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Scrutiny Health & Social Care Sub-Committee Agenda

To: Councillor Sean Fitzsimons (Chair), Councillor Andy Stranack (Vice-Chair), Patsy Cummings, Clive Fraser, Andrew Pelling, Scott Roche and Gordon Kay (Healthwatch Croydon Co-optee)

Reserve Members: Jan Buttinger, Felicity Flynn, Toni Letts, Stephen Mann, Helen Redfern and Callton Young

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 24 September 2019** at **6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

A pre-meet for Sub-Committee Members only will take place in Room F4 at 6.00pm

Jacqueline Harris Baker
Council Solicitor & Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

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www.croydon.gov.uk/meetings
Monday, 16 September 2019

Members of the public are welcome to attend this meeting.
If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at www.croydon.gov.uk/meetings

AGENDA – PART A

1. Apologies for Absence

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

2. Minutes of the Previous Meeting (Pages 5 - 12)

To approve the minutes of the meeting held on 25 June 2019 as an accurate record.

3. 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.

4. 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.

5. Collaboration of Health and Care in Croydon (Pages 13 - 104)

The Sub-Committee is provided with a presentation on and a copy of the strategic case for the alignment of Croydon Health Service NHS Trust (CHS) and Croydon Clinical Commissioning Group (CCG) with a view to informing a discussion on the information contained.

6. South West London Clinical Commissioning Groups Merger (Pages 105 - 112)

The Sub-Committee is provided with a copy of the merger application and its accompanying cover report from the Croydon Clinical Commissioning Group Governing Body meeting with a view to informing

a discussion on the information contained.

7. Croydon Safeguarding Adult Board - Annual Report 2018-2019
(Pages 113 - 142)

The Sub-Committee is asked to consider the Croydon Safeguarding Adult Board – Annual Report 2018-2019.

8. Adult Social Care Budget

To receive an overview of the Adult Social Care Budget.

(Presentation to follow)

9. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder 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 items 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."

PART B

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 25 June 2019 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Sean Fitzsimons (Chair), Councillor Andy Stranack (Vice-Chair), Clive Fraser (part) and Scott Roche

Also Present: Councillors Margaret Bird, Yvette Hopley, Bernadette Khan and Louisa Woodley

Apologies: Councillor Patsy Cummings, Clive Fraser (lateness) and Andrew Pelling

PART A

14/19 **Minutes of the Previous Meeting**

The minutes of the meeting held on 13 May 2019 were agreed as an accurate record.

15/19 **Disclosure of Interests**

There were no disclosures made at the meeting.

16/19 **Urgent Business (if any)**

There were no items of urgent business.

17/19 **South London & Maudsley NHS Foundation Trust**

The Sub-Committee was presented with the Quality Report for the South London and Maudsley NHS Foundation Trust (SLaM) for their information and comments. A presentation summarising the Quality Report along with an update on the plans for SLaM in the forthcoming twelve months was given by the Interim Service Director for Croydon and the BDP Operations Directorate, Doctor Faisil Sethi. During the presentation delivered by Doctor Sethi the following pointes were noted:-

- SLaM was in the second year of a three year plan to deliver on identified priorities. These priorities included the reduction of violence, reducing restrictive practices, improving access to care, increasing the involvement of patients and carers in service improvement and planning, and improving the satisfaction of patients and staff.

- The report included a summary of the Care Quality Commission (CQC) inspection results. The overall rating for SLaM remained ‘Good’, but the

CQC had given a warning notice last year relating to acute pathways which required improvement to be made by April 2019. This had led to a range of planned work to deliver the required improvement, with the service recently re-inspected by the CQC. Initial feedback from the CQC indicated that the required improvement had been made, which once confirmed would mean that the service was no longer on notice.

- SLaM would be delivering a number of big programmes linked to the quality agenda in the forthcoming year. Key areas targeted in Croydon included improving the patient experience particularly the flow through the service and also the recruitment and retention of staff.

Following the presentation from Doctor Sethi, the Sub-Committee was given the opportunity to ask questions on the content of the Quality Report. The first related to the status of Croydon as one of the boroughs covered by SLaM as the Quality Report seemed to have less of a focus upon Croydon than other boroughs. In response Doctor Sethi highlighted that as Service Director for Croydon it had not been his experience that Croydon was treated differently. There was currently a lot of activity in Croydon involving work with stakeholders and in particular Community Care. It was noted that Croydon was at the start of its journey whereas other areas had progressed further, which may give the impression that they were being given a greater focus.

As a follow up it was questioned whether there were targeted local action plans for each directorate. It was confirmed that action plans were being developed in a number of different areas including patient flow. It was intended that these plans would have both a Trust wide and a local focus.

Members were pleased to note that the pace of change in delivering service improvement was starting to increase. However it was questioned when this would start to be seen on a practical level. It was advised that improvement could already be seen through changes in how staff dealt with violence intervention including a reduction in the use of restraint. In other areas initial work had focussed on implementing improved reporting, which would lead to more noticeable improvement in the longer term. It was recognised that the path to achieving most of the high level targets would span more than one year.

It was questioned whether patient feedback was used to influence service change, as this was not explicit in the report. In response it was highlighted that the Quality Report did reference the use of patient feedback. Going forward SLaM would be looking at a number of different ways of using feedback from both patients and their friends and families. There were two patient carer leads within the directorate who worked with the senior management team to review feedback which would lead to the creation of new objectives. As well as general feedback other data such as complaints was also being used to inform service delivery.

As the CCG and Croydon Health Service were proceeding with the alignment of their services with a view to delivering a more coordinated healthcare system in Croydon, it was questioned whether SLaM had any similar plans for

their own workforce in the borough. It was advised that community transformation was a key priority, with community care being looked at in every directorate. Work with stakeholders on designing this priority had commenced within the past three months, as there was an increasing need to look at other ways of delivering services due to ongoing workforce issues across the healthcare sector.

It was highlighted that the statistics included within the report seemed to indicate that the level of violence on wards was increasing rather than decreasing and as such it was questioned whether this should be a cause for concern. In response it was advised that the reduction of violence and the use of restriction was a complex area and in some instances an increase would not necessarily be negative if it led to a greater level of control. It would be of greater concern if the numbers were lower as this would not be a true reflection of what was happening on the wards and would raise concern about the reporting of incidents of violence.

The Chair thanked Doctor Sethi for attending the meeting of the Sub-Committee to present the SLaM Quality Report and his engagement with Member's questions. It was suggested that it would be useful for the Sub-Committee to visit SLaM services to gain a greater understanding of how they worked. It was agreed that opportunities for this would be explored outside of the meeting.

Conclusions:

Following discussion of the report, the Sub-Committee reached the following conclusions:-

1. As the Quality Report was written on a Trust wide basis, it was difficult to scrutinise the service provided on a local level.
2. The commitment to provide more local, qualitative data in future reports was welcomed.
3. That it would be informative for the members of the Sub-Committee to visit SLaM services in the borough, with arrangements for this to be made after the meeting.

18/19 **Croydon Health Service NHS Trust**

The Sub-Committee was presented with the Quality Accounts for Croydon Health Service NHS Trust (CHS) for their information and comments. In attendance at the meeting on behalf of CHS was:-

- Matthew Kershaw – Interim Chief Executive
- Dr Nnenna Osuji – Medical Director
- Elaine Clancy – Joint Chief Nurse

A presentation was delivered to the Sub-Committee on the Quality Accounts and the plans for CHS over the forthcoming twelve months. During the presentation the following points were noted:-

- The vision for CHS was to deliver integrated care at every stage of a patient's life, including at home, in the community and at the local hospitals. It was recognised that the changing needs of the population would increasingly be met through working with partners to deliver services.

- CHS had approximately 500,000 annual contacts with patients in the community, which was many more than through either emergency or in-patient care. In the past year 3,500 babies had been delivered in the borough including through the award winning home delivery service.

- More than a third of CHS staff worked in the community. This included the Community Nursing Teams, senior consultants and speciality doctors.

- Work had commenced on delivering closer alignment between the Croydon Clinical Commissioning Group (CCG) and CHS services which should lead to service improvements for residents and was seen as the next step on the journey to Total Place service delivery.

- CHS had performed better than the national average in three out of four national indicators, namely in cancer treatment being delivered within 62 days, carrying out planned surgery within 18 weeks and mental health therapy being provided within 6 weeks. The fourth indicator was treatment in Accident & Emergency (A&E) being within 4 hours which was at 84%.

- Previous inpatient survey results had shown improvement, but the results from last summer's survey had reported a slight deterioration. To address this the Executive Management team were meeting with staff to communicate expectations and were in the process of delivering an action plan targeted towards the areas highlighted in the survey.

- Areas identified for improvement included embedding patient safety and shared learning, continued improvement in the reporting of incidents and lessons learnt, continued improvement in listening to patients, improving patient flow through and discharge from hospital. There was also a need to improve the support and care provided for patients with mental health issues such as dementia and alzheimers.

Following the presentation the Sub-Committee was given the opportunity to ask questions with the first asking the representatives from CHS what they thought were the key areas of weakness within their service. In response it was advised that it was proving challenging to achieve the target for emergency care pathways of treating patients within four hours, however this was a common weakness experienced by health services across the country. Also within emergency care it was recognised that communication between staff, patients and other partners needed to be improved, particularly relating to general care and patient discharge. Although the patient outcomes for CHS were strong, there was a need to improve the overall quality of service

provided as the patient experience during their treatment did not necessarily reflect the level of outcome. Finally there was an ongoing concern regarding staffing levels, with recruitment and retention proving to be an ongoing challenge.

Although it was welcomed that CHS was meeting three out of the four national indicators, concern was raised that service improvement might not necessarily reflect the experience of patients on the wards. It was advised that while it was important that services were delivered safely, patient experience was also priority. Both staff and patient engagement was used as an indicator of the quality of service provided and would lead to further improvement going forward.

As it was noted that 14% of patients attending A&E were admitted, it was questioned whether this should be considered to be a normal level. In response it was confirmed that it was important to be able to turn people away safely. CHS worked hard to keep people out of hospital and it was a good indicator that people were being turned away safely, which was benchmarked by monitoring re-admittance rates. It was highlighted that the level of admission through A&E was at a similar level to other health care providers.

In response to a question about the areas to improve following a Care Quality Commission (CQC) inspection, it was advised that there were a number of actions concerned with increasing the level of audit within community services. There were also a number of actions for critical care related to the infrastructure and the need for investment. Another area highlighted for improvement was staffing for services such as speech and language therapy, with a number of steps being taken to deliver the required improvement.

The length of time taken to respond to complaints was highlighted as an issue. It was confirmed that the Interim Chief Executive both received and reviewed complaints received by CHS. The timeliness of responses could be effected by a number of factors including the availability of the correct person to respond to a complaint, as they were often involved in running services. Complaints could also often be complex and require a considerable amount of time to resolve.

An update was requested on the outcomes arising from the recent survey on the priorities for CHS. It was advised that a long list of priorities had been prepared based on discussions within CHS. A short list from this had subsequently been prepared based on patient feedback. It was agreed that further information on the survey and the resultant priorities would be circulated.

Members raised concern that anecdotal feedback from residents seemed to indicate that some patients found the process surrounding their stay in hospital confusing and as such it was questioned whether this was being addressed. It was advised that it was important to strike a balance as many patients went through the system smoothly. However part of this would be addressed through ensuring that staff were both supported and listened to as the environment could be challenging. Notwithstanding the often challenging

environment within hospitals, it was important to ensure that staff did not lose sight of the need for effective communication with patients.

In response to a question about the staffing levels in A&E, it was acknowledged that there were challenges in this area. Although there was funding available to fully staff the department, there was at present staff vacancies which were in the process of being recruited to.

It was noted that statistics provided from the Friends and Family feedback highlighted that the number of patients who would recommend the A&E service had dropped from 93% to 76% over the past two year and as such the reasons for this were questioned. It was advised that this could in part be attributed to the temporary A&E facility that was in use before the new facility was opened late last year. There had also been changes made to how feedback was gathered from friends and family which meant that it was now more accurate and comprehensive.

It was advised that a number of new staff initiatives had been launched as a result of CHS being ranked fifteenth out of sixteen Trusts in 2018. The next staff survey was due to be undertaken in the autumn and would be an opportunity to find out whether these initiatives were achieving the desired outcomes.

It was noted that the staff uptake of the influenza vaccine was 72%, which was a similar rate to peer organisations. However there was an ambition to increase the level of uptake of the vaccination amongst staff with work planned for this area.

It was agreed that a comment would be added to the quality accounts before being published to reflect that the Health & Social Care Sub-Committee had reviewed the document and looked forward to working with CHS in the forthcoming year on their priorities.

The Chair thanked the representatives from CHS for their attendance at the meeting and their openness in responding to the Sub-Committee's questions. It was also highlighted that it may be useful for the Sub-Committee to arrange a visit to the hospital in the forthcoming year as part of their work programme.

Conclusions

Following discussion of the report, the Sub-Committee reached the following conclusions:-

1. The Trust meeting three of the four national priorities was to be welcomed.
2. There was concern raised about the results from the patient and staff surveys which would need to investigated in greater detail in the forthcoming year.

19/19 **Healthwatch Croydon - How Do I Register**

Gordon Kay, the Manager of Healthwatch Croydon provided the Sub-Committee with an update on the current activities of his organisation, which included a report on the results of a mystery shopper exercise on the ease of registering with GPs surgeries across the borough.

During the introduction of the report it was highlighted that undertaking a mystery shopping exercise was an unusual piece of work for Healthwatch. As part of the exercise each GP practice in the borough was telephoned three times over the course of three weeks. In total 150 calls were made to the 57 practices in Croydon, as there were some instances where calls could not be completed as it had been decided not to wait on the line more than 12 minutes. The exercise allowed Healthwatch to measure establish trends, which were then balanced against data on surgery websites and wider national trends. The average wait to get through to a surgery was 2 minutes 54 seconds. It was also found that the attitude of staff was positive at 70% of surgeries, with only 9% being found to be negative.

The exercise also found that 56% of surgeries provided consistent information about registration on their websites, while the other 44% did not have either the relevant information on their website or a website at all.

Arising from the exercise, a recommendation had been made for GPs to use the NHS General Medical Services standards to provide consistency across the borough. Another recommendations was made on the need to reinforce that address details were not required to register with a surgery. It was also recommended that dedicated staff and phone lines were used to improve the focus on the service provided. There were only four surgeries in Croydon that got everything right and these were all located in different areas of the borough. Initial feedback from the CCG to the exercise had been positive.

It was noted that the insight provided by the report was fascinating and the findings were a reflection of the variable performance that was experienced across the borough. It was agreed that it would be important going forward to track whether any long term changes were made as a result of the report, with it questioned whether the CCG would be providing a formal response. It was advised that there would be an opportunity to follow up on the report at the CCG board meeting in September, but any support from the Sub-Committee to reinforce the recommendations would be welcomed. It was also under consideration to carry out a follow up exercise at a later date to find out whether improvement had been made.

The Chair thanked Healthwatch for their informative report and advised that the Sub-Committee would follow up with the CCG about their response to the findings.

Conclusions

Following discussion of the report, the Sub-Committee welcomed the report and commended the findings contained within.

20/19 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.10 pm

Signed: .....

Date: .....

For general release

REPORT TO:	**Health & Social Care Sub-Committee** **24 September 2019**
SUBJECT:	**COLLABORATION OF HEALTH AND CARE IN CROYDON**

ORIGIN OF ITEM:	**Scrutiny of the work to deliver closer alignment between the Croydon Health Service NHT Trust (CHS) and the Clinical Commissioning Group (CCG) forms a key part of the Sub-Committee's work programme in 2019-20.**
BRIEF FOR THE COMMITTEE:	**The Sub-Committee is provided with a presentation on and a copy of the strategic case for the alignment of CHS and CCG with a view to informing a discussion on the information contained.**

1. COLLABORATION OF HEALTH AND CARE IN CROYDON

1.1 The Health and Social Care Sub-Committee is provided with a presentation on the ongoing work to align the Croydon Health Service NHS Trust (CHS) and the Croydon Clinical Commissioning Group (CCG). The presentation is set out in Appendix A.

1.2 Also provided for the Sub-Committee's information is the Executive Summary of the Strategic Case for greater alignment between Croydon CCG and Croydon Health Service NHS Trust (Appendix B) and the Strategic Case itself (Appendix C).

1.3 Both the presentation and the strategic case are provided to inform the Sub-Committee's discussion of the proposed arrangements for the alignment between the CCG and CHS.

Appendices

Appendix A: Presentation on the alignment between Croydon Health Service NHS Trust & Croydon Clinical Commissioning Group

Appendix B: Executive Summary of the Strategic Case

Appendix C: The Strategic Case for greater alignment between Croydon CCG and Croydon Health Service NHS Trust

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Collaboration of health and care in Croydon

Update for the Croydon Health and Social-Care Sub-Committee

Tuesday 24 September 2019

Mike Bell
Chair
Croydon Health Services
NHS Trust

Dr Agnelo Fernandes
Clinical Chair
NHS Croydon Clinical
Commissioning Group

Matthew Kershaw
Interim Chief Executive
Croydon Health Services
NHS Trust

Mike Sexton
Chief Finance Officer
NHS Croydon Clinical
Commissioning Group

One Croydon Alliance – a joined-up approach for people in Croydon

The 'One Croydon' Alliance began delivering real benefits to people in our borough in 2017

A formal partnership between local GPs, Croydon CCG, CHS, SLAM, Croydon Council and Age UK Croydon, we are focused on improving the health and wellbeing of older people in the borough.

- **The Alliance has now extended its remit to consider the health needs of people of all ages in the borough, after beginning focussing on those over 65**

Growing recognition

One Croydon was crowned the winner of a Local Government Chronicle Awards (March 2019)
One Croydon alliance was given a commendation in the latest Municipal Journal Achievement Awards (April 2019)

Praised for helping elderly residents stay well and independent for longer, avoiding unnecessary hospital stays.

The Alliance was praised for 'system-wide leadership' and having a 'real impact' in improving peoples' lives.

Building on the success of One Croydon…

Croydon Health Services NHS Trust and NHS Croydon CCG are bringing together some functions to remove duplication and free-up resources for reinvestment on the frontline

This will help us to:

- **speed-up decision making**
- **deliver real quality improvement**
- **get the best possible spend for the Croydon pound**

Working together to improve health and well-being

- **Same direction as the NHS Long Term Plan**
- **Putting Croydon forward as a vanguard in the journey we began four years ago**
- **Ever-closer collaboration between primary care, hospitals, mental health services, local authorities and voluntary sector**

Where are we now?

Joint control total

A first for Croydon, and for London

- Agreeing the targets we will work towards together to fund service improvements
- Helping to return the local health economy to financial surplus
- Getting the best possible spend for the Croydon pound

Joint appointments, teams and functions

Joint Chief Nurse appointed May 2019, with responsibility for nursing, midwifery and AHPs

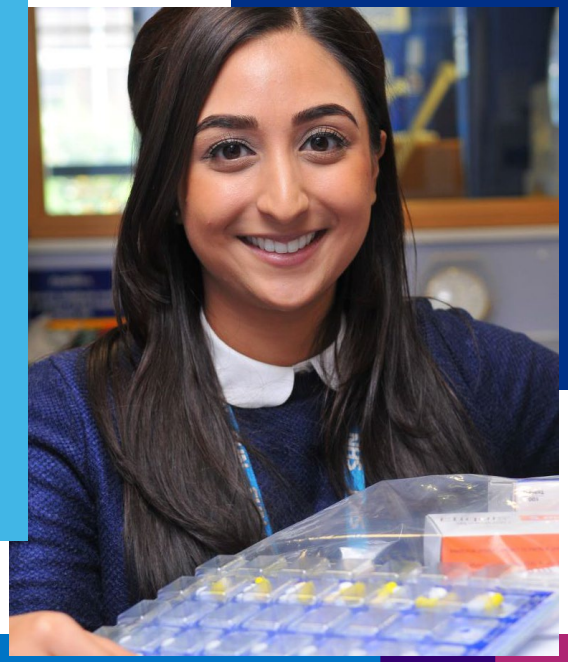
Joint Safeguarding team brings together combined expertise at the Trust and CCG to strengthen our protection for children and vulnerable people

Joint quality & clinical governance for greater transparency and a single view of quality, to speed-up continuous quality improvement

Joint Chief Pharmacist

Our joint pharmacy team has been a frontrunner in our local integration plans saving time, money and leading to more coordinated care

- **All six Integrated Community Networks now include pharmacists**
- **Visiting patients at home to improve medication use**
- **Joining GP 'huddles' to help different parts of the system work better together**



Building a shared leadership team

Matthew Kershaw has been appointed as Joint Croydon Health Services Chief Executive and Place-Based Leader for health

- **Matthew will be responsible for the vision, strategy and delivery of health services in Croydon**

Sarah Blow will be responsible for the commissioning of local services

- **Sarah will ultimately be accountable for leading the merged CCGs across South West London, including NHS Croydon CCG**
- **Both take up their new roles on 1 Oct 2019**

Conflicts of interest?

Responsibilities related to commissioning, procurement and contracting will remain a CCG only function to manage any potential conflicts of interest.

The difference for our communities

Helping deliver quality support and joined-up care closer to home and in hospital

LIFE - Living Independently For Everyone

Making a difference to how we care for people by preventing hundreds of unnecessary hospital admissions

Supporting people who have left hospital with visits in their own homes within two hours

More than 1,000
referrals in the first year

60% of people participating in the LIFE programme do not require long-term care packages after discharge from hospital

New dermatology service

Hospital clinicians and GPs are working closely together to support patients

- **Training up GP experts across the borough**
- **Soon hubs across Croydon will provide ongoing expert dermatology care**

SWOT analysis of our alignment…

Strengths

- **Croydon partnership working** building on the success and delivery to date of the One Croydon alliance
- **Staff are our strongest assets** joint leadership posts showing the way for integrating teams with a focus on improving quality
- **Removing barriers** and organisational silo working
- **Ahead of the curve locally and nationally** developing what we need for Croydon
- **Strong relationships and a clear vision** making the necessary changes we need for integrated care to work

Weaknesses

- **Alignment is health only** at this initial stage, a stepping stone for wider system integration
- **Capacity** need to integrate whilst still managing business as usual
- **Need to develop CHS as provider of choice** improve and promote experience, quality and outcomes of care to further encourage local people to 'choose Croydon'
- **No easy path to follow** this is new - we need to carefully manage changes and risks - we don't yet have huge experience in this – no one to learn from

Opportunities

- **Potential to improve outcomes for patients** by joining up services and looking at the underlying health issues rather than treating illness
- **Interesting and varied careers for staff** across the system
- **Single focus on quality and financial management** joint board focussing on single financial strategy
- **Creating a shared culture** programme of organisational development and staff engagement
- **Sharing best practice** through King's Fund network with Cumbria
- **Improve patient outcomes** through more efficient and effective services and put Croydon on the map
- **Improve care for patients** more rapidly and sustainably through collaboration, rather than competition

Threats

- **Conflicts of Interest** responsibilities related to commissioning, procurement and contracting will remain a CCG only function
- **Do nothing financial challenge** need to work together to address this scenario
- **Impact of change on staff** some will deal with change better than others and could impact on morale
- **Distracts us from the day job** and delivering on our current and distinct priorities
- **Limited management and clinical capacity** to deliver change

Next steps

Our proposals to bring the Trust and CCG together are available for people to review and ask questions.

Our aim is for the Trust and CCG's partnership to be fully up and running by Spring 2020

Our timeline

Apr 2019: Go live with agreed Joint Control Total
August 2019: Appointment of a place based leader for health
October 2019: Appointment of single leadership team across CHS and CCG and shared management team arrangements
Oct to March 2019: Standing up shadow joint functions and shadow board formally
Ongoing: Engagement and collaboration with Croydon and SW London partners including the emerging development of a proposed single SWL CCG

Croydon Health and Care Plan

Health and social care organisations across Croydon have a shared commitment to work together

The Croydon Health and Care Plan sets out priorities and long term goals for improving health and wellbeing across the borough

The plan emphasises three clear priorities:

- **Focus on maintaining wellbeing and proactive care:** supporting people to stay well and manage their own health by making sure they can get help early
- **Unlock the power of communities:** connecting people to their neighbours and communities, who can provide unique support to stay fit and healthy for longer
- **Develop services in the heart of the community:** giving people easy access to joined up services that are tailored to the needs of their local community

The Health and Care Plan will be published and launched in September 2019

Engaging to develop the Health and Care Plan

Insight led plan

We have used the ideas generated during engagement and from existing insight, as well as considering priorities around prevention and early intervention that have been published in the NHS long-term plan published in January 2019

All our partners committed to developing this plan in partnership with local people:

- **Summer/Autumn 2018: health and care partners considered the views of local people gathered over the previous year**
- **November 2018: more than 160 health and care frontline staff, local people, MPs and representatives from community organisations**
- **May 2019: published draft plan as discussion document to test with partners and local people who helped shape it**
- **September 2019: publishing the plan won't be end of the conversation – we want to work together to put these plans into action**

Croydon's Health and Care Plan will be supported by the South West London five year strategy

1) Local Borough plans	2) Enhancing Clinical Care and Standards	3) Critical enablers	4) Our developing system

- Croydon
- Kingston
- Merton
- Richmond
- Sutton
- Wandsworth

Local Borough plans

Enhancing Clinical Care and Standards

- Cancer
- Cardiovascular
- Respiratory
- Learning disability
- Autism
- Mental Health
- Maternity

- Workforce
- Training
- Leadership

A workforce to care

An estate to support first class care

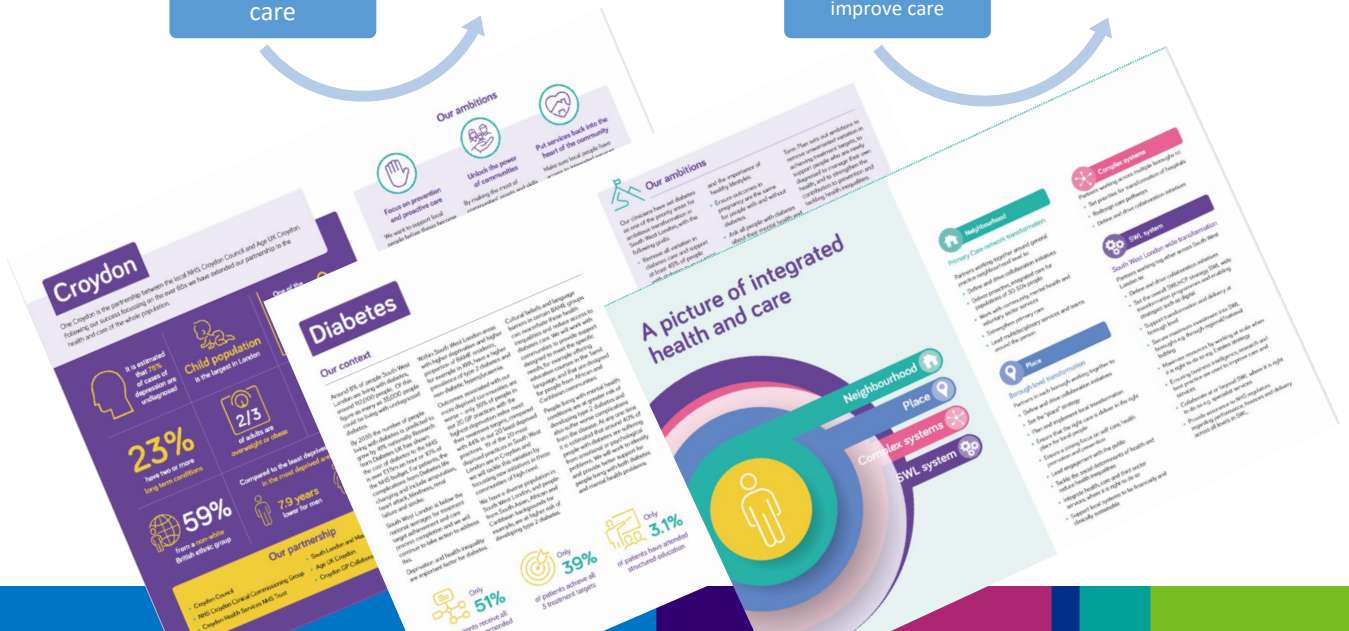
- Our plans for our Estate

- Digital and Technology Strategy

Using technology to improve care

•Our System Architecture

- Integrated Care system



Moving Forward Together
A proposal for a single South West London CCG

In parallel, all six local governing bodies are considering a potential south west London CCG merger by April 2020 in line with the NHS Long Term Plan and aligned to our Croydon place plans

We will remain flexible in our approach to meet the needs of people in Croydon

- **Full delegation to Croydon Local Committee from SWL CCG**
- **GP clinical majority on local committee**
- **Decisions relating to local care in Croydon will be made in Croydon with partners**

Benefit realisation for a single SWL CCG

Improving patient experience and quality

- Commission once for 1.3 million population to improve relationships with specialised NHS providers and have greater influence
- Develop more sustainable workforce, recruitment and retention strategies

Improving performance

- Cancer targets more effectively managed across south west London as a whole
- Consistent commissioning of maternity services
- Easier to work with LAS and NHS 111
- Pool limited specialist resources, reduce duplication and improve delivery of care

Improving finance

- Reduce governance and contracting structures
- Centralise limited specialist resources for example IT, estates, and workforce
- Invest in primary care development and strategy teams whilst still collectively delivering 20% running cost saving
- With £400m to £500m challenge across SWL, we must work together to manage risk

Our journey to ‘total place’

How we get there is for us to agree

- Place-Based committee
- Devolved budget
- Social care integration
- Including primary care and mental health
- ICN+
- Empowered communities
- Resilient neighbourhoods

The NHS is Croydon’s biggest employer

- Strong sense of ‘place’ (65% staff local)
- Contributing to a wider vision of a regenerated Croydon
- Move from seeing patients as conditions to be fixed, to empowering and supporting people to live longer, healthier lives

Discussion

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Strategic case for greater alignment between NHS Croydon CCG and Croydon Health Services NHS Trust

Executive Summary

Introduction and context

Croydon is one of London's fastest growing and most diverse boroughs with more than 380,000 residents living locally. Similar to the majority of regions across the UK, the Croydon health and care system is experiencing challenges.

There are significant health inequalities across Croydon – for example, life expectancy in the most deprived areas of the borough is up to ten years lower than the least deprived. 30% of patients treated in hospital are more suited to a community or home setting and large numbers of patients are currently leaving the borough to receive elective care elsewhere. This is occurring at the same time as financial pressures and workforce shortages.

Croydon is already undertaking considerable collaborative work to address these challenges, through partnerships such as the One Croydon Alliance, which has resulted in a number of improvements in care to date.

However, to fully overcome these challenges, further transformative change is required. NHS Croydon CCG (the CCG) and Croydon Health Services (CHS) therefore plan to move towards greater alignment and integration, implementing a place-based model of care.

Croydon is in an ideal position for such models with a single provider of both acute and community services, a single co-terminus CCG and local authority and a commitment to integrated working at the place level. Although this next step is between two health organisations, it is expected that over time it will evolve to include all of the partners of the One Croydon Alliance, as well as factoring in Croydon's role in the broader South West London area as the potential for the merger of CCGs across the STP area progresses.

The ultimate goal of greater alignment is to:

- improve the health of the Croydon population
- provide better quality care for patients
- improve ways of working and return the system to sustainable financial balance
- provide opportunities to combine staff focus on system transformation
- create a greater range of roles to support recruitment and retention.

We will achieve this through transforming clinical services across both primary and secondary care, but also improving organisational alignment and system performance in other areas, including shared functions and shared governance.

Our proposal

Developing a place-based model will be a continuous process. Croydon is already working as a system-wide collaboration through the One Croydon Alliance, and significant progress towards greater alignment has been made between CHS and Croydon CCG. The next stage

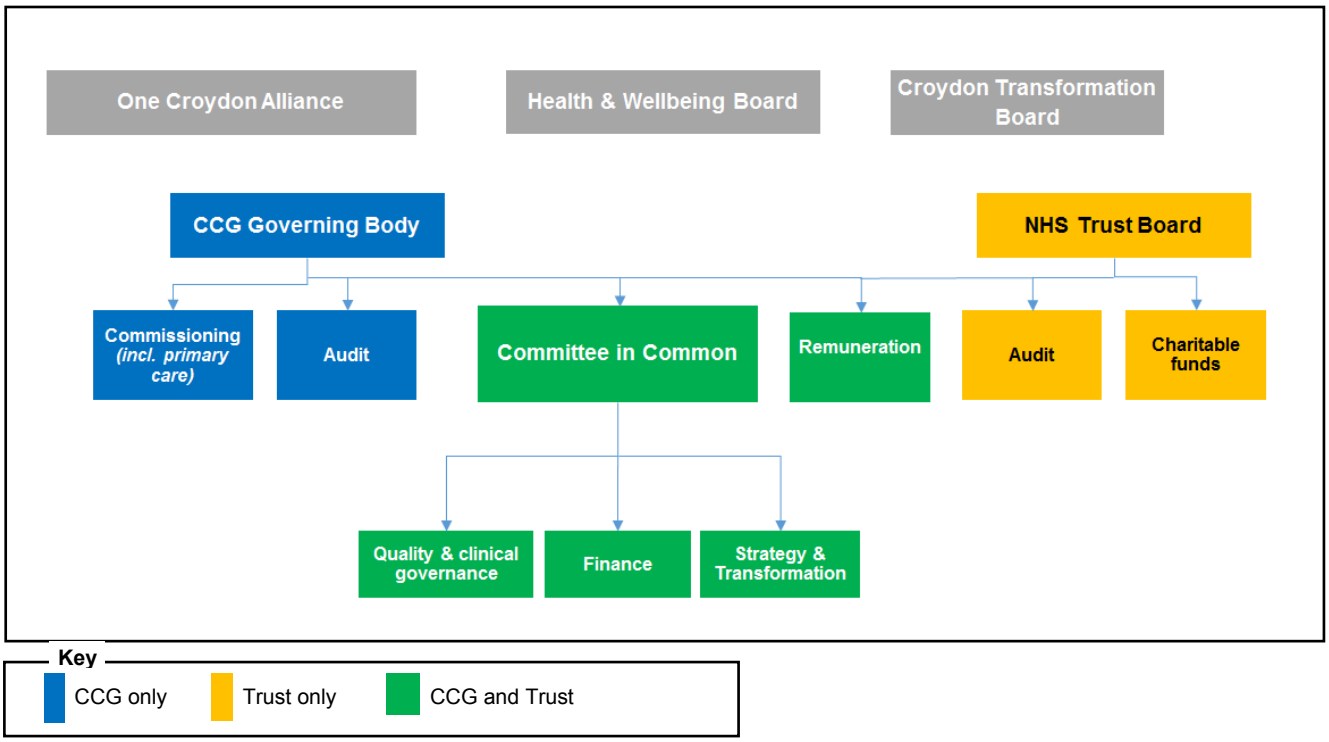
of alignment will see CHS and the CCG effectively operating as a single organisation across many of our core responsibilities.

Key to this model is a single place-based leadership team and full alignment across provider services, finance, clinical leadership and strategy and transformation, with executives having responsibilities spanning both organisations.

However, responsibilities related to commissioning, procurement and contracting will remain a CCG only function to manage any potential conflicts of interest.

As this is not a formal merger, the CCG Governing Body and the Trust Board will continue to exist and be held accountable for their respective statutory duties. However, all key decisions relating to strategy, transformation and finance will be taken at a committee in common made up of executives, NEDs and lay members of both organisations.

Proposed governance structure



We recognise that the CCG and CHS may not appoint a statutory joint committee, therefore we plan to appoint 'committees in common', with authority from the CCG Governing Body and Trust Board respectively.

South West London context

In parallel, all six south west London governing bodies are considering a potential south west London CCG merger by April 2020 in line with the NHS Long Term Plan. All CCGs want to make sure our people and functions are in the right place, at the right level and the right scale in the future. We also want to make it easier for health and care organisations to work more closely together at a local level. There is a commitment that 80% of care will continue to be commissioned and delivered locally in our six boroughs.

Our SWL partners are supportive of Croydon's plan to move to a place-based model of care in light of wider ambitions to create a SWL Integrated Care system. SWL view Croydon as a

potential model for how place-based care will be delivered as part of the ICS and will be looking to develop the ICS in conjunction with the work happening in Croydon.

While some of the planned structures for Croydon may evolve to reflect this work, we would expect the principles of the Croydon place-based model to remain the same. To that end the governance structure set out above could reflect the position if the CCG remains in Croydon or is merged into a single South West London CCG. It should be noted that the potential for conflict of interest would naturally lessen should there be a merger of CCGs.

Similarly, we would expect that over time we will need to consider how to reflect the One Croydon Alliance partners and the Croydon Health and Wellbeing Board in the proposed governance arrangements. The alignment and integration of CCG and CHS is only the first step in providing a fully joined-up approach for the people of Croydon.

Plans for implementation

We recognise that to develop and implement a sustainable place-based model it is essential that we break down organisational barriers and remove the siloed working that can create conflicting priorities within the system.

Croydon has a growing track record of collaborative working and the next phase of alignment will build on these successes.

The Trust and CCG have already formed one shared safeguarding team – bringing together the combined expertise across both organisations to strengthen protection for children and vulnerable people.

Shared appointments like Croydon's Chief Pharmacist show how seamless care can be provided between hospital and primary services, saving time and money, whilst giving people a more coordinated service.

Most recently, the Trust and CCG have appointed a Joint Chief Nurse to lead nursing, midwifery and allied health professionals across both organisations to improve the consistency of care and health outcomes for people in Croydon.

Our partnership proposals to bring the Trust and CCG closer together include:

- A 'place-based leader' – appointing a single leader for CHS and Croydon CCG – and a number of joint executive posts
- A number of shared forums across assurance and decision making for example for the exec team, finance and quality
- A set of functions and/or roles that are employed jointly and shared between CHS and CCCG
- Shared strategic priorities and a single delivery plan across CHS and CCCG
- A single control total and financial plan (the joint control total sets a combined deficit target for the Trust and CCG of no more than £9.7m in 2019/20)
- Creating a stronger, common and consistent voice for health and care in Croydon.

A number of 'committees in common' will be established by both organisations that will operate as virtual joint committees, meeting at the same time and venue and sharing agendas and papers. The committees are expected to have overlapping membership, reducing the likelihood of inconsistent decisions or deadlock. However, shared roles would be limited to executive (salaried) posts and would include a shared place-based leader.

Some committees would remain distinct for the purposes of managing conflict of interests – for example, a Health Commissioning Committee, Audit Committees and the Trust's Charitable Funds Committee.

Achievements to date

Croydon is already undertaking considerable collaborative working across the system, which has resulted in a number of improvements in care to date.

One Croydon Alliance

Our One Croydon partnership was crowned winner of the Local Government Chronicle (LGC) Health and Social Care Award at the LGC Awards 2019. The judges commented that the entry showed impressive scale and system-wide leadership – with real impact.

Formed in 2017, the One Croydon alliance is a partnership between Croydon Health Services and Croydon CCG, alongside the South London and the Maudsley NHS Foundation Trust (SLAM), Croydon Council, the Croydon GP Collaborative and Age UK Croydon, The One Croydon Alliance has focussed firstly on working together to improve the quality of care provided to the over-65s, shifting from reactive care to proactive care, via the use of multi-disciplinary teams and coordination across care-settings. Our intention is to extend this to improve our services for people of all ages.

To date One Croydon has implemented several key initiatives, including:

- the establishment of **six multi-agency, integrated care networks** and huddles across Croydon, which resulted in a 15% decrease in the number of unplanned admissions amongst the over 65s, compared to an increase in unplanned admissions overall;
- the implementation of a **Living Independently for Everyone (LIFE) scheme** – 60% of people participating in the LIFE programme did not require long-term care packages after discharge from hospital;
- the establishment of a Croydon-wide transformation board to support the change delivered through the Alliance.

Better results against key targets

Furthermore, CHS and Croydon CCG are beginning to realise benefits of improved relationships and working together. Since July 2018, joint working together and releasing time to care has seen CHS's 62-day cancer targets improve from 78% to 80% (Nov 2018), and its RTT targets have continually remained above the 92% target.

CHS as provider of choice

Both organisations are committed to encouraging local patients and GPs to choose Croydon Health Services for elective care. We have reviewed elective flows and are engaging jointly with Croydon GPs to strengthen pathways and referrals. We have also established a weekly elective delivery group between the CCG and CHS to support this.

Joint Control Total

Both CHS and CCCG were placed in Financial Special Measures by NHS regulators in 2016. The Trust successfully exited the scheme seven months later and the CCG exited in July 2018.

For the first time, Croydon CCG has achieved a balanced financial position, achieving the planned surplus at year end for 2018/19. In total, the CCG delivered savings of over £98 million in the six years since it was established. Whilst having to take some difficult decisions, the overarching focus has been on working with partners to keep people as

healthy and independent as they can be, improving care quality and reducing waste adopting innovation.

We are now in a very strong position to agree a shared control total so that we can make sure we invest every pound in the best and most efficient way possible. The new joint control total sets a combined deficit target for the Trust and CCG of no more than £9.7m in 2019/20. To put this in context, the NHS in Croydon spends £6.5m every week on hospital and community services in the borough.

Future developments

Increasing organisational alignment will allow the Trust and CCG to deliver large-scale service and clinical transformation projects across acute, community and primary care, which benefits the whole system rather than individual care settings. It will:

- remove duplication of function to enable resources and assets to be used more effectively;
- reduce misalignment, divergent priorities, and conflicts, which waste unnecessary time and resources;
- allow the Trust and CCG to share approaches, capability and best practice with one another.
- Be part of a continuous process towards a wider, place-based model – we continue to work closely to discuss this with our Alliance partners

Benefits for patients

Both CHS and CCCG are committed to reducing health inequalities and supporting local people to live longer, healthier lives. Our plans will directly benefit patients in a number of ways:

- More services delivered locally in settings closer to home
- Reduced waiting times and shorter stays in hospital
- Seamless pathways between primary, secondary and community care
- People kept well and out of hospital wherever possible
- Effective and accessible hospital care when required
- Improved care and outcomes for those living with long term conditions
- Equality of access and care standards across the borough

Benefits for staff

For staff, closer alignment will help to improve fragmented and disjointed working. Teams will be enabled to work more closely together across organisational boundaries as part of a multi-skilled workforce all supporting the same local people. This will provide a less complicated user experience for patients.

There are workforce shortages across multiple professional groups and staff are stretched trying to meet increasing demand. Reducing duplication and sharing resources and expertise across CHS and CCCG will allow us to redirect the time and money saved into delivering care.

Wider South West London plans

We have developed our proposed alignment with the wider nationwide shift towards integrated and place-based care in mind. The NHS and its partners are being encouraged to design and develop System (ICS), place (borough) and Neighbourhood leadership and organisational arrangements. We recognise that we are operating in an environment of “unknowns”, with the exact route to establishing a South West London ICS currently being designed. However, we know that we are aiming for a place-based model of integrated care for Croydon, nestled within a wider SWL integrated care system.

In developing our place-based solutions for Croydon we are assuming that decisions will continue to be delegated to a place-based level, and that Croydon decision makers will continue to direct 80-90% of commissioning resources related to Croydon under delegated arrangements; however, the exact form of the local place-based functions is still to be determined and may impact on the overall leadership and governance model. We will remain flexible and plan to work closely with the rest of South West London to ensure the solution is one that meets the needs of the population of Croydon and is supportive of the NHS Long Term Plan.

As such, we believe Croydon should continue to progress with its plans for greater alignment and not delay or slow our progress. Croydon's aspirations for place-based care at borough-level is in support of wider ambitions for a South West London ICS. Progress made in Croydon is expected to support wider ICS implementation, with Croydon acting as a potential model as to how place-based care will be delivered within the ICS.

Timeline

In order to make progress against the challenges facing Croydon today, CHS and Croydon CCG propose moving to the new model at pace over the next 12 months. We plan to go-live with the new model in October 2019, building up to full implementation in April 2020.

Subject to regulator approval, there are a number of key milestones to achieve in order to meet this deadline, including:

- Going live with the agreed Joint Control Total from April 2019
- Appointment of joint roles across CHS and CCG from April 2019 to March 2020
- Recruitment of place-based leader by October 2019
- Standing up on shadow joint functions and shadow board formally by October 2019
- Engagement and collaboration with Croydon and wider SWL partners on an ongoing basis

Get involved

If you would like more information on these proposals or if you have any questions, please contact us at Croydon-GetInvolved@swlondon.nhs.uk

www.croydonhealthservices.nhs.uk

www.croydonccg.nhs.uk

Twitter: @croydonhealth / @nhscroydonCCG

Strategic Case

Strategic Case for greater alignment between Croydon CCG and Croydon Health Services NHS Trust (CHS)

May 2019

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1 Executive summary

Croydon is an Outer London borough; with more than 380,000 residents living locally, it is larger than Nottingham, Newcastle and Belfast. It is also one of London's fastest growing and most diverse boroughs.

Similar to the majority of regions across the UK, the Croydon Health and Care system is experiencing challenges. There are significant health inequalities across the borough – for example, life expectancy in the most deprived areas of the borough is up to ten years lower than the least deprived. 30% of patients treated in hospital are more suited to a community or home setting and large numbers of patients are currently leaving the borough to receive elective care elsewhere. This is occurring at the same time as financial pressures and workforce shortages.

There is a commitment and enthusiasm to address these challenges and a significant element of solving these is through the considerable collaborative work Croydon is already undertaking, through partnerships such as the One Croydon Alliance, which has resulted in a number of improvements in care to date.

However, to fully overcome these challenges, further transformative change is required. At present, the competing priorities of individual organisations risk delaying the development and implementation at pace of a sustainable place-based plan to meet the growing health and care needs of the population. It also risks slowing the pace at which we can return the local health economy to financial surplus, to be consistently high-performing and deliver continuous quality improvement.

Croydon CCG (CCCG) and Croydon Health Services (CHS) plan to initially deliver this next phase of change through greater alignment and integration, moving towards a place-based model of care. Croydon is in an ideal position for such models with a single provider of both acute and community services, a single co-terminus CCG and local authority and a commitment to integrated working at the place level. Although this next step is between two health organisations, it is expected that over time it will evolve to include all of the Partners of the One Croydon Alliance, as well as factoring in Croydon's role in the broader South West London area as the potential for the merger of CCGs across the STP area progresses.

The ultimate goal of greater alignment is to improve the health of the Croydon population, provide better quality care for patients, improve ways of working and return the system to financial balance, by a more effective and efficient use of assets and resources. We will achieve this through transforming clinical services across both primary and secondary care, but also improving organisational alignment and system performance across other areas, including shared functions and shared governance.

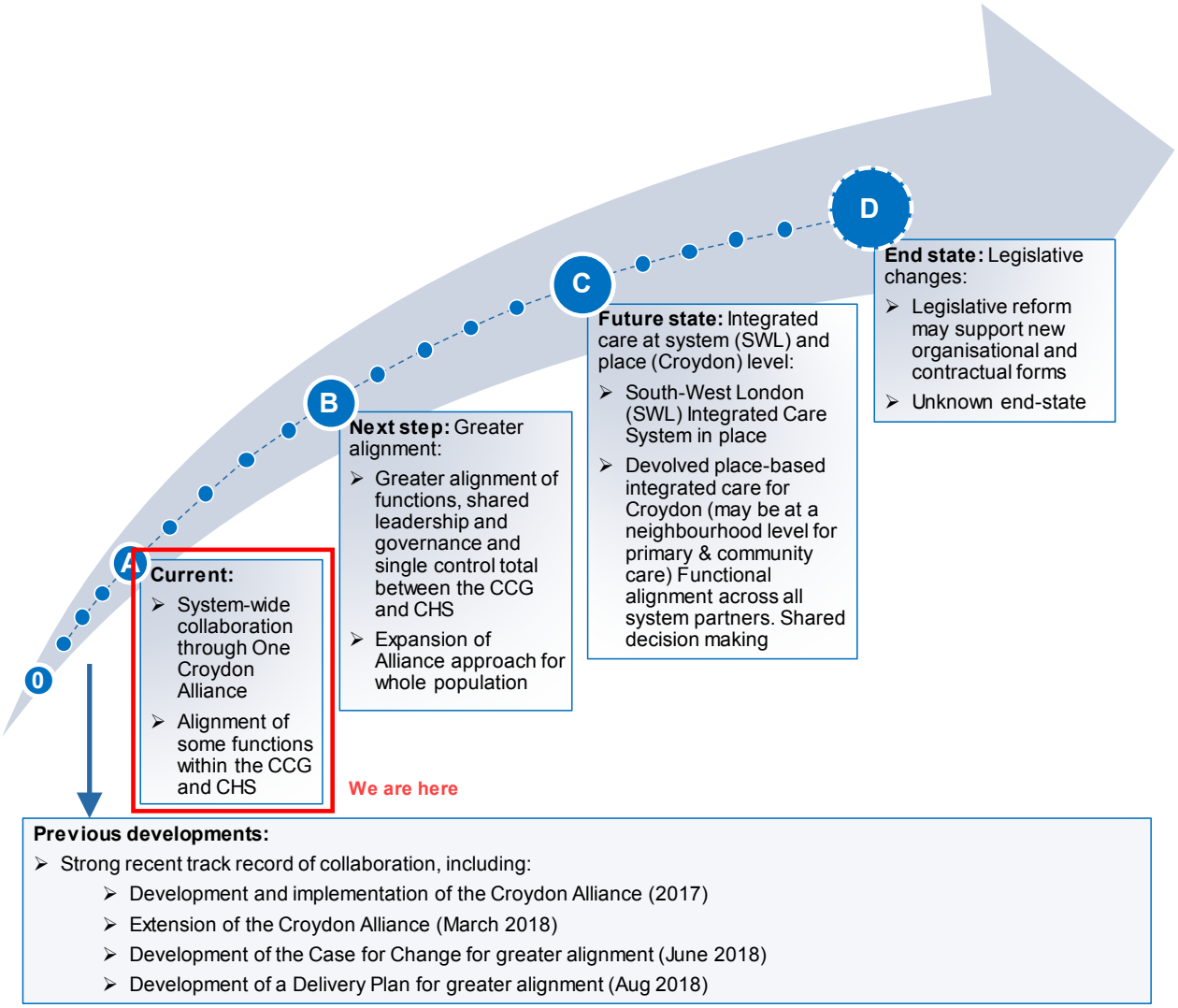
By improving organisational alignment, the Trust and CCG will be better able to deliver large-scale service and clinical transformation projects across acute, community and primary care, which benfits the whole system rather than individual care settings.
Alongside this, it will also:

- Remove duplication of function to enable resources and assets to be used more effectively;
- Reduce misalignment, divergent priorities, and conflicts, which waste unnecessary time and resources;
- Allow the Trust and CCG to share approaches, capability and best practice with one another.

Croydon's aspirations are in support of the wider direction of travel, both at a national and local level. In recent years it has been an NHS policy objective to increase integration. This is reaffirmed by the recently-published NHS Long Term Plan, which commits to every region being an Integrated Care System (ICS) by April 2021. In the event of an SW London ICS, the proposed Croydon model is expected to sit within the wider system as a place-based layer, responsible for 80-90% of resources and functions on behalf of its local population.

Developing a place-based model will be a continuous process, within which we foresee four major stages as outlined in the figure below:

Figure 1: Major stages in moving to place-based integration



Croydon is currently at stage A. System-wide collaboration is already occurring, through the One Croydon Alliance and significant progress towards greater alignment has been made between CHS and Croydon CCG. As part of greater alignment, CHS and Croydon CCG have been undertaking joint working across the key "here and now" challenges facing the organisations, establishing a joint control financial control total, stood up a shared quality committee and appointed joint roles across both organisations.

Furthermore, CHS and Croydon CCG are beginning to realise benefits of improved relationships and working together. Since July 2018, joint working together and releasing time to care has seen CHS's 62-day cancer targets improve from 78% to 80% (Nov 2018), and its RTT targets have continually remained above the 92% national targets (making it one of the top performing London boroughs). There is however much to do, and part of our current focus is addressing the system wide challenges within urgent and emergency care, which will be solved through joint working across both primary and secondary care settings.

Based on this progress and the recognition that greater benefit is available through further alignment CHS and Croydon CCG plan to move to stage B.

Stage B will see CHS and Croydon CCG effectively operating as a single organisation across many of their core responsibilities, it is only through operating at this level of alignment do the Trust and CCG believe they can deliver truly transformative care and move to a place-based model supported by a population health approach.

Figure 2: Characteristics of proposed Stage B model

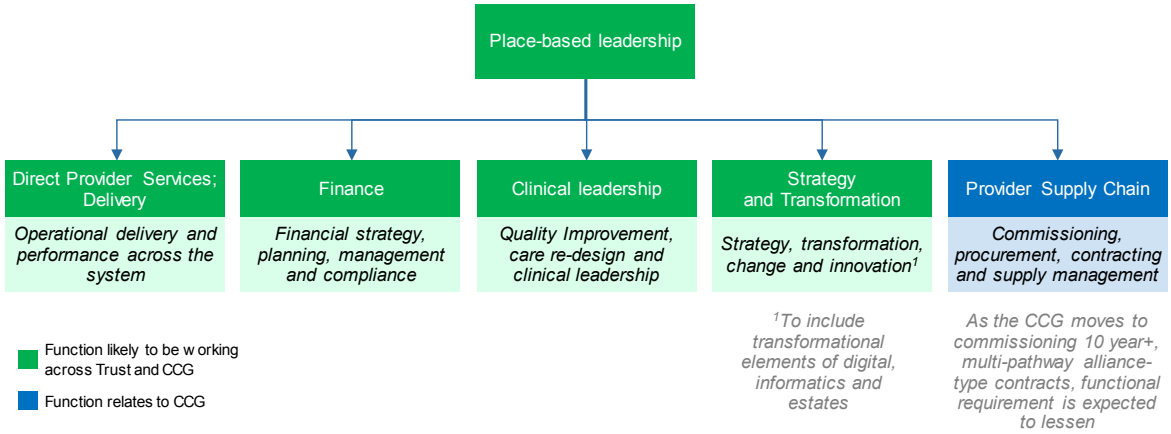
- **A number of shared forums across assurance and decision making, e.g. exec, finance and quality**
- **A set of functions and/or roles that are employed jointly and shared between CHS and the CCG**
- **Shared strategic priorities and single delivery plan across CHS and the CCG**
- **A single control total and financial plan**
- **A number of joint executive posts between the two organisations**
- **A joint place based leader**
- **A common "voice" and representation externally**

The key characteristics of stage B are:

As more details of the Long Term Plan emerge, and its potential impact on Croydon are understood, it is now expected that South West London will move towards a single CCG. Although some of the precise details of the above characteristics may change as a result (e.g. an SWL CCG will naturally need multiple delivery plans across its multiple Integrated Care Networks within the SWL region), we expect the principles will remain the same, as these are what deliver the benefits for the population of Croydon and to other local populations within SWL.

In order to deliver this model and begin to operate together across multiple functions, the Boards propose the following leadership structure and governance structure.

Figure 3: Functions within a future integrated leadership team



Proposed leadership structure:

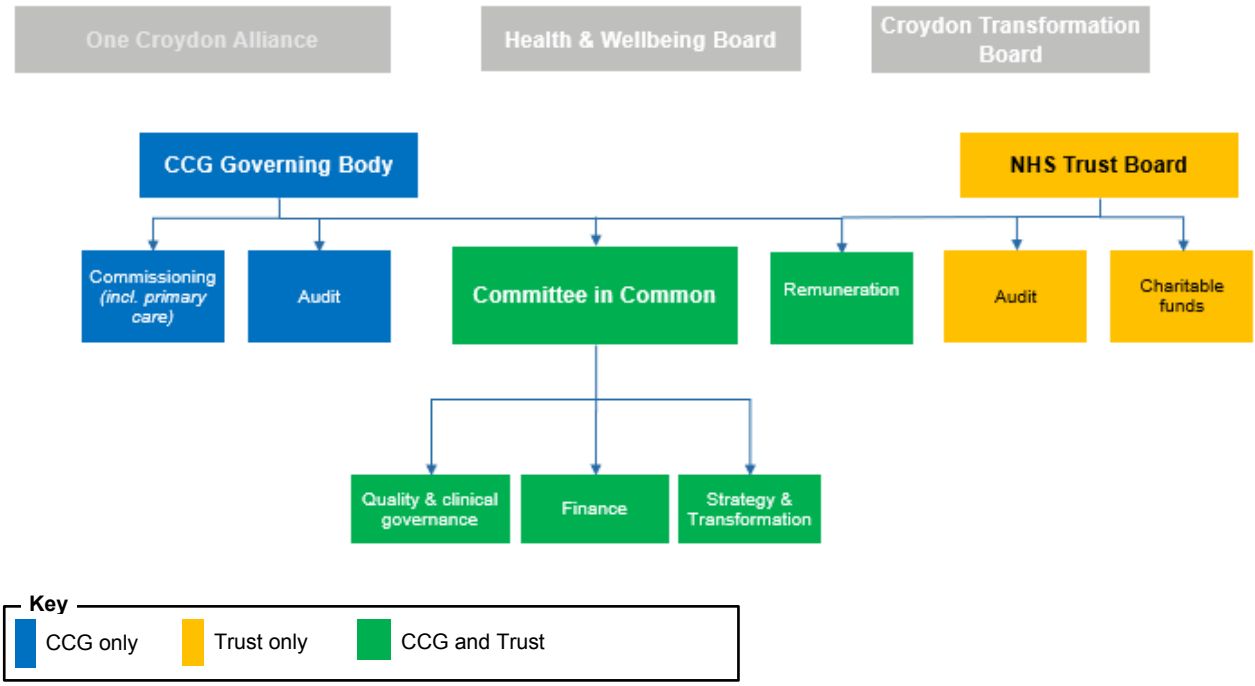
Key to this model is a single place-based leader and full alignment across provider services, finance, clinical leadership and strategy and transformation, with executives having responsibilities spanning both organisations.

However, responsibilities related to commissioning, procurement and contracting will remain a CCG only function to manage any potential conflicts of interest.

Proposed governance structure:

Figure 4: Future near-term Governance arrangements

In order to support the joint leadership team, the boards propose the following governance structure:



As this is not a formal merger, the CCG Governing Body and the Trust Board will continue to exist and be held accountable for their statutory duties. However, all key decisions relating to strategy, transformation and finance will be delegated to a board in common made up of executives, NEDs and lay members of both organisations.

As outlined above, the CCG entity may change from a Croydon CCG to a South West London CCG in the medium-term. Again, we would expect that the above direction of travel can still be pursued, although the details (e.g. committee membership) may evolve.

Similarly, we would expect that over time we will need to consider how to reflect the One Croydon Alliance Partners in the above governance arrangements as these relationships mature – the alignment and integration of CCCG and CHS is only the first step in providing a fully joined-up approach for the people of Croydon. This will include how to involve the Croydon Health and Wellbeing Board in the above governance model.

Managing conflicts of interest:

For the most part, the current duties of CHS and CCCG organisations are able to co-exist within the leadership and governance model outlined above without giving rise to conflict or contradiction.

Where there may be areas of real or perceived contradictions or conflicts, we have built the following features into our governance structures:

- **Presence of non-conflicted decision makers on all committees where there may be a conflict**
  - *Committees to contain non-conflicted members, such as CCG lay members or CHS NEDs*
- **System-wide consultation and engagement**
  - *All processes will be open and transparent, commissioning plans will be developed at a system-wide level, with all Croydon partners engaged*
- **Escalation protocols in place for decisions where there is a potential conflict to act as an independent arbiter of the decision**
  - *Independent arbiters to approve conflicted decisions, such as the South -West London (SWL) ICS Partnership Board or the SWL CCG Governing Body (assuming these bodies exist in the future, in line with the national direction of travel), The Health Commissioning Committee or One Croydon Alliance Board*
- **Delegation of decision making**
  - *For decisions that may normally fall to an individual (e.g. the CFO), where the individual in question is conflicted, these will be delegated to another individual (e.g. a deputy) who does not have a real or perceived conflict*

Should the merging of SWL CCGs occur as currently expected, it should be noted that the potential for conflict of interest would naturally lessen.

In order to make short-term progress against the challenges facing Croydon today, CHS and Croydon CCG propose moving to the new model at pace over the next 12 months. We plan to go-live with the new model in October 2019, building up to full implementation in April 2020. Between now and October, CHS and Croydon CCG are committed to progressing the alignment, focussing on the improving the quality of care provided to the Croydon population. We are committed to working with the regulator and other partners in Croydon and South-West London to ensure that this alignment benefits our patients, the wider population in Croydon and the staff we employ, and that we are flexible in this evolution to reflect our changing relationship with our partners.

2 Strategic context

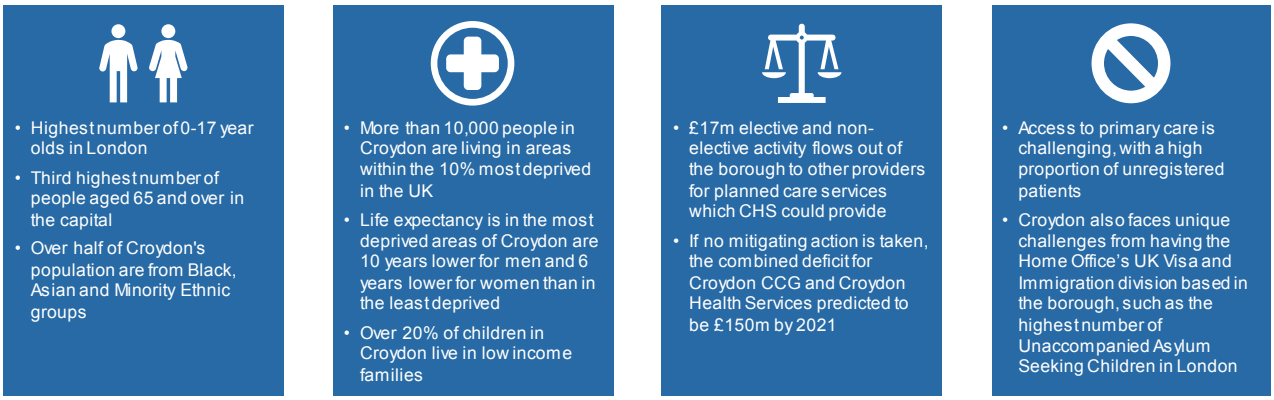
2.1 The Croydon health and care system

Croydon is an Outer London borough; with more than 380,000 residents living locally, it is larger than Nottingham, Newcastle and Belfast. It is also one of London's fastest growing and most diverse boroughs.

Croydon's health service provision is relatively self-contained, it is served by a single CCG – Croydon CCG (CCCG) – and one NHS Trust – Croydon Health Services NHS Trust (CHS) – who provides ~80% of all acute hospital services and community health services in the borough. It is also served by a single mental health trust, South London and Maudsley NHS Foundation Trust (SLAM), who provides both secondary and community mental health services.

However, the Croydon system is facing a number of challenges. There are significant health inequalities across the borough – for example life expectancy in the most deprived areas of the borough is ten years lower for men and six years lower for women when compared to the least deprived areas. Furthermore, Croydon has the largest number of young people in the capital and a rapidly growing number of older people.

Figure 5: Challenges facing the Croydon system



These dynamics put pressure on a system that is already under strain. The CCG until recently was in Financial Special Measures and although has set a balanced budget for 2018/19 it has an extensive QIPP programme to deliver. The Trust was also placed in Financial Special Measures in 2016, successfully exiting in 2017 but has a financial target to deliver £19m of savings in 2018/19, and £5m of additional net income.

At the same time, the Croydon system recognises it is facing quality challenges; 30% of patients treated in hospital are more suited to a community or home setting, while large numbers of patients are currently leaving the borough to receive elective care elsewhere. There are workforce shortages across multiple professional groups, making it harder for the system to meet its quality targets and driving up costs, as providers rely on agency and locum staff to cover gaps in provision.

It is recognised that organisational barriers and siloed working within care settings are compounding these challenges. The competing priorities of individual organisations risk delaying the development and implementation of a sustainable place-based plan to meet the growing health and care needs of the population.

To overcome these barriers, Croydon is already undertaking considerable collaborative working across the Croydon system, which has resulted in a number of improvements in care to date. For example, since Croydon CCG and CHS started the process towards greater alignment in July 2018, CHS has seen its 62-day cancer targets improve from 78% to 80% (Nov 2018), its RTT targets have continually remained above the 92% national targets (making it one of the top performing London boroughs) and the number of patients currently waiting on a waiting list has decreased by 12%. These improvements are driven by a joint focus across the two organisations to support the 'here and now' challenges facing Croydon. Furthermore, wider system collaboration as part of the One Croydon Alliance (see section 2.3) has seen unplanned admissions

amongst the over-65s fall by 15%, at a time when unplanned admissions across the total population has risen. The One Croydon Alliance has also supported an increase in the number of elderly patients returning to independent living after time in hospital.

However, given the context of health inequality in the area and the scale of the challenge, further alignment and greater collaboration is still required.

2.2 Why is change needed?

The 2012 Health and Social Care Act and the creation of the NHS internal market has resulted in a system where there are incentives that have unintended consequences, and individuals are encouraged to act in the interests of their own organisation rather than the whole system. As a result, collaboration is deprioritised, and neighbouring NHS organisations often have a combative relationship and a culture of distrust.

Further, the lack of a common goal or purpose often creates a dichotomy between what organisations would like to achieve, and what tools they have to get there. These organisational barriers make it difficult to affect holistic service improvement for the benefit of patients and the system.

In Croydon this challenge is highlighted in the problems currently facing urgent care, where poor access to primary care, and underfunding of out-of-hospital care has led to significant non-elective overspend in hospitals. Taking a system wide approach will see some of these challenges resolved.

Croydon has taken a number of steps to overcome these barriers – such as the creation of the One Croydon Alliance and the establishment of integrated care networks – and the relationship between CHS, Croydon CCG and Croydon Council is significantly stronger today than it has been in previous years. However, there is a need to go further and faster in order to address the health inequalities in Croydon and to ensure smooth financial recovery for the system.

In 2017, Croydon CCG and CHS commissioned an independent review to provide an in-depth understanding of the challenges faced in delivering health and care to people in the borough. The review concluded that the Trust and CCG must work closer together and should continue to pursue closer integration with the local authority and other partners. This will enable the organisations to collectively focus on addressing health inequalities, improve accessibility to high quality care, maintain low waiting times and move from financial crisis to recovery. The review warned that, without closer integration, the Croydon system would be unlikely to achieve significant service improvements and/or financial balance in the near future.

Furthermore, the NHS Long Term plan, published in January 2019, supports our aspirations of place-based care by committing to the creation of regional Integrated Care Systems (ICSs) by 2021. We view the collaboration underway in Croydon as a first step on this trajectory, and one that will importantly lead to considerable benefits both in terms of the quality of care and the overall financial stability of the Croydon system in its own right.

We do not believe a “Do Nothing” or a “Status Quo” scenario is an option for Croydon. The ways in which we can work within the current environment to influence positive change and deliver the desired benefits to patients, individual organisations, and the wider system, will not be able to meet the desired pace of change. Furthermore, the challenges facing Croydon around urgent care, workforce, and right-place/right time care require system-wide transformation to solve. By pushing forward now with our plans for integration and alignment now, we position Croydon in a stronger position to retain control of key areas of spending as and when further developments happen in the future.

2.3 Background to collaboration

2.3.1 Croydon-wide collaboration

Croydon has a growing track record of collaborative working, with various partnerships already in place between the CCG, NHS providers (acute, community and mental health), GPs, the local authority and voluntary sector. In 2017, the Trust and CCG signed a landmark agreement with South London and the Maudsley NHS Foundation Trust (SLAM), Croydon Council, the Croydon GP Collaborative and Age UK Croydon to create the 'One Croydon' Alliance. The vision for One Croydon is:

'to support people in Croydon to be independent and live longer, healthier and fulfilling lives and be able to access high quality care, in the right place and at the right time, thereby reducing health inequality in Croydon. The aim is to achieve this vision while realising financial sustainability in the system and maintaining improved outcomes'

The One Croydon Alliance has focussed on working together to improve the quality of care provided to the over-65s, shifting from reactive care to proactive care, via the use of multi-disciplinary teams and coordination across care-settings. To date it has implemented several key initiatives, including:

- the establishment of six multi-agency, integrated care networks and huddles across Croydon;
- the implementation of a Living Independently for Everyone (LIFE) scheme;
- the establishment Croydon-wide transformation board to support the change delivered through the Alliance.

As a result of these initiatives, the Alliance has and is making major improvements in care for older people, reducing the number of unplanned admissions in hospitals and supporting the reablement of individuals to independent living after discharge. In its first year, the implementation of integrated care networks and GP hubs as part of the Alliance resulted in a 15% decrease in the number of unplanned admissions amongst the over 65s, compared to an increase in unplanned admissions in the under 65 age-group. At the same time 60% of people going through the Alliance's Living Independently for Longer programme (LIFE) did not require long-term care packages after discharge from hospital, this compared to 100% of people not going through the programme requiring long-term care.

However, it is now critical that we consider how we can learn from the One Croydon Alliance and achieve improved outcomes across our broader population. This includes working with our partners to consider how we best respond to the requirements of local people with both physical and mental health needs and looking to further develop the care delivered through Croydon's integrated care networks. In March 2018, the partners signed an agreement to extend the One Croydon Alliance for another nine years and to significantly increase its scope to cover a number of additional care pathways.

The 2018 Public Health Report for Croydon highlighted the first 1,000 days of a child's life as a key focus area for Croydon, in order to minimise the health inequalities that exist later in life. Of the thirty-four recommendations, which are laid out in the report, many require joined-up and collaborative working to be able to address them, including revising maternal mental health pathways, new smoking cessation pathways and Croydon-wide staff training.

While One Croydon has allowed us to make significant progress in key areas, especially around developing relationships between teams and organisations across Croydon, it does not address some of the structural and organisational barriers to collaboration, which will need to be overcome in order to create a fully system-wide and place-based approach to care.

2.3.2 CHS and CCG collaboration

Recognising that greater collaboration would be needed to move to a population-based system and to address some of the healthcare challenges laid out above, CHS and Croydon CCG have been jointly exploring options for greater alignment, achieved through increased collaboration and the removal of organisational barriers. The table below summarises the work undertaken to date.

Table 1: CHS and CCG Collaboration to date

1: June 2018 – Assessment of Alignment Options
The CCG and CHS jointly produced an Options Paper that analysed the benefits and risks associated with a variety of alignment options. The paper made the case that full system alignment, which brings together health and social care provision and commissioning, was the desired end-state for the Croydon system. However, it also recognised the complexity in reaching the end-state, and as such, proposed a multi-step process: 1. The first of these stages being 'progressive alignment', where the Trust and the CCG identified initiatives and areas of collaboration that can be pursued jointly, including looking to identify functions and teams that could be shared across the two organisations. This has been implemented and an assessment of the progress made is included in section 5. 2.The second stage is 'systemic alignment', which continues with many of the elements of 'progressive alignment' but also included shared decision-making forums and a number of joint executive level roles between the Trust and the CCG, including the potential for a shared place-based leader across both organisations. This is the next step in our journey and the purpose of this paper. 3. The third stage, and our end state ambition, is to move to a fully integrated approach through further alignment with other system partners in Croydon and South-West London.
2: August 2018 – Alignment Delivery Plan
Following the development of the Options Paper, the CCG and CHS jointly developed a Delivery Plan, outlining the proposed initiatives and actions required to pursue the chosen journey. Our assessment of progress of progress to date is outlined in section 5.

3 Direction of travel

3.1 National direction of travel

3.1.1 Integrated Care Systems

Despite the legislative framework moving increasingly towards a quasi-competitive market, the policy objective in recent years has been to increase integration, with Simon Stevens (NHS England's chief executive officer) stating that Integrated Care Systems (ICSs) will effectively end the purchaser provider split, bringing about integrated funding and delivery for a given geographical population.

The recently published NHS Long Term Plan reaffirms the direction of travel and commits to every region being an ICS by April 2021. It also indicates that current Sustainability and Transformation Partnerships (STPs) will be used as the geographical basis for future ICSs.

The most recent definition describes their function as *"… bringing together local organisations to redesign care and improve population health, creating shared leadership and action."* In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering standards, and improving the health and wellbeing of the population they serve. For example, ICSs are expected to improve health and care by:

- Supporting the coordination of services, with a focus on those at risk of developing acute illness and being hospitalised;
- Providing more care in a community and home-based setting, including in partnership with council social care, and the voluntary and community sector;
- Ensuring a greater focus on population health and preventing ill health;
- Allowing systems to take collective responsibility for how they best use resources to improve health results and quality of care, including through agreed cross-system spending totals.

The NHS Long Term Plan states that every ICS will have:

- a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector and other partners;
- a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/ governing bodies;
- sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- full engagement with primary care, including through a named accountable Clinical Director of each primary care network;
- a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;
- all providers within an ICS will be required to contribute to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives; and
- clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together.

In a mature SWL ICS, Croydon would be a place-based system of care. In this model, we anticipate and strongly advocate for a devolved model, where 80-90% of funding is delegated to a Place level. This is aligned with the expectations of the current STP and our system partners.

Although not the focus of this report, CHS and Croydon CCG are fully committed to the development of a South-West London ICS and to wider integration within Croydon (e.g. with Mental Health). We anticipate that these developments will progress in parallel with the proposals in this report.

3.1.2 Commissioning

As outlined above, the national direction of travel is away from competition and toward collaboration and integration, with commissioners and providers working together and making shared decisions. This will necessitate a different type of commissioning organisation.

In relation to commissioning, the NHS Long Term Plan outlines that:

- *Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area.*

- *CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.*

- *We will continue to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense.*

The impact of the above will lead to a single ICS for South-West London with a single CCG, also for South-West London. Croydon will exist as a Place within this system.

Over time we anticipate that this will create a fundamental shift in the role of commissioners, and, with potential changes to legislation in the long-term, CCGs may no longer exist in the form that we know them.

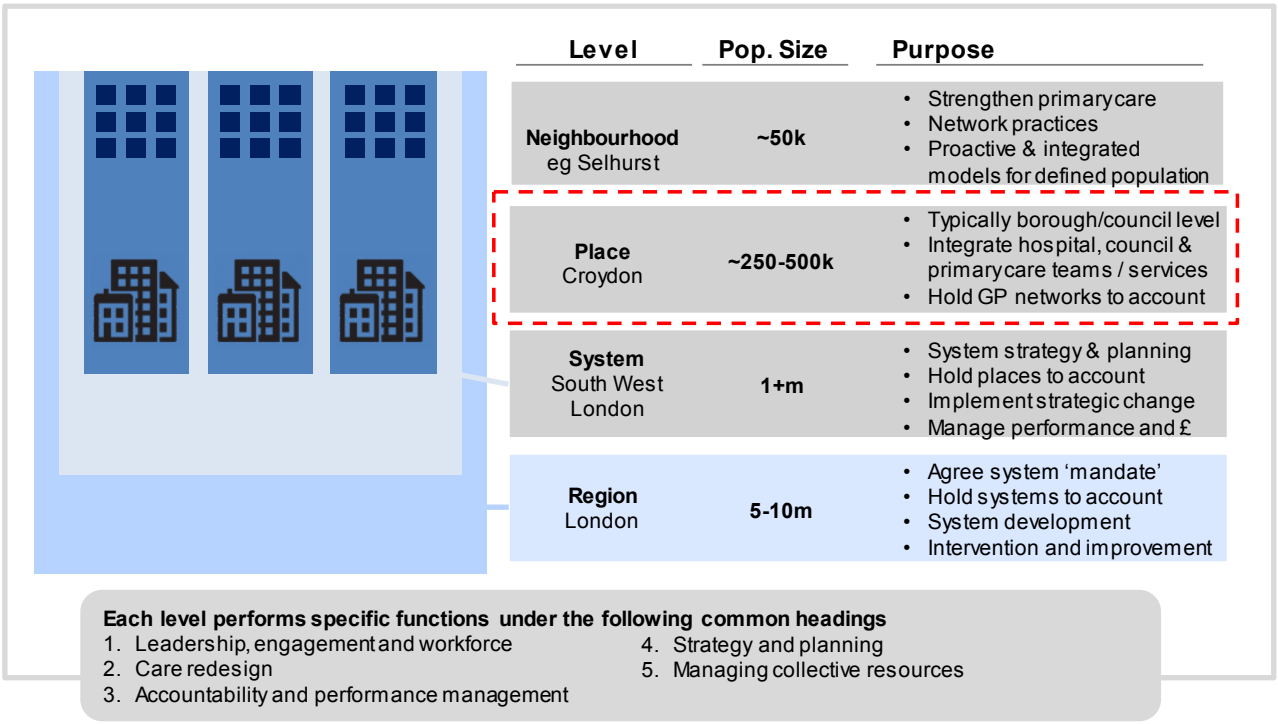
3.2 South-West London and Croydon direction of travel

3.2.1 Integrated Care in South West London

Aligned to the national direction of travel, our vision for Croydon is to be part of a mature Integrated Care System (ICS), working with partners across South West London (SWL). Within the SWL ICS, we envisage a number of ‘layers’; with each layer responsible for taking-on certain functions on behalf of its population.

Figure 6 outlines some example functions that we anticipate within each layer. However, we note that our current collaboration between CHS and Croydon CCG, as well as the wider One Croydon Alliance, will result in substantial benefit in its own right.

Figure 6: Layers of an Integrated Care System



The specific functions at each level need to be designed with engagement from all partners, and we anticipate that the distribution of functions will change overtime as the system, and the partners within it, mature.

– Place-based integration in Croydon

In the context of the national policy outlined above, the direction of travel within Croydon is to develop a **place-based model of integration** that delivers the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.
We anticipate that the following functions will be part of a Croydon system:

Delivering this functionality will require the Croydon system to have:

Figure 7: Features of the Croydon system

	Beginning	Maturing
Leadership, engagement & workforce	• Engage staff and local community • Implement actions to address workforce shortages, including within primary care	• Develop multidisciplinary workforce models to address skill shortages • Develop meaningful and continuous ways to involve staff and residents in decisions
Strategy and Planning	• All organisations engaged in system wide strategy and planning	• A single integrated plan for Croydon health and care
Care Redesign	• Designing more integrated care ('triple integration' – primary and specialist, physical and mental, health and social care) • Working together to address performance priorities (e.g. UEC, LoS, bed occupancy, DTOCs) • Implementing NHS Long Term Plan • Primary Care Network development	• Investment in targeted prevention programmes Identify population segments with high utilisation or unmet need (population health analyses) • Develop integrated services and teams (NHS and social care) to keep people out of hospital • Network hospitals and mental health services to improve resilience and standardise care
Primary Care Development	• Establishing primary care networks at a neighbourhood levels • Building relationships between GPs and secondary care	• Maturing the neighbourhood based approach, integrating care between primary and community care • Building primary care at scale
Accountability & performance management	• Improve delivery of constitutional standards	• Clinically-led quality improvement • Hold networks/neighbourhoods to account • Lead improvement of standards, without outside intervention
Managing collective resources	• Manage within aggregated provider and commissioner control totals • Deliver health investment standards (e.g. mental health)	• Capable of taking on a delegated budget • Collaborate across system and with other providers to improve efficiency • Understanding of patient-level costing

- Mature and stable system partners;
- Strong relationships between all partners;
- System-wide rather than organisation-centric decision making;
- System-wide leadership;
- Aligned (and where possible integrated) governance; and
- A shared understanding of our challenges and opportunities and a single plan for addressing them.

3.2.2 Development of primary care networks and integrated care networks

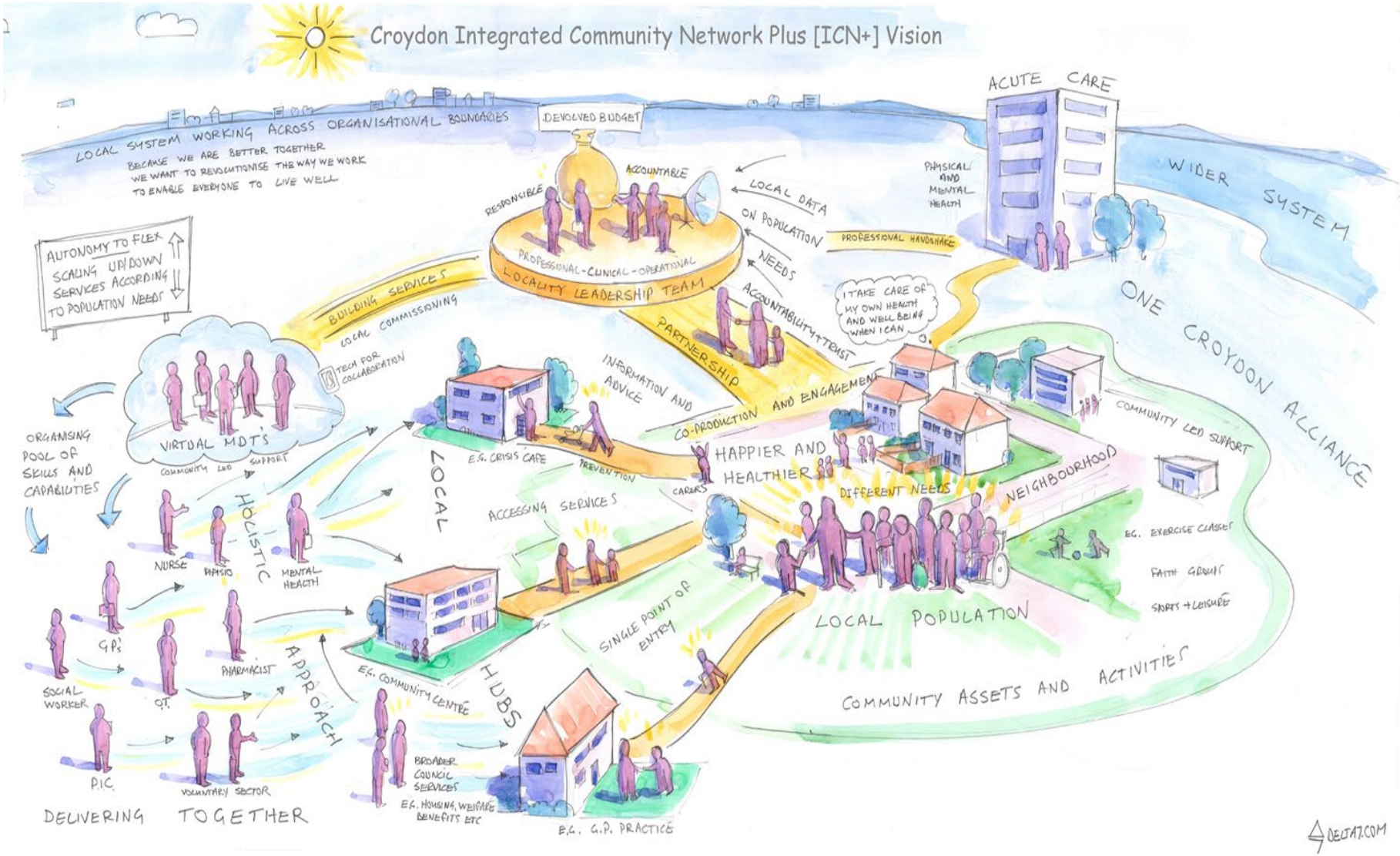
In our vision of the Croydon system, primary care will be key to developing a sustainable, place-based, healthcare system. Croydon has made considerable progress in developing primary care through the creation of Primary Care Networks (PCNs), which work across populations of between 30-50k to assess local population risk and ensure that local provision supports the needs of the local population. Croydon currently operates five primary care networks and although these networks are still maturing they have been integral to the progress made as part of the One Croydon Alliance.

The NHS Long Terms Plan commits to the development of PCNs. As part of a set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension of their current

contract, and have a designated single fund through which all network resources will flow. The direction of travel suggests that there may be 8-13 PCNs across Croydon in the future.

The below diagram demonstrates how the approach will be developed and as this approach develops, Croydon will look to increase integration across primary and community care into full integrated care networks, so both are delivered at a level to ensure services adequately reflect the needs of the local population.

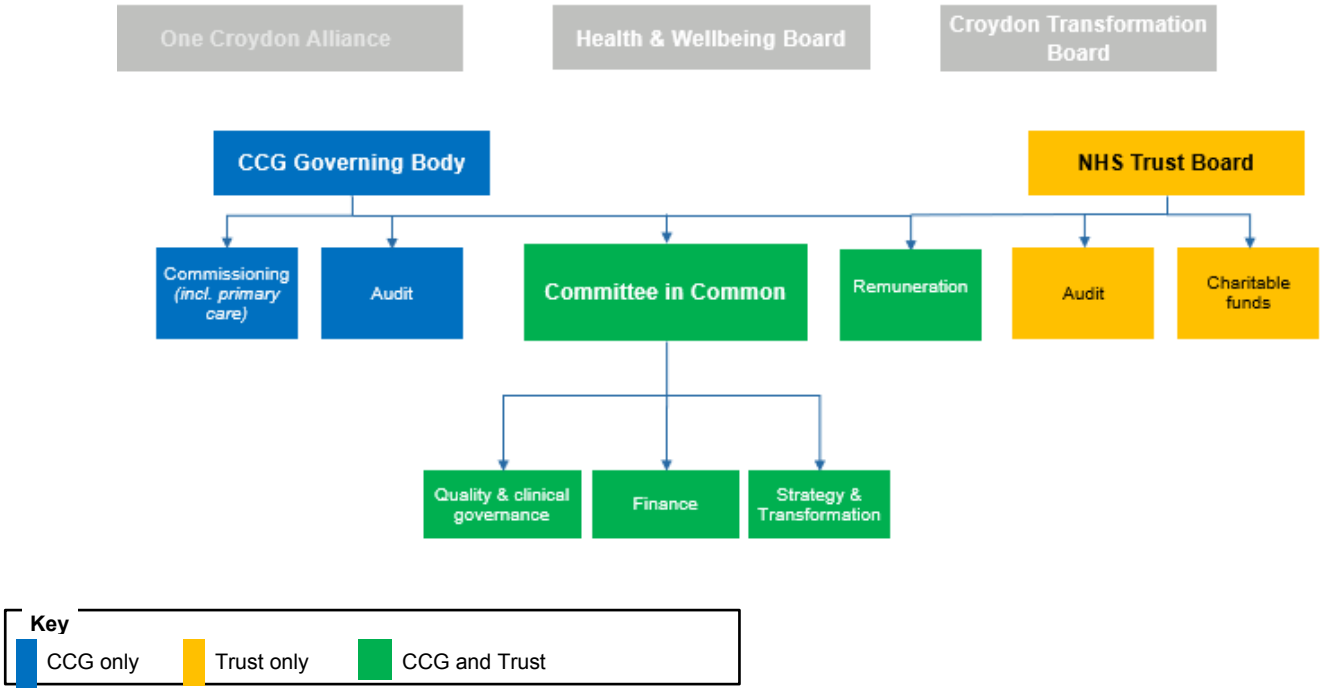
Figure 8a: Croydon Integrated Community Network Plus (ICN+) Vision



3.2.3 SWL support of the Croydon plan

South West London (SWL) are supportive of Croydon's plan to move to a place-based model of care in light of wider ambitions to create a SWL Integrated Care system. SWL view Croydon as a potential model for how place-based care will delivered as part of the ICS and will be looking to develop the ICS in conjunction with the work happening in Croydon.
The below diagram demonstrates how the varying regions and partners within SWL are expected to work together going forwards

Figure 9: SWL proposed ICS governance model



3.3 How we get there

Developing the model outlined above will be a continuous journey, with many achievements and small milestones along the way. We foresee four major stages as outlined in the figure below.

These major stages are:

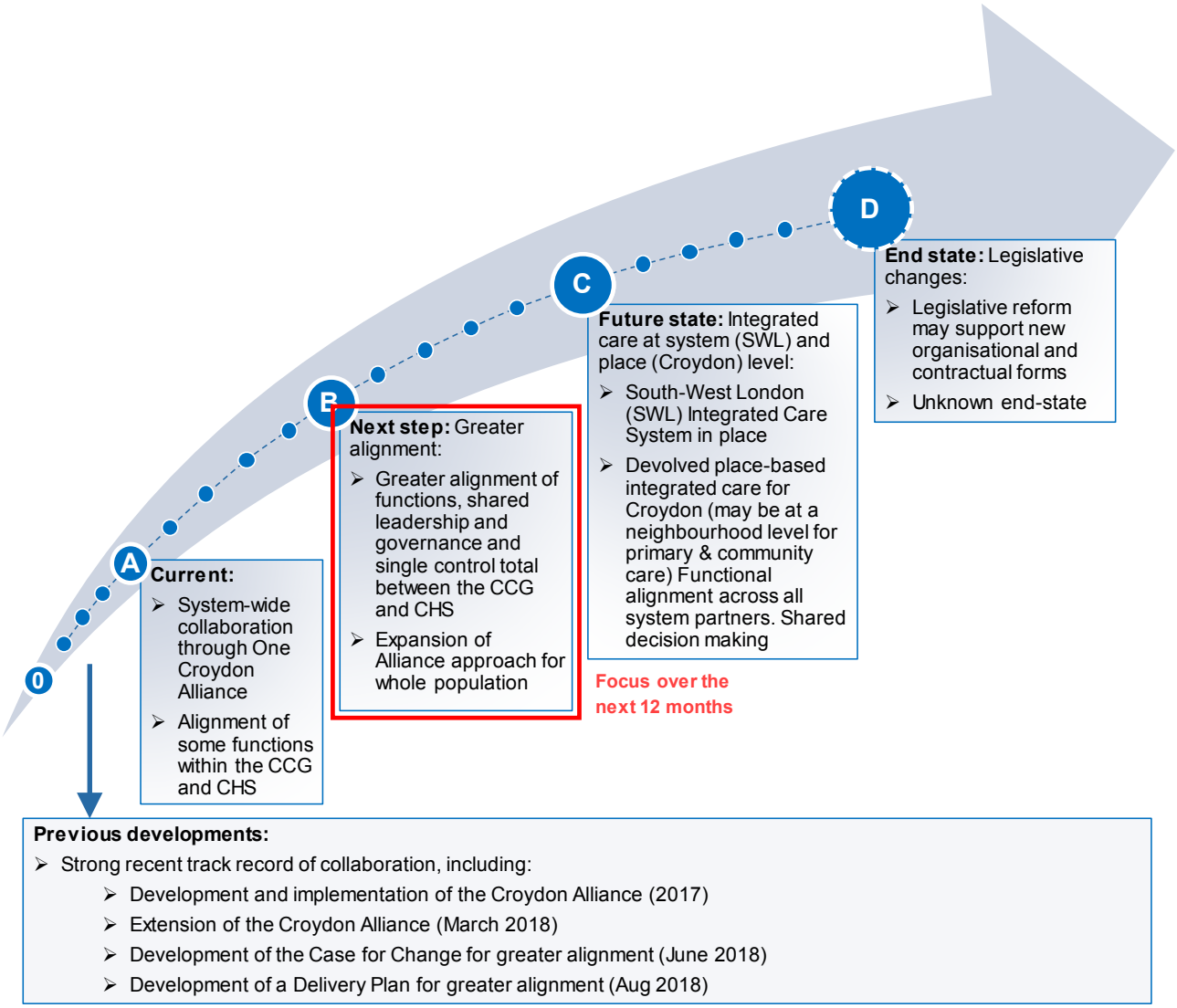
A. **Current:** This first describes where we are today, and the progress already made within the Croydon system – this is described in detail in section 5.

B. **Next step: Greater alignment:** The second describes our proposed next step and includes greater alignment between the CCG and CHS (through the bringing together of functions, leadership and governance) – described in detail in section 6 – and extensions to the One Croydon Alliance.

C. **Integrated care at system (SWL) and place (Croydon) level:** The third describes a foreseeable end-state – comprised of a SWL ICS and a place-based model of integration for Croydon that includes all system partners.

D. **Legislative changes:** The fourth corresponds an unknown end-state. We include this to acknowledge that further changes are likely – for example, in the form of legislative changes that may reduce some of the current barriers to integrated care through new organisational forms and/or contractual models.

Figure 10: Major stages in moving to place-based integration within Croydon



The focus of the remainder of this document is on our plans for moving from Stage A to B. We believe this step is critical for the Croydon system to solve some of the key challenges it is facing and will deliver considerable benefits in its own right, as well as sitting on the critical path for a wider integrated care system.

Considering the pace of policy change within and outside the NHS, we recognise that the next stage (Stage B) will evolve over the coming months and years to reflect these changes. These changes include both how the partners of One Croydon Alliance join this journey, and what impact the expected creation of one South West London CCG will have. Whilst these are critical developments, we believe beginning the journey now between Croydon CCG and CHS provides the best platform for further transformative change.

4 Case for change

4.1 The expected benefits of greater alignment

Greater alignment of the health and care organisations in Croydon will allow us to create a health and social care system that works better for patients and their families and which makes best use of scarce resources.

Solving the key issues facing Croydon and addressing core focus areas, including: improving health inequalities, supporting urgent an emergency care and ensuring the Croydon population has the best start in life (the key focus highlighted in the 2018 Public Health Report) requires a joined-up approach to health management.

Through minimising the structural barriers that exist between organisations we remove the competing priorities of individual organisations and move to a model where our aligned objective is improving the quality of health services across the whole of the Croydon system.

The ultimate goal of greater alignment is to improve the health of the Croydon population, provide better quality care for patients, improve ways of working and return the system to financial balance, by a more effective and efficient use of assets and resources. We will achieve this through transforming clinical services across both primary and secondary care, but also improving organisational alignment and system performance across other areas, including shared functions and shared governance.

By improving organisational alignment, the Trust and CCG will be better able to deliver large-scale service and clinical transformation projects across acute, community and primary care, which benefits the whole system rather than individual care settings

Alongside this, it will also:

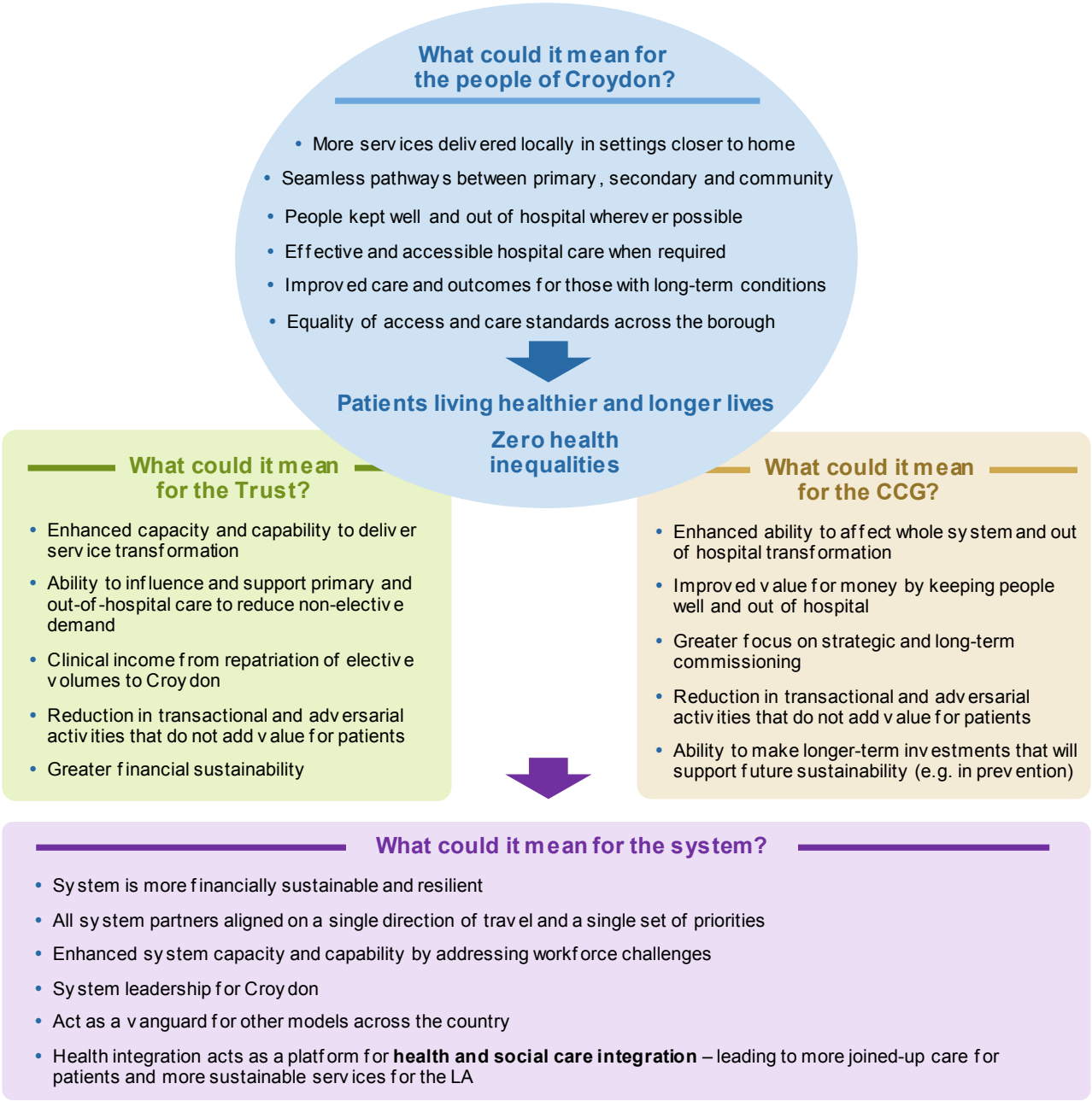
- Remove duplication of function to enable resources and assets to be used more effectively;
- Reduce misalignment, divergent priorities, and conflicts, which waste unnecessary time and resources;
- Allow the Trust and CCG to share approaches, capability and best practice with one another.

Figure 1111 outlines how greater alignment between Croydon CCG and CHS will contribute to improved patient outcomes and a more sustainable system, making care better for patients, staff, organisations, and for the system.

Figure 11: Benefits of greater Alignment in Croydon

			Impact	
Source of benefit	**From…**	**To…**	**Patient outcomes**	**Sustainability**
A single approach to transforming services in Croydon	• Transformation priorities or approaches that are not always aligned • Limited out-of-hospital transformation • Insufficient capacity and capability	• Greater focus on out-of hospital care • Pathways designed 'end-to-end' across care settings • Shared and enhanced capability and capacity • Resources focused on a single set of priorities	✓✓ • *Improves waiting times* • *Reduces av. number of appointments before diagnosis* • *Reduces length of stay*	✓✓ • *Cost benefits through reducing appts. per patient & decreasing length of stay*
Improved relationships between primary, community and secondary care	• Lack of agreement between GPs, community and secondary care clinicians on key pathways • Reputational and operational issues between CHS and GPs	• Single approach to pathway development across primary, community and secondary care • Better relationships and communication • Targeted repatriation of elective activity to Croydon	✓✓ • *Improves right time right place care* • *Improves information sharing, which results in better diagnosis & treatment*	✓✓ • *Sustainability benefits from more care delivered closer to home, in Croydon* • *Better communication leads to efficiency benefits*
A more joined-up approach to population health management	• Trust required to focus on immediate pressures of acute hospital, with limited capacity or capability to focus on population health management	• Opportunity for enhanced population health management approach for high risk people (e.g. elderly and multiple long-term conditions)	✓✓ • *Improves health through earlier preventative intervention, keeping the population healthier for longer*	✓✓ • *Lowers cost of care through preventing illness*
Aligned financial plans and incentives	• Misaligned financial incentives • Separate financial plans • Combative relationship	• Aligned financial incentives • Resources can be moved within system more easily • Single and jointly-owned financial plans including CIPs • Ability to make positive long-term investments	✓ • *Enables long term investment in health care* • *Investment decisions made to improve the health across the whole system and not siloed in care settings*	✓✓ • *Removes incentives to retain activity in costlier settings*
Reducing non-valuing adding transactional activities	• Significant amount of time and energy spent on transactional or adversarial activities that do not add value for patients	• Reducing non value-add activities will free-up capacity that can be refocused on service transformation	✓ • *Time and money saved can be redirected towards delivering care*	✓✓ • *Financial saving through removing resource associated with transactional activities*
Sharing resources and removing duplication	• Functions duplicated across Trust and CCG, for example in relation to oversight and assurance	• Functions shared across the system; reducing duplication and ensuring a single approach	✓ • *Time and money saved can be redirected towards delivering care*	✓✓ • *Financial saving through removing duplication*
Single system view	• Siloed datasets within each organisation • No single view of challenges and weaknesses	• Joined-up information systems • Single version of the truth	✓ • *Shared data makes it easier to understand the root cause of quality issues and rectify quicker*	✓ • *Shared data results in financial savings from the removal of duplication and transactional activities*

Figure 12: Anticipated outcomes for patients, organisations and the system



4.2 Importance of shared leadership

There is no technical reason as to why the benefits outlined in section 4.1 cannot be achieved by two aligned but separate organisations, with two separate leadership teams.

However, the practicalities of this arrangement, and learnings from other systems, suggests that this would be extremely difficult to achieve. The Trust and CCG believe that, without a shared leadership team, it will be challenging to achieve the transformative change required to improve the quality of care provided, whilst ensuring financial stability to the Croydon system.

This is supported by a wealth of learnings from other systems, where organisations (both commissioners and providers) have attempted to collaborate but where separate leadership has created material, and in some cases insurmountable, barriers to alignment. Table 2 outlines a series of observed barriers from across the system and how shared leadership could address some of these.

Table 2: Barriers in other health systems without single leadership

Barrier observed in other systems	How aligned leadership addresses the barrier
Misaligned incentives: Individual leaders feel compelled to focus on the benefit and cost to their own organisation, rather than to patients and the system	**Aligned incentives:** Shared leadership would ensure fully aligned incentives in key areas – e.g. in setting priorities for service transformation
Slow decision making: Decision making across organisational boundaries is slow and bureaucratic, with some initiatives that would improve patient outcomes never implemented	**Effective decision-making**: Shared leadership would simplify decision making. Resulting in faster more effective decisions on initiatives that will deliver benefits to patients and return the system to financial balance
Relationship dependent: Relies on strong personal relationships, which cannot be guaranteed and are susceptible to changes in people. Where organisations have strong relationships, there remains a lack of full trust and transparency	**Future proofed**: Does not rely on personal relationships as is future proofed against leadership changes
Focus and impetus: Leaders begin with strong intentions to collaborate, but the demands and pressures of the system, mean that this often falls quickly down the agenda	**Commitment**: Shared leadership would ensure that cross-organisation collaboration is at the very top of the agendas of both organisations
Multiple points of contact: Contradictory messages and interactions inhibit progress and support from stakeholders	**Single point of contact**: Single point of contact with regulators and stakeholders ensures unification of messaging and reduces unnecessary duplication
Duplication: Resources and activities are duplicated, with little or no extra value	**Effective use of resources**: Resources deployed to deliver the best value

NHS organisations up and down the country are recognising aligned leadership as an enabler for collaboration, and the number of shared Executive-level leadership posts (including joint CEOs and AOs) has grown exponentially over the last three years.

Many of these shared posts are provider-provider or commissioner-commissioner posts. However, the principles (although admittedly, not the complexity of execution) remain the same.

Although relatively less common, there are several examples of shared commissioner-provider leadership posts. One example is the Director of Finance and IM&T at Frimley Health NSH FT who is also the CFO at

the local CCG. This example, outlined in more detail below, provides a good case for how conflicts can be managed across the commissioner-provider boundary.

We believe that the NHS will see more of these shared roles emerging and a number of other organisations for which shared leadership would be a significant enabler for closer working.

Case study: shared CFO in Frimley

The Frimley Health and Care System is developing towards an 'Integrated Care System' (ICS) with:

- System-wide financial control total;
- Single, shared Operating and Financial plan;
- Collective approach to agreeing strategy, plans and priorities; and
- ICS ethos to "get best value and outcomes for the Frimley pound".

However, in the absence of a system entity, the Trust and CCGs (Bracknell & Ascot, Slough and Windsor Ascot & Maidenhead) felt that shared appointments of key roles would be an obvious and highly valuable opportunity. Recognising the significant benefits of operating in this way, the organisations appointed a single Chief Finance Officer.

The benefits of the shared CFO have been:

- Transparency of system-wide financial position;
- Driving common underpinning assumptions and a single system plan approach;
- System-approach to CIP/QIPP
- Avoiding cost-shunting; focusing on cost/demand and drivers of cost/demand
- Driving a collaborative approach to the delivery of improvement plans
- Encouraging cultural change to collegiate working more widely; and
- Modest cost saving through a single post.

The Trust and CCG manage potential conflicts of interest through several different mechanisms, including:

- Commissioning functions relating to the provider Trust are excluded from the CFO's role
- The CCGs have a Deputy Director of Finance who reports to the CFO, except in a conflict of interest situation, when they report directly to the AO
- It is intended that ICS arrangements will include provision for other partners to object to CFO decision and guidelines for which decisions require sign off by ICS Board

4.3 How we will measure success

In line with the Croydon vision: **Working together for a Healthier Croydon,** greater alignment is expected to improve the health of the Croydon population, provide better quality care for patients, improve ways of working and return the system to financial balance, by a more effective and efficient use of assets and resources.

As such, programme success will be measured according to these aims and expected benefits. In Table 3, we outline how success will be measured.

Table 3: Measures of programme success

Aim:	Measure of success
Improving care provided to patients	• CHS continue to meet and show improvement against quality targets, surpassing or meeting NHS standards across all areas
Improving the overall health of the Croydon population	• Reduce variation in life expectancy and incidence of disease • Reduce the number of unplanned secondary care admissions • The population living healthier and more independently for longer
Improving ways of working	• Improvements in staff satisfaction • Reduce staff vacancy rate • Increase staff tenure
Improving financial stability	• Both organisations to achieve and maintain financial balance • Croydon CCG to achieve its 20% saving target
Readiness for integrated care	• Create joint roles and functions between the CHS and Croydon CCG • Set-up shared decision-making forums

5 Achievements to date

5.1 Overview

The overall alignment vision is **Working together for a Healthier Croydon**. Through a collaborative approach and greater alignment, CHS and Croydon CCG believe they can improve the health and wellbeing of the Croydon population and return the system to financial balance. This is, and will continue to be, the key measure of success across the programme.

Since the creation of the Delivery Plan in August 2018, Croydon CCG and CHS have been progressing their plans for greater alignment. Below we outline a number of high-level achievements; however, in appendix 6.1 we outline these in more detail:

Figure 13: CHS and Croydon CCG achievements to date

Joint working on the "here and now" challenges facing the Trust and CCG

- *Activity to date includes: Mapping elective flows and jointly communicating with GPs to strengthen pathways and working to improve emergency and urgent care, both as part of the One Croydon Alliance (attendance/ admittance avoidance) and more recently supporting CHS's newly opened emergency department (improving patient flows through ED)*

The creation of shared functions and roles between the Trust and the CCG

- *Two joint roles have been appointed across the Trust and CCG. A joint Chief Pharmacist post and an Associate Director of Safeguarding now work across both organisations. Work is currently progressing to create a joint safeguarding function and medicines management team to support the newly created joint roles*

A shared quality committee

- *A joint quality committee between CHS and Croydon CCG has been stood-up to improve challenge and transparency around quality*

A plan in place to move to a joint financial control total by 2019/20

- *The finance committees of the CHS and Croydon CCG have an agreement in principle for a 2019/20 Joint Control Total*
- *The shared control total has now been agreed for 19/20*

Agreement of year-end financial deal for 18/19

- *The year-end finance deal has been agreed (early). This is in direct comparison to previous years, where STP mediation has been required*

The creation of shared forums to encourage joint working

- *Joint working groups have been set up across both clinical and back-office areas. The purpose of these groups is to build relationships between organisations and identify and track initiatives*

Establishment of a robust Programme Governance structure

- *A Programme Delivery Board has been set-up to monitor and maintain the pace of delivery. The group meets every two weeks and contains executives and NEDs from both organisations as well as NHSI and NHSE representation. Alongside this a joint programme director has*

been employed by the Trust and CCG

Establishment of organisation development (OD) and stakeholder engagement workstreams to support and manage the organisational change associated with the alignment

- *As part of programme governance, an OD and stakeholder engagement workstream have been set-up. The Kingsfund has been engaged to support OD, while a stakeholder engagement programme is in place with all employees of both organisations informed of plans*

The design of a proposed leadership and governance structure to support the next stage of the alignment

- *A proposed leadership and governance structure have been designed, this has been circulated to the Board and the Governing Body of both organisations for approval with workshops held to test the strength of the governance structure (see section 6)*

5.2 Assessment of progress

In this section we look to assess progress to date against our stated vision for the alignment.

Working together for a healthier Croydon

To achieve this vision, the Trust and CCG must be comfortable that the alignment is able to improve the **quality** of care it provides, whilst delivering value for money and ensuring **financial stability**.

Figure 14: CHS and Croydon CCG quality benefits

We believe alignment to-date has had a positive impact on the QUALITY of care provided, through:

- **Greater transparency and single view of quality**
  - The establishment of a shared quality committee and a single control total for quality has resulted in a more united and transparent approach to quality, with the Trust and CCG working together to identify root causes and address quality issues
    - For example, the CCG is currently actively supporting CHS, to resolve recent challenges surrounding the opening of the new emergency department. This is different from a monitoring and 'narrating' relationship that existed historically between the CCG and the Trust
    - Furthermore, since Croydon CCG and CHS started the process towards greater alignment in July 2018 it has seen its 62-day cancer targets increase from 78% to 80% (Nov 2018), and its RTT targets have continually remained above the 92% national targets
- **Sharing resources across care settings**
  - A single safeguarding lead has ensured that the CCG's and the Trust's approach to safeguarding is consistent and continuous across primary and secondary care settings, resulting in better care for some of Croydon's most vulnerable residents
  - A joint pharmacy lead has provided the Croydon population with more seamless access to medicines and improved medicines management across Croydon

A joined-up approach to population health management

  - The One Croydon Alliance, which brings together eight different organisations across the Croydon system, has been improving the health and wellbeing of Croydon's over 65s
    - Successes include the creation of an integrated LIFE (Living Independently for Everyone) team, which has led to a reduction in the number of residents requiring long term care after discharge from hospital and a reduction in unplanned hospital admissions amongst the over 65s. 60% of people going through the life programme have been able to return to independent living, compared to no-one in the group the that did not go through the programme
    - The Alliance also saw a 15% decrease in the number of unplanned admissions amongst the Over 65s, compared to an overall increase in unplanned admissions amongst the whole population
- **Improved relationships between primary and secondary care**
  - The Trust and the CCG have been working together to ensure that patients are receiving care in the most appropriate setting, closer to home and to reduce waiting times
    - This has been achieved through jointly assessing patient flows between primary and secondary care, identifying challenge areas and then jointly communicating with GPs to ensure that they have access to the most accurate and up-to-date information to allow them to make the most appropriate referrals

Figure 15: CHS and Croydon CCG financial benefits

We believe the alignment has had, and will continue to have, a positive impact on the FINANCIAL stability of CHS and CCCG, through:

- **Reduction in duplication**
  - The appointment of joint roles across pharmacy and safeguarding has realised cashable savings
- **More efficient use of resources across the Croydon system**
  - A single Chief Pharmacist across primary and secondary care has released savings through improved medicines management
  - CHS's and Croydon CCG's joint focus on strengthening local patient pathways within Croydon, not only improves the quality of care provided, but also ensures that more Croydon spend remains in Croydon, with more patients treated closer to home
  - The cost of delivering has been lowered across the system through One Croydon work in reducing unplanned admissions and supporting reablement into independent living after discharge
- **Improved relationships**
  - Greater joint working between the financial function of the Trust and the CCG has resulted in the early agreement of 18/19 year end
    - This is a significant improvement from the previous year, where local mediation from the STP was required to agree a deal
- **Aligned financial plan and incentives**
  - Critical to ensuring future savings has been the work undertaken to move to a 2019/20 joint control total. Aligning the financial objectives of both organisations removes incentives to act in the interest of individual organisations and encourages activity which benefits the entire system
- **The CCG is forecasting a balanced position for the first time in its history**

More detail on the benefits achieved is outlined in Appendix 7.1.

5.3 Barriers

Significant progress has been made towards greater alignment, yet there are areas that have progressed more slowly than anticipated. In this section we assess the barriers faced and outline proposed mitigations going forward.

Table 4: Barriers to progress

Barrier to progress	Description	Mitigation going forward	Overall risk of programme
Capacity	• Both organisations have historically struggled to release sufficient capacity	• Capacity may continue to be a challenge but will lessen as the organisations look to share functions • A joint programme director has been appointed to	**Med:** *Joint programme director in place to manage this risk*

		support the alignment • Forums such as the regular board to board and OD workstreams are helping to identify where there is lack of capacity and provide additional support	
Short-term focus	• Current financial and operational pressures within the system have led to greater focus (by both organisations) on initiatives that will deliver short-term improvements • This has reduced our ability to focus on those actions that will deliver in the longer-term	• As Croydon CCG's and CHS's short-term pressures are stabilised (partly driven through joint working), both organisations will have greater capacity to focus on longer-term initiatives • Regular board to board meeting between the Trust and CCG provide early visibility on short term challenges, with both organisations working together to resolve them	**Med:** *Going forwards both organisations are expected to have greater capacity to focus on longer term initiatives. However, short-term stability will continue to be a priority*
Joined-up decision making	• There have been missed opportunities to progress with initiatives as decision making is still taking place in respective organisations	• Our proposals include plans to bring leadership and governance together (see section 6)	**Low:** *All key decisions expected to be made jointly going forwards*
Existing contractual arrangements	• Existing contracts (e.g. with the CSU) have made combining functions more difficult than originally anticipated	• Opportunistically assess alignment as and when contracts come up for renewal	**Low:** *Although this may slow progress in some places, none of these initiatives currently sit on the critical path for further alignment*
Separate delivery functions	• Lack of alignment at the functional level has made some of the proposed initiatives harder to deliver, especially where this has been coupled with a lack of capacity at either the Trust or the CCG	• Plan to align delivery functions through joint transformation teams and PMO functions	**Low:** *Joint programme director in place to manage this risk; however, challenges are expected to decrease as alignment increases*

We do not anticipate any of these barriers being a significant risk, nor do we believe it represents a significant reason to delay the programme. Furthermore, a number of these barriers are expected to lessen as overall alignment increases and as plans are put in place to manage them going forwards.

5.4 Next steps

The Trust and CCG are pleased with the progress to date and plan to continue to identity and undertake joint initiatives and align functions. Where the opportunity presents itself the Trust and CCG will also look to pursue wider alignment with other system partners across Croydon and across South-West London (SWL).

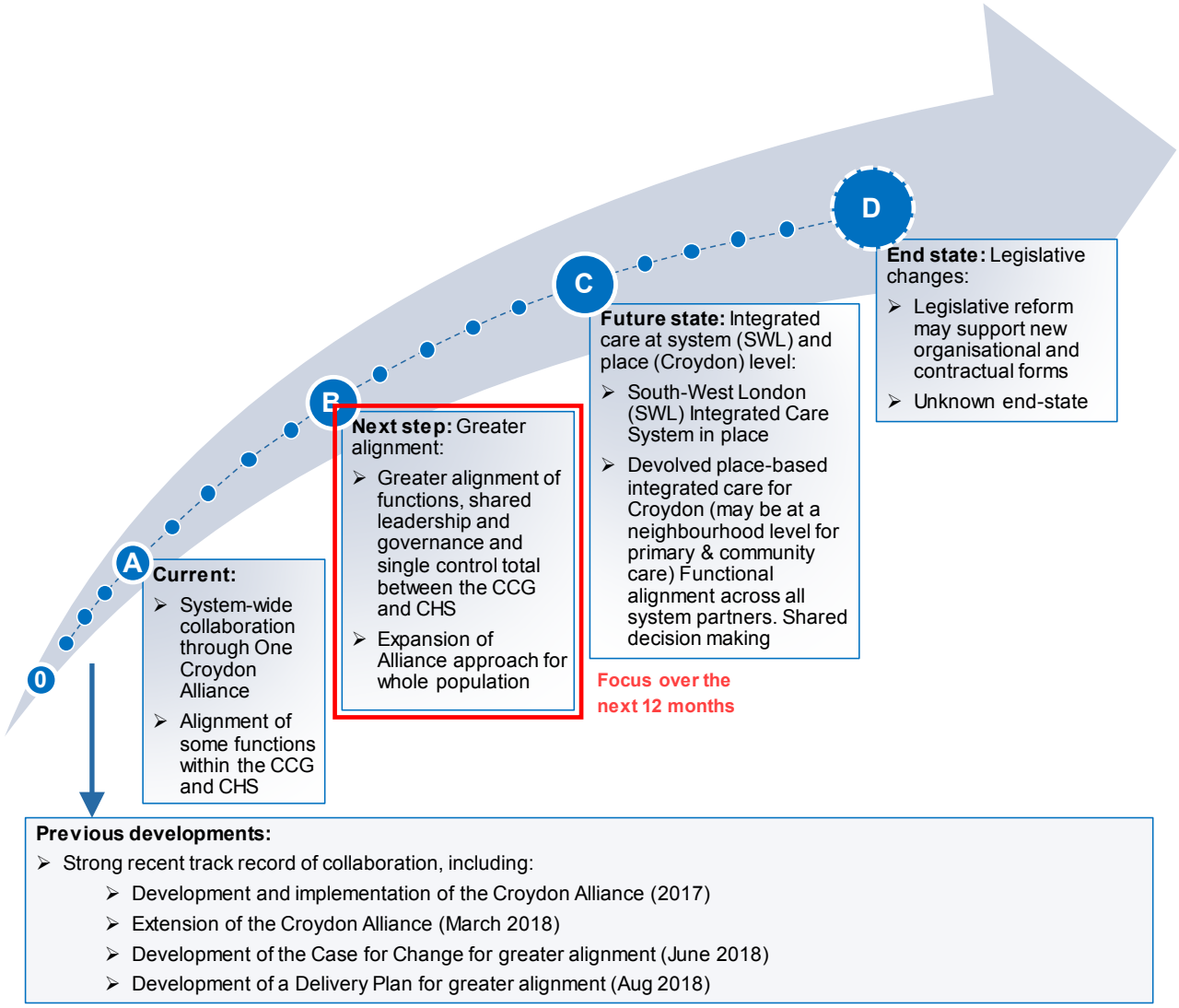
However, we believe that in order to fully achieve our stated aim of providing safe, effective, high quality and value for money care to the Croydon population, even greater alignment is needed, not only through working together more, but through removing some of the organisational barriers that exist. This is to be achieved through pursuing the next step in our alignment journey, focussed on shared leadership and governance, as described in section 6.

6 Detailed design

6.1 Overview of proposed model

Section 3 outlines our direction of travel and the major stages along that journey. Our proposed next step is to move from Stage A to B as shown in the figure below.

Figure 16: Major stages in moving to place-based integration



We believe that greater alignment will allow Croydon CCG and CHS to work together to improve the health and wellbeing of the Croydon population, while making substantial steps toward a more integrated system in totality, that encompasses mental health and social care. We hope that Croydon will act as a system leader, highlighting one possible route towards a more integrated system, incorporating place-based and neighbourhood level care as part of a wider integrated system.

The key characteristics of Stage B are:

Figure 17: Characteristics of proposed Stage B model

- **A number of shared forums across assurance and decision making, e.g. exec, finance and quality**
- **A set of functions and/or roles that are employed jointly and shared between CHS and the CCG**
- **Shared strategic priorities and single delivery plan across CHS and the CCG**
- **A single control total and financial plan**
- **A number of joint executive posts between the two organisations**
- **A joint place based leader**
- **A common "voice" and representation externally**

Some of these aspects are already in place or in progress – for example, within the category of shared functions we have a joint Chief Pharmacist employed across both organisations – these are outlined in section 5 and in detail in the Appendix.

As more details of the Long Term Plan emerge, and its potential impact on Croydon are understood, it is now expected that South West London will move towards a single CCG. Although some of the precise details of the above characteristics may change as a result (e.g. an SWL CCG will naturally need multiple delivery plans across its multiple Integrated Care Networks within the SWL region), we expect the principles will remain the same, as these are what deliver the benefits for the population of Croydon and to other local populations within SWL.

We recognise that closer alignment, comes with risks. Both in terms of organisational risk associated with the alignment and integration of CHS and Croydon CCG but also the commitment to financial risk we are taking through moving towards a joint control total. To manage these risks a clear leadership and governance model needs to be laid out, with proposed milestones and a clear timescale towards implementation, alongside a robust programme governance structure (see appendix 7.2).

The rest of this section outlines our plans for how greater alignment will work in practice and the proposed timescales for implementation, although we recognise that an evolving policy landscape requires us to be flexible in the future. We approach this by answering the following questions:

- **Leadership model:** What functions are required in the joint executive team to deliver the proposed benefits and ensure that both organisations have the required capacity and capability to deliver their responsibilities?
- **Governance model:** What near-term governance arrangements are required to deliver the proposed benefits and to support greater organisational alignment?

Section 6.2

- **Statutory duties and conflicts of interest:** How we will manage potential conflicts of interest and ensure the CCG and CHS continue to fulfil their statutory duties?

6.2 Leadership and governance

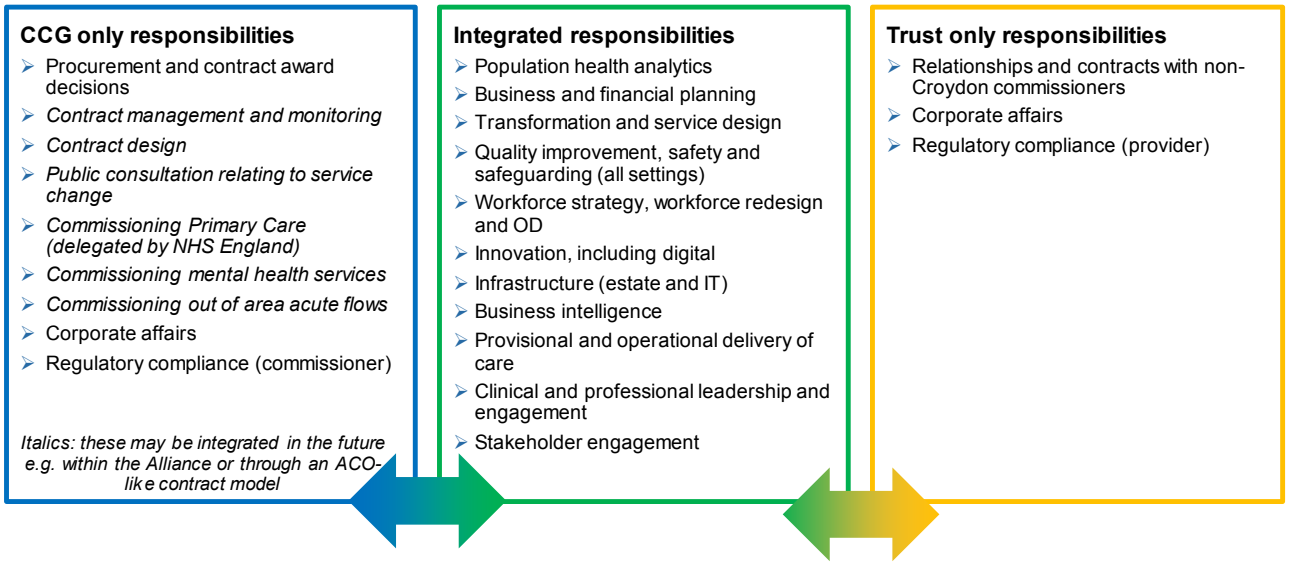
6.2.1 Leadership model

Achieving the benefits outlined above will require a significant and joined-up effort across the CCG and CHS. Having a single leadership team is an enabler in allowing us to achieve this quickly and effectively for the benefit of those living in Croydon, and create a platform for further alignment with other Croydon partners.

Before we outline the form of the leadership team we must first describe its function. For some functions the benefit of a single or aligned approach is significant and will deliver material improvements to patient care, while others act as enablers, deliver secondary benefits or reduce duplicated effort between the two organisations.

To ensure the appropriate management of conflicts of interest, some functions must remain distinct – these are discussed in more detail in section 6.4 on statutory duties and conflicts of interest.

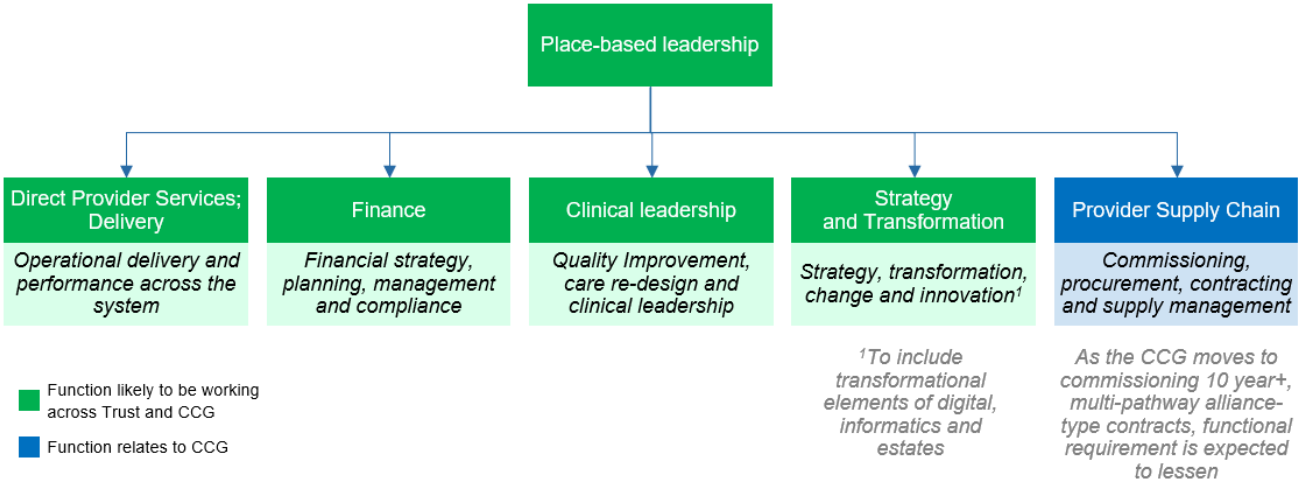
Figure 18: Proposed functions for integration across CCG and CHS



Some of the functions listed in Figure 18 are expected to be consolidated on a broader footprint than CHS and the CCG. For example, defining the population health need should be done across all partners within Croydon, and business intelligence may be better provided at scale across the whole of South-West London, especially if the CCGs were to be merged. We will therefore consider opportunities, as and when they arise, to further consolidate functions, although we expect that 80-90% of activities, resources and funding will remain undertaken at a Croydon level. This is aligned to the expectations of SWL STP.

Given the above, we anticipate transitioning to a single executive team. Figure 19 outlines our current view of what functions may be included in the single team. The next level of detail (including roles and responsibilities), and the transition plan, is still under development and is likely to evolve over time, potentially to include other One Croydon Alliance partners

Figure 19: Functions within a future integrated leadership team



The table below outlines the core functions in more detail.

Table 5: Functions within the near-term future leadership team

Role	Description	Rationale
Place-based leadership	• *A single place-based leader across CHS and Croydon CCG*	• *Fully-aligned priorities* • *Aligned and agile decision making* • *Removes organisation-centric behaviours*
Direct Provider Services; Delivery	• *Integrated service delivery across all care settings*	• *Supports delivery of transformation priorities* • *Promotes joined-up care and care delivered in the 'right' setting*
Finance	• *Management to a single financial plan across both organisations*	• *Enabler to delivering a single financial plan and a single control total* • *Ensures aligned incentives and removes organisation-centric behaviours*
Clinical leadership	• *Single approach to clinical engagement and clinical leadership* • *Single approach to quality improvement; safety, effectiveness and patient experience*	• *Supports quality improvement and care redesign across care settings* • *Supports a different (system-wide) approach to clinical engagement and leadership* • *Removes duplication in quality assurance*
Strategy and Transformation	• *Delivery of a single transformation plan* • *Covers strategy, care redesign, workforce redesign, organisation and behavioural change, and innovation and digital*	• *Ensures a single set of priorities* • *Supports transformation across different care settings* • *Removes duplication* • *Supports delivery of NHS Long Term Plan*
Provider Supply Chain	• *Function to remain CCG focussed* • *Responsibility for commissioning activities outside of CHS (e.g. primary care and mental health)* • *Oversees procurement decisions*	• *To remain a CCG focussed activity to manage potential conflicts of interest* • *Over time this requirement is expected to lessen as the CCG moves to commissioning 10 year+, multi-pathway alliance-type contracts*

Beneath the functions outlined above, we anticipate several other areas and roles that might be shared across the CCG and CHS. These include existing posts such as pharmacy and safeguarding and corporate functions such as HR, analytics and estates.

6.2.2 Governance

As this is not a formal merger, the CCG Governing Body and the Trust Board will continue to exist and be held accountable for their statutory duties.

However, the case above highlights the need for aligned and agile decision making. The best way to achieve this within the current statutory framework is to create a single forum for collective decision making between CCCG and CHS, while maintaining the principles of good governance and appropriate levels of oversight.

Under current rules, the CCG and CHS may not appoint a statutory joint committee, however, they may instead appoint 'committees in common'. This involves the CCG and CHS each creating a committee with delegated authority from the CCG Governing Body and Trust Board respectively. The two committees would operate as a virtual joint committee, meeting at the same time and venue and sharing agendas and papers.

The committees are expected to have overlapping membership (for example through the joint appointment of executives, as outlined above), reducing the likelihood of inconsistent decisions or deadlock. Shared roles would be limited to executive (salaried) posts and would include a shared place-based leader; non-executive (elected and lay members of the CCG Governing Body and Non-Executive Directors of the Trust) must remain distinct under the current 'disqualification for appointment' rules.

Supporting the Committees in Common, would be a range of other shared-forums, including:

- Sub-committees reporting to the Committees in Common, focusing on Strategy and Transformation, Finance and Quality and Governance;
- A separate 'committees in common' for remuneration; and
- A joint Executive Team Meeting.

Some committees would remain distinct for the purposes of managing conflict of interests – for example, a Health Commissioning Committee, Audit Committees and the Trust's Charitable Funds Committee.

This structure is summarised in Proposed governance structure

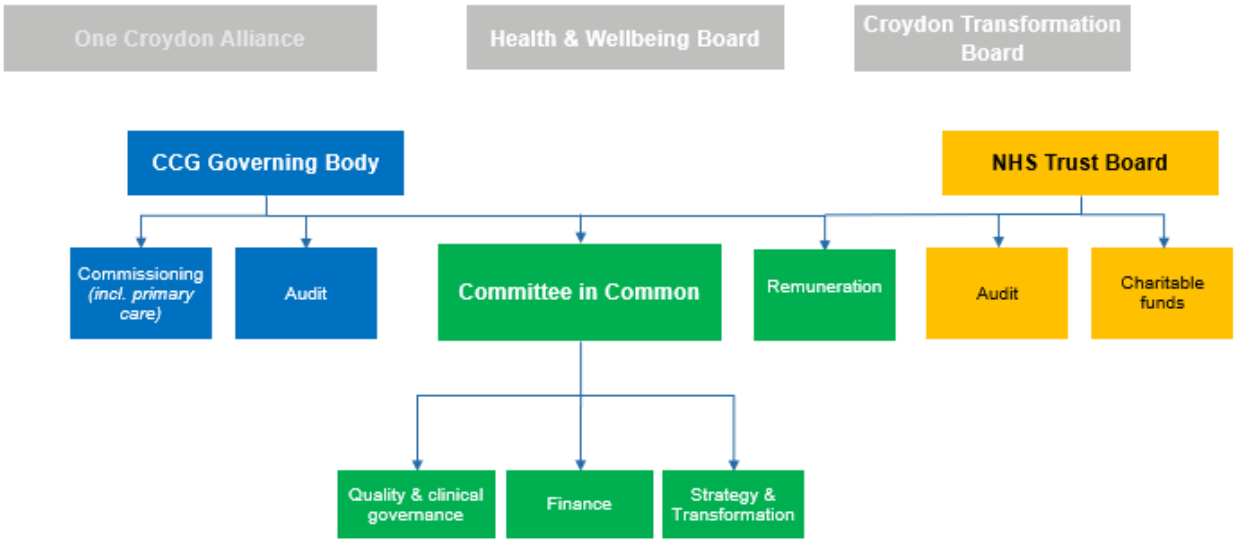


Figure 20. As outlined above, the CCG entity may change from a Croydon CCG to a South West London CCG in the medium-term. Again, we would expect that the above direction of travel can still be pursued, although the details (e.g. committee membership) may evolve from that as presented in Figure 18.

6.2.3 Committees in Common

Our proposal is to create committees in common that will operate as a virtual joint Board. The primary purpose of the Committees in Common will be to *"improve the health and wellbeing of Croydon by ensuring an aligned and integrated approach across Croydon CCG and Croydon Health Services NHS Trust."*

To deliver this objective, the Committees in Common will receive delegated responsibility for the following:

- On behalf of the Governing Body and the CHS Board, the Committees in Common will be responsible for:
  - Defining a shared strategy across CHS and the CCG
  - Development and approval of a shared transformation plan, with a single set of agreed priorities
  - Development and approval of a single financial plan
  - Development and approval of business cases, within agreed delegated financial limits
  - Receiving reports from the quality, strategy and transformation and finance committee and taking actions where required
  - Agreeing a strategy for staff, partner and stakeholder communications and engagement, particularly with regards to developing relationships between primary and secondary care
  - Development of the Croydon place-based integrated care model

- For the avoidance of doubt, the Committees in Common would not have delegated authority for:
  - Approval of the annual commissioning plan – the plan would be developed with system-wide engagement; final sign-off would remain the responsibility of the CCG Governing Body
  - Approval of CCG contracts; and
  - Procurement and contract award decisions.

The appendix includes a more detailed scheme of delegation, including those powers that are reserved for the CCG Governing Body and the CHS Board and the responsibilities of the sub-committees shown in Proposed governance structure

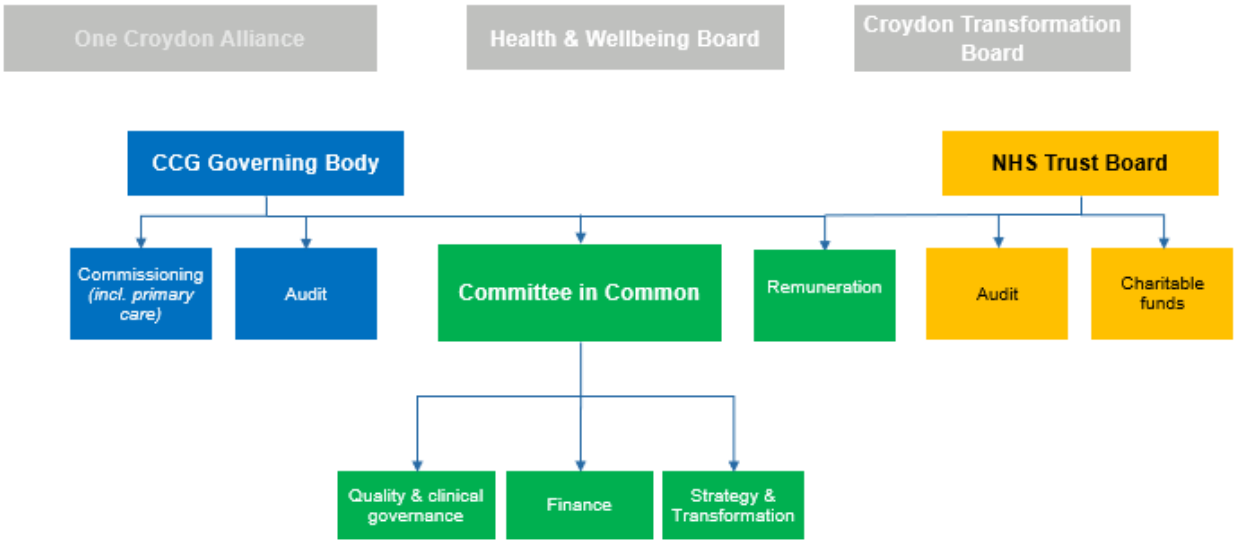


Figure 20.

Proposed governance structure

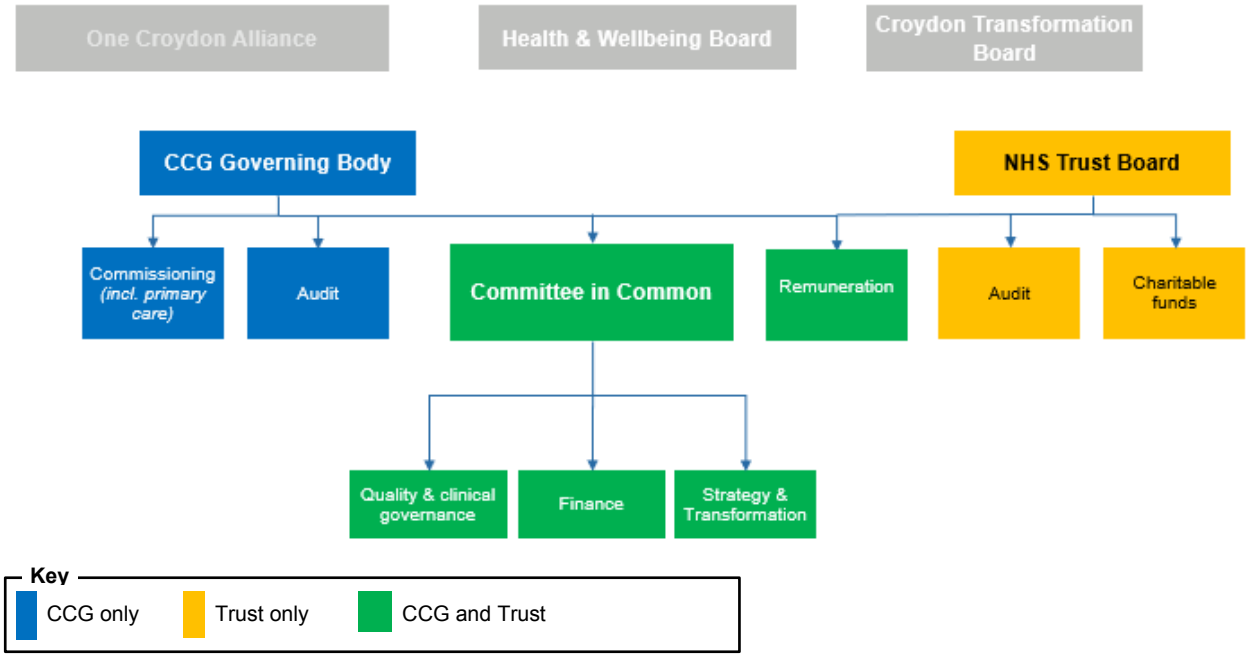


Figure 20: Future near-term Governance arrangements

As the primary decision-making group, we will ensure that the Committees in Common (CiC) meets the following principles of good governance:

- The committee will be comprised of both executive (salaried) and non-executive (independent or elected) members, with non-executive members representing a majority (by a minimum of 1); and
- The committee will be comprised of both clinical and non-clinical members, with clinical members representing a majority (by a minimum of 1).

Table 6: Committee roles

Committee	Key responsibilities	Rationale
Commissioning *(CCG only)*	• *Primary care commissioning* • *Approval of contracts* • *Procurement decisions* • *Contract award decisions*	• *Oversees decisions and functions in relation to commissioning that give rise to a conflict of interest*
Audit *(CCG only)*	• *Oversee the maintenance of an effective system of internal financial control and management reporting* • *Ensure all business is conducted in accordance to the law and to proper standards* • *Oversee all internal and external audit services*	• *Audit to be retained as an organisational specific responsibility to ensure the CCG continues to meet its statutory duties*
Remuneration *(committees in common)*	• *Consider and agree the remuneration and terms of service of Executive Directors, other Directors and senior employees* • *Monitor and evaluate performance of individual Executive Directors*	• *Committees in Common to ensure information is consistent when presented to the Trust Board and Governing Body relating to joint senior employees*

Quality and Clinical Governance *(sub-committee of the CiC)*	• *Provide assurances on all aspects relating to quality including, delivery, governance, clinical risk management, workforce, and the maintenance of regulatory standards of quality* • *Monitor, and where necessary act and/or escalate, to ensure quality targets and improvements are met*	• *The shared forum aims to improve transparency and increase challenge, supporting an overall improvement in quality governance and assurance* • *Should ensure a shared and evidence-based understanding of 'what good looks like' through aligned data-systems and robust benchmarking*
Finance *(sub-committee of the CiC)*	• *Provide assurances to the Committees in Common on all matters relating to finance* • *Carry out financial planning and monitor progress, and where necessary act to ensure the delivery of the financial plan*	• *Shared forum required to manage against single financial plan and control total*
Strategy and Transformation *(sub-committee of the CiC)*	• *Define the health and care needs of the local population* • *Develop and monitor the delivery of a single transformation plan* • *Develop business cases for specific initiatives*	• *Shared forum required to manage to single transformation plan* • *Allows for co-ordinated approach across care settings*
Audit *(Trust only)*	• *Oversee the maintenance of an effective system of internal financial control and management reporting* • *Ensure all business is conducted in accordance to the law and to proper standards* • *Oversee all internal and external audit services*	• *Audit to be retained as an organisational specific responsibility to ensure CHS continues to meet its statutory duties*
Charitable funds *(Trust only)*	• *Oversee the management, investment and disbursement of charitable funds*	• *To remain independent to comply with statutory regulations*

The Committees in Common will include elected, lay and salaried members of the CCG Governing Body as well as Executive and Non-Executive Directors of the Trust. A number of salaried / executive posts will be members of both committees as joint employees.

The Committees in Common will be co-chaired by the CCG Clinical Chair and the CHS Chair.

6.2.4 Evolution of leadership and governance

The NHS Long Term Plan confirmed that there is to be a nationwide shift towards integrated and place-based care, with ICSs to be established across England by April 2021 and expected to cover the footprint of existing STPs.

The opportunity exists for the NHS and partners to design and develop System (ICS), place (borough) and Neighbourhood leadership and organisational arrangements. We recognise that we are operating in an environment of "unknowns", with the exact route to establishing a South West London ICS currently being designed. We know the "what?" is a place-based model of integrated care for Croydon, nestled within a wider South-West London (SWL) integrated care system.

In developing our place-based solutions for Croydon we are assuming that decisions will continue to be delegated to a place-based level, and that Croydon decision makers will continue to direct 80-90% of commissioning resources related to Croydon under delegated arrangements; however, the exact form of the local place-based functions is still to be determined and may impact on the overall leadership and governance model. We will in Croydon remain flexible and plans to work closely with the rest of South

West London to answer the remaining unknowns and ensure the solution is one that meets the needs of the population of Croydon and is supportive of the long-term plan.

As such we believe Croydon should continue to progress with its plans for greater alignment and not delay or slow our progress. Croydon's aspirations for place-based care at the level of Croydon is in support of wider ambitions for a South-West London ICS. Progress made in Croydon is expected to support wider ICS implementation, with Croydon acting as a potential model as to how place-based care will delivered within the ICS, with South West London looking to develop the ICS in conjunction with the work happening in Croydon.

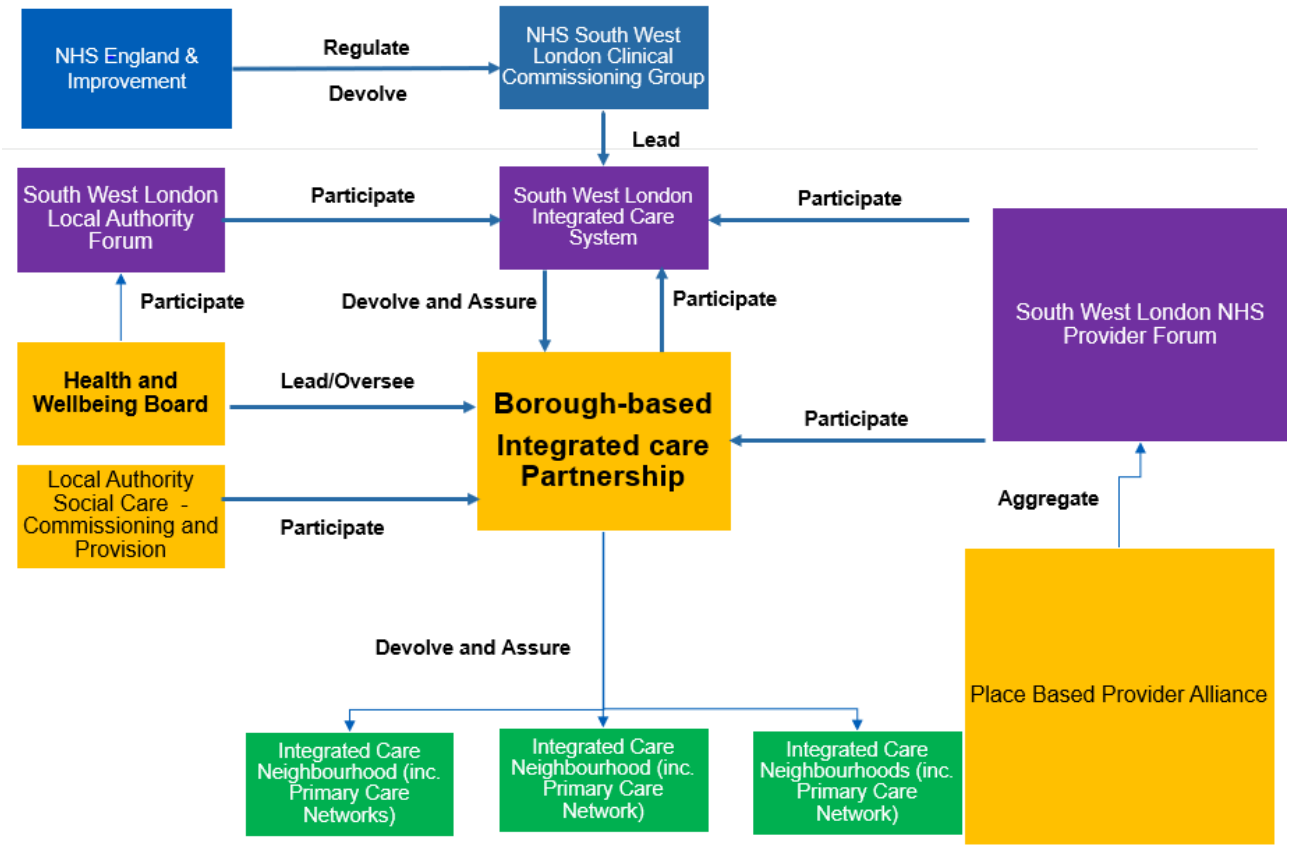
However, recognising these areas of ambiguity, we remain open and flexible with regards to the proposed model and recognise that there are two major axes of development that would take us beyond the bi-lateral model described in section 6.2:

Further integration within Croydon

- Our proposals for greater alignment between the CCG and CHS are s substantial step in further developing in building on the existing Ince Croydon Alliance that in addition to the CCG and CHS incorporates Croydon Council, primary care providers, SLAM and the voluntary sector
- We envisage that, over time, that these arrangements will converge to create shared leadership and governance across the whole Croydon system, potentially working through a series of alliance-type delivery partnerships, contracts and the further development integrated community networks to support primary and community care across our localities
- Specific consideration will be given to how we include the voluntary sector within any future arrangements, for example, through the development of a local voluntary partnership framework
- This evolution will also include considerations for how to incorporate and develop local governance arrangements, including that of the existing One Croydon Alliance and the strategic leadership role of the Croydon Health and Wellbeing Board
- The timing of this evolution will be at the discretion of the Alliance partners to integrate further to secure health improvement and the level of support and encouragement offered by the wider system

Further integration across South-West London

- The NHS Long Term Plan states that Integrated Care Systems (based on existing STP footprints) will have a single CCG that is leaner and more strategic in focus than today's CCGs. We therefore foresee that Croydon CCG may become part of a single CCG for South-West London
- We strongly believe that the right model for Croydon is a place-based health and care system with devolved autonomy for managing a population-based budget, and that this is not inconsistent with the direction of travel for a single CCG, so long as appropriate delegations are made
- In this scenario, we believe that the principles of the model outlined hold, true and it presents the opportunity to design and build new arrangements for local place-based partnership and leadership across the borough, and with an important and influential voice say within the SWL ICS



6.3 Future contracting and commissioning model

The national direction of travel is to commission large population-based contracts (multi-pathway contracts) for delivering care, similar to the One Croydon Alliance contract, which was commissioned to deliver care across Croydon for the over 65s.

As part of the proposed model, Croydon CCG expects to develop more population-based contracts with provider-commissioner alliance agreements, to cover services, such as, Planned Care, Children's services and Mental Health services.
This approach to commissioning:

- Supports our ambition to develop a place-based system of care;
- Drives the aim of 'triple integration';
- Ensures the alignment of incentives across providers and commissioners; and
- Reduces the inherent conflict of interest between commissioners and providers as described in section 6.4.

6.4 Managing conflicts and fulfilling statutory duties

Both CHS and the Croydon CCG will need to continue to fulfil their statutory duties as sovereign organisations (until any other major changes occur, such as the creation of a single SWL CCG, although such statutory duties would still exist, albeit over a large geographic footprint). In the most part, the duties of the two organisations are able to co-exist within the leadership and governance model outlined above without giving rise to conflict or contradiction.

However, there are five areas where potential or perceived contradictions or conflicts could arise; these are:

- How will the CCG ensure **contestability of commissioning decisions** considering real or perceived conflicts of interest?
- How will the CCG **maintain its role as an independent arbitrator** across providers in Croydon?
- How will the CCG ensure that it is **objective in assessing whether services are safe, effective and efficient**?
- How will the CCG ensure that it upholds its duty to **promote patient choice**?
- How will the CCG and CHS uphold the **purchaser-provider split**, inherent within the current legislation?

Each of these questions is explored in more detail below, where we have highlighted the relevant duties, perceived issues and our proposed solutions or safeguards.

Should the merging of SWL CCGs occur as currently expected, it should be noted that the potential for conflict of interest would naturally lessen.

We note that the assurance that is available for Croydon residents remains as-is today through the statutory functions of the two organisations.

Table 7: Key questions relating to statutory duties and conflicts of interest

Question	Relevant statutory duties	Perceived challenges	How this will be managed
How will the CCG ensure the contestability of commissioning decisions considering real or perceived conflicts of interest?	• The CCG has a duty to *"Declare any conflict or potential conflict of interest that the person has in relation to a decision to be made in the exercise of the commissioning functions of the group"* • And to *"… make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision-making processes."*	• Shared leadership posts could have a potential conflict of interest when making commissioning decisions that impact CHS • For example, if the CCG were to market test for out of hospital services, a conflict would arise if the same individuals were responsible for both the CCG's procurement and CHS's bid	• It is the CCG's intention to build on the success and learnings from the One Croydon Alliance by extending its scope, over time, to encompass a whole population approach with a number of discrete pathways. This approach – where an alliance is commissioned on a multi-year, multi-pathway, population basis – will significantly lessen the scope for conflicts of interest to arise • We will ensure that all processes relating to specification design, procurement and contract award are open and transparent, with strong system-wide consultation and engagement • We will develop a single commissioning plan, with system-wide engagement. We will seek to gain agreement and approval of this plan at both a South-West London level (through the future ICS) and at a place-level through the Alliance. Commissioning decision-making will then be aligned to the plan (with appropriate oversight and assurance), reducing the likelihood of conflict • We will work with SLAM to develop a mental health investment plan to ensure there is parity and transparency between acute and mental health • For commissioning decisions where a real or perceived conflict of interest arises, we will ensure appropriate delegation and/ or escalation protocols are in place. Such protocols may include: – Delegation to a place-based, system-wide forum such as the Croydon Alliance Board, with conflicted individuals abstaining from the decision – Escalation to the South-West London (SWL) ICS Partnership Board or the SWL CCG Governing Body (assuming these bodies exist in the future, in line with the national direction of travel) – The Health Commissioning Committee (see above) will be comprised of individuals who are not conflicted • For decisions that may normally fall to an individual (e.g. the CFO), where the individual in question is conflicted, these will be delegate to another individual (e.g. a deputy) who does not have a real or perceived conflict

			• Investment standards and ring-fencing budgets across mental health and primary care, e.g. the Mental Health Investment Standard, ensure that the CCG's allocation of resources between different parts of the health and care system is fair and equitable
How will the CCG maintain its role as an independent arbitrator across providers in Croydon?	• None	• Commissioners often play a critical role in supporting system-wide decision making by arbitrating or mediating potential conflict between providers within a region • The CCG's relationship with CHS could be perceived as the CCG losing its independence in such discussions	• The direction of travel is to have a mature placed-based system of care in Croydon, where decisions are made collectively and transparently through alliance-type arrangements • This model: – Aligns incentives and therefore significantly lessens the likelihood of conflict between providers within a region; and – Ensures transparency of process and decision making, such that the CCG could not be perceived to favour CHS.
How will the CCG ensure that it is objective in assessing whether services are safe, effective and efficient?	• The CCG does not have any explicit statutory duties relating to the monitoring of services • However, this could be considered implicit if the CCG is to meet its duty to *'commission services that meet the needs of the persons for whom they are responsible'* and to *'secure improvement in the quality of services and outcomes for patients, with particular regard to clinical effectiveness, safety and patient experience'*	• Under current arrangements, the CCG monitors and scrutinises the performance of CHS against its contracts • Under a more aligned structure, the CCG could be perceived to be less objective • For example, it may be perceived that the tension between customer and supplier is diminished, resulting in less robust challenge	• Greater integration and alignment between the CCG and CHS should improve transparency and therefore support an overall improvement in quality governance and assurance • It should also ensure a shared and evidence-based understanding of 'what good looks like' through aligned data-systems and robust benchmarking • Notwithstanding the above, there are substantial arrangements in place for oversight and scrutiny of provider performance through a range of routes, including: – Health Overview and Scrutiny Committee (HOSC) – Croydon Health and Wellbeing Board – Regulators: NHS Improvement, England and CQC – National programmes: Model Hospital, NHS Rightcare and GIRFT – Health Watch Croydon – Trust Non-Executive Directors and CCG lay persons • We will also invite additional independent scrutiny by inviting organisations such as NHS England, NHS Improvement and Health Watch to attend our Quarterly Quality Assurance Committee

			• Within the CCG we will maintain a Quality Assurance function that is independent of CHS, and therefore able to provide independent and robust challenge • Arrangements within the future South-West London (SWL) ICS will provide a route of escalation and intervention on quality issues, should they arise
How will the CCG ensure that it upholds its duty to promote patient choice?	• The CCG has a duty to *"… act with a view to enabling patients to make choices with respect to aspects of health services provided to them."*	• Under the model outlined above, individuals with shared roles may be perceived to have a conflict of interest with regards to whether patients are treated locally (at CHS) or are referred out of area • For example, the CCG may be perceived to have a vested interest in restricting elective flows outside of Croydon	• Our focus to date and in the future will be on creating local pathways that are high-quality and offer an excellent patient experience. We hope that this will positively influence choice, by making local pathways the "pathways of choice" for both referring clinicians and patients • We will not undertake any initiatives or actions that attempt to restrict or negatively influence choice
How will the CCG and CHS uphold the purchaser-provider split, inherent within the current legislation?	• Legislative reforms over the life of the NHS have created a purchaser-provider split that is hard-wired into the structure and duties of NHS organisations	• While there are no strict legal barriers to the joint appointment of executive leaders across a CCG and an NHS Trust, it could be legally challenged by way of judicial review as an attempt to 'dissolve the divide' • Similar issues at a national level gave rise to the claim against the new ACO contract	• The proposed model is consistent with the national policy direction of travel, relating to placed-based integrated care, and through collaboration and alignment, will deliver significant benefits for the population of Croydon • This model also 'paves the way' for a more mature model of integrated care across the Croydon system and across the broader South-West London system • Under the proposed model, there will continue to be two statutory organisations, both organisations will continue to meet their statutory duties, and we will ensure appropriate management of conflicts of interest. We therefore believe that the statutory distinction between the two organisations is maintained and consistent with current legislation

6.5 Timelines and milestones

In this section we outline the proposed timeline and key milestones for moving to greater alignment over the next 12 months and beyond.

CHS and the CCG plan to go-live with the proposed model and new governance structure in October 2019, building up to full implementation April 2020.

We recognise that this timeline is our current best view of expected progress; however, this will evolve as we progress towards greater alignment and the proposed model for place-based care in the wider South West London system is defined.

Table 8: Key Milestones

1

August 2018 – April 2019	*Focus: Undertaking joint initiatives and designing new leadership and governance structure*
Key Milestone	**Description**
Preparation for 19/20 joint control total	• *Work currently underway to agree a joint financial plan and control total for 19/20* • *Final definition and scope of the joint control to be agreed by February, with regulator approval of joint control total sought by March 2019* • *Shadow finance committee to be set-up ahead of April 2019*
Creation of single control total for quality and a shared quality committee	• *Control total for quality established and joint quality committee set-up through the merging of CQRG and Q+CG* • *Continue to embed and mature quality committee. Trust and CCG to reach final agreement on committee governance structure and define process for collective decision making within the committee* • *Look to embed culture of transparency and joint working below the executive level across quality functions*
Establishing joint posts and shared functions	• *Shared roles implemented across the Trust and CCG including, Associate Director of Safeguarding and Chief Pharmacist, further joint roles below are expected to be appointed by April '19, including joint IMT role* – *Alongside joint roles, functional alignment across safeguarding and medicines management is also underway* • *Appointment of first executive level joint role between the Trust and CCG. A Chief Nurse joint post is expected to be in place by April '19* • *The Trust and CCG to undertake further process to review all functions in order to identify next phase of role and functional alignment* • *Trust and CCG to design new roles and job descriptions across the Trust and CCG following the review process*

Joint focus on 'here and now' challenges	• *Joint focus on short term challenges facing the Croydon.* • *Jan-April priorities to include:* – *UEC improvement programme* – *Collaboration across community and out-of-hospital to support the discharging of 'stranded' patients* – *Review of elective flows and collaboration across GP communications, in order to provide better support to patients having to leave the borough to receive care. Weekly elective delivery group set-up between Croydon CCG and CHS to support this*
One Croydon Alliance and integrated models of care	• *A number of activities are planned to continue to progress the One Croydon Alliance and the design of integrated models of care* • *Jan-April priorities to include:* – *Out of hospital business case transitioning to BAU* – *Implement phase 2 of the Alliance, including care homes, frailty and end-of life* – *Pilot and contract phase 3 of redesigned services, including gynaecology, ENT, anti-coagulation and dermatology* – *Gynaecology integrated model of care has already been agreed and signed off. Next-step to finalise and sign-off ENT integrated model of care and agree light touch assurance process for Gynaecology and ENT by the end of March '19*
Design of a new leadership and governance model	• *Further testing of the proposed model with a wider group of stakeholders, including service leads* • *Internal agreement from the board and governing body of both organisations and support from regulators for a new model of leadership and governance* • *For each of the new leadership functions (as outlined in 6.2.1), CHS and Croydon CCG to carry out detailed design of joint structure, future roles and responsibilities, governance and decision-making processes. This is in preparation for standing up and testing shadow forms of committees and functions between April-October*
Engagement with South West London	• *Engagement with SWL to ensure Croydon progress is supportive of LTP aspirations and supports the creation of Integrated Care System in South West London*
2 **April 2019 – Oct 2019**	*Focus: Maturing joint finance function and implementing new leadership and governance structure*
Key Milestone	**Description**
Go live with joint control total from 1st April	• *Joint control total and shared committee in place across the Trust and CCG* • *Focus from April onwards will be on monitoring and maturing joint committee and beginning functional alignment of finance*

	• *Functional alignment to include the creation of a joint finance PMO and transformation team across the two organisations to monitor progress and jointly enact transformation initiatives*
Agreement from CCG members of any constitutional changes	• *Consultation and council of members vote to amend any changes to the CCG constitution* • *Following agreement from council of members, NHSE approval of the constitution change to be requested and agreed*
Appointment of joint roles across the Trust and CCG	• *Joint leadership roles to be appointed across the Trust and CCG, all joint executive level roles are expected to be in appointed by October 2019* • *Alongside the appointment of executive level roles, joint roles below executive are also expected to be appointed, as identified in the review of functions taking place between January and April 2019* • *Activities occurring between April-October '19 expected to include:* – *Designing of new roles and job descriptions* – *Staff consultation, where required (expected to take a minimum of three months)* – *Recruitment and appointment of roles*
Recruitment for a place-based leader	• *Design of a joint place-based role between the Trust and CCG* • Support *from NHSE/I on joint role* • *Begin the recruitment process of a joint place-based leader* • *Joint place-based leader to be in position by October 2019*
Standing up on shadow joint functions	• *Following the design and agreement on structure of joint functions (between January and April '19), shadow committees and functions to be formed to enable testing of joint leadership structure* • *Testing to focus on ensuring:* – *robust governance is in place to manage any potential conflicts* – *effective decision making is enabled through joint function* – *functions have the ability to respond to any challenges quickly, safely and effectively*
Standing up a shadow board between the trust and the CCG	• *Following design and approval of joint leadership function, a shadow board between the Trust and the CCG is to be set-up and final agreement achieved on governance structure and terms of reference for board in common* • *As with other the joint leadership functions focus shadow period will be to ensure robust governance is in place and effective decision making can be delivered via the joint committee*
Continued alignment across other initiatives	• *Alongside preparing for the go-live of the joint leadership and governance structure, the Trust and CCG to continue to*

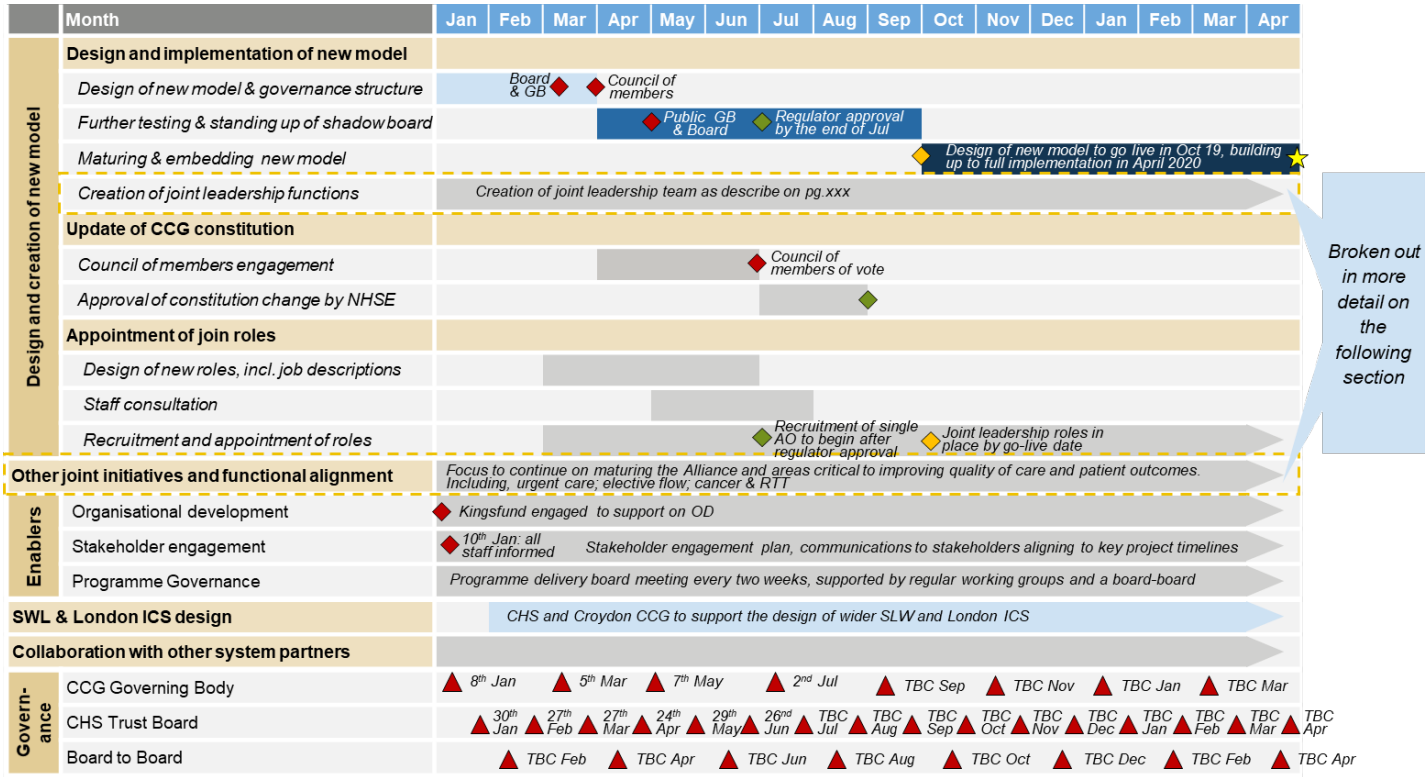
	identity and undertake joint initiatives and align functions • *As described in the previous section, this is expected to focus on the here and now challenges facing the trust and support the maturation of the One Croydon Alliance* • *Whilst functional alignment to focus on opportunity areas identified in the functional review carried out between Jan and April '19*
Engagement with South West London	• *Engagement with SWL to ensure Croydon progress is supportive of LTP aspirations and supports the creation of Integrated Care System*

October 2019	**Go live date for the new model planned for October 2019 building up to full implementation in April 2020**
3 October 2019 - Onwards	*Focus: Embedding of the new model and increasing functional alignment*
Key Milestone	**Description**
Embedding the proposed model	• *Focus on monitoring and maturing new model and governance structure, building up for full implementation in April 2020*
Continued appointment of joint roles	• *Joint roles to continue to be employed at both an executive and below executive level*
Functional alignment below leadership roles	• *Continue to create joint functions across the organisations*
Continued collaboration with other system partners	• *Wider alignment across the Croydon system*
4 Long term: A single integrated care partnership	**System wide shared governance and functional alignment**

6.5.1 Timeline: Present to April 2020

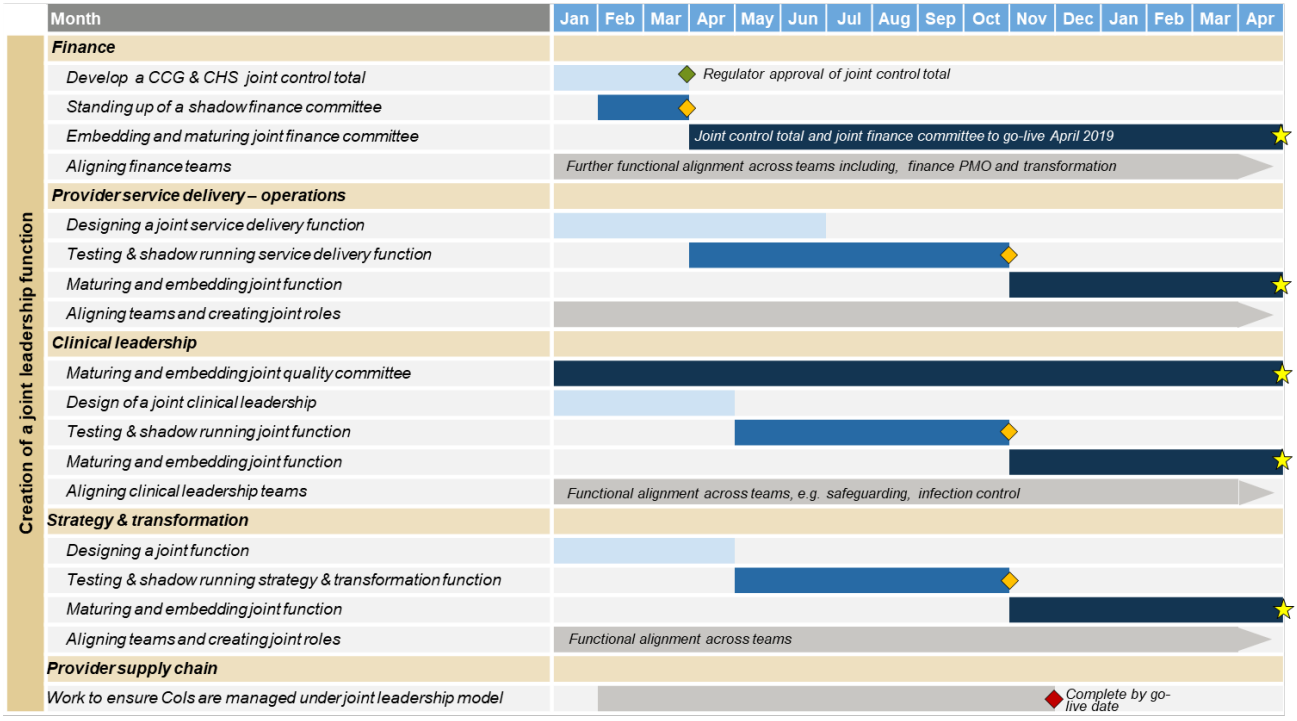
6.5.1.1 Summary

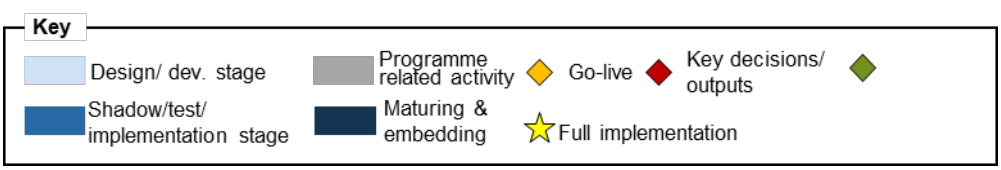
Figure 21: Summary Timeline



6.5.1.2 Joint Leadership function

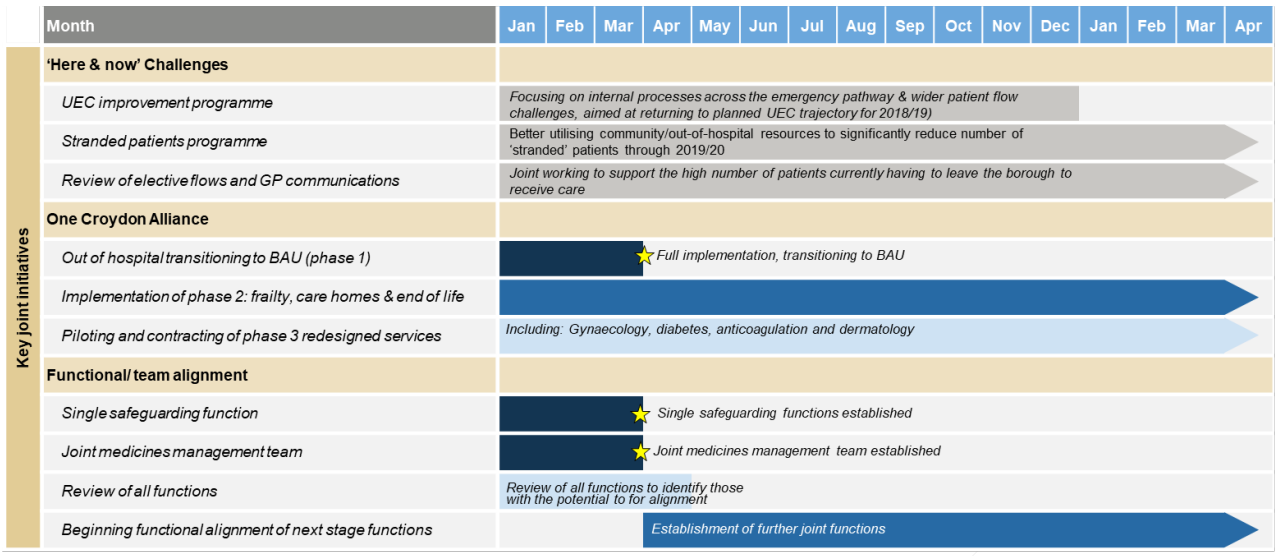
Figure 22: Timeline to create joint leadership function





6.5.1.3 Joint initiatives

Figure 23: Joint initiative timeline



7 Appendix

7.1 Detailed Progress to date

Table 9: Detailed progress to date

Milestones	Key activity to date:	Benefits:	Next steps
Joint working on the "here and now" challenges facing the Trust and the CCG	• CHS and CCCG have jointly focussed on supporting each other across the key challenges facing each organisation, including: – Joint working to assess and strengthen patient flows, in particular, those where a large number of patients are having to leave Croydon to receive care and jointly communicating with GPs to ensure they have access to up-to-date information – Croydon CCG have been providing 'on-the-ground' support to CHS to help resolve recent challenges surrounding the opening of the new emergency Department – As part of One Croydon Alliance CHS and Croydon CCG have been working together on pathway redesign, early success includes a reduction unplanned admission amongst over-65s and supporting reablement of patients after they are discharged	• Joint working has given rise to number of financial and quality benefits • **Quality benefits:** – Support in meeting and/or improving performance against quality targets across urgent and emergency care – Strengthening patient pathways and improving performance between primary and secondary care to ensure patients are receiving care in the most appropriate setting • **Financial benefits:** – By strengthening local patient pathways within Croydon, CHS and Croydon CCG are ensuring that more Croydon spend remains in Croydon increasing the stability of the Croydon system – Cost of delivery has been lowered through reducing unplanned admissions and supporting reablement back into independent living	• The Trust and the CCG to continue to focus on the 'here and now' challenges • As part of the work around patient flows and increasing communications between primary care and secondary care clinicians the following activities are planned: – Joint GP practice visits – Joint communications and GP engagement plan • The planned care transformation, which is being delivered as part of the One Croydon Alliance will focus on piloting pathways and contracting services that have redesigned including: – Gynecology; diabetes; anticoagulation and dermatology

Creation of shared roles – *The CCG and trust have jointly appointed a safeguarding lead and head of pharmacy*	**Pharmacy:** • Joint Chief Pharmacist Post appointed across the Trust and the CCG after the retirement of the CCG's Chief Pharmacist • The Trust's Chief Pharmacist now spends two days a week supporting the CCG **Safeguarding:** • Appointment of a joint safeguarding lead and establishment of a single safeguarding function for adults and children across the Trust and the CCG	**Pharmacy:** • Single leader across both teams enables movement towards aligned objectives • Greater links allows the sharing of best practice across medicine optimisation, medicine management and care settings **Safeguarding:** • Creates a simpler interface with other safeguarding teams within the LA and police • Provides safeguarding across health and stronger and more aligned voice (in line with the "2018 Ways of working review") • Removes duplication and reduces transactional nature • Financial benefits through a more streamlined team	• Continue to monitor and track progress as functions matures • Extend safeguarding partnership further to create a Croydon-wide safeguarding • Look to identify and appoint additional joint roles and establish more joint functions – Progress underway as part of joint working groups to identify next areas of functional alignment across a diverse range of activities, including: Complaints; infection control; PMO and transformation
Joint Quality committee – *CHS and Croydon CCG have combined quality committees to ensure all quality discussions occur in the same forum*	• Establishment of a joint quality control total for quality • Establishment of a shared quality committee between CHS and Croydon CCG through the merging of CQRG and Q+CG – Since the set-up of this committee executives from CHS and Croydon CCG, along with CHS NEDs meet in a single forum to discuss quality assurance	• Executive time saved through reducing duplication in the discussion and reporting requirements • Improves level of assurance, transparency and challenge around quality • Additional quality benefits via best practice sharing, benchmarking and a more thorough approach to identifying and embedding learnings (e.g. serious incidents)	• Continuing monitoring and maturing committee • Agreement on committee governance structure and process for collective decision making • Look to invite other system partners into the forum, such as CUCA (Croydon Urgent Care Alliance) who has its own CQRG • Below the executive level there is further work to be carried to embed a culture of transparency and joint working and investigate the establishment of joint post such as BI, to monitor quality and ensure a single source of truth across both organisations

Preparation for a joint control total at the start of 19/20	• CHS & CCG have an agreement in principle for a 2019/20 Joint Control Total and finance committee • Activities to get to this point have included: – Joint financial planning meetings set-up (every two weeks) – The planning gap (deficit) has been reduced. At the start of this process the planning gap stood at £12m this has been reduced to £7m, with plans in place to get to an aligned view with no gap by the end of Q4 – Both organisations have drafted joint financial aims in an aligned system. This is focussed on reducing the overall cost of the delivery of health care – Open book and transparency policies have been put in place with the active exchange of finance materials. The finance committees of each organisation have received copies of each organisation's business planning/budget setting approach for 2019/20 – Joint working across finance functions to support meeting in-year finance targets	• For effective joint decision making to occur at the management level the structure and management of financial controls totals needed to reflect this • Ensures aligned incentives and removes organisation-centric behaviours • Furthermore, A shared control total enables service transformation by allowing resources to effectively move between care settings. • A single financial position is also expected to increase the speed of decision making and in turn the rate in which transformational change can be enacted	• Agree on final definition and scope of the shared control total • Get agreement from regulators to approve a joint control total • Shadow run a CHS & CCG agreement in principle for a 2019/20 Joint Control Total • Create a joint finance PMO and transformation team across the two organisations to monitor progress and jointly enact transformation initiatives • Set-up specific finance governance process to manage the Joint control total

The standing up of a number of shared forums to encourage joint working	• As part of the programme governance structure that has been set-up, several joint forums have been put in place, including: – Service Delivery – Clinical Governance & assurance – Strategy & transformation – Financial alignment & back office – Information, digital and technology – Other shared leadership & governance • These forums meet on a regular basis (between every two & four weeks) to track progress of joint initiative and identify further alignment opportunities	• Joint forums have a number of benefits: – Improve relationships between the two organisations – Maintain the pace of the alignment programme, through tracking process and establishing accountability – Provide forums to exchange best practice	• Joint working groups to continue in the near-medium term • Eventually joint working groups will be superseded by formal joint committees and aligned functions
Establishment of a robust Programme Governance structure	• A programme governance structure has been put in place to drive and oversee programme delivery • Underpinning this is the programme delivery board, which meets every two weeks with exec and board level representatives from CHS and Croydon, NHSI and NHSE also join on a monthly basis	• The programme delivery board has a number of key responsibilities: – Oversee and monitor the programme, ensuring appropriate focus and pace is maintained – Scrutiny of progress against the Delivery Plan – Oversight of the Workstream Action Groups (joint forums) – Holding individuals to account for the delivery of individual actions – Decision making/problem solving in relation to identified issues and risks – Systematic identification of new opportunities • As with the joint working group, the programme delivery board is responsible for maintaining the pace of the alignment	• Programme delivery board to continue in its current structure in the near-medium term
Establishment of OD and Engagement	• To support the organisational changes associated with the alignment an Organisational Development and	• The purpose of these workstreams is to ensure that CHS and Croydon CCG have both internal and external support of the	• Near-term focus of the OD workstream has been to on the board and executive levels;

workstreams to support	Engagement workstream has been set-up **Organisational development workstream:** • Focus of OD workstream has been developing common visions and purposes at a board and executive level • The kings-fund has been engaged to support CHS and Croydon CCG and been invited in to run two sessions to-date with the executive team of each organisation **Stakeholder engagement workstream:** • The focus of the stakeholder engagement workstreams has been to ensure all internal and external stakeholders are informed of the alignment and supportive of these plans • Formal communications have gone out to all employees of CHS and Croydon CCG to articulate the plan of the alliance – With opportunities for staff to have all their questions answered about the alignment • GP members have also been informed of alignment plans via GP membership open meetings • A comprehensive stakeholder engagement plan has been put in place to ensure all other partners are kept informed	alignment and robust governance structures are in place to reduce an organisational instability caused by the alignment	however, as greater functional alignment occurs the OD workstream will expand to cover front-line and delivery staff • Likewise, most stakeholder engagement to-date has been internal the next-steps for engagement workstream will be to focus on key external stakeholders as well as keeping internal stakeholders informed

7.2 Programme Governance

Figure 24: Programme Governance

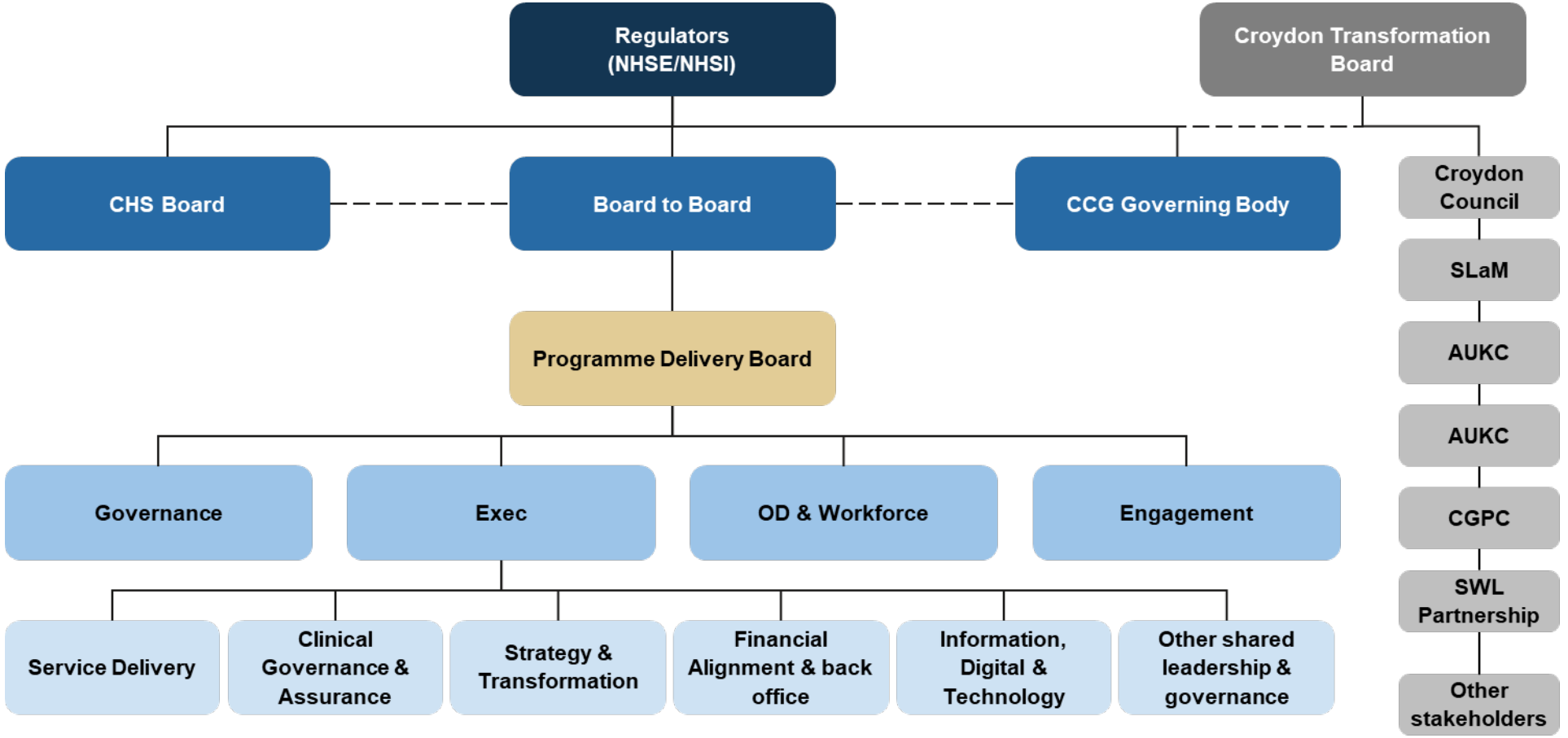


Table 10: Programme Governance

Forum	Summary of purpose	Membership	Direct reporting	Cadence

			line	
Board to Board	• Board to Board development and relationship building • Provide an open channel of communication for information sharing and for Board members to raise questions or concerns • To gain assurance that delivery of the Plan is on track	Board members of both the Trust and Governing Body members of the CCG	Regulators	Every two months
Programme Delivery Board (PDB)	• Scrutiny of progress against the Delivery Plan • Oversight of the Workstream Action Groups • Holding individuals to account for the delivery of individual actions • Decision making/problem solving in relation to identified issues and risks • Systematic identification of new opportunities	Representatives from both the Trust and the CCG, covering: • Trust and CCG Chairs • Trust and CCG Executives • Trust NED and CCG lay member • Croydon Programme Director • Director of Primary Care • Programme support Representative from regulators • NHS England • NHS Improvement	Board to Board	Every two weeks Regulators to join monthly
Exec to Exec	• Oversight of shared functions • Executive development and relationship building • Resolution of issues that arise as a result of delivering the Plan • Forum for information exchange • Identification of new opportunities • Responsible for monitoring progress of the workstream actions groups milestones and activities	• Executives of both the Trust and CCG • Croydon Programme Director • Programme support	PDB	Monthly
Governance	• Resolve the challenge of managing conflicts of interest that the CCG faces regarding	• CHS and CCG Head of Corporate	PDB	Monthly

	commissioning of services • Identify/pursue new opportunities to work together • Oversee the programmes that are already underway • Build closer relationships between the CCG and the Trust • To report to the PDB	affairs • CHS Head of Contracts • CHS Contracts Director • CCG Director of Commissioning • CCG Director of Quality and Governance • CCG Contract lead • Legal Advisor • Programme Director • Programme Support		
OD	• Building relationships between respective organisations • Imparting organisational knowledge and understanding • Creating a common purpose • Moving towards more joint ways of working	• CCG Director of Quality and Governance • CCG Director of Primary Care • CHS COO • CHS Director of HR & OD • OD Support • Engagement manager • Programme Director • Programme support	PDB	Monthly
Engagement	• Further development and implement of stakeholder engagement plan	• CCG Director of Primary Care • CHS COO • CHS Director of Communications • CCG Director of Communications • Engagement manager • Programme Director • Programme support	PDB	Monthly
Workstream Action Groups	• Working groups set-up chaired by the joint-	• Joint SROs (at least one representative	Exec	Monthly

	SROs for each of the following workstreams: – Service Delivery – Clinical Governance & Quality – Strategy & transformation – Financial alignment & back office – Information, Digital & Technology – Other Shared Leadership • Focused on the immediate delivery of initiatives in line with agreed milestones	from CCG and Trust for each Group) • Membership varies by workstream

7.3 Delegations

7.3.1 Decisions reserved for the CHS Board and CCG Governing Body

Please note, these schemes of delegations are not comprehensive, covering only key activities

Table 11: Decisions reserved to the CHS Board

Forum	Duty	Decisions reserved to the CHS Board
		General Enabling Provision
Board	CHS	• The Board may determine any matter, for which it has delegated or statutory authority, in full session
		Approval of regulations and controls, including:
Board	CHS	• Ratify any urgent decisions taken by the Chair and Chief Executive in public / private session
Board	CHS	• Approve a scheme of delegation of powers from the Board to committees
Board	CHS	• Manage conflicts of interests
Board	CHS	• Monitor the processes and procedures employed by Executive Directors
Board	CHS	• Receive committee reports and take action where required
Board	CHS	• Establish and remove committees and sub committees of the Board and approve terms of reference
		Appointments and dismissals, including:
Board	CHS	• Appoint, discipline and dismiss the Chief Executive and Executive Directors
		Monitoring and approvals
Board	CHS	• Approve annual quality accounts
Board	CHS	• Approve 3rd party Contracts
Board	CHS	• Approve NHS Contracts with Commissioners
Board	CHS	• Receive reports from the Committees in Common, audit committee and renumeration committee
		Audits and annual reports
Board	CHS	• Review external audit
Board	CHS	• Review and approve annual reports and accounts

Table 12: Decisions reserved to the Croydon CCG Members

Forum	Duty	Decisions reserved to the Croydon CCG Council of Members
Mem	CCCG	• Request permission of NHS England to amend the Constitution;
Mem	CCCG	• Request to the NHSE for a statutorily permissible change to the Geography of the CCG
Mem	CCCG	• Request to the NHSE for a statutorily permissible change to the name of the CCG
Mem	CCCG	• Propose de-selection of members of the Governing Body
Mem	CCCG	• Merger with another Clinical Commissioning Group where statutorily permissible

Table 13: Decisions delegated to the Croydon CCG Council of Members

Forum	Duty	Decisions reserved to the Croydon CCG Council of Members
		Approval of regulations and controls, including:
CM	CCCG	• Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.
CM	CCCG	• Approve arrangements for identifying the CCG's proposed Accountable Officer
CM	CCCG	• Agree the vision, values and overall strategic direction of the CCG
CM	CCCG	• Approval of the CCG's annual report and annual accounts
CM	CCCG	• Consider a report describing all patient and public engagement activity, including consultations by the group and the findings and actions taken by the group as a result

Table 14: Decisions reserved to the Croydon CCG Governing Body

Forum	Duty	Decisions reserved to the Croydon CCG Governing Body
		Approval of regulations and controls, including:
GB	CCCG	• Approve a scheme of delegation of powers from the GB to committees
GB	CCCG	• Manage conflicts of interests
GB	CCCG	• Monitor the processes and procedures employed by Executive Directors
GB	CCCG	• Receive committee reports and take action where required
GB	CCCG	• Establish and remove committees and sub committees of the GC and approve terms of reference

		Strategy, Business Plans and Budgets
GB	CCCG	• Approve resource allocation and priority setting
GB	CCCG	• Approve annual commissioning plan
		Audits and annual reports
GB	CCCG	• Review external audit
GB	CCCG	• Review and approve annual reports and accounts
		Monitoring
GB		• Receive reports from Committees in Common, audit committee, renumeration committee and Health Commissioning committees

7.3.2 Decisions delegated to subcommittees of the board and governing body

Table 15: Decisions delegated to CHS Audit Committee

Forum	Decisions delegated to CHS Audit committee
CHS Audit	• Oversee the maintenance of an effective system of internal financial control and management reporting

Table 16: Decisions delegated to CHS Charitable Funds Committee

Forum	Decisions delegated to Charitable Funds Committee
CHS CFC	• Oversee the management, investment and disbursement of charitable funds

Table 17: Decisions delegated to CCCG Audit Committee

Forum	Decisions delegated to CCCG Audit committee
CCCG Audit	• Oversee the maintenance of an effective system of internal financial control and management reporting

Table 18: Decisions delegated to remuneration committees in common

Forum	Decisions delegated to remuneration Committees in Common
Remcom	• Consider and agree the remuneration and terms of service of Executive Directors, other Directors and senior employees
Remcom	• Monitor and evaluate performance of individual Executive Directors

Table 19: Decisions delegated to board and GB committee in common

Forum	Duty	Decisions delegated to Board and Governing Body Committees in Common (BiC)
		Strategy, Business Plans and Budgets
BiC	Joint	• Approval joint financial plan
BiC	Joint	• Define the joint strategic aims and objectives of the Trust and CCG
BiC	Joint	• Approve joint business plan
BiC	Joint	• Approve business cases, Strategic outline cases, OD, estate and workforce strategies
BiC	Joint	• Ensure financial stewardship
		Monitoring
BiC	Joint	• Receive reports from the quality, strategy and transformation and finance committees
BiC	Joint	• Monitor performance and ensure corrective action is undertaken
BiC	Joint	• Ensure high standards of corporate and clinical governance are maintained
		Communications
BiC	Joint	• Approve critical external communications
BiC	Joint	• Maintain dialogue with external bodies and local population

Table 20: Decisions delegated to health commissioning committee

Forum	Duty	Decisions delegated to Health Commissioning committee
Commissioning	CCCG	• Resource allocation and priority setting
Commissioning	CCCG	• Annual commissioning plan

Commissioning	CCCG	• Approval of contracts and commissioning agreements (including primary care)
Commissioning	CCCG	• Managing and developing the supply chain for services provided across Croydon

Table 21: Decisions delegated to the One Croydon Alliance Board

Forum	Duty	Decisions delegated to the One Croydon Alliance Board
Alliance	CCCG	• Defining population needs
Alliance	CCCG	• Strategic planning across the Croydon system
Alliance	CCCG	• Engagement and consultation on service change proposals
Alliance	CCCG	• Plans for addressing health inequality
Alliance	CCCG	• Integrating the provision of services across the system
Alliance	CCCG	• *Provide assurance on commissioning decisions and other areas where there are potential conflicts of interest – Performed by Alliance or other body, such as SW London STP*

7.3.3 Decisions delegated from the Committees in Common

Table 22: Decisions delegated to Quality and Governance Committee

Forum	Duty	Decisions delegated to Quality and Governance Committee
Q+G	Joint	• Provide assurance to the Committees in Common on all aspects of quality
Q+G	CCCG	• Development of outputs, outcome measures and monitoring quality
Q+G	Joint	• Develop clinical procedures, policies, guidelines and lines of accountability
Q+G	Joint	• Monitor and ensure the continuous improvement of quality
Q+G	CHS	• Produce annual quality accounts
Q+G	Joint	• Engage with the Croydon population and patients on issues relating to quality

Table 23: Decisions delegated to Finance Committee

Forum	Duty	Decisions delegated to Finance Committee
Finance	Joint	• Monitor and scrutinise finances
Finance	Joint	• Establish and maintain clear financial reporting
Finance	Joint	• Consider large business cases for revenue investment
Finance	Joint	• Ensure the sustainability of the CCG and Trust
Finance	Joint	• Carry out financial planning and produce financial plan
Finance	Joint	• Planning and implementation of cost improvement schemes

Table 24: Decisions delegated to Strategy and Transformation Committee

Forum	Duty	Decisions delegated to Strategy and Transformation Committee
S&T	CCCG	• Defining population needs
S&T	CHS	• Capacity management across Croydon
S&T	CCCG	• Demand management across Croydon
S&T	Joint	• Develop strategic and transformation plan
S&T	Joint	• Address health inequality and meet the needs of the population and patients in Croydon
S&T	Joint	• Care redesign
S&T	Joint	• Develop business cases, strategic outline cases, OD, estate and workforce strategies

For general release

REPORT TO:	**Health & Social Care Sub-Committee** **24 September 2019**
SUBJECT:	**SOUTH WEST LONDON CLINICAL COMMISSIONING GROUP MERGER**

ORIGIN OF ITEM:	**Scrutiny of the work to merge the six South West London Clinical Commissioning Groups (CCG) forms a key part of the Sub-Committee's work programme in 2019-20.**
BRIEF FOR THE COMMITTEE:	**The Sub-Committee is provided with a copy of the merger application and its accompanying cover report with a view to informing a discussion on the information contained.**

1. SOUTH WEST LONDON CLINICAL COMMISSIONING GROUP MERGER

1.1 The Health and Social Care Sub-Committee is provided with a report from the meeting of the Croydon Clinical Commissioning Group Governing Body held on 3 September concerning the merger application for the six South West London CCGs (Appendix A) and the merger application (Appendix B).

1.2 Both of these documents are provided to inform the Sub-Committee's discussion of the proposed merger.

Appendices

Appendix A: Croydon Clinical Commissioning Group Governing Body Meeting report – South West London CCGs Merger Application

Appendix B: South West London CCGs Merger Application

CONTACT OFFICER:

Simon Trevaskis: Senior Democratic Service & Governance Officer – Scrutiny

Email: simon.trevaskis@croydon.gov.uk

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Croydon Clinical Commissioning Group Governing Body Meeting Part 1 in Public	
Date	Tuesday, 03 September 2019

Document Title	South West London CCGs Merger Application		
Lead Director (Name and Role)	Andrew Eyres, Accountable Officer		
Clinical Sponsor (Name and Role)	CCG Chair		
Author(s) (Name and Role)	Ben Luscombe, SWL CCGs Chief of Staff		
Agenda Item No.	7	**Attachment No.**	3

Purpose (Tick as Required)	Approve ✓	Discuss	Note

Executive Summary

Background:

In March this year, the Governing Bodies of the six South West London (SWL) CCGs all agreed the following:

- That the Governing Body was committed to progressing to merger of CCGs at SWL level by April 2020;
- The headline case for change and recommended guiding principles;
- That we should now progress discussions with the GP membership on the case for change, intent and process progressing to merger of CCGs at SWL level by April 2020.

Purpose:
To enable this to happen, SWL's merger application needs to be submitted on 30 September, subject to a membership vote in October. The purpose of this paper is to ask the GB to approve a CiC being convened on 19 September 2019 and to nominate its representatives.

Reason for Governing Body Review:
The GB needs to approve the above in order for the merger application to proceed.

Key Issues:

1. To approve the proposed CiC;
2. To nominate the GBs representatives.

Conflicts of Interest: N/A.
Mitigations: N/A

Recommendation: The governing body is asked to: Approve the proposed CiC on 19 September and nominate representatives.

Corporate Objectives This document will impact on the following CCG Objectives:	The overall proposal will enable SWL to deliver the Long Term Plan commitments

Risks This document links to the following CCG risks:	N/A
Mitigations Actions taken to reduce any risks identified:	N/A

Financial/Resource/ QIPP Implications	Merger of the CCGs and the subsequent restructuring of the management structure is important in achieving our efficiency savings.

Has an Equality Impact Assessment (EIA) been completed?	An overall EIA is being completed for the merger application.
Are there any known implications for equalities? If so, what are the mitigations?	None identified to date

Patient and Public Engagement and Communication	Patient and Public engagement groups have been engaged in the overall merger process through the SWL forums.

Previous Committees/ Groups Enter any Committees/ Groups at which	Committee/Group Name:	Date Discussed:	Outcome:
		Click here to enter a date.	
		Click here to enter a date.	

this document has been previously considered:		Click here to enter a date.	

Supporting Documents	N/A

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South West London Clinical Commissioning Groups
September Governing Body Paper for Part 1
Merger Application

Introduction

1. In March this year, the Governing Bodies of the six South West London (SWL) CCGs all agreed the following:

    - That the Governing Body was committed to progressing to merger of CCGs at SWL level by April 2020;
    - The headline case for change and recommended guiding principles;
    - That we should now progress discussions with the GP membership on the case for change, intent and process progressing to merger of CCGs at SWL level by April 2020.

2. Over the past months we have been working with Chairs, members, stakeholders and our staff to develop our thinking and planning regarding merger. We plan to submit our formal application to merge the CCGs by the end of September 2019 and, subject to membership votes, for the SWL CCG to come into existence on 1 April 2020.

Next Steps

3. Details of the proposal have been circulated to the membership along with governance documentation and local presentations. We will now progress to a new timetable which has been agreed with the London Wide, Surrey and Sussex Local Medical Committees and NHS England. Membership vote on the proposal to merge will now be held in October across SWL. This will allow time for the membership to be fully engaged and informed on the documentation prior to any vote. We have agreed with all of the parties that we will continue to submit the merger application at the end of September but withdraw the application in the event that a CCG should receive a no vote on the new constitution from the CCG membership.

4. In order to meet this timetable and formally agree the merger application, the Governing Body is asked to agree and nominate their representatives for a SWL Committee in Common (CiC) currently to be held on 19 September. The CiC will be asked to approve SWL's final merger application, in principle and subject to the CCGs vote to agree the new constitution.

5. To make this decision, the CIC will be given the following documents:
    - The latest version of the full merger application;
    - The latest version of the full set of governance documents (for example, Constitution and Terms of Reference);
    - Membership pack;
    - Merger application timetable.

6. NHS England/ Improvement's will consider and make a decision on our application at a merger panel which is currently scheduled for 29 October.

Recommendation

7. That the GB agree to a CiC being convened and nominate their representatives.

For general release

REPORT TO:	**HEALTH AND SOCIAL CARE SUB-COMMITTEE** **24 September 2019**
SUBJECT:	**CROYDON SAFEGUARDING ADULT BOARD ANNUAL REPORT 2018 - 2019**
LEAD OFFICER:	**Guy Van Dichele – Executive Director Health, Well-being and Adults**
CABINET MEMBER:	**Councillor Jane Avis** **Families, Health & Social Care**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Annie Callanan,** **Independent Chair of the Croydon Safeguarding Adult Board**

ORIGIN OF ITEM:	The Croydon Safeguarding Adult Board Annual Report is included as part of the Sub-Committee's work programme for 2019-20.
BRIEF FOR THE COMMITTEE:	To consider the Croydon Safeguarding Adult Board [CSAB] 2018/19 Annual Report which is a statutory function of the Board under S43 Care Act 2014. Safeguarding Adults is therefore a key corporate priority and is part of all the relevant key plans for adult social care.

1. Executive Summary

1.1 The purpose of the CSAB annual report is to detail the activity and effectiveness of the CSAB from April 2018 to end of March 2019. The report is submitted by the Independent Chair of the Board, Annie Callanan. It ensures that Residents, Council and other agencies are given objective feedback on the work and the effectiveness of local arrangements for safeguarding adults. The report includes 2018/19 objectives and the underpinning priorities for each includes what has been achieved and the work which needs to be done.

2. Croydon Safeguarding Adult Board [CSAB] Annual Report 2018 - 19

2.1 The CSAB Annual Report is introduced by the Board's Independent Chair Annie Callanan who took up the post at the end of January 2018.

2.2 The CSAB Annual Report is due for presentation at Cabinet on the 21st October 2019. It is an important function of the Council to have oversight of the adult safeguarding activity in Croydon and the report gives an update on the multi-agency work undertaken by the CSAB to safeguard adults in Croydon.

2.3 The information within the report is submitted by partners and organisations on the activities they have undertaken aligning the work to the board's objectives.

2.4 The report includes data (pages 5 – 7) sources from the data submitted to the Department of Health and Social Care in July 2019 which looks at safeguarding contacts received during 2018 – 19 and whether they have progressed to a safeguarding enquiry. The figures show a comparison between 2017/18 and 2018/19 with regards to the type of alleged abuse, number of referrals and ethnicity. Where appropriate percentages and numbers have been included and a breakdown of the source of referrals following feedback from last year's Health and Social Care Sub-Committee.

2.5 The data reveals that 17% more females were reported as experiencing abuse than males, this gap has decreased from 18% difference in 2017/18. The gap between the Black and Minority Ethnic (BMW) rate per 1000 population and the White rate per 1000 population is 2.7, which is an improvement from 2.9 in 2017/18. The Asian groups are the least referred for Safeguarding. National comparison or comparison to neighbouring borough data is currently not available but can be shared in late autumn when published.

2.6 The report identifies what has been achieved and what else needs to be done against each of the CSAB objectives and below are examples that have been taken from the report:

Prevention

A further group of 9 recruited for the Hoarding Project with 7 clients completing the project. The amounts that Mind De-clutter buddies have been able to help clients remove has been significant and led to a better quality of life on a day to day basis.

Commissioning

Introduction of quality assurance officer within the Council to focus on service provider issues and to compliment the work of the Care Support Team and Quality Monitoring Teams. The Intelligence Sharing Sub Group of the CSAB to continue its excellent work with partners gathering information and taking action to improve the provider market in Croydon.

Making Safeguarding Personal [MSP]

This is the initiative that ensures the safeguarding process focuses on the needs of the person and their voice is at the centre of the safeguarding enquiry. MSP is embedded as a topic in every single adult tool used by Croydon Adult Social Care including the ASC Threshold Guidance Tool and further work to take place with regards to the tool being adapted specifically for partners use. Greater assurances are required as to how all Board Partners embed MSP in operational work.

Voice of the Croydon Resident

This is central to the work of the CSAB and Age UK have a representative at the CSAB meetings highlighting issues raised by Croydon residents and the organisation. However, the voice of the resident is an area which needs improvement and to explore ways of capturing feedback from those who have used the services with a focus on demographic groups which are underrepresented in the safeguarding data.

Communication and Engagement

Implementation of Locality Services – Health and Social Care for over 65s ensuring there is a more locality focussed support. A new CSAB website has been developed and in a period of a 'soft' launch with a final launch in

November 2018. Work will continue her on the on-line safeguarding referral form and on statutory services providing more feedback to the referrer.

Appendices

Appendix A: Draft CSAB Annual Report 2018/19

CONTACT OFFICER: *Annie Callanan, Independent CSAB Chair*
annie.callanan@croydon.gov.uk

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Croydon Safeguarding Adult Board

ANNUAL REPORT - 2018/ 2019

DRAFT

"working together safeguarding, supporting and making services better for adults in Croydon who are at risk of abuse and neglect"

This report gives an overview of the work of the CSAB from April 2018 to March 2019 showing what our plans were, what we achieved and what further work needs to be done to strengthen safeguarding arrangements and promote the welfare of adults at risk in Croydon.

Foreword by Independent Chair

Welcome to the 2018/19 Annual Report of the Croydon Safeguarding Adult Board

This Report follows my first full year as Independent Chair of the Croydon Safeguarding Adults Board and I am pleased to reflect the work carried out and the achievements of the multi-agency partnership in making significant gains in increasing the profile of Adult Safeguarding across all sectors. I also want to acknowledge the support of the CSAB Business Manager, Denise Snow and the CSAB Coordinator, Lesley Weakford who have both worked hard, providing expertise and insight as they progressed the work of the CSAB and content of this report through the partnership.

CSAB is well attended with high levels of positive and helpful engagement from all partners. Discussion is robust and well informed; support for colleagues around the table is high, as is challenge. Those exchanges are helpful in clarifying issues, sharing solutions and/or mitigating risk and reflect a strong and robust SAB able to influence improvement in services across all sectors.

We have in the past year built a strong and coherent Structure, significantly reducing the number of meetings managers from across the sector attend. We have reviewed and rewritten Terms of Reference for CSAB and all Sub Groups.

The priorities this past year, agreed on 5th June 2018 were:

Prevention [early identification] and Commissioning [provider market management]. Croydon's approach includes early identification, through sharing intelligence and 'soft' information on residential and nursing providers of services across sectors and taking early action to prevent and reduce likelihood of abuse. This work feeds into both the Performance and Quality Assurance work of CSAB and informs work on practice development and Learning. Trading Standards have increased their work in preventing and stopping scams and doorstep crime.

Voice of the Croydon resident - work to improve the CSAB Website is well on the way to improvement, making it more accessible to Croydon residents. We have reviewed and update posters and leaflets and taken the lead relevant events such as Modern Day Slavery and had a presence at International Women's Day.

Communication and Engagement - CSAB is actively engaged in work to understand the needs of BME communities in Croydon and are working with others on this agenda.

Making Safeguarding Personal (MSP) – CSAB has completed an audit of MSP which gave us insight into where we need to improve to ensure that the principles underpin all cross sector work with vulnerable adults. We are currently reviewing the outcome of this work.

CSAB is better able to focus on priorities within effective frameworks using the CSAB Sub groups.

Performance and Quality Assurance - CSAB Performance and Quality Sub Group has established its own Data base measuring outcome in achievement from Safeguarding activity across all partners. This group is in a key position to measure the impact of change and understand where policy and procedures are working within and across organisations.

Safeguarding Adults Reviews (SARs) - The SAR Sub Group has reviewed all outstanding SARS, made decisions about which met criteria for a SAR and which cases could progress as a learning event. Through doing this we can initiate action earlier to reduce risk and improve services across all sectors.

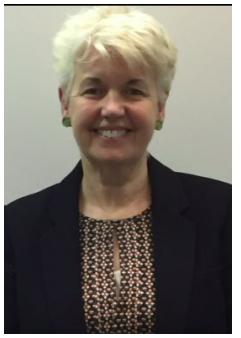
Practice and Development - Practice and Development Sub Group works to provide learning and development opportunities closely informed by and directly related to the outcome of SARs; information from audits; the direction of travel coming through Performance and Quality Sub Group and Intelligence Sharing.

The Chairs Sub Group - This Sub Group brings together all Chairs and those in leadership positions across the CSAB. This provides much appreciated support for the Independent Chair and has, due to Partners engagement as Sub Group Chairs and Vice Chairs, representatives from Senior Manager of the majority of agencies sitting on the CSAB. The Chairs Group shares intelligence, frequently resolves issues, provides information insight and support and importantly , sets the Agenda for CSAB Meeting.

Relationship with Children's Safeguarding Board remains strong and will continue with cross sector work on areas such as Transitions planned for the coming year.

Throughout all of our work we hold the residents of Croydon, especially those with Care and Support needs at the centre of all that we do. This year has been about establishing Governance and the structure to underpin that. It has also been about building relationships and agreeing how we will work together going forward as we are increasingly aware of the pressure on public sector services as demand increases. I have enjoyed the challenges and the successes we have shared in Croydon. I have appreciated the hard work of all colleagues in making progress and look forward to future years as we continue to improve services and prevent abuse in Croydon.

Annie Callanan
CSAB Independent Chair



Safeguarding Statistics for 2018-2019

The figures over the next three pages, are sourced from the data submitted to the Department of Health and Social Care in July 2019, which looks at safeguarding referrals received during 2018-19 and whether they progressed to a safeguarding enquiry for further investigation.

This dataset has also been configured to look at those safeguarding enquiries and to establish: where the adults at risk experienced abuse, the type of abuse alleged, who was allegedly abusing the adult, and the outcome of the enquiries.

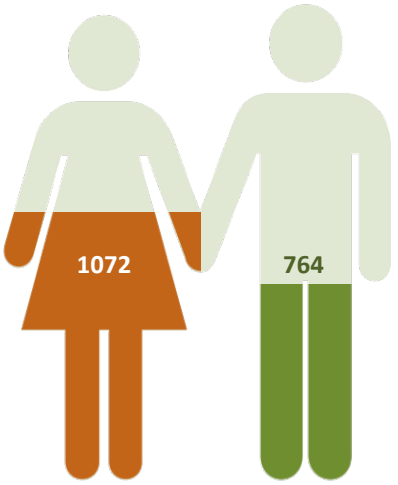
The graphics on this page and the next show the demographics of the adults who had at least one safeguarding referral during 2018-19 and the graphics on the following page represent the same referrals which were progressed to a safeguarding enquiry during 2018-19 and their outcome where known.

Please Note:

- The figures show the comparison between 2018-19 and 2017-18 where possible
- The location of abuse does not necessarily mean the adult was experiencing abuse from staff at these locations; for example, an adult may be experiencing abuse at a hospital, but it maybe from a relative visiting the adult who was alleged to be causing the abuse
- Safeguarding referrals are known as safeguarding concerns by the Department of Health and Social Care

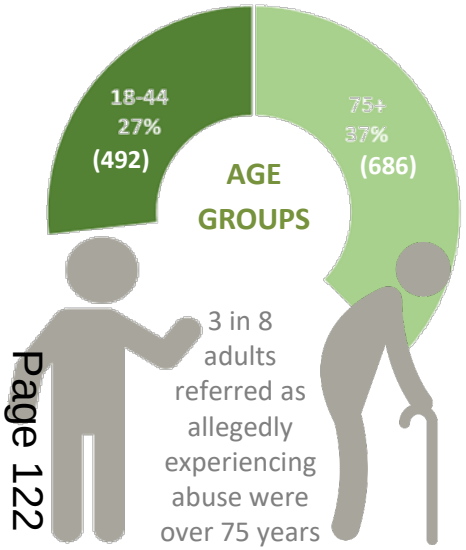
1%

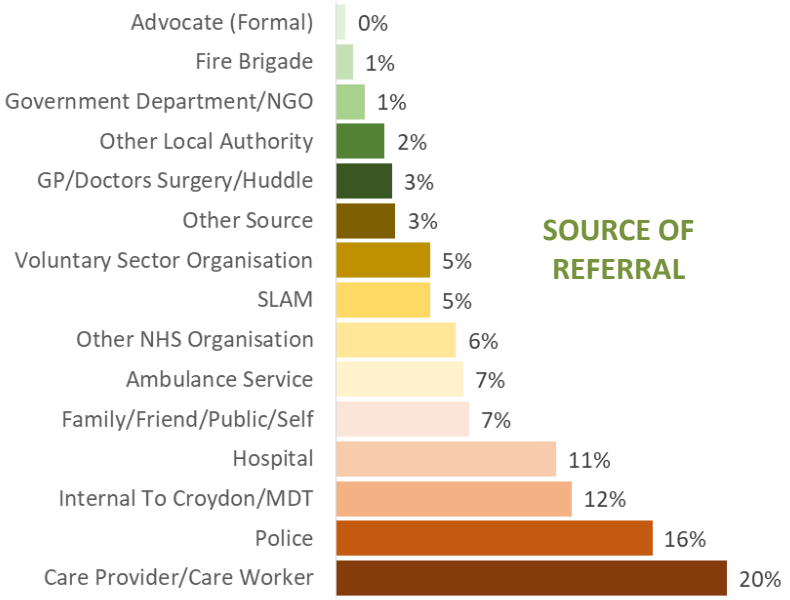
Of the adult population in Croydon had a safeguarding referral in 2018-19 (1840 compared to 2093 last year)



17% more females were reported as experiencing abuse than males, this gap has decreased from 18% difference in 2017-18

Safeguarding Referrals Received during 2018-19





Croydon received 2132 distinct safeguarding referrals during 2018-19 (a decrease of 452 compared to 2017-18)

Of which, just under 1 in 4 converted into a safeguarding enquiry (a 1% increase of conversions compared to 2017-18)

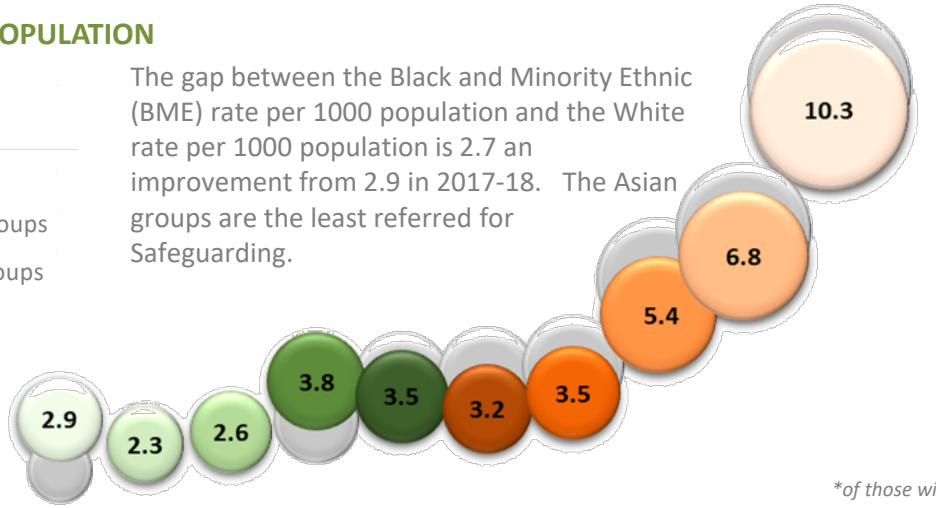
Of which, just over 1 in 4 closed safeguarding enquiries were substantiated*

*of those with an outcome

ETHNIC GROUP RATE PER 1000 POPULATION

- Asian Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Black Other
- Asian Other
- Black African
- Black Caribbean
- White Ethnic Groups
- Other Ethnic Groups

The gap between the Black and Minority Ethnic (BME) rate per 1000 population and the White rate per 1000 population is 2.7 an improvement from 2.9 in 2017-18. The Asian groups are the least referred for Safeguarding.

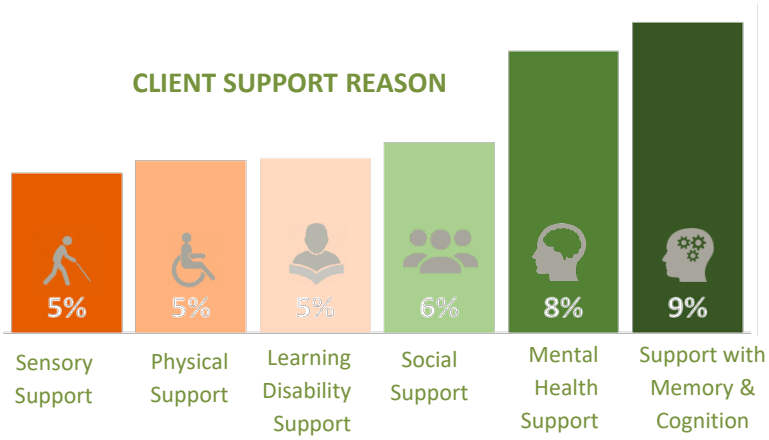


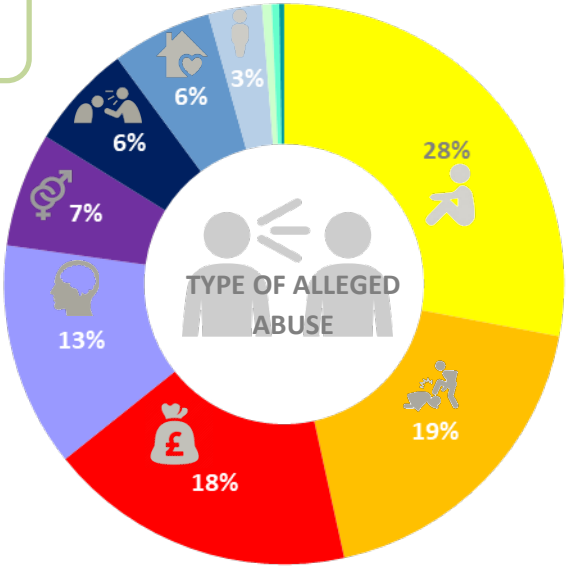
Safeguarding Enquiries Started during 2018-19

Of the

511

Safeguarding Enquiries started in 2018-19 (down from 596 in 2017-18)





4 in 7 safeguarded adults allegedly experienced abuse in their own home (an increase of 1% compared to 2017-18)

2 in 7 safeguarded adults allegedly experienced abuse whilst in a care home setting (a decrease of 1% compared to 2017-18)

1 in 16 safeguarded adults allegedly experienced abuse in a hospital environment (a decrease of 1% compared to 2017-18)

199	Neglect and Acts of Omission
132	Physical Abuse
126	Financial or Material Abuse
92	Psychological Abuse
47	Sexual Abuse
43	Domestic Abuse
41	Organisational Abuse
22	Self-Neglect
<5	Discriminatory Abuse
<5	Sexual Exploitation
<5	Modern Slavery

3 in 5 were allegedly experiencing abuse from someone they knew (an increase of 4% compared to 2017-18)

1 in 3 were allegedly experiencing abuse from a formal carer (a decrease of 1% compared to 2017-18)

1 in 18 were allegedly experiencing abuse from a stranger or unknown person (a decrease of 4% compared to 2017-18)

Lay Member

Lay Members play an important role in the oversight and scrutiny and decisions and policies made by the Croydon Safeguarding Adults Board. They act as an independent voice and offers a broad perspective that recognises the diversity of our local communities in Croydon. Croydon SAB currently has one Lay Member

The Adult Safeguarding Board is progressively developing it's work to fulfil it's enhanced responsibilities under the Care Act 2014

The work of the Board is invaluable in creating an environment where all agencies take safeguarding seriously

Being a large body, much of the work inevitably has to be done in sub- groups / working groups. The challenge is to ensure that the Board receives the appropriate level of reports to enable it to carry out it's responsibilities

A reporting system to the Board is in place where the sub-groups provide quarterly updates on the work undertaken including identifying risks.

As a member of Safeguarding Adult Review [SAR] Sub group, which performs a crucial role, we need to do more to ensure that the right level of investigation / inquiry is carried out when someone dies or is seriously harmed. This to include where appropriate a SAR

A robust process is now in place which enables tracking of decisions made and actions to be taken.

Learning and Development 2018 – 19

The CSAB learning and development programme for 2018 -19 was designed to ensure that staff and volunteers across the multi-agency partnership have access to free safeguarding training and continuous professional development, appropriate to their level of responsibility.

The focus for 2018 -19 was on reflection of practice, identifying lessons learnt and developing strategies for interventions that would result in the service user being supported in a person-centred manner, based on the principles of Making Safeguarding Personal. This approach is ongoing and requires further development in 2019 - 20.

What did we do:

We developed a blended programme of bespoke events, multi-agency face to face training and e-learning courses to meet individual learning styles and needs. Learners were encouraged to take responsibility for applying their learning to practice by: reflecting on the learning that they had undertaken; consider how they would build on the learning, and review of the learning in supervision and annual performance reviews.

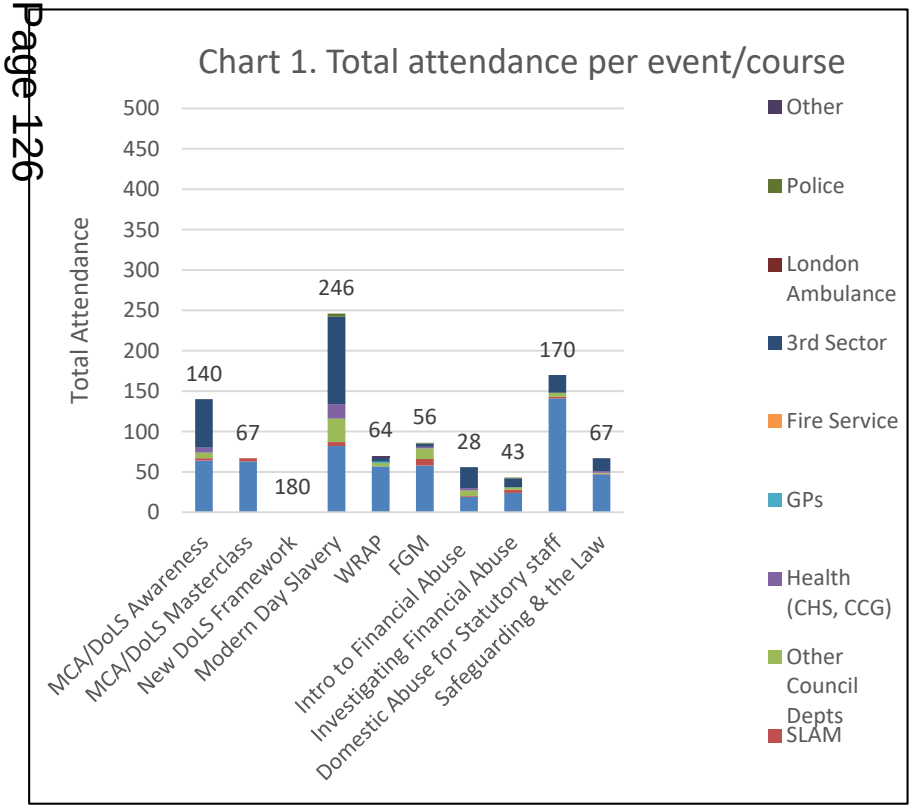
What needs to be done:

There was a high level of interest and bookings from adult social care staff, but low take up from Police, Fire, Health and other target groups. We aim to improve communication to increase level of engagement, through monthly mailshots, quarterly newsletter with training update and hyperlinks to the CSAB website and Croydon Learning.

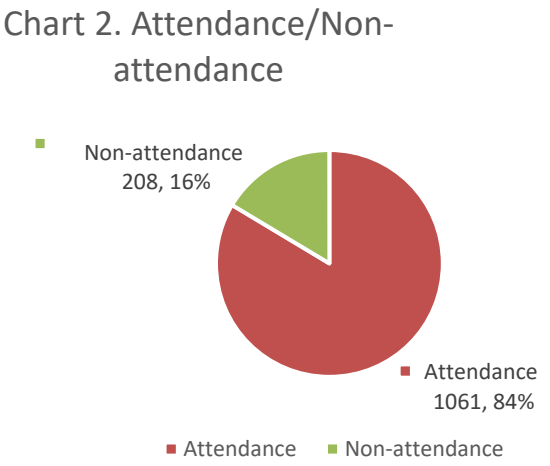
Learning and Development 2018 -19

Course attendance
All Partner agencies provide in-house training that is compliant with the basic safeguarding awareness raising, so the reporting on attendance will focus on the learning and development interventions commissioned by the CSAB. We are currently looking at the synergies how we can effectively develop a whole system approach to training delivery across the partnership.

Chart 1 shows that although there was a high level of interest and bookings from adult social care staff, there was a low take up from the Police, Fire, Health and other target groups.



Attendance and non-attendance
There has been a noticeable improvement in the non-attendance figures (see chart 2), which maybe attributed to the new learning management system, hosted by Croydon Council which was introduced to the CSAB last year to enable a self-service cancellation function, and an improved recording and management functions.



Learning and Development 2018 - 19

What needs to be done in 2018-19:

Engaging with all CSAB members and partner agencies

Improved communication is required to increase level of engagement. Monthly or quarterly newsletter with training update and hyperlinks to the CSAB website and Croydon Learning.

Feedback and Impact

Evidencing the transfer of training and learning into improved practice, and better outcomes for adults at risk.

Work with the philosophy of the Kolb model; that learning is not linear but an ongoing circular exercise, in other words it is a process rather than an event.

We need assurance that the safeguarding training that is taking place across all partner agencies, including the voluntary and independent sector is quality assured and regularly scrutinized and tested.

Partner agencies need to understand the roles and responsibilities of the different teams, including key contacts who can facilitate the transfer of key information and the identification of synergies. The objective is that by working together, the service user will receive a quality, holistic, seamless service that addresses individual need and circumstance.

That service users be involved in learning interventions to ensure that there is consistency in our service delivery, and that service users who are involved will be limited to a narrative role rather than an instructive or faciliatory role.

CSAB Priorities 2018 - 19

Priorities 2018/19

At the CSAB Development Day, 5th June 2018 the following objectives for the Board were agreed with underpinning priorities:

Prevention	Commissioning	Making Safeguarding Personal	Voice of the Croydon Resident	Communication & Engagement
A system which prevents abuse from happening and share lessons for proactive development Better to take proactive action before harm occurs Early Identification and provider market management	Where the abuse occurs we remove or reduce the abuse reoccurring. Commissioned services need to reflect needs of the population. Robust response to market failure [new Provider Market Policy agreed]	Where the person is at the centre of an enquiry. People being supported and encouraged to make their own decisions and empowered by advocacy People's needs to be listened to.	What is important to Croydon's residents and ability to address their needs. Local people have a voice by way of feedback and arranged interviews Service listening and meeting people's needs.	A system where people know how to get information and advice. Easy accessible information being made available both online and in print. Raising awareness of the CSAB including a refreshed web presence.

Prevention

What we have done:

- Age UK provided safeguarding training to external organisations as part of their partnership working.
- Trained the Age UK Croydon Leadership team in how to support their teams in the Safeguarding process [Age UK]
- Creation of Mental Health teams to offer a more bespoke service [Croydon Police].
- Implementation of telemedicine in Care Homes to improve patient experience and outcomes. [CCG]
- Croydon Mind have continued to work with Trading Standards to provide Scam Awareness workshops.
- A further group of 9 recruited for the Hoarding Project with 7 clients completing the project. The amounts that Mind De-clutter buddies have been able to help clients remove has been significant and led to a better quality of life on a day to day basis.
- A robust process is now in place which enables tracking of decisions made and actions to be taken with regards to Safeguarding Adult Reviews..
- Raising awareness of the issue of trafficking and Modern Slavery through events, training, mailshots & advertisements. The Town Hall was lit up in red lighting as the request of the Cabinet Office in Modern Slavery prevention awareness week.
- Under delegated commissioning the safeguarding team within the CCG provide safeguarding training to staff in GP practices across Croydon

What needs to be done

- Implementation of Community Led Social Work focussed on prevention and a move to a Localities Model.
- To include the safeguarding policy in Trustee induction pack [Age UK].
- Improve system of early identification of potential SAR or learning around high risk incidents [Police]
- To continue to develop the integrated model for safeguarding across CHS and CCG.
- To implement adult safeguarding roles and competencies for healthcare staff published in August 2018 by 2021 [CCG].
- To continue the work with the Hoarding Project.
- To undertake an analysis of SAR themes e.g. Mental Health, Homelessness and Self Neglect.
- To identify ways to measure the impact of the prevention work undertaken for Croydon residents.

"I have completed the Breakthrough Hoarding course. I have managed to part with huge amounts of things, realising that they were not serving me any purpose. With each item that left I felt lighter and happier. Last week my children had their friends over after school. Whilst I know my home isn't as tidy as most people's, it's getting there".

Bag Totals:
Rubbish x 111 bags
Charity Shop x 73 bags
Recycling x 21 bags
[Hoarding Project]

Commissioning

What we have done

- Under delegated commissioning the safeguarding team within the CCG provide safeguarding training to safeguarding leads within GP practices across Croydon.
- Commissioning of the Significant 7 training in care homes [CCG]
- Introduction of quality assurance officer within the Council to focus on service provider issues and to compliment the work of the Care Support Team and Quality Monitoring Teams.
- Multi agency monthly Intelligence Sharing meetings.
- Management of the provider market through market oversight.
- Innovative red bag scheme mandated by NHSE implemented by Croydon CCG. It provides a better care experience for care home residents by improving communication between care homes and hospitals.
- Provider Forum meetings held, learning from SARs presented to this forum.
- With CCG colleagues Croydon Health Services [CHS] have been working towards an integrated model to strengthen safeguarding arrangements across the health services in Croydon, this integration will help with succession.

More quality meetings held receiving good feedback from those providers who have been through the quality and monitoring process

What needs to be done

- To support partners to strengthen arrangements with regards to the transition from children services to adults especially for LAC, LD clients and people with physical disabilities [CCG].
- Strengthening oversight of initiatives by NHS England in addition to ADASS.
- The Intelligence Sharing Sub Group to continue its excellent work with partners gathering information and taking action to improve the provider market in Croydon.
- To continue to develop the integrated model for safeguarding across the acute trust and the CCG [CHS].
- Implement adult safeguarding roles and competencies for healthcare staff published August 2018 by 2021 as mandated by NHSE. [CHS]

What does CQC have to say about Croydon's Provider Market?

CQC Ratings	Care Homes	Dom Care Agencies
Outstanding	3	1
Good	102	53
Requires Improvement	19	11
Inadequate	2	2
Not rated	1	7

Making Safeguarding Personal

What we have done

- Implementation of S42 team to improve quality of enquires.
- Learning from multi agency case study presentations at the Practice & Development sub group meetings focussing on the six principles of safeguarding.
- Introduction of the Adult Social Care Safeguarding Risk Threshold Guidance Tool.
- Age UK's rolling programme of safeguarding training for all staff, volunteers and trustees to ensure that all are able to recognise safeguarding issues and how to address them.
- The CSAB Performance and Quality Assurance Sub Group undertook a Multi Agency Self Neglect Audit.
- Completion of the MSP Temperature Check progress template for LondonADASS. This is a national piece of work measuring progress of implementing MSP.
- MSP is embedded as a topic in every single adult tool used by Croydon Adult Social Care. The NHS will include patients and their next of kin in Serious Incident Report processes under the duty of candor.

What needs to be done

- Capture the voice of the vulnerable adult.
- To work further with the ASC Threshold Guidance Tool with regards to the tool being adapted specifically for partners use.
- Take forward the learning and actions from the Self Neglect Audit: Making Safeguarding Personal, Communication, silo working and missed opportunities. To undertake a further self neglect audit in two years to measure impact and improvement.
- Multi Agency Dementia Audit taking place between September – November 2019.
- Greater assurances are required as to how all Board Partners embed MSP in operational work.

What is the Data Telling us?

People feel supported through the safeguarding process [Age UK]

Extremely grateful for being kept informed of case conference meetings etc in a timely manner. This allowed me to arrange transport and discuss with my daughters in good time'

Voice of the Croydon Resident

What we have done

- Age UK have a representative at the CSAB meetings highlighting issues raised by Croydon residents and the organisation.
- Information and Advice Team provide support, assistance and advocacy to represent the residents of Croydon and empower them to represent themselves [Age UK].
- Croydon Police supported the Victim Right to Review process through the police supervisors allowing challenge.
- Robust processes in place for LD mortality review programme where carers voices are heard [CCG].
- Provider Forum meetings held, learning from SARs presented to this forum.
- Feedback using quality assurance calls by Brokerage with Domiciliary Care service users.

Families are feeling supported by the acute liaison nurse for LD
[CHS]

What needs to be done

- The voice of the resident is an area which needs improvement and to explore ways of capturing feedback from those who have used the services.
- Disseminate and embed learning from LD mortality reviews.
- Focus on demographic groups which are under represented in the safeguarding data.
- Look at current feedback mechanisms with a view to improve or introduce new systems.

People feel relieved that they are listened to .

They feel confident to know they have an independent person there to support them if they need support.

AGE UK

Communication and Engagement

What we have done

- Age UK have added their safeguarding statement to their website making it more prominent and easier to find.
- MASH teams further embedded within council buildings to improve information sharing between agencies. [Police]
- Relevant teams within the CCG are proactively involved in the care home forums and the provider level concern process.
- Implementation of self-assessments for safeguarding arrangements in GP practices. [CCG]
- Implementation of Locality Services – Health and Social Care for over 65s ensuring we have more locality focussed support.
- Safeguarding Leaflet distributed.
- Health Task & Finish Group developed a Falls Protocol: A decision guide when is a fall a safeguarding.
- Raising awareness of the work of the CSAB through meetings, website, events.
- Attendance at national and London safeguarding networks.
- Modern Day Slavery Conference held in October 2018 with 130 attendees and speakers presenting on sexual exploitation, County Lines, domestic servitude and rape crisis.
- Redesigned website for the CSAB to be launched in November during Safeguarding Week.
- CHS undertook an audit to evaluate the compliance with the Mental Capacity Act (2005) on inpatient wards providing care to dementia patients.

What needs to be done

- Work further on the on-line safeguarding referral form.
- Statutory services to provide more feedback to the referrer.
- Improve police attendance at multi-agency training.
- Development of integrated health and social care locality services for people under 65.
- Working across the partnership to develop a more integrated safeguarding model.
- Continue to develop the website with useful and timely information.
- Print the safeguarding leaflet in several languages for distribution.
- Publish a quarterly CSAB Newsletter.
- Ensure CSAB multi agency training is advertised across the partnership.
- CSAB to continue to engage and build relationships across the partnership.
- Monthly mailshots advertising up and coming training.

https://www.croydonsab.co.uk/events/

Croydon Multi-Agency
SAFEGUARDING
ADULTS BOARD

https://www.croydonsab.co.uk/

Governance & Accountability arrangements

SAB Membership includes: Local Statutory & voluntary sector organisation and a Lay Member. Led by an Independent Chair

Care Act 2014

Safeguarding Adult Board [SAB] Statutory Partners are: Local Authority, Police, Clinical Commissioning Group being the

Core duties of the SAB

- Publish an Annual Report
- Develop and publish an Annual Strategic Plan
- Arrange Safeguarding Adult Reviews

The SAB will embed the requirements of the overarching Care Act to:

- Assure that local safeguarding arrangements are in place as defined by the Act and working well across all relevant agencies
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred

Funding arrangements for the CSAB

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no change in member contributions.

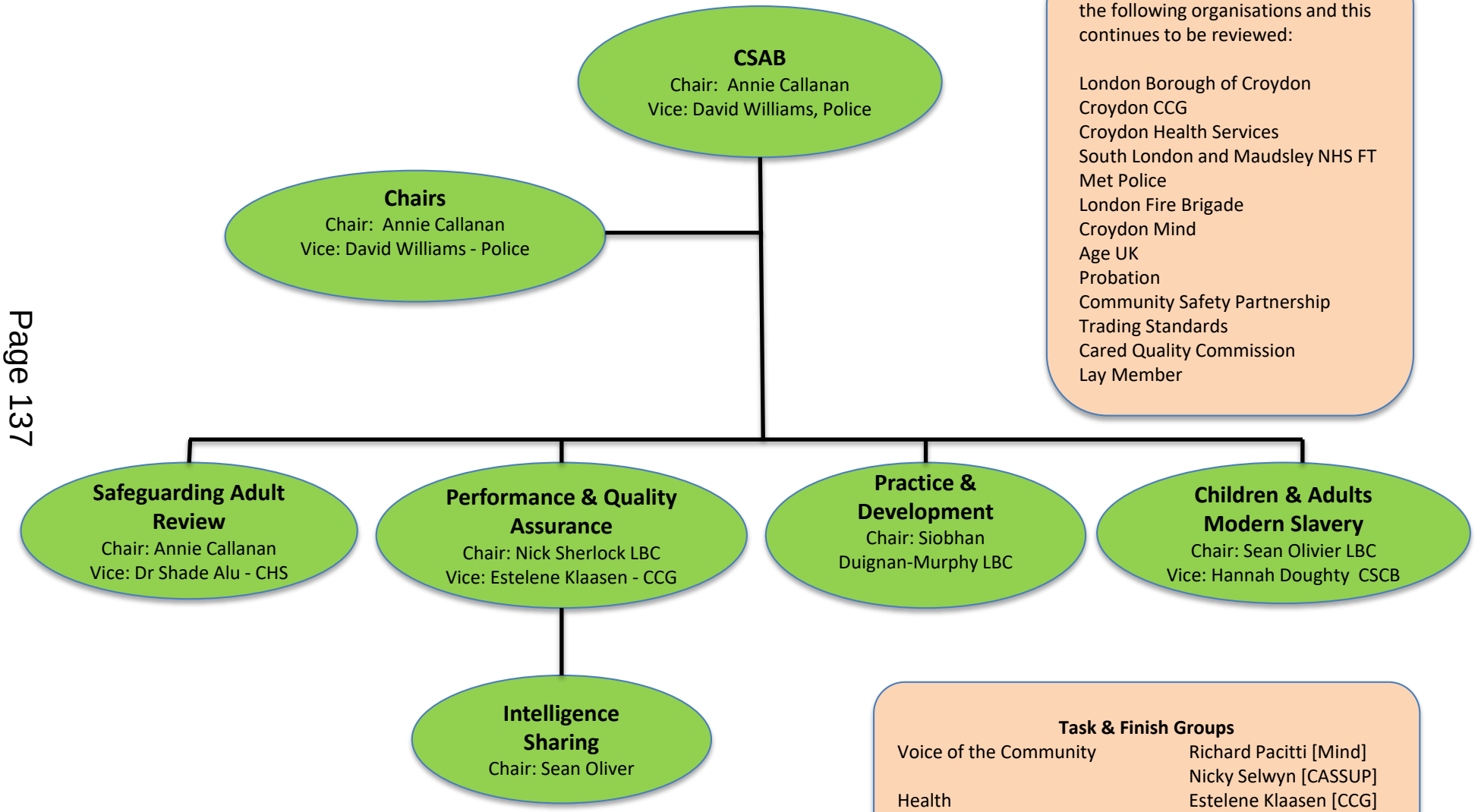
Income 2018/19

£58,660	London Borough of Croydon
£21, 670	Clinical Commissioning Group
£21,670	Croydon Health Services
£15,000	South London & Maudsley
£5,000	Met Police
£1,000	London Fire Brigade
Total	**£123,000**

2018/19 Expenditure:

£60,114.71	Staffing
£2612.93	Supplies & Service Recharge
£3692.00	Website design & support
£3,099.52	Premises hire
£16,890.00	Staff Development/Training
£30,000	SAR budget
Total	**£116,409.00**

CSAB Governance Structure



Membership in 2018/19 included the following organisations and this continues to be reviewed:

London Borough of Croydon
Croydon CCG
Croydon Health Services
South London and Maudsley NHS FT
Met Police
London Fire Brigade
Croydon Mind
Age UK
Probation
Community Safety Partnership
Trading Standards
Cared Quality Commission
Lay Member

Task & Finish Groups

Voice of the Community	Richard Pacitti [Mind]
	Nicky Selwyn [CASSUP]
Health	Estelene Klaasen [CCG]
MCA/DoLS	Ernest Johnson [LBC]

Role of the CSAB Sub Groups

Chair's Sub Group

To monitor and review progress on the Board's Strategic Plan, to monitor and review the Board's business management and planning cycle and to ensure coordination of the Board's work through its sub groups.

Performance and Quality Assurance Sub Group

To support the work of the Croydon Safeguarding Adult Board (CSAB) by overseeing, supporting and monitoring the delivery of high quality multi-agency arrangements in Croydon to safeguard adults at risk of abuse.

Safeguarding Adults Review Sub Group

To consider requests of any case which may meet the statutory criteria and to make decisions on this basis' to make arrangements for and oversee all SARs; to ensure recommendations are made, messages are disseminated and that lessons are learned.

Practice and Development Sub Group

To support the work of the Croydon Safeguarding Adults Board (CSAB) by providing a forum for the presentation and discussion of anonymised [closed] cases and to disseminate the learning identified across all partners. To support the work of the SAR Sub Group.

Intelligence Sharing Sub Group

To support the CSAB with regards to the prevention of safeguarding [Care Act 2014 and London Multi-agency Adults Safeguarding Policy and Procedures] by managing of the provider market through frequent market oversight. To allow colleagues from all aspects of health and social care to share good practice and concerns. To help avoid silo working, set actions and provide support and guidance to providers.

All sub groups will be led by an agreed Board member to ensure governance and accountability. Each Sub group will produce a quarterly report regarding progress on their activity against the strategic priorities and this will inform the Safeguarding Annual Report.

CSAB Priorities 2019 – 20

A CSAB Development Day is planned for November 2019 when the Board's priorities/objectives will be reviewed.

Glossary

This is not an exhaustive list, but explains some of the key words used in this report.

ACPO	Association of Chief Police Officers
ADASS	Association of Directors of Adult Social Services
ASC	Adult Social Care
CRU	Central Referral Unit
CCGs	Clinical Commissioning Groups
CSAB	Croydon Safeguarding Adult Board
CSPs	Community Safety Partnerships
CPS	Crown Prosecution Service
CQC	Care Quality Commission
DASH	Domestic Abuse, Stalking and Harassment and 'Honour' – Based Violence.
DASV	Domestic and Sexual Violence
DBS	Disclosure and Barring Service
DoLS	Deprivation of Liberty Safeguards
DHRs	Domestic Homicide Reviews
FGC	Family Group Conferences
IDVAs	Independent Domestic Violence Advocates
ISC	Intelligence Sharing Committee
LSP	Local Strategic Partnership
MCA	Mental Capacity Act
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MSP	Making Safeguarding Personal
MASH	Multi-agency Safeguarding Hub
NHSE	National Health Service England
OPG	Office of the Public Guardian
PALS	Patient Advice and Liaison Service
SAR	Safeguarding Adult Review
SI	Serious Incident
SLaM	South London and Maudsley NHS Foundation Trust

You can read more about the Croydon safeguarding adult board at our website
https://www.croydonsab.co.uk/

If you have any questions, comments or feedback about the CSAB Annual Report please contact:

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