

# Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillors Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Stewart, Robert Ward, Gordon Kay and Osman

Reserve Members: Sue Bennett and Tony Pearson

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 18 October 2022 at 6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**.

Katherine Kerswell  
Chief Executive  
London Borough of Croydon  
Bernard Weatherill House  
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis  
Senior Democratic Services & Governance  
Officer - Scrutiny  
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www.croydon.gov.uk/meetings  
Monday, 10 October 2022

Members of the public are welcome to attend this meeting, or you can view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Simon Trevaskis as detailed above.

## 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 - 14)

To approve the minutes of the meeting held on 28 June 2022 as an accurate record.

### 3. **Disclosure of Interests**

Members and co-opted Members of the Council are reminded that, in accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, they are required to consider **in advance of each meeting** whether they have a disclosable pecuniary interest (DPI), an other registrable interest (ORI) or a non-registrable interest (NRI) in relation to any matter on the agenda. If advice is needed, Members should contact the Monitoring Officer **in good time before the meeting**.

If any Member or co-opted Member of the Council identifies a DPI or ORI which they have not already registered on the Council's register of interests or which requires updating, they should complete the disclosure form which can be obtained from Democratic Services at any time, copies of which will be available at the meeting for return to the Monitoring Officer.

Members and co-opted Members are required to disclose any DPIs and ORIs at the meeting: -

- Where the matter relates to a DPI they may not participate in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation.
- Where the matter relates to an ORI they may not vote on the matter unless granted a dispensation.
- Where a Member or co-opted Member has an NRI which directly relates to their financial interest or wellbeing, or that of a relative or close associate, they must disclose the interest at the meeting, may not take part in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation. Where a matter affects the NRI of a Member or co-opted Member, section 9 of Appendix B of the Code of Conduct sets out the test which must be applied by the Member to decide whether disclosure is required.

The Chair will invite Members to make their disclosure orally at the commencement of Agenda item 3, to be recorded in the minutes.

**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. South West London Integrated Care System Update (Pages 15 - 34)**

The Sub-Committee is presented with an update on the delivery of the South West London Integrated Care System for its scrutiny.

**6. Croydon Safeguarding Adult Board (CSAB) Annual Report 2021/22 (Pages 35 - 78)**

The Health & Social Care Sub-Committee is asked to: -

1. Note the Croydon Safeguarding Adult Board Annual Report 2021-2022.
2. Consider whether there are any considerations or concerns it may wish to submit to the Cabinet during its consideration of the Annual Report.
3. In particular, give consideration as to whether the Annual Report provides sufficient reassurance on the performance and effectiveness of the Croydon Safeguarding Adult Board.

**7. Adult Social Care Budget & Reforms (Pages 79 - 88)**

The Committee is asked to scrutinise the information provided with a view to:-

1. Considering whether it is reassured about the delivery of the 2022-23 Adult Social Care Budget
2. Gaining an understanding of the implications for Croydon from the Government's social care reforms.

**8. Healthwatch Croydon Update (Pages 89 - 90)**

The Health & Social Care Sub-Committee is asked to note the latest update provided by the Healthwatch Croydon Manager.

**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**

# Public Document Pack Agenda Item 2

## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 28 June 2022 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillors Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Stewart and Robert Ward

Gordon Kay (Healthwatch Croydon Cooptee) and Yusuf Osman (Croydon Adult Social Services User Panel Cooptee)

**Also Present:** Councillor Yvette Hopley – Cabinet Member for Health and Adult Social Care

### PART A

#### 14/22 **Minutes of the Previous Meeting**

The minutes of the meeting held on 8 March 2022 were agreed as a correct record.

#### 15/22 **Disclosure of Interests**

There were no disclosures of interest declared at the meeting.

#### 16/22 **Urgent Business (if any)**

There was no urgent business for discussion by the Health & Social Care Sub-Committee at this meeting.

#### 17/22 **Health & Social Care Overview**

The Sub-Committee considered a series of reports set out in the agenda which provided an overview from the Social Care, Public Health and Healthcare partners on their priorities for the year ahead. The updates were

provided at the meeting to help the Sub-Committee with setting its work programme for the year ahead.

During the introduction to section on Public Health, delivered by Public Health Consultant, Helen Harrison, the following points were noted: -

- The Public Health team had been reviewing and resetting its priorities over the past four months following the previous two years of covid. These priorities were set out in the Public Health Service Plan, which included metrics to measure improvement.
- The role of Director of Public Health was statutory and focussed on improving health outcomes and reducing health inequality in the borough.
- The team took a whole population approach, which sought to understand the wider determinates on people's health, using intelligence, to focus resource on those actions that would have the most impact.
- It was acknowledged that the full extent of the pandemic and the cost of living crisis upon health was not yet known.
- There was an opportunity in the year ahead to redesign sexual health services. It was also possible there would be new funding becoming available for addiction services.

Following the introduction, the Sub-Committee was given the opportunity to question the information provided by the Public Health team. The first question concerned the use of data from the 2021 Census, which was being released in stages, and vaccination data to drive improvement. Regarding the census data it was confirmed that the initial high level demographic data had only just been released, but there was a team in the Council that would lead on processing the data. Vaccination data was already used to target activity with a view to increasing vaccination rates.

It was questioned how account was taken of both residents and patients voices when Public Health commissioned new services. It was confirmed that a consultation plan was created as part of the commission process that used a targeted approach that aligned to what was being commissioned. The team also used needs assessments including both qualitative and quantitative data. Going forward the teams planning to build the use surveys into its work, proactively collect feedback, as traditionally the service had been led by centrally collated data. This would help to ensure the team was hearing from residents as much as possible

Concern was raised about the perception that sexual health services available in Croydon may not be as good as those provided in other boroughs. As such it was questioned how the review of these services was progressing. It was advised that there were opportunities within the service redesign for resident engagement, however it should be noted that there was a range of reasons why people went out of the borough for treatment for sexual health related conditions, which were not unique to Croydon. It was accepted that inequality was an area the service needed to improve.

It was noted that the Covid-19 pandemic had increased the level of engagement from the public with health services, which could help to better understand local communities. Although a certain level of information was already known before the pandemic, it had provided the opportunity to broaden the knowledge base and look at areas such as vaccine hesitancy differently.

In response to a question about whether there had been any analysis of the health issues in the borough, to refocus resources on the biggest causes of death, it was confirmed that Public Health was working with NHS colleagues on population health management, which would help to stratify interventions on cohorts of people.

It was agreed that consultation on the redesign of Sexual Health services would be added to the Sub-Committee work programme in the coming year. It was also agreed that the work of the Public Health team on childhood obesity may also be considered for scheduling in the work programme should there be capacity.

The next part of the meeting focussed on the South London and Maudsley NHS Foundation Trust (SLAM), with an introduction provided by SLAM Service Director, Hilary Williams. The following points were noted during the introduction:

- SLAM was preparing a strategy which would align with the population health approach and health management delivery. It would be a five year strategy and had been subject to a comprehensive programme of engagement during the six month open period in the middle of the pandemic.
- At the same time, a Mental Health Strategy was being developed across the healthcare system in South West London. This Strategy would highlight the variation in the demographic across the area, enabling SLAM to lever new population based funding for Croydon

Following the introduction, the Sub-Committee questioned the representatives from SLAM on the information provided. In response to a question about the reach of the consultation work, it was advised that the 'London Listens' engagement work across South London had prompted further work to identify potential gaps.

As it had been recognised that there were health inequalities amongst the Black community in Croydon, it was questioned what SLAM was doing to address the issue. It was confirmed that SLAM had a commitment to the Patient Care Equality Framework and was in the process of looking at what needed to be addressed within their services. They were developing an improving ethnicity mental health programme, which was a community led, ground up scheme aimed at preventing mental health issues in specific communities. The Sub-Committee agreed that a focus on health inequalities in the borough would need to be an underlying theme in its work programme throughout the year.

It was noted that there was concern within the local community about the length of time it took for young people with mental health referrals to get support and questioned how these waiting times were being addressed. It was highlighted that young people would be supported by the Children & Adolescent Mental Health Service (CAMHS), but there was a need for different providers to work together to produce a system-wide approach, which ensured there were clear pathways directing people to the right place for treatment and support. Areas of focus included the pathways for ADHD support, the interface with the Police and work with the Ambulance Service to use mental health cars to provide a rapid response.

It was confirmed that SLAM had a work programme focussed on reducing the use of restraining practices in its mental health units, with an aim to reduce the use of restraint to zero. It agreed that the use of restraint maybe something for the Sub-Committee to schedule for review as part of its work programme.

In response to a question about mental health support for menopausal women, it was explained that there were specialist hormone intervention clinics, but this was delivered by a small service. It was acknowledged that there was further work that could be done in this area, which may benefit from a whole system approach. The Sub-Committee agreed that this maybe an area to revisit as part of its work programme, along with looking at the issue from a workforce perspective and the support available for staff.

It was noted that the level of referrals for older people to mental health services had decreased during the pandemic and as such it was questioned whether the local performance had been benchmarked with data from other areas. It was advised that work on this had been conducted as part of the



South West London Mental Health Strategy, but there was a need to review the support available for older people across the system, including building capacity within the community and voluntary sector. It was agreed that mental health provision for older people would also be considered for the work programme.

It was questioned how SLAM worked with mental health activists at a local level. It was advised that this was being addressed through the integrated care networks, with an Ethnicity Mental Health Improvement Programme being developed which would focus on community work with local groups and faith leaders. The importance of ensuring that mental health provision was embedded within the wider health and care system was acknowledged.

The next part of the meeting focussed on Croydon Health Service NHS Trust (CHS) with an introduction provided by Chief Executive and Place Based Leader for Health, Matthew Kershaw. The following points were noted during the introduction:

- The continued recovery of services from the impact of the Covid-19 pandemic was an ongoing priority for CHS.
- The delivery of urgent care, from both a physical and mental health perspective, primary care access into the system and ensuring a sustainable workforce were also priorities
- The introduction of Integrated Care Agencies would have a significant impact, requiring work on local delivery in a more integrated way.
- Financial sustainability was a key issue, with the rising cost of living a significant issue for staff and the wider population. Although further investment had been made into the healthcare system, this had been provided to support a lot of extra work. As such, it was likely that significant savings would need to be made, which presented the challenge of how to maintain the quality of services while reducing costs.

Following the introduction, the first question concerned the performance of the Accident & Emergency (A&E) department. It was confirmed that CHS had been working with SLAM to improve the mental health support available in A&E. The Care Quality Commission (CQC) had given positive feedback on the performance of A&E but had not yet formally reassessed it. A new Clinical Assessment Unit had been created on site at the hospital which was staffed by SLAM that provided a more appropriate space for mental health patients. Managing the level of demand within A&E was a significant challenge with current levels at what would be expected over the peak winter period.

Following a question about the performance of community based services, it was agreed that the Sub-Committee would schedule a briefing on this issue in the year ahead.

The next part of the meeting focussed on the Council's Adult Social Care service and was introduced by the Corporate Director for Health & Adult Social Care, Annette McPartland. The following points were noted during the introduction:

- The key focus for the service in the year ahead was to deliver the targeted budget savings while ensuring services continued to be safely delivered.
- There was a large savings programme to deliver, which had been developed in collaboration with the Local Government Association (LGA) to ensure there were robust plans in place to achieve the savings. The savings balanced a combination of managing demand, identifying contract savings, and ensuring the service continued to meet its statutory responsibility to support people in a safe way.
- The national reform of social care, due to be announced by the Government, and the move to an Integrated Care System with health partners was also likely have a significant impact upon the team.
- The cost of care cap had not yet been announced by the Government, but it was likely to increase demand for financial assessments, which would in turn place additional demands upon resources. This was likely to especially challenging for Croydon given the size of the care market in the borough, with colleagues across South West London buying bed space in Croydon due to the additional capacity.
- The service encouraged face to face engagement with providers, as by listening to their experiences of working throughout the pandemic, it would help the Council to better understand what it could do differently to improve outcomes.

Following the introduction, the first question asked what were likely to be the biggest challenges to the delivery of the budget. It was advised that there were workforce challenges across the care system, particularly in terms of recruitment. The Council was working with Southbank University to improve the view of care as a profession, through the provision of both nursing and care training. Inflation was also likely to have a significant impact across the system and lead to new people coming into the social care system.

As a follow-up, it was questioned whether the identified savings were being kept under review as given the economic uncertainty to check that they were still deliverable. Reassurance was given that savings were tracked monthly and had been reviewed by the Government appointed Improvement and Assurance Panel. The delivery of savings was currently on track, but should this change, there were processes built into the system to flag should these start to go off-track. It was agreed that the delivery of the Adult Social Care budget would be a standing item at each meeting of the Sub-Committee to seek continued reassurance that it remained on track.

It was questioned whether there was a risk that Croydon could be priced out of its own care market because of other local authorities buying bed space in the borough. It was agreed that market capacity was another key issue and although there was a large market in Croydon, this capacity was also being used by other local authorities. The Council worked closely with other boroughs to discuss any issues arising and as the host authority the Council remained the biggest purchaser from local providers. If needed, there were different mechanisms that could be put in place to ensure the Council retained a critical supply base.

It was highlighted that there was concern within the local community about the possible impact from the savings upon vulnerable residents and as such it was questioned how reassurance was being provided to those affected. It was advised that the aim of the savings programme was to enable people to lead an independent life and would be managed through engaging with residents on an individual basis. Work was underway to ensure the voice of people was being heard and used to co-produce services. It was important that the level of service provided was flexible to ensure it could be increased or reduced as needed. There was a statutory role for the Director of Adult Social Services to ensure that both the quality and safety of services was maintained, and a Challenge Panel was in place should there be concern about the fairness of any changes delivered. The Sub-Committee agreed that it would continue to look for assurance on the maintenance of safety throughout the year ahead.

Given the challenge of delivering the identified savings, the Cabinet Member for Health & Social Care, Councillor Yvette Hopley, was asked how she was reassuring herself that the savings could be delivered safely. It was advised that seeking assurance involved a lot of meetings with officers to understand the process for changing care packages. There was a robust framework in place to manage the changes which had good governance and audit trails. Although the savings would be difficult to achieve, the figures had been reviewed by the LGA, councillors and the service itself to provide a reasonable level of confidence that they are achievable.

At the conclusion of this item the Chair thanked all the partners in attendance at the meeting for the information that had been provided and their engagement with the Sub-Committee.

**Resolved:** That the work programme for the Health & Social Care Sub-Committee would be updated to take account of the items highlighted by the Sub-Committee during the discussion of this item.

18/22 **Healthwatch Croydon Update**

The Sub-Committee received an update from the manager of Healthwatch Croydon, and co-opted member of the Sub-Committee, Gordon Kay, on the latest reviews conducted by his organisation. The first review had looked at resident's views on the Covid vaccine, which had found 80% of respondents had been happy with their vaccination. Of the 20% who responded negatively, issues of trust were a reoccurring theme.

The other two reports produced by Healthwatch Croydon looked at the experience of residents accessing NHS dental services and their experience using dentist's websites in the borough. These investigations revealed that there was variable access to dentistry across the borough and the websites for many practices were not as helpful as they could have been. Many of the patients contacted very much appreciated their dentist, particularly those who were able to access NHS dental services. However, access to NHS dental services needed to be less variable across the borough.

Healthwatch recommended that there should be a local needs assessment undertaken for dentistry as the last review was in 2006 and the borough had significantly changed in that time. It was also recommended that there needed to be a greater level of information made available to the public to help raise the understanding of the dentistry system. Better communication was also needed to manage patient expectations and explain the cost of treatment.

The Sub-Committee welcomed the findings from the Healthwatch Croydon reports and agreed that dentistry in the borough maybe be something to review as part of the work programme for the year ahead.

**Resolved:** That the three reports from Healthwatch Croydon be noted.

19/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.32 pm

**Signed:**

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**Date:**

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<b>REPORT TO:</b>	Heath & Social Care Sub-Committee 18 October 2022
<b>SUBJECT:</b>	<b>SOUTH WEST LONDON INTEGRATED CARE SYSTEM UPDATE</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	Matthew Kershaw – Croydon Health Service NHS Trust Chief Executive & Place Based Leader for Health
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	Scrutiny of local healthcare provision is one of the key areas of work for the Sub-Committee.
<b>BRIEF FOR THE COMMITTEE:</b>	The Sub-Committee is presented with an update on the delivery of the South West London Integrated Care System for its scrutiny.

## 1. SOUTH WEST LONDON INTEGRATED CARE SYSTEM UPDATE

- 1.1. The Chief Executive of the Croydon Health Services NHS Trust and Place Based Leader for Health, Matthew Kershaw, will present to the Health and Social Care an update on the delivery of the new Integrated Care System across South West London.
- 1.2. Attached at Appendix A is a copy of the presentation for this item which provides further information on the Integrate Care System.

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**CONTACT OFFICER:** Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

### APPENDICES TO THIS REPORT

Appendix A: South West London Integrated Care System Update

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# South West London Integrated Care System update

**Matthew Kershaw**

Chief Executive and Place Based Leader  
for Health

# Croydon is now part of the South West London Integrated Care System

On 1 July 2022, we launched the South West London Integrated Care System as we take on health

The ICS has four purposes:

1. improving outcomes in population health and healthcare
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. supporting broader social and economic development

The South West London Integrated Care System brings our health and care partners closer together, to make sure local people receive the best care.

Legislation outlined in the 2022 Health and Social Care Act, makes it easier for GPs, hospitals, mental health, social care, community services, and the voluntary sector to work together more closely.

By working together, we can do more to: support people to live healthier and happier lives; prevent ill-health; keep people independent for longer; and take action together to address the wider-determinants of health. Examples of these wider-determinants of health are jobs, housing, education and our environment. We know these have a big impact on our health.

All over the country, in the poorest areas people have worse health and lower life expectancy than the people living in the richest areas. Our South West London ICS will focus on reducing these health inequalities or unfair differences in health in different groups within our six boroughs.

## What is integrated care?

King's Fund animation: how the NHS works and how it is changing



NHS England: Strong Integrated Care Systems Everywhere



# What are Integrated Care Systems?

## Integrated Care Boards

**an Integrated Care Partnerships** bring the NHS together with other key partners, like local authorities, to develop a strategy to enable the Integrated Care System to improve health and wellbeing in its area

## Other important ICS features are:

**Local authorities**, which are responsible for social care and public health functions as well as other vital services for local people and

**Place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. Our place partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the local population.

**Provider collaboratives** bring NHS providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across

Now **1.5**  
 By 2031 **1.55**

billion



**6**  
 London boroughs

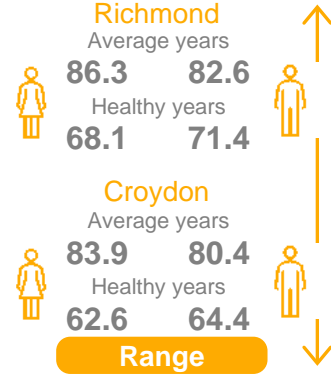
**296<sup>2</sup>**  
 km

Resident population

NHS budget

Places

Total area



Now **13%**  
 By 2039 **17%**



**35%**

**21%**

Average years **84**  
 Healthy years **65**

Average years **81**  
 Healthy years **66**



Under 16 | Over 65

Black, Asian and minority ethnic

Long-term conditions

Life expectancy at birth

Social care **36,000**  
 NHS **34,000**

**39**

**180\***

H +

**7**



**2**

Workforce

Primary care networks

GP Practices

Acute and community providers

Mental health providers

\* <https://swlondonccg.nhs.uk/wp-content/uploads/2021/09/13996-SWLCCG-Annual-Report-and-Accounts-202021.pdf>

# South West London Integrated Care System

Our integrated care system will have two statutory committees:

**NHS South West London Integrated Care Board** decides how the NHS budget for their area is spent and develop a plan to improve

Our NHS Board is made up of:

- Our Chair
- 4 non-executive members
- Chief Executive
- 4 partner members NHS and Foundation Trusts
- Partner member Primary Medical Services
- Partner member Local Authorities
- Chief Finance Officer
- Medical Director
- Director of Nursing
- 6 Place Members

**more information about these meetings in public can be found at**  
[www.southwestlondonicb.nhs.uk](http://www.southwestlondonicb.nhs.uk)

**South West London Integrated Care Partnerships** bring the NHS together with other key partners, like local authorities, to develop a strategy to enable the Integrated Care System to improve health and wellbeing in its area

Our Partnerships Board is made up of:

- Health members
  - ICB Chief Executive
  - ICB Population Health Management Director
  - ICB CFO
  - 5 NHS SWL Provider Chairs
  - Primary care representative
- Local Authority members
  - 6 Chairs of Health and Wellbeing Boards
  - Chief Executive representative
  - Director of Children Services representative
  - Director of Adult Services representative
  - Director of Public Health representative
  - Growth and economy representative
- 6 Place representatives
- SWL Clinical Senate co-chairs
- ICB Deputy Chief Executive Officer
- Healthwatch representative
- Voluntary sector representative

## Another important feature of ICS working is

Bringing NHS providers together to achieve the benefits of working at scale across multiple places and one or more ICSs  
In SWL, the Acute Provider Collaborative comprises of us at CHS, Epsom and St Helier, and Kingston Hospital NHS Foundation Trust

A first meeting of the APC Board took place in September and included the Chairs and Chief Executives of ACP partners  
The team is looking at structural change across service areas to ensure maximum efficiency, transformation and capacity to ensure the delivery of national targets.

### SWL recruitment hub

Time to recruit down in Croydon by 23% in six months, from almost 60 to 45 working days.  
Analysis of live activity compared to vacancy rates is undertaken for each Trust to ensure recruitment plans are targeted and adjusted as required.

### Building on successes for 2022-23

SWL APC now has a vision to develop an elective strategy, maintaining our high performance and

## Working together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience

Three major programmes of work sit within the APC:

- Diagnostics
- Outpatients
- Elective recovery

The APC had also formed a number of collaboratives hosted by individual trusts including:

- SWL Recruitment Hub
- Procurement
- Pathology
- South West London Orthopaedic Centre

The APC has begun work on an elective strategy which will establish core principles for working together to reduce health inequalities and

demand and capacity in six high volume specialities to help assess current models of care

Next steps: a scoping exercise to identify areas for further collaboration to support deliver of quality clinical outcomes.

Richmond, Sutton and Wandsworth.

**Place-based partnerships** lead the detailed design and delivery of integrated services across their

the local population.

In Croydon, our place-based partnership includes:

Croydon Council

Croydon Health Services NHS Trust

Croydon Healthwatch

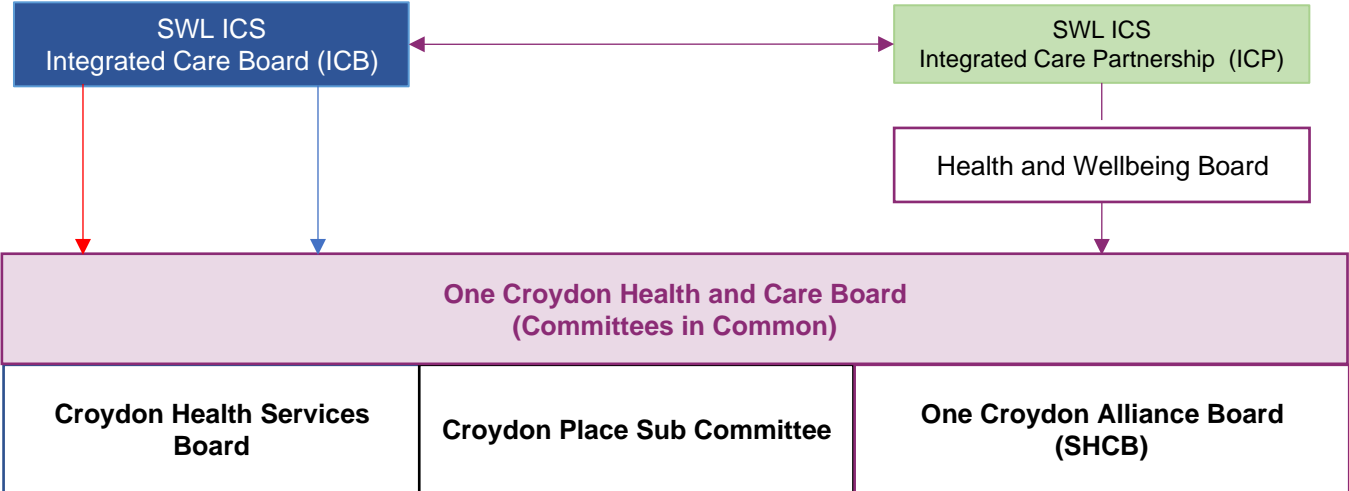
South London and The Maudsley NHS Trust

Croydon voluntary sector organisations

NHS South West London

# Croydon Place Structure

There is significant overlap between the Shadow Health and Care Board, Place Committee and Health Board resulting in the same people having similar discussions in three places. Partners agreed that bringing these boards together in a committee in common will rationalise decisions and discussion, and further builds on the alignment between the CHS Board and CCG Local Committee.



- Financial delegation (scope TBC)
- Health Decision/delegation
- Wider Remit/whole place health and care

\*Croydon Council will be changing from a Leader/Cabinet model to a Mayoral model in May 2022. The key difference being the Mayor is elected by the electorate every four years; decisions can still be delegated to the Cabinet.



# Committee in Common: Membership

The functions and membership of the Place committee are significantly similar to the Alliance Board (SHCB); therefore the aim was simplicity - to have the same membership for both.

The list below shows membership for both the Place Committee and Alliance Board.

The total number of members in the Committee in Common will be 28.

CHS Board Leadership	Place Committee/Alliance Board
Chairman of the Trust	Croydon Place Based Leader for Health (for CCG and CHS)
Chief Executive of the Trust (place Based Leader)	Chief Executive, Croydon Council
Joint Chief Financial Officer	<b>Chief Executive, Croydon GP Collaborative</b>
Joint Chief Nurse	Chief Executive, South London and Maudsley NHS Foundation Trust
Medical Director	Chair, Age UK Croydon
Non-Executive Director x7	A nominated Non-Executive Representative from each Alliance Member Organisation
Associate Non-Executive Director x1 (non voting)	VCS Infrastructure Organisation Chief Executive (on rotation basis)
Director of Human Resources and OD (non-voting)	Healthwatch Chief Executive
Director of Public Health, Croydon Council	Director of Public Health, Croydon Council
Chief Executive, Croydon Council	Director of Adult Social Services, Croydon Council
Healthwatch Chief Executive	Chair of Professional Cabinet
COO	Chair of Senior Executive Group
Director of Strategy Planning & Performance (non voting)	<b>NHSE Regulator open invite</b>

# One Croydon: our place based partnership

Croydon was one of the first in London to appoint a Place Based Leader for Health, care.

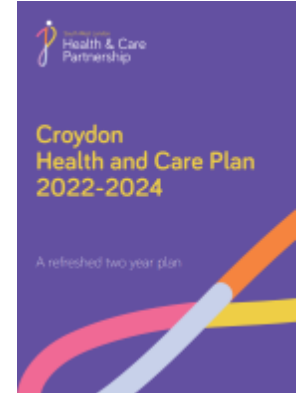
## Our vision

of our communities and available closer to home. We will meet this ambition by bringing

**Focus on prevention and proactive care:** preventing or identifying and tackling illness and ill-health at the earliest possible opportunity

**Unlock the power of communities:** connecting local people with each other to help them stay fit, health and happier for longer

**Put services back in the heart of the community:** providing easier access to



# Croydon Health and Care Plan

Following the impact of Covid-19, we have added new aims that set out

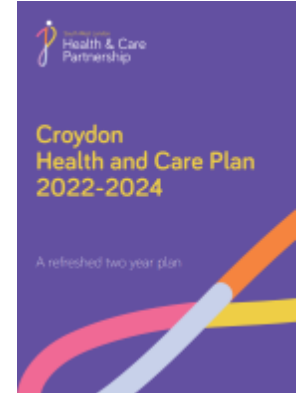
## **Support people to recover from the effects of the pandemic:**

health and care system to address working hand-in-hand with our communities

**Support our health and care workforce:** recruit, retain and develop our health and care staff so we can provide the high-quality and resilient services our communities deserve

**Embed a population health management approach:** use data, technology and public health expertise to put in place the right services, investment and approach for Croydon

**Tackle inequalities:** to drive equality in health, we will also address equality in wider areas that impact health, like housing, employment and education



# Croydon Clinical Leadership Priorities

Delivering Clinical / professional leadership which stems across Primary/ community and secondary care and drives through required pathway changes with all system partners

Delivery against the Health and Care plan ambitions

Making inroads into the significant backlog of care since March 2020, for example chronic disease management and case finding

To meet growing epidemics including areas such as diabetes and hypertension

Full implementation of the PCN DES with large changes around patient access and anticipatory care for 22/23, e.g. MDTs with care homes and community services

Embedding digital transformation initiatives ranging from online consultations to patient access to medical records

Reducing Health Inequalities and addressing the challenges within the CORE20 PLUS 6 for Croydon

How will we know if we've made a difference?

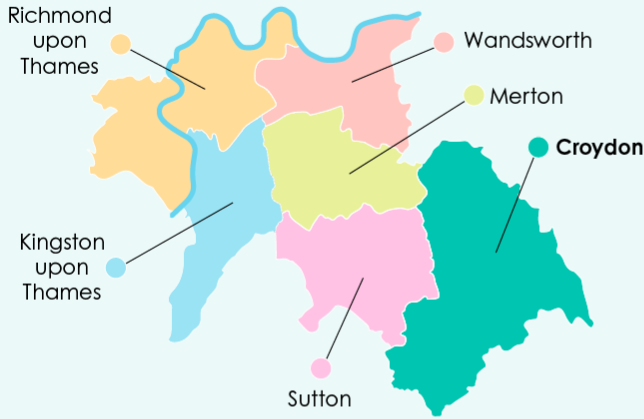
The infographic consists of six circular icons arranged in a 3x2 grid, each with a corresponding text description below it. The icons are: 1. Scales of justice (top-left), 2. Profile of a head (top-right), 3. Baby's face (middle-left), 4. House with people (middle-right), 5. Two pills (bottom-left), 6. Profile of a head (bottom-right).

- Reduced inequalities in healthy life expectancy
- Improved school readiness for early years children
- Reduced number of term babies born with low birth weight
- Increase in the number of adults living with learning disabilities who are living in appropriate accommodation
- More people with long term conditions feeling supported to manage their condition
- Mental health – at least 50% of people completing treatment with IAPT should recover

# Clinical/Professional Lead Portfolios

<b>Programme of work</b>	<b>Clinical/ Professional lead</b>	<b>ICB Management lead</b>
Population Health Management	Emily Symington	Laura Jenner
Quality & Prescribing	Khalid Khan	Helen Goodrum/ Louise Coughlan
Homelessness & Refugees	Nishal Velani	Meeta Kathoria
Digital / IT	Dinush Lankage	Laura Jenner/ Daniele Serdoz
Planned Care 1 General Surgery + ENT, Urology, Diagnostics, Haematology & Anti-coagulation	Farhhan Sami	Kama Balakrishnan
End of Life Care + Frailty	Nishal Velani	Karen Barkway
Personalisation / Social Prescribing	Emily Symington	Laura Jenner
Out of Hospital + Care Home	Anna Clarke	Daniele Serdoz
Long Term Conditions 1 Diabetes, Cardiovascular, Respiratory, Stroke, Dementia	Emily Symington	Meeta Kathoria
Adult Mental Health	Dev Malhotra	Wayland Lousley
Children and Young Persons Mental Health	Sharon Raymond	Shelley Prince
LD / Neurodevelopmental (Children & Adults)	Henk Parmentier	Jennifer Francis
Long Term Conditions (2) MSK/ Rheumatology/Pain, Trauma & Orthopaedics, Dermatology, Digestive Diseases	Bobby Abbott	Kamal Balakrishnan
Urgent Care + Primary Care Access	John French	Sarah Raheem
Children and Young Persons Physical Health	John French	Shelley Prince
Cancer	Jaimin Patel	Daniele Serdoz
Endocrinology, Renal, Neurology.	Judith Mbaire	Kamal Balakrishnan
Adult Mental Health 2	Sharon Raymond	Wayland Lousley
Localities (ICN+) Development	Khateja Malik	Laura Jenner
Safeguarding (Children)	Sharon Raymond	Sally Innes
Elected lead	Mike Simmonds	Matthew Kershaw
Primary Care Development Lead	Dipti Gandhi	Matthew Kershaw





## Proud to be working together to create healthier communities

### Partners involved

NHS South West London CCG

Community Sector organisations  
Croydon Council

### Find out more

Learn more about our work and get involved  
at [www.swlondon.nhs.uk](http://www.swlondon.nhs.uk)

## How we're making a difference

Through the Healthy Communities Together programme, which was developed in partnership between The National Lottery Community Fund and

local partnership working to improve the communities.

Six Local Community Partnerships (LCPs) have been implemented covering the whole of Croydon. Chairs from the local community are coming into post in each of these LCPs, bringing greater local ownership, collective voice and leadership.

The programme of LCP events gives the opportunity for local residents, community groups, local charities and health and social care teams to collaboratively develop community action plans



Locality partnership working has improved the connections between our clinical teams, our community assets and empowered people to improve their quality of life.

Lynda Graham Social Prescribing Link Worker-  
Team Leader



## How we're making a difference

To make sure that as many people as possible across South West London have their planned operation as soon as possible following the delays caused by the pandemic.

Over 18,500 patients have safely received planned care at the Croydon Elective Centre since it opened in July 2020, despite the pressures of the pandemic.

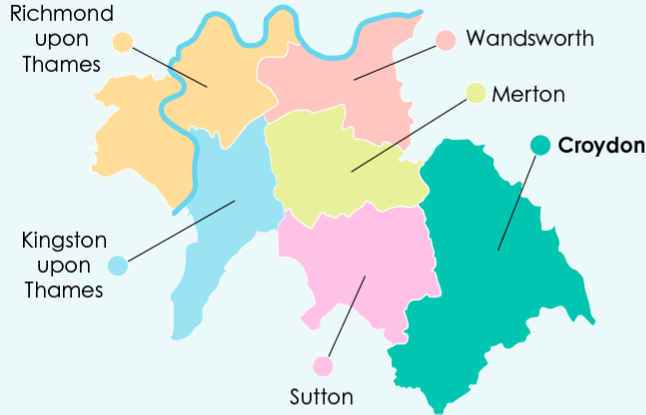
across South West London every week for routine surgery or planned care - more than a 10% increase since pre-lockdown levels. The Croydon Elective Centre has its own separate entrance, operating theatres, inpatient wards and a catheter lab, with strict infection prevention and control measures to keep it protected.

Around 2,000 patients have been referred to the centre from neighbouring trusts as part of a coordinate approach to tackle backlogs in South West London.



The Croydon Elective Centre is a great example of how clinically-led innovation can make a real difference to the lives of our patients and staff, as well as the wider health system.

Stella Vig, Consultant Surgeon and Clinical Director for COVID-19 Recovery, Croydon Health Services NHS Trust



## Proud to be working together to create healthier communities

### Partners involved

NHS South West London CCG  
Croydon Health Services  
Epsom and St Helier University Hospitals

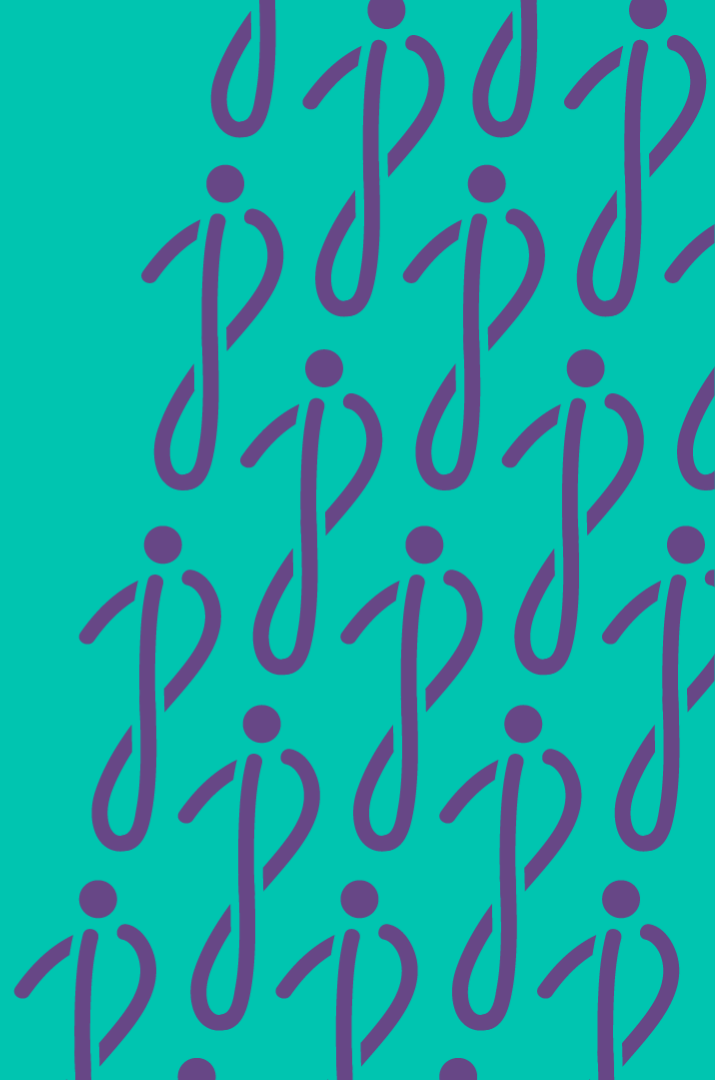
Kingston Hospital

### Find out more

Learn more about our work and get involved at [www.swlondon.nhs.uk](http://www.swlondon.nhs.uk)



**Thank you.**  
Any questions?





# Agenda Item 6

<b>REPORT TO:</b>	Health and Social Care Scrutiny Committee 18 October 2022
<b>SUBJECT:</b>	<b>Croydon Safeguarding Adult Board [CSAB] Annual Report 2021/22</b>
<b>LEAD OFFICER:</b>	<b>Annette McPartland</b> Corporate Director of Adult Social Care and Health
<b>CABINET MEMBER:</b>	<b>Councillor Yvette Hopley</b> Cabinet Member for Health and Adult Social Care
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>David Williams, CSAB Independent Chair</b>
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	The Health & Social Care Sub-Committee is given the opportunity to review the Croydon Safeguarding Adult Board Annual Report each year to reassure itself on the performance of the Board.
<b>BRIEF FOR THE COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to: - <ol style="list-style-type: none"><li>1. Note the Croydon Safeguarding Adult Board Annual Report 2021-2022.</li><li>2. Consider whether there are any considerations or concerns it may wish to submit to the Cabinet during its consideration of the Annual Report.</li><li>3. In particular, give consideration as to whether the Annual Report provides sufficient reassurance on the performance and effectiveness of the Croydon Safeguarding Adult Board.</li></ol>

## 1. EXECUTIVE SUMMARY

- 1.1. This is a draft copy of the Croydon Safeguarding Adults Board (CSAB). The report must be ratified by CSAB (as outlined by S43 Care Act & the statutory guidance) before it can be finalised. This will happen on 26<sup>th</sup> October 2022 at the quarterly board meeting.
- 1.2. The purpose of the CSAB Annual Report is to detail the activity and effectiveness of the CSAB between April 1<sup>st</sup> 2021 to 31 March 2022. The report is submitted by the CSAB Independent Chair, David Williams who was appointed to this role on the 5 September 2022 so was not in post during the period of time which the report covers. It ensures that the statutory partners (Council, Health and Police), residents and other agencies are given the opportunity to provide objective feedback on the work and effectiveness of local arrangements for safeguarding adults. The report covers the 2021/22 priorities demonstrating what has been achieved and the work which needs to continue throughout 2022/23.

- 1.3. Four Safeguarding Adult Reviews (SARs) were undertaken and completed during the year with the full reports and 7 minute briefings published on the CSAB website. Summaries for Mr Hong, Duncan, O1 and Madeleine are included within this report.
- 1.4. The Performance and Quality Assurance sub group has continued to focus on collecting, monitoring and improving the data for the CSAB Dashboard. The data has improved with partners working together to ensure data is fit for purpose and is used to progress the board's priorities.
- 1.5. Engagement and communication across the partnership is key to the work of the CSAB and this is evidenced in both attendance at the CSAB and sub group meetings but also by the willingness of all partners and agencies to contribute to the Annual Report.
- 1.6. The CSAB will continue to use tools and learning in order to mitigate the risk of safeguarding across the partnership. This will include the continuation of themed multi-agency audits, learning events such as the planned Homeless workshop, shared learning from SAR recommendations and the LondonADASS Safeguarding Adult Partnership Audit Tool.

## **2. Croydon Safeguarding Adult Board Annual Report 2021/22**

- 2.1. The Annual Report is introduced by the Board's Independent Chair David Williams who took up post in September 2022. The Chair will be supported at the October meeting by the statutory partner leads for Health, Local Authority and Police.
- 2.2. The Report is due to be presented to Cabinet on the 16<sup>th</sup> November following the report being shared at the CSAB quarterly meeting in October. It is an important function of the Council to have oversight of the adult safeguarding activity in Croydon. It provides an update on the multi-agency work by the CSAB partnership to safeguarding adults in Croydon and how the agencies work together.
- 2.3. Information is submitted by partners, agencies and residents, on the activities they have undertaken throughout the year aligned to the board priorities. It is also an opportunity to share with the CSAB their priorities going forward.
- 2.4. Safeguarding statistics can be found on pages 7 – 9, this includes data submitted to the Department of Health and Social Care (DHSC) in July 2022. The data within this report looks at safeguarding referrals received during 2021/22 and whether they have progressed to a safeguarding enquiry for further investigation. Where appropriate percentages and numbers have been included along with a breakdown of the source of referral.

- 2.5. The data shows a drop in contacts which become adult safeguarding concerns / referrals. This is a result in the changes in process. Croydon Adult Support team now screen all 'at risk contacts' to ensure they are appropriate for a safeguarding response. What we have found in the past is many such contacts are better dealt with outside the safeguarding process in a more supportive / preventative model which generally results in better outcomes for Croydon residents. It also is positive for the safeguarding system ensuring that the safeguarding process of S42 Enquires is focused on those people who would benefit from this intervention. This change in process has enabled a stronger focus on prevention.
- 2.6. The data is telling us that Asian/Asian British are underrepresented for safeguarding referrals compared to the ethnicity of Croydon's population. Black/African/Caribbean/Black British safeguarding referrals are 1% below the Croydon's population percentage. This is in line with national data and there has been much work undertaken in Croydon to raise awareness within the community. The CSAB Voice of the People sub group has been leading this work and will continue as more work needs to be done.
- 2.7. Some other highlights from the data around the types of alleged abuse which shows there has been a slight increase of 1% with regards to the category of neglect and a decrease from 20 – 18% in relation to financial abuse, both percentages are in line with the national picture. However, we are concerned that there will be an increase in financial abuse, going forward, given the cost-of-living crisis. This has previously been the pattern at times of financially difficult across society. Domestic Violence has increased from 6% to 10% from last year and like the national data and again we expect that this will increase going forward.
- 2.8. A breakdown of where alleged abuse takes place is similar to last year's data showing that 75% of closed safeguarding enquires were in the community and 25% located in Care Homes.
- 2.9. National comparison data is currently not available and it is estimated that this will be published later this year. These are provisional figures within this report and currently proceeding with the ratification process.
- 2.10. The report covers work undertaken and identifies further work needed under each of the priorities. Below are some examples from each of the priorities:

### **Prevention (Page 17)**

- 2.11. SARs have continued to be commissioned and learning taken forward across the partnership showing good work between ASC and Mental Health. Learning has been in the form of events, team meetings and training via Bitesize training. The work around the ICN+ continues to grow and page 19 shows the latest information. The Southwest London Integrated Care System has come into existence replacing the CCG from the 1st July 2022. The change in process outlined 2.4. is also a contribution in supporting this priority.

### **Commissioning (Page 21)**

- 2.12. The CSAB Intelligence Sharing subgroup has continued its regular meetings having oversight of the provider market. Engagement and information from all agencies and partners has been excellent. The Local Authority commissioning are not part of ASC ensuring a more integrated development of services and a response to safeguarding issues. They produce a monthly report showing quality of provider provision in the borough.

### **Making Safeguarding Personal (Page 22)**

- 2.13. Reshaping of the LA safeguarding process ensuring that all referrals receive a measured and personalised response. Introducing an 'at risk' contact stage to see if there is a better way of managing the matter than going through the s42 process. Outcome has been to have a more balanced response with better outcomes. Working in partnership with Ingram Court Youth Hostel, NHS SWL CCG hosted a health and wellbeing day for young people experiencing homelessness to reduce barriers to accessing health services.

### **Quality and Improvement (Page 23)**

- 2.14. The Performance and Quality Assurance sub group have continued to focus on collecting and monitoring data on the CSAB Dashboard. ASC data is more accurate and is telling us that we are focusing on the right areas – fewer concerns but more enquiries. Work has included refreshing indicators in order that these are in line with the CSAB priorities and inform planning and practice. The Police continued their focus on providing support and advice to investigating officers to improve their knowledge around mental health, including working with partners to ascertain the single points of contact.
- 2.15. There has been a positive change in who submits Safeguarding Adult Review requests, these are now being received from across the partnership.
- 2.16. A well received presentation given to the CSAB members by the S42 team outlining the referral process and providing case examples. This was rolled out to the GP Forum, Health colleagues and to the London Lived Experience Group.

### **Voice of the People (VOTP) (Page 25)**

- 2.17. Members of the VOTP sub group have presented 'Keeping you Safe' to forums and groups in Croydon to raise awareness of the safeguarding process and the work of the CSAB. These have included provider forums, Care Home Managers, Dom Care Forum, BME Forum with further events in the community planned. The S42 team presented the work they are doing around the Service User feedback questionnaire.

- 2.18. The Chair of this sub group is highly engaged in the London Lived Experience Group and Croydon have shown their support from the outset of this work.

### **Communication and Engagement (page 26)**

- 2.19. The CSAB has excellent engagement across the partnership and this is evidenced by the attendance at both the Board meetings and sub groups. Partners are represented across all agencies and with partners keen to take on the roles of Chair and Vice Chair of the sub groups.
- 2.20. Strong links made with other SABs in London with increased engagement at
- 2.21. both national and London networks, this enables the CSAB to share information developed in Croydon and to learn from other SABs.
- 2.22. At the February CSAB Development Day the feedback from all sub group chairs emphasised to the external facilitator that all members for each of the groups were highly engaged and supported the work of the CSAB.
- 2.23. The Development Day set out priorities for 2022/23 (page 28) which were tweaked slightly from this report's priorities. The Board has seen the recruitment of a new Independent Chair, David Williams who is now able to announce that Andrew Brown the CEO, Croydon BME Forum has agreed to be his Vice Chair. The CSAB continued to carry out its day-to-day work using different ways of working i.e. virtual meetings. This has proven a success with attendance at meetings high.

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**CONTACT OFFICER:** Annette McPartland - Corporate Director of Adult Social Care and Health - [annette.mcpartland@croydon.gov.uk](mailto:annette.mcpartland@croydon.gov.uk)

### **APPENDICES TO THIS REPORT**

*Draft CSAB Annual Report 2021/22]*

**BACKGROUND DOCUMENTS:** *N/A*

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# Croydon Safeguarding Adults Board

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Draft Annual report  
2021 / 2022

safeguarding, supporting and  
making services better for  
adults in Croydon who are at

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# Foreword by the Independent Chair

## Welcome to the 2021/2022 Annual Report of the Croydon Safeguarding Adult Board

This is my fifth annual report and my last as Independent Chair of the Safeguarding Adults Board (SAB) in Croydon. I am delighted to hand over to the former Vice Chair of the

the value his considerable expertise and experience will bring to the role.

" # # !  
Croydon continued to be heavily affected by Covid. All services responded to ensure the safety of those most vulnerable and became ever more flexible, working hard across previous boundaries, focused always on responding to need. Safeguarding Adults Board Members played their role in working together supporting, challenging and improving services throughout that time.

It has been my honour and my privilege to lead a growing and developing Safeguarding Adults Board (SAB) through those periods of unprecedented change and challenge. I have appreciated the opportunity to do so. The engagement in Safeguarding Adults work coming from extraordinarily busy operational services across all partnerships during a time of extreme pressure, has been remarkable to experience.

The SAB reorganised in 2018 and establish a board with working subgroups all led by experts in their field and attended by relevant managers and staff from each of the services. The Chairs and Vice Chairs of those subgroups informed and led progress that has made services safer for residents of Croydon.

As a group, those Chairs were a source of support to me and informed and shaped our shared agenda. Always helping us remain relevant to services, ensuring high levels of engagement.

! They are the Serious Adult Review Sub Group (SAR) led by Dr Shade Alu which assesses whether cases referred meet the criteria for a serious adult review or a different kind of response.

The Performance subgroup, led by Nick Sherlock provides important assurance to the Board about the volume and quality of safeguarding adult services in Croydon informed by cross sector data and narrative from operational managers.

The engagement subgroup led by Nicky Selwyn in recent years quickly engaged senior leaders and managers from a range of organisations providing services, especially those from minority ethnic communities. Through that we are assured that services are working hard to meet the needs of all residents of Croydon.

" \$ # " \$ #  
from the South London and Maudsley is focused on making sure we, in all sectors, learn from incidents where services have not, provided what was needed to keep people safe. So improvement continues.

# Foreword by the Independent Chair

## Welcome to the 2021/2022 Annual Report of the Croydon Safeguarding Adult Board

" together important information across all sectors about residential nursing and home care services. This is for obvious reasons extremely important to the Safeguarding Adults board

This report is a reflection of the hard work, commitment and expertise of all Sub Group and SAB Members. It reflects their willingness to work together to challenge and support and make improvement in services to the public.

! ) !  
over the past five years and especially want to thank the safeguarding adults board team Denise Snow and Lesley Weakford for providing much needed support to the Board during my tenure.

I commend this report to you and warmly recommend that you s happening in Croydon to make services safer. I wish the board and the ongoing work on Safeguarding Adults in Croydon every success.

Annie Callanan  
Independent Chair

Welcome to David Williams, the newly appointed Independent Chair

After 17 years of safeguarding experience in my previous role I am excited to take on this new role. I firstly would like to thank & Annie, the previous chair, for her commitment and determination in progressing the board's agenda and profile over the last 5 years. My focus going forward will be on the Voice of the Community, helping to encourage prevention strategies across all partners to reduce risk. I want to ensure the profile and learning from the board and its vibrant sub-groups, helps to # # inform and develop best practice across agencies with the aim of improving outcomes for the most vulnerable. In addition, I am very pleased to announce that Andrew Brown, Chief Executive of the Croydon BME Forum, has agreed to take on the role as the Vice Chair of the Board and is also passionate about taking the progress of the Board forward

# Voice of the People

Mr X feels so much better after speaking to me and appreciates me contacting him. It was agreed that xxx could call me if he thinks of anything and I will be in touch.  
[Feedback to S42 Team]

Mind in Croydon have picked up more safeguarding alerts than ever as we provide more services to more people across the borough  
[Mind in Croydon]

I know XX agree that without your concern in the circumstances surrounding XX case we may not have got this far. We asked for our thanks to you to be recorded in minutes of the meeting on Thursday, since you had to leave the meeting before it ended.  
[Feedback to S42 SW]

Feedback received from an adult the SW was supporting around " is being supported to move to extra care housing after many years of abuse from # \* ! from the bottom of my heart for all your advice! # # really do appreciate it. You have been so kind and I do not know how I would have coped without your support

Thank you for this and your other reports, and for your support to the family in taking the

! ) + ) , ! your concern in the circumstances surrounding Miss Z case we may not have got this far. We look forward to the SAR and hope to get to the whole truth, to have answers to the many failings that have been identified, and some happen to somebody else.

[Comment from family on a S42 Social Worker]

!

Providers are telling us that they feel more supported and see that Croydon as a total system is supporting a market that supports our residents

# Good Practice Across the Partnership

Working along side the National and London SAB Chairs networks it has been proposed to escalate to the DHSC an issue of the lack of strategy when it came to placements/accommodation within the Madeleine SAR.

Other boroughs across London are also taking the learning from the Madeleine SAR by taking the recommendations forward.

What is the adult at risk saying?

There is evidence of partnership working across statutory partners and the voluntary sector.

Mind in Croydon and BME Forum working together on the MHPIC, Mind in Croydon have been able to pick up more safeguarding alerts as this service

people at home.

0

SLaM and the BME Forum jointly hosted a ADHD and Autism support group in February 2022 for clients while waiting to be seen by the neurodevelopment team at SLaM.

The Police established a one front door approach for strategy meetings to increase the number of strategy meetings the police are able to

establishing a weekly escalation meeting between partners to ensure learning and best practice are shared.

Working in partnership with Ingram Court youth hostel, NHS SWL CCG hosted a health and wellbeing day recently for young people experiencing homelessness to reduce barriers to accessing health services. In collaboration with partners from local health and care services including [Mind in Croydon](#), [Off the Record](#), [Change Grow Live](#), [Aids Healthcare Foundation \(AHF\)](#), health, the health promotion event created an opportunity for vulnerable young people to familiarise them with the free health and care services available throughout Croydon.

A new collaboration between Mind in Croydon, Croydon BME Forum and Croydon Health and Wellbeing Space intervention and BME engagement

3 # # 0 amount of inspections of provisions happened in the second half of 2021/22 as pandemic shift changed. Several examples of cross partner work to increase quality of care and see sustainable improvements

# Safeguarding Statistics 2021 / 2022

# Safeguarding Referrals Received during 2021-22



## ETHNICITY OF REFERRALS vs ETHNICITY OF CROYDON

- Ethnicity
- White
- Black / African / Caribbean / Black British
- Asian / Asian British
- Mixed / Multiple
- Other Ethnic Group

Referral\* Population

Compared to the ethnicity of Croydon population, Asian / Asian British are underrepresented for Safeguarding Referrals.

Black / African / Caribbean / Black British safeguarding referrals are 1% below its Croydon population percentage.

Of which, 559 closed safeguarding enquiries were substantiated\*\*

\*Of those with a declared ethnicity

\*\*Of those with an outcome



# Safeguarding Enquiries Started during 2021-22

Of the

# 698

Safeguarding Enquiries started  
in 2021-22 (up from 524 in 2020-21)

Of which, 76% of closed safeguarding enquiries were located within the community (compared to 77% in 2020-21)

Of which, 98% of adults felt they lacked mental capacity but they were all supported by an advocate, family member or friend (up by 24% from 74% in 2020-2021)

Of which, 25% of closed safeguarding enquiries were located in a Care Home (up by 3% from 22% in 2020-2021)

Of which, those that were asked their desired outcomes, 94% were either fully or partially achieved. (up by 8% from 86% in 2020-2021)

Of which, where a risk was identified, 94% resulted in risk reduction or removal (up by 7% from 87% in 2020-2021)

TYPE OF ALLEGED ABUSE

# Lay Member

## The role of Lay Member

A Lay Member will act as an independent voice and offer a wider perspective that recognises the diversity of our local communities in Croydon. Croydon SAB currently has one Lay Member who provides this contribution to the Annual Report and sits on both the Board and the SAR Sub Group.

Lay Members play an important role in the oversight, scrutiny, decisions and policies made by the Croydon Safeguarding Adults Board.

The CSAB are keen to recruit further Lay Members going forward.

## CSAB Meetings

The meetings of the Board have been enriched  
# " # /  
and challenges of some people's lives and the  
need for effective and timely support are well  
demonstrated.

## Safeguarding Adult Review [SAR] Sub Group

The SAR sub-group has commissioned more SARs and learning reviews. The completed SARs have provided a large number of important recommendations to improve services and provide more effective and co-  
#  
involves people (often young people) being placed in Croydon by other local authorities.

# Safeguarding Adult Reviews

The CSAB published four SARs during this year and below you will find the summaries for each of the reviews outlining the background and recommendations. The link below will take you to the full reports and the 7 Minute Briefings which provides updates on the recommendations.

<https://www.croydonsab.co.uk/about-us/safeguarding-adult-reviews/>

Mr Hong  
Duncan  
O1  
Madeleine

## Background

Mr Hong was 59 years old when he died. He came from

4 # 3 # & !  
seeker in the UK, where he had been living on his own  
5 6 ) . !  
Mandarin and he had limited use of English.

Mr Hong had kidney failure and received regular kidney dialysis in hospital. He was also lonely, depressed and anxious about his future. Following a long stay in hospital, Mr Hong was discharged to a nursing home where, three weeks later on 12.07.17, he killed himself by hanging using the alarm pull cord in his room.

## Key Learning

History taking, identifying risk factors, spotting patterns and escalation are essential activities in managing suicide risks. Mr Hong had chronic health problems, reduced quality of life and little social support. He was isolated and lonely since he had little understanding of English. Mr Hong was a man who had experienced stressful life events and was from an ethnic minority group. His asylum claim and right to appeal had been rejected and he faced deportation. Find out about # # lives and how their experiences and understanding of them might increase their risk of suicide. Suicide can be hard to predict and prevent so make sure that everyone involved in a suicide safety plan, including the person at risk of suicide, agrees and understands what the plan is and what their role is. Do not be falsely assured that just because a plan is in place, it will be

! # # ) .

was removed but was then returned to him so he could call for help. Always check.

Use interpreters and advocates for people who do not speak English and who are isolated. Do not rely on ad hoc interpreting arrangements and contact community groups and other cultural and language-based services even if they are not in your local area. Mr Hong was maintained in isolation. Make sure that someone who does not speak English understands what is happening to them and what the options available to them are.

Work together with social and health services, care providers and the Home Office to support people who are seeking, or have failed to claim, asylum. Share information and concerns and agree how best to meet social and health care needs.

## What has changed

The Home Office has introduced local safeguarding teams to improve how asylum decisions are served to potentially vulnerable people. The Language Line interpreting service provides Mandarin speakers. The London Borough of Croydon is introducing a Dynamic Purchasing System to expand the range of providers who can meet specific cultural needs. The LB of Croydon social workers, in an emergency, can authorise services for up to three days without managerial approval.

# Safeguarding Adult Reviews - Duncan

## Background

Born on 29 April 1983 and died at the age of 35 on 5 October 2018. He was White British and had fallen from a building and the cause of death was regarded as a possible suicide. Records indicate he had been adopted at the age of 7 but later his relationship with his adopted parents is said to have broken down but he

#

Duncan had a longstanding mental health problems dating back to around 2008, with several hospital admissions under sections 2 & 3 of the Mental Health Act 1983. He had various diagnoses recorded including paranoid schizophrenia. There is an history of concerns around suicidal ideation. He experienced periods of homelessness and of living in hostels. He was known to misuse substances.

## Making Safeguarding Personal

Duncan did not readily engage with offers of support. There is a repetitive cycle of hospital admissions, hostel accommodation, substance misuse, lack of compliance with medication. Duncan wished to live independently but his option was not pursued.

How well are we working with people who present multiple needs who find it difficult to engage?

- 7 Are they not engaging with us or are we not engaging with them?
- 7 How do we know the people we are working with?
- 7 Is there sufficient focus on the impact of trauma and adverse experiences?

Terms of Reference : To consider

- 7 Assessment and risk assessment
- 7 Mental Capacity assessments (executive functioning)
- 7 Responses to homelessness and temporary accommodation
- 7 Agencies working together
- 7 Information Sharing
- 7 Responses to substance misuse
- 7 Provision of Mental Health Services and support.

Lines of Enquiry:

- 7 Responses to Mental Health
- 7 Responses to substance misuse
- 7 Staff support
- 7 Working together and multi agency meetings
- 7 Risk assessment
- 7 Making Safeguarding Personal
- 7 Street-based living and hostel provision

O1 was a white British man who lived with his wife and his daughter who was known to mental health services. O1 had retired early to help care for his daughter. His wife described him as jolly, outgoing and optimistic but said he could also be short-tempered, aggressive and dependent on alcohol. O1 was the dominant person in the household; no-one in the family was prepared to challenge his views, especially around seeking help.

Concerns were raised in 2014 around self-neglect and hoarding. O1 was reluctant to engage and offers of support were declined. Four years later, a family member contacted Adult Social Care expressing concerns about the state of the home. Advice was given but the concern was not progressed and O1 remained on a waiting list.

In October 2018 O1 was admitted to hospital suffering from pressure ulcers and in a critical state. He was later discharged to a care home due to the state of the family home. In December 2018 O1 discharged himself from the care home and was not seen by agencies until early January 2019. He had been lying on the floor for several weeks and had significant pressure ulcers across multiple areas of his body. O1 was again admitted to hospital and recovered. He moved permanently to a nursing home and died in May 2020 aged 87.

The SAR noted lack of follow up when concerns were raised, missed opportunities for preventative work, risks not being considered.

## Recommendations

- 7 Improved understanding of safeguarding referral processes for GP practices and mental health staff.
  - 7 Safeguarding training, highlighting self-neglect, for hospital staff.
  - 7 Develop effective ICS governance around understanding safeguarding.
  - 7 Ensure clinicians know how to highlight
- 8
- 7 All agencies to review and audit safeguarding supervision arrangements.
  - 7 Professional Curiosity must be challenged and aired in supervision with time for critical reflection.
  - 7 Adult Social Care to: Improve internal communication between teams and external communication with other agencies; Improvements made following key changes implemented in ASC to be reviewed.
  - 7 Improved communications between and across all agencies to be audited by CSAB.
  - 7 GP registration to be better understood across agencies.
  - 7 Improvements to be made in commissioning guidance on discharge summaries and audit; also on commissioning guidance for care homes.
  - 7 Learning across agencies around risk and risk assessing practice and creation of a CSAB single risk management strategy.

# Safeguarding Adult Reviews - Madeleine

## Background

Madeleine was of mixed ethnicity (White British/Black Nigerian), she was 18 years old when she died and was well known to many services. She had a long history of mental health (CAMHS) support from a very young age, including being an inpatient when she was 9. At 16 her # ! & ). 9 they should ask for help from social care. Madeleine had a diagnosis of Autistic Spectrum Disorder, 9 : ; & # Disorder. She had an education, Health and Care Plan but despite this had been excluded from schools because of her behaviour which was challenging. She was first assessed by social care services when she was 12 and at 16 she was taken into care. She experienced 8 different placements in 5 months and was then placed in secure accommodation in Scotland. Shortly before her 18th birthday she moved from there to an Independent Living placement in Croydon. Despite having reached adulthood, coordination of her care needs remained the responsibility of LB ! & &

On the evening of the 13 August 2020, whilst at her placement, Madeleine took Ketamine. Staff called 111 for advice. A short time later, staff found her suspended from her door. She was taken to hospital and died on 16 August 2020.

## Recommendations

- 7 To review case files of young people with complex needs who require robust transition planning to protect them against harm. This must include information about how the voices of young people have been included within the care plans.
- 7 To support practitioners in improving their legal literacy, particularly in relation to mental capacity for young people and knowledge about autism and how practitioners can make reasonable adjustments to services and care plans, in accordance with guidance and legislation.
- 7 To improve multi-agency care planning for young people who transition into adult services and involve young people at every stage.
- 7 To review protocols of oversight of young people with care and safety needs who are the responsibility of one local authority but placed in another.
- 7 To provide more extensive information and guidance about the Transitional Safeguarding needs of care experienced by young people.

# CSAB Priorities 2021/2022

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# CSAB Priorities 2021 - 2022

## PREVENTION

### What has been done

7 The data shows a drop in contacts which become adult safeguarding concerns / referrals. This is a result in the changes in process. Croydon Adult Support team now

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a safeguarding response. What we have found in the past is many such contacts are better dealt with outside the safeguarding process in a more supportive / preventative model which generally results in better outcomes for Croydon residents. This has a positive impact through the safeguarding system ensuring that the safeguarding process of S42 Enquires is focused on those people who would benefit from this intervention. This change in process has enabled a stronger focus on prevention.

7 A central transformation team with a multi-agency group from health and the police established the new NHS 0300 process to enable officers to have up-to-date information and

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greater confidence to officers dealing with incidents, greater knowledge and clearer decision making processes based on evidence from medical practitioners.

7 A central transformation project has also been working to improve the police response to mental health incidents. The creation of a new digital process is due to go live in the next few weeks so that officers can share information to the mental health team for those in mental health crisis which reduces handover times and allows the medical team have the information in advance of the individual arriving.

### What needs to be done

Police to continue to work towards a fully embedded

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door for children which has reduced delays and

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approach will encourage strategy discussions between police and partners and provide a central

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The dedicated mental health team will continue to work with high volume service users

Police to continue training on mental health, wellbeing, neurodiversity and the anticipated changes as a result of the Liberty Protection Safeguards (LPS)

Police continued focus on Violence Against Women and Girls (VAWG)

Police continued focus on Serious Youth Violence

Mind in Croydon would like to see further building on the training offer for delivery partners, improving front line staff members ability to pick up on safeguarding issues.

Continue the work of the VOTP sub-group around awareness of how to report abuse as this is pivotal so residents act if they have concerns.

# CSAB Priorities 2021 - 2022

## PREVENTION

### What has been done

- 7 Police have continued to focus on serious youth violence which causes fear, ill-health and loss affecting individuals and communities.
- 7 The continuation of the Crisis Assessment Team (CAT) care programme where health professionals and the police jointly respond to urgent crisis calls with the aim of reducing the need for Section 136 and ensuring early diversions and support are put in place.
- 7 The designated nurse has been proactively involved in the Safe and Wellbeing Reviews Integrated Care System Oversight Review Panel. This was set up following the publication of SARs by Norfolk SAB [Joanna, Jon and Ben - published September 2021 | Norfolk Safeguarding Adults Board](#)
- 7 Development of the LA Autism service, moving back to face-to-face work.
- 7 SARs will always highlight the failings but there has been good work taking place between ASC and Mental Health and we need to keep this in mind.
- 7 The Police created a local violence against women and girls plan to drive activity locally in line with the Metropolitan  
4 " Predatory Offender Unit who focus on arresting high harm domestic abuse suspects.

Integrated Care Systems [ICS] have four key purposes:

- 7 Improving outcomes in population health and healthcare
- 7 Tackling inequalities in outcomes, experience and access
- 7 Enhancing productivity and value for money
- 7 Supporting broader social and economic development

Croydon are part of the SWL ICS along with the boroughs of Sutton,

# Background: Living Independently For Everyone (LIFE)

Both current and traditional ways of working need to change fundamentally if we want to further improve the health and wellbeing of the people of Croydon. Too many of our services are focussed on supporting those in crisis rather than preventing them getting to that point. One Croydon is developing transformational models of care so that we work to support people to stay well for longer.

LIFE is a 9 : : : # # LIFE service. LIFE is an integrated, community-based single team of staff drawn from across reablement, rehabilitation, intermediate care, health and social care professionals, clinicians, and colleagues from related community organisations within the 3rd Sector.

What we want to achieve:

Building on success of the LIFE service, we want to take our integration to the next level by having fully integrated teams between acute and community, integrated IT & financial systems and integrated leadership. We want to expand by creating 6 integrated teams in each locality to support people remain in the community (Integrated Community Networks ICN+)

## ICN+ core team

A physical space in each locality for co-working and joint clinics

IT solutions for virtual MDT meetings and flexible working

Management of locality health and care budget

Integrated manager  
Social workers  
Community Nursing  
Occupational Therapists  
Physiotherapists  
Pharmacist  
Network Facilitator  
Talking Therapist

Mental Health Practitioners  
Live Well Service  
Community Builders  
GPs  
Geriatricians  
Personal Independent  
Co-ordinators

# CSAB Priorities 2021 - 2022

## COMMISSIONING

### What has been done

- 7 The Police continued to review all incidents involving vulnerable adults and care homes and consider a SAR referral when an adult dies or is seriously harmed as a result of suspected abuse or neglect and there is concern that partner agencies could have worked together more effectively to protect the adult.
- 7 CHS appointed a DVA support worker to work alongside the IDVA and drive improvements with the management of domestic abuse in the Trust.
- 7 Regular meetings with providers to give training and updates on policies/procedures were carried out by the Commissioning Team at the L.A. This was a new approach which started in 2020/21.
- 7 Regular monthly report showing quality of provider provision in the borough. This is to help prioritise concerns and to focus areas of where improvements are to be made.

### What needs to be done

- 7 CSAB to be an active partner in the Integrated Care System and engage with partners at Place level.
- 7 Provider Training to continue by the Commissioning Team and plan for this to expand in 2022/23.
- 7 An action plan is to be developed as part of the Social Care Provider Strategy Group which will feedback into the Localities Board and CSAB which is from all partners.
- 7 To have a full understanding of the quality of the market.
- 7 To support the development and sustainability of providers especially around workforce recruitment and retention.
- 7 Review of the Provider Concerns Policy which gives a framework to manage safeguarding enquiries in respect to Providers of social care.

# CSAB Priorities 2021 - 2022

## COMMISSIONING

### What has been done

- 7 Commissioning being a part of ASC ensuring a more integrated development of services and a response to safeguarding issues.
- 7 New commissioning structure which will reflect client cohorts so relates to the needs of the Croydon resident. This has involved bringing staff together in one team to refocus on working with the market.
- 7 The CSAB Intelligence Sharing sub group continue to have oversight of the provider market, high engagement from all agencies across the partnership.
- 7 Championing what matters to you:

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22. Croydon Healthwatch represented on the CSAB and sub groups. Link to full report:  
<https://www.healthwatchcroydon.co.uk/wp-content/uploads/2022/06/Championing-what-matters-to-you-Healthwatch-Croydon-Annual-Report-2021-22.pdf>

# CSAB Priorities 2021 - 2022

## Making Safeguarding Personal

### What has been done

- 7 A dedicated police mental health team continues to work with a cohort of high volume service users working with partners to reduce calls to service and ensure an effective tailored response.
- 7 Established a new Risk and Demand team which provides a 24/7 investigation response for missing people within the early hours of the investigation. Officers are specially trained to identify and manage risk and work alongside our response teams to provide the most appropriate response . Enhanced supervision within the team ensures police use all resources and opportunities to protect and safeguard. [Police]
- 7 Working in partnership with Ingram Court Youth Hostel, NHS SWL CCG hosted a health and wellbeing day for young people experiencing homelessness to reduce barriers to accessing health services.
- 7 Reshaping of the LA safeguarding process ensuring that all referrals receive a measured and  
# # 9  
contact stage to see if there is a better way of managing the matter than going through the s42 process. Outcome has been to have a more balanced response with better outcomes.

### What needs to be done

- 7 Support Local Authority, NHS and other partners transition from DoLs to LPS . Ensuring it is a safe and effective process
- 7 Have a robust transitional safeguarding process across the partnership.
- 7 New provider networks for home care, over 65s and working age adults have been set up for 22/23.
- 7 Engagement and support to the market is critical in ensuring excellent quality care. Over the next year we want to get the voice of the providers and residents into action plans to support this around improved use of technology, workforce and voice of the resident.
- 7 To continue to work together to ensure what is referred as a safeguarding issue is appropriate.
- 7 Work across the partnership on the transition from DoLs to LPS when implemented.
- 7 Review of the Self Neglect Policy.

# CSAB Priorities 2021 - 2022

## QUALITY & IMPROVEMENT

### What has been done

- 7 Learning from Safeguarding Adult Reports  
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are shared to maximise the opportunity to better safeguard adults with care and support needs, who are or may be at risk of abuse or neglect.
- 7 The Police continued to deliver internal training and events to our staff focused on mental health, wellbeing and neurodiversity to increase knowledge and share best practice.
- 7 The Police continued focus on providing support and advice to investigating officers to improve their knowledge around mental health and access to partner leads.
- 7 Restructure of the Quality & Market Support Team at the L.A., this team has total responsibility for the quality of the market and is now one centralised team: 1 Quality & Market Support Manager and 5 Care Quality Officers.
- 7 Better use and understanding of the new LA  
\$ < \$ 0  
recording and data quality leading to more robust data to support future planning and to support the changes to the process as outlined above.

### What needs to be done

- 7 Health to support Adult Social Care to strengthen the process to provide referrers feedback on the outcomes of safeguarding concerns.
- 7 CSAB to embed the statutory guidance, agree a framework for the People in Position of Trust (PiPoT) process and communicate this with all relevant partners.
- 7 CSAB to be sighted on the potential changes in children safeguarding from the independent review May 2022 and assess areas of learning for adult safeguarding.
- 7 While the new Quality & Market Support team are in place, they do not yet have full oversight in monitoring all care providers. The team will come up with a full monitoring plan by the end of July 2022 to show how all provision can be monitored.
- 7 Out of Borough placements was an action for improvement in 21/22 by commissioning, they are now looking to introduce a system of regular check ins with local authorities at the start of Quarter 3.

# CSAB Priorities 2021 - 2022

## QUALITY & IMPROVEMENT

### What has been done

- 7 CHS hosted a domestic abuse conference and key speakers included the NHSE Safeguarding Lead and representative from the Domestic Abuse & :.
- 7 The stability of ASC coming out of the pandemic: DASS appointed, reshaping of disability service for a more localised response, continued development of integrated localised multi-disciplinary services in older people and the reduction of the DoLs waiting list.
- 7 There has been a positive change in who Safeguarding Adult Review requests are submitted by, these are now being received from across the partnership.
- 7 ASC data is more accurate and is telling us that ! 0 ! concerns but more enquiries.
- 7 Presentation given to the CSAB members by the S42 team outlining the referral process and providing case examples. This was rolled out to the GP Forum, Health colleagues and to the London Lived Experience Group.

### What needs to be done

- 7 More focus required on homelessness, workshop planned for October 2022 following recommendations 9 3
- 7 Work on transitions is underway however, to continue this work and the development of the Transition Service.
- 7 To continue the on-going re-shaping of the ASC safeguarding processes.
- 7 Continue to work on the dashboard with colleagues who work with data collection such as Public Health, FJC and what are the overlaps between the CSCP and the CSAB.
- 7 Identify the good practice and how can we share that learning widely.
- 7 Refresh the current Training & Improvement sub-group beginning with the Terms of Reference and the name of the group. Group to focus on knowing what training is out there and translating SAR outcomes into training.



# CSAB Priorities 2021 - 2022

## VOICE OF THE PEOPLE

### What has been done

- 7 Members of the VOTP sub group have presented 9 ( # # Croydon. These have included provider forums, Care Home Managers, Dom Care Forum, BME Forum with further events being planned. List collated of groups to engage including updates on where the VOTP/CSAB team reps have # " # #
- 7 S42 presented the work they are doing around the Service User feedback questionnaire with the aim
- 7 ( # 0 with the development of a consent form to obtain photos and quotes for the leaflet from residents with visits planned to obtain photos.
- 7 Chair of the VOTP being an active member of the London Lived Experience Group bringing information back for the CSAB and also sharing & ! ! \$ ! #

### What needs to be done

- 7 CSAB and VOTP members to attend and share the work of the board and group to the Selsdon and Sanderstead Rotary, Asian Resource Centre, HearUs, and Councillor meeting.
- 7 On 20<sup>th</sup> ? = > = = ) & @ " Heath has been organised with the aim to also, with consent, to take photos for the Keeping You Safe leaflet.
- 7 A need to continue to tidy up governance around SARs with the review of the framework alongside the regional SAR Protocol work.
- ! 7 Working together across the partnership for adult # ! using the opportunity of the ICNs.
- 7 Learn more from the work planned to be undertaken around Hard to Engage with the need to upskill the workforce around engagement.

# CSAB Priorities 2021 - 2022

## Communication & Engagement

- ! 0 ) . 4 # & ;  
Service [MHPIC]: Croydon BME Forum and Mind in Croydon have formed an exciting new partnership. The MHPIC Service offers one to one support for people with a serious mental health illness. It will focus on what matters most to people and to see how best we can support in arrears such as managing their mental health.

The Recovery Space is now fully rolled out and adopted, essentially this is & & @ safe, non-clinical, supportive environment for people experiencing a social mental health crisis

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days a week in East Croydon. This acts as an alternative to using other crisis services.

- Crisis Support workers seek to:
- 7 Manage crisis
  - 7 Identify triggers
  - 7 Identify strengths & coping methods
  - 7 Explore self-help tools and apps
  - 7 Improve your self-confidence, esteem and independence
  - 7 Develop personalised wellbeing tool kit.

The CHWS is a new service and opened in January 2022. It provides MH and Wellbeing support and & finance, housing, education, training & employment and social inclusion. It provides access to support including clinical, and advice and information for people to overcome barriers to manager their MH and independence.

People can self-present at the Space, without a need for referral, or alternatively, can be formally referred by the Central Croydon Mental Health clinical teams. Support includes help in looking after your health and wellbeing when you are in a time of crisis.

# CSAB Priorities 2021 - 2022

## COMMUNICATION & ENGAGEMENT

### What has been done

- 7 The CSAB has excellent engagement across the partnership and this is evidenced by the attendance at both the Board meetings and sub groups. Partners are represented across all agencies and with partners keen to take on the roles of Chair and Vice Chair of the sub groups.
- 7 Strong links made with other SABs in London with increased engagement with both national and London networks, this enables the CSAB to share information developed in Croydon and to learn from other SABs.
- 7 We have developed a list of contacts for SAR authors which is growing with more authors expressing an interest to undertake commissioned SARs.

### What needs to be done

- 7 Making the public more aware of what is already out there for them to access.
- 7 The use of simple language around Domestic Abuse and different forms of abuse and promotion around the language.
- 7 Following the CSAB Development Day to refresh the three year Strategic Plan in line with the new priorities.
- 7 Look to appoint a second Lay Member to the membership of the CSAB.

# CSAB Priorities 2021 - 2022

## COMMUNICATION & ENGAGEMENT

[www.Cbmeforum.org](http://www.Cbmeforum.org)

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The focus and outcomes for the day was to:

Review the relevance of the 3-year strategic plan in a changed Croydon.

Reflect on the impact of world events over the past 20 months

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Refresh the SAB working together culture

Revise the SAB priorities to represent the needs of the Croydon residents

Require commitment from all SAB members

Priorities for 2022/23 were discussed and agreed as follows:

Prevention

Commissioning

Quality and Improvement

Cross sector working 0 ! ! & 4

developments across these to support safeguarding.

Prevention, Commissioning and Quality & Improvement remains with a new priority of Cross Sector Work.

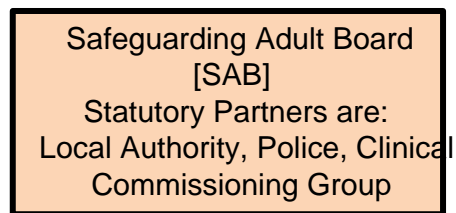
Making Safeguarding Personal to become a common thread through sub-groups along with Voice of the Croydon resident and Communication & Engagement.

It was agreed there is still work to be done by the sub-groups however, the group members are very much engaged with the work of the CSAB and this forms a solid sub-group foundations with absolute commitment to move forward.

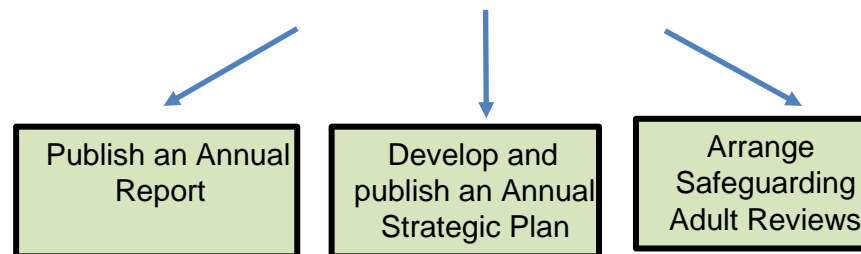
# Governance & Accountability arrangements

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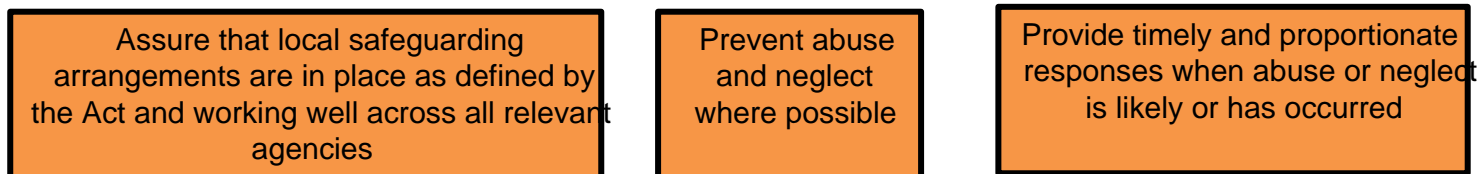
SAB Membership includes:  
Local Statutory & voluntary sector organisation and a Lay Member.  
Chaired by an Independent Chair



### Core duties of the SAB



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



# Six Safeguarding Principles

The national guidance says that six principles should guide all safeguarding adults work

## Empowerment

Talk to me, hear my voice

## Protection

Work with me to support me to be safe

## Prevention

Support me to be safe now and in the future

## Proportionality

Work with me, to resolve my concerns and let me move on with my life

## Partnership

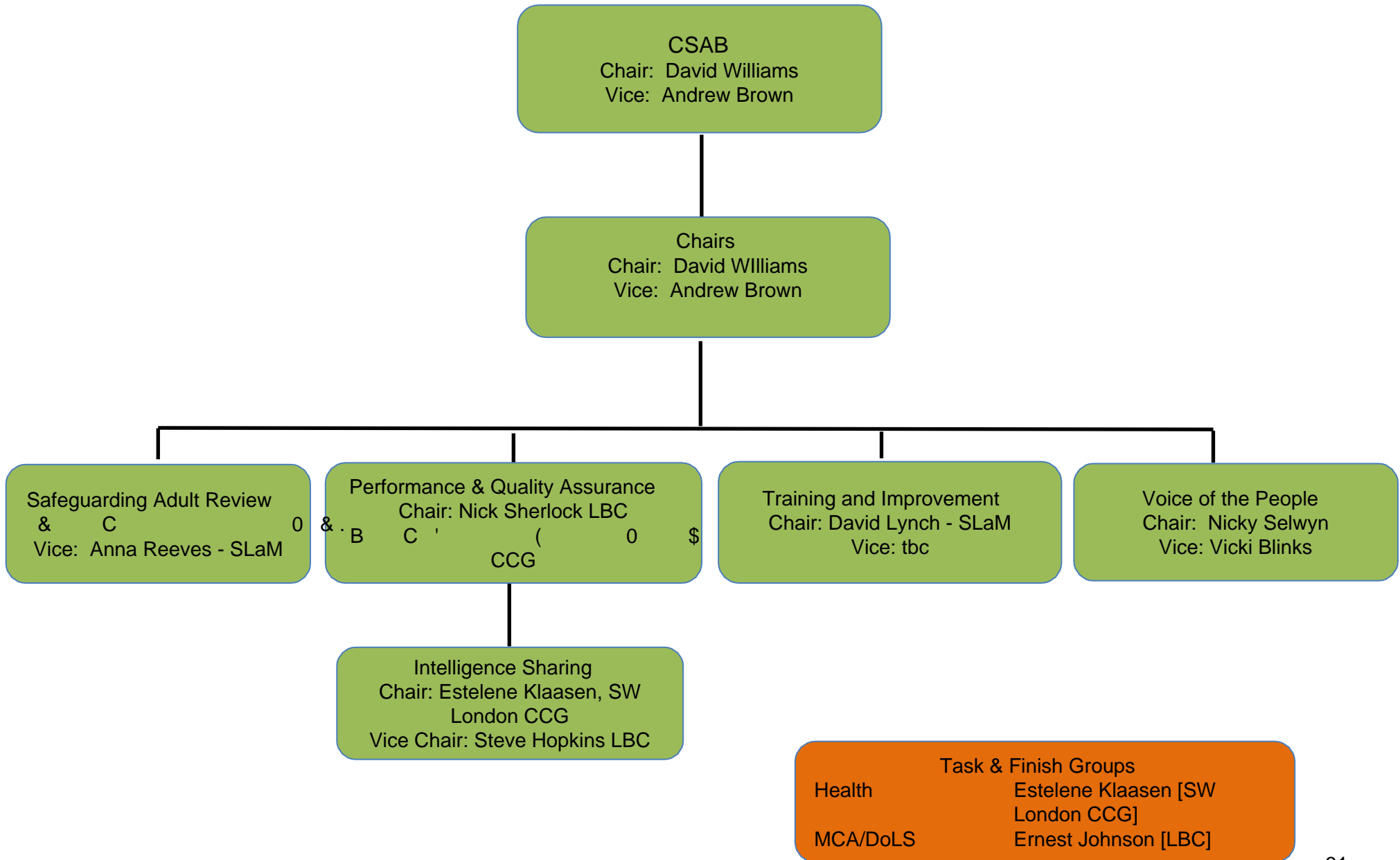
Work together with me

## Accountability

Work with me, know you have done all you should



# CSAB Structure



# CSAB Structure

All sub groups will have a Chair & Vice Chair agreed by the Board to ensure governance and accountability. Each Sub group develops a work plan reporting to the board on progress against the strategic priorities and this will inform the Safeguarding Annual Report. The Health and MCA Task & Finish Groups undertake specific projects as and when required.

## Chairs Sub Group

The Chairs monitor and review the CSAB Strategic Plan progress and priorities. Have oversight of the

## Performance & Quality Assurance

Working together to oversee, support and monitor the quality of care across the partnership in order that safeguarding standards keep people safe and minimise risk.

## Safeguarding Adult Review

Considers requests which may meet the statutory criteria, to make arrangements for and oversee all SARs ensuring recommendations are made, messages are disseminated and lessons learned.

## Training & Improvement

To explore and implement the training and learning needs of partners in order to deliver a co-ordinated training programme. It will be focussed on improving the outcomes for adults at risk in Croydon, have oversight of training and identify gaps and duplication.

## Voice of the People

Support a person centred approach and focus on demographic groups which are under represented in safeguarding data. Raise awareness of safeguarding and what it means to the resident with the voice of the resident heard and acted on.

## Intelligence Sharing

Support the CSAB with regards to prevention by managing the provider market through frequent market oversight. It allows colleagues from all aspects of health and social care to share good practice and concerns.

# 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 increase in member contributions.

Income  
 2021/2022

2021/2022  
 Expenditure:

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	Reserves have been carried over and the budget for 2021/22 proposes to utilise some of the reserves for future SARs as the national/local picture shows a trend of commissioning SARs is increasing.

<https://www.croydonsab.co.uk/information-resources/>

Click here for full report

# Glossary

ADASS	Association of Directors of Adult Social Services	MCA	Mental Capacity Act
ASC	Adult Social Services	MSP	Making Safeguarding Personal
BME	Black and Minority Ethnic	MASH	Multi agency Safeguarding Hub
CCG	Clinical Commissioning Groups	MPS	Metropolitan Police Service
CHS/ CUH	Croydon Health Services/Croydon University Hospital	NHSE	National Health Service England
CSAB	Croydon Safeguarding Adult Board	PIC	Personal Independence Coordinator
CQC	Care Quality Commission	SAR	Safeguarding Adult Review
DoLS	Deprivation of Liberty Safeguards	SAPAT	Safeguarding Adult Partnership Audit Tool
DWP	Department of Working Pensions	SLaM	South London & Maudsley NHS Foundation Trust
HMPP	. ) * 4 4	SI	Serious Incident
ICN+	Integrated Community Networks Plus	VOTP	Voice of the People
IRIS	The Identification & Referral to Improve Safety	DASS	Director of Adult Social Services
LD	Learning Disabilities	LPS	Liberty Protection Safeguard
LFB	London Fire Brigade [Croydon]	CHWS	The Croydon Health and Wellbeing Space
LAS	London Ambulance Service	MHPIC	Mental Health Personal Independence Co-Ordinator Service
LGA	Local Government Association		

# How to contact the CSAB

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Lesley Weakford, CSAB Co-ordinator  
[Lesley.Weakford@croydon.gov.uk](mailto:Lesley.Weakford@croydon.gov.uk)

or [csab@croydon.gov.uk](mailto:csab@croydon.gov.uk)

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

# Agenda Item 7

<b>REPORT TO:</b>	Health & Social Care Scrutiny Committee 18 October 2022
<b>SUBJECT:</b>	<b>ADULT SOCIAL CARE BUDGET AND REFORMS</b>
<b>LEAD OFFICER:</b>	<b>Annette McPartland</b> Corporate Director of Adult Social Care and Health
<b>CABINET MEMBER:</b>	<b>Councillor Yvette Hopley</b> Cabinet Member for Health and Adult Social Care
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Annette McPartland</b> Corporate Director of Adult Social Care and Health
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	Scrutiny of the Adult Social Care Budget has been identified as one of the key actions in the Sub-Committee work programme for 2022-23.
<b>BRIEF FOR THE COMMITTEE:</b>	The Committee is asked to scrutinise the information provided with a view to:- <ol style="list-style-type: none"><li>1. Considering whether it is reassured about the delivery of the 2022-23 Adult Social Care Budget</li><li>2. Gaining an understanding of the implications for Croydon from the Government's social care reforms.</li></ol>

## 1. EXECUTIVE SUMMARY

- 1.1. This report provides the Health and Social Care Scrutiny sub-committee with an update on the Adult Social Care and Health Directorate's Period 4 budget and savings position; progress against the Adult Social Care Reforms, and on delivering the Resident Voice commitments.

## 2. PERIOD 4 BUDGET AND SAVINGS POSITION

- 2.1. At Month 4, an underspend of £0.217m is forecast with £1.352m MTFS savings at risk of non-delivery and £0.380m opportunities identified. The underspend is due in the main to vacant posts across provider services.

- 2.2. The forecast has improved and there are still risks that some savings may not be achieved. This is, in part, due to the level of social work vacancies within Social Care Operations. The total risk indicated is £1.352m.

- 2.3. Unquantified Risks present continued concerns as to impact upon the Directorate budget over the remainder of the financial year:

- 1) Potential post COVID-19 latent demand working through the population resulting in additional care package placements and community equipment.

- 2) Inflation, rising fuel costs will result in significant expenditure for ASC Providers – may result in claims for increased fees and/or financial instability with potential for 'handing back' contracts.

3) Hospital discharge pressure as current system risk is running at winter activity levels due to COVID-19.

- 2.4. Continued detailed analysis of demand and cost will take place each month to the end of the financial year to enable, where possible, an estimate of the value of these current Unquantified Risks as listed.
- 2.5. There are also opportunities of £0.380m identified in relation of Public Health.
- 2.6. Deep dive analysis of the budgets in Transitions, Disability Services, Older Peoples Services and Mental Health is underway to support additional quality assurance on the finances of these large and volatile budgets.
- 2.7. The forecast outturn position of the General Fund is shown below in Table 1.

**Table 1 – Adult Social Care and Health Month 4 Forecast**

Forecast Variance as at Current Month 4	Forecast Variance as at Prior Month 3	Change from Month 4 To 3	Savings non-delivery as at Month 4	Other Pressures as at Month 4
£'000s	£'000s	£'000s	£'000s	£'000s
(217)	58	(275)	380	(597)

**Table 2 – Progress on MTFs Savings**

Target value	Savings Not Delivered (In Forecast)	On track value	Delivered value	Current Month At Risk Value
£'000s	£'000s	£'000s	£'000s	£'000s
(£16,500)	380	8,315	6,453	1,352

- 2.8. Table 3 below provides for details of MTFs savings that are at risk of non-delivery with a brief commentary of the projects that are not or are unlikely to deliver the expected savings.

**Table 3 – Month 4 MTFs Savings Risk**

MTFS savings reference	Description	Savings at risk as at month 4	Savings at risk as at month 3	Change from Month 4 To 3
		£'000s	£'000s	£'000s
21/22 ASCH 01	Disabilities operational budget	833	833	0
21/22 ASCH 05	Mental health operational budget	83	83	0



21/22 ASCH 08	Older people operational budget	194	194	0
21/22 ASCH 04	Review of contracts	132	0	132
21/22 RES 06	HWA contract savings	110	0	110
<b>Total</b>		<b>1,352</b>	<b>1,110</b>	<b>242</b>

**Table 4 – MTFS Savings Not Delivered**

Saving description	Target value	Saving not delivered
	£'000s	£'000s
Refocusing Public Health funding - New Youth & Wellbeing Offer	<b>-380</b>	<b>380</b>

2.9. Other risks and risk mitigations are split into quantified and unquantified items. As with the outturn forecast set out in Table 1, risks are separately reported for those elements that relate to potential non or under-delivery of approved savings, as agreed by Full Council in March 2022, and those that are new and not directly related to agreed savings plans.

2.10. Table 5 provides a list of quantified and unquantified other risks, which are in addition to the savings risks. Table 6 provides the opportunities.

**Table 5 – Other Quantifiable and Un-quantifiable Risks**

Quantified Risks	P4 £'000s	P3 £'000s	Details of Risks
Adult Social Care and Health	-	-	None.
Un-quantified Risks	P4 £'000s	P3 £'000s	Details of Risks
Adult Social Care and Health	-	-	Potential post Covid-19 pandemic latent demand working through the population resulting in additional care packages placements.
	-	-	<b>Inflation</b> , rising fuel and food costs significant expenditure for care providers - may result in claims for increased fees or face financial instability
	-	-	<b>High vacancy rate</b> is caused by significant challenges in recruitment across the Directorate. This means staff are focussed on statutory

			delivery, rather than transformation. This is a national issue.
	-	-	<b>There is Hospital discharge pressure</b> as the current system risk is running at winter levels due to Covid and backlog despite being summer. Work is being done on a deep dive, as the numbers of placements and equipment cost are rising.

**Table 6 - Quantifiable and unquantifiable opportunities**

Quantified Opportunities	P4 £'000s	P3 £'000s	Details of Opportunities
Adult Social Care and Health	(380)	(380)	<b>Public Health (£0.380m)</b> Ongoing Internal Review of Public Health Funding towards related expenses.
Un-quantified Opportunities	P4 £'000s	P3 £'000s	Details of Opportunities
Adult Social Care and Health	-	-	None.

### 3. ADULT SOCIAL CARE REFORMS

3.1 The government's Adult Social Care White Paper, 'People at the Heart of Care', was published in December 2021. It identifies opportunities and challenges which will be faced by Croydon Council and other Local Authorities in England. The key principals of the reforms are:

- £5.4 billion to support adult social care in England over the next three years. This includes introduction of a cap on care costs and a more generous means test.
- To introduce a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in respect of its discharge of duties under the Care Act. An inspection may take place from some point in 2023/24 onwards and it is essential that Croydon is prepared by reviewing all potential areas of inspection before this date. There will also be a local system review.
- To grant new powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings.
- To establish an adult social care data framework during 2022.

#### Care Cap

- 3.2 The government intends to reform how people pay for adult social care with a commitment that nobody needing care should have to sell their home.
- 3.3 The White Paper proposes an £86,000 cap on the amount anyone in England will have to spend on their personal care over their lifetime to be introduced from October 2023.
- 3.4 The cap is applied regardless of age or income, although **only** money spent on meeting a person's personal care needs will count towards the cap, so this will exclude accommodation and daily living costs, also known as 'hotel costs'.
- 3.5 Additionally, from October 2023 the Government proposes to make the means test for accessing local authority funding support more generous. This includes increasing the upper capital limit (the threshold above which somebody is not eligible for local authority support towards their social care costs) from £23,250 to £100,000. This means that, in assessing a person's ability to pay for their own care, the value of their personal assets that is disregarded in the calculation will more than quadruple. This measure is intended to reduce pressure on people to sell their homes or other assets to pay for their care.
- 3.6 People receiving care, funded or self-funded will need a Personal Care Account, which will track how much they spend on their care. Whilst this new service will be beneficial to those accessing care, the Council will need to ensure it has the capacity in personnel and systems to meet the related rise in demand for assessments.

### **Inspection and Assurance Framework**

- 3.7 A new inspection and assurance framework will be introduced from April 2023. This includes new legal powers for the Secretary of State for Health and Social Care to intervene in local authorities to improve services where there are significant failures to deliver their duties under the Care Act 2014.
- 3.8 Detail of the inspection and assurance framework has yet to be finalised. However, it is anticipated there will be some assessment at the 'Place' level, i.e., health and care system partners in Croydon. This would likely focus on a partnership approach, care market management, as well as a strong emphasis on the lived experience of people who use services.
- 3.9 The Care Quality Commission will assess local authorities using a new single assessment framework that builds on the approach that is currently used to assess providers (following 5 key lines of enquiry: Safe, Effective, Caring, Responsive, and Well-led).
- 3.10 It will also draw upon the 'I' statements used in the Think Local Act Personal, 'Making it Real' framework, that reflects the most important aspects of personalised, culturally appropriate care.
- 3.11 Assessment themes are expected to be working with people, providing support, ensuring safety, leadership, and workforce.

- 3.12 Consequently, it is a priority for Croydon to ensure that its response in all these areas is addressed during 2022/23. This will enable the Council to be in the best possible situation to respond to an assurance inspection, which could take place at any point from 1 April 2023 onwards.
- 3.13 In preparation, the Council has completed a self-assessment based on the preparation for inspection tool developed by the Association of Directors of Adult Social Care (ADASS), with the support of an external advisor.

#### **Fair Cost of Care exercise**

- 3.14 The exercise is a government requirement, to work with local care providers to understand cost pressures. A draft submission is due in October 2022, and a final submission of the exercise results is required in February 2023. Successful delivery is directly linked to in year funding for 2022/23, and access to a £600m national pot for 2024/25 and 2025/26.
- 3.15 The issue remains, that grant allocations to local authorities will not be known until after budget setting is into its final phases.

#### **Implementing the changes**

- 3.16 The Croydon health and social care system is well advanced with regards to the implications of the ASC White Paper, with significant integration in place already through the Croydon Health and Care Plan, and the One Croydon Alliance, including broader integration initiatives delivered through the Better Care Fund.
- 3.17 The Directorate's existing service and improvement plans have anticipated the reform, planning initial capacity to analyse the extent to which Croydon's services meet the white paper requirements. For example, setting up a Fair Cost of Care programme and team. This is now the Adult Social Care Reform Board to enable it to incorporate the broader reforms and Inspection Readiness.
- 3.18 This latter area of work is supported by a monthly Performance Board, which is focused on areas of weak data, financial or operational performance identified in the ADASS 'preparation for inspection self-assessment tool'. It will also report regularly to the Directorate's independently chaired Improvement Board.

#### **Potential for unanticipated costs**

- 3.19 If the new system is introduced, the lifetime contributions and the personal savings limit changes, will result in the funding of new peoples' care costs becoming the Council's responsibility, which represents a potential significant financial risk.
- 3.20 As negotiated council rates are anticipated to be lower than privately funded rates, providers may need to adjust their general tariff rates to compensate for any potential overall loss of income from more competitively commissioned rates from local authorities.

- 3.21 A self-funding person coming forward to ask the Council to arrange their care, will also require an assessment of eligibility of needs based on national criteria and the self-funded level of support might not align with services that the local authority would have commissioned. Nevertheless, there will be a pressure on the Council to complete these assessments and to work with residents to understand the implications, which will present a further pressure on resources.
- 3.22 It will be essential that residents understand the implications of the changes for them. Our developing panel of residents with lived experience, will be a crucial forum to develop an effective and accessible communications plan to enable residents to understand the full implications of the reforms.
- 3.23 Council finance officers across London dealing with adult social care are currently working on indicative modelling to cost the potential financial impact of the reforms, resulting in more people who fund their own care becoming the responsibility of their local council.
- 3.24 In essence, the introduction of a care cap creates a potentially significant and only partially quantifiable financial and capacity risk for the Council.
- 3.25 Detail around the level of funding the government will make available to support local authorities is crucial to fully assess the impact and further announcements on this are anticipated.
- 3.26 Some of the funding has been announced, specifically the Market Sustainability and Fair Cost of Care Fund, which will give £1.4bn grant funding to councils over three years. Although this is to help local authorities prepare their markets for reform, not to help with an increased number of clients. Councils will not know their grant allocations until Quarter 4 of 2022/23, nor is there clear guidance on the grant beyond 2024/25. It is also possible it may not be sufficient to meet the financial pressures.
- 3.27 In terms of the wider ASC Reforms, in August 2022, the government published a consultation, '[Distribution of funding to support the reform of the adult social care charging system 2023 to 2024](#)'. The proposals cover the elements of the reforms related to distributing funding for needs and financial assessments, the extension to the means test and the cap on care costs. A final funding decision will be published by the 2023/24 provisional local government finance settlement. Croydon contributed to the London Councils submission.
- 3.28 Learning from the consultation responses and from delivery in 2023/24, will inform adjustments to decisions on future distribution values. It is likely there will be a further consultation for 2024/25.

### **Cost of living update**

- 3.29 Although not immediately tied to the ASC Reforms, cost of living implications are substantial at present, so it is pertinent to provide a brief update on work being delivered.

- 3.30 The Council has set up three provider forums (Home Care, Older People & Working Age Adults) to support our ongoing work with the Care Market and our Market Position Statement which will set out our commissioning plans going forward.
- 3.31 Feedback from care providers in these forums and from other meetings around cost of care/living increases are:-
- The 22/23 inflationary increases were welcome; however, this was based on modelling in January 2022 and cost of living has continued to increase since. The inflation increases for 22/23 is overall higher than most other neighbouring Councils.
  - That local authorities set prices for the whole year each April and do not adjust for any future pressures.
  - Home Care providers are concerned on the cost of petrol increases.
  - Insurance and energy costs for care home providers are continuing to rise.
  - Recruitment and retention of staff is still a significant concern with low unemployment and other sectors paying higher rates to staff. Impact on covid-19 vaccination meant that 6% of staff left the care home industry in November 2021. There is dedicated support via a Workforce Recruitment and Development Plan which is helping local care providers.
- 3.32 Whilst Croydon has set out a clear approach to inflation for 22/23, this is continuing to rise and there is risk of provider failure going into the winter months.
- 3.33 Other local authorities have seen care contracts handed back over the last 6 months; so far this has not happened within Croydon.

#### **4. RESIDENT VOICE**

- 4.1. In the June 2022 paper to this Sub-Committee, commitments were set out related to the Mayor's Resident Voice priorities. In particular, to building long lasting relationships with our residents through strengths-based approaches.
- 4.2. As part of this, on 3 August 2022 officers supported the Croydon Adult Social Services User Panel to deliver their annual event - Talking About Adult Social Care (the first held since the start of the pandemic).
- 4.3. The event was facilitated by the National Development Team for Inclusion (NDTi). NDTi have been working with the Council and system partners for a number of years. They have supported the development of the strengths-based practice 'Good Conversation' model for our social work and integrated community teams and approaches to strengths based commissioning.
- 4.4. The focus was twofold:
1. To set out the Directorate's approach to Resident Voice and developing a new group of experts by experience, specifically residents, who the Council will work alongside (sometimes through

engagement, and wherever possible through co-production) to deliver the reforms and Improvement Plan.

2. For attendees to actively influence the emerging Adult Social Care and Health – Market Position Statement.

A market position statement (MPS) is a document produced by local authorities, ideally following a process involving providers, people who use services and other partners, and aimed at a wide range of care providers – both current and potential - which summarises supply and demand in a local authority area or sub-region and signals business opportunities within the care market in that area.

- 4.5. It was important for NDTi to facilitate the day, in particular to introduce and lead the discussion on co-producing the design and values of the new group.
- 4.6. On the whole, there was general consensus for the idea amongst attendees. NDTi are due to shortly complete the write up of the event, which will be shared to all attendees. It will then help set the agenda and structure for a follow up development session, again led by NDTi, planned for Oct 2022.
- 4.7. If the Committee wishes, a progress update can be provided to the November meeting.

<b>Attendees</b>	<b>Cllrs</b>	<b>Staff</b>	<b>Public</b>	<b>Organisations</b>
	4	13	17	3

## **5. NEXT STEPS**

- 5.1. There is substantial delivery required on both the Medium Term Financial Plan savings, managing demand, and implementing the ASC Reforms.
- 5.2. The Directorate has established programmes and plans in place, with resources secured to deliver the savings and reforms. These are live and continue to move through the critical path.
- 5.3. The Council, along with others Local Authorities continues to raise concerns to central government over the challenges in terms of late confirmation of funding distribution; and on the sufficiency of the expected levels of funding.
- 5.4. The Council remains well linked to national and regional partners, and we are conscious there will be emergent best practice developing from these relationships, that should be understood at a local level.
- 5.5. There is potential for a winter Covid surge to disrupt the reform implementation, as resources and workforce are diverted. This will be monitored through Corporate, Directorate and system partnership governance, and appropriate escalation and mitigation actions implemented.

- 5.6. There will be regular assurance updates to this Committee, the Mayor, and Independent Assurance Panel.
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### **CONTACT OFFICER**

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### **BACKGROUND DOCUMENTS:**

- **People at the heart of care – Adult Social care reform paper**  
<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>
- **Market Sustainability and Fair Cost of Care Fund: 2022 to 2023**  
<https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023>



# Agenda Item 8

<b>REPORT TO:</b>	HEATH & SOCIAL CARE SUB-COMMITTEE 18 October 2022
<b>SUBJECT:</b>	<b>Heathwatch Croydon Update</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Gordon Kay – Heathwatch Croydon Manager &amp; Co-opted member of the Health &amp; Social Care Sub-Committee</b>
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	As a co-opted member of the Health & Social Care Sub-Committee, the manager of Heathwatch Croydon regularly provides updates on latest reports produced by the organisation.
<b>BRIEF FOR THE COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to note the latest update provided by the Heathwatch Croydon Manager.

## 1. HEALTHWATCH CROYDON UPDATE

- 1.1. This item is an opportunity for the Heathwatch co-optee on the Health & Social Care Sub-Committee, Heathwatch Croydon Manager, Gordon Kay, to provide an update to the Sub-Committee on their latest reports published by Heathwatch Croydon.

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**CONTACT OFFICER:** Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

## APPENDICES TO THIS REPORT

To be confirmed

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