

HEALTH & WELLBEING BOARD

To:

Andrew EYRES (NHS Croydon Clinical Commissioning Group)* (Vice-Chair)
Alisa FLEMMING (Councillor - Cabinet Member for Children, Young People & Learning)*
Barbara PEACOCK (Executive Director of People, Croydon Council)
Callton YOUNG (Councillor)*
Jai JAYARAMAN (Healthwatch Croydon)*
Louisa WOODLEY (Councillor - Cabinet Member for Families, Health & Social Care)*
Manju SHAHUL-HAMEED (Councillor)*
Margaret BIRD (Councillor)*
Mike BELL (Croydon Health Services NHS Trust)
Rachel FLOWERS (Director of Public Health)
Simon HALL (Councillor - Cabinet Member for Finance & Treasury)*
Yvette HOPLEY (Councillor)*
Zoe REED (South London & Maudsley NHS Foundation Trust)

(*Voting members)

A meeting of the **HEALTH & WELLBEING BOARD** will be held on **Wednesday 13th September 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
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4 September 2017

Members of the public are welcome to attend this meeting.
If you require any assistance, please contact MARGOT ROHAN as above.

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

AGENDA - PART A

1. Election of Chair and confirmation of Vice-Chair

To elect the Chair and confirm the Vice-Chair

2. Apologies for absence

To receive any apologies for absence from any members of the Committee

3. Minutes of the meeting held on Wednesday 5th April 2017 (Page 1)

To approve the minutes as a correct record

4. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests

5. Urgent Business (if any)

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

6. Exempt Items

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

Strategic Items

7. The new board and how it wants to work with the community and voluntary sector (Page 13)

The joint report of the Chair of the Health & Wellbeing Board and the Council's Executive Director of People is attached

8. Review of the local strategic partnership and health and wellbeing board (including partnership group review)

A verbal update from the Council's Executive Director of People

9. Building on Integration and Devolution - My Vision of Croydon's Future

Outline from the Leader of Croydon Council, Councillor Tony Newman

10. JSNA key dataset 2017 (Page 17)

A presentation from the Director of Public Health is attached

11. CCG and Council Commissioning intentions 2018/19 and Joint commissioning executive report (Page 27)

The joint report of the Chief Officer of the CCG and the Council's Executive Director of People is attached

Business Items

12. Strategic Transformation Plan (STP) (Page 35)

The presentation of the Chief Officer of the CCG is attached

13. Better Care Fund (BCF) and Integration and Better Care Fund (iBCF) (Page 61)

The joint report of the Chief Officer of the CCG and the Council's Executive Director of People is attached

14. Exclusion of the Press & Public

The following motion is to be moved and seconded as the "camera resolution" where it is proposed to move into part B of a meeting:

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

AGENDA - PART B

None

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Health & Well-Being Board (Croydon)
Minutes of the meeting held on Wednesday 5th April 2017 in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present: **Elected members of the council:**
Councillors Margaret BIRD, Patricia HAY-JUSTICE, Yvette HOPLEY (Vice-Chair), Maggie MANSELL (Chair), Callton YOUNG

Officers of the council:
Barbara PEACOCK (Executive Director of People)
Rachel FLOWERS (Director of Public Health)

NHS commissioners:
Dr Agnelo FERNANDES (Vice-Chair - NHS Croydon Clinical Commissioning Group)
Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch Croydon
Jai JAYARAMAN (Healthwatch Croydon)

NHS service providers:
John GOULSTON (Croydon Health Services NHS Trust)

Representing voluntary sector service providers:
Helen THOMPSON (Croydon Voluntary Sector Alliance)
Steve PHAURE (Croydon Voluntary Action)

Representing patients, the public and users of health and care services:
Julia POWLEY (Croydon Charity Services Delivery Group)
Karen STOTT (Croydon Voluntary Sector Alliance)

Non-voting members:
Andrew McCOIG (Croydon Local Pharmaceutical Committee)

Also present: Jack BEDEMAN (Public Health Registrar), Mark FOWLER (Director of Gateway Services), Gordon KAY (Marketing Officer, Healthwatch Croydon), Steve MORTON (Head of health & well being), Dr Emily SYMINGTON (GP and CCG Governing Board member, CCG), Stephen WARREN (Director of Commissioning, CCG).

Absent: Zoe REED (South London & Maudsley NHS Foundation Trust), Sara MILOCCO (CVA), Kate PIERPOINT (Croydon Charity Services Delivery Group), Nero UGHWUJABO (Croydon BME), Dr Jane FRYER (NHS England), Ashtaq ARAIN (Faiths together in Croydon), Adam KERR (National Probation Service (London)), David LINDRIDGE (London Fire Brigade), Cassie NEWMAN (London Community Rehabilitation Company (LCRC)), and Claire ROBBINS (Metropolitan Police)

Apologies: Zoe REED, Sara MILOCCO, Kate PIERPOINT, Nero UGHWUJABO, Ashtaq ARAIN, Claire ROBBINS, Cassie NEWMAN

A87/17 Minutes of the meeting held on Wednesday 8th February 2017

RESOLVED that the minutes of the meeting held on 8 February were agreed as an accurate record.

The Chair mentioned Detoc – delayed transfer of care – and suggested it for the next meeting.

A88/17 Disclosure of Interest

There were no disclosures at this meeting.

A89/17 Urgent Business (if any)

There was none.

A90/17 Exempt Items

There were none.

**A91/17 Strategic Items:
Household income and child poverty update**

The report encompassed issues raised in the Household income and child poverty paper update agreed at cabinet on 13th April 2016. It provided the background behind the work the council has undertaken, clearly defining our rationale and how these issues have been linked to wider pieces of work such as the approach to financial inclusion, considering whole family solutions through gateway and outcomes from the Opportunity and Fairness Commission (OFC). The report shows the work completed to date, the number of customers that have been assisted and the Council's plans, and next steps for the future.

Barbara Peacock introduced the report, stressing the importance of the paper – one of the key indicators around health inequalities being the impact of poverty on both child and adult health. It is vital to maximise the assets people have and to get them into employment.

Mark Fowler (Director of Gateway Services) summarised the main points:

- Some issues have got worse
- Challenges remain the same
- 3.17 – table showing particular issues being addressed to ensure families living in poverty benefit from the plan
- 4.1 – staff training to enable staff to engage better with customers
- Work around the website and internet tools
- 25% increase in use of online tools
- Ensuring financial banking services are available to all vulnerable people
- London living wage – encouraging local businesses is working well
- Universal credit – ensuring easy access
- £9m in additional benefits
- Over 1800 residents have accessed work opportunities
- 200 new families are claiming benefits
- Work to ensure people can access free services (childcare etc)
- Gateway supported over 1700 residents to maximise their income
- Over 5000 children identified and supplied with free school meals
- Fuel poverty – Croydon Healthy Homes helping to provide energy efficiency
- Focus is to develop single view of the household

The following issues were raised:

- Important work recognised by the National committee
- Croydon is leading the way on this work
- One of series identifying the determinants of health
- Can the reduction being achieved be monitored?

Mark Fowler: Cannot monitor specifically within children in poverty – nationally covered. Benefit cap lowered – 650 households in Croydon affected. We have found solutions for over half. We are confident we have solutions in Croydon.

- In Newham, for debt crisis management, they have arranged legal pro bono work through a London firm. Has Croydon got links to do the same?

Mark Fowler: We have good relationships with the South London Law Society. We work with Credit Union – hoping to address issues regarding pay-day lenders. Currently we have no links with London law firms.

Barbara Peacock: We have a very clear and strategic approach. People are trained to do this work. We are looking at people in a rounded way – difficult to do this through volunteers.

- People often get into debt through poor budgeting and financial management. Are there provisions for more education in schools?
- It is positive to get half an hour of free legal advice but often it is a shock to find out the ongoing costs. Pro bono is only short term.
- We want to resolve issues before advice is needed.
- Do we have an evaluation of the impact?
- There are a lot of children in poverty whose parents are in work. How do you support those families – how do you identify them?

Rachel Flowers: There is an issue of schools – Public Health is working to identify these children. It is about embedding commitment, to reduce inequalities.

- What are we doing to target unmet needs? What about the involvement of faith groups? Changes in child benefits – how will they impact?
- People can access the service through Access Croydon and other centres. Are there plans to take the service to surgeries and to build awareness of services?

Mark Fowler: Poor budgeting is a key element team looks at – look at work, budgeting, the overall situation. Links to schools are important - what is the best approach? Work is planned. We have engaged with some of the head teachers. Evaluation is difficult. There is a national data set but it runs slowly and it is difficult to get at local information. We are trying to aggregate information across the council. Requirement is increasing but resources are staying the same. There is in work poverty – some shocking statistics show 65% are living in poverty. People are working but are still in debt – trying to resolve problems before people are losing their homes etc. Targeting is important – welfare reform – restrictions – good resource of information across the council. We can engage with people directly through applications. Over 8500 households are registered with the Council so we can record and monitor. Welcome feedback from GP surgeries to follow up on previous work.

- There is also the Croydon Caribbean Credit Union – what do we do to promote other options available?

Mark Fowler: We have a list of partners which is available.
Cllr Maggie Mansell: We are using faith groups, GPs etc. to refer.

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

A92/17

Social isolation action plan

The report was an update on the progress of the development of Croydon's social isolation action plan 2017/19. The public health team is 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. A set of high level priorities for reducing social isolation, following a lifecourse approach is proposed. The action plan is expected to be completed in summer 2017.

Rachel Flowers introduced the report. Work started in December. Jack Bedeman (Public Health Registrar) gave an update, mentioning the 13 potential priority groups which were for discussion.

The following issues were raised:

- There is a waiting list for young people with mental health issues – what other issues are there? How did you get to the 13 priorities?
- There are a lot of elderly people – we need to ensure they are included.

Cllr Maggie Mansell: At the Croydon Congress meeting there was a lot more on elderly people.

- There is a sub group of elderly – 1st generation immigrants – where their children have moved away.
- A lot of groups go across all age groups.

Jack Bedeman: The discussion looked at strategies each of the boards have around social isolation. We looked at opportunity areas where something is already happening.

- Paragraph 3.10 acknowledges that for older people social isolation is a social determinant. There is an enormous budget attached to outcome based commissioning which is not yet all allocated.

Steve Morton: The Board had a discussion session at a previous meeting and the feedback was taken back to agree the priorities.
Rachel Flowers: Work in progress. More informal opportunity to discuss further? Suggest Board members give feedback. Have a workshop to link back into the work.

Rachel Flowers asked Board members to email feedback and comments to Jack.Bedeman@croydon.gov.uk

The Board:

- Noted the progress in developing the plan and next steps
- Commented on the high level priorities in 3.18

A93/17

Together for Health update

Dr Agnelo Fernandes introduced Dr Emily Symington (GP and CCG Governing Board member) who gave a presentation (attached):

- 4 key aspects – prevention, self-care, self-management and share decision making
- Concern about people worrying about health when there are no problems
- Raft of different approaches
- App to help patients navigate the system - Health Help Now

The following issues were raised:

- How do we take this forward and roll it out?

Rachel Flowers: Encouraging results - they link into the isolation issue. It is not just about behaviour change of the people living with diabetes but who we are impacting most

- A lot of CVA work is about social isolation. Lot of wellbeing projects ar being developed in those communities.
- There is a solid foundation but it is only covering one GP network – what about the other 5?
- There is European social funding. The CVA has been invited by Big Lottery Fund to go to stage 2 of the bid. We are most interested in qualitative research telling personal stories about their journeys.
- When will we have this operating borough-wide?
- COPD patients are isolated.

Dr Emily Symington: We are working hard to promote the programme to practices. It helps GPs to learn a different approach to consulting. We are in contact with other GPs nationwide across a wide range of issues.

- Slight concern – what will it replace in terms of people’s health?
- Will this process cost money – without funding what will it replace?
- The most difficult patients have not really engaged – how do you reach them?
- Croydon University Hospital does a lot of group sessions covering different issues (e.g. back pain) – how do we link all this together?

Dr Emily Symington: We are not suggesting everyone has to have group consultation. It is not advanced enough yet to work out where the balance is between group and one-to-one sessions. Croydon is the biggest pilot nationally.

- Why not scale up the programme to work across a number of practices?

Dr Emily Symington: There are issues around management – patients' notes are with their own GP.

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

A94/17

Business Items:

Clinical Commissioning Group operating plan 2017/18

The report focuses on Croydon's Clinical Commissioning Group's (CCG's) two-year operating plan for 2017/18 and 2018/19. As a statutory organisation, the CCG 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 the local priorities and emerging national, London and South West London priorities.

Paula Swann introduced the report. Stephen Warren (Director of Commissioning, CCG) gave a presentation (attached).

- Key highlights:
 - Primary Care
 - Mental Health
 - Urgent Care
 - Transformation of Out of Hospital and Planned Care
 - STP
- QIPP (Quality, Innovation, Productivity and Prevention plans)
- Significant transformational change is needed – shifting from acute to a primary care and community setting

The following issues were raised:

- P12 refers to NEFA – leaving people until they are ill, before receiving treatment – what if the targets are not met within 2 years?
- Mental health – on 17 May there is an open meeting to consider the Woodley report

Paula Swann: We are reviewing AYA (Cancer in Adolescents and Young Adults). The target keeps increasing – was 15%, but going up. Planning how best to achieve compliance – believe we should be able to improve. We do not have a waiting list.

- Woodley review – voluntary sector raised issues over concerns with GP mental health services review. Voluntary organisations are delivering preventative services. There is a 6 month review. 5 year strategy will underpin whether voluntary organisations will be able to continue services.
- What are other major risks?
- Patients can decide which hospital/healthcare centre they are using – how is that being addressed?

Paula Swann: There are huge risks – much is dependent on transformation. Patient choice is a fundamental patient right.

Stephen Warren: We are working with GPs, CHS and the Council to achieve integrated pathways.

- Is there anything the Council can do to support this?

Paula Swann: We have worked with providers, urgent care and other stakeholders. It is about working together to deliver for Croydon.

Dr Agnelo Fernandes: It is also about giving the right information so patients can choose. People have historical views about their local hospitals. Quality of care in Croydon is a lot better than elsewhere. Waiting time much lower than elsewhere but people do not know this.

- We need to advertise this more.
- What is the process for linking QIPP programme with consultation engagement?

Stephen Warren: The operating plan as a whole – where we are making significant changes, we are engaging with partners.

- Have you validated there are no waiting lists?

Stephen Warren: Currently patients wait about a week for an appointment and another couple of weeks for treatment. It was an issue 3-4 years ago.

The Board:

- Noted the operating plan
- Commented on the alignment with the Joint Health & Wellbeing Strategy 2013-18

A95/17

Health protection update

The 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.

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.

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.

Rachel Flowers summarised the report.

The following issues were raised:

- Accommodation in Croydon for homeless people, particularly those with mental health issues – this is a pan-London issue
- TB is an increasing issue - which part of our population is presenting with TB?

Rachel Flowers: There is an increased number of people living in poverty and this relates to the incidence of TB. A report about TB incidence will be presented to the Health & Wellbeing Board.

- 3.3.2 – Air pollution – I thought there was more south of the borough?

Rachel Flowers: There is a lot of work around this – I will check. Air quality across Croydon should be better.

The Board **NOTED** the report.

A96/17

Healthwatch Croydon report

Healthwatch Croydon carried out a survey on Sexual Health Services - Experiences of Young People. Jai Jayaraman introduced Gordon Kay (Marketing Officer, Healthwatch Croydon) who summarised the findings:

- 65 face-to-face interviews for details to a number of questions
- Identified significant sexual health issues for young people
- Sample size reflected difficulties in accessing these particular service users
- Quality of data of a high standard as face-to-face
- Survey was carried out August-October 2016
- 4 areas for consideration:
 - Accessibility – evenings and weekends preferred and walk-in appointments
 - Marketing – needs to be more focused
 - Help and support – big barrier around embarrassment, teenagers being particularly vulnerable; health setting preferred for advice
 - Delivery - Needs to be more welcoming environment – involve teenagers in service design?

Paula Swann: The survey is very helpful in signposting.

Barbara Peacock: We need to involve young people in designing services. Confidentiality is tricky, as there is a challenging set of issues. There is a caveat around safeguarding and issues around sexual exploitation and abuse.

Rachel Flowers: Across London we are seeing a high level of Hepatitis A. There is a range of sexualities to be considered. Cllr Mansell: We should include gay websites in advertising.

The Board:

- Noted the report
- Endorsed the recommendation and workshop

A97/17 Report of the chair of the executive group

This is a standard item presented at all Board meetings. The report summarises work undertaken by the Health and Wellbeing Board executive group since the last meeting of the Board on 8 February 2017.

The Health and Wellbeing Board work plan is regularly reviewed by the executive group and the chair and includes an outline plan for 2017/18.

Barbara Peacock highlighted the key points.

- One red risk – concern about financial implications around social care.
- Number of ambers but most are being mitigated.

There were no questions on this item.

The Board:

- Noted work undertaken by the Executive Group since 8 February
- Noted risks identified in appendix 1
- Agreed the 2017/18 Work Plan at appendix 2

A98/17 Public Questions

The following comment and question were received from Michael Hembest:

COMMENT

Part of the CCGs (Clinical Commissioning Group) presentation (pages 9 & 10) is littered with unexplained acronyms which makes it impossible to understand.

QUESTION

This is the 5th day of the new GP Hubs. Has the CCG had any feedback from the public on the quality of the new pathway?

Paula Swann: There was feedback from residents' associations around signage and communications – not right yet.

John Goulston: Publicity is important. 106 on first day – not a lot for a Saturday. Tuesday 56 people across all three.

Question: Is adult access to mental health services covered?

Stephen Warren: Adult Services is going through significant transformation

Cllr Maggie Mansell: Access is improved – including training for SENCOs and head teachers.

Stephen Warren: Closely involved with the schools, so children can access the services more easily.

Karen Stott: Croydon now has single points of access.

Dates of future meetings:

- 7 June 2017
- 13 September
- 18 October

The meeting ended at 4:34pm

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 13 September 2017
AGENDA ITEM:	7
SUBJECT:	The new board and how it wants to work with the community and voluntary sector
BOARD SPONSOR:	Barbara Peacock, Executive Director - People
BOARD PRIORITY/POLICY CONTEXT:	
This report is looking at the wider policy context around health and social care and Health and Wellbeing Boards, informed by longitudinal studies by the LGA to refocus and refine the Boards priorities	
FINANCIAL IMPACT:	
There are no financial implications beyond time commitment of officers and Board members to progress the work agreed within the work plan	

1. RECOMMENDATIONS

- 1.1 The Board is invited to discuss the proposed priorities for the reconstituted board namely :
 - Progressing integration and devolution,
 - Reducing inequalities,
 - Increasing focus on prevention;
- 1.2 The Board is invited to discuss about how it plans to increase engagement with the community and voluntary sector and consider how to develop a mechanism of gaining the citizen voice using an asset based approach that utilises existing forums and networks.
- 1.3 The Board is invited to discuss and then agree how to ensure that the LSP theme of children is included in their work plan.

2. EXECUTIVE SUMMARY

- 2.1 This report details the high level objectives of the re-constituted Health and Wellbeing Board and its intent to work with the Community and Voluntary Sector

3. Context

- 3.1 Health and Wellbeing Boards are a formal committee of the local authority, created by the Health and Social Care Act 2012, charged with promoting greater integration and partnership between bodies from the NHS and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

- 3.2 Croydon's Health and Wellbeing Board (HWBB) was reconstituted in June 2017 following a review of the terms of reference and membership with a view to increasing its role and profile in the local health and social care system and its key role in reducing health inequalities in Croydon.
- 3.3 The health system has continued to change dramatically since the previous iteration of the health and wellbeing board was constituted. The April 2017 Local Government Association report 'The power of place' reported the increasing role of health and wellbeing boards to act as 'the anchors of place in a sea of Sustainability and Transformation Partnerships (STPs), integration and new models of care'.
- 3.4 The aim of this newly constituted board is to shift from considering strategies, plans and processes to evolving into a more dynamic health and wellbeing forum building partnerships, building citizen voice and changing things to reduce health inequalities and improve the health and well-being of Croydon's residents.
- 3.5 Croydon has an increasing population with a range of health and social care needs, significant inequalities and dwindling resources to address these challenges. Croydon needs to look at different ways of integrating health and social care to optimise all resources across the whole system.
- 3.6 A core part of this has to be about shifting the action, across all areas, on prevention;
- Primary prevention- aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.
 - Secondary prevention- aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems
 - Tertiary prevention- aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy which is directed at managing and rehabilitating persons with diagnosed health conditions to reduce complication.
- 3.7 It should be noted that there is also a less well known "Quaternary prevention" which is the set of health activities to mitigate or avoid the consequences of unnecessary or excessive intervention of the health system.
- 3.8 Collectively, health and wellbeing board members need to be confident in their system wide strategic leadership role, have the capability to deliver transformational change through the development of effective strategies to drive the successful commissioning and provision of services and be able to create improvements in the health and wellbeing of the local Croydon community.

3.9 The LGA identified the five factors which have a significant influence on the effectiveness or not of a Health and Wellbeing Board in the current climate¹. They are:

- A focus on place, as the most effective HWBs act as “anchors of place”
- Committed leadership, exerting influence across the council, place and health and care system
- Collaborative planning, to underpin the leadership of place and influence the STP
- A geography that works, or the capacity to make the geography work
- A Director of Public Health that gets it, and who can support place-based leadership.

2. Croydon’s Health and Wellbeing Board Priorities

2.1 The strengths of health and wellbeing boards is not through the powers they hold, for the formal powers are limited, but through the ability to discuss, influence and develop the shaping of integration across the health and social care system. Reports that come to the board should facilitate discussion, not fill time, therefore we will need to shift towards lighter reports and shorter more meaningful presentations to provide the basis for debate.

2.2 The proposed priorities for the reconstituted board are;

- Progressing integration and devolution,
- Reducing inequalities,
- Increasing focus on prevention;

2.3 Croydon’s Health and Wellbeing Strategy is due for a refresh 2018. This provides the HWBB an opportunity to refocus efforts towards a place based, system wide strategy focussing on reduction in inequalities and developing a prevention framework able to deliver specific and measurable outcomes. It also provides the opportunity to embed the Local Strategic Partnership’s overarching theme of children and young people.

2.4 The health and social care system is both complex and interdependent and the HWBB needs to have sight across all commissioning to ensure that we are utilising the assets available in the most effective way to improve health and reduce inequalities.

2.5 For an integrated system wide approach the board needs to engage across organisations such as general practice, pharmacies, the acute sector and social care to enable the development of a more equal, prevention focussed and sustainable Croydon.

2.6 The community and voluntary sector are an ever more important part of the health and social care system and have a strong and long association with Croydon’s HWBB. The board needs to develop processes to ensure that the full breadth of the community and voluntary sector are included in their work.

¹ The Power of Place- April 2017. The fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA).

- 2.7 The board also need to consider how to develop a mechanism of gaining the citizen voice using an asset based approach that utilises existing forums and networks. An important part of this is engaging with those who are experiencing poorer health or have less heard voices. This will include the voice of the child and young person

5. CONSULTATION

- 5.1 This is a document for discussion with the newly reconstituted HWBB that will be considering how consultation and engagement is part of the Health and wellbeing strategy 2018-2021

6. SERVICE INTEGRATION

- 6.1 This report is not, specifically, about service integration

7. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 7.1 There are no specific financial considerations that are directly relatable to this report.

8. EQUALITIES IMPACT

- 8.1 The report is proposing that the priorities for the Health and Wellbeing Board include reducing inequalities and increasing prevention. Evidence shows that people with protected characteristics are disproportionately impacted by poor health both physical and mental health and often die prematurely. With these priorities the Health and Wellbeing is explicitly setting an expectation around equalities impact - more importantly trying to reduce or mitigate inequalities experiences around health

CONTACT OFFICER: Rachel Flowers, Director of Public Health, Croydon Council
Rachel.Flowers@Croydon.gov.uk 020 8726 5596

BACKGROUND DOCUMENTS¹ The Power of Place - April 2017. The fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA). Online link below:
<https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf>

JSNA in Croydon

September 2017

What is a Joint Strategic Needs Assessment (JSNA) ?

“The Health and Social Care Act 2012 requires clinical commissioning groups (CCGs) and local authorities to jointly lead the preparation of Joint Strategic Needs Assessments (JSNA), through the Health and Wellbeing Board.

The JSNA identifies 'the big picture' in terms of health and wellbeing needs and inequalities of a local population and informs future service planning, taking into account evidence of effectiveness.

The JSNA assesses the health, wellbeing and social care needs of the local community. It is an ongoing process that involves identifying present and future needs of the local population across a number of priority areas including health, education and housing.”

JSNA at Croydon

Paper agreed at the Joint Commissioning Executive (JCE) in February 2017

1. JSNA Key Dataset

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. JSNA Statistical Bulletins

A more rapid turnaround of smaller 'Statistical Bulletins'.

3. JSNA Detailed Assessments

A commissioner / specialist led detailed analysis in a specific area with interpretation of data led by Public Health expertise.

Croydon Observatory

- The Croydon Observatory provides access to data and information about Croydon. It is an information sharing, mapping and reporting website that can be used by anyone.
- The observatory has lots of up to date data, but also is where the Joint Strategic Needs Assessment (JSNA) is hosted.

<https://www.croydonobservatory.org/>



Quick Ward Profile
Enter a post code or click on a ward on the map below to view an overview profile

Search by postcode

Total resident population
382,304
2016
Source: Office for National Statistics

Total Number of Businesses
13,915
2016
Source: Office for National Statistics

Total Claimant Count Rate
2.41%
2017-07
Source: Office for National Statistics

Unemployment Rate
6.3%
2017-03
Source: Office for National Statistics

View data by theme

Population Click to view this theme	Economy & Employment Click to view this theme	Housing Click to view this theme	Children & Young People Click to view this theme
Crime & Community Safety Click to view this theme	Deprivation Click to view this theme	Health & Social Care Click to view this theme	Environment Click to view this theme

Welcome to the Croydon Observatory

The Croydon Observatory provides access to data and information about Croydon. It is an information sharing, mapping and reporting website that can be used by anyone.

Information and data on this website can be used by local government, community and voluntary sector organisations, partnership members, businesses, students and the public.

Click on the tab headings above or select from the options below, by themes, to view more information.

Quick Ward Profile
Enter a post code or click on a ward on the map below to view an overview profile

Search by postcode

Total resident population
382,304
2016
Source: Office for National Statistics

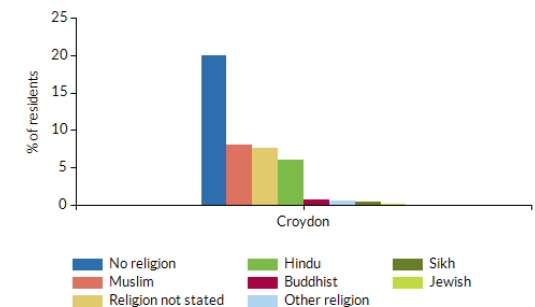
Religion

Religious populations in Croydon

Faith	Number	%
Christian	205,022	56.4
Budhist	2,381	0.7
Hindu	21,739	6
Jewish	709	0.2
Muslim	29,513	8.1
Sikh	1,450	0.4
Other Religion	2,153	0.6
No Religion	72,654	20
No Response	27,757	7.6

Source: ONS Census 2011

Non-Christian religious makeup of residents



Source: ONS Census 2011

JSNA Key Dataset



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JSNA KEY DATASET

The JSNA key dataset is an annual report which shows how Croydon compares with London and England across a wide range of indicators related to health and wellbeing.

Current Dataset

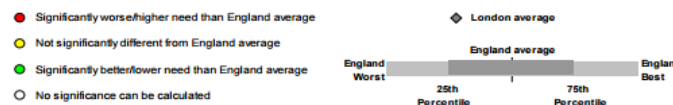
[JSNA Key Dataset September 2016](#)

Previous Datasets

- [JSNA 2012-13 Part 1 Croydon Key Dataset](#)
- [JSNA 2013-14 Part 1 Croydon Key Dataset](#)
- [JSNA 2014-15 Part 1 Croydon Key Dataset](#)
- [JSNA_2015-16_Key_Dataset](#)

- 200+ indicators
- Previously updated annually
- Moving towards monthly updates from end of September

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Healthy life										
Life expectancy	149 Life expectancy at birth (men) in years	80.3	80.3	79.5		▶	▶	2012 - 14	PHOF	✓
	150 Life expectancy at birth (women) in years	83.6	84.2	83.2		—	▶	2012 - 14	PHOF	✓
	151 Life expectancy at age 75 (men) in years	12.2	12.2	11.6		—	▶	2012 - 14	NHSOF	✓
	152 Life expectancy at age 75 (women) in years	13.7	14.0	13.3		▶	▶	2012 - 14	NHSOF	✓
Healthy life expectancy	153 Healthy life expectancy at birth (men) in years	64.1	64.0	63.4		▶	▶	2012 - 14	PHOF	✓
	154 Healthy life expectancy at birth (women) in years	63.9	64.1	64.0		▶	◀	2012 - 14	PHOF	✓
Disability-free life expectancy	155 Disability-free life expectancy at birth (men) in years	65.6	64.0	63.3		▶	▶	2012 - 14	n/a	✓
	156 Disability-free life expectancy at birth (women) in years	64.4	64.2	63.2		◀	◀	2012 - 14	n/a	✓
Inequality between areas of deprivation	157 Inequality in life expectancy between areas of deprivation (men) in years	9.4	7.4	9.2		◀	◀	2012 - 14	PHOF	✓
	158 Inequality in life expectancy between areas of deprivation (women) in years	7.6	4.6	7.0		—	◀	2012 - 14	PHOF	✓
Inequality between socio-economic classes	159 Inequality in health status between socio-economic classes (men)	17.2	20.2	17.3		no data	no data	2011	n/a	✗
	160 Inequality in health status between socio-economic classes (women)	18.2	20.2	18.0		no data	no data	2011	n/a	✗



JSNA Statistical Bulletins



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JSNA STATISTICAL BULLETINS

The JSNA statistical bulletins provide a snapshot of publicly released datasets, comparing Croydon figures to London and England.

[Expand All / Collapse all](#)

Croydon Population

- [Population Estimates of Croydon \(2016\)](#)
- [0-17 year old projections \(2017\)](#)
- [Life expectancy in Croydon \(2001-15\)](#)

Children and Young People

- [Smoking at time of delivery in Croydon \(2006-17\)](#)
- [Overweight and obese children in Croydon \(2007-16\)](#)
- [Outcomes of looked after children in Croydon \(2013-16\)](#)
- [Child poverty in Croydon \(2006-14\)](#)
- [0-17 year old projections \(2017\)](#)
- [PHE – Pregnancy and birth in Croydon \(July 2017\)](#)
- [Progression to higher education in Croydon \(2005-15\)](#)

Health and Wellbeing

- [Smoking at time of delivery in Croydon \(2006-17\)](#)
- [Hospital admissions and prescribing for obesity in Croydon \(2015-16\)](#)
- [Life expectancy in Croydon \(2001-15\)](#)
- [HIV prevalence and incidence in Croydon \(2011-15\)](#)
- [Health checks in Croydon \(2013-17\)](#)
- [Registered suicides in Croydon \(2002-15\)](#)
- [Estimates of personal wellbeing in Croydon \(2011-16\)](#)
- [Atrial fibrillation prevalence QOF 2015/16](#)
- [Diabetes mellitus prevalence QOF 2015/16](#)
- [COPD prevalence QOF 2015/16](#)
- [Asthma prevalence QOF 2015/16v2](#)
- [PHE – Croydon Health Profiles \(4Jul17\)](#)
- [Sport England – Croydon Sport Profile \(2015-16\)](#)

Housing and Crime

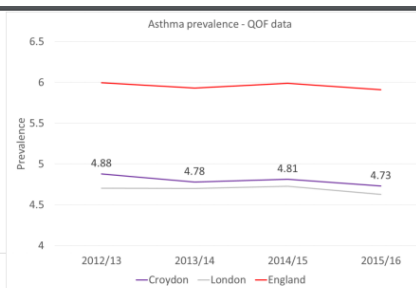
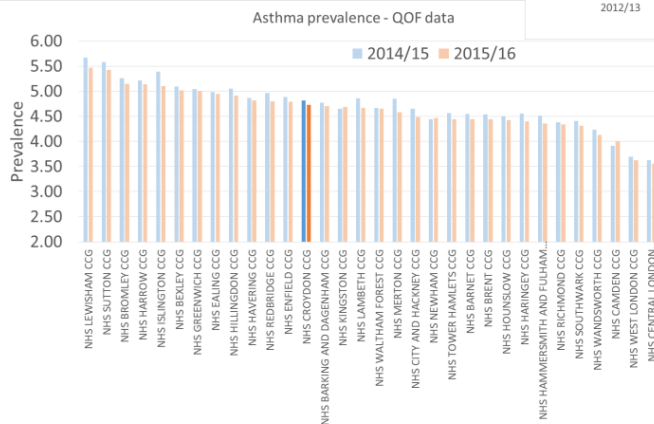
- [Rough sleeping in Croydon \(2010-16\)](#)
- [Housing affordability in Croydon \(1997-16\)](#)
- [Households in poverty in Croydon \(2013-14\)](#)
- [Recorded crime in Croydon \(2007-16\)](#)

- 27 small statistical briefings so far
- Includes 2 PHE briefings and a Sport England briefing
- Briefings selected from PHE data release calendar

Sample pages from asthma briefing

18,994 people registered with a Croydon GP suffer from Asthma (2015/16)

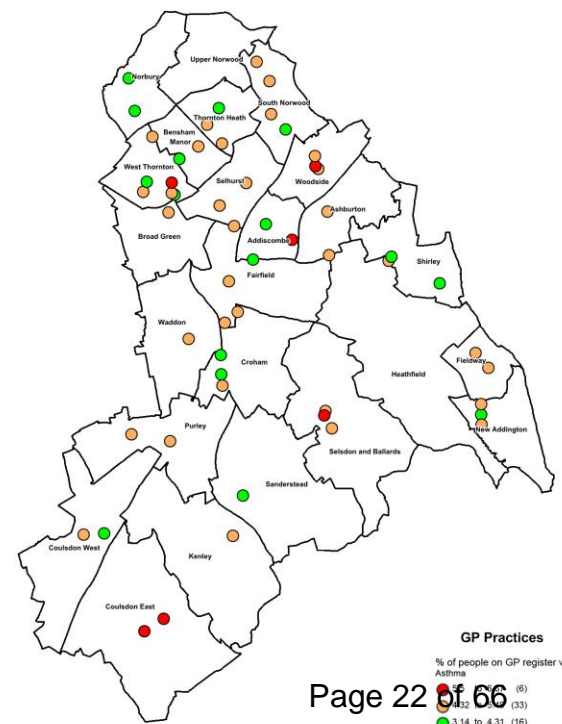
This is **4.73%** of the GP register



Croydon has the **13th highest** rate in London

The decrease of 23 people (0.08%) since 2014/15 is the 18th largest decrease in London

% of QOF recorded cases of people with Asthma registered with GP practices (2015/16)



JSNA Detailed Assessments



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JSNA DETAILED CHAPTERS

These chapters are focussed pieces of work on key topic areas. Key topics are decided by the health and wellbeing board based on recommendations from the JSNA steering group. Stakeholders and partners in the local authority, the health service, the voluntary and community sector and members of the public, are invited to propose topics which are prioritised against a range of criteria.

[Expand All](#) / [Collapse all](#)

What happens to the recommendations of the JSNA? +

Chapters 2009-10 +

Chapters 2010-11 +

Chapters 2011-12 +

Chapters 2012-13 -

[JSNA 2012-13 Easy Read Overview Chapter Summary](#)

[JSNA 2012-13 Key Topic 1 Depression in Adults](#)

[JSNA 2012-13 Key Topic 2 Schizophrenia](#)

[JSNA 2012-13 Key Topic 2 Schizophrenia Appendices](#)

[JSNA 2012-13 Key Topic 3: Emotional health and wellbeing of children and young people](#)

[JSNA 2012-13 Part 2 Overview of Mental Health & Wellbeing in Croydon](#)

[JSNA 2012-13 Part 3 Depression in Adults & Serious Mental Illness Briefing](#)

Chapters 2013-14 -

[JSNA Homelessness chapter 2013-14 FINAL](#)

[JSNA 2013-14 A Rapid Assessment of Population Alcohol Needs in Croydon](#)

[JSNA 2013-14 Chapter on healthy weight](#)

[JSNA 2013-14 Domestic violence chapter](#)

Chapters 2014-15 -

[JSNA_Maternal_Health_Chapter_2014-15](#)

[JSNA_Older_Adults_and_Carers_of_Older_Adults_Chapter_2014-15.pdf](#)

Detailed analysis this year have included

- School Nursing Needs Assessment
- Child Social Care Profile
- Oral Health Needs Assessment
- Substance Misuse Profile
- Pharmaceutical Needs Assessment
- Demographic modelling (projections)

Health and Well Being Strategy 2013-2018

Our priorities for action

- No monitoring of 2013-18 priorities
- Scope to use the Key dataset to shape the priorities for the next HWB Strategy
- JSNA work plan to be based on the new HWB Strategy

<p>Vision: Longer healthier lives for everyone in Croydon</p> <p>Goals</p> <ol style="list-style-type: none"> 1. Increased healthy life expectancy and reduced differences in life expectancy between communities 2. Increased resilience and independence 3. A positive experience of care 		
<p>Improvement area 1: giving our children a good start in life</p> <ol style="list-style-type: none"> 1.1 Reduce low birth weight 1.2 Increase breastfeeding initiation and prevalence 1.3 Improve the uptake of childhood immunisations 1.4 Reduce overweight and obesity in children 1.5 Improve children's emotional and mental wellbeing 1.6 Reduce the proportion of children living in poverty 1.7 Improve educational attainment in disadvantaged groups 	<p>Improvement area 2: preventing illness and injury and helping people recover</p> <ol style="list-style-type: none"> 2.1 Reduce smoking prevalence 2.2 Reduce overweight and obesity in adults 2.3 Reduce the harm caused by alcohol misuse 2.4 Early diagnosis and treatment of sexually transmitted infections including HIV infection 2.5 Prevent illness and injury and promote recovery in the over 65s 	<p>Improvement area 3: preventing premature death and long term health conditions</p> <ol style="list-style-type: none"> 3.1 Early detection and management of people at risk for cardiovascular diseases and diabetes 3.2 Early detection and treatment of cancers
<p>Improvement area 4: supporting people to be resilient and independent</p> <ol style="list-style-type: none"> 4.1 Rehabilitation and reablement to prevent repeat admissions to hospital 4.2 Integrated care and support for people with long term conditions 4.3 Support and advice for carers 4.4 Reduce the number of households living in temporary accommodation 4.5 Reduce the number of people receiving job seekers allowance 	<p>Improvement area 5: providing integrated, safe, high quality services</p> <ol style="list-style-type: none"> 5.1 Redesign of mental health pathways 5.2 Increased proportion of planned care delivered in community settings 5.3 Redesign of urgent care pathways 5.4 Improve the clinical quality and safety of health services 5.5 Improve early detection, treatment and quality of care for people with dementia 	<p>Improvement area 6: improving people's experience of care</p> <ol style="list-style-type: none"> 6.1 Improve end of life care 6.2 Improve patient and service user satisfaction with health and social care services

JSNA going forward

- JSNA core dataset to be updated monthly
- GP Profiles could be included with restricted password access (Health and Well Being Board could access this). Profile good to identify inequalities across the borough
- We will reconvene a JSNA steering group to support the HWB board to develop their strategy and base future work around their priorities

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 13 September 2017
AGENDA ITEM:	11
SUBJECT:	Joint Commissioning Executive-CCG and Council Commissioning intentions 2018/21
BOARD SPONSORS:	Barbara Peacock, Executive Director – People Andrew Eyres, Chief Officer, Croydon CCG
BOARD PRIORITY/POLICY CONTEXT:	
<p>The joint commissioning activity between the Council and CCG will contribute to:</p> <ul style="list-style-type: none"> • longer, healthier lives for everyone in Croydon • increased healthy life expectancy and reduced differences in life expectancy between communities • increased resilience and independence for the people of Croydon • a positive experience of care <p>reference: The Joint Health and Wellbeing Strategy – 2013-18 www.croydonobservatory.org/Strategy_Health_and_Social_Care/</p>	
FINANCIAL IMPACT:	
There are no direct financial implications arising directly from this report.	

1. RECOMMENDATIONS

- 1.1 This report recommends that the Health and Wellbeing Board endorse the approach being taken by the Joint Commissioning Executive in strengthening its effectiveness and developing joint commissioning intentions that focus on high impact opportunities to improve outcomes for the people of Croydon.

2. EXECUTIVE SUMMARY

- 2.1 This report summarises the role of the Joint Commissioning Executive (JCE) of the Clinical Commissioning Group (CCG) and the Council, which was established in 2015 to strengthen the effectiveness of joint commissioning within the Borough.
- 2.2 This report highlights the work being undertaken to develop joint commissioning intentions for 2018/21 that will focus on high impact opportunities, where there is the biggest potential to improve outcomes for residents, tackle high costs, or improve cost avoidance.

3. DETAIL

Role of Joint Commissioning Executive

3.1 The key functions of the Joint Commissioning Executive are to:

- Provide the overall strategic vision and drive to deliver jointly commissioned outcomes.
- Take a strategic overview to identify opportunities for joint commissioning of integrated models of service delivery across health and council services.
- Ensure Croydon continues to use evidence based commissioning practices, informed and supported by public health expertise.
- Consider the inter-relationship between the Joint Strategic Commissioning Intentions and the Health and Wellbeing Board's priorities and work programme and take appropriate action.
- Oversee and review progress against the delivery of the agreed commissioning intentions.
- Provide formal governance for any relevant pooled budgets or joint commissioning arrangements that are developed under Section 75 of the NHS Act 2006, ensuring oversight of decision-making, performance management and agreements about any necessary actions (e.g. BCF).
- To provide overall governance for the delivery of the programme of joint commissioning and take necessary actions to ensure progress and impact reporting to the overarching governing bodies.

Strengthening the JCE

3.2 Since its inception the JCE has been overseeing a very detailed programme of commissioning activity across a range of services, which has made a positive impact for the people of Croydon.

3.3 Key successes of the programme are outlined below under each of the work areas.

Children services

- CAMHS – strong progress has been made against the delivery of the Local Transformation Plan at all tiers of the system. The average wait time for routine mental health services is now 7.8 weeks from referral, the ASD waiting list has also decreased by over two-thirds and a crisis care team is in place, which is significantly improving A&E liaison.
- Review of children's health services – a high level vision for children's health services has been developed by a new children's health steering group as part of the framework for 2017-18 review of services. This is in the context of the South West London Sustainability and Transformation Plan.

- Maternity – personalisation and choice. Croydon is one of the 7 national pilots, with the roll out of maternity choice budgets being on target.
- Maternity – patient experience, the Family and Friends Test (FFT) scores for Croydon Health Services maternity unit are consistently good.
- Health visiting – there has been improved performance on 3 of the 5 mandated health checks compared to the position when the service was transferred to the Council. Further work will be taking place to increase delivery of mandated services in line with resources.
- Family Nurse Partnership - an in-depth review of the programme has taken place including considering its value for money, impact and future commissioning options. The service outcomes delivered are strong and the review is providing the platform for detailed service remodelling which will take place this year.
- School nursing – a revised commissioning strategy has been put in place as part of wider review.
- Weight management –the re-commissioning of the service is underway.

Older People

- A formal commissioner and provider Alliance has been entered into by 6 partners across the health and social care system in Croydon on a 1+9 contract term. This is currently in year one, the transition year with a formal decision to be taken in December 2017 for extension into the 2-10 year period. This lays the foundation for integrating our services with a focus on outcomes for our over 65s in Croydon that promotes prevention, self –care and person centred services.
- The Alliance is delivering its year one transformation programme, focussing on out of hospital services for people, developing prevention services and putting in place re-designed reablement services, which went live on the 7 August. An integrated Council and CHS Living Independently For Everyone (LIFE) team will go live in October 2017 which is the Community Intermediate Care Services (CICS) and reablement teams being integrated into the new ‘LIFE’ service. These will in turn be joined by Rapid Response and A&E Liaison in December 2017 supporting hospital prevention, early discharge and appropriate initial and ongoing care.
- To ensure patients are spending no longer than necessary in an acute setting, ‘Discharge to Assess’ will be piloted during September and October 2017, before being more widely implemented across the borough by March 2018.
- Our Integrated Community Networks (ICNs), wrapped around GP geographical networks are starting to have a positive impact. Multi-disciplinary ‘huddles’ offering targeted holistic support to high risk patients have been rolled-out to 6 GP practices, and will be rolled-out to all practices across the borough during the remainder of 2017/18.

- A new year's 2-10 Outcomes Based Transformation Plan is being developed for sign off by the end of October 17. A focus on planned care, active and supportive communities, care homes, mental health, falls and key enablers such as workforce, organisational development and IM&T are the main features.
- The Equipment Service has undergone a major review and the trend towards significant overspend has been brought under control. The service has been transferred back into LBC as an 'in house' service. The Council and CCG are managing the development of this service through the OBC Alliance Model of Care; opportunities to improve telecare/telehealth services have already commenced and will form part of the year 2-10 Alliance Transformation plan.
- The Better Care Fund narrative and activity plan for the next year has been co-developed by the CCG and The Council (Through the BCF Executive Group) for submission on 11 September. The iBCF plan has also been developed by the BCF Executive Group, alongside the refreshed S75 Agreement.

All Age Disability 0 -65

- Progress is being made to achieve the most appropriate placements and outcomes for the Transforming Care cohort. Successful move on's have taken place for 4 people, including 3 residential placements and one supported living. Care and treatment & Treatment Reviews have been carried out with everyone. There is robust dialogue regarding the NHSE specialist commissioned cohort which currently stands at 9.
- High Needs Project – the project which started in March 2016, has both supported improved outcomes for people and has delivered savings of £950k. This has been achieved through negotiating with providers to reduce package costs, supporting people to move to more independent care provision and ensuring people are funded from the correct part of the Health and Social Care system.
- Carers Resource Allocation System – this has been put in place to allow equitable allocation of financial support for carers to help meet their health and wellbeing outcomes is in place. It is being delivered by third sector partners and social workers
- Advocacy services are being jointly commissioned for all disability groups, with the tender planned to go live in September 2017.
- A joint approach to facilitating the market to provide more personalised services is required, including how we micro commission from the sector.
- There are some joint commissioning posts in place for mental health and learning disabilities. Integrated commissioning arrangements and benefits need to be evaluated and reviewed to support understanding of the most effective commissioning structures and models.

Public Health Live Well Programme

- The Live Well website 'Just Be' launched in November 2016. There has been good uptake of the website;
 - 3,406 website users.
 - 546 completed health MOT.
- Key members of the Live Well team are in post and have completed training. The face to face service started in April.
- The Primary Care commissioning process started in April and has been completed. We have 11 pharmacy sites providing the face to face service which supports residents in health lifestyle choices such as smoking cessation, healthy wealth management, physical activity and reducing high risk drinking.
- The Secondary Care commissioning process started in May and has been completed. Croydon University Hospital has been awarded the contract providing a face to face service from the hospital site, targeting inpatients.

Mental Health

- There has been continued expansion of the Croydon Improving Access to Psychological Therapies (IAPT) Service supporting people with Common Mental Illnesses, such as anxiety and depression. The Access rate has increased year on year from 3.75% in 2013/14, with a planned performance trajectory of 11.1% for 2017/18. The service is currently undergoing a re-procurement with further expansion in service capacity planned for 2018/19 and increasing service capacity throughout the life of the contract.
- The CCG continues to work with SLAM and Local Authority colleagues in the Discharge Task and Finish group to unblock barriers to patient discharge from Mental Health Acute beds. This work has led to a reduction in the number of bed days lost due to patients being delayed transfers of care. This work has also resulted in the reduction in the length of stay in mental health acute beds, with more people being effectively discharged into the community. Community Mental Health Services have been expanded to enable a greater number of people to access services in the community; aiming to reduce the reliance on inpatient services. This includes increased capacity of the Mental Health Primary Care Support Service and Assessment and Liaison Services which are both primary care facing. The Home Treatment Teams Personality Disorder Services and the Early Intervention in Psychosis Service have all been expanded, enabling greater resource of Secondary Mental Health provision in the community. The Early Intervention in Psychosis Service is also meeting the national standard of patients achieving the 2 week waiting times for assessment and implementation of an appropriate package of care.

- Dementia diagnosis rates have improved and been maintained with the national Dementia Diagnosis target being met for the first time in December 2016. Croydon is still compliant with the 66.7% target. This has shown a steady increase since April 2014 when the rate was 46.5%. Through the Better Care Fund, the Dementia Advisors Service has been commissioned and is now established, providing post diagnosis support for people with Dementia and their families in the community, and is available through self-referral where people have a diagnosis of Dementia. Further investment is planned in both primary care to support better Mental Health Care in Croydon, and in crisis provision through the development of Liaison Psychiatry services at Croydon University Hospital which will meet the ‘Core 24’ national standard.

3.4 Given the significant national and regional changes in the Social Care and health economies, the regional developments and the joint contribution to the over 65 programme, the JCE have agreed to revisit the terms of reference, to ensure they are fit for purpose for the coming few years. The focus of the JCE’s refresh will be to respond to those significant developments and strengthen the work of the group to further demonstrate the impact on outcomes of joint commissioning to the benefit of the people of Croydon and to link this to key health and well-being priorities. This will include considering how the JCE relate to the refreshed Health Wellbeing Board, changes in the Better Care Funding approach and the Croydon Alliance. The primary focus will be to continue to improve outcomes for local people. The revised terms of reference will report to the HWBB in December.

Development of the Joint Commissioning Intentions for the high impact opportunities

3.5 Both the CCG and Council have spent time developing their commissioning intentions and have also looked at joint commissioning opportunities. The key areas of joint commissioning and how they relate to the Health and Well Being Strategy are set out below:

HWBB Priorities	Joint Commissioning Executive - Joint commissioning priorities
1. Giving children the best start in life	<ul style="list-style-type: none"> • Deliver the children’s health transformation programme covering acute paediatrics, community medical services, diagnosis pathway for autistic spectrum disorder (ASD) and a review of health services for children with SEN and Disabilities. • Implement the refreshed Local Transformation Plan for children’s mental health services. • Develop and put in place an agreed commissioning strategy and transformed service models for children’s public health services. • Reshape early help commissioned services in line with the refresh of the early help approach, strengthening their contribution to safeguarding. • Implement the South West London STP and local commissioning plans for maternity including the Better Births action plan.

<p>2. Preventing illness and injury and helping people recover</p>	<ul style="list-style-type: none"> • Create new pathways to reduce length of stays in hospital and appropriate discharge arrangements. • For people with mental health needs, promote effective recovery and re-procurement of IAPT services, including expansion of the IAPT Long Term Conditions Pilot to better support people with long term physical health conditions to manage their mental health and mental wellbeing.
<p>3. Preventing premature death and long term conditions</p>	<ul style="list-style-type: none"> • For people with mental health needs, develop a suicide prevention strategy. • Develop dementia friendly services across the Borough. • Increase uptake of Annual health checks for people with a learning disability. • Implement lessons from Learning Disability Mortality reviews.
<p>4. Supporting people to be resilient and independent</p>	<ul style="list-style-type: none"> • Together for health: promoting and encouraging prevention, self-care and self-management. • Through the Croydon Alliance, use resources wisely to transform care to help people look after themselves, and when people do need care, they will be able to access high quality services. • Provide high quality, safe, seamless care to the older people of Croydon that supports them to stay well and be independent. • Improved access through community provision and earlier intervention for people with mental health needs.
<p>5. Providing integrated safe and high quality services</p>	<ul style="list-style-type: none"> • Redesign and jointly commission adult mental health services. • Delivery of the South West London transformation plan for people with disabilities. • Through Outcomes Based Commissioning, develop new models of care for over 65s.
<p>6. Improving peoples experience of care</p>	<ul style="list-style-type: none"> • To ensure a co-ordinated, personalised experience that meets older people's needs.

3.6 A workshop bringing together commissioners and service leads from across the Council and CCG is taking place in October to begin to prioritise the programme for next year. This will be an opportunity, working with Public health, to develop detailed commissioning plans where effective joint commissioning will make the biggest difference to the areas and outcomes that require the greatest improvement for the people of Croydon.

3.7 The JCE will report the detailed commissioning programme progress to the next HWBB in December.

4. CONSULTATION

4.1 The JCE members have developed this approach in conjunction with lead commissioners and heads of service across the Council and the CCG.

5. SERVICE INTEGRATION

5.1 Opportunities for further service integration will be considered as part of the analysis of the High Impact Opportunities.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no direct financial implications at this stage.

6.2 As the commissioning opportunities are developed it is essential to ensure best value for money is achieved.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations at this stage.

8. EQUALITIES IMPACT

8.1 The council and CCG have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents. We are aware that many factors combine to affect the health and wellbeing of individuals and communities.

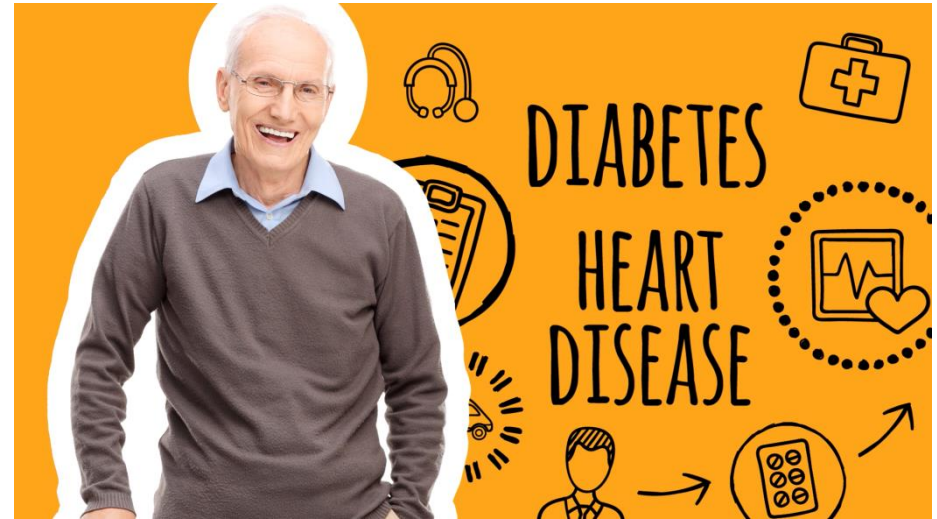
8.2 The Marmot review; 'Fair Society, Healthy Lives', published in 2010, confirmed that health inequalities result from social inequalities and that action is required across all the wider determinants. The review identified the need for action to focus on reducing the gradient in health by focusing on those most in need.

8.3 The joint commissioning intentions will inform commissioning decisions across local services focussing on the needs of service users and communities based on evidence provided in the Joint Strategic Needs Assessment and other local data in relation to specific areas.

8.4 Equality Impact Assessment will be completed when producing individual commissioning plans so that the duties in the Equality Act are fully met.

CONTACT OFFICER: Sally Wadsworth Category Manager Early Help and Child Health 0208 726 6000 X 61173

BACKGROUND DOCUMENTS: None.



South West London Sustainability and Transformation Partnership

SWL Programme Update September 2017

Start well, live well, age well

This report provides an update on the major work programmes across the south west London Sustainability & Transformation Partnership (STP), as of September 2017. This update is the first in a new series of regular reports to CCG Governing Bodies, Local Transformation Boards, Health and Well Being Boards, Trust Boards, Local Authorities and wider stakeholders across SW London. Comments are welcome on the format, content and channels for dissemination for future reports to ensure that this is a robust and useful report.

Summary highlights for September:

- A **refresh of SW London STP strategy** is being undertaken in order to ensure we move towards local planning and delivery to keep people healthy and out of hospital, and to ensure that delivery is centred around the Local Transformation Boards.
- **Local Transformation Boards (LTB)** and new ways of working across Local Delivery Units (LDUs) continue to be embedded to lead the development and delivery of the local health and care models.
- **5 Year Forward View programmes across SW London in Urgent & Emergency Care, Cancer, Primary Care and Mental Health** are beginning to ramp up with delivery plans submitted in June and detailed implementation planning now underway.
- In addition, further work continues in delivering a common approach to **Musculo-Skeletal Services (MSK) and Effective Commissioning Initiative** across SWL as well as agreeing a delivery plan for **Maternity** to meet the Better Births recommendations.
- Enabling programmes in **Digital, Workforce and Estates** are focusing on supporting the transformation required across SW London, including – becoming a national digital exemplar, implementing the Electronic Referral System (ERS), establishing a Local Workforce Action Board and developing common approaches to estates development and monitoring.
- A new approach for **Communications and Engagement** is to be taken to shift the focus locally into the four Local Transformation Board areas. This will include strengthening engagement with local Healthwatch organisations, Overview and Scrutiny Committees and patient groups.

Refresh of SW London Sustainability & Transformation Partnership (STP) strategy



- The Sustainability and Transformation Partnership for SW London, which includes the NHS and local authorities is currently **refreshing its strategy**.
- Since the publication of the SW London STP document in November 2016, we have held **a series of public engagement events and more in-depth conversations** with our stakeholders. As a result, the STP programme Board is now updating its approach and primary focus.
- We want to **strengthen the focus on keeping people healthy**. Getting involved earlier, as soon as vulnerable people start to become ill at home. We want to **stop people from becoming more unwell** and give them the right support at home so that they don't need to be admitted to hospital. We know that being in hospital can in some cases lead to either a reduction in people's independence, or even getting an infection. If people do go to hospital, **we want to get them home**, so they can **recover more quickly in their own bed**, with the right care and support.
- To achieve this **focus on keeping people well**, the SW London STP recognises that **a local approach works best**. The NHS working jointly with Local Authorities and local people within boroughs, will **plan care based on people's health and care needs** from local-communities upwards. We want to move the conversation on, to be about planning and delivering care in these four health and care partnership areas:
 - Kingston/Richmond
 - Sutton
 - Croydon
 - Merton/Wandsworth

- We will also be working with our partners in Surrey, and London borders. By the end of November these health and care systems will have **reviewed the feedback from local people** over the last 6 months, analysed their local data and identified their challenges. They will then set out how they plan to work together to improve services for local people, and be clinically and financially sustainable into the future.
- We will now take advice from the local stakeholders and **build on engagement to date** to involve local people in planning services going forward. If any proposals would mean significant change, the statutory organisations would of course consult local people, with advice from our Overview and Scrutiny groups in each area, and our Health Watch partners.
- Since the October 2016 version of the STP was published, NHS leaders have now stated that **all hospitals in South West London will continue to be needed in future**, but that not all these hospitals will need to provide the same services that they do today.
- In November, we will **publish an updated and refreshed strategy document** that will consolidate this view and strengthen our major focus on working together in local health and care partnerships, to keep people well and out of hospital.

Updates on Local Transformation Boards (LTBs)

- LTBs are in place and meeting on a monthly/bi-monthly basis for each local delivery unit (LDU), with core representation at senior clinical and management level from respective CCG, Local Authority, Acute, Community Health, Mental Health, GP Federation/Collaborative, Healthwatch, and Voluntary sector organisations.
- All LTBs have been developing their terms of reference and ways of working.
- The focus of the LTBs have included:
 - **Croydon:** agreeing the out of hospital health and care model business case.
 - **Sutton:** reviewing progress of the development of the health and care model, beginning to look at accountable care system model. Continued work on activity and financial modelling.
 - **Merton & Wandsworth:** reviewing demographic growth analysis, and progress of planned, emergency, and primary care model developments. Continued work on activity and financial modelling.
 - **Kingston & Richmond:** reviewing progress of the development of the health and care model, the LTB workplan, and initiation of work on how to develop an accountable care system.

Re-launch of refreshed Croydon Transformation Board met on 27 July 2017 bringing together senior leaders from across the Croydon health and care system

Board will meet every second month to consider how we might:

- best work together to improve the health of Croydon people
- improve the quality of care available
- make sure that as a system we can deliver the best possible outcomes within the resources we have available between us

Given the challenges and the ambitions we share, cross-system working is key to delivering improved health outcomes and enhanced value for Croydon citizens.

At the core of our work as a partnership is:

- transforming services to become more prevention focused
- more joined up and more responsive to the different needs of communities and individuals

Croydon Transformation Board membership

The core membership of the LTB comprising of representatives (managerial and clinical or professional) of:

- Croydon Clinical Commissioning Group
- Croydon Local Authority
- Croydon Health Services NHS Trust
- South London & The Maudsley Mental Health Trust
- Croydon GP Collaboration

In attendance:

- Healthwatch Croydon
- Commissioning Support as appropriate
- LTB Programme Management Office and Administrator

The LTB is supported by the Croydon Transformation Delivery Group – a group of professionals from the core partner organisations at director and associate director level

Tackling problems together and building on learning

- Some of our challenges can be tackled at a borough-wide level, such as securing and developing our workforce. For example, by offering portfolio careers and the opportunity to work across partners, we can attract and retain key workers which are in short supply, across a wide range of care professions from social workers, nurses and allied health professionals and GPs.
- The Board recognised that the views of citizens, service users and carers are crucial to delivering our vision. Healthwatch Croydon have agreed to work with Croydon partners to bring together a united approach to citizen participation and involvement at all levels of transformation work.
- We are drawing on the learning from our Outcomes Based Commissioning of services for older adults. This work draws partners together from across the public sector to provide integrated, sustainable high quality services for Croydon residents over 65.
- We will wish to test the extent to which similar models and approaches can be used, not just for different age ranges, but also for specific groups of the population, for example, those with complex needs.
- The Board recognised that its own role in encouraging and facilitating relationships to enable and support similar future developments would be crucial to success.

SWL Urgent & Emergency Care Transformation & Delivery Board

- Since April 2017, significant progress has been made to strengthen the leadership and governance for the Urgent & Emergency Care programme across SWL. A&E Delivery Board Chairs (AEDB) were consulted on a draft proposal to establish a **SWL Urgent & Emergency Transformation & Delivery Board (UECTDB)** which had its first meeting in May and has since met on a monthly basis.
- The Board brings together the AEDB Chairs, Acute Trust Chief Executives, Executive Leads, Clinical Leads and is chaired by Jonathan Bates, Senior Responsible Officer for Urgent Care.
- The Board oversaw the development of the **SWL Urgent and Emergency Care(UEC) Delivery Plan** which was submitted to NHS England at the end of June. The Board is looking at areas where learning and good practice can be shared and disseminated across local AEDBs and where we can work on improvements that can be addressed collectively across SWL.

SWL UEC Delivery Plan

The SWL UEC Delivery Plan outlines the priorities for 2017/18-18/19, in line with national and regional expectations to transform urgent & emergency care and get A&E performance back on track.

The priorities include: NHS 111 and 111 Online, GP extended access, Urgent Treatment Centres, ambulance demand management, improving care for the frail elderly, improving hospital flow, Mental Health Crisis Care and Care Homes. Work is underway in all these areas, including:

- A SWL London Ambulance Service (LAS) working group has been in place since May with a focus on demand management across SWL.
- Developing the current 111 Integrated Urgent Care service across SWL to meet the requirement for increased clinical cover by a GP.
- Designation of Urgent Treatment Centres continues, with 3 facilities still to be designated. A further SWL stock-take is to be carried out by the end of Summer.
- A UEC Leads forum is also being set up to support the sharing of learning and also to support and inform a SWL approach where this is appropriate.
- Working with the London Collaborative to build local expertise and local leadership to transform services

Cancer performance across SWL

- Delivery of the **62 day standard** across SWL remains strong and above trajectory. There remains challenges for meeting the 2 week waits at St Georges Hospital and there is a possibility that this will impact the 62 day standard into the Autumn.
- The Cancer System Leadership Forum, which includes Trust Operational Leads and CCG Cancer Commissioning Managers, continues to implement the 62 day sustainability programme.
- Work continues across SWL to recover performance against the 6 week standard for diagnostics.

SWL Cancer Delivery Plan

- The SWL STP Cancer programme is working alongside Royal Marsden Partners Cancer Vanguard to deliver improvements to cancer services across SWL and NWL STPs.
- A **delivery plan and transformation funding bids** were submitted to NHS England in March 17. Transformation funding has now been secured for Early Diagnosis, with further funding for Stratified Follow-up and the Recovery Package is due to be released by the Autumn.
- The SWL Cancer Delivery Group, which includes CCG and Trust Cancer Clinical Leads and Commissioning Managers, previously agreed the major priorities for joint working across SWL including prostate cancer stratified follow-up, improving bowel screening uptake and implementing the recovery package.

Prostate Cancer Stratified Follow-up

- SWL Cancer leads have agreed a **clinical pathway and model for primary care led follow-up** for stable prostate cancer patients, building on the pathway already in place in Sutton and Croydon.
- Early engagement with Surrey and London-wide LMCs is in train. They have signalled support for the pathway and work will continue to negotiate consistent pricing.
- A business case and draft service specification has been developed.
- Acute Trusts are reviewing the processes and patient cohort to identify likely activity figures.
- Transformation funding has been agreed and due to be released in the Autumn.

Improving bowel screening uptake

- All CCGs continue to **drive improvements to bowel screening** with a range of incentive schemes and initiatives in place.
- The SWL Cancer Delivery Group is working with RM Partners, Transforming Cancer Services team and other partners such as Cancer Research UK and the St George's screening centre to agree a SWL approach for accelerating these improvements through use of the Cancer transformation funding.

Primary Care

The primary care programme submitted a delivery plan to NHS England in June 2017, this set out our strategy and delivery plan in a number of key areas aligned to the GP Forward View. Achievements from the first three months of the financial year include:

- Working closely with CCG Primary Care Lead colleagues to ensure that each CCG was providing extended general practice access for its patients. Significant progress has been made and now all 6 CCG's are providing some form of extended access to general practice 8am-8pm, 7 days a week.

A workforce group has been established to support the transformation of primary care and they have completed the following work:

- **A workforce audit**, which was completed by 37 practices across SWL, to understand demand for primary care and how skill mix could be used to manage demand in new ways. The results will be used to support transformation of the primary care workforce.
- Croydon, Sutton and Wandsworth bids for the **clinical pharmacist programme** have been successful, with an aim to extend this across SWL in the remaining part of the year.
- The move towards **locality working** has been supported through workforce modelling, discussions at individual CCGs, and aligning the primary care workstream with other areas of the out of hospital transformation programme.
- To **support practices in managing demand**, we were successful in securing resource for 3 cohorts of practices to be part of the productive general practice programme. Practices involved will have the opportunity to work with external change and Quality Improvement specialists to support them to become more efficient and release capacity. Learning from the programme will be shared across SWL.
- We have also begun to explore **increasing the use of technology in primary care**, such as online consultations, and held a roadshow to understand the solutions available in the market. Our patient group is informing this work through discussions about what patients want from technology solutions.

Mental Health

- The Mental Health programme has moved quickly since April 2017. The programme now has dedicated programme support and submitted a delivery plan to NHS England at the end of June. The SWL Mental Health Network is overseeing the work to implement this delivery plan.
- **Key priorities** of the plan include: Children & Adolescent Mental Health Services (CAMHS), perinatal mental health, improving access to psychological therapies (IAPT), community and crisis services, dementia, forensic services and suicide prevention. Ensuring mental health is embedded within the work of each transformation workstream to drive integration of physical and mental health is a theme running throughout the work.

Progress to date includes:

- Developing a **service model for community perinatal mental health services across SWL**, which would meet best practice guidance set out by Royal College of Psychiatrists. A bid for funding has been produced which will be submitted to the Community Perinatal Mental Health Services Development Fund in September 2017. This service will dramatically improve quality of care offered to women and their families during pregnancy and in the first year after birth.
- St Georges, Croydon, St Helier, and Kingston bids to **improve psychiatric liaison services** were all successful. From April 2018, all SWL acute hospitals will be compliant with “Core 24” standards, improving the care for people with mental health needs presenting at A&E.
- SWL work to support the London-wide agenda around **Health Based Places of Safety** is ongoing; testing the case for change and options locally, ahead of London wide pre-consultation engagement beginning in autumn 2017.
- The South London Mental Health Partnership (made up of SWLStG, SLaM and Oxleas) have successfully bid to **pilot new models of care for adult forensic and Children & Adolescent Mental Health Services (CAMHS)**. These new models of care aim to transform the pathways, ensuring high quality care is available locally and that investment is used efficiently across the whole pathway.
- Work is underway across SWL to produce **local suicide prevention plans**, which will be complete by end of December 2017. Plans will draw on local and national best practice and identify things that should be done once across SWL e.g. work with the transport and river networks.

Integrated Community Care

- SWL is delivering **the transformation of community based services** through our four Local Delivery Units. This work is driven and overseen by the Local Transformation Boards (LTBs)
- LTBs are in the process of developing their models of care, setting out how they will **improve and develop integrated community based care**. This work involves developing the narrative plans, as well as modelling the activity and financial impact of the plans
- Whilst the work is being driven locally, there are **a number of common areas of priority across the four LTBs**. These include: integrated locality teams, intermediate care and crisis response, enhancing health in care homes, and end of life care
- **Progress to date from the LTBs includes:**
 - Implementation of pilots to test new care models and ways of working, for example:
 - Multi-disciplinary GP practice huddles are being assessed in Croydon, to form the basis for new ways of working in integrated locality teams.
 - Multi-disciplinary working, including health clinics for older people, are being assessed in Kingston and Richmond.
 - Community health and social care teams are being brought together in Sutton's Wallington locality
 - Work is underway across SWL to share learning from the Sutton Care Home Vanguard to implement the best practice interventions across the rest of SWL.
 - Work continues across SWL to embed the best practice in end of life care including identifying priority areas for joint working across SWL.
- These examples of **new ways of working across community based teams** will drive the further development and refining of LTB plans, with learning being shared across SWL.
- A tool has been developed which will **support LTBs to understand the activity and financial impact** of their plans for integrated community care.

The 6 SWL CCGs have agreed joint investment in Medicines Optimisation, including initiatives to:

- Get better value for money for high cost drugs prescribed in secondary care by working with hospital colleagues to optimise high cost drug pathways and improve the procurement of high cost drugs.
- Get better value for money from our primary care drug spend by supporting patients with their self care where appropriate and working with prescribers to reduce prescribing of items which are less cost effective
- Support care homes to reduce the significant waste of prescription items which are paid for from primary care prescribing budgets
- Support patients and carers to take control of their care and their medicines by reducing over-ordering of items which are not needed and may, for example, expire before they are needed, checking prescription items before leaving their community pharmacy and training GP practice staff on the prescription reordering process
- Work with specialist colleagues to reduce the variation and price differences we have across SWL in the products available to patients for Oral Nutritional Supplementation (ONS) , Stoma, Continence and Wound Care.

The 6 CCGs are also working together on the 'Effective Commissioning Initiative'

- The Effective Commissioning Initiative (ECI) policy contains a list of surgical procedures that are effective treatments only when certain clinical criteria are met. This is to ensure that patients receive the most appropriate care they require and that NHS funds are spent most effectively for the population of SWL.
- CCGs in SWL updated the ECI policy individually and signed these off in their Governing Bodies in Q4 of 2016/17. Although considerable similarities remained variation increased leading to inequality in access to surgical procedures listed in the ECI policy and leading to implementation challenges for providers.
- Variations are being aligned in a new ECI policy for SWL, which is due to be discussed and finalised by the Committee in Common of CCGs on 16 November.

Planned Care - Musculo-Skeletal (MSK)

Musculo-Skeletal (MSK)

- The output from the Musculo-Skeletal (MSK) workshop in July was for 6 CCGs to agree a shared direction of travel:
- All to achieve an **integrated MSK¹ Single Point of Access with Triage²** by the end of 2017/18
- For CCGs to **work together** and achieve as much commonality as possible in terms of specification and delivery
- Work together to identify and look at **how to close gaps** in the system, for example Pain Management, and also how to **support patients to self-manage** their condition better.
- This direction of travel was **supported by the Clinical Board on 3rd August** and a paper on how best to achieve a fully integrated MSK service across SWL is currently being drafted with support from senior clinicians and commissioner planned care leads.
- Work is ongoing to **identify more areas in Planned Care** where we may wish to undertake work on a SW London basis. Ears Nose and Throat is currently being discussed.

¹: *Integrated MSK includes Physiotherapy, Pain Management, Rheumatology and Trauma/Orthopaedics*

²: *Triage in this context is clinical assessment of an inward referral to decide the right treatment*

- Since April, the SWL Maternity Network refreshed its terms of reference **to become the SWL Local Maternity System (LMS)**, as required by NHS England in line with the national commitment to deliver the Better Births recommendations for improving maternity services by 2020/21.
- The SWL LMS is led by Ann Morling, Director of Midwifery, CHS and Dr Anu Jacob, SWL Clinical Lead for Maternity. The LMS membership comprises Heads of Midwifery, Obstetric Clinical leads, CCG Maternity Clinical leads, Commissioning Managers, Local Authority, Patient and Public representatives as well as representatives from Obstetric Anaesthesia and Neonatology.
- All Trusts in SWL are **piloting “My Maternity Journey in SW London”** which provides consistent information on local maternity services, the maternity pathway and supports women to make informed choices about their care. This work is being undertaken as part of the NHS England funded Pioneer for Choice and Personalisation which runs to April 2018.
- Planning is underway **to develop a delivery plan for the SWL Local Maternity System** to respond to the national maternity review. The delivery plan is due to be submitted to NHS England by October 2017.

SWL Digital Programme

- **Locally led** and supported at a SW London level, we are working hard to build on last year's **first Local Digital Roadmap**. In the last three months we have set in train a number of pan SWL initiatives.
- We have a **new whole system SWL Digital & Technology Board** with representation from all acute, mental health, primary social and community care partners across SWL
- For 2017/18, we obtained **sponsorship at the first SWL leadership conference**, to prioritise 3 Digital SWL initiatives:
 - To pursue support and funding for SWL to become England's first place based national digital exemplar (GDE)
 - To deliver the nationally led electronic Referral System (eRS) across primary and secondary care services
 - To ensure our citizens and patients have access to digital applications that facilitate and support self care and service signposting.
- Having written and submitted two digital business cases this year, we are going to **support all our systems to be connected and extend access and input** to shared care records across SWL.

- The priority since April has been to **move from strategic planning to implementation**. The joint Local Workforce Action Board (LWAB) with Health Education England has been re-launched.
- A delivery plan has been agreed that includes discrete workstreams on **Recruitment and Retention and Prevention and Wellbeing** plus joint work with the mental health, primary care and UEC programmes to address the workforce issues arising from their plans. Two programme managers have been recruited and commenced work in mid-August.
- **Our priorities for the next three months are to:**
 - Prepare for **commissioning of pan-SWL training** in Making Every Contact Count and Social Prescribing
 - Scope employers' involvement with the **Mayor's Healthy Workplace Charter**, encourage new participants, identify and scale up relevant initiatives to support progress through the stages
 - Develop an action plan based on the **recommendations of the new Recruitment and Retention working group** and commence implementation
 - Support the Mental Health programme team to **develop a local mental health workforce plan** as required by the national plan
 - Commence **scaling up of various local mental and physical health** initiatives
 - Develop **workforce plans** with remaining STP programmes

- The SWL Estates Board meets monthly, bringing together estates leads from all partnership organisations. The **SWL estates delivery plan** is under consultation and due to be agreed by partners by September.
- SWL estates leads support a strategy to ensure land and property in use across the health and social care system is **fit for purpose, accessible and drives value**.
- Estate use needs to be assessed and monitored to achieve efficiencies and avoid extra requirement for additional capital investment. SWL estates leads are developing tools and options to support Local Transformation Boards in this process.
- **Local Transformation Boards** will lead on confirming local estates needs following on from the confirmation of local health and care models from November 2017.
- Bids for a possible autumn **allocation of capital** are to be prepared by early September. Funding availability is subject to demonstration of proposals which are transformational for services and secure value for money.

- As part of the STP 'refresh', top level 2017/18 operating plans are now being modelled at Local Transformation Board level
- LTBs are expected to complete health and care modelling by 30 September 2017
- Growth rates and savings will be reviewed against original STP assumptions
- Updated bids for capital funding to be submitted to NHSI on 11 September 2017: main criteria for assessment will be how transformational schemes are, how they support delivery of the STP and return on investment. Bids need to fully worked up business cases with supporting evidence.
- Financial management at SWL level ongoing: monitoring of QIPP and CIP delivery, SWL financial position and risk, reporting to monthly Finance & Activity Committee and to NHS England and NHS Improvement via regular assurance meetings

Update from the STP Programme Board

- STP Programme Board met on 20th July
- Support was given on the proposed future model of the Clinical Board
- Updates on the four national programmes were received; UEC, Primary Care, Cancer and Mental Health
- Health Care Model updates were received from the four Local Transformation Boards
- A draft refreshed narrative and approach to the STP was received by the Board, which outlined the next phase of communications and engagement
- The Board received an update on the Epsom & St Helier estates engagement process
- Support was given to the revised STP Leadership arrangements, a new Quartet arrangement was approved which is the Senior Responsible Officer (Sarah Blow), A Local Authority Representative (Ged Curran), A Provider representative (John Goulston) and a Clinical Chair (Dr Naz Jivani)
- Feedback from the Finance & Activity Committee from 14th July was received

Update from the SWL Clinical Board

- Clinical Board met on 3rd August
- Agreement was reached on the core functions and on the revision membership of the Board
- The Clinical Board gave approval to progress with a standardised approach to MSK across SW London
- A paper was presented on the Epsom & St Helier clinical model, long term estates engagement. The Board acknowledged the paper and supported the principles outlined
- STP Clinical Standards paper with which each SWL acute trust should meet was received and reviewed. The Board gave recommendations on content changes with particular focus on acute medicine and paediatrics
- Mandate was given to a SW London wide ENT approach to modeling, similar to MSK. The first step being a workshop being set up to determine the scope

Communications and Engagement

- The **focus for communications and engagement will now shift locally** into the four Local Transformation Board areas.
- We will build on the involvement of Health Watch, Overview and Scrutiny Committees and citizen/ patient representative groups in developing these communications and engagement plans going forward and have already had some helpful conversations with some Health Watch and Community Voluntary Service groups.
- This a good opportunity to **re-focus the communications and engagement locally**, and think strategically about what outcome we want to achieve from an integrated communications perspective around these areas:
 - clinical and staff engagement,
 - patient and citizen engagement
 - public affairs and stakeholder management
 - media, social media and campaigns.

Summary of current thinking

- **A local approach works best** for planning health and care
- **The best bed is your own bed** – lets keep people well and out of hospital
- **Care is better when it is centred around a person, not an organisation.** Clinicians and care workers tell us this.
- **Likely to mean changes to services locally** - we are not proposing to close any hospitals
- **We need to show people how it works better** with local examples
- **Involving people at local level**

Forward look – Autumn 2017

SWL Commissioning Intentions 2018/19

- Preparations are now underway for the commissioning and contracting round 2018/19. It has been agreed by Directors of Commissioning that SWL Commissioning Intentions will be developed to reflect the Delivery Plans for Urgent & Emergency Care, Primary Care, Cancer and Mental Health and other local plans agreed this year. SWL Commissioning and Contracting Intentions will be finalised by 30 September

Urgent & Emergency Care

- A&E Delivery Boards are preparing Winter Plans by early September. This includes a number of initiatives such as implementing front-door streaming and improving hospital flow processes including implementing the SAFER bundle.
- There is a national expectation that NHS 111 Online will begin to be implemented during Autumn – Winter. SWL will be expected to implement an online system which will triage symptoms and signpost patients to the most appropriate service.

Cancer

- Continued work to launch projects in early diagnosis, including improving bowel screening uptake.
- Anticipated release of funding during Autumn for stratified follow-up to support primary care led follow-up for prostate cancer.

Maternity

- Delivery Plan against Better Births national maternity review to be further developed through the SWL Local Maternity System and shared with LTBs, ahead of submission to NHSE in by end of October.

Forward look – Autumn 2017

Primary Care

- Prepare a bid for the next round of International GP Recruitment, support further bids for the clinical pharmacist programme
- Agree Memorandums of Understanding with practices successfully selected for resilience funding and support any future work required
- Rollout model of 111 direct booking into GP extended access hubs and pilot practices, and implement pilots for redirect from A&E to the hubs
- Engage with practices on primary care at scale, and share learning from the “time for care” initiatives with all practices.
- Locality working – Support planning and implementation of primary care at scale initiatives from interested practices.

Integrated Community Care

- Development of more detailed implementation plans for the full roll out of the out of hospital health and care model across Croydon
- Work to understand the finance and activity impact of developing initiatives e.g.
 - Setting up of finance and activity groups with senior level finance representation from LTB members to provide oversight and ratification of activity and finance impacts
 - Development of an activity and financial impact modelling tool by the SWL STP Programme team to support LTBs quantify the impact of their proposed care models in a consistent manner across LTBs

Planned Care

- SWL ECI Policy version 2.0 to be signed off by CCGs in November
- Continued work on MSK model for SWL, and further exploration of the ENT pathway.

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 13 September 2017
AGENDA ITEM:	13
SUBJECT:	Better Care Fund (BCF) and Integration and Better Care Fund (iBCF)
BOARD SPONSOR:	Andrew Eyres, Chief Operating Officer, Croydon Clinical Commissioning Group Barbara Peacock, Executive Director - People
BOARD PRIORITY/POLICY CONTEXT:	
<p>Croydon Council and Croydon Clinical Commissioning Group (Croydon CCG) are required to produce and implement a joint plan for the delivery of an integrated approach in transforming health and social care services to be delivered in the community (the Better Care Fund – or BCF- Plan) using pooled funds administered through a Section 75 Agreement transferred from Croydon CCG’s revenue allocation and the Council’s capital allocation. The initial joint plan gained approval from NHS England (NHSE) in January 2015, and a revised final plan for 2016-17 was submitted.</p>	
FINANCIAL IMPACT:	
N/A	

1. RECOMMENDATIONS






- 1.1 This report recommends that the Health and Wellbeing Board note the performance against BCF metrics for 2017/18 to date.
- 1.2 The HWBB consider the high level breakdown of the BCF and the iBCF schedule, which will be reviewed and finalised by the BCF Executive Group.

2. EXECUTIVE SUMMARY




- 2.1 This report summarises the latest performance position against the BCF metrics for 2017/18 to date. There has been improvement in permanent admissions for older people and non-elective admissions against target, whilst there is underperformance on the proportion of older people at home 91 days after discharge, and underperformance on delayed transfers of care from hospital.
- 2.2 The report also summarises the BCF finance breakdown for months 1-4, and the proposed iBCF spend plan for meeting adult social care needs, supporting hospital discharge, other hospital discharge projects, and stabilising the social care provider market.

3. BCF performance for 2017/18

3.1 The table below sets out the performance against the BCF metrics for 2017/18 to date (to month 3)

Performance trend	Indicator	2017/18 YTD Target	2017/18 YTD Actual	Baseline 2016/17 YTD actual)	RAG rating and trend
BCF1 	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population NB: Figures are as at Jun 2017	6,625	6,234	6,273	G
BCF2 	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population *based on Month 3 (2017/18)	95	60.8	117.6	G
BCF3 	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (SNAPSHOT) NB: Figures are as at March 2017	92%	91.8%	93.4%	R
BCF4 	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) NB: Figures are as at May 2017	252.9	303.9	273.7	R
BCF5 	<i>Local Performance Metric: '% of discharges over the weekend for Croydon Healthcare Service'. (no longer part of the metrics in 17/19)</i>	<i>20%</i>	<i>21.72%</i>	<i>21.37%</i>	G
BCF6	Patient/Service User Experience Metric. Social Care related quality of life (ASCOF 1A) N.B. figures are annual and show 2016/17 achievement	19	18.9	18.4	A

Key:

Rating	Thresholds	Trend	Meaning
G	Improvement on baseline and target met		Performance from the last two data points indicates a positive direction of travel
A	Improvement on baseline yet below target		Performance from the last two data points indicates no change
R	Deterioration on baseline		Performance from the last two data points indicates a negative direction of travel

- 3.2 Performance against these metrics in Q1 (2017/18) shows the following:
- Improved performance on Permanent admissions of older people (aged 65 and over) to residential and nursing care homes and percentage of weekend discharges in Croydon Health Services
 - Marginal performance for Non-Elective admissions against target
 - Under performance on proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services and delayed transfers of care from hospital

- 3.3 Mitigating actions put in place for this underperforming target in 2016/17 and carried forward to 17/18 includes:
- On-going weekly meetings and dialogue with Health colleagues to review and agree actions for the patients affected in the dataset
 - Deep Dive analysis by the Performance and Intelligence Team is currently underway to understand current issues and target accordingly by the OBC Alliance.
 - Sourcing appropriate places for people with complex needs and faster and more efficient process (for example, review the assessment tools and going forward development of a joint assessment tool)
 - Additional post of 'Discharge Coordinator' to be recruited.
 - Creation of a Working Group in partnership with HR to implement a 'Hospital Discharge Team'
 - Looking at a sustainability and resilience plan e.g. changing locum roles into permanent roles and improving staff more.
 - Looking at new models for 'Discharge to Access and in process of considering an internal review of teams
 - Agree monthly returns at CHS with Local Authority for DTOC

4 BCF and iBCF

4.1 The BCF finance summary for months 1-4 is given below:

COST CENTRE NAME	Memo Better Care Fund	Budget	Total Commitment	Var	Revised 2017/18 Annual Budget	Forecast Outturn	Var
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Edgecome Unit	1,055	352	352	-	1,055	1,055	-
GP Roving Service (part of CUCA)	459	153	153	-	459	459	-
Croydon Community SLA - TACS (BCF)	2,491	830	830	-	2,491	2,491	-
Croydon Community SLA - TACS Nursing Homes (BCF)	207	69	69	-	207	207	-
Croydon Community SLA - COPD (BCF)	528	176	176	-	528	528	-
Croydon Community SLA - Falls (BCF)	223	74	74	-	223	223	-
Bladder Scanner	5	2	2	-	5	5	-
Croydon Community SLA - Enhanced Care Management	159	53	53	-	159	159	-
Intermediate Care - Beds (BCF)	470	157	160	4	470	470	-
End of Life Care GSF (ST CHRISTOPHER'S HOSPICE) (BCF)	133	44	85	40	133	133	-
St Christophers (EoLC QIPP Scheme) (BCF)	114	38	38	-	114	114	-
Marie Curie (BCF)	65	22	22	-	65	65	-
Marie Curie (EoLC QIPP Scheme) (BCF)	145	48	61	13	145	145	-
End of Life Care Training (BCF)	27	9	(9)	(18)	27	27	-
Integrated Stroke Service (BCF)	64	21	21	-	64	64	-
Age Uk -Integrated Falls Service (BCF)	30	10	10	-	30	30	-
Age Uk - Care Co-ordinators	160	53	38	(15)	160	160	-
Medicines Management (From Falls - BCF)	10	3	-	(3)	10	10	-
ST CHRISTOPHER'S HOSPICE - Palliative Care (BCF)	1,354	451	446	(5)	1,354	1,354	-
CROSSROADS - Palliative Care (BCF)	135	45	57	12	135	135	-
Medicines Optimisation - Community (BCF)	100	33	33	-	100	100	-
Diabetes Locally Commissioned Services	87	29	30	1	87	87	-
GP LIS to support nursing care homes - enhancement	48	16	16	0	48	48	-
Basket Locally Commissioned Services	405	135	133	(2)	405	405	-
PDDS excluding Prescribing Incentive Scheme (BCF)	2,020	673	622	(51)	2,020	2,020	-
Diabetes Service (BCF)	1,000	333	333	0	1,000	1,000	-
SLaM BCF Community Funding (BCF)	1,586	529	529	0	1,586	1,586	-
SLaM MHOA BCF Funding (BCF)	312	104	104	(0)	312	312	-
MHOA Dementia - Alzheimers (BCF)	150	50	50	(0)	150	150	-
Care UK - Amberley Lodge (BCF)	303	101	68	(33)	303	303	-
	13,845	4,615	4,558	(57)	13,845	13,845	-
Step Down & Convalescence Beds	510	170	170	-	510	510	-
TACS - Social Work Input	459	153	153	-	459	459	-
Mental Health - Reablement	204	68	68	-	204	204	-
Mental Health - Packages of Care	306	102	102	-	306	306	-
A&E Triage	179	60	60	-	179	179	-
Hospital Discharge	179	60	60	-	179	179	-
IAPT - Long Term Conditions Pilot	179	60	60	-	179	179	-
Early Intervention & Reablement	1,033	344	344	-	1,033	1,033	-
Prevent return to acute / care home	485	162	162	-	485	485	-
Extended Staying Put	122	41	41	-	122	122	-
Care Support Team nurses	128	43	43	-	128	128	-
Alcohol Diversion	61	20	20	-	61	61	-
Spealist Equipment eg Telehealth / Telecare	189	63	63	-	189	189	-
Demographic pressures - package of care	2,064	688	688	-	2,064	2,064	-
Care Act	606	202	202	-	606	606	-
Social Care Pressures	1,122	374	374	-	1,122	1,122	-
Social Care (Careline)	223	74	74	-	223	223	-
Sub-Total	8,047	2,683	2,683	-	8,048	8,048	-
Assisted Housing (MH OBD LoS)	40	13	13	-	40	40	-
STP Investment	655	218	218	-	655	655	-
Available for Investment	268	89	89	-	268	268	-
Sub-Total	963	321	321	-	963	963	-
Grand Total	22,856	7,619	7,561	(57)	22,856	22,856	-

4.2 The iBCF funding has been allocated to Croydon in two tranches. Tranche 1 total funding of £9.4m, of which £3.1m in 2018/19 and £6.3m in 2019/20 was allocated at spending review 2015 and formed part of adult social care core funding to mitigate the reduction in core grant funding. This allocation was built in to base budgets and enabled protection from cuts. Tranche 2 total funding of £11.5m, of which £5.5m in 2017/18, £4m in 2018/19 and £2m in 2019/20 was allocated in the Spring 2017 budget and due to timing Croydon has not built this additional funding into the Council's 2017/18 budget.

4.3 Proposed spend plan for the iBCF for 2017/18 and 2018/19 is set out below:

National Conditions for iBCF	Outcomes	2017/18	2018/19
		£'000	£'000
1. Meeting Adult Social Care Needs	Increase in complex packages	2,750	2,750
	Mental Health	500	500
	Autism Support (NAS)	100	100
	Dementia Social Inclusion	85	85
	Total Meeting Adult Social Care Needs	3,435	3,435
2. Supporting Hospital Discharge	Detail below (Croydon Out of Hospital Model)	1,232	2,000
	Total Supporting Hospital Discharge	1,232	2,000
2A. Other Hospital Discharge projects	Psychiatric Liaison Service	66	66
	Galvanising Communities (CVA)	75	-
	Telecare (inc. dementia bracelets)	100	25
	Total Other Hospital Discharge Projects	241	91
3. Stabilising the Social Care Provider Market	Total Stabilising the Social Care Provider Market	592	1,574
TOTALS		5,500	7,100

4.4 Further work on the iBCF is being carried out for agreement by the BCF Executive Group.

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