HEALTH & WELL-BEING BOARD (CROYDON)

To: **Elected members of the council:**
Councillors Alisa FLEMMING, Yvette HOPLEY, Maggie MANSELL (Chair), Margaret MEAD (Vice-Chair), Louisa WOODLEY

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
Vanessa HOSFORD (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:
Kim BENNETT (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)
Karen STOTT (Croydon Voluntary Sector Alliance)

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Marie T BROWN (Croydon College)
TBA (Metropolitan Police)
Adam KERR (National Probation Service (London))
David LINDRIDGE (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Lissa MOORE (London Probation Trust (Croydon))

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Wednesday 22nd October 2014** at **2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

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

MARGOT ROHAN
Senior Members Services Manager
(Democratic Outreach)
(020) 8726 6000 Extn.62564
margot.rohan@croydon.gov.uk
www.croydon.gov.uk/agenda
13 October 2014

Members of the public have the opportunity to ask questions relating to items on this agenda 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. Minutes of the meeting held on Wednesday 11th September 2014
(Page 1)

To approve the minutes as a true and correct record.

2. Apologies for absence

3. 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.

4. Urgent Business (if any)

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

5. Exempt Items

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

6. Focus on outcomes: primary care : general practice (Page 9)

The report of the Medical Director South London Area team, NHS England and the Chief Officer of Croydon Clinical Commissioning Group is attached.

7. JSNA key dataset 2014/15 (Page 11)

The report of the Director of Public Health, Croydon Council, is attached.

8. Outcomes based commissioning for over 65s (Page 33)

The report of the Chief Officer, Croydon Clinical Commissioning Group and the Deputy CEO and Executive Director of Adult Services, Health and Housing, Croydon Council, is attached.

9. Partnership groups report (Page 35)

- Adults with learning disabilities (from April 2013) - the report of the Executive Director of Adult Services, Health & Housing, Croydon Council, is attached.
- Summary report from all partnerships - the report of the executive director of adult services, health and housing & deputy chief executive, Croydon Council, and the executive director of children, families and learning, Croydon Council, and the chief officer, NHS Croydon Clinical Commissioning Group is attached.

10. Public Questions

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

Questions should be of general interest, not personal issues.

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

11. Report of the Chair of the Executive Group (Page 45)

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

12. FOR INFORMATION:
Adult social care commissioning plan 2014/15 (Page 115)

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

13. 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

HEALTH & WELL-BEING BOARD (CROYDON)
Minutes of the meeting held on Thursday 11th September 2014 at 2pm in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present:

Elected members of the council:
Councillors Alisa FLEMMING, Yvette HOPLEY, Maggie MANSELL (Chair), Margaret MEAD (Vice-Chair), Louisa WOODLEY

Officers of the council:
Paul GREENHALGH (Executive Director of Children, Families and 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)
Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch Croydon
Vanessa HOSFORD

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

Representing voluntary sector service providers:
Sarah BURNS, Croydon Voluntary Action
Kim BENNETT, Croydon Voluntary Sector Alliance
Karen STOTT, Off the Record
Mark JUSTICE, Croydon Neighbourhood Care Association

Representing patients, the public and users of health and care services:
Richard Pacitti, MIND in Croydon

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Andrew MCCOIG (Croydon Local Pharmaceutical Committee)
Lisa MOORE, London Probation Trust (Croydon)

Also present:
Solomon Agutu (head of democratic services & scrutiny), Fiona Assaly (Project co-ordinator, Public Health, Croydon Council), Catherine Doran (Chair of Children's Safeguarding Board), Andrew Maskell (Strategic Projects Manager, Personal Support), Steve Morton (head of health & wellbeing, Croydon Council).

Committee Manager: Ilona Kytomaa (member services manager)

A43/14 MINUTES OF THE MEETING HELD ON WEDNESDAY 16th JULY 2014

The Board **RESOLVED** that the minutes of the meeting of the Health & Wellbeing Board (Croydon) on 16 July 2014 be agreed as an accurate record.

A44/14 APOLOGIES FOR ABSENCE

Apologies were received from Stuart Routledge (Croydon Charity Services Delivery Group), Dr Jane Fryer (Medical Director for South London, NHS England) and Adam Kerr (National Probation Service - London).

A45/14 DISCLOSURE OF INTEREST

There were no disclosures of interest at this meeting.

A46/14 URGENT BUSINESS (IF ANY)

Better Care Fund

The reason for urgency:
This report had not been published in advance and it was explained that the reason for urgency was due to the short deadlines for submission given by the Department of Health.

Following a national review of Better Care Fund Plans, ministers decided that further assurance of all plans with respect to the reducing demand on acute services was required. To this effect, new templates for the Better Care Fund were issued on 25 July 2014 with a submission date of 19 September.

Andrew Maskell (Strategic Projects Manager, Personal Support), gave a presentation on the Better Care Fund, a national initiative which aims to drive forward the integration of services, recognising the importance of social care, in order to reduce the demand for overstretched hospital services .He highlighted the very tight deadlines and the complex process involved. He added that Croydon's existing plan had not been changed, but that officers had been tasked with submitting the plan with a far more detailed template.

It was observed that challenges to be faced included the lack of information sharing and integrated IT systems and in particular the hurdles in the way of sharing information between primary and secondary care services.

The Board **RESOLVED** to:

1.To accept the report as an urgent item

2. Note the progress made in completing the revised templates for the Croydon Council and Croydon CCG Better Care Fund Plan 2014-16 (draft) in readiness for submission to NHS England by 19 September

3. Agree that for the reasons detailed in para.7, the Executive Director of Adult Services Health and Housing and the CCG Chief Operating Officer, in consultation with the Chair of the Health and Wellbeing Board, be delegated authority to approve the final Croydon Better Care Fund Plan 2014-16 for submission to NHS England by 19 September 2014.

A47/14 EXEMPT ITEMS

There were no exempt items.

A48/14 ADULTS SAFEGUARDING BOARD ANNUAL REPORT

The Annual Report was introduced by Hannah Miller, Executive Director of Adult Services, Health & Housing, who conveyed the apologies of the Chair of the Adult Safeguarding Board, Jane Lawson. The Board were advised that this annual report had been signed off by the Adult Safeguarding Board, and was to be shared with Cabinet and Scrutiny.

The number of safeguarding investigations was highlighted. In total, there were 1406 safeguarding concerns raised in 2013/14, of which 882 progressed to a full safeguarding investigation (up from 858 investigations in 2012/2013).

The Board discussed the remaining inequalities in terms of reports of safeguarding concerns. It was suggested that some BME groups may still be unaware of how best to report such concerns or may be embarrassed to divulge such sensitive information to outsiders. The Board was advised that work had been conducted with the BME forum to ascertain the views of Croydon residents from ethnic minorities and use these to draw up an action plan to encourage more reporting of safeguarding risks within these communities.

The need to take the expectations, hopes and wishes of vulnerable adults was emphasised. The Board heard of the work around ‘Making Safeguarding Personal’, including arranging safeguarding meetings at the adult’s home when this is the preferred choice and seeking feedback at the end of the safeguarding process to check that a positive change has been brought to the circumstances of the adult at risk.

It was observed that the detailed case studies in the annual report were very useful In particular; the lessons learnt from these would be used to improve systems to protect vulnerable individuals from risk. Officers also pointed to a recent “challenge” event, from which a number of lessons had been learnt, to be published and used in future training.

The Board **RESOLVED** to note the report.

A49/14 CHILDREN’S SAFEGUARDING BOARD ANNUAL REPORT

The Annual Report was introduced by the Executive Director for Children, Families and Learning, Paul Greenhalgh. He reported that it had been externally evaluated, with very positive feedback.

The Board noted the significant challenge presented by the growth in the numbers of children at risk and unaccompanied asylum seeking children.

The Board discussed children at risk of sexual exploitation in the borough, in the light of the recent Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013). The Executive Director for Children, Families and Learning informed the Board that a report had been commissioned for the 14 October meeting of the Children and Young People Scrutiny Sub-Committee and would also be discussed at full Council on Monday 6 October. The Board were also reminded that the Local Safeguarding Children Board had a Child sexual exploitation and missing children sub group, and that training was due to take place to equip all relevant stakeholders to tackle relevant risks and offences robustly.

Concerns were reported to the Board regarding GP access to children and the difficulties of raising concerns under the current system. Officers stated that this had been raised before and that it was important for this issue to be resolved.

The new Chair of the Board, Catherine Doran, highlighted the considerable challenge presented by the rising number of children at risk, compounded by staff retention issues in the borough. She added that a review of the **MASH** was about to be commissioned to examine its effectiveness.

The Board discussed training needs to ensure effective safeguarding in the borough. It was advised that 1000 staff had recently received training through workshops, and that a learning and development trainer had been appointed to meet training needs in children’s services. Members enquired whether they could also receive training on the safeguarding of children and young people, which was warmly welcomed by officers. The Board were advised that council members’ training on safeguarding issues was under discussion with Democratic Services officers with a view to arranging appropriate learning and development events.

The Board discussed unaccompanied asylum seeking children and young people. They were advised that there were approximately 450 children under the care of Croydon and that this was a growing trend.

Officers explained that the Safeguarding Board was working hard with the Home Office on suspected and confirmed cases of missing children, accurate age assessments being a particular issue. It was noted that the Home Office had good links with their counterparts in Albania, where many of Croydon's unaccompanied minors come from.

Members of the Board complained that people were not fully briefed on how to report an illegal asylum seeker, one problem being confusion over whether to contact adult or children's services. This comment was welcomed and the Board was advised that efforts were being made to ensure that the Adult and Children's Safeguarding Boards worked together to iron out any unnecessary overlaps and duplication of services, and that efforts were being made to work with families rather than individuals to provide more holistic solutions. Executive Directors undertook to provide relevant contact details and advice on how to make such reports.

The Board **RESOLVED** to note the report.

A50/14 PUBLIC QUESTIONS

There were no public questions.

A51/14 REPORT OF THE CHAIR OF THE EXECUTIVE GROUP

Steve Morton, Head of Health and Wellbeing, highlighted changes to the Board work plan. In addition, he reported that risk ref. LSPHC0008 had been downgraded after a number of controls had been put into place, and drew attention to the fact that 61% of control measures had been implemented, not 1% as shown on page 32 of the agenda.

The Board heard that the Executive Group had met on 10 September and put forward the recommendation that its membership should include the Chair and Vice-Chair of the Health and Wellbeing Board, and that these arrangements should be reviewed after 6 months.

The Board **RESOLVED** to:
- agree the above recommendation.
- note risks identified at appendix 2
- note changes to the board work plan set out in paragraphs 3.7 and 3.8

A52/14 "SOMEWHERE TO GO, SOMETHING TO DO"

Richard Pacitti (MIND in Croydon) introduced the findings of a survey of the views of 118 people who had been using mental health day services in Croydon since 2009. He drew the Board's attention to the following key findings:
- A third of people said that their mental health and quality of life had got worse since 2009
- Nearly 40% said their physical health and quality of life were worse
- Nearly 60% of respondents said that they had been admitted to hospital (both physical and psychiatric) more frequently.

It was noted that in some cases, a mental health service user would visit their GP as a result of the stress brought on by financial worries, and then be referred to the South London and Maudsley NHS Foundation Trust to address the stress, rather than to an agency which could provide advice on money matters and resolve the causes of their stress.

The Board heard that the findings of the survey had been shared with the CCG, with whom variations to service contracts were negotiated in an 18 month pilot scheme, including the following:
- weekend opening
- a simplified referral process for services

Baseline data for service users was kept and progress was measured during the 18 month pilot. At the end of it, only one person had had a brief hospital admission.

The findings of the survey and 18 month pilot lead to the production of 4 recommendations to commissioners, focusing on good partnership work to ascertain service users' needs and using them to fine-tune services. It was highlighted that the type of service sought by mental health service users was not of an acute nature, but rather, support with run-of -the-mill aspects of life, such as advice on money matters and welfare benefit applications, which were common causes of stress, and providing opportunities for social contacts, as social isolation was known to be a major cause of poor physical and mental health.

It was suggested that the findings of the survey and pilot could be gathered into an action plan to provide support to mental health service users, and that they could be drawn on by many of the members of the board when agreeing their commissioning intentions. It was also felt that the erstwhile benefits forum should be restarted and that specialist mental health training should be provided to advisers as it was known that about 65% of people using mental health services did not get the welfare benefits they were entitled to, in some cases because they were unable to initiate or manage their welfare benefit applications.

The Board **RESOLVED** to note the report.

A53/14 ANY OTHER BUSINESS

The Board noted with regret that three agenda items earmarked for the 11 September Board meeting had not been ready in time for the meeting. They looked forward to seeing these items on a forthcoming agenda.

A54/14 DATES OF FUTURE MEETINGS IN 2014

The next meeting of the Health and Wellbeing Board will be on **Wednesday 22 October at 2pm** in the Council Chamber, Croydon Town Hall.

The meeting finished at 4:30pm.

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **22 October 2014**
AGENDA ITEM:	**6**
SUBJECT:	**Primary Care in Croydon**
BOARD SPONSOR:	**Dr Jane Fryer, Medical Director South London Area team, NHS England** **Paula Swann Croydon CCG Chief officer**
CORPORATE PRIORITY/POLICY CONTEXT: *NHS England and Croydon CCG have a shared responsibility for improving the quality of Primary Care. NHS England commissions the majority of care provided by general practice but NHS Croydon also commissions some services from primary care. We have a shared responsibility for improvement*	
FINANCIAL IMPACT: *Not addressed in detail in this paper*	

1. RECOMMENDATIONS

1.1 The Board is asked to note and discuss the topics in the presentations listed in section 2.

2. EXECUTIVE SUMMARY

This presentation is in three parts

2.1 **The High level Strategic vision for primary care in London**
2.2 **The process for co-commissioning primary care with CCGs**
2.3 **Performance data for Croydon GPs.**
2.4 **Croydon CCG improvement program**

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **22 October 2014**
AGENDA ITEM:	**7**
SUBJECT:	**JSNA key dataset 2014/15**
BOARD SPONSOR:	**Dr Mike Robinson, Director of Public Health, Croydon Council**

CORPORATE PRIORITY/POLICY CONTEXT:

Joint Strategic Needs Assessment (JSNA) is a statutory requirement of local authorities and CCGs. The findings of the Key Dataset (one part of the 2014/15 Croydon JSNA) will be of interest to a range of stakeholders and should inform strategic decision making and priority setting. In particularly, the report will inform the refresh of the Joint Health and Wellbeing Strategy.

FINANCIAL IMPACT:

No immediate financial implications.

1. RECOMMENDATIONS

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

1.1 **Provide approval for the 2014/15 JSNA Key Dataset, allowing this to be disseminated to stakeholders in a timely fashion.**

1.2 **Note the findings highlighted by this report, and consider the report alongside the broader information included in the Key Dataset, in the refresh of the Joint Health and Wellbeing Strategy.**

1.3 **Use the findings from the Key Dataset in their ongoing work to oversee health and wellbeing in Croydon.**

2. EXECUTIVE SUMMARY

2.1 The summary of the JSNA Key Dataset highlights areas where Croydon's performance relative to the rest of England is better/improving over time or worse/deteriorating over time. This report shows main messages from the dataset grouped by improvement areas from the Joint Health and Wellbeing Strategy.

2.2 The areas where Croydon is described as performing well include: educational attainment at ages 16-19, looked after children living in the same placement for at least 2 years, breastfeeding, road casualties, HIV testing, excess mortality in serious mental illness, and permanent admissions to care homes.

2.3 The areas where Croydon's performance is described as a challenge include: childhood immunisations, youth offending, excess weight in 10-11 year olds, HIV and sexually transmitted infections, flu vaccination, drug and alcohol treatment, gap in life expectancy between deprived and affluent areas for women, NHS health checks, homelessness, carers' satisfaction with services, people entering talking therapies, and diagnosis rate for dementia.

2.4 The areas described as emerging issues (i.e. where area could become a future challenge if current trends continue) include: educational attainment at key stage 2, life expectancy for men, cancer incidence and deaths, emergency readmissions within 30 days of discharge, emergency admissions for chronic ambulatory care sensitive conditions, and adult re-offending.

2.5 Other areas where Croydon's population has high need or emerging need relative to other areas include: children eligible for free school meals, unaccompanied asylum seeking children, autistic spectrum disorder, severe mental illness prevalence, and diabetes prevalence.

3. DETAIL

3.1 Background

The JSNA Key Dataset brings together comparative data to show Croydon's relative position in relation to more than 200 indicators relating to health and wellbeing. It should be used both to investigate Croydon's performance in specific areas (such as crime, social care, health services) and to inform strategic prioritisation and commissioning decisions across the breadth of health and wellbeing.

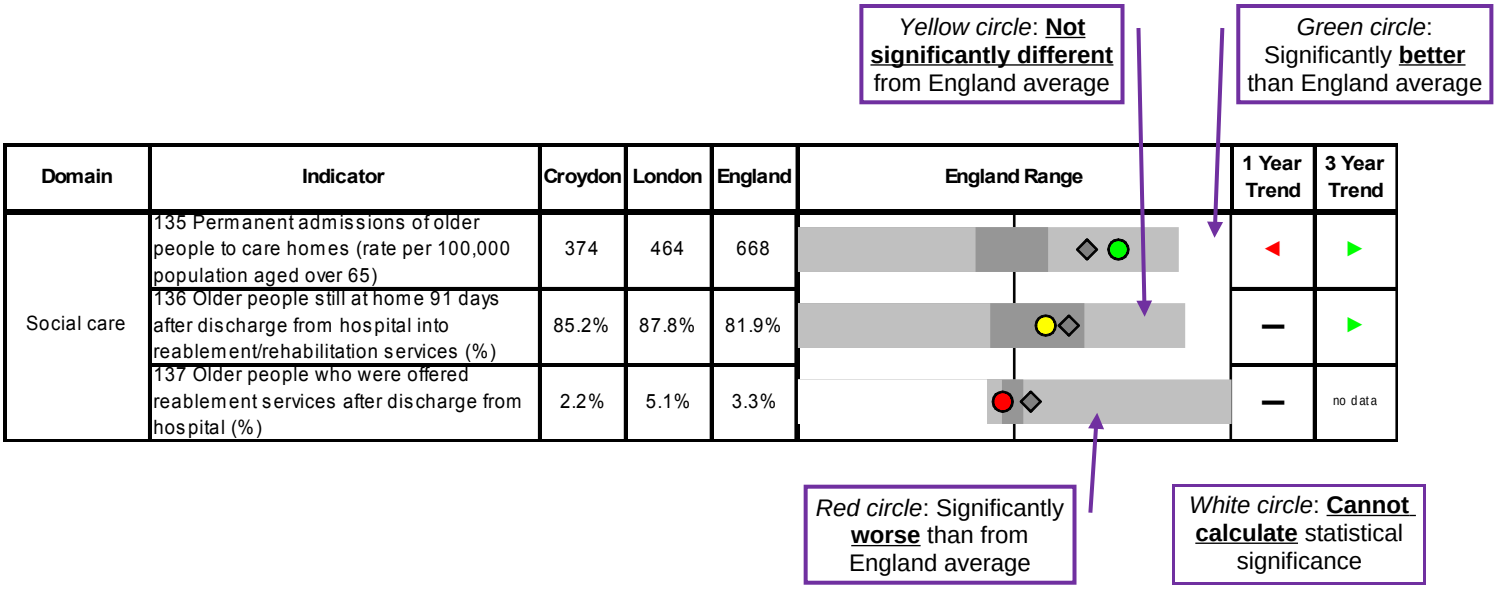
The set of indicators has been developed over the lifetime of the JSNA. The data is from publically available sources on the Internet (with the exception of 5 indicators that are accessible via websites with restricted access). The indicators included in the 2014/15 dataset were refreshed through consultation with stakeholders and the changes are detailed in Appendix 3 of the report.

The information is intended to give an overview of comparative data for Croydon to inform strategic prioritisation and commissioning decisions. Areas highlighted in the report should be investigated further in the context of other local intelligence.

3.2 How to interpret the key dataset

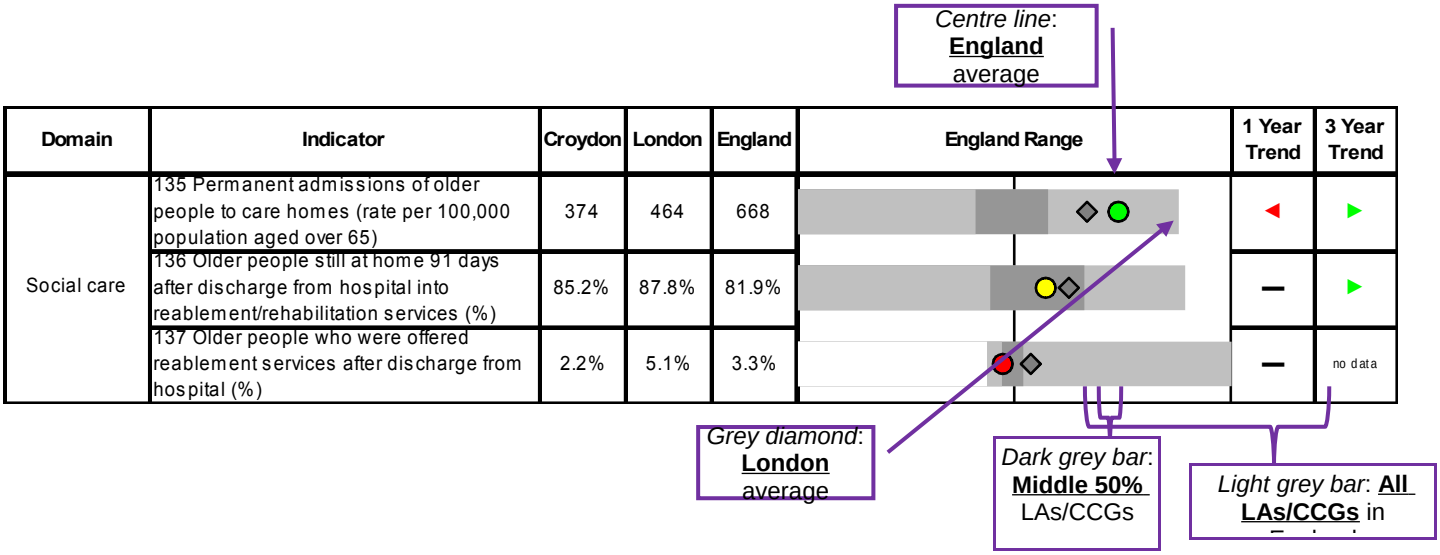
The data shows Croydon's current performance and trend data over 1 and 3 years, relative to other local authorities/CCGs.

Croydon's **current performance** is shown by a **circle**:



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Social care	135 Permanent admissions of older people to care homes (rate per 100,000 population aged over 65)	374	464	668		◄	►
	136 Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	85.2%	87.8%	81.9%		–	►
	137 Older people who were offered reablement services after discharge from hospital (%)	2.2%	5.1%	3.3%		–	no data

The **grey bars** show the **range of values** for local authorities/CCGs in England; the centre line is the England average and the grey diamond shows the London average:



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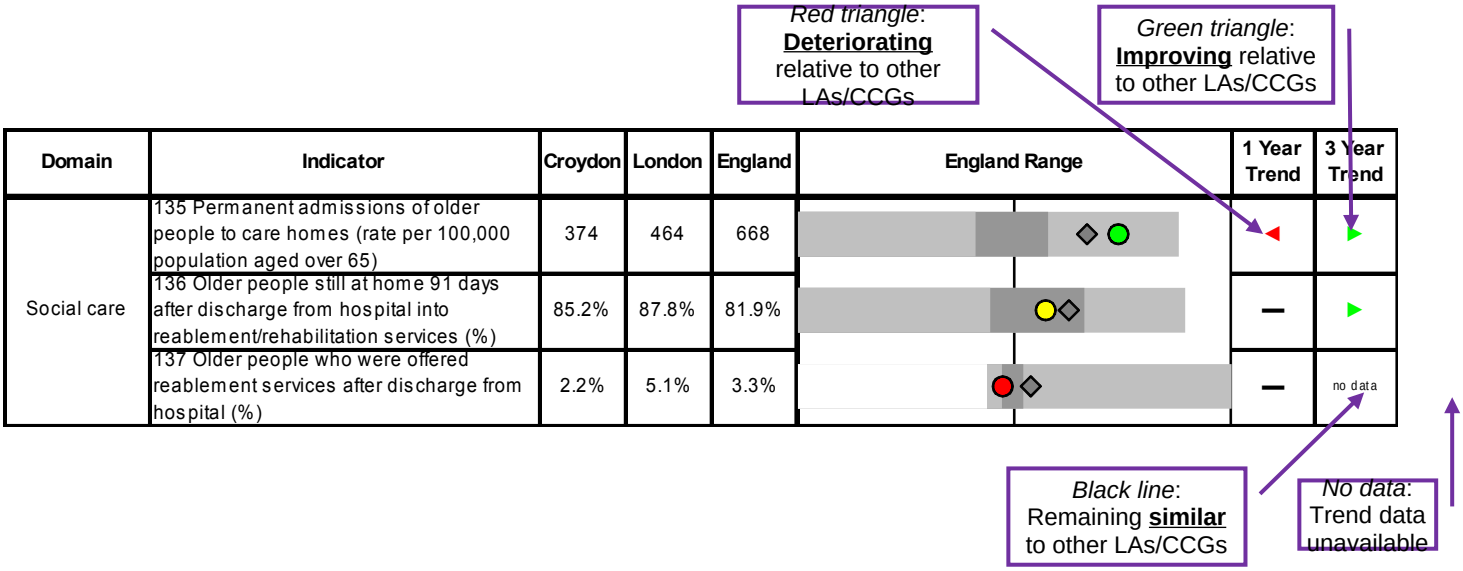
The **columns on the right** show the **1 year and 3 year trend**, based primarily on Croydon's ranking relative to other local authorities/CCGs.



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	137 Older people who were offered reablement services after discharge from hospital (%)	2.2%	5.1%	3.3%		–	no data

As with all comparative data of this kind, there is an inevitable **time lag**. The JSNA Key Dataset has kept this to a minimum by using most recent data from each source that was available at the cut off point for this report (5th August 2014).

It is important to grasp that the trend data compares **relative performance or need**. There may be areas where Croydon has improved on its own performance in previous years, however, if others in the country are improving at a faster rate than Croydon is improving locally, Croydon's ranking will have fallen and will show deterioration in performance.

It is also important to remember than the indicators in this Dataset are a selection, and only part of the story. Although the indicators in the Dataset are constantly updated in consultation with service leads, there are many areas where data is simply not available (such as the number of problem drinkers), or of low quality (such as data on diet), or where data is available but where indicators have not been prioritized by stakeholders for inclusion in the Dataset. For this reason, the Dataset should be used in conjunction with other local intelligence to inform commissioning decisions.

3.3 How the information was summarised

There are many potential approaches to summarising the wealth of information contained in the dataset. In previous years, the approach used focused mainly on trends over time, while also considering current performance.

This year's approach was developed to consider equally current performance and trends over time, in order to identify levels of need or performance that fall into the following 5 categories:

- **Areas where Croydon is performing well**: areas where Croydon' s performance is relatively good;
- **Challenges**: areas where Croydon's performance needs to improve;
- **Emerging issues**: areas that will become challenges if current trends continue;
- **High need**: areas where Croydon has high need relative to the rest of England and need is increasing or staying the same;
- **Emerging needs**: areas that will become high need if current trends continue.

More detail about the method used and the full list of indicators highlighted in the summary is on pages 6 to 14 of the JSNA Key Dataset report.

The last two categories describe indicators that are considered strictly measures of need rather than performance. Many of the indicators in the dataset measure both need and performance to some extent.

To aid in interpretation of the information, the main messages from the summary have been grouped under the improvement areas in the Joint Health and Wellbeing Strategy.

3.4 Main areas where Croydon is performing well

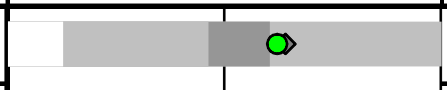
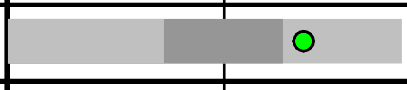
These are areas where Croydon's performance is better than other local authorities/CCGs and the trend is improving[1].

Areas where Croydon is performing well *(Areas where Croydon's performance is relatively good)*	
1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Educational attainment at age 16-19 (including gap for children eligible for free school meals) • Looked after children living in the same placement for at least 2 years • Breastfeeding	• Road casualties • Uptake of HIV testing
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Excess mortality in adults with serious mental illness	• Permanent admissions to care homes
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**

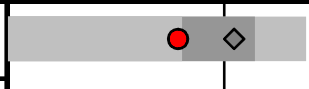
Each area in the table is considered alongside relevant sections from the JSNA Key Dataset below.

[1] For some indicators where Croydon is currently in the best performing 25% LAs/CCGs, the trend may show no improvement or deterioration. The method is described in full on page 7 on the JSNA Key Dataset report.

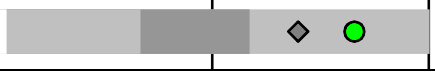
- Croydon performs well for indicators relating to **educational attainment at ages 16-19**. The data is for 2012/13. The position of the green circle shows that Croydon is in the top ranking 25% of local authorities for most of the indicators and performance has mostly improved over the last 1-3 years. (Educational attainment at key stage 2 is considered later in this report, under 'emerging issues'.)

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
School attainment	67 Attainment at key stage 4 (% achieving 5+ GCSEs at grades A*-C including English and Maths)	64.4%	65.1%	59.2%		–	▶
	68 Gap in attainment at key stage 4 (between pupils receiving free school meals and the rest)	18.4%	18.6%	26.7%		▶	–
School absence	69 Pupil absence (% of half days missed)	4.8%	4.8%	5.2%		▶	▶
Education and training	114 16-18 year olds not in education, employment or training (% of 16-18 year olds)	3.0%	3.8%	5.3%		▶	▶
	115 19 year olds attaining 2 A-levels or equivalent (% of 19 year olds)	62%	63%	56%		▶	◀

- In Croydon in 2013, 82% of **looked after children had been living in the same placement** for at least 2 years, compared with the England average of 67%. The position of the circle shows that Croydon is in the top ranking 25% of local authorities. (The indicator on unaccompanied asylum seeking children is considered later in this report, under 'areas of need'.)

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Looked after children	72 Looked after children (per 10,000 child population)	82	55	60		▶	▶
	73 Unaccompanied asylum seeking children (per 10,000 child population)	34.0	4.6	1.6		–	–
	74 Looked after children living in the same placement for at least 2 years (% of looked after children)	82%	69%	67%		–	▶
	75 Emotional well-being of looked after children (score)	12.6	13.5	14.0		◀	◀

- Croydon is in the top ranking 25% of local authorities for **breastfeeding** and **smoking during pregnancy** and the trend columns show performance has mostly improved over the last 3 years. For breastfeeding prevalence at 6-8 weeks, Croydon's performance is better than the London average (indicated by the position of the green circle to the right of the grey diamond), whereas for smoking during pregnancy, Croydon's performance is worse than the London average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Maternal and child health	89 Smoking during pregnancy (% of mothers)	7.3%	5.1%	12.0%		▶	▶
	90 Breastfeeding initiation within 48 hours (% of mothers)	87.2%	85.5%	73.9%		–	–
	91 Breastfeeding prevalence at 6-8 weeks from birth (% of infants)	70.1%	60.6%	45.8%		▶	▶

- Croydon is in the top ranking 25% of local authorities for **road casualties** and performance has improved over the last 3 years.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Road accidents	27 Killed or seriously injured casualties on roads (rate per 100,000 population)	27.7	35.4	40.5		–	▶

- Croydon is in the top ranking 25% of local authorities for **uptake of HIV testing** and **excess mortality in adults with serious mental illness**. These indicators are considered later in this report, alongside other indicators from the HIV and sexually transmitted infections section and the mental health section, under 'challenges'.

- Croydon is in the top ranking 25% of local authorities for **permanent admissions to care homes**, for both adults aged under 65 and over 65. The position of the circle to the right of the grey diamond shows that Croydon is also performing better than the London average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Social care	129 Permanent admissions of adults aged 18 to 64 to care homes (rate per 100,000 population aged 18-64)	7.3	10	14.4		–	–
Social care	135 Permanent admissions of older people to care homes (rate per 100,000 population aged over 65)	374	464	668		◀	▶

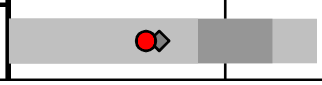
3.5 Main challenges

These are areas where Croydon's performance is worse than other local authorities/CCGs and the trend is deteriorating[2].

Challenges *(Areas where Croydon's performance needs to improve)*	
1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Childhood immunisations • Youth offending • Excess weight in 10-11 year olds	• HIV, sexually transmitted infections and reproductive health • Flu vaccination • Drug and alcohol treatment
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Gap in life expectancy between deprived and affluent areas for women • NHS health checks	• Homelessness • Carers' satisfaction with services
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• People entering talking therapies • Diagnosis rate for dementia	

[2] For some indicators where Croydon is currently in the worst performing 25% LAs/CCGs, the trend may show no improvement or deterioration. The method is described in full on page 7 on the JSNA Key Dataset report.

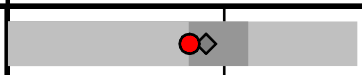
- Croydon's performance is consistently within the worst 25% of local authorities for **childhood immunisations**. The position of the circle shows that Croydon is close to the London average for most of the indicators, but performs particularly worse than the London average for uptake of immunisations at age 5.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Immunisation	54 DTaP / IPV / Hib vaccination coverage (1 year old)	91.1%	91.1%	94.7%		–	◄
	55 Hib / MenC booster vaccination coverage (2 years old)	86.6%	87.3%	92.7%		►	◄
	56 PCV booster vaccination coverage (2 years old)	86.4%	86.6%	92.5%		►	►
	57 MMR vaccination coverage for one dose (2 years old)	86.5%	87.1%	92.3%		►	◄
	58 DTaP / IPV booster vaccination coverage (5 years old)	75.6%	79.9%	88.9%		◄	◄
	59 MMR vaccination coverage for two doses (5 years old)	74.2%	80.8%	87.7%		►	◄
	60 HPV vaccination coverage (girls aged 12-13 years old)	77.4%	78.9%	86.1%		◄	–

- Croydon has a higher rate of **youth offending and re-offending** than the England and London averages, and the trend has deteriorated relative to other local authorities over the last 1-3 years.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Youth offending	70 First-time entrants to the youth justice system (rate per 100,000 10-17 year olds)	555	458	441		◄	◄
	71 Youth re-offending (% re-offending within 12 months)	46.6%	39.5%	35.4%		–	◄

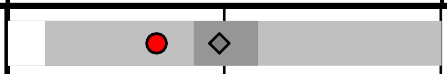
- Croydon has a higher rate of **excess weight in children** than the London and England averages, which is shown by the position of the red circle to the left of the grey diamond. However, whereas the indicator for 4-5 year old children has shown improvement since last year, the indicator for 10-11 year olds has deteriorated relative to other local authorities, in comparison to 3 years ago.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Healthy weight	76 Excess weight in 4-5 year olds (% of Reception Year pupils)	23.8%	23.0%	22.2%		▶	—
	77 Excess weight in 10-11 year olds (% of Year 6 pupils)	38.2%	37.4%	33.3%		—	◀
Physical activity	77A Children travelling to school by public transport, cycling or walking (% of survey respondents)	66.1%	76.4%	69.3%		◀	no data

- Croydon has a high prevalence of **HIV, chlamydia and sexually transmitted infections**, which is reflected by its performance for many of the indicators shown below. However, it should be realised that although it is appropriate for a high rate of chlamydia diagnoses in young people aged 15-24 to be highlighted as a challenge because of the high prevalence in Croydon, Public Health England also use this indicator as a performance measure for the National Chlamydia Screening Programme. In terms of chlamydia screening, Croydon's performance on this indicator would be seen as good, because it reflects success at diagnosing chlamydia in young people.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Reproductive health	99 GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	40.0	23.2	49.0		no data	no data
	100 Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	334	218	228		◀	◀
	101 Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	134	119	95		◀	◀
HIV	102 HIV prevalence (rate per 1,000 people aged 15-59)	5.1	5.5	2.1		—	—
	103 Uptake of HIV testing in GUM clinics (% of tests offered)	90.8%	86.1%	81.1%		▶	▶
	104 Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	58.3%	44.9%	48.3%		◀	no data
Chlamydia	105 Chlamydia screening coverage (% of people aged 15-24 screened)	27.0%	27.7%	24.9%		—	no data
	106 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2704	2179	2016		◀	no data
	107 Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	247.9	347.5	168.2		—	no data

- Croydon's performance is in the worst 25% of local authorities and lower than the London average for **seasonal flu vaccination**, both uptake in at-risk groups aged under 65 and in older people aged over 65.

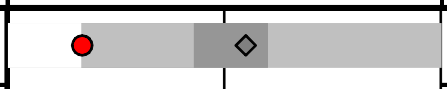
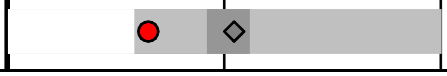
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Vaccination	128 Flu vaccination coverage (at-risk individuals aged 6 months to 64 years)	47.3%	52.0%	52.3%		◄	◄
Vaccination	131 Flu vaccination coverage (ages over 65)	65.7%	70.0%	73.2%		–	►
	132 PPV vaccination coverage (ages over 65)	63.4%	64.2%	69.1%		◄	no data

- Trend data for many of the indicators on drugs and alcohol shows deterioration in Croydon's performance over the last 3 years. The indicators on completion of **drug and alcohol treatment** are highlighted as challenges, because Croydon's performance is significantly worse than the London and England averages for treatment of non-opiate users and alcohol treatment.

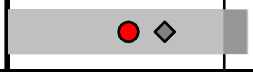
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Drugs	226 Opiate and/or crack cocaine users (estimated % of population aged 15-64)	0.78%	0.96%	0.84%		◄	no data
	227 Drug offences (rate per 1,000 population)	5.4	6.0	3.4		►	◄
	228 Successful completion of drug treatment (opiate users) (% of those in treatment)	8.7%	9.6%	8.2%		◄	no data
	229 Successful completion of drug treatment (non-opiate users) (% of those in treatment)	17.4%	34.7%	40.2%		◄	no data
Alcohol	230 Alcohol related recorded crimes (rate per 1,000 population)	9.2	9.0	5.7		◄	–
	231 Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	526	554	637		–	◄
	232 Alcohol attributable hospital admissions (broad definition) (rate per 100,000 population)	2109	2148	2032		◄	◄
	233 Alcohol attributable deaths (men) (rate per 100,000 population)	55.6	59.1	63.2		–	–
	234 Alcohol attributable deaths (women) (rate per 100,000 population)	25.6	24.5	28.1		◄	–
	235 Successful completion of alcohol treatment (planned exits as a % of those exiting treatment)	46.9%	56.7%	57.9%		◄	no data

- The **gap in life expectancy for women between deprived and affluent geographical areas** within Croydon is highlighted as a challenge, and is considered alongside other indicators for life expectancy in the 'emerging issues' section of this report.

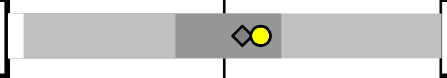
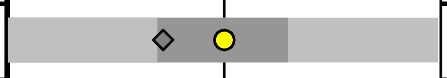
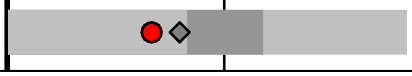
- Croydon's performance on indicators for the **NHS health checks** programme is currently among the worst ranking local authorities in England. The data is for 2013/14 and reflects that following the transfer of Public Health duties to local authorities in April 2013, the way Croydon had been inviting people (making offers) for an NHS Health Check was no longer viable. Public Health has been working to develop alternative ways of running the programme and these indicators will be expected to improve.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
NHS health checks	258 Offered an NHS health check (cumulative % of eligible people aged 40-74)	1.6%	21.1%	18.5%		no data	no data
	259 Received an NHS health check (cumulative % of eligible people aged 40-74)	2.0%	10.0%	9.0%		no data	no data

- The rate of **households in temporary accommodation** has increased in Croydon more than other local authorities over the last 1-3 years. Croydon has a higher rate of homelessness than the London average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Homeless-ness	10 Homelessness acceptances (rate per 1,000 households)	5.1	5.0	2.3		▶	◀
	11 Households in temporary accommodation (rate per 1,000 households)	16.2	12.8	2.6		◀	◀
	12 Households in bed & breakfast accommodation (rate per 1,000 households)	0.95	0.66	0.19		—	▶

- Among the indicators below that relate to carers, the last three relate to carers' satisfaction with services, as reported by carers in the national Carers' Survey for 2012/13.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Carers	39 Carer reported quality of life (score)	7.7	7.7	8.1		no data	no data
	40 Health-related quality of life for carers (score)	0.82	0.81	0.81		◀	no data
	41 Isolation in adult carers (% of survey respondents who had as much social contact as they would like)	41.4%	36.5%	41.3%		no data	no data
	42 Overall satisfaction of carers with social services (% satisfied of survey respondents)	29.2%	35.2%	42.7%		no data	no data
	43 Carers who report being included or consulted in discussions (% of survey respondents)	63.4%	65.9%	72.9%		no data	no data
	44 Carers who find it easy to find information about services (score)	60.6	63.8	68.7		no data	no data

- In the section of indicators below on mental health, the first two red circles are highlighted as challenges (**people entering talking therapies** and **diagnosis rate for dementia**) and the third red circle (prevalence of severe mental illness) is highlighted under the section on areas of need. Excess mortality for adults with serious mental illness is highlighted as an area where Croydon is performing well.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Mental health	193 Spend per head on mental health	£223	£248	£213		▶	—
	194 People entering talking therapies (as % of people estimated to have anxiety or depression)	2.9%	8.1%	9.7%		—	no data
	195 Recovery following talking therapies (% of people moving to recovery after receiving treatment)	42.2%	40.9%	45.9%		◀	no data
	196 Diagnosis rate for dementia (% of estimated true prevalence of dementia)	43.3%	49.9%	48.1%		—	—
	197 Hospital stays for self-harm (rate per 100,000 population)	125	105	191		—	▶
	198 Suicide rate (rate per 100,000 population)	6.2	7.5	8.5		◀	◀
	199 GP recorded severe mental illness prevalence (% of people of all ages)	1.04%	1.03%	0.84%		—	◀
	200 Excess under 75 mortality in adults with serious mental illness (standardised mortality ratio)	279	304	337		▶	no data

3.6 Main emerging issues

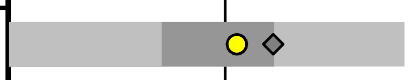
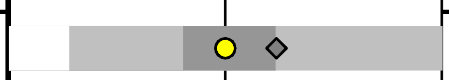
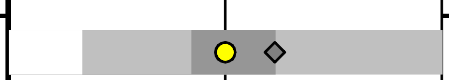
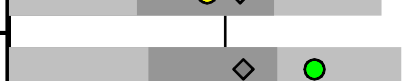
These are areas that are not currently highlighted as challenges, but where Croydon's performance is still worse than the England average, and the trend data shows deterioration, so that they are likely to become areas of challenge if current trends continue.

Emerging issues *(Areas that will become challenges if current trends continue)*	
1) Giving our children a good start in life	**2) Preventing illness and injury and helping people recover**
• Educational attainment at key stage 2	
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• Life expectancy for men (including gap between deprived and affluent areas) • Cancer incidence and deaths	• Emergency readmissions within 30 days of discharge
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
• Emergency admissions for chronic ambulatory care sensitive conditions	
Wider determinants of health	
• Adult re-offending	

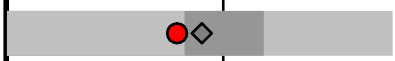
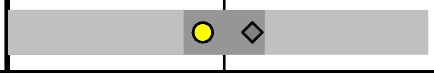
- Although Croydon is performing well for educational attainment at ages 16-19, **attainment at key stage 2** has deteriorated relative to other local authorities in the last year and will be highlighted as a challenge next year if current trends continue. The gap for pupils receiving free school meals is also lower than the London average, although close to the England average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
School attainment	65 Attainment at key stage 2 (% achieving level 4 in reading, writing and mathematics)	74%	79%	76%		◄	no data
	66 Gap in attainment at key stage 2 (between pupils receiving free school meals and the rest)	19%	13%	19%		◄	no data

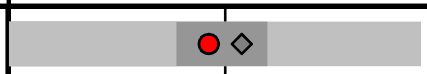
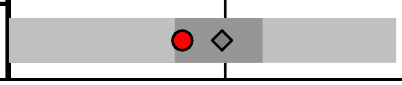
- Although most of the **life expectancy** indicators do not show Croydon to be significantly different than the England average (reflected by the yellow circles), it should be noted that:
    - More of the indicators show deterioration over the last 1-3 years than improvement.
    - The gap in life expectancy for women between deprived and affluent geographical areas within Croydon is highlighted as a challenge. This indicator should be considered in context with indicator 139, which shows life expectancy for women for Croydon as a whole compared with other local authorities, and also in context of the other life expectancy indicators for women shown below.
    - Several of the life expectancy indicators for men (including 146 that shows the gap between deprived and affluent areas) are highlighted as emerging issues, meaning that if current trends continue, the indicator is likely to become a future challenge.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Life expectancy	138 Life expectancy at birth (men) in years	79.2	79.7	79.2		◄	◄
	139 Life expectancy at birth (women) in years	83.2	83.8	83.0		►	◄
	140 Life expectancy at age 75 (men) in years	11.5	12.0	11.5		◄	◄
	141 Life expectancy at age 75 (women) in years	13.3	13.9	13.3		►	–
Healthy life expectancy	142 Healthy life expectancy at birth (men) in years	63.2	63.2	63.4		►	no data
	143 Healthy life expectancy at birth (women) in years	65.4	63.6	64.1		–	no data
Disability-free life expectancy	144 Disability-free life expectancy at birth (men) in years	63.2	64.5	63.9		◄	◄
	145 Disability-free life expectancy at birth (women) in years	68.1	65.2	64.4		–	◄
Inequality between areas of deprivation	146 Inequality in life expectancy between areas of deprivation (men) in years	9.1	7.3	8.4		◄	◄
	147 Inequality in life expectancy between areas of deprivation (women) in years	7.7	4.6	5.6		◄	◄

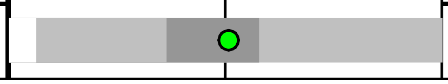
- There are a large number of indicators on **cancer** in the dataset (see pages 32-34 of the JSNA Key Dataset report), and the trend data shows more indicators to have deteriorated rather than improved in the last 1-3 years. The breast cancer and prostate cancer sections are shown below, selected because some of the indicators in them (breast screening rate and incidence of prostate cancer) are highlighted as challenges, and others (incidence of breast cancer and deaths from prostate cancer) are highlighted as emerging issues.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
All cancers	161 Spend per head on cancers and tumours	£68	£98	£107		—	◄
	162 Two week wait cancer GP referrals (rate per 100,000 population)	1835	1628.4	2166		◄	no data
	163 Incidence of all cancers (rate per 100,000 population)	381	370	391		◄	►
	164 One year survival from all cancers (% of people aged 15-99)	68.3%	67.6%	67.7%		◄	◄
	165 Early deaths from cancer (rate per 100,000 population aged under 75)	138.7	139.1	146.5		◄	◄
	166 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	79.6	81.5	84.9		◄	◄
Breast cancer	176 Breast screening rate (% of women aged 53-70)	69.2%	68.6%	76.3%		◄	◄
	177 Incidence of breast cancer (rate per 100,000 population)	126	118	125		◄	◄
	178 Deaths from breast cancer (rate per 100,000 population)	22.7	23.6	24.2		◄	◄
Prostate cancer	181 Incidence of prostate cancer (rate per 100,000 population)	120	113	107		◄	►
	182 Deaths from prostate cancer (rate per 100,000 population)	24.7	22.4	23.7		◄	◄

- Among the indicators on **hospital admissions**, emergency readmissions within 30 days of discharge and emergency admissions for chronic ambulatory care sensitive conditions are highlighted as emerging issues, and all cause elective hospital admissions is highlighted as a challenge, because Croydon's performance is significantly worse than the England average, and the trend data shows deterioration over the last 1-3 years.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Admission to hospital	245 All cause elective hospital admissions (rate per 1,000 population)	120.4	112.2	116.3		◄	◄
	246 All cause emergency hospital admissions (rate per 1,000 population)	88.1	79.9	88.2		–	◄
	247 Emergency readmissions within 30 days of discharge from hospital (%)	12.6%	12.1%	11.8%		◄	no data
Avoidable hospital admissions	248 Emergency admissions for acute conditions that should not require admission (rate per 100,000 population)	1179	1106	1182		◄	no data
	249 Emergency admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)	955	811	803		◄	no data

- Among the indicators on crime and violence, **adult re-offending** is highlighted as an emerging issue. Although the rate of adult re-offending is close to the England average, the 1 and 3 year trend both show deterioration, indicating that this area would become a future challenge if current trends continue.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Crime	13 Total police recorded crime (rate per 1,000 population)	76.3	83.9	61.3		–	–
	14 Adult re-offending (% re-offending within 12 months)	25.4%	25.1%	25.1%		◄	◄
	15 Average number of re-offences (number per offender)	0.79	0.73	0.77		–	►
Violence	16 Violence against the person offences (rate per 1,000 population)	15.3	15.5	11.1		►	◄
	17 Sexual violence offences (rate per 1,000 population)	1.49	1.34	1.12		–	–
	18 Emergency admissions for violence (rate per 100,000 population)	55.9	57.7	57.6		–	no data
	19 Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	18.6	18.5	18.8		►	no data

3.7 Main areas of need

Many of the indicators in the dataset measure both need and performance to some extent, however this section describes indicators that are considered strictly measures of need rather than performance, and highlights those where Croydon has relatively high need compared to other local authorities/CCGs.

Areas of 'high need' are those where there are much higher levels of need in Croydon than other local authorities/CCGs and need is increasing or staying the same[3].

Areas of 'emerging need' are those areas that are not currently highlighted as high need, but where Croydon's has higher need than the England average, and the trend data shows deterioration, so that they are likely to become areas of high need if current trends continue.

Areas of need

High need *(Areas where there are much higher levels of need in Croydon than other local authorities/CCGs)*	Emerging need *(Areas that will become high need if current trends continue)*
1) Giving our children a good start in life	**3) Preventing premature death and long term health conditions**
• Children eligible for free school meals • Unaccompanied asylum seeking children • Autistic spectrum disorder prevalence	• Diabetes prevalence
3) Preventing premature death and long term health conditions	
• Severe mental illness prevalence	

- Croydon has a relatively high proportion of children eligible for free school meals, particularly at primary school level, for which the Croydon rate is higher than the London average.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Poverty	46 School children known to be eligible for free school meals (% of primary school pupils)	21.8%	21.0%	17.0%		–	◄
	47 School children known to be eligible for free school meals (% of secondary school pupils)	18.1%	21.5%	14.6%		–	◄

[3] The method is described in full on page 13 on the JSNA Key Dataset report.

- Croydon has the highest rate of **unaccompanied asylum seeking children** of any local authority in England, due to the location of the Home Office UK Border Agency in the borough.

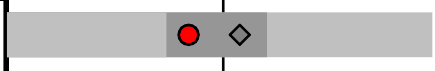
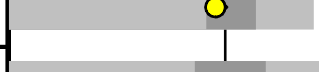
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Looked after children	73 Unaccompanied asylum seeking children (per 10,000 child population)	34.0	4.6	1.6		–	–

- **Autistic spectrum disorder prevalence** is highlighted as an area of high need. Croydon has a higher prevalence of autistic spectrum disorder than London and England and trend data shows deterioration (i.e. greater increase than other local authorities) over the last 1-3 years.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Learning disability	83 Learning difficulties known to schools (rate per 1,000 pupils)	15.2	19.6	24.5		▶	▶
	84 Autistic spectrum disorder known to schools (rate per 1,000 pupils)	9.6	8.8	8.2		◀	◀

- **Severe mental illness prevalence** is an area of high need, considered in the mental health section under 'main challenges' above.

- Croydon has a slightly higher **prevalence of diabetes** than the England average and the trend has deteriorated (i.e. greater increase than other local authorities) over the last 3 years, so this is highlighted as an area of emerging need.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
Diabetes	186 Spend per head on endocrine, nutritional and metabolic problems	£51	£60	£58		–	◀
	187 GP recorded diabetes prevalence (% of adults aged over 17)	6.4%	5.8%	6.0%		–	◀
	188 Access to diabetic retinopathy screening (attended screening as % of those offered screening)	92.3%	78.7%	80.9%		▶	no data
	189 Referred to structured education (% of people with diabetes diagnosed less than one year)	3.0%	12.3%	14.3%		no data	no data
	190 Complications associated with diabetes (rate per 100 people with diabetes)	6.1	6.2	7.1		no data	no data
	191 Myocardial infarction/stroke/stage 5 kidney disease in diabetes (rate per 100 people with diabetes)	2.1	2.1	2.0		no data	no data
	192 Deaths from diabetes (rate per 100,000 population)	5.6	5.1	5.1		▶	◀

3.8 Conclusion

The JSNA Key Dataset contains a wealth of information that can be used to inform strategic prioritisation, commissioning decisions and the refresh of the Joint Health and Wellbeing Strategy.

This report highlights some of the main messages from the JSNA Key Dataset based on current performance and trend data, grouped by improvement areas from the Joint Health and Wellbeing Strategy. The report should be considered alongside the broader information included in the JSNA Key Dataset.

4. CONSULTATION

4.1 The set of indicators has been developed over the lifetime of the JSNA through discussion with the JSNA Steering Group and service heads. The 2014/15 Key Dataset has been discussed at the multi-agency JSNA Steering Group which includes staff from the local authority, Croydon Health Services, Clinical Commissioning Group, HealthWatch and CVA and with relevant staff from various agencies nominated by the JSNA Steering Group.

5. SERVICE INTEGRATION

5.1 The dataset includes indicators of how effectively sections of the healthcare system are working together. The most relevant sections are those on social care (page 18 of the JSNA Key Dataset report) and health services (pages 41-43).

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no financial impacts.

7. LEGAL CONSIDERATIONS

7.1 There are no legal impacts.

8. HUMAN RESOURCES IMPACT

8.1 There are no human resources impacts.

9. EQUALITIES IMPACT

9.1 The report as a whole highlights areas of inequality where performance and need in Croydon is different from other local authorities/CCGs in England. The following sections also highlight inequalities between population groups within Croydon's population: life expectancy, healthy life expectancy and disability-free life expectancy (page 30 of the JSNA Key Dataset report), school readiness and school attainment (pages 21-22), mental health and learning disability (page 28).

9.2 Equalities issues are built into the JSNA prioritization process. Each topic submission is scored against eight criteria, one of which is the number of

equalities groups that are impacted upon by the topic under consideration.

10. ENVIRONMENTAL IMPACT

10.1 The dataset includes indicators of relevance to the environment. Relevant sections are those on environment, noise and air pollution (page 17 of the JSNA Key Dataset report).

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 The dataset includes indicators or relevance to crime and disorder. Relevant sections are those on crime and violence (page 16 of the JSNA Key Dataset report) and youth offending (page 22).

CONTACT OFFICER: David Osborne, Senior Public Health Information Analyst, Croydon Public Health Intelligence Team (C-PHIT), Public Health Croydon, DASHH David.Osborne@croydon.gov.uk Tel: 020 8726 6000 ext. 84397

BACKGROUND DOCUMENTS: JSNA Croydon Key Dataset 2014/15

FOR INFORMATION

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **22nd October 2014**
AGENDA ITEM:	**8**
SUBJECT:	**Improving health and social care outcomes for over 65s in Croydon: A new approach to commissioning integrated provision**
BOARD SPONSORS:	**Paula Swann, Chief Officer, Croydon CCG** **Hannah Miller, Deputy CEO and Executive Director of Adult Services, Health and Housing**

CORPORATE PRIORITY/POLICY CONTEXT:

Croydon Clinical Commissioning Group (CCG) and Croydon Council have worked collaboratively to develop a transformation programme which will enable improvements to be achieved through a whole systems approach to health and social care.

The vision for Croydon is that people experience well-co-ordinated care and support in the most appropriate setting, which is truly person-centred and helps them to maintain their independence into later life. With an ageing population, the focus of the programme is on services for the over 65s and the outcomes that local residents have said are important to them – those factors that make a genuine difference to their health, well-being and quality of life.

The proposal has been developed to deliver Croydon CCG's vision of "longer, healthier lives for all the people in Croydon" and meets the key national overarching aims – 'Everyone Counts: Planning for Patients 2014/15 to 2018/19. NHS England' and supports the Council's key strategic priorities with regard to promoting and sustaining independence, well-being and good health outcomes for Croydon residents.

Additionally, the programme aligns with the aims of the Better Care Fund which are that health and social care services must work together to meet individual needs, to improve outcomes for the public, provide better value of money and be more sustainable,

The programme builds on a long history of joint work in Croydon, including recent developments in delivering whole person integrated care through the Transforming Adult Community Services work.

1. RECOMMENDATION

1.1 The Health and Wellbeing Board is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

2.1 Croydon CCG and Croydon Council have been jointly developing an approach to commissioning on an outcome basis for the over 65 population. This report provides an update on how far this work has progressed on this significant initiative and the next steps.

3. DETAIL

FOR INFORMATION

3.1 In 2013 the CCG developed a case for change outlining the potential benefits of an outcomes based commissioning approach for the over 65 population along with the potential financial opportunity achievable through this approach. Croydon Council became partners in the project in early 2014, with both organisations working together to progress this significant project.

3.2 Key benefits identified have included:

- ~ a pro-active approach to maintaining people's health and well-being and independence into later life,
- ~ greater service integration,
- ~ reducing duplication of service provision,
- ~ improvements to patient and service user experience.

3.3 Contracts would be focused on health and well-being outcomes rather than the current approach which tends to be centred on service activity.

3.4 The first phase of the work involved extensive consultation with the public including a series of Town Hall events to define the outcomes that were important to people.

3.5 The second phase of the work involved the development of the outcomes framework, confirmation of scope and the preferred implementation approach.

3.6 A recent decision was made by Croydon Cabinet on 29 September and the CCG on the 7 October to proceed to the next stage. The next stage will move into the contracting phase including agreeing the commissioner contractual vehicle as well as more detailed dialogue with providers.

3.7 The attached report details the progress to date and the next steps.

CONTACT OFFICER:
Stephen Warren, Director of Commissioning, Croydon CCG and Brenda Scanlan, Director of Integrated Commissioning Unit, Croydon CCG and Croydon Council
[Stephen.warren@croydonccg.nhs.uk, Brenda.scanlan@croydon.gov.uk]

APPENDIX
Improving health and social care outcomes for over 65s: Health and Well Being Board Report

BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972
None

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **22 October 2014**
AGENDA ITEM:	**9**
SUBJECT:	**Learning Disability update :** 1. The activities of the Learning Disability Partnership Board 2. Joint Health and social care self - assessment framework (JHSCAF) results 2013/2014 and confirmation of process for ratification 2014/2015 3. Update on Winterbourne view performance October 2014
BOARD SPONSOR:	**Hannah Miller, Executive Director of Adult Services, Health & Housing, Croydon Council**
CORPORATE PRIORITY/POLICY CONTEXT: **Health and social care improvement for people with a learning disability**	
FINANCIAL IMPACT: *In relation to item 2 – Winterbourne view – once individuals leave the responsibility of NHS England and return to local funding, there would be a resumption of costs to the local health and social care economy*	

1. RECOMMENDATIONS

For information – to note the activities of the Learning Disability partnership over the last year

For information – as part of the sign off process to be advised that the Health and Wellbeing Board would be required to ratify the results of the completed JHSSAF 2014/15 by end of March 2015

For information – Croydon performance target is for one of the two Croydon patients to move out of hospital provision by the end of March 2015 .

2. EXECUTIVE SUMMARY

1. The Learning Disability Partnership

The Partnership meetings have covered a wide range of issues of interest to people with learning disabilities and their carers. Service user involvement is a successful and valuable part of the way the Partnership works.

2. Joint Health and social care Assessment 2013/14

Croydon were the best performing London borough - Croydon had 25 green ratings and 2 ambers. The ambers related to access to the national health screening programmes and employment.

3. Joint Health and social care Assessment 2013/14

The assessment repeats the themes of 2014/15. The assessment will be shared with the Learning Disability Partnership Board .The submission date is January 2015. The Health and Wellbeing Board are requested to ratify the completed assessment by the end of March 2015.

4. Winterbourne View update

Croydon has reported there are two patients currently in Assessment and Treatment units. Both have regular representation at reviews from a Croydon case manager who is working towards a discharge date and looking for an alternative placement pending clinical discharge.

The CCG are sighted on the need for the Croydon patients to move on and have asked for regular updates which include any reason for delay in discharge date.

A forum including health and social care practitioners and commissioners will meet to scope and inform the commissioning of local service models for people with complex behaviours and learning disability.

3. DETAIL

3.1 The Learning Disability Partnership

The Learning Disability Partnership has considered a wide range of matters over the last year or so. Agenda items have included:

- A review of the meeting's ground rules to make sure the Partnership is accessible to people with learning disabilities
- Preparations for the end of the Independent Living Fund to make sure people still get the services they need
- The requirements under the new Children's Act for a "Local Offer" that sets out the range of services available locally for children with special educational needs
- A presentation from the Care Quality Commission on changes to their organisation and their strategy going forward
- Presentation of an easy read version of the JSNA
- An update on the learning disability nurse service and GP liaison
- The Mental Capacity Act
- The Croydon Autism Strategy
- Hate crime against people with disabilities
- Regular reports on activities arising from Winterbourne View
- Commissioning of domiciliary care, supported housing and re-ablement services through the new Integrated Framework Agreement
- Council and CCG commissioning intentions as they relate to people with learning disabilities

An important part of the Partnership's work is making sure that the voices of service users are heard. This includes people with learning disabilities and their friends and families. Activities have included:

- A leisure mapping day to compile a directory of local leisure facilities that are welcoming for people with learning disabilities
- A housing options review day where people with learning disabilities contributed to a redesign of supported housing services
- "Cooking for You" – a project to promote healthy eating
- Development of easy read leaflets and promotional materials on a range of health issues
- Practical support to service user forums, including Croydon People First and the learning Disability Carers Forum
- "Bus Days" – a series of events to give people greater confidence to use public transport

3.2 The Joint Health and Social Care Self Assessment Framework for Learning Disabilities (JHSCSAF)

JHSCSAF 2013-2014:

The JHSCSAF is a national exercise where each area assesses its own performance and the results are validated by the Department of Health. The assessment covers three main themes:

1. Staying healthy
2. Staying safe
3. Living Well

Following completion of the 2013-14 Self assessment framework, the results published in the summer showed Croydon was the best performing London Borough. The framework's traffic light scoring system gave Croydon 25 green ratings, 2 amber ratings and zero red ratings.

The amber ratings were linked to:

4. Lack of data about people with a learning disability being able to be identified in the national screening programs which is being taken up at National level
5. People with learning disability into employment which is part of a local strategic project

JHSCSAF 2014/15:

The assessment repeats the themes of 2014-15. Completion of the assessment will be undertaken by a Steering group and will include a stakeholder event on November 7th to collect people's stories and experiences. The assessment will be shared with the Learning Disability Partnership Board. The submission date is January 2015. The Health and Wellbeing Board are requested to ratify the completed assessment by the end of March 2015.

3.3 Winterbourne View update

Since the Panorama television programme on the abuse of some people resident in an Assessment Treatment Unit, the Department of Health has required local areas to have clear plans for moving people on, a strategic approach to commissioning alternative community based services, and to submit regular reports on progress.

Croydon have reported there are two patients currently in Assessment and Treatment units. Croydon have reported there are two patients currently in Assessment and Treatment units. Both have regular representation at reviews from a Croydon case manager who is working towards a discharge date and looking for an alternative placement pending clinical discharge.

The CCG are sighted on the need for the Croydon patients to move on and have asked for regular updates which include any reason for delay in discharge date.

A forum including health and social care practitioners and commissioners will meet to scope and inform the commissioning of local service models for people with complex behaviours and learning disability.

Periodic monitoring reports have been submitted from Croydon to the department of Health and the Local Government Association as required.

4. CONSULTATION

4.1 Not applicable – this item is for information.

5. SERVICE INTEGRATION

5.1 The Partnership considers a range of matters across health and social care. The self-assessment framework highlights and the actions arising from Winterbourne View the need for an integrated approach to service commissioning and delivery.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

This report is for information and there are no direct financial considerations arising from this report.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations arising from this report.

8. HUMAN RESOURCES IMPACT N/A

8.1 There are no human resources impacts arising directly from this report.

9. EQUALITIES IMPACT

9.1 This report is for information and an Equalities Impact Assessment is not required.

10. ENVIRONMENTAL IMPACT N/A

10.1 This report is for information and there are no direct environmental impacts.

11. CRIME AND DISORDER REDUCTION IMPACT N/A

11.1 This report is for information and there are no direct crime and disorder reduction impacts.

CONTACT OFFICER: Alan Hiscutt, Head of Integrated Commissioning – Working Age Adults & Contract Support Services, Croydon Council and Croydon CCG alan.hiscutt@croydon.gov.uk , 020 8726 6000 extension 62627

BACKGROUND DOCUMENTS

Learning Disability Partnership Board records:
http://www.croydon.gov.uk/democracy/dande/policies/health/ldp/intro

Public Health England documents on the Joint Health and Social Care Self-Assessment Framework:
http://www.improvinghealthandlives.org.uk/projects/hscldsaf

NHS England Winterbourne View joint improvement programme:
http://www.england.nhs.uk/ourwork/qual-clin-lead/wint-view-impr-prog/

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REPORT TO:	**HEALTH AND WELLBEING BOARD** **22 October 2014**
AGENDA ITEM:	**9**
SUBJECT:	**Partnership groups update**
BOARD SPONSORS:	**Hannah Miller, executive director of adult services, health and housing & deputy chief executive, Croydon Council** **Paul Greenhalgh, executive director of children, families and learning, Croydon Council** **Paula Swann, chief officer, NHS Croydon Clinical Commissioning Group**

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. Local priorities for health and wellbeing are set out in Croydon's joint health and wellbeing strategy 2013-18. The health and wellbeing board is responsible for overseeing the delivery of the strategy.

FINANCIAL IMPACT:

There are resource implications in maintaining a partnership group structure. These are primarily the time required to organise, administer and participate in partnership meetings.

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Note and comment on the work of the partnership groups accountable to the board.

2. EXECUTIVE SUMMARY

2.1 This paper sets out progress against the work plans of the partnership groups which are accountable to the health and wellbeing board. It follows a review of partnership groups by the executive group and agreement that partnership groups should provide six monthly summary reports to the board with all partnership groups being asked to provide a more detailed report to the board annually.

3. DETAIL

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

3.2 The core functions of Croydon's board are set out in section 4 of the Constitution of the London Borough of Croydon Rules of Procedure of the Croydon Health and Wellbeing Board ('the rules of procedure').

Advance and improve the health and wellbeing of the people of Croydon by promoting integration and partnership working between the NHS, social care, children's services, public health, independent, voluntary and community sector and any other local health and social care providers and commissioners.

Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.

Exercise the functions of a local authority and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") [Note these refer to the duties to prepare a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy].

Give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act ("in exercising any function the council is to have regard to the Health and Wellbeing Strategy" –[Note the role of the Board is to consider whether to give the Council an opinion on whether the Council has had regard to the strategy in exercising its functions]

Any other functions of the authority as the Council may arrange (excluding the functions of the Council by virtue of section 244 of the National Health Service Act 2006 – note; Health scrutiny is excluded from the functions of the Board).

3.3 The rules of procedure also state that:

As far as is allowed by law the Board may arrange for any of its functions to be discharged by a Sub-Committee or by an Officer of one of the statutory Board members, provided that any such arrangements do not include delegation of any decision which creates a contractual commitment which responsibility shall remain the sole responsibility of the full Board. (para 13.1)

The Board may appoint working groups of Members and/ or Officers to consider specific matters and report back to the Board with recommendations.

3.4 The health and wellbeing board agreed on 12 June 2013 that the following nine partnership groups should be accountable to the board.

i. joint strategic needs assessment steering group
ii. carers partnership group
iii. drug and alcohol action team (DAAT)
iv. learning disability partnership group
v. mental health partnership group
vi. maternity services liaison committee
vii. sexual health & HIV partnership group
viii. healthy behaviours alliance
ix. older people and people with physical disabilities or sensory impairment

3.5 The children and families partnership – 'Be Healthy' sub-group retains its existing accountability to the children and families partnership board. This sub-group will be asked to provide reports as appropriate to the health and wellbeing board based on the work plan of the board. The DAAT also reports to Safer Croydon and the Children & Families Partnership.

3.6 A number of partnership groups have asked for a more explicit connection between their partnership and the health and wellbeing board, with regular feedback. The board agreed to ask for regular highlight reports from all partnership groups and for more detailed annual report from each partnership on a rolling cycle of reporting. The highlight report approach was piloted in spring 2014.

3.7 The first pilot report from partnership groups was presented to the board awayday on 27 March 2014. Reports were received from six of the nine partnership groups. In addition, a report was received from the social inclusion partnership at the request of the chair of that partnership. On the basis of this report it was agreed amend the reporting format and to follow up with the chair of those partnerships which had not provided a report. These were the mental health partnership group, older people and physical disability or sensory impairment partnership group, and maternity services liaison committee. The 27 March 2014 pilot partnership group report is at appendix 2.

3.8 Reports for October 2014 have been received from the following partnership groups:

- joint strategic needs assessment steering group
- carers partnership group
- drug and alcohol action team (DAAT)
- learning disability partnership group
- mental health partnership group
- sexual health & HIV partnership group
- healthy behaviours alliance
- older people and people with physical disabilities or sensory impairment

3.9 Reports have also been provided by the social inclusion partnership group and the Be Healthy sub-group of the children and families partnership

3.10 A report for October 2014 has not been received from the maternity services liaison committee

Appendix 1 partnership groups reports October 2014
Appendix 2 pilot partnership group reports March 2014

4. CONSULTATION

4.1 Partnership groups are key vehicles for communication and consultation between commissioners, service providers, service users, patients and carers.

5. SERVICE INTEGRATION

5.1 Having appropriate and effective partnership arrangements in place is critical for the effective integration of services.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are resource implications in maintaining a partnership group structure. These are primarily the staff time to organise, administer and participate in partnership meetings.

7. LEGAL CONSIDERATIONS

7.1 Legal advice has not been sought on proposals set out in this paper.

8. HUMAN RESOURCES IMPACT

8.1 There are staffing issues in relation to support for the partnership groups. There may also be training and organisational development implications in order to improve the effectiveness of partnership working.

9. EQUALITIES IMPACT

9.1 The partnership groups contribute to the development of a number of plans and strategies. They are key to identifying the equalities impacts of those plans and strategies. Where these are taken for approval to public sector bodies the equalities impacts should be set out in a full equality impact assessment in line with the corporate procedures of those bodies.

CONTACT OFFICER: Steve Morton, head of health and wellbeing, Croydon Council steve.morton@croydon.gov.uk, 020 8760 5773

BACKGROUND DOCUMENTS: None

REPORT TO:	**HEALTH AND WELLBEING BOARD** **22 October 2014**
AGENDA ITEM:	**11**
SUBJECT:	**Report of the chair of the executive group: incorporating, quarterly performance report, risk register and board work plan**
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:

- Comment on performance against joint health and wellbeing strategy indicators at appendix 1. Areas of success and challenge identified by the performance report are set out in section 3.x of this paper.
- Note risks identified at appendix 2
- Agree changes to the board work plan set out in paragraphs 3.7 and 3.8

2. EXECUTIVE SUMMARY

2.1 The performance report at appendix 1 contains indicators to enable the board to track performance in delivery of the joint health and wellbeing strategy.

2.2 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. A summary of risks is at appendix 2.

2.3 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 3.

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 in September and October 2014 are set out below:

- Review of the work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy
- Planning for the board stakeholder engagement event on 1 October 2014 and the board away half day on 7 November 2014
- Review of progress with the new pharmaceutical needs assessment
- Liaison with other strategic partnerships including Croydon strategic partnership and children and families partnership
- Review of board strategic risk register
- Review of responses to public questions and general enquiries relating to the work of the board

Performance

3.3 Appendix 1 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.

3.3.1 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.

3.3.2 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, injuries due to falls, and people with HIV presenting at a late stage of infection.

3.3.3 For **improvement area 3: preventing premature death and long term health conditions** take up of NHS Health Checks is identified as an area of challenge.

3.3.4 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 the proportion of people who use services who say that those services have made them feel safe and secure.. An area of challenge is the proportion of people using social care who receive direct payments.

3.3.5 For **improvement area 5: providing integrated, safe, high quality services** and **improvement area 6 improving people's experience of care**, no focus areas are recommended at this stage

Risk

3.4 Risks identified by the board are summarised at appendix 2. The executive group regularly review the board risk register. There has been no change to risk ratings since the board meeting on 11 September 2014. The executive group will undertake a detailed review of the highest RAG rated risks at its meeting on 21 October 2014.

Board work plan

3.7 Changes to the board work plan from the version agreed by the board on 11 September 2014 are summarised below. Changes were discussed by the executive group on 9 September 2014 and with the chair on 3 October 2014. This is version 37.0 of the work plan. The work plan is at appendix 3.

3.7.1 Addition of item on outcomes based commissioning for over 65s added to the agenda for 22 October 2014

3.7.2 Item on JSNA 2013/14 homeless households chapter moved from 22 October to 11 February 2015

3.7.3 Addition of items on Food Flagship pilot and drug and alcohol recommissioning for 10 December 2014.

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.

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

Agenda Item 11 APPENDIX 1

HWB 20141022AR11 App1 Performance Report

October 2014

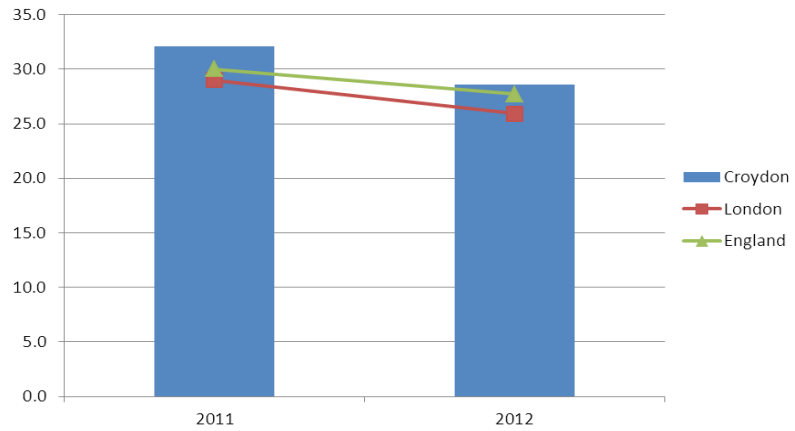
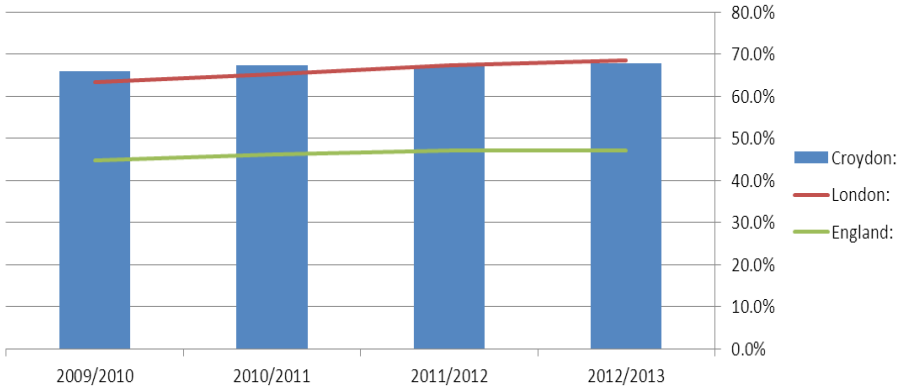
Strategy & Performance & Public Health Intelligence Team– Croydon Council
9/29/2014

Contents

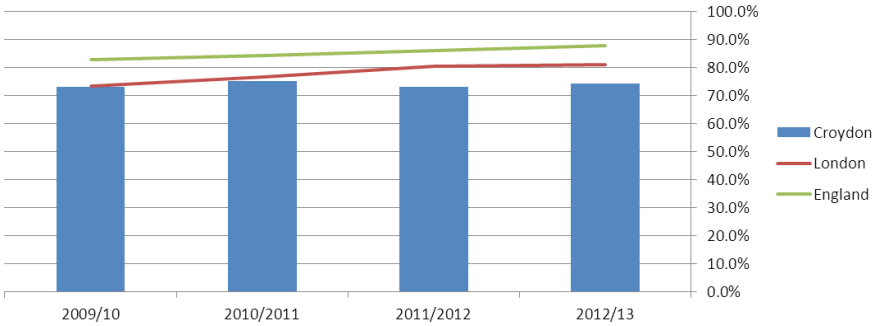
NOTE – the principal source of data within this report is the Croydon Key dataset developed by the Croydon Public Health Intelligence Team. Thanks to David Osborne (Senior Public Health Analyst) in particular for making this data source available and for his input into the selection of relevant performance 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. Falling more in line with the national average, the borough however remained above the London average for 2012	Breastfeeding prevalence at 6-8 weeks is significantly higher than the national average and remains in line with the London average
Potential challenge areas	
MMR vaccination coverage for two doses (5 years old)	

Health & Wellbeing Board – PERFORMANCE REPORT October 2014

Potential challenge areas	Areas of success
Conception rate per thousand women aged 15 to 17	**% breastfeeding prevalence at 6-8 week health check**
 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	Croydon key	LOW	28.6	2012	32.10	24.4	26.3	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
women aged 15 to 17	dataset									
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	BETTER
% 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
Percentage of children aged 4-5 years with height and weight recorded who are	Croydon key dataset	LOW	23.7%	2012/13	24.2%	23%	22.2%	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
either overweight or obese										
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 year old)	Croydon key dataset	HIGH	91.1%	2012/13	91.3%	91.1%	94.7%	ABOUT THE SAME	ABOUT THE SAME	WORSE
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

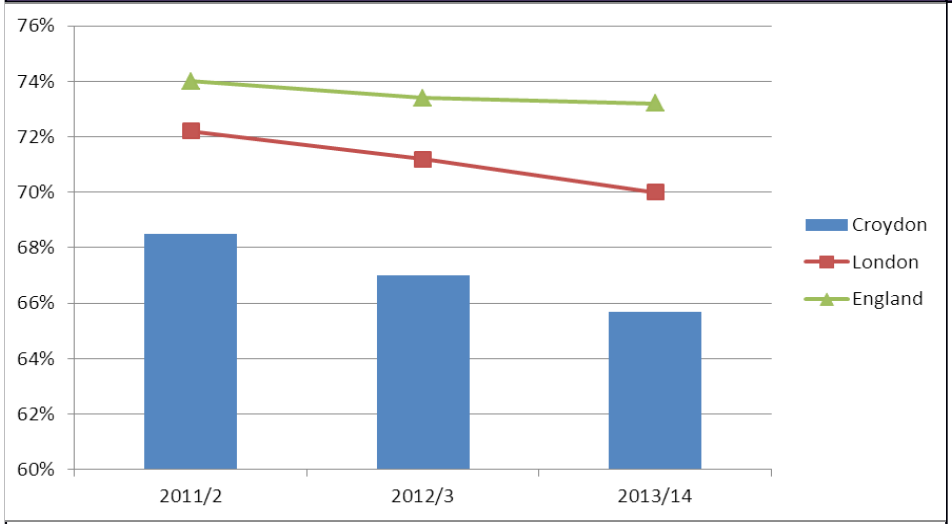
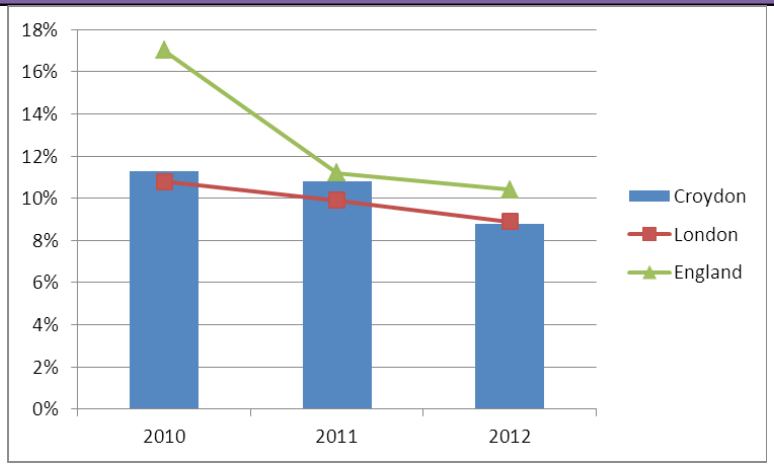
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Immunisations - PCV booster vaccination coverage (2 years old)	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
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	Croydon key	LOW	12.6	2012/13	11.5	13.5	14	ABOUT THE SAME	ABOUT THE SAME	WORSE

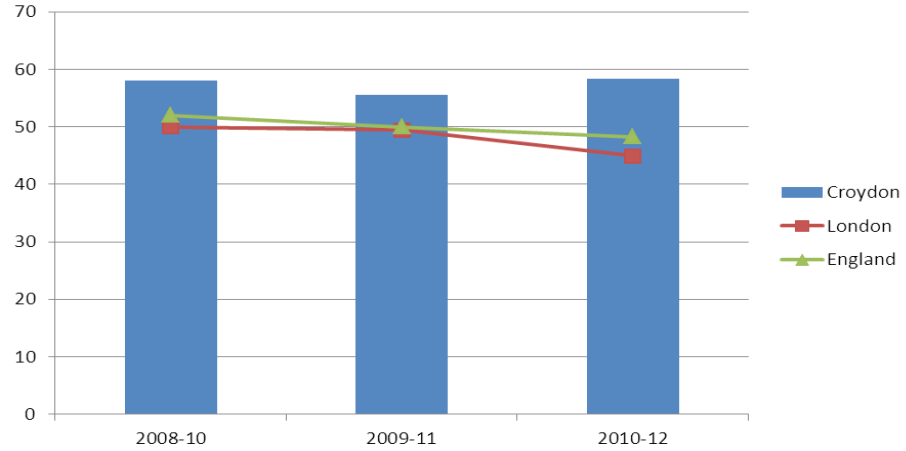
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
looked-after children (mean score out of 40)	dataset									
Children living in poverty	Croydon key dataset	LOW	25.2%	2011	25.7%	26.5%	20.6%	ABOUT THE SAME	ABOUT THE SAME	WORSE

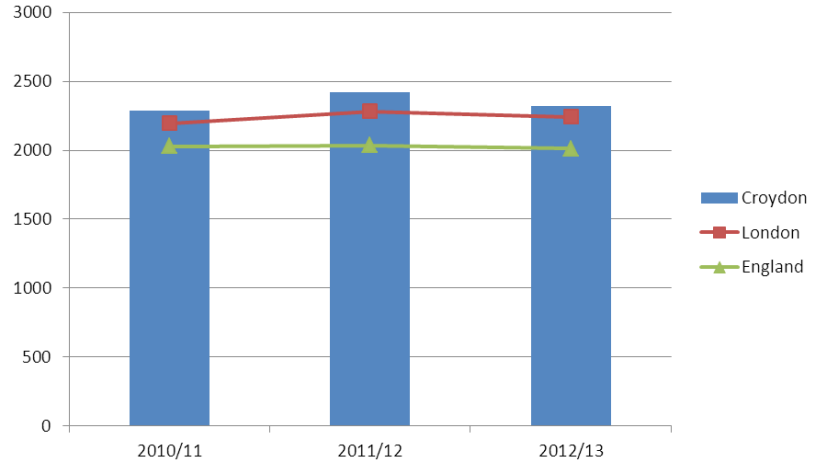
Improvement area 2: preventing illness and injury and helping people recover

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	Areas of success
% of persons aged 65 and over immunised against influenza	**% Fuel poverty**

Potential challenge areas	Areas of success
	
The influenza immunisation rate for this age group in Croydon falls short of the national and London averages, although shows a similar rate of decline to the London average.	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 occupied areas). The latest published data appears to show that this is improving in Croydon in line with the rest of London.
Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	

Potential challenge areas	Areas of success
 The proportion of late HIV diagnoses has increased, while London and England averages have continued to decline.	
Injuries due to falls (rate per 100,000 population aged over 65)	

Potential challenge areas	Areas of success
 While the rate of injuries fell in Croydon, it still remains above rates for both London and England.	

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	65.7%	2013/14	67%	70%	73.2%	WORSE	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
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

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
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

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
Rate of hospital admissions with a primary or secondary diagnosis of obesity per 100,000 population	Public Health Outcomes	LOW	440	2012/13	307	462	551	WORSE	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
	Framework									
Recorded crime attributable to alcohol: Persons, all ages, crude rate per 1000 population	Croydon key	LOW	9.22	2012/13	9.65	9.02	5.74	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
	dataset									
Percentage of patients on GP registers aged 17 and over diagnosed with diabetes	Croydon key dat	LOW	6.4%	2012/13	6.1%	5.8%	6%	ABOUT THE SAME	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
	asset									
Adults achieving at least 150 minutes of physical activity per week (% of adults aged over 16)	Croydon key database	HIGH	13.%	2012	10.3%	12.8%	14.7%	**BETTER**	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
	t									
Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	Croydon key data base	LOW	58.3%	2010/12	55.5	44.9	48.3	WORSE	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
	t									
Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	Croydon key data base	n/a	2704	2013	2511	2179	2016	**UNKNOWN**	**UNKNOWN**	**UNKNOWN**

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
	t									
Percentage of households identified as “fuel poor”	Croydon key dataset	LOW	8.8%	2012	10.8%	8.9%	10.4%	BETTER	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
	t									
Injuries due to falls (rate per 100,000 population aged over 65)	Croydon key data base	LOW	2318	2012/13	2418	2242	2011	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
	t									
Patient reported outcomes for elective procedures: Groin Hernia (EQ-5D-average health gain score out of 1)	NHS outcomes framework	HIGH	Suppressed due to small sample	2011/2012	0.067	0.072	0.084	UNKNOWN	UNKNOWN	UNKNOWN

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
	work									
Patient reported outcomes for elective procedures: Hip Replacement (EQ-5D- average health gain score out of 1)	NHS outcomes fram	HIGH	0.373	2012/13	0.381	0.42	0.423	ABOUT THE SAME	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
	ework									
Patient reported outcomes for elective procedures: Knee Replacement (EQ-5D- average health gain score out of 1)	NHS outcomes fram	High	0.276	2012/13	0.283	0.28	0.313	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
	ework									
Patient reported outcomes for elective procedures: Varicose Vein (EQ-5D- average health gain score out of 1)	NHS outcomes framework	High	Suppressed due to small sample	2012/13	Suppressed due to small sample	0.072	0.084	**UNKNOWN**	**UNKNOWN**	**UNKNOWN**

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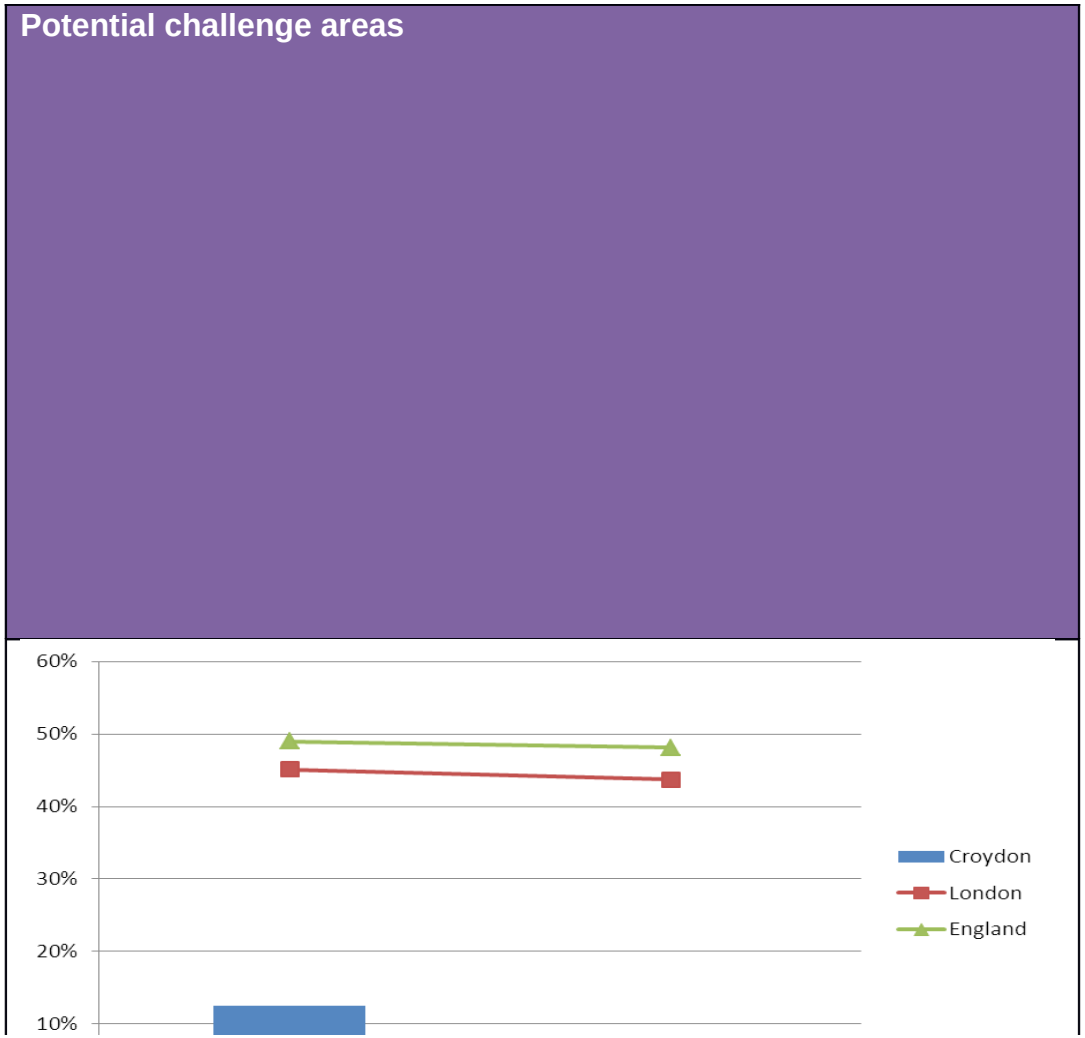
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
	ework									

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

Take up of NHS health checks (% of people offered health checks)


Potential challenge areas
60%
50%
40%
30%
20%
10%
Croydon
London
England

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	3.9	2010/12	4.4	4.1	4.1	BETTER	ABOUT THE SAME	ABOUT THE SAME
Life expectancy at age 75 (males) in years	Croydon key dataset	HIGH	11.5	2010-12	11.6	12	11.3	ABOUT THE SAME	ABOUT THE SAME	BETTER
Life expectancy at age 75 (females) in years	Croydon key dataset	HIGH	13.3	2010-12	13.1	13.9	13.	ABOUT THE SAME	WORSE	ABOUT THE SAME
Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	Croydon key dataset	LOW	79.6	2010-12	74.3	81.5	84.9	WORSE	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
Deaths from causes considered preventable (rate per 100,000 population)	Croydon key dataset	LOW	179	2010-12	171	178.2	187.8	WORSE	ABOUT THE SAME	WORSE
Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	55.2	2010-12	56	52	53.5	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME
Early deaths from liver disease considered preventable (rate per 100,000 population age<75)	Croydon key dataset	LOW	14	2010-12	14.9	16.6	15.8	ABOUT THE SAME	BETTER	BETTER
Early deaths from respiratory	Croydon key	LOW	17.9	2010-12	15.4	17.1	17.6	WORSE	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
diseases considered preventable (rate per 100,000 population age<75)	dataset									
Offered an NHS health check (% of eligible people aged 40-74)	Croydon key dataset	HIGH	0.8%[1]	2013/14	0.1%	5.3%	23.1%	**WORSE**	**WORSE**	**WORSE**
Take up of NHS health checks (% of people offered health checks)	Croydon key dataset	HIGH	1.6	2013/14	12.5	43%	48%	**WORSE**	**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**

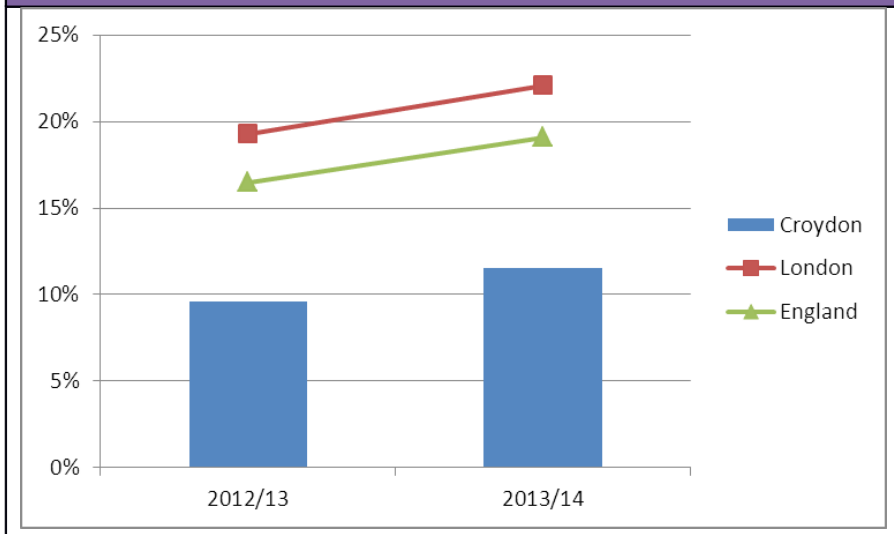
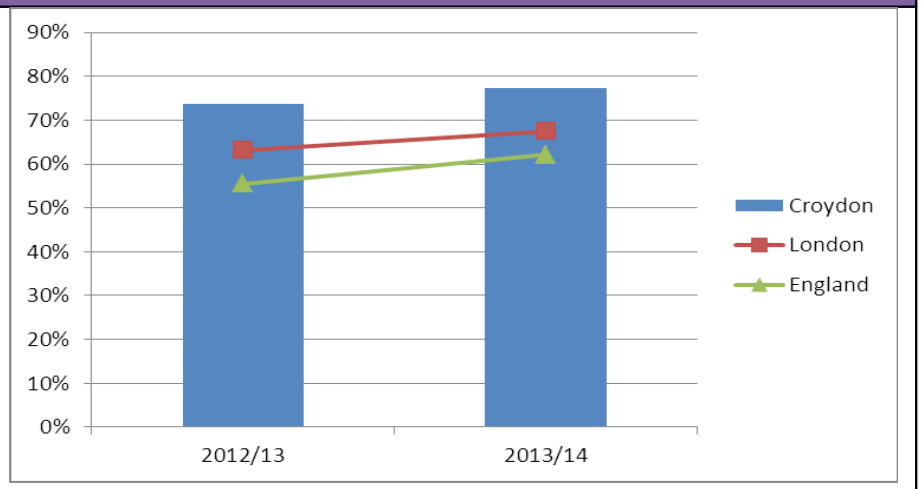
1 A Data quality issue has been cited on Public Health Outcomes Framework

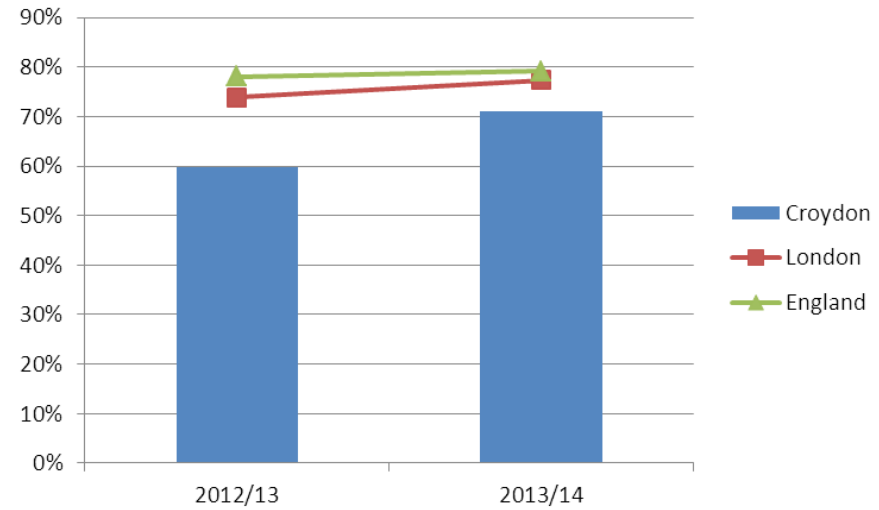
Measure description	Source	Polarity (is a higher or lower number better?)	Most recent annual data	From	Previous year	London Average	England Average	Comparison with previous year	Comparison with London Average	Comparison with England Average
Breast screening rate (% of women aged 53-70)	Croydon key dataset	HIGH	69.2	2013	70.8	68.6	76.3	ABOUT THE SAME	ABOUT THE SAME	WORSE
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	LOW	5.64	2010-12	5.68	5.06	5.05	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**

Potential challenge areas	Areas of success
 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 2013/14 is one of the best in London.
	Proportion of people who use services who say that those services have made them feel safe and secure

Potential challenge areas	Areas of success
	 There has been a significant increase in the proportion of adult social care service users who feel that the service they receive makes them feel safe and secure. Although Croydon is still a little behind London and England.

Performance measures

Health & Wellbeing Board – PERFORMANCE REPORT October 2014

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	18.7	2013/14	18.2	18.5	19	BETTER	ABOUT THE SAME	ABOUT THE SAME
Proportion of people who use services who have control over their daily life	ASCOF	HIGH	74.9%	2013/14	72.3%	72%	76.7%	BETTER	ABOUT THE SAME	ABOUT THE SAME
Proportion of people using social care who receive self-directed support	ASCOF	HIGH	77.3%	2013/14	73.8%	67.5%	62.1%	BETTER	BETTER	BETTER
Proportion of people using social care who receive direct payments	ASCOF	HIGH	11.5%	2013/14	9.6%	22.1%	19.1%	BETTER	WORSE	WORSE
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	5.6%	2013/14	5%	9.2%	6.8%	BETTER	WORSE	WORSE

Health & Wellbeing Board – PERFORMANCE REPORT October 2014

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
Proportion of adults in contact with secondary mental health services in paid employment	ASCOF	HIGH	5.8%	2013/14	8.0%	5.5%	7.1%	WORSE	ABOUT THE SAME	WORSE
Proportion of adults with learning disabilities who live in their own home or with their family	ASCOF	HIGH	66.2%	2013/14	63.8%	68.5%	74.8%	BETTER	ABOUT THE SAME	WORSE
Proportion of adults in contact with secondary mental health services living independently, with or without support	ASCOF	HIGH	71.2%	2013/14	78.2%	78.7%	60.9%	WORSE	WORSE	BETTER
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes,	ASCOF	LOW	7.8	2013/14	6	10	14.4	WORSE	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
per 100,000 population										
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	ASCOF	LOW	432	2013/14	212	463.9	668.4	WORSE	ABOUT THE SAME	WORSE
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	ASCOF	HIGH	85.2%	2013/14	85.1%	87.8%	81.9%	ABOUT THE SAME	WORSE	BETTER
Delayed transfers of care from hospital per 100,000 population	ASCOF	LOW	5.2	2013/14	3.4	6.9	9.7	WORSE	BETTER	BETTER

Health & Wellbeing Board – PERFORMANCE REPORT October 2014

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
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	ASCOF	LOW	3.5	2013/14	2.7	2.3	3.1	WORSE	WORSE	ABOUT THE SAME
Overall satisfaction of people who use services with their care and support	ASCOF	HIGH	57.9%	2013/14	54.2%	60.1%	64.9%	BETTER	ABOUT THE SAME	WORSE
Overall satisfaction of carers with social services	ASCOF	HIGH	29.2%	2012/13	Not available	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%	2013/14	Not available	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	73.1%	2013/14	73.0%	72.6%	74.7%	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME

Health & Wellbeing Board – PERFORMANCE REPORT October 2014

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
Proportion of people who use services who say that those services have made them feel safe and secure	ASCOF	HIGH	71%	2013/14	59.7%	77.4%	79.2%	BETTER	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 data se	LOW	9708.2	2011/12	9295.5	7978.2	8853.9	WORSE	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
	t									
Emergency readmissions within 30 days of discharge from hospital (%)	Croydon key dataset	LOW	12.6%	2011/12	12.0%	12.0%	11.8%	ABOUT THE SAME	ABOUT THE SAME	ABOUT THE SAME
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	**UNKNOWN**	**UNKNOWN**	**UNKNOWN**
Safety incidents involving severe harm or death per	NHS	LOW	49	Oct 13- Mar 14	63	Not available	Medium Acute(Croydon's	**BETTER**	**UNKNOWN**	**Medium Acute: 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
100 admissions	outcomesframework						comparator group): 20			
Patient safety incidents reported rate per 100 admissions	NHS outcomesframewor	LOW	5.9	Oct 13- Mar 14	6.6	Not available	Medium Acute(Croydon's comparator group):8	**BETTER**	**UNKNOWN**	**Medium Acute: 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
	k									
Incidence of avoidable harm: MRSA (crude count)	NHS outcomes framework	LOW	3	2013/14	1	Not available	5	ABOUT THE SAME	UNKNOWN	WORSE
Incidence of avoidable harm: C.difficle (crude count)	NHS outcomes fra	LOW	14	2013/14	30	Not available	5.2	BETTER	UNKNOWN	WORSE

Health & Wellbeing Board – PERFORMANCE REPORT October 2014

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
	mework									

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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: GP Services	NHS outcomes framework	HIGH	83.3%	2014	84%	81.4%	85.7%	ABOUT THE SAME	BETTER	WORSE
Patient experience of primary care: Out of Hours Services	NHS outcomes framework	HIGH	56.2%	2013	61.8%	58.3%	66.2%	WORSE	ABOUT THE SAME	WORSE
Patient experience of primary care: Dentistry	NHS outcomes framework	HIGH	82.9%	2014	81.9%	Not available	84.2%	ABOUT THE SAME	UNKNOWN	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
Patient experience of hospital care: Inpatient Overall Experience	NHS outcomes framework	HIGH	68	2012-13	67.7	Not available	76	ABOUT THE SAME	UNKNOWN	BETTER
Patient experience of hospital care: Outpatient Overall Experience (out of 100)	NHS outcomes framework	HIGH	74.4	2011	75.3	Not available	80	ABOUT THE SAME	UNKNOWN	WORSE
Patient experience of hospital care: Inpatient Responsiveness to Needs (out of 100)	NHS outcomes framework	HIGH	54.4	2014	57.4	Not available	68.7	ABOUT THE SAME	UNKNOWN	WORSE
Patient experience of hospital care: A&E Overall Experience	NHS outcomes framework	HIGH	75.5	2012	72.3	Not available	80	BETTER	UNKNOWN	WORSE
Access to NHS dental services (out of 100)	NHS outcomes framework	HIGH	94.6	2014	95.5	93.1	94.8	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
Access to GP services	NHS outcomes framework	HIGH	73.4%	2014	74.8%	70.7%	74.6%	UNKNOWN	BETTER	ABOUT THE SAME
Women's experience of maternity services: Intrapartum[2] (score between 1 -100)	NHS outcomes framework	High	70.5	2013	73.0	Not available	74.5	WORSE	UNKNOWN	WORSE
Patient experience of community mental health services[3] (score between 1-10)	NHS outcomes framework	HIGH	7	2014	8.75	Not available	6.6	WORSE	UNKNOWN	BETTER

2 Reliable data not available for pre and post natal components of this indicator. The indicator definition includes 6 questions across an antenatal survey (which Croydon did not submit), a Intrapartum survey- shown here and a Postnatal survey for which only one of the two questions is available in the Croydon report. As a result only the two questions c13 and c17 average from the Intrapartum results have been shown here.

3 Data is only available at SLAM (South London and Maudsley) level.

22 October 2014

Risk Status

			Risk rating		Control measures			
Risk Ref	**Business Unit**	**Risk**	**Current**	**Future**	**Future**	**Existing**	**Total**	**% Implemer**
HWB5	HWB	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%
HWB2	HWB	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	16	12	3	2	5	71%
HWB6	HWB	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%
HWB8	HWB	Board is not able to demonstrate improved outcomes for the population	16	12	4	4	4	60%
HWB4	HWB	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%
HWB1	HWB	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%
HWB3	HWB	Failure to clearly understand the purpose, boundaries and remit of the Board	16	4	2	2	3	67%
HWB7	HWB	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	2	4	50%
HWB9	HWB	Failure to produce the pharmaceutical needs assessment	12	8	2	2	4	50%

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HWB 22 October 2014 Agenda Item 11 Appendix 3 - work plan version 37.0

Topic proposed: date to be agreed

Fairness Commission
Update on integrated care / Transforming Adult Community Services
Mental health commissioning

Date	Item	Purpose	Board sponsor	Lead officer / report author
22 October 2014	Focus on outcomes: primary care : general practice	Information and discussion	Dr Jane Fryer	Dr Jane Fryer
	JSNA key dataset 2014/15	Discussion & decision	Mike Robinson	Jenny Hacker / David Osborne
	Outcomes based commissioning for over 65s	Information & discussion	Paula Swann / Hannah Miller	Brenda Scanlan / Stephen Warren
	Partnership groups report • Summary report from all partnerships • Update on adults with learning disabilities (from April 2013)	 Information & discussion Information & discussion	 Hannah Miller Hannah Miller / Paula Swann	 Steve Morton Alan Hiscutt / Suzanne Culling
	Adult social care commissioning plan 2014/15	Information	Hannah Miller	Brenda Scanlan
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Decision	Hannah Miller	 Steve Morton / Laura Gamble

HWB 22 October 2014 Agenda Item 11 Appendix 3 - work plan version 37.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
7 November 2014	Board half awayday on the review of the joint health and wellbeing strategy, to discuss findings from the engagement event on 1 October			
10 December 2014	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
	Food flagship update	Discussion	Mike Robinson	Sarah Nicholls / John Currie
	Health protection update • Immunisation & vaccination	Discussion	Mike Robinson	tba
	Update on dignity and safety	Information & discussion	Hannah Miller / Paula Swann	Kay Murray / Michelle Rahman
	Update on NHS Health Checks	Information & discussion	Mike Robinson	Katie Cuming / Bevoly Fearon
	Mental health strategy action plan	Information	Paula Swann / Hannah Miller	Stephen Warren / Brenda Scanlan
	Drug and alcohol phase 2 recommissioning	Information	Hannah Miller	Susan Grose
	Report of the chair of the executive group • Work plan • Risk	Discussion & decision	Hannah Miller	Steve Morton

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Date	Item	Purpose	Board sponsor	Lead officer / report author
11 February 2015	Focus on outcomes: health and wellbeing of offenders & their families	Discussion	tba	tba
	JSNA 2013/14 homeless households chapter final draft	Discussion & decision	Mike Robinson	Jenny Hacker / Dave Morris
	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	Steve Morton
	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
25 March 2015	Focus on outcomes: household income and health	Discussion	tba	tba
	Final commissioning plans 2015/16	Information	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike	Stephen Warren / Brenda Scanlan / Jane Doyle/PH & NHS England leads

HWB 22 October 2014 Agenda Item 11 Appendix 3 - work plan version 37.0

Date	Item	Purpose	Board sponsor	Lead officer / report author
			Robinson/Jane Fryer	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

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	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
	circulatory diseases			
	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	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
	executive group (standing item)			
	Risk register (standing item)	Discussion	Hannah Miller	Steve Morton
5 December 2013	Board seminar – dignity and safety in care			
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
26 March 2014	CHS emergency care department business case	Decision	John Goulston	Karen Breen
	South west London collaborative commissioning	Discussion	Paula Swann	Stephen Warren
	Final commissioning intentions 2014/15 • CCG Operating Plan 2014/15 – 2016/17	For information	Paula Swann/Hannah Miller/Paul	Stephen Warren / Brenda Scanlan / Jane Doyle

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	• Children and families' plan 2014/15		Greenhalgh	
	JSNA 2013/14 domestic violence chapter final draft	Decision	Mike Robinson	Ellen Schwartz
	JSNA 2013/14 alcohol chapter final draft	Decision	Mike Robinson	Bernadette Alves
	Children & young people's emotional wellbeing & mental health strategy	Discussion	Paul Greenhalgh / Paula Swann	Geraldine Bradbury / Stephen Warren
	Pharmaceutical needs assessment work plan 2014/15	Information	Mike Robinson	Matt Phelan
	Report of the chair of the executive group • Work plan • Risk register	Discussion & decision	Hannah Miller	 Steve Morton Malcolm Davies
27 March 2014	Board engagement event: review of progress against joint health and wellbeing strategy			
16 July 2014	Board induction session			
16 July 2014	Appointment of chair	Decision	n/a	Solomon Agutu
	Annual report of the director of public health	Discussion	Mike Robinson	Jenny Hacker
	Focus on outcomes: Pressure ulcers in the community	Discussion	Paula Swann / Hannah Miller	Michelle Rahman / Kay Murray
	JSNA 2013/14 healthy weight chapter final draft	Decision	Mike Robinson	Sarah Nicholls / Anna Kitt

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	JSNA 2014/15 key chapter topics	Decision	Mike Robinson	Jenny Hacker
	SW London collaborative commissioning strategy	Information	Paula Swann	Paula Swann
	Joint mental health strategy	Discussion	Paula Swann / Hannah Miller	Paula Swann /' Stephen Warren / Brenda Scanlan
	Children's primary prevention plan	Discussion	Paul Greenhalgh	Dwynwen Stepien
	Reform of services for children who will be subject to education, care and health plans	Information	Paul Greenhalgh	Linda Wright
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk register	Discussion & decision	Hannah Miller	 Steve Morton Laura Gamble Steve Morton
11 September 2014	Better Care Fund	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	Adults safeguarding board annual report	Information	Hannah Miller	Kay Murray
	Children's safeguarding board annual report	Information	Paul Greenhalgh	Steve Love
	Report of the chair of the executive group • Work plan • Risk register	Discussion & 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
	Somewhere to go, something to do: a survey of the views of people using mental health day services in Croydon	Information	Maggie Mansell	Richard Pacitti
1 October 2014	Board public engagement event: joint health and wellbeing strategy review			

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FOR INFORMATION

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **22 October 2014**
AGENDA ITEM:	**12**
SUBJECT:	**Croydon ICU Commissioning Priorities and Work Plan (Update)**
BOARD SPONSOR:	**Hannah Miller, Executive Director, DASHH, Croydon Council** **Paul Greenhalgh, Executive Director, CFL, Croydon Council** **Paula Swann, Chief Officer, Croydon CCG** **Mike Robinson, Director of Public Health, Croydon Council**

CORPORATE PRIORITY/POLICY CONTEXT:

Health and Wellbeing Priorities

- Giving our Children a good start
- Preventing Illness and Injury and helping people recover
- Preventing premature death and long term health conditions
- Supporting people to be resilient and independent
- Providing integrated safe, high quality services
- Improving People's Experience of Care

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 The following report is to provide an update to for the Health and Wellbeing Board on the 2014-15 ccommissioning priorities and work plan for the Integrated Commissioning Unit (ICU) and progress against the stated intentions.

2.2 In developing the commissioning priorities and work plan the ICU applied the following overarching principles based on CCG and Council principles**.**

- Commissioning will be evidence-based
- Focus on good outcomes for individuals, their families and communities
- Enhance quality and value for money via market development
- Promote personalised care and support, close to home
- Effective management of current and future demand for services.

FOR INFORMATION

- Promote Prevention, Self-Care/Management and Shared Decision making
- Promote integrated care & support which puts the patient or service user at its heart and gives them genuine choice
- Governance arrangements will be clear, workable and understood by everyone working in the ICU
- Our systems, processes and protocols with partners will assure quality and safety in commissioned services

2.3 A full list including updates for each commissioning objective can be found in Appendix 1

3. DETAIL

3.1 Commissioning priorities are arranged under seven areas each with their own commissioning objectives, with each area led by a designated lead officer at Head of Service level in the ICU.
The priorities are:-

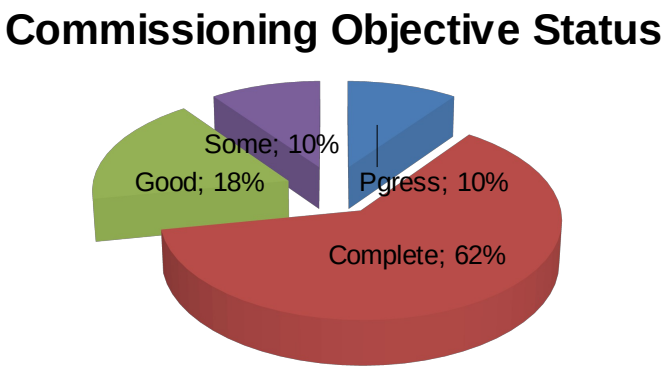
- Quality, Innovation, Productivity & Prevention (QIPP)/ Programme Management Office (PMO);
- Service Redesign and Programme Management;
- Children;
- Older People, Physical Disabilities and Long Term Conditions, End of Life and carers;
- Mental Health & Substance Misuse;
- Working Age Adults;
- General

3.2 In developing the commissioning priorities, objectives and outcomes care has been taken to ensure that both health and social care requirements have been addressed. Similarly, where services are being commissioned separately by both the council and the CCG future commissioning is now done (or is planned to be done) jointly. The same principles are also being applied to the review and monitoring of services and contracts.

- In reviewing the commissioning priorities, objectives and work plan it is not appropriate to use a RAG (Red, Amber, Green) traffic light system to describe whether the objective is complete or not due to the complex nature of many of the objectives and the interdependencies with other objectives and projects. However, it is reasonable and possible to assess progress using the comments in the update column and assessing progress against each individual objective using the following broad descriptions: Completed, Good Progress made, Some progress made and Project yet to begin.

FOR INFORMATION

3.3 The pie chart below shows the overall progress against all the commissioning objectives



3.4 At the end of the second quarter over 70% of the commissioning objectives on the work-plan have either been completed or have made good progress and will be completed by the end of the financial year.

3.5 Of the remaining objectives, the majority are scheduled to progress in the second part of the year.

3.6 Wherever possible, in undertaking the actions required to complete the objective consultation has taken place with service users/patients, professionals (clinicians, social workers, nurses) and members. This has been achieved through public meetings, through the well-established partnerships, events personal feedback from service users and professional networks.

3.7 Commissioning priorities are now being developed for the coming year 2015-16 again based on the principles stated above and building on results of those already achieved. There are increasing opportunities for further integrated commissioning, contract monitoring and reviewing in the coming year as part of the “business as usual” approach to commissioning and procurement.

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BACKGROUND DOCUMENTS

Croydon Integrated Commissioning Unit Commissioning Plan 2014-15

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