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

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

Councillors Margaret BIRD, Patricia HAY-JUSTIVE, 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)
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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: <a href="http://secure.croydon.gov.uk/akscroydon/mobile">http://secure.croydon.gov.uk/akscroydon/mobile</a> - 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 85)

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

#### 11. Healthwatch Croydon report (Page 89)

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

#### 12. Report of the chair of the executive group (Page 141)

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.

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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)

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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 databased. 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:

- 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:**

#### 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

#### **Children and Families Partnership priority:**

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 13<sup>th</sup> 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. <a href="https://www.croydon.gov.uk/healthsocial/families/ccfpartnership/ccfpa

 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:
    - o 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 superceded 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 outof-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 2year-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
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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

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- 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.

#### **CONTACT OFFICER**

Mark Fowler (Director of People Gateway Services, People Department) <u>mark.fowler@croydon.gov.uk</u>

Amanda Tuke (Joint head of partnerships and children's integrated commissioning) <a href="mailto:amanda.tuke@croydon.gov.uk">amanda.tuke@croydon.gov.uk</a>

**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 lifecourse 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 Report<sup>1</sup>
- Social Isolation and Loneliness, Annual report of the director of public health 2016<sup>2</sup>
- Croydon's Community Strategy 2016-21<sup>3</sup>
- Croydon's Corporate Plan for 2015-184
- Joint health and wellbeing strategy<sup>5</sup>
- PHE Local action on health inequalities: Reducing social isolation across the lifecourse<sup>6</sup>

<sup>4</sup> Croydon's Corporate Plan for 2015-18

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

<sup>&</sup>lt;sup>2</sup> 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

Croydon's Community Strategy 2016-21

Joint health and wellbeing strategy 2013-18

<sup>&</sup>lt;sup>6</sup> PHE Local action on health inequalities: Reducing social isolation across the lifecourse, PHE. London: September 2015.

LGA Combating loneliness: A guide for local authorities<sup>7</sup>

#### 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

<sup>&</sup>lt;sup>7</sup> Combating Ioneliness: 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.<sup>8</sup>
- 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

<sup>&</sup>lt;sup>8</sup> 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.<sup>9</sup> "Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.<sup>10</sup>
- 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.<sup>11</sup>
- 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 case.
  - 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 years<sup>12</sup>.
- 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.<sup>13</sup>
- 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

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

 $<sup>^{10} \</sup> Michael \ Marmot \ (2010) - \textit{Fair Society, Healthy Lives (The Marmot Review)}$ 

<sup>&</sup>lt;sup>11</sup> Social Isolation and Loneliness, <u>Annual report of the director of public health 2016</u>

<sup>&</sup>lt;sup>12</sup> Report by Social Finance, Investing to tackle loneliness, a discussion paper, 2015

<sup>&</sup>lt;sup>13</sup> 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).<sup>14</sup>
- 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 neighbour<sup>16</sup>; 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.

<sup>15</sup> PHOF. <u>Social Isolation</u>. 2015

<sup>&</sup>lt;sup>14</sup> PHOF. <u>Social Isolation</u>

<sup>&</sup>lt;sup>16</sup> 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						
<u> </u>							
Pregnancy & Early Years	Childhood and adolescence	Working age	Retirement and later life				
Priority 1:	Priority 4:	Priority 8:	Priority 12:				
Children and families living in temporary accommodation	Young people who are being bullied.	Adults with autism and / or learning disability	People with dementia and their carers				
	Priority 5:	Priority 9:	Priority 13:				
Priority 2:	Young people Not in	Adults with physical	People who have been				
Mothers who are	Employment, Education or	disabilities / sensory	bereaved.				
refugees or asylum seekers	Training (NEET)	impairment					
	Priority 6	Priority 10:					
Priority 3	Young LGBT people	People with mental illness					
Mothers with post-natal							
depression	Priority 7	Priority 11:					
	Young carers	People experiencing					
		domestic violence					

#### **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.

#### **CONTACT OFFICER:**

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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



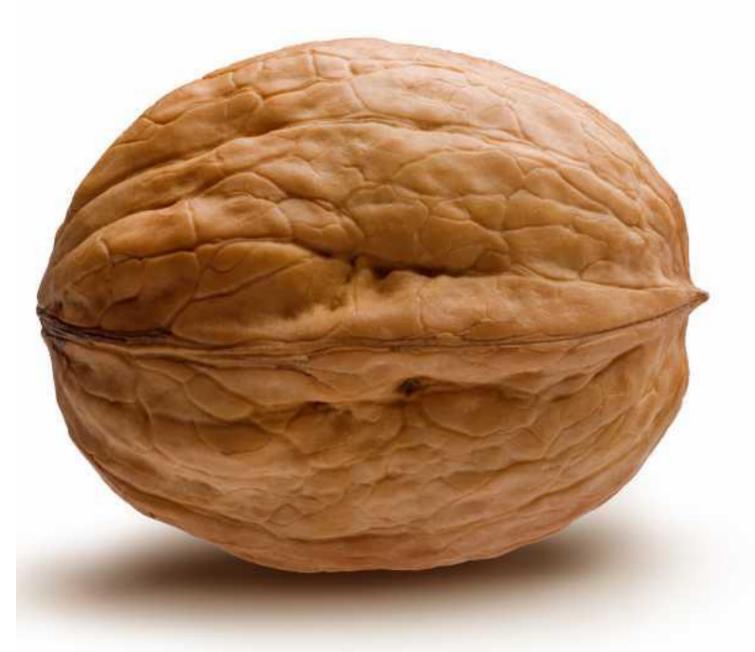
#### We will cover:

- 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!





## 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?

- 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 selfmanagement



# **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."

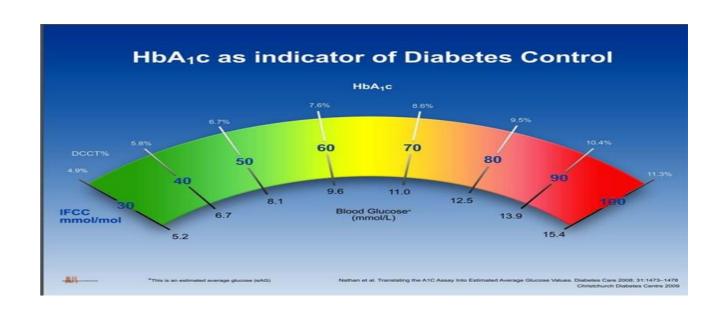
"Other people have similar problems as I have."

"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



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

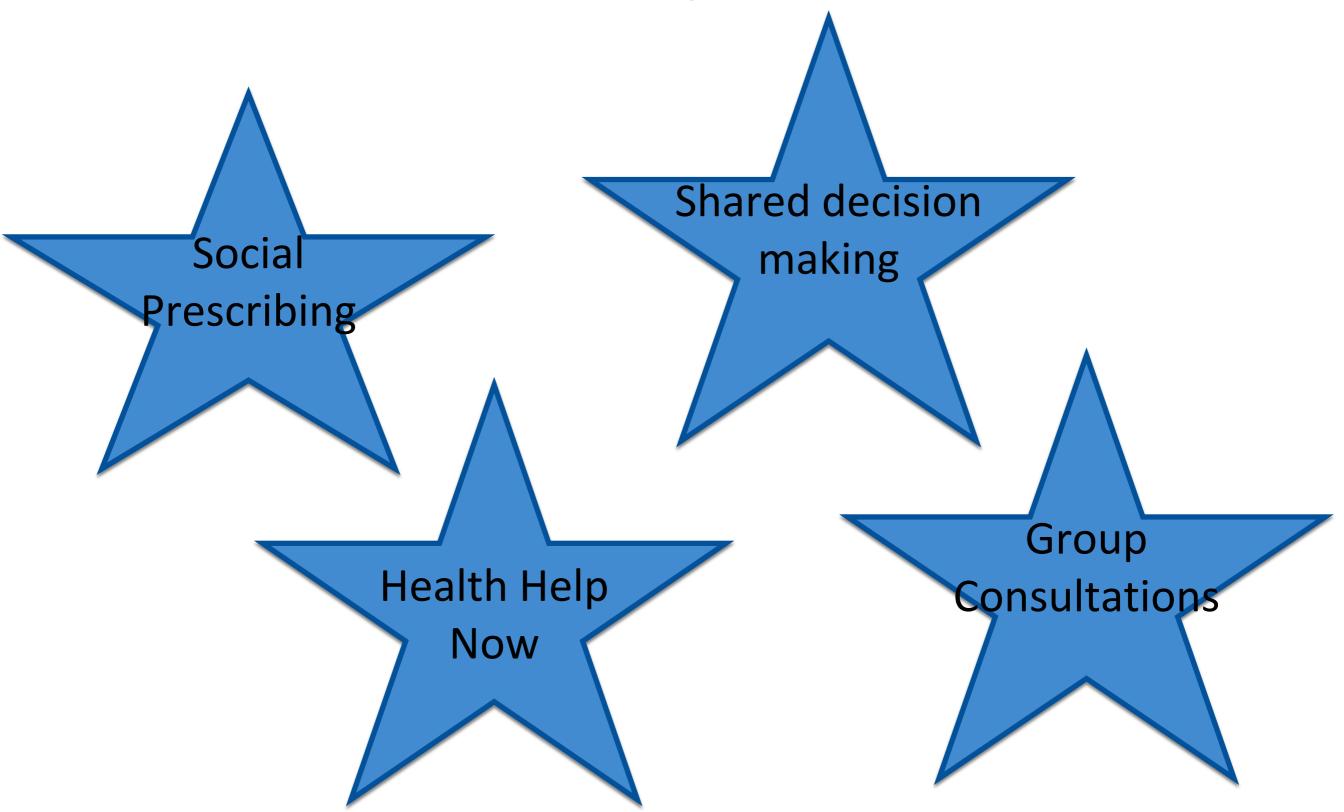
# A Free takeaway!

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?



### 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 reinvestment 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 30<sup>th</sup> 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:

- 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



# Croydon CCG Operating Plan Overview 2017/18 and 2018/19

March 2017 v9.0

Working with GPs, Croydon Council, Croydon Hospital Services, South London and Maudsley Mental Health Trust and other providers, within the South West London NHS, to delivery improved and sustainable patient care for all the people of Croydon





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### Our strategic vision and goals

Following a wide-reaching engagement process with a variety of stakeholders, we have reconfirmed our vision and developed organisational values. In addition we have revised our objectives for 2017/18. The strategic direction of travel is summarised below:



Through an ambitious programme of innovation and by working together with the diverse communities of Croydon and with our partners, we will use resources wisely to transform healthcare to help people look after themselves, and when people do need care they will be able to access high quality services

Objectives

- 1.1 To commission high quality health care services that are accessible, provide good treatment and achieve good patient outcomes
- 2.1 To reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital for physical and mental health
- 3.1 To achieve sustainable financial balance by 2017/18 and NHS business rules of 1% surplus by 2018/19
- 4.1 To support local people and stakeholders to have a greater influence on services we commission and support individuals to manage their care
- 5.1 To have all Croydon GP practices actively involved in commissioning services and develop a responsive and learning commissioning organisation

ralues

Patient focused

**Outcome focused** 

**Professional** 

**Ambitious** 

2





This vision and strategy is a product of understanding the needs of our population and the service challenges that we face. Croydon's population is growing by 1% per year, with particular increases in younger people and with older people living longer. Given this, our priority areas that we aim to deliver on are:

- 1. Reducing potential years of life lost through amenable disease;
- 2. Ensuring patients are treated in the right place;
- 3. Children and young people reach their full potential;
- 4. Early detection and intervention; and,
- 5. Positive patient experience.

The principles upon which we will deliver these priorities and indeed all areas we commission are that:

- Prevention is better than cure:
- When someone does become ill, self management is the best option;
- When a person does need treatment they are seen in the right place at the right time; and.
- There is shared decision making between the patient and the health professional.

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### Introduction – health in Croydon

#### Strong delivery of better healthcare

- Wider access to mental healthcare
- Top quartile (UK) cancer care
- Improved support to children and young people
- Reduced waiting times for outpatients

#### Continuous improvement in services

- Reduced variation in service provision
- Faster access to consultants for critical illnesses
- Development of improved care pathways
- Development of Outcomes Based Commissioning

#### Better access to services

- 7-day, 365 day Urgent Care GP Hubs across Croydon (April 2017)
- Extended primary care access April 2017
- Expanded Out-of-Hospital services

#### Facing exceptional healthcare challenges

- Rapid population growth
- Proportionally more young people & older people
- Obesity & associated long-term conditions
- Achieving financial sustainability

#### Transforming healthcare in Croydon

- Working across the healthcare economy to deliver the Sustainability and Transformation Plan (STP) for South West London/Croydon
- Leading the introduction of new models of care

#### Improved outcomes for patients

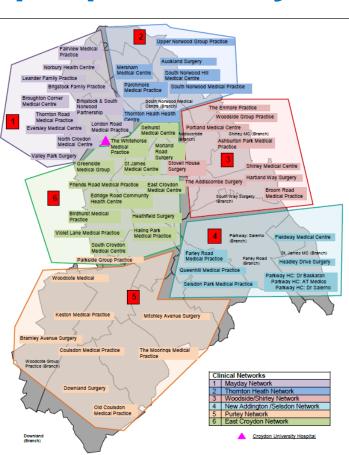
- Tighter integration of health and social services across GPs, Council, CHS and other providers
- Services provided closer to patient's homes
- Greater support for living healthier lives





### Serving the people of Croydon

Providing
health care
to a growing
population of
400,000+ people



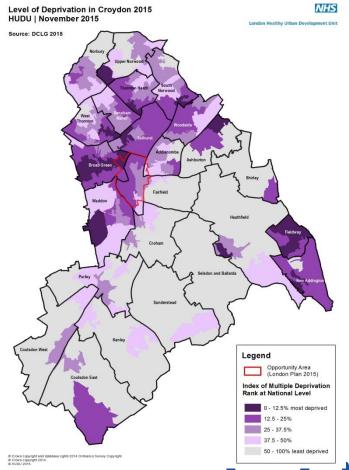
- 57 GP Practices
- Extending patient
   access to 3 GP Hubs,
   1 Urgent Care Centre
   (incl. 24x7, 24-hour)
   and Minor Injuries
   and Ailments centre
- Croydon University
   Hospital and access
   to other London acute
   hospitals







### Level of challenge facing Croydon



#### **List Size Growth**

Year	2015	2016
Total Croydon population (ONS 2015 /GLA 2016)	381,046	383,764
YoY Growth	0.8%	0.7%
Decade Growth 2005-2015	12%	
Decade Growth 2006-2016		12%
GP list size (HSCIC October 2016)	398,092	404,633
Ratio to population	104%	105%

The GP list size appears to growing faster than the overall population — it is suspected that the population data is not reflecting recent population movements

High Levels of Deprivation in some areas















### **CCCG - Responding to the needs of Croydon**

### **Key Highlights of Annual Operating Plan - Financial**

- The CCG continues to face a very high level of financial challenge
  - Forecast deficits 2017/18 (£6.9m) and 2018/19 (£nil). 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: proactive and preventative strategy for transformed care in the home/community
  - Planned Care: supporting the shift of care to primary and community care
  - Outcome-based-commissioning: improved service integration for over 65s across all service providers
- Transformational savings for 2017/18 are c£15m gross with c£7.3m associated reinvestment costs to deliver the transformational change





### **CCCG - Responding to the needs of Croydon**

### **Key Highlights of Annual Operating Plan - Services**

Maintaining effective commissioning to optimise and improve service provision

- Primary Care: implementation of extended access in line with GP Forward View and GP standards; review of GP contracts
- Mental Health: improved access through community provision, earlier intervention, better support to children & young people and driving parity of esteem within available resources
- Urgent Care: new model providing better access: 3 new GP Hubs (8 to 8) incl. minor injuries & aliments & a new Urgent Care Centre (24x7 opening April 2017)
- Transformation of Out of Hospital and Planned Care
- STP: working with CHS and other providers to implement the SW London STP and achieve a sustainable health economy with improved health outcomes







### Strategic Context and Local Context

The Croydon Operating Plan is set within the framework of national priorities, the SWL STP (Sustainability and Transformation Plan) and local priorities.

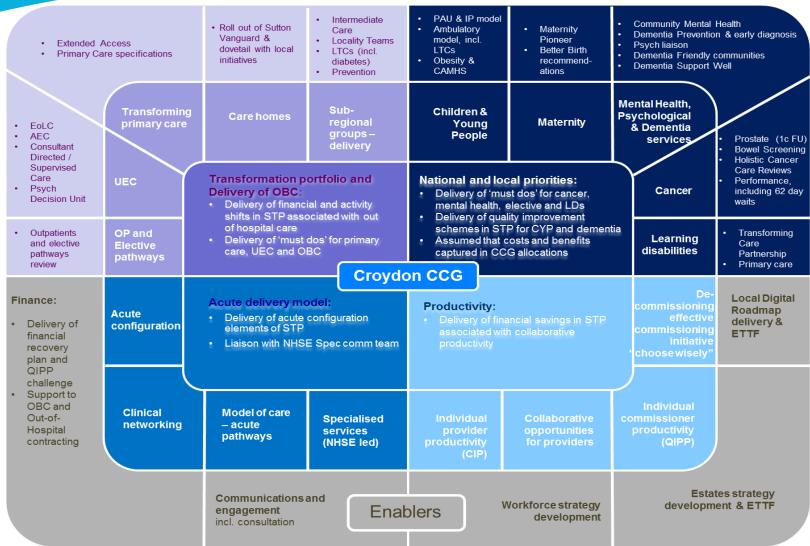
This is illustrated on the Croydon Operating 'Plan on a Page' overleaf.

Croydon CCG faces significant financial and transformational challenge. We are working closely with our partner in CHS to address this. The new joint CCG/CHS Transforming Care Board terms of reference and governance are being reviewed to meet this challenge.



### Croydon CCG "Plan on a Page"









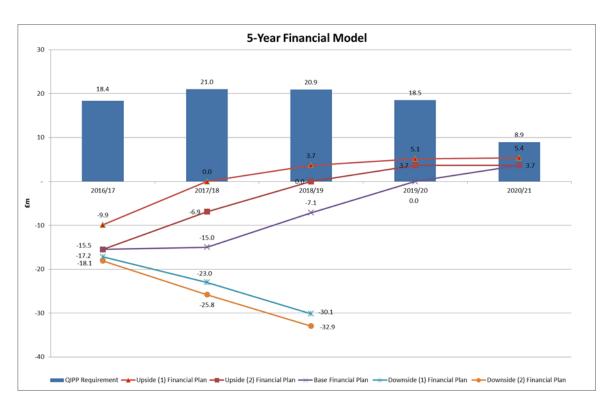






### **Achieving Financial Balance**

- Delivery of financial balance by 2018/19
- Delivery of net £29.1m savings in 2017/18 and £14.8m savings in 2018/19 in cooperation with its providers. £8.1m of savings for 2017/18 has yet to be identified (£21m plan)
- Includes £9.2m overall investment in better healthcare for Croydon.
- Delivery of the STP transformational goals in activity shift to community, Out-of-Hospital and primary care.



Note: 2017/18, 2018/19 plan dependent on achievement of the 2016/17 forecast run rate











### Planned QIPP Schemes 2017/18 and 2018/19

(Quality, Innovation, Productivity and Prevention plans)

Area	Focus	Savings 2017/18 (£k)	Savings 2018/19 (£k)
	<u>Elective</u> - "Choosing Wisely" project (formerly ECIs)	2017/10 (EK)	2010/13 (EK)
Planned Care	<u>Prevention &amp; Public Health</u> - Together for Health / Health Help Now app to better signpost to patients the most appropriate care resource	7,938	4,980
	<u>Long Term Conditions</u> & Other – improving self-care and preventative services	2,401	
Emergency Care	Proactively working to reduce demand through wider primary care and community services	3,395	3,900
A&E, Urgent Care	Reducing non-elective admissions through better support to patients in the community, improving end of life care		
NETA	Non-Elective Threshold Adjustment (30% reduction on cost)	-1,604	-1,170
Decommissioning	CReSS, IVF, Prescribing, Voluntary Sector – Non Statutory	841	490
Mental Health	Demand Management & Radical Redesign	4,315	500
Prescribing	Reducing waste, using bio-similars and improved procurement	2,293	1,800
Continuing Health Care	Improving care plans and new systems for tighter financial management	2,107	2,000
Learning Disabilities	Improved care plans and commissioner responsibilities to support patients in the community	1,163	0
Contingency / Unidentified		-3,387	5,000
	Totals	21,000	18,400









### Significant Transformational Change Needed:

"shifting" activity from an acute setting to a primary care and community setting

	CCG 16/17 Forecast Outturn	Underlying Trend and Demographic Growth	Transformational	17/18 Annual Plan	Underlying Trend and Demographic Growth	Transformational Change	18/19 Annual Plan
Total GP Referrals (General and Acute)	87,997	3641	-12774	79,021.0	3264	-7691	74,594.0
Total Other Referrals (General and Acute)	47,513	1952	-6847	42,366.0	1750	-4123	39,993.0
Consultant Led First Outpatient Attendances	127,203	5298	-19621	113,987.0	4708	-11814	106,881.0
Consultant Led Follow-Up Outpatient Attendance	352,231	12285	-49325	285,414.0	10874	-29699	266,589.0
Total Elective Admissions	36,472	1105	-3128	35,821.0	1046	-2369	34,498.0
Total Non-Elective Admissions	38,972	1631	-2629	36,582.0	1588	-1695	36,475.0
Total A&E Attendances excluding Planned Follow	131,869	3548	-12162	184,476.0	4593	-12162	176,907.0

106,500 reduction in Acute Activity in 2017/18

Note: figures shown are draft figures and may change for the final CCG submission to NHS England in March 2017

Longer, healthier lives for all the people in Croydon





69,500 reduction in Acute Activity in 2018/19

### The Out of Hospital Transformation Programme

Focuses for next 2 years across Croydon on increased preventative and proactive care through better delivery of integrated care across health, social care, mental health and voluntary sector services.

### Includes the development of:

- Integrated Community Networks: providing health, social care and voluntary sectors multi-disciplinary teams aligned to each of the 6 networks in Croydon
- Living Independently for Everyone (LIFE): providing a community-based single point of contact for access to all reablement, intermediate care services and improved access to preventative care
- Together for Health Programme: providing enhanced prevention, self-management and shared decision making within the community setting

#### Key benefits:

- Improved proactive identification of vulnerable people
- Streamlined access and advice through a single point of assessment
- Expanded 7 day access to LIFE services
- Expanded Rapid Response intervention and support
- A single shared care record for vulnerable/at risk people accessible via CMC

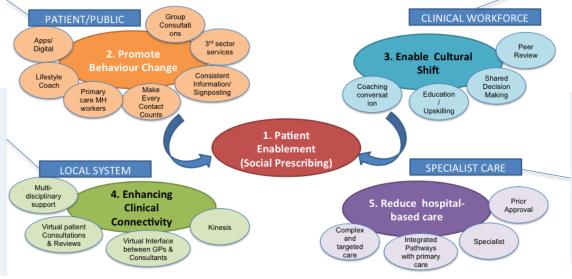


### **Croydon Planned Care Transformation Programme**

Promote Behaviour change which includes supporting patients and public take ownership of their health and lifestyle through initiatives such as Health help now, make every contact count and altogether better

Enable Cultural Shift across the clinical workforce through peer review initiatives, shared decision making guide and GP and consultant joint educational workshops

Enhancing clinical connectivity to support a multidisciplinary approach which provides a range of skills in the community, examples of which include the MSK primary care pilot, advice and guidance telephone lines



Reducing hospitalbased care thus creating appropriate capacity for secondary care to provide care for complex needs and develop integrated pathways with primary care

#### **Patient Benefits**

- Improved patient pathways to enable them to receive the right care at the right time in the right place
- Better patient access to care
- Additional care in the community to avoid hospital attendance unless necessary

- · More joined up services
- Giving patients the tools, education and support to manage their health conditions where clinically appropriate
- Improved experience of service users and carers

Longer, healthier lives for all the people in Croydon





### **Outcomes Based Commissioning for Over 65s**

### **A Whole System Approach**

**Vision** - For all partners (statutory, voluntary and community) to come together to provide high quality, safe, seamless care to the older people of Croydon that supports them to stay well and independent. Our users will have a co-ordinated, personalised experience that meets their needs.

Patients/Users age 65 or older at the date of attendance / discharge and registered with a Croydon GP

In-scope services include:

- Acute / Hospital Care
- Community and Out of Hospital Care
- Older Peoples Mental Health
- Adult Social Care

A capitated budget for over 65 population (£212M in year one) - will incentivise the Alliance to invest proactively in maintaining and managing the health of the population

A Commissioner / Provider Alliance model - responsible for delivering transformed health and social care services over the contract term (10 years). An initial 1 year transition period with an option to extend by a further 9 years.

The Alliance is:

Age UK Croydon

Croydon CCG

Croydon Council Adult Social Care

Croydon GPs Group (this is all the GP practices in the borough)

**Croydon Health Services NHS Trust** 

South London & Maudsley NHS Foundation Trust

Alliance to move to an Accountable Care model over time.

#### **Patient Benefits**

- Proactive and preventative care
- Implementation of Integrated Care Networks

- Realisation of Living Independently For Everyone (LIFE)
- Personal Independence Co-ordinators (PICs) led by Age UK Croydon







### **Improving Our Performance**

### A continuing record of performance improvement for Croydon

Performance Indicator	Target	20	16/:	17			20	17/18	8			20:	18/1	9			Comment
		Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	
A&E 4-hour Wait	95%																Increased demand mitigated by new local urgent care services
18-week RTT	92%																Historically good CCG performance impacted by Kings/St Georges issues
Diagnostic Test Wait	1.0%																Improved performance due to provider investment
Cancer 2- week wait	93.0%																Continuation of current good performance
Cancer 62-day wait	85.0%																Improved performance due to provider investment
Dementia Diagnosis >65	66.7%																Continuation of current good performance
IAPT Roll-out	15%																Continuing Year on Year performance improvement
CYP – Eating Disorders	95.0%	Nev	v me	asure	e for	17/18											Reflects CCG investment in MH 2015/16 and 2016/13

### **Improving Our Quality**

### Working across the NHS to deliver improvements in the quality of services

In alignment with the STP, the key levers for improving quality are:

- **CQUINS**: acute providers are incentivised to deliver transformation and improvement
- Quality Premiums: the CCG is incentivised to deliver transformation and improvement with a focus on primary care

#### CQUINS 2017/18, 2018/19

- CQUINS are being set at a national and at STP / Croydon level to a value of 2.5% of the CHS contract
- 1.5% is aligned to National standards (as below), O.5% to successful implementation of locally-agreed transformation schemes and 0.5% to meeting financial control targets

#### **Quality Premiums 2017/18, 2018/19**

• The CCG can select one local Quality premium in addition to the National schemes – to be determined

The National CQUINS & Quality Premiums are shown below

CQUINs				Quality Premiums
1. Improving Staff Health & Wellbeing	2. Reducing the impacts of serious infections	3. Improving physical healthcare to prevent premature mortality of people with serious mental illness (PSMI)	4. Improving services for people with mental health needs who present at A&E	<ol> <li>Early Cancer Diagnosis</li> <li>Access and experience</li> </ol>
5. Transitions out of Children & Young People's mental health services	6. Offering advice and guidance	7. e-Referrals	8. Supporting proactive and safe discharge	<ul><li>3. Continuing Healthcare</li><li>4. Mental Health</li></ul>
9. Preventing ill health by risky behaviours – alcohol and tobacco	10. Improvement the assessment of wounds	11 Personalisation of care and support planning	<ul><li>12. Ambulance conveyance</li><li>13. NHS 111 referrals</li></ul>	Bloodstream Infections     Local QP (Mental Health)



### **Improvement & Assessment Framework**

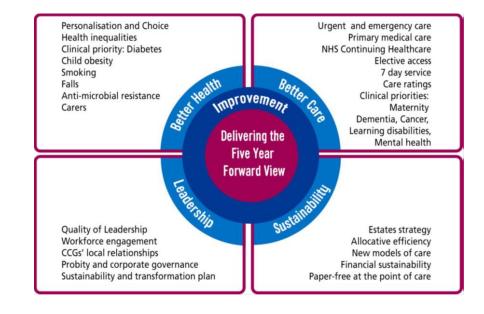
#### The National CCG assessment framework, improving public accountability

The Improvement and Assessment Framework came in to effect from April 2016. To improve CCGs' accountability to the public, performance against the indicators within the four domains of Better Health, Better Care, Leadership and Sustainability are published on <a href="https://www.nhs.uk">www.nhs.uk</a>, along with overall ratings, in an 'Ofsted-style' scale.

Within the range of indicators, six Clinical Priority Areas have been designated, nationally as:

- Cancer
- Dementia
- Diabetes
- Learning Disabilities
- Mental Health
- Maternity

An improvement against the CCG's baseline assessment will be delivered through action plans monitored through the Focused Performance Group.









### **Appendices:** Programmes and key work streams

Work streams	Includes
Out-of-Hospital Transformation	Integrated community networks, proactive and preventative care, Living Independently for Everyone (LIFE) programme for care homes, intermediate care
Transforming Primary Care	Implementation of the 17 standards of primary care, the GP forward view, and the 10 high impact actions
Transforming Planned Care	MSK / T&O (musculoskeletal, trauma and orthopaedics), genealogical, ENT (ear nose and throat), ophthalmology, dermatology
Together for Health	To improve patient outcomes and through actively promoting and encouraging prevention, self-care, self-management and shared decision making
UEC	AEC, 111 Integrated Urgent Care, MH Urgent Care Pathway, E-o-L Care
Cancer	Prostate, Bowel Screening, Holistic Cancer Care Review, Cancer Waits
Mental Health	Community, Acute and Crisis Care, Perinatal, Psychological Therapies, Diagnose Well, Support Well, Live Well. Support Well - Carers
Children & Young People	Inpatient Paediatrics, PAU and Ambulatory Model Childhood Obesity, CAHMS
Learning Disabilities	Transforming Care and improving care in primary care
Maternity	Pioneer programme – improving choice and personalisation for women accessing maternity services, Better Births Recommendations
Decommissioning	CCG proposals and engagement for decommissioning services
Enablers including OBC	IT, Workforce, Estates, New Models of Care, Contracting vehicles including OBC





				Cro				commis	Sioning	Group
CCG Transform Project: Out o	national Delivery A f Hospital	rea: Croydon					: Stephen Warr ul Young	en		
Objectives:				by working together were themselves, and we						use resources
Key Milestones	<ol> <li>Model for m</li> <li>Completion</li> <li>Increase action for care hor</li> </ol>	nanaging long-term of the Integrated ( cess to Out of Hos mes by 30th June 20	conditions and fra Care Networks, wit oital (OoH) servic 117	entre of highly coording the shared responsible es by developing Enthose patients reach	health and lity and risk lihanced Hea	social ca across the lth in Ca	are stratification to the system and in are Homes (EHC	ool by 30 <sup>th</sup> April 201 volvement in proact H) framework on int	tive care by 4 <sup>th</sup> Dec egrated MDT care	cember 2017 planning standards
Benefits & KPIs:	<ul><li>with improve</li><li>Developing 'leading the community</li></ul>	d primary care deliv My Life Plan' suppo ity egration of pathway	rery. rting person-led p	proved access to sureventative care plans of costs e.g. AgeUK,	nning in	and Rev ben Imp and Exte	voluntary sector riew and redesign chmarking review lementation of in professionals, to	tiatives to foster gre maximise health c	as of focus highlight eater partnership bare conditions	nted through
Financial impact:		s of projected activition and EOL through as and homes.			Income a activity s for 2017/	hift	transformin	xpected savings for g adult community ctivity 17/18 is 14,6	services) & £.349Ñ	
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/	18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Locally based i	ntegrated teams ordinated MDTs			*						
	del for managing litions and frailty	_								
Completion of Network (ICN)	Integrated Care implementation	_		7						
Extended single assessment incompation to social care prinformation	cluding access	_					<del></del>			
Shared responsacross the system involvement in	em and	-						End	Page 7 Milestone & Outo	1 of 176



CCG Transform	national Delivery A	rea: Transforming	Primary Care		Project sponsor Project lead: Project lead:	r: Stephen Warro at Radley	en				
Objectives:				ent quality service to ne GP forward view,							
Key Milestones	Roll out of online Development of Develop new rol Complete the PN Development of Development of	Croydon GP collabors in primary care solds review	orative to support of uch as care naviga ry care workforce,	hubs  delivery of primary c ators, and medical a  through recruitment	ssistants						
Benefits & KPIs:	<ul> <li>Transfer of c</li> <li>Proactive, cc</li> <li>Increased ca</li> <li>Use of techn</li> <li>Reduction in</li> </ul>	apacity in primary ca ology to increase pa	the community d, and accessible care primary care increase patient self care through revised PMS contract  Practice Headcount Access delivered Access type (online, skype, telephone) Premises availability Patient satisfaction								
Financial impact:	Investment enab	oling the out of hosp	ital agenda		Income and activity shift for 2017/18:  • Income – assumptions included under Transformation work streams • Activity - ditto						
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19		
GP urgent care I hubs	hubs and top up			Improved	patient access to he	ealthcare					
Roll out of online	e consultations	_				Impro	oved patient acces				
Complete the PN	MS review	_	Improved	alignment to 17 sta	ndards	<b>→</b>					
Development of estates	primary care	_	Implementation of IG and ETTF schemes								
IT system interopimproved function		Improved patient access to healthcare									



CCG Transform	national Delivery A	rea: Transformir	g Planned Care				r: Stephen Warr irti Joshi	en				
Objectives:				rs to transform both ( nsure that they are cl								
Key Milestones	<ol> <li>Identify and</li> <li>Review cur</li> <li>Undertake</li> <li>Develop bu</li> <li>Develop cle</li> <li>Review and</li> </ol>	d agree speciality a rent pathways and options appraisal o Isiness case and p ear implementation d revision of ECI cl	reas of priority to d service models by of impact on current lan to deliver and in plans for new pro- inical thresholds to	all providers for outpirive transformational end of January 2017 commissioning arramplement transforma posed pathways and be completed by end to processes in place	programr	across in amme by f care by ary 2017.	cember 2016. htermediate, comm Mid February 20 Mid February 201	nunity and acute se	ervices by end of J	anuary 2017.		
Benefits & KPIs:	<ul> <li>Enhanced w</li> <li>Reduced ref</li> <li>Increased su shared decis</li> <li>Improved de</li> </ul>	<ul> <li>KPIs</li> <li>Activity targets for outpatients and elective care.</li> <li>18 week RTT</li> <li>Peer review/clinical triage impact.</li> <li>Demand management targets</li> <li>Prevention, Self Care/management and anagement targets</li> <li>Prevention, Self Care/Management and Shared Decision targets.</li> </ul>										
Financial impact:			ximately £18m to b elective care over tv	ne delivered via the vo years.	Income activity for 201	shift	primary and • Activity - s	proportion of the ed community care.  eeking a reduction over 40,000 in 18/1	of over 70,000 epis			
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 201	7/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19		
Outpatients				*								
Choosing Wise	ly (ECI)			<b>→</b>								
Digestive Disea	ises											
Musculo-skelet	al/T&O			<b>X</b>								
Diabetes						*			Page 7	3 of 176		



				-	oyuon e			9.09			
CCG Transfor Project: Previ	mational Delivery A ention	rea: Together for	Health		Project sponso Project lead: Mi	r: Stephen Warr ichael Sutton	en				
Objectives:					ating conditions for a more financially sustainable local healthcare system, through actively promoting decision making (PSSSD) among the population to increase independence and responsibility around						
Key Milestones	Completion of pilot	projects and delive	ery of evaluations in	n Q4 of 2016-17.	Dissemination and imp	plementation of fir	ndings in 2017-18				
Benefits & KPIs:	<ul> <li>Increased He.</li> <li>Reduced Inecdeprivation,</li> <li>Lower levels of Reduced Smooth Communication</li> <li>Lower incident</li> <li>Lower incident</li> <li>Reduced Bing</li> <li>Increased Nuther long term</li> </ul>	me Measures. For a lathy Life Expectan qualities in life expe of Social isolation oking prevalence (1 ce of Excess weigh ce of Excess weigh ge drinking (% adultimate of patients who condition alth related quality of a late.	cy at birth, ctancy between are 8 y/o plus) at in 4-5 and 10-11 at in adults as), Greater % active to feel supported to	year olds ve adults o manage	KPIs. For example:  Number of NHS hea  Number of referrals  Number of Making ABCD) activities de  Proportion of 4 and  Number of referrals  Number of referrals  Number of people a advice in primary ca  Number of referrals participants who are  Increase in self-care  Number of people Making events/activ  Flu vaccination upta	into IAPT / % rec Every Contact Co- livered 12 week smoking into Tier 2 child went into weight mana at increased risk of are into Behaviour Cle more active as a se knowledge amount attending preventivities to access info	overy rate punt / Assets Based quits from priority reight managemen gement services from alcoholomage Services for a result of the intervingst Croydon residion, self-care, self-ormation and advice punt / Assets	population t service from primar om primary care I who are screened/ physical activity from tention ents management and Sh	ry care offered brief n primary care / % nared Decision		
Financial impact:	Financials being de £70K one-time Qua projects.				Income and activity shift for 2017/18: tbd	<ul><li>Income - N</li><li>Activity - si</li></ul>	lone upporting other del	ivery programmes			
Activities / Ke	y Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19		
Engagement I 3.Embed TFH ir MSK, Diabete 4.Deliver ABCD based projects 5.Pilot Projects: training in a si Shared Decisi in practice	ramme Communication and Programme In Targeted Areas: Is, Respiratory IMECC community IS Brief Interventions Ingle pathway INGO Making support  Group consultations Interventions INTERVENTION INTERVENTI							Page 74	l of 176		



<b>Project: Urgent</b>	ational Delivery A Care Procuremer t, Rapid Implemer	nt, SW London IUC	, Psychiatric Lia	ison Nurse,			r: Stephen Warr nris Wintle	en				
Objectives:	include NHS	111, GP Out of Ho	urs, Urgent Care (	service for Croydon. Centres, community s ment, advice and trea	services, a	mbulanc	e services, social	care and emergend	cy departments.	This service will		
Key Milestones	<ol> <li>Go-Live of S</li> <li>Psychiatric</li> <li>Review and</li> </ol>	SWL IUC 111 Clinic Liaison Nurse servi I Implementation of	cal Hubs ce provision revie additional service	nplementation of New w es provided at the Ed to Accident & Emerg	gecombe			ı, Flow, Discharge, .	Ambulance Respo	nse and 111)		
Benefits & KPIs:	<ul><li>Increase ope</li><li>Reduce the of</li></ul>	ning and access po	oints plus improve s plus improve pa	e for our patients (1-4) the care given. (1,2, tient care and access	5)	<ul><li>Inc</li><li>Rec</li><li>Ass</li><li>Ler</li></ul>	duction in NEL Acsessments within	ce against 4 hour to Imissions (4,5) 1 hour (Emergency L Admissions (3,4,5)	) or 14 hours (Urge	ent) <b>(3)</b>		
Financial impact:	£1,538,000 £948,000 Urgent £590,000 Urgent		Income and activity shift  Income and activity shift									
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 201	7/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19		
Implementation Croydon Urgent SWL IUC 111 CI	Care Service		<b>─</b> ★	<b>→</b>								
Psychiatric Liais Provision Revie				<b>—</b>								
Review and Imp additional servion the Edgecombe	ces provided at						<b>→</b> ★		Page 7	5 of 176		
Application of R Implementation				Dr	aft				<b>→</b> ★			



CCG Transforn	national Delivery A	rea: Cancer				or: Stephen Warr Angharad Rudkin	en			
Objectives:	<ul> <li>Continue pa</li> <li>Ensure that</li> <li>Ensure all bit history of bre</li> <li>Ensure all price</li> <li>Ensure all continue to Deliver the Continue to Support the</li> <li>Maintain relations</li> </ul>	rticipation in Nationall commissioning the cancer service east cancer services to cancer cancer services of cancer Commission, imaging pathologicontinued delivery ationship and suppal performance target.	tal Peer Review Profollows NICE guide es commissioned unices commissioned using intentions 201 y, lung cancer, related of the prostate LIS port with MacMillan et al.	lines and reflecting using best practice to dusing best practice to g best practice times 7-18 ated fertility issues, p GP and the CRUK of	management of ar med pathway with pathway with follo d pathway with follo prostate cancer, br	ti-cancer treatment follow-up in line with ow-up in line with Now-up in line with N	th NCSI including t CSI CSI	he management of	those with a fami	
Key Milestones	This is a con	tinuation programr	ne from 2016/17							
Benefits & KPIs:	Earlier Diagr	nical outcomes			<ul> <li>KPIs</li> <li>NHS Constitution targets:     Cancer waits (2 week wait, etc.)</li> <li>Cancer staging data</li> <li>Cancer Survival rates</li> <li>Patient experience</li> </ul>					
Financial impact:	Significant chan	ges are not expect	ed to financial posi	ition	Income and activity shift for 2017/18:		mited change from mited change from			
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	
Breast Cancer Sprogramme	Screening									
Prostate Cance Programme	r Screening									
Colorectal Cand Programme	er Screening									
Enabling Progra	ımmes							Page 7	<del></del>	

Project: Comm	ational Delivery Arc unity, Acute and Cr Support Well, Live	risis Care, Perinat	al, Psychological	Therapies,			: Stephen Warre nnifer Francis	n					
Objectives:	<ul> <li>Timely access</li> <li>Reduction in p</li> <li>Physical healt</li> <li>Increased accepeople with compeople with compe</li></ul>	s to evidence based oremature mortality th needs being iden- cess to psychologic ommon MH condition A placements for a pitals have all age republic Health to recess to specialist pe	d person-centred c of people living wi ntified and met as all therapies for peoples access service acute overspill patien mental health liaiso duce the number of erinatal mental hea	luced Length of Stay are which is focused th severe mental illne part of the mental he ople with psychosis, I s each year ents trajectory to zero n teams in place, with f people taking their of lth services in the co- nentia friendly commit	on recover ess alth treatm bipolar disc by end of h 50% mee own lives (r mmunity	y and intent proving the provi	sion to enable ea I personality disord and maintain throug e 24 standards (A	ary and social care rly detection der within available h 2017/18 and onw &E and inpatient w	resources and so t				
Key Milestones	<ul> <li>Work with prin</li> </ul>	nary care to better	meet the needs of	nunity, acute and crisi people with SMI in p will developed and in	rimary care	; physica				/			
Benefits & KPIs:	<ul> <li>Effective com inpatient care</li> <li>People receiv</li> <li>Integration of</li> <li>Better care fo</li> <li>Improved hea</li> </ul>	when required e care closer to ho	aison services to en me and no inappro are social care and nts suffering from o	nsure people only red priate OAT other local services dementia	ceive	<ul><li>Spe</li><li>Peo</li><li>Incr</li><li>Cris</li><li>OA</li><li>Nur</li></ul>	ecialist EIP provision ople with a SMI recreasing the number sis care milestones T milestones and in mber of women recrease.	ceiving a full annual or of people accession oumber of non spec	recommendations I physical health che ing individual placen cialist acute MH OA erinatal care in a cor	nent and support			
Financial impact:	Savings to be ger efficient service.	nerated by re-procu	rement of IAPT to	provide a more	Income activity for 2017	shift	Activity – re-	duction in 4,000 OE	3Ds from Acute Inpa	tient beds			
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017	/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19			
Implement Work Delayed Transfe		_											
Re-procure IAPT meet national ta						<b>→</b>							
Develop Enhand Care Service to Discharge of pa Primary Care	support												

Draft 27



				•					<b>.</b>
	ational Delivery A Health - CAHMS	rea: Children & \	oung People		Project spoi Project lead	sor: Stephen War Sam Taylor/Clare	en Brutton/Lyndsey F	logg	
Objectives:	<ul> <li>Greater integ</li> <li>Improved ac</li> <li>Improve the</li> <li>Continue to</li> <li>Improve BM</li> </ul>	gration of Tier 2 / 3 cess into CAMHS shared care protoc improve access int E access to CAMH	CAMHS services, for CYP in crisis via col to ensure that p o CAMHS via the S S Tier 2 Tier 3 services.	services (CAMHS) Lo which will give clinica a an embedded MH to hysical and mental h Single Point of Acces vices via on line cour ED attendance by dev	al assurance at eam at CUH – cealth needs of cealth needs of cealth access and supersized and supersized.	Tier 2. ensuring that CYP ar CYP with complex / L ess in to T3 (current port platforms	D needs are met ly 1.8% against a n		
Key Milestones	<ul><li>Further path</li><li>Review and</li><li>Quarterly be</li></ul>	way redesign for: Naction planning for	Neuro Developmen CAMHS national I performance indic	etween statutory and t, YOT, LAC and CS penchmarking data so ators between the 4.5	E. et				
Benefits & KPIs:	<ul> <li>Increased ac</li> <li>Improved ac</li> <li>Specialised of baseline revious</li> <li>Reduction in</li> <li>Appropriate</li> <li>Increment in</li> </ul>	ccess to evidence to cess to evidence-b commissioning that iew) waiting times	pased treatment leased, community of targets most prescort improved outcomers workforce	no experience MH pro- ading to improved ou eating disorder service sing need (based on omes for CYP in crisicable	ees •	s Continue to reduce   appointments, coupl PPI with both CYP a face to face Improvements to en	ed with moving ser and GPs. Monitoring	vices into primary ca g against contract on	are – in line with
Financial mpact:	Significant chang	ges are not expect	ed to financial posi	ition	Income and activity shift for 2017/18:		mited change from mited change from		
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
ntegration of T	2/3 CAMHS						Full integ	ration T2/T3 acros	ss Croydon
Embedded MH 1	team at CUH					<b>→★</b>	Team deliv	ering to patients	
Single Point of	Access				Sing	e Point of Access	for all settings	<b>→★</b>	
mprove BME ac	ccess to							Page 78	3 of 176
Multi agency de strategy	eliberate self					Programme	in Development		<b>→</b>



					<b>,</b>				
	national Delivery A en's Health / Paed		oung People		Project sponso Project leads:	or: Stephen Warre Amanda Tuke/Sar	en n Taylor (Asthma	PM: Jane McAllist	er)
Objectives:	<ul> <li>To improve p</li> <li>To evidence</li> <li>To improve o</li> <li>To make sur</li> <li>To reduce w</li> </ul>	patient experience strengthened work outcomes for childr te that the needs of aiting times for AS	and service quality ing of community a en with asthma wit children with SEN D joint diagnostic a	Croydon and to mak through pathway re and acute paediatric h a reduction in unpl D are identified and ssessments to within the children's medi	design across acut services across pa anned hospital atte statutory responsit n guidelines while	te and community s athways andances and adm bilities for these chi	services issions Idren are delivered	to improve their hea	
Key Milestones	<ul><li>Agree cost-r</li><li>Agree cost-r</li></ul>	neutral acute and coneutral pathway rec	ommunity paediatri esign needed to e	on for children's heal cs pathway redesign nable improvements vice impact by Mar 2	n and service development to Autism Spectru	opment priorities to m Disorder (ASD) o	diagnostic pathway	by Sep 2017.	3.
Benefits & KPIs:	children with Improvemen and other pri Reduction in	SEN and Disability ts in patient experi- iority pathways	/ ence and reduced	ved health outcomes waiting times for sta children with long ter	• W • De sta	elivery of assessment atutory requirement	th assessments for lents for Education, F	lealth and Care pla	
Financial impact:	realigning co • Further savir	t of pathway redesionmunity paediatrings to be identified achieved for asth	c clinics and staffin through review pro	g.	Income and activity shift for 2017/18:	<ul> <li>Asthma - ir</li> </ul>	ctivity in children's convestment continues of 10% in unplanne	s at current level (m	
		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Initiate review a redesign projec			<b>→</b> ★						
Review service vision for paed				<b>——</b>	*				
Identify pathwa service develop to deliver vision	oment priorities				<b></b>	<b>*</b>			
Reduction in as attendances an	•							Page 79	of 176

CCG Transform	ational Delivery A	rea: Learning Dis	ability /Transform	ing Care	Project sponso Project lead: S	or: Stephen Warr uzanne Culling	en		
Objectives:	<ul> <li>Discharge re</li> <li>Plan ahead fe</li> <li>Use risk regise</li> <li>Commission</li> <li>Commission</li> <li>Market devel</li> <li>Forward plan</li> <li>Ensure peop</li> <li>Reduce heal</li> </ul>	maining individuals or the next cohort seter to reduce reliar community service range of housing be opment including relikely demand followith LD have full	in Transforming castepping down from the on out of area is that prevent hosp ased community sueview of current proor complex care suppressed to mainstreensure there is access to access t	ital admission apport ovider contracts for c	riate community pl sion quality and value				
Key Milestones	o adult o o 0-25 ca o Provide Commissione	are pathway are pathway er development ed pathways - revie		eams to inform the concern the	, ,	es by March 2020	:		
Benefits & KPIs:	<ul> <li>Improved accompany</li> </ul>	ality of life for peopl cess to wider health y of access for peo	ncare services	ary and secondary c	• inc	rease local perfori	nt usage for people mance target from 4 innual health check	9% to 75% which i	
Financial impact:	In development				Income and activity shift for 2017/18:	<ul><li>Income – ir</li><li>Activity – in</li></ul>	development development		
Activities / Key	Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Transforming C	are		Sub-mii	estones in develo	pment				<del></del>
Annual Health o	checks		-		Ong	going	•	<b>→</b>	<del></del>
Contract review as appropriate	and variation				Improved VFM	and performance	)		
Market develop	ment						New	Page 8	Q of 176



				<b>G. G</b>	<i>y</i> 0.011 C				<i>y</i> 0.00.p				
STP Theme: Mat Project: Choice	ternity and Personalisation	n Pioneer			Project sponsor Project lead: Ma		Taylor, Caroline Bo	ardman					
Objectives:	<ul><li>To increase the To improve control</li><li>To deliver montrol</li><li>To increase en</li></ul>	ne availability of hom	ne births and midw carer throughout t woman-centred ca rnity services	he maternity pathway	ooundaries, including	g exploring attract	ing new providers in	to the area					
Key milestones and activities:	<ul> <li>Develop secte</li> <li>Develop a de</li> <li>Consider the</li> <li>Develop and</li> <li>Develop a pe</li> <li>Agree what a</li> </ul>	ioneer Steering Group to shape and lead the work of the Pioneer with associated Task and Finish Groups (completed) or wide information to inform women of all the choices that are available to them cision aid to enable healthcare professionals and women to hold meaningful discussions on the choices available and reach agreement introduction of a single point of access for women across SW London test new models of working to ensure continuity of carer for women across the maternity pathway resonalised care plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plan based on a woman's needs and preferences are plantaged and preferences are planta											
Benefits & KPIs:	<ul><li>Improved out</li><li>An increase ii</li><li>Reduced hea</li><li>Reduced staf</li></ul>	come measures – le n the number of hom lth inequalities	ss intervention, lov ne births and midwi				nity pathway						
Financial impact:	No expected finar quality improvement	ncial savings. Initiati ents	ives are largely arc	ound delivering	Income and activity shift for 2017/18:	N/A							
Milestones		Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018				
Establish Pione	er Steering Group		<del>-</del>										
Develop sector	wide information							<b>→</b> ★					
Agree what a PM /consider how it implemented/de promotion/adop	could be velop tools for			<b>→</b>									
Roll out PMCBs													
Develop & test r working to ensu carer													
Develop a perso	nalised care plan							Page	31 of 176				
Scope out curre	nt services	lo	dentify Needs	- <del>*</del>	Imple	mentation Stra	tegy	- ago (	3. 31 170				



CCG Transformational Delivery Area: Planned Care, Mental Health and Prescribing Project: Service Decommissioning

**Project sponsor: Stephen Warren** 

Project lead: Aarti Joshi, Jennifer Francis, Janice Steele

#### Objectives:

To restructure the provision of a range of services, emphasising community-based services and self-care, with provision for clinically appropriate exceptions. The list includes the following services:

- Fertility and IVF services
- · Primary care prescribing of i) Gluten free foods ii) travel immunisations, iii) Vitamin D iv) over the counter medicines
- Secondary care prescribing of i) Liothryonine ii) Lidocaine patches
- Foxley Lane Mental Health Unit

#### Key Milestones

- Fertility and IVF i) Public consultation complete 01/03/17 ii) Post consultation report and recommendations to GB 14/03/17
- Prescribing i) Public engagement complete 06/01/17 ii) Post engagement report and recommendations to GB 19/01/17 iii) Decommissioning commenced 01/04/17
- Foxley Lane i) Public engagement completed 06/01/17 ii) Post engagement report and recommendations to GB 17/01/17 iii) Unit closed 15/02/17

#### Benefits & KPIs:

Benefits are primarily concerning Value For Money that contribute to returning the CCG and wider health economy to financial sustainability.

#### KPIs

- Process KPI ongoing monitoring of public engagement in each project
- If projects move beyond public engagements to implementation, financial savings will be monitored. Clinical exceptions will also be observed to facilitate patient safety and appropriate use of services
- Should fertility and IVF service moves to decommissioning the cohort of
  patients who have already commenced treatment will be closely followed to
  enable provision of a full service across the whole pathway

#### Financial impact:

The full year savings effect on the assumption that services are decommissioned — Fertility and IVF services - £416,000

Prescribing - £511,000

Foxley Lane Mental Health Unit - £576,000

Income and activity shift for 2017/18:

Income – No negative income impact on the CCG

Activities / Key Dates	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	
Fertility and IVF	Report & recommendations to GB								
Prescribing	Decommissioning commenced						Page 82 of 176		
Foxley lane Mental Health Unit	Unit closed						F aye 02 01 170		



CCG Transformational Delivery Area: Enablers including OBC PROJECT IT, Workforce, Estates, New Models of Care, Contracting vehicles incl. OBC				Project sponsor: CCG Directors Project leads: Simon Lee, Simon Keen, Martin Ellis, David Boothroyd						
Objectives:			enabling foundations for the delivery of the CCG Annual Operating Plan 2017/18, 2018/19 across IT, Workforce, Estates, New Models of Care and chicles including OBC							
Gey Milestones	<ul><li>Workforce: c</li><li>Estates: deli</li><li>New Models</li></ul>	completion of a furvery of ETTF sche	pan SWL STP IT enabling projects (care record integration, practice wireless, pc video consultations, Kanesis) by end 2017/18 impletion of a further review of workforce planning to support the new models of care in Q1 2017/18 ery of ETTF schemes for East Croydon and New Addington by end 2018/19 and support the premises Improvement Grant process of Care: to be developed as part of the Out-of-Hospital programme ehicles including OBC: Signing of the OBC contract in April 2017							
Benefits & (PIs (OBC ocus):	at home for them  that incentive population, it that are not that put the their lives/co	e joined up and allow people to live more independently, so onger and are better suited to the needs of the people that see proactive health and wellness management across the mprove outcomes and user/patient experience activity driven – as not all activity is necessary or effective users/patients at the centre of their care, supported to man anditions and actively involved in decisions about their care lith and social care resources more effectively				<ul><li>1) I want to stay healthy and active for as long as possible;</li><li>2) I want access to the best quality care available in order to live as I choose and a independent a life as possible;</li><li>3) I want to be helped by a team/person that has had the training and has the</li></ul>				
inancial mpact:	These are enable the delivery plan	ing programmes. The financial impacts are shown in s above				Income and activity shift for 2017/18:  • Income: see delivery plans in previous slides  • Activity: see delivery plans in previous slides				
Activities / Key Dates		Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 20	17/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
: pan SWL IT p	projects							lr	nproved patient acc	ess to healthcare
									Improved p	roductivity
Vorkforce				Wo	rkforce re	view in co	njunction with SWL	. & Providers		
TTF/IG Suppor	rt							Improved o	apacity and capabi	ity in primary care
. i i i i i i i i i i i i i i i i i i i										
lew Models of (	Care		Out-of-Hospital Nev	w Models of Care						

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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:**

This report addresses the following local priorities set out in the Joint Health and Wellbeing Strategy:

- 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.

#### 1. RECOMMENDATIONS

1.1 The Health and Wellbeing Board is asked to note the contents of the report.

#### 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 preexisting 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.

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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:**

- 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) Email: jai.jayaraman@healthwatchcroydon.co.uk

Appendix: Healthwatch Report - Sexual Health Services: The Experience of

Teenagers in Croydon (attached)

**BACKGROUND DOCUMENTS: None** 

### Sexual Health Services

The Experience of Teenagers in Croydon



March 2017



"I think that it is good that this research is being carried out and that the Council is still focused on sexual health services, which are very important." (Female, aged 17)

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#### **EXECUTIVE SUMMARY**



GIO website

#### **Background**

Croydon has some of the highest rates of abortions, repeat abortions, sexually transmitted infections (STIs) and teenage pregnancies in the country. (Croydon Joint Strategic Needs Assessment, Key Dataset 2015/16). Despite efforts to improve sexual health in the borough poor sexual health among young people remains.

The use of sexual health services by teenagers, is influenced by a host of cultural and social and personal factors. Cultural taboos and social embarrassment result in sexual health being a sensitive topic to discuss with a difficult to engage group.

To understand the thoughts and feelings of this underrepresented group, Healthwatch Croydon visited sexual health services in the borough, and asked teenagers directly for their views and experiences of using sexual health services.

As potential and actual users of services, the views of young people are important. Healthwatch Croydon's role is to ensure the voice of teenagers is heard by those who make decisions on service delivery. This report is being produced to support and influence this process in the borough.

#### **Findings**

Healthwatch Croydon spoke to a range of young people aged between 13 and 19 years, who were users of sexual health services in the borough, and collected 65 in-depth responses. We categorised these findings into four themes which are outlined below. We believe these are areas that require further consideration by service providers. We would welcome the opportunity to work collaboratively with service providers to agree changes to be implemented.

#### Areas for consideration by NHS providers

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

- 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.
- 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.

- 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.
- 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.

#### Recommendation

We recommend that Croydon teenagers are invited to assist in defining changes and improvements to the design of sexual health services in the borough. 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.

### PART A

# CONTEXT, FINDINGS AND AREAS FOR CONSIDERATION



#### 1. INTRODUCTION

#### 1.1 About Healthwatch Croydon

Healthwatch Croydon is the consumer champion for users of health and social care services. Our purpose is to listen to and understand the needs, experiences and concerns of people who use health and social care services in Croydon. We support patients, residents and service users to voice their views and opinions on services. Healthwatch Croydon works to get the best out of health and social care services by responding to the voice of local people.

#### 1.2 About the borough of Croydon

Croydon is a diverse borough in South London. It has wealthy and deprived areas across its neighbourhoods, along with some of the biggest inequalities in London. The areas where households experience the most disadvantage are in the east, in the borough's big social housing estates, whereas wealthy neighbourhoods are mainly in the south (Croydon Public Health Survey 2015).

#### 1.3 The population of young people in Croydon

Croydon has a higher resident population than any other London borough, it follows that we also have the highest number of children and young people, an estimated 44,400 aged 15-24. (Office for National Statistics, 2009). An estimated 55% are from black and minority ethnic groups (Greater London Authority, 2008).



### 2. BACKGROUND TO SEXUAL HEALTH AND SERVICES

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).

Between different London boroughs, there is an unequal distribution of sexual ill health. Croydon is one of London's boroughs with poorer sexual health outcomes. Its performance regarding teenage pregnancies both under 18 and under 16, abortions, repeat abortions under 25, pelvic inflammation disease (a cause of which can be STIs) and sexually transmitted infections such as Chlamydia diagnoses under 25s worse than the UK and London average (Croydon Joint Strategic Needs Assessment, Key Dataset 2015/16).

This can have long-term impact on physical and mental health and wellbeing. It also negatively affects public health services and health service finances.

#### 2.1 Croydon Joint Strategic Needs Assessment

In 2010/11 Croydon carried out as part of its Joint Strategic Needs Assessment (JSNA) a special report on sexual health, which showed Croydon to have higher levels of teenage pregnancy, abortions and

sexually transmitted diseases than London and England, see Chaudhury, Crouch, Naish et al. (2011). It said that additional groups of young people who are also at high risk include those being looked after by the local authority, those leaving care, not in education, employment or training and sex workers.

Despite efforts to improve sexual health in the borough among young people, the rates of teenage pregnancy, abortions, repeat abortions, and STIs remain a significant problem. Five years on, the JNSA 2015/16 dataset still places sexual and reproductive health as an area that needs to improve in Croydon, see details below.

#### 2.2 Teenage pregnancy

Teenage pregnancy refers to under-18 conceptions including those leading to live births and abortions. It is associated with poor educational achievement, poor physical and mental health, social isolation and poverty. Unplanned pregnancy and parenthood can have a negative impact on teenagers.

Recent data shows that Croydon has a higher rate of conceptions under 18 years (32.5 per 1,000) than London (21.8 per 1,000) and England (24.3 per 1,000). For conceptions in women 13-15 years, (6.5 per 1,000) than London (4.8 per 1,000) and England (5.5 per 1,000), see Croydon Joint Strategic Needs Assessment dataset, 2015/16.

Public Health England data from 2012-2014 shows Croydon borough wards such as Thornton Heath, Fieldway and New Addington as having higher than average teenage conceptions, see Public Health (2016).

#### 2.3 Abortions and repeat abortions

The termination of an unwanted pregnancy can have lasting emotional and psychological effects. Teenagers who become pregnant have a higher risk of more unplanned or unwanted pregnancies, and abortions.

Repeat abortions as a percentage of all abortions for under 25s is higher in Croydon (36.5%) than in London (32.2%) and England (27%). In context, repeat abortions across all ages are also higher in Croydon (49%), than London (41.9%) and England (37.6%), see Croydon Joint Strategic Needs Assessment, 2015/16. This means that nearly three in four repeat abortions in Croydon are had by women under 25 years.

The JSNA 2010/11 data suggested abortions are noticeably higher in women living in the north and east of Croydon which is consistent with the higher rates of teenage pregnancies in these areas.

#### 2.4 Sexually transmitted infections

As well as unplanned pregnancies, risky sexual behaviour carries the possibility of sexually transmitted infections (STIs). If STIs are left undiagnosed and not treated effectively within a short time, they can lead to serious health problems. STIs are associated with infertility, ectopic pregnancy, recurrent infection, cervical cancer and help the process of HIV transmission.

Croydon has some of the highest rates of diagnosed STIs among those aged 15-24 which are much higher than the London and England average. Diagnoses for Chlamydia of those 15-24 years old was at 2739 per 100,000 for Croydon (compared with 2178 per

100,000 for London and 2012 per 100,000 for Engalnd). Chlamydia often has no symptoms and results may therefore mask a higher number of hidden cases. Rates of gonorrhoea and genital herpes were higher than England, lower than London. (Croydon Joint Strategic Needs Assessment, 2015/16 and Croydon Sexual Health Strategy 2011-2016).

#### 2.5 Causes and consequences

The reasons for poor inequalities in sexual health among teenagers are not fully known. However, they may be partly explained by a combination of the following factors that impact upon the choices that teenagers make about their sexual health:

- Behavioural factors such as becoming sexually active at an early age, a higher number of sexual partners and unsafe sex, with poor or inconsistent use of contraception;
- Social factors such as family disruption, peer pressure, early school leaving age, lack of formal qualifications, substance misuse and living in care;
- Personal factors such as inaccurate sexual knowledge, lack of practical, communication and negotiation skills to use contraception and manage sexual decision-making.

#### 2.6 Sexual health services

Sexual health services are important and necessary to support improvements in the health and well-being of young people. They promote positive health through information, confidential advice, counselling and awareness, prevention, diagnosis, testing

treatment and health promotion. They can be found within general health services such as GP surgeries and health centres, exist as stand-alone services such as genitourinary medicine (GUM) and family planning clinics, and also in non-traditional settings such as colleges.

#### 2.7 Teenagers' use of sexual health services

Teenagers experience more difficulties accessing sexual health services than other groups of people. Their use of sexual health services is linked to a perceived lack of need for services; lack of knowledge of sexual health services; the ability to access services successfully; reluctance due to issues of confidentiality, stigma and embarrassment; and restrictions because of school, college or work commitments. (Parkes, Wight and Henderson M 2004).

#### 2.8 Provision of sexual health services

Croydon has non-specific sexual health services such as General Practice (GP) surgeries and pharmacies as well as specific sexual health services at two specialist sites that serve the borough. They are the Contraceptive and Sexual Health Service (CASH) on Edridge Road, and the Croydon Sexual Health Centre (CSHC) also known as The Point, at Croydon University Hospital.

### 2.9 Provision of targeted sexual health services for teenagers

There are few specialist services and sessions for young people aged 25 and under. Online information is available for teenagers on the Getting It On website <a href="https://www.gettingiton.org.uk">www.gettingiton.org.uk</a>

The C-Card scheme allows 13-24 years old Croydon residents to pick up free condoms. They register with a trained professional who will show them how to use a condom, and will answer any questions they might have about their sexual health. These sessions are fully confidential. No name or contact details are taken, allowing users to remain anonymous.

There is a domiciliary contraceptive service for young people run by Croydon Health Services which provides advice and guidance on different methods of contraception, accessible manly by looked after and other vulnerable groups.

Fourteen schools in the borough in wards with the highest levels of pregnancy benefit from a Young People's Sexual Health team that will discuss sexual health, relationships and choices at a class-size level.

A Health Help Now app for Croydon and Sutton <a href="http://croydonandsutton.healthhelpnow.nhs.uk">http://croydonandsutton.healthhelpnow.nhs.uk</a> launched in November 2016 and has listings for contraception and sexual health advice for young people.

### 3. THE EXPERIENCES OF TEENAGE SERVICE USERS



Our outreach programme identified a number of key themes. These include:

 Service accessibility: Teenagers told us that there are a number of obstacles to accessing services. These included long waiting times, short and inconvenient opening hours,

- few appointments for walk-in patients, which discouraged patients from reusing services.
- Advertising and awareness: There is a lack of knowledge
  of where to go to access services. It was felt that there
  was a need for more effective advertising, with better
  awareness of confidential services, including in schools and
  colleges. Advertising should be the norm to reduce
  awkwardness in accessing services. Information was
  needed to support sensible decisions about sexual health
  and relationships so they can take responsibility for their
  health.
- Relevant help and support: Teenagers say they need the right health and support, tailored to their needs, particularly in encouraging the first visit. Fear of being judged, nervousness, awkwardness and lack of confidence are barriers to accessing services. Confidentiality is also a key issue with information being shared with parents or GPS, or an open reception area.
- Service delivery: When services went well, teenagers
  were seen by a health professional when they wanted to,
  with easy processes and the support they needed.
  However, services were considered to be slow in places
  and not always welcoming. There were concerns on how
  staff treated and understood teenagers, just giving them
  opinions of lifestyle and choices rather than understanding
  their needs.

#### 3.1 Service Accessibility

Teenagers told us about some of the obstacles they face when accessing sexual health services. These included: long waiting times; short and inconvenient opening times that can conflict with school/ college and/or work commitments; full appointments with little or no accommodation for walk-in patients, and crowded waiting rooms. When services were accessed and teenagers reported positive experiences, they talked about a quick service where they were seen immediately and appointments not being too long.

However, overall experiences are a lot more negative than positive which may discourage young service users from returning. If teenagers who need to use a service for the first time hear about these issues from their friends, they may be discouraged from making a first visit.

Teenagers want a service that is flexible and easy to access at all times of the day. They also want services to be open more often to accommodate people who work or need emergency contraception, and to reduce long waiting times.

A service user told us that even though she has lived in New Addington for the past 11 years and has registered with a GP at the health centre, she did not know that she can access sexual health services there. She has sought sexual health care elsewhere when she could have done so closer to home. She also said that she did not know that the health centre at Edridge Road has a sexual health service there.

#### Comments on accessibility

'The opening times need to be longer' (female, 18)

'Open later, as people who work during the day will not be able to go' (female, 18)

'Because many young people could have infections, STIs need emergency contraception and it is important that these young people can access these services' (female, 17)

'They have short slot times and they can be accessed' (female, 18)

'Quick with seeing patients' (female, 17)

'It was quick' (female, 16)

'Had to wait forever' (male)

'The Edridge Road clinic - they tell me they are fully booked and to come back another day' (female, 17)

'The closing time and waiting time were silly' (female,16)

'Easy to access' (male, aged 15)

See more comments in Box 1, page 29.

#### 3.2 Advertising and awareness

Advertising: Effective advertising of services more widely across the borough is very important in order to reach out to all teenagers regardless of their background. The comments made by teenage service users below show that they want more advertising, and to be made more aware of confidential services that are being offered in the borough and for this to be done in places like schools and colleges. Teenagers want advertising and awareness to be the norm to reduce the awkwardness that comes with accessing services for many teenagers.

Comments on advertising and awareness

'More advertising about the places offering these services' (female, 16)

'Make it commonly known as more of the norm because it awkward' (female, 17)

'Showing in colleges where we can access it' (female, 17)

See more comments in Box 2, page 30.

Information and advice: Accurate, comprehensive and culturally-appropriate information and advice from schools, colleges and health professionals can help teenagers to access, and use sexual health services when they need to. This can also support sensible decisions about their sexual health and relationships. The

comments in below show that more information about where to go for services is important, especially services local to home that they may not know about. They want more information to be provided to them in schools and colleges where they know that they can get access to it, including a list of numbers and websites. They also said that advice from professionals is important to them.

Teenage service users clearly see information as a route to taking responsibility for their health by helping them to make choices, and also to guide them to express their sexual health needs.

Comments on information and advice- what is important?

'Phone numbers and websites' (female, aged 16)

'More information at school' (female, aged 16)

'More information about where to go, including at places where it is provided, possibly something closer to where you live which you might not know about' (female, aged 18)

'Places to read up about it' (female)

'Advice from professionals' (male, 18)

See more comments in Box 6, page 37.

Knowledge and understanding: Service users said that they want to know more about sexual health services in a way that is easy to understand because it is important to them. They also want to know about sexual health to understand the risks associated with unprotected sex such as 'the severity of STIs'. Teenagers said

that a lack of knowledge about where to go to access services and not knowing how to use contraception correctly to avoid the need to use services, is what would prevent them from accessing services, see comments below.

'More knowledge and understanding

'More knowledge about them' (female, 14)

'For everyone to understand the severity of STIs' (male, 18)

'To make it easier to understand' (male, 15)

Comments on what prevents teenagers accessing services?

'Lack of knowledge' (female, 16)

'Not know where to go' (male, 15)

'Effective contraceptive measures' (female, 18)

'Use condoms, other contraception' (female, 17)

See more comments in Box 7, page 37.

A senior health professional at the CSHC said that many of the young people who are seen at the clinic lack the most basic understanding of how their body works.

#### 3.3 Relevant help and support

**Help and support:** The teenagers say that what is important to them is help with their sexual health needs, persuasion to make

the most of services, and guidance from professionals. Service users had positive experiences when their perceived needs were met and had negative experiences when they were sent away.

Teenagers also want to see improvements in specific areas of help and support from professionals such as building their confidence, so that they can express themselves well about sexual health matters and ask for more personal contact from professionals.

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Comments on help and support
       'Someone who can help me say' (female);
       'Persuasion' (female, 14)
       'Guidance from professionals' (male, 18)
      'I was given the help I needed' (female, 17)
       'Don't help none of them help just send you numbers'
      (female, 17)
      'The Edridge Road, clinic is very useless at helping me
      with most of my sexual problems I have had - they
      either tell me they cannot help me and send me
      somewhere else' (female, 17)
What could be improved?
       'More confidence for teens to express themselves'
      (female, aged 17); 'more personal' (female, 17)
See more comments in Box 5, page 36.
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Personal feelings: There is a link to how teenagers we spoke to feel about themselves and their sexual health. We identified that some teenagers are not accessing specific services due to personal feelings such as fear of what might happen and of being judged, being nervous, feeling awkward, lack of confidence and worrying about how staff would act towards them. The comments provided below show that embarrassment was the most commonly reported negative feeling that would prevent the uptake of services. An interesting comment from a male teenager that shouldn't be overlooked is the lack of personal responsibility i.e. 'not caring enough' to bother to try and access services when needed.

Comments on personal feelings as a barrier to access

'Myself, not caring enough' (male, 14)

'Fear' (female, aged 14)

'Embarrassment' (female, aged 16)

'Being nervous' (female, aged 17)

'Preconceived thoughts about how staff would act towards me' (female, aged 16)

'It's awkward' (female, aged 17)

'Confidence' (female, aged 17)

'Fear of judgement' (female, aged 17)

See more comments in Box 8, page 38.

Confidentiality: Confidential sexual health services are essential in promoting good sexual health among teenagers. The main factors that put teenagers off from seeking early sexual health care is fear around confidentiality. The comments provided below show that teenage service users are worried about deliberate breaches of confidentiality such as: services sharing personal information, contacting parents or GP; being seen by people they know; and open reception areas that don't give them any privacy to discuss sexual health issues and may encourage gossip of confidential issues. Also, teenagers worry about confidential issues being intercepted by parents: a young person we surveyed told us that an STI kit was sent to the family home and she felt awkward when the kit was noticed and remarked upon by a parent.

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Comments - What prevents teenagers accessing services?

'People I know being present' (male, 18)

'Them sharing personal info' (female, 16)

'Open area' (female, 18)

Comments - Positive experiences of using services

'Confidential' (female, 17)

'Discreet', 'confidential at Edridge Road' (female, 18)

'Everything is confidential' (female, 18)

'Was private and confidential (at my GP)' (female, 18)

See more comments in Box 4, page 36.
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The teenagers in Croydon say that what is important to them is a confidential service that does not allow access for parents. Teenagers' uptake of services will only be improved if they can gain complete trust in the confidentiality of service providers.

#### 3.4 Service delivery

Quality of services: The comments below show that what is important to service users are services that have quicker processes, are in local but discreet places and make them feel comfortable. Based on their experiences, when services worked well, they were seen by a health professional when they wanted to, the process of being seen was easy, all screening was done in a day and they got the help that they went for.

#### Comments on using services

'How easy it was' (female, 17)

'Good positive vibes' (female, 17)

'Always free and no discrimination' (female, 18)

'Always get the help/result to what you came for' (female, 17)

'You can't do every test on the same day' (female, 19)

'They sent me away' (female)

'Got kicked out from Mayday GUM clinic (female, 18)

'You can only travel to Edridge Road to get the contraceptive injection if you asked at Mayday GUM clinic' (female, 18)

#### What could be improved?

'It's already very good' (female, 17)

'Time could be given to teenager to keep them aware or help their personal situation' (female);

'Cleanliness of the clinic' (male, 18)

'They need to make their service quicker and get more staff' (female, 18)

'More locations, so it could be something you do on the way to somewhere rather than having to put aside two hours and plan a whole journey' (female, 18)

See more comments in Box 9, page 40.

**Staff attitude:** Croydon teenagers avoid using services where they perceive staff behaviour to be judgemental. What teenagers describe as positive experiences for them are when staff are approachable, friendly, polite, trustworthy, helpful, make them feel comfortable and don't judge or mistreat them. Teenagers reported negative experiences such as rudeness from staff and attitudes from staff to teenagers that judge their sexual behaviour, for example 'they give you opinions about your lifestyle and choices', and convey that they should not be seeking sexual health services. Teenagers also expressed that they reject services when staff fail to take seriously, their need for services and treat him/her without respect. Also, they may refuse to return for any needed service if, for example, staff ask too many questions loudly enough to be heard by others. In such circumstances, young people may give up on using services and/or using contraception to prevent unintended pregnancies and STIs.

A service user said pharmacist in West Croydon judged her sexual lifestyle as a young adult and mother with a baby who has adult responsibilities, when she tried to access services there.

Another female service user told Healthwatch Croydon that she has sought sexual health services and other health issues outside the borough (Ealing) because she found the area and services to be much better than Croydon. She said that she saw a 'male professional who treated her with respect'.

Comments on staff attitude

What is important?

'The way staff act' (female, 17)

'Making people feel comfortable to do so' (female, 17)

'Friendly and trustworthy, not to be judged or mistreated' (female)

What prevents teenagers accessing services?

'Preconceived thoughts about how staff would act towards me (female, 16)

'Fear of judgement' (female, 17)

Positive experiences of using services

'Was the staff making me feel comfortable' (female, 17)

'I didn't receive any 'looks' or comments and everyone was polite' (female, 16)

'Very comforting, not judging you on why you are there, helpful' (female, 17)

Negative experiences of using services

'Rudeness from staff' (male, 18)

'No time spent knowing service users, they give you opinions about your lifestyle and choices' (female)

See more comments in Box 10, page 42.

## 4. OUR OBSERVATIONS



#### 4.1 Accessibility

Lack of choice: There seems to be a lack of choice as to where to access sexual health services in the borough. CASH seemed to be the preferred service over The Point (CSHC) which was widely talked about as a 'no go' area. A female teenager told us 'I don't even bother with The Point...waiting time at The Point is ridiculous'.

Healthwatch Croydon learned from outreach at the Turnaround Centre that many young people who turn up to access sexual health services there are sent to CASH to access the broader range of sexual health services there. The opening times at the Point at CSHC are from 3pm to 5.45pm on Tuesday afternoons. Outside of the dedicated clinics for them, they are advised to go to CASH.

Females are more likely to use services: This research also identified that far more females access services than males. Teenage girls were often accompanied by their female friends for support. We were told by a member of staff at the reception of CSHC that it is mostly females who book appointments there. Indeed the relatively smaller number of male participants in our survey reflected this. Female participants were easier to engage in participating in the research than males.

School terms affect use: Healthwatch Croydon learned from CSHC that the school/college summer term break is a quiet period when teenagers do not access services very much. Use of services picks up in September when the school/college autumn starts. Also, we were told that most of the teenagers who do book appointments do not all attend - maybe one or two will turn up.

Some services keep unusual hours: The Getting it On website and the Croydon Health Service website stated that there is an additional sexual health service at Fairchildes Children's Centre in New Addington. The provision of this service in the local area is not very good because it is a drop-in clinic only, available at an odd time of the day from 3pm-5pm, and only on one day of the week - a Thursday. New Addington is an area in high need for sexual health services, see Annual Public Health Report (2015).

When services are closed: Healthwatch Croydon identified a disclaimer on the Getting It On website as it appeared in late 2016, which lists teenage sexual health services in South West London and information which explains some service details may not reflect real time and last minute changes as the website is not checked on a daily basis. Therefore it advises to contact the service directly to ask questions and/or before travelling. During outreach, we asked a service user what she would do if she needed access to sexual health services for help about an issue when they were closed, she said "I don't know, they don't answer the phone."

#### 4.2 Advertising and awareness

Good information needs to be better displayed and available: Some quantity of advertising about sexual health services was available for young people at a local GP surgery in New Addington. However, we found that there was no information about services that teenagers could take away to read. This is also at the place where they would go when there is a problem, there was less

evidence of where information could be seen and taken away.

Lack of knowledge: The comments made about being seen, getting a free service and getting the help that they went for are surprising given that services are free and available to everyone. This suggests a possible lack of awareness among some teenagers about policies and procedures surrounding how services are provided to them, with low expectations of what to expect. The 2011 You're Welcome quality criteria chapter on sexual and reproductive health services (Department of Health) states that it should be made clear that services and contraception are free.

New Addington services not widely promoted: In addition to comment about opening hours above, we realised that it isn't widely advertised in the area when we visited during outreach. None of our respondents had mentioned Fairchildes as a place that they were aware of, or had received sexual health services from. It is worth noting that five respondents lived there at the time we surveyed them.

Ignoring the issue: A female teenager said that some teenagers do know when they have an STI but ignore the problem, continue to have unprotected sex and spread the infection. This was not her personal experience. She merely told us what she is aware of among some teenagers.

#### 4.3 Relevant help and support

The right help and support: A group of four female teenagers said that some service staff are approachable, friendly and easy to talk to which makes it easier to open up and talk about personal and sensitive issues. They mentioned that this is what they want when they access services but in their experience it is not the case. One member of the group expressed her frustration about this issue when she said 'it is so hard, it really is hard' to get the right help and support. Consequently they tend to just give up because they are not taken seriously. One female service user had her request to remove the coil refused by the sexual health service.

**Staffing issues:** On a couple of occasions at CASH, we saw that the service was very short-staffed with a number of people waiting to be seen but few health professionals to see them. On one occasion a staff member said that on days when there is just one nurse and

one healthcare assistant on duty, it is not likely that those requiring sexual health care will be seen due to a staff shortage.

Emergency contraception: Healthwatch Croydon learned at one pharmacy in New Addington that the rules regarding the dispensing of emergency contraception to young people are complicated. Even though there are a few pharmacists who work there, only one pharmacist has the authority to dispense emergency contraception to young people and that particular pharmacist is not present every day. This creates barriers for teenagers who need emergency care.

#### 4.4 Service delivery

Referral for abortion in school hours: A female service user aged 16 told us that she had to take a week off school to have an abortion because she had difficulties getting a referral to have the procedure. The appointments did not fit in with her school schedule.

**Providing feedback:** We noticed through the research that that many teenagers did not provide any comments to open-ended questions. This suggests that teenagers may need support to be encouraged to give feedback about services that are specifically for them, and to understand that their feedback is a vital part of the relationship between themselves as service users, and services.



## 5. AREAS FOR CONSIDERATION



Healthwatch Croydon propose a number of areas for consideration for commissioners of services based on our engagement with service users. They address key areas where there is potential for improvements and which we hope will contribute to further discussion and progress.

#### 5.1 Accessibility

Faster access and a one stop shop: Service should provide teenagers with prompt, faster access sexual health services in traditional health care settings. Offer as many services as possible where contraception and infections are dealt with in one place and in easily accessible settings where teenagers want to use services.

Flexibility: Make existing services more flexible for teenagers with longer opening times that are more convenient for them and reflect when they are more likely to visit services. This includes: more appointment spaces reserved for them in the evenings and on weekends to reduce waiting times; and better accommodation for walk-in patients without an appointment.

Targeted provision: Introduce more sexual health clinics for young people in local areas in the borough where there are higher rates of teenage pregnancies, abortions and repeat abortions, and that have the full range of contraception methods available to teenagers at convenient times.

#### 5.2 Advertising and awareness

Ask for views: Include teenagers' views about local sexual health services when advertising and publicising material as this could be a powerful tool in raising awareness and getting messages across, as well as understanding and meeting their specific needs.

More targeted advertising: Ensure effective advertising, publicising and signposting of all types of services in the borough, targeted at young people. All advertising and material should be made available in places where teenagers gather socially such as schools, colleges and youth clubs; in discreet locations such as toilets; at freshers' fairs; on youth-friendly websites (designed by young people), and in health care settings where teenagers go for sexual health care such as family planning clinics, GPs and pharmacies. Targeted services involving teenagers such as Child and Adolescent Mental Health Services (CAMHS) could also be considered.

Range of materials: Communicate messages effectively via a variety of methods including posters, leaflets, flyers, credit-card information, and 'what to do in a sexual health emergency' guidelines, checklist or booklet to reach out to young people from all backgrounds and distribute widely.

Reassurance messaging: Ensure that all services are promoted as free and open to everyone regardless of background. Regardless of the material used, all advertising and publicity material needs to communicate a clear message of welcome and reassurance with regards to confidentiality.

Focus messaging and materials on marginalised: Make a special effort to use communication that reaches out to even more marginalised, vulnerable teenagers who are under-represented in using traditional community-based services such as teenage boys, teenagers from black and minority ethnic groups, and teenagers who are not heterosexual.

**Activities-led:** Schools, further education providers and health professionals should reach out to teenagers with a variety of activities that make them aware of the importance of sexual health care, informing them about available services particularly targeted at their age group; and assure them of confidentiality.

Better partnership working: Croydon Council should improve its partnerships between health, education and other young people's services as this can support young people friendly health services and good quality sex and relationship education (SRE).

#### 5.3 Relevant help and support

Listen: Determine what teenagers want and need to know, to enable the delivery of better health promotion and sexual health education. To improve the relationship between services and teenage service users, it is important that services invite and support continuous service user involvement and feedback from teenagers, at every point of contact with services, via comment cards, verbally and online. This should be part of Patient and Public Involvement (PPI) strategies for all service providers.

**Informed choices:** Sexual health service providers should help teenagers to make informed choices that are right for them. They should involve them in the decision-making process about the availability and provision of contraception, screening and testing for STIs, unplanned pregnancies, referrals for abortion and other services so that they get the best out of their visit and leave feeling that their sexual health needs have been met.

Enhanced help and support: This should be given particularly to teenagers with high risk factors such as those who are not heterosexual; some black and minority ethnic groups; those looked after by the authority or leaving care; those not in education, employment or training; those who have disabilities; and sex workers. Young men are also less likely to use services so may need care more appropriate to their needs.

Confidential service is essential: To encourage uptake of services, sexual health service providers should ensure that all teenagers can access confidential sexual health services during the day, at lunch-

time or during free periods to make it easy for them to use services discreetly. Providers of services should also ensure that they always inform them of their right to confidentiality, in accordance with the latest guidelines on confidentiality, especially for those under the age of 16.

Appropriate approach: Teenagers say that personal feelings about accessing services can have a very real impact on the young person because they can affect quality of life and mental health, can deter them from getting testing and treatment for STIs for example, and significantly increase the risk of unintended outcomes such as unplanned pregnancy. It is clear that services need to recognise the feelings most associated with seeking advice, information and treatment among teenagers and reflect it in the design of services.

Increase confidence in schools, colleges and the workplace: Introduce discussions on increasing confidence to talk about sexual health and to use services and other sexual health themes into the school curriculum. This could be included in subjects such as health and social care, media studies and drama. This would encourage a natural way for teenagers to research about various issues surrounding sexual health and services, know how to express themselves when accessing services, build their knowledge base, and encourage a relaxed environment for learning and discussion.

Further education and work-based learning providers can also influence teenagers by developing interventions to build personal resilience and self-esteem as well as build teenagers' confidence in accessing sexual health services in all settings, and help them to overcome barriers such as the fear, stigma and embarrassment that is associated with their experiences of using sexual health services.

#### 5.4 Service delivery

**Service design:** Involve teenagers in the designing and running of services as they may be more able than adults to accurately identify the needs of their peers, and propose appropriate ways to meet those needs. Consider involving young people as peer educators.

Joined-up services: Ensure smooth patient care pathways are created in primary, secondary and community settings, fully-funded and well-staffed with all the necessary resources, and meet the needs and preferences of all young people, especially those most vulnerable to teenage pregnancy and poor sexual health.

Welcoming environment: Sexual health services should put a lot more effort into providing a comfortable and open environment for teenagers. It should welcome them as individuals, encourage them to discuss sensitive issues, and give them the confidence to ask questions. It also enables them to feedback on the information that they are offered rather than accept their personal feelings as part of the process of accessing services.

Appropriate staffing: Recruit and train more staff, and especially male staff to meet the sexual health needs of young men and improve uptake of services among this group. It is very important that the differing needs of males and females are considered when planning services and interventions. All staff involved in delivering sexual health services to teenagers should be friendly, provided with ongoing training and education in adolescent development, and must be trained in the skills, values and attitudes appropriate for teenagers.

# **PART B**

# **SURVEY DATA**



## 6. METHODOLOGY

#### 6.1 Service users

Healthwatch Croydon wanted to get a representative sample of teenagers to participate in the project. Therefore, to guide our recruitment of service users, we identified various services and venues in the borough where teenagers go to or gather socially.

#### These include:

- Sexual health services, particularly those for young people;
- Croydon Colleges in the borough;
- Borough-wide youth projects;
- Youth clubs for young people with learning difficulties, and disability projects;
- the Turnaround Centre (drop-in service to a wide range of services);
- Other activities for young people such as church activities and the TALKBUS (mobile unit);
- Voluntary and community sector organisations such as the Croydon Youth Development Trust (in New Addington) and the Croydon Drop-In (a Youth, Information and Counselling Service for young people).

We paid particular attention to identifying venues in the east and north of the borough where poor sexual health is greatest, with the aim of engaging with teenagers in those areas. Section 6.3 shows the venues we visited for the survey.

We included in our sample of potential participants, all teenagers aged between 13 and 19 years, both males and females, of any sexuality, faith and ethnicity. Also, we included teenagers who live in all parts of the borough, and those who live outside of the borough but have accessed services in Croydon. We also included teenagers with disabilities that did not affect their ability to complete the survey, and those without a disability.

#### 6.2 Survey

Healthwatch Croydon designed a survey with 10 questions to gather responses and comments from service users.

The questions covered areas such as where sexual health services have been accessed; sources of knowledge about services; and whether teenagers know where to go for different sexual health needs. The survey also included questions about advertising and awareness of services; alternative ways to access services; what teenagers think is important when accessing services; what prevents them from accessing services; the positive and negative aspects of their experiences and what could be improved.

Before Healthwatch Croydon began their outreach, the survey was pilot tested with 13 teenagers at different venues in Croydon including the Carers Support Centre, Centrale Shopping Centre and surrounding areas, Croydon Central Library, outside 31 High Street, the Whitgift Shopping Centre and Thornton Heath Recreation Ground. This was so that our target group could give us feedback about our method of collecting responses, the time taken to

complete, the design and layout, and the questions we asked them. We also invited Healthwatch Croydon volunteers (some who are teenagers and BA Public Health and Social Care students from University College Croydon) to contribute to the final survey by giving staff feedback.

The final version of the survey was promoted on the Healthwatch Croydon website using a link to Survey Monkey. Additionally, the project and the survey was advertised in all libraries in the borough, and the survey was promoted using social media.

#### 6.3 Outreach

During a programme of outreach, Healthwatch Croydon travelled to different venues across the borough to engage with teenagers who have accessed sexual health services in the borough, and get feedback from them about their views and experiences of using services. We engaged teenagers who live in the borough and those who came from other boroughs to access services in Croydon. From the list of sources shown in 6,1 we visited the following venues: CASH, CSHS, Croydon Pride Festival, Turnaround Centre, Croydon High Street and the New Addington Shopping Parade.

To maximise our response rate, we made contacts with representatives from other organisations who work with young people during events not related to the project such as the Croydon Health and Employment Partnership Launch Event at the Volunteer Centre, Centrale Shopping Centre. We attempted to engage with all colleges including contact with a representative at the Cotelands Referral Unit attached to John Ruskin College, and youth clubs in the area. We made contact with the Boomerang Youth Club and Special Blend Youth Club via email and telephone. We also emailed

The Bridge Youth Group 16-21, JAGS Foundation, Young Carers Support Project, and Turning Point), sending them either a copy of the survey, or the link to circulate the survey via Survey Monkey.

We contacted seven other Croydon based young people's services and left messages. We asked that if it the survey was deemed to be suitable for their service, we would come and deliver it to their group. We spoke to a representative from five youth groups who said that the survey would not be suitable for them.

#### 6.4 Data collection and limits of the research

All survey and outreach data took place between 1 August and 17 October 2017 and the report was compiled between October 2017 and January 2017. It is therefore reflective of the services and information available both online and in print at that time.

## 7. FINDINGS

It is important to note that the findings presented in this section are not a representative portrayal of the views and experiences of all the teenagers who have accessed sexual health services in the borough. It provides only a snapshot of what we were told by service users on the days that Healthwatch Croydon engaged with them during outreach.

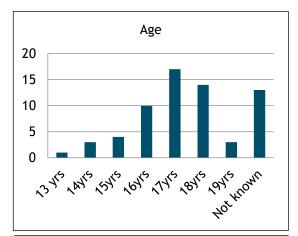
#### 7.1 About our service users

Sixty-five teenage service users took the time to complete our survey and tell us what their views and experiences are using services.

The modal age of service users was 17 (17 out of 65) and the majority were female (45 out of 65 or 69%) compared to 13 out of 65 (20%) males. Sixty teenagers (92%) reported not having a disability and 2 out of 16 (3%) did. The ethnicity of the teenagers who we surveyed were mostly White British (20 out of 65 or 31%), followed by Black or Black British-Caribbean (10 out of 65 or 15%) Christianity was the most commonly reported faith (26 out of 65 or 40%) followed by 20% who reported no religion (16 out of 65). The majority of service users reported being heterosexual (44 out of 65 or 68%), followed by 14% service users who are bisexual (9 out of 65).

Within the borough, 12 (18%) survey users live in south of the borough, followed by 11 (17%) living in central Croydon and 8 (12%)

in north Croydon. An interesting finding was that 8 (12%) of the teenagers who we spoke to had come from outside of the borough to access sexual health services in Croydon. Figures 1, 2, 3, 4, 5, 6 and 7 below summarise the information about the service users.



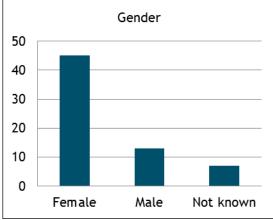
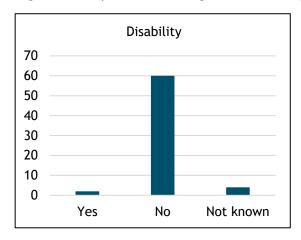


Figure 1: Graph to show the age of teenager service users

Figure 2: Graph to show the gender of teenage service users



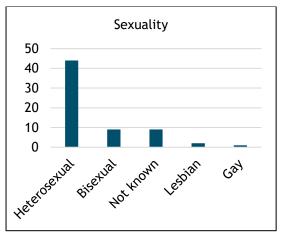
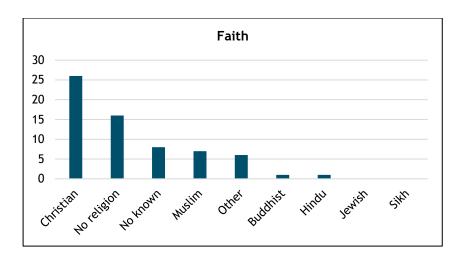


Figure 3 (right): Graph to show the number of teenage service users who do/don't have a disability

Figure 4 (right): Graph to show the sexuality of teenage service users



**Figure 5:** Graph to show which faith our teenage service users have

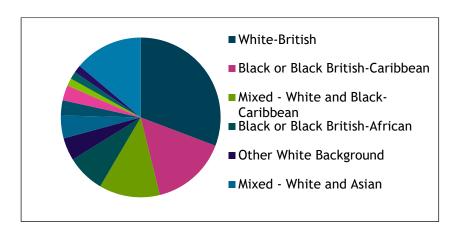
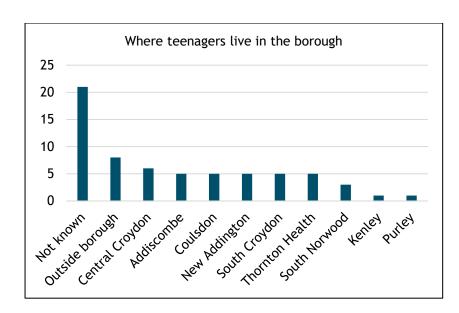


Figure 6: Pie chart to show the ethnicity of teenage service users

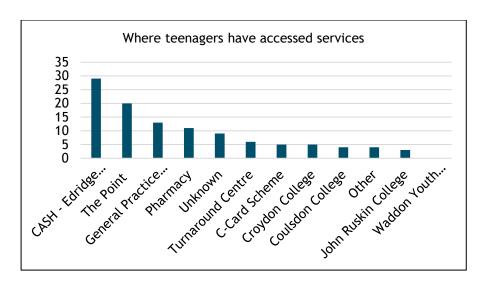


**Figure 7:** Graph to show where teenage service users live in the borough of Croydon

#### 7.2 Where have teenagers accessed services?

As part of our outreach, Healthwatch Croydon wanted to know where teenage service users have accessed sexual health services. The first question that we asked them is: 'Where have you accessed sexual health services in the borough of Croydon?' (Question 1).

The results show that 29 (45%) of the service users said that they have accessed services at traditional healthcare settings including CASH followed by 20 (31%) at The Point at Croydon University Hospital, 13 (20%) at a GP surgery, and 11 (17%) at a pharmacy.



**Figure 8:** Graph to show where teenagers have accessed sexual health services

Sexual health service	Number and % of		Sexual health service	Number and % of	
	resp	onses		resp	onses
CASH - Edridge	29	45%	C-Card Scheme	5	8%
Road					
The Point - Croydon	20	31%	Croydon College	5	8%
University Hospital					
General Practice	13	20%	Coulsdon College	4	6%
(GP)					
Pharmacy	11	17%	Other	4	6%
Unknown	9	14%	John Ruskin	3	5%
			College		
Turnaround Centre	6	9%	Waddon Youth	0	0%
			Centre		

**Table 1:** Where teenagers have accessed sexual health services

Please note that figure in the tables may not always add up to 100% since respondents may have made multiple choices in answers.

#### Comments from service users

#### What is important to teenagers?

'open more often' (female, aged 17); 'longer opening times' (female, aged 18, female, aged 17, male, aged 17); 'less waiting time'; 'extending their service times' (female, aged 18); 'opening earlier' (female, aged 17); 'flexible times' (female, aged 19); 'ques not to be so long' (female, aged 18); '24 hours clinic centre' (female, aged 18); 'the opening times need to be longer' (female, aged 18); 'open later, as people who work during the day will not be able to go' (female, aged 18)); 'Because many young people could have infections, STI's need emergency contraception and it is important that these young people can access these services' (Female, aged 17)

#### What prevents teenagers accessing services?

'clinic being closed, clinics being too busy, clinics being too far' (female, aged 17); 'short time of opening, and ridiculous waiting time' (male, aged 18); 'if it was access or if close by locations closed down (female, aged 18); 'busy' (male, aged 16); 'too many people' (female, aged 18); 'travel e.g. oyster' (female, aged 18); 'close early' (male, aged 17)

#### Positive experiences of services

'they have short slot times and they can be accessed' (female, 18); 'quick with seeing patients' female, aged 17); 'it was quick' (female, 16); 'seen quickly' (female, aged 19); the actual appointment wasn't too long' (female, aged 17); 'I was seen immediately' (female), 'local' (female, aged 18)

#### Negative experiences of services

'Had to wait forever' (male); 'always full'; 'the Edridge Road clinic - they tell me they are fully booked and to come back another day' (female, aged 17); 'normally very busy' (female, aged 17); 'usually waiting times' (female, aged 19); 'wait was long' (female, aged 17); 'very long wait times and not reliable to be open and available' (female, aged 18); 'waiting time and

consideration' (female, aged 17); 'very long wait times' (female, aged 18); 'always fully booked' (female, aged 17); 'the wait time is quite long' (female, aged 16); 'the closing time and waiting time were silly' (female, aged 16); 'took long to be seen' (female, aged 18); 'they are very time consuming' (female, aged 17); 'too packed'; 'but the opening times are a problem' (female, aged 18) What could be improved?

'easy to access' (male, aged 15); 'should be able to access it at all times of the day'

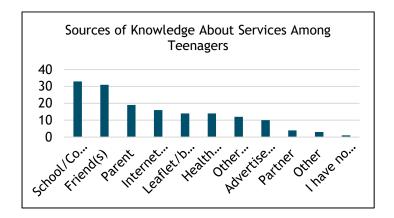
**Box 1:** Access to services

#### 7.3 Knowledge of sexual health services

Where teenagers get their knowledge about sexual health services can affect their uptake of them. Also, some sources of knowledge such as health professionals are more reliable and be expected to be main sources of knowledge compared to others such as friends. The second question that Healthwatch Croydon asked teenagers service users is: 'Where did you get your knowledge about sexual health services from?' (Question 2)

They said that they received their knowledge mostly from school/college (33 out of 65 or 51%), followed by friends (31 out of 65 or 48%), parent (19 out of 65 or 29%), internet search engine/website (16 out of 65 or 25%) and 22% (14 out of 65) for both Leaflet/booklet and health professional. An interesting finding is that friend(s) is a more common source of knowledge than health professionals which suggests that health professionals may need to have a greater role in educating young people about services in the borough as they are best placed to provide teenagers with comprehensive, knowledge, information and advice about services, and are likely to be a more reliable source of knowledge than

friends. Table 2 and figure 9 below summarises the findings to question 2.



**Figure 9:** Graph to show where teenagers have received their knowledge about services

Source of knowledge	Number and % of response		and % of response		and % onses
School/ College	33	51%	Other family member	12	18%
Friend(s)	31	48%	Advertisement/media	10	15%
Parent	19	29%	Partner	4	6%
Internet search engine/ website	16	25%	Other	3	5%
Leaflet/ booklet	14	22%	I have no knowledge	1	2%
Health professional	14	22%			

**Table 2:** Where teenagers have received knowledge about sexual health services

#### Comments from service users

#### What is important to teenagers?

'Advertisement' (aged 16); 'Awareness' (male, aged 18); 'more advertising about the places offering these services' (female, 16); 'make it commonly known as more of the norm because it awkward' (female, aged 17); 'showing in colleges where we can access it' (female, aged 17); 'advertisement, classroom talking' (female, aged 18); 'places to read up about it' (female); 'better awareness about confidentiality' (female, aged 17)

What prevents teenagers accessing services?

No comments

Positive experiences of services.

No comments

Negative experiences of services

No comments

What could be improved?

'more awareness' (male, aged 18)

**Box 2:** Advertising and awareness

#### 7.4 Different sexual health needs

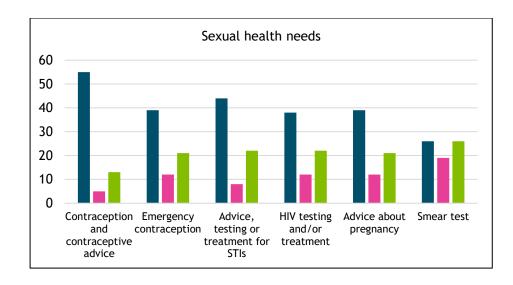
Teenagers' knowledge about where to go for different sexual health needs is an important part of accessing the right service and getting the right help. Teenagers should know where to go for a broad range sexual health needs. An additional question that Healthwatch Croydon asked service users is: 'Would you know where to go in

the borough of Croydon if you needed help for any of the following sexual health needs?' (Question 3)

The findings are summarised in table 3 and figure 10. It shows that a high number (55 out of 65 or 85%) know where to go for contraception and contraceptive advice but the number was far lower for 60% (39 out of 65) for emergency contraception. These figures compare to just 40% for a smear test. During outreach, were asked to clarify, for some teenagers, what a smear test is. The low number for smear test is a concern for sexually active females as they are likely to require this service in the near future. We found that not enough teenagers know where to go for emergency contraception; advice testing or treatment for STIs; HIV testing and/or treatment and advice about pregnancy. Also, more than a quarter did not give us a response to almost all of the sexual health needs apart from contraception and contraceptive advice.

**Figure 10 (right):** Graph to show if teenagers know where to go for different sexual health needs

**Table 3 (right)** Do teenagers know where to go for different sexual health needs?



Sexual health needs	Number and % of responses						
	Y	'es	ı	No.	No res	sponse	
Contraception and	55	85%	5	8%	13	20%	
Contraceptive							
Advice							
Emergency	39	60%	12	18%	21	32%	
Contraception							
Advice, testing or	44	66%	8	12%	22	34%	
treatment for STIs							
HIV testing and/or	38	58%	12	18%	22	34%	
treatment							
Advice about	39	60%	12	18%	21	32%	
pregnancy							
Smear test	26	40%	19	29%	26	40%	

#### 7.5 Advertising and awareness

Effective advertising and promoting awareness of sexual health services widely across the borough is necessary, especially in places where young people gather. Also, it can reach out to young people of all backgrounds and greatly influence the uptake of services when they need them. Healthwatch Croydon asked teenagers the following question: 'Do you think that there is enough advertising and awareness about sexual health services in the borough?' (Question 4).

The findings in table 4 and figure 11 show the responses to question 4. The majority of teenagers (29 out of 65 or 45%) said that there is only 'a little' advertising and awareness about sexual health services for teenagers in the borough, while 20 (31%) of them said that there is 'some' advertising and awareness about services. Just 2% of teenagers said that they think that there is 'a lot' of advertising and awareness. These results suggest that there is a need to improve current advertising and publicity about sexual health services, particularly about targeted services for young people. It should be more widely known to teenagers that services are a good source of information and not only there for when they have a sexual health need.

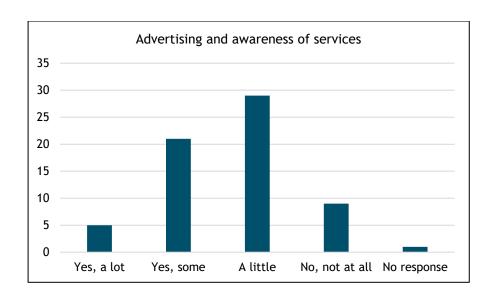


Figure 11: Graph to show what teenagers think about advertising and awareness of services

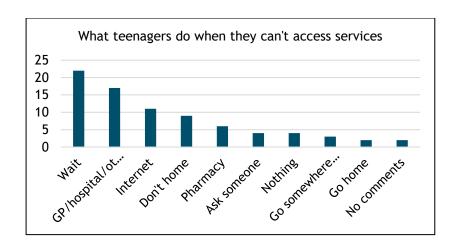
Advertising and awareness	Number and % of responses		
Yes, a lot	5	2%	
Yes, some	20	31%	
A little	29	45%	
No, not at all	9	14%	

**Table 4:** What teenagers think about advertising and awareness of services

#### 7.6 Alternative sexual healthcare services

In order for teenagers to make full use of sexual health services, they need to know about all the available options to them and how to go about accessing them. Therefore we asked service users the following question: 'If you needed to access sexual health services for help about an issue when they were closed, what would you do?' (Question 5).

Healthwatch Croydon were surprised to identify that the majority of teenagers (22 out of 65 or 34%) said that they would wait rather than try to access another service where only 26% (17 out of 65) said they would. Only 6 out of 65 (or 9%) would try to access a pharmacy. It is not only a surprise but also a concern because delaying care for sexual health could lead to problems escalating to more serious ones. It is also a particular problem for those teenagers who would have the greatest difficulties accessing services such as those who would not attend for reasons of ignorance, fear, or a perception that they do not need services. The findings suggest that many teenagers may not know much about the full range of options available to get access to services, instead opting to wait when they may not have to do so. Therefore, they may require more comprehensive education about all the possible options to get access to services when needed. Table 5 and figure 12 below summarises the findings to question 5. The comments that teenagers made in response to question 5 are show in box 1 below.



**Figure 12:** Graph to show what teenagers said they would do if they could not access sexual health services when they needed to.

Alternative services	Number and % of		Alternative services	Number and % of responses	
	responses			respor	ises
Wait	22	34%	Ask someone	4	6%
GP/hospital/other health service	17	26%	Nothing	4	6%
Internet	11	17%	Go somewhere else	3	5%
Don't know	9	14%	Go home	2	3%
Pharmacy	6	9%	No comment	2	3%

Table 5: What teenagers would do if they cannot access services?

#### Comments from service users

#### Wait

'Wait until they are open' (female, aged 14); 'Wait until they're available' (female, aged 16); 'wait and go when its open' (female, aged 17); 'wait til the clinic was open' (female, aged 18); 'wait til the next day'; 'Next day - wait til they open' (female, aged 16); 'Go the next day (female, aged 18); 'Wait til their open' (male); 'Wait the next day' (female, aged 17); 'Go tomorrow' (female, aged 16); 'wait till the next day'; 'come back the next day seeing as most of these places close and open at very similar times' (female, aged 18); 'call back another time unless emergency' (female, aged 17); 'wait nervously' (female, aged 18); 'wait until the morning. Go then' (female, aged 17); 'Wait for the upcoming day' (female); 'wait until they are open' (female, aged 17); 'wait until another day if it's not too important' (female, aged 18)

GP/hospital/other health service

'Call 111' (female, aged 17); 'Go to my doctor' (female, aged 16); 'Go to my GP' (male, aged 18); 'Helpline?' (female, aged 16); 'Hospital' (female, aged 17); 'Go to a close hospital' (male, aged 15); 'Go to a clinic' (female, aged 15); 'Call Marie Stopes Helpline 24 hrs' (female, aged 17); 'GP or call the emergency contact number' (female, aged 18); 'Go to the doctors' (female, aged 17); 'hospital if emergency' (female, aged 19); 'If emergency go to A&E' (female); 'make a doctor appointment '(male, aged 17); 'try to find another service' (female, aged 17); 'I would go to hospital' (female, aged 18)

#### Internet

Don't Know

'Internet' (male, aged 18, male, aged 15, female, aged 19, female, aged 16); 'go online' (female, aged 17); 'Google it' (female, aged 17); 'Go on the internet' (female)

'I wouldn't know what to do' (female, aged 14); 'I'm not sure' (male); 'I don't know nothing' (male, 18); 'Dunno' (female, aged 17); 'I don't know, they don't answer the phone' (female); 'not too sure' (female, 16)

#### **Pharmacy**

'Go to pharmacy'; 'Farmacy' (female, aged 19); 'Try a pharmacy otherwise I don't know' (female, aged 18); 'If emergency go to chemist' (female); 'Buy over the counter' (female, aged 17)

#### Ask Someone

'Talk to parents' (female, aged 16); 'Ask for some help' (female, aged 13); 'Ask my mum' (female, aged 19); 'Ask parents' (female)

Nothing

'Do nothing' (male, aged 14); 'No' (female, aged 17); 'Nothing' (female, aged 18)

#### Go Somewhere Else

'Go to another place' (female, aged 17); 'I would find another clinic' (female, aged 17); 'Try to find a place that is open' (female, aged 18)

#### Go Home

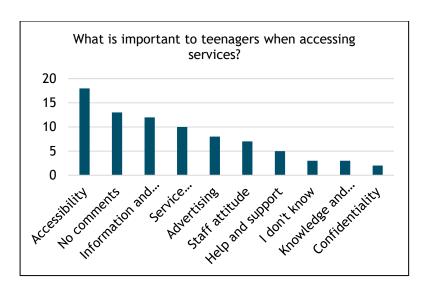
'Stay home and panic' (female, aged 16); 'Home' (male, aged 16)

Box 3: Comments from service users in response to question 5

# 7.7 What is important to teenagers when accessing services?

A very important question for Healthwatch Croydon was finding out from teenagers what is important to them when they access sexual health services. This was necessary to give us ideas about what a typical sexual health service targeted for young people may look like, to be suitable for them. It is also an important factor in attempting to improve the uptake of services among this age group, and tackle the problem of unintended sexual health outcomes. We asked service users to tell us: 'What is important to make it easier for you to access sexual health services?' (Question 6).

The results are shown in table 6 and figure 13. Not surprisingly, service users said that the most important factor is to do with accessibility (18 out of 65 or 28%). Out of the 18 responses for accessibility, opening times was mentioned by 12 teenagers and 2 said waiting times. The next most important factors are information and awareness (12 out of 65 or 18%), advertising (8 out of 65 or 11%) and staff attitude (7 out of 65 or 11%). Also, aspects about how services are delivered and provided was also important to service users (10 out of 65 or 15%). They cover areas including how services are delivered, the quality of services, facilities and staffing. Three teenagers mentioned family members e.g. 'Family', 'my parents', 'Parent contact'. No response was one of the top responses which suggests that teenagers need to be advised on what they can and should expect from services so that they are better placed to feedback and comment.



**Figure 13:** Graph to show what is important to teenagers when they access services

What is important to teenagers?	Number and % of responses		
Accessibility	18 28%		
No comments	13	20%	
Information and awareness	12	18%	
Provision/delivery of services	10	15%	
Advertising	8	11%	
Staff attitude	7	11%	
Help and support	5	8%	
I don't know	3	5%	
Knowledge and understanding	3	5%	
Confidentiality	3	5%	

Table 6: What teenagers think is important when accessing services

#### Comments from service users

#### What is important to teenagers?

'no access for parents' (male, aged 17); 'confidential' (female, aged 17)

#### What prevents teenagers accessing services?

'people I know being present' (male, aged 18); 'them sharing personal info' (female, aged 16), 'open area' (female, aged 18); 'if they contacted parents or GP' (female, aged 17)

#### Positive experiences of using services

'confidential' (female, aged 17); 'discreet', 'confidential at Edridge Road' (female, aged 18); 'everything is confidential' (female, aged 18); 'was private and confidential (at my GP)' (female, aged 18)

#### Negative experiences of using services

'no confidentiality' (female, aged 18)

#### What could be improved?

No comments

Box 4: Confidentiality

#### Comments from service users

#### What is important to teenagers?

'Someone who can help me say' (female); 'persuasion' (female, 14); 'support' (female, 16); 'guidance from professionals' (male, aged 18)

#### What prevents teenagers accessing services?

No comments

#### Positive experiences of using services

'supportive' (female, aged 14); 'eventually help you' (female, aged 17); 'I was able to get the help that I needed' (female, aged 18); 'you receive help and assistance with things' (female, 19); 'helpful staff' (female, 18); 'I got the help I needed' (female, 17); 'helpful' (male, aged 16); 'I was given the help I needed' (female, aged 17); 'more confidence for teens to express themselves' (female, aged 17); 'more personal' (female, aged 17)

#### Negative experiences of using services

'don't help none of them help just send you numbers' (female, aged 17); 'the Edridge road, clinic is very useless at helping me with most of my sexual problems I have had - they either tell me they cannot help me and send me somewhere else' (female, aged 17)

#### What could be improved?

'more confidence for the teens to express themselves' (female, aged 17); 'more personal' (female, aged 17)

**Box 5:** Help and support

#### Comments from service users

#### What is important to teenagers?

'phone numbers and websites' (female, aged 16); 'more information at school' (female, aged 16); 'more information' (male); 'more information about where to go, including at places where it is provided, possibly something closer to where you live which you might not know about' (female, aged 18); 'showing in colleges where we can access it' (female, aged 17); 'more information' (female); 'places to read up about it' (female)'; Advice from professionals' (male, aged 18)

What prevents teenagers accessing services?

No comments

Positive experiences of using services

'advice' (female, aged 16); 'They give good advice'; 'Enough information is always given. Advice' (female)

Negative experiences of using services

'No advice was given' (female)

What could be improved?

'more information' (females, aged 17); 'simple words/information' (female)

Box 6: Information and advice

#### Comments from service users

#### What is important to teenagers?

'more knowledge about them' (female, aged 14); 'for everyone to understand the severity of STIs' (male, aged 18); 'to make it easier to understand' (male, aged 15)

#### What prevents teenagers accessing services?

'lack of knowledge' (female, aged 16); 'Not know where to go' (male, aged 15); 'Effective contraceptive measures' (female, aged 18); 'Use condoms, other contraception' (female, aged 17); 'Waiting on a natural way to find out about myself' (female, aged 17)

Positive experiences of using services

No comments

Negative experiences of using services

No comments

What could be improved?

No comments

Box 7: Knowledge and understanding

#### 7.8 What prevents teenagers from accessing services?

We know that young people often do not use sexual health services when they need to and face many barriers to access support for sexual health care. There are many reasons for this. Healthwatch Croydon asked teenage service users a question to explore the reasons why they are prevented from using services. The following question was asked; 'What would prevent you from accessing sexual health services?' (Question 7).

Our engagement identified a number of key issues. They are summarised in table 7 and figure 14. Not surprisingly, the most commonly reported factor is to do with difficulties accessing services (21 or 32%) such as opening/closing times (7 or 11%). Personal feelings such as embarrassment, feeling nervous and awkward, and being judged was the next most reported factor. Also, (7 out of 65 or 10%) relates to aspects of services including the quality of service, service delivery and the facilities. The negative attitude of service providers was also a top response.

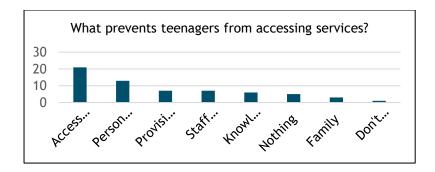


Figure 14: Graph: What prevents teenagers from accessing services

What prevents teenagers from	Number and % of response		
accessing services?			
Accessibility	21 33%		
Personal feelings	13	21%	
Provision/delivery of services	7	11%	
Staff attitude	7 11%		
Knowledge and awareness	6	10%	
Nothing	5	8%	
Family	3	5%	
Don't know	1	2%	

**Table 7:** What prevents teenagers from accessing services?

Comments from service users
What is important to teenagers?
No comments
What prevents teenagers accessing services?
'Myself, not caring enough' (male, aged 14); 'fear' (female, aged
14); 'Embarrassment' (female, aged 16); 'Personal reasons' (male,
aged 15); 'Being nervous' (female, aged 17); 'Preconceived
thoughts about how staff would act towards me' (female, aged
16); 'It's awkward' (female, aged 17); 'Confidence' (female, aged
17); 'Embarrassment' (female, aged 17); 'fear of judgement'
(female, aged 17); 'Embarrassment' (female)
Positive experiences of using services
No comments
Negative experiences of using services
No comments
What could be improved? No comments

**Box 8:** Personal feelings

#### 7.9 Where teenagers would prefer to access services

It has been thought that teenagers would prefer to access sexual health service in non-traditional settings that are perceived as user-friendly, convenient and culturally appropriate for them such as a youth club. Healthwatch Croydon wanted to find out whether this applies to teenagers in Croydon. We asked them: 'Would you prefer to use sexual health services at any of the following places?' (Shown in the table? below) (Question 8).

The findings in table 8 and figure 15 show that teenagers are more comfortable with healthcare settings to access sexual health care. By far the most popular is a sexual health clinic for 50 out of 65 service users (77%), followed by pharmacy for 48 out of 65 service users (74%) and GP or medical centre for 45 out of 65 service users (69%). Just under half of teenagers we surveyed prefer to access services at school or college. Accessing services at a youth club was also not that popular (12 out of 65 / 18%) and the supermarket and library were even more unpopular (14% and 9% respectively). Clearly, teenagers want to receive care, information and advice in places that they trust and are traditionally known for providing health care rather than those who are not.

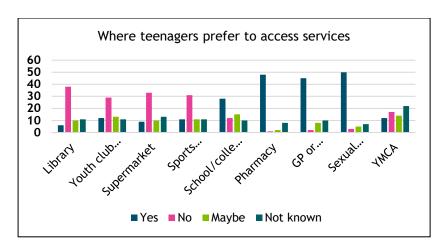


Table 8: Where do teenagers prefer to access services?

Preferences	Number and % of responses								
	Υ	es	N	No		Maybe		Not	
							kno	own	
Library	6	9%	38	58%	10	15%	11	17%	
Youth club or centre	12	18%	29	45%	13	20%	11	17%	
Supermarket	9	14%	33	51%	10	15%	13	20%	
Sports club/leisure	11	17%	31	48%	11	17%	11	17%	
centre									
School/college	28	43%	12	18%	15	23%	10	15%	
Pharmacy	48	74%	1	2%	2	3%	8	12%	
GP or medical	45	69%	2	3%	8	12%	10	15%	
centre									
Sexual Health Clinic	50	77%	3	5%	5	8%	7	11%	
YMCA	12	18%	17	26%	14	22%	22	34%	
Other	0%	0%	0%	0%	0%	0%	0%	0%	

Figure 15: Graph to show where teenagers prefer to access services.

#### Comments from service users

#### What is important to teenagers?

'Make the process quicker' (female, aged 18); 'local but discreet places'; 'making people feel comfortable to do so' (female, aged 17); 'making sure they are hidden' (female, aged 17)

#### What prevents teenagers accessing services?

'Services (sometimes)' (female, aged 17); 'the customer service' (female); 'poor service' (female, aged 18); 'less staff' (male, aged 17)

#### Positive experiences of using services

'How easy it was' (female, aged 17); 'good positive vibes' (female, aged 17); 'they provided it for me' (male, aged 15); 'they did what I needed' (female, aged 17); 'mainly good service' (female, aged 18); 'all screening done in a day' (female, aged 18); 'Always free and no discrimination' (female, aged 18); 'You get seen' (female, aged 16); 'free condoms' (female, aged 18); 'Always get the help/result to what you came for' (female, aged 17)

#### Negative experiences of using services

'You can't do every test on the same day' (female, aged 19); 'they sent me away' (female); 'got kicked out from Mayday GUM clinic (female, aged 18); 'Very basic'; 'Not that comfy' (female, aged 17); 'You can only travel to Edridge road to get the contraceptive injection if you asked at Mayday GUM clinic' (female, aged 18) What could be improved?

'it's already very good' (female, aged 17); 'more available' (female, aged 16); 'could give more places to go' (male, 15); 'time could be given to teenager to keep them aware or help their personal situation' (female); 'Cleanliness of the clinic' (male, aged 18); 'availability' (female, aged 18); 'have more staff'; 'More workers for the process to work faster' (female, aged 16); 'could give more places to go to' (male, aged 15); 'More seats'

(female, aged 17); 'They need to make their service quicker and get more staff' (female, aged 18); 'More locations, so it could be something you do on the way to somewhere rather than having to put aside 2 hours and plan a whole journey' (female, aged 18); 'more staff' (female, aged 17); 'Precision with blood tests' (female, aged 17); 'more staff'; 'More nurses to limit time' (female, aged 17); 'Bigger places for example more nurses so there will be less waiting time' (female, aged 18); 'Patients to be called more rapidly' (female); 'maybe more people to talk to so the waiting time isn't so long' (female, aged 18)

Box 9: Provision/delivery of services

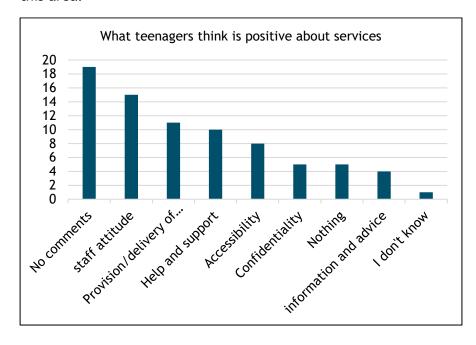
#### 7.10 What is positive and negative about services?

Healthwatch Croydon wanted to find out from teenagers what they think is positive and negative about sexual health services that they have used to know what works well and what doesn't for them. We therefore asked them the following question: 'What do you think is positive and negative about the services that you have accessed?' (Question 9).

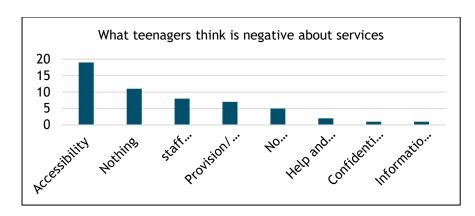
A summary of the results for this question are shown in table 9 and figures 16-17. The findings show that what teenagers said was positive about the services include the way in which they are treated by staff (15 out of 65 or 23%). This was the top response among those who gave responses. Factors related to how services are provided and delivered was the next most commonly reported positive aspect of the services accessed (11 out of 65 or 17%). Among the total for services, 5 mentioned the delivery of services, 5 reported the quality of services and an additional comment was made about privacy. Help and support was the next most popular response for 10 out of the 65 teenagers surveyed (15%). Not far behind was the accessibility of services (9 out of 65 or 14%) and out of this total, 7 service users mentioned waiting times.

The most negative aspects of services for service users is the difficulties of accessing services where 19 out of 65 teenagers (29%) commented on this. Among this total, 12 mentioned waiting times and 3 mentioned opening and closing times. The remaining number relates to other individual issues to do with access. The next most negative factor after accessibility is issues to do with the services alone (7 out of 65 or 11%) including the delivery of services for 5 service users and the service facilities for 2 of them. This is followed

by the attitude of staff where 8 out of 65 (12%) reported issues in this area.



**Figure 16:** Graph to show what teenagers think is positive about services



**Figure 17:** Graph to show what teenagers think is negative about services

What is positive?	Number and % of		What is negative?	Nur	mber and % of
	responses			re	sponses
No response	19	29%	Accessibility	19	29%
Staff attitude	15	23%	Nothing	11	17%
Provision/delivery of services	11	17%	Staff attitude	8	12%
Help and support	10	15%	Provision/delivery of services	7	11%
Accessibility	8	12%	No response	5	8%
Confidentiality	5	8%	Help and support	2	3%
Nothing	5	8%	Confidentiality	1	2%
Information and advice	4	6%	Information and advice	1	2%
I don't know	1	2%			

Table 9: What teenagers think is positive and negative about services

#### Comments from service users

#### What is important?

'The way staff act' (female, aged 17); 'Making people feel comfortable to do so' (female, aged 17); 'Friendly and trustworthy, not to be judged or mistreated' (female)

#### What prevents teenagers accessing services?

'Preconceived thoughts about how staff would act towards me (female, aged 16);

'Fear of judgement' (female, aged 17)

#### Positive experiences of using services

'Was the staff making me feel comfortable' (female, aged 17);

'friendly staff/approachable' (female, aged 19)

'I didn't receive any 'looks' or comments and everyone was polite' (female, 16);

'Very comforting, not judging you on why you are there, helpful' (female, 17)

#### Negative experiences of using services

'bad staff/don't help none of them help just send you numbers' (female, 17); 'rudeness from staff' (male, aged 18); 'no time spent knowing service users, they give you opinions about your lifestyle and choices' (female)

#### What could be improved?

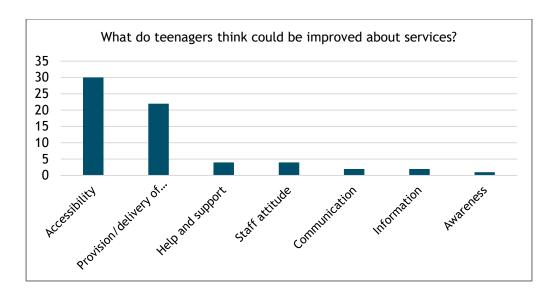
'They need to care more and be more helpful' (female, aged 17); 'attitude from staff' (male, aged 18); 'staff need to be polite and not judgemental, mocking' (female, aged 18); 'The communication, staff attitude towards teenagers/young adults' (female)

Box 10: Staff attitude

#### 7.11 Improvements to services

The final question that Healthwatch Croydon asked service users was about the improvements that they think could be made to sexual health services as they are best placed to tell us what they want to meet their sexual health needs rather than adults. Healthwatch Croydon asked teenage service users: 'What do you think could be improved about the services that you have accessed?' (Question 10).

In response to the above question, which is summarised in table 10 and figure 18 the majority of the teenagers we surveyed (30 out of 65 or 46%) said that access to sexual health services is what could be improved for them. This includes waiting times (11 out of 30) and opening times (7 out of 30). The next most reported area where service users think there could be improvements is aspects to do with the provision and delivery of services (22 out of 65, or 34%). This includes 10 out of 22 (45%) who reported improvements with staffing, 3 (14%) who commented about the availability of services, facilities, and quality of services respectively. Two service users reported service efficiency and 1 person mentioned clinical treatment/tests. The other improvements out of 65 responses include help and support (6%), staff attitude (6%), communication (3%), information (3%) and awareness (2%).



**Figure 18:** Graph to show what teenagers think could be improved about services

Improvements to services	vements to services Number and of response		
Accessibility	30	46%	
Provision/delivery of	22	34%	
services			
Help and support	4	6%	
Staff attitude	4	6%	
Communication	2	3%	
Information	2	3%	
Awareness	1	2%	

Table 10: What teenagers think could be improved about services

#### 7.12 Piloting

Before our programme of outreach, Healthwatch Croydon piloted (tested) the survey with 13 teenagers in the borough. We asked them some questions in addition to what was asked during outreach. We identified some interesting findings based on feedback from 11 completed surveys as a group of 4 teenagers completed 2 surveys between them.

One of the questions that Healthwatch Croydon asked is 'Please tell us what you know about sexual health services?' Teenagers gave us some interesting comments which are shown in box 2 below. The comments suggest a lack of adequate knowledge about sexual health services among young people.

#### Comments from service users

Teenagers told us the following:

- 'They're there to provide advice to young people' (female, aged 17)
- 'I know about two in Croydon, one in Mayday and the walk-in. I know that they're free and confidential' (female, aged 17)
- 'Nothing' (female, aged 16)
- 'I am not really sure, I've been once with a friend' (female, aged 19)
- 'There free and confidential and are easily accessible' (female, aged 17)
- 'Minimum necessary' (female, 18)
- 'Nothing' (male, aged 15)
- 'Not a lot' (female, aged 16)

Box 11: Knowledge of sexual health services

Healthwatch Croydon also asked teenagers: 'How much knowledge do you think you have about sexual health services in the borough of Croydon?' The findings are shown in table 11 below (left). Most teenagers said 'not a lot' which reflects in the comments given to the previous question above.

A related and relevant question to the above was to ask teenagers 'Would you like to know more about sexual health services?' of which just 5 said 'yes'. The findings are shown in table 12 below (right). The lower response than expected may imply, among other reasons that some teenagers do not think that it is important to know, especially if it isn't a relevant part of their lives.

Knowledge that teenagers think they have	Number of responses
A lot	2
Not a lot	5
Not too much or too little	1
A little	3
Nothing at all	0

**Table 11:** Amount of knowledge that teenagers think they have about services

Would teenagers like to know more about sexual health services?	Number of responses
Yes	5
No	3
Maybe	3

Table 12: Would teenagers like to know more about services?

Teenagers were invited to tell us their thoughts about suitable, targeted sexual health services for teenagers to access in the borough. Healthwatch Croydon asked teenagers: 'Do you think that there are suitable sexual health services for teenagers to access in the borough?' The findings are shown in table? Surprisingly, most teenagers said that they think there are 'some', see table 13 (below).

Given the huge presence of social media in the lives of many teenagers, Healthwatch Croydon was interested to find out from them, whether social media could help them to get advice that they wanted about services. We asked teenagers: 'How likely would you be to use social media to get advice about sexual health services?' An equal number said 'very likely' or 'likely' - 3 for each response. This is shown in table 14 (right).

Suitable sexual health	Number of
services for teenagers	Responses
Yes, a lot	2
Yes, some	6
A little	2
No, not at all	0
No response	1

**Table 13:** Suitable services for teenagers

Using social media to get advice about services	Number of responses
Very likely	3
Likely	3
Neither likely nor	1
unlikely	
Unlikely	1
Very unlikely	2

Table 14 (right): Using social media to get advice about services

Healthwatch Croydon also asked teenagers: How would you like to get information and advice about sexual health services?' They gave responses that show that they would like to get advice and information in a variety of ways. These are shown in box 3 below.

#### Comments from service users

Teenagers told us the following:

'text' (Female, aged 17); 'in school or at my GP/hospital' (Female, 17); 'online' (Female, aged 19); 'tv, (then you know and you don't have to look if you don't)' (Female, aged 17); 'don't know' (Male, aged 15); 'social media' (Male, aged 17); 'through schools, professionals coming in and talking about it' (Male, aged 17)

**Box 12:** How would teenagers like to get information and advice about services?

Another question that Healthwatch Croydon asked teenagers is: When you have accessed sexual health services, did you feel that your sexual health needs were met?' Three said that 'all of their needs were met', 3 said 'some of their needs were met', 0 teenagers said that 'none of their needs were met' and 4 did not give a response.

In addition to the responses that teenagers gave to the above questions, 1 teenager made a positive comment about our project and a couple of them recommended questions that Healthwatch Croydon should ask, but were outside the aims and objectives of this project. They include the following:

- 'I think that it is good that this research is being carried out and that the Council is still focused on sexual health services, which are very important.' (female, aged 17).
- 'We should ask questions about sexual violence, consent, rape and services related to them.' (female, aged 18).
- 'We should ask them if they know when they need to go to a clinic.' (male, aged 15).

# ACKNOWLEDGEMENTS AND REFERENCES

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A special thank you to all the teenagers who took the time to engage with Healthwatch Croydon, complete our survey, and share their thoughts, ideas, views and experiences. Also, thank you to the 13 teenagers who patiently piloted our 25 question survey and gave us useful feedback.

We would also like to say thank you to the Healthwatch Croydon volunteers (including teenagers and Public Health students who contributed to the development of the survey, or assisted Healthwatch Croydon staff during our piloting and outreach programme engaging with teenagers in different parts of the borough.

We also greatly appreciate the support from CASH, The Turnaround Centre and Croydon College.

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http://yhpho.org.uk/quad/pdfs/07V%20Croydon%20SPOT%2020 15%20Full%20Briefing.pdf "We (Healthwatch) should ask them (teenagers) if they know when they need to go to a clinic." (Male, aged 15)



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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 2102 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.

#### FINANCIAL IMPACT:

None.

#### 1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note 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

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 <a href="mailto:steve.morton@croydon.gov.uk">steve.morton@croydon.gov.uk</a>, 020 8726 6000 ext. 61600

#### **BACKGROUND DOCUMENTS**

None

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# **Risk Status**

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

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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  • 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	Strategic items						
2017	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		
	<ul> <li>Report of the chair of the executive group</li> <li>Work plan</li> <li>Full review and update of board risk register</li> </ul>	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	Strategic items							
2017	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  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	Strategic items							
2017	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  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  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  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		

N.B. minutes and papers of <u>shadow</u> 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: <a href="http://tinyurl.com/ShadowHWB">http://tinyurl.com/ShadowHWB</a>.

Date	Items	Purpose	Board sponsor	Lead officer / report author
24 April 2013	Establishment of the health and wellbeing board	Decision	Councillor Margaret Mead	Solomon Agutu
	Focus on outcomes: adults with learning disabilities	Discussion	Geraldine O'Shea	Geraldine O'Shea / Mike Corrigan
	JSNA key data set 2012/13	Discussion	Mike Robinson	Jenny Hacker
	Heart Town proposal	Decision	Councillor Margaret Mead	Steve Morton / Bevoly Fearon
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
12 June 2013	Prevention, self-care and shared decision making	Discussion	Agnelo Fernandes	Daniel MacIntyre
	Better Services Better Value consultation	Discussion	Paula Swann / Agnelo Fernandes	Rachel Tyndall / Charlotte Joll
	Annual report of the director of public health	Information	Mike Robinson	Sara Corben
	Sign off JSNA deep dive chapters  • Depression in adults  • Schizophrenia	Decision	Mike Robinson	Bernadette Alves
	Update on integrated care (from September 2012)	Information	Agnelo Fernandes	Paul Young / Amanda Tuke / Brenda Scanlan
	Partnership groups proposal	Decision	Hannah Miller	Steve Morton
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
18 July 2013	Board workshop on strategic risk			

11 September	Improving outcomes for children with disabilities	Discussion and decision	Paul Greenhalgh	Linda Wright
2013	Reablement and hospital discharge programme – funding allocations 2013/14	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	JSNA deep dive chapter	Decision	Mike Robinson	Kate Naish
	<ul> <li>Emotional health and wellbeing of children</li> </ul>			
	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

	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> <li>Work plan</li> <li>Performance against health and wellbeing strategy indicators (quarterly</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Martin Ellender

	standing item)			Malada Baria
	• 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
	<ul> <li>Final commissioning intentions 2014/15</li> <li>CCG Operating Plan 2014/15 – 2016/17</li> <li>Children and families' plan 2014/15</li> </ul>	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  Work plan Risk	Discussion & decision	Hannah Miller	Steve Morton Malcolm Davies
27 March 2014	Board engagement event: review of progress agai	nst joint health and wellbein	g 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

1 October 2014	Board public engagement event: joint health and v	wellbeing strategy review		
	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
	<ul><li>Report of the chair of the executive group</li><li>Work plan</li><li>Risk</li></ul>	Discussion & decision	Hannah Miller	Steve Morton
	Children's safeguarding board annual report	Information	Paul Greenhalgh	Steve Love
	Adults safeguarding board annual report	Information	Hannah Miller	Kay Murray
11 September 2014	Better Care Fund	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	<ul> <li>Report of the chair of the executive group</li> <li>Work plan</li> <li>Performance against HWB strategy indicators (qrterly standing item)</li> <li>Risk</li> </ul>	Discussion & decision	Hannah Miller	Steve Morton Laura Gamble Steve Morton
	Reform of services for children who will be subject to education, care and health plans	Information	Paul Greenhalgh	Linda Wright
	Children's primary prevention plan	Discussion	Paul Greenhalgh	Dwynwen Stepien
	Joint mental health strategy	Discussion	Paula Swann / Hannah Miller	Paula Swann /' Stephen Warren / Brenda Scanlan
	SW London collaborative commissioning strategy	Information	Paula Swann	Paula Swann
	JSNA 2014/15 key chapter topics	Decision	Mike Robinson	Jenny Hacker
	JSNA 2013/14 healthy weight chapter final draft	Decision	Mike Robinson	Sarah Nicholls / Anna Kitt

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	
	<ul> <li>Partnership groups report</li> <li>Summary report from all partnerships</li> <li>Update on adults with learning disabilities (from April 2013)</li> </ul>	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  Steve Morton / Laura Gamble	
	Report of the chair of the executive group  Work plan  Performance against health and wellbeing strategy indicators (qrtly standing item)  Risk Register	Decision	Hannah Miller		
7 November 2014	Board half awayday on the review of the joint heal 1 October	th and wellbeing strategy, to o	liscuss findings from the	engagement event on	
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	

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

	<ul> <li>Report of the chair of the executive group</li> <li>Work plan</li> <li>Performance against health and wellbeing strategy indicators (quarterly standing item)</li> <li>Risk</li> </ul>	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			

		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  • 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/			

	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	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				

		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  • 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 leadersh	nip 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

	London co-commissioning joint com	mittee	reference					
	Better Care Fund		To inform the board progress on the work schedule	_	Paul Gre Paula Sw	enhalgh / vann		ul Young / Andrew skell
	JSNA 2015/16 key chapter topics		To agree the needs assessments to be cout as part of the JS 2015/16		Mike Ro Paula Sw Greenha	ann / Paul	Ste	ve Morton
	Report of the chair of the executive  Work plan Risk	group	To inform the board work undertaken by executive group & o the board risk regist	y the consider	Paul Gre	enhalgh	Ste	ve Morton
Date	Item	Purpose		JHWS p	riority	Board spons	or	Lead officer / report author
21 October 2015	Strategic items							
	JSNA key dataset 2015/16	Discussion & decision		n/a		Mike Robins	on	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 Greenha	algh	Simon Wadsworth
	Safeguarding adults annual report		e board of the work uarding Adults	n/a		Paul Greenha	algh	Kay Murray
	Safeguarding children annual report		e board of work of rding Children Board	n/a		Paul Greenha	algh	Gavin Swann

	Health and social care integration: Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paul Greenhalgh /Paula Swann	Paul Young / Ivan Okyere-Boakye		
	Report of the chair of the executive group  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 ar	nd 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		

	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  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	

	Report of the chair of the executive group  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	,					
13 / Ipi ii 2010	Improving people's satisfaction with care: learning from local best practice  • 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		

	Report of the chair of the executive group  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  • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton

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  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		

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		

	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  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	Strategic items		•				
2016	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)		

	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  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		

	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Update	Yinka Alowooja	
	Report of the chair of the executive group  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	

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  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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