HEALTH & WELL-BEING BOARD (CROYDON)

To: **Elected members of the council:**
Councillors Jane AVIS, Adam KELLETT, Maggie MANSELL, Margaret MEAD - chair, Tim POLLARD - vice-chair

Officers of the council:
Paul GREENHALGH (Executive Director of Children, Families & Learning)
Hannah MILLER (Executive Director of Adult Services, Health & Housing)
Dr Mike Robinson (Director of public health)

NHS commissioners:
Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group)
Dr Jane FRYER (NHS England)
Paula SWANN (NHS Croydon Clinical Commissioning Group)
Healthwatch

Healthwatch Croydon
Guy PILE-GREY (Healthwatch Croydon)

NHS service providers:
Steve DAVIDSON (South London & Maudsley NHS Foundation Trust)
John GOULSTON (Croydon Health Services NHS Trust)

Representing voluntary sector service providers:
Charles OKECH (Croydon Voluntary Sector Alliance)
Steve PHAURE (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)

Representing patients, the public and users of health and care services:
Mark JUSTICE (Croydon Charity Services Delivery Group)
Lynette PATTERSON (Croydon Voluntary Sector Alliance)

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Rob ATKIN (Metropolitan Police)
David LINDRIDGE (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Lissa MOORE (London Probation Trust)
Annette ROBSON (Croydon College)

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** which you are hereby summoned to attend, will be held on **Wednesday 4th December 2013** at **2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

JULIE BELVIR
Council Solicitor & Monitoring Officer,
Director of Democratic & Legal Services,
4th Floor Zone G
Bernard Weatherill House
8 Mint Walk
Croydon CR0 1EA

MARGOT ROHAN
Senior Members Services Manager
(020) 8726 6000 Extn.62564
margot.rohan@croydon.gov.uk
www.croydon.gov.uk/agenda

25 November 2013

Members of the public have the opportunity to ask questions relating to the work of the Health & Wellbeing Board, either in advance or at the meeting, at the discretion of the chair.

Written questions should be addressed to:
Margot Rohan, Democratic Services & Scrutiny, Bernard Weatherill House, 4th Floor Zone G, 8 Mint Walk, Croydon CR0 1EA or email: margot.rohan@croydon.gov.uk
Questions should be of general interest, not personal issues. Written questions for raising at the meeting should be clearly marked.
Other written questions will receive a written response to the contact details provided (email or postal address) and will not be included in the minutes.
There will be a time limit for questions which will be stated at the meeting.
Responses to any outstanding questions at the meeting will be included in the minutes.

All agenda papers can be viewed online: **www.tinyurl.com/LBCMeetingsCalendar**
(select meeting from calendar and follow links)

AGENDA - PART A

1. Introduction

2. Minutes of the meeting held on Wednesday 23 October 2013 (page 5)

To approve the minutes as a true and correct record.

3. Apologies for absence

4. Disclosure of Interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality in excess of £50. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Business Manager at the start of the meeting. The Chairman will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

5. Urgent Business (if any)

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

6. Exempt Items

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

7. Substance Misuse Treatment ReCommissioning (page 17)

The report of Croydon Council's Executive Director of Adult Services, Health & Housing is attached.

Croydon Drugs and Alcohol Treatment Needs Assessment 2012-13 is available online with the agenda:
https://secure.croydon.gov.uk/akscroydon/users/public/admin/kabmenu.pl?cmte=WEL

8. Joint Commissioning Intentions 2014-15 (page 29)

The report of Croydon Council's Executive Directors of Adult Services, Health & Housing and Children, Families & Learning; Director of Public Health (Croydon) and the Chief Officer of NHS Croydon Clinical Commissioning Group is attached.

9. Pharmaceutical Needs Assessment (page 41)

The report of the Director of Public Health (Croydon) is attached.

The appendices and supplementary statements are available online with the agenda (see link above at Item 7)

10. Public Questions

For members of the public to ask questions relating to the work of the Health & Wellbeing Board.

Questions should be of general interest, not personal issues.

There will be a time limit of 15 minutes for all questions. Anyone with outstanding questions may submit them in writing and hand them to the committee manager or email them to: Margot.Rohan@croydon.gov.uk, for a written response which will be included in the minutes.

11. work plan (page 45)

The report of the Health & Wellbeing Board Executive Group is attached.

12. risk register (page 55)

The report of the Health & Wellbeing Board Executive Group is attached.

13. Dates of future meetings - all Wednesdays at 2pm in the Council Chamber

12 February 2014
26 March 2014

AGENDA - PART B

None

HEALTH & WELL-BEING BOARD (CROYDON)
Minutes of the meeting held on Wednesday 23 October 2013 at 2pm in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present:

Elected members of the council:
Councillors Jane AVIS, Adam KELLETT, Maggie MANSELL, Margaret MEAD - chair, Tim POLLARD - vice-chair

Officers of the council:
Hannah MILLER (Executive Director of Adult Services, Health & Housing)
Dr Mike Robinson (Director of public health)

NHS commissioners:
Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group)
Dr Jane FRYER (NHS England)
Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch:
Guy PILE-GREY (Healthwatch Croydon)

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

Representing voluntary sector service providers:
Kim BENNETT (Croydon Voluntary Sector Alliance)
Jo GOUGH (Croydon Voluntary Action)

Representing patients, the public and users of health and care services:
Mark JUSTICE (Croydon Charity Services Delivery Group)

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Rob ATKIN (Metropolitan Police)
David LINDRIDGE (London Fire Brigade)
Beran PATEL (Croydon Local Pharmaceutical Committee)
Annette ROBSON (Croydon College)

Also present:
Solomon Agutu (head of democratic services & scrutiny), Fiona Assaly (office manager, health & wellbeing, Croydon Council), Martin Ellender (head of strategy & performance, SCPP, Croydon Council), Jenny Hacker (consultant in public health), Dave Morris (housing strategy manager, Croydon Council), Steve Morton (head of health & wellbeing, Croydon Council), Cllr Mike Selva

Notes: Margot Rohan (senior members' services manager)

A47/13 Introduction

The Chair, Cllr Margaret Mead, welcomed two new members:
David Lindridge (the new borough commander, London Fire Brigade), replacing Aaron Watson, and Cllr Jane Avis, replacing Cllr Mark Watson.

Apologies were received from Lissa Moore (London Probation Trust), Steve Davidson (SLaM), Paul Greenhalgh and Andrew McCoig (substituted by Beran Patel, Vice-Chair of LPC).
Roger Oliver also sent apologies. He is standing down as Croydon Voluntary Sector Alliance – carer position. The Board wished to minute their thanks for his contribution both on the Shadow and statutory Health & Wellbeing Board.

A48/13 Minutes of the meeting held on Wednesday 11th September 2013

The Board **RESOLVED** that the REVISED minutes of the meeting of the Health & Wellbeing Board (Croydon) on 11 September 2013 be agreed as an accurate record,

A49/13 Disclosure of Interest

There were no disclosures of a pecuniary interest at this meeting.

A50/13 Urgent Business (if any)

There was no urgent business.

A51/13 Exempt Items

There were no exempt items.

A52/13 Focus on outcomes: homelessness, health and housing

A presentation was given by Dave Morris (Housing Strategy Manager).

The following questions and issues were raised by Board members:

- There was a case of a man who died of hypothermia – very distressing – the bungalow where he was living was boarded up. Issue of hard to let properties - difficult to solving problems when we know other issues/policies are working in opposition.
- Sheltered housing block – to be turned into general housing – but older residents are distressed, anxious & worried about their future. We seem to solve one problem and create another.
- Government policy over time – not enough houses built.

- Ongoing policies – no longer any security of tenure in social housing. Impacts on vulnerable.
- Sofa surfers – young people are getting into a cycle of alcoholism and homelessness.
- Queens Gardens rebuild – important access to services provided.
- Hostels have violence and mental health issues – some people do not want to go there. People who become homeless often do not have resilience. How long are people in temporary accommodation?

Response: Will provide figures.

- Single men with problems of alcoholism and rough sleeping. What support is there likely to be? Why and how do people become homeless?

Response: Council provides housing related support for a range of people. A recent project supported rough sleepers to get off the streets. Young people – very successful STOP service. There are dedicated outreach services to rough sleepers. We capture quite a lot of reasons – young people moving out of parents' home, breakup of marriage etc.

- Boarded up properties – turnaround time for releasing properties is better for Croydon compared with other councils. Beds in sheds – we do not want people living in sub-standard accomm. Can get in and get them out but where do they go? Trafficked people – some people in beds in sheds – would be denied elsewhere. How many do we find?

Responses: We do not have these details. Partnership with UK ?? Fund recently assisting in dealing with these issues. Funding for peer mentoring project – private renting access scheme. Self referral scheme. If eligible can make referral.
We suspect we are only scratching surface on trafficking. Discover people and put through national referral system. There are facilities for dealing with children. For adults – Salvation Army has a government contract to provide housing. People with no access to public funds are dealt with through Border Agency. If vulnerable, the council must accommodate. For those with mental health issues, we are accommodating them.

- There is an agency working with young people up to 25 – duty of care is good. For 19-24 year olds in dispute with parents etc we do provide mediation. Do you have statistics on that age range? They seem to be falling between the gaps.

Response: 16-17 year olds are priority but 19-24 are not. Unless vulnerable, they fall into the single homeless group. As part of the review we will try to find out more about them.

- JSNA deep dive and strategy – how do they fit? Timewise does it make sense?

Response: In terms of major services, yes. It is difficult to stop everything and have services which start and finish at the same time. Subsequent commissioning would be influenced by the JSNA and strategy.

- Do not believe figures quoted reflect what is being seen in the voluntary sector. When you do research, will you talk to voluntary sector for evidence?

Response: It is not just left up to the council. Do estimate based on information from Salvation Army, SNTs etc – a big range of groups. Figures are verified by homeless needs. We are close to doing the estimate for 2013. 2012 was 22.

- Will the report look at houses of multiple occupation? There is a quality issue in relation to health.

Response: Part of the proposal is to update information and we will be doing that.

- GPs echo views about underestimated data. Part of the issue is related to people moving around – difficult to follow up, cannot monitor and provide good health. People come out of prison with pre-existing mental conditions and have nowhere to live,. How much liaison with the prison health service do we have?

Responses: There is a protocol in place. As part of the review, we need to revisit this to ensure it is working properly.
We are not complacent. Bulk of those types of household are living in council stock. We are inspecting B&B accommodation much more regularly and aiming to use temporary accommodation which is up to standard. Recently the council has purchased properties for this.

- Is there a heat map of Croydon so we can identify the concentration of homelessness?

Response: With this project, we will have time to do the JSNA and prepare a homelessness strategy based on it.

- What are the drivers of why homeless people target Croydon? Police find big issues using….service – 2/300 people Friday/Saturday???

Response: Engagement with outreach – we try to work with agencies that provide services to try to move people out of Croydon. It will be useful to find out more about single homeless people.

The Board **RESOLVED** to:

1. support and participate in the JSNA deep dive chapter on homeless households in TA in 2013/14 and to support the activity to implement its recommendations;
2. support the council's on-going work to increase supply of accommodation for homeless households, and provide support to these households in achieving sustainable solutions;
3. participate in the review of homelessness and the development of a new homelessness strategy for Croydon in 2014 including priorities around early intervention/prevention, closer co-operation/joint working, and developing joint training and development for staff in health and housing services;

4. participate in (where required) and support the engagement and assertive outreach strategy for destitute Central and Eastern European squatters and local rough sleepers including sending out a clear message that a destitute lifestyle will not be supported in Croydon and enforcement activity will be taken where necessary.

A53/13 JSNA Key Dataset 2013

Jenny Hacker (Consultant in Public Health) gave a brief summary of the report.

The following questions and issues were raised by Board members:

- Diabetes is such an important issue – there is a large cohort in Croydon.
- Dental health – do we not need to monitor the outcomes? A large number of patients are in the private sector.
- Immunisation – should we not be picking up at 11-14yrs those who missed MMR vaccination originally?

Responses: We can check and will circulate information to Board members.
Diabetes – there are 6 different indicators.
Over last year there has been a drive to offer MMR to children under 16yrs where it is known they have not been immunised.
Reminders were sent to parents.
There is a real challenge here to update the information. There is still a large number of people who do not get the vaccination despite reminders.

- In a recent Health Scrutiny meeting there was a lot of criticism – only 47% of looked after children are up to date with immunisations.

Response: There is more than one source of information about looked after children. The bigger picture is that things are getting better. Immunisations – we need to investigate why it is so difficult to get them done in Croydon.

- In detecting cancer, Croydon is slightly lower when compared to London and the UK – but the whole of the UK is poor. What does good look like?

Responses: Director for children has an imminent top level meeting to look into the issue of immunisation of children.
This is not a new issue and it is getting worse. We need to know why – how can we tackle it differently?
There is a Health & Social Care Scrutiny meeting in November which will be focusing on the issue.

The Board **RESOLVED** to:

1. provide approval for the 2013/14 JSNA Key Dataset Appendix 2 allowing this to be disseminated to stakeholders in a timely fashion.

2. note those indicators highlighted by this report as improving and those that are deteriorating relative to the rest of England, along with others ways of utilising the breadth of information in this dataset.
3. utilise the findings from the overall dataset in their ongoing work to oversee health and well-being in Croydon.

A54/13 Heart Town programme to prevent heart and circulatory diseases

Steve Morton (head of health & wellbeing) explained about the Heart Town Programme.

The following points were raised by Board members:

- Officers are keeping schools informed.
- It is important that this is partnership initiative. Paper coming to Cabinet next month. We want to reflect the totality of what different partners are doing across the borough.
- We need notices with a logo to say where the nearest resuscitation equipment is.
- The CCG welcomes this initiative. Heart disease is one of the key priorities in Croydon. We have a significant project.
- It is all about the prevention element, redesigning the system. Cardiology services – ECG in every GP practice, services in community, more holistic approach. Part of transformation already in place. Redesigning diabetes services – looking at it much more holistically.
- Other issues will be improved with the programme in place.
- The CVA has resuscitation equipment in every location. We support the report and plans to extend the initiative. The Board and its partners need to consider how to embed more voluntary action. People are more likely to take up good practice if they are surrounded by others who do it already. There is a lot of grass roots level activity which we should stimulate more.
- The voluntary sector can help with promoting information about food in schools.

Response: There is a programme of events and we can incorporate this. We are planning events and seeking organisations and individuals to register – go through networks to encourage more volunteering.

- What can we do to start the ball rolling in supporting people in self-care?
- there was a 'Team Life Check' programme, where young people took part in schools. It was an outstanding success but disappeared overnight. Is there are replacement or could it be reactivated?

Responses: There is short term funding for pilots. We will refer it to consultants in Public Health. There are a number of applications about health which can be downloaded onto smart phones.

- Croydon University Hospital heart failure team is concerned about fast food outlets in Croydon.
- One of biggest concerns is about the number of fast food outlets. Can HWB talk to Planning?
- There is concern about the fat used in fast food outlets being toxic. Government needs to legislate.

Response: There is an initiative to get outlets to offer healthy options. Some fats are good – we need to assess.

- The council invests in tobacco and smoking impacts on cardiovascular disease.

Response: The Pension Fund managers have been asked to find alternatives but they must produce the same revenue. It will take time.

The Board **RESOLVED** to:

1. Endorse the strategic partnership approach to improving heart health in the borough;
2. Support the use of the Heart Town brand to connect a range of existing and new initiatives, encompassing the promotion of healthy eating, sport and physical activity, stop smoking and tobacco control;
3. Support the extension of Croydon's Heart Town programme from two to five years to enable the programme to demonstrate measurable improvements in health and wellbeing.

A55/13 Performance Report

Martin Ellender (Head of Strategy & Performance, SCPP) summarised and explained the report.

The issues raised by Board members included:

- Why were there no reminders sent out about the 'flu jan? People are having to wait 6 wks to get to their surgery.

Dr Fryer: This is down to local GPs.

- There has been confusion about whether the 'flu jab is acceptable for muslims.

Dr Fryer: This has been raised nationally. Information is being circulated that it is acceptable for muslims.

- How can we claim achievements of the Board? We need to communicate them to others.

Response: The Board will take every opportunity to promote its work through local media – performance of the Health & Wellbeing Board is mentioned in the annual report of the Director of Public Health.

The Board **RESOLVED** to note the performance trends highlighted within this report and agree further action as appropriate.

A56/13 Public Questions

3 written questions were submitted by members of the public in advance and were read out. A fourth question was handed in at the meeting.
The questions are attached with the responses (apart from questions 1 & 5 which will be minuted at 4 December meeting).

Two further questions were put at the meeting:
Anne Milstead: Regarding exercise, I congratulate Croydon for its efforts but more work could be done on using the exercise referral scheme. People are not being referred. There needs to be more joining up with people who run the scheme and GPs. People get referred and go for 12 wks but there is no follow up. It needs more monitoring. Some people do not realise how their size has expanded. We need more information about healthy eating. Is there some way it can be joined up with the exercise scheme, using patient participation groups?

Dr Mike Robinson: The exercise referral scheme allows participants to have 12 weeks of subsidised use of a gym. Research indicates that once people have been going for 12 weeks, the habit is established and most people will continue. It is not a medical matter. Everyone should take responsibility for themselves. Walking is a most excellent form of healthy exercise.
Cllr Mead: There are a number of open air gyms, which are free.

Peter Doye: Regarding mental health and homelessness, please can you give some clarification about the 98% of homeless households which have somewhere to live: Is there any gender breakdown and what number of people are involved in homeless households?

Hannah Miller: We can provide that information. Many homeless households are single mothers with one or two children. (See attached appendix)

Dr Mike Robinson highlighted that once a year there is an opportunity for any voluntary sector organisations or members of the public to make a case for a given topic to be prioritised for a deep dive.

A57/13 Work plan

Steve Morton (Head of Health & Wellbeing) gave an update on the Work Plan.

The Board **RESOLVED** to agree the changes to the Work Plan, as set out in paragraph 3.2 of the report.

A58/13 FOR INFORMATION

The following links and reports were provided for information:

A59/13 Changes in National Policy for Adult Social Care

This was an extra 'for information' report.

A60/13 Dates of future meetings - all Wednesdays at 2pm in the Council Chamber

4 December 2013
12 February 2014
26 March 2014

There being no further business the meeting closed at 4:32pm

Health & Wellbeing Board 23 October 2013

Public Questions received prior to meeting:

1. From Ms Lizzie Webster:
I am disappointed that our local needs assessment, which is meant to understand the needs of the local population, does not include any or very little information on sight loss.

Every day 100 people in the UK start to lose their sight and shockingly 50 per cent of sight loss in the UK is avoidable. Some eye conditions, if identified early can in many cases be treated to ensure that further sight is not lost. It is really important that local authorities recognise this and put clear plans in place to tackle avoidable sight loss.

Losing sight can have a huge impact upon a person's life, affecting their mobility, independence and confidence. Older people with sight loss are also three times more likely than those without sight loss to experience depression.

There was an estimated 8,470 people living with sight loss in London Borough of Croydon area in 2011 and the number of people living with sight loss is set to increase.

It is therefore vital that local authorities and Health and Wellbeing Boards ensure that they are doing everything they can to understand the local needs of blind and partially sighted people and to ensure that people do not lose their sight unnecessarily.

1. When information on the needs of blind and partially sighted people and those at risk of losing sight will be included in the local needs assessment?

2. There are certain groups which are at a higher risk of developing sight loss, including older people, people from black and minority ethnic communities, people with diabetes, and people who smoke. What is the Health and Wellbeing Board doing to ensure these groups of people are supported and not losing their sight unnecessarily? (http://bit.ly/17nWh2K - RNIB website)

RESPONSE: To be provided at meeting on 4 December.

2. From Mrs Holly King:

Are you aware of a new law that now requires people to register with a new GP despite having been with them for numerous years?

RESPONSE: From Dr Jane Fryer (NHS England)

There is no change in the law but, if a patient has moved and is outside the practice's geographical boundary, then they may be asked to change to a more local doctor.

3. From Mr Bob Sleeman:

Two Questions:

JSNA Key Dataset 2013

Page 7 of Report

Indicator						
237 Adults accessing NHS dentistry (% visiting a dentist in last 2 years)	48.1%	47.1%	52.5%			
238 Experience of access to NHS dental services (% able to get an appointment)	92.2%	89.6%	93.0%			no data

Does this indicator take any account of residents who have opted for Private Dental Care which has significantly risen as a direct result of the 2006 reforms?

It is an omission that this Board does not include a representative from British Dental Association Croydon Section.

There are several indicators not included in the Report that appear worse than London & National, even though the trend is in the right direction.
Should some account be taken of those too?
e.g. Family Life: Abortions,
COPD conditions : Prevalence,
Community Life : Social Care,
Early Life: Looked After Children.

RESPONSE: From Jenny Hacker (Consultant in Public Health)

Indicators 237 and 238 on dentistry in the JSNA Key Dataset are measures of access to NHS dentistry. Information on access to private dentistry is not routinely available. Any interpretation of the information provided needs to take account of the provision of and access to private dental health care.

The report is intended as a summary of the 200+ indicators in the dataset. There are many ways of summarising the information and this year's report focused on trend data, although the key challenges are summarised in the appendix, where these are getting comparatively worse. Several of the specific areas sited have been the focus of previous reports: ie both abortion and looked after children were flagged in previous years as key challenges for Croydon and, as a result, have been the subject of JSNA 'deep dive' needs assessments. These, and all information on the JSNA, are available on the Croydon Observatory website.

Indicators 33, 80, 195 are not included in the text of the paper as they do not meet the criteria which was chosen for inclusion in this year's summary paper, specifically, they do not have information to show deterioration for BOTH one and three years to show deterioration. Similarly, for indicator 66 there is no deterioration over either time period, so not included.

I would like to reassure you that this does **not** mean that these are not considered important, simply that decisions need to be made to in order to summarise information. Including those indicators where either one or three years were deteriorating is another way of summarising the data, but would have made the report much longer.

I have tried to stress in the report that there are numerous ways of summarising the data, and would also stress that this particular report is just one example of doing this.

RESPONSE: From Hannah Miller (Executive Director for Adult Services, Health & Housing)

Under the legislation for Health & Wellbeing Boards, there is a prescribed group of people but Croydon has gone wider, although we had not specifically asked the dental association. If we had a particular topic around dentistry, we could invite a relevant person to the meeting.

4. From Peter Howard:

I am being told that pneumonia injections are for life. I read in the papers and online that this is not so and there is justification by academics as to why. Is this correct or are we being told this to save money?

RESPONSE: From Mike Robinson (Director of Public Health)

There is a policy on who gets vaccinations when. For a particular type of pneumonia, when the inoculation has been given once, anti-bodies stay in the body for a prolonged period. There is no attempt to save money. The JCB has done a lot of research and sits on patients' board. Pages are on the web:

Question raised at the meeting:

5. From Peter Doye:

Regarding mental health and homelessness, please can you give some clarification about the 98% of homeless households which have somewhere to live: Is there any gender breakdown and what number of people are involved in homeless households?

RESPONSE: From Hannah Miller (Executive Director for Adult Services, Health & Housing) – to be provided at meeting on 4 December.

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 4 December 2013
AGENDA ITEM:	7
SUBJECT:	Drug and Alcohol Commissioning
BOARD SPONSOR:	Hannah Miller, Executive Director Adult Services Health and Housing

CORPORATE PRIORITY/POLICY CONTEXT:

Croydon Drug and Alcohol Action Team (DAAT) is a multi-agency partnership primarily consisting of DASHH, Croydon Clinical Commissioning Group, Probation, Police, Community Safety, treatment services and Job Centre Plus as well as other partners. The partnership is responsible for implementing a range of treatment and reintegration interventions that meet the objectives of the Government's national 2010 Drug Strategy and the 2012 Alcohol Strategy to tackle drug and alcohol related harm and crime and by providing a full range of effective diversionary programmes, to enable service users to reach their full potential.

This Drug & Alcohol treatment service contributes to the:

Community Strategy 2010-15 by delivering:

- Achieving Better Outcomes for Children and Young People
- Promoting Economic Growth and Prosperity
- Improving Health and Wellbeing
- Delivering High Quality Public Services and Improving Value
- for Money

Health and Wellbeing Strategy 2013 – 2018

- Improvement area 1: giving our children a good start in life
- Improvement area 2: preventing illness and injury and helping people recover
- Improvement area 4: supporting people to be resilient and independent
- Improvement area 5: providing integrated, safe, high quality services
- Improvement area 6: improving people's experience of care

Public Health Outcome Framework 2013 – 2016

Directly having a positive impact on:

1.13 Re-offending	2.15: Successful completions of drug treatment

and also contributes to:

1.8 Employment for those with a long term health condition	1.11 Domestic Abuse	1.15 Statutory Homelessness,	2.8 Emotional wellbeing of looked after children
2.10 Hospital admissions as a result of self-harm	2.23 Self-reported wellbeing,	4.8 Mortality from communicable diseases,	4.11 Emergency re-admission
4.3 Mortality from causes considered preventable,	4.6 Mortality from liver disease	4.10 Suicide	

FINANCIAL IMPACT:

Drug and alcohol addiction leads to significant crime, health and social costs. Evidenced based substance misuse treatment reduces these and delivers real savings, particularly in crime costs but also savings to the NHS through health improvements, reduced drug and alcohol related deaths and lower levels of blood born disease.

This strong value for money case was endorsed by the National Audit Office and is the foundation of central government significant on-going investment.

The redesign process has provided an opportunity to re-specify the service requirements, focusing on service user needs, improved pathways for treatment and recovery, and delivery of outcomes. The new service model will seek to provide value for money by adopting a whole systems approach to treatment and recovery. An element of the model will include a payment by results incentive scheme. The efficacy of this model and the ease of implementation for both provider and commissioner will be routinely evaluated. Should this prove to be an effective way to improve outcomes and reduce whole systems cost, the commissioner will explore wider roll-out of an incentive payment model within the core services.

The Croydon system is divided into 4 key themes:

- **Engagement:** During the 'engagement' phase clients will begin to get help with their substance misuse. Croydon will have a number of engagement activities including: Outreach, in-reach, direct access, and professional referral. The service user can expect, advice and information, triage, comprehensive assessment and an initial recovery care plan. This will enable them to access appropriate recovery-focussed treatment and support.

- **Treatment:** During the treatment phase of the service user journey they will have access to a fully integrated treatment and care co-ordination service enabling clients to stabilise and reduce their alcohol/drug use, facilitate recovery and promote health and wellbeing.

- **Completion:** At treatment completion the service user will continue to access interventions that will enable people to remain drug and alcohol free and continue to recover. This will include promoting and supporting reintegration to other services such as training and employment. As recovery involves area of work that treatment services are not able to provide directly this will involve a high level of partnership working with agencies that can provide these services.

- **Support:** All of the services will enhance and develop the support that is offered to clients through the engage, change and completion clusters in order to help aid their recovery.

To ensure effective service provision requires effective targeting. Evidenced based recovery focused ways of working are critical success factors for the achievement of outcomes. Relevant measures will therefore need to be in place and subsequent provider reporting requirements will be outlined in the tender documents.

The positive outcomes that will be achieved by delivering an integrated recovery system include:

- A cost benefit to the community including reduction in re-offending
- Freedom from dependence on drugs or alcohol
- Prevention of blood borne viruses and deaths related to substance misuse (including alcohol)
- Reduce crime and offending.
- Improve individual health and wellbeing
- Improve access to training, education employment and housing
- Improved relationships with family members, partners and friends.
- Improved capacity to be an effective and caring parent.

The cost for services will be met by Public Health Grant and Mayor Office for Police and Crime (MOPAC)

1. RECOMMENDATIONS

1.1 This report recommends that, having considered the public sector equality duty and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board:

1.1.1 Endorse the procurement strategy identified within the report which will result in one contract award recommendation for a single provider or the lead provider of a consortium to deliver drug and alcohol treatment services as phase one of a redesigned, recovery-orientated treatment system:

Service A: Engagement and treatment service for service users who have dependencies on alcohol, opiate and crack use. The provider will engage the service user in a variety of ways including outreach, hospitals, criminal justice system, primary care and self-referrals. Once engaged service users will access structured treatment interventions including substitute prescribing, key-working and group work.

Service B: Will engage service users who do not require medical interventions who use drugs including, cocaine, cannabis, synthetic drugs and service users who use alcohol in a harmful or hazardous way.
Service C: Recovery and re-integration service will provide peer support and access to services A&B (above) and provide on-going support once treatment has been completed.
Service D: Young People specialized substance misuse treatment service.

1.1.2 Note that

- All services will be recovery focused, working in partnership with children services, adult safeguarding, criminal justice, employment services and mental health providers.
- All services will have a preventative role in providing identification and brief advice for alcohol use in a variety of settings including primary care

1.1.3 The recommendations for the contract awards for phase one of the redesigned, recovery-orientated treatment system will be presented at a provisional date of May 2014

2. EXECUTIVE SUMMARY

2.1 This report is requesting to endorse the drug and alcohol procurement strategy by commissioning a range of services that are recovery orientated and deliver preventative interventions particularly for alcohol users.

2.2 The key documents informing this approach are:
- Drug and Alcohol Strategy 2010
- The Government's Alcohol Strategy 2012
- Medications in Recovery: Re-orientating Drug Dependence Treatment NTA July 2012.
- Drug Needs Assessment
- Alcohol JSNA

2.3 The DAAT commissioning team undertook a number of consultations exercises to ensure that our vision is realistic, meets the needs of our community and delivers value for money.

2.4 The re-design based on 9 characteristics will deliver services to dependant drug and alcohol users which are recovery focused and participate is preventative activities in a variety of settings.

2.5 The procurement will have a phased approach:
- Phase 1 Core treatment and recovery system
- Phase 2 Reviewing detoxification, rehabilitation, pharmacy and primary care services.

3. DETAIL

3.1 The Needs Assessment, Alcohol JSNA and service user involvement exercises have highlighted the following gaps and barriers in the existing treatment system:

The current system only has one entry point into treatment. Limited engagement service High attrition rates for criminal justice clients High level of re-presentation	Limited work with Dual Diagnosis Focused mainly on drug using clients Poor recovery and re-integration support High emphasis on prescribing	Limited preventative work for alcohol users Limited partnership working with GP's regarding alcohol detoxifications Complicated treatment system and pathways

3.2 The vision for Croydon is to procure an innovative, recovery orientated treatment system for drug and alcohol users, their family and their carers. The goal is to ensure provision which is responsive to the whole community and focuses on hope, recovery, aspiration and positivity. The DAAT intends to procure specialised drug and alcohol services which have the following nine characteristics:

- Increased harm reduction initiatives for alcohol misusers - as well as illegal drug misusers
- Increased focus on prevention and recovery - as well as treatment
- Easily accessed by people of different ages and characteristics, with a range of needs. This would include, for example, club drug users who are typically younger, those with harmful levels of alcohol misuse who may not necessarily be dependent on alcohol and socially isolated older people with alcohol misuse problems. Easy access is likely to mean that people can enter the services in different ways, there will be increased opportunities for drop-in, services will be available outside of core hours (evening and weekends), information and advice is provided through a range of communication routes, and services are available in a range of locations across the borough.
- Integrated with the other Croydon services that support people with drug and alcohol problems – for example, primary care including GPs and pharmacists, mental health services, housing services and the criminal justice system
- Highly rated by service users and carers
- Provides evidence based, high quality, safe services delivered by a workforce with appropriate training and personal competences.
- Where services are innovative, ensure they are properly evaluated so that we can assess their effectiveness.
- Reduce harm not only to the adults using services but also their children and families.
- For providers to have service users central to the service they are delivering and develop peer mentor and volunteering schemes to support recovery.

3.3 Croydon DAAT is committed to improving the service user experience by providing a range of activities to engage primary dependent alcohol and all drug users through flexible opening hours and provision of a warm and welcoming environment. An enhanced integrated treatment system will require services to work closely in partnership by delivering innovative services jointly. These include delivering an outreach service to target areas identified as requiring the expertise of specialised workers to engage and re-engage service users, and developing systems of working in partnership with other service providers and those outside of specialised services to maximise resources and opportunities.

3.4 By increasing entry points into the system, potential service users will be able to have initial discussions with a specialist substance misuse worker and to engage in structured treatment; in addition to the core service site, this activity will be delivered in a variety of settings including GP surgeries and key locations throughout the borough. The new service will have clear referral mechanisms and care pathways for young people and those transitioning from young people's substance misuse services.

3.5 With changing trends in drug and alcohol use and an increased focus on prevention, the re-designing of the drug and alcohol treatment system provides opportunities to deliver interventions that have not only a direct impact on the individual but also indirectly address other Public Health outcome indicators including, reducing re-offending, emotional wellbeing of look after children and mortality from liver disease. Thus, ensuring resources are used more efficiently.

3.6 Nationally collected performance data identifies that Croydon has high attrition rates for service users in the criminal justice system; the re-design approach will ensure that the interface between treatment and criminal justice is seamless. A priority for Croydon is reducing offending; simplifying the transfer from the criminal justice system will ensure that service users can access treatment services and will reduce attrition rates. The Croydon Needs Assessment also highlighted that the trajectory for re-presentations is increasing, by investing and developing a peer led recovery and re-integration service will be pivotal in ensuring that recovery is visible in the treatment system and that the service can provide on-going support even once formal treatment has been completed.

3.7 The proposed strategy takes a phased approach to re-commissioning substance misuse services.

3.8 **Phase one** consists of the redesign and procurement of the core treatment and recovery system, comprising the following service A-C:

- **Service A**: Engagement and treatment service for service users who have dependencies on alcohol, opiate and crack use. The service will engage service user in a variety of ways including outreach, hospitals, criminal justice system, primary care and self-referrals. Once engaged service users will access structured treatment interventions including substitute prescribing, key-working and group work.

- **Service B:** Will engage service users who do not require medical interventions who use drugs including, cocaine, cannabis, synthetic drugs and service users who use alcohol in a harmful or hazardous way.
- **Service C:** Recovery and re-integration service will provide peer support and in-reach into service A&B and provide on-going support once treatment has been completed.
- **Service D:** Young People specialized substance misuse treatment service.
- All services will be recovery focused, working in partnership with children services, adult safeguarding, criminal justice, employment services and mental health providers.
- All services will have a preventative role in providing identification and brief advice for alcohol use in a variety of settings including primary care

3.9 The Integrated Offender Management (IOM) service will operate alongside these services, to divert alcohol and drug users involved in the criminal justice system into treatment services. This will be a multi-disciplinary team comprised of drug and alcohol workers, and police, probation and court services.

3.10 **Phase two** will review detoxification, rehabilitation, pharmacy and primary care services. It is proposed that this exercise is conducted separately, once the core treatment and recovery services have been procured. This provides an opportunity to further develop and re-scope these services, testing new models of delivery alongside the new core service. Re-procuring all elements of the substance misuse system concurrently could be destabilising for service users and it is appropriate to ensure continuity of service across the system to enable a planned transition of care.

3.11 The evaluation of community based primary care services will include:

- Development of the GP shared care service for opiate users to also include medical interventions for alcohol users
- Review the whole primary care providers in promoting recovery from drug and alcohol addiction
- Reviewing the role and activities of local pharmacists delivering Substitute Methadone Consumption and/or Needle Exchange to explore opportunities to deliver Alcohol Identification and Brief Advice, and Blood Born Virus interventions.
- Reviewing the role and activities of the GP Hub and GP with Special interest, and its alignment with the re-design.

4. CONSULTATION

4.1 The DAAT consulted on the proposed service model with service users, existing providers and the market to ensure that social impact is maximised. The results of this exercise confirmed the approach that the DAAT is proposing and indicated that the approach will provide improved services that deliver and impact both directly and indirectly on the Public Health Outcome Framework Indicator.

4.2 The drug and alcohol supplier market has responded to changing national priorities and would be able to respond to the requirements. A soft market exercise was undertaken through the London Tenders Portal with 7 national third sector organisations and 2 NHS Trusts responding to the exercise. In addition a further 2 third sector and 1 NHS trust made contact to inform of their interest in

our proposals.

4.3 The results of the soft market exercise confirmed that the provider market agrees the proposed approach to treatment design is in line with government policy and will enable us to derive better value for money.

5. SERVICE INTEGRATION

5.1 Other local authorities are also reviewing their drugs and alcohol treatment and recovery services and the Council has explored collaboration and partnership opportunities. This has been completed through a review of the contracts register, local intelligence and discussion with other local authorities through both formal and informal contacts. Given the specific needs of our local population and the intention to ensure provision of local services, joint procurement is not appropriate for this service model.

5.2 The redesigned service model is appropriate for consortia bids, where specialist providers are able to collaborate to deliver a whole systems service. This approach may be of particular interest to third sector providers in respect of Service C, but will also be an acceptable model for Services A B and D, where specialist expertise is required for particular elements (e.g. community outreach). It is proposed that the Council accept bids from consortia where there is a lead provider who will sub-contract with other providers. Through consultation with the provider market and the soft market testing exercise, the Council has offered a ‘match making’ service, whereby we have agreed to share details of potential providers interested in forming a consortium for any of the services; each potential provider has been asked to consent to the sharing of their contact details for this purpose.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2013/14	2014/15	2015/16	2016/17
	£’000	*£’000*	*£’000*	*£’000*
Revenue Budget available				
Expenditure				
Public Health	2,692k	2,692k	2,692k	2,692k
MOPAC	231k	231k	231k	231k
Income	0	0	0	0
Effect of decision from report				
Expenditure				
Public Health	2,692k	2,692k	2,692k	2,692k
MOPAC	231k	231k	231k	231k
Income	0	0	0	0
Remaining budget	0	0	0	0

6.2 The effect of the decision

The award of a contract for the redesigned treatment and recovery services will enable the Council to ensure provision of services aligned to local priorities which respond to the Needs Assessment for drugs and alcohol. It will also enable the Council to ensure a whole system approach to treatment and recovery services, which maximises synergies and delivers better long-term recovery outcomes for service users

6.3 Risks

The services are subject to continued availability of funding from the Public Health Grant and Mayor's Office for Policing and Crime. The performance of these services will impact on the Council's ability to achieve key PHOF indicators, which could result in reduced Public Health resources in future years.

6.4 Options

Decommissioning the services is not recommended as the Council is required to be mindful of the overall objectives of the public health grant, as set out in the grant conditions, and the need to tackle the wider determinants of health, for example, through addressing the indicators within the Public Health Outcomes Framework, such as violent crime, the successful completion of drug treatment, and child poverty. Although specialist, the market for substance misuse treatment and recovery services is mature and the Council will benefit from working with expert providers who have experience of delivering high quality services in other boroughs. Accordingly, a specialist third-party model, secured through a competitive process, is considered to be the most effective way to ensure value for money and high quality service provision.

6.5 Future savings/efficiencies

The new treatment and recovery system to be procured under phase one will be better able to meet need and demand at the right point in the system. Comparative spend analysis indicates that current treatment and recovery services are more expensive on a unit cost basis, yet deliver disproportionately lower levels of performance against outcome indicators. Furthermore, investment levels in substance misuse services per head are significantly lower than regional averages. The key financial goals for this re-commissioning exercise are to make better use of the existing resource envelope to increase capacity across the treatment and recovery system, address unmet need, reduce unit costs per client/outcome, and improve whole-system performance. Evidence suggests that further disinvestment in these services will mean that the Council cannot achieve these objectives and that potential savings will be shifted down-stream, including additional spend against services for looked after children, housing, adult social care, substance misuse crisis, and community safety. Accordingly, it is recommended that investment is retained at the current level of £2.9m per annum.

7. LEGAL CONSIDERATIONS

7.1 The Council Solicitor comments that the procurement process as detailed in this report meets the requirements of the Council's Tender and Contracts Regulations and the statutory duty to demonstrate best value under Local Government Act 1999 there are no direct legal implications arising from this report

8. HUMAN RESOURCES IMPACT

8.1 This paper makes recommendations involving outsourcing services which may invoke the effects of the Transfer of Undertakings (Protection of Employment) 2006 Legislation. If this was the case, then all staff that predominantly work in the identified service would be transferred to the new contractor on their existing terms and conditions of service (with the exception of pension rights, which have to be broadly comparable as set out in the Government's "Fair Deal" policy). The council's TUPE protocol and all other related policies and procedures must be followed, particularly the duty to consult. Consideration should be given to involve Trade unions and staff in the tender process and specification, which would ensure their engagement. Trade Unions and staff welcome a reasonable consultation period following the successful bid, which gives the council and the contractor good time to consult on any potential 'measures' and to deal with any potential 'objections'.

8.2. Any changes recommended after the consultation period which affect staff, should be managed in accordance with the Council's HR procedures.

9. EQUALITIES IMPACT

9.1 A detailed / full Equality Analysis has been undertaken. The assessment shows that there is no potential for discrimination, harassment or victimisation and that the project already includes all appropriate actions to advance equality and foster good relations between groups.

9.2. The service specification documents will include a requirement for partnership working with mental health teams and the provision of dual diagnosis support. This will help to minimise barriers and improve engagement for those with dual diagnosis.

9.3. The re-design will focus on the needs and treatment of younger people, particularly 18-30 year old age group by ensuring that the services respond appropriate changing trends in drug and alcohol in Croydon.

9.4. By increasing the focus in partnership working with GPs' this will improve engagement with service users who may not present into specialized services for example older residents of Croydon.

9.5. There will also be a requirement for services to identify and provide specific support to LGBT clients. This will help to attract people who are LGBT and need support for their substance misuse.

9.6. The DAAT needs assessment identifies that there is under representation from women, BME groups in existing substance misuse service, the new treatment system has a requirement that service develop strategies to place a high emphasis on ensure services are attract to protected groups.

9.7. The proposed model gives alternative locations for treatment to be delivered. This will help to minimise the risk that victims and perpetrators of domestic violence come into contact.

10. ENVIRONMENTAL IMPACT

10.1 The service specifications will require providers to have an Environmental Policy and Action Plan. Providers will be required to demonstrate through the provision of services that a contribution is made to improving Croydon's environment. Relevant actions include staff travel planning, encouraging people to recycle, and reducing the environmental impact of buildings used for treatment and recovery services.

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 Nationally collected performance data identifies that Croydon has high attrition rates for service users in the criminal justice system; the re-design approach will ensure that the interface between treatment and criminal justice is seamless. A priority for Croydon is reducing offending; simplifying the transfer from the criminal justice system will ensure that service users can access treatment services and will reduce attrition rates. The Integrated Offender Management (IOM) service will operate alongside these services, to divert alcohol and drug users involved in the criminal justice system into treatment services. This will be a multi-disciplinary team comprised of drug and alcohol workers, and police, probation and court services

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CONTACT OFFICER: Shirley Johnstone, Adult Commissioning Manager Croydon Council DAAT

BACKGROUND DOCUMENTS: Croydon Drug and Alcohol Treatment Needs Assessment 2012-13 – can be viewed online with the agenda:
https://secure.croydon.gov.uk/akscroydon/users/public/admin/kabmenu.pl?cmte=WEL

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 4 December 2013
AGENDA ITEM:	8
SUBJECT:	2014-15 CCG and local authority health and social care commissioning
BOARD SPONSOR:	Paul Greenhalgh, Executive director of children, families and learning, Croydon Council Hannah Miller, Executive director of adult services, health and housing Paula Swann, Chief officer, Croydon Clinical Commissioning Group

CORPORATE PRIORITY/POLICY CONTEXT:

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

Clinical Commissioning Groups, the NHS Commissioning Board and local authorities have a duty under the Act to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning.

The health and wellbeing board (the Board) has a duty under the Act to encourage integrated working between commissioners of health services and commissioners of social care services and , in particular, to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006. It also has the power to encourage close working (in relation to wider determinants of health) between itself and commissioners of health related services and between commissioners of health services or social care services and commissioners of health-related services.

In terms of the alignment of commissioning plans, the Board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs, In addition, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS.

The Board has a duty to provide opinion on whether the CCGs commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG).

The aim of this report is to detail how the identified commissioning intentions for the CCG and council both on a single and joint basis address the priorities identified in the joint health and wellbeing strategy 2013-18.

FINANCIAL IMPACT:

Financial implications for each area within the commissioning intentions will be subject to the respective organisational financial plans. For the CCG as the Operating Plan is developed the detailed financial impact will be considered within the appropriate governance mechanisms in accordance with respective organisation constitution.

1. RECOMMENDATIONS

The Board is asked to

Comment on the alignment of the Council and CCG 2014-15 health and social care commissioning intentions to the joint health and wellbeing strategy priorities for action.

2. EXECUTIVE SUMMARY

2.1 The aim of commissioning priorities is to ensure that people's identified needs are addressed; that we commission the appropriate services to meet local needs; and, that the right services are in place in order to improve health and to reduce health inequalities.

2.2 Local authority and CCG commissioners are in the process of identifying their commissioning intentions for 2014/15. This paper asks the Board to comment on the alignment of these intentions with the joint health and wellbeing strategy (JHWS).as informed by the joint strategic needs assessment.

3. DETAIL

3.1 The aim of this report is to set out the 2014-15 Commissioning intentions for the council and CCG.

3.2 CCG commissioning intentions are informed by both the two year operating plan and the five year strategic plan. Commissioning intentions indicate to our current and potential new providers how as a commissioning body, we intend to shape the system that provides health services to the population of Croydon. They also outline how we will respond to the publication of changes to the national priorities for the NHS by NHS England. However, it has to be noted that as the Operating Plan is developed, the commissioning intentions may be subject to change.

3.3 The commissioning priorities detailed in **Appendix 1** include both joint and individual priorities across the CCG and the Council. These priorities have been informed by identified need through the Joint Strategic Needs Assessment (JSNA), the Children's services needs analysis, needs and issues identified by stakeholders and engagement of partners, service users, patients and the wider public to respond to health, social care and wellbeing needs of Croydon residents.

3.4 It is envisaged that with the establishment of the Integrated Commissioning Unit, the delivery of the 2014-15 commissioning priorities will be enhanced for both the CCG and council.

4. CONSULTATION

4.1 The development of commissioning priorities is part of the commissioning cycle process which entails ongoing engagement with stakeholders. This report to the Board is part of that consultation process. Formal involvement and engagement was undertaken of Member practices by the CCG. In addition, main local health service providers namely; Croydon Health Services and South London and The Maudsley Foundation Trust have been sent formal notification of the CCG commissioning intentions.

5. SERVICE INTEGRATION

5.1 To achieve change as detailed in the commissioning intentions and meet local need, we will need to undertake a transformational programme of the whole system. This will include service integration which will be explored as commissioning initiatives are progressed. In addition, a development plan that has been prpared to support the set up of the integrated commissioning unit, will support and facilitate increased service integration.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 It is envisaged that with the development of joint commissioning priorities this will enable both the Council and CCG understand each other's commissioning plans and jointly manage any associated risks to either organisation as a result of one's plans

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7. LEGAL CONSIDERATIONS

7.1 Not required for this report.

8. HUMAN RESOURCES IMPACT

8.1 There are no immediate HR implications that arise from the recommendations of this report.

8.2 (Approved by: Michael Pichamuthu, Strategic HR Business Partner, on behalf of Heather Daley, Director of Workforce)

9. EQUALITIES IMPACT

9.1 Equalities Impact assessment will be carried out for each of the respective priorities detailed in **Appendix 1** at the appropriate time. Taken together the priorities will enable both the Council and CCG to address equalities policy objectives.

10. ENVIRONMENTAL IMPACT

10.1 None

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 Re-commissioning of drug and alcohol services with an enhanced treatment focus should contribute to reduced crime and disorder linked to substance misuse.

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BACKGROUND DOCUMENTS [None]

Appendix 1

HEALTH AND WEALTH BEING – JOINT STRATEGY 2013-2018: Our Priorities for action

Vision: Longer healthier lives for everyone in Croydon

Goals

1. Increased healthy life expectancy and reduce difference in life expectancy between communities
2. Increased resilience and independence
3. A positive experience of care

Improvement area 1: giving our children a good start in life

1.1 Reduce low birth weight

1.2 Increase breastfeeding initiation and prevalence

1.3 Improve the uptake of childhood immunisations

1.4 Reduce overweight and obesity in children

1.5 Improve children's emotional and mental wellbeing

1.6 Reduce the proportion of children living in poverty

1.7 Improve education attainment in disadvantaged groups

Improvement area 2: preventing illness and injury and helping people recover

2.1 Reduce smoking prevalence

2.2 Reduce overweight and obesity in adults

2.3 Reduce the harm caused by alcohol misuse

2.4 Early diagnosis and treatment of sexually transmitted infections including HIV infection

2.5 Prevent illness and injury and promote recovery in the over 65s

Improvement area 3: preventing premature death and long term health conditions

3.1 Early detection and management of people at risk for cardiovascular diseases and diabetes

3.2 Early detection and treatment of cancers

Improvement area 4: supporting people to be resilient and independent

4.1 Rehabilitation and re-ablement to prevent repeat admission to hospital

4.2 integrated care and support for people with long term conditions

4.3 Support and advice for carers

4.4 Reduce the number of households living in temporary accommodation

4.5 Reduce levels of worklessness and long term

Improvement area 5: providing integrated, safe, high quality services

5.1 Redesign of mental health pathways

5.2 Increased proportion of planned care delivered in community settings

5.3 Redesign of urgent care pathways

5.4 Improve the clinical quality and safety of health services

5.5 Improve early detection, treatment and quality of care for people with dementia

Improvement area 6: improving people's experience of care

6.1 Improve end of life care

6.2 Improve patient and service user satisfaction with health and social care services.

HWBB Priority	JOINT COMMISSIONING PRINCIPLES		
1, 2 & 3 5 2, 3, 4 & 6 5 & 6 4 2 & 4	• Prevention and Early Intervention • Integration and joint working • Transformation • Outcome-based Commissioning • Personalisation • Recovery and Re-ablement • Value for Money • Engagement • Recognition of the needs of the whole person and family members.		
	COMMISSIONING PRIORITIES		
	JOINT		
HWBB Priority		**HWBB Priority**	
	ADULTS		**CHILDREN**

• 4 & 5
• 5.3
• 4 & 5
• 5.1
• 5.1
• 5.1
• 4.2
	• Out of hospital care embedding of transformed community services.
	• Urgent Care: continued work on the improvement plan, demand and capacity across the whole system.
	• Effective Transition: Children's to Adult services.
	• Rebalancing Mental Health Acute and Community services.
	• Enhancing MH care in primary care.
	• Psychological Therapies
	• Commissioning and Supporting / facilitating a wide range of community-based services to reduce
		• 1.5, 4.1, 4.1 & 6.2
		• 1.3, 1.5 & 1.7
		• 1.5, 1.6 1.7, 4.2 & 6.2
		• 1.5, 1.6 & 1.7
		• 1.3 – 1.7
			• Development and Implementation of Children's emotional health and well-being strategy.
			• Improving health, education and training outcomes for Looked After Children.
			  ○ Timely provision of initial and follow up health care assessments.
			  ○ Introduction/development of a consistent mental health and wellbeing dimension to the initial assessment
			  ○ Improve immunisation uptake.
			• Single Assessment and plan for children with Learning difficulties and disabilities including transition to adulthood.
			• Implementation of jointly commissioned Speech and Language Therapy services.
			• Implementing Outcome of School Nursing Commissioning Review.

• **5.1**	the need for unplanned hospital activity / admissions e.g. single point of assessment, rapid response, MDT in Primary Care • Ensure that the new MH strategy sets out a clear direction for commissioning a broad range of services, from acute to community based services – that enable people to take control of their lives, help them to prevent relapse and to sustain recovery and well-being. • Promote together the mental well-being and resilience of all Croydon's population so that future demand for mental health services can be contained or reduced. • The CCG and Council will ensure that the requirements and actions from the Winterbourne View Concordat are in place within the timescales given, this will include assurance that up to date plans are in place and being actively managed for all relevant individuals.	• **1.1 & 1.2**	• Preparation for commissioning of health visiting and Family Nurse Partnership from 2015. • An overarching challenge will be meeting the health needs of increasing numbers of children.

	COMMISSIONING PRIORITIES		
	SINGLE - CCG		
HWBB Priority		HWBB Priority	
	ADULTS		CHILDREN
• 5.2 • 5.3 • 4.5 • 3.1 • 4.2 • 4.2 • 3.1 • 6.1	• **Planned Care** – this includes: ○ Vascular Surgery ○ Effective Commissioning Initiative ○ First/Follow Up Ratios ○ Ophthalmology ○ Urology ○ Gastroenterology ○ MSK ○ Dermatology • **Urgent Care** ○ Stroke and Atrial Fibrillation ○ Urgent Care Centre ○ Non-elective activity from Nursing Homes ○ DVT • **Transformation/Community Services** ○ Adult Community services and Falls services ○ Cardiology ○ Anti-Coagulation ○ COPD ○ Diabetes ○ End of Life Care	• 4.2, 4.3, 5.4, 6.1 & 6.2 • 4.2, 4.3, 5.2 & 5.4 • 1.1,1.2, 2.1, 2.3, 5.4 & 6.2	• Improvement of procurement processes for children with continuing health care needs to drive up quality and safety. • Implement a pathfinder project to improve service access for children with asthma and to drive up quality, safety and efficiency. • Complete the implementation of increased numbers of midwives to support improved outcomes in pregnancy and beyond.

• 5.4 • 5.4 • 5.2	• **Primary Care** ○ Medicines Optimisation ○ Variation across Practices ○ Hub and Spoke Model		

	COMMISSIONING PRIORITIES		
	SINGLE - COUNCIL		
HWBB Priority		**HWBB Priority**	
	LA – ADULTS		**LA – CHILDREN**
	• We will maintain our joint commissioning approach to improving the physical and emotional health and psychological well-being of people with LD by supporting primary care, hospital services and residential providers with the appropriate knowledge and skills to meet users' and commissioners' expectations. • Commissioning of a redesigned substance misuse treatment system in summer 2014, that builds on the principles of an integrated system but with a greater focus on bespoke personalised options which address a wider range of substances than opiates.	• 1.4. • 1.6 • 1.5 • 1.7 • 1.7, 4.5	• Reduce childhood obesity through re-commissioning of the weight management contract, led by PH. • Reduce child poverty and mitigate impact of poverty through driving the implementation of the child poverty strategy including joint working with schools on pupil premium and free school meals. • Reduce bullying and strengthen the engagement of children, young people and families across the C&F Partnership. • Close the gaps in education achievement and improve stage 2 attainment overall through joint working with schools. • Increase participation in education, employment and training and improve outcomes at age 19 • Increase impact of early intervention

• **6**	• Continue the well established joint approach of commissioning supported housing services which enable people to stay out of institutional care or to move from it into more independent tenancies. There will be a particular focus on those models of supported housing where the evidence shows people's health and well-being can be maintained with less call on NHS provision (e.g. assistive technology, peer support). • Through a framework agreement, put in place new types of contract agreement with the third and private sectors for the delivery of quality VFM personal care, support, reablement and end of life services for people in their own homes. • Commissioning together so that CHC provision delivered in residential settings optimises efficiencies and sustains good quality. • By re-commissioning Croydon's information, advice and advocacy services, we will create a single network in the third sector to provide coordinated and consistent information which will be a resource for Croydon people and Croydon professionals. • We will implement the Older People housing strategy by developing proposals for additional extra care housing and by re-designing support services in a range of housing projects for older people.	• **1.7** • **1.7**	• Improve outcomes for children and young people with learning difficulties/disabilities • Ensure that children are safe from maltreatment, neglect and abuse (Croydon Safeguarding Children Board) and continue to strengthen children's social care

	• Ensure the refreshed S75 for the management and delivery of the Council's MH staff and service responsibilities is completed.		
• **4.4**	• We will commission "Shared Lives" to develop a range of support options which enable Shared Lives householders to assist their lodgers to move on to greater independence. • Sustain commissioning of cost effective services for eligible people without recourse to public funds (Adults and Families) and work in close collaboration with the Home Office and other partners to fulfil national policy requirements.		

REPORT TO:	HEALTH AND WELLBEING BOARD 4 December 2013
AGENDA ITEM:	9
SUBJECT:	Pharmaceutical Needs Assessment
BOARD SPONSOR:	Dr Mike Robinson, Director of public health

CORPORATE PRIORITY/POLICY CONTEXT:

From 1 April 2013, Croydon's health and wellbeing board became responsible for Pharmaceutical Needs Assessment (PNA). The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1 April 2013, require each health and wellbeing board to make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent; and publish its first PNA by 1 April 2015.

1. RECOMMENDATIONS

The health and wellbeing board (the Board)is asked to:

- Agree to the publication of the current Pharmaceutical Needs Assessment, originally published by Croydon Primary Care Trust on 1 February 2011, at Appendix 1 to this report on the council website.
- For the reasons detailed in para. 3.6 agree that the three supplementary statements at appendix 2-4 to this report be published alongside the current Pharmaceutical Needs Assessment on the council website.
- Approve two further supplementary statements (PNA2011_1 and PNA2011_2) setting out additional changes to local pharmaceutical services for the reasons set out at 3.7 below.

2. Executive Summary

2.1 This paper outlines the steps that need to be taken to ensure that the current pharmaceutical needs assessment (PNA) for Croydon is fit for purpose and ready for publication on the council website. It also seeks agreement to the publication of supplementary statements explaining changes to the availability of pharmaceutical services since the publication of the Croydon PCT's PNA.

2.2 The Board will be updated on progress with the production of a new PNA at its meeting on 26 March 2014.

3. Detail

3.1 From 1 April 2013, Croydon's health and wellbeing board became responsible for publishing a PNA. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations), which came into force on 1 April 2013, require each health and wellbeing board to make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent; and publish its first PNA by 1 April 2015.

3.2 The current PNA was produced by Croydon Primary Care Trust and published on 1 February 2011. NHS England (NHSE) has recently conducted an exercise which reviewed Croydon's PNA. The review took the form of RAG rating the document against Regulations 3-9 and Schedule 1 of the 2013 Regulations. On 24 July 2013, the Council's Director of Public Health was sent a letter from NHS England setting out results from the RAG rating exercise. It is considered that this does not indicate the necessity for an immediate revision of the statement, but has formed the basis for the action plan to ensure that the current PNA is fit for purpose and can be published on the council website.

3.3 It should be noted that the version of the PNA reviewed by NHSE appears to have been incomplete. Two sections were missing. This means that some of the actions recommended by NHSE do not need to be addressed: The missing sections were:

- Annex A – Map of community pharmacies and community pharmacy district list;
- Annex B – PNA process and consultation.

3.4 Upon reviewing the RAG rating by NHSE, it was decided to update the PNA with:

- A map of Provision (PNA2011_3)
- A map which relates to matters to consider when making an assessment demonstrating benefits of reasonable choice (PNA2011_4)

3.5 Regulations state that HWBs should publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where –

(a) the changes are relevant to the granting of applications referred to in 2013 Regulations

(b) The HWB –

(i) is satisfied that making a revised assessment would be a disproportionate response to those changes, or

(ii) is in course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

3.6 Therefore, both of the above maps need to be signed off by the HWB along with an overarching supplementary statement confirming that PNA has been updated in line with 'The 2013 Regulations' (PNA2011_5)

3.7 Two further supplementary statements (PNA2011_1 and PNA2011_2) setting out changes to local pharmaceutical services had not been agreed by Croydon PCT, which are also attached for the HWB to approve and be published on the council website alongside the current PNA.

4. CONSULTATION

4.1 The PNA consultation process and findings are set out in Annex B of the current PNA document.

5. SERVICE INTEGRATION

5.1 Pages 5 and 6 summarise key findings of the PNA for Core Dispensing Services and the care pathways. The PCT identified that the PNA recommendations affected care pathways in its Strategic Plan 2009/10 – 2014/15 for Staying Healthy, Children and Young People, Long term conditions, Mental Health and Learning Disabilities and Urgent Care.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no costs to the council for the publication of the PNA and supplementary statements on its website.

6.2 Approved by: Paul Heynes, head of finance – DASHH, corporate resources and customer services department on behalf of the director of finance

7. LEGAL CONSIDERATIONS

7.1 The Solicitor to the Council comments that under the 2013 Regulations, after the Council has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years, the timetable for which is detailed in the body of the report.

7.2 A fully revised statement would only be necessary if the Council considered there had been changes, since the previous Croydon PCT assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—

a) the number of people in its area who require pharmaceutical services;

b) the demography of its area; and

c) the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. As detailed in para,3.2 that is not considered necessary at this stage.

7.3 However, if the Board are satisfied that there have been changes to the availability of pharmaceutical services since the publication of Croydon PCT's PNA it may publish supplementary statements where—

a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and

b) the Board —

i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

As detailed in para.3.6 and 3.7 it is proposed to publish five supplementary statements in accordance with the Regulations.

7.4 Approved by: Gabriel MacGregor, Head of Corporate Law on behalf of the Council Solicitor & Monitoring Officer

8. HUMAN RESOURCES IMPACT

8.1 There are no immediate HR Implications that arise from the recommendations of this report for LBC staff

8.2 Approved by: Michael Pichamuthu, Strategic HRBP, on behalf of Heather Daley, Interim Director of Workforce.

9. EQUALITIES IMPACT

9.1 An equality impact assessment was not originally conducted as the PNA was developed before the Equalities Act 2010 Act was in force. The current PNA does already consider some of the protected characteristics under the Equalities Act 2010 but it will be important to ensure that when a new PNA is produced full consideration is given to how this meets the Council's public sector equalities duty.

10. ENVIRONMENTAL IMPACT

10.1 There are no environmental impacts arising from this report.

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 This report has no crime and disorder impact.

CONTACT OFFICER:
Kate Woollcombe, Deputy Director of Public Health

APPENDICES
NHS Croydon Pharmaceutical Needs Assessment, February 2011
NHS Croydon Pharmaceutical Needs Assessment, February 2011 Annex A
NHS Croydon Pharmaceutical Needs Assessment, February 2011 Annex b

Supplementary statements

PNA2011_1 – PNA Review: Relates to Map of Provision
PNA2011_2 - PNA Review: Relates to matters to consider when making an assessment of demonstrating benefits of reasonable choice.
PNA2011_3 - PNA Review: Relates to information to be contained within the PNA
PNA2011_4 – Application by Capsaris Ltd to deliver new services in Fieldway Pharmacy
PNA2011_5 – Amendment to LPS Contract by VU Chem Ltd at Mayday Community Pharmacy

BACKGROUND DOCUMENTS:
None

REPORT TO:	**HEALTH AND WELLBEING BOARD** **4 December 2013**
AGENDA ITEM:	**11**
SUBJECT:	**Health and wellbeing board work plan and report of the chair of the executive group**
LEAD OFFICER:	**Hannah Miller, executive director of adults services, health and housing & deputy chief executive, Croydon Council**
CORPORATE PRIORITY/POLICY CONTEXT: The Health and Social Care Act 2102 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.	
FINANCIAL IMPACT: None	

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Agree the board work plan
- Note work undertaken by the executive group on behalf of the board

2. EXECUTIVE SUMMARY

2.1 The health and wellbeing board agreed its work plan for 2013/14 at its meeting on 24 April 2013. The work plan is regularly reviewed by the executive group and the chair. This paper includes the most recent update of the board work plan at appendix 1.

3. DETAIL

3.1 The purpose of health and wellbeing boards as described in the Health and Social Care Act 2012 is to join up commissioning across the NHS, social care, public health and other services that the board agrees are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer.

3.2 Changes to the board work plan from the version agreed by the board on 23 October 2013 are set out below. This is version 6.1 of the work plan.

3.2.1 HWB 5 December 2013 – addition of item on substance misuse commissioning; information item on learning disability moved to 12 February
3.2.2 HWB 12 February – deletion of item on carers – update provided to board at meeting on 23 October 2013
3.2.3 HWB 12 February 2014 - addition of item on public sector equality duty as it applies to the health and wellbeing board.
3.2.4 HWB 12 February 2014 – addition of items on JSNA 2013/14 domestic violence chapter final draft; alcohol chapter final draft; healthy weight chapter final draft
3.2.5 HWB 12 February – item on partnership groups moved from 5 December 2013
3.2.6 HWB 26 March 2014 – addition of item on pressure ulcers in the community
3.2.7 Incorporation of regular report on the work of the executive group undertaken on behalf of the board by the chair of the executive group. This is a control item requested by board members in the board risk register.

3.3 The board seminar on risk on 1 August 2013 recommended that the chair of the executive group reported regularly to the board on the work undertaken by the executive group on behalf of the board. Key areas of work for the executive group between April 2013 and November 2013 are set out below:

- Preparation and oversight of the work plan for review and approval by the chair and the board, including preparation of board agendas and topic prioritisation
- Organisation of learning and training for the board including board member induction, board away day, strategic risk workshop and dignity & safety seminar
- Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership
- Review of health and social care partnership groups accountable to the board
- Development of a board strategic risk register
- Development of a performance reporting framework for the board
- Review of responses to public questions and general enquiries relating to the work of the board
- Preparation for production of pharmaceutical needs assessment

4. CONSULTATION

4.1 A number of topics for board meetings have been proposed by board members. These have been added to topics proposals list on the work plan. Board members were asked to indicate their priorities from this list through a short survey circulated at the beginning of September 2013. Following discussion of responses at the executive group on 22 October 2013 it has been agreed that Steve Morton will review topics covered at previous board and shadow board meetings and cross check against health and wellbeing board priorities to identify potential gaps. This will be considered at the next

executive group on 14 January 2014 with recommendations to the chair's meeting on 24 January 2014.

5. SERVICE INTEGRATION

5.1 All board paper authors are asked to explicitly consider service integration issues for items in the work plan.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 Where there are financial or risk assessment considerations board paper authors must complete this section and gain sign off from the relevant lead finance officer(s). Where there is joint funding in place or plans for joint funding then approval must be sought from the lead finance officer from both parties.

7. LEGAL CONSIDERATIONS

7.1 Advice from the council's legal department must be sought on proposals set out in board papers with legal sign off of the final paper.

8. HUMAN RESOURCES IMPACT

8.1 Any human resources impacts, including organisational development, training or staffing implications, should be set out for the board paper for an item in the work plan.

9. EQUALITIES IMPACT

9.1 The health and wellbeing board, as a committee of the council, has a statutory duty to comply with the provisions set out in the Equality Act 2010. The board must, in the exercise of all its functions, have due regard to the need to comply with the three arms or aims of the general equality duty. Case law has established that the potential effect on equality should be analysed at the initial stage in the development or review of a policy, thus informing policy design and final decision making.

9.2 Paper authors should carry out an equality analysis if the report proposes a big change to a service or a small change that affects a lot of people. The change could be to any aspect of the service – including policies, budgets, plans, facilities and processes. The equality analysis is a key part of the decision-making process and will be considered by board members when considering reports and making decisions. The equality analysis must be appended to the report and have been signed off by the relevant director.

9.3 Guidance on equality analysis can be obtained from the council's equalities team.

CONTACT OFFICER: Steve Morton, head of health and wellbeing, Croydon Council
steve.morton@croydon.gov.uk, 020 8726 6000 ext. 61600

BACKGROUND DOCUMENTS

None

Topics proposed by board members– -date to be allocated

Focus on outcomes: people with sensory impairment – request by board member on 23 October that this item is given priority

Focus on outcomes: alcohol and substance misuse

Focus on outcomes: immunisation

Focus on outcomes: sexual health

Focus on outcomes: health and the environment (including built environment, leisure and green spaces)

Focus on outcomes: refugees & asylum seekers

Focus on outcomes: travellers

Focus on outcomes: youth unemployment

Focus on outcomes: children with learning difficulties

Focus on outcomes: offender health

Housing strategy update

Additional topics proposed by board members

HWB 24/04/13

- Asset-based community development
- GPs – more inventiveness
- Fuel poverty
- Definition of 'team' – community services – joining up.

HWB 12/06/13

- Primary care provision
- Infectious diseases (as annual update item)
- Carers (requested for Feb 2014) and Care Bill (requested for June 2014)

SUBSEQUENT REQUESTS

- Reform of services for children with special educational needs (Paul Greenhalgh / Trisha Holmes) – June 2014
- Mental health strategy (Hannah Miller / Patrice Beveney) - tbc

Date	Item	Purpose	Board sponsor	Lead officer / report author
4 December 2013	Commissioning intentions 2014/15	Discussion	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson	Stephen Warren / Brenda Scanlan / Jane Doyle
	Substance misuse commissioning plans	Discussion	Hannah Miller	Alan Hiscutt
	Pharmaceutical needs assessment	Decision	Mike Robinson	Kate Woollcombe
	Work plan and report of the chair of the executive group (standing item)	Decision	Hannah Miller	Steve Morton
	Risk register (standing item)	Discussion	Hannah Miller	Steve Morton
5 December 2013	Board seminar – dignity and safety in care			
12 February 2014	Focus on outcomes: topic to be agreed	Discussion	tba	Tba
	Pharmaceutical needs assessment work plan 2014/15	Decision	Mike Robinson	Kate Woollcombe
	Integration transformation fund 2014/15	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	Final commissioning intentions 2014/15	Discussion	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson	Stephen Warren / Brenda Scanlan / Jane Doyle / public health lead tbc
	Dignity & safety in care – seminar recommendations	Decision	Hannah Miller / Paula Swann	Kay Murray / Fouzia Harrington

Date	Item	Purpose	Board sponsor	Lead officer / report author
	JSNA 2013/14 domestic violence chapter final draft	Decision	Mike Robinson	Jenny Hacker
	JSNA 2013/14 alcohol chapter final draft	Decision	Mike Robinson	Jenny Hacker
	JSNA 2013/14 healthy weight chapter final draft	Decision	Mike Robinson	Jenny Hacker
	Partnership groups terms of reference & work plans	Decision	Hannah Miller	Steve Morton
	Public sector equality duty responsibilities of the board	Discussion	Hannah Miller	Sharon Godman
	Performance report (quarterly standing item)	Discussion	Hannah Miller/Paul Greenhalgh/Paula Swann	Martin Ellender
	Work plan and report of the chair of the executive group (standing item)	Decision	Hannah Miller	Steve Morton
	Risk register (standing item)	Decision	Hannah Miller	Steve Morton
	Update on adults with learning disabilities (from April 2013)	Information	Hannah Miller	Mike Corrigan
	Update on health and housing (from June 2013)	Information	Hannah Miller	Peter Brown / Dave Morris / Steve Morton
	Local account 2012/13	Information	Hannah Miller	Tracey Stanley
26 March 2014	Focus on outcomes: topic to be agreed	Discussion	tba	tba
	Pressure ulcers in the community	Discussion	Paula Swann / Hannah Miller	Fouzia Harrington / Kay Murray

Date	Item	Purpose	Board sponsor	Lead officer / report author
	Work plan and report of the chair of the executive group (standing item)	Decision	Hannah Miller	Steve Morton
	Risk register (standing item)	Decision	Hannah Miller	Steve Morton

Summary record of topics covered at previous meetings

Minutes and papers of shadow health and wellbeing board meetings from 8 December 2011 to 13 February 2013 to can be found on the Council website by clicking on the following link: http://tinyurl.com/ShadowHWB.

Date	Items	Purpose	Board sponsor	Lead officer / report author
24 April 2013	Establishment of the health and wellbeing board	Decision	Councillor Margaret Mead	Solomon Agutu
	Focus on outcomes: adults with learning disabilities	Discussion	Geraldine O'Shea	Geraldine O'Shea / Mike Corrigan
	JSNA key data set 2012/13	Discussion	Mike Robinson	Jenny Hacker
	Heart Town proposal	Decision	Councillor Margaret Mead	Steve Morton / Bevoly Fearon
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
12 June 2013	Prevention, self-care and shared decision making	Discussion	Agnelo Fernandes	Daniel MacIntyre
	Better Services Better Value consultation	Discussion	Paula Swann / Agnelo Fernandes	Rachel Tyndall / Charlotte Joll
	Annual report of the director of public health	Information	Mike Robinson	Sara Corben

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Sign off JSNA deep dive chapters • Depression in adults • Schizophrenia	Decision	Mike Robinson	Bernadette Alves
	Update on integrated care (from September 2012)	Information	Agnelo Fernandes	Paul Young / Amanda Tuke / Brenda Scanlan
	Partnership groups proposal	Decision	Hannah Miller	Steve Morton
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
18 July 2013	Board workshop on strategic risk			
11 September 2013	Improving outcomes for children with disabilities	Discussion and decision	Paul Greenhalgh	Linda Wright
	Reablement and hospital discharge programme – funding allocations 2013/14	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	JSNA deep dive chapter • Emotional health and wellbeing of children	Decision	Mike Robinson	Kate Naish
	JSNA work plan 2013/14	Decision	Mike Robinson	Jenny Hacker
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
	Adult social care local account 2012	Information	Hannah Miller	Tracy Stanley
	Report from Croydon Congress health themed meeting 16 May 2013	Information	Mike Robinson	Sharon Godman
	Integrated commissioning unit for health and social care	Information	Hannah Miller / Paula Swann	Brenda Scanlan / Stephen Warren

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Integrated care pioneer status bid	Information	Hannah Miller / Paula Swann	Laura Jenner
23 October 2013	Focus on outcomes: homelessness, health and housing	Discussion	Hannah Miller	Peter Brown / Dave Morris
	Heart Town programme to prevent heart and circulatory diseases	Discussion	Mike Robinson	Steve Morton
	JSNA 2013/14 overview of health & social care needs	Discussion	Mike Robinson	Jenny Hacker
	Performance report (standing item)	Discussion	Hannah Miller/Paul Greenhalgh/Paula Swann	Martin Ellender
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
	Integration transformation fund	Information	Hannah Miller / Paula Swann	Andrew Maskell
	Safeguarding adults	Information	Hannah Miller	Kay Murray
	Safeguarding children	Information	Paul Greenhalgh	Jeneen Hatt
	Update on carers (from April 2012)	Information	Roger Oliver	Harsha Ganatra
	Update on children’s primary prevention plan (from Feb 2013)	Information	Paul Greenhalgh	Dwynwen Stepien

REPORT TO:	HEALTH AND WELLBEING BOARD 4 December 2013
AGENDA ITEM:	12
SUBJECT:	Health and wellbeing board risk register
LEAD OFFICER:	Hannah Miller, Executive director of adults services, health and housing & deputy chief executive, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT: The Health and Social Care Act 2102 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.	
FINANCIAL IMPACT: Risk 5 identifies impacts and controls relating to limited or constrained financial allocations in health and social care giving rise to the inability to balance reducing budgets with a rising demand.	

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Comment on the risks identified in the strategic risk register, including identifying any additional risks not captured
- Comment on planned actions to mitigate identified risks
- Agree that the executive group will maintain and review the strategic risk register with regular reports to the board.

2. EXECUTIVE SUMMARY

2.1 This report presents a new strategic risk register for the health and wellbeing board. The register has been compiled after consideration of outputs from the board strategic risk workshops help on 1 August 2013. Drafts of the risk register were discussed by the executive group at its meetings on 10 September 2013 and 22 October 2013.

3. DETAIL

3.1 The development of a strategic risk register has formed part of the development plan for Croydon's health and wellbeing board for 2013/14. The council's risk and insurance partner Zurich Municipal was approached to support the development of the board risk register. As part of a review of strategic risk management support for 2013/14 members of the London Insurance Consortium, which includes Croydon Council, had agreed to focus on developmental support for health and wellbeing boards. Support from Zurich Municipal as part of this programme has been offered free of charge to Croydon.

3.2 Following an initial discussion with the chair of the executive group, the proposal for Croydon was split into three parts. The first stage ‘measures of success and effective committee engagement’ was designed to help board members, particularly those new to the board, to explore the statutory framework within which they are operating and what effective governance and board engagement will mean in practice. Board members were asked to assess board effectiveness using a survey tool.

3.3 The second stage of the exercise led on from the initial review and was designed to help board members identify potential ‘blockers’ to achieving strategic aims through a facilitated risk workshop. During the workshop, held on 1 August 2013, the board explored a number of areas, such as what a successful board might look like, and what would constitute effective board processes, along with the identification and management of strategic risk.

3.4 The workshop aimed to deliver the following outputs:

- Board strategic risk register (attachment 1)
- Board development plan (contained within the strategic risk register as control measures)

3.5 During the workshop, the board discussed:

- Their roles and responsibilities
- Processes required to enable them to continue to work effectively and efficiently;
- The measure / critical success factors to ensure the success of the board;
- Risks facing the board in the delivery of these
- Initial thoughts / suggestions on how the risks might be addressed (control measures).

3.6 Control measures have been grouped into a number of themes. Each theme has been allocated an owner from the executive group and corresponding control measures are thereby allocated to the theme owners. The theme owner is responsible for that aspect of the board development plan. The themes for the development plan are:

1. Stakeholder and community engagement
2. External and self-assessment
3. Strategic alignment of board work plan
4. Performance improvement
5. Promoting integration
6. Governance

3.7 Zurich Municipal have also offered support for a third stage: to support a review of ‘shared service / partnership risk’ regarding a particular area of contract spend or wider concepts such as integrated commissioning. Following discussion by the executive group on 22 October 2013, it is not proposed to proceed with a review at this stage but to consider it in the future as Croydon’s approach to integrated commissioning develops during 2014/15.

4. CONSULTATION

4.1 Board members have been actively involved in the development of the strategic risk register and will be involved in its review and update.

5. SERVICE INTEGRATION

5.1 Risk 2 identifies the impacts and controls relating to failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 Risk 5 identifies impacts and controls relating to limited or constrained financial allocations in health and social care giving rise to the inability to balance reducing budgets with a rising demand.

7. LEGAL CONSIDERATIONS

7.1 No legal issues have been identified in relation to the current risk register.

8. HUMAN RESOURCES IMPACT

8.1 There are no direct human resources issues arising from this report. Risk 6 identifies a risk that the Board may failure to continuously develop and have the capacity and capability to operate effectively and efficiently. This may entail organisational development input and individual training and learning for Board members.

9. EQUALITIES IMPACT

9.1 The health and wellbeing board, as a committee of the council, has a statutory duty to comply with the provisions set out in the Equality Act 2010. The board must, in the exercise of all its functions, have due regard to the need to comply with the three arms or aims of the general equality duty. Case law has established that the potential effect on equality should be analysed at the initial stage in the development or review of a policy, thus informing policy design and final decision making.

9.2 Risk 4 identifies impacts and controls relating to a failure to understand the community's expressed wants and choices and to ensure that ongoing engagement with the public is maintained and views and opinions considered and actioned where appropriate. The community engagement plan for the Board should explicitly address protected characteristics.

CONTACT OFFICER: Steve Morton, head of health and wellbeing, Croydon Council
steve.morton@croydon.gov.uk, 020 8726 6000 ext. 61600

BACKGROUND DOCUMENTS

None

ATTACHMENTS

Attachment 1 HWB risk register.xls