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 People)
Dr Ellen SCHWARTZ (Acting Joint 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
Charlotte LADYMAN (Healthwatch Croydon)

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

Representing voluntary sector service providers:
Kim BENNETT (Croydon Voluntary Sector Alliance)
Sara MILOCCO (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)

Representing patients, the public and users of health and care services:
Stuart ROUTLEDGE (Croydon Charity Services Delivery Group)
Karen STOTT (Croydon Voluntary Sector Alliance)

Non-voting members:
Lissa ANDERSON (London Probation Trust (Croydon))
Ashtaq ARAIN (Faiths together in Croydon)
TBA (Croydon College)
Adam KERR (National Probation Service (London))
Sally CARTWRIGHT (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Philip MOCKETT (Metropolitan Police)

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Wednesday 10th February 2016** at **2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

GABRIEL MacGREGOR
Acting Director of Legal & Democratic Services
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon 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
1 February 2016

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 9th December 2015 (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. Appointment of second Vice-Chair

To appoint a Board Member from the CCG, as agreed at Council on 25 January 2016.

7. Strategic Items

JSNA community based services for over 65s chapter final draft (Page 11)

The report of Croydon's Director of Public Health is attached.

8. Health and social care integration: outcomes based commissioning for over 65s (Page 21)

The report of the Chief Officer of Croydon's Clinical Commissioning Group and Croydon Council's Executive Director of People is attached.

9. Business Items

South West London Commissioning Collaborative (Page 43)

The report of the Chief Officer of Croydon's Clinical Commissioning Group is attached.

10. JSNA work programme 2016 (Page 71)

The report of Croydon's Director of Public Health is attached.

11. Report of the chair of the executive group (Page 75)

The report of the Chair of the Executive Group is attached, covering the Work Programme and Risk Summary

12. Public Questions

For members of the public to ask questions relating to items on the agenda of the Health & Wellbeing Board meeting.

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.

13. The following motion is to be moved and seconded as the "camera resolution" where it is proposed to move into part B of a meeting

That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following 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 Wednesday 9th December 2015 at 2pm in The Community Space, Bernard Weatherill House, 8 Mint Walk, Croydon CR0 1EA

Present:

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

Officers of the council:
Paul GREENHALGH (Executive Director of People)
Dr Ellen SCHWARTZ (Acting Joint Director of Public Health)

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

Healthwatch Croydon
Charlotte LADYMAN (Healthwatch Croydon)

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

Representing voluntary sector service providers:
Kim BENNETT (Croydon Voluntary Sector Alliance)
Sara MILOCCO (Croydon Voluntary Action)

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

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)

Also present:

Solomon Agutu (Head of Democratic Services & Scrutiny, Croydon Council), Andria Doyle (Executive Support Officer, Croydon Council), Steve Morton (Head of health & wellbeing, Croydon Council), Dr Sarah Nicholls (Consultant in Public Health, CCG), Brenda Scanlan (Director of Adult Care Commissioning, Croydon Council), Stephen Warren (Director of Commissioning, CCG)
Committee Manager: Margot Rohan (Senior Members' Services Manager, Croydon Council)

Absent:

Councillor Alisa FLEMMING, Lissa ANDERSON (London Probation Trust (Croydon)), Eleanor BATEMAN (South London & Maudsley NHS Foundation Trust), Keith BILL (Croydon Charity Services Delivery Group), Sally CARTWRIGHT (London Fire Brigade), Dr Jane FRYER (NHS England), Adam KERR (National Probation Service (London)), Phil MOCKETT (Metropolitan Police), Stuart ROUTLEDGE (Croydon Charity Services Delivery Group), Nero UGHWUJABO (Croydon BME)

Apologies: Councillor Alisa FLEMMING, Lissa ANDERSON (London Probation Trust (Croydon)), Keith BILL (Croydon Charity Services Delivery Group), Sally CARTWRIGHT (London Fire Brigade), Dr Jane FRYER (NHS England), Phil MOCKETT (Metropolitan Police), Stuart ROUTLEDGE (Croydon Charity Services Delivery Group)

A66/15 MINUTES OF THE MEETING HELD ON WEDNESDAY 21ST OCTOBER 2015

The minutes of the meeting held on 21st October 2015 were agreed as an accurate record, after the following additions and corrections were made:

- As it was his last meeting before leaving South London & Maudsley NHS Foundation Trust, the Board thanked Steve Davidson for his contribution.
- It was noted that Marie Brown, who represented Croydon College, has left.
- Stephen Warren represented the CCG at the meeting
- Ashtaq Arain sent apologies which had been omitted

A67/15 DISCLOSURE OF INTEREST

There were no disclosures of a pecuniary interest not already registered.

A68/15 URGENT BUSINESS (IF ANY)

There was no urgent business.

A69/15 EXEMPT ITEMS

There were no exempt items.

A70/15 STRATEGIC ITEMS:

The CCG's commissioning intentions set out in the main the continuation of current plans, which deliver local priorities such as those set out in the Health and Well Being Strategy as wells as South West London, London and national priorities.

The Strategic Commissioning report focused on the high level commissioning intentions of the Local Authority for 2016/17. Aligned with the CCG's commissioning intentions these translate into the work programme of the (Local Authority and CCG) Integrated Commissioning Unit (ICU), which has the aim securing health, social care and well-being for Croydon people. The purpose of the report was to enable the Health and Wellbeing Board to comment on the alignment of these intentions with the priorities identified in the joint

health and wellbeing strategy 2013-18 as informed by the joint strategic needs assessment (JSNA).

Paul Greenhalgh introduced the Strategic Commissioning Intentions report with an overview of the wider concerns, particularly a massive increase in demand for services. There needs to be a significant mind shift to encourage people to look after their own lives.

Paula Swann gave an overview of the CCG Commissioning Intentions report and Stephen Warren summarised the report:

- Context - taking into account various national and local policies
- Move towards outcomes based commissioning
- Focus on over 65s services

Brenda Scanlan gave a summary of the Strategic Commissioning Intentions report:

- Embedded around prevention
- Enabling people to take more responsibility for their own health, care and wellbeing
- Sets out high level priorities for the coming year
- Work designed to identify the synergies between the services of the NHS and the Council to enable the best offer for local residents

A number of issues were raised following the presentations including

1. the number of families in B&B placements over 6 weeks which were reported to have reduced by 30%
2. the CCG 10 year contract with Age UK
3. whether integration will really be achieved as it has been spoken about over the last 20 years
4. the redesign of sexual health services I and the role of pharmacies in the providing these services and why there was no pharmacy representative on the Transformation Board. It was reported that the Pharmaceutical Committee would be included when the formal consultations began.

The Board then broke up into groups to consider the extent to which CCG's and the Council's commissioning intentions for 2016-17 reflect the following priorities in the joint health and wellbeing strategy:

Table 1
Giving our children a good start

The 3 main points identified from these discussions were:

1. Focus on children's mental health welcomed, with a single point of referral, although there is still an issue around self-referral
2. Getting transition for 19-25 year old services right is critical - needs further consideration
3. Rethinking children's public health services is currently missing

Table 2
Preventing illness and injury and helping people recover
Preventing premature death and long term health conditions
Supporting people to be resilient and independent

The 3 main points identified from these discussions were:

1. Prevention of falls will be increased by support from pharmacies referring people to the falls prevention service
2. Better communication is needed to increase expectations about the public's role in taking responsibility for their own health
3. There is a role for local communities taking responsibility for assisting the elderly. A number of community groups, such as Neighbourhood Care, raise money for this already and more awareness of this activity needs to be promoted

Table 3
Providing integrated, safe, high quality services
Improving people's experience of care

The 3 main points identified from these discussions were:

1. The report did not show success indicators of integration
2. Issue of whether integration should be borough-wide or locally - how services are developed, taking into account different needs
3. Inequalities of care - good example in Tower Hamlets where housing helped to improve this. Closer neighbourhood integration needed and giving early support to parents to prevent children's problems later

(**N.B.** Councillor Louisa Woodley entered the meeting at 3pm.)

The Board was asked to:

- **NOTE** the CCG commissioning intentions for 2016/17
- **NOTE** that comment on the CCGs draft Operating Plan will be sought in February
- **COMMENT** on the alignment of strategic 2016/17 commissioning intentions to the joint health and wellbeing strategy 2013-18.

A71/15 URGENT CARE REPROCUREMENT

In September 2015 the CCG Governing Body discussed the Croydon Urgent Care Re-procurement strategy. The strategy proposed 8 scenarios that could make up the reconfiguration of Urgent care services in Croydon. Following the detailing modelling work, two key documents for the public have been produced. The link to these documents is outlined in the presentation which will take the reader to

all the main engagement documents on the CCG website.

Paula Swan gave the presentation (see attached).

- Current contracts expire in March 2017
- Need to align services with SW London strategy
- Urgent care services very confusing
- Strategy to ensure safe service providing high quality care in future
- Opportunity to provide much more flexible services across the borough

Following the presentation a number of issues were raised including, the length of time needed to award the contract, different options being considered and the extent and quality of the consultation exercise. On consultation the following points were made:

- Disappointingly poor response to various events held around the borough. The options were advertised in local newspapers and tweeted. The Croydon Advertiser wrote an article and it was put on the website. GP services around the borough were notified. Maximum turnout only around 10 but CCG thinking of doing another event in early January.
    - Forms on back page of brochure but not clear on website
    - Why not spread awareness through faith organisations? Mosque in Purley - Friday night have captive audience of over 1000.

There was also some discussion about the role of pharmacies given that Croydon had the highest number of pharmacies. Late night pharmacies (3 contracted to open until 10pm-12am) and 2 offer 24/7 services (walk-in centre and near Croydon University Hospital). Ad hoc arrangements need to be formalised and included in the urgent care review.

There was discussion about the hub structure. Hopefully hubs will be in current locations or in the vicinity but cannot be guaranteed. It will depend on the commissioning and which service providers are contracted. There was a discussion about a fourth hub in Purley? CVA is running an engagement exercise in collaboration with CCG, schools and GP surgeries - collecting information and putting it out in newsletter and on website.

Further points raised included:

- Best outcomes will be in the right place for the person not in the traditional emergency model.
- More people are being dealt with within 2 hours in different location. More people being seen quicker and being discharged. Fewer people are needing to be seen by specialists. Relieving pressure on A&E.

- Rapid access medical assessment unit - more people can be seen by right person more quickly. Model we have has been a successful one.

The Board **NOTED** the approved modelling documents for the public engagement which commenced on Friday 27th November.

A72/15 BUSINESS ITEMS:

Following a previous update by the Director of the SW London Health Protection Unit, the Board requested annual updates on local health protection issues. In March 2015, the Health and Wellbeing Board endorsed the establishment of a Health Protection Forum for Croydon to advise the director of public health and to facilitate the regular review of health protection priorities, appropriateness of local plans and horizon scanning of potential risks to the local population.

Dr Ellen Schwartz gave a brief summary of the report:

- Forum met twice this year
- Ensured right people involved
- Established annual work plan
- Identified priorities for Croydon
    - Childhood infections
    - Sexually transmitted diseases
    - Tuberculosis
- Will work through areas in coming months

Cllr Yvette Hopley asked about are the numbers of people with tubercolosis who are exhibiting resistance to treatments.
Dr Ellen Schwartz: There is a small number of people but we are dealing with complex cases. There needs to be some consultation on who is responsible for this treatment. It involves long treatment over many months and it is important that they complete the treatment.

The Board **NOTED** the health protection priorities identified by the Health Protection Forum.

A73/15 JSNA MATERNAL HEALTH CHAPTER FINAL DRAFT

The Maternal Health JSNA chapter forms part of Croydon's 2014/2015. Gaps in the ability to achieve healthy relationships within current service provision have been identified, and recommendations have been formulated after reviewing the data and audit, for future developments.

Dr Sarah Nicholls summarised the report:

- Significant challenges in Croydon
- 2014 just over 5,500 babies born - 2/3rds within Croydon
- Quarter of mothers book relatively late after first 12 weeks of pregnancy
- Mothers smoking and new born babies born below average birth weight has risen
- 13% of women attending first ante-natal class have little or no English
- Half of mothers were overweight when booked in
- 5% of pregnant women have diabetes

The following issues were raised and discussed:

- The rise in numbers mothers with pre-existing conditions
- The role of schools in maintaining good healthy bodyweight before getting pregnant and early access to ante-natal clinic and also advice on contraceptive services
- Sexual health education - need for good relationship education.

Following discussion, the Board:

- A**PPROVED** the document in principle and
- **AGREED** that delegated authority be granted to the Acting Director of Public Health, Executive Director of People.

A74/15 IMPROVING PEOPLE'S EXPERIENCE OF CARE: PATIENT TRANSPORT

A recent survey/analysis of the service user experience of patient transport reported an 80% negative sentiment with regards to the NEPT service.

In consequence, the management of the NEPT service has recently been restructured and is now within the Estates & Facilities department. These domains have been the focus of the new monthly performance/contract meetings, whereby both the Trust and ERS Medical (the NEPT external contractor awarded to deliver the service) have signed up to improve the service delivery.

Charlie Ladyman explained every Friday Healthwatchvolunteers go over the data. Trend analysis is a snapshot of people who go on NHS Choices and comment.

Cllr Maggie Mansell expressed concern that 80% gave negative comments.
John Goulston explained that part of the unhappiness is the way the service is batched. It is not seamless - patients are picked up and have a long wait until taken home again. It is not on an individual

basis. There is some confusion about escorts - decision made by clinical teams.

Cllr Margaret Mead mentioned that patients are confused about the contact number and location of the discharge lounge.
John Goulston agreed to do something about making the contact number clearer. Patient transport is moving and will have a nice home when finalised. The discharge lounge is not in the most convenient place. The signposting needs to be improved.

Cllr Yvette Hopley asked about the contract and whether specialist transport is used.
John Goulston explained that transport is provided through the London Procurement Partnership, run by department of health criteria. Most people are picked up in ambulance type vehicles. Out of hours, if someone misses the run, then they may sub contract to a taxi service. It is a fairly standard specification across hospital and community settings.
Dr Agnelo Fernandes mentioned that a lot of people who need some form of transport do not need that type of vehicle. Patient experience of using taxis has been positive. The main criticism is being told to be ready very early but not being picked up for 3 hours.

The report was for information only.

A75/15 REPORT OF THE CHAIR OF THE EXECUTIVE GROUP

Paul Greenhalgh gave a short presentation.

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 1.

The health and wellbeing board agreed its work plan for 2015/16 at its meeting on 25 March 2015. 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 2.

There were no questions on the report.

Steve Morton advised the Board that, if anyone has questions about the Performance Report, the Executive Group will take them on board at the next meeting.

Cllr Yvette Hopley asked if it would be possible to have the numbers as well as the % rates.

The Board:

- **NOTED** the risks identified at appendix 1
- **AGREED** changes to the board work plan set out in paragraph 3.4

- **CONSIDERED** the report at appendix 3, identifying performance against key indicators for board priorities set out in the joint health and wellbeing strategy.
- **NOTED** the two areas identified for further consideration at a joint workshop between the board and the Opportunity and Fairness commission on 21 October 2015: social isolation and early years.

A76/15 PUBLIC QUESTIONS

Item 6 - CCG Commissioning intentions - Peter Doye asked why paragraphs regarding Finance, Legal and Equalities issues were all 'non-applicable'.

It was explained that, as the report was only for information, not for decision, those sections are not required.

The CCG plans will be taken forward into the operating plan. Before the governing body is presented with a decision, there will be a full report in February. It will include extremely detailed information on finances. A very high level impact assessment has been carried out and is on the website. Recommendation of Option 1 is the best in terms of the equalities impact.

The CCG has met with representatives of residents and agreed to meet again in the next week to discuss modelling.

The meeting ended at 4:30pm

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **10th February 2016**
AGENDA ITEM:	**7**
SUBJECT:	**Joint Strategic Needs Assessment on Older Adults and Carers of Older Adults**
BOARD SPONSOR:	**Steve Morton, Head of health and wellbeing & acting joint director (with Dr Ellen Schwartz) , Croydon Council** **Dr Ellen Schwartz, Consultant in public health and acting joint director (with Steve Morton), Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

- This needs assessment supports a number of priorities in the 2013-18 Joint Health and Wellbeing Strategy. Specifically, the needs assessment focuses on the following areas;
  - preventing illness and helping older adults recover well in the community,
  - supporting older adults to be resilient and independent,
  - preventing premature death and better management of long term conditions
  - providing integrated older adult services
- Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing boards. Local authorities and clinical commissioning groups are required to collaborate to produce a Joint Strategic Needs Assessment.

FINANCIAL IMPACT:

The main financial implications will lie in unmet need that is identified and the projections of growing need in the future.

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

1.1. Consider the findings of the Joint Strategic Needs Assessment on Older Adults and Carers of Older Adults. The conclusions and recommendations from the needs assessment are included below in section 3 – Detail.

1.2. Agree that delegated authority be granted to the Acting Director of Public Health, Executive Director, People Department, Croydon Council and Chief Officer of Croydon CCG to agree any final changes to the document if required.

2. EXECUTIVE SUMMARY

2.1 The JSNA on Older Adults is one of two needs assessments forming part of Croydon's 2014/15 JSNA, the other being a JSNA on Maternal Health.

2.2 This chapter's outline is based on the framework of goals and desired outcomes established as part of the Outcomes Based Commissioning Programme, such that future service provision and models of care may be directly influenced by the findings from, and recommendations put forward in this needs assessment.

2.3 This needs assessment aims to:

2.3.1 provide an understanding of the demographic characteristics, social determinants and health and social care needs of Croydon's Older Adults and carers that care for Older Adults (section 4 in chapter, pages 11-24)

2.3.2 appraise Croydon's existing support and care services specifically around prevention, self-care, primary and community intervention for Older Adults and Carers, using the outcome goals identified by service users, as part of the consultation exercise for Croydon's Outcomes Based Commissioning Programme (section 5 in chapter, pages 25-61)

2.3.3 identify gaps in Croydon's service provision in relation to these outcome goals (section 5 in chapter, pages 25-61)

2.3.4 inform discussions with health and social care commissioners, stakeholders and providers within the Outcome Based Commissioning landscape (section 6 in chapter, pages 62-64)

2.4 Areas in scope and out of scope for this needs assessment are listed along with a short rationale in Appendix A of this report.

2.5 This needs assessment describes the demographic and high level socio-economic circumstances, health and social care needs of the older adult population in Croydon. Further, it discusses current population need and recommendations for improvement within the areas of prevention and health maintenance, and management of deterioration and self-care in the community setting for Older Adults and Carers of Older Adults. The chapter outline is based on the framework of goals and desired outcomes established as part of the Outcomes Based Commissioning Programme, such that future service provision and models of care may be directly influenced by the findings from, and recommendations put forward in this needs assessment.

2.6 As the population over the age of 65 continues to increase, and becomes more diverse in its ethnic group composition, health and social care provision for older adults and carers of older adults in Croydon needs to evolve along with subsequently greater need for support in the community. In particular, services must evolve to reflect the increasing number of individuals who will be living longer with long-term and/or life limiting conditions.

2.7 A systematic and consistent approach with a greater focus on prevention and self-care/management in the community is recommended to reduce the rapid increase in service utilisation amongst older adults at the apex of intensity of need.

2.8 Nationally older adults account for more than 1/6th of the some health and social care resources. Most adult social care services are funded through local government. 46% of the local adult social care budget and nearly 40% of the NHS budget is spent on older adults, however the last 5 years have seen a 17% drop in spend on the social care services for older people2. Croydon council spent £49.7 million on older people's social care in 2012/13.

2.9 However, older adults and carers of older adults are not just consumers of health and social care services but also important contributors to society and local communities and have a wealth of experience to offer. It is important therefore that we facilitate this section of Croydon's population to continue to make a contribution to their own health and wellbeing, to society and to live lives to their full potential.

2.10 Achieving improved health and social care outcomes for Croydon's older adults and carers of older adults, is a joint priority for, Croydon CCG, the Local Authority and several local partners across the sectors.

2.11 Local commissioning and service provision strategies are taking into account and gradually enabling a greater shift towards individuals' holistic well-being; including prevention and self-care along with increased provision of care in the community and care closer to people's homes.

2.12 From a wider set of areas for improvement found in Appendix C of the full document, the chapter prioritises the following set of recommendations for implementation by relevant parts of the system and in particular driven forward as part of the Outcomes Based Commissioning Model of Care for Older Adults.

3. **DETAIL**

3.1 The needs assessment highlighted several areas for improvement that were then prioritised as recommendations for implementation, in collaboration with lead commissioners, the Croydon Accountable Provider Alliance (APA) that is leading on the model of care for delivery on the OBC programme, and community stakeholders.

3.2 The resulting prioritised recommendations (table below) can be found in section 6 (pages 62-64) of the chapter.

1. Promote Healthy Lifestyles and Behaviours (see section 5.1.1 and 5.1.2 in chapter)

Target immediate efforts at older adults at risk of malnutrition (those living in fuel poverty and those in particular care settings) - particularly during winter months

4% of Croydon's older adults lived in households without central heating and this figure is statistically significantly higher for Croydon compared with England (3%). Experiencing fuel poverty impacts older adults' food shopping and therefore their nutrition.

Additionally, national reports suggest that 10% of older adults across the country are at risk of malnutrition, this risk is greater particularly during winter months and more common than amongst younger adults. Evidence also suggests that 1/3 all older adults admitted to hospitals and care homes and 50% of all admitted to hospitals from care homes were at risk of malnutrition.

2. Support with Functional, Sensory Ability and Falls (see section 5.1.3 in chapter)

Increase awareness amongst and early identification of older adults with reducing functional ability (domestic and self-care tasks) and consider the provision of lower levels of support help service-users and their carers maintain independence for longer before requiring more intensive support

Age, long-term conditions, falls and reducing functional ability – lead to requiring support in the home (National evidence) to continue living independently.

Almost half of all older adults in Croydon (49%) report that they have any condition or disability which limits their daily activities in some way. However this proportion ranges from 27.2% to 68.0% across lower super output areas and appears to cluster to a greater degree within areas of higher deprivation, and areas with higher proportions of older adults from BAME backgrounds. The most common problems relate to movement, vision and hearing, and can reduce the ability of older people to look after themselves, remain mobile, and maintain their independence resulting in a need for personal care.

Although numbers of individual registered blind, visually impaired, deaf or hard of hearing are known, registration is not compulsory and therefore figures are likely to be underestimates.

40% of older adults report that they are unable to do at least one of their domestic tasks by themselves (48% of women and 28% of men) and 32% were unable to carry out at least one self-care task (38% of women and 25% of men). Inability to carry out domestic or self-care tasks increased significantly with age.

Physical disabilities and frailty were also found to be two of the most commonly reported reasons for requiring carer support, who themselves may be frail (older carers), disabled or have long-term conditions. 7% of carers known to the Croydon Carers Support Service are reported disabled themselves.

3. Support Greater Independence at Home and in the Community (see section 5.1.5 in chapter)

a) Strengthen low level community support and information services for older adults and carers of older adults; particularly to counter balance any increase in identified needs in the system but also to support those with needs but not eligible for social care.

b) Where appropriate consider increasing the provision of intensive home care (6 or more visits per week) in order to support older adults staying out of care homes for as long as is appropriate

c) Increase staff awareness of factors influencing potentially avoidable admissions into

care homes particularly, increase case finding of older adults with incontinence and at risk of falls. Increase awareness, skills and confidence amongst the wider workforce, in managing common frailty syndromes, confusion, falls, poly-pharmacy and safeguarding

Croydon is estimated to have the 3rd highest number of people in care homes in London, by 2030. An evidence review completed for this chapter, indicated the lack or make-up of alternative community services, perception of these services, actual or perceived timeliness of such services influenced decisions to admit to hospital/care homes

The evidence review suggests that the majority of those admitted to care homes had received some home care, but 50% didn't receive intensive home care (>6 visits per week). Functional impairment combined with lack of community support influences admissions to hospital, readmissions and major determining factor for admission to care homes.

With regards to support in the community the literature favoured services that provided rapid support for exacerbations of conditions most amenable to intervention in the community (these included continence, falls, dementia, depression, visual impairment, stroke, diabetes. Additionally, the literature also recommended early identification and support before or in anticipation of crisis points. Continuity of care was cited as a barrier in achieving greater support in the community and out of care homes.

4. Reduce Fuel Poverty Amongst Older Adults in Croydon (see section 4.1.2 and 5.1.2 in chapter)

Take action at all 4 levels of intervention to address fuel poverty (particularly amongst older adults); i.e. energy efficiency measures, energy price support and switching, advice and support with practical and/or personal barriers, and maximising income.

4% of Croydon's older adults lived in households without central heating and this figure is statistically significantly higher for Croydon compared with England (3%).

Health problems amongst older adults may be exacerbated or indeed caused by living in cold home. It is important to emphasise that ill-health associated with cold homes is experienced during 'normal' winter temperatures and not just extreme weather. NICE recommend practical solutions to reduce the risk of death, ill-health and resulting pressures on health and social care services on account of fuel poverty and fuel debt.

5. Address Social Isolation (see section 5.1.3 in chapter)

Should develop a multi-agency strategy that aims to identify individuals and in particular older adults that are most at risk of longer term loneliness and/or social isolation and supports them to remain positively engaged with society and maintain meaningful relationships

Social Isolation and loneliness are both risk factors for ill-health, similar to or worse than smoking 15 cigarettes a day. They make it harder to regulate risky behaviours, makes people more prone to depression and more likely to use the system as a way to have some social interaction (1 in 10 of GP visits is due to their loneliness)

31% of Croydon's older adults live alone (compared to 16% adults aged under 65). National estimates suggest these are mainly women. Those living alone or in large family homes are said to be at greater risk. Additionally the chapter reference group also identified those with physical disabilities, and/or sensory impairments identified as sub-groups at greater risk.

Carers providing care for older adults are also at risk of social isolation and/or loneliness. 41% of Croydon's carers, reported having as much social contact as they would have liked

6. Management of Long Term Conditions in the Community (see section 5.2.1 in chapter)

a) Improve early identification, and preparation in anticipation of 'critical or crisis points' in the management of LTCs particularly amongst the very old for e.g. through the systematic and consistent use of risk stratification tools and support for professionals such as clinical decision support software, specifically for those LTCs highlighted in the literature as amenable to management in the community or through urgent response without admission into acute care

b) Commission and/improve self-management support for older adults with LTCs and for carers of older adults with LTCs

40% older males and 30% older females in Croydon have at least one long-term condition recorded; 12% males o65 and 8% females o65 have two or more; 2-3% have three LTCs or more. National estimates suggest these numbers are expected to increase by a 1/3rd over next ten years.

Croydon has a rate of emergency admissions at 29 per 100 o65s that increases steadily with age. It is estimated that emergency admissions for LTCs and ACS could be reduced by 8-18% through appropriate early support in the community.

Nationally, 'older adults with long-term conditions is' the fastest growing Emergency Department admission type – these are largely considered preventable and manageable in community. National literature suggests 70-80% of people with LTCs can be supported to self-manage.

The evidence review highlights that crisis points can be anticipated (for e.g. using GP risk stratification and decision support tools as possible mechanisms) and if managed don't necessitate admissions. In particular the following conditions were highlighted as specifically amenable to rapid response and management in the community; non-specific chest and or abdominal pain, angina, acute mental crises, COPD, DVT, UTIs, minor head injuries, falls, epileptic fit, cellulitis, blocked urinary catheter, hypoglycaemia, and diabetic emergencies.

Progressing self-care seen as significant factor in system sustainability. 80% of individual self-care most of the time, however, people tend to abandon self-care earlier than they need to due to; confidence, understanding of conditions, reassurance, felt need for a prescription. The literature highlights the following as factors that facilitate: patient education programmes, medicines advice, tele-"aid", psychological support, access to health records

7. Holistic Assessments and Reablement (see section 5.2.5 and 5.2.6 in chapter)

Capture and address the holistic needs (including psychological support) of older adults and carers of older adults around discharge from urgent and/or secondary care settings, at diagnosis and/or at reviews of LTCs (e.g. joint HSC assessment of patients discharged after stroke)

8. Medicines (see section 5.2.2 in chapter)

Consider the use of IT and decision support tools, educational information and outreach services led by pharmacy and nurses particularly amongst high risk groups, including improved systems to support safe transfer of medication information at admission and discharge. Develop the role of pharmacy or pharmacy trained staff in medicines reviews and adherence assessments.

45% prescriptions in the UK are for older adults. More than a third of people aged 75 years and older take 4 or more medications. These figures increase for those in care homes. It is also estimated that 20% admissions amongst older adults are directly or indirectly drug related, and tend to particularly be more common amongst frail older patients in nursing

homes.

Local commissioner intelligence suggests, up to 50% people do not adhere to medication schedules.

9. Shared Decisions (see section 5.2.4 in chapter)

Support professionals to achieve a greater and faster shift towards more shared decision making with service users. Evaluated models to encourage, facilitate and measure shared decision-making exist that could be considered for use in Croydon.

The evidence review suggests that decisions tended to be made by professionals and were often at crisis points. Additionally professionals' perception that decisions were made jointly wasn't matched by their service users' perception.

In Croydon, proportion of carers who feel that they "always" or "usually" felt consulted in decisions was 63% compared to 72% in England

Timely information and shared decisions have been highlighted in the literature as effective enablers for behaviour change for increased self-care/management and is essential for onward planning. Similarly not being properly informed about illness and treatment options was cited as main reason for dissatisfaction.

Support among professionals for integrated, condition specific care pathways that involve the patient and their carer(s) is warranted in order to support rapid decision making. Evaluated models to encourage, facilitate and measure shared decision-making exist that could be considered for use in Croydon.

10. Identifying Carers (see section 5.3 in chapter)

a) Increase identification of new carers and self-recognition amongst care givers in order to widen the reach of the service to new service users; in particular, capture older adults' own caring responsibilities and refer for carer assessments where appropriate, and encourage recognition of 'care giver' role amongst BAME groups

According to the latest Census, there are 33,635 self-reported carers (all ages) in Croydon (9% of total Croydon population). 20% of self-reported carers (all ages) provide 50 hours or more unpaid care per week. Analysis of the carers' registry data (September 2014) suggests only 1 in 7 of the total estimated number of carers in Croydon are known to the Croydon Carers Support Service.

Although it is vital to recognise choice amongst the carer population with regards to accessing services; it is equally important that services are proactive in their approach to take support services to carers. This is also supported by that fact that Croydon Carers Support Service data that shows the means through which services users became aware of the service appear in the vast majority to be through previous contact. More work is needed to identify and support 'new carers' than currently known to Croydon services.

1/8 of all carers are older carers (i.e. aged over 65years themselves); 35% of these provide over 50 hours unpaid care per week (higher than all age carers). Croydon projected to have 3rd highest older carers by 2030.

Although Census data does not provide the age of the person cared being cared for, data on carers known to the Local Authority suggests that parents are the third most commonly cared for group of individuals after children and partners. Carer health deteriorates with increase in hours of care provided.

11. Supporting Carers to care (see section 5.3 in chapter)

Identify, assess and support the health and social care needs of carers of older adults with physical and/or sensory disabilities, complex needs and/or (multiple) LTCs, as well as

promoting information services, particularly for those providing more than 50 hours of care per week, as a way to reduce unplanned decisions and admissions into acute settings and/or care homes.

Evidence suggests that individuals without a carer are more likely to be admitted to nursing or residential care; carer stress accounts for 38% of admissions, whilst family breakdown including loss of a carer accounts of 8% of admissions.

Carers themselves may be frail, have mental health conditions, be disabled or have other long term conditions. Croydon data from the 2011 Census indicates that amongst the older carer population, 10% self-reported as being in 'bad or very bad health', and 36% in fair health. General health of carers deteriorates incrementally with the increasing number of hours of care provided.

Only 29.2% of carers in Croydon reported that they were "extremely" or "very" satisfied with the care and support that they are the person they care for had received from social services. This is significantly worse than the 42.7% reported for England as a whole and but is not significantly different to the figure for London (35.2%)**Error! Bookmark not defined.** Nearly a third of respondents to Croydon Carer Survey reported needing some or a lot more support hours than they were currently being offered (Croydon average higher than London average)

Supporting carers to care will require developments in the quality and range of support services provided to ensure identified and assessed need is addressed, specifically, the balance of support on offer, ranging from preventative services, direct access services to on-going personal budgets

12. Supporting carers at work (see section 5.3 in chapter)

Review and advocate borough wide employment and working policies that, are 'carer friendly', allow flexibility in working hours, support with information on benefits and other sources of income, particularly taking into account the lower than previously recognized threshold (10 or more care hours provided per week as opposed to 35 hours) at which carers are at risk of leaving employment

Individuals' ability to stay in fulltime employment whilst providing care is greatly reduced.**Error! Bookmark not defined.** Flexibility in working hours was reported to be the most important factor enabling carers to return or stay in employment. Several carers of working age feel forced to give up work, may find it difficult to return to work after their caring responsibilities have come to an end or have significantly reduced earnings.**Error! Bookmark not defined.**

A key threshold at which carers are at the risk of leaving employment occurs when 10 or more hours of care per week are being provided. Large numbers of carers therefore could be at risk of unemployment or reduced income.

There is an opportunity therefore to better support carers to care and carer independence by supporting carers to stay in employment.

4. CONSULTATION

4.1 The older adults JSNA is framed on the outcome goals previously established through consultation with service users and the public for the Outcomes Based Commissioning Programme.

4.2 The chapter has been shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon, including community geriatrician input, via membership of a chapter-specific sponsor group and reference group. There have been opportunities for CCG input at earlier stages via involvement in the JSNA prioritisation processes, membership of the JSNA Governance group, the JSNA Steering Group and the CCG SMT and Governing Body.

5. SERVICE INTEGRATION

5.1 As stated above, a key objective of this chapter is to support the Outcomes Based Commissioning programme for older adult services in Croydon. This programme of work has a key objective of transforming care for older adults in Croydon and increasing the proportion of older adults that are supported to be independent in their own homes and in the community. This includes greater integration in service delivery so as to achieve and fulfil the holistic (joint health, social care and wellbeing) needs of older adults and carers of older adults.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 The key aim of this JSNA chapter is to improve outcomes for older adult service users and carers through influencing the Outcomes Based Commissioning Programme.

6.2 Nationally older adults account for more than 1/6th of the overall health and social care resources. Most adult social care services are funded through local government.

6.3 46% of the local adult social care budget and nearly 40% of the NHS budget is spent on older adults. Croydon council spent £49.7 million on older people's social care in 2012/13. NHS expenditure is not categorised by age group so it is not possible to provide an exact figure for Croydon.

6.4 It is the responsibility of commissioners to agree how to make use of the financial resources available to address the recommendations of the JSNA chapter on Older Adults and Carers of Older Adults. Funding decisions will need to be made in the context of the development by the Accountable Provider Alliance of the new Model of Care.

6.5 A number of organisations were involved in the development of the chapter including service providers, the voluntary sector and service users. A failure to take account of the recommendations in future commissioning decisions could represent a reputational risk to the constituent organisations

7. LEGAL CONSIDERATIONS

7.1 Producing a local JSNA is a statutory duty for the health and wellbeing board.

8. EQUALITIES IMPACT

8.1 The chapter has considered equality and diversity implications by examining the health and wider determinants of older adult service user and carers, and identifying risk factors that impact on health, social care and wellbeing outcomes for both older adults as well as carers of older adults.

8.2 Overall, 55% of Croydon population are of white ethnicity and 45% are of Black and Asian minority ethnic (BAME) groups (either Black, Asian, mixed or other). However, among older adults, the proportion of individuals who belong to BAME groups is 23% compared to 46% among those aged 65 years and under.

8.3 There is a decrease in the proportion of individuals from BAME groups as age increases and that older adults are more likely to be of white ethnicity. However, over the next 10 years between 2015 and 2025, the proportion of older adults who are of BAME groups is expected to grow to 35% of the overall population.

8.4 There exist inequalities in health outcomes by ethnic groups. The chapter recognises also that more needs to be done to increase and encourage recognition of 'care-giver' role amongst BAME carers.

8.5 The chapter also includes consideration of health and social outcomes and services for older adults with disabilities or reduced functional ability.

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BACKGROUND DOCUMENTS

JSNA Chapter can be viewed online here:
https://secure.croydon.gov.uk/akscroydon/users/public/admin/kabatt.pl?cmte=WEL&meet=18&href=/akscroydon/images/att6706.pdf

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **10 February 2016**
AGENDA ITEM:	**9**
SUBJECT:	**Outcomes based commissioning for over 65s – Update Report**
BOARD SPONSOR:	**Paula Swann, Chief Officer, CCG** **Paul Greenhalgh, Executive Director, People, Croydon Council**

BOARD 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.

FINANCIAL IMPACT:

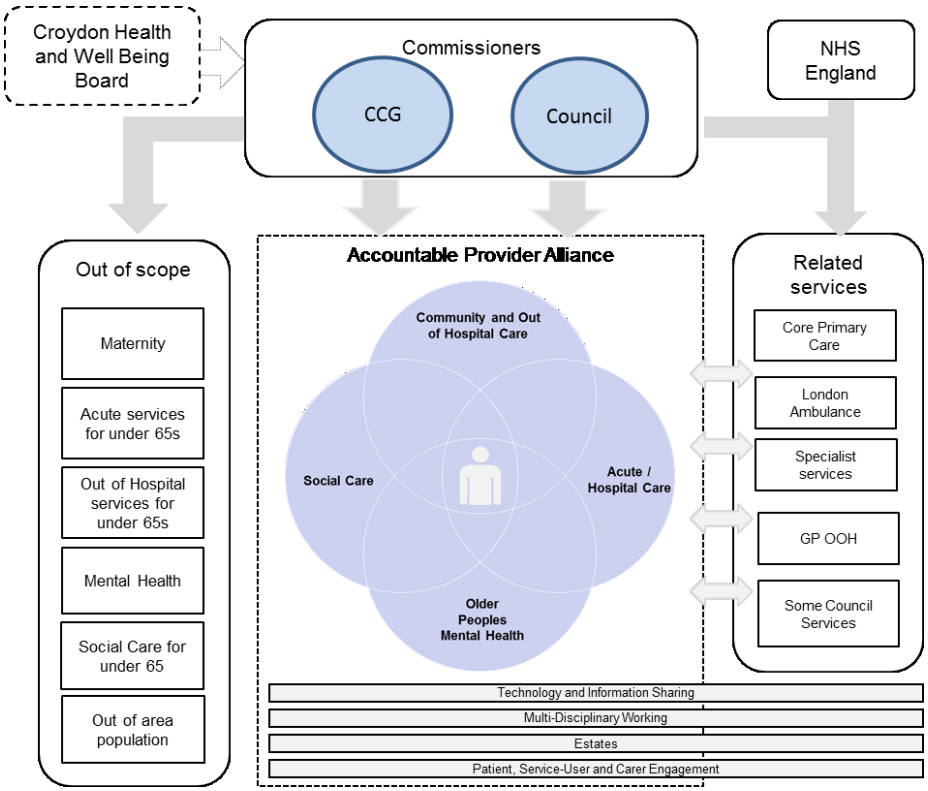
The Commissioners wish to move to a capitated payment mechanism incentivised to improve outcomes for the population. This means that the APA will be given a fixed amount per capita to cover the costs of care for the population rather than being paid directly for activity. The outcomes framework supports the capitated payment approach as it will incentivise the APA to manage the quality and cost of provision – the APA will be able to decide where to invest in order to deliver these outcomes, incentivising early intervention and prevention and thereby keeping patients well and out of hospital.

1. RECOMMENDATIONS

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

2. EXECUTIVE SUMMARY

The vision of the Croydon Outcomes Based Commissioning (OBC) Programme is for all partners (statutory, voluntary and community) to come together to provide high quality, safe, seamless care to the older people (age 65 and older) of Croydon that supports them to stay well and independent. Users will have a co-ordinated, personalised experience that meets their needs.



Croydon OBC aims utilise an Accountable Provider Alliance (APA) model, responsible for delivering health and social care services over the 10 year contract term, planned to start April 2016. The APA is made up of the following organisations:

- Age UK
- Croydon Council Adult Social Care
- Croydon GPs Group (this is all the GP practices in the borough)
- Croydon Health Services NHS Trust
- South London & Maudsley NHS Foundation Trust

The APA will move to an Accountable Care Organisation model through a Joint Venture over time. A capitated budget for over 65 population (£206M in year one) - will incentivise APA to invest proactively in maintaining and managing the health of the population.

In-scope services include:

- Acute / Hospital Care
- Community and Out of Hospital Care
- Older Peoples Mental Health
- Adult Social Care

3. DETAIL

3.1 Why Croydon?

- Croydon is a coterminous local health and social care economy, with one CCG, one local authority and one main acute integrated hospital provider.
- Croydon has a long history of joint-working between health and social care.
- Croydon CCG and the Acute Trust face significant financial deficits, £11.9M and £25.5M respectively.
- Croydon Council is also under pressure to deliver considerable financial challenges.

3.2 The Need for Change

- Croydon has both a growing and ageing population.
- Increasing numbers of patients are living with long-term conditions.
- There is potential for Croydon to improve its performance in terms of care for patients over 65: this includes addressing a higher rate of admissions, emergency admissions, and emergency readmissions to hospital.
- People over 65 are higher users of health (£177M) and social care services (£29M) and account for £206M of spends per annum.

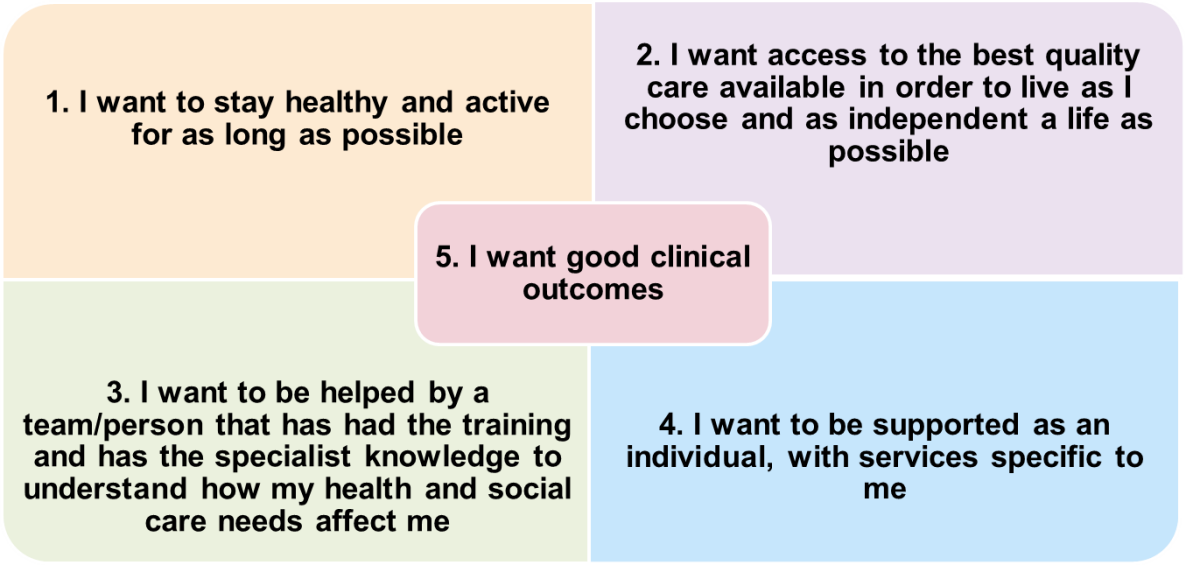
3.3 Outcomes

Outcomes Based Commissioning focuses on measuring and rewarding outcomes (end results) rather than inputs and it is seen as a core component for enabling our vision for Croydon. Measuring outcomes and aligning incentives will enable the Commissioners to monitor performance across the whole health and care economy and, when combined with appropriate contractual and payment mechanisms, will allow providers to work together to deliver whole person integrated care and achieve a common set of goals.

Outcomes have been defined by patients/service users, health and care practitioners and the public through engagement, and reflect what they need and want from their health and care services. Through public engagement an outcome framework that represents outcomes that matter to the people of Croydon has been developed. Town hall events and working groups were central to the co-design where over 400 individuals provided input and their views and opinions were gathered.

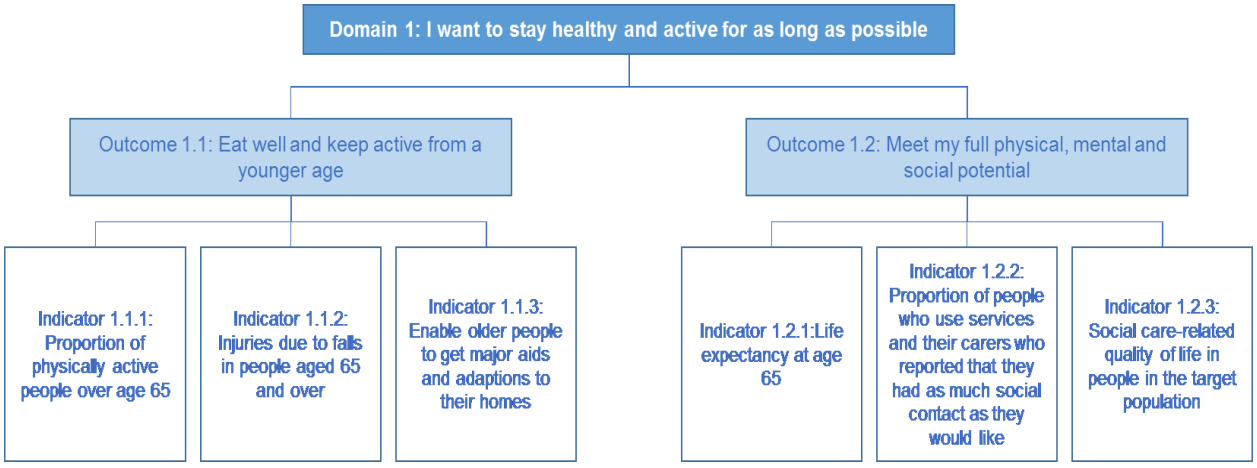
The proposed Outcomes Framework has a number of elements:

• **High Level Outcome Domains**: Five high-level domains reflecting the patient and public generated 'I' Statements, which set out at a high level the overarching desired outcome. The five domains are set out in the table below:



- **Outcome Goals**: Each outcome domain is supported by a number of outcomes goals. These statements give further definition to the high level outcomes.
- **Outcome Indicators**: A balanced set of indicators that clearly demonstrate achievement or otherwise of the desired outcomes.
- **Incentivised Indicators**: A smaller number of indicators that should enable a shift in performance across the system. A percentage of the Expected Annual Contract Value will be linked to the achievement of these.

As an illustrative example, the figure below presents one domain, the outcomes for this domain and the indicators that will demonstrate the delivery of the outcomes.



3.4 Summary of Potential Benefits

Croydon OBC wants to look at doing things differently in Croydon to meet the CCG and Council's challenges and create services that:

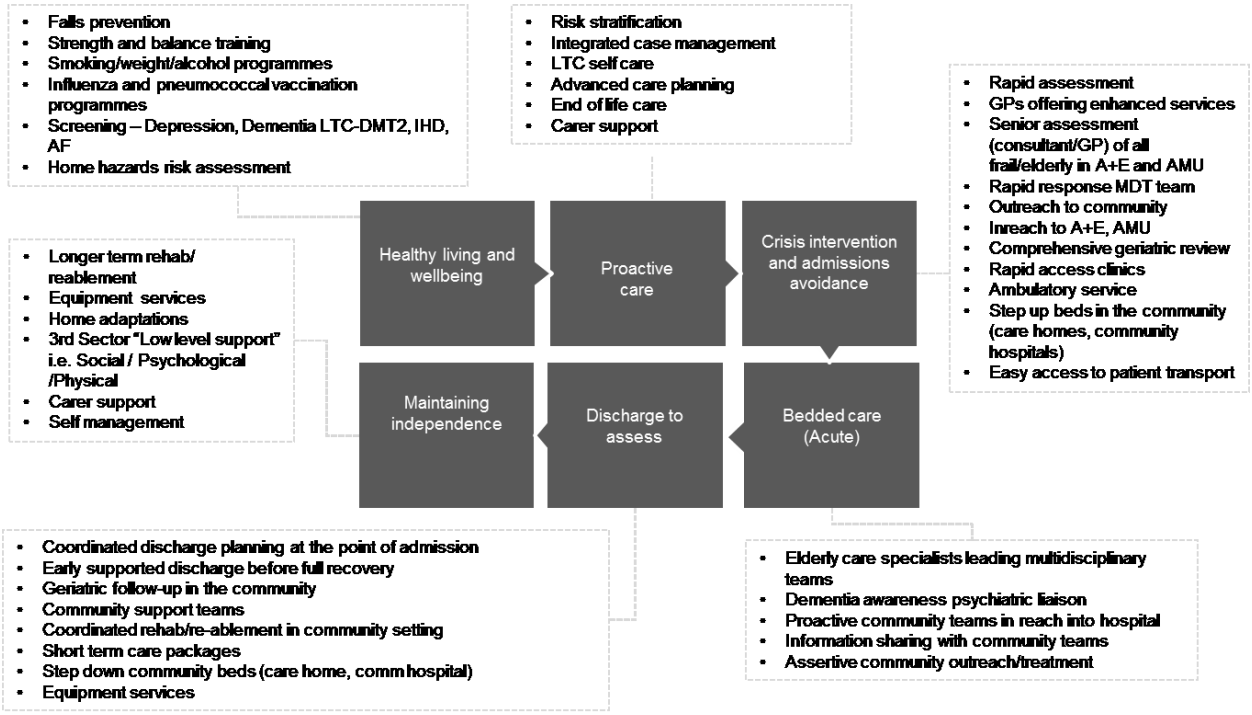
- Are more joined up and allow people to live more independently, stay at home for longer and are better suited to the needs of the people that use them.
- Incentivise proactive health and wellness management across the population; improve outcomes and user/patient experience.

- Are not activity driven – as not all activity is necessary or effective.
- Put the users/patients at the centre of their care, supported to manage their lives/conditions and actively involved in decisions about their care.
- Use health and social care resources more effectively.

The potential financial benefits include an estimate of up to 29% saving on current 65+ service expenditure over the 10 years and an improved likelihood of delivering existing transformational plans and initiatives. Potential opportunities of Croydon OBC include:

- More co-ordinated and integrated care: by removing the barriers to working in collaboration to provide a coordinated service across organisational boundaries and care settings.
- Opportunities to deliver care in lower cost settings: Providing services across pathways can enable organisations to change the setting of care and reward preventative activities more effectively. For example, Elective care (increase in day case and outpatient appointments out of hospital), Ambulatory care (increase in day cases) and, Urgent Care (A&E minors to more appropriate settings).
- Promote patient empowerment and self-care: Patients are able to manage their own care in the community and their own homes.

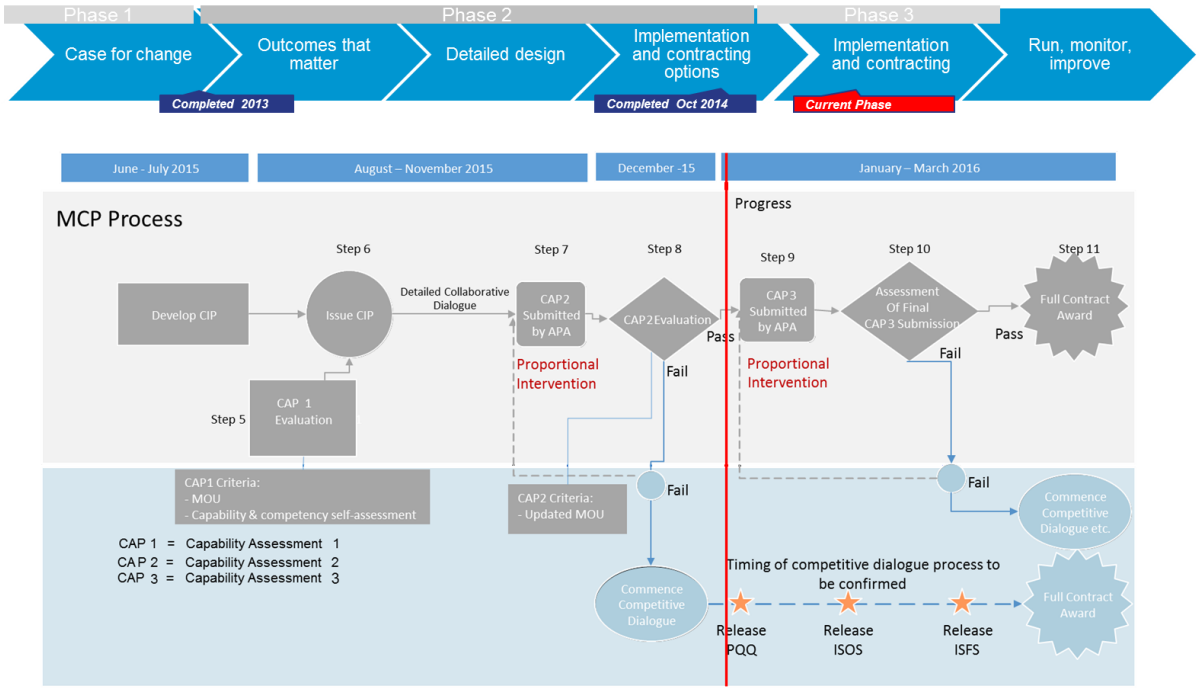
3.5 Schemes Implemented to Support OBC



3.6 Programme progress

The OBC programme is now approaching the final stage with the red line below demonstrating the progress. As part of the Most Capable Provider (MCP) process being followed by Commissioners, the next activity is the Capability Assessment 3 (CAP3) where the APA will be evaluated against criteria set out by the Commissioners to ensure the APA is suitably capable to award a

contract to. A positive outcome will lead to final contract negotiations and contract award by 31st March 2016.



4. CONSULTATION

Both Croydon Council and Croydon CCG are committed to ensuring that there is regular communication and engagement with our population, the wider health and social care community and our local stakeholders to maintain public trust and confidence in services for which we are responsible.

OBC draws on a range of existing services and work programmes, and receives inputs from consultation and engagement from those services/programmes. Service user and patient participation groups at GP network level and wider public forums, and service user feedback from Friends and Family Test surveys carried out by primary care, community, hospital and mental health services, will help to ensure we continually capture views and suggestions about services and service development. Examples of public engagement during 2015/16 on OBC include:

- Have held a public discussion and feedback event in Fairfield Halls 24th June with 50 people attending
- Attended and gained feedback from the CCG's PPI Reference Group 25th June
- Attended and distributed leaflets at Croydon's Ambition Festival 25th July
- Met with community leaders/ groups including PPG Groups, Cultural Groups, Carer Groups, Lunch Clubs and Community Panels, Day Centres, and the general public
- Public event, held on 19th October at Fairfield Halls
- OBC survey designed and online (both websites): closed 16th October (56 responses as at 12th October)
- https://www.surveymonkey.com/r/Croydon_Survey

- Continuing to update web pages to show what engagement has taken place and how it's informed the development of the future model:
- http://www.croydonccg.nhs.uk/get-involved/Pages/Outcomes-based-commissioning.aspx
- https://www.croydon.gov.uk/healthsocial/adult-care/outcome-based-commissioning
- Creation of the OBC Service User Engagement Specialist group that will inform the OBC Programme Board.

5. SERVICE INTEGRATION

For the first year of Croydon OBC, the APA are proposing 5 initiatives for new model of care development and service integration:

1) **Create a multidisciplinary community hub** - in each of the 6 GP networks.
Delivery: Strengthening MDT working with GPs to include links with voluntary groups and third sector organisations so they provide a responsive, flexible and timely service
Results: Ensures people go straight to the right place

2) Develop 'My Plan'
Delivery: Helping individuals take positive steps
Results: Maximises an individual's health and wellbeing

3) Establishment of Independence co-ordinators
Delivery: Offering a continual supportive presence, ensuring services and support are delivered in a personalised, co-ordinated, relevant and timely way
Results: Every person has someone to speak to

4) Single point of access and information to voluntary sector and health and council (link to Gateway)
Delivery: Bringing existing resources together with a single access point for information and advice and a call centre drawing on a shared directory of services
Results: Ensures people go straight to the right place

5) Integrated independent living team
Delivery: Providing integrated step-up and step-down reablement and rehabilitation to reduce the need for hospital admissions and care home placements, and help people return home from hospital safely
Results: Ensures people are supported to regain their independence

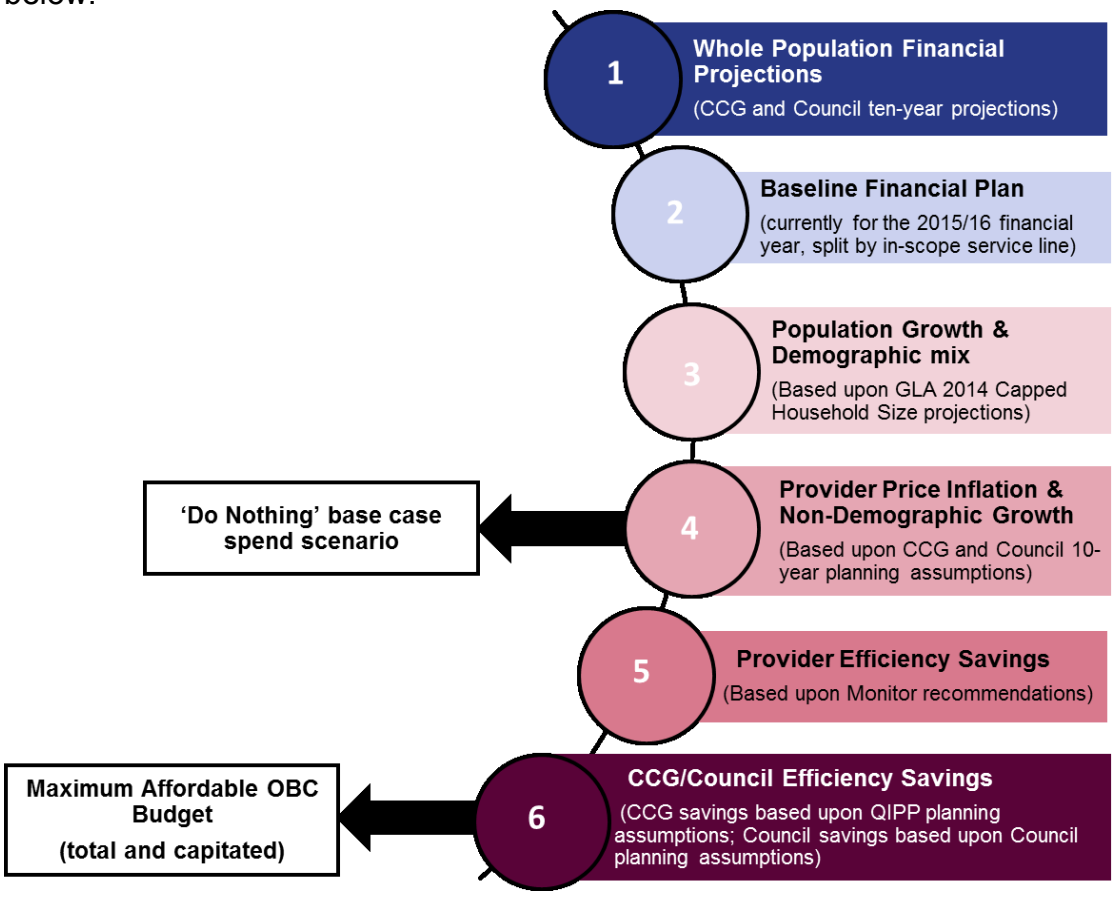
6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 **Revenue and Capital consequences of report recommendations**
The Commissioners wish to move to a capitated payment mechanism incentivised to improve outcomes for the population. This means that the APA will be given a fixed amount per capita to cover the costs of care for the

population rather than being paid directly for activity. The outcomes framework supports the capitated payment approach as it will incentivise the APA to manage the quality and cost of provision – the APA will be able to decide where to invest in order to deliver these outcomes, incentivising early intervention and prevention and thereby keeping patients well and out of hospital. The incentivisation of outcomes is expected to cascade through the care system to align and focus care teams such that each care pathway/intervention maximises outcomes for the population.

For the health and social care services over the ten-year OBC contract period, this section describes the approach to the development of:
(i) a 'Do-Nothing' projection of care costs for older people in Croydon; and
(ii) a Maximum Affordable OBC Budget for the care of older people in Croydon

Key aspects of the methodology and assumptions underpinning the 'Do Nothing' projection and Maximum Affordable OBC Budget are outlined on the below.



The Maximum Affordable OBC budget represents the maximum budget available to the APA for the OBC contract each year. Comparing this to the projected 'Do Nothing' base case spend scenario provides the system-wide financial challenge that needs to be addressed through savings.

6.2 **The effect of the decision**

The decision to award the contract for OBC to the APA will deliver the quality improvements as set out in the vision, within a sustainable health and social care economy for Croydon.

6.3 **Risks**

There are a number of programme risks being managed by the OBC Programme Management Office to mitigate the risk. These are monitored monthly by the OBC Programme Board with membership from the CCG and Council to assure both parties that effective programme management is in place and that risks are suitably mitigated.

6.4 **Options**

Not applicable.

6.5 **Health Efficiency Saving Assumptions**

The health Quality, Innovation, Productivity and Prevention (QIPP) scheme is a national, regional and local level programme designed to improve the quality of care they deliver to patients, while also making efficiency savings. It is designed to ensure that each pound spent is used to bring maximum benefit and quality of care to patients.

The QIPP financials can be flexible in order to balance the total application of funds with the total source of funds and total surplus. There are no specific targets from NHS England for QIPP plans at this stage. The QIPP savings represent savings that the Commissioner will be expected to make. The QIPP savings assumed by the CCG have been derived from the CCG 10-year planning model by using service utilisation percentages to apportion QIPP opportunities between to the over 65 population. These have been presented as cumulative savings and are as follows:

6.6 **Social Care Efficiency Saving Assumptions**

The Council also has efficiency savings they expect to make. Savings of 1.71% and 1.89% in the first two years are modelled to counteract the impact of population growth in the resident population.

Subsequent savings are modelled at 5.0% per annum as demonstrated in the first table below. The cumulative savings over the OBC contract are inclusive of discrete savings of £0.5m and £0.8m in 2016/17 and 2017/18 respectively.

Approved by: Lisa Taylor on behalf of Head of Departmental Finance, Croydon Council

Approved by: Mike Sexton on behalf of Director of Finance, Croydon Clinical Commissioning Group

7. LEGAL CONSIDERATIONS

7.1 Both CCG and Council Commissioners are being supported by legal advisors from Wragge on all commercial aspects of dialogue and commercial negotiations with the APA.

7.2 Wragge are also supporting CCG Commissioners in their negotiations with the Council Commissioners in developing the Commissioner Joint Memorandum of Understanding (MOU). Here the Council are being supported by legal advisors from Trowers.

8. EQUALITIES IMPACT

In progress for both CCG and Council

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BACKGROUND DOCUMENTS See attached slides

NHS
Croydon Clinical Commissioning Group

CROYDON
www.croydon.gov.uk

Outcomes Based Commissioning for Croydon's over 65s

Health and Wellbeing Board
9th February 2016

Contents

Croydon Clinical Commissioning Group

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1. Vision for OBC in Croydon

A Whole System Approach

NHS Croydon Clinical Commissioning Group

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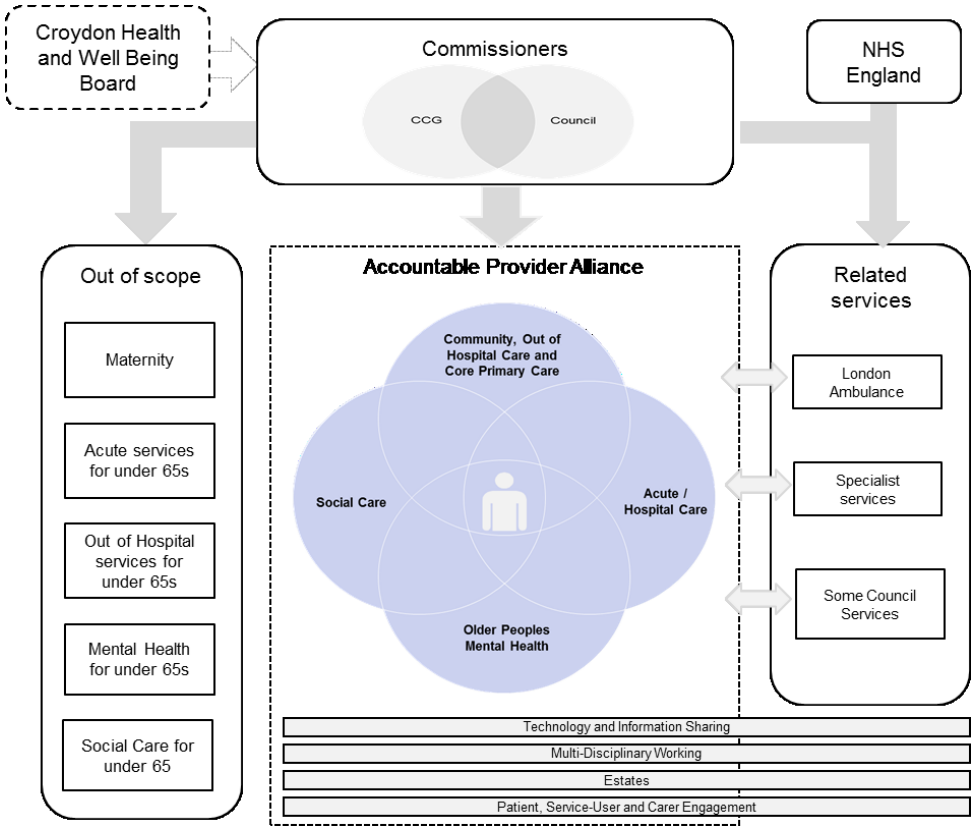
For all partners (statutory, voluntary and community) to come together to provide high quality, safe, seamless care to the older people of Croydon that supports them to stay well and independent. Our users will have a co-ordinated, personalised experience that meets their needs.



Patients/Users age 65 at the date of attendance /discharge and registered with a Croydon GP

An Accountable Provider Alliance (APA) model - responsible for delivering health and social care services over the contract term (10 years). APA is:

- Age UK
- Croydon Council Adult Social Care
- Croydon GPs Group (this is all the GP practices in the borough)
- Croydon Health Services NHS Trust
- South London & Maudsley NHS Foundation Trust

APA to move to an Accountable Care Organisation model through a Joint Venture over time

A capitated budget for over 65 population (£206M in year one) - will incentivise APA to invest proactively in maintaining and managing the health of the population

In-scope services include:

- Acute / Hospital Care
- Community and Out of Hospital Care
- Older Peoples Mental Health
- Adult Social Care

2. The Case for Change

Why is there a need to do OBC for Older People

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The need for change

Croydon has both a growing and ageing population (increase of 23.8%) *

Increasing numbers of patients are living with long-term conditions

There is potential for Croydon to improve its performance in terms of care for patients over 65: this includes addressing **a higher rate of admissions**, **emergency admissions**, and **emergency readmissions** to hospital

People over 65 are higher users of health (£177M) and social care services (£29M) and account for £206M of spend per annum.

Why Croydon?

Croydon is a coterminous local health and social care economy, with one CCG, one local authority and one main acute integrated hospital provider

We have a long history of joint-working between health and social care

Croydon CCG and the Acute Trust face significant financial deficits, £11.9M and £25.5M respectively.

Croydon Council is also under pressure to deliver considerable financial challenges

These are challenges but are an opportunity as well….

*GLA 2014 Capped Household Size Projections

3. Summary of Potential Benefits

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We want to look at doing things differently in Croydon to meet our challenges and create services:

- that are more joined up and allow people to live more independently, stay at home for longer and are better suited to the needs of the people that use them
- that incentivise proactive health and wellness management across the population, improve outcomes and user/patient experience
- that are not activity driven – as not all activity is necessary or effective
- that put the users/patients at the centre of their care, supported to manage their lives/conditions and actively involved in decisions about their care
- that use health and social care resources more effectively

Opportunities

- **More co-ordinated and integrated care:** by removing the barriers to working in collaboration to provide a coordinated service across organisational boundaries and care settings
- **Opportunities to deliver care in lower cost settings**: Providing services across pathways can enable organisations to change the setting of care and reward preventative activities more effectively. For example, Elective care (increase in day case and outpatient appointments out of hospital), Ambulatory care (increase in day cases) and, Urgent Care (A&E minors to more appropriate settings)
- **Promote patient empowerment and self-care:** Patients are able to manage their own care in the community and their own homes

Example interventions / models of care

- Proactive health and social care management
- Self empowerment and self-management
- Enhanced multi-disciplinary team working
- Admissions avoidance and crisis intervention
- Care co-ordination, planning and management
- Risk stratifications
- 'in reach services'
- Supported discharge

Potential system and population benefits

- Improved patient /service user experience
- Less service fragmentation and improved integration
- Increased independence and self-reliance
- Improved access to care
- Reduced institutionalisation including hospitalisation and residential care
- Reduced Duplication
- Improved ability to manage long-term conditions leading to reduced complications

Potential financial benefits

An estimate of up to 29% saving on current 65+ service expenditure over the 10 years

Improved likelihood of delivering existing transformational plans and initiatives

4. Outcome Framework

Outcome domains and indicators

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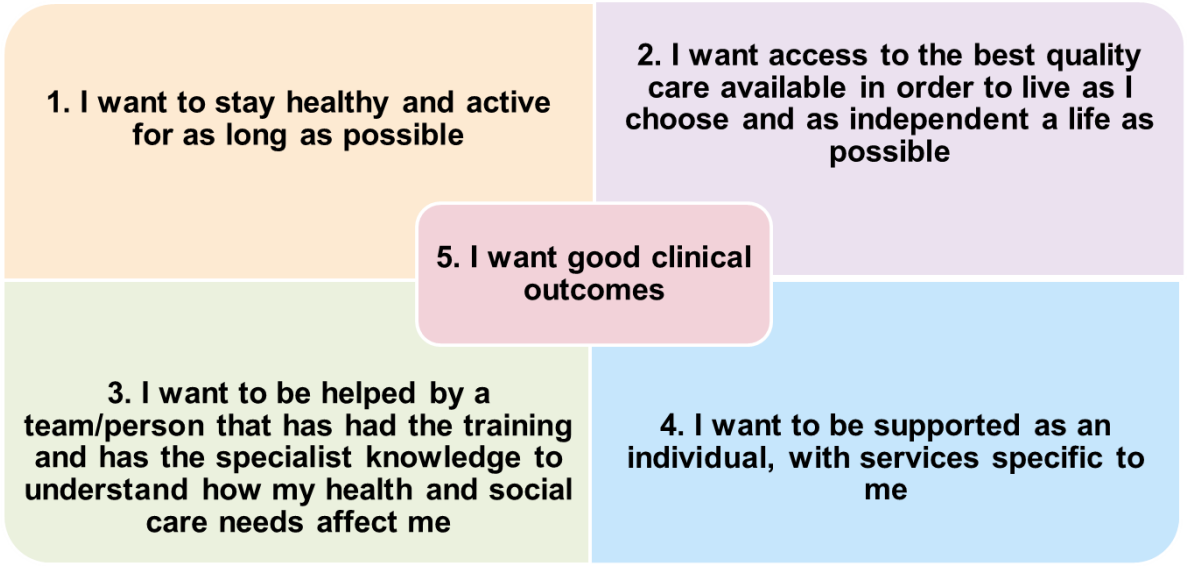
Working with patients and public:
Developed an outcome framework that represents outcomes that matter to the people of Croydon.

Town hall events and working groups were central to the co-design.

Overall **400** individuals provided input and the views and opinions gathered.

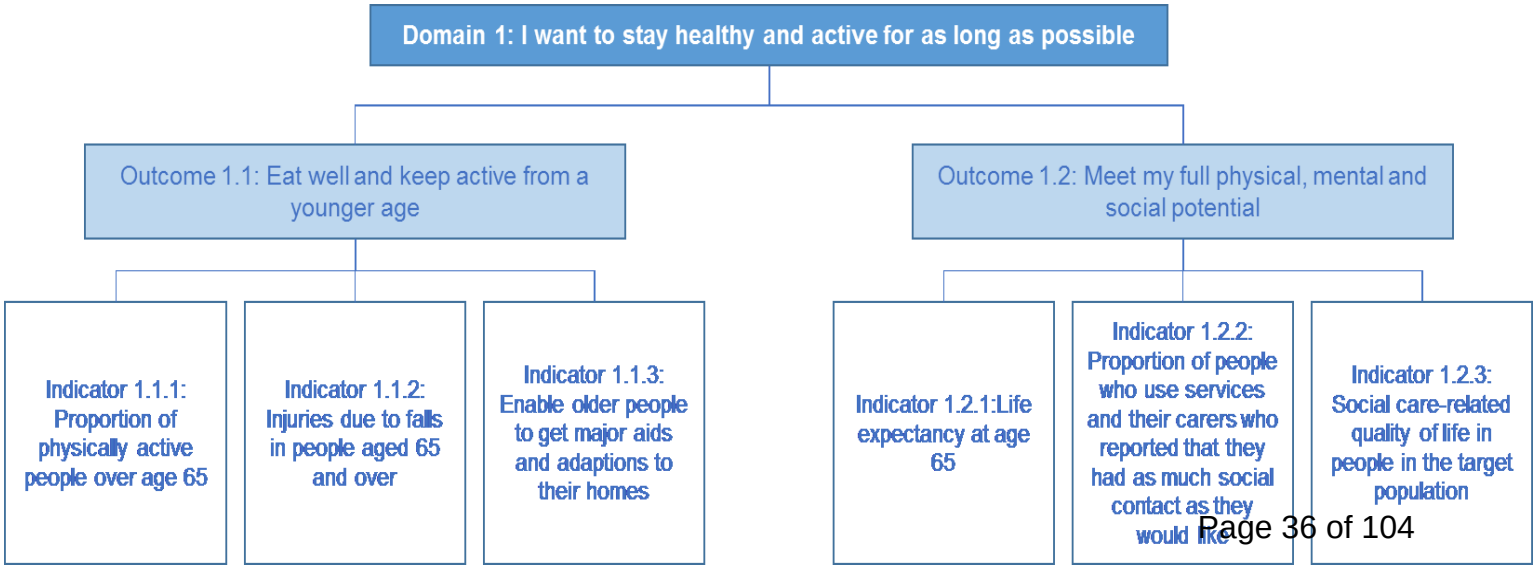


Outcomes Framework:
Indicators are baselined

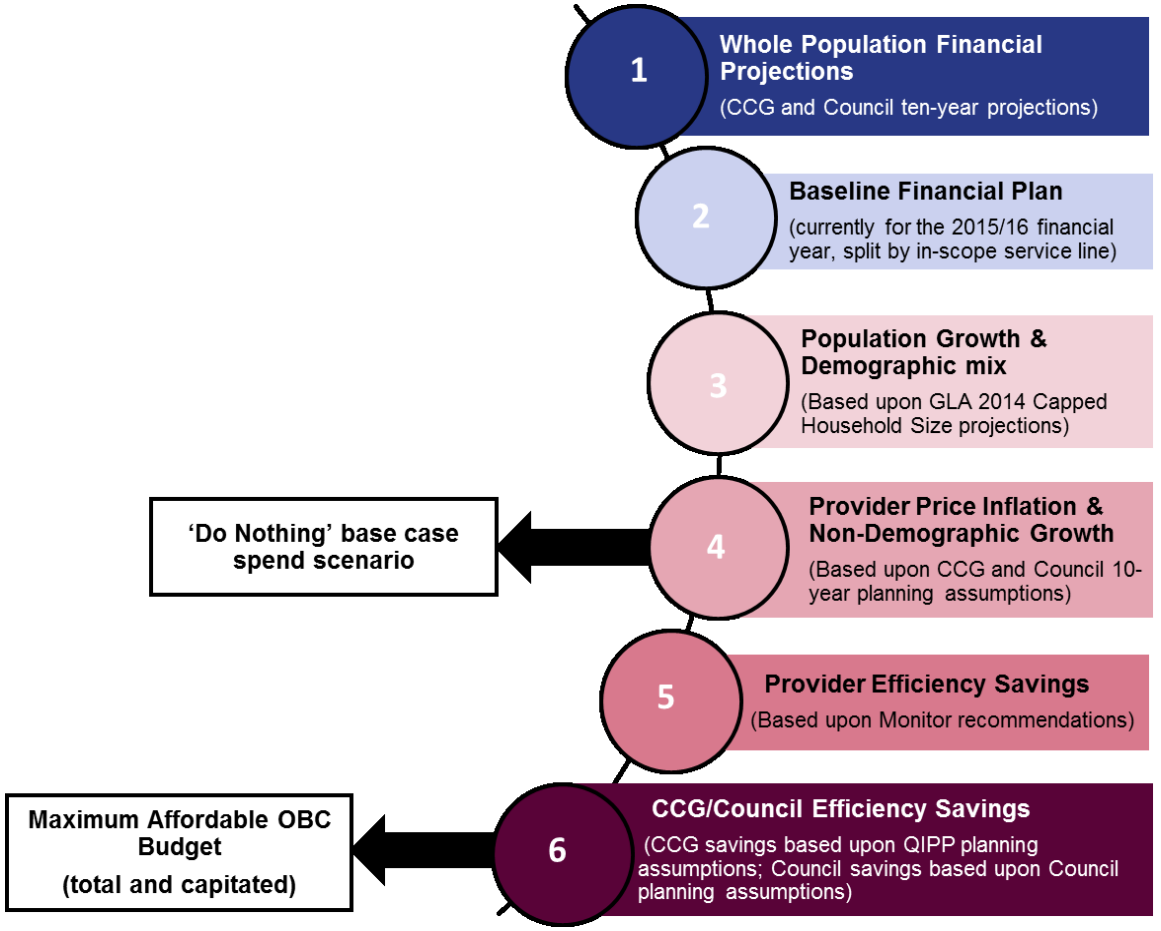
Targets are set for improvement:

- Phase 1 - national / peer average,
- Phase 2 - upper quartile
- Phase 3 - upper decile

Incentive payments linked to key indicators

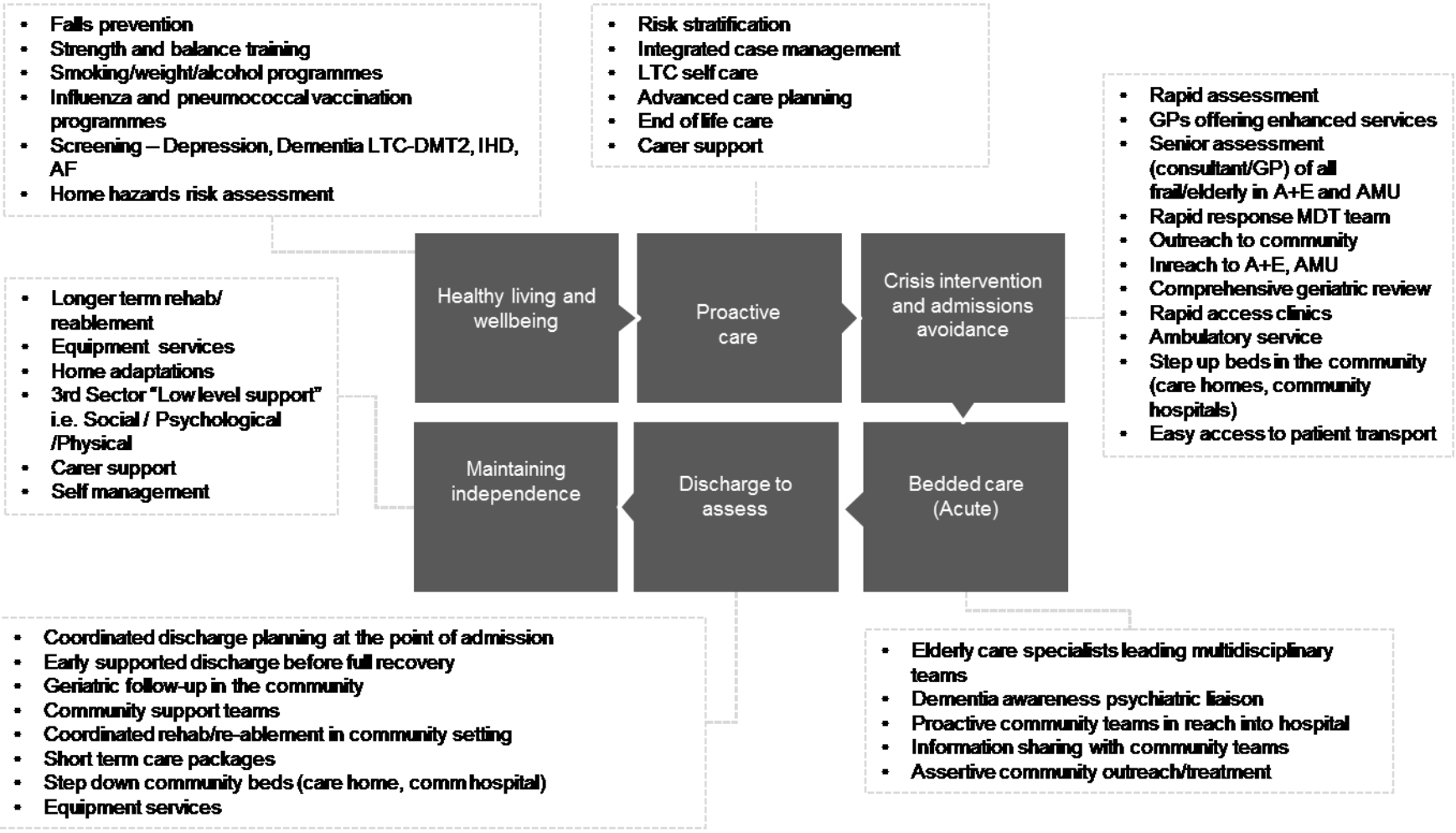


5. Financial Model Methodology



6. OBC Foundations

Schemes implemented to support OBC



7. APA New Models of Care

Emerging model of care in Croydon

NHS Croydon Clinical Commissioning Group

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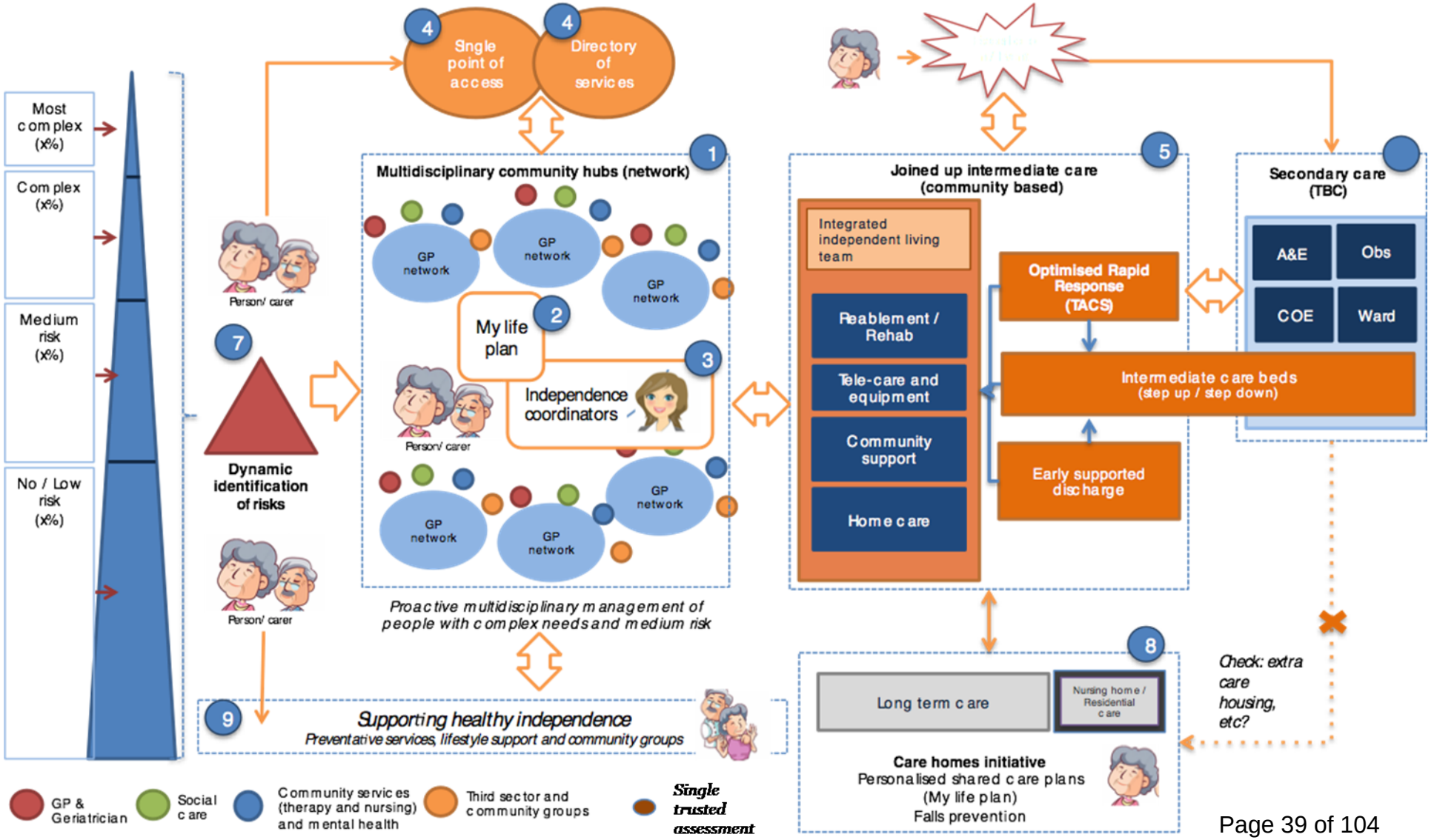

7. APA New Models of Care

Five initiatives in year 1

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1. Create a multidisciplinary community hub - in each of the 6 GP networks
   - *Delivery: Strengthening MDT working with GPs to include links with voluntary groups and third sector organisations so they provide a responsive, flexible and timely service*
   - *Outcomes: Ensures people go straight to the right place*

2. Develop 'My Plan'
   - *Delivery: Helping individuals take positive steps*
   - *Outcomes: Maximises an individual's health and wellbeing*

3. Establishment of Independence co-ordinators
   - *Delivery: Offering a continual supportive presence, ensuring services and support are delivered in a personalised, co-ordinated, relevant and timely way*
   - *Outcomes: Every person has someone to speak to*

4. Single point of access and information to voluntary sector and health and council (link to Gateway)
   - *Delivery: Bringing existing resources together with a single access point for information and advice and a call centre drawing on a shared directory of services*
   - *Outcomes: Ensures people go straight to the right place*

5. Integrated independent living team
   - *Delivery: Providing integrated step-up and step-down reablement and rehabilitation to reduce the need for hospital admissions and care home placements, and help people return home from hospital safely*
   - *Outcomes: Ensures people are supported to regain their independence*

(See more details in Appendix B, Slides 21 & 22)

8. Programme Progress

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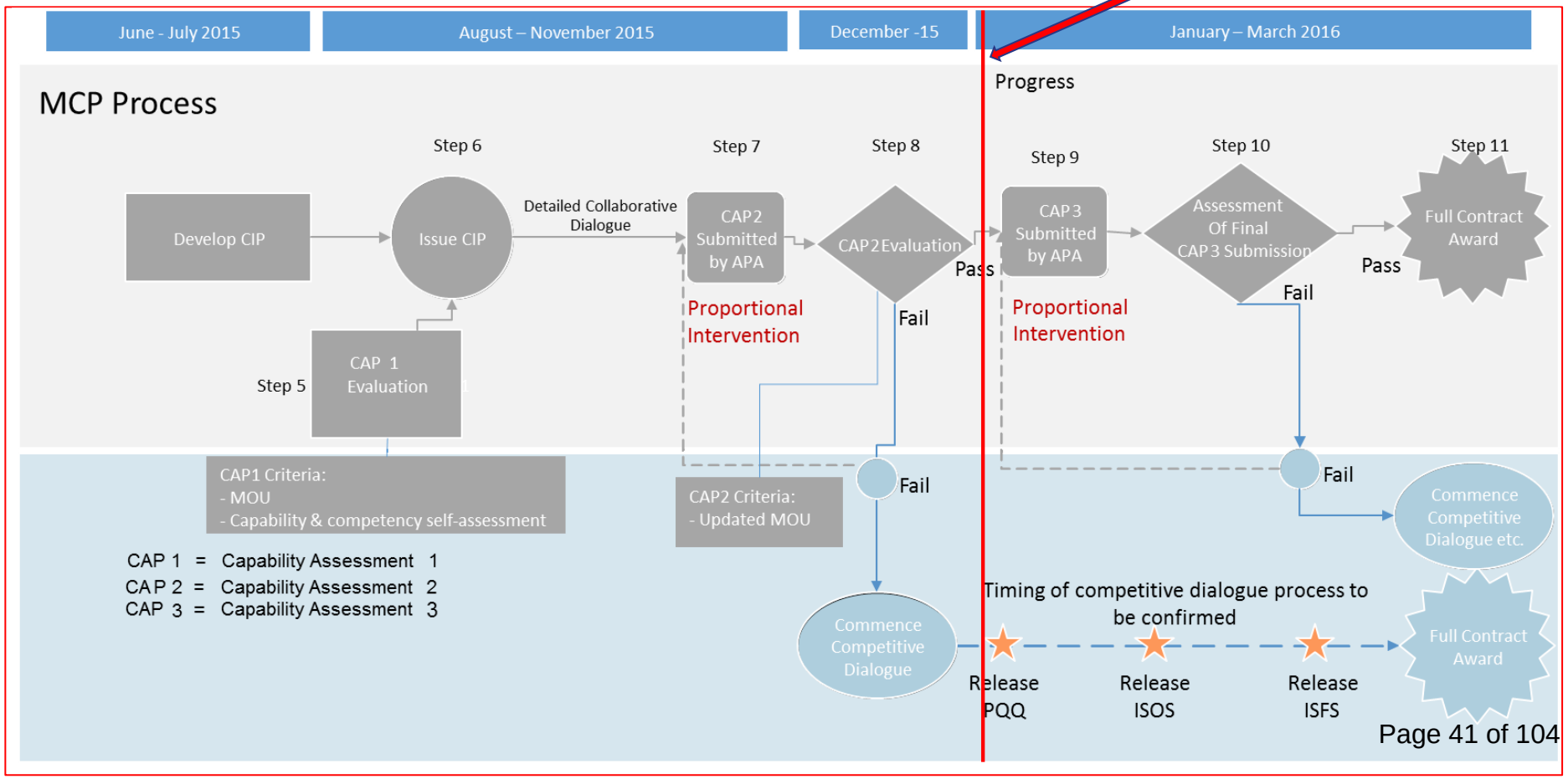

8. Programme Progress
Capability Assessment 3

NHS Croydon Clinical Commissioning Group

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On 25 January 2016, the APA are required to submit the following information:

- Assessment Criteria 1: Updated Organisational Capabilities Toolkit;
- Assessment Criteria 2: Care Model proforma;
- Assessment Criteria 3: Finance information;
- Assessment Criteria 4: Transition Plan and Transformation Plan; and
- Confirmation of a signed MoU

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **10 February 2016**
AGENDA ITEM:	**9**
SUBJECT:	**South West London Collaborative Commissioning Update**
BOARD SPONSOR:	**Paula Swann, Chief Officer, Croydon CCG**

BOARD PRIORITY/POLICY CONTEXT:

NHS England has issued planning guidance requiring a five year Sustainability and Transformation Plan to be produced by Strategic Planning Groups, which comprise:

- **CCGs, Providers, Primary Care colleagues, Better Health for London, Specialised Commissioning**, Local Education Training Board (**LETB**)
- Local authorities (**Health and Wellbeing Boards**) and Health and Overview Committees
- **Members of the local community**: patients and the public, Healthwatch and Voluntary Sector organisations
- Health prevention and Health promotion **(Public Health England)**

This update sets out the process proposed for developing this plan, and progress made in delivering the previous strategy published in June 2014.

FINANCIAL IMPACT:

No financial proposals at this stage.

1. RECOMMENDATIONS

This report is for information only.

2. EXECUTIVE SUMMARY

2.1 In June 2014 the South West London Commissioners published a five year strategy and have been working to deliver it since that point.

2.2 As part of the South West London Strategic Planning Group, this five year strategy is being refreshed for the period 2016/17 to 2021/22.

2.3 Health and Wellbeing Boards and Local Authorities will be closely involved in the development and delivery of this strategy.

3. DETAIL

3.1 The NHS in South West London is working on a long term plan to improve local health services. In February 2014 the six South West London NHS Clinical Commissioning Groups (CCGs) – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth – and the health commissioners from NHS England (London) agreed to work together with hospitals, mental health, primary and community care service, local councils, local people and patients to improve health services for everyone in South West London. The partnership between the CCGs and NHS England has been known as the South West London Commissioning Collaborative (SWLCC). In June 2014 SWLCC published a five year strategy to improve services and since that point have been taking forward this work.

3.2 A South West London Acute Provider Collaborative (APC) was established during 2014/15 to enable the South West London acute providers to work collaboratively together to respond proactively to the Commissioner's plan. South West London Out of Hospital providers have also been meeting during 2015 to discuss their response to the issues faced by the local NHS.

3.3 Since the summer of 2015 local NHS commissioners and providers have been in discussions as to how they could best work together in the future to address the challenges faced by the NHS in South West London. The commissioners and providers in South West London are now required to form a Strategic Planning Group and produce a revised five year strategy for 2016/17-2021/22 – the Sustainability and Transformation Plan.

3.4 Surrey Downs have been included in the discussions because they, along with Sutton CCG and Merton CCG, commission services from Epsom and St Helier Hospital, and also commission services from Kingston Hospital. Similarly, all SWL CCGs commission elective service from the South West London Elective Orthopaedic Centre (SWLEOC) at Epsom Hospital.

3.5 Although Surrey Downs is not included in the South West London Strategic Planning Group, it has a key role as an associate commissioner. The elements of South West London's Sustainability and Transformation Plan that have an impact on Surrey Downs will therefore be managed in partnership with Surrey Downs in the South West London and Surrey Downs Healthcare Partnership programme, which was formed in late 2015.

3.6 Health and Wellbeing Boards and Local Authorities have an important role to play within the Strategic Planning Group and South West London and Surrey Downs Healthcare Partnership Programme and are included in the governance arrangements described in this presentation.

3.7 The providers and commissioners have also been working with NHS England, Monitor and the Trust Development Authority who are supportive of this approach.

3.8 The objectives of the Sustainability and Transformation Plan and the South West London and Surrey Downs Healthcare Partnership programme, and the benefits to be delivered, will build on the five year strategy already published by the SWLCC, which seeks to put the health economy on to a clinically and financially sustainable footing, addressing workforce and quality issues.

3.9 This presentation provides a summary of:

- The requirement to produce a revised five year strategy to replace that published in June 2014
- The footprint on which this strategy will be produced
- The governance arrangements for agreeing the strategy and overseeing its delivery
- Progress made to date in delivering change in South West London and in engaging with patients and the public

4. CONSULTATION

4.1 Members of the public have been engaged with through the publication of an Issues Paper; six 'Deliberative Events' run in September 2015 to discuss the challenges raised in the Issues Paper; as well as engagement by CCGs with local voluntary and patient groups.

5. SERVICE INTEGRATION

5.1 The programme will consider service integration in the development of proposals.

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BACKGROUND DOCUMENTS Presentation

South West London Collaborative Commissioning - Update

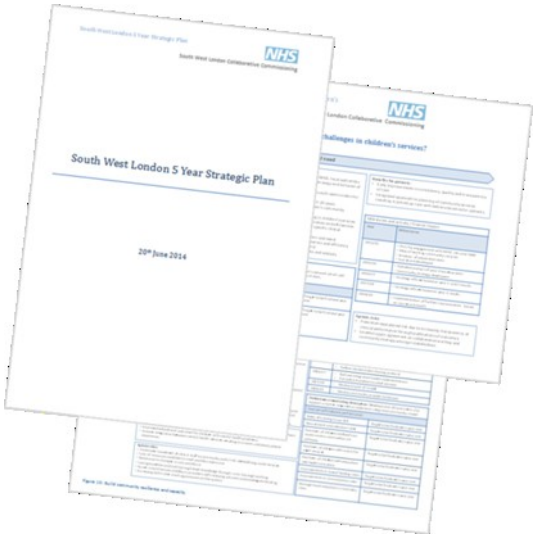
9/2/16

Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups and NHS England

'Working together to improve the quality of care in South West London'

Contents

South West London Collaborative Commissioning Five Year Strategy 2014/15-2018/19

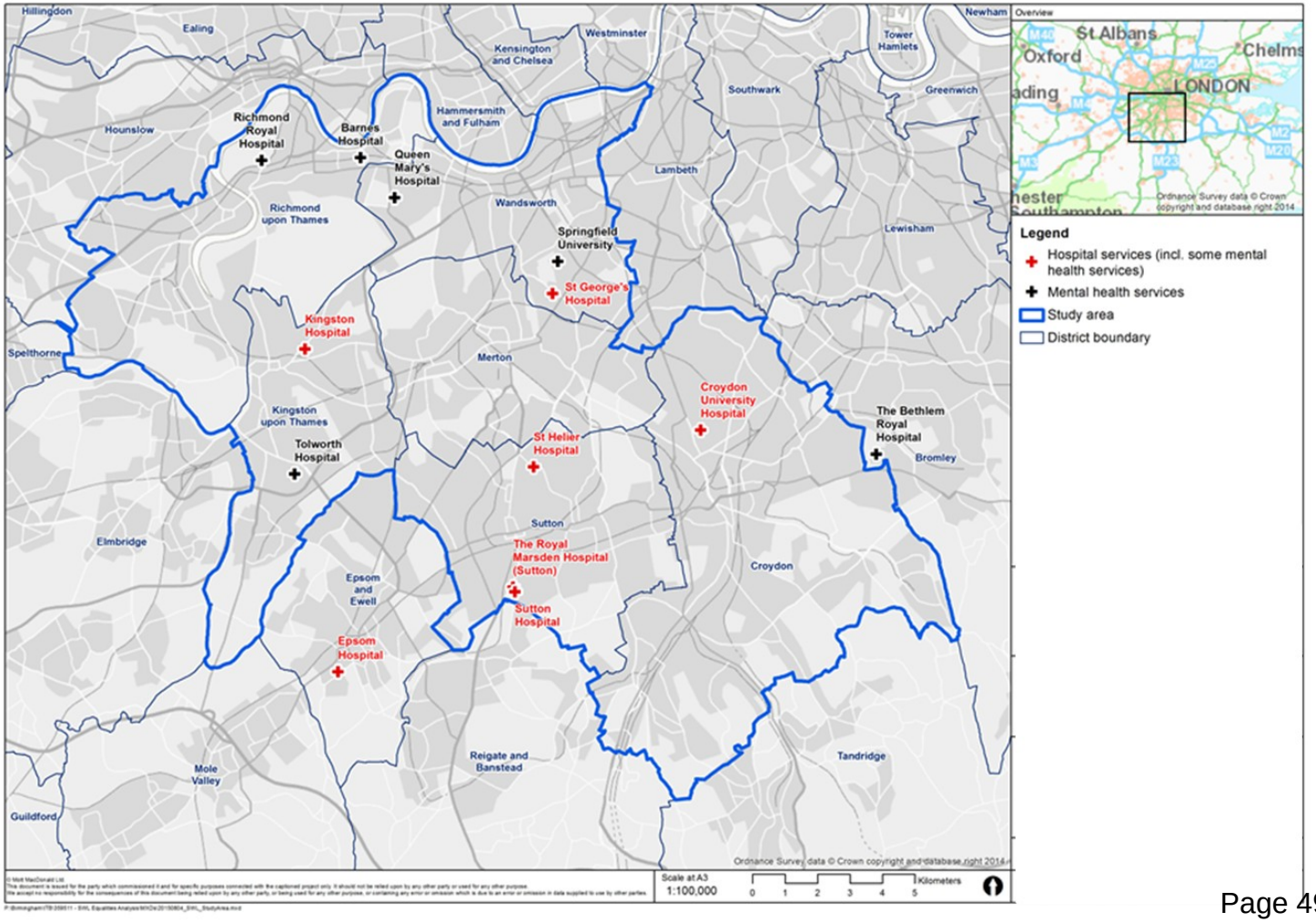


- Five Year Strategy published in June 2014
- Four aims:
  - Raise safety & quality standards
  - Address the financial gap
  - Address the workforce gap
  - Confront the rising demand for healthcare

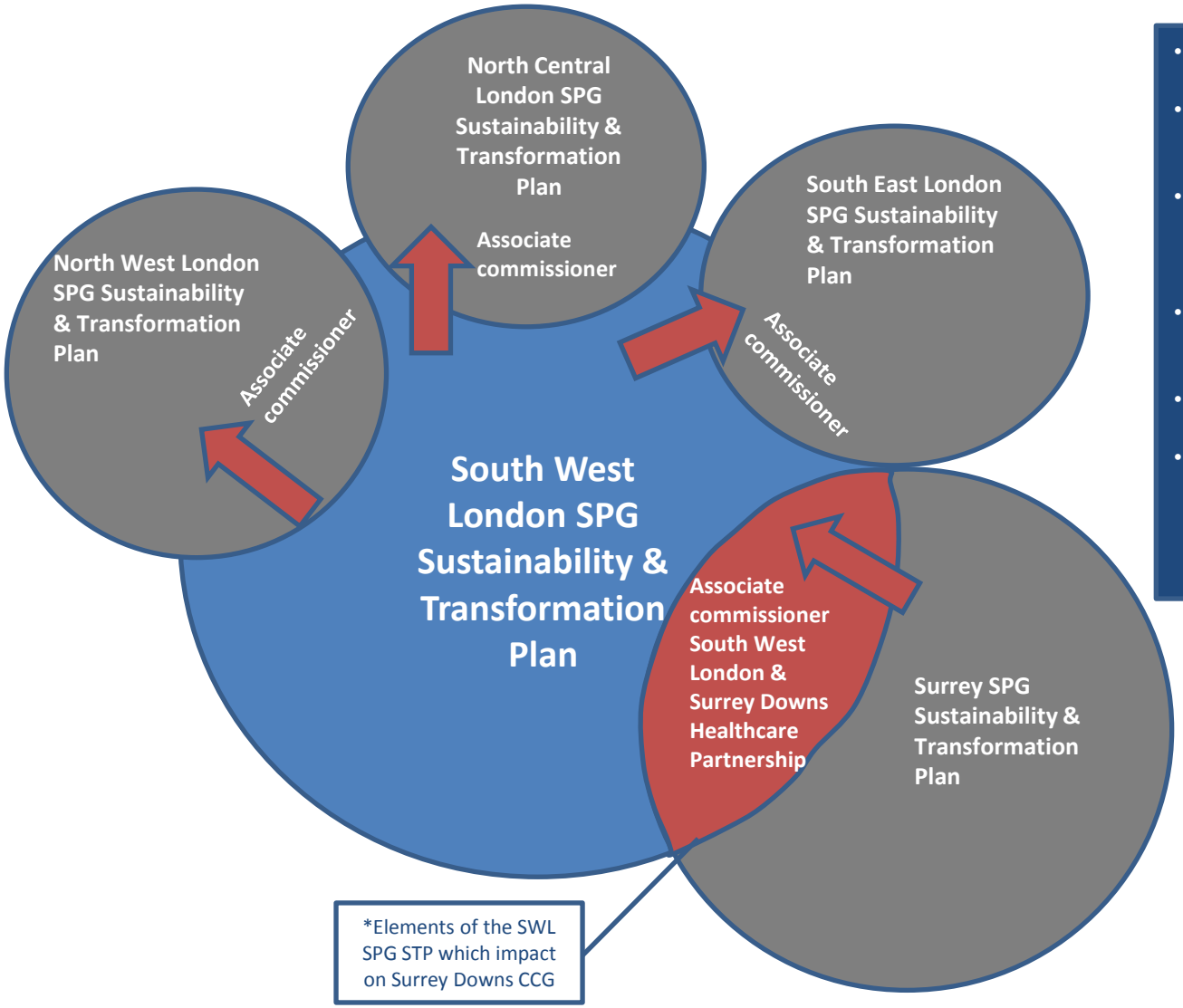
Refreshing the strategy for 2016/17-2020/21

- The plan will now be refreshed to reflect the requirement for **place based strategic planning** that coordinates across multiple stakeholders in the local health and care economy in a **Strategic Planning Group (SPG)**
- The 5YFV committed us to **empowering patients and local communities** through a growing emphasis on where people live rather than the artificial boundaries our organisations put around them
- This will require developing **system-wide transformational programmes** and radical thinking about how we can do things differently
- As we move away from a focus on individual organisations towards population-based, person-centred approaches to the delivery of care, the planning of such care will require co-ordination across **multiple stakeholders** in the local health and care economy
- Two separate but connected plans will need to be produced:
  - A five year **Sustainability and Transformation Plan (STP) 2016/17-2020/21**, place based and driving the Five Year Forward View; and
  - **One year Operational Plans for 2016/17**, organisation-based but consistent with the emerging STP.

The South West London Planning Footprint



The South West London Planning Footprint – Interdependencies with other Strategic Planning Groups



- The STP will cover the period 2016/17-2020/21
- It will refresh & replace the five year strategy published in 2014
- It will set out how SWL will deliver a clinically and financially sustainable NHS over the period of the plan
- It is owned by SWL commissioners, providers & LAs (The SWL SPG)
- Surrey Downs CCG is not a member of the SWL SPG
- Elements of the SWL SPG's STP which impact Surrey Downs will be managed through the SWL & SD Healthcare Partnership

The objectives of the South West London SPG's Sustainability and Transformation Plan

The five year Sustainability and Transformation Plan aims to put South West London on a clinically and financially sustainable footing.

It will address the current **financial** and **quality** issues in South West London.

Finance	Quality
• In summer 2014 commissioners estimated there was a £209m financial challenge for SWL CCGs and a £361m challenge for acute providers by 2018/19* • In 2015/16 SWL CCGs are expecting to spend ~~£20m more than their allocations and estimates in summer 2015 suggested providers were expecting to post an aggregate deficit of ~£100m for 2015/16 • These figures are currently being refreshed in line with the recent planning guidance** with updated figures available in March/April	• None of the four Acute Trusts currently has the consultant/staff levels needed to deliver 7 day services & meet the London Quality Standards • To deliver London Quality Standards across current 5 sites would require around 130 more consultants and 170 non consultant staff – at a cost of ~£25m • Vacancy rates & recruitment also present challenges

*Required annual savings

** Planning guidance has been released for 16/17 operating plans and detailed planning guidance for STPs to 20/21 is expected from NHSE shortly

How success will be judged – STP key deliverables

- System leadership is needed. Producing a STP is not just about writing a document, nor is it a job that can be outsourced or delegated.
- Instead, it involves 5 key elements:
    - Local leaders **working as a team**
    - A **clear shared vision for the local community**, which involves local government as appropriate
    - Programming a **coherent set of activities** to make it happen
    - **Execution against the plan**
    - **Learning and adapting**

Funding will only be available through a robust STP

The STPs are the **single application and approval process for transformation funding for 2017/18 onwards**.

From April 2017 onwards the most credible STPs will secure the earliest additional funding. Key points for consideration will be:

- The scale of **ambition** and track record of **progress already made**
- The **reach** of the local process
- The strength and unity of **local partnerships**
- The confidence in the **implementation plan.**

To meet the National 'must dos' planning will need to take place at scale

- By March 2017, 25% of the population will have access to acute hospital services that comply with four priority clinical standards on every day of the week and 20% of the population will have enhanced access to primary care
- There are **3 distinct challenges** under the banner of seven day services: reducing excess deaths by increasing consultant cover and weekend diagnostic services; offering 4 out of the 10 standards to 25% of the population during 16/17, to 50% by 2018 and complete coverage 2020
- Improving access to **out of hours care** by achieving better integration and redesign and improving access to primary care at weekends and evenings
- All areas will need to set out their **ambitions for seven day services** as part of their STPs.

In order to meet the 9 local 'must dos' we need to consider appropriate scale and interdependencies

9 local 'must dos' include:

1. Develop a **high quality, agreed STP**, achieving key identified milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
2. Return the system to aggregate **financial balance**.
3. Develop a local plan to address the sustainability and quality of **general practice.**
4. Meet standards for **A&E and ambulance waits**
5. RTT: that more than **92% of patients on non-emergency pathways wait no more than 18 weeks**.
6. Deliver the 62 day **cancer waiting standard** and improve one year survival rates
7. Achieve the two new **mental health** access standards
8. Transform care for people with **learning disabilities**, improving community provision.
9. Improve quality and implement an affordable plan for organisations in **special measures**.

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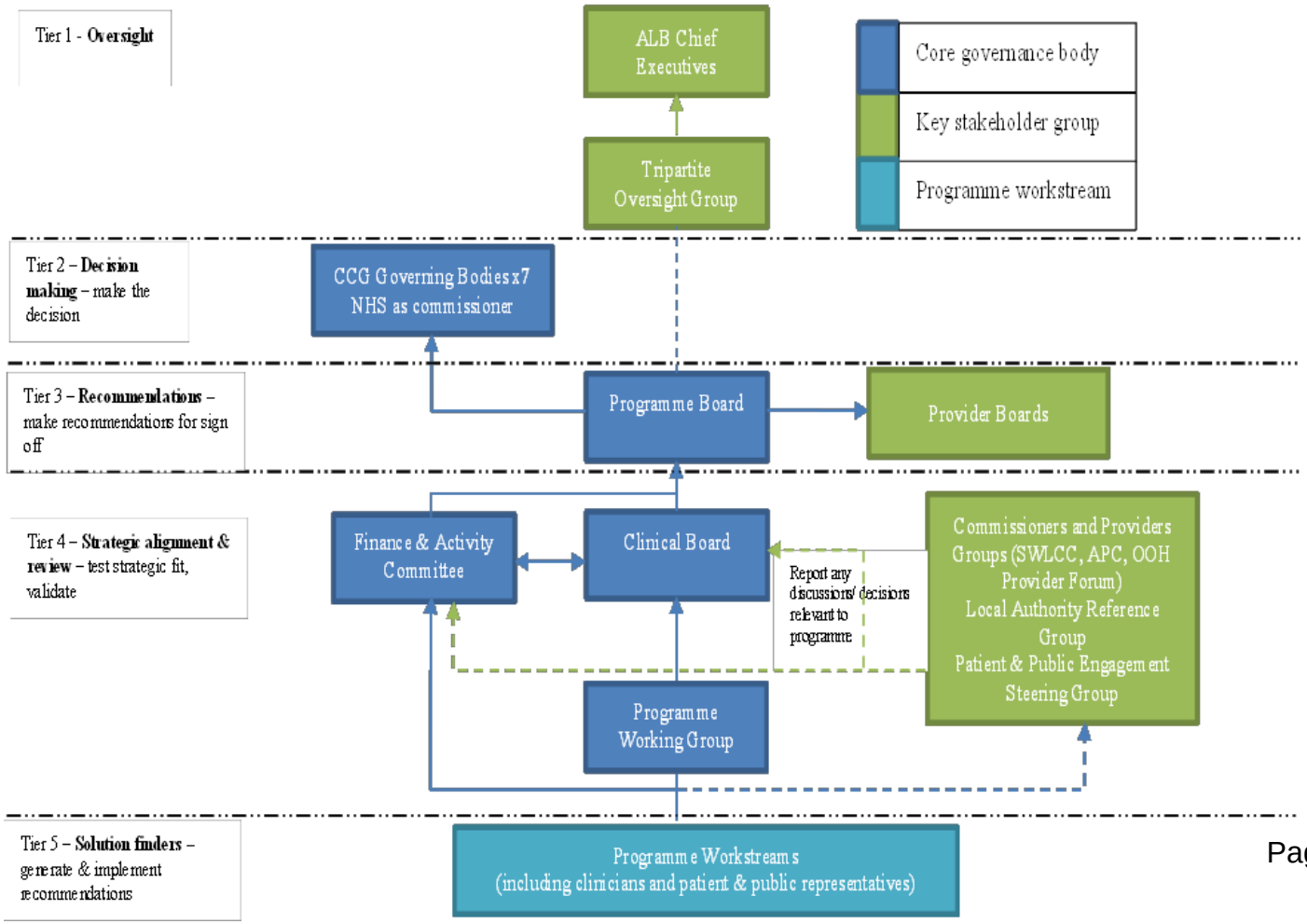
Governance arrangements



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Setting the baseline - Financial diagnostic

- The aim of the programme is to deliver a clinically and financially sustainable NHS in SW London
- To address the issue of financial sustainability, it is necessary to first understand the financial baseline and 'do nothing' scenarios
- Work is currently underway by commissioners and providers to establish and agree a financial baseline across SWL
- This is undergoing an external validation to ensure that there is an agreed and triangulated position between commissioners and providers upon which to base plans

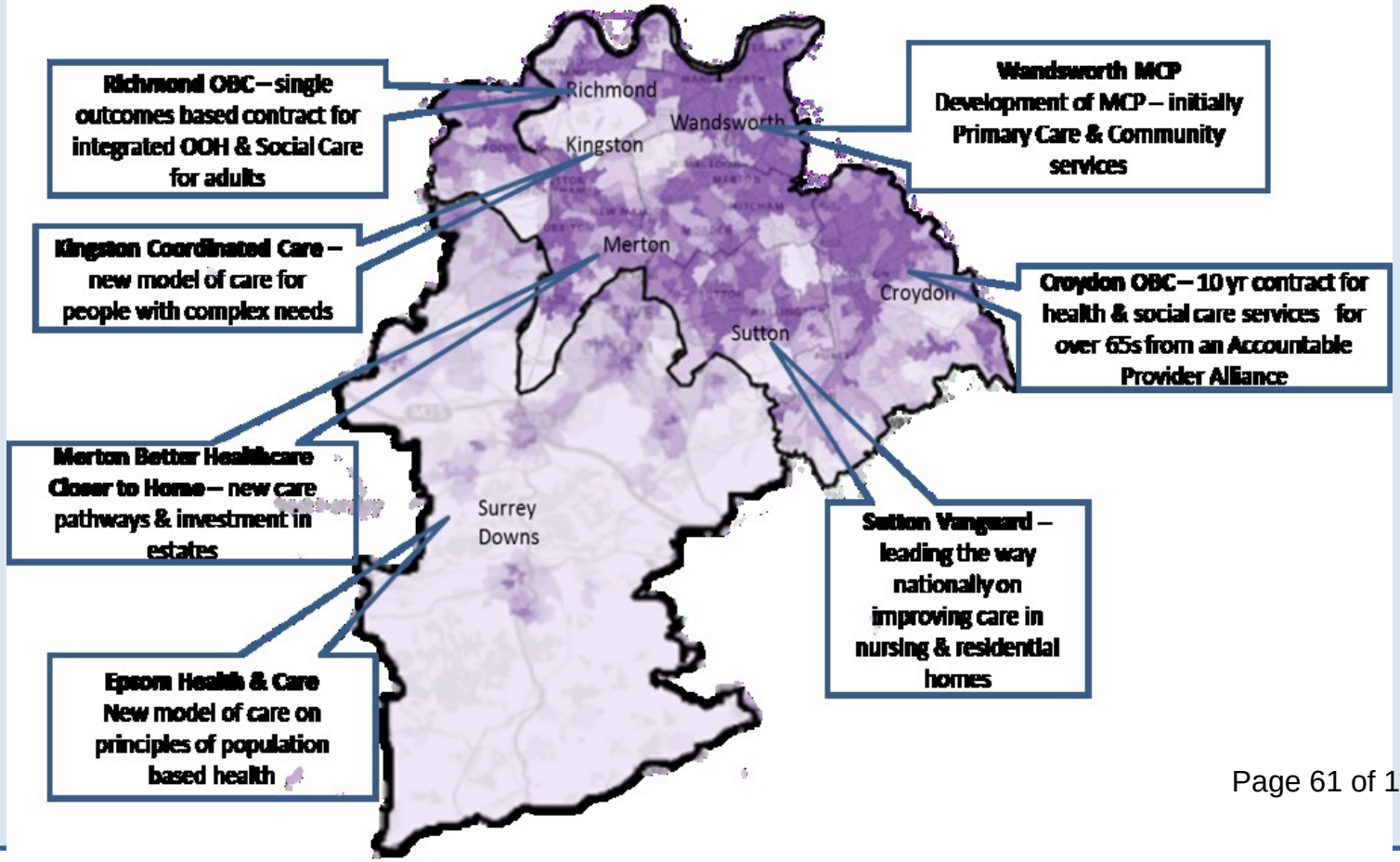
Delivery of the Five Year Strategy

A programme of work was set up to deliver the five year strategy. Eight 'Clinical Design Groups' were established to define principles and standards and develop service models/care pathways, along with enabler workstreams to support their delivery:

Cancer	Children & Young People	Maternity	Mental Health
Out of Hospital	Planned Care	Primary Care	Urgent & Emergency Care
IM&T	Workforce	Finance	Estates

Progress highlights

New mod



Progress highlights

Whole system initiatives

- SWL wide set of **principles & standards** for Out of Hospital Care agreed – supporting CCG commissioning e.g. Richmond outcomes-based contract; Croydon provider alliance
- Pan SWL **Crisis Response pilot** in progress as proof of concept on reducing conveyance to hospital through mobile GP interventions
- Practice trainers deployed to support **rollout of patient online** to empower patients to manage their care by viewing their records and controlling transactions
- Funding uplift supporting **new mental health services** e.g. Sutton Walk-in Service; Croydon extended community model

- **SWL-wide maternity specification** agreed for 2016/17 will continue to increase the presence of midwifes and obstetricians
- **GP Federations** in place across all SWL CCGs & estates strategies developed by each CCG to support new models of care & extended hours
- Work underway on bed audit & enhanced stocktake of current investment to **develop evidenced based ambition & plan for Out of Hospital shift by 19/20**
- Multiple **out of hospital schemes delivered** across SWL e.g. in Croydon: rapid response, single point of access, roving GP, nursing home support programmes. In Kingston Coordinated Care programme, End of Life Care Coordination Centre in Wandsworth and COPD Health Coaching in Sutton

Progress highlights

Whole system initiatives

- New SWL-wide service specification and incentives for 2016/17 agreed for **improving and increasing same day emergency care** for patients who would otherwise be admitted to a bed
- All hospitals in SWL assessed against **London Quality Standards and staff needs**; now working to local improvement plans e.g. for ED consultant coverage
- SWL Network established to support redesign of UEC, including a **standardised naming of UEC services across England**
- SWL one of first areas nationally to procure **integrated 111 and GP out of hours** to improve patients referrals from 111 to UEC services
- **Paediatric emergency surgery network pilot** underway across all SWL hospitals, including single Directory of Services and transfer protocols, to ensure children are more rapidly admitted to the best hospital to treat them
- SWL Cancer System Leadership Forum **addressing 62 day cancer waits** by agreeing referral processes between acute and specialist trusts for 2016/17
- Greater **measurement of service performance for planned surgery** agreed for 2016/17 to support move to a ring-fenced surgical model to reduce cancellations and improve outcomes
- **New SWL IM&T strategy for sharing records and care plans** across boroughs from 2016/17, so that information follows the patient

The Acute Providers have also formed a collaborative to respond to the five year strategy

- The acute providers in South West London are working together on initiatives to deliver a a clinically and financially sustainable NHS
- This includes work on:
  - Reducing length of stay
  - Reducing non elective admissions
  - Clinical networking
  - Estates strategy
- They also recognise the need to improve productivity to address the financial gap and having

Highlights to date:

- *Single staff bank and rate cards established across all 4 hospitals to reduce reliance on agency staff*
- *Collaborative procurement processes across all 4 hospitals to increase economies of scale and ensure best price for common items*

Key opportunities in the Carter review

Agency costs - shared staff bank

Up to £43m savings by replacing agency staff with bank staff

Shared approach to procurement:

Aligning procurement in 2015-16 and 16-17

Developing procurement cluster

Single payroll

Exploring moving to a single payroll for SWL

Enablers for shared working

Shared approach to workforce: honorary contracts

Removing barriers to shared working, and inefficiencies

Shared approach to workforce: statutory / mandatory training

Reducing inefficiencies through a standardised approach to training

Patient flows and transfers

Making better use of SWL capacity to repatriate activity back into SWL where it is being lost through inefficient use of capacity

Contents

Issues paper published in June 2015 as the basis of engaging patients and the public in discussion around local issues

- Case for change further developed in **Issues Paper**
- Published in June 2015
- Expands on aims in the strategy & sets out five reasons why the local NHS needs to change the way it works:
  - **Quality of Care -** All patients should get the best possible care, but the quality and safety of all our health services varies enormously and depends on where and when you are treated. This costs lives.
  - **Changes in what patients need -** People getting older and sicker - demand rising rapidly. Need much more care to be outside hospital.
  - **Financial & workforce challenges -** We do not have the money or staff to go on as we are, despite increased funding. There is a national shortage of clinicians in some key areas and we need to transform workforce.
  - **The need for joined up services -** Patients need services that work together and across professional boundaries.
  - **We can provide better care with the same budget -** compelling evidence that if we spend our money differently, we can get services that are both better and more affordable.

Six deliberative events (large scale focus groups) were held across SWL

- Six **deliberative events** (large scale focus groups) were held during September across SWL.
- A total of 309 people took part, many of whom had never attended an NHS event before.

Total attendees	Patients /Public	Stakeholders
309	222	87

- A independent report on the deliberative events has been produced by OPM. This presents the feedback and outputs by workstream and includes headlines for each CCG area/borough.
- The report is published on the SWLCC website.

We have also completed our initial equalities analysis

- Mott MacDonald used a combination of i) desktop evidence review and ii) demographic mapping to identify those who may have a disproportionate need for services. They also carried out telephone interviews with targeted community groups and stakeholders.

- There are also a number of protected characteristic groups who are **likely to experience the potential positive and negative impacts to a disproportionate extent**.

- This includes people with physical or learning disabilities or certain mental health conditions, the socially isolated, those from deprived communities, the homeless, as well as people from certain BAME groups or migrant communities.
- The report is available on the website.

Other engagement includes:

- **Online and social media engagement**
- Developed a **comprehensive toolkit** to support CCGs with their local issues paper engagement.
- **Outreach – we have written to stakeholders** (including local residents' groups, campaigning organisations, faith groups, BME organisations, Healthwatch, CVS) and offered to attend local meetings.
- We have briefed **MPs** and **Trade Unions**
- Direct **engagement** of patient & public in **clinical workstreams** and through the **Patient & Public Engagement Steering Group**

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REPORT TO:	**HEALTH AND WELLBEING BOARD** **10 February 2016**
AGENDA ITEM:	**10**
SUBJECT:	**Proposal for JSNA programme 2016 and revised governance arrangements for the JSNA**
BOARD SPONSOR:	**Steve Morton, Head of health & wellbeing & acting joint director of public health, 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. They have a statutory responsibility to assess the health and wellbeing needs of the local population through the JSNA. They have a duty to use the joint strategic needs assessment (JSNA) to agree priorities to be set out in a joint health and wellbeing strategy (JHWS).

FINANCIAL IMPACT:

None.

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Agree proposals for the JSNA 2016 programme and changes to governance arrangements for the JSNA.

2. EXECUTIVE SUMMARY

2.1 This paper sets out revised proposals for the JSNA programme 2016 and for governance of the JSNA process. Proposals have been discussed and supported by the JSNA steering group, the CCG senior management team, and the JSNA governance group.

2.2 Section 4 proposes that two focused JSNA needs assessments are taken forward in sequence in 2016, social isolation, then patient activation and health literacy. It is also proposed that a needs assessment on adults with learning disabilities is taken forward outside the JSNA process. The key dataset would continue in its current format but with a small amount of interpretive text relating to key challenges and emerging needs identified.

2.3 Section 5 proposes a simplification of JSNA governance arrangements.

2.4 These proposals were considered and supported by the JSNA steering group on 18 November 2015, the JSNA Governance Group on 1 December 2015 and the CCG senior management team on 8 December 2015.

3. BACKGROUND

3.1 The purpose of joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, should be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

3.2 In preparing JSNAs and JHWSs, health and wellbeing boards must have regard to guidance issued by the Secretary of State[1], and as such boards have to be able to justify departing from it.

3.3 JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs, or NHS England. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.

3.4 A range of quantitative and qualitative evidence should be used in JSNAs. There are a number of data sources and tools that health and wellbeing boards may find useful for obtaining quantitative data12. Qualitative information can be gained via a number of avenues, including but not limited to views collected by the local Healthwatch organisation or by local voluntary sector organisations, feedback given to local providers by service users; and views fed in as part of community participation within the JSNA and JHWS process.

3.5 JSNAs can also be informed by more detailed local needs assessments such as at a district or ward level; looking at specific groups (such as those likely to have poor health outcomes); or on wider issues that affect health such as employment, crime, community safety, transport, planning or housing. Evidence of service outcomes collected where possible from local commissioners, providers or service users could also inform JSNAs. Boards will need to ensure that staff supporting JSNAs have easy access to the evidence they need to undertake any analysis they needed to support the board's decisions.

3.6 Health and wellbeing boards are also required to undertake Pharmaceutical Needs Assessments (PNAs) and distinct PNAs need to be produced to inform NHS England's decisions on commissioning pharmaceutical services for the area.

3.7 Croydon's approach to the JSNA has been to produce an annual key dataset across a wide range of indicators, with more focused, topic based, needs assessments carried out as part of a rolling programme. The PNA is produced separately from the JSNA in Croydon.

[1] Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Department of Health. 23 March 2013.

4. JSNA TOPICS 2016

4.1 Following consultation with stakeholders the JSNA steering group proposed three topics for focused needs assessment in 2016. These were:

- Social isolation
- Health literacy and patient activation
- Adults with learning disabilities

4.2 When the topics were discussed by the HWB executive group on 27 October 2015, the director of public health recommended that a final decision on topics for 2016 be deferred pending further consultation.

4.3 The acting joint director of public health proposes that, due to reduced capacity within the public health team, initial focus is given to assessing needs relating to social isolation. This has been identified as a priority by the Local Strategic Partnership chief executives' group, a number of health and social care commissioners and also by the Opportunity and Fairness Commission. The second area to be taken forward would be health literacy and patient activation (with the needs of social care service users also taken into consideration). Given its urgency for commissioners, the needs assessment on learning disability is being taken forward outside the JSNA process.

4.3 The key dataset will be produced in alignment with the development of 2017/18 commissioning plans for the local NHS and council. Following feedback from the health and wellbeing board at its meeting on 21 October 2015, the 2016 key dataset will include more guidance on interpreting data relating to key challenges and emerging issues.

5. JSNA GOVERNANCE

5.1 The following changes to JSNA governance arrangements are proposed:

5.1.1 The JSNA steering group and governance group are merged and membership is changed as set out below.

5.1.2 Membership of the proposed JSNA governance group to be comprised of the three officers with statutory responsibility for the JSNA: director of public health, Croydon Council; chief officer of Croydon CCG, executive director of People, Croydon Council. Additional members would be the chair of the health and wellbeing board, a representative from HealthWatch and a representative from NHS England.

5.1.3 A broader JSNA reference group is established with representatives from the current JSNA steering group not included in the membership of the proposed new governance group. Membership would also be widened to include more stakeholders, including Croydon BME Forum. The reference group would be consulted virtually rather than meeting.

5.1.4 The new JSNA governance group would be accountable to the health and wellbeing board and would report to the board on a regular basis (timing to be agreed).

6. CONSULTATION

6.1 These proposals were considered and supported by the JSNA steering group on 18 November 2015, the JSNA Governance Group on 1 December 2015 and the CCG senior management team on 8 December 2015. A broader membership for the JSNA reference group would allow the needs of diverse groups to be better represented within the JSNA process.

7. SERVICE INTEGRATION

7.1 Health and wellbeing boards must encourage integrated working between health and social care commissioners, and provide appropriate support to encourage partnership arrangements for health and social care services.

8 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

8.1 n/a

9. LEGAL CONSIDERATIONS

9.1 n/a

10. HUMAN RESOURCES IMPACT

10.1 n/a

11. EQUALITIES IMPACT

11.1 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.

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

BACKGROUND DOCUMENTS
None

REPORT TO:	**HEALTH AND WELLBEING BOARD** **10 December 2015**
AGENDA ITEM:	**11**
SUBJECT:	**Report of the chair of the executive group: incorporating risk register and board work plan**
BOARD SPONSOR:	**Paul Greenhalgh, Executive Director, People, 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:

- Note risks identified at appendix 1.
- Agree changes to the board work plan set out in paragraph 3.4

2. EXECUTIVE SUMMARY

2.1 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 1.

2.2 The health and wellbeing board agreed its work plan for 2015/16 at its meeting on 25 March 2015. 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 2.

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 Key areas of work for the executive group in December 2015 and January 2016 are set out below:

- Review of the board work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy.
- 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.

Risk

3.3 Risks identified by the board are summarised at appendix 1. The executive group regularly review the board risk register. The risk register was fully reviewed by the executive group at its meeting on 8 December 2015, with existing controls updated and a number of new controls identified. There have been no changes to the risk ratings since the board meeting on 9 December 2015.

Board work plan

3.4 Changes to the board work plan from the version agreed by the board on 9 December 2015 are summarised below. This is version 74 of the work plan. The work plan is at appendix 2.

3.4.1 Improving people's satisfaction with care: learning from local best practice added to agenda for 13 April 2016.
3.4.2 Quarterly reports on the Better Care Fund beginning 13 April 2016.
3.4.3 Partnership groups proposal moved to agenda for 13 April 2016.
3.4.4 Early detection and treatment of cancers added to agenda for 8 June 2016.
3.4.5 Self-care and self-management added to agenda for 14 September 2016.

Appendices (as attachments)

Appendix 1 risk summary.
Appendix 2 board work plan.

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

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10 February 2016

Risk Status

			Risk rating		Control measures			
Risk Ref	**Business Unit**	**Risk**	**Current**	**Future**	**Future**	**Existing**	**Total**	**% Impleme**
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	25	20	4	5	9	70%
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	12	4	2	3	3	67%
HWB2	HWB	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	15	12	3	2	5	71%
HWB7	HWB	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	4	4	80%

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Topic proposed: date to be agreed
People Gateway

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
13 April 2016	**Strategic items**				
	Improving people's satisfaction with care: learning from local best practice • Maternity services • Mental health day services • One other	To share learning on how services have improved people's experience of care	Improve people's satisfaction with care	tbc	tbc
	Business items				
	Final commissioning plans 2015/16	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS and the power to give its opinion to the council on whether the council is discharging its duty to have regard to relevant JSNA and JHWS.	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan / Jane Doyle
	Health and social care integration: Better Care Fund and Transforming Adult Care Services	To inform the board of progress on the work schedule of the Better Care Fund and provide an update on TACS	n/a	Paula Swann / Paul Greenhalgh	Paul Young / Andrew Maskell

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Partnership groups proposal (Partnership group: All)	To propose a reconfiguration of the partnership groups accountable to the board to better align them to the board's core functions	n/a	Paul Greenhalgh	Steve Morton
	Report of the chair of the executive group • Performance report • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Paul Greenhalgh	Steve Morton
8 June 2016	**Strategic items**				
	Cancers	To discuss work to increase the early detection and treatment of cancers	Early detection and treatment of cancers	tbc	tbc
	Business items				
	Food Flagship annual report	To report on activity undertaken by the Food Flagship	Reduce overweight and obesity in children	Rachel Flowers	Ashley Gordon
	Heart Town annual report	To report on activity undertaken by the Heart Town project	Early detection & treatment of cardiovascular disease and diabetes	Rachel Flowers	Steve Morton

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Partnership groups report (Partnership group: All)	To provide an overview of the work of the partnership groups accountable to the board and to agree any changes as a result of a review of the partnership groups.	n/a	Paul Greenhalgh	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton
14 September 2016	**Strategic items**				
	Self-care and self-management	To consider work to increase self-care and self-management	Promoting self-management and self-care	Paula Swann	tbc
	Business items				
	Tobacco control update	To report to the board on work to reduce smoking prevalence	Reducing smoking prevalence	Rachel Flowers	tbc
	Early years update	To report to the board on work to improve health and wellbeing in early years	Giving our children a good start in life	Tbc	tbc

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton
19 October 2016	**Strategic items**				
	JSNA key dataset 2016	To consider key challenges and needs identified by the key dataset	n/a	Director of public health	Steve morton
	Business items				
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Paul Greenhalgh	Kay Murray
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Paul Greenhalgh	Gavin Swann
	Health and social care integration: Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Paul Greenhalgh	Paul Young
	Partnership groups report (Partnership group: All)	To provide an overview of the work of the partnership groups accountable to the board and to agree any changes as a result of a review of the partnership groups.	n/a	Paul Greenhalgh	Steve Morton

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Paul Greenhalgh	Steve Morton
14 December 2016	**Strategic items**				
	Commissioning intentions 2015/16	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS and the power to give its opinion to the council on whether the council is discharging its duty to have regard to the JSNA and JHWS.	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan
	Business items				
	Health protection update	To inform the board of key health protection issues for the borough including uptake of immunisations & vaccinations	Improve the uptake of childhood immunisations	Director of public health	Ellen Schwartz
	Pharmaceutical needs assessment (PNA) update	To consider any changes to the PNA and agree process for full update	n/a	Director of public health	Matt Phelan

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Report of the chair of the executive group • Performance • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Paul Greenhalgh	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
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
18 July 2013	Board workshop on strategic risk			

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
11 September 2013	Improving outcomes for children with disabilities	Discussion and decision	Paul Greenhalgh	Linda Wright
	Reablement and hospital discharge programme – funding allocations 2013/14	Decision	Hannah Miller / Paula Swann	Andrew Maskell
	JSNA deep dive chapter • Emotional health and wellbeing of children	Decision	Mike Robinson	Kate Naish
	JSNA work plan 2013/14	Decision	Mike Robinson	Jenny Hacker
	Work plan (standing item)	Decision	Hannah Miller	Steve Morton
	Adult social care local account 2012	Information	Hannah Miller	Tracy Stanley
	Report from Croydon Congress health themed meeting 16 May 2013	Information	Mike Robinson	Sharon Godman
	Integrated commissioning unit for health and social care	Information	Hannah Miller / Paula Swann	Brenda Scanlan / Stephen Warren
	Integrated care pioneer status bid	Information	Hannah Miller / Paula Swann	Laura Jenner
23 October 2013	Focus on outcomes: homelessness, health and housing	Discussion	Hannah Miller	Peter Brown / Dave Morris
	Heart Town programme to prevent heart and circulatory diseases	Discussion	Mike Robinson	Steve Morton
	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

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
	Integration transformation fund	Information	Hannah Miller / Paula Swann	Andrew Maskell
	Safeguarding adults	Information	Hannah Miller	Kay Murray
	Safeguarding children	Information	Paul Greenhalgh	Jeneen Hatt
	Update on carers (from April 2012)	Information	Roger Oliver	Harsha Ganatra
	Update on children's primary prevention plan (from Feb 2013)	Information	Paul Greenhalgh	Dwynwen Stepien
4 December 2013	Commissioning intentions 2014/15	Discussion	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson	Stephen Warren / Brenda Scanlan / Jane Doyle
	Substance misuse commissioning plans	Discussion	Hannah Miller	Alan Hiscutt
	Pharmaceutical needs assessment	Decision	Mike Robinson	Kate Woollcombe
	Work plan and report of the chair of the executive group (standing item)	Decision	Hannah Miller	Steve Morton
	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

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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 • Children and families' plan 2014/15	For information	Paula Swann/Hannah Miller/Paul Greenhalgh	Stephen Warren / Brenda Scanlan / Jane Doyle
	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			

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
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
	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

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	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
	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			
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

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

Date	Items	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	The board has a duty to satisfy itself that commissioning intentions are aligned with the joint health and wellbeing strategy	Paula Swann/Hannah Miller/Paul Greenhalgh/Mike Robinson/Jane Fryer	Stephen Warren / Brenda Scanlan / Jane Doyle
	Health protection update	To inform the board of key health protection issues for the borough including uptake of immunisations & vaccinations	Mike Robinson	Ellen Schwartz / Miranda Mindlin
	Croydon Food Flagship	To inform the board on progress with the Food Flagship programme	Mike Robinson	John Currie
	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

Date	Items	Purpose	Board sponsor	Lead officer / report author
11 February 2015	**Strategic items**			
	Mental health strategy action plan (Partnership: Mental Health)	To inform the board of key actions to be undertaken to deliver the mental health strategy	Paula Swann / Paul Greenhalgh	Brenda Scanlan / Sue Grose
	Primary care co-commissioning	To inform the board of local plans for primary care co-commissioning and enable board members to comment on those plans	Paula Swann / Jane Fryer	tba
	Care Act implementation and market position statement	To consult the HWBB on the draft statement before the new statutory requirement to publish such a statement is finalised	Paul Greenhalgh	Alan Hiscutt/ Paul Heynes
	Business items			
	Proposal to establish a borough health protection forum	To consider and agree the proposal.	Mike Robinson	Ellen Schwartz
	Progress report on work undertaken to determine the scale and nature of the illicit tobacco problem	Information	Mike Robinson	Katie Cuming/ Jimmy Burke
	Report of the chair of the executive group • Work plan • Performance against health and wellbeing strategy indicators (quarterly standing item) • Risk	Discussion & decision	Paul Greenhalgh	Steve Morton Laura Gamble

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
25 March 2015	**Strategic items**			
	Health and wellbeing of offenders & their families	To enable the board to consider issues affecting the health and wellbeing of offenders and their families	Lissa Moore / Adam Kerr	Lissa Moore / Adam Kerr
	Joint health and wellbeing strategy 2015-18	To agree amendments to the joint health and wellbeing strategy	Members of the executive group	Steve Morton
	CCG commissioning plans 2015/16	The board has a statutory duty to provide opinion on whether the CCGs final commissioning plan has taken proper account of JHWS.	Paula Swann	Stephen Warren
	Business items			
	Mental health crisis care concordat (Partnership: Mental Health)	To endorse the principles of the concordat and to provide assurance that plans are in place to deliver it	Paula Swann/Paul Greenhalgh	Brenda Scanlan / Stephen Warren / Sue Grose
	Winterbourne View action plan (Partnership group: Learning Disability)	To assure the board that the Winterbourne view action plan reported to board in February 2014 has been progressed.	Paul Greenhalgh	Brenda Scanlan

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Drug and alcohol recommissioning (Partnership group: Drugs & Alcohol)	To inform the board of progress with recommissioning of drug and alcohol services	Paul Greenhalgh	Alan Hiscutt / Shirley Johnstone
	Pharmaceutical needs assessment final draft for agreement	The board has a statutory duty to publish a PNA by 31 March 2015	Mike Robinson	Sara Corben / Matt Phelan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	Paul Greenhalgh	Steve Morton
10 June 2015	**Strategic items**			
	Croydon Council commissioning plans 2015/16	The board has the power to give its opinion to the council on whether the council is discharging its duty to have regard to relevant JSNA and JHWS.	Paul Greenhalgh	Brenda Scanlan
	Household income and health	Household income is a key determinant of health. This item relates to the JHWS priority of child poverty.	Paul Greenhalgh	Mark Fowler / Amanda Tuke
	JSNA 2013/14 homeless households chapter final draft	To consider the findings of the chapter and agree to its publication.	Mike Robinson	Jenny Hacker / Dave Morris

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Healthy weight strategic action plan	To agree local plan to address overweight and obesity.	Mike Robinson	Sarah Nicholls/ Anna Kitt
	Deprivation of liberty safeguards	To provide the board with assurance that appropriate safeguards are in place to protect vulnerable adults from arbitrary detention.	Paul Greenhalgh /	Edwina Morris / Kay Murray
	Sexual health procurement strategy	To provide the board with a briefing on the wider issues relating to the procurement strategy for sexual health services	Paul Greenhalgh / Mike Robinson / Paula Swann / Jane Fryer	Lisa Burn / Ellen Schwartz
	Business items			
	Francis Review action plans	To assure the board that the Francis Review action plans reported to board in February 2014 has been progressed and that plans are in place in each of these areas	Paula Swann / John Goulston / Steve Davidson	Sean Morgan / Zoe Packman / Alison Beck
	Local alcohol action area (Partnership group: Drugs & alcohol (DAAT); Healthy Behaviours)	To inform the board of achievements of the programme and to note future recommendations	Mike Robinson	Bernadette Alves/ Matt Phelan

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Local Government Declaration on Tobacco Control	To ask the board to sign up to the Local Government Declaration on Tobacco Control	Mike Robinson	Bernadette Alves / Jimmy Burke
	Carers partnership group report (Partnership group: Carers)	To inform the board of the work of the carers partnership group in delivering board priorities.	Paul Greenhalgh	Amanda Lloyd / Harsha Ganatra
	Heart Town annual report	To inform the board of progress in the delivery of Croydon Heart Town	Mike Robinson	Steve Morton
	Report of the chair of the executive group • Performance report • Work plan • Risk	To inform the board of work undertaken by the executive group, to consider performance and review the board risk register	Paul Greenhalgh	Steve Morton
24 July 2015	**Board seminar – developing the system leadership role of the HWB**			
9 September 2015	**Strategic items**			
	End of life strategy	To agree the joint end of life strategy	Paul Greenhalgh / Paula Swann	Brenda Scanlan / Lucky Hossain
	Annual report of the director of public health	To discuss the content of the director of public health's annual report and agree any actions for the board arising from it	Mike Robinson	Mike Robinson

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

Date	Items	Purpose	Board sponsor	Lead officer / report author
	Business items			
	Appointment of chair, vice chair and executive group Appointment of board representative on SW London co-commissioning joint committee	To agree key appointments for the board and any changes to the terms of reference	n/a	Solomon Agutu
	Better Care Fund	To inform the board of progress on the work schedule	Paul Greenhalgh / Paula Swann	Paul Young / Andrew Maskell
	JSNA 2015/16 key chapter topics	To agree the needs assessments to be carried out as part of the JSNA for 2015/16	Mike Robinson / Paula Swann / Paul Greenhalgh	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	Paul Greenhalgh	Steve Morton

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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
21 October 2015	**Strategic items**				
	JSNA key dataset 2015/16	Discussion & decision	n/a	Mike Robinson	David Osborne
	Business items				
	Implementing the national autism strategy	To inform the board of progress with the local implementation of the Autism Act 2009	Not a JHWS priority	Paul Greenhalgh	Simon Wadsworth
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Paul Greenhalgh	Kay Murray
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Paul Greenhalgh	Gavin Swann
	Health and social care integration: Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paul Greenhalgh / Paula Swann	Paul Young / Ivan Okyere-Boakye
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group, to consider performance and review the board risk register	n/a	Paul Greenhalgh	Steve Morton

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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
23 October 2015	**Joint workshop with Opportunity and Fairness Commission**				
9 December 2015	**Strategic items**				
	Commissioning intentions 2015/16	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS and the power to give its opinion to the council on whether the council is discharging its duty to have regard to the JSNA and JHWS.	n/a	Paula Swann/Paul Greenhalgh	Stephen Warren / Brenda Scanlan
	Urgent care transformation	To inform the board of work to transform urgent care	Redesign urgent care pathways	Paula Swann	Stephen Warren
	Business items				
	Health protection update	To inform the board of key health protection issues for the borough including uptake of immunisations & vaccinations	Improve the uptake of childhood immunisations	Director of public health	Ellen Schwartz
	JSNA maternal health chapter final draft	To consider the findings of the chapter and agree to its publication	Giving children a good start in life	Director of public health	Sarah Nicholls / Dawn Cox

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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
9 December 2015	Patient transport	To receive a report on improvements to patient transport in response to patient and carer feedback	Improving people's experience of care	John Goulston	Allan Morley
	Report of the chair of the executive group • Work plan • Risk • Performance	To inform the board of work undertaken by the executive group and consider the board performance report, risk register and work plan	n/a	Paul Greenhalgh	Steve Morton
10 February 2016	**Strategic items**				
	Health and social care integration: outcomes based commissioning for over 65s	To update the board on progress since the last report on 22/10/14	Prevent illness and injury and promote recovery in the over 65s	Paula Swann / Paul Greenhalgh	Martin Ellis
	JSNA community based services for over 65s chapter final draft	To consider the findings of the chapter and agree to its publication.	Prevent illness and injury and promote recovery in the over 65s	Steve Morton / Ellen Schwartz	Nerissa Santimano
	Business items				
	South West London Commissioning Collaborative	To update the board on progress	n/a	Paula Swann	Paula Swann

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

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	JSNA programme for 2016	To agree the JSNA programme for 2016	n/a	Director of public health	Steve Morton
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group, to consider performance and review the board risk register	n/a	Paul Greenhalgh	Steve Morton

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