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 Croydon
Barbara SCOTT (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)** will be held on **Wednesday 12th February 2014** at **2:00pm**, in **Room F10 in The Town Hall, Katharine Street, Croydon CR0 1NX**

JULIE BELVIR
Council Solicitor & Monitoring Officer,
Director of Democratic & Legal Services,
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk
CR0 1EA

MARGOT ROHAN
Senior Members Services Manager
(Democratic Outreach)
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margot.rohan@croydon.gov.uk
www.croydon.gov.uk/agenda
10 February 2014

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.

AGENDA - PART A

1. Introduction

2. Minutes of the meeting held on Wednesday 4th December 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

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:

Better Care Fund (formerly known as Integration transformation fund) 2014/15
The report of Croydon Council's Executive Directors of Adult Services, Health & Housing and Children and the Chief Officer of NHS Croydon Clinical Commissioning Group is to follow.

6. Exempt Items

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

7. Dignity and safety in care - seminar report (page 17)

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

8. 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.

9. Report of the Chair of the Executive Group (page 69)

The report of the Executive Group is attached, covering Performance, Work Programme and Risk Register.

10. FOR INFORMATION ONLY

Heart Town update - report attached (page 115)
Local account 2012-13 - report attached (page 121)

11. Date of next meeting

Wednesday 26 March 2014 at 2pm in the Council Chamber

12. Camera Resolution

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

AGENDA - PART B

None

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HEALTH & WELL-BEING BOARD (CROYDON)
Notes of the meeting held on Wednesday 4th December 2013 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)

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

Healthwatch Croydon
(no representative)

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

Representing voluntary sector service providers:
Sarah BURNS (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)

Representing patients, the public and users of health and care services:
Lynette PATTERSON (Croydon Voluntary Sector Alliance)

Non-voting members:
Andrew McCOIG (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), Steve Morton (head of health & wellbeing, Croydon Council), Alan Hiscutt (Head of Commissioning Vulnerable Adults and Supported Housing, Croydon Council), Shirley Johnstone (Adults Commissioning manager), Brenda Scanlan (Director of Adult Care Commissioning)

Notes: Margot Rohan (senior members' services manager)

A61/13 INTRODUCTION

The Chair, Cllr Margaret Mead, welcomed Lynette Patterson to the Board, replacing Kim Bennett, representing Croydon Voluntary Sector Providers.

A62/13 MINUTES OF THE MEETING HELD ON WEDNESDAY 23RD OCTOBER 2013

The Board **RESOLVED** that the minutes of the meeting of the Health & Wellbeing Board (Croydon) on 23 October 2013 be agreed as an accurate record.

A63/13 APOLOGIES FOR ABSENCE

Apologies were received from Dr Mike Robinson, Paul Greenhalgh, Guy Pile-Grey (Healthwatch), Mark Justice (Croydon Charity Services Delivery Group) and Lissa Moore (London Probation Trust). Cllr Jane Avis apologised in advance for leaving the meeting, to attend another meeting, at 14:20 and returning at 15:00.

A64/13 DISCLOSURE OF INTEREST

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

A65/13 URGENT BUSINESS (IF ANY)

There was no urgent business.

A66/13 EXEMPT ITEMS

There were no exempt items.
Item 9 was taken first due to technical difficulties with the projector. Item 8 was then taken before Item 7.

A67/13 SUBSTANCE MISUSE TREATMENT RECOMMISSIONING

Alan Hiscutt (Head of Commissioning Vulnerable Adults and Supported Housing, Croydon Council) and Shirley Johnstone (Adults Commissioning manager) summarised the report:

- The current main core of service users is people in the 35-55 age range with long term addiction issues with heroin
- Amongst younger people, the issues are with other drugs such as cocaine, legal highs, cannabis

- Alcohol – services recently focused on heroin, to exclusion of alcohol – but there is a bigger impact on families and communities
- There is a range of services but a number of issues with their performance – the recommissioning exercise has considered the design of the whole system
- In the past services have been designed around funding streams, the recommissioning instead that they are designed around people's needs
- Integrated system difficult to work with current providers
- Recommissioning in two phases
- Looking to strengthen integration with new services
- Services to be geared around recovery
- Clear line of accountability – one key provider
- Focus on prevention and integration with criminal justice system
- Consultation – providers welcoming approach being taken

The following issues were raised:

- Care pathway not straight. Crack cocaine is easily available in Croydon, although very expensive. It produces terrible consequences. Peer support very important. AA very good – several meetings each week, but very God-orientated. Hunger is associated with alcohol – why not advice given by the services so we can identify triggers?

Alan Hiscutt: The comments are consistent with the approach being proposed. Children – we are aware of under-reporting of drug use in families. Will ensure services fully linked up with children's services.

- What are time frames on phase one and two?

Shirley Johnstone: We start work in the new year.

Alan Hiscutt: There are time constraints on phase one due to contract end dates. No time frames yet for phase two.
Dr Agnelo Fernandes: We are looking at the process where the pathway for patients goes down a long. Needs to be taken into account for this service. Under-reporting – we do not know how many people have alcohol-related problems. We need to capture the right data. Children – we need a prevent agenda – to use children as ambassadors for health and wellbeing – particularly in relation to alcohol. Burglaries – impact immense. Addressing the issues will go a long way to solving other problems – link to criminal justice system is vital.

Having considered the public sector equality duty and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board **RESOLVED** to:

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 specialised substance misuse treatment service.

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
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

A68/13 JOINT COMMISSIONING INTENTIONS 2014-15

A presentation was given by Stephen Warren (Director of Commissioning, CCG) and Brenda Scanlan, Director of Adult Care Commissioning)

- Integrated commissioning unit being developed.
- Following Winterbourne Report, clear plan in Croydon to ensure people with learning disability are planned for and services needed are provided.

The following issues were raised:

- Improved capacity in Psychological Therapies – are we involving the charity sector how?

Stephen Warren: We commission services from the voluntary sector. We have major challenges ahead.

- The walk-in centre offers a fantastic service and welcoming atmosphere. Orthopedics – new consultant to be appointed but there are some failures to diagnose, so the processes need to be looked at.

Brenda Scanlan: We are recommissioning to get the right services in the right place and make them more welcoming. People have different needs.

- It is an impossible task. There is insufficient funding. The report is light on harnessing the population's goodwill to take better care of themselves. We should be more aggressive to make people realise the lack of funding in future. Medicine mismanagement impacts on services – people need to manage long term conditions better.

Cllr Margaret Mead: People need to be supported.
Paula Swann: We are redesigning care pathways. Each of the redesigns includes prevention, self management, peer-support where appropriate, and shared decision making.

- To make a difference, we need to start now on self-care. Use technology – apps – to get better outcomes.
- There is enormous pressure – challenge in recommissioning – changes in demands for mental health. As we transform, significant support is needed.

The Board **COMMENTED** 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.

A69/13 PHARMACEUTICAL NEEDS ASSESSMENT

Kate Woollcombe (Deputy Director of Public Health) gave a summary of the report.

The PNA is about provision of pharmacies not with commissioning drugs.

The following issues were raised:

- Shingles vaccine is in extremely short supply
- Oxygen – the supply of this was stripped from community pharmacies 5 years ago with no notice – since 1948 pharmacies had supplied to patients. It was farmed out to national contractors and the cost has soared

The Board **RESOLVED** to:

- Agree to the publication of the current PNA (Appendices NHS PNA 2011 on the council website)
- For the reasons detailed in paragraph 3.6, agree that the three supplementary statements (PNA2011_3,4 & 5) to this report be published alongside the current PNA on the council website
- Approve the two further supplementary statements (PNA2011_1 and PNA2011_2) as set out at 3.7 in the report.

A70/13 PUBLIC QUESTIONS

There were two outstanding questions from the previous meeting:

Peter Howard: As someone who was Chair for 5 years of the Statutory PPI Forum responsible for Mayday, under Helen Whalley & Vanessa Wood, we did numerous unnanounced visits,and reported on the web what we observed. Something the LINK/Shadow Healthwatch did not. Despital what John Goulston said yesterday, Croydon University Hospital (CUH) is still getting very bad reports from the Care Quality Commission (CQC) & is low on the list of good Hospitals. This is appalling &, in my opinion, reflects the various managements over the past few years.
When will the Health & Well Being Board & Scrutiny Committee of the council responsible for health get a grip of the Mayday Management & not sit back & accept everything they say?
What, if anything, will the Health & WellBeing Board of Croydon Council do about this?

Responses: Recent inspection highlighted a lot of good things. Recognition of good practice being put in place. Staff working extremely hard.
The health and wellbeing board and the overview and scrutiny committee have distinct but complementary roles. The role of the health and wellbeing board is to assess the health and wellbeing needs of the population (the JSNA), to agree joint priorities on the basis of the needs it identifies, and to set those priorities out in the

health and wellbeing strategy. Overview and scrutiny committees can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions and make recommendations for improvements that have to be considered. It is not the role of the health and wellbeing board to comment on the performance of individual organisations. I do want to acknowledge your concerns, however. I take them very seriously. I have asked that your question is forwarded to the chair of the health, social care and housing scrutiny sub-committee. I am aware that they will be considering and commenting on the outcome of the CQC inspection of Croydon Health Services and quality summit at their meeting on 28 January 2014.

Hospital inspection is powerful – not just inspectors – commissioners of services and users. Significant number of hours day and night talking to patients and staff. Very fair reflection of journey on which the hospital is. Respiratory and other services. In particular imp to recruit more nurses to provide more personal care. Large scale recruitment programme. Nearly 40 new nurses started.

Mortality – data was not correct. Analysis from CQC – mortality rates are of no concern. Takes long time to turn round a bad reputation. Long memories despite improvements. Looking at how can give people of Croydon more confidence. Challenge to promote positive message.
In last month the 3 local hospitals were approached, inviting them to provide vaccinations for staff. Only one hospital responded – Croydon University Hospital (CUH) will give free vaccinations for all frontline staff. St George's and St Helier did not respond.

Mortality data reveals important facts. Since CCG in place, issues are being addressed. Maternity was an issue. Whole range of other pathways have been redesigned. In last 14 months we have seen more change than in the previous 5 years. Lot of changes taken on board by CUH to provide improvements. National shortage of nurses and doctors in specialisms.

CUH should be congratulated for what they have done. CQC gave a very positive report but have to highlight issues of concern. However, there are grave concerns regarding the Virgin Urgent Care unit.

Unfortunate the way the report was worded. Concerns not about entirety of patients' welfare. Particular concerns about interface between Virgin Care and patients. If patients were not seen quickly enough or not transferred appropriately and seen quickly, there were concerns that service might not be safe. Virgin and Urgent Care board looked at the issues and made recommendations which have and are being implemented. We have put in place an additional review, that ensures that every patient streamed to the UCC has their initial observations taken. On average one or two patients are immediately transferred a day to the ED stream. Take safety

concerns very seriously.

There are parts of the way services are operated which CQC did not understand. Some of issues raised were due to this. 20 minute window – some patients may not wait. Report could have been worded differently. Solutions have been implemented to ensure patient safety. Patients require review within 20 minutes.

Mixing ED with primary care – better to triage from ED perspective.

40%+ should not be in ED anyway. System in place, unless ambulance patient, initial assessment uses protocol by receptionist.. Have constraints in terms of space for developing new ED dept. Not fit for purpose – need new dept. As safe as can be – and safer than majority of other hospitals in UK.

Urgent care sees 140 patients a day. Need to think seriously how to use health resources.

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: Breakdown of applicants by gender attached (Appendix)

6 out of 10 homeless applicants are lone parent females with dependent children.

As at the end of September 2013 the council was accommodating 2363 homeless households in temporary accommodation, of these 2077 were households with dependent children or someone who is pregnant and these households had 3472 children.

In the preceding 6 months the council accepted 397 households as homeless under the full duty, of which 89 were couples with dependent children and 242 were lone parent female applicants (also with dependent children) – the remainder were single homeless applicants or lone parent male applicants.

In 2012/13 the council accepted 912 households as homeless under the full duty, of which 164 were couples with dependent children and 581 were lone parent female applicants (also with dependent children) - the remainder were single homeless applicants or lone parent male applicants.

The following questions were also raised at the meeting:

Anne Milstead: If I may I'd like to give you a quick update on the question I asked that the last health and well-being board about

exercise referral.
I had suggested that many people were being referred for exercise but once the 12 weeks were up that they no longer continued. I asked a contact that I have what the true situation is and the response was, “it’s very patchy”. I then asked what statistics were kept and again the answer was, and “very patchy”.

My questions at this time firstly are to do with care. For the last 10 or 15 years of my working life as an independent financial adviser I had an interest in long-term care. In order to be able to advise, I needed to sit an examination and I needed a good understanding of the CRAG regulations (Charging for Residential Accommodation).

In that I understood that there were five levels of care need that one can be discounted if you have Alzheimer’s disease.

These are:

- minimal needs
- low needs
- medium needs
- high needs

Croydon Council was recently highlighted on a radio four programme by the ex-MP Chris Mullin’s in the way it disposed of its care employees and zero hours contracts my understanding is that zero hours contracts cannot possibly cope with proper care for elderly people. What can be done in 15 minutes?

It is also becoming very apparent that third-party providers are consistently under bidding for all sorts of NHS contracts and then finding that they cannot run the services at the price they have claimed. Many of these contracts run for five years or more so that much damage can be done before it comes to light and the providers are brought to book.

So my questions are:
What safeguards are there for the users of those services like care in the home under zero hours contracts?
What safeguards are there for whistleblowers when things start to go wrong when services are run by third parties?
Is there a place for public scrutiny and input of the procurement place BEFORE implementation?

Responses: There are 4 levels of care in Croydon. Govt moving towards having national levels. Should not have changes to Croydon’s care levels. If someone at moderate or light need, can channel through to voluntary sector – meals on wheels etc. Not direct from council. Zero contract hours – everyone who receives home care has assessment – they get the level of need – care

package - they require. If someone needs more than 15 minutes care, they will get it. If deteriorated and need reassessing, then pass that on. Limited resources so have to make best use of them.

We will go back to service and ask for information requested.

There are very stringent procedures – number of methods where quality and safety of services are monitored. There is a clinical review group which is in place for all contracts. Procurement – developing – substance misuse – joint approach between CCG and the local authority – focus on outcomes. That approach picks up issue of care.

Every patient should be registered with a GP – soft intelligence from frontline. Commissions ask questions – more robust. Contacts and quality now together.

A71/13 WORK PLAN

Steve Morton drew attention to a few points.

The Board **RESOLVED** to agree the Work Plan and note work undertaken by the executive group on behalf of the Board.

A72/13 RISK REGISTER

Steve Morton summarised the report. He asked for comments before 24 December, in time for the next meeting of the executive group.

The Board **RESOLVED** 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

A73/13 DATES OF FUTURE MEETINGS (VENUES TO BE ADVISED)

12 February 2014
26 March 2014

The meeting ended at 4.22pm.

Homeless households accepted by the council under the full duty

Section E1c: Applicant households found to be eligible for assistance, unintentionally homeless and in priority need: during the quarter (between July and Sept 2013): Analysis by household type

Couple with dependant children	Lone parent household with dependent children		One person household		All other household groups	Total
	Male applicant	Female applicant*	Male applicant	Female applicant		
a	b	c	d	e	f	g
41	6	116	22	2	5	192

Total households, E1c cell g should also equal E1 cell 1w above

Note: *Include expectant mothers with no other dependent children

Section E1c: Applicant households found to be eligible for assistance, unintentionally homeless and in priority need: during the quarter (between April and June2013): Analysis by household type

Couple with dependant children	Lone parent household with dependent children		One person household		All other household groups	Total
	Male applicant	Female applicant*	Male applicant	Female applicant		
a	b	c	d	e	f	g
48	7	126	13	6	5	205

Total households, E1c cell g should also equal E1 cell 1w above

Note: *Include expectant mothers with no other dependent children

Section E1c: Applicant households found to be eligible for assistance, unintentionally homeless and in priority need: during 2012-13: Analysis by household type

Couple with dependant children	Lone parent household with dependent children		One person household		All other household groups	Total
	Male applicant	Female applicant*	Male applicant	Female applicant		
a	b	c	d	e	f	g
164	34	581	74	36	23	912

Total households, E1c cell g should also equal E1 cell 1w above

Note: *Include expectant mothers with no other dependent children

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REPORT TO:	**HEALTH AND WELLBEING BOARD** **12 February 2014**
AGENDA ITEM:	**7**
SUBJECT:	**Report on the board seminar on dignity and safety in care held on 5 December 2013**
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 purpose, as set out in the Act, is 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.

The joint health and wellbeing strategy 2013-18 vision statement sets out a number of outcomes that the health and wellbeing board seeks to achieve in relation to dignity and safety. These include that:

- *Everyone will enjoy physical safety and feel secure. People will be free from physical and emotional abuse, harassment, neglect and self-harm.*
- *People using health and care services will be protected from avoidable deaths, disease and injuries.*
- *People using health and care services and their carers will be satisfied with their experience.*
- *Carers will feel that they are respected as equal partners throughout the care process.*
- *People, including those involved in making decisions on care, will respect the dignity of the individual and ensure that support is sensitive to the circumstances of each individual.*

FINANCIAL IMPACT:

None

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Note local work being taken forward by partners to implement recommendations arising from the Francis Report and Winterbourne View Hospital Serious Case Review
- Agree the recommendations from the health and wellbeing board seminar on 5 December 2013 as set out in paragraph 3.12 of this report

2. EXECUTIVE SUMMARY

2.1 This paper provides an update for the health and wellbeing board on the board seminar that was held on 5 December 2014 to consider the local response to recent reviews into significant failures of the health and care system. The two reviews that the seminar focused on were:

- The public inquiry chaired by Robert Francis QC on Mid Staffordshire NHS Foundation Trust
- Transforming Care, the Government's final report on Winterbourne View

2.2 While the nature of these reviews and the failures involved were different, the health and wellbeing board agreed to consider the implications of them together. Board members attending the seminar concluded that responding to the lessons learnt is critical to improving patients' and service users' safety, the quality of services and to caring for the most vulnerable.

3. DETAIL

3.1 The report of the public inquiry led by Robert Francis QC into Mid Staffordshire was published on 6 February 2013. It detailed the suffering of many patients at Stafford Hospital run by Mid Staffordshire NHS Foundation Trust. It concluded that this was primarily caused by a serious failure on the part of an NHS Trust Board that did not listen sufficiently to patients and staff or ensure the correction of deficiencies brought to the Trust's attention. It failed to tackle a culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. The report referred to the checks and balances in the NHS system that should have prevented serious systemic failure of this sort but did not. The report set out 290 recommendations but its overarching theme was that a fundamental culture change is needed in the NHS to put patients first.

3.2 Whilst the Francis Review made no specific recommendations for health and wellbeing boards it did recommend that guidance should be given to promote coordination and cooperation between local Healthwatch, health and wellbeing boards, and council scrutiny committees (Recommendation 147).

3.3 The Department of Health published its interim response to the Francis Review, 'Patients First and Foremost' in March 2013 and indicated an expectation that local Francis Action Plans should be in place in health and care organisations across the country by the end of 2013. A further response, 'Hard Truths: the journey to putting patients first', was published in November 2013.

3.4 In August 2012, South Gloucestershire Council published the results of an independent serious case review into reports of abuse of patients with learning disabilities and autism at Winterbourne View Hospital. The review report concluded that the apparatus of oversight across sectors was unequal to the task of uncovering the fact and extent of abuses and crimes against patients at the private hospital.

3.5 'Transforming Care', the Government's final report on Winterbourne View Hospital was published in December 2012. In May 2013 Norman Lamb, Minister of State for Care and Support, wrote to all chairs of health and wellbeing boards. In his letter the minister stressed the local leadership role of

health and wellbeing boards in delivering the commitments made in the 'Winterbourne View Concordat Programme of Action' (published alongside Transforming Care). The Concordat includes an expectation that every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care. The Concordat indicates that a joint plan could be overseen by the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.

3.6 Health and wellbeing board members who attended the seminar on 5 December 2013 received presentations from Croydon Clinical Commissioning Group, Croydon Health Services NHS Trust, South London and Maudsley NHS Foundation Trust and Croydon Council. These set out work undertaken by those organisations to improve patients' and service users' safety and to promote dignity in care. Copies of the presentations are appended to this report.

3.7 Croydon Clinical Commissioning Group has undertaken a full review of the Francis recommendations and has an action plan that has informed the development of a quality framework. Together they will further develop the CCG's assurance mechanisms to ensure quality is improving across all providers. The framework and action plan was agreed by the CCG governing body on 24 September 2014.

3.8 Croydon Health Services NHS Trust considered its response to the Francis Inquiry between January and June 2013. The Trust Board agreed its approach to the recommendations at its meeting on 3 June 2013. The Trust has set out an action plan in the context of a broader Quality Improvement Plan. (This also addresses recommendations made by the Care Quality Commission arising from inspections of the Trust's services and the national report by Anne Clwyd, MP into complaints handling.) The Quality Improvement Plan was presented to the council's health, social care and housing scrutiny sub committee on 28 January 2014.

3.9 South London and Maudsley NHS Foundation Trust have established a working group to develop an organisational response to the Francis Report. This has been overseen by Service Quality Improvement Subcommittee of the Trust Board. Actions will be taken forward through the development of a new organisational development strategy. Some principles of the organisation's response to the Francis Report are also encompassed by its workforce strategy. The Trust Board will receive a paper on the organisational response to the Francis Report on 25 February 2014.

3.10 Work to develop a response to Winterbourne View has been taken forward by the learning disability partnership group which is accountable to the health and wellbeing board. The action plan was presented to the adult safeguarding board on 1 July 2013. The learning disability partnership group was updated on progress with actions on 17 September 2013.

3.11 Croydon Council also convenes the multi-agency safeguarding adults board. The board is set up in accordance with the 'No Secrets' guidance (Department of Health 2000), which states that all agencies working with vulnerable adults

living within a local authority boundary must work together to protect them from abuse. The safeguarding adults board makes strategy decisions in response to national and local policy and any issues that arise locally. The adults safeguarding board annual report is provided each year to the health and wellbeing board for information.

3.12 Recommendations arising from seminar discussion were:

- Increase the number of dignity champions, especially within NHS organisations.
- Improve the sharing of intelligence on dignity and safety issues relating to providers between council and NHS commissioners.
- The health and wellbeing board to work more closely with the council's overview and scrutiny committee and Healthwatch on issues relating to dignity and safety.
- Receive an update report on progress at the October 2014 board meeting.

4. CONSULTATION

4.1 The health and wellbeing board seminar was held at the request of board members who agreed that the board should consider the local response to the reviews of Mid-Staffordshire and Winterbourne View hospitals.

5. SERVICE INTEGRATION

5.1 *Our Shared Commitment* was published by NHS England in May 2013 outlining its approach to helping local areas provide integrated care and support for their populations. This includes a major programme of work to enable integrated care and support nationally – including through the integrated care pioneers programme. Following the government's announcement in the spending review, NHS England has also introduced a £3.9bn Integration Transformation Fund (now called the Better Care Fund), which will require CCGs to pool funds with local authorities to support plans for local integration. A separate paper on Croydon's plans for use of the Better Care Fund is the subject of a separate paper to the health and wellbeing board at the meeting on 12 February 2014.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no financial implications for the health and wellbeing board.

7. LEGAL CONSIDERATIONS

7.1 Legal advice has not been sought on the content of this report.

8. HUMAN RESOURCES IMPACT

8.1 There are no human resources impacts for the board, however partner organisations have indicated significant implications for their workforce and organisational development.

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.

9.2 The equality analysis conducted by the Department of Health on *Hard Truths: the journey to putting patients first*, the government response to the Francis Report, states that:

> There is little evidence to show that the vulnerability faced by different groups actually leads to an increased risk of harm. However, there are particular groups who may be more vulnerable in a healthcare setting, and it is thought that vulnerability could well result in a less safe service being delivered to them.7 Following Professor Berwick's review of safety in the NHS, measures will be introduced to ensure clear clinical responsibility for individual patients during their stay in hospital to ensure safe and effective care, which will be central to addressing this. *(Hard Truths The Journey to Putting Patients First Equality Analysis p.4)*

9.31 The impact assessment published by the Department of Health on *Transforming Care: a national response to Winterbourne View Hospital* sets out a number of actions that could have a positive impact on equality. These include measures that are being taken forward in local action plans.

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

APPENDICES
The following presentations made at the seminar are appended to this report.

1. Croydon Clinical Commissioning Group response to the Francis Report. Fouzia Harrington, Director of Governance and Quality, Croydon Clinical Commissioning Group
2. Putting patients at the heart of our services. Zoe Packman, Director of Nursing, Midwifery and AHPs, Croydon Health Services NHS Trust
3. South London and Maudsley NHS Foundation Trust: an organisational response to the Francis Report. Rosie Peregrine-Jones, Assistant Director of Quality & Assurance; Sridevi Kalindindi, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust
4. Croydon action plan following Winterbourne Abuse enquiry. Mike Corrigan, Head of service joint commissioner learning disability, Croydon Council
5. Dignity in care, dignity in safeguarding: making safeguarding personal pilot. Kay Murray, Head of professional standards, Croydon Council
6. The dignity challenge in Croydon. Vincent Docherty, Safeguarding vulnerable adults coordinator, Croydon Council

BACKGROUND DOCUMENTS
The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC can be found at www.midstaffspublicinquiry.com/report

The Serious Case Review: Winterbourne View Hospital conducted by Margaret Flynn can be found at
www.southglos.gov.uk/Pages/Article%20Pages/Community%20Care%20-%20Housing/Older%20and%20disabled%20people/Winterbourne-View-11204.aspx

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Croydon Clinical Commissioning Group Response to Francis Report

Health and Well Being Board - 5th December 2013

Fouzia Harrington, Director of Governance and Quality

Content

- The 'Mid Staffordshire Timeline'
- The Francis Inquiry
  - What it was about
  - What it found
  - The Recommendations
- Croydon CCG's Response
  - Quality Improvement Framework
  - Key Issues from the Francis Report

Longer, healthier lives for all the people in Croydon

NHS
Croydon Clinical Commissioning Group

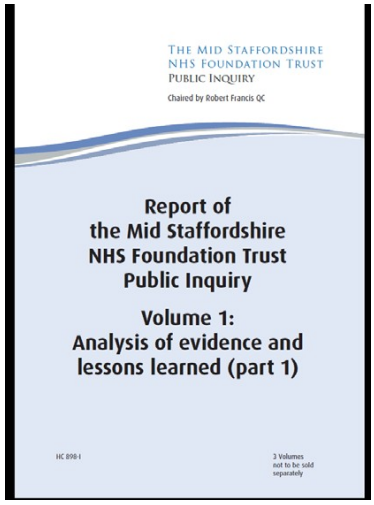
The 'Mid Staffordshire Timeline'

- 2008
  - Healthcare Commission alerted of "apparently high mortality rates in patients admitted as emergencies".
  - Mid Staffordshire NHS Foundation Trust failed to provide an adequate explanation
  - A Healthcare Commission investigation was carried out between March and October 2008.
- 2009
  - Healthcare Commission published report in March 2009
  - Severely criticised the Trusts management and detailed the poor conditions and inadequacies at the hospital.
- 2010
  - Number of inquiries by June 2010, the new government announced that a full public inquiry would be held, chaired by Robert Francis QC
- 2013
  - The final report was published on 6 February 2013

The Francis Inquiry: What it was about

'To examine the operation of the commissioning, supervisory and regulatory organisations and other agencies, including the culture and systems of those organisations in relation to their monitoring role at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009 and to examine why problems at the Trust were not identified sooner, and appropriate action taken.'

The Francis Inquiry: What it was about



- > 1 million pages of documentary material
- > 250 witnesses
- 139 days of oral hearings
- Report handed to Sec of State 5 February 2013
- 1781 pages
- 290 recommendations

The Francis Inquiry: What it found (1)

- Patient stories
- Mortality
- Complaints
- Staff concerns
- Whistleblowers
- Governance issues
- Finance
- Staff reductions

The Francis Inquiry: A Patient Story

The daughter of a patient in ward 11

In the next room you could hear the buzzers sounding. After about 20 minutes you could hear the men shouting for the nurse, "Nurse, nurse", and it just went on and on. And then very often it would be two people calling at the same time and then you would hear them crying, like shouting "Nurse" louder, and then you would hear them just crying, just sobbing, they would just sob and you just presumed that they had had to wet the bed. And then after they would sob, they seemed to then shout again for the nurse and then it would go quiet...

The Francis Inquiry: Fear of Trouble

- *There would have been a lot of little incidents that just made you feel uncomfortable and made us feel that we didn't want to approach the staff. I did feel intimidated a lot of the time just by certain ones.*
- *you have rushed the blood through, I said to the sister, and she said, ... I have had to come in and give the blood and don't moan... because I have had no break today. That's what she said, and she probably hadn't had a break. So I didn't mention the frusemide to her because she was obviously fraught.*

The Francis Inquiry: Recommendations (1)

- There were 290 recommendations
- The first recommendation of the report states:

'All commissioning, service provision regulatory and ancillary organisations in healthcare ***should consider the findings and recommendations of this report and decide how to apply them to their work***

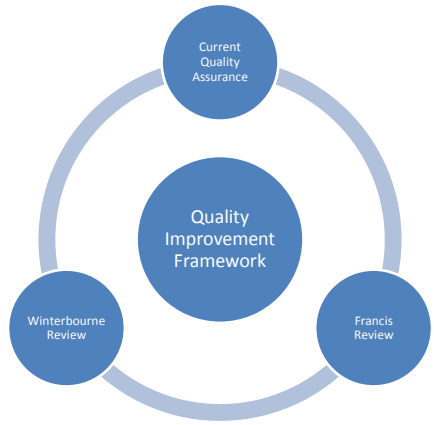
Each such organization ***should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do about implement those accepted****, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions.'*

The Francis Inquiry: Recommendations (2)

- Common values
- Fundamental standards
- Openness, transparency and candour
- Compassionate, caring, committed nursing
- Strong patient centred healthcare leadership
- Accurate, useful and relevant information
- Culture change not dependent on Government

The CCG's Response

- A review of all 290 recommendations
- Action plan progress to be reported every 6months
- Review of provider action plans



Key Themes for the CCG

The inquiry identifies how the extensive regulatory and oversight infrastructure failed to detect and act effectively to address the trust's problem and it is structured around:

- Understanding and setting standards of quality
- Intervening and issuing sanctions if not meeting standards
- Early Warning Systems

All underpinned:

- Being able to collect feedback from patients, staff, health professionals
- Sharing intelligence across organisations
- Acting quickly on concerns and issues

Standards of quality

What do we already have in place?

- Good understanding of our main acute provider
- Announced visits
- Clinical Quality Review meetings
- Quality Monitoring and Learning Assurance Group
- Quality Surveillance Group / Risk Summits

What do we need to do more of?

- Share information across other agencies
- Understand community services, mental health services
- Programme of review, proportionate to the size of the contract
- Set out clearly CCG expectations of improvement metrics / dashboard

Intervening and Issuing Sanctions

What do we already have in place?

- Contract queries
- Financial penalties
- Recommissioning services for improvement

What do we need to do more of?

- Apply current levers consistently across providers

Early Warning Systems

What do we already have in place?

- Patient feedback system
- GP amber alert card
- Quality Monitoring and Learning Assurance Group
- Quality Surveillance Group / Risk Summits

What do we need to do more of?

- Better relationships with other agencies
- Better triangulation of information

Making a difference locally

Across all key providers

- Developing for 2014/15 key quality improving expectations
- Seeking assurance of mortality rates and staffing levels

Croydon Health Services NHS Trust

- Deep dives into specific service areas

South London and Maudsley NHS Foundation Trust

- Developing reporting and understanding of delivery

Intermediate Services

- Establishment of Clinical Quality Review meeting

Croydon Health Services NHS
NHS Trust

Putting patients at the heart of our services

Zoe Packman
Director of Nursing, Midwifery and AHPs
December 2013

To deliver compassionate, dignified and respectful care we are constantly looking to make improvements:

Croydon Health Services NHS
NHS Trust

1. Listening to feedback from patients, relatives, volunteers and staff about what improves experience
2. For patients, relatives and carers we are strengthening safety, improving the experience of those with the highest needs, and increasing activities to reduce isolation.
3. We have increased the opportunities for patients to communicate with us, and get additional support
4. For relatives and carers, we are responding to their needs to make the time they spend with patients more comfortable
5. For staff, we have supported them by introducing better documentation, training, systems to reduce administration

Responding to the Francis Report

Croydon Health Services NHS Trust

The Trust held a number of briefing sessions and interactive LIA style staff conversations around the findings of the Francis Report

Here for you

Staff were asked what they will do differently post the Francis Report

Croydon Health Services NHS Trust

as an individual and in their teams.

Using the interactive Listening Into Action approach, staff brain stormed their own thoughts before pooling them with colleagues on their table and choosing their top 3 ideas.

Here for you

We have reviewed the Nursing establishments

Croydon Health Services NHS Trust

The aim of this exercise was to :

- ✓ Ensure the establishments enables the Ward Manager to undertake a supervisory role
- ✓ To ensure that the establishments on each area were adequate to roster on duty the agreed ratio of 70:30 trained: untrained staff

Here for you

We have introduced a team of Practice Development Nurses

Croydon Health Services NHS Trust

Our nurses continue to receive training and education. The training is carried out in both ward and classroom settings

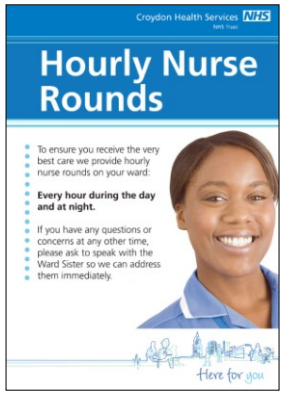
We have Practice Development Nurses in

- A&E
- Intensive Care
- General Medicine
- Care of the Elderly
- Community
- Midwifery

Here for you

We've refreshed our approach to hourly rounding

Croydon Health Services NHS
NHS Trust



We always ask about pain control.

The checks also help promote independence with personal needs such as mobility and eating and drinking

We audit how well the rounds are carried out and in July this year we developed a formal hospital policy for Hourly Rounds

Here for you

Matrons play an important role in supervising the quality of care for all patients

Croydon Health Services NHS
NHS Trust

They carry out rounds, speak with patients regularly to find out about their experience of care on each ward.

By leaving their business cards with the patients or their families they meet, the matrons encourage anyone to get back in touch if they need any additional support

We also have weekly open 'meet the Matrons' surgeries

Here for you

We give colour coded socks to identify an individual patient's level of risk of falling

Croydon Health Services NHS Trust

It's so easy to see at a glance who is at risk

(Yvonne, Ward Manager Wandle 2)

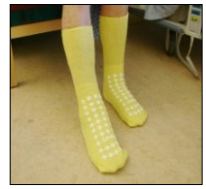
I feel much safer wearing these

(Patient, Wandle 2)

All patients at risk of falls should have these socks– why didn't we think of it years ago!

(Becca, Physiotherapist Wandle 2)

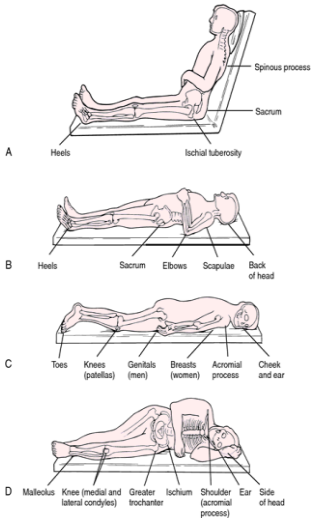
Low Medium High



Here for you

We have improved pressure ulcer care

Croydon Health Services NHS Trust



Pressure Ulcer Task force

Pressure Ulcer Pathway –PUP

Comprehensive training programme

Patient information leaflet

Here for you

We have a good track record on hospital acquired infections

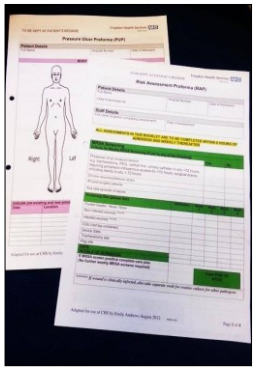
Croydon Health Services NHS
NHS Trust

- High focus on environmental and patient equipment cleaning
- Audits, including hand hygiene and antimicrobial prescribing
- Adherence to MRSA screening protocols
- Highly skilled and visible Infection Control Team (ICT)
  - providing daily support for clinical teams
- Education and training in a variety of formats
- Surveillance of key surgical procedures to monitor infection rates
- Good engagement at all levels within the organisation

Here for you

We've introduced new nursing documentation

Croydon Health Services NHS
NHS Trust



- To enhance the nursing risk assessment and care planning
- The new pressure ulcer care pathway was also introduced
- Our audit highlighted some good compliance with documentation. Where there are shortfalls, the ward sisters and charge nurses are focussing on improvement

Here for you

We've made changes in maternity services

Croydon Health Services NHS Trust

- Refurbishment improving the Postnatal Experience
- Introduced new senior midwifery posts (Matron and Consultant Midwife)
- Staffing levels increasing now 1:28
- Increased levels of Supervisors of midwives now 1:15
- Improved engagement and membership with the Maternity Services Liaison Committee

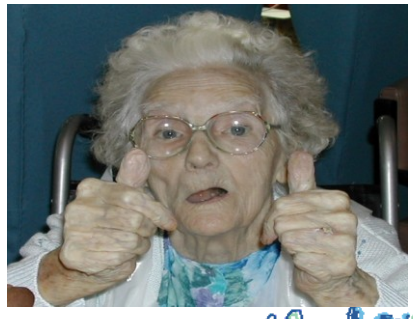
Here for you

We've introduced the butterfly scheme

Croydon Health Services NHS Trust

The Butterfly Scheme®
reaching out to people with dementia

as a simple, discreet way to identify people who need extra support and train staff to provide the right support



Here for you

We recognise the importance for carers

Croydon Health Services NHS Trust

As part of the Carer's strategy we have purchased recliner chairs for carers who need to remain with patients overnight for extended periods.

Here for you

We are reducing isolation, and bringing cheer to patients, visitors and staff

Croydon Health Services NHS Trust

John Greatrex - performance poet

Soul Symphony Choir

"We have some beautiful memories of granny smiling as the choir sang"

Here for you

South London and Maudsley NHS
NHS Foundation Trust

An Organisational Response to the Francis Report

5th December 2013

Rosie Peregrine-Jones,
Assistant Director of Quality & Assurance

Sridevi Kalidindi,
Consultant Psychiatrist

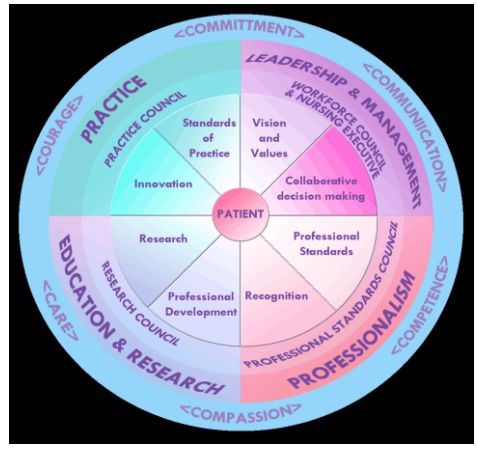
Introduction

The SLaM Francis working group have distilled thoughts and ideas from Trust wide conversations into a simple model which has been developed into a plan for change. There are four essential elements to the model:

1) Creating the right culture for positive challenge and positive action : Examples of actions underway in 2013

SLAM 5 Commitments

SLAM Nursing Professional Practice Model



1) Creating the right culture for positive challenge and positive action : actions planned for 2014 and beyond…

Quick wins

- Schedules of leadership walkrounds in all CAGs. Walkrounds are designed to encourage a mature attitude towards reporting and resolving risk and quality issues, by inviting staff to discuss hazards, risks and concerns with senior leaders and other stakeholders.
- Recruitment – testing for SLaM 5 commitments at interview

Longer term work

- Conduct a programme of facilitated conversations with staff,about:
  - basic care and compassion,
  - personal / and professional responsibilities, and
  - removing the obstacles for all staff to challenge poor practice in all corners of the Trust.
- Affirming positive challenge with positive action. Identifying key niggles which can be fixed to make life easier for staff and patients. i.e. reducing the number of ePJS screens for mandatory completion.
- Central SLaM Improvement experts working collaboratively to ensure a coherent, systematic approach to team based improvement work and team development.

2) Working with service users in a spirit of co-creation and co-production: Examples of actions underway in 2013

SLAM PPI Review Oct/Nov 13

Aims :

- ensure that for Trust-wide Patient and Public Involvement the gap between the service user, community, senior management and front-line staff is narrowed, responsive, and 'more' democratic.

Gaps identified within the previous PPI structure:

- A strong governance structure – Previously the Trust did not have an overarching PPI governance structure. PEG, TWIG Strategic, TWIG Operations work along side each other, but they all act independently of each other and other groups within the Trust.
- One of the key recommendations from the Francis Report was for the need to widen participation (number of people involved and the breadth of opportunities available.

Changes:

- ❑ Introduction of a new 'flatter' trust-wide group that is chaired by Senior Executive and Co-chaired by a service user or carer. This replaces all existing trust wide groups (PEG, TWIG Ops, TWIG Strategic).
- ❑ The membership for the new patient experience group will be made up of staff and service users and carers representing internal and external bodies.
- ❑ The new group will meet monthly and have the following main functions:
  - ➢ To ensure that all patient experience data, information and involvement activities are centrally collated and assessed
  - ➢ To support, advise and evaluate all trust wide patient experience priority projects for CQUINs and service improvements
  - ➢ To formally report to the Trust Executive and the Quality Committees

2) Working with service users in a spirit of co-creation and co-production: actions planned for 2014 and beyond…

• Quick wins

- ▪Structure and process for formal service user participation reviewed. Move to non-hierarchical and widespread model.
- ▪Service users and carers to join internal inspection teams (PLACE and PAV).
- ▪Carers coaching programme

• Longer term work

- •Removing the obstacles to participation of service users/carers within key operational meetings.
- •Introduce a process whereby skills can be given to/ gained by staff who have no experience of working collaboratively with service users.
- •Set % targets to achieve meaningful user involvement in key roles / positions/ professions
- •Develop policy of service user involvement in all key recruitment processes

3) Looking after staff, each other and ourselves: Examples of actions underway in 2013

Staff Wellbeing Training

REACH© for Success
Service Line Leaders, Senior Clinicians and Service Line Managers
Developing Leaders, Developing Performance

The Trust Exec commissioned Slam Partners to run a number of leadership and management development programmes. The above programme is based on the NHS Leadership Competency Framework and is for service line leaders, senior clinicians and service line managers or equivalent positions (July 13 – Jan 14)

3) Looking after staff, each other and ourselves: actions planned for 2014 and beyond…

• Quick wins

•CAG senior leadership invited to review their behaviours and the impact of those behaviours on the way the organisation works.
•Promoting staff mental well-being with a series of interventions at individual, team and organisational level to promote the positive mental health and well-being.
•Deliver Service line leader/ senior clinical programme over autumn 2013. (A shared leadership pilot has been completed within Psychosis CAG; for team leaders and Consultants).

• Longer term work

•Promoting and marketing SLaM values, and expected behaviours

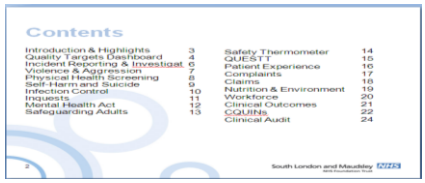
•Conduct staff support surveys informed by information systematically collected about staff experience (SEDIC)

•Convene Schwartz rounds as a means of allowing staff to get together to reflect on the stresses and dilemmas that they face

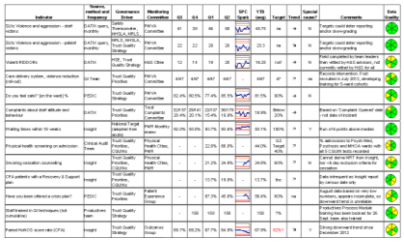
•Consider developing a senior role leading staff partnership and engagement

4) Assuring the quality of patient care in every corner of the Trust: Examples of actions underway in 2013

Integrated Quality Report to the Trust Board on key quality indicators, context and interpretation


Contents

South London and Maudsley NHS

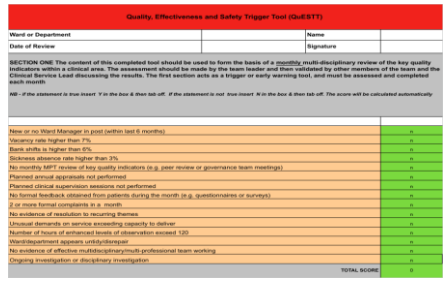


• QuESTT

- Developed NHS South West
- Adapted early warning quality indicator tool
- Piloted in Psychosis services

Next Steps:

- Develop procedures for escalation and improvement, and accountability
- Spread across all Trust services


Quality, Effectiveness and Safety Trigger Tool (QuESTT)

Ward or Department | Name

Date of Review | Signature

SECTION ONE The content of this completed tool should be used to form the basis of a monthly multi-disciplinary review of the key quality indicators within a clinical area. The assessment should be made by the team leader and then validated by other members of the team and the Clinical Service Lead discussing the results. The first section acts as a trigger or early warning tool, and must be assessed and completed each month

NB - If the statement is true insert 'Y in the box & then tab off. If the statement is not true insert N in the box & then tab off. The score will be calculated automatically

New or no Ward Manager in post (within last 6 months)	n
Vacancy rate higher than 7%	n
Bank shifts is higher than 6%	n
Sickness absence rate higher than 3%	n
No monthly MPT review of key quality indicators (e.g. peer review or governance team meetings)	n
Planned annual appraisals not performed	n
Planned clinical supervision sessions not performed	n
No formal feedback obtained from patients during the month (e.g. questionnaires or surveys)	n
2 or more formal complaints in a month	n
No evidence of resolution to recurring themes	n
Unusual demands on service exceeding capacity to deliver	n
Number of hours of enhanced levels of observation exceed 120	n
Ward/department appears untidy/disrepair	n
No evidence of effective multidisciplinary/multi-professional team working	n
Ongoing investigation or disciplinary investigation	n
TOTAL SCORE	0

4) Assuring the quality of patient care in every corner of the Trust: actions planned for 2014 and beyond…

Quick wins

- Refining our regime of internal inspections, involving more service users and other stakeholders
- Continuing development of a quality indicator cockpit/dashboard capable of reporting down to team level
- Develop use of QUESTT early warning quality indicators in all services – previous slide.

Longer term work

Aligning the measurement of Quality throughout the organisation. Make a clear link between Quality Governance and Quality Programme delivery so that when problems are identified and prioritised, central project support is available and mobilised to lead improvement.

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Croydon's Learning Disability population

Croydon has the highest number of individuals with a Learning Disability in London

In addition to a persons Learning Disability there can be a range of associated presenting conditions:

- **People with dual diagnosis – learning disability and mental ill health**
- **People with behaviour that challenges**
- **Complex Physical disabilities**
- **Complex Health Needs**
- **Technology dependant**
- **Sensory disabilities**
- **Autism**
- **Forensic/Criminality placements**
- **Older age issues**

Local and National evidence shows an increase in life expectancy of young people with Complex Health/Technological support needs requiring community based support.

Many of the younger people needing services have higher levels of dependency.

There is also evidence of similar increases in life longevity for older adults with Learning Disabilities as medical and treatment interventions are developed, for this group the support needed will increase over time.

A third of people with learning disabilities will require ongoing significant levels of health and social care services throughout their lives.

Croydon Action Plan following Winterbourne abuse enquiry

In December 2012 the Department of Health produced a report 'Transforming Care: a National response to the abuse at Winterbourne View Hospital'.

Each Local Authority and Clinical Commissioning Group;

> **is required to have in place systems and procedures in place to ensure that the type of abuses that occurred at Winterbourne will not be repeated.**
>
> **Services for people with a Learning Disability who exhibit behaviours that challenge are expected to maintain high quality, safety, dignity, care and promote access to their local community.**

This report presents the action Croydon services have taken in response so that people no longer live inappropriately in hospitals; are cared for based on their individual needs; their wishes and those of their families are sought and listened to in the planning and delivering their care.

The Croydon multi- agency action plan which resulted from the Winterbourne View reports and concordat expectations has sought to evidence progress on implementation of the recommendations.

The action plan has been developed in conjunction with key agencies including the Clinical Commissioning Group; Croydon Health Services; Learning Disability Commissioners; the Joint Learning Disability Team and NHS England.

In addition to this action plan the Joint Commissioner for Learning Disability Commissioner has led on the completion of a stocktake requested by the Local Government Association and NHS England.

This will enable local areas to assess their progress in the joint implementation of improvement actions, to share information and disseminate good practice.

Stocktake of Progress against key Winterbourne View Concordat Commitment.

The purpose of the stocktake is to enable local areas to assess their progress against 11 domains;

1. **Models of partnership**
2. **Understanding the money**
3. **Case management for individuals**
4. **Current Review Programme**
5. **Safeguarding**
6. **Commissioning arrangements**
7. **Developing local teams and services**
8. **Prevention and crisis response capacity**
9. **Understanding the population who need/receive services**
10. **Children and adults – transition planning**
11. **Current and future market requirements and capacity**

1. Models of partnership

There are strong partnership arrangements in place within Croydon to ensure organisations are aware that these individual's their support and community presence is everybody's business, shared responsibility.

2. Understanding the money

The full range of resources available to support those with a Learning Disability is utilised to commission services to support people locally.

3. Case management for individuals

All placed within Assessment and Treatment Units have an allocated Care Manager and the Croydon Community Psychiatrist is involved in their on-going treatment planning.
All have had a review annually and within the timescale of April 2013.

4. Current Review Programme

The process for on-going review and Care Programme Approach meetings was found to be robust and operational prior to the Stocktake analysis.

5. Safeguarding

The recent NHS Self Assessment Framework identified that Croydon has the highest rated service arrangement to ensure compliance with Safeguarding expectations in the London Region.

6. Commissioning arrangements

All current placement the responsibility for Croydon are monitored with regular reports on progress and outcome. Head of Joint Commissioning attends CPA's to ensure oversight of the placement takes place.

Croydon meets with NHS England every six weeks to ensure we monitor secure treatment/assessment placements.

The relationship with NHS England ensures we are knowledge rich and prepared for those who we are responsible for.

7. Developing local teams and services

Croydon had agreed to establish a Behaviour that Challenges service operating across a range of settings, to maintain the individual within the local community.

8. Prevention and crisis response capacity

Support pathways and service redesign with Community Health team; Community Psychiatry and local Inpatient facilities have been developed and are operated to.

9. Understanding the population who need/receive services

Strong relationships have been developed with those in Children Families and Learning so that plans and service support/design is put in place at an early a stage as possible.
Information is then utilised within Adult Commissioning to design services for the future.

10. Children and adults transition planning

11. Current and future market requirements and capacity

Work with local and specialist providers is in place, development of whole system response to need across a range of internal and external Directorates.

	1. Access to Healthcare											2. Being Safe					3. Safeguarding, Governance and Quality									Overall
Organisations	Summary A	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	Summary B	B1	B2	B3	B4	Summary C	C9	C10	C11	C12	C13	C14	C15	C16	
SWL Summary	108	11	11	10	12	10	9	10	11	11	13	43	11	11	13	8	83	8	11	10	9	9	12	12	12	234
Croydon	28	3	3	3	3	2	2	3	3	3	3	11	3	3	3	2	22	2	3	2	3	3	3	3	3	61
Kingston	22	2	2	2	3	2	2	2	2	2	3	7	2	2	2	1	15	1	2	2	2	2	2	2	2	44
Richmond	16	2	2	1	1	2	1	1	2	2	2	9	2	2	3	2	16	1	2	2	1	2	2	3	3	41
Sutton and Merton	20	2	2	2	2	2	2	2	2	2	2	9	2	2	3	2	17	3	2	2	2	1	3	2	2	46
Wandsworth	22	2	2	2	3	2	2	2	2	2	3	7	2	2	2	1	13	1	2	2	1	1	2	2	2	42
London-wide	657	61	65	66	77	58	55	57	66	73	79	255	68	61	72	54	545	60	72	68	62	63	73	73	74	1457

Initial feedback from NHS England has identified Croydon has having good knowledge of and practice for those placed within Assessment and Treatment Units.

Since December 2012 Croydon Commissioners have led on 11 individuals being discharged from secure to community settings.

This figure is 5 higher than when this was presented to Members in October this year

Considerations.

Not many people in this group

Impact on all areas

Keeping people local

Costly

Working in Partnership with neighbour Local Authorities may be needed

People can change ?????

Need positive therapeutic risk not control

Dignity in Care

Dignity in Safeguarding

Making Safeguarding Personal pilot

December 2013

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Safeguarding and Dignity

- We cannot keep people safe from harm unless we also treat people with dignity and respect.
- Lack of dignity = psychological / emotional abuse
  discriminatory and institutional
- Safeguarding is about both prevention and protection.

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Prevention

- Raising awareness of dignity agenda
- Dignity champions
- Work of care support team and up skilling providers
- Enter and view visits
- Awareness raising/ training around safeguarding adults issues
- Learning from serious case reviews and audits
- Work of safeguarding board and subgroups
- Service user involvement and voluntary sector.

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Learning from safeguarding work

- Continuous internal audit programme of safeguarding work has shown year on year improvements
- The results of a Croydon survey in 2010 of people who had been subject of a safeguarding enquiry fed into practice developments
- An external file audit of 2012 looked at 50 safeguarding cases with an independent reviewer

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Feedback from service users and external file audit

- People felt safer following a safeguarding enquiry and a protection plan but they did not always feel included in or understand the process
- Meetings happened but they were not always invited or involved sufficiently
- The level of intervention did not always match the degree of harm
- Sometimes people were made safer but this wasn't the outcome they necessarily wanted, especially if family relationships were disrupted as a consequence
- These findings have been replicated across the country.

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Safeguarding structures in the council

- In 2011, adult social services restructured and safeguarding teams were set up to separate safeguarding work from assessment and case management.
- Workers could become more specialised in this area.
- Specialist safeguarding teams for OP/PD, LD and mental health, Adults in need and hospital

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Safeguarding process

- Following the external file audit of 2011/12 , the safeguarding process was revised. Paperwork made more streamlined. Electronic recording systems changed and paper files disappeared from Jan 2013.
- This created less time recording in different places (some on paper files and some electronically) and more time to spend on client work.
- The audit process changed and moved more towards outcomes.

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Making Safeguarding personal

Links with government policy in safeguarding:

- **Empowerment** – I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.
- **Prevention** -I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.
- **Proportionality** -I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.

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- **Protection** -I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.
- **Partnership** – I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.
- **Accountability** – I understand the role of everyone involved in my life.

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The Making Safeguarding Personal pilot

- A separate national initiative led by the Local Government Association (LGA) and the Association of the Directors of Adult Social Services (ADASS)
- Local authority safeguarding leads met in London
- Encouraged practitioners in safeguarding work to move away from process to **outcomes**
- To ensure that the service user voice is heard from the outset and that they set the direction of travel

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The pilot

- About 30 cases will form part of the pilot across all the safeguarding teams
- Social workers, managers and chairs will make sure that each service user is asked from the outset how they want the enquiries to run and what they want to achieve from it.
- Service users/ their representatives are now being included at strategy meeting stage as well as at conference

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The pilot – service user inclusion

- Chairs are making sure that service users understand what the meeting is about and are helped to contribute.
- A service user evaluation form will be used to gain feedback from service users at the end of the process
- Results will be collated and fed back to the regional working group in early spring.
- Already we are seeing real change in how safeguarding enquiries are being run.

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Future plans

- A further external file audit has commenced.
- To include a selection of cases to be reviewed from a multiagency perspective.
- To see how well agencies work together in safeguarding investigations.
- The Care Bill makes safeguarding boards a statutory entity but does not legislate on safeguarding investigation work – we need to make it happen.

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Key issues/ challenges

- People are living longer and spend more years in physical decline and frailty
- To ensure that all agencies become competent in safeguarding work and prevention of harm and are resourced to meet the challenge.
- To ensure that health staff are well informed about safeguarding and understand issues around MCA and deprivation of liberty safeguards.
- To ensure good understanding around Best Interest decision making especially regarding health decisions.

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Key issues/ challenges

- As the focus shifts to supporting people at home, to ensure that community services can keep them safe, eg robust DN services, pressure wound care, good domiciliary care agencies
- What do people think about covert CQC filming and filming by families?
- To ensure joined up services, which complement and do not duplicate, eg Care Support team work, Enter and View visits, CQC.
- To ensure information is shared
- To ensure that carers have the support they need to care safely

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Health and Well Being Board Seminar THE DIGNITY CHALLENGE in CROYDON

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"Compassion, kindness and respect are the very essence of dignified care. We must make sure that these principles are at the heart of everything we do."

Paul Burstow MP
Minister of State for Care Services

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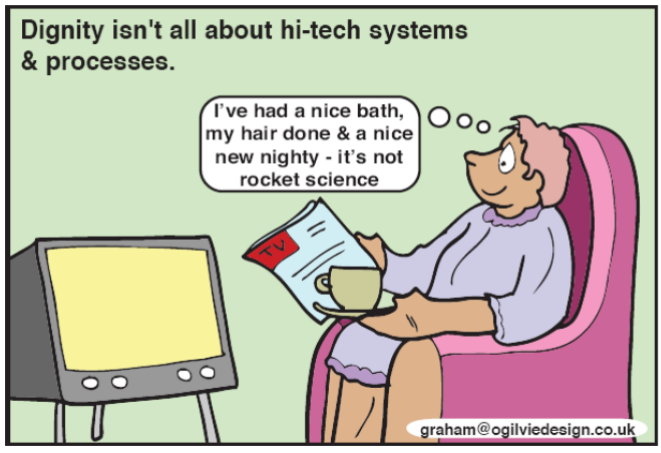

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Work so far.....

- Developed a dignity in care website
- Provided training to care homes on dignity in care
- Identified leads within the council
- Offered 18 dignity in care and adult safeguarding courses
- Produced dignity leaflets
- Produced more accessible material for people with a learning disability
- Met with CQC to discuss dignity
- Signed up over 400 dignity in care champions
- Provided training for enter and view visits – healthwatch link
- Organised 7 dignity champion network meeting
- Six care forums held specifically addressing dignity in care

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Context To Dignity in Care in Care in Croydon

- Public concern over poor practice and scandals
- Need to get back to basics rather than get complex
- About changing minds and cultures
- Croydon context of very high number of providers
- Scope for imagination for dignity champions
- Providers must value and accept role of champions
- Need to provide support and advice to champions

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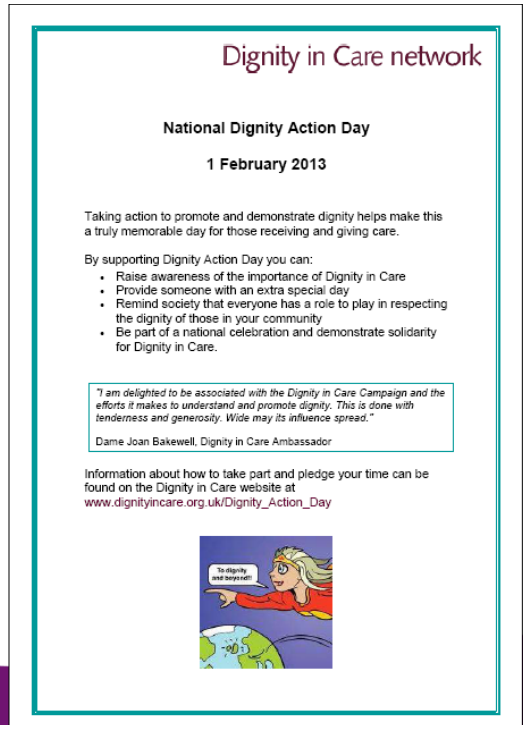

Dignity in Care network

National Dignity Action Day

1 February 2013

Taking action to promote and demonstrate dignity helps make this a truly memorable day for those receiving and giving care.

By supporting Dignity Action Day you can:

- Raise awareness of the importance of Dignity in Care
- Provide someone with an extra special day
- Remind society that everyone has a role to play in respecting the dignity of those in your community
- Be part of a national celebration and demonstrate solidarity for Dignity in Care.

"I am delighted to be associated with the Dignity in Care Campaign and the efforts it makes to understand and promote dignity. This is done with tenderness and generosity. Wide may its influence spread."

Dame Joan Bakewell, Dignity in Care Ambassador

Information about how to take part and pledge your time can be found on the Dignity in Care website at www.dignityincare.org.uk/Dignity_Action_Day

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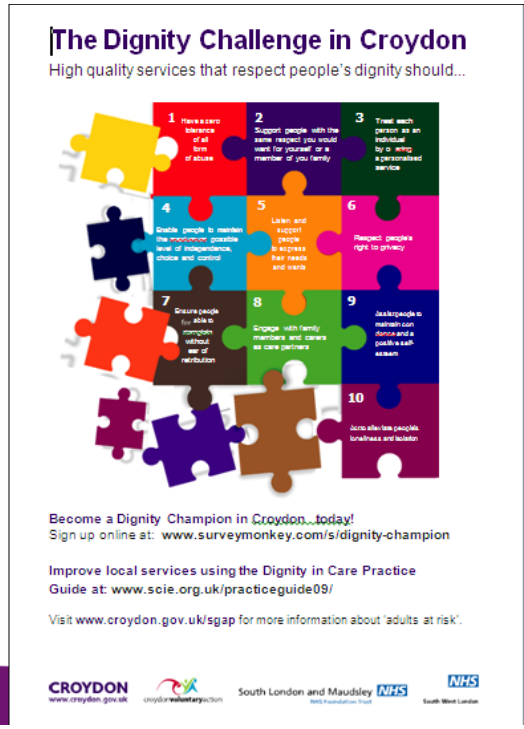

The Dignity Challenge in Croydon

High quality services that respect people's dignity should...

1 Have a zero tolerance of all form of abuse

2 Support people with the same respect you would want for yourself or a member of you family

3 Treat each person as an individual by offering a personalised service

4 Enable people to maintain the independence, choice and control

5 Listen and support people to express their needs and wants

6 Respect people's right to privacy

7 Ensure people feel able to complain without fear of retribution

8 Engage with family members and carers as care partners

9 Assist people to maintain confidence and a positive self-esteem

10 Actively alleviate people's loneliness and isolation

Become a Dignity Champion in Croydon today!
Sign up online at: www.surveymonkey.com/s/dignity-champion

Improve local services using the Dignity in Care Practice Guide at: www.scie.org.uk/practiceguide09/

Visit www.croydon.gov.uk/sgap for more information about 'adults at risk'.

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Dignity in Care and adult safeguarding

- ½ day course
- 14 ½ days identified – next one's
- 12th February 2014 – pm
- 18th March 2014 - pm

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Care Forums for 2013

- 19th June 2013 – Dignity in Care Forum
- 11th September 2013 – Safeguarding Focus
- 19th September 2013 – Dignity in Care
- 13th November 2013 – DBS Presentation
- 12th December 2013 – Dignity in Care

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Practical dignity issue - Escorts to hospital

- Local and national issue
- LAS presentation at last care forum
- Emergency and planned admissions
- Best practice versus what is contractual
- Kay Murray – Head of professional standards
- Hospital passports
- Mapping the challenge within Croydon
- Pressure on A and E and risks to the service user

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Dignity in Care


ADULTS' SERVICES SCIE GUIDE 15

Dignity in care

11

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Loneliness and Isolation


social care institute for excellence

At a glance 60

May 2012

Preventing loneliness and social isolation among older people

Key messages

- Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression.
- The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.
- The range of interventions for alleviating loneliness and social isolation can be grouped into one-to-one interventions, group services and wider community engagement. Those that look most effective include befriending, social group schemes and Community Navigators.

Introduction

This At a glance briefing explains the importance of tackling social isolation and loneliness, particularly among older people. It highlights the adverse effects of feeling isolated and describes a number of services that have been found to help reduce the problem. The briefing is based on SCIE's review of research evidence, published in Research briefing 39: *Preventing loneliness and social isolation: interventions and outcomes*.[1] However, in addition to the research evidence, this At a glance also includes case study examples of two services provided in the UK to help mitigate loneliness and isolation and improve the wellbeing of older people.

These kinds of services, designed to improve wellbeing, sit within the wider 'preventative agenda'. Preventive services offer a continuum of support ranging from the most intensive tertiary services, such as intermediate care or reablement, down to secondary or 'early intervention' and, finally, 'primary prevention', like the services discussed here, which aim to promote wellbeing. Like most approaches to primary prevention, services designed to reduce loneliness are normally aimed at people with relatively few health or social care needs. They are intended to reverse the negative impact on health that loneliness can have, prolong people's independence and improve overall quality of life.

"Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income."

CONTACT the elderly

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Practical Example Hill House Nursing Home

- Made links with local churches and schools
- Visits made to individual service users
- Opens up care homes to the communities they serve

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Dignity in Care

Practical assistance

"Managing my own budget has enabled me to continue to attend things like theatre performances. Not only am I getting out and about and enjoying something, but I also feel as if I am still part of a world in which I once belonged."

To find out more, visit SCIE's Dignity in care guide at **www.scie.org.uk**

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Personal Budgets and DiC

- Practical action – Julie Turner has organised an event for service users receiving direct payments on dignity in care issues

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Practical example of Working in partnership with carers: Supporting carers in hospitals and care homes

- Produced by NICE and SCIE to mark carers week
- Links to dignity challenge 8
- Engage with family and carers as care partners

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Croydon Dignity in Care Websites

- www.croydon.gov.uk/healthsocial/helpforadults/digcare/ndicd
- www.dignityincare.org.uk
- **www.surveymonkey.com/s/dignity-champion**

- 4 Sections within Croydon Website

1 Dignity in Care – has links to registering
2 Dignity Champions
3 Dignity Challenge
4 National Dignity in Care Day

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REPORT TO:	**HEALTH AND WELLBEING BOARD** **12 February 2014**
AGENDA ITEM:	**9**
SUBJECT:	**Report of the chair of the executive group: board work plan, performance and risk**
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 proposed changes to the board work plan set out at paragraph 3.3
- Comment on performance against joint health and wellbeing strategy indicators at appendix 2. Areas of success and challenge identified by the performance report are set out in section 3.5/
- Note risks identified at appendix 3

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. The performance report at appendix 2 contains indicators to track performance against the joint health and wellbeing strategy. A number of strategic risks were identified by the board at a seminar on 1 August 2013. The board agreed that the executive group would keep these risks under review.

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.

Work undertaken by the executive group

3.2 The board seminar 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 December 2013 and January 2014 are set out below:

- Review of the work plan including preparation of board agenda and topic prioritisation against joint health and wellbeing strategy priorities
- Discussion of proposals for a board engagement event to be held in March 2014
- Consideration of future learning and development for board members including new board member induction, future board away day and learning events
- 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
- Review of board strategic risk register
- Consideration of draft performance reporting for 12 February board meeting
- Review of responses to public questions and general enquiries relating to the work of the board

Board work plan

3.3 Changes to the board work plan from the version (6.1) agreed by the board on 4 December 2013 are summarised below. Changes were discussed by the executive group on 14 January 2014 and with the chair on 24 January 2014. This is version 8.0 of the work plan. The work plan (version 8.0) is at appendix 1.

3.3.1 Domestic violence and alcohol JSNA chapters moved from 12 February 2014 to 28 March 2014

3.3.2 Healthy weight JSNA chapter moved from 12 February 2014 to June 2014

3.3.3 March / April board engagement event reviewing progress against joint health and wellbeing strategy

3.3.4 Focus on outcomes discussion item on primary care proposed for September 2014

3.3.5 Focus on outcomes discussion item on household income and health proposed for October 2014

3.3.6 Focus on outcomes discussion item on health protection proposed for December 2014

3.3.7 Focus on outcomes discussion item on the health and wellbeing of offenders and their families proposed for February 2015.

3.3.8 Refreshed joint and wellbeing strategy 2015-20 for approval

3.4 A board induction session will be held in June 2015 and an away is planned for June or July to take forward the review and refreshing of the joint health and wellbeing strategy

Performance

3.5 Appendix 2 shows results for a selection of performance measures relating to joint health & wellbeing strategy priorities. The selection of performance indicators was agreed by the executive group. The report shows graphs for a selection of “good news” and potential challenge areas, and results for a wider suite of measures in tabular form.

3.5.1 For **improvement area 1: giving our children a good start in life**, breastfeeding prevalence is identified as an area of success. Two areas of challenge identified are teenage conception rate (although there has been significant improvement against this indicator) and MMR vaccination coverage.

3.5.2 For **improvement area 2: preventing illness and injury and helping people recover**, the proportion of households in fuel poverty is identified as an area of success. Areas of challenge include over 65s vaccinated against influenza, self-reported smoking quitters, and people with HIV presenting at a late stage of infection.

3.5.3 For **improvement area 3: preventing premature death and long term health conditions**, deaths from causes considered preventable is identified as an area where performance is better than average. Take up of NHS Health Checks is identified as an area of challenge.

3.5.4 For **improvement area 4: supporting people to be resilient and independent**, areas of success identified are the proportion of people using social care who receive self-directed support and delayed transfers of care from hospital. Areas of challenge include the proportion of people using social care who receive direct payments, the proportion of adults with learning disabilities in paid employment and the proportion of people who use services who say that those services have made them feel safe and secure.

3.5.5 For **improvement area 5: providing integrated, safe, high quality services** and **improvement area 6 improving people's experience of care**, no specific areas of success or challenge are identified in this quarter's report due to incomplete data collection.

Risk

3.6 Risks identified by the board at the seminar on strategic risk held on 1 August 2013 are summarised at appendix 3. The executive group regularly review the board risk register.

4. CONSULTATION

4.1 A number of topics for board meetings have been proposed by board members. These have been added to a 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. The executive group on 22 October 2013 asked the head of health and wellbeing to review topics covered at previous board and shadow board meetings and cross check against health and wellbeing board priorities to identify potential gaps. Recommendations were taken to the chair's meeting on 24 January 2014 and are reflected in the proposed work plan.

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

Appendix 1a HWB work plan version 8.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
12 February 2014	Better Care Fund (formerly the integration transformation fund) 2014/15	Discussion & decision	Hannah Miller / Paula Swann	Andrew Maskell
	Dignity & safety in care seminar report	Discussion	Hannah Miller / Paula Swann	Kay Murray / Fouzia Harrington
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Discussion & decision	Hannah Miller	 Steve Morton Martin Ellender Malcolm Davies
	Local account 2012/13	Information	Hannah Miller	Tracey Stanley
	Heart Town update	Information	Mike Robinson	Steve Morton
March / April date tbc	Board engagement event: review of progress against joint health and wellbeing strategy			
26 March 2014	Focus on outcomes: Pressure ulcers in the community	Discussion	Paula Swann / Hannah Miller	Fouzia Harrington / Kay Murray
	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
	Joint mental health strategy	Decision	Hannah Miller / Paula Swann	Paula Swann /' Stephen Warren / Brenda Scanlan

Appendix 1a HWB work plan version 8.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
	Pharmaceutical needs assessment work plan 2014/15	Decision	Mike Robinson	tbc
	Final commissioning intentions 2014/15	Information	Paula Swann/Hannah Miller/Paul Greenhalgh	Stephen Warren / Brenda Scanlan / Jane Doyle
	Children & young people's emotional wellbeing & mental health strategy	Decision	Paul Greenhalgh	Geraldine Bradbury
	Update on adults with learning disabilities (from April 2013)	Information	Hannah Miller	Alan Hiscutt
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	Discussion & decision	Hannah Miller	 Steve Morton Martin Ellender Malcolm Davies
June 2014 date tbc	Appointment of chair	Decision	n/a	Solomon Agutu
	Annual report of the director of public health	Discussion	Mike Robinson	Jenny Hacker
	JSNA 2013/14 healthy weight chapter final draft	Decision	Mike Robinson	Sarah Nicholls / Anna Kitt
	JSNA 2013/14 homeless households chapter final draft	Decision	Mike Robinson	Dave Morris

Appendix 1a HWB work plan version 8.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
	Update on health and housing (from June 2013)	Information	Hannah Miller	Peter Brown / Dave Morris / Steve Morton
	Reform of services for children with special educational needs	Information	Paul Greenhalgh	Trisha Holmes
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Discussion & decision	Hannah Miller	 Steve Morton Martin Ellender Malcolm Davies
June 2014	Board member induction			
July 2014 date tbc	Board engagement event			
September 2014 date tbc	Focus on outcomes: primary care	Discussion	Dr Jane Fryer / Paul Swann	tba
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	Discussion & decision	Hannah Miller	 Steve Morton Malcolm Davies

Appendix 1a HWB work plan version 8.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
October 2014 date tbc	Focus on outcomes: household income and health	Discussion	tba	tba
	Update on Heart Town	Information	Mike Robinson	Steve Morton / Bevoly Fearon
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Discussion & decision	Hannah Miller	 Steve Morton Martin Ellender Malcolm Davies
December 2014 date tbc	Commissioning intentions 2015/16	Discussion	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson/Jane Fryer	Stephen Warren / Brenda Scanlan / Jane Doyle/PH & NHS England leads tbc
	Health protection update	Discussion	Mike Robinson	tba
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	Discussion & decision	Hannah Miller	 Steve Morton Malcolm Davies
February 2015 date tbc	Focus on outcomes: health and wellbeing of offenders & their families	Discussion	tba	tba

Appendix 1a HWB work plan version 8.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
	Pharmaceutical needs assessment final draft for agreement	Decision	Mike Robinson	tbc
	Joint health and wellbeing strategy 2015-20	Decision	Hannah Miller / Paula Swann / Paul Greenhalgh / Mike Robinson	tba
	JSNA 2014/15 chapter drafts	Decision	Mike Robinson	tba
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Discussion & decision	Hannah Miller	 Steve Morton Martin Ellender Malcolm Davies
April 2015 date tbc	Focus on outcomes: topic to be agreed	Discussion	tba	tba
	Final commissioning intentions 2015/16	Information	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson/Jane Fryer	Stephen Warren / Brenda Scanlan / Jane Doyle/PH & NHS England leads tbc
	Partnership groups report	Information	Hannah Miller	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	Discussion & decision	Hannah Miller	 Steve Morton Malcolm Davies

Appendix 1b Summary record of topics covered at previous HWB meetings

n.b. 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
	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

Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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
	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

Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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
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

Appendix 1b Summary record of topics covered at previous HWB meetings

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Risk register (standing item)	Discussion	Hannah Miller	Steve Morton
5 December 2013	Board seminar – dignity and safety in care			

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Report of the chair of the executive group: board work plan, performance and risk appendix 2

HWB 20140212AR09 App 2 performance report

January 2014

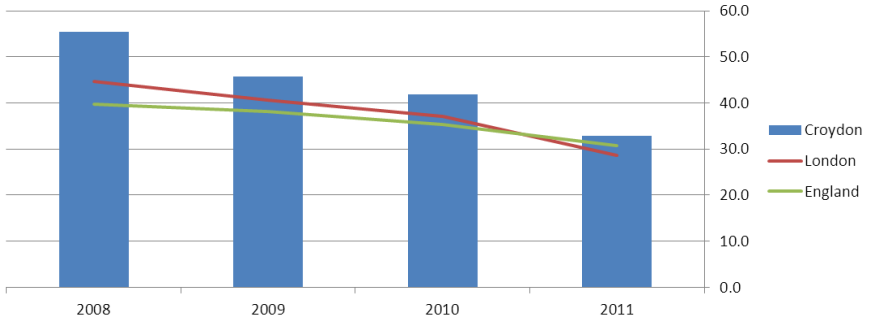
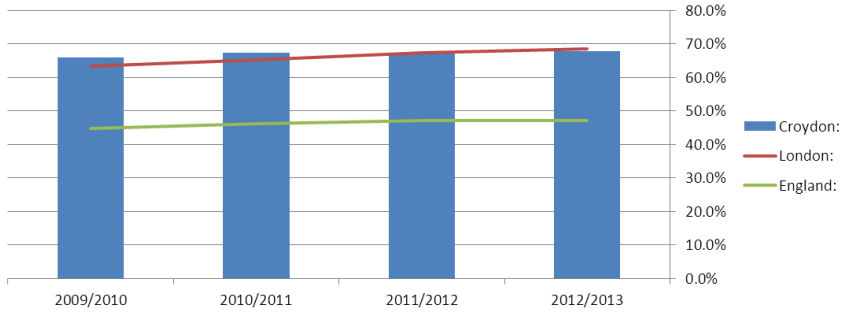
Strategy & Performance & Public Health Intelligence Team– Croydon Council
1/31/2014

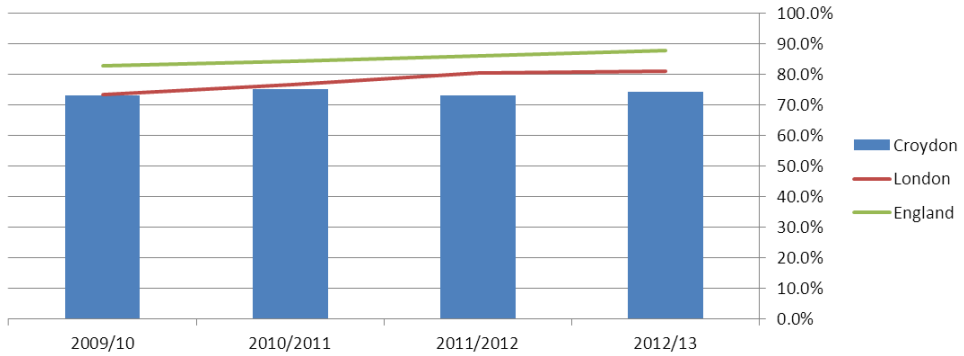
Contents

NOTE – the principal source of data within this report is the Croydon Key dataset developed by the Croydon Public Health Intelligence Team. Thanks to David Osborne (Senior Public Health Analyst) in particular for making this data source available and for his input into the selection of relevant performance measures.

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

Priorities
1.1 Reduce low birth weight 12. Increase breastfeeding initiation and prevalence 1.3 Improve the uptake of childhood immunisations 1.4 Reduce overweight and obesity in children 1.5 Improve children's emotional and mental wellbeing 1.6 Reduce the proportion of children living in poverty 1.7 Improve educational attainment in disadvantaged groups

Potential challenge areas	Areas of success
Conception rate per thousand women aged 15 to 17	**% breastfeeding prevalence at 6-8 week health check**
	
Croydon has been recognised for achieving a sustained and long-term decline in the rate of teenage conceptions, however the borough remained above the London and national averages for 2011.	Breastfeeding prevalence at 6-8 weeks is significantly higher than the national average and remains in line with the London average

Potential challenge areas	Areas of success
MMR vaccination coverage for two doses (5 years old)	
 MMR vaccination coverage (2 doses for 5 yr-olds) has been showing a gradually increasing trend nationally and in London, whilst the latest available data (2012-13: 74.2) shows slight increase in comparison with the previous year (2011-12: 73.1) the indicator remains below the London and National average.	

Performance measures;

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Conception rate per thousand women aged	Croydon key dataset	LOW	32.8	2011	41.8	28.7	30.7	BETTER	WORSE	WORSE

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
15 to 17										
Breastfeeding initiation within 48 hours (% of mothers)	Croydon key dataset	HIGH	86	2012/13	87	86.8	73.8	ABOUT THE SAME	ABOUT THE SAME	WORSE
% breastfeeding prevalence at 6-8 week health check (infants totally or partially breastfed as a % of all subject to a health check)	Croydon key dataset	HIGH	67.9	2012/13	67.3	68.5	47.2	ABOUT THE SAME	ABOUT THE SAME	BETTER
Percentage of women who are smokers at the time of delivery	Croydon key dataset	LOW	7.6	2013/14 (Quarter 2 reporting period)	7.8	5	11.8	ABOUT THE SAME	WORSE	BETTER

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Percentage of children aged 4-5 years with height and weight recorded who are either overweight or obese	Croydon key dataset	LOW	23.7	2012/13	24.2	23.01	22.22	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME
Percentage of children aged 10-11 years with height and weight recorded who are either overweight or obese	Croydon key dataset	LOW	38.2	2012/13	38.3	37.5	33.9	ABOUT THE SAME	ABOUT THE SAME	WORSE
Percentage of live and still births under 2500 grams	Croydon key dataset	LOW	8.3	2011	8.8	8	7.4	BETTER	ABOUT THE SAME	WORSE
Immunisations - DTaP / IPV / Hib vaccination coverage (1	Croydon key dataset	HIGH	91.1	2012/13	91.3	91.1	94.7	ABOUT THE SAME	ABOUT THE SAME	WORSE

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
year old)										
Immunisations - Hib / MenC booster vaccination coverage (2 years old)	Croydon key dataset	HIGH	86.6	2012/13	82.4	87.3	92.7	BETTER	ABOUT THE SAME	WORSE
Immunisations - PCV booster vaccination coverage (2 years old)	Croydon key dataset	HIGH	86.2	2012/13	82.4	86.6	92.5	BETTER	ABOUT THE SAME	WORSE
Immunisations - MMR vaccination coverage for one dose (2 years old)	Croydon key dataset	HIGH	86.5	2012/13	83.5	87.1	92.3	BETTER	ABOUT THE SAME	WORSE
Immunisations - DTaP / IPV vaccination coverage (5 years old)	Croydon key dataset	HIGH	92.7	2012/13	92.5	92.8	95.8	ABOUT THE SAME	ABOUT THE SAME	WORSE

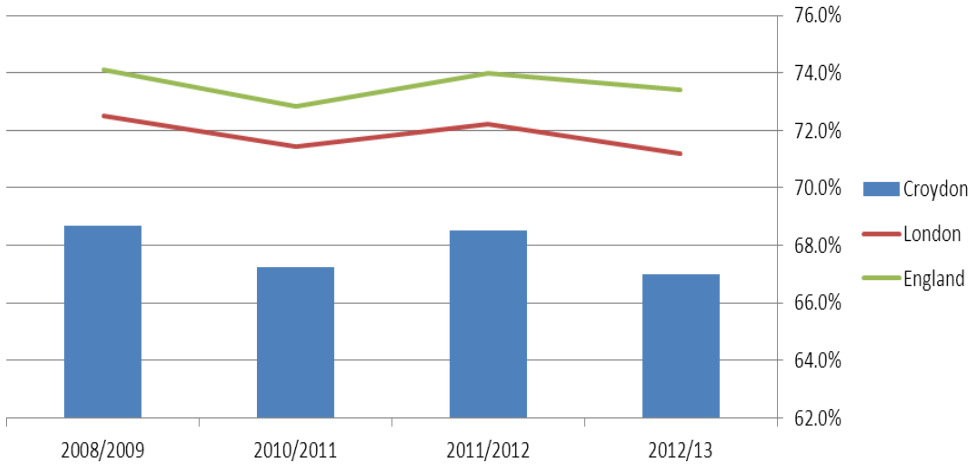
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Immunisations - MMR vaccination coverage for two doses (5 years old)	Croydon key dataset	HIGH	74.2	2012/13	73.1	80.8	87.7	ABOUT THE SAME	WORSE	WORSE
Tooth decay in children aged 5 (average number of teeth)	Croydon key dataset	LOW	1.05	2007/08	NA	1.31	1.11	UNKNOWN	BETTER	BETTER
Emotional wellbeing of looked-after children -	Croydon key dataset	LOW	12.6	2011/12	11.5	13.5	14	ABOUT THE SAME	about the same	WORSE
Children living in poverty	Croydon key dataset	LOW	25.2	2011	25.7	26.5	20.6	ABOUT THE SAME	ABOUT THE SAME	WORSE

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

Priorities
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

Potential challenge areas

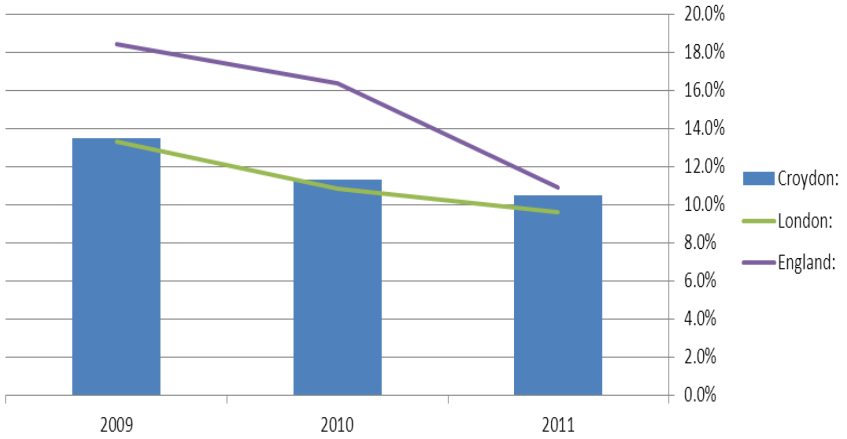
% of persons aged 65 and over immunised against influenza



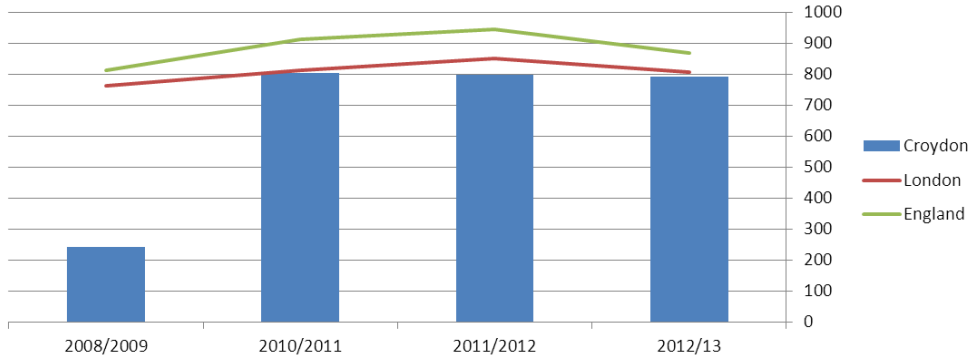
Note that data for 2009/10 is not currently available. The influenza immunisation rate for this age group in Croydon falls short of the national and London averages.

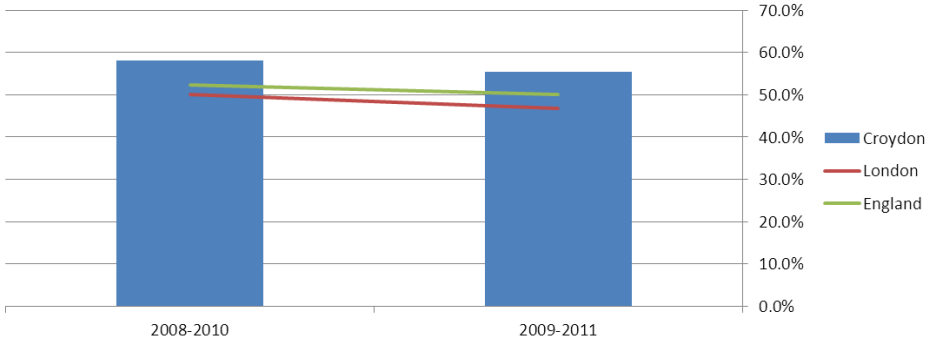
Areas of success

% Fuel poverty



This indicator measures the percentage of households which are fuel poor, meaning they spend more than 10% of their income on fuel to maintain a "satisfactory heating regime" (usually 21 degrees for the main living area and 18 degrees for other

Potential challenge areas	Areas of success
	occupied areas). The latest published data appears to show that this is improving in Croydon in line with the rest of London, however it should be noted that this measure has since been discontinued.
Self-reported 4-week smoking quitters per 100,000 adult population aged 16+	
 The 4-week quit rate appears to fall slightly short of the London and England averages	

Potential challenge areas	Areas of success
Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	
 Although the proportion of late HIV diagnoses is decreasing at around the same pace as London and England averages, the rate in Croydon is still moderately higher**.**	

Performance measures

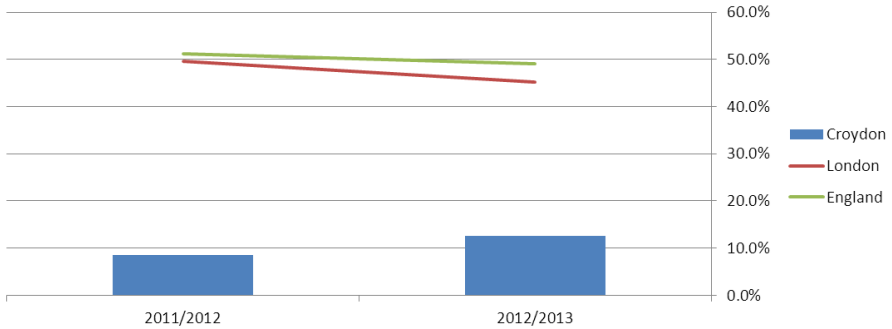
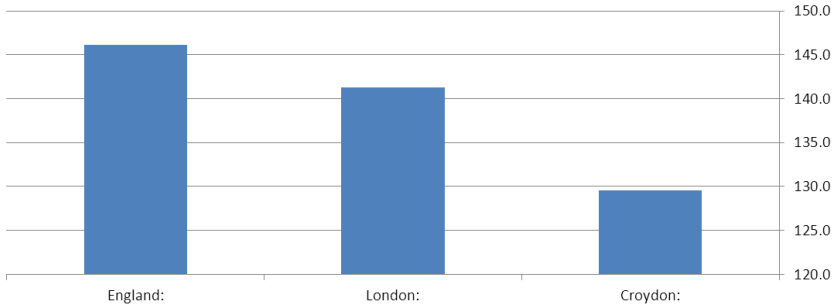
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
% of persons aged 65 and over immunised against influenza	Croydon key dataset	HIGH	67	2012/13	68.5	71.2	73.4	ABOUT THE SAME	WORSE	WORSE
Self-reported 4-week smoking quitters per 100,000 adult population aged 16+	Croydon key dataset	HIGH	793	2012/13	796	805	868	ABOUT THE SAME	ABOUT THE SAME	WORSE
Smoking prevalence (% of adults aged over 18 who responded to survey)	Croydon key dataset	LOW	19.7	2011/12	19.4	18.9	20	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME
Rate of hospital admissions with a primary or secondary diagnosis of obesity per 100,000 population	Public Health Outcomes Framework	LOW	307	2011/12	NA	405	NA	UNKNOWN	BETTER	UNKNOWN
Recorded crime attributable to alcohol: Persons, all	Croydon key dataset	LOW	10.8	2011/12	10.9	11.1	7	ABOUT THE SAME	ABOUT THE SAME	WORSE

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
ages, crude rate per 1000 population										
Percentage of patients on GP registers aged 17 and over diagnosed with diabetes	Croydon key dataset	LOW	6.1	2011/12	5.7	5.6	5.8	WORSE	WORSE	ABOUT THE SAME
Adults achieving at least 150 minutes of physical activity per week (% of adults aged over 16)	Croydon key dataset	HIGH	10.3	2012	NA	11	11.8	UNKNOWN	ABOUT THE SAME	ABOUT THE SAME
Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	Croydon key dataset	LOW	55.5	2009-11	58.1	49.9	50	ABOUT THE SAME	WORSE	WORSE
Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	Croydon key dataset	NA	2511	2013/14 Quarter 3	2615	2075	1785	NA	NA	NA
Percentage of households identified as “fuel	Croydon key dataset	LOW	10.8	2011	11.3	9.6	10.9	BETTER	WORSE	ABOUT THE SAME

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
poor"										
Injuries due to falls (rate per 100,000 population aged over 65)	Croydon key dataset	LOW	1955	2011/12	1781	1872	1655	WORSE	ABOUT THE SAME	WORSE
Patient reported outcomes for elective procedures	NHS outcomes framework	TBC						UNKNOWN	UNKNOWN	UNKNOWN

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

Priorities
3.1 Early detection and management of people at risk for cardiovascular diseases and diabetes 3.2 Early detection and treatment of cancers

Potential challenge areas	Areas of success
Take up of NHS health checks (% of people offered health checks)	**Deaths from causes considered preventable (rate per 100,000 population)**
	
There is a significant risk that the performance target for the NHS Health Check programme 2013/14 will not be met. A recovery plan is in place and it is expected that performance for take up of NHS Health Checks will improve to reach targets by August 2014.	Data shown above is the 3-yr average for 2009-2011. Deaths from causes considered preventable are significantly lower in Croydon than the London and national averages.

Performance measures;

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Infant mortality - Rate per 1,000 live births,	Croydon key dataset	LOW	4.4	2009-11	4.8	4.4	4.4	BETTER	ABOUT THE SAME	ABOUT THE SAME
Life expectancy at age 75 (males) in years	Croydon key dataset	HIGH	12.3	2008-10	12.3	12	11.3	ABOUT THE SAME	ABOUT THE SAME	BETTER
Life expectancy at age 75 (females) in years	Croydon key dataset	HIGH	12.8	2008-10	12.8	13.8	13.1	ABOUT THE SAME	WORSE	ABOUT THE SAME
Early deaths from cancer considered preventable (rate per 100,000 population	Croydon key dataset	LOW	53.2	2009-11	NA	60.8	61.9	UNKNOWN	BETTER	BETTER

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
aged under 75)										
Deaths from causes considered preventable (rate per 100,000 population)	Croydon key dataset	LOW	129.6	2009-11	NA	141.3	146.1	**UNKNOWN**	**BETTER**	**BETTER**
Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	39.7	2009-11	NA	40.2	40.6	**UNKNOWN**	**ABOUT THE SAME**	**ABOUT THE SAME**

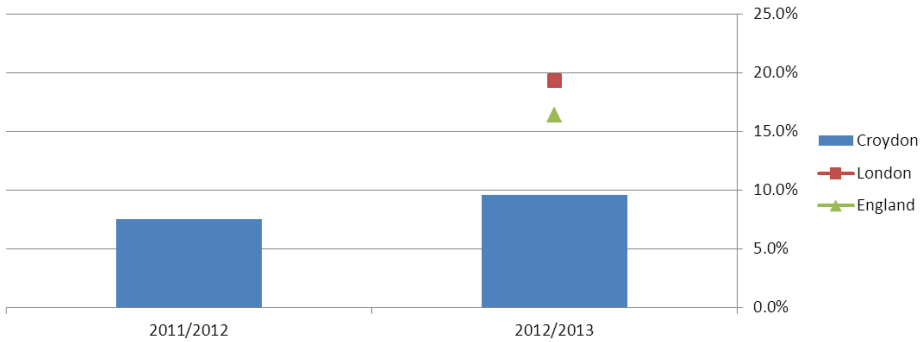
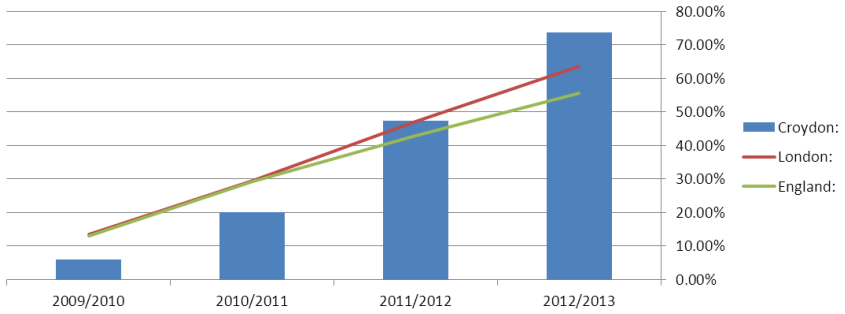
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Early deaths from liver disease considered preventable (rate per 100,000 population)	Croydon key dataset	LOW	11.9	2009-11	NA	13.4	12.7	**UNKNOWN**	**BETTER**	**BETTER**
Early deaths from respiratory diseases considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	10.4	2009-11	NA	11.5	11.6	**UNKNOWN**	**BETTER**	**BETTER**

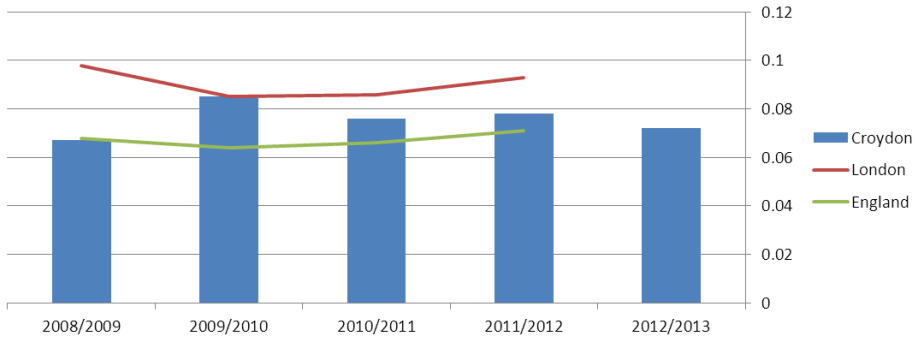
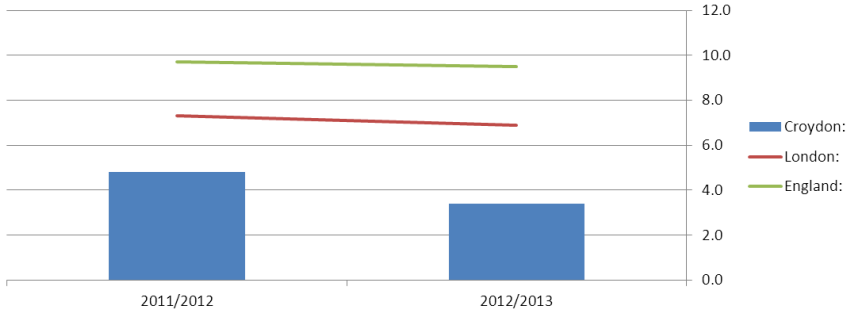
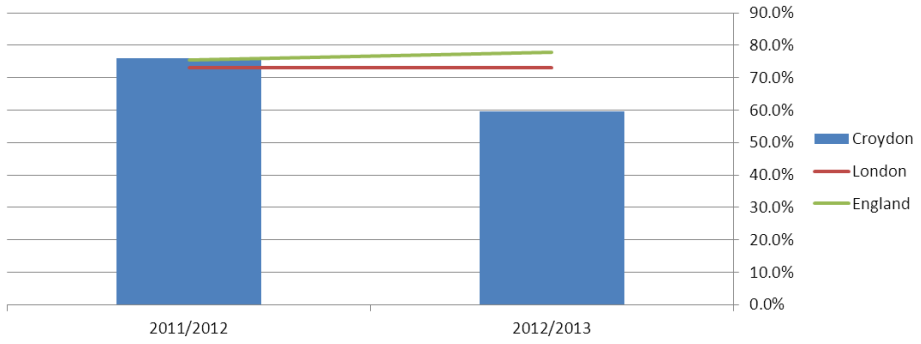
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Offered an NHS health check (% of eligible people aged 40-74)	Croydon key dataset	HIGH	20 0.003 (Quarter 2 2013-14)	2012/13	18.5	20.6	16.5	BETTER	ABOUT THE SAME	BETTER
Take up of NHS health checks (% of people offered health checks)	Croydon key dataset	HIGH	12.5 0.3 (Quarter 2 2013-14)	2012/13	8.6	45.2	49.1	BETTER	WORSE	WORSE
% of NHS health checks that identify patients to be at high risk	TBC	TBC	12.3	2012/13	10.2	Local indicator	local indicator	UNKNOWN	UNKNOWN	UNKNOWN
Breast screening rate (% of women aged 53-70)	Croydon key dataset	HIGH	70.8	2011/12	70.7	69.3	77	ABOUT THE SAME	ABOUT THE SAME	WORSE

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Cervical screening rate (% of eligible women aged 25-64)	Croydon key dataset	HIGH	71.7	2013	73.8	68.6	73.9	ABOUT THE SAME	BETTER	ABOUT THE SAME
Deaths from diabetes (rate per 100,000 population)	Croydon key dataset	HIGH	5.7	2008-10	5.5	5.8	5.7	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME

Improvement area 4: supporting people to be resilient and independent

Priorities
4.1 Rehabilitation and reablement to prevent repeat admissions to hospital 4.2 Integrated care and support for people with long term conditions 4.3 Support and advice for carers 4.4 Reduce the number of households living in temporary accommodation 4.5 Reduce the number of people receiving job seekers allowance

Potential challenge areas	Areas of success
Proportion of people using social care who receive direct payments	**Proportion of people using social care who receive self-directed support**
	
Although increasing, the proportion of social care clients in receipt of direct payments appears to lag significantly behind London and national averages	The proportion of people using self-directed support in Croydon has seen strong growth, outstripping the London and National averages. Croydon's figure for 2012/13 is one of the best in London.

Potential challenge areas	Areas of success
Proportion of adults with learning disabilities in paid employment	**Delayed transfers of care from hospital per 100,000 population**
 The proportion of adults with LD in paid employment in Croydon does not show a particular trend and, whilst better than the England average, is short of performance across London.	 The frequency of delayed transfers of care from hospital is significantly lower in Croydon than London and National comparators. The same is also true for the accompanying indicator which shows only those delays attributable to social care services.
Proportion of people who use services who say that those services have made them feel safe and secure	
 There appears to have been a significant decrease in the proportion of	

Potential challenge areas	Areas of success
adult social care service users who feel that the service they receive makes them feel safe and secure. This shift is not replicated in London or national comparisons.	

Performance measures;

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Survey Social care-related quality of life	ASCOF	HIGH	18.2	2012/13	18.2	18.2	18.8	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME
Proportion of people who use services who have control over their daily life	ASCOF	HIGH	72.3%	2012/13	71.0%	70.7%	75.9%	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME
Proportion of people using social care who receive self-directed support	ASCOF	HIGH	73.8% 66.6% (Quarter 3 2013-14)	2012/13	47.4%	63.5%	55.6%	BETTER	BETTER	BETTER
Proportion of people using social care who receive direct payments	ASCOF	HIGH	9.6% 7.6% (Quarter 3 2013-14)	2012/13	7.5%	19.3%	16.4%	BETTER	WORSE	WORSE

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Survey:Carer-reported quality of life	ASCOF	HIGH	7.7	2012/13		7.7	8.1	UNKNOWN	ABOUT THE SAME	WORSE
Proportion of adults with learning disabilities in paid employment	ASCOF	HIGH	5.0% 6.2% (Quarter 3 2013-14)	2012/13	7.8%	9.4%	7.2%	WORSE	WORSE	WORSE
Proportion of adults in contact with secondary mental health services in paid employment	ASCOF	HIGH	6.6% 7.5% (Quarter 3 2013-14)	2012/13	6.5%	6.1%	7.7%	BETTER	BETTER	WORSE
Proportion of adults with learning disabilities who live in their own home or with their family	ASCOF	HIGH	68.9% 66.5% (Quarter 3 2013-14)	2012/13	72.9%	67.7%	73.3%	WORSE	ABOUT THE SAME	WORSE
Proportion of adults in contact with secondary mental health services living independently, with or without support	ASCOF	HIGH	78.2% 55.7% (Quarter 3 2013-14)	2012/13	72.9%	80.4%	59.3%	BETTER	ABOUT THE SAME	BETTER

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	ASCOF	LOW	4.3	2012/13	44.2	10.8	14.9	BETTER	BETTER	BETTER
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	ASCOF	LOW	239.6	2012/13	566.6	493.7	708.8	BETTER	BETTER	BETTER
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	ASCOF	HIGH	85.1%	2012/13	74.8%	85.9%	81.5%	BETTER	ABOUT THE SAME	ABOUT THE SAME
Delayed transfers of care from hospital per 100,000 population	ASCOF	LOW	3.4 5.3 (Nov-2013)	2012/13	4.8	6.9	9.5	BETTER	BETTER	BETTER
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	ASCOF	LOW	1.1 1.2 (Nov-2013)	2012/13	2.3	2.7	3.3	BETTER	BETTER	BETTER

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Overall satisfaction of people who use services with their care and support	ASCOF	HIGH	54.2%	2012/13	53.9%	58.2%	63.7%	ABOUT THE SAME	WORSE	WORSE
Overall satisfaction of carers with social services	ASCOF	HIGH	29.2%	2012/13	NA	35.2%	42.7%	UNKNOWN	WORSE	WORSE
Proportion of carers who report that they have been included or consulted in discussion about the person they care for	ASCOF	HIGH	63.4%	2012/13	NA	65.9%	72.8%	UNKNOWN	ABOUT THE SAME	WORSE
Proportion of people who use services and carers who find it easy to find information about services	ASCOF	HIGH	66.8%	2012/13	70.9%	68.2%	71.5%	WORSE	ABOUT THE SAME	WORSE
Proportion of people who use services who say that those services have made them feel safe and secure	ASCOF	HIGH	59.7%	2012/13	76.0%	73.1%	77.9%	WORSE	WORSE	WORSE

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

Priorities
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

No focus areas recommended at this point

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
All cause emergency hospital admissions (rate per 1,000 population)	Croydon key dataset	LOW	86.8%	2011/12	85.5%	80.9%	87.4%	ABOUT THE SAME	WORSE	ABOUT THE SAME
Emergency readmissions within 30 days of	Croydon key dataset	LOW	12.2%	2010/11	12.0%	12.0%	11.8%	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
discharge from hospital (%)										
Proportion of deaths from all causes that occur at usual place of residence	Croydon key dataset	NA	39.8	2012	38.1	35.8	43.7	NA	NA	NA
Safety incidents involving severe harm or death	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**
Patient safety incidents reported	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**
Incidence of avoidable harm	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**

Improvement area 6: improving people's experience of care

Priorities
6.1 Improve end of life care 6.2 Improve patient and service user satisfaction with health and social care services

No focus areas recommended at this point

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Patient experience of primary care	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**
Patient experience of hospital care	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**
Access to GP and NHS dental services	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**
Women's experience of maternity services	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**

Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Patient experience of community mental health services	NHS outcomes framework	TBC						**TBC**	**TBC**	**TBC**

Appendix 3

31 January 2014

Risk Status

Risk Ref	Business Unit	Risk	Risk rating 01/14	Risk rating Future	Control measures Future	Control measures Existing	Control measures Total	Control measures % Implemented
LSPHC0002	Significant Partnership	Failure to ensure that the board's focus is balanced (for example, between statutory requirements / national guidance and local priorities; or health and wellbeing)	16	8	2	4	6	67%
LSPHC0008	Significant Partnership	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	20	15	3	2	5	60%
LSPHC0012	Significant Partnership	Failure to understand the community's expressed wants and choices and to ensure that ongoing engagement with the public is maintained and views	16	12	5	2	6	40%
LSPHC0015	Significant Partnership	Failure to clearly understand the purpose, boundaries and remit of the Board	16	4	2	2	3	67%
LSPHC0018	Significant Partnership	Board is not able to demonstrate improved outcomes for the population	16	12	4	4	4	60%
LSPHC0043	Significant Partnership	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	2	4	50%
LSPHC0044	Significant Partnership	Failure to ensure that the Board continuously develops and has the capacity and capability to operate effectively and efficiently.	16	12	3	2	3	67%
LSPHC0045	Significant Partnership	Limited or constrained financial allocations in health and social care which gives rise to the inability to balance reducing budgets with a rising demand	20	15	3	5	7	80%

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FOR INFORMATION

REPORT TO:	**HEALTH AND WELLBEING BOARD** **12 February 2014**
AGENDA ITEM:	**10**
SUBJECT:	**Croydon Heart Town update**
BOARD SPONSOR:	**Dr Mike Robinson, Director of public health, Croydon Council**
CORPORATE PRIORITY/POLICY CONTEXT: This report is for information only	

1. RECOMMENDATIONS

1.1 The health and wellbeing board is asked to note the contents of the report. Any questions should be directed to the report author outside of the meeting.

2. EXECUTIVE SUMMARY

2.1 At its meeting on 23 October 2013 the health and wellbeing board endorsed a strategic partnership approach to improving heart health in the borough and the extension of Croydon's Heart Town programme from two to five years. This report provides the health and wellbeing board with an update on Heart Town activity undertaken and activity planned since the board meeting.

3. DETAIL

3.1 Croydon Heart Town is intended to make a major contribution to the delivery of the joint health and wellbeing strategy 2013-18. This in turn reflects the community strategy's aim of protecting vulnerable people and offering good quality, accessible and joined up services and information so that agencies can make a difference to local people through coordinated prevention and early intervention.

3.2 Heart and circulatory diseases, including coronary heart disease and stroke, are responsible for around a third of all deaths in Croydon and are also major causes of early death (under 75 years) and disability. Women in the borough are over three times more likely to die of heart disease than breast cancer. Croydon's population is increasingly overweight and inactive, putting those individuals at risk of cardiovascular diseases.

3.3 Core outcomes for Croydon Heart Town are to:

- increase the proportion of people who take action to reduce their risk of heart and circulatory diseases by:
  - achieving a healthy weight
  - increasing their level of physical activity
  - stopping smoking
- identify undiagnosed heart disease in people aged 40-74 through NHS Health Checks

3.4 Croydon Heart Town outcome indicators and baseline data were set out in the paper presented to the board on 23 October 2013. Progress against these indicators will be reported to the board annually, with the first Heart Town performance report in October 2014.

3.5 The Heart Town delivery plan has a number of elements:

- Campaigns and awareness raising
- Support and advice in schools and work places
- Support and advice for the general population
- Service redesign and procurement of new services
- Partnership working
- Charitable fund raising and volunteering

3.6 Progress against each of these elements is reported in appendix 1

CONTACT OFFICER: Steve Morton, Head of health and wellbeing, Croydon Council
steve.morton@croydon.gov.uk 020 8726 6000 x61600

BACKGROUND DOCUMENTS
None

Appendix 1

1. Campaigns & awareness raising

Action	Due	Lead	Progress
1. Heart Town pledge signing by Mayor & Cabinet lead	15/07/13	Bevoly Fearon	Complete
2. Mayor to launch Croydon Heart Town	20/07/13	Bevoly Fearon	Complete
3. Borough entry point signage	30/09/13	Melissa Vick	Complete
4. Media coverage of launch & summer events	31/08/13	David Mills	Complete
5. Know Your Numbers Week (blood pressure awareness) September 2014	30/09/13	Melissa Vick	Complete
6. Stoptober (stop smoking) October 2013	31/10/13	Jimmy Burke	Complete
7. National Heart Month February 2014	28/02/14	Melissa Vick	In progress
8. Media coverage of National Heart Month	28/02/14	David Mills	In progress
9. National Stop Smoking Day 12 March 2014	12/03/14	Melissa Vick / Jimmy Burke	In progress
10. National Salt Awareness Week March 2014	16/03/14	Melissa Vick	In progress
11. Vascular Disease Awareness Week March 2014	17/03/14	Melissa Vick	In progress
12. National Walking Month May 2014	31/05/14	Melissa Vick / Rob Brown / Peter MacDonald	Not started
13. National Thrombosis Week May 2014	09/05/14	Melissa Vick	Not started
14. Mental Health Awareness Week (anxiety) May 2014	18/05/14	Melissa Vick/ Rachel Nicholson	Not started
15. World Hypertension Day 17 May 2014	17/05/15	Melissa Vick	Not started
16. World No Tobacco Day 31 May 2014	31/05/14	Melissa Vick / Jimmy Burke	Not started
17. Big Lunch 1 June 2014	01/06/14	To be agreed	Not started
18. Heart Rhythm Week June 2014	08/06/14	Melissa Vick	Not started
19. Men's Health Week (mental wellbeing) June 2014	15/06/14	Melissa Vick / Rachel	Not started

Appendix 1

		Nicholson	
20. Promote Heart Town signage on council and partners vehicles	ongoing	Bevoly Fearon	In progress – some council vehicles carry logo
21. Promote availability of heart health information through stickers carrying logo e.g. pharmacies, leisure centres, libraries etc	31/05/14	Bevoly Fearon?	In progress

2. Support and advice in schools and work places

Action	Due	Lead	Progress
1. Summer 2013 activities programme for children & families	31/08/13	Melissa Vick	Complete
2. Registration of schools for Jump Rope and Dodgeball challenges	Ongoing	Paul Charge / Daniel Davis	Ongoing
3. Pilot support programme for New Addington High School and schools in the Selsdon Education Partnership September 2013 to March 2014.	31/03/14	Paul Charge / Daniel Davis	Ongoing
4. Roll out of school support programme to other areas of the borough September 2014 to June 2015 including Healthy Schools Champions Network	30/06/14	Paul Charge / Daniel Davies	Not started
5. Develop and deliver heart health offer for local employers to apply for Healthy Workplace Charter status	30/06/14	Melissa Vick / Theresa Dent-Gater	In progress
6. Deliver healthy catering award scheme logo design competition in schools	31/03/14	Anna Kitt / Daniel Davis	In progress / delayed
7. Develop a bid to become a Flagship Food in Schools pilot taking a whole school approach to healthy eating	30/11/13	Anna Kitt / Daniel Davis	In progress / delayed
8. Deliver Heart Town Business Expo 2014 to promote active travel to local employers	26/02/14	Peter MacDonald	In progress
9. Summer 2014 activities programme for children & families	31/08/14	Melissa Vick	Not started

Appendix 1

3. Support and advice for the general population

Action	Due	Lead	Progress
1. Develop healthy catering award scheme (incl logo design by schools – see 2.6 above)	31/03/14	Anna Kitt	In progress / delayed
2. Develop heart health offer within the Healthy Living Hub in the Central Library July 2013 onwards – relaunch Feb 2014	28/02/14	Marion Abbott	In progress
3. Deliver a programme of NHS Health Checks 2013/14	31/03/14	Bevoly Fearon	Will not hit annual targets / recovery plan in place
4. Delivery of heart health information, advice and activities in a range of settings including GP practices, pharmacies, the Carers' Support Centre, the POP Service as well as during dedicated events such as Silver Sunday.	31/03/14	Bevoly Fearon	Ongoing
5. Provide information and advice on alcohol through commissioning a brief intervention programme	31/08/14	Rachel Nicholson	In progress

4. Service redesign and procurement of new services

Action	Due	Lead	Progress
1. Procure a new NHS Health Checks service	31/08/14	Rachel Fluke	In progress
2. Procure children's weight management service spring 2014	31/03/14	Anna Kitt	In progress
3. Procure new adult weight management service spring 2014	31/03/14	Anna Kitt	In progress
4. Complete review of cardiology services winter 2013	31/12/14	David Roskams	Complete
5. Redesign and recommission cardiology service pathway spring 2014	31/03/14	David Roskams	In progress

Appendix 1

5. Partnership working

Action	Due	Lead	Progress
1. Provide public health support for the review of cardiology services by Croydon Clinical Commissioning	31/12/14	Kate Woollcombe	Complete / delayed
2. Continue to build relationships with key partners including Pro-Active South London, Transport for London and Crystal Palace to identify opportunities to promote heart health and fundraise.	Ongoing	Bevoly Fearon	In progress
3. Provide public health support to Croydon CCG for their procurement of community diabetes services, diabetes education services and the redesign of the diabetes pathway. September 2013 to March 2014	31/03/14	Cynthia Folarin	In progress
4. Work with Croydon CCG to develop and implement their Prevention, Self-Care and Shared Decision Making Strategy	Ongoing	Cynthia Folarin	In progress

6. Charitable fund raising and volunteering

Action	Due	Lead	Progress
1. Delivery of events sponsored by the Mayor of Croydon with BHF as one of her adopted charities June 2013 to April 2014.	30/04/14	Bevoly Fearon	In progress
2. BHF Big Donation - with fundraising in schools and workplaces throughout September 2013	30/09/13	Theresa Dent-Gater	Complete
3. National Heart Month February 2014 ‘Ramp up the Red’.	28/02/14	Paul Charge / Melissa Vick	In progress
4. BHF Big Donation - with fundraising in schools and workplaces throughout September 2014	30/09/14	Theresa Dent-Gater	Not started
5. Organise Heart Town running and walking programme to raise funding	30/09/14	Bevoly Fearon	In progress

FOR INFORMATION

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON) 12th February 2014**
AGENDA ITEM:	**10**
SUBJECT:	**Adult Social Care Local Account 2012-13**
BOARD SPONSOR:	**Hannah Miller, Executive Director Adult Services, Health and Housing, Croydon Council**
CORPORATE PRIORITY/POLICY CONTEXT: This report is for information only	

1. RECOMMENDATIONS

1.1 The Health & Wellbeing Board is asked to note the contents of the report. Any questions should be directed to the report author outside of the meeting.

2. EXECUTIVE SUMMARY

2.1 The Adult Social Care Local Account 2012/13 is Croydon's third local account report to residents. The production of annual local accounts was introduced by the Department of Heath as part of the report 'Transparency in Outcomes: a framework for quality in adult social care' published in March 2011.

2.2 The main purpose of the local account is to inform residents about how the Council and its partners are doing in meeting the needs of people who have social care and support needs.

2.3 The local account is aimed at both users of social care services and the wider community and seeks to provide background information about Croydon and its residents, summarise the things that Croydon people said were important to them and report on the quality of care and support in the borough.

3. DETAIL

3.1 The annual local account is an important part of how we demonstrate accountability for performance and outcomes for adult social care services. It is also an opportunity for us to share information with local people who use care and support services, and the wider community, by reporting on progress, outcomes and achievements during the year and outline priorities for the future for the council and its partners.

3.2 The Council made a commitment in the Local Account 2012/13 to use the 'Making it Real' (MIR) framework to work with service users and carers to find out more about their experiences receiving personal care services and how personalised people feel their services are. During November & December 2013 we conducted ten engagement sessions, which included visiting local

care, support & reablement centres and support groups for a range of social care services user groups and carers, listening to people's feedback and working through the assessment framework together. We also worked with service user involvement groups such as CASSUP, the Mobility Forum and the Making a Difference group for people with learning disabilities.

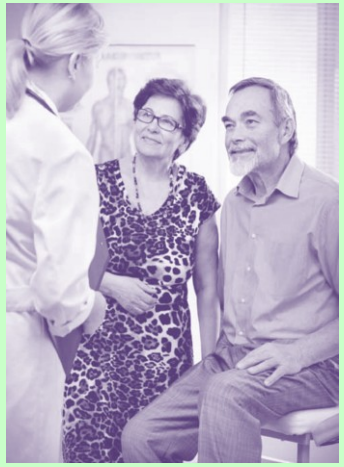
3.3 The feedback and outcomes from the MIR engagements form an important part of the Local Account 2012/13. The aim of the MIR framework is to highlight three priority areas, identify key issues that are being raised and develop some actions to deliver improvements in these areas. The local account sets out summary of some of the key themes raised by service users and carers and what we will do, with our partners, to begin addressing these issues. We will review progress every six months and continue to work with those we have engaged with to update them on developments, refresh what our priorities are and look at how we can continue to make improvements.

3.4 The draft local account will be shared with partnership and service user led groups during February 2014 for feedback and input to inform the final draft before it is published in March 2014.

CONTACT OFFICER: Tracy Stanley, Strategy and planning manager (acting) DASHH, Strategy, commissioning, procurement and performance, Croydon Council, tracy.stanley@croydon.gov.uk, 020 8726 6000 ext:61623

BACKGROUND DOCUMENTS: None

Draft



Croydon's local account annual report to residents 2012 - 2013

CROYDON
www.croydon.gov.uk

Introduction [to be added]

Councillor Margaret Mead
Cabinet member for health and adult social care

Welcome from Hannah Miller
Executive director for adult services, health and housing

Welcome Croydon's local account

What is the local account?

The local account is an important part of how we demonstrate accountability for performance and outcomes for adult social care services. It is an opportunity for us to share information with local people who use care and support services, and the wider community, by reporting on progress, outcomes and achievements during the year and outline priorities for the future for the council and its partners.

About Croydon

- Croydon has the largest population of all London boroughs with 363,400 residents from a wide range of ethnic origins and cultures. The latest population projections for 2013 estimate that Croydon's population has increased to 374,061 residents and that it will increase by another 9% by 2021. Croydon's communities speak more than 100 different languages and 45% of the population are from a BME background. While the borough's residents are ageing, it also has the largest population of young people in London.

- Between 2011 and 2021 the 65+ population in Croydon is estimated to rise by 24.4%, higher than both the national and London average. Demand for adult social care increases in numbers and complexity with assessments of adults and older people leading to provision of a service increasing by 38% during 2006-12, and the total number of people helped increasing by 12%.

Older people in Croydon

- People are living longer and our population is ageing with projections suggesting that the number of people aged over 85 will increase by two thirds by 2029. This is an important trend because we know that older people generally have more health problems and are more likely to use health and care services.

- Within the older population the number of people requiring support with domestic tasks is projected to increase, with an additional 3,739 people during 2012-20 in Croydon, and an additional 3,006 people requiring self-care within the same period. In 2012-13 the council provided more than 4,900 residents aged 65 years and over with a care package, and of these 87% were supported to live independently through community based services.

Our mental health

- One in four people will experience a mental illness in their lifetime. There are around 105,000 people in Croydon who suffer from depression and mood disorders and there are about 4,000 who have been diagnosed with severe mental illness. Amongst the working age population in Croydon it is projected that by 2021 there will be an increase of 24% in people with a serious mental illness.

All people (18-64) with a common mental disorder- projected to 2020

Year	2012	2014	2016	2018	2020
Number of people	37,454	37,865	38,334	38,817	39,196

Source: Projecting Adults Needs and Service Information (PANSI)

By gender, people aged 18-64 with a common mental disorder, projected to 2020

Year/no of people	2012	2014	2016	2018	2020
Males	14,050	14,225	14,438	14,625	14,788
Females	23,404	23,640	23,896	24,192	24,408

Source: Projecting Adults Needs and Service Information (PANSI)

People with dementia

- There are an estimated 3,300 people living with dementia in Croydon, this is projected to rise by 30% over the next 15 years, reaching 4,500 by 2025 and approximately two thirds (62.1%) are female. Croydon's Dementia JSNA 2011-12 revealed that Croydon has higher dementia needs compared to other London boroughs.

- In Croydon the rise in the prevalence of dementia roughly coincides with the increasing number of older people in the Borough but there are also people as young as 45 who have been diagnosed with dementia.

People aged 65+ predicted to have dementia, projected to 2020

Year	2012	2014	2016	2018	2020
No of people	3,225	3,401	3,572	3,782	4,021

Source: Projecting Older People's Population Information (POPPI)

People with long term conditions

- Three out of every five people aged over 60 have a long term health condition and as the population ages, this proportion is likely to increase which will have implications for the level of future health and social care needs and the way in which these requirements can best be met whilst supporting people to maximise independence and avoid hospital admissions.

- The fastest-growing long-term condition in the borough is Chronic Obstructive Pulmonary Disease with an increase of 54% projected by 2021, followed by diabetes at over 46% and dementia at nearly 44%.

People aged 65+ with a limiting long-term illness, projected to 2020

Year	2012	2014	2016	2018	2020
Number of people	20,432	21,331	22,093	23,064	24,034

Source: Projecting Older People's Population Information (POPPI)

People with disabilities

Physical disabilities

- There are an estimated 22,117 adults (aged 18-64yrs) with a moderate or serious physical disability and this is projected to rise to 24,134 by 2020. It is estimated that 10,179 people (aged 18-64yrs) with a moderate or serious physical disability require support with personal care which includes help getting in and out of bed or a chair, dressing, washing, eating meals and use of the toilet.

- In 2012/13 the council provided more than 1,000 physical disabled residents aged 18 to 64 with a care package and of these 96% were supported to live independently through community based services.

People aged 18-64 with a moderate or serious physical disability, projected to 2020

Year / no of people	2012	2014	2016	2018	2020
Moderate PD	17,204	17,512	17,893	18,296	18,666
Serious PD	4,913	5,014	5,155	5,314	5,468

Source: Projecting Adults Needs and Service Information (PANSI)

People with Learning disabilities

- There are an estimated 5,644 adults (aged 18-64yrs) in Croydon with a learning disability and this is projected to increase to 5,899 by 2020. In 2012-13 the council provided more than 1,010 people with a learning disability with a care package (900 people aged 18 to 64 and 110 people aged 65+), and of these 75% were supported to live independently through community based services.

People aged 18-64 with a learning disability/severe learning disability – projected to 2020

Year / no of people	2012	2014	2016	2018	2020
Learning disability	5,644	5,708	5,776	5,845	5,899
Severe learning disability	337	341	346	351	355

Source: Projecting Adults Needs and Service Information (PANSI)

People aged 18-64 predicted to have autistic spectrum disorders, projected to 2020

Year	2012	2014	2016	2018	2020
Number of people	2,261	2,288	2,322	2,352	2,377

Source: Projecting Adults Needs and Service Information (PANSI)

Substance misuse in Croydon

- During 2012/13 a total of 150 people (aged 18 to 64) with substance misuse problems received a community based care package.

- There were 667 drug users in effective treatment (for opiate and crack use) in 2012-13 in Croydon which means treatment for 12 weeks or more after triage, or with a planned exit from treatment. This is a slight reduction from 2011-12 but an additional 56 people sought and received effective treatment for other drug types meaning that overall the numbers receiving help for their drug issues increased during 2012-13.

- Croydon's annual Public Health Report 2012-13 reports that 77% of adults drink some alcohol. From this group 76% drink at lower levels of risk, 17% at increasing risk levels and 7% at high risk levels. There has been a decreasing trend in the number of people accessing treatment for alcohol consumption, however, hospital admissions related to alcohol have increased.

People aged 18-64 predicted to have a drug or alcohol problem, projected to 2020

Year/no of people	2012	2014	2016	2018	2020
Alcohol	13,699	13,861	14,051	14,231	14,381
Drugs	7,790	7,881	7,987	8,089	8,173

Source: Projecting Adults Needs and Service Information (PANSI)

Our life expectancy

- The health of people in Croydon is mixed compared to the England average. Life expectancy for men in Croydon is now 79.6 years and for women it is 83.3 years, both of which are slightly more than the average for England. However, there are variations depending on where people live in the borough with life expectancy 9.5 years lower for men and 5.2 years lower for women in the most deprived areas of Croydon than in the least deprived areas.

Our carers

- Carers look after friends, family members or neighbours who need help because they are ill, frail or have a disability. The support that they provide enables the people they care for to remain at home rather than move into a residential care environment which means they are more likely to live full, safe and healthy lives, affording them their dignity and independence.

- According to the 2011 Census there are approx. 33,600 unpaid carers in Croydon with 66% providing 1 to 19 hours of unpaid care per week, 14% provide 20 to 49 hours and 20% provide 50 hours or more of unpaid care per week.

Croydon Observatory – information about Croydon

- If you want to know more about Croydon you can visit the Croydon Observatory website at http://www.croydonobservatory.org/ which provides accurate and relevant information on the population in Croydon.

Adult social care in Croydon

The local authority has a responsibility to provide services for adults who need extra care and support. This includes all forms of personal care and other practical assistance for individuals who by reason of age, illness, disability, dependence on alcohol or drugs, or other similar circumstances, are in need of care or assistance. Croydon is committed to delivering personalised sustainable outcomes and provides an integrated approach to providing services and through the work of the Adult Services, Health & Housing (DASHH) department.

Our Croydon commitments

This report sets out our priorities in adult social care, the outcomes we are focused on achieving and the progress made in 2012-13. Outcomes describe the difference we make to people's lives.

- Outcome 1: to deliver personalised, sustainable outcomes and a positive experience of care.
- Outcome 2: to promote prevention, early intervention, recovery and reablement.
- Outcome 3: deliver integrated, safe, high quality services
- Outcome 4: support increased resilience and independent living

Our performance – how we assess our progress?

- Croydon council focuses on continuous improvement and cost reduction. We monitor, analyse, benchmark and compare our performance and progress using a variety of methods. This includes the Adult Social Care Outcomes Framework, the council key performance indicators data set and use of a sector led improvement approach for adult social care which provides a framework for strengthening local accountability, peer challenge, sharing good practice and learning through regional structures and networks.

- Every year we write to a sample of people who use adult social care services and responses to the survey used provides valuable feedback about care and support services, health and wellbeing and quality of life. The 2012-13 survey was completed by 462 service users, which represents a 30% response rate. Findings from both the annual survey and other performance measures are used throughout the local account to report on how we are doing against key priorities and objectives.

Developments in adult social care

The Governments reform of the adult care and support system has continued to progress, underpinned by the key policy aims of taking a preventative approach, supporting independence and improving access to adult social care information and advice.

- The Care Bill was published in May 2013. The Bill seeks to modernise the law to put people's wellbeing at the heart of the care and support system. Measures within the Bill include:
    - The introduction of a cap on an individual's contribution to care costs and a universal deferred payment scheme which will mean people do

not have to sell their home within their lifetime to pay for residential care. It was announced in the 2013 Budget that a cap on care costs of £72,000 will be introduced in 2016.

- A duty on local authorities to carry out care and support functions with the aim of integrating services with those provided by health and health related services, such as housing.

- A focus on ensuring people receive services which prevent their care needs from becoming more serious, can get the information and advice they need about care and support services in their local area.

- New rights for carers, giving them the same rights to assessments and care services as those they care for.

- The 'Integrated care and support: our shared commitment' initiative (available at: **https://www.gov.uk/government/publications/integrated-care**) was published in May 2013 and has been informed by integrated care pilots and the personal health budget pilot programme. It looks at how national and local organisations can take action to achieve integrated care and support, i.e. doing things together across health and social care. With health care reforms leading to a greater focus on commissioning there is an opportunity to create shared visions across health, public health and social care with local authorities collaborating with providers from the public, private and third sector.

- The Health and Social Care Act 2012 is a crucial part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes. The Act transferred responsibility for public health to local authorities from April 2013 and contains a number of provisions to encourage and enable the NHS, local government and other sectors to improve patient outcomes through far more effective integrated, joined up working. The Act also required the setting up of Health and Wellbeing Boards from April 2013 to oversee the planning and delivery of health services in an area. Croydon's Health and Wellbeing Board provides collective leadership to improve health and wellbeing for the local area. Further information is available here: **http://www.croydon.gov.uk/democracy/dande/hwbb**

- In March 2012 the Prime Minister launched the Dementia Challenge, a programme of work which aims to improve the lives of those living with dementia, their families and carers. The programme is built around 3 areas for action, health and care, creating dementia friendly communities and improving dementia research. A report on progress against actions was published in May 2013.

Making it Real – assessing adult care and support services

What is 'Making it Real'?

- The 'Making it Real' framework was developed by the National co-production Advisory Group and a range of national organisations which are part of the programme 'Think Local, Act Personal'.

- The framework is built around "I" statements which express what people expect to see and experience if personalisation is working well. For example people might report, "I have the information and support I need in order to remain as independent as possible."

Making it Real themes:

- **Information and advice** – having the information I need when I need it
- **Active and supportive communities** – keeping friends, family and place
- **Flexible integrated care and suppo**rt – my support, my own way
- **Workforce** – my support staff
- **Risk enablement** – feeling in control and safe
- **Personal budgets and self-funding** – my money

- In our last local account report we made a commitment to use the framework to engage with adult social care services users and carers to find out more about their experiences of social care, assess how well local services achieve good outcomes and decide where we should focus our efforts to make things better.

- We wanted to reach as many people as possible and to hear the views of those who are not always able to attend one off consultation events. In order to achieve this we set up a series of engagement sessions, going out and visiting local care, support & reablement centres and support groups for a range of social care service user groups and carers, listening to people's feedback and working through the assessment framework together.

- We also worked with service user groups such as CASSUP, the Mobility Forum and the Making a Difference group for people with learning disabilities.

Your response - results and actions

- The aim of 'Making it Real' is to highlight 3 priority themes, identify key issues that are being raised and develop some actions to deliver improvements in these areas.

- We met with over 40 people during the consultation and some consistent messages emerged which are set out below as a summary of what service users and carers told us and what we will do, with our partners, in response to your feedback. A more detailed version of the action plan will be published on the Making it Real website to share developments and learning.

Priority 1: Information and Advice - having the information I need, when I need it.

Making it Real statements:

- I have the information and support I need in order to remain as independent as possible.
- I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
- I can speak to people who know something about care and support and can make things happen.
- I have help to make informed choices if I need and want it.
- I know where to get information about what is going on in my community.

What you told us:

- Information and advice can come from a wide range of people and places, family, friends, and people who provide care and support, but it can still be difficult and confusing to know who to contact sometimes.
- Most people wanted a better understanding of what information and advice was available.
- Carers of people with dementia sometimes found it hard to navigate health and social care services when they need to seek advice or support.

What we will do:

- We will use the Making it Real 'I' statement as part of the service outcomes we ask providers to achieve when delivering the new information, advice, casework and advocacy services during 2014.
- We will use an annual survey, based on 'Making it Real' to assess how well the information and advice services are achieving outcomes.
- We will look at ways to improve the information and advice available to people with dementia and their carers as part of our delivery of the Croydon Joint Dementia Strategy.

Priority 2: Workforce – my support staff

Making it Real statements:

- I have good information and advice on the range of options for choosing my support staff.
- I have considerate support delivered by competent people.
- I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.
- I am supported by people who help me to make links in my local community.

What you told us:

- Most people were happy with the standard of care and support they received and reported that when they raised concerns they were dealt with effectively.
- More opportunities for people who use services to be involved in the commissioning of care and support services would be a good idea so that their experiences and priorities could be taken into account and help shape the services that are delivered.

What we will do:

- We will work with a group of service users to take a 'co-production' approach to commissioning services, including care and support and reablement services. This means working collaboratively on the design and delivery of the services needed with the people who use them.
- We will use feedback and insights from service users to help inform the standards, outcomes and performance that we seek from providers when delivering services.

Priority 3: Active and supportive communities - keeping friends, family and place

Making it Real statements:

- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.
- I have a network of people who support me - carers, family, friends, community and if needed paid support staff.
- I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.
- I feel welcomed and included in my local community.
- I feel valued for the contribution that I can make to my community.

What you told us:

- You really value opportunities to go out, meet people and take part in activities and would like to hear more about what is happening in your local area on a regular basis so that you can do more of the things that you are interested in, when you want to do them.

- Some people are interested in having more flexibility in how the money for their care and support needs is used but are sometimes reluctant to consider direct payments because they are not sure they could manage them successfully.

What we will do:

- We will explore how we can work with existing networks, groups and individuals to ensure local people have more regular, easily accessible information about what is happening in their local area, and other opportunities to access support and get involved in activities and events. We will look at this alongside the work we are doing to put new information and advice services in place (see page 19 for more information).

- We will develop a set of actions to improve the information, guidance and support offered to people who are interested in having a direct payment for their care and support.

Next steps

- We will review progress every six months and continue to work with those we have engaged with to update them on developments, reconsider the framework themes, refresh what our priorities are and look at how we can continue to make improvements.

- We would like to hear from you if you are interested in being involved or adding your views as we take this work forward. Details about how to do this, and service user involvement other ways to get involved can be found on page 21.

Outcome 1 - To deliver personalised, sustainable outcomes and a positive experience of care

What this means:

- Ensuring that every person can have choice and control over the shape of their care and support in all settings.
- Delivering personal sustainable outcomes that maximise independence and choice.
- Supporting people to plan for a fulfilling life in accordance with their individual aspirations and goals, and to achieve health and wellbeing from engagement with the wider community.
- Encouraging greater personal responsibility for maintaining health and wellbeing.

Our progress in 2012/13

- The council is focused on working in partnership with service users to design independence plans that address their care and support requirements following assessment of need. The plans concentrate on the outcomes that the service user hopes to achieve in terms of meeting their identified needs and draw on the concept of social capital (which is about the shared values and sense of belonging that flow from being part of groups and networks within communities) with the aim to maximise an individual's potential and independence.
- We are continuing to build on existing links with local partner agencies that deliver universal education, training, employment, and housing services so that we can enable service users to move on from intensive therapeutic support and access mainstream services.
- More regular and transparent information has been made available for individuals about their personal budget allocation and spend where they have asked the council to administer the budgets on their behalf.
- Community mental health services staff have been trained in enabling users to develop their own self-directed support plan. This gives the people who use services greater control in their own care plans and has resulted in a much greater range of solutions to tackle their problems.

Case Study

Mr M is a 19-year old man with cerebral palsy, which affects all 4 limbs. He has no independent sitting ability, very restricted upper limb function and uses his power wheelchair for all his mobility needs.

He has been attending college in a residential unit to study Travel and Tourism and has achieved exceptional results. Mr M's relationship with his father is not ideal and he would rather not live with him any longer as he finds it very restricted.

He wants to pursue his educational goals, study for a degree and one day run his own business within travel and tourism. With the support of the social worker Mr M has sourced his own supported living accommodation which has been designed and planned to support young adults with physical disabilities using wheelchairs.

Following assessment and development of an independence plan Mr M has opted for a direct payment so that he can employ his own personal assistance and put some essential equipment in place. This will give him the independence and control over his life.

- Building on previous successes with self-directed support and personal budgets for users of mental health services we have worked together to promote the positive outcomes that can be achieved for people experiencing mental health difficulties.

- In order to encourage the use of direct payments as a method of taking personal budgets commissioners continue to stimulate the market to try to ensure local choice for individuals and also deliver safeguarding for these most vulnerable of people.

- We continue to develop the ways in which we can offer greater recognition of the contribution that individuals, families, carers and communities make in providing care and support. As part of the Croydon Carers Strategy 2011-15:

    - A range of preventative and early intervention carers' services were commissioned from 1st July 2012 under the Carers Support Network Commissioning Programme, using the hub (Carers Support Centre) with specialist services to complement this.

    - The new Carers Support Network provision has put in place early intervention and preventative services such as access to information, advice, advocacy, support (support groups, peer networks, counselling, befriending and respite services).

    - Croydon has a new Carers Support Centre which has been developed by the Whitgift Foundation and supported by the council. The Centre was officially opened on 7th of October in central Croydon to deliver information and general carers services from a central point, with referral systems and links to access specialist and other services. Any carer can simply walk in or phone to get support.

Carers Support Centre contact details:
Address: Carers Support Centre, 24 George Street, Croydon, CR0 1PB
Telephone: 020 8649 9339
Website: http://carerssupportnetwork.org.uk

What else did respondents to our local survey tell us?

- 90% said their quality of life 'could not be better, is very good, good or alright'
- 86% said care and support services helped with quality of life
- 95% said they had 'as much as they want, some or adequate' control over their daily life
- 79% said care & support services helped them in having control

Proportion of people using social care who:

- receive self-directed support
  Croydon 73.8%)
  (London 63.2% / England 55.5%)
- receive direct payments
  Croydon 9.6%)
  (London 19.3% / England 16.5)

Proportion of people who use services who have control over their daily life:
Croydon 72.4%
(London 70.9% / England 76.1%)

Proportion of carers who report that they have been included or consulted in discussion about the person they care for:
Croydon 63.4%
(London 65.9% / England 72.9%)

Overall satisfaction of carers with social services:
Croydon 29.2
(London 35.2 / England 42.7)

Outcome 2- To promote prevention, early intervention, recovery and reablement

What this means:

- Prevention is better than cure – enabling a person, or someone close to them, to take preventative action at an earlier stage and increasing the delay in deteriorating conditions and requiring further help.

- Support people to get their confidence back and learn / re-learn activities of daily living following illness, accidents and other life changing event to provide better long term solutions.

- Avoiding hospital admissions where possible, helping people to return home promptly when ready and preventing readmissions.

Our progress in 2012/13

- Better audit of infection control/ tissue viability in care homes for the prevention of admissions/ readmissions to acute care and enable earlier hospital discharge by better management in care homes, including those who provide nursing care. This work commenced with a baseline audit of infection control practice to identify any issues that needed to be addressed such as tissue viability management and environmental and cleanliness issues. Two nurses were then appointed who work with residential and nursing homes to provide practical advice and support in order to improve standards and prevent hospital admissions.

- Initiatives such as enabling carers to get access to health care on an emergency and planned basis in order to better support them and the person they care for and secondly, to reduce the number of unplanned admissions to hospital and emergency placements in care homes by having 'enabling' community-based and care home- based respite and other services.

- Provision of Occupational Therapist led reablement, recovery or treatment services at various venues around the borough. A workshop was held in September 2012 to review the service, and identify proposals for future improvements. The key aims of this initiative are to:
    - Ensure that the improvements achieved through treatment, reablement and recovery are maintained and built upon.
    - Offer reablement and recovery services for older people with mental health issues and dementia
    - Ensure the health and wellbeing of people is maintained and reducing the need for acute or emergency care.

Case study

Mrs J was admitted to an Intensive Care Unit in hospital following a stroke. She later moved to the Wolfson Neuro-rehabilitation centre for several months of treatment as she was experiencing left sided weakness, reduced mobility and cognitive difficulties. Prior to discharge from the centre a needs assessment was carried out for ongoing support at home to be put in place.

An independence plan was initiated after the assessment, with three visits a day to assist with personal care and assist with dressing and going to the toilet. Community Occupational Therapists were also involved to provide equipment and advice to make activities of daily living as independent as possible.

At Mrs J's 6 week review her husband felt able to take over his wife's care and the independence plan came to an end. The planned multi agency discharge and the initial support was enough to support both Mrs J and her husband to remain living independently in their home.

- Provision of reablement and recovery facilities at Addington Heights Reablement Centre including:
    - Gym / activity suite in the centre
    - Wheelchair clinics / assessments
    - Sensory Impairment & Community Access Team activities

- Increased the number of social care discharge co-ordinators with the aim of providing better co-ordinated discharge from hospital and ensure a safe return to home.

- Croydon's Joint Dementia Strategy 2013-16 was launched at the end of 2012. The strategy highlights a growing emphasis on prevention, early intervention and staying healthy in old age as being crucial to managing demand and improving quality of life for people with dementia and their carers within the community.

- Two reablement flats at the council's Southsea Court special sheltered housing scheme have been refurbished in order to offer a further range and choice of reablement facilities for service users.

- Age UK and Red Cross have been working together to provide reablement focussed services for people being discharged from hospital whose requirements do not fall within criteria that attract help from the council but for whom support can still reduce the possibility of further hospital admissions.

- Reduction of admissions to hospital and increased health and wellbeing of patients from increasing community pharmacy capacity to enable better management of drugs for people living at home and in residential and nursing homes.

- Use of a social care triage model (assigning an order of urgency) based in A&E to ensure patients can access appropriate help and support and to ensure an early discharge plan is put in place if they are admitted. The aim of this work is to reduce unnecessary admissions for acute care from A&E by enabling people to return home with short term support following focused treatment.

Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes (per 100,000 population)**:** Croydon 6 (London 10.6 / England 15)	**Permanent admissions of older people (aged 65 and over) to residential and nursing care homes** (per 100,000 population)**:** Croydon 212 (London 478 / England 697)
Delayed transfers of care from hospital which are attributable to adult social care (per 100,000 population): Croydon 1.1 (London 2.7 / England 3.3)	**Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services** (effectiveness of the service): Croydon 85.1% (London 85.3% / England 81.4%)

Outcome 3 - deliver integrated, safe, high quality services

What this means:

- A proportionate, timely, professional and ethical response to any adult at risk
- Everyone has clear information about what abuse is, how to recognise the signs and what they can do to help
- All adults at risk maintain choice and control, quality of life and dignity and respect

Our progress in 2012/13

- Despite an unexpected drop in the numbers of safeguarding referrals in 2011/12, during 2012/13 there has been a rise in referrals alongside most other neighbouring authorities. This year has seen the development of a range of practice initiatives including supporting people who are at risk of neglecting themselves and action planning resulting from the Winterbourne care home abuse scandal to ensure Croydon's learning disabled residents are protected from such harm.

Key activities during 2012/2013

- **Adult safeguarding** - the Croydon adult safeguarding board has continued to strengthen its partnership representation to ensure consistent and shared standards and objectives around prevention and management of harm and the empowerment of people who are at risk.
- The council's social work and safeguarding teams responded to the increased volume of safeguarding referrals, taking the lead in conducting investigations and coordinating protection plans in conjunction with service users, their families and other agencies.
- During the year the council commissioned an external audit of the quality of safeguarding casework, with the auditor concluding that he was confident that Croydon residents were being safeguarded.
    - In addition, the council's Professional Standards unit carried out regular independent audits of the work of the safeguarding teams, with any learning points being taken forward to further improve practice. The quality of work was judged to be good in most of the audited cases.
- Development of the Croydon Care Forums, which are regularly attended by over 100 service providers offering:
    - opportunities to benefit from joint learning, partnership working and best practice.
    - presentations, including from the London Fire Brigade and London Ambulance Service
    - Forum dedicated to end of life care in September 2012
- Service user involvement with safeguarding work included consultations to identify priorities with service user forums such as, Hear Us, Croydon Older People Network and the Better Understanding Group.
- The Public Awareness and Information Dissemination (PAID) sub group produced a range of posters and leaflets aimed at getting clear messages across to the general public, and worked with the Croydon BME Forum on overcoming barriers to involvement with groups who are seldom heard
- Learning and development sub group continued to deliver training, workshops and briefings to help ensure staff are trained to recognise and report abuse

- **Dignity in Care -** the dignity in care campaign was launched in 2006, following a review of the implementation of the national service framework for older people, to raise awareness of the everyday experience of people receiving care services, of the right to be treated with dignity and respect at all times and instil zero tolerance of abuse. The campaign aims to improve the culture and quality of care services provided in hospitals, care homes and by home care services

- The councils Care Support Team (CST) raises awareness of, and standards in, Dignity in Care by working closely and collaboratively with other professionals in the council and other statutory, voluntary, and private agencies. The Dignity Agenda is promoted by all the teams in DASHH as an integral part of their approach of assessment, interventions, care planning and reviews.

- Dignity in Care activities and events in 2012/13 have included:
  - Age UK event in June 2012 focused on Dignity in Care as a key theme
  - Dignity Champions forum meeting sharing ideas and best practice in December 2012
  - Forum event to mark national Dignity in Care Day, with over 130 dignity champions attending representing over 90 agencies working in Croydon – February 2013
  - CST continued to deliver a programme of training to providers of care services .

- **Self-neglect, dignity and choice -** self neglect involves any failure by an adult to take care of him or herself, which causes or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm, or substantial loss of assets.

- Self neglect should not lead to judgemental approaches to another person's standards of cleanliness or tidiness. All people will have differing values and comfort levels, in those respects self neglect concerns a person whose ability to manage their surroundings, their personal care, their finances and basic daily living skills is so compromised that this is directly threatening their health and safety or the health and safety of others around them.

- In December 2012 a protocol was put in place 'Procedure and practice guidance for social services, partner agencies, voluntary and community groups – self neglect, dignity and choice'. It sets out guidance for managing cases where people who are self-neglecting may receive input from either the assessment and case management teams or may be referred in some cases to the social work and safeguarding teams.

What did respondents to our local survey tell us?

- 89% felt 'extremely, very or quite satisfied' with care and support services
- 92% said they felt 'as safe as they want' or 'adequately safe' both inside and outside of the house
- 60% said that care and support services help in feeling safe

Proportion of people who use services who feel safe: Croydon 58% (London 61% / England 65%)	**Overall satisfaction of people who use services with their care and support:** Croydon 54% (London 59% / England 64%)
Social care-related quality of life (*derived from responses to several Carers Survey questions)*: Croydon 18 *(confirming figures)* (London 18 / England 19)	**Proportion of people who use services who say that those services have made them feel safe and secure:** Croydon 60% (London 74% / England 78%)

Outcome 4 – support increased resilience and independent living

What this means:

- Helping people to re-establish their ability to manage their own lives, recognising their own strengths and resilience capabilities.
- Ensuring individuals, families and carers are well informed and engaged about support and independence options available.
- Support people to live independently the community, improve social inclusion and make the best use of their own and other resources to live as healthy and active citizens.

Our progress in 2012/13

- The Partnership for Older People (POP) bus has continued to travel around the borough offering information, support and advice from a range of specialist advisors for people over 50 including advice on advice on health, staying safe and secure, benefits and housing.
- In December 2012 an advocacy review was conducted, setting out current arrangements that had been put in place by the council and partner agencies and identifying any gaps in provision. The review made a number of recommendations including advice and guidance for when services are commissioned and that social workers and other staff should ensure that service users are supported and encouraged to access advocacy services and that they are open to all with an identified need.
- Easy access to equipment from local suppliers and Croydon Care Solutions (the councils local authority trading company) using 'prescriptions' from GPs. This service enables people at home to manage health conditions, mobility and other related problems by the speedy provision of simple aids, and potentially avoid hospital admission (since March 2012).
- Expanded the use of telehealth and telecare technology, enabling people to improve their health and wellbeing by taking a greater responsibility in monitoring their own health conditions. This work included the use of telehealth in community nursing services, piloting its use in residential care homes and developing a triage service within the community matron service.

Case study

Ms M is 80 years old and living at home when she began to experience episodes of confusion which led to incidents such as wandering outside of her home and calling the police when she felt frightened whilst at home on her own. These incidents led to a couple of stays in hospital and then a short term emergency residential placement. A mental capacity test was completed, Ms M was able to weigh up the risks, and made the decision that she wanted to return to living in her own home and felt that a telecare package (technology to help people live independently, such as the measures described below) would be helpful.

A number of measures were put in place to support Ms M with living at home including, a temperature sensor in the kitchen (to detect any possible high levels of heat such as a burnt pan), a wandering person alarm at the front door which provided reminders not to go out and can send an alarm to Careline and 'just checking' service which monitors movement and checks for any wandering incidents. Ms M also attends a lunch club once a week and has support from a local voluntary group. These measures were provided alongside two visits per day to support meal preparation, personal care and taking of medication, and meals on wheels. This care package has enabled Ms M to continue living safely and independently in her own home.

- In 2012/13 325 people were assisted with major aids and adaptions to their homes to support independent living and 99% of items of equipment and adaptations were delivered within 7 working days.

- The Heather Way short breaks care home was refurbished and re-opened in April 2013 offering new shower, bathing, personal care facilities and new furnishings and redecoration. This respite centre for adults with learning disabilities gives carers and families the chance to take short breaks from their normal caring routines, and ensures carers get some much needed time off knowing their loved ones are getting the care and support they need.

- Work commenced with a number of housing providers to refurbish and develop new supported housing, increasing the number of people supported to live in their own homes. This included the development of new supported housing within the councils own stock, refurbishment of an extra care sheltered scheme and a new supported housing scheme for people with physical disabilities and learning disabilities.

- The Learning Disabilities Partnership Board and Croydon People First Group (run by and for people with learning disabilities) explored ways to involve people with learning disabilities in decision making in Croydon and agreed to set up a planning group and hold 4 forum meetings a year with representations from different groups.

- The Croydon People First Group held workshops and produced a DVD and easy read booklet as part of the 'Lets Improve Your Health' project' aimed at increasing peoples understanding about health conditions they might be at risk of, and providing tips about healthy living. A 'Peer Support Group' was also launched for people who live independently to meet on a weekly basis and learn new skills.

What did respondents to our local survey tell us?

- 74% of those who had looked for information or advice in the past year said it was 'very' or 'fairly' easy to find
- 62% said they are able to spend their time as they want (or enough of their time) doing things they value or enjoy
- 74% said they had 'as much as I want' or 'adequate' social contact with the people they like

Proportion of people who use services and carers who find it easy to find information about services:
Croydon 67% (London 68% / England 71%)

Proportion of adults with learning disabilities who live in their own home or with their family:
Croydon 64%
(London 68% / England 74%)

Proportion of adults in contact with secondary mental health services who live independently, with or without support:
Croydon 78%
(London 80% / England 59%)

Proportion of adults with learning disabilities in paid employment:
Croydon 5%
(London 9.1% / England 7%)

Proportion of adults in contact with secondary mental health services in paid employment:
Croydon 7%
(London 6% / England 8%)

Priorities and challenges for the future

The financial challenge for local government remains extremely challenging and pressures on both the council and residents will continue for some years to come. Managing increasing demand for adult social care services will continue to be a key challenge in the future as the need for adult social care services is expected to increase significantly across all service user groups.

The on-going development of prevention, early intervention, crisis resolution, recovery and reablement initiatives which can prevent or defer care needs arising, or becoming permanent will be a crucial part of meeting the needs of local people in the future.

Public Health services transferred to the council in 2013 bringing a range of new statutory functions including sexual health services, NHS Health Checks, healthy weight services and a responsibility for protecting the health of the local population.

The council will work in partnership with key strategic partners, particularly the third sector and the new Clinical Commissioning Group for Croydon, to develop the local market of providers of services to support personalisation. This will include work with 'universal' services (services for everyone) to ensure that all public services are accessible and integrated around the needs of the individual.

The Council and Croydon Clinical Commissioning Group (CCG) are committed to establishing a fully integrated approach to the commissioning of health and social care services during 2013 by establishing an integrated, co-located commissioning unit to achieve improvements and to deliver savings across health and social care. Our commissioning approach is to ensure the council makes best use of its resources.

Key actions and activities for 2013/14

- We will continue work with the CCG and Croydon Health Services (CHS) to develop multi-disciplinary health and social care teams to support older people, and people with long term conditions, more effectively in their own homes thus reducing unnecessary hospital admissions.

- The council will commission a new Information, Advice, Casework, Advocacy and Support service which will form the Information and Advice Network, providing a single co-ordinated and collaborative approach to service delivery. The service will establish a single access route to seamless information, advice, casework, advocacy and support services and work closely will work closely with other care and support services and statutory services.

- Public Health Croydon will focus on promoting and protecting health and wellbeing, preventing ill health, reducing inequalities, and increasing healthy life expectancy. The team will do this by working in strategic partnerships, both within and beyond the council, that address the background causes or determinants of ill health, and support local people to make healthier choices in their daily lives.

- The 'Heart Town' campaign will be launched which is a five year programme to support people to take responsibility for their health and wellbeing and to improve people's measurable outcomes for cardiovascular health with a summer activities programme for

families including ‘Healthy Living Hub on Tour’ and ‘Summer’s Alive’ events, awareness raising through media coverage and signage and ‘Know Your Numbers Week’ blood pressure awareness in Autumn 2013.

- Framework agreements (contracts for approved providers) will be developed for commissioning care, support and health related services to provide a more integrated approach, better quality services and the development of an outcome based approach.

- A new supported housing scheme will be developed with 24 hour staffing for people recovering from mental ill health which will provide an alternative to residential care to support people in returning to an ordinary life following a crisis.

- Development of a mental health strategy with the mental health partnership group acting as the strategy steering group to oversee delivery.

- A ‘Falls & Bones’ service will be introduced to work with community resource centres and provide a range of inputs for people who have experienced falls but would not yet be eligible for the hospital based falls services. The service will aim to work with people at risk to prevent further falls which could lead to an unplanned hospital admission and potentially high cost post discharge package of care.

Getting involved

There are many ways you can get involved, have your say or work with us to develop and improve adult social care services.

'Making it Real' – assessing progress for personalisation and community based support in adult social care and support services

The 'Making it Real' assessment framework has already been used by the council to carry out a series of consultation engagements with adult social care service users and carers. More details about the outcomes so far can be found on page 8of this report. The council will build on this work, continuing to work with service users and carers to identify priorities and develop and deliver actions aimed at improving services.

Contact: Strategy & Planning Manager (adult services, health & housing)
Tel: 020 8726 6000 Ext: 61623

The Mobility Forum

Croydon Mobility Forum reviews and makes recommendations to improve access and facilities in Croydon for older people and those with disabilities. Elected forum members, representing voluntary sector workers, service users and carers with disabilities, meet with councillors, senior council staff, taxi organisations, Transport for London and bus and rail companies to discuss how best to improve services in Croydon.

Contact: Croydon Access Officer
Tel: 020 8760 5776
Website: **http://www.croydon.gov.uk/healthsocial/userinvolvement**

The Inclusive Forum

The Inclusive Forum provides adult social care service users and their carers with the opportunity to meet with service managers and to comment on a full range of issues that affect adult social service users in the borough with events held every year.

Contact: The Resident Involvement Team /
Tel: 020 8726 6000 Ext: 62321
Website: **http://www.croydon.gov.uk/healthsocial/userinvolvement**

Croydon Adult Social Services Panel (CASSUP)

CASSUP is a group of service users, carers of service users and Croydon residents who have a strong commitment to improving services and championing the interests of service users. The panel works in partnership with officers and service providers to raise key concerns regarding adult social care in Croydon and identify ways to improve services.

Contact: The Resident Involvement Team
Tel: 020 8726 6000 Ext: 62321
Website: **http://www.croydon.gov.uk/healthsocial/userinvolvement**

Healthwatch Croydon

Healthwatch Croydon is a new consumer champion for health and social care services. It represents people who use health and social care services and its functions include providing information, advice and support about services and influencing the set-up, commissioning, design and delivery of services.

Contact: Healthwatch Croydon
Tel: 020 8253 7090 / Email: haveyoursay@healthwatchcroydon.co.uk
Website: http://www.healthwatchcroydon.co.uk

If you have any comments on Croydon's Local Account please email your message to: localaccount@croydon.gov.uk