partnerships with stakeholders, removing barriers to access services and improving residents lives. Already 35 households in New Addington have engaged with the service with 5 homeless preventions and 4 people moving into work.
- 5.14 The reconfiguration of our statutory homeless service has meant that 322 vulnerable families have been prevented from becoming homeless. 196 have been assisted to find alternative suitable accommodation and 126 have remained in their homes following support.

6. NEXT STEPS

- 6.1 The continuing ambition of the People's department is to bring together existing support arrangements to promote household independence through an aligned financial, training/work and housing support offer, build it into business as usual and scale, moving towards a single front door. To include:

Developing a single view of the household - cross referencing multiple council systems to identify households who have multiple interventions and therefore cost the Council the most amount of money.

Further strengthening the combined financial offer to residents, Croydon has been transforming its services, and the continuing ambition is to bring together existing support arrangements to promote household independence through an aligned financial, training/work and housing support offer.

- 6.2 Enable our staff to engage effectively with customers regarding financial inclusion
- Continue to develop effective customer insight to proactively engage with vulnerable customers
 - Develop online learning for staff on financial inclusion to increase take up of our services
- 6.3 Undertake improvements to make tools and advice easier to navigate
- In line with the council's digital inclusion plan and through its digital and enablement programme, continue to expand the use of MyAccount, digital zones and online provision of financial inclusion information, advice and tools
 - Continue to develop and promote self-serve tools
- 6.4 Continue to promote the adoption of the London Living Wage and Flexible Working practices across the borough's businesses.
- Enforce the requirement for all new contractors to pay the London living wage and flexible working practices.
 - Continue working with existing contractors to make the transition

6.5 Building third party relationships to support financial inclusion

- Following the re-launch of Croydon's credit union, continue to develop financial products to meet local resident's needs. Initial ideas for jam jar accounts and flexible loans have been discussed. A timeline and approach is now to be agreed with a view to launch during 2017
- Agree approach to providing advice, be this signposting or working in partnership with the third sector
- Continuous development of the new operating model, including agreeing measures, monitoring and review timings

6.6 Develop skills and opportunities for residents to maximise income

- Join up our customer insight on residents seeking employment with Croydon Works
- Link CALAT provision to the skills gaps identified for our residents
- Further enhance our links with provision already available in the third sector
- Contribute to the council's commissioning review to support outcome based commissioning

6.7 Continue to develop our working relationship with "Croydon Plus" (the newly branded credit union). Increasing the accessibility for all to financial products that best support families to achieve stability.

7. EQUALITIES IMPACT

7.1 An Equality impact assessment was carried out in relation to the development of the Child Poverty Strategy

7.2 The Financial Inclusion plan sets out the key principles and activities around financial inclusion that the Council is proposing to use to provide better support to residents, especially the most vulnerable (including those that share a protected characteristic), who are facing economic challenges and financial exclusion. These principles will be used to achieve a financially inclusive Croydon where residents have access to a comprehensive range of appropriate financial and money advice services, as well as the knowledge, skills and confidence to maximise their own financial well-being. An equality analysis will be undertaken as part of the development of the business case and the delivery plan for the key principles that the Council will use to promote financial inclusion as set out in the January 2015 Cabinet report.

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BACKGROUND DOCUMENTS: None

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	7
SUBJECT:	Social isolation action plan - update on progress
BOARD SPONSOR:	Rachel Flowers, Director of Public Health

BOARD PRIORITY/POLICY CONTEXT:

Tackling social isolation and loneliness is a priority for Croydon Local Strategic Partnership following recommendations by the Opportunity and Fairness Commission.

Preventing and reducing social isolation and loneliness throughout the lifecycle makes a significant contribution to the delivery of three of the six priorities of Croydon's joint health and wellbeing strategy:

- Giving our children a good start in life
- Supporting people to be resilient and independent
- Preventing illness and injury and helping people recover

It supports delivery of a number of priorities within the Community Strategy which focus on making Croydon:

- A great place to learn, work and live
- A place of opportunity for everyone
- A place with a vibrant and connected community and voluntary sector.

Through a focus on prevention and on helping residents to be as independent and connected as possible it helps to deliver the NHS Five Year Forward View and the South West London Strategic Transformation Plan.

Social isolation and loneliness have significant equalities and human rights dimensions. They disproportionately affect groups with protected characteristics and can compound disadvantage and discrimination experienced by those groups.

Relevant national and local policy and strategies:

- A Better Croydon For Everyone, Croydon Opportunity and Fairness Commission Report¹
- Social Isolation and Loneliness, Annual report of the director of public health 2016²
- Croydon's Community Strategy 2016-21³
- Croydon's Corporate Plan for 2015-18⁴
- Joint health and wellbeing strategy⁵
- PHE Local action on health inequalities: Reducing social isolation across the lifecycle⁶

¹ *A better Croydon for everyone*, report by Croydon Opportunity and Fairness Commission, January 2016
<http://www.opportunitycroydon.org/>.

² *Social Isolation and Loneliness*, Annual report of the director of public health 2016
https://www.croydon.gov.uk/sites/default/files/articles/downloads/Director_of_Public_Health_Report%202016.pdf

³ [Croydon's Community Strategy 2016-21](#)

⁴ [Croydon's Corporate Plan for 2015-18](#)

⁵ [Joint health and wellbeing strategy 2013-18](#)

⁶ [PHE Local action on health inequalities: Reducing social isolation across the lifecycle](#), PHE. London: September 2015.

- LGA Combating loneliness: A guide for local authorities⁷

FINANCIAL IMPACT:

There are no financial and risks implications arising from this report.

1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1.1 Note progress in developing Croydon's social isolation action plan and next steps.
- 1.2 Comment on proposed high level priorities for the social isolation action plan at paragraph 3.18.

2. EXECUTIVE SUMMARY

- 2.1 This report updates the Board on the progress of the development of Croydon's social isolation action plan 2017/19 since the Board agreed to lead on the development of the plan to reduce social isolation in the borough at its meeting on 14 December 2016.
- 2.2 The public health team is supporting the development of the plan, liaising with a broad number of organisations and stakeholders and each of the theme partnership boards within the Local Strategic Partnership (LSP) to align agendas and join up efforts to reduce social isolation.
- 2.3 The report proposes a set of high level priorities for reducing social isolation, following a lifecourse approach. The plan will also include actions – ranging from those focused on health and social care to those rooted in the growth agenda about how collectively social isolation and loneliness can be prevented and reduced.
- 2.4 The action plan will be for the whole LSP, therefore priorities and actions will need to be proposed by and agreed across all the theme partnerships which comprise the LSP, including Safer Croydon, Children & Families, and Economic Development as well as the Health and Wellbeing Board.
- 2.5 The action plan is expected to be completed in summer 2017.

3. DETAIL

Background

- 3.1 The 2016 Opportunity and Fairness Commission report highlighted the growing issues of loneliness and isolation faced by residents, especially older people. It recommended that more work was needed to tackle these issues in order to improve the health and wellbeing of all Croydon's residents, and to reduce health

⁷ [Combating loneliness: A guide for local authorities](#), LGA, London: January 2016

inequalities and avoid exclusion. The Commission also recommended that the Joint Strategic Needs Assessment looked at social isolation.

- 3.2 Croydon Congress held on 21 June 2016, focused on ways public sector bodies and the community could work together to build a connected borough where nobody is left isolated. One of the main outcomes of this session was a commitment from members of the Congress to drive forward the recommendation from the Commission to tackle social isolation and loneliness. After Congress the LSP asked that the health and wellbeing board coordinate the development of an action plan. The recommended focus was on loneliness and social isolation across the lifecourse rather than solely in older people.
- 3.3 The Director of Public Health agreed to produce her first Annual Report 2016 to inform the development of the social isolation action plan for Croydon. This replaced the original planned JSNA chapter. The report captures the risk factors and impact of social isolation; whilst providing key tips for individuals, communities, voluntary sector organizations, and health and social care services, to combat social isolation and loneliness. It was considered by the Board at its meeting on 16 December 2016.

Social isolation and loneliness

- 3.4 Social isolation and loneliness can affect anyone and at any stage in life (pregnancy and early years; children and young people; working age; and retirement and later life). Social isolation can also have an impact at both individual, community, and wider societal level.
- 3.5 There are multiple and complex risk factors that can influence social isolation and loneliness. These range from level of education, employment status, wealth, income, housing, crime, ethnicity, gender, age and physical and mental health. These risks factors are more likely to affect some groups, such as people with mental health problems, people with dementia, refugees and asylum seekers and so on.

It is therefore fundamental to take action at different levels and address all wider determinants to prevent and reduce social isolation and loneliness. It is the aim of the social isolation plan to include a set of high level of priorities and actions which will tackle these wide range of risk factors.

Impact of social isolation and loneliness on health and wellbeing

- 3.6 Social isolation is an important public health issue due to its potential impact in areas such as sexual health, educational attainment and debt. Loneliness can have serious consequences for the mental and physical health of people. It is also linked to obesity, smoking, substance abuse, depression, and poor immunity.⁸
- 3.7 The effect of loneliness and isolation on ill health and premature death is greater than the impact of well-known risk factors such as obesity, and has a similar

⁸ Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health? A Review on the Psychological Aspects of Loneliness. *Journal of Clinical and Diagnostic Research* : JCDR, 8(9), WE01–WE04. <http://doi.org/10.7860/JCDR/2014/10077.4828>

effect to cigarette smoking.⁹ “Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.¹⁰

3.8 In 2013, Public Health England estimated that 20% of the older population (aged 65+) are mildly lonely and 11% are intensely lonely; with a further 7% of the 18-64 population being socially isolated.¹¹

3.9 The impact of social isolation and loneliness on health provides a strong case to take action to tackle these issues. There are clear economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Increased visits to GPs and use of medication.
- Greater incidence of falls and need for long-term residential or nursing care.
- Use of accident and emergency services.
- Increased likelihood of youth offending, especially through membership of gangs and unemployment.
- Higher incidence of obesity, smoking, substance and alcohol abuse.
- More likely to develop mental health problems and depression and require hospital admissions; and
- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.

3.10 Early intervention to tackle loneliness and social isolation can considerably reduce the cost to the public purse of tackling these more complex health and social problems. For instance, one study estimated that chronic loneliness among older people cost commissioners £12,000 per person over 15 years¹².

3.11 In general, improving access to services and improvements to the wider social determinants of health; like access to education, employment, and improvements to the built and natural environment, are likely to have a positive impact across all stages of the lifecourse leading communities to be better connected, more independent and resilient; therefore, preventing and reducing social isolation and loneliness.

Social isolation and loneliness: local context

3.12 In Croydon, there are an estimated 9,860 older people who are lonely and 5,423 older people who experience intense loneliness. There are also 17,227 people aged 18-64 who are socially isolated.¹³

3.13 Compared to London, people who use adult social care services in Croydon have reported slightly higher satisfaction on social contact: 41.9% of people reported

⁹ Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med*, 7(7), e1000316.

¹⁰ Michael Marmot (2010) – *Fair Society, Healthy Lives (The Marmot Review)*

¹¹ *Social Isolation and Loneliness, Annual report of the director of public health 2016*

¹² Report by Social Finance, Investing to tackle loneliness, a discussion paper, 2015

¹³ *Social Isolation and Loneliness, Annual report of the director of public health 2016*

that they have as much social contact as they would like vs. 41.1% in London. This is otherwise lower than the national percentage (i.e. 45.4% in England).¹⁴

- 3.14 In the case of carers, 31.7% reported that they have as much social contact as they would like as compared to 35.5% in London and 38.5% in England.^{12,15}
- 3.15 To tackle this issue around social isolation locally, there are already some projects in place such as the Hub, run by MIND in Croydon, which provide a friendly and supportive meeting place, shared activities and help with problems. This can have a positive impact on mental health and social isolation and reduce the use of costly statutory services. MIND in Croydon estimated the average cost saving to statutory services per person attending the Hub per year is £3,971.
- 3.16 In addition, recent research has shown that 48% of Croydon residents would be willing to do more to support a neighbour¹⁶; this may also have a positive impact on the health and wellbeing of the population, and social isolation. Creating enabling environments and capitalising on social capital will be a key driver to increase connectedness and social inclusion in the borough, whilst helping to reduce health inequalities.

Proposed priorities and actions

- 3.17 Initial meetings with theme partnership leads have already taken place to discuss high level priorities and to align agendas and work streams across the LSP. Further meetings with stakeholders, including the CCG, CHS, SLaM, voluntary sector organisations and others, are planned to ensure that a multi-agency approach is developed.
- 3.18 Emerging priorities are shown in the Table 1. It is recommended that a small number of actions are agreed for each priority. For example, the main action for priority 8 would be to establish a Dementia Action Alliance in year 1 of the plan and to work towards Dementia Friendly Borough status over years 2 and 3.

¹⁴ PHOF. [Social Isolation](#)

¹⁵ PHOF. [Social Isolation](#), 2015

¹⁶ *A better Croydon for everyone*, report by Croydon Opportunity and Fairness Commission, January 2016
<http://www.opportunitycroydon.org/>.

Table 1: Social isolation action plan: proposed high level priorities

Croydon's Social Isolation Action Plan 2017/19			
Lifecourse stage			
Pregnancy & Early Years	Childhood and adolescence	Working age	Retirement and later life
<p>Priority 1: Children and families living in temporary accommodation</p> <p>Priority 2: Mothers who are refugees or asylum seekers</p> <p>Priority 3 Mothers with post-natal depression</p>	<p>Priority 4: Young people who are being bullied.</p> <p>Priority 5: Young people Not in Employment, Education or Training (NEET)</p> <p>Priority 6 Young LGBT people</p> <p>Priority 7 Young carers</p>	<p>Priority 8: Adults with autism and / or learning disability</p> <p>Priority 9: Adults with physical disabilities / sensory impairment</p> <p>Priority 10: People with mental illness</p> <p>Priority 11: People experiencing domestic violence</p>	<p>Priority 12: People with dementia and their carers</p> <p>Priority 13: People who have been bereaved.</p>

Next steps

- March 2017: Safer Croydon, Children and Family Partnership and Stronger Communities Board
- April 2017: Health and Wellbeing Board, Economic Development
- April / May 2017 Agree priorities and key actions with theme partnership leads and chairs of partnership boards
- Final draft completed and presented to the HWB and theme partnerships: June 2017
- Final plan signed off by the LSP July 2017

4. CONSULTATION

4.1 The proposal to create a social isolation action plan by the Opportunity and Fairness Commission arose from extensive public and stakeholder engagement. Croydon Congress invited many of these contributors to participate in shaping recommendations on priorities for the plan. The plan is being developed in partnership with each of the theme partnerships within the LSP.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial and risks implications arising from this report.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations arising from this report.

7. EQUALITIES IMPACT

- 7.1 Social isolation affects and cuts across a wide range of groups of the population and different life cycle stages. There are strong associations between social isolation and social inequality, vulnerability, disability and age. Older people, people with disabilities, single parent households, teenage parents, and BME households newly settled in the country, especially those who may experience difficulty communicating in English, are all at greater risk of social isolation.
- 7.2 To ensure health inequalities and social exclusion are addressed and minimised, the social action plan will encompass the development of an overall strategic and multi-agency approach, which will recognise the importance of mapping provision, identifying gaps and issues and developing specific actions, forms of support and in relation to each of the aforementioned groups.
- 7.3 A full equalities impact assessment will inform the development of the plan.

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BACKGROUND DOCUMENTS none

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TOGETHER FOR HEALTH?

**Presentation to
The Croydon Health And Wellbeing Board
5th April 2017**

**Dr Emily Symington, GP and CCG
Governing Body Member**



We will cover:

1. Reminder of Together for Health background
2. What is happening as part of Together for Health
3. Group Consultations
4. Health Help Now
5. **A FREE takeaway!**



Together for Health

Prevention, self-care, self-management
and shared decision making in Croydon

Dr Emily Brimington

**Previously discussed at the Health and Wellbeing
Board in June 2016**



In a nutshell...



A programme that seeks to improve population outcomes and experience as well as creating conditions for a more financially sustainable local healthcare system. It achieves this through actively promoting and encouraging prevention, self-care, self-management and shared decision making (PSSSD) among the population to increase independence and responsibility around health

1. We have an unsustainable burden

2. Together for Health is about using our resources more effectively

3. Together for Health also improves outcomes and satisfaction too!

4. Even if money were no object Together for Health would be the right thing to do



PSSSD is

I look after my own health, and the health of my family

I know how to access the right advice or services when I need to

I know how to handle my existing health problems

I get the most out of my contacts with healthcare services

What is happening as part of Together for Health?

1. Making Every Contact Count - Asset Based Community Development
2. Social prescribing
3. Brief Intervention training for health professionals working with diabetic patients
4. Shared decision making guidance for GPs
5. Co-production with patients to put shared decision making at the heart of the culture of primary care
6. Decision aid development to support new care pathways



Group Consultations

- Group appointments
- Shared medical appointments
- Patients with the same health condition
- Engaging together with a health professional in a supportive environment
- Up to 12 patients at a time
- Aim to save time and offer a model which provides peer support and aims to improve patient activation or self-management



Croydon Pilot

Pilot in 6 practices

5 groups for diabetic patients

1 group for COPD patients

60
booked on

48
attended session 1

31
attended session 2

24
attended session 3

29
attended session 4



Average age of patients attending
groups was 67
60% female
representative ethnic mix

Patient satisfaction was extremely high - 97% would recommend to a friend

STATEMENT	DIRECTION OF TRAVEL
“Consultations were relaxed and I enjoyed them”	+ 55%
“Health issues/medicines were reviewed regularly/I was followed up”	+ 54%
“I was able to raise the questions that mattered to me”	+ 52%
“I had enough time with the doctor”	+ 47%

Confidence in all aspects of self-management improved

Statement measured before and after group consultation process	Average change	Distance travelled
“I feel supported by other people with similar health issues.”	+2.2	55.8%
“I understand what each of my prescribed medications do.”	+2.1	52.7%
“I feel in control of my health.”	+1.8	44.6%
“My health issues are my responsibility.”	+1.8	44.6%
“My health issues do not get in the way of my life.”	+1.5	38.4%
“I have a good understanding of my health condition.”	+1.2	29.5%

What did patients like?

“Makes you feel less different and helps you realise lots of people are going through the same.”

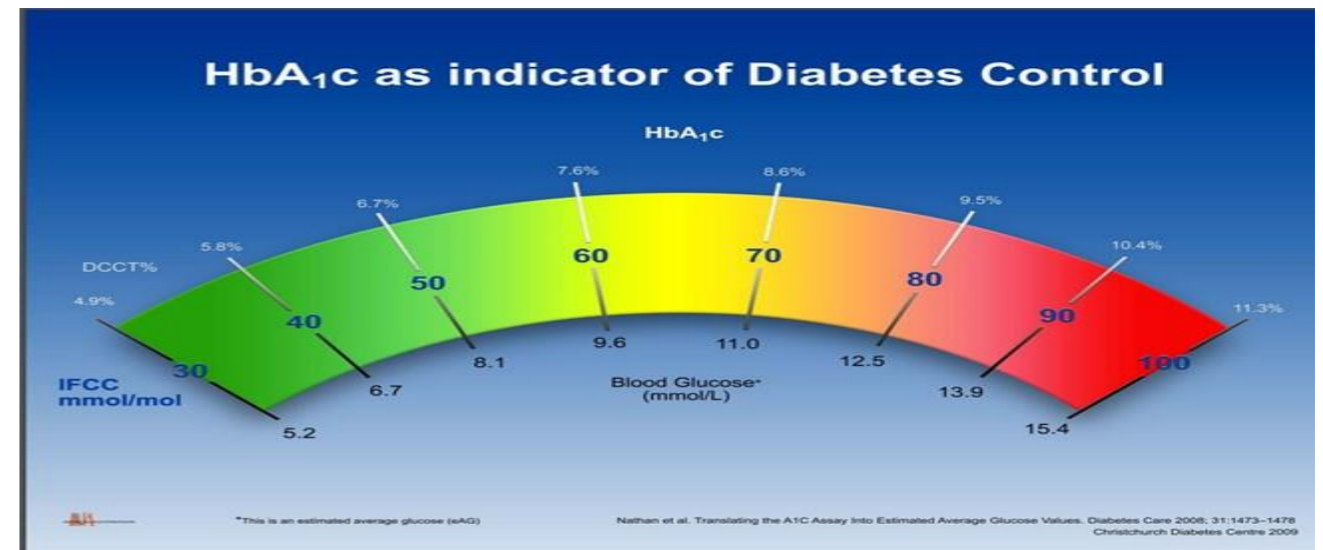
“Other people have similar problems as I have.”

“Socialising with other people with same condition and learning you are all in a similar situation.”

“Being with others with the same condition, especially if they are at different stages to you.”

“It has definitely been an invaluable experience meeting people who feel positive re being in control of a condition as a result of concerted efforts in their lifestyle changes.”

More than half of diabetic patients improved their HbA1C score in four months



- 55% (16/29) improved their HbA1c score
- Five moved from being poorly controlled to controlled
- Average improvement overall - reduction of 7.3 mmol/mol
- For **poorly controlled diabetics** - at 13.2 mmol/mol.
- Metformin is estimated to lower HbA1C by 1- 2%

Staff perceptions

- Almost all staff had initial reservations
- Most practices found it hard to recruit patients
- However following the experience most staff would recommend group consultations to another practice

BENEFITS TO PATIENTS	BENEFITS TO PRACTICE
Meeting with others	Saving time
Learning from others	Getting to know patients more
Providing support	Reduction in GP appointments
Sharing problems	Team building

NEGATIVE IMPACT ON PATIENTS	NEGATIVE IMPACT ON PRACTICE
Not known	Time
Time	No reduction in GP appointments
Sharing results	
Not getting full range of tests	

What did staff comment?

“Building a better relationship with a couple of patients.” (Administrator)

“Deliver your message in one go to multiple people.” (GP)

“Getting to know patients better.” (Practice nurse)

“How open patients were and ready to discuss personal issues / concerns.” (GP)

“Although I found the whole process nerve wracking to begin with I surprised myself at my ability to hold a group together” (Assistant practitioner)

“That I enjoyed it! It felt more informal getting to know patients and their concerns in a group. Also how patients tried to offer support to each other.” (Practice nurse)

Where next for group consultations in Croydon?

- 5 of the 6 practices in the pilot intent to continue group consultations in some form
- Group consultations are being promoted particularly for diabetic care to general practices across Croydon
- We are exploring options to spread the skills involved in group consultations through further training and a buddy system
- Further evaluation is needed to full explore the future role for group consultations
- It is too early to tell if group consultations will be time saving

**You might not
have to queue
to get treated**



*Get the
right advice*



Available in Croydon and Sutton
Download free app or visit
www.healthhelpnow.nhs.uk



Launched on in November 2016
Since launch the app and website have been visited by over 10,000
people

A Free takeaway!

Please take out your mobile phone and hold it in the air


While it is in your hand, go to the app store and download Health Help Now

Use Health Help Now for you own benefit and share this resource with friends, family, colleagues and clients

What's next for Together for Health?



Social
Prescribing



Shared decision
making



Health Help
Now



Group
Consultations

Did we cover?

1. Reminder of Together for Health background
2. What is happening as part of Together for Health
3. Group Consultations
4. Health Help Now
5. **A FREE takeaway!**



TOGETHER FOR HEALTH

Thank you

For more information contact:

emily.symington@nhs.net



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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	9
SUBJECT:	CCG Operating Plan 2017/18
BOARD SPONSOR:	Paula Swann, Chief Officer, Croydon Clinical Commissioning Group

BOARD PRIORITY/POLICY CONTEXT:

This CCG operating plan directly supports the following Health and Wellbeing Board's goals:

- Increased healthy life expectancy and reduced differences in life expectancy between communities
- Increased resilience and independence
- Increased positive experience of care

And the delivery of these goals through:

- giving our children a good start in life
- 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

The plan also directly supports the implementation of the Sustainability and Transformation Plan (STP) for South West London.

FINANCIAL IMPACT:

The CCG continues to face a very high level of financial challenge with forecast deficits 2017/18 (£6.9m) with the goal to achieve financial balance in 2018/19. This includes a challenging QIPP programme 2017/18 (£29.1m) and 2018/19 (£18.4m)

Three key transformational programmes underpin the move to a sustainable position:

- Out-of Hospital (a transformational strategy for improved care in the home / community)
- Planned Care supporting the STP shift of care from secondary to community and primary care)
- Outcome-based-commissioning (improved service integration for 65s and older across all service providers)

Transformational savings for 2017/18 are c£15m gross with c£7.3m associated re-investment costs to deliver the required level of change.

In the current financial environment and with the continued growth in our population, it remains vital we continue challenging how we deliver our services to ensure sustainability in quality and the management of demand.

1. RECOMMENDATIONS

- Note and comment on the operating plan
- Comment on the alignment of the CCG's two-year Operating Plan 2017/18 and 2018/19 with the Joint Health and Wellbeing Strategy 2013-18.

2. EXECUTIVE SUMMARY

This paper focuses on the CCG's two-year operating plan for 2017/18 and 2018/19. The final plan will be submitted to NHS England on 30th March. This year the Operating Plan sets out year two and three of the five year Sustainability and Transformation Plan (STP). The CCG's input to the South West London STP was submitted in June and finalised in December 2016. The STP has provided a planning framework for all CCGs in SW London and established common transformational and saving programmes in support of the operating plan.

The CCG, as a statutory organisation, is required to submit its commissioning and operating plans and associated financial assumptions for the financial years 2017/18 and 2018/19. The commissioning cycle is set out by NHS England.

CCGs are required to develop and publish an operating plan which balance local determination of priorities in a sustainable financial and service framework in order to continue to improvement of NHS performance for existing mandated priorities.

Croydon CCG's Operating Plan sets out our plans to deliver our strategic direction and ambition for 2017/18 and 2018/19 within the context of our local priorities and emerging national, London and South West London priorities as set out in:

- NHS Operational Planning and Contracting Guidance 2017-2019
- London Health Commission – Better Health for London
- South West London Five Year Strategic Plan and STP – SWL Collaborative Commissioning
- Croydon Health & Wellbeing Board – Joint Health and Wellbeing Strategy

To drive forward the outcomes and ambitions described within the plan, Croydon CCG has joint strategies with the Local Authority and wider stakeholders which include the Health and Wellbeing Strategy.

The CCG has also developed in conjunction with its member practices, patients and public and where appropriate the Local Authority a number of key strategies which include:

- Together for Health (Prevention, Self-Care and Shared Decision Making Strategy)
- Primary Care transformation programme
- Out-of-Hospital transformation programme
- Whole Systems Urgent and Emergency Care delivery strategy
- Outcome-Based Commissioning programme

- Learning Disabilities transformation care partnership
- Integrated Mental Health Strategy
- Children and Families Plan
- Cancer Strategy

These strategies set out how we wish to transform our services to deliver better care. Our key priority in commissioning our services is to ensure that patients receive the right care, in the right place at the right time.

CCGs must involve each relevant Health and Wellbeing Board when preparing their commissioning plan or making revisions to their commissioning plans that they consider significant and a paper from Croydon CCG was also previously presented to the HWBB setting out each our commissioning intentions for 2017/18.

The CCG's strategic direction aligns to the Health and Wellbeing goals 2013/18:

1. Increased healthy life expectancy and reduced differences in life expectancy between communities
2. Increased resilience and independence
3. Increased positive experience of care

And the delivery of these goals through:

1. Giving our children a good start in life
2. Preventing illness and injury and helping people recover
3. Preventing premature death and long term health conditions
4. Supporting people to be resilient and independent
5. Providing integrated, safe, high quality services
6. Improving people's experience of care

The delivery of the CCG operating plan will have a positive impact on patients and carers. The implementation of the clinical and strategic priorities will also enhance service quality; health outcomes; promote equality of access; and enable more patients to be treated closer to home.

3. CONSULTATION

- 3.1 We have engaged in Croydon and across SW London concerning our STP plans. We remain committed to public consultation and engagement and we will ensure that our various working groups include members of the public.
- 3.2 Patient and public engagement during 2016/17 has supported the development of many of our plans to be delivered during 2018/19 and 2018/19. Further plans are currently being worked through in order that we can ensure robust engagement with patients and the public. The CCG is supported by the PPI Reference Group in the development of engagement and consultation plans.

3.3 There has been significant engagement of national, London and South West London as part of STP and related priority and programme development. For example the London Programme Better Health for Care engagement included over 10,000 Londoners polled for their views; public events in every borough; and a number of events and meetings with key partners. The South West London Collaborative Commissioning programme engaged across all six boroughs.

4. SERVICE INTEGRATION

4.1 The Operating Plan sets out a number of transformation programmes with a range of partners which focuses on service integration:

- **Better Care Fund and Transforming Adult Community Services** – (programme continuation) to integrate health and social care services to help people receive care more quickly in a community setting and preventing a hospital admission.
- **Outcomes Based Commissioning for Older People** – to use new models of care to improve health and social care services for over 65 incentivise provider focus on proactive care that keeps people healthy and at home.
- **Transforming Primary Care** – commissioning primary care medical services with develop primary care services to ensure people have greater access to services closer to home. The CCG will also focus on reducing unwarranted variation in referrals, diagnosis and outcomes in primary care.
- **Transformation of Croydon Mental Health Services – Adult Mental Health Model (AMH)** – (programme continuation) to embed best practice within established services and transform community services to reduce inpatient need in the future and improve access.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 Not applicable

6. LEGAL CONSIDERATIONS

6.1 Not applicable

7. EQUALITIES IMPACT

7.1 The operating plan seeks to reduce health inequalities in Croydon. Individual CCG commissioning plans require equality impact assessments.

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BACKGROUND DOCUMENTS

Croydon CCG - summary AOP 22-03-2017 V8.1.pptx

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	10
SUBJECT:	Health Protection Forum update
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
BOARD PRIORITY/POLICY CONTEXT:	
<p>This report addresses the following local priorities set out in the Joint Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> • Increased healthy life expectancy and reduced differences in life expectancy between communities • Local organisations will work together to address the factors that drive health problems amongst the poorest and most disadvantaged. • Everyone’s health will be protected from outbreaks of disease, injuries and major emergencies and remain resilient to harm. • Earlier diagnosis and intervention means that people will be less dependent on intensive services. 	
FINANCIAL IMPACT:	
No immediate financial implications.	

<p>1. RECOMMENDATIONS</p> <p>1.1 The Health and Wellbeing Board is asked to note the contents of the report.</p>

2. EXECUTIVE SUMMARY

- 2.1 One of the four domains of public health practice is health protection, which includes infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.
- 2.2 The Croydon Health Protection Forum (HPF) was established in July 2015 with the purpose to have a strategic overview of health protection matters and with the aim to provide assurance to the Director of Public Health that arrangements in place to protect the health of residents are robust and implemented appropriately to local health needs. The health protection issues discussed at the Forum include adult and child immunisation programmes, national screening programmes.
- 2.3 This report provides an update on Health Protection Forum work since the last report to the board, including progress against action plans around immunisations, tuberculosis and screening, and plans for the Forum meeting in March.

3. DETAIL

- 3.1 The Health Protection Forum meets quarterly bringing together various agencies including Croydon Council, Croydon Clinical Commissioning Group, Croydon University Hospital, NHS England, Public Health England and other agencies relevant to the particular theme under discussion.
- 3.2 As there had been a number of new action plans, the December meeting focussed on reviewing progress in the following areas for which action plans had been developed in 2016/17:

3.2.1 Tuberculosis and BCG

3.2.1.1 BCG

Following a global shortage of BCG vaccine which also affected UK supplies, there were almost 3,000 children aged < 1 in Croydon who were going to miss out on BCG vaccine. Public Health investigated this issue and, by escalating to senior levels in Croydon Health Services and NHS England, arrangements have now been put in place to ensure that all of these children will receive the BCG vaccine by their 1st birthday.

Public Health are working with NHS England and Public Health England to examine whether BCG vaccine can be extended to 1-5 year olds in Croydon who fall into a risk group.

3.2.1.2 Accommodation for people with TB who have no recourse to public funds

People with no recourse to public funds are able to receive treatment for TB through the NHS. Public Health England have released a pan-London policy for providing accommodation for people diagnosed with TB but with no recourse to public funds. Public Health are working with PHE and local stakeholders to determine how this policy can be implemented locally.

3.2.2 MMR/DTaP vaccination

The Public Health team are continuing to work with NHS England commissioners to review the GP call recall process meeting with GP practices over the next month to determine opportunities for improvement. They are also working with the Behavioural Insight Team to develop a proposal for a Croydon wide piece of work to improve MMR uptake by using their expertise to find opportunities for simple behaviourally informed interventions.

Work is underway with colleagues at Kingston University to understand who in Croydon is more likely not to be vaccinated to inform health promotion activities and future engagement with local GPs and community groups.

To maximise the opportunities across the life course for vaccination, points have been mapped at which council or healthcare workers have contact with children or their parents that provide a chance for vaccination or provision of vaccine information. This has identified using the opportunity of training for midwives on whooping cough and BCG vaccination to also provide information on MMR vaccination and give them the skills required to inform mothers about MMR for themselves and their children. This map

will also be used to work with commissioners to maximise the potential of these touchpoints.

Public health and commissioners are working with the school nursing service to maximise opportunities for pursuing full vaccination from the point of school admission.

3.2.3 **Seasonal influenza vaccination**

The seasonal flu vaccination drive by Croydon Health Services was particularly successful this year, exceeding the target to vaccinate 75% of frontline staff and being shortlisted for the 'Most innovative flu fighter campaign' award as part of NHS Employers' 2017 flu fighter awards.

3.2.4 **Antenatal and Newborn Screening**

Trajectories have been agreed to increase early bookings in the maternity service and any unbooked pregnant women presenting to the Integrated Sexual Health Service can now be referred directly to maternity rather than via the GP to reduce avoidable delays.

It is recommended that GPs stop doing blood tests required at the time of antenatal care booking (by 10 weeks gestation, or as soon as possible after the mother presents to services) and that faxes are no longer used for making referrals. Maternity services will do all blood tests at the booking appointment to ensure that all women are offered these antenatal screening tests; referrals from GPs should be made electronically. These messages will be reinforced by additional communications to GPs.

The inclusion of information on the need for an interpreter onto GP referral forms, particularly for maternity services, has been raised for amending on the DXS system to improve availability of interpreters for women and avoid delays to appointments.

3.2.5 **Non-Cancer Screening programmes**

Abdominal Aortic Aneurysm Screening programmes are in the process of being re-procured.

A new Diabetic Eye Screening pathway for pregnant women with pre-existing diabetes was being rolled out from early 2017. Its implementation locally will be followed up by Croydon commissioners.

3.2.6 **Cancer Screening**

Progress has been made in engaging some Healthy Living Pharmacies in giving messages around cancer screening, particularly bowel cancer screening. Information on screening has been sent to all GP practices via the Public Health GP network newsletter. Opportunities for increasing awareness of cancer screening in other commissioned services and among children and young people are being explored.

3.3 **Air quality and health**

3.3.1 **Air pollution and health.** Poor air quality is a significant public health issue. Air pollution affects everyone that lives and works in the borough. The most vulnerable groups include children and older people, especially those with respiratory and other health conditions. Public Health England

estimated that, in 2010 in Croydon, 155 deaths were attributable to particulate air pollution in residents aged 25 and over. Most air pollution in Croydon is caused by road transport (particularly diesel vehicles), and domestic and commercial heating systems.

3.3.2 Improving air quality. There are a number of national and regional policy and legislative measures in place aimed at reducing air pollution. The GLA is currently leading a consultation on a proposed Ultra Low Emission Zone whereby vehicles will need to meet emission standards or pay a daily charge to travel. Two sites in Croydon (George Street, Croydon and London Road, Norbury) exceed limit values set for air pollutants, including nitrogen dioxide and particulate matter.

3.3.3 Role of local authorities in improving air quality. Local Authorities in the UK have a responsibility under Local Air Quality Management legislation to review air quality. Where levels exceed national objectives, measures should be put in place to reduce emissions, and be reported in the local Air Quality Action Plan. Measures to reduce emissions from local sources include traffic management, encouraging uptake of cleaner vehicles, and promoting increased use of public transport along with more sustainable transport methods such as walking and cycling.

3.3.4 Croydon has an [Air Quality Action Plan \(2012-2017\)](#) with ten measures to deliver cleaner air. These include a low emission strategy, reducing pollution from idle vehicles and providing an information service, called AirTEXT. An updated plan for 2017-2022 is currently in development and a proposal for an extension consultation to inform the plan is being considered. Further details on the current situation and the proposals are available in the report to Cabinet on 20 March 2017, entitled New Air Quality Action Plan 2017-2022.

3.3.5 Air pollution will be the focus of the Health Protection Forum meeting in summer 2017, following the Croydon Air Quality Summit (revised date to be finalised). Further information on the current situation and actions required will be provided to the Health and Wellbeing Board following these meetings.

3.4 The March meeting of the Health Protection Forum will focus on Hepatitis and will agree the Forum's work plan for 2017/18.

CONTACT OFFICER:

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Lisa Burn, Public Health Principal, Croydon Council

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BACKGROUND DOCUMENTS:

New Air Quality Action Plan 2017-2022 (Report to Cabinet, 20 March 2017)

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	11
SUBJECT:	Croydon Healthwatch report Sexual Health Services: The Experience of Teenagers in Croydon
BOARD SPONSOR:	Jai Jayaraman, Chief Executive, Healthwatch Croydon
BOARD PRIORITY/POLICY CONTEXT:	
<ul style="list-style-type: none"> • Sexual health is a public health priority in London. Good sexual health is important to individuals and society but London has the worst sexual health in the United Kingdom (UK), affecting more than three million Londoners each year (Health Protection Agency, 2011). • Healthwatch Croydon (HWC), the local consumer champion for Health and Social Care service users, has conducted research into the experience of Sexual Health Services in the borough, of teenagers between the age range of 13- 19, and present here the findings and recommendation from their work. 	
1. RECOMMENDATIONS	
1.1 This report is for information only. The health and wellbeing board is asked to note the contents of the report and endorse recommendations 1.2 and 1.3	
1.2 Healthwatch Croydon recommends that Croydon teenagers are invited to assist in defining changes and improvements to the design of sexual health services in the borough.	
1.3 A workshop run jointly between Healthwatch Croydon, Croydon Council's Public Health department and service users of teenage sexual health services will support effective decision-making on the design of future services. It is anticipated that this will deliver services more effectively reflecting teenagers' needs.	

2. EXECUTIVE SUMMARY

- 2.1 This paper outlines the experiences of teenagers of sexual health services in the borough that are available to them. The findings of the report as outlined below have been discussed with The Public Health Team who have agreed to the recommendation made.

3. DETAIL

3.1 Areas for consideration by NHS providers

Based on findings from our engagement with teenage service users, Healthwatch Croydon provides the following issues for consideration by commissioners, along with one overarching recommendation.

- 3.2 **Accessibility:** There needs to be faster access, with flexible services fixed around times and locations suited to teenagers such as evenings and weekends and more walk-in appointments. A full range of services should be at each location, especially in places where there is a greater need for sexual health services, such as New Addington.
- 3.3 **Advertising and awareness:** Ask teenagers for their views on advertising, and then target it in locations that are right for them. Materials need to be varied, not just online, with reassuring messaging. Focused marketing is needed on those more marginalised, such as teenage boys, black and minority ethnic groups and non-heterosexuals.
- 3.4 **Relevant help and support:** Sexual health services should focus on supporting teenagers to make informed choices. They need to recognise that feelings associated with seeking advice, information and treatment are reflected in the design of services, as well as ensuring confidentiality at all times.
- 3.5 **Service delivery:** Services between providers need to be more joined up, meeting specific needs of teenagers. This includes a more welcoming environment, appropriate staffing, and positive attitude. Involving teenagers in service design will help meet these needs.

CONTACT OFFICER: Jai Jayaraman (Chief Executive Officer, Healthwatch Croydon)
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Appendix: Healthwatch Report - Sexual Health Services: The Experience of Teenagers in Croydon (attached)

BACKGROUND DOCUMENTS: None

REPORT TO:	HEALTH AND WELLBEING BOARD 5 April 2017
AGENDA ITEM:	12
SUBJECT:	Report of the chair of the executive group: incorporating risk register and Health and Wellbeing Board work plan
LEAD OFFICER:	Barbara Peacock, Executive Director of People, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT:	
The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.	
FINANCIAL IMPACT:	
None.	

<p>1. RECOMMENDATIONS</p> <p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Note work undertaken by the executive group since the last Board meeting on 8 February 2017. • Note risks identified at appendix 1. • Agree the 2017/18 Health and Wellbeing Board work plan at appendix 2.

2. EXECUTIVE SUMMARY

- 2.1 This report summarises work undertaken by the Health and Wellbeing Board executive group since the last meeting of the Board on 8 February 2017.
- 2.2 The Board risk register was developed by the Board at a seminar on 1 August 2013. The Board agreed that the executive group would keep strategic risks under review and update them as required. A summary of current risks and their ratings is at appendix 1.
- 2.3 The Health and Wellbeing Board work plan is regularly reviewed by the executive group and the chair. This paper includes an outline plan for 2017/18 at appendix 2.

3. DETAIL

- 3.1 The purpose of health and wellbeing boards as described in the Health and Social Care Act 2012 is to join up commissioning across the NHS, social care, public health and other services that the Board agrees are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer.

Work undertaken by the executive group

3.2 The executive group met on 28 February 2017. Key areas of work undertaken in February and March 2017 are set out below. The executive group will next meet on 25 April 2017.

- Reviewed and updated the Board work plan including preparation of Board meeting agenda and topic prioritisation against the joint health and wellbeing strategy.
- Liaised with other strategic partnerships including Croydon Local Strategic Partnership and the children and families partnership.
- Reviewed Board strategic risk register.
- Considered responses to public questions and general enquiries relating to the work of the Board.

Risk

3.3 Risks identified by the Board are summarised at appendix 1. The executive group regularly review the Board risk register. The risk register was reviewed by the executive group at its meeting on 28 February 2017, with existing controls updated and a number of new controls identified. There have been no changes to the overall risk ratings since the Board meeting on 8 February 2017.

Board work plan

3.4 The proposed 2017/18 Board work plan is at appendix 2.

Appendices

Appendix 1 risk summary.

Appendix 2 Board work plan.

4. CONSULTATION

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

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Risk Status

Risk Ref	Business Unit	Risk	Risk rating		Control measures			
			Current	Future	Future	Existing	Total	% Implemented
HWB5	HWB	Limited or constrained financial allocations in health and social care which gives rise to the inability to balance reducing budgets with a rising demand	25	20	4	5	9	70%
HWB6	HWB	Failure to ensure that the Board continuously develops and has the capacity and capability to operate effectively and efficiently.	16	12	3	2	3	67%
HWB8	HWB	Board is not able to demonstrate improved outcomes for the population	16	12	4	4	4	60%
HWB4	HWB	Failure to understand the community's expressed wants and choices and to ensure that ongoing engagement with the public is maintained and views	16	12	5	2	6	40%
HWB1	HWB	Failure to ensure that the board's focus is balanced (for example, between statutory requirements / national guidance and local priorities; or health and wellbeing)	16	8	2	4	6	67%
HWB3	HWB	Failure to clearly understand the purpose, boundaries and remit of the Board	12	4	2	3	3	67%
HWB2	HWB	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	15	12	3	2	5	71%
HWB7	HWB	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	4	4	80%

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Health & Wellbeing Board – 5 April 2017 – Agenda Item 12 Appendix 2

HWB work plan version 81.0

Topic proposed: date to be agreed

Early years update – deferred from September 2016 meeting

Workforce planning – SW London workforce group – Guy Van Dichele / Stephen Warren (ask transforming care board to propose date and take forward)

Obesity and sugar – Rachel Flowers

Developments in technology in health and social care – Guy Van Dichele / Stephen Warren

Update(s) on public health contracts reprocured over the last year – sexual health services, substance misuse, health visiting / school nursing – Rachel Flowers

Street homelessness – Mark Meehan and Mark Fowler

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
May 2017 (date tbc)	Board seminar – mental health strategy review (led by Cllr Woodley)				
7 June 2017	Strategic items				
	Making Croydon a dementia friendly borough	To update the board on work to become a Dementia Friendly borough	Supporting people to be resilient and independent	Maggie Mansell	Guy Van Dichele / Hakeem Anjorin
	Disability and employment	To consider work to improve employment opportunities for people with disabilities	Supporting people to be resilient and independent	Barbara Peacock	Emma Lindsell / Mark Fowler

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Business items				
	South West London Strategic Transformation Plan	To update the board on implementation and development of the SW London and local plans	All	Paula Swann	Stephen Warren
	Delayed Transfers of Care	To update the board on work to reduce delayed transfers of care	Providing integrated, safe, high quality services	Paula Swann / Barbara Peacock	tbc
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Ireland / Sarah Warman
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry & Steven Buck
	Food Flagship update	To inform the board of work undertaken through the Food Flagship		Rachel Flowers	Ashley Brown
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja
	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	Barbara Peacock	Jack Bedeman

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
13 September 2017	Strategic items				
	JSNA key dataset 2017	To consider key challenges and needs identified by the key dataset	n/a	Rachel Flowers	Ellen Schwartz / Craig Ferguson
	Progress with health and social care integration	To review work to integrate service provision in line with the statutory responsibility of the HWB to promote integration	Providing integrated, safe, high quality services	Barbara Peacock / Paula Swann	tbc
	Business items				
	Review of the local strategic partnership and health and wellbeing board (including partnership group review)	To agree proposed changes to board governance arising from the review of the LSP and HWB	n/a	Barbara Peacock	Jack Bedeman
	Health protection update	To inform the board of key health protection issues for the borough	Preventing illness & injury and helping people recover	Rachel Flowers	Ellen Schwartz
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja
	Report of the chair of the executive group <ul style="list-style-type: none"> • Work plan • Full review and update of board risk register 	To inform the board of work undertaken by the executive group and consider the updated board risk register	n/a	Barbara Peacock	Jack Bedeman

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
18 October 2017	Strategic items				
	Commissioning intentions 2017/18	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.	All	Paula Swann/Barbara Peacock	Stephen Warren / Pratima Solanki / Ian Lewis / Sarah Ireland
	All Age Disability services	To inform the board of work to transform all age disability services	Supporting people to be resilient and independent	Barbara Peacock	Guy Van Dichele
	Business items				
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Barbara Peacock	Sean Olivier
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Barbara Peacock	Lorraine Burton / Maureen Floyd
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Ireland / Sarah Warman

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry & Steven Buck
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja
	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	Barbara Peacock	Jack Bedeman
November 2017 (date tbc)	Board seminar – diabetes				
13 December 2017	Strategic items				
	Community safety	To discuss the impact on crime and the fear of crime on health and wellbeing		Rachel Flowers	Andy Opie / Cheryl Wright
	Business items				
	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Ellen Schwartz / Craig Ferguson
	Health protection update	To inform the board of key health protection issues for the borough	Preventing illness & injury and helping people recover	Rachel Flowers	Ellen Schwartz

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja
	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	Barbara Peacock	Jack Bedeman
7 February 2018	Strategic items				
	Business items				
	Pharmaceutical Needs Assessment	To agree the PNA	The board has a statutory duty to agree a PNA for Croydon	Rachel Flowers	Tbc / Claire Mundle
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Ireland / Sarah Warman
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry & Steven Buck
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja

Date	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 	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Jack Bedeman
18 April 2018	Strategic items				
	Business items				
	CCG operating plan 2017/18	The board has a statutory duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	n/a	Paula Swann	Stephen Warren
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja
	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	Barbara Peacock	Jack Bedeman

Appendix 2b 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 2b Summary record of topics covered at previous HWB meetings

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 Swann	Martin Ellender
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton

Appendix 2b Summary record of topics covered at previous HWB meetings

	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 (standing item)	Discussion	Hannah Miller	Steve Morton
5 December 2013	Board seminar – dignity and safety in care			
12 February 2014	Better Care Fund (formerly the integration transformation fund) 2014/15	Discussion & decision	Hannah Miller / Paula Swann	Andrew Maskell
	Dignity & safety in care seminar report	Discussion	Hannah Miller / Paula Swann	Kay Murray / Fouzia Harrington
	Report of the chair of the executive group <ul style="list-style-type: none"> • Work plan • Performance against health and wellbeing strategy indicators (quarterly) 	Discussion & decision	Hannah Miller	Steve Morton Martin Ellender

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	standing item) <ul style="list-style-type: none"> Risk 			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 Risk 	Discussion & decision	Hannah Miller	Steve Morton Malcolm Davies
	27 March 2014	Board engagement event: review of progress against joint health and wellbeing strategy		
16 July 2014	Board induction session			
16 July 2014	Appointment of chair	Decision	n/a	Solomon Agutu
	Annual report of the director of public health	Discussion	Mike Robinson	Jenny Hacker
	Focus on outcomes: Pressure ulcers in the community	Discussion	Paula Swann / Hannah Miller	Michelle Rahman / Kay Murray

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	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 HWB strategy indicators (quarterly standing item) • Risk 	Discussion & decision	Hannah Miller	Steve Morton Laura Gamble Steve Morton
11 September 2014	Better Care Fund	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	Adults safeguarding board annual report	Information	Hannah Miller	Kay Murray
	Children's safeguarding board annual report	Information	Paul Greenhalgh	Steve Love
	Report of the chair of the executive group <ul style="list-style-type: none"> • Work plan • Risk 	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			

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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 <ul style="list-style-type: none"> Work plan Performance against health and wellbeing strategy indicators (qtrly standing item) Risk Register 	Decision	Hannah Miller	Steve Morton / Laura Gamble
7 November 2014	Board half awayday on the review of the joint health and wellbeing strategy, to discuss findings from the engagement event on 1 October			
10 December 2014	Commissioning intentions 2015/16	The board has a duty to satisfy itself that commissioning intentions are aligned with the joint health & 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

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	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 2015	Strategic items			
	Mental health strategy action plan (Partnership: Mental Health)	To inform the board of key actions to be undertaken to deliver the mental health strategy	Paula Swann / Paul Greenhalgh	Brenda Scanlan / Sue Grose
	Primary care co-commissioning	To inform the board of local plans for primary care co-commissioning and enable board members to comment on those plans	Paula Swann / Jane Fryer	tba
	Care Act implementation and market position statement	To consult the HWBB on the draft statement before the new statutory requirement 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

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	<p>Report of the chair of the executive group</p> <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			
	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 & 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	Paul Greenhalgh	Brenda Scanlan

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		board in February 2014 has 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 & 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
	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	Mike Robinson	Sarah Nicholls/

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		obesity.		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 Feb 2014 has been progressed & that plans are in place in each of these areas	Paula Swann / John Goulston / Steve Davidson	Sean Morgan / Zoe Packman / Alison Beck
	Local alcohol action area (Partnership group: Drugs & alcohol (DAAT); Healthy Behaviours)	To inform the board of achievements of the programme and to note future recommendations	Mike Robinson	Bernadette Alves/ Matt Phelan
	Local Government Declaration on Tobacco Control	To ask the board to sign up to the Local Government Declaration on Tobacco Control	Mike Robinson	Bernadette Alves / Jimmy Burke
	Carers partnership group report (Partnership group: Carers)	To inform the board of the work of the carers	Paul Greenhalgh	Amanda Lloyd / Harsha Ganatra

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		partnership group in delivering board priorities.		
	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 life strategy	Paul Greenhalgh / Paula Swann	Brenda Scanlan / Lucky Hossain
	Annual report of the director of public health	To discuss the content of the director of public health's annual report and agree any actions for the board arising from it	Mike Robinson	Mike Robinson
	Business items			
	Appointment of chair, vice chair and executive group Appointment of board representative on SW	To agree key appointments for the board and any changes to the terms of	n/a	Solomon Agutu

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	London co-commissioning joint committee	reference			
	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 & consider the board risk register	Paul Greenhalgh	Steve Morton	
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 work of the Safeguarding Children Board	n/a	Paul Greenhalgh	Gavin Swann

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	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				
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 and 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

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	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
	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 exec group & consider the board performance report, risk register and work plan	n/a	Paul Greenhalgh	Steve Morton
10 February 2016	Strategic 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	Martin Ellis
	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	Steve Morton / Ellen Schwartz	Nerissa Santimano
	Business items				
	South West London Commissioning Collaborative	To update the board on progress	n/a	Paula Swann	tbc
	JSNA programme for 2016	To agree the JSNA programme for 2016	n/a	Director of public health	Steve Morton
	Final report of the Opportunity & Fairness Commission	To consider the findings of the Opportunity & Fairness Commission	n/a	tbc	tbc

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	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				
	Improving people's satisfaction with care: learning from local best practice <ul style="list-style-type: none"> • Maternity services 	To share learning on how services have improved people's experience of care	Improve people's satisfaction with care	Paula Swann (maternity services) Paula Swann / Paul Greenhalgh (mental health day services)	Caroline Boardman (maternity)
	Business items				
	CCG operating plan 2016/17	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	n/a	Paula Swann	Fouzia Harrington
	Health and social care integration: Better Care Fund and Transforming Adult Community Services	To inform the board of progress on the work schedule of the Better Care Fund and provide an update on TACS	n/a	Paula Swann / Paul Greenhalgh	Paul Young / Vanda Learey
People Gateway	To update the board of the work of the People Gateway	Household income is a key determinant of health. This item relates to the JHWS priority of child poverty.	Paul Greenhalgh	Mark Fowler	

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	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
8 June 2016	Strategic items				
	Prevention, self-care and shared decision making	To consider work to increase self-care and self-management	Promoting self-management and self-care	Paula Swann	Jimmy Burke
	Business items				
	Croydon Community Strategy	To consider the Community Strategy	n/a	Paul Greenhalgh / Paula Swann	Dave Morris
	South West London Sustainable Transformation Plan	To consider the South West London Sustainable Transformation Plan	n/a	Paula Swann	Fouzia Harrington
	Food Flagship annual report	To report on activity undertaken by the Food Flagship	Reduce overweight and obesity in children	Rachel Flowers	Ashley Brown
	Heart Town annual report	To report on activity undertaken by the Heart Town project	Early detection & treatment of cardiovascular disease and diabetes	Rachel Flowers	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

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14 September 2016	Strategic items				
	Cancers	To discuss work to increase the early detection and treatment of cancers	Early detection and treatment of cancers	Paula Swann	Jimmy Burke
	JSNA key dataset 2016	To consider key challenges and needs identified by the key dataset	n/a	Rachel Flowers	Steve Morton / Craig Ferguson
	People's experience of using mental health day care services	To report to the board on work being undertaken to improve users' experiences of mental health day care services	Improve people's satisfaction with care	Paula Swann	Jennifer Francis / Paul Richards / Neil Turney
	Business items				
	Tobacco control update	To report to the board on work to reduce smoking prevalence	Reducing smoking prevalence	Rachel Flowers	Bernadette Alves / Mar Estupiñan
	Early years update	To report to the board on work to improve health & wellbeing in early years	Giving our children a good start in life	Barbara Peacock / Paula Swann	Dwynwen Stepien / Sam Taylor
	Health Protection Forum update	To report to the board on work to main health protection in the borough	Preventing illness or injury	Rachel Flowers	Ellen Schwartz / Dawn Cox
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Yinka Alowooja / Tom Cox
	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 exec group & consider the board risk register	n/a	Barbara Peacock	Steve Morton

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19 October 2016	Strategic items				
	Commissioning intentions 2016/17	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.	Relates to a statutory function of the board	Paula Swann/Barbara Peacock	Stephen Warren / Pratima Solanki / Ian Lewis / Sarah Ireland
	Health as a social movement / Asset based approaches to improving health	To consider how individuals and communities can be supported to mobilise around health and wellbeing in Croydon	All	Barbara Peacock / Sarah Burns	Tbc
	Business items				
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Warman
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Barbara Peacock	Sean Olivier
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Barbara Peacock	Lorraine Burton / Maureen Floyd
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young / Steven Buck / Ivan Okyere-Boakye / Graham Terry

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	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Yinka Alowooja
	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	Barbara Peacock	Steve Morton
14 December 2016	Strategic items				
	Annual report of the director of public health 2016	To discuss the content of the director of public health's annual report and agree any actions for the board arising from it	Statutory report	Rachel Flowers	Anita Brako (Rachel to make presentation)
	Social isolation action plan	To consider and prioritise recommendations for inclusion in the social inclusion action plan	n/a	Rachel Flowers	Steve Morton
	Business items				
	Live Well Croydon	To inform the board of work to integrate healthy lifestyle support services	multiple	Rachel Flowers	Matt Phelan / Anita Brako (both attending)
	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	Rachel Flowers	Ellen Schwartz / Dawn Cox
Pharmaceutical needs assessment (PNA) update	To consider any changes to the PNA and agree process for full update	n/a	Rachel Flowers	Claire Mundle (attending)	

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	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Craig Ferguson
	Outcomes based commissioning for over 65s	To update the board on progress since the last report on 10/02/16	Prevent illness and injury and promote recovery in the over 65s	Paula Swann / Barbara Peacock	Martin Ellis
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Yinka Alowooja
	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	Barbara Peacock	Steve Morton
25 January 2017	Board seminar – dementia friendly communities				
8 February 2017	Strategic items				
	Primary care co-commissioning	To consider the development of primary care co-commissioning arrangements in Croydon	n/a	Paula Swann	tbc
	Business items				
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry & Steven Buck
	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Craig Ferguson

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	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Update	Yinka Alowooja
	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	Barbara Peacock	Steve Morton
5 April 2017	Strategic items				
	Household income and child poverty update	To update the board on progress made	Reducing the proportion of children living in poverty / Reducing levels of worklessness and long term unemployment	Barbara Peacock	Mark Fowler -
	Together for Health update	To update on group treatment sessions for diabetes and other chronic conditions	Supporting people to be resilient and independent	Paula Swann	Emily Symington
	Business items				
	CCG operating plan 2017/18	The board has a statutory duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	All	Paula Swann	Stephen Warren

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	Council commissioning intentions 2017/18	The board has 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 in relation to commissioning decisions.	All	Barbara Peacock	Sarah Ireland
	Health protection update – air quality	To inform the board of key health protection issues for the borough	Preventing illness and injury and helping people recover	Rachel Flowers / Andy Opie	Ellen Schwartz
	Social isolation action plan update	To update the board on production of the social isolation action plan	Supporting people to be resilient and independent	Rachel Flowers	Jack Bedeman / Mar Estupinan
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	N/A	Jai Jayaraman / Yinka Aloowooja
	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	Barbara Peacock	Steve Morton

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