HEALTH & WELL-BEING BOARD (CROYDON)

To: **Elected members of the council:**
Councillors Margaret BIRD, Patricia HAY-JUSTICE, Yvette HOPLEY (Vice-Chair), Maggie MANSELL (Chair), Callton YOUNG

Officers of the council:
Barbara PEACOCK (Executive Director of People)
Rachel FLOWERS (Director of Public Health)

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

Healthwatch Croydon
Charlotte LADYMAN (Healthwatch Croydon)

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

Representing voluntary sector service providers:
Helen THOMPSON (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:
Ashtaq ARAIN (Faiths together in Croydon)
Adam KERR (National Probation Service (London))
David LINDRIDGE (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Cassie NEWMAN (London Community Rehabilitation Company)
Claire ROBBINS (Metropolitan Police)

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Wednesday 19th October 2016** at **2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

JACQUELINE HARRIS-BAKER
Acting Council Solicitor and Acting Monitoring Officer
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
11 October 2016

PLEASE NOTE: Additional documents on items 9, 10 & 11 are not included in the Complete Agenda Papers but can be downloaded separately.
Members of the public have the opportunity to ask questions relating to items on this agenda of the Health & Wellbeing Board, either in advance or at the meeting, at the discretion of the chair.
Written questions should be addressed to Margot Rohan, Democratic Services & Scrutiny, Bernard Weatherill House, 4th Floor Zone G, 8 Mint Walk, Croydon CR0 1EA or email: margot.rohan@croydon.gov.uk
Questions should be of general interest, not personal issues. Written questions for raising at the meeting should be clearly marked.
Other written questions will receive a written response to the contact details provided (email or postal address) and will not be included in the minutes.
There will be a time limit for questions which will be stated at the meeting.
Responses to any outstanding questions at the meeting will be included in the minutes.

AGENDA - PART A

1. Minutes of the meeting held on Wednesday 14th September 2016
(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. Strategic Items:
Commissioning intentions 2016/17 (Page 9)

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

7. Health as a social movement / Asset based approaches to improving health

There will be a video presentation. A link will be provided after the meeting.

8. Business Items:
Joint commissioning executive report (Page 49)

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

9. Safeguarding adults annual report (Page 57)

The report of the Croydon Council's Executive Director of People is attached.

10. Safeguarding children annual report (Page 61)

The report of the Croydon Council's Executive Director of People

11. Better Care Fund (Page 65)

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

12. Healthwatch Croydon report (Page 73)

The report of the Chief Executive Officer of Healthwatch Croydon is attached.

13. Report of the chair of the executive group (Page 103)

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

14. Public Questions

For members of the public to ask questions relating to items on this 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.

AGENDA - PART B

None

Health & Well-Being Board (Croydon)
Minutes of the meeting held on Wednesday 14th September 2016 in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present:

Elected members of the council:
Councillors Margaret BIRD, Maggie MANSELL (Chair), Callton YOUNG

Officers of the council:
Rachel FLOWERS (Director of Public Health)
Pratima SOLANKI (Director of Adult Social Care & All Age Disability Services)

NHS commissioners:
Dr Tony BRZEZICKI (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:
Sara MILOCCO (Croydon Voluntary Action)
Helen THOMPSON (Croydon Voluntary Sector Alliance)

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

Non-voting members:
Andrew McCOIG (Croydon Local Pharmaceutical Committee)

Also present: Kim BENNETT (Deputy - Croydon Voluntary Sector Alliance),

Absent: Councillors Patricia Hay-Justice, Yvette Hopley and Donald Speakman, Ashtaq Arain (Faiths together in Croydon), Dr Agnelo Fernandes (Croydon Clinical Commissioning Group), Dr Jane Fryer (NHS England), Cassie Newman (London Community Rehabilitation Company (LCRC)), Barbara Peacock (Executive Director for People, LBC), Insp Claire Robbins (Met Police), Stuart Routledge (Age UK - Croydon Charity Services Delivery Group), Adam Kerr (National Probation Service (London)), David Lindridge (London Fire Brigade) and Zoe Reed (South London & Maudsley NHS Foundation Trust (SLaM))

Apologies: Councillors Patricia Hay-Justice and Yvette Hopley, Ashtaq Arain, Dr Agnelo Fernandes, Dr Jane Fryer, Cassie Newman, Barbara Peacock, Insp Claire Robbins and Stuart Routledge

A36/16 MINUTES OF THE MEETING HELD ON WEDNESDAY 8TH JUNE 2016

The minutes of the meeting held on 8 June were agreed as an accurate record.

A37/16 DISCLOSURE OF INTEREST

There were none.

A38/16 URGENT BUSINESS (IF ANY)

There was no urgent business.

Councillor Maggie Mansell attended an event on survivors of cancer - looking after health. She was a keynote speaker. Other speakers were survivors. It was an excellent initiative run by McMillan nursing - working with Croydon University Hospital (CUH) and other partner agencies.

AGM CUH - good initiatives are taking place, bringing together a number of departments. There is now a good process in place, making it faster from A&E to where treatment is provided.

A39/16 EXEMPT ITEMS

There were none.

A40/16 STRATEGIC ITEMS
CANCERS - THE EARLY DETECTION AND TREATMENT

Paula Swann introduced the item and Dr Tony Brzezicki gave a presentation.

Cancer causes one in four deaths in the UK and kills around 945 Croydon residents each year. Despite this toll, cancer care is improving significantly and currently around half of those diagnosed with the disease survive for 10 years or more. Incidence of cancer and cancer deaths are lower than England averages but Croydon does have challenges, in particular around breast and bowel screening.

There is evidence that cancer diagnosis is lower than in other parts of Europe/the world and this is being investigated.

Screening has increased and this is improving with data being looked at earlier.

The New Addington letterbox survey, looking at lung cancer, enabled pharmacists to identify and refer patients to GPs. This proved very effective.
John Goulston thanked Dr Tony Brzezicki for his exceptional work, being the local lead for cancer, making Croydon ahead of other London boroughs in this area.

The following issues were raised:

- Croydon has a very different population to other boroughs. With high levels of BME, it is very diverse. This makes it difficult to make comparisons in the 6 nations study, where other participants have very different populations.
- Afro-Caribbean work - health inequalities have not been investigated in depth, particularly regarding the variation in cancer care and outcomes
- Smoking, neglect, poverty, housing - wider determinants of health contribute significantly to smoking rates
- Targeted focus in identified areas of high risk - services and intervention campaigns need to be highly targeted to reach group of highest risk of disease and mortality rates
- Bowel screening is a difficult area – done nationally so pharmacies don't know who has been sent screening kits in order to follow up - wasted opportunity as GPs can only get kits from the central hub
- Pharmacies are useful for identifying symptoms (coughing, excessive purchases of antacids etc) and referring to GPs - Be Clear on Cancer Campaign - needs more aligned communications strategy so pharmacies are tied in.

For further information on the government's Be Clear on Cancer campaign, read the press release here - http:news.croydon.gov.uk/cancer-prevention-work-set-to-increase/

A41/16 JSNA KEY DATASET 2016

Rachel Flowers gave a presentation.

- Rate of people presenting with HIV at a late stage is increasing
- There have been a few cases of measles in Croydon but we are keeping an eye on it
- Vaccinations for 5 year olds - now 3rd lowest in London
- Request HWB to give delegated authority to sign off JSNA ready for commissioning cycle - to CEO of CCG, Director of Public Health, and Executive Director of People

The following issues were raised:

- HIV testing - it is the responsibility of the local authority as part of sexual health commissioning - working on new ways of benchmarking
- Contraception for all women - need to address contraception and pregnancy to reduce impact on abortion services
- Croydon has unique problems due to its population diversity
- Dedicated multi-partner agency working to address low vaccinations
- Task and finish group being set up to identify where problems are and to come up with an action plan - will present to the Health & Wellbeing Board in a few months.
- Need to change how the JSNA works around trends. All 3 statutory officers will identify and highlight areas of concern every quarter

The Board **RESOLVED** to agree delegation for signing off the JSNA as above.

A42/16 PEOPLE'S EXPERIENCE OF USING MENTAL HEALTH DAY CARE SERVICES

Paula Swann introduced the item and Stephen Warren (Director of Commission CCG) summarised the report.

Mental Health day care services were previously re-commissioned in 2009. The report provides an overview of the Voluntary & Community Sector (VACS) Services, specifically those that are currently jointly commissioned by NHS Croydon CCG & Croydon Council, and have an impact on social isolation.

The report identifies that there is a clear need to engage more with service users to determine people's views on service provision.

The following issues were raised:

- To what extent are services planned in a strategic way? The current provision is based on the historical pattern
- Crucial for future direction to determine the need for specialist services, by identifying the user profiles
- Recent reduction in funding for the voluntary sector has had a great impact in Croydon, particularly in mental health. There are particular concerns about in-patients from BME groups
- Demand in Croydon has increased dramatically - 2 evenings in last week 7 or more people with serious mental health issues were seen in CUH
- Need to return to mental health adult issues at a future meeting
- Are people able to get to day centres?
- Not just about services but about communities at different times of life and across diversity.

- Needs more emphasis on prevention, support and emotional wellbeing
- Croydon Drop In Service only covers those up to 18 years. There are many people with substance and mental health issues but where can they go when they are over 18 years?
- Mental Health Strategy exists - update to be brought to the Health & Wellbeing Board
- Voluntary sector - health champions encourage gardening, art etc - focusing on emotional health and wellbeing

The Board **NOTED** the report.

A43/16 BUSINESS ITEMS:
TOBACCO CONTROL UPDATE

Bernadette Alves (Consultant in Public Health) summarised the report.

Tobacco control in Croydon has two main strands: a stop smoking service (SSS) that is commissioned by public health; and broader tobacco control activities that are undertaken by several services within the council.

By the end of 2016/17, Stop Smoking Services will be delivered through the Councils‟ Live Well Programme, an integrated, holistic, health behaviour change service that aims to help people to stop smoking, maintain a healthy weight, drink alcohol sensibly, be physically active and be happy.

The following issues were raised:

- Smoking cessation services - concern about shut down of primary care network - will lose a lot of expertise.
- 70% of quitters represent a health danger
- How to encourage people not to start smoking? Children of smokers are much more likely to become smokers
- Croydon College - there does not seem to be any work going on there to discourage students
- Need focus on keeping well programmes but concern about being able to get into schools which are not managed by the Council
- New post recently appointed to work on the healthy schools programme. Half of the schools have signed up to it but those not signed up tend to be the ones with higher need - looking at how they can be reached more effectively
- Tobacco control - more strategic approach
- E-cigarettes - increase in use but tends to be those trying to give up, not new smokers
    - Some health concerns about some lung diseases, as no one really knows what the risks and benefits are.
    - In the short term they appear to be highly effective.

    - 95% safer than tobacco
    - Addiction is to nicotine and tar in cigarettes causes the problems but there is no tar in e-cigarettes
- Need to commission things differently - many people give up smoking without the cessation service
- Smoking cessation is one pillar in tobacco control - need a website for those trying self help
- Must recognise people who need support have other issues - obesity, poverty, drinking etc.
- Pharmacists are only being informed - they could be used more proactively - lack of consultation
- CCG does not know where services are located - current method of paying for outcomes is not best practice.
- Looking at commissioning differently - model being developed with many components involving many agencies.
- Shisha bars - 14 in Croydon - tobacco with flavouring, smoked through a pipe - hoping new tobacco control strategy (from government in next couple of months) will include shisha
- Needs to be engagement and consultation about how diff future services will be from currently.

The Board **NOTED** the report and supported the proposed wider tobacco control approach.

A44/16 HEALTH PROTECTION FORUM UPDATE

Rachel Flowers introduced the item. Ellen Schwartz (Consultant in Public Health) gave a brief summary of the report.

One of the four domains of public health practice is health protection, which includes infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.

- Work plan to ensure correct partners are around the table
- Addressed pandemic influenza

Issues to be covered at meetings:

- Screening (yesterday)
- TB in January 2017
- Child immunisation in May

There were no questions.

The Board **NOTED** the report.

A45/16 **REPORT OF THE CHAIR OF THE EXECUTIVE GROUP**

The work plan for 2016/17 was agreed at the meeting on 13 April 2016. 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.

The Board **RESOLVED** to:

- Note the planned review of the local strategic partnership including the health and wellbeing board.
- Note risks identified at appendix 1.
- Agree revisions to the board work plan for 2016/17 at appendix 2.

A46/16 **FOR INFORMATION ONLY:**
HEALTHWATCH CROYDON REPORTS

The following reports were for information only:

Carers of over 65s - Experiences
Mental health – local perspective
Both reports can be accessed on the Healthwatch Croydon website here: www.healthwatchcroydon.co.uk/impact

The Annual Report 2015-16 can be accessed here:
www.healthwatchcroydon.co.uk/annual-report-business-plan

A47/16 **PUBLIC QUESTIONS**

There were no public questions.

The meeting ended at 4:20pm

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 October 2016**
AGENDA ITEM:	**6**
SUBJECT:	**Croydon Council's Commissioning intentions for 2016/17 for people, adults and children**
BOARD SPONSOR:	**Barbara Peacock, Executive Director of People, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

The report identifies the commissioning intentions that will contribute to the Health and Wellbeing Board priorities as set out in the Joint Health and Wellbeing Strategy:

- Giving our children a good start in life
- Preventing illness and injury and helping people recover
- Preventing premature death and long term health conditions
- Supporting people to be resilient and independent
- Providing integrated, safe, high quality services; and
- Improving people's experience of care.

The national policy context which has shaped the Council's commissioning priorities for 2016/17 includes the requirements arising from the Care Act 2014, and the Children and Families Act 2014, in particular:

Care Act 2014

- New statutory duties relating to universal information, advice and advocacy.
- Engaging communities so that they can play a stronger role in supporting individuals, particularly in preventative initiatives.
- Duties to shape, manage and sustain the local care and support market; and
- Extended responsibilities to address the needs of family carers.

Children and Families Act 2014

- Adoption and contact
- Family Justice
- Children and young people in England with SEN or disabilities; and
- Welfare of children.

The local policy context which has shaped the Council's commissioning priorities for 2016/17 includes the Corporate Plan 2015-18, Independence Strategy 2015-18, Health and Wellbeing Strategy 2013-18, Opportunity and Fairness Plan 2016-20 (which includes the Council's equality objectives), and the Community Strategy 2016-21.

These strategies and plans can be summarised under the Council's overarching vision **Ambitious for Croydon**. This encapsulates the council's vision as a stronger, fairer borough where no community is held back.

The council delivers this ambition through its departments for Place, Resources and People each with its own enabling strategy.

Within the People Department the enabler for Ambitious for Croydon is the Independence Strategy. It's priorities are to:

- Empower individuals and communities to be better able to take more responsibility for themselves and each other.
- Enable residents to make informed choices about how to meet their needs through the provision of high quality information, advice and guidance.
- Provide people with the best opportunity to maximise their life chances and have a good quality of life through the provision of high quality universal services, including an excellent learning offer.
- Empower people to resolve issues early through the provision of joined up assessment and support; and
- Enable children and adults to maximise their independence and ensure they are safe from harm through the provision of high quality specialist services.

FINANCIAL IMPACT:

The work streams detailed in the report are to be funded by the Council in line with agreed budgets and financial plans for 2016/17.

1. RECOMMENDATIONS

1.1 This report is to update the Board on the Council's commissioning intentions for 2016/17.

2. EXECUTIVE SUMMARY

2.1 This report sets Croydon Council's key commissioning priorities for 2016/17. It builds on the previous Joint Commissioning Intentions, signed off by the Health and Wellbeing Board in December 2015. Inevitably many of the commissioning plans and objectives represent joint areas of work with Croydon CCG. The report illustrates the range of commissioning plans and priorities for 2016/17, which are either commissioned by the Council or commissioned jointly between the Council and the CCG.

2.2 Croydon Council and Croydon CCG currently have formal joint commissioning arrangements in place across a number of services. The two organisations have a clear ambition to build on that experience and to increase the scale and scope of joint commissioning across services where there is a clear alignment of NHS and local authority commissioning responsibilities. Both parties believe that an integrated approach to the commissioning of services will facilitate improved outcomes and a better experience for service users.

2.3 In order to ensure the progress made on integrated commissioning between the Council and CCG in recent years is sustained and developed, the two organisations agreed to establish a Joint Commissioning Executive (JCE).A key foundation of further integrated commissioning is the on-going work in delivering the Outcome Based Commissioning Programme for the over 65s.

3. DETAIL

3.1 This report indicates the key commissioning priorities for 2016/17 against the different work streams listed below. Their importance reflects the local vision to ensure children get a good start in life, to improve health and well-being outcomes, to increase healthy life expectancy and reduce differences in life expectancy between communities and improve people's positive experience of care.

- Transforming Adult Social Care (TRASC)
- Older People
- Mental Health
- Children & Maternity
- Disabilities; and
- Public Health

3.2 In summary the **Key Priority Areas** are:

Transforming Adult Social Care

- Implement the Transforming Adult Social Care Programme commissioning requirements for 2016-17, including day services, response to Think Family recommendations, development of prevention and universal service offer.

Older People

- The delivery of the Outcome Based Commissioning (OBC) Programme for the over 65s to bring real sustainable improvements to the way the whole system provides services to our residents.
- Commissioning for personalisation - To plan and implement a programme of commissioning and other activities that will provide services that support service users to exercise choice and control over their health and care.
- To plan and implement a programme of commissioning and other activities that can be described as supporting independence, Includes Reablement, Equipment Telecare, End of Life Care, preventative services including falls prevention, carers services and others.

Disabilities

- Development of high quality autism services and pathways for children and adults with autism across all care pathways.
- Increase access and commission good quality respite services that are personalised and optimise people's opportunities for inclusion and citizenship.
- Improve accommodation options for vulnerable people and reduce the proportion of people with significant needs who live in residential care/supported living out of the borough.

- Ensure access to high quality, local provision and support for children and young people with SEND.
- Implement an adult's social care market engagement and facilitation plan, including a refresh of the Market Position Statement.
- Ensure Care Act Compliant, personalised advocacy services and improved Information and Advice for children and adults in receipt of social care and in need of advocacy.

Mental Health

- Identification of high impact community interventions, ensuring available resources are efficiently targeted to the right areas.
- Review of voluntary sector provision jointly with the CCG.
- To implement a shared diagnostic to fully understand the drivers behind the increase in admissions, Occupied Bed Days (OBDs) and Delayed Transfer of Care (DTOC).
- Increasing the range of accommodation opportunities in the community.

Children & Maternity

- Children and Adolescent Mental Health service - The Coping with Unusual Experiences Study (CUES) Educational resilience programmes will be rolled out across three schools by March 2017.
- Early Intervention Services – ongoing contributions to the South West London Collaborative maternity work programme.
- Determine the model for Health Visiting/FNP within Best Start and contribution of wider Best Start to the delivery of the Healthy Child Programme.
- Implement the new service model for school aged nursing.
- Co-commissioning processes to be fully operational and effective for school aged immunisations.
- Looked after children - implement an integrated commissioning strategy and achieve improvements to timeliness of health assessments to achieve 85% timeliness.
- Services for children with Special Educational Needs and Disability (SEND) - implement integrated commissioning strategy for Occupational Therapy.

Public Health

- Croydon Recovery Network service improvement and contract management.
- Commissioning of the substance misuse residential framework.
- Commissioning of primary care embedded public health services including - Enhanced sexual health services in pharmacies, long acting reversible contraception (LARC), needle exchange, chlamydia screening, supervised administration and consumption of substitute therapies for drug misuse, GP Enhanced service user support for drugs, and NHS Health Check programme.

4. CONSULTATION

4.1 Consultation and engagement with service users is carried out as part of the commissioning cycle to develop commissioning strategies and for any services undergoing development.

5. SERVICE INTEGRATION

5.1 One of the Council's key objectives is strengthen integration across health and social care, across services for different ages and by effective, evidence-based commissioning (jointly commissioned where appropriate). This should enable people to experience care or support in a more truly personalised way with the individual and their family at the centre.

5.2 Another key outcome is to identify and address any unnecessary duplications or overlaps in commissioned services, helping to streamline processes and support systems' efficiencies.

6. FINANCIAL IMPLICATIONS

6.1 The work streams detailed in the report are in line with agreed budgets and financial plans for 2016/17. The Council must carry out the work within the financial governance requirements. It is required to ensure it delivers services with the financial resources available and provides financial reporting to all partners on a regular basis.

6.2 Approved by: Lisa Taylor, Assistant Director of Finance and Deputy S151 Officer.

7. COMMENTS OF THE COUNCIL SOLICITOR, AND MONITORING OFFICER

7.1 The Acting Council Solicitor comments that there are no direct legal considerations arising from the recommendations within this report.

7.2 Approved by: Nicola Thoday (Corporate Solicitor), for and on behalf of the Acting Council Solicitor and Director of Democratic and Legal Services.

8. EQUALITIES IMPACT

8.1 Equality impact assessments are carried out as part of the commissioning cycle to develop commissioning strategies and for any services undergoing development.

8.2 Approved by: Richard Eyre – Strategy Manager (People Department - Adults)

CONTACT OFFICER: Sarah Ireland Director of Strategies Communities and Commissioning, Croydon Council

Sarah.Ireland@croydon.gov.uk / 020 8726 6000 Ext 62070

BACKGROUND DOCUMENTS: None.

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **October 2016**
AGENDA ITEM:	**6**
SUBJECT:	**SWL Commissioning Intentions and Croydon CCG Commissioning Intentions 2017-2019**
BOARD SPONSOR:	**Paula Swann, Chief Officer , Croydon CCG**

BOARD PRIORITY/POLICY CONTEXT:

Commissioning Intentions provide a basis for constructive engagement between the CCG as Commissioner and its health service providers, to inform business plans and contracts. They are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available.

The Commissioning Intentions 2017/2018 and 2018/2019 serve as notice to all providers of changes and priorities for the coming two years.

SWL issued their two-year SWL STP (Sustainability and Transformation Plan) Commissioning Intentions on 30th September 2016. The SWL STP commissioning intentions are attached at Appendix A and essentially fall out of the draft STP covering the following areas:

- Urgent and Emergency Care
- Planned Care
- Cancer
- Maternity
- Children and Young People
- Mental Health
- Primary Care
- Prevention and self care
- Proactive Management of patients
- Long term conditions management
- Intermediate care

The CCG aligns its commissioning intentions with London-Wide, SWL STP Commissioning Intentions and with South East London STP for mental health services. The local Croydon CCG commissioning intentions align with these overarching intentions.

FINANCIAL IMPACT:

Croydon CCG was placed in special measures in July 2016 for financial performance in Quarter One of 1916/17. The ambition in the Commissioning Intentions reflects the challenging position faced by the CCG and the challenge of delivering a break even position by 2017/18 through delivery of a significant QIPP (Quality Innovation Productivity and Prevention) Programme.

1. RECOMMENDATIONS

1.1 The HWBB is asked to note the SWL and local Croydon CCG Commissioning Intentions for 20178-18 and 2018-19 and make any comments.

2. EXECUTIVE SUMMARY

The 2017-2019 Operational and Planning and Contracting Guidance issued by NHS England on 22 September 2016 emphasises the need for tight alignment between the NHS Operational Planning process and the SWL STP: “the 2017-19 operational and contracting round will be built from the STPs” with a target date for “all 2017-19 contracts signed by 23 December 2016”.

NHSE have also issued commissioning intentions for Children and Young People, Digital Services and Public Health and Health in the Justice Commissioning Intentions as suggested inclusions for local intentions.

SWL issued their Commissioning Intentions on the 30th September along with the local Commissioning Intentions for Croydon CCG. The Croydon CCG Commissioning Intentions cover the following broad headings:

- Planned Care and Long Term Conditions
- Urgent and Emergency Care
- Children and Young People
- Mental Health and Learning Disabilities
- Out of Hospital
- Primary Care

3. DETAIL

The detail of the SWL STB Commissioning Intentions is contained in Appendix A and the CCG Local Commissioning Intentions in Appendix B.

4. CONSULTATION

The SWL Commissioning Intentions are derived from the draft STP which is not yet at the point of knowing whether consultation will be required, but anything which amounts to significant service change, for example, any changes to configuration of acute services or any decommissioning of services, would be subject to consultation. Initiatives such as delivering core care outside hospital, transforming primary care or better preventative care have been part of the national direction of travel for many years. Day to day engagement with local people on these plans is ongoing and will continue.

The CCG local Commissioning Intentions are based on existing strategies and work streams which include patient engagement e.g. where there are redesigned patient pathways. GP engagement has also taken place over the summer with GP networks and individual GP practices through the GP Open Meetings.

5. SERVICE INTEGRATION

The Commissioning Intentions support service integration and in particular within the local CCG Commissioning Intentions the work around taking forward the approach to Outcomes Based Commissioning.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

Croydon CCG was placed in special measures in July 2016 for financial performance. The ambition in the commissioning intentions reflects this challenging position faced by the CCG and the challenge of delivering a break even position by 2017/18 through delivery of a significant QIPP (Quality Innovation Productivity and Prevention).

7. LEGAL CONSIDERATIONS

None identified

8. EQUALITIES IMPACT

These are undertaken as part of the work around each individual work stream

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CONTACT OFFICER: Stephen Warren, Director of Commissioning
[stephen.warren@croyodnccg.nhs.uk]

BACKGROUND DOCUMENTS

Appendix A: SW London Commissioning Intentions
Appendix B: Croydon CCG Commissioning Intentions

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South West London STP Commissioning Intentions 2017 to 2019

v1.4

29/09/2016

Document Control

Document version	Date of revision	Document status	Changes made
v0.1	23/09/2016	Draft	First draft
V1.0	27/09/2016	Draft	Inclusion amendments to UEC, Planned Care and other service lines.
V1.1	28/09/2016	Draft	Primary Care and Re-commissioning included
V1.2	29/09/16	Draft	Includes provider productivity & Re-commissioning section
V1.3	29/09/16	Draft	Read across to 17/18-18/19 national must-do's as per planning guidance
V1.4	30/09/16	Approved	Amendments included from Contract & Delivery Group.

South West London Collaborative Commissioning

Commissioning intentions 2017/18 to 2018/19

1. Introduction to South West London STP

In June 2016, SW London submitted a draft Five Year Forward Plan to NHSE. This plan was a product of collaboration between all the NHS commissioners and providers in SWL, working with our six local authorities and GP federations. The plan sets out our collective challenges and how we could transform health and care services, so that local people receive the high quality care they rightfully expect, now and in years to come. As well as improving the quality of services and ensuring services meet the needs of our population, the plan describes how these transformational changes will address our financial 'do nothing' challenge of up to £912m by 2020/21.

Our plan centres around five key areas:

- Prevention and early intervention; supporting people to stay well, identifying those at risk of developing LTCs, and using model technology and a modern local workforce to develop proactive care and better support people at home and in the community

- Transforming community based care so we deliver right care in the best setting; transforming access to outpatient services, reducing A&E attendances and increasing timely hospital discharge, and helping people to die where they want

- Building capacity and capability in the community; establishing locality teams to provide care to populations of at least 50,000 people and transforming primary care services

- Reviewing the configuration of our acute hospitals; making best use of staff through clinical networking and redesigning clinical pathways, and reviewing the provision of specialised services

- All the above underpinned by a model workforce, making best use of our public estate and delivering an information revolution

Through our Commissioning Collaborative and Acute Provider Collaborative working arrangements, we have established a programme to deliver the STP. These workstreams are currently working up their workplans which will be reflected in contractual arrangements. This document sets out the proposed changes for 17/18 and 18/19.

In line with the direction set out in the STP the clinical leadership groups have devised a programme of action and change which will incorporated into commissioning intentions and thereafter reflected in contractual arrangements. This also reflects the National Must-do's for 2017-19 as set out in the NHS operational planning guidance (September 2016)

The following state the 17/18 and 18/19 expected service changes

- Urgent and emergency care
- Planned care
- Cancer
- Maternity

- Children's and young people
- Mental health
- Primary Care
- Prevention and self-care
- Proactive management of patients with complex needs
- Re-commissioning
- Long term condition management
- Intermediate care

2. Urgent and Emergency Care

In south west London, we believe that the urgent and emergency system service model needs to be transformed by the end of 2018/19. An integrated service which achieves the core standards is a high priority. 24/7 integrated urgent care access, treatment and advice via an improved 111 service. Priorities include mental health crisis care, self-care support and 'see and treat' models for London Ambulance Service. The following service changes are expected:

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- Work across all acute providers to deliver sustainable London Quality Standards by 2020 in order to provide 7DS
- Implement a SWL AEC specification which will see all patients presenting at A&E considered for AEC unless clinically inappropriate
- Review of places of safety and psychiatric liaison capacity to improve access in south west London by 2017. This will contribute to a cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

3. Planned Care

Planned Care can be defined as the provision of routine services with planned appointments or interventions within community settings such as GP surgeries, health centres and other community facilities. This term also encompasses routine surgical and medical interventions provided in a secondary care setting and in some instances long-term conditions such as diabetes and musculo-skeletal conditions.

The Planned Care section of the five year strategic plan covers planned inpatient routine elective surgery. Day case procedures are out of scope (except where there is a significant financial and/or clinical benefit in centralisation), and routine medical outpatient appointments will be considered as part of the integrated care.

The following service changes expected for planned care:

- Deliver the NHS Constitution standard that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment. Implement effective performance management to enable accurate benchmarking and assure achievement of RTT & cancer waiting time
- Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals

by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.

- Work with providers to identify priority pathways in order to introduce standardised pathways and protocols across south west London
- A Reduction in "Did Not Attend" through better use of technology eg Kinesis and the introduction of virtual clinics with a roll out in 17/18.
- Ring-fencing of elective care beds
- Improved access to diagnostics (08:00 to 20:00hrs) and the expansion of one stop diagnostics
- Improved networking and referral management
- Undertake a Theatre Productivity review and sharing best practice
- Strengthening and Consistent application of Effective Commissioning and "Procedures of limited clinical effectiveness" Policy
- For Outpatients:
    - Reducing variation in Outpatients activity across SW London
    - Eliminate non clinically valid appointments & unnecessary follow up appointments
    - Improved referral management and reduce non-attendance through effective electronic communication
    - Roll out new models that use technology to deliver better patient care (skype, remote monitoring, kinesis etc.)

4. Cancer

South west London cancer services will focus on prevention of disease, early diagnosis and patient experience of treatment with an emphasis on patient choice and care provision in the community during active treatment, recovery, and, where necessary, at the end of life. Every patient will be treated as an individual and offered the full support of the healthcare professionals involved.

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards
- Improve targeted screening and early diagnosis interventions through reducing variation in primary care to tackle health inequalities, deliver better access to services and outcomes. This includes raising patient awareness and acting on symptoms of cancer. Providers to achieve 40% of first attendances by day 7.
- Work across all acute providers to deliver sustainable waiting times to access diagnostics and treatment through delivery of new pathways, (including "straight to test"), reviewing PRL processes and improving MDT arrangements. Providers to develop plan for capacity at 65th percentile of demand; Access to pan endoscopy at KHFT (subject to diagnostic capacity fund bid); All Trusts plan for demand growth as per TCST modelling; KHFT faster diagnosis pilot site
- Identify the priority pathways to be commissioned to reduce variation in treatments rates and outcomes – particularly a greater role for primary care to help deliver improved diagnosis rates and improved care for people within with and beyond cancer.
- Improve the quality of life for people living with and beyond cancer, defining cancer as a long term condition and ensuring it is managed as such across health and social care.
- H&N pathway improvement within SLF plan:
  Trusts to increase the number of H&N 2ww referrals seen by day 7 to at least 40%
  Spoke sites (ESTH, CHS and KHFT) to establish additional capacity for pan-endoscopy
- Prostate and lung best practice pathway: Providers to complete actions as set out in the

SWL Cancer Performance Improvement Plan in order to implement the Lung and Prostate best practice pathways by April 2017

- Two week wait referrals to be quarterly reviewed to assess if patients have been given PIS and that they referrals achieve and sustain 40% referrals in 7 days.
- Providers to meet the trajectory for referring patients on a 62 day GP urgent pathway to RMH within 38 days
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned, including HNA, treatment summary and a holistic cancer care reviews.

5. Maternity

South West London will support women's choice in place of birth, increasing availability of home births and midwife-led care. Providing safe and sustainable hospital services for women who need obstetric-led care and a more personalised antenatal and postnatal care, including reviewing consistency of carer and provision of perinatal mental health support. In 17/18-18/19, SWL is a National Pioneer site for Choice and Personalisation which will enable us to test and trial ways of deepening and widening choice and personalisation to women and their families. Through the SWL Maternity Network, the SWL local maternity system will work to implement the recommendations of the National Maternity Review, Better Births, specifically focusing on the following below.

- Prepare women and their partners for pregnancy and parenthood through education and up-to-date, evidence-based information
- Provide care to women as individuals, with a focus on their needs and preferences
- improve continuity of care and carer, with a strong emphasis on midwifery led care for normal pregnancy and birth
- Provide care which meets the London quality standards for all women and their babies. A timeline for achieving the standards will need to be agreed between providers and CCGs.
- Values and takes on board feedback from the women we look after and their families in order to drive continuous improvement in the quality of care.

6. Children and Young People

Most children who are unwell should be treated in primary care and the community; better access to and availability of community-based care will reduce the need for hospital attendances. Children who need hospital care for a short period to be assessed, observed and treated in paediatric assessment units sitting alongside A&Es. Quick access to specialist inpatient care for the small number of children who need it. Increased networking between hospitals and between GPs/primary care and hospitals.

Expected outputs and changes in 17/18-18/19:

- **Acute Care Standards for CYP and Peer Review -**

The HLP CYP Acute Care Standards are a compilation of all standards for in-patient care deriving from Royal Colleges, NICE, the Department of Health and other bodies. They represent the standards of care which should be delivered within paediatric inpatient units.

HLP has commenced a programme of supportive peer review using expert clinical panel members in conjunction with local CCG commissioners. The output of the review is an action plan held jointly by the provider trust and CCG.

SWL CCGs will work with all SWL Trusts to make progress towards achieving the actions described in the agreed plan following the peer review

- **Level 1 and 2 Paediatric Critical Care**

High Dependency Care for children (Royal College of Paediatrics and Child Health 2014) changed the nomenclature of critical care and proposed that a degree of intensive care (formerly known as high dependency care) should be delivered in all in-patient units (level 1 PCC). Some units should be designated as level 2 units providing level 1 care plus the ability to look after CYP receiving long term ventilation. HLP published a set of standards to support this model. Bringing all units up to the standards required will be a large leap in quality, requiring extensive development of the medical and nursing workforce. In order to undertake this, HLP has secured funding to develop an educational package with online and face to face elements to support extensive workforce development. In addition, work is underway to develop a commissioning framework for L1 and L2 PCC.

SWL CCGs will work with all SWL trusts to make progress towards achieving delivery of L1 PCC standards. We will work across the SPG/STP area to determine which trust/s should be commissioned to deliver long term ventilation to CYP.

- **Paediatric Assessment Units (PAU) and out of hospital care**

Across, SWL we have already begun developing the model of care and operational standards for PAUs. HLP will be publishing standards for PAUs in September 2016 and we will explore the feasibility of implementation the PAU model against these standards to support delivery of our paediatric model of care.

Linked to this, we will also work across SWL to make progress towards developing the Out of Hospital provision for CYP.

- **Asthma Care**

The HLP CYP asthma standards describe the level of care which should be delivered across the system, from pharmacies to primary, secondary and tertiary care. Consistent delivery of these across London will reduce the high morbidity and mortality associated with asthma in CYP.

We will work collectively across primary care and trusts to make progress towards achieving delivery of the London asthma standards for CYP.

7. Mental Health

Develop and implement Initiatives that meet the growing demands in mental health and increase the focus on viewing mental and physical wellbeing as an integrated whole. These will be developed to increase their scale and consistency across south west London with a need to deliver the 5 Year Forward View.

The initiatives include:

- Phased implementation of community Perinatal MH service that meets London wide service specification
- Implementation of CAMHS transformation plans, including ensuring that approximately 2000 additional CYP receive NHS funding community support p.a (approximate calculation of SWL share of FYFV ambition)
- Implement enhanced 24/7 crisis services
- Delivering Core 24 psychiatric liaison in all acute hospitals (20% achievement minimum standard by 18/19 – from FYFV)
- Improved access to Psychological Therapies for patients with long term conditions or those who are being treated conservatively (e.g. chronic pain).
- Developing Primary Care Mental Health Services (including services to address the physical health needs of patient's with SMI)
- We will make progress against dementia strategy including maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

For more detail please refer to mental health appendix.

8. Primary Care

- Delivery of 8am-8pm GP access 7 days a week, meeting the London specification for extended access by end of 17/18
- Commitment to accessible, coordinated and proactive primary care, delivering the 17 specifications for primary care by end of 18/19

Wider commissioning intentions for primary care will be taken forward at a local level.

9. Prevention and self-care

SWL will ensure that people have access to greater preventative and early intervention support so they can become more independent, resilient, and capable in managing and improving their health.

The direction of travel is towards promoting of healthy lifestyles, promoting self-care for minor ailments, ensuring appropriate use of health and social care services, facilitating effective self-management by people diagnosed with long-term conditions, building a strong culture of Shared Decision Making and partnership among patients and clinicians, and embedding of Making Every Contact Count (MECC) culture across services to improve health of the public and service users.

- Whole population/place based interventions
  - integrated communications campaigns
  - common programmes across SWL to address wider determinants of health and unhealthy behaviours

- Community based interventions:
  - Expand use of health champions and expert patients
  - Implement Asset Based Community Development schemes to activate communities
  - Increase existing provision of social prescribing schemes

- Individual interventions to ensure patients are routinely and systematically involved as active partners:
    - Decision aids are widely utilised to support decisions that take account of the individual's preferences
    - Increase use of personal health budgets
    - Embed person-centred care planning and self-management
    - Enhance use of digital technologies and resources

- Local providers to work together to promote information and access to community based resources and help build local capacity to support vulnerable people

10. Proactive management of patients with complex needs (frailty as first priority) delivered by locality teams

As part of delivering an enhanced offer to support adults to receive treatment, support and care to enable them to remain at home, SWL will establish a network of MDT locality teams across sub-regional areas.

The locality teams will be centred around primary care and responsible for managing the care of c. 50k people in a geographical area (around a group of practices). They will build on existing community based health and social care infrastructure to establish integrated teams. While working collaboratively teams will operate using a single point of contact and named care co-ordinator model, carrying out care planning and review in partnership with patients to improve patient experience and outcome and reduce unscheduled care needs. The focus is on enabling people to stay well and avoid healthcare instances.

- Establish locality based MDTs managing populations of at least 50k; risk stratification and cross system working to proactively manage identified cohort in the community
- An agreed integrated pathway for managing frailty at sub regional level (first priority cohort for locality team model)
- Embedding effective care planning processes within the locality team, including integrated care plans, personalised outcomes and regular MDT reviews

11. Long term condition management (diabetes initially but principles of the model could be extended to other LTCs)

A significant amount of LTC management is currently delivered within acute settings. This model of care does not deliver value for money in terms of patient experience or clinical outcomes. There is a growing body of evidence to show that more personalised care delivered in community settings has better outcomes for patients and frees up hospital capacity to deliver high quality specialist care.

The SWL vision for the management of LTC shifts activity primarily to primary care settings supported by effective networks and links to other parts of the system such as specialist nurses and locality based MDTs. GPs take an enhanced role in creating and reviewing care plans and they support patients to take an active role in the management of their LTC(s) through involvement in their care planning, social prescribing, and signposting to virtual advise and support. Patients will also have access to structured patient education programmes.

- Primary care is developed to be at the centre of LTC management including:
    - Extended care planning appointments
    - Care plans with defined review schedules
    - Each care plan has a named clinical lead and regular and timely reviews
    - GPs have access to social prescribing for patients with LTCs
- Primary Care have access to urgent and routine advice to support patients to be managed in the community.
    - Urgent and routine advice via Kinesis (or similar system)
    - Diabetologists (as part of the community team) – as part of a phased roll out beginning with Diabetes
    - Specialist nurses based in the community and integrated with primary care team

Patients have access to structure education programmes and virtual advice and support

With regard to End of Life Care:

- Identification of patients in their last year of life and support them to die in the location of their choice
- Developing a SW London specification for acute End of Life care
- Co-ordinated care planning, with enhanced use of Co-ordinate My Care (CMC) to share care plans between professionals and across organisational boundaries
- Work with care homes & the Sutton Care Home Vanguard to improve end of life care in residential care

12. Intermediate care (step up and step down, bedded and home based)

A significant number of people are admitted to hospital because they have experienced a change in their health and/or social situation. While it is acknowledged that a proportion of these people will continue to require admission to an acute setting, a proportion could be supported in a non-acute setting. Additionally, a number of people could be discharged earlier from the acute setting with adequate support and management of risk.

To ensure patients receive appropriate care in the right setting while reducing the demand on acute settings, SWL's intermediate care services will provide enhanced access and rapid response supported by multi-disciplinary teams.

- Anticipatory care plans are in place to support OOH management of crisis
- Timely access to advice and assessment to prevent hospital admissions including
    - rapid response assessment within two hours 7 days a week
    - real-time access to geriatrician advice
    - Geriatrician review available within 2 hours in ED
- Rapid access to alternative services to prevent hospital admissions and enable timely discharge
    - Health and social care packages available within 4 hours 7 days a week, including access to equipment
    - Step-up/down beds available to prevent hospital admission.
    - 24-hour care packages can be delivered in patients' own home where appropriate
    - Rapid response GPs have admitting rights to frailty wards
- There is an integrated team responsible for planning discharges of patients with complex needs which includes community health and social care

- A home First/Discharge to Assess approach is adhered to across all providers

Through items 9, 10, 11 and 12, we aim to see a shift in acute spells and bed days by the end of 18/19 which is in line with the level of ambition agreed in the STP June Submission

13. Re-commissioning

Within SW London there is an imperative that savings are made to aid recovery of financial positions of any of the organisations that are in deficit. Within this requirement we need to ensure we engage appropriately and proportionately with local people and stakeholders and partners over these decisions and ultimately look at each within the wider context of prioritising the limited resources available to us.

Given our continued efforts of delivering savings, there is an increasing need to consider other areas including re-commissioning, reducing provision and disinvestment decisions. The significant in-year savings we are required to make will require service changes, with the aim of achieving the best possible value for money. Potentially, some of these changes may require wide scale engagement/and or consultation. This includes statutory, voluntary sector and third sector contracts.

14. Collaborative productivity

We can no longer rely on traditional cost improvement programmes within single organisations. Instead, we are working more collaboratively to realise the productivity and service improvement opportunities which lie beyond organisational boundaries.
Savings are estimated at £12.6 million in 17/18 and £22. Million in18/19 through economies of scale and removing duplication, and we expect to see improved outcomes and quality.

Opportunities for collaboration include:

1. **Clinical Workforce:** We need to develop a health and social care workforce that can work across organisational and clinical boundaries to deliver care that is more integrated, which better supports and responds to the needs of patients, is safe and of consistent high quality staff, and offers best value for money.

2. **Medicines Optimisation:** In addition to the provider schemes, pharmacy teams across the six south west London CCGs are working together to identify opportunities for medicines related saving that go beyond the usual quality, innovation, productivity and prevention (QIPP) savings through collaborative approaches, these include:

    - Pathway reviews to identify opportunities in high cost drugs in secondary care (with a focus on differences in practice between hospitals and doctors) (£1m)
    - Opportunities to reduce or stop prescribing medicines which are considered to be less clinically effective and/or significantly more expensive than their alternatives (£2.9m)
    - Opportunities to reduce medicines wastage (particularly through changes in doctor, pharmacist and patient behaviours around ordering, dispensing, and repeat prescriptions (£3.9m)
    - New models of care – in stoma, wound management, continence, and malnutrition

(£2.2m)

3. **Procurement:** The creation of a single procurement and supply chain solution for the SWL trusts.

4. **Estates & FM:** A fundamental change in the way we manage the combined Health & Social Care estate across south west London that includes a coordinated, strategic and integrated approach. Development of new models of care will require growth in primary care provision and the location of appropriate acute and mental health services within primary and community healthcare settings.

5. **Corporate & Admin:** Multi-functional shared service centre primarily focussed on transactional services in HR, Finance, IT and Payroll

6. **STP Benchmarking**

15. Provider position

We have estimated a cumulative savings impact for FY17/18 to 18/19 across each provider and opportunity as:

Cumulative APC savings (£000 for financial year 17/18)

Name of APC solution	Recurrent Expenditure Adjustment	CHS	ESUH	KHFT	SGH	HRCH	TRM	SWLStG	Total
Clinical workforce	Workforce - Substantive and Bank	£475	£665	£380	£0	£0	£0	£0	£1,520
Clinical workforce	Workforce - Agency	£200	£450	£300	£304	£0	£0	£0	£1,254
Medicines optimisation	Drugs	£0	£0	£0	£0	£0	£0	£0	£0
Procurement	Procurement	£2,080	£2,627	£1,302	£3,596	£0	£0	£0	£9,605
Estates & FM	Provider Other	£0	£0	£0	£0	£0	£250	£0	£250
Corporate & Admin	Provider Other	£0	£0	£0	£0	£0	£0	£0	£0
STP Benchmarking - Waste Reduction	Provider Other	£0	£0	£0	£0	£0	£0	£0	£0
STP Benchmarking - Pharmacy	Provider Other	£0	£0	£0	£0	£0	£0	£0	£0
STP Benchmarking - Radiology / Pathology	Provider Other	£0	£0	£0	£0	£0	£0	£0	£0
Estimated Provider Collaborative	Provider Other	£0	£0	£0	£0	£0	£0	£0	£0
Total	-	**£2,755**	**£3,742**	**£1,982**	**£3,900**	**£0**	**£250**	**£0**	**£12,629**

Cumulative APC savings (£000 for financial year 18/19)

Name of APC solution	Recurrent Expenditure Adjustment	CHS	ESUH	KHFT	SGH	HRCH	TRM	SWLStG	Total
Clinical workforce	Workforce - Substantive and Bank	£500	£700	£400	£0	£0	£0	£0	£1,600
Clinical workforce	Workforce - Agency	£380	£855	£570	£577	£0	£0	£0	£2,382
Medicines optimisation	Drugs	£0	£0	£0	£0	£0	£0	£0	£0
Procurement	Procurement	£2,340	£2,956	£1,464	£4,046	£0	£0	£0	£10,806
Estates & FM	Provider Other	£78	£0	£316	£1,608	£0	£1,000	£0	£3,002
Corporate & Admin	Provider Other	£1,155	£510	£270	£945	£0	£0	£0	£2,880
STP Benchmarking - Waste Reduction	Provider Other	£76	£112	£69	£223	£0	£0	£0	£480
STP Benchmarking - Pharmacy	Provider Other	£66	£98	£61	£195	£0	£0	£0	£420
STP Benchmarking - Radiology / Pathology	Provider Other	£71	£105	£65	£209	£0	£0	£0	£450
Estimated Provider Collaborative	Provider Other	£0	£0	£0	£0	£0	£1,160	£510	£1,670
Total	-	**£4,666**	**£5,337**	**£3,215**	**£7,803**	**£0**	**£1,000**	**£0**	**£22,020**

NHS
Croydon
Clinical Commissioning Group

Commissioning Intentions

2 Year View - 2017/18 and 2018/19

Introductions

- Croydon CCG's Commissioning Intentions are based on the following principles:

  - Croydon CCG was placed in special measures in July 2016 for financial performance. The ambition in the commissioning intentions reflects this challenging position.

  - The commissioning intentions align with the overall national and London frameworks, South West London Strategic Transformation Plan and Sub-Regional Plans.

  - They are underpinned by our continued focus on the development of outcomes based commissioning for over 65s

Introductions (continued)

- The principles of Together for Health which focus on embedding Prevention, Self care/management and Shared Decision Making form the basis of all commissioned services.

- The CCG will commission services that are clinically appropriate, affordable, deliver good outcomes and demonstrate value for money.

- We aim to improve on cancer and national planned care performance targets through clear demand and capacity management across primary and secondary care.

Outcomes

The anticipated outcomes of these will include:

- Enhanced patient experience through appropriate and timely access to necessary services.
- The effective use of limited resource ensuring that services are used efficiently.
- Reduction in unwarranted variation in referral patterns.
- Completed service reviews.
- A clear procurement plan.
- Well-informed procurement processes and re-commissioning of services.
- Ensuring good outcomes, value for money and affordability.
- Appropriate use of the Procedures of Limited Clinical Value (POLCV).
- Effective contract management processes in place.

Commissioning Intentions

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		Transformation / Demand Management Programme	Re-Commissioning / Procurement Plan	Clinical Value	QIPP
1.	Planned Care & Long Term Conditions	✓	✓	✓	✓
2.	Urgent and Emergency Care	✓	✓	✓	✓
3.	Children & Young People	✓	✓	✓	✓
4.	Mental Health & Learning Disabilities	✓	✓	✓	✓
5.	Out of Hospital	✓	✓		✓
6.	Primary Care	✓			✓

Summary of the Commissioning Intentions

2 Year View - 2017/18 and 2018/19

Transformation/Demand Management Programme (1 of 2)

Planned Care and Long Term Conditions

- To Support pathway and referral management across primary and secondary care through the following mechanisms:
  - ✓ Peer review model within networks/practices.
  - ✓ Increased use of E-referrals.
  - ✓ Support primary care to take more ownership and control of referrals through advice and guidance.
  - ✓ Facilitate specialist advice and guidance via telecommunications (Kinesis).
  - ✓ Promote virtual and specialist clinics.

Transformation/Demand Management Programme (2 of 2)

Planned Care and Long Term Conditions

- ✓ Transfer of services to the community and primary care.
- ✓ Audits will undertake be undertaken to understand activity changes or variation in clinical practice and Information Schedule reporting requirements enforced.
- ✓ Implementation of Service Review Recommendations, For Example: Outpatients, Cardiology, Respiratory, ENT, Falls & T&O.
- ✓ Explore the risks and benefits of fully delegated commissioning arrangements in 2017/18.

Urgent and Emergency Care

- Commissioning of 7-day services.
- Improving LAS performance supported by local initiatives.
- Deliver the re-procured Urgent Care model.
- Deliver Improvements to Mental Health services for crisis care with including within A&E settings.

Children

- Review Acute and Community Paediatric Services including: Community Medical Services, Looked After Children's Services, OT, Audiology, SALT, Maternity and Children's Hospital at Home.
- Build on transformational work for the improved delivery of Children's Asthma care.
- Implement the review of children's continuing care.

Mental Health

- Reduce OBDs by improving discharge and reducing LOS.
- Recommissioning of IAPT services statutory and voluntary sector.
- Improving Dementia diagnosis.
- Improving crisis care and places of safety.
- Improving BME access.
- Further development of primary and community services.
- Reduce Mental Health and LD Out-of-Borough placements.

Learning Disability

- Full Implementation of the Transforming Care Programme and the Croydon independent review recommendations.
- Increase the numbers of clients receiving annual health checks.

Out of Hospital Care

- Delivering the Out of Hospital Strategy
- Increased proactive and preventative approaches aligned to the SWL STP models of care
- Delivery of multidisciplinary integrated community networks.
- Proactive case management at Care Homes
- Recommissioning intermediate care beds
- Increased use of CMC for End of Life Care and Urgent Care Plans.
- Review of continence services
- Full implementation of improvements to CHC services

Outcome Based Commissioning for over 65s in Croydon (1 of 2)

- NHS Croydon Clinical Commissioning Group (CCCG), and the London Borough of Croydon (LBC) are working together to deliver a new approach to commissioning services for people over 65.
- Our aim is to transform the way services are provided by putting what matters most to older people and their families at the heart of everything we do.
- We want to deliver services that meet the patients' needs with greater emphasis on prevention and by working together improving the quality of care provided to older people.
- Known as Outcomes Based Commissioning (OBC), this is an exciting and innovative approach that promotes the integration of health and social care services in order to transform the way services are provided for older people in Croydon.

Outcome Based Commissioning (OBC) for over 65s in Croydon (2 of 2)

- CCCG and LBC are forming an 'Alliance' with Croydon GP Collaborative, Croydon Health Services NHS Trust, South London and Maudsley NHS Foundation Trust and Age UK Croydon, to deliver truly integrated services for people over 65 in Croydon.
- The OBC service contracts will monitor and reward care quality performance against an outcomes framework.
- This framework is one of the first of its kind in England's NHS. In its development, every effort has been made to identify validated and reliable metrics which will support providers of care to demonstrate delivery of the outcomes that matter most to local people.
- The Alliance is committed to working together to negotiate and conclude these service Contracts before 31 December 2016.

Primary Care

- Achieving the 17 transforming Primary Care London standards.
- 8am-8pm 7 day access via GP Hub model.
- Enhancing primary care skills and capacity to support out of hospital care.
- Reducing GP practice variations
- Maximising opportunities to align contract leavers with the CCG's strategic objectives

Clinical Value

- Review, update and reinforce threshold protocols and reissue the Procedures of Limited Clinical Value (POLCV).
- Decommissioning, reducing provision, review of thresholds for services, following engagement, that are evidenced to have limited clinical value and effectiveness e.g. Fertility and IVF services and prescribing related areas.
- Re-enforce appropriate use of Procedures of Limited Clinical Value protocols across all providers, with payment aligned to evidence of clinical effectiveness required.
- Reduce Emergency Admissions, Attendances, and DNAs

Better Care Fund

- The Better Care Fund (BCF) will continue to be of relevance to the acute contracts for 2017-19 and we will need a joint understanding of the local health economy.
- The government has yet to publish its intentions around the Better Care Fund in 2017-19, however, the 2016-17 Better Care Fund guidance mandated that local areas fund NHS commissioned out-of-hospital services, develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets, and that plans are in place for health & social care integration for 2020 and beyond.
- There is therefore an expectation that local areas are mindful in developing their plans about the linkages with NHS sustainability and transformation plans. This is borne out in our Commissioning Intentions for 2017-19.

Re-commissioning/Procurement Plan

As per CCG statutory requirements, the CCG will review pathways and re-commission, where required, the following services/pathways:

- Musculoskeletal (£2.5m)
- Anti-coagulation (£0.9m)
- ENT (£4.2m)
- T&O (£20.3m)
- Respiratory (£7m)
- Ophthalmology (£12m)
- Dietetics (£0.2m)
- Digestive Systems – Upper (£8.6m)
  – Lower (£3.7m)
- Endocrinology (Inc Diabetes) (£3.6m)
- Dermatology (£3m)
- Fracture
- Gynaecology (£9.5m)
- Obesity (£0.4m)
- Cardiology (£12.8m)
- Orthotics (£0.08m)

Mental Health IAPT

(Values relate to FOT 2016-17 across all service providers)

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 October 2016**
AGENDA ITEM:	**8**
SUBJECT:	**Joint Commissioning Executive Report**
BOARD SPONSOR:	**Barbara Peacock, Executive Director of People, Croydon Council** **Paula Swann, Chief Operating Officer, Croydon Clinical Commissioning Group**

BOARD PRIORITY/POLICY CONTEXT:

The Joint Commissioning Executive reports regularly to the Health and Wellbeing Board to keep it informed about matters of interest, particularly in relation to integration and use of NHS Act (2006) flexibilities, and that will contribute to Health and Wellbeing Board priorities as set out in the Joint Health and Wellbeing Strategy:

- Giving our children a good start in life
- Preventing illness and injury and helping people recover
- Preventing premature death and long term health conditions
- Supporting people to be resilient and independent
- Providing integrated, safe, high quality services; and
- Improving people's experience of care.

The national policy context which has shaped the Joint Commissioning Executive's priorities includes the requirements arising from the Care Act 2014, and the Children and Families Act 2014, the Better Care Fund; and the London-Wide, South West London (SWL) Sustainability and Transformation Plan (STP) Commissioning Intentions, and with the South East London STP for mental health services.

The local policy context which has shaped the Joint Commissioning Executive's priorities includes:

- Croydon CCG Operating Plan 2016/2017
- Croydon Integrated Mental Health Strategy 2014 -2019
- the Council's Corporate Plan 2015-18
- Independence Strategy 2015-18
- Opportunity and Fairness Plan 2016-20
  (*which includes the Council's equality objectives*)
- Community Strategy 2016-21; and
- Health and Wellbeing Strategy 2013-18.

These strategies and plans can be summarised under:

(1) The Council's overarching vision **Ambitious for Croydon**. This encapsulates the council's vision as a stronger, fairer borough where no community is held back.
The enabler for Ambitious for Croydon is the Independence Strategy. It's priorities are:

- Empower individuals and communities to be better able to take more responsibility for themselves and each other.
- Enable residents to make informed choices about how to meet their needs through the provision of high quality information, advice and guidance.
- Provide people with the best opportunity to maximise their life chances and have a good quality of life through the provision of high quality universal services, including an excellent learning offer.
- Empower people to resolve issues early through the provision of joined up assessment and support; and
- Enable children and adults to maximise their independence and ensure they are safe from harm through the provision of high quality specialist services.

(2) The Croydon CCG's vision is 'longer heathier lives for all the people in Croydon'. The CCG's strategy, detailed in its Annual Operating Plan, addresses the Croydon's population needs and service challenges , and prioritises outcomes and subsequent indicators of delivery for the people of Croydon are:

- Reducing potential years of life lost through preventable disease
- Ensuring people are seen in the right place at the right time
- Children and young people reach their full potential
- Increased independence
- Positive patient experience

The principles upon which we will deliver these and, indeed, all areas we commission are that:

- Prevention is better than cure but
- When someone does become ill they are better able to manage their illness and
- When a person does need treatment they are seen in the right place at the right time and
- There is shared decision making between the patient and the health professional

FINANCIAL IMPACT:

There are no direct financial implications arising from this report.

1. RECOMMENDATIONS

1.1 This report is to update the Board on the Joint Commissioning Executive's progress on joint commissioning for 2016/17, and priorities for the remainder of the year.

2. EXECUTIVE SUMMARY

2.1 This report highlights progress of the Joint Commissioning Executive in delivering its joint commissioning arrangements for the period 2016/17. It builds on the previous Joint Commissioning Intentions, signed off by the Health and Wellbeing Board in December 2015. It indicates progress made during the last 6 months, and priorities for the remainder of the year.

3. DETAIL

3.1 Purpose of the Joint Commissioning Executive (JCE)

3.1.1 Croydon Council and Croydon CCG currently have formal joint commissioning arrangements in place across a number of services. The two organisations have a clear ambition to build on that experience and to increase the scale and scope of joint commissioning across services where there is a clear alignment of NHS and local authority commissioning responsibilities. Both parties believe that an integrated approach to the commissioning of services will facilitate improved outcomes and a better experience for service users.

3.1.2 In order to ensure the progress made on integrated commissioning between the Council and CCG in recent years is sustained and developed, the two organisations agreed to establish a Joint Commissioning Executive (JCE) in April 2016.

3.1.3 The purpose of the JCE is to facilitate joint working to ensure that the parties responsible for commissioning health and social care in Croydon work collaboratively to deliver our respective commissioning responsibilities.

3.1.4 It seeks to create an environment of collaborative working which facilitates joint approaches, and where appropriate other NHS Act (2006) flexibilities, to deliver improved outcomes for the people of Croydon. The JCE will support the Health and Wellbeing Board in the discharge of its role in promoting integration and the use of NHS Act (2006) flexibilities.

3.1.5 The primary functions of the JCE are outlined below:

- To provide the overall strategic vision, drive and oversight to the joint commissioning arrangements between the two agencies.
- To agree joint priorities and the establishment and monitoring of an annual Joint Commissioning Plan and work programme.
- To receive and consider reports from joint commissioning leads on the implementation of joint commissioning arrangements, holding each organisation to account for their role in delivering the programmes.

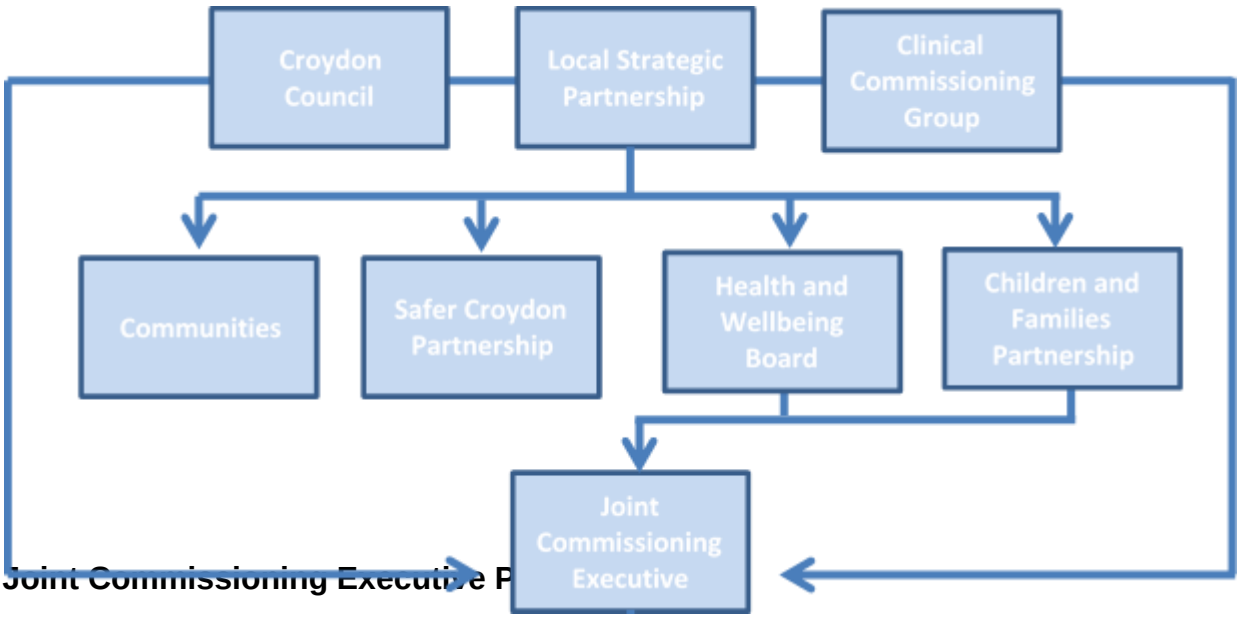
- To provide formal governance for any relevant pooled budgets that are developed, ensuring that decision-making, performance management and agreements about any necessary actions (noting that the existing Better Care Fund (BCF) will be managed through agreed arrangements pertaining to the joint commissioning for services to the over 65s).
- Improve Health and Wellbeing outcomes and decrease inequalities.
- To oversee the performance management of jointly commissioned services ensuring the correction actions are delivered.
- To agree and keep under review a risk register and agree actions arising.
- To keep joint commissioning strategies under review.
- Maximise value for money and return on investment.

3.2 **Governance of the Joint Commissioning Executive**

3.2.1 The Joint Commissioning Executive is accountable to the respective executive decision making structures of Croydon CCG and Croydon Council.

3.2.2 It reports regularly to the Health and Wellbeing Board to keep it informed about matters of interest to it, particularly in relation to integration and use of NHS Act (2006) flexibilities.

3.2.3 **Governance structure for the Joint Commissioning Executive:**



3.3 **Joint Commissioning Executive P**

3.3.1 The Joint Commissioning Executive oversees the implementation and performance of the joint commissioning plan and service arrangements.

3.3.2 Areas of remit for the Joint Commissioning Executive include:

- Children's Commissioning
- Mental Health Commissioning
- Disability Commissioning

- Health Improvement;
- Older People

4. Progress to date and priorities for the next six months

4.1.1 Children's commissioning

- Following in depth reviews, service redesign will be underway over next 6 months in both the School Aged Nursing service and the Looked After Children Health service, to maximise the impact these services have on improving children's health outcomes within existing resources.
- Health Visiting and Family Nurse Partnership will continue to develop their service models, increase service efficiency and data provision in the context of Best Start and the s.75 partnership agreements.
- Following a service review of the Community Paediatricians service, over the next six months, a project will be initiated to develop a vision for acute and community paediatric services and redesigned pathways. This will build on the strengthened integration and accountability and addresses performance and efficiency issues.
- The CAMHS Local Transformation Plan (LTP) will be entering its second year of delivery from the start of November 2016. Key points of progress to date have centred on the significant reduction of the tier 3 waiting list, a clear increase in access, the introduction of school resilience programmes, a new online counselling service and a new crisis service. Going forward, the LTP will focus even more widely on widening access to support for children and young people in the borough, in line with new national targets and within available resources.
- Following a service review and the development of new policies and procedures, over the next six months Children's Continuing Care will be transitioning to its new service model through the Commissioning Support Unit.
- For Maternity, Croydon will continue to contribute to and implement the Southwest London (SWL) commissioning intentions locally. A key project will be constituted by the Maternity Choice & Personalisation Pioneer.

4.1.2 Mental health commissioning

- Implementing a shared diagnostic with South London and Maudsley NHS Foundation Trust (SLaM), to fully understand the drivers behind the increase in admissions, Occupied Bed Days (OBDs) and Delayed Transfer of Care (DTOC) has been completed. Follow up actions are being developed to address the issues identified, and to ensure focus on interventions that will have maximum impact on reducing admissions.
- Croydon Clinical Commissioning Group (CCG) continues to monitor the monthly dementia diagnosis rates, and has developed diagnosis tools. This will have an impact on the dementia diagnosis rate from October 2016 onwards.
- The CCG and the Council are reviewing voluntary sector provision.

- Following the successful Expression of Interest in the bid for NHS England (NHSE) funding, to develop an innovative extension of the Shared Lives Scheme, the full business case will be considered by NHSE in October 2016. This is subject to agreement of matched funding from the BCF.

4.1.3 **Disabilities commissioning**

- The 0-25 Disability Service restructure has taken place and is now operational. As part of this a review of therapies has been undertaken to assess services being provided through SEND and the needs of residents, which will inform future commissioning as part of the 0-25 Disability Service.
- Supported living provision for 16-25 year olds transitioning to adults' services will be reassessed and commissioning will seek to support this group. New pathways are being designed for those with autistic spectrum disorder and mental health issues which seek to exploit the opportunities of the 0-25 disability service to join up services and deliver improved outcomes to users, recognising the changing demographics in the borough.
- The 0-65, All Age Disabilities (AAD) commissioning plan, has been developed in light of Croydon Council's newly established 0-65 Disabilities Service. It includes the findings of the Croydon Learning Disability Strategic Review completed in Spring 2016.
- Implementing the Transforming Adult Social Care Programme (TRASC) commissioning requirements for 2016-17, including day services, response to Think Family recommendations, development of prevention and universal service offer.
- The vision for future of services will be delivered through co-production. A coproduction partner is being sourced. The TRASC programme has completed Advocacy recommissioning, LATC Day Care services Insourcing, Dual Service users review and Relocation of service users from Cherry Orchard Day Centre.
- The Learning Disability (LD) strategic review implementation plan was discussed in August 2016. The main areas of progress have been in relation to a workshop to look at integrated specialist services and discussion about revising Service Level Agreements to support the changes proposed.
- The priorities for LD are to continue to implement the recommendations in LD strategic review and the Transforming Care LD actions plan, including commissioning pathways.
- A priority will be to negotiate the SLAs with the South London and Maudsley (SLAM) and with Croydon Health Services to secure integrated specialist services.
- A priority will be to identify opportunities for joint commissioning of intensive behavioural support to prevent placement breakdowns and out of area moves.

4.1.4 **Health improvement**

- The timetable for the procurement of primary care services has been extended in order to allow for targeted commissioning support to ensure we best support primary care providers with the procurement process. The priority for the next six months is to complete the procurement of primary care services and establish proportionate contract management arrangements that will ensure we deliver the desired health outcomes for the Croydon population.
- The development of a digital behaviour change website known as 'Just Be', will provide a universal offer for the general population of Croydon with lifestyle advice, support and signposting, as well as a triage into a face-to-face targeted service. The Launch date is scheduled for 8 November 2016.
- Development of an integrated lifestyle service, known as 'Just Live Well', that will offer evidence-based support and advice using motivational interviewing for unhealthy behaviours. Service model has been developed and we are actively consulting on model with primary care to strengthen the offer and to ensure robust pathways exists to compliment existing lifestyle treatment services. The service will launch on 1 April 2017.

4.1.5 **Older People**

- Over 65s commissioning intentions are reported through the Outcomes Based Commissioning for 65s Alliance Board.

5. CONSULTATION

5.1 Consultation and engagement with service users is carried out as part of the commissioning cycle to develop commissioning strategies and for any services undergoing development.

6. SERVICE INTEGRATION

6.1 The key objectives of the Joint Commissioning Executive are to strengthen integration across health and social care, across services for different ages and between health and social care/wellbeing services, by effective and evidence-based commissioning. This should enable people to experience care or support in a more truly personalised way with the individual and their family at the centre.

7. COMMENTS OF THE COUNCIL SOLICITOR, AND MONITORING OFFICER

6.1 The Acting Council Solicitor comments that there are no direct legal considerations arising from the recommendations within this report.

6.2 Approved by: Nicola Thoday (Corporate Solicitor), for and on behalf of the Acting Council Solicitor and Director of Democratic and Legal Services.

7 EQUALITIES IMPACT

7.1 Equality impact assessments are carried out as part of the commissioning cycle to develop commissioning strategies and for any services undergoing development.

7.2 Approved by: Richard Eyre – Strategy Manager (People Department - Adults)

CONTACT OFFICER: Sarah Ireland Director of Strategies Communities and Commissioning, Croydon Council

Sarah.Ireland@croydon.gov.uk / 020 8726 6000 Ext 62070

BACKGROUND DOCUMENTS – None.

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 October 2016**
AGENDA ITEM:	**9**
SUBJECT:	**The safeguarding adults annual report**
BOARD SPONSOR:	**Barbara Peacock, executive director of people, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

- The report fulfils a statutory obligation that Local Authorities have under the Care Act of 2014 to produce an annual report on safeguarding. The report is required under Schedule 2.4 of the Act to describe activities on:

•what it has done during that year to achieve its objective,

•what it has done during that year to implement its strategy,

•what each member has done during that year to implement the strategy,

•the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),

•the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),

•what it has done during that year to implement the findings of reviews arranged by it under that section, and

•where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

Secondly the safeguarding efforts and activities of Board Member agencies are also included in the report as required by the Act.

FINANCIAL IMPACT: N/A

1. RECOMMENDATIONS

1.1 This report recommends that the Health and Wellbeing Board are aware of the Croydon Safeguarding Adult Board report and provide comment if required.

2. EXECUTIVE SUMMARY

2.1 The purpose of the reports is to detail the activity and effectiveness of the Croydon Safeguarding Children Board (CSCB) and the Croydon Safeguarding Adult Board (CSAB) between April 2015 and March 2016. The reports are submitted by the independent chair of the Safeguarding Boards, which ensures that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding children and adults. The reports also include the Strategic Plan objectives for 2016/17. The reports set out the key priorities for the Boards for the current year.

3. DETAIL

3.1 The Adults' Annual Safeguarding Report is due for presentation at the Adults Social Services Review Panel on 11th October 2016. It is an important function of Council's oversight of this vital activity that the safeguarding activity of our most vulnerable residents is given rigorous scrutiny by elected members.

3.2 The report is introduced by the Independent Chair of the Board, Sarah Baker. The independence of the Chair ensures that agencies receive the challenge and scrutiny required to ensure improvement. The report gives a comprehensive update on the multi-agency activity to safeguard adults.

3.3 The report identifies that key areas of development during the year April 2015 - March 2016 have been: Safeguarding Adult Reviews & Ensuring compliance to the Care Act 2014.

3.4 The report includes data on safeguarding adults' referrals and activity. The headline data sets include:

- 40% of safeguarding occurs for those who are over the age of 75
- 65% of all referrals went for a Section 42 enquiry
- 10% of Enquiries were substantiated
- Females had a 25% higher frequency of being a safeguarding client than males
- There is low referral numbers from the Asian Bangladeshi community and the Asian Chinese community
- The "own home" remains the physical location most likely to be abused (60% of cases) whereas a care home setting was second most likely (25% of cases)

4. CONSULTATION

4.1 Members of the CSAB have been consulted in this report.

5. SERVICE INTEGRATION

5.1 There are no issues or regard for service integration

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no financial implications

7. LEGAL CONSIDERATIONS

7.1 There are no legal implications

8. EQUALITIES IMPACT

8.1 A key priority for the Council is ensuring we work with our partners to make Croydon a stronger and fairer place for all our communities. The impact of the proposals that have been and / or will be delivered through the structures outlined in this report are expected to have a positive impact on residents with different protected characteristics, in particular older people (p.11 & p.19 of the

report), women (p.11 of the report) and the BME communities (p.11 & p.19 of the report).

8.2 Quality assurance data provided in the annual report is designed as a summary set of information and is provided at a high level, without detailed breakdown of groups with various protected characteristics. However, as a multi-agency Board, and with an independent identity (p4 of report), the new performance dashboard will still enable the Croydon Safeguarding Adults Board to assess its impact against the Council's Equality Policy (2016/20) and statutory Equality Objectives (2016/20).

8.3 Although partner agencies cannot be held accountable to these, as statutory agencies they will have their distinctive organisational equality objectives and policies, under the Public Sector Equality Duty.

8.4 The equality objectives for 2016-20 with which this work is particularly aligned are on community safety (domestic abuse), and social isolation.

8.5 It also aligns with the Independence and Liveability objectives of the Corporate Plan.

8.6 Going forward, the Board will need to consider which agency carries the corporate risk to show 'due regard', under the Public Sector Equality Duty of the Equality Act, as and when projects and programmes arise from the work of Croydon Safeguarding Adults Board.

8.7 Quality assurance data provided in the annual review report is designed as a summary set of information and is provided at a high level, without detailed breakdown of groups with various protected characteristics. However, needs assessment, quality assurance and performance information provided to the LSCB on an ongoing basis does report upon some equalities characteristics for vulnerable children. Gender and age data is routinely considered and it is acknowledged that practice in relation to the full range of equalities characteristics needs to be further strengthened in the period ahead.

CONTACT OFFICER: Lorraine Burton Safeguarding Board Manager CSAB@croydon.gov.uk and Sean Olivier, Safeguarding Adults coordinator sean.olivier@croydon.gov.uk

BACKGROUND DOCUMENTS: None

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 October 2016**
AGENDA ITEM:	**10**
SUBJECT:	**Croydon Safeguarding Children Board Annual Report 2015 - 16**
BOARD SPONSOR:	**Barbara Peacock, executive director of people, Croydon Council**

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

The 2004 Children Act and the 2014 Care Act legislated for the requirement for local Children and Adults Safeguarding Boards. Both Boards are independently Chaired and made up from members of local statutory and voluntary agencies, and partners, with the purpose of safeguarding and promoting the welfare of children and protecting vulnerable adults from harm and exploitation, in the local area.The CSAB and the CSCB are each required by statute to publish an Annual Report.

The key role of each Board is to enable agencies to hold each other to account to secure effective safeguarding arrangements for children and adults in the local authority area. This role accords with most of Croydon Council's Corporate Plan 2015-18 independence priorities, namely: -

To protect children and vulnerable adults from harm and exploitation
To help families be healthy and resilient and able to maximise their life chances and independence
To help people from all communities live longer, healthier lives through positive lifestyle choices
To prevent domestic abuse and sexual violence where possible, support victims and hold perpetrators to account.

FINANCIAL IMPACT N/A

1. RECOMMENDATIONS

1.1 That the Health & Wellbeing Board notes the annual report of the Croydon Safeguarding Children Board and that this report will be scrutinised by the Children and Families Scrutiny Panel.

2. EXECUTIVE SUMMARY

2.1 The purpose of the report is to detail the activity and effectiveness of the Croydon Safeguarding Adult Board (CSAB) and the Croydon Safeguarding Children Board (CSCB) between April 2015 and March 2016. The reports are submitted by the independent chair of the Safeguarding Board, which ensures that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding adults and children. The reports also include the Strategic Plan objectives for 2016/17. The reports set out the key priorities for the Boards for the current year.

3. DETAIL – CSCB

3.1 The Children's Safeguarding Annual Report is due for presentation at the Children and Family Scrutiny Panel on 11th October 2016. It is an important function of Council's oversight of this vital activity that the safeguarding activity of our most vulnerable residents is given rigorous scrutiny by elected members.

3.2 The report is introduced by the Independent Chair of the Board, Sarah Baker. The Chair is required to be independent and this ensures that agencies receive the challenge and scrutiny required to ensure improvement. The report gives a comprehensive update on the multi-agency activity to safeguard children.

3.3 The report outlines that considerable progress has been made against the ambitious set of priorities in the past year. The report is presented as a set of straightforward Questions and Answers in respect of the Board, its purpose, noting key responsibilities and how these have been achieved.

Information about Croydon children and the issues that impact upon them, form a large part of the report, pages 12 – 46. Demographic data about Croydon children including information of numbers of children looked after and of those with Child protection plans is helpfully presented, p 17. Impact of traditional topics such as Domestic Violence, p19 are noted alongside more recent emerging concerns such as Modern Slavery, p34 and Radicalisation, p38.

The formal responsibilities of the Board are noted from page 46- 72, and include the important learning from Serious Case Reviews and Safeguarding audits. These all feed into the training programme which has had huge take-up from across the partnership.

Feedback from some sub-groups is captured from pages 72- 78, the QAPP sub-group notes achievements against the 2015-16 Business Plan, p72. These achievements alongside the issues identified across all of the sub-groups have contributed to developing the CSCB plan for 2016/17.

3.4 The report sets out the agreed priorities for the Board this year 2016/17:

- Develop Joint working across the CSCB partnership on assessments, plans and interventions

- Serious Case Reviews and Audits - Learning into practice, develop the CSCB approach to Commissioning Serious Case Reviews and Learning Reviews to further develop local learning and practice development. Review the changes that have taken place as a result of recent audits and the impact these changes have had.
- CSCB Conference and focus on Neglect.
- Respond to the recommendations of the Wood Review and Government reforms contained in the Children and Social Work Bill

- Child and Family Engagement – The insight offered by children and families provides a unique perspective which provides professional practice a further opportunity to improve and develop.

- A co-ordinated and comprehensive safeguarding focus within schools across Croydon in order to identify children at risk and ensure a comprehensive safeguarding response, with a focus on:-
  - Neglect
  - Child Sexual Exploitation
  - Domestic Abuse and Sexual Violence
  - Peer on Peer Abuse
  - Harmful Sexual Behaviour
  - Radicalisation
  - Gangs
  - Knife Crime
  - Female Genital Mutilation

3.5 The Board recognises the need for further improvement in the current year and beyond. The report outlines where there remain issues of concern and what actions are planned to address these. The work of the Board is to bring agencies together to meet the requirements to protect children and to promote their wellbeing. In the circumstances where all agencies are increasingly under pressure of resources, this collective endeavour remains crucial.

4. CONSULTATION

4.1 Relevant local agencies contributed to the annual report.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no direct financial implications arising from the recommendations in this report.

5.2 Approved by – Lisa Taylor- Assistant Director of Finance and Deputy S151 Officer

6. LEGAL CONSIDERATIONS

6.1 There are no legal implications

7. EQUALITIES IMPACT

7.1 Quality assurance data provided in the annual review report is designed as a summary set of information and is provided at a high level, without detailed breakdown of groups with various protected characteristics.

CONTACT OFFICER:

Sarah Baker, Independent Chair for CSAB– telephone
Email sarah.baker@croydon.gov.uk

BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 October 2016**
AGENDA ITEM:	**11**
SUBJECT:	**Progress update on the Better Care Fund**
BOARD SPONSOR:	**Barbara Peacock, Executive Director of Ppeople, Croydon Council** **Paula Swann, Chief Operating officer, Croydon Clinical Commissioning Group**

BOARD PRIORITY/POLICY CONTEXT:

Croydon Council and Croydon Clinical Commissioning Group (Croydon CCG) are required to produce and implement a joint plan for the delivery of an integrated approach in transforming health and social care services to be delivered in the community (the Better Care Fund – or BCF- Plan) using pooled funds administered through a Section 75 Agreement transferred from Croydon CCG's revenue allocation and the Council's capital allocation. The initial joint plan gained approval from NHS England (NHSE) in January 2015, and a revised final plan for 2016-17 has been submitted.

FINANCIAL IMPACT:

BCF funds of £24.5m for 2016/17 are to be managed via a pooled budget, administered through a Section 75 Agreement and governance arrangements.

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

1.1 **Note the status of BCF delivery**

2. EXECUTIVE SUMMARY

2.1 The Better Care Fund (BCF) is a national initiative which aims to promote better integration between health and social care to provide a whole system approach to improving patient outcomes through investing in community based services and by doing so reduce demand on acute services. BCF plans must:

- Be jointly agreed
- Maintain provision of social care services
- Include better data sharing between health and social care
- Have a joint approach to assessments and care planning, and an accountable professional where funding is used for integrated packages of care
- Have agreement on the consequential impact of the changes on providers that are predicted to be substantially affected by plans

2.2 A previous report on the Croydon Better Care Fund Plan was presented to the Health and Wellbeing Board on 11th April 2016.

2.3 The BCF plan comprises a wide range of schemes across health and social care which are delivering against 5 key metrics. These are:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient/service user experience
- Locally proposed metric

2.4 BCF continues in 2016/17, and each Health and Wellbeing Board was required to submit a final plan for 2016/17 by 15th June 2016. This was submitted by Croydon on 15th June 2016.

2.5 Quarter 1 (April – June 2016) performance against the BCF performance metrics is positive with achievement of the target in 4 out of the 6 indicators.

3. BCF PLAN FOR 2016/17

3.1 The BCF 2016-17 policy framework was published on Fri 8th Jan and can be found here: https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017

3.2 Key points from the document are:

- Mandated minimum funding has increased from £3.8 to £3.9 billion
- The requirement for a pay for performance element of funding linked to non-elective admissions has been removed.
- There is a new requirement to fund NHS-commissioned out-of-hospital services. This is introduced as a new national condition.
- There is a new requirement to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The existing DTOC BCF metric remains in place, and the requirement for a local action plan is introduced as a new national condition.
- By 2017, plans are to be in place for health & social care integration for 2020 and beyond.
- A lighter touch was anticipated for 2016/17 plans, compared with the 2014 plans.
- Assurance of plans is to be carried out on a regional rather than national level.

3.3 The BCF planning submission for 2016/17 is in 2 parts:

- A numerical planning template return
- A “brief narrative plan”

3.4 The plan has been produced taking into account :

- The need to ensure stability in the local social and health care system
- Delivery against the BCF performance metrics, as well as individual BCF scheme delivery
- Alignment with other plans and strategic initiatives in particular Croydon's Outcomes Based Commissioning Contract (OBC) for over 65s which is expected to come into effect during 2016/17.
- Revisions to national requirements for 2016/17

3.5 The narrative plan, as submitted to NHSE on 15th June 2016, is attached as a supporting document to this report, enclosure A.

3.6 The first draft narrative plan was submitted to NHSE on 21st March 2016.

3.7 Following 2 rounds of assurance feedback from NHSE, corresponding changes were incorporated into the attached plan. All changes were points of elaboration or clarification rather than changes in meaning or intent.

3.8 The major point of challenge from NHSE related to Croydon's approach to risk share and contingency. Croydon initially adopted an invest-to-save approach; on the basis that funding is best used on schemes that help reduce non-elective admissions rather than keeping back funding. However Croydon as with all other areas choosing not to apply a pay-for-performance risk share was challenged by NHSE who required plans to reflect an element of pay-for-performance risk share.

3.9 Croydon's BCF Executive Group therefore agreed on 6th July 2016 to strengthen the risk share agreement such that the first call on any scheme underspends will be to offset the costs of any over-performance on non-elective admissions. This has been accepted by NHSE.

3.10 The section 75 agreement has been subsequently updated to reflect the risk share agreement and was signed and submitted to NHSE on 23rd August 2016.

3.11 The provisional NHSE assurance rating based on the submitted narrative plan was "Approved with support". With the changes that we have now made in response to the feedback, we have been advised by NHSE London that they will most likely recommend "Fully Approved". The final decision is expected in October 2016.

3.12 Croydon is therefore currently working towards the submitted 2016/17 plan, and a summary of performance against the BCF metrics is given in the following table:

Table 1: BCF indicator performance summary

Performance trend	Indicator	2016/17 Apr-Jun YTD Target	2016/17 Apr – Jun YTD Actual	Baseline (2015/16 Apr – Jun YTD actual)	RAG rating and trend
BCF1 ↑	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	9,401	9,298	**9,462**	**G**
BCF2 ↑	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	105	72.1	**131.8**	**G**
BCF3 ↑	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	86%	93.4%	**87.8**	**G**
BCF4 ↑	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	165	159.3	**166**	**G**
BCF5 ↑	Local Performance Metric: '% of discharges over the weekend for Croydon Healthcare Service'.	20%	18.6%	**18.2%**	**A**
BCF6 ↑	Patient/Service User Experience Metric Social Care related quality of life (ASCOF 1A)	19	18.6	**18.4**	**A**

Key:

Rating	Thresholds	Trend	Meaning
G	Improvement on baseline and target met	↑	Performance from the last two data points indicates a positive direction of travel
A	Improvement on baseline yet below target	↔	Performance from the last two data points indicates no change
R	Deterioration on baseline	↓	Performance from the last two data points indicates a negative direction of travel

3.13 Performance at Quarter 1 (April – June 2016) is positive with the targets being met for the BCF 1 – 3 indicators.

3.14 Performance against BCF4 (Delayed transfers of care (delayed days) (DTOCs) from hospital per 100,000 population) is positive and within the target threshold. This is being driven by ongoing actions to address the high number of delays from the mental health commissioned service provider South London and Maudsley Mental Health Trust (SLaM), which have largely contributed to ongoing delays.

However the recent Mental Health Diagnostic and bed audit indicates a more significant issue with length of stay and DTOC and consequently a more robust action plan will be needed to improve flow and discharge processes including accommodation needs and more consistent reporting of DTOCs.

3.15 Current actions include:

- Weekly meetings in Croydon University Hospital Trust to review any barriers to discharge
- Closer scrutiny of recording to ensure DTOCs correctly captured including mental health DTOCs.
- Greater direct liaison between the Trust and Council Housing Needs team to arrange temporary emergency accommodation.
- Planning for greater use of the “look ahead” contract to support service users in their own homes.
- Scoping and submission of a bid for enhanced shared lives provision for mental health service users
- Develop a robust action plan to Implement the findings of the MH Diagnostic and Bed audit undertaken jointly with SLAM

3.16 Performance against BCF5 ('% of discharges over the weekend for Croydon Healthcare Service') has improved although is still beyond the target. A number of actions are in place to address this including:

- A regular discharge team in Croydon University Hospital Trust for expediting weekend discharges comprising of a consultant and junior doctor
- Ongoing focus on discharges in the Croydon Accident & Emergency Delivery Board action plan, which is aligned to Croydon University Hospital Trusts’ internal perfect patent journey working group

3.17 One factor affecting the discharge performance over the weekend is our success in reducing overall non-elective short-stay admissions. Short-stay admissions have been reduced, and these traditionally would have been more likely to be discharged over a weekend period.

3.18 Performance against BCF6 (Social Care related quality of life (ASCOF 1A)) showed a small improvement from 2014/15 to 2015/16. The next data will be available in July 2017. It is important to note that:

- The surveys consist of a number of pre-set questions which cannot be altered or amended in anyway by Local Authorities
- That in some cases results can be influenced by sample sizes, survey fatigue and the responders interpretation of the question, some of these factors are beyond the control of Local Authorities.

3.19 At the time of preparing the Croydon BCF plan for 2016/17, the Council-reported BCF metrics were given only as provisional targets, as the Council target-setting process for 2016/17 had not yet run. The provisional targets were simply kept the same as the 2015/16 targets, whether or not these had been met. The Council target setting process has now concluded, and the revised targets and rationale ratified by the BCF Executive group, are given in the table below.

Ref	Metric name	2013/14	2014/15	2014/15 London Av.	2014/15 England Av.	2015/16 Target	2015/16 Actual	Revised 2016/17 Target	Comment
1A	(ASCOF Survey) Social-care related quality of life	18.7	18.4	18.5	19.1	19.0	18.6	**19.0**	Latest performance 2015/16 (provisional outturn) suggests rounded up that Croydon met target. Looking at the historic trend would suggest keeping target at 19.0
2A(2)	Permanent admissions of older people to residential and nursing care homes, per 100,000 population	421.3 Per 100,000	426.0 Per 100,000	491.7 Per 100,000	668.8 Per 100,000	380.0 Per 100,000	438.5 Per 100,000	**420.0 Per 100,000**	Performance worsened during 2015/16, and a slightly lower target of 420 is set for 2016/17. This requires work to bring about an approx. 5% improvement on 2015/16 out turn, but is considered more realistic than a lower figure.
2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (successful reablement)	85.2%	87.8%	85.3%	82.1%	88.0%	84.7%	**86%**	Year-end performance of this indicator is based on reporting period Oct-Dec (denominator=discharges from hospital) Jan-Mar (Numerator=still at home 91 days). Previous quarters in 2015/16 showed performance levels consistently exceeding 87% however the final quarter showed a drop down to 85%. A target of 86% is still better than the London average and in-line with expected performance levels based on 15/16.
2C(3)	Delayed transfers of care (**DELAYED DAYS**) from hospital per 100,000 population	162.9 Per 100,000	133.0 Per 100,000	Not yet available	Not yet available	380 Per 100,000	172.3 Per 100,000	**165.0 Per 100,000**	2015/16 out turn was approx. 30% higher (worse) than 2014/15. A higher target has been set for 2016/17, though this still requires us to reverse the trend of declining performance and achieve approx. 5% improvement on 2015/16 figures.

4. BCF PLAN FOR 2017/18

4.1 The BCF planning guidance for 2017/18 has not yet been released. It is however anticipated that this will provide further guidance on the 2 areas below that are highlighted in the 2016/17 policy guidance.

- The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020

- Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements

4.2 The BCF Executive Group will therefore be undertaking further reviews of current schemes and funding to inform discussions on priorities and options for 2017/18.

4.3 New funding initiatives are starting to be developed for 2017/18; however these will need to be considered in a strategic context in line with the released guidance conditions, and Croydon's strategic objectives.

4.4 Further priorities and options for beyond 2017/18 will be determined following the release of the 2017/18 guidance.

5. CONSULTATION

5.1 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.

5.2 BCF 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.

6. SERVICE INTEGRATION

6.1 Croydon Council, Croydon CCG and Croydon Health Services continue to maintain close partnership working to jointly deliver innovative community-based patient/client-focused services that continue to deliver the best outcomes for patients.

7. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

7.1 BCF funds of £24.5m for 2016/17 are to be managed via a pooled budget.

7.2 The signed section 75 partnership agreement includes the risk share agreement notified to NHSE that the first call on any scheme underspends will

be to offset the costs of any over-performance on non-elective admissions to a maximum of £900,000.

8. EQUALITIES IMPACT

8.1 Any new initiatives that are commissioned through BCF are subjected to an equalities impact assessment where it has been assessed as being required.

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Graham Terry, Interim Head of Adult Social Care Transformation, Croydon Council
Email: Graham.Terry@croydon.gov.uk

BACKGROUND DOCUMENTS

Appendix xx: 2016/17 Final BCF plan as submitted to NHSE on 15th June 2016

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 October 2016**
AGENDA ITEM:	**12**
SUBJECT:	**Healthwatch Croydon report**
BOARD SPONSOR:	**Charlie Ladyman, chief executive, Healthwatch Croydon**

BOARD PRIORITY/POLICY CONTEXT:

GPs perform a pivotal role in the health and wellbeing of local residents. Access to good quality, efficient and effective services across the borough is crucial in improving health outcomes.

Healthwatch Croydon (HWC), the local consumer champion for Health and Social Care service users, has conducted extensive research on the experience of GP services across Croydon during a one year period (1st September 2015 – 31st August 2016).

FINANCIAL IMPACT:

N/A

1. RECOMMENDATIONS

See report, pages 19 – 24.

2. EXECUTIVE SUMMARY

2.1 See report, pages 5 – 6.

2.2 Our research finds that patients are broadly satisfied with the quality of treatment received, with many accounts of 'professional and knowledgeable' doctors and nurses. Patients are also positive about receptionists and practice management, on the whole.

2.3 There are however some noticeable negative trends and we may ask to what extent these are related to capacity. Patients voice concerns over telephone access, receptionists making 'clinical' judgements, and waits of weeks for routine appointments. Patients are less likely now to see a GP of choice, or a GP at all (the rise of the telephone triage) and a number of patients do not know who their GP is. Whether this matters to patients or not, care is becoming less personal over time.

3. DETAIL

3.1 See report, pages 7 – 19.

4. CONSULTATION

4.1 HWC has analysed qualitative feedback from 1,856 patients across Croydon, with all GP practices represented. We chose this approach, rather than a survey, as by listening to people we get a real sense of what matters to them (not to us), and therefore the trends are reflective of their views, experiences and expectations.

4.2 Our Patient Experience Panel has met weekly over the last year to apply 'coding' to all experiences received, this enables us to identify all issues and the wider themes, effectively turning raw feedback into 'hard evidence'.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial implications

CONTACT OFFICER: Darren Morgan, Community Analyst, Darren.morgan@healthwatchcroydon.co.uk, 020 8663 5635, http://www.healthwatchcroydon.co.uk/impact

BACKGROUND DOCUMENTS: None

Our GPs

The shape of services today, and in the future.

A report by Healthwatch Croydon

September 2016

healthwatch Croydon

"GPs see over one million people every working day in England.

The average patient visits their doctor just over five times a year, and the demand for services across the system, including general practice and wider primary care, continues to rise."

Deputy Medical Director, NHS England

Contents

Executive Summary

Healthwatch is the official 'patient voice' across England. Established as part of the Health and Social Care Act 2012, we champion the views and experiences of health and social care service users. Healthwatch Croydon, the local consumer champion, has conducted extensive research on the experience of GP services across the borough, analysing 1,856 stories over a one year period (1st September 2015 – 31st August 2016).

The Experience of Local People
We found that patients are broadly satisfied with the quality of treatment received, with many accounts of 'professional and knowledgeable' doctors and nurses. Patients are also positive about receptionists and practice management, on the whole.

There are however some noticeable negative trends and we may ask to what extent these are related to capacity. Patients voice concerns over telephone access, receptionists making 'clinical' judgements, and waits of weeks for routine appointments. Patients are less likely now to see a GP of choice, or a GP at all (the rise of the telephone triage) and a number of patients do not know who their GP is. Whether this matters to patients or not, care is becoming less personal over time. Findings in brief include (more on pages 19-24):

Service Accessibility

While most patients receive emergency appointments within a reasonable timeframe, it can be problematic booking the appointment, particularly by phone. Those who find that appointments are unavailable often have to the repeat the process the following day(s). Online booking, although widely promoted, offers limited choice.

We said:

- Staffing and phone capacity should be able to accommodate as many callers as possible during peak times. Online alternatives need to be more effective.
- Could patients who are unable to get their appointment be supported in some way, rather than simply finding themselves 'out of luck'.

While triage is clearly necessary, some patients express concern that receptionists may be making 'clinical decisions'. Telephone triage by GP is considered a 'poorer quality consultation' by some patients.

We said:

- When triaging, even at a basic level, competency needs to be demonstrated.
- Recourse to a second opinion may reduce diagnostic errors.

Wait at Appointment

We have found that some practices can consistently run late. Waiting environments vary in physical condition and layout - some are well considered, others less so. At one practice, receptionists were unconcerned that the hand sanitizer was empty.

We said:

- Patients should be informed of delays, not simply 'left in their chairs'.
- A pleasant environment will make patients more relaxed, and less anxious.
- Regular audits of hygiene would prevent unsanitary conditions arising.

Clinical Treatment

Patients tell us that consultations are generally of good quality, but when commenting on user involvement specifically, sentiment is more mixed. On medication, patients comment that 'GPs can be too quick to prescribe' with a 'lack of alternative options'.

We said:

- It is important that patients feel listened to, are respected, and involved in any decisions. Despite time constraints, GPs should do their best to 'get to know' their patients and listen, before making decisions.

One patient was encouraged to take a hearing test locally, but not informed that the wait would be much shorter at a hospital further away.

We said:

- On referral to services, patients should be equipped with all available information.

Administration

At some practices, patients who have not been able to register, or are in the process, have not been supported or advised on alternative options, even in situations of need.

We said:

- If at all possible, staff should provide information and signposting advice.

Repeat prescription systems are convenient for both patient and practice, however the enhanced role of the receptionist may lead to potentially harmful errors - one patient found that the dose had been incorrectly doubled. Patients also raise concerns about receptionists conveying test results, with some receiving incorrect diagnosis.

We said:

- Safe working practices should be clearly demonstrated, with staff fully trained, and adequate safeguards in place to ensure that mistakes will be unlikely.

Managing Expectations
Through our research, we were surprised to find that many patients (the majority) are well aware of the pressures, particularly on demand, and understand the waiting times and limited options. There is however less acceptance of receptionists 'stepping into the clinical domain' so patients need reassurance.

The Future – 'Transformation' of Primary Care
Current plans, known as 'Transforming Primary Care', or 'Co-commissioning', could lead to a 'range of benefits for the public and patients'. This includes improved access to primary care and wider out-of-hospital services, more services available closer to home, improved health outcomes, equity of access, reduced inequalities and a better patient experience through more joined up services.

It is essential that those who run our services today, and plan them for tomorrow, listen to, and respect the views and experiences of the many people who use them.

1. About Healthwatch

Healthwatch is the official 'patient voice' across England. Established as part of the Health and Social Care Act 2012, we champion the views and experiences of health and social care service users.

2. GPs in Croydon

Croydon has 57 GP practices, with 403,045 registered patients. Practice size varies considerably - the smallest with around 1,700 patients is Downland Surgery, while the largest, Brigstock & South Norwood Partnership, caters for almost 17,000 (Croydon Clinical Commissioning Group). Organised into six 'Clinical Networks', the practices work together locally, on areas including extended opening hours, and providing tests and specialist treatment. Often as the 'first port of call', GPs will inevitably have the greatest exposure to patients, and will be working as hard as ever, to serve their many, and varied needs.

3. About this Report

Healthwatch Croydon, the local consumer champion, has conducted extensive research on the experience of GP services across the borough during a one year period (1st September 2015 – 31st August 2016).

We acquired qualitative feedback, that is to say, people talking about, or writing down their experiences, from 1,856 patients across Croydon, with all practices represented. We chose this approach, rather than a survey, as by listening to people we get a real sense of what matters to them (not to us), and therefore the trends are reflective of their views, experiences and expectations.

Our Patient Experience Panel has met weekly over the last year to apply 'coding' to all experiences received, this enables us to identify all issues and the wider themes, effectively turning raw feedback into 'hard evidence'.

4. The Experience of Local People

We found that patients are broadly satisfied with the quality of treatment received, with many accounts of 'professional and knowledgeable' doctors and nurses. Patients are also positive about receptionists and practice management, on the whole.

There are however some noticeable negative trends and we may ask to what extent these are related to capacity. Patients voice concerns over telephone access, receptionists making 'clinical' judgements, and waits of weeks for routine appointments. Patients are less likely now to see a GP of choice, or a GP at all (the rise of the telephone triage) and a number of patients do not know who their GP is. Whether this matters to patients or not, care is becoming less personal over time.

In this section, we examine each aspect of the service.

4.1 Service Accessibility

4.1.1 Booking Processes

Appointment booking policies and processes may vary at individual practices, but we hear common themes that apply to most – having to phone at a certain time (often to find all appointments gone), not being able to book 'too far in advance', and finding online systems limiting, and impersonal.

"It's almost like a battle for an adult who is not frail to get an appointment or to get through at 8am on the phone line to get an emergency appointment with a GP, so what happens to all the elderly and vulnerable patients struggling with mental health issues under their care?"

"My major gripe with this practice is the fact that it is virtually impossible to secure an appointment to see a doctor, not even for a sick child. The receptionist will tell you to call in the morning at 8am but this is the advice they give everyone. You call anyway but so is everyone else and lines are blocked. When you finally get through, all the appointments are gone. Sometimes I am so frustrated I feel like screaming!"

"It's a good service and I can't complain. Having said that, you can't book too far in advance, a facility to do this would be useful. The online booking system has a very limited choice of slots, so I hardly ever use it. I wonder how many people do?"

"You cannot talk to an online facility."

Given the demand on services, it is necessary to prioritise patients who most require the appointment. Patients are generally negative about being triaged by receptionists, with mixed reviews about telephone triage by GPs.

"I've got a female GP and she looks after me very well. Shame about the receptionists though, they should mind their own business and give people appointments, rather than ask questions they're not qualified to."

"If receptionists need to ask me questions in order to get an appointment, then this should be explained on the phone."

"We will not be able to get an appointment with a doctor we want. We need to call the surgery and wait for the phone call to be answered and then the doctor will call us. They may call any time so you have to be next to the phone. There will be no guarantee the doctor will give any appointment and most of the time they don't. They just talk to you on the phone and try to give a solution, but sometimes doctors need to see the patients to make proper assessments."

"I am usually able to get an appointment within a week or so, and the telephone consultations they offer are very helpful in the event of an emergency."

4.1.2 Opening Times

Experiences on opening times are mixed, however patients are generally appreciative of extended (early, late, weekend) options.

"They have very accommodating opening times - early and late clinics! Would definitely recommend the practice!"

"I would definitely recommend this surgery. The only downside is the opening hours. For example the long break in the middle of the day when the surgery is closed."

"They open Saturdays now which is pretty good and I recently benefitted from one of those appointments. My needs are sorted out and quickly as well."

4.1.3 Telephone Access

According to the GP Patient Survey 2015-16, around a third of patients do not find it 'easy' to contact their practice on the phone. Indeed, our research reveals that the ability to make contact by phone is the single most negative topic. For every person leaving a compliment, around 10 complain about congested lines. It is interesting, that 20% of complaints originate from one ward, so inequity of access may be an issue in the borough.

"The waiting time for getting through has increased over the years - I have found myself at number 48 in the queue, with an hour wait to get through (you are then told that there are no appointments available, despite calling at 8am). You practically have to beg for an appointment! There has to be a better way to distribute the appointments and cut down on the waiting times."

"I have been registered at this surgery for over 10 years. Appointments are always almost impossible to get. I'll have to call at 8am sharp to have the slightest possibility to book an appointment. So when I do call at 8am sharp I'll most likely be the 35th caller waiting to be answered, only to be told to call and try the next morning by extremely rude receptionists!"

"The fact you have to wait until 8.45am until you can ring and then have to spend at least half an hour on redial to get through is just unacceptable. Then to not be able to get an appointment because the only late evening is already fully booked!"

4.1.4 Waiting List

Patients comment they are able to get emergency appointments the same, or next day. For routine appointments, patients cite waits of a week, or more.

"When my dad collapsed at home, we phoned the surgery and were given a 9.20am appointment on the same day (you can't get much faster or better than that)!"

"My husband and I are very happy and know that if we have an emergency we can see a doctor immediately."

"I find the service here is good, I usually get seen in 1-2 days."

"I sometimes have to wait 4 weeks for appointments - they say they're 'fully booked'. When I book in person there are only 2-3 people in the waiting room, so where have the appointments gone?"

"Extremely long wait to get an appointment. I recently tried to book an appointment to see any of the doctors in the practice using the automated phone system. I was only offered dates 3 weeks later. This is appalling and, having had the experience of living in several other countries in the past, I am ashamed of how poor the health service has become in our country by comparison."

4.2 Getting There

4.2.1 Catchment/Distance

Most patients live near their practice, and location is a main consideration when choosing to register. Although catchment areas are defined, there is sometimes confusion on where the boundaries lie, and some patients comment on limited (or no) choice of practice.

"I rang to see if I am in their catchment area - the receptionist told me yes. When I went there to register, the receptionist told me they just quickly wanted to check I'm definitely in the catchment area. I got approval and proceeded filling in forms and giving my ID and utility bills to confirm the address. A week later I receive a letter telling me they can't register me after all because I'm not in their catchment area. Complete waste of time!"

"I have been with this practice for over 10 years, as unfortunately I have little other choice due to my location."

4.2.2 Travel/Parking

It is not the responsibility of practices to provide customer parking, however public transport does not suit all patients, or situations.

"I wouldn't dream of going to our surgery unless it was necessary - too much hassle. No parking nearby. We have to park 3 or 4 streets away which is not good if you are feeling unwell anyway."

"My only concern is that it's not very accessible - no parking on site - although it's only a short walk from the bus if you're in pain or have limited mobility it could be difficult."

"It's easy to park outside the surgery on the street."

4.3 Wait at Appointment

4.3.1 Waiting Time

Sentiment on waiting times is mixed, according to comments. We have found that practices can consistently run late, or on time. It is not clear whether late running is due to understaffing, or good quality (lengthy) consultations.

"It's quite busy here today, but usually it's not a long wait (around 10 minutes)."

"I do find myself waiting 20-30 minutes after appointment times but the doctor is good, as are reception."

"Avoid unless you want to sit in the waiting room for hours."

"The staff are friendly enough, but if you want an appointment here you may as well just block out the entire day. I can't recall the last time I was ever seen on time, and have to wait on average 20 – 40 minutes late for my appointment even when I book early in the morning. Something is seriously wrong in this practice, whether it's short staffing or more patients then they can handle, I'm not sure. But something needs to be changed because for those of us who have plans or who work, it's unacceptable to be so late routinely."

4.3.2 Environment/Layout

Many practices are not purpose-built, and some offer small waiting areas that may be crowded, with lack of seating, and generally uncomfortable. Some patients comment on mobility challenges.

"The reception is dingy and miserable looking with depressed looking receptionists and doctors."

"The waiting area is very small and has no ventilation or any form of fresh air as the windows are always closed and no other form of clean fresh air is provided (no air conditioner or humidifier). The room is also dirty and has uncomfortable cheap seats with no space between them, so you are always "touching" somebody else as the place is packed."

"The waiting room had no seats available and the overspill of patients waiting went out of the door and onto the street - so I was standing the whole time."

"It's a hot day and they have 2 fans on, it's pretty pleasant and compensates for the lack of windows."

"I am disabled and using a motorised vehicle. At the surgery, the lift on the outside is not working, so I have to use the side entrance which is alright, but the door does not open automatically and so I have to hold it open while driving through."

Patients also comment on hygiene, with mixed reviews.

"A small but clean waiting area with plenty of useful brochures on display."

"I used the toilet facilities at this surgery and there was neither toilet paper nor paper towel for drying my hands. The toilet brush holder was covered in thick dust and the whole place looked unsanitary. When I told the reception staff there was no paper in the toilet, I did not get a thank you but just an annoyed grunt - not impressed. I also pointed out that the hand sanitizer was empty and the reply was 'yes, we know'."

4.3.3 Privacy

It is notable that almost as many people comment negatively about privacy, as complain about waiting times. This suggests privacy should not be underestimated as an issue.

"The reception are usually fine, but their questions can be intrusive, especially if asked in this small waiting room - I feel this should be dealt with by the doctor, in private."

"In the waiting room we can hear every word the receptionist says (even people's private addresses)."

4.4 Clinical Treatment

4.4.1 Carer Involvement

Carers and family members are broadly positive about their experiences. At one practice, the electronic display encourages carers to identify themselves.

"The doctor has been brilliant. I have seen them a few times in relation to my son's social communication and health concerns and the doctor has always treated me as a sensible, intelligent adult, and really taken on board my views and opinions as a mother, something that I am afraid I have not always experienced from my previous surgery. I don't feel I am being rushed through an appointment and the doctor has been genuinely concerned and helpful. It feels to me like a great example of what a good GP practice should be."

"It's good to be able to get my family involved."

4.4.2 Choice

It is increasingly the experience that patients can wait 2 or 3 weeks to see their GP of choice. Due to demand on the service, this is largely understood, and patients may get seen much sooner by another GP, if required.

"Happy with the GPs themselves but to see my GP of choice it's a 2-3 week wait. I think the service overall is pretty good but waiting times can vary. I know services are under pressure, so I do understand."

"Never get my doctor, I want to see him because he knows my history, so I wait a month. I can see others before this time but they do not know my history."

"It takes 3 weeks to get an appointment with my named GP."

"The surgery is quite good - I can always get appointments when needed. It is a little more difficult to see a lady doctor though, but that's understandable isn't it."

Some patients say they do not have, or are aware of, a named GP.

"I can usually get an appointment but I don't know who with (have no idea who my current doctor is). They are good, even the locums, but they do move around a lot."

"While I like the practice, it's more and more disturbing that it is almost impossible to book an appointment with the same doctor over any length of time as they seem to frequently leave the practice."

"No allocated GP anymore. Think it's the same everywhere."

"You don't see the same GP twice. I don't even know who my doctor is - I went for some tests at the hospital a couple of weeks ago and was embarrassed that I didn't know who the GP was (they needed it for the form)."

4.4.3 Quality

Patients are broadly complimentary about the quality of their GP consultation, with many citing 'professionalism' and a good level of support.

"All of the staff here are very caring and efficient. I have to visit frequently due to many and various health conditions and I am never made to feel like I am time wasting or making it up."

"My GP Is very helpful and extremely knowledgeable. The doctor communicates very well and makes me understand what is wrong and the various options available to cure things. The doctor goes out of his way to provide aftercare and support whilst I'm on my medication."

"Very caring service. My wife has a major illness, I am her main carer and deal with most contact with surgery. I have found this surgery to be the best in our 32 years of marriage. The professionalism, humility and compassion from receptionists, doctors and nurses gives you a great feeling of what's good about life. My wife has been in some dark places but got through it and enjoying life with their continuing care."

4.4.4 Medication

Although medication may be required for clinical reasons, the majority of comments are negative, with some patients feeling that alternatives can be overlooked, and 'cheaper' medication may not be effective.

"Doctors can be too quick to reach for the medication. What about alternatives?"

"I've been on anti-depressants for a very long time and I wonder if I'll ever get off them. If I don't take them I don't sleep so what choice to I have? Even a reduced dose means I'll be wide awake. I'm worried about the long term effects."

"I was fobbed off with medication and told to come back only when it ran out. This is not an ideal way to diagnose as it strings things out."

"It seems to me, that rather than look at what is wrong and try to help, the main aim of the GPs in this practice is to get you off any medication that they judge to be expensive and to replace it with a cheaper version. This would be perfectly alright if it was explained to you. What I was surprised with was to be told it was going to improve a condition when that was not the case at all."

4.4.5 User Involvement

We have all heard accounts of GPs 'tapping away at their computer' or 'not making eye contact' or 'not listening'. Comments suggest sentiment is mixed, with some patients feeling involved in their care, while a similar amount, not.

"I have a lovely doctor now - doesn't read the previous doctor's notes and actually talks to me! I can always get an appointment as he knows I'm with Shared Lives and have a learning disability. They're very well organised."

"I had never seen this doctor before, but would have no hesitation in seeing them again. I found them to be extremely caring. They listened to my concerns and were able to give me reassurance and explained why I was feeling so unwell. I in no way felt rushed."

"I have been attending this practice for 17 years now and I can honestly say I have never had any problems. Staff are excellent, receptionists always polite, courteous and very friendly and always take time to listen which I feel is most important when you need help. Doctors always excellent, care is always 100%. Never feel that you are being rushed out always have time to listen and respond appropriately and never feel I am being a nuisance. Excellent."

"My mother had an appointment with the GP for her persistent foot pain. The GP she saw took her blood pressure (no problem with that) but paid no interest or did not examine her foot. Said she needs to lose weight and eat only boiled food and this will help with her blood pressure. She came to see you for her foot pain! Did not address this at all. Mother came home and was upset as she's still in pain and this hasn't been addressed."

"The GPs at this practice do not read your medical notes properly as apparently you have a medical condition that you were never ever diagnosed in having. Uncaring GPs who do not bother asking you questions."

4.4.6 Referral

Patients have mixed experiences on referrals – some are appreciative of receiving specialist treatment and tests, others cite waiting times longer than expected, miscommunication between providers, and lack of information. One patient was encouraged to take a local hearing test, but not informed that the wait could be much longer, as a result.

"I was referred for a cataract operation and haven't heard anything in 2 months."

“Being referred to the hospital is frustrating! I notice that sometimes there are ‘miscommunications’ between the practice and the hospital which results in even longer waiting times.”

“When people are over a certain age (I'm 90), are they still entitled to certain tests? I asked for a diabetes test but was told I couldn't have one. The doctor said I've had the test in the past and can't have another. I've paid from my own pocket to get seen at Shirley Oaks.”

“It took me 'months' to see my GP of choice (a female doctor). It was kind of worth the wait though as she got me referred to mental health services very quickly and has supported me since.”

“It was a 4 month wait to see the nurse for my ear check and treatment. It's totally unreasonable. Referred here by my doctor. I got a letter, saying I should get another letter in a month! The first time I went to Guys and it was a 2-3 week wait (that was last year). I won't come here again, I'll use Guys, but once these referrals are booked you can't cancel. When the referral was made it seemed sensible as I live in Shirley and this is more local, but 4 months is too long for 10 minutes of treatment.”

4.5 Staff Attitude

4.5.1 Receptionists

There is a common perception of the ‘rude receptionist’, however we found sentiment to be marginally positive at most practices, with some exceptions.

“The phone lines were extremely busy - 43 in line at 8am however I held on as my mother needed to see a GP and I felt it was urgent for that day. The phone was answered quite quickly by a friendly receptionist who booked my mother for a telephone call from a GP.”

“When you enter the practice you feel a positive attitude towards work and ‘us patients’. Lovely reception, they are very friendly and positive, always helpful.”

“This is the best practice I’ve ever been with. Great reception staff, always wanting to help when in the waiting room. They have always helped everyone I’ve seen approach the desk. They know how to help on the phone, if unsure they find out rather than fob you off. A superb reception team.”

“Twice I have called up and both times reception staff were extremely rude over the phone. Not sure on the overall surgery, but couldn't believe how rude reception staff were.”

“The reception staff are shockingly dismissive and rude. On many occasions I've felt patronised by them. They need to understand that there are other GPs in Croydon that we could easily join.”

4.5.2 Practitioners and Nurses

Comments suggest sentiment on doctors and nurses to be clearly positive, with many more accounts of pleasant experiences, than bad.

"The doctor I saw was extremely attentive and was clearly thinking only about how they could help me. I felt under pressure and tense because of my circumstances and the trauma I had experienced but thanks to the calming influence of the doctor I knew that I would receive the best of care and direction."

"The visiting nurse is friendly, very charming and efficient. My doctor is wonderful - someone who listens, understands and remembers their patients, takes the time to explain medical matters with sensitivity and with a combination of hard work, knowledge and experience appears to balance the needs of all patients with professionalism."

"After having a bad experience before at this surgery when having a blood test I was nervous about having one done again but I saw the nurse and they were fantastic, absolutely brilliant. I would recommend them to anyone who is a little nervous about it. The nurse did it so quick and made me laugh!"

"I would like to comment on the nursing staff at this surgery. Following a recent operation, the resulting wound required packing and dressing every day for almost a month. All the nursing staff were cheerful, helpful, caring, respectful and reassuring at a worrying time for me."

4.6 Administration

4.6.1 Organisation

Patients are largely complimentary about practice management, with some giving examples of efficient, person-centred service.

"Good practice was observed where the practice manager briefed the staff in the morning and made sure they were alright."

"A first class centre, well organised, with a pleasant environment. Importantly the level of care is excellent, personalised where patients are made to feel that you're more than just a number. Numerous other services are available including dietary etc. Sets the standard for what a modern NHS centre should be about."

"My practice was running a walk in flu jab service this morning. It was very well organised. Patients were greeted with an abundance of very cheerful and helpful staff. When I went there was virtually no waiting time, a pleasant change. It is nice to see how smoothly a large operation such as this can be, handled with some thoughtful planning. My congratulations."

4.6.2 Registration

It is probable that people will most likely comment on registration, when not satisfied. Feedback therefore may not be representative, but highlights issues around support, advice and information.

“A pregnant woman came in to register, she didn't have good English, and she was with a friend who was translating for her. She said her due date is tomorrow and so she needed an emergency appointment - she'd tried to register the previous week but didn't have proof of address so was turned away, so today she was there with the proof. Her request for an emergency appointment was declined however because she was told she had to have a 'new patient check' first, and the first of those was only available in a week. When she reiterated that it was an emergency because she was due imminently the receptionist said 'well you should have registered earlier then shouldn't you'. And that was it - no support was offered, no guidance on what she could do next in this clearly urgent situation. Nothing.”

“My husband and I recently moved and had a look at NHS Choices to identify which practices were accepting new patients. We took a day off work especially to go and register at this practice ‘that was accepting new patients.’ The receptionist was extremely unhelpful and stated that they were not accepting any new patients, and did not even tell us where else we could register. It felt like she just wanted to get rid of us so that they would not have to do any work even though the practice had no patients waiting. I would not recommend this practice to any new patients as they will just turn you away.”

4.6.3 Repeat Prescription

If systems are set-up and operated correctly, obtaining a repeat prescription should be a ‘smooth process’. However, some patients experience delays, wasted journeys, and do not have complete trust in the receptionist’s role. Other patients express convenience, able to visit the practice less often.

“I often have problems with prescriptions - I get to the chemist to find the medication's not there. Each side 'blames the other' and I'm never sure whose fault it is! This system has been going for a while, so they should've sorted any problems out by now. Yes, being able to renew online is fantastic, but only if it works.”

“I have to call between a certain time for test results and repeat prescriptions and 'I hate it'.”

“Requested an electronic repeat prescription. 72 hours later still unavailable to collect from the pharmacy. Receptionist - sarcastic, arrogant and rude. Put the phone down on me when questioned. Made me wait 1.5 hours to collect a prescription that literally took 5 minutes for the doctor to complete. The doctor dismissed the whole fact that the service provided was totally unacceptable, unprofessional, lacked accountability and duty of care.”

“I think receptionists are making decisions that really the doctors should make. Once, when I got to the chemist, I found they had doubled my dose, without my knowledge.”

“Friendly and helpful reception staff. They offer fax services for repeat prescriptions, which are ideal for me as I don't have to phone or attend the surgery.”

“Can't praise them enough - prescriptions are done over the phone now and they arrange it with the chemist so I don't have to come in so often.”

4.6.4 Test Results

At some practices the reception staff may convey test results, this raises questions over safeguards and training. Some patients experience delays, and observe 'confusion' between the practice and hospital.

"One time I asked about some results, I was told one thing and then another. I was told I was fine, as the receptionist read the report, but I know that my cholesterol would not have suddenly gone back to normal, so I queried this, and they said they had not read it properly. Receptionists should be trained to give results properly or not at all."

"It took 12 weeks to get my blood test results. I kept phoning and it still took that long."

"Very unhappy on visiting the doctor today to be told that I had to go back to the hospital to see where my CT scan result of 4 weeks ago was - 'you've obviously been lost in the system'. The hospital said it was 'up to the doctor' to review the result from a link that would have been emailed to him, that has subsequently 'timed out'. Let's' just hope I'm not sitting here with a major heart problem!"

4.6.5 Complaints

It is the right of all patients to complain, however some fear reprisals, find it difficult to contact management, or do not always find receptionists accommodating.

"I did once consider lodging a complaint, but I don't want the hassle, or to be blacklisted!"

"When phoning to voice a concern, I was told the practice manager was 'unavailable' but would call back. Did she? No!"

"The receptionist was really rude, they were laughing at me as I was really disappointed. I asked their name to make a complaint but they refused to give it."

"My experience of this practice is disappointing and concerning. After complaining about some treatment my complaint was lost and then ignored until I spoke to the practice nurse at another appointment!"

4.7 Communication

4.7.1 Advice/Information

Comments suggest sentiment on advice and information is mixed. Some patients are appreciative of text reminders and advice on supplementary tests and treatment, while others complain about receiving incorrect, or contradictory information.

"I love the text reminders about the appointments and the fact that I can book appointments online - only thing is they could offer more of these appointments."

"I am conscientiously reminded about annual blood checks and other preventative procedures."

"The doctors are in my experience, and that of my wife, very good. However, the management and reception staff are of poor standard. It is very difficult to get an appointment, and almost impossible to get an emergency appointment. Furthermore, information provided can be misleading or contradicted by another member of staff."

"Far too long a wait time for phoning in, getting appointments and several members of reception both rude and providing unreliable advice on things like opening times."

5. Learning from Experience

Based on what we've heard, we have summarised 'key' recommendations that may be considered to improve the service in certain areas.

It is the role of Healthwatch to influence the commissioning and delivery of services, therefore our recommendations are not prescriptive, but intended to inspire solutions to the issues that clearly exist.

5.1 Service Accessibility

While most patients receive emergency appointments within a reasonable timeframe, it can be problematic booking the appointment, particularly by phone. Patients at one practice are commonly 'on hold' for an hour - this not only illustrates inconvenience, but the acute demands on the system. Those who find that appointments are unavailable often have to the repeat the process the following day(s).

Recommendation

5.1.1 Staffing and phone capacity should be able to accommodate as many callers as possible during peak times. Could patients who are unable to get their appointment be supported in some way, rather than simply finding themselves 'out of luck'.

Action: By this time next year, we hope that more patients will make contact within a reasonable timeframe, and if not, supported in getting their appointment.

Although widely advertised, we generally find that online booking can offer very limited choice - this discourages use, and reduces effectiveness.

Recommendation

5.1.2 Choice of more slots, with greater flexibility on advance booking, would divert more patients away from the phone.

Action: By this time next year, we hope that more patients are using online booking facilities, and do so more regularly.

5.1
Service Accessibility (Continued)

Most (if not all) practices assess patients when booking, to establish priority. While triage is clearly necessary, some patients express concern that receptionists may be making clinical decisions.

Recommendation

5.1.3 When triaging, even at a basic level, competency needs to be demonstrated. If training is provided, it may reassure patients to see certificates on display, and/or to be advised that assessments are established practice policy.

Action: By this time next year, we hope that more patients have confidence in their triage, and view the practice as a 'service', rather than 'receptionists' and 'doctors'.

Some patients regard telephone triage by GPs as a 'poorer quality consultation' and if denied physical access with a legitimate condition, may have some justification.

Recommendation

5.1.4 Patients would benefit from reassurance that telephone triage will not impact on their health and wellbeing. Recourse to a second opinion may reduce diagnostic errors.

Action: By this time next year, we hope that patients will have more confidence in the ability of GPs to triage over the phone, and have recourse to challenge decisions (if not able to do so at present).

With provision of early, late and weekend appointments, patients are benefitting from ever increasing choice.

Recommendation

5.1.5 To ensure that as many patients as possible benefit, extended opening should be widely advertised. Information in nearby social venues (such as supermarkets) may increase awareness, and encourage patients who have not sought treatment, due to work of other commitments, to get seen.

Action: By this time next year, we hope that patients are aware of all options available to them, with more people previously restricted by hours, able to get seen.

For routine appointments, some patients comment on waiting times of 2 (or more) weeks. While this may be safe and reasonable within service constraints, expectations need to be managed.

Recommendation

5.1.6 To give patients insight of challenges, many practices display the did-not-attend rates. Publicising 'pressures on the system' is not necessarily a bad thing, and in doing so, patients may become more understanding over time.

Action: By this time next year, given that capacity will not have significantly improved, we hope that more patients are tolerant of waits that do not overly inconvenience them.

5.2
Catchment

Although catchment areas are defined, there is sometimes confusion on where the boundaries lie. One patient who was cleared for registration, was later declined.

Recommendation

5.2.1 Practice staff should have a full list of post codes within their catchment, and check before advising registrants.

Action: By this time next year, we hope that catchment areas are well-known by staff and patients.

Some patients comment on very limited (or no) choice of practice. If this is correct, it seems unfair, should patients receive an unsatisfactory service in their locality.

5.2.2 If a patient is able to demonstrate a clear unsatisfactory service, and has no alternative, would it be unreasonable to register elsewhere?

Action: By this time next year, we hope that patients are able to leave practices that have clearly not served them satisfactorily.

5.3
Wait at Appointment

We have found that practices can consistently run late, or on time. It is not clear whether late running is due to understaffing, or good quality (lengthy) consultations.

Recommendation

5.3.1 Whatever the reason for delays, patients should be informed, not simply 'left in their chairs'. Many practices notify patients through their electronic display, while at one practice a notice in reception states 'if you have been waiting for more than 30 minutes, please notify a member of staff'. We found this to be reassuring for those waiting, demonstrating a good level of support.

Action: By this time next year, we hope that those experiencing delays are aware, and have some estimation of timing.

Practices vary considerably in their physical condition and layout - some are well considered with artwork displayed, others are dimly lit, with little stimulation.

Recommendation

5.3.2 A pleasant environment will make patients more comfortable, and generally less anxious. Something as simple as a vibrant colour, or picture, may go a long way.

Action: By this time next year, we hope that more patients are complimentary about the waiting environment.

5.3
Wait at Appointment (Continued)

At one practice, receptionists were unconcerned that the hand sanitizer was empty.

Recommendation

5.3.3 Given that hygiene should not be overlooked, regular audits of equipment and environment would prevent unsanitary conditions arising.

Action: By this time next year, we hope that patients are always able to wash their hands, and when not, are supported by staff.

Many patients complain about 'lack of privacy' in the waiting area, with some able to overhear confidential information, such as addresses.

Recommendation

5.3.4 As most waiting areas are confined and quiet, and the nature of visits highly personal, it will be inevitable that patients sometimes overhear 'private matters'. However, staff should do their best, perhaps calling patients to one side, when having personal, often confidential discussions.

Action: By this time next year, we hope that staff will be more conscious of confidentiality and data protection, and uphold patients' privacy wherever possible.

5.4
Clinical Treatment

Patients tell us that consultations are generally of good quality, while carers comment on feeling involved and valued. Choice is an 'ever increasing' issue, with some patients who prefer a certain GP having to wait several weeks.

Recommendation

5.4.1 It might be the case that care is becoming less personalised over time, as more GPs retire, and locums move around. Many patients understand this, but a significant number feel disadvantaged. For those patients particularly, staff should 'do their upmost' to match patients with their GP, within a reasonable timeframe.

Action: By this time next year, we hope that practices are able to uphold continuity of care, for those who rely on their preferred GP.

Some patients say they do not have, or are aware, of a named GP. At one practice, a clear majority of those waiting did not know who they were booked to see.

Recommendation

5.4.2 If it is not possible to assign a named GP, patients should be advised on arrival, or beforehand through letter or text message, who they will be seeing. This is a basic level of information, and sometimes important.

Action: By this time next year, we hope that most patients will be aware of who their appointment is with (good care should be personal).

5.4
Clinical Treatment (Continued)

On medication, patients comment that 'GPs can be too quick to prescribe' with a 'lack of alternative options'.

Recommendation

5.4.3 Although medication may be required for clinical reasons, patients should be listened to when voicing concerns. Alternatives should be considered when appropriate.

Action: By this time next year, we hope that more patients will be offered alternatives to medication.

Patients may also consider 'cheaper' medication to be inferior to premium brands, with some doubting effectiveness.

Recommendation

5.4.4 It is acknowledged that GPs will not generally prescribe ineffective medication, while 'cheaper' brands do save the NHS a considerable amount of money. Therefore, patients need to be reassured.

Action: By this time next year, we hope that more patients will have trust in brands they do not recognise, or consider 'cheaper'.

When commenting on user involvement, sentiment is mixed. While some patients feel involved, others do not. One person states that an ailment was completely ignored – the GP was not interested in examining a 'painful foot', but instead 'took blood pressure and advised on losing weight'.

Recommendation

5.4.5 It is important that patients feel listened to, are respected, and involved in any decisions. Despite time constraints, GPs should do their best to 'get to know' their patients and listen, before making decisions.

Action: By this time next year, we hope that more patients feel respected and involved.

One patient was encouraged to take a hearing test locally, but not informed that the wait would be much shorter at a hospital further away.

Recommendation

5.4.6 When referring to services, GPs should give patients all available information, so that decisions and choices may be informed.

Action: By this time next year, we hope that fewer patients will regret choices made, given that reconsideration is not always possible.

5.5 Administration

At some practices, patients who have not been able to register, or are in the registration process, have not been supported or advised on alternative options, even in situations of need.

Recommendation

5.5.1 Practices have a 'duty of care' towards their own patients, but we ask if it is appropriate, or safe, to leave people (some in need, or vulnerable) unsupported. If at all possible, staff should provide information and signposting advice.

Action: By this time next year, we hope that unregistered patients are not simply 'turned away' without assistance.

Repeat prescription systems are convenient for both patient and practice, however the enhanced role of the receptionist may lead to potentially harmful errors - one patient found that the dose had been incorrectly doubled. Patients also raise concerns about receptionists conveying test results, with some receiving incorrect diagnosis.

Recommendation

5.5.2 Safe working practices should be demonstrated, with staff fully trained, and adequate safeguards in place to ensure that mistakes will be unlikely.

Action: By this time next year, we hope that fewer patients will receive incorrect prescriptions or diagnosis.

At all practices we visited, the complaints policy was clearly displayed. Most practices also provided suggestions boxes, or Friends and Family feedback cards. It is the right of all patients to complain or feedback, however some fear 'reprisals', find it difficult to contact management, or do not always find receptionists accommodating.

Recommendation

5.5.3 It is essential that patients are supported to feedback or complain, as this documents any issues. The Parliamentary and Health Service Ombudsman portrays complaints as a 'positive thing to do', through its 'Complain for Change' campaign. All practices should welcome feedback and complaints, and make it as convenient as possible, to do so.

Action: By this time next year, we hope that more patients will feel encouraged, and supported, to leave feedback or complain.

6. Managing Expectations

Without a 'sea change' in capacity, certain things are 'here to stay' – the longer waits, receptionists taking a greater role, care that is more impersonal. There are opportunities to limit demand on services, such as enhancement of online options and raising awareness of self-care alternatives, but this will only go 'so far'.

Through our research, we were surprised to find that many patients (the majority) are well aware of the pressures, particularly on demand, and understand the waiting times and limited options. There is less acceptance of receptionists stepping into the 'clinical domain' to triage for appointments and process prescriptions and test results. If it can be demonstrated that staff are competent and professional, and that safeguards exist, it will be possible to build confidence and trust in more patients, thereby increasing satisfaction.

7. Transformation of Primary Care

In 2014, NHS England invited Clinical Commissioning Groups (CCG's) to come forward with expressions of interest to take a greater role in the commissioning of primary care services, initially GP practices. 'Primary care' includes GP's, dentists, pharmacists and some other out-of-hospital health services.

This is one of a series of changes set out in the NHS 'Five Year Forward View' which aims to develop 'seamless, integrated out-of-hospital services based around the needs of local populations.'

7.1 Benefits for the Residents of Croydon

The plan, known as 'Transforming Primary Care', or 'Co-commissioning', could lead to a range of benefits for the public and patients, including:

- Improved access to primary care and wider out-of-hospital services, with more services available closer to home.
- Improved health outcomes, equity of access, reduced inequalities.
- A better patient experience through more joined up services.

Co-commissioning could also lead to greater consistency between primary care services and wider out-of-hospital services. It will enable development of a more collaborative approach on staffing, premises, information management and technology challenges.

7.2 Getting Organised

Healthwatch Croydon, the Health and Wellbeing Board, Croydon CCG and other partners constitute the Croydon Primary Care Joint-Commissioning Committee, the forum that will oversee implementation and delivery.

The role of the committee, under section 83 of the NHS Act includes:

- Awarding and monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract.
- Designing new 'enhanced services' (services which are not essential) and local incentive schemes.
- Decision making on whether to establish new GP practices in an area.
- Approving practice mergers.
- Making decisions on 'discretionary' payments.

Although in its infancy, co-commissioning is set to radically 'transform' local GP services.

8. Glossary of Terms

CCG	Clinical Commissioning Group
GP	General Practitioner
NHS	National Health Service

9. References

GP Patient Survey 2015-16
www.england.nhs.uk/statistics/2016/07/07/gp-patient-survey-2015-16/

Healthwatch Croydon on Co-commissioning
www.healthwatchcroydon.co.uk/sites/default/files/hwc_on_co-commissioning.pdf

National Health Service Act 2006
www.legislation.gov.uk/ukpga/2006/41/contents

"I have seen the practice grow, and get steadily busier over the years.

Despite the ever increasing demands, the doctors, nurses and team on reception all do a first class job. I have nothing but admiration."

Croydon Resident, 2016

REPORT TO:	**HEALTH AND WELLBEING BOARD** **19 October 2016**
AGENDA ITEM:	**13**
SUBJECT:	**Report of the chair of the executive group: incorporating risk register and board work plan**
LEAD OFFICER:	**Barbara Peacock, Executive Director of 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 the planned review of the local strategic partnership including the health and wellbeing board.
- Note risks identified at appendix 1.
- Agree revisions to the health and wellbeing board work plan for 2016/17 in section 3.4.1

2. EXECUTIVE SUMMARY

2.1 This report summarises work undertaken by the health and wellbeing board executive group since the last meeting of the board on 14 September 2016.

2.2 The board risk register was developed by the board at a seminar on 1 August 2013. The board agreed that the executive group would keep these risks under review and update them as required. A summary of current risks and their ratings is at appendix 1.

2.3 The health and wellbeing board agreed its work plan for 2016/17 at its meeting on 13 April 2016. 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 The executive group met on 6 September 2016. Key areas of work for the executive group undertaken in September 2016 are set out below. The executive group will next meet on 11 October 2016.

- Reviewed the board work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy.
- Liaised with other strategic partnerships including Croydon Local Strategic Partnership and the children and families partnership.
- The executive group agreed a framework for the forthcoming board self-assessment as part of the planned review of the local strategic partnership. Proposals around changes to board governance, membership and functions will take into account the work already undertaken on the partnership groups which report to the board, the self-assessment exercise and the local strategic partnership review. A report to the health and wellbeing board has been schedule for the board meeting on 14 December 2016.
- Reviewed board strategic risk register.
- Considered 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 reviewed by the executive group at its meeting on 6 September 2016, 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 14 September 2016.

Board work plan

3.4 Proposed changes to the 2016/17 board work plan from the version agreed by the board on 14 September 2016 are summarised below. This is version 77 of the work plan. The work plan is at appendix 2.

3.4.1 Board member proposals on mental crisis care and update on implementation of the mental health strategy added to the work plan. It is recommended that these items are addressed in the proposed cabinet member led review of mental health services.

Appendices

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.

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BACKGROUND DOCUMENTS

None

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19 October 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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Health & Wellbeing Board 19 October 2016
Appendix 2
HWB work plan version 77.0

Topic proposed: date to be agreed
Mental health in the criminal justice system – people presenting in crisis (proposed by Inspector Claire Robbins)
People with mental health problems in crisis (proposed by John Goulston)
Mental health strategy update (Stephen Warren)

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
14 December 2016	**Strategic items**				
	Annual report of the director of public health 2016	To discuss the content of the director of public health's annual report and agree any actions for the board arising from it	Statutory report	Rachel Flowers	Anita Brako
	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	Rachel Flowers	Ellen Schwartz
	Pharmaceutical needs assessment (PNA) update	To consider any changes to the PNA and agree process for full update	n/a	Rachel Flowers	Claire Mundle
	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Steve Morton

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Outcomes based commissioning for over 65s	To update the board on progress since the last report on 10/02/16	Prevent illness and injury and promote recovery in the over 65s	Paula Swann / Barbara Peacock	Martin Ellis
	Review of the local strategic partnership and health and wellbeing board (including partnership group review)	To consider proposed changes to board governance arising from the review of the LSP and HWB	n/a	Barbara Peacock	Brenda Scanlan / Steve Morton
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan
	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	Barbara Peacock	Steve Morton
January 2017	**Board seminar – dementia friendly communities**				
8 February 2017	**Strategic items**				
	Primary care co-commissioning	To consider the development of primary care co-commissioning arrangements in Croydon	n/a	Paula Swann	Tbc
	Social inclusion action plan	To agree draft social inclusion action plan	n/a	tbc	Tbc

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Business items				
	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 / Barbara Peacock	Paul Young / Vanda Learey
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan
	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	Barbara Peacock	Steve Morton
5 April 2017	**Strategic items**				
	Business items				
	CCG operating plan 2017/18	The board has a statutory duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	n/a	Paula Swann	tbc
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	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	Barbara Peacock	Steve Morton
May 2017	**Board seminar – diabetes**				
November 2017	**Board seminar – topic to be agreed**				

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	**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

	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	tbc

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

	JSNA programme for 2016	To agree the JSNA programme for 2016	n/a	Director of public health	Steve Morton
	Final report of the Opportunity & Fairness Commission	To consider the findings of the Opportunity & Fairness Commission	n/a	tbc	tbc
	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
13 April 2016	**Strategic items**				
	Improving people's satisfaction with care: learning from local best practice • Maternity services	To share learning on how services have improved people's experience of care	Improve people's satisfaction with care	Paula Swann (maternity services) Paula Swann / Paul Greenhalgh (mental health day services)	Caroline Boardman (maternity)
	Business items				
	CCG operating plan 2016/17	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	n/a	Paula Swann	Fouzia Harrington

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

	Health and social care integration: Better Care Fund and Transforming Adult Community 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 / Vanda Learey
	People Gateway	To update the board of the work of the People Gateway	Household income is a key determinant of health. This item relates to the JHWS priority of child poverty.	Paul Greenhalgh	Mark Fowler
	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**				
	Prevention, self-care and shared decision making	To consider work to increase self-care and self-management	Promoting self-management and self-care	Paula Swann	Jimmy Burke
	Business items				

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

	Croydon Community Strategy	To consider the Community Strategy	n/a	Paul Greenhalgh / Paula Swann	Dave Morris
	South West London Sustainable Transformation Plan	To consider the South West London Sustainable Transformation Plan	n/a	Paula Swann	Fouzia Harrington
	Food Flagship annual report	To report on activity undertaken by the Food Flagship	Reduce overweight and obesity in children	Rachel Flowers	Ashley Brown
	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
	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**				
	Cancers	To discuss work to increase the early detection and treatment of cancers	Early detection and treatment of cancers	Paula Swann	Jimmy Burke
	JSNA key dataset 2016	To consider key challenges	n/a	Rachel Flowers	Steve Morton /

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

		and needs identified by the key dataset			Craig Ferguson
	People's experience of using mental health day care services	To report to the board on work being undertaken to improve users' experiences of mental health day care services	Improve people's satisfaction with care	Paula Swann	Jennifer Francis / Paul Richards / Neil Turney
	Business items				
	Tobacco control update	To report to the board on work to reduce smoking prevalence	Reducing smoking prevalence	Rachel Flowers	Bernadette Alves / Mar Estupiñan
	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	Barbara Peacock / Paula Swann	Dwynwen Stepien / Sam Taylor
	Health Protection Forum update	To report to the board on work to main health protection in the borough	Preventing illness or injury	Rachel Flowers	Ellen Schwartz / Dawn Cox
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan / Tom Cox
	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	Barbara Peacock	Steve Morton

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

19 October 2016	**Strategic items**				
	Commissioning intentions 2016/17	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.	Relates to a statutory function of the board	Paula Swann/Barbara Peacock	Stephen Warren / Pratima Solanki / Ian Lewis / Sarah Ireland
	Health as a social movement / Asset based approaches to improving health	To consider how individuals and communities can be supported to mobilise around health and wellbeing in Croydon	All	Barbara Peacock / Sarah Burns	Tbc
	Business items				
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Warman
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Barbara Peacock	Sean Olivier
	Safeguarding children annual report	To inform the board of the work of the Safeguarding	n/a	Barbara Peacock	Lorraine Burton / Maureen Floyd

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

		Children Board			
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young / Vanda Leary / Ivan Okyere-Boakye / Graham Terry
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan
	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	Barbara Peacock	Steve Morton