

Scrutiny Health & Social Care Sub- Committee Agenda



To: Councillor Sean Fitzsimons (Chair)
Councillor Andy Stranack (Vice-Chair)
Councillors Patsy Cummings, Clive Fraser, Andrew Pelling, Scott Roche
and Gordon Kay (Healthwatch 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, 28 January 2020 at 6.30 pm** in the **Council Chamber, Town Hall, Katharine Street, Croydon, CR0 1NX**

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

Simon Trevaskis
02087266000
simon.trevaskiss@croydon.gov.uk
www.croydon.gov.uk/meetings
Monday, 20 January 2020

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 12 November 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. Health & Wellbeing Board

This Sub-Committee is asked to review the work of the Health & Wellbeing Board. (Report to follow)

6. Croydon's Integration Journey to Date (Pages 13 - 34)

The Sub-Committee is provided with a report on Croydon's Integration Journey to inform its discussion.

7. Health & Social Care Sub-Committee Work Programme 2019-20
(Pages 35 - 38)

The Sub-Committee is provided with a copy of its work programme for 2019-20 for its information.

8. 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

This page is intentionally left blank

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 12 November 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), Patsy Cummings, Clive Fraser, Andrew Pelling and Scott Roche (part)
Also Present: Councillors Jane Avis and Yvette Hopley

PART A

28/19 **Minutes of the Previous Meeting**

The minutes of the meeting held on 24 September 2019 were agreed as an accurate record.

29/19 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

30/19 **Urgent Business (if any)**

There were no items of urgent business.

31/19 **Workforce Planning across Health & Social Care in Croydon**

The Sub-Committee considered information set out in the agenda together with further information in a supplemental agenda which provided an overview of the workforce challenges facing both Croydon Health Service NHS Trust (CHS) and the Adults Service at Croydon Council. Present at the meeting for this item were:-

- Michael Burden – Director of Human Resources & Organisational Development for CHS
- Deborah Calliste – Head of Human Resources for the Health, Wellbeing & Adults at Croydon Council
- Matthew Kershaw – Chief Executive for CHS & Place Based Leader for Health
- Guy Van Dichele – Executive Director for Health, Wellbeing & Adults at Croydon Council

As an introduction to the item presentations were given to the Sub-Committee on the workforce issues from the perspective of the Council and CHS respectively. These presentations can be viewed on the links below.

Croydon Council presentation:-

<https://democracy.croydon.gov.uk/documents/s18812/Adult%20Social%20Care%20Workforce%20-%20Presentation.pdf>

Croydon Health Service NHS Trust Presentation:-

<https://democracy.croydon.gov.uk/documents/s18794/Appendix%20B%20CHS%20Presentation%20-%20Workforce%20Planning%20in%20Health.pdf>

Following the presentations the Sub-Committee was given the opportunity to question those present on the information provided. The first question asked whether there were any groups working in the community that could inform the Council's work on dementia and autism. It was advised that there were groups such as the Older People Group and the Autism Partnership Board that informed the Council's work and new members were always welcome if Members knew anyone who wanted to get involved.

In response to a question about initiatives being used by both the Council and CHS to recruit staff it was advised that it was important to have entry level jobs, such as Health & Wellbeing Advisors at Croydon Council and Healthcare Assistants at CHS as these provided opportunities for people to start their careers in either the health or social care field. CHS was also working with schools to encourage young people to visit the hospital to explore potential careers in health. It was confirmed that the booklet on being a Croydon nurse included case studies of staff who had progressed in their nursing careers from entry level roles.

It was highlighted that there were certain areas that were more suitable to a joined up method of delivery with such an approach already being taken in the Safeguarding team and Pharmacy. There were other further opportunities being explored for joint working in areas where there was an overlap between health and social care.

Further work was required before it would be possible for services to be co-produced with patient involvement, but it was hoped that this would be possible in the future. Feedback indicated that patients would always say that they wanted a joined up service, but to provide this would mean giving up what makes the individual organisations unique.

In response to a question about how the staff vacancy rate was being managed by CHS it was advised that at present cover was provided through 70% of staff working additional hours which was supplemented by agency staff. A large scale overseas recruitment process had recently been completed which had resulted in 110 nursing staff being recruited from the Philippines, who were due to be in post by the end of the year. Nursing vacancies continued to be a problem national scale, but through hard work

and a focus on recruitment the vacancy level in Croydon was at its lowest level in a number of years with 147 vacancies. The vacancy level had previously been in excess of 200 posts.

As a follow up it was questioned why there had been a specific focus on the Philippines. It was advised that a number of different countries both inside and outside Europe had been targeted, with the reasons for choosing specific locations based on ethical recruitment considerations and local intelligence indicating that there would be a good return on staffing for the cost of the recruitment process. Other campaigns currently underway included the targeted recruitment of doctors in India.

Given that the information provided for Members indicated that there was a significant turnover of staff at the hospital, the reasons for leaving were questioned. In response it was advised that one of the key issues was the cost of living in the local area with many staff moving to other, more affordable, areas of the country. To counter this it was essential to ensure the value of staying was beneficial through providing staff opportunities to develop and progress, providing a competitive remuneration package and offering flexible working.

Concern was raised about the care workforce as it was acknowledged that there was a lack of understanding over the totality of the care provider market in the borough. It was known that there was an overprovision of residential care in the borough, but a shortage of nursing staff meant it difficult to create additional nursing care. There were a number of issues such as the London Living Wage not always being paid by employers and the perceived low value of care as a career which meant that there were staffing challenges. It was hoped that the move towards integrated care networks would help to provide a greater overview of the sector once they were in place.

The Sub-Committee agreed that the care provider market should be scrutinised in greater detail at a future meeting as there was significant risk for the Council if a service provider failed.

In response to a question about the selection process for recruiting staff it was advised that processes were in place for recruitment and if it was clear that an applicant would not deliver the standard of care expected then they would not be recruited. The quality of staff was more important than simply filling vacancies as recruiting the wrong staff member could often cause more issues than not recruiting at all.

Information was requested on the trend in the hospital's performance in reducing the amount of premature patient deaths. In response it was advised that the mortality rate of patients was tracked and it was currently at its lowest level for five years. Croydon's performance in this area also compared favourably against other healthcare providers in London.

Furthermore incident reporting processes had been improved which had led to an increased number of both major and minor incidents being reported, which was to be welcomed as it provided learning opportunities and helped to

identify service improvement. In addition, although the number of incidents reported had increased, the amount of significant incidents had reduced. It was agreed that further information on incident reporting and premature death would be provided for the Sub-Committee.

Staff who experienced traumatic situations at work were provided with support based on their individual need. This could include counselling, workload management and wider staff support. The risk of staff potentially becoming desensitised due to the nature of their job roles also needed to be monitored as this could also cause a significant impact.

In response to a question about the possibility of a single report being produced in future years it was advised that health and social care colleagues would be happy to work together on a collective report. A Place and Workforce Committee was in the process of being established which would enable the discussion of many of the issues raised in the information provided to the Sub-Committee. The two organisations were also working together on apprenticeship schemes and to create single management teams for the localities based services.

It was highlighted that unemployment was an issue in some of the areas where the localities work had been established and as such it was suggested that consideration could be given to how to encourage people to consider healthcare as a career. It was advised that work was ongoing in this area and included options for placements, volunteering work, apprenticeships and the entry level roles such as Health & Wellbeing Advisors.

It was acknowledged that additional work was needed to ensure that Ward Members remained informed of the latest developments arising from the Localities work streams in their local areas, but this was being addressed with further opportunities for communication being developed.

At the conclusion of this item the Chair thanked the officers for their attendance and their engagement with the questions of the Sub-Committee. It was agreed that the Sub-Committee would be keen to revisit workforce issues in twelve months to find out if the situation had changed. It was agreed that representatives from the South London and Maudsley NHS Foundation Trust would be invited to feed into the item when it was revisited.

Info Requests

The Sub-Committee requested the following information to be provided after the meeting:-

1. Data on the trend in the percentage of incidents reported that are of a nature that led to severe harm or death.
2. Data on the trend in preventing premature deaths.

Conclusions

At the conclusion of this item the Sub-Committee reached the following conclusions:-

1. The Sub-Committee recognised that there were significant recruitment challenges facing both Health and Social Care and commended the move towards a more joined up approach in addressing these issues.
2. It was agreed that the challenges facing the health and social workforce would be revisited in twelve months to review the progress that had been made.
3. There was significant concern about how the care provider market would be impacted by the wider workforce issues. As such it was agreed that this subject would be included in the Sub-Committee's work programme for 2020-21.

Councillor Scott Roche left the meeting at the conclusion of this item.

32/19 **Winter Preparedness**

The Sub-Committee considered the information set out in the agenda, including a presentation on the CHS Winter Plan which would ensure that the hospital had the resources and capacity to cope with the expected demand over the winter. The item was introduced by a presentation from the Chief Operating Officer at CHS, Lee McPhail. A copy of the presentation can be found here:-

<https://democracy.croydon.gov.uk/documents/s18797/Appendix%20A%20-%20Winter%20Preparedness%20-%20Presentation.pdf>

Following the presentation the Sub-Committee was given the opportunity to ask questions on the Winter Plan. The first question related to capacity in the A&E department and whether it was sufficient to cope with a serious incident such as a flu outbreak. In response it was advised that there was a 30 bed contingency capacity built into the service, along with extra flexibility delivered through reducing elective care should there be a period of particularly high demand. There was also ongoing work outside of the hospital with partners which focussed on keeping people out of hospital, with conversations being had over wider health determinates such as poverty and heating.

As a follow up it was questioned whether the 30 bed contingency was being used at the present time. It was confirmed that the additional capacity was currently being used, but the approach set out in the Winter Plan which directed the focus towards reducing the length of a patient's stay in hospital would, if managed correctly, reduce the impact upon bed capacity.

As the Winter Plan set out the Operational Pressures Escalation Levels (OPEL) Framework, it was questioned at what level CHS would have to stop elective surgery in order to manage capacity. It was advised that only non-elective surgery would be carried out should OPAL4 be reached and in the event of this happen it would be reviewed on a daily basis.

It was questioned how the demand for mental health care provision was being managed and in particular people with mental health related issues presenting themselves at A&E. It was advised that representatives from the South London and Maudsley NHS Foundation Trust were members of the A&E Board and a specific task force had been created to focus on this work stream.

In response to a question about the support available for homeless patients over the winter, it was advised that there was a Homeless Health Team based at the hospital. CHS was in the process of creating a Homeless Health Hub within the hospital that would provide additional support and shelter for homeless patients.

It was questioned whether the availability of GP appointments was monitored as limited availability could lead to increased attendance of patients at A&E. It was confirmed that there was regular communication between primary and secondary care providers to help prepare for demand. There was also a coordinated communications programme that was aimed at informing the public of their options when engaging with healthcare.

At the conclusion of this item the Chair thanked the officers for their attendance, acknowledging that much of the work set out in the Winter Plan would be ongoing rather than one off measures. It was agreed that it would be useful to have included in future reports on winter preparedness information on spikes in certain types of patient so the wider determinates could be reviewed.

Conclusions

Following discussion of this item the Sub-Committee reached the following conclusions.

1. The ongoing work of the Croydon Health Service NHS Trust and its partners to manage capacity for winter demands was to be commended.
2. That Croydon Health Service NHS Trust would be invited back to the Sub-Committee meeting in March 2020 to provide an update on the implementation of the Winter Plan.

33/19 Immunisation Priorities in Croydon

The Sub-Committee considered a presentation from the Director of Public Health, Rachel Flowers, who along with the Director for Integrated Women's, Children's and Sexual Health for CHS, David Garrett, was in attendance at the meeting to answer questions on the immunisation priorities for Croydon.

A copy of the presentation delivered can be found here:-

<https://democracy.croydon.gov.uk/documents/s18791/Immunisation%20Priorities%20in%20Croydon.pdf>

Following the presentation the Chair advised the Sub-Committee that the report had been requested to give Members an overview of the current immunisation issues in the borough. It was agreed that the presentation had highlighted certain issues that should be reviewed in greater depth. As such it was agreed that the Chair and Vice-Chair of the Sub-Committee would work with officers to prepare a workshop/briefing session on immunisation in the borough for the Sub-Committee.

Information Requests

The Sub-Committee requested to be provided with a list of universal immunisations for Croydon.

Conclusions

Following a short discussion of this item the Sub-Committee concluded that the issue of immunisation in Croydon needed further exploration and it was left in the hands of the Chair and Vice-Chair to work with officers to arrange.

34/19 Health & Social Care Sub-Committee Work Programme 2019-20

The Chair introduced this item, advising the Sub-Committee that he had arranged to hold regular informal meetings with Healthwatch Croydon to get their input into work programming and inform the Sub-Committee's work through the voice of the patient.

The manager of Healthwatch Croydon advised the Sub-Committee that they were currently working with CHS on a review of the patient experience at the new A&E facility which could be brought to a future meeting.

It was highlighted that the Sub-Committee meeting on 21 April 2020 had been set aside for a review of Whole life mental health provision. In the lead up to this it was hoped that site visits could be arranged to help inform the Sub-Committee's discussion at the meeting.

The Sub-Committee **resolved** to note the Work Programme for 2019/20.

35/19 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.15 pm

Signed:

Date:

.....
.....

This page is intentionally left blank

For general release

REPORT TO:	HEALTH & SOCIAL CARE SUB-COMMITTEE 28 January 2020
SUBJECT:	CROYDON'S INTERGRATION JOURNEY TO DATE

ORIGIN OF ITEM:	The Sub-Committee is reviewing the integration of the health service in Croydon as part of its work programme
BRIEF FOR THE COMMITTEE:	The Sub-Committee is provided with a report detailing the integration journey to date in Croydon.

1. CROYDON'S INTERGRATION JOURNEY TO DATE

- 1.1 The Health and Social Care Sub-Committee is provided with an update on Croydon's integration journey to date. The report is set out in Appendix A.
- 1.2 The report is provided to inform the Sub-Committee's discussion on the integration plans as they progress.

Appendices

Appendix A: Croydon's Integration Journey to Date

CONTACT OFFICER:

Simon Trevaskis: Senior Democratic Service & Governance Officer – Scrutiny

Email: simon.trevaskis@croydon.gov.uk

This page is intentionally left blank

Croydon's Integration Journey To Date

January 2020

1.0. Introduction and Context

Croydon is one of London's fastest growing and most diverse boroughs with more than 380,000 residents. Like most regions across the UK, the Croydon health and care system is experiencing challenges. Notwithstanding this, we believe there are also real opportunities for the system to develop and improve for patients and staff.

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. One in three 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 across the local health and care system and national workforce shortages.

Croydon has been undertaking considerable collaborative work to address these challenges and take advantage of our opportunities over the last few years, 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, transformative change continues to be required and in May 2019 NHS Croydon Clinical Commissioning Group (CCG) and Croydon Health Services NHS Trust announced their intention to move towards greater alignment and integration to support the implementation of a 'place-based' model of care. This was seen as the next stage of our journey with further work on integration of health and care to follow.

This is in line with the NHS Long Term Plan and continues a journey of increasing collaboration which began in the Borough more than four years ago.

With the NHS, Councils and other organisations working together, 'place-based systems' have the collective aim of providing more coordinated services to look after the health and care of local people, with care available close to where people live and greater support to help residents live and stay well.

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 place level. Although this initial alignment is between two health organisations, this is one step towards further evolution to include other partners in the Borough, building on the success of the One Croydon Alliance. Greater alignment between the Trust and CCG also factors in Croydon's role in the broader South West London area as the six CCGs will become the single NHS South West London CCG and there is also the intent for the South West London Integrated Care System (ICS) to go live from 1 April 2020.

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 initially return the NHS 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 by working together to transform clinical services, but also improving organisational alignment and system performance in other areas, including shared functions and governance.

In a first for the NHS, from 1 October 2020 the two organisations share a single Chief Executive and Place Based Leader for Health, Matthew Kershaw who works alongside Sarah Blow, Interim Accountable Officer for NHS Croydon CCG, and also the Accountable Officer for the five other South West London CCGs.

Over time, the alignment of CHS and the CCG effectively see the two organisations operating in a single way across many of our core responsibilities. Key to this model is a single place-based leadership team which is now in place and full alignment across provider services, finance, clinical leadership and strategy and transformation, with executives having responsibilities spanning both organisations. Further work is underway to enhance and coordinate clinical leadership so that it is fully embedded in the future arrangements.

Responsibilities related to commissioning, procurement and contracting will remain a South West London 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, clinicians, non-executive input and other stakeholders.

2.0. Timetable

Over the past five years Croydon has worked to develop its integrated approach to health and care. There has been considerable progress over this period as set out below with key milestones identified. Going forward, the proposal is for a Croydon Health and Care Board to be established from April 2020. This will be the forum for health and care discussions and decisions and will start with managing the delegation from the SWL CCG of the Croydon health budget as well as the existing One Croydon Alliance financial agreements. The board will comprise of health and local authority leaders along with lay and patient representatives as per the Trust and CCG governance currently. It will initially be chaired by Dr Agnelo Fernandes and Mike Bell as Chairs of the CCG and Trust respectively and will deal with health business in the first instance, i.e. from April to September 2020. During this time, discussions will also be progressed about expanding the remit of the committee to also pool social care and health budgets with the potential of a pilot from October 2020 and a phased go live from April 2021. There will also be a review of the board's function and operation so that we can learn from the experience which is largely unique across Health and Care in England.

Some of the key steps over this journey to date and our joint plans include:

- **April 2015** – Croydon Council and NHS Croydon CCG work together to jointly commission a 10 year 'outcomes based commissioning' contract for the over 65s;
- **June 2015** - A provider alliance is selected to deliver this vision consisting of Croydon Council Adult Social Care, Age UK Croydon, Croydon Health Services, South London and Maudsley NHS Foundation Trust, Croydon GP Collaborative;

- **January 2017** – commissioner and provider alliances decide to join forces;
- **April 2017** – One Croydon Alliance agreement first signed by all six partners: Croydon Council, NHS Croydon CCG, Croydon GP Collaborative, Croydon Health Services NHS Trust, the South London and Maudsley NHS Foundation Trust and Age UK Croydon. Initial year agreement to work together for a joined-up service for people over 65 needing health and social care support;
- **September 2017** - One Croydon Alliance launches living independently for everyone, LIFE, service to reduce the need for hospital stays among mainly over-65s with long-term conditions;
- **March 2018** – One Croydon Alliance agreement signed by all partners and renewed for further nine years;
- **October 2018** – Care Quality Commission rates the LIFE team’s community reablement service as ‘Good’;
- **November 2018** – Over 160 members of the public, health and care front line staff, stakeholders and partners come together to shape a joint One Croydon Health and Care Plan;
- **April 2019** – go live with our joint control total and plan for the financial year as well as other changes such as the safeguarding team coming together and the Chief Pharmacist;
- **May 2019** – CHS and Croydon CCG publish partnership working proposal launched at a joint meeting in public opened by Cllr Tony Newman and with support and agreement from NHS England and the South West London Health and Care Partnership. Following sign off from Sir David Sloman for partnership working approach;
- **Summer / Autumn 2019** senior appointments made, work to complete the office of clinical leadership commenced;
- **October 2019** – One Croydon publish their joint Health and Care Plan for the Borough;
- **Winter 2019 / Spring 2020** – preparations to go live including discussions with Primary Care Networks and Local Medical Committee to ensure primary care input;
- **March 2020** – proposed go live for Thornton Heath ICN+ pilot;
- **April 2020** – go live with place based committee, linked to single South West London CCG which helps address any potential conflicts of interest, potential ICS go live and our next joint plan and control total;
- **September 2020** – review of board working to date and potential pilot for social care integration in terms of budget;
- **April 2021** – plan for integration to total place.

3.0. Outputs of the work to date

Based on our collaborative working in Croydon and the experience gathered from other integrated care work across the country and internationally, there are three key elements to integration to

deliver on a vision that is owned and supported by all partners. They are working relationships, new ways of delivering services and the underpinning governance arrangements.

3.1. Relationships

A fundamental element of integrated working is a set of strong and positive working relationships based on trust, honesty and openness. This is crucial as without this the challenges inherent in working across boundaries will undermine progress and prevent changes in services. One of the key steps to achieving this is the development of a single place-based leadership team, with full alignment across provider services, finance, clinical leadership and strategy and transformation, with executives having responsibilities spanning both organisations. It should be noted that some responsibilities will continue to be separate to manage any potential conflicts of interest.

An integrated leadership team has been appointed, this includes a joint Chief Executive & Place-Based Leader; Joint Chief Nurse; Joint Chief Finance Officer, Joint Director of Strategy and Transformation and a Joint Chief Operating Officer.

The Safeguarding team and the Pharmacy team across both organisations have aligned themselves, led by joint leaders, to provide greater combined expertise and strengthen services. Where appropriate, further teams will be aligned across the two organisations and/or joint CHS / CCG teams will be developed.

To build further on the integration work between the CCG and the Trust we have started a new approach to management team meetings. In essence, rather than run separately an Executive Management Board at the Trust and a Senior Management Team meeting at the CCG we will create a Health Management Board focussing on operational decision making, input to strategy and transformation, operational policy sign off (for appropriate issues locally) and overarching performance management and review for us in Croydon. Attendees at this meeting will be the system executives, Trust Clinical Directors, Dr Agnelo Fernandes as CCG Clinical Chair, Rachel Flowers as Director of Public Health supported by the communications leads at the Trust and CCG and Company Secretary. There will also be a quarterly Leadership Conference which will include a broader range of clinical and managerial leaders across the CCG and Trust demonstrating the expanded role of clinicians in discussing and leading change going forward.

Furthermore, a number of shared forums across assurance and decision making have also been developed. This includes a Quality Committee in Common and a Finance, Investment and Transformation Committee in Common (in common with the Borough Committee). The latest development is the People and Place Committee with the first meeting held in November 2019.

The vision for the Croydon system is: ***Working Together for a Healthier Croydon***. Arising from this is an Organisational Development and Engagement work stream focussed on developing a common vision and purpose at Board and executive level across both organisations. The King's Fund was engaged and has been working with the executive teams throughout 2019. They have supported them with:

- exploring the opportunities and risks associated with the integrated system and agreeing a collective strategy for an integrated system;
- developing greater alignment between the governing bodies, working towards an integrated approach to governance and an operational delivery plan;

- developing closer relationships and increasing collaboration and trust between system leaders;
- identifying and resolving the leadership challenges presented by the change;
- developing a collective narrative for change which is compelling and understood by stakeholders;
- identifying and promoting the values and behaviours driving integration

The Croydon vision, and the strategy to achieve it, now needs to be cascaded down to the next level of management within the CCG and CHS. Organisational barriers and silo working practices need to be broken down to remove conflicting priorities in the system so that staff are working with rather than against each other.

Ensuring that the next level of leaders within the organisations are clear about the vision, the strategy and how they can work in an integrated way should ensure that they can share accurate messages with their staff and there is consistency of messaging and approach.

Underpinning the above is the need to develop and embed a longer-term OD programme to support a joint CCG / CHS culture, agreed behaviours and ways of working. A draft OD plan is currently in development under the following headings:

- **Capacity** – right professional, right grade, right place: maximising new roles and new ways of work;
- **Capability** – competent and capable individual teams with the right values and behaviours;
- **Culture** – best in class leadership, people and change management.

The OD plan will be performance managed through the People and Place Committee.

Relationship building has also been a fundamental element of the One Croydon work and positive work across all partners has been evident since its inception. To build on this the Council and new integrated health team have arranged for a joint session to discuss how we work going forward and a wider workshop will follow to explore this in more detail. In addition, the Director of Commissioning from the Council is now an integral part of the health team working in a joint capacity across health and care. Similarly, work with the new Primary Care Networks, GP Collaborative and Local Medical Committee, is developing positively, reflecting the crucial nature of this input to the overall initiative. The formalisation of this and other work including with the voluntary sector as well as patients and the public as co-producers will be a focus going forward as a crucial element of our ongoing relationship building.

3.2. New ways of delivering services

In April 2018, One Croydon developed the Croydon Health and Care Plan to maximise the value of our partnership and work together to transform the way we deliver services. It outlines a fresh vision for how health and social care will be delivered across the Borough, particularly for those with the greatest need, to transform the health and wellbeing of local people. The plan, which covers the period from 2019/20 – 2024/25, emphasises three clear priorities:

- (i) **Focus on prevention and proactive care:** supporting people to stay well, manage their own health and maintain their wellbeing by making sure they can get help early.

- (ii) **Unlock the power of communities:** connecting people to their neighbours and communities, who can provide unique support to stay fit and healthy for longer.
- (iii) **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

Our Programmes of Delivery

The delivery of our priorities is underpinned by several transformation programmes. These do not describe all the work happening in Croydon, they set out our vision for a joined-up approach to transforming services. These programmes can be split into two themes.

- (i) **Settings of care focusing on the whole population:** The locality development programme is responsible for the co-ordinated development of integrated, locality-based care, designed around the needs of communities. The modern acute care – physical and mental health programmes aim to ensure high quality care as part of the wider integrate health and care system.
- (ii) **Pathway programmes:** These focus on the customer journey for specific groups to ensure the integration of services delivers for the whole population including the preventative and proactive care programme, better start in life programme, better mental health and well-being, better life for people with disabilities programme, better outcomes for over 65s programme and better end of life care programmes.

The difference we are making

Over the past few years we have made many improvements. Working together has meant people have had greater opportunities to feel more connected to their communities whilst supporting their health and wellbeing by piloting and implementing social prescribing.

We have made available a Personal Independence Co-ordinator (PIC) for people needing individualised support to help develop ‘My Life’ Plans. Delivered with Age UK Croydon as part of our One Croydon Alliance, the PICS are enabling older people, to keep well and enjoy a better quality of life, with up to 16 weeks of dedicated support and visits. PICs work with each person to set and meet personal goals. These range from health changes, like joining a weight-loss programme, through to socialising more by attending a community group, or practical help with transport so they can make trips into the local area.

People have better access to improved health pathways of care, such as improved access through new use of technology and through integrating the GP and hospital musculoskeletal (MSK) services and more work across professionals to work proactively to reduce need. People have had better access to general practice by offering pre-bookable routine appointments at GP hubs.

Over the next two years we will focus on:

- **Preventing or delaying people developing long-term conditions,** such as vascular disease or diabetes, through screening and the management of those at risk. There will be integrated one-stop access points for mental health and wellbeing in Croydon where a person can drop in and chat to a team member in a café area. An expert navigator can help with a range of issues including helping people to access benefits and housing support.
- **Helping people to manage well,** such as developing social prescribing so all GPs, nurses and other primary care professionals will be able to prescribe to a range of local, non-clinical services, helping people to improve their quality of life and emotional, mental and general wellbeing, as well as levels of depression and anxiety.

- **When people do need acute care** they may be seen in the hospital or if appropriate in the community. Identifying alternative outpatient arrangements and technological solutions to improve elective care services and referral pathways will support the reduction of unnecessary outpatient appointments and increase their effectiveness. Improving access to elective care services, enabling shorter waits for planned care and ensuring patients receive diagnosis, treatment and care in the way that is most appropriate for them, first time, every time; and enhance clinical quality in elective care, leading to improvement in patient outcomes and improved quality and quantity of life.
- **Helping those with greatest need** by continue to develop the work of our Dementia Action Alliance to make Croydon a compassionate place to live and work for people with Dementia and their carers, extending this to those with Autism and disabilities.
- **Developing active and supportive communities.** There will be a community approach to social care, which will help people to use their own strengths and capabilities and consider what support might be available from their wider support network or within the community. Local Voluntary Partnerships will help to promote collaborative working among voluntary groups that provide support to local residents by promoting self-care, reducing social isolation and promoting independence.
- **Developing locality-based care, tailored to local needs.** Maximising the expertise and the resources available to look after the health and care of people within the neighbourhoods in which they live. Known as Integrated Care Networks+. The networks bring together a complete clinical and health professional community, integrating GPs, mental health and community nurses, social care, pharmacy and the voluntary sector to proactively manage people with complex health and care needs at practice level. There will be a range of health and care services in community spaces such as libraries and there will be new health and care wellbeing centres in New Addington, East Croydon and Coulsdon. We will have a number of hubs and networks of buildings and spaces bringing different professionals together to offer a range of services such as supporting children and families with their needs. (see 3.2.3 for more detail)

Working more closely with wider determinants of health. By working in a more joined up way as partner organisations and in particular with town planners, schools, colleges, transport, and businesses providing jobs we will be able to create a healthier Croydon that enables our citizens to lead healthier lives.

Six examples of real change

To demonstrate the range of initiatives now underway, the following sections focus in more detail on 6 areas where real change is starting to happen.

3.2.1. Urgent and Emergency Care with LIFE team

The Living Independently for Everyone LIFE service is a community-based team made up of staff drawn from across health and social care. The team work together to prevent the need for people to go into hospital, to support discharge from hospital after a stay is needed and to support people to get back on their feet afterwards.

The team includes Community Nurses, Physiotherapists, Occupational Therapists, Social Workers, Health and Wellbeing Assessors, Reablement Support Workers and the Voluntary sector. It provides intensive and proactive support for up to six weeks at times of high levels of need, focused on helping the person get back to the best possible state of wellbeing and independence. This is called reablement.

A discharge to assess process is in place which means that people can go home when they are ready, rather than waiting for an assessment for reablement support in a hospital bed.

The LIFE team will arrange for a care worker to visit as soon as possible after hospital discharge, usually within two hours of a patient arriving home, to help them settle in and ensure that there are no problems. Within 24 hours of arriving home, an assessor from the LIFE team will visit and agree a more detailed care plan. They will assess the potential for reablement and agree the goals the person wants to achieve over the next few weeks with the service. The team will make sure the home is as safe as possible and enables the person to become independent.

Within the hospital, the LIFE A&E Liaison team assess people who could go home with the appropriate care and support, rather than being admitted to hospital. The work of the A&E Liaison team avoided 992 hospital admissions between April and November 2019 and the LIFE service as a whole has already exceeded its admissions avoidance target for this financial year.

A review is underway to assess the positive outcome for Croydon residents and ensure the financial sustainability of this service.

3.2.2. Elective repatriation and transformation of elective pathways

The Elective Transformation programme was established following a benchmarking exercise to map patient activity and financial flows within the Croydon health system and in the surrounding areas. With strong performance in referral to treatment (RTT) at CHS, opportunities were identified to 'repatriate' Croydon patients who have historically chosen other providers for planned care services available within the Borough.

The aim of the elective transformation programme has been to enhance local service provision and support improvement in patient experience. The programme also aims to ensure access to care and associated information is swift and seamless for both patients and referrers to support our ambition to make CHS the provider of choice for Croydon people.

The key initiatives that were established to deliver this programme are summarised below:

- Set up of the Blue Button to support clinical requests and advice and guidance for GPs from hospital consultants;
- Establishment of the Call Centre which offers Patient and GP Helplines respectively;
- Hosting of an appointment booking service at CHS;
- Specialist Consultant-Led Clinical review;
- 48 hr electronic triaging;
- Contacting and booking patients into appropriate clinics/hospitals;
- Establishment Charter for Collaboration across primary and secondary care clinicians;
- Set up Clinical Ambassadors senate between primary and secondary care clinicians to work through challenges across clinical specialities;
- Working with other providers to facilitate swift access to care locally.

An interim joint system Deputy Director post across the CCG and CHS supported by dedicated primary and secondary care clinical leaders was established to provide programme leadership and ensure delivery of the objectives of the programme.

The following outcomes have been achieved by the programme:

- Blue Button available across 19 specialities;
- All 50 practices using the blue button – 95% referrals via the blue button;
- CHS market shared increased from 71% to 80%;

- 80% of calls are answered within 20 seconds;
- RTT performance across majority of the specialities is above 92%. CHS performs surpasses most of the London NHS providers.

Integrated Models of Care

New models of integrated care improve outcomes and offer improved efficiencies. A number of elective care integrated models of care have been designed and are at various stages of implementation.

Common principles upon which the planned care integrated models have been based are:

- Swifter triage and access to care for a range of hospital and community-based services across the Borough – delivered through a single point of access.
- Improved access to prompt expertise for primary care in the assessment and treatment of people.
- Improved communication between specialist clinicians and GPs and IT integration.
- Improved primary care education through effective clinical leadership.

The Integrated services commissioned to date are outlined in the table below.

<i>Integrated Acute and Community Service</i>	<i>Prime contractor</i>	<i>Sub-contractor</i>	<i>Implementation stage</i>
Dermatology (CroyDerm)	CHS	Croydon GP Collaborative (CGPC)	Launched April 2019
ENT (CINEAS)	CHS	Communitas	Launched May 2019
Anti-coagulation (CICAS)	CHS	CGPC	Launched 1 October 2019
Integrated ophthalmology service	Moorfields	Complete Ophthalmic Services	Launched 1 October 2019
Integrated diabetes service	CHS	NA	Launch scheduled for 1 July 2020

Qualitative feedback from both patients and staff members involved in integrated partnerships i.e. between CHS and CGPC and Communitas and Moorfields and COS is that the improved partnership working is helping to support a more seamless pathway for patients.

Friends and Family tests for over the last 6 months for both ENT and Dermatology indicate 98% and 92% satisfaction level respectively and work will continue to further improve this and other key metrics.

3.2.3. Integrated Community Networks Plus (ICN+)

In our Health and Care Plan, we set out how we will deliver preventative and proactive care for the whole population. Our approach centres around community services across health and social care, organised in six Croydon localities, supported by wider services like housing.

What’s the problem being solved?

We have made great strides through our One Croydon approach, but too often, the focus remains on treating people when they become sick, rather than supporting them to stay well. We want to support people in the community so that they are as healthy as possible and reduce the need for people to go to hospital or become dependent on Adult Social Care services.

There are still barriers to fully integrated working and we want to develop seamless ways of working across health, social care and the voluntary sector.

What is our starting point?

We are building on the first phase of the One Croydon transformation programme when we introduced Integrated Community Networks in our six Croydon localities. These are:

- East Croydon
- Purley
- New Addington and Selsdon
- Mayday
- Thornton Heath
- Woodside and Shirley

Integrated Community Networks bring together multi-disciplinary teams in regular 'huddle' meetings in GP practices, supported by a Network Facilitator for each of the six areas.

The huddles work together to proactively plan care and support for people at risk of escalating health and care needs. Social work teams have reorganised to match the six networks and Personal Independence Co-ordinators (PICs) have been employed by Age UK Croydon as a key part of the huddle team. The PICs work with older people to help keep them independent and well at home, as well as linking them in with the local community and voluntary sector.

The first phase of Integrated Community Networks (ICN), along with our other projects like the Living Independently for Everyone (LIFE) service, helped to bring down emergency hospital admissions for adults by 18% between April 2017 and September 2018.

The next phase, Integrated Community Networks Plus (ICN+), goes further to encourage communities to support themselves and each other and to enable services in a locality to help people in a more holistic way, by professionals across health and social care working together more seamlessly.

What is ICN+?

Integrated Community Networks Plus is our way of delivering health and care in the community across Croydon's localities. It starts with the community and the assets that people can access around them - this is our Community Led Support approach.

We are helping to connect people in their communities through:

- setting up drop-in 'talking points' at community venues;
- supporting grassroots community activities through our Local Voluntary Partnerships programme; and
- social prescribing.

ICN+ also brings together teams of professionals across health and social care to focus on the particular needs of the community in a locality. This is a different way of working because staff from different disciplines will become one team. This will help staff to focus on people's individual needs in a more holistic way, rather than someone 'doing their bit' and handing them on to another team and will become for patients of all ages over time.

What is happening?

Thornton Heath is the first adopter in the phased implementation of ICN+ across the Borough. We used population health data to understand the specific needs of people living in this area, as well as setting up a community reference group to understand residents' views.

A 'Talking Point' has started running every Monday morning in Parchmore Community Centre, where the Food Stop is also held with access to discounted food. Residents can drop in without appointment to talk to Age UK, Adult Social Care, DWP and other partners. People can get healthy living support, housing and benefits advice and connections into community activities. We are testing the use of a case finding model to identify people who might benefit from being invited to come to a Talking Point.

We are recruiting an integrated manager to work across the ICN+ team, managing both health and social care staff. A comprehensive training and OD programme for the multi-disciplinary team is starting and the team's integrated operating procedure is being drafted so that staff from different disciplines are clear about how they work together.

MDT meetings of the ICN+ team will take place from February and a touchdown space in Thornton Heath is being set up with appropriate IT facilities, so that the team have a space to work collaboratively across disciplines, without the delay and bureaucracy of referrals and emails.

The plan is for the Thornton Heath work to go live from March and we will then reflect on and adjust the model of care, as we start to roll out this approach to the rest of the Borough during the next year.

What is the expected impact?

Through ICN+, we hope to achieve increased wellbeing, resilience and independence for people in Croydon and a reduction in health inequalities. We expect to see a reduction in hospital admissions and eventually, through the Community Led Support approach a reduction in demand on Adult Social Care services.

3.2.4. Joint Chief Pharmacist and a joint pharmacy team

The CCG's previous Chief Pharmacist retired in August 2017, and the CCG took the opportunity to review the medicines optimisation team structure in light of the aim to transform services and improve integration with Croydon Health Services where appropriate.

At the time there were no suitably graded internal candidates and there was also a question of whether recruitment for an external candidate would be successful.

There was already considerable joint working between the two teams at a senior level and joint representation on Croydon Prescribing Committee, and the both Chief Pharmacists shared a similar vision of how medicines optimisation services might be developed across the interface. It was therefore proposed that the Chief pharmacist role of both organisations be joined, underpinned by additional infrastructure in both departments.

Process

A paper agreeing finance, governance and role was submitted to executive committees at both organisations, and a memorandum of understanding drawn up to ensure responsibility, accountability was clear, and also included a process for conflict of interests, should there arise.

This model was also discussed with NHSE Senior Pharmacists and the Chief Pharmaceutical Officer for England and Wales and received favourable feedback.

Opportunities

Better patient experience/care relating to access of medication on transition between hospital, community and primary care.

Greater links between the pharmacy departments and therefore opportunity for joint working and expanding on the initiatives already in place.

Better understanding of medicines management across the two sectors and therefore potential for improvement.

Better understanding of GP requirements relating to medicines management in order to improve two-way communication between the sectors.

Potential increased opportunities for savings across the whole health economy.

Examples of success

Since the creation of the post, both pharmacy departments have begun to work more closely, relationships have been established that were either non-existent or remote. This has resulted in quicker resolution of interface issues that sometimes arise between primary and secondary care, thereby providing a better experience for patients.

We have also developed the Integrated Community Network (ICN) pharmacy team, who were originally employed by the CCG, and therefore service provision limited by the remit of being employed by a commissioning organisation. In Q1 of 2019/20 the ICN team of pharmacists contract moved to CHS, providing greater scope for service development. Since being employed by CHS, the team now have access to both electronic patient records in primary and secondary care, and functionality of EMIS community has been developed to better record the service interventions, overall resulting in more efficient and effective care for the patients they see. The team have the capacity to see over 100 domiciliary patients per month.

There has also been work undertaken to increase the visibility of workplans and strategy of both departments. The CCG employed practice based pharmacists have presented the annual workplan at hospital pharmacy team meetings to ensure our hospital pharmacist are aware of any changes to prescribing in primary care and thus be able to support any initiative that might be influenced by secondary care.

QIPP and CIP plans worked now integrated, and this has resulted in challenging targets being achieved (combined £2.3m achievement). The senior pharmacy teams across both organisations now meet regularly to monitor workplans and agree new schemes. The creation of a single joint control total for the medicines budget has removed some barriers and allowed for better pathway to allow patients access to medication, for example, subcutaneous methotrexate.

An unexpected advantage of the post across SWL was to provide interface between SWL CCGS and Trusts – the Joint Chief Pharmacist is frequently able to provide opinion or commentary to better inform the development of procedures and policy having gained insight into the working both commissioners and providers.

Further developments

Joint Control Total - there will be further investigation of opportunities of efficient use of medicines across both primary and secondary care e.g. stoma and incontinence products, dressings, oral nutritional supplements.

ICN Team – the role of pharmacy within community services will be developed, such as implementing role Blood Pressure monitoring using the ICN team, and researching the use of a pharmacy technician to administer medication whilst supporting patient to take over their own administration in order to release district nursing time. There is also the potential to train pharmacists as prescribers to support the developments within community services e.g. complex care, falls.

The Chief Pharmacist will also be looking at further integrated posts to help support the transition between secondary and primary care and preventing admissions as well as work with community pharmacists.

3.2.5 Joint safeguarding team

Croydon Health Services and NHS Croydon CCG safeguarding services came together under one management structure in the Spring of 2019 to form the Croydon Health Integrated Safeguarding Team (CHIST). CHIST provides a joined-up approach to safeguarding, maximising resources, with a focus on vulnerable adults and children, including pre-birth and children looked after (CLA).

This has created a service with a significant level of expertise and a vision to develop a highly effective and robust model of safeguarding.

There have been significant improvements and achievements since CHIST was introduced and include:

- Improvement of health outcomes for CLA through the increased oversight of CLA services, the development of new pathways, improvement in compliance with statutory requirements for health assessments, more understanding of the health needs of CLA and a more developed approach to collaborative working with partners.
- Continuous improvement in CHS compliance with the Mental Capacity Act (2005) requirements. This includes increased quality assurance support delivered to frontline staff from the adult safeguarding team. Work is under way to meet the requirements of Liberty Protects Safeguards (LPS) which will replace Deprivation of Liberty Safeguards (DoLS) later this year.
- Improvements in the safeguarding learning and development model, enabling staff to have more understanding of how best to support vulnerable and at risk clients and patients whilst also improving compliance with statutory requirements.

- Development of an integrated Quality Assurance and Performance Framework that additionally reflects the requirements of the NHS contract.
- Promotion of the ‘think family’ agenda including the launch of the safeguarding duty desk as a single point of contact for concerns relating to adults, children and maternity.
- The response to the CQC Children Looked After Safeguarding (CLAS) review which was completed in February 2019 and explored the effectiveness of children looked after and safeguarding arrangements. The collaborative response to the findings of this review demonstrated significant improvements with the CQC signing off the action plan in January 2020.

The development of the CHIST model has strengthened the arrangements for safeguarding embedding it further within its business as usual activities. However, recruitment and retention remain an issue with vacancies across the service. While posts are being successfully filled, this has caused some disruption to the stability of the workforce and the focus will now be on supporting the development of a stable and cohesive team.

3.2.6. Single Financial Control Total

Croydon Health Services (CHS) and Croydon Clinical Commissioning Group (CCCG) began working more closely together throughout 2018/19. The construct of the contract for 2019/20 allowed both organisations to move from transactional negotiations about money to transformational delivery of quality and service changes for the benefit of patients. This laid the foundations to agree for 2019/20 both an overarching block contract and joint control total, with appropriate sharing of risks.

This financial alignment has removed planning barriers for 2019/20, enabling more robust service planning. A statement of intent was developed together which informed the CCG’s commissioning intentions and now QIPP and CIPs are being jointly developed.

Both the CCG and the Trust are planning together for 2020/21 with a joint control total of £2.3m deficit. Risks are being mitigated through:

- Integrated senior Management Team including joint CFO across both the Trust and the CCG;
- Rationalised meetings and governance structures including quality, a single PMO oversight for Croydon health system, as well as integrated delivery teams (e.g. planned care, emergency care);
- Joint governance for oversight of the CIP / QIPP savings programme - Cost & Quality Operational Board (CQOB);
- Increased transparency on risks, opportunities and barriers to progress;
- Joint month end accounting process;
- Integration of CCG Governing Body and Trust Board.

3.3. Governance

As described in the timetable section, 2.0. above, the governance of the integration in Croydon has developed over time and will continue to do so over the coming months. Starting with the One Croydon Alliance agreement in April 2017 and the Memorandum of Understanding signed by Croydon CCG and Croydon Health Services in May 2019, the governance has developed to reflect the needs of the work and the priorities at the time.

We have now introduced a joint executive team across the CCG and Trust and will by end of January 2020 introduce a more formal Health Management Board for joint executives and clinical leaders to meet and manage the work of the CCG and Trust on a monthly basis. In addition to this a Health Leadership Conference which will include much wider representation of Trust and CCG leaders and key staff from the wider system will commence in March 2020 to discuss strategic and developmental issues as we progress our work as an integrated team.

From April 2020, the new Health and Care Board will be established. Initially this will manage the delegation from the SWL CCG of the Croydon health budget as well as the existing One Croydon Alliance financial agreements. The board will comprise of health and local authority leaders along with lay and patient representatives as per the Trust and CCG governance currently. It will initially be chaired by Dr Agnelo Fernandes and Mike Bell as Chairs of the CCG and Trust respectively and will deal with health business in the first instance, i.e. from April to September 2020. During this time discussions will be also be progressed about expanding the remit of the committee to also pool social care and health budgets with the potential of a pilot from October 2020 and a phased go live from April 2021.

In addition to our local alignment, the CCG is also working with the other five CCGs in the area with a view to merging from 1 April 2020.

In October 2019, the GP memberships and Governing Bodies of the six South West London CCGs (Croydon, Kingston, Merton, Wandsworth, Richmond and Sutton), voted in favour of merging into a single CCG for South West London.

The single CCG will be known as NHS South West London CCG and following a formal application to NHS England, national approval for the merger was given on 18 October 2019.

In coming together, the aims of the six CCGs are to:

- Move from the purchaser/provider split into integrated care systems;
- Build on the successes that our working together has delivered for patients
- Reduce duplication to invest in frontline services;
- Ensure that care is planned and delivered locally, with strong clinical leadership;
- Invest in new primary care networks of GP practices and ensure that GPs receive the same level of support, or better.

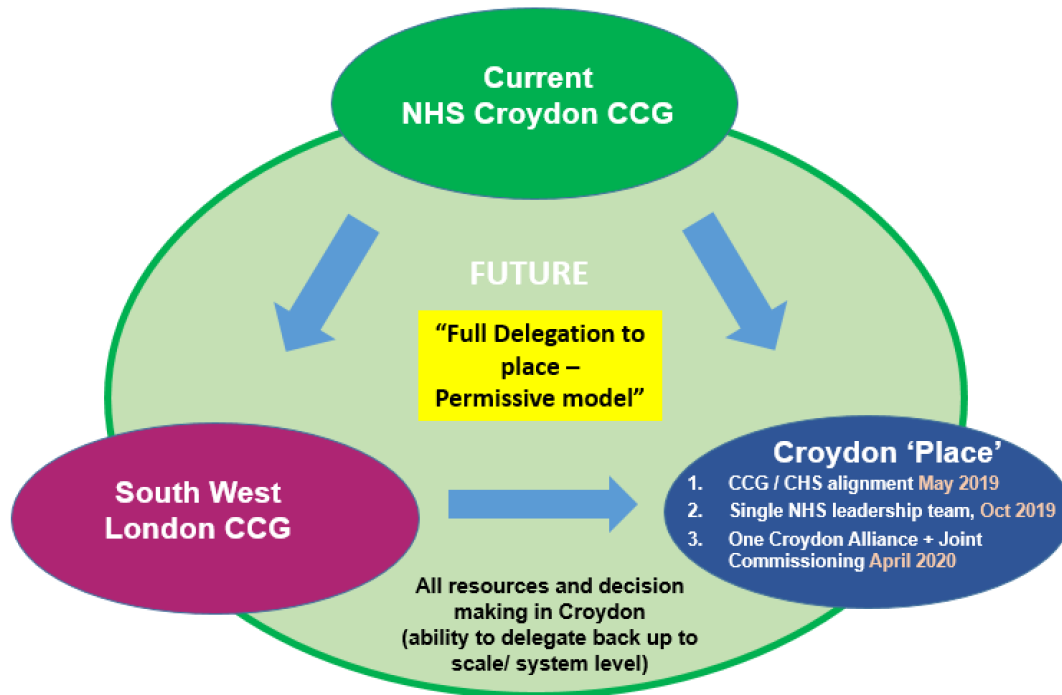
The SWL CCG Governing Body supports our work to establish a Croydon Borough Committee which we are designing locally as the Croydon Health and Care Board. The key elements of this Board are;

- Full delegation to Croydon Local Committee of the SWL CCG;
- GP clinical majority on local committee;
- Decisions relating to local care in Croydon will be made in Croydon with partners;
- Responsible for all resources and decisions;
- Freedom within SWL for Croydon to continue to innovate, integrate and improve patient outcomes and performance at a faster pace than the other boroughs/places;
- Delegate the 5 year allocations for Croydon population to Croydon Place;
- Local decision making on primary care;
- Croydon Place will be required to contribute financially to SWL wide initiatives, corporate costs, and risk pools which are yet to be determined;
- Ring-fencing primary care/PCN investment including recurrent and non-recurrent funding;
- Meeting the national requirement for mental health investment.

Phase One: Place Level Governance from 1 October 2019 to March 2020

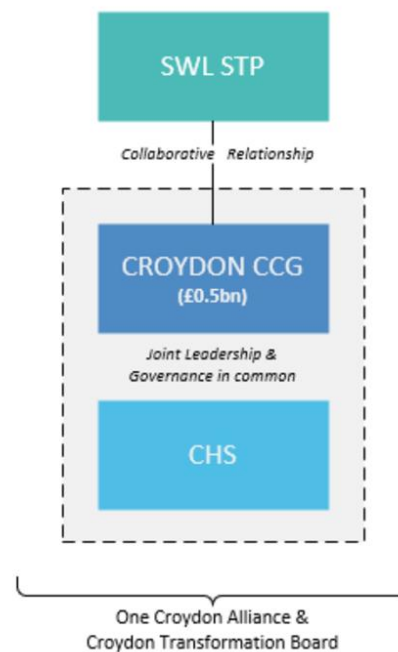
Our aligned work between the Trust and CCG Governing Body will manage the joint control, resources and decision making for both of our organisations.

Full delegation from South West London CCG to Croydon Place in accordance with SWL accountability agreement



These arrangements include:

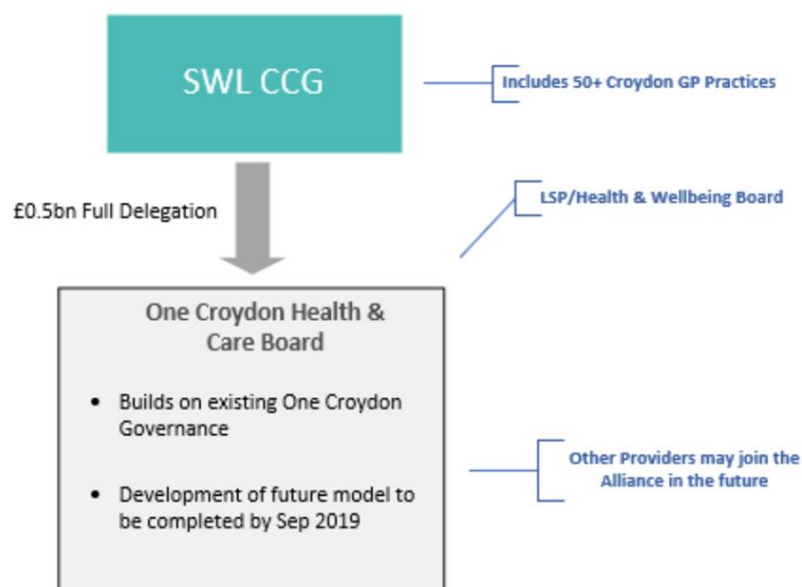
- CCG GB and CHS Board meeting in Common and Sub Committees in Common with joint financial and performance priorities
- A single place leader for health appointed
- Single executive team across the two organisations with joint responsibilities
- Responsibility for managing resources, strategy, planning and improvement
- Establishing aligned delivery structures
- Facilitates closer alignment as part of One Croydon's journey towards integrated health and care at a Place level



Phase 2: Place Level Governance from 1 April 2020

One Croydon Health & Care Board, which will build on the success of the Croydon Transformation Board, will manage the delegated health and care joint control total, resources and decision making. Croydon's governance arrangements will be:

- Delegated responsibility to make decisions on the agreed delegated budget
- Integrated budgets to include health, social care, public health, other trust income, mental health and primary care provision
- Governance arrangements to be co-designed with our partners



Within this model, SWL will retain the following accountabilities and responsibilities:

- CCG overall accountability and assurance;
- Support to manage Place conflicts of interest e.g. procurement;
- Tertiary and Most Specialist Care
- Working at scale – e.g. Digital, Estate, Workforce (which will also have a focus at place)

Phase 3: Total place arrangements

Commencing with a shadow approach, it is anticipated that the remit of the Health and Care Board will be expanded to include some pooling of social care and health budgets. If agreed a pilot would start in October 2020 and a phased go live from April 2021. This will be a key element of the work of the Health and Care Board when it goes live in April 2020.

4. Conclusion and next steps

Croydon as a place has already made significant progress with integrating its way of working and has started to change how some of our services work thereby driving improvements for patients, the public and staff. This is challenging work and there are strengths and weaknesses in what we have done and opportunities and threats in the future. Some of these are set out in the SWOT analysis below.

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

Going forward our focus will be on maximising the strengths and opportunities whilst mitigating the weaknesses and threats and this will be the focus of our work over the coming months.

In terms of content, progress with establishing the Health and Care Board with the necessary clinical and managerial relationships is crucial as is the work on transforming pathways of care. The Health and Care Plan highlights those areas where we believe we can have the biggest impact on by working together. Highlights from our plans within the 6 priority areas of the Health and Care Plan include:

Prevention and proactive care

- Increase coverage of social prescribing supported by Croydon's strong voluntary sector;
- Further support to, and build the capacity of, the voluntary sector and communities to deliver preventative services;
- Increase number of community health and wellbeing hubs providing integrated services;
- Implement a new Long Term Conditions model of care prioritising diabetes, cardiovascular and respiratory disease and increase identification of those at risk of long term conditions;
- Working age people will have flexible care that they can arrange themselves and have choice and control over, achieved through e-market places, personal budgets and direct payments.

Better start in life

- Implement our children and young people's mental health transformation plan;
- Implement the Healthy Pregnancy programme that will improve immunisation rates, breastfeeding rates, parenting support and take up of the Live Well programme;
- Multidisciplinary approach to reduce the number of children in care through closer integrated working.

Locality development

- Develop Integrated Community Networks Plus to bring together a complete clinical and health professional community, integrating GPs, mental health and community nurses, social care, pharmacy and the voluntary sector to proactively manage people with complex health and care needs at practice level;
- Support GPs to implement Croydon's Primary Care Networks and to recruit Social Prescribers and Pharmacists for each one, establish local clinical cabinets and begin to manage, monitor and further improve quality;
- Develop strengths-based approaches across disciplines through Community Led Support.

All disabilities

- Give working age people flexible care that they can arrange themselves and have choice and control over;
- Provide more joined up care for people with disabilities by implementing locality based services and bringing multiagency teams together;
- Transform our practice for children with disabilities to provide consistent, high quality and proportionate support throughout their childhood and the transition to adulthood.

Mental health

- Work in partnership with schools and colleges to deliver a whole school approach to emotional health, wellbeing and mental health. Teams will work in schools and youth mental health first aid training will be provided;
- Implement the mental health community hub and spoke model to put more clinicians out in the community to support people closer to home;
- Develop a wider range of housing options for those with severe mental health problems to better support their needs.

Modern acute care

- Develop modern acute vision and strategies for physical and mental health;
- Support our local Trust to become the provider of choice and optimise acute pathways through the pathway redesign programme and improve efficiency;
- Redesign flows within the hospital to support delivery of the four-hour emergency department waiting times standard;
- Reduce long lengths of stay by working with partners across the system including mental health and social care to support patients to get back home.

By working together and building on the real progress made to date, we believe we can truly transform the health and care of Croydon

For general release

REPORT TO:	HEALTH & SOCIAL CARE SUB-COMMITTEE 29 January 2020
SUBJECT:	HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2019-20
LEAD OFFICER:	Simon Trevaskis Senior Democratic Services & Governance Officer – Scrutiny

ORIGIN OF ITEM:	The Council's Constitution requires the Scrutiny and Overview Committee to agree the scrutiny work programme for the municipal year.
PURPOSE:	To provide the Sub-Committee with an overview of its work programme for the remainder of 2019-20.

1. HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2019-20

- 1.1 The Scrutiny and Overview Committee agreed the Scrutiny Work Programme for 2019-20 at its meeting held on 16 July 2019.
- 1.2 The Work Programme agreed set out the schedule for both the Scrutiny & Overview Committee and its three Sub-Committees –
 - Children & Young People Sub-Committee
 - Health & Social Care Sub-Committee
 - Streets, Environment & Homes Sub-Committee
- 1.3 Although the Work Programme has been agreed by the Scrutiny & Overview Committee, it is recognised that in order for scrutiny to be at its most effective, a certain amount of flexibility is required to allow items to be considered in a timely manner. As such it is within the remit of the respective Chairs to amend their Committee/Sub-Committee work programme as required throughout the year.
- 1.4 The most recent version of the work programme for the Health & Social Care Sub-Committee is set out in Appendix A for the information of the Sub-Committee.

CONTACT OFFICER:

Simon Trevaskis

Senior Democratic Services &
Governance Officer - Scrutiny

0208726 6000

simon.trevaskis@croydon.gov.uk

APPENDIX A:

Health & Social Care Sub-
Committee Work Programme
2019/20

BACKGROUND DOCUMENTS:

None

Health and Social Care Sub-Committee Work Programme 2019-20

Meeting Date	Item
25 June 2019	<ol style="list-style-type: none"> 1. South London & Maudsley NHS Foundation Trust (SLaM): Quality Accounts & Update 2. Croydon Health Services NHS Trust (CHS): Quality Accounts & Update
24 September 2019	<ol style="list-style-type: none"> 1. Review of the Adult Social Care Budget 2. Croydon Safeguarding Adult Board – Annual Report 3. Croydon CCG & Croydon Health Service Integration, to include:- <ul style="list-style-type: none"> - Shadow Arrangement for Integration between the CCG & CHS - Health and Care Plan
12 November 2019	<ol style="list-style-type: none"> 1. Review of Workforce Planning across Health & Social Care 2. Annual Report of the Director of Public Health 3. Winter Preparedness 4. Immunisation Review <p>To include workforce immunisation and wider community immunisation.</p>
28 January 2020	<ol style="list-style-type: none"> 1. Croydon CCG & Croydon Health Service Integration, to include:- <ul style="list-style-type: none"> - Timetable and Approach to integration with Social Care - Integration of the CCG & CHS Work Force - ICN Neighbourhood Plans 2. Review of the Health & Wellbeing Board
10 March 2020	<ol style="list-style-type: none"> 1. Question Time: Cabinet Member for Families, Health & Social Care 2. Croydon CCG & Croydon Health Service Integration: Scrutiny of Plans for Further Integration 3. Review of Winter Preparedness
21 April 2020	<ol style="list-style-type: none"> 1. Whole Life Mental Health Care

Others items to be considered for scheduling in the work programme:

- | | |
|--|----------------------------|
| 1. End of Life Care | Dental Service |
| 2. Substance Misuse Services
(possible joint session with
CYP Sub-Committee) | 4. Review of Commissioning |
| 3. Update on the Community | 5. Social Isolation |
| | 6. Sexual Health Services |

