Health and Social Care Scrutiny Sub-Committee Agenda

To: Councillor Carole Bonner (Chair)
Councillors Andy Stranack, Kathy Bee, Sean Fitzsimons, Margaret Mead and Andrew Pelling

Reserve Members: Councillors Sue Bennett, Pat Clouder, Bernadette Khan, Steve Hollands, Sherwan Chowdhury and David Wood

Non Voting Co-opted HealthWatch Croydon Member: Gary Hickey

A meeting of the **HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE** which you are hereby summoned to attend, will be held on **Tuesday 18th July 2017** at **6:30pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Ilona Kytomaa
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www.croydon.gov.uk/agenda
17 July 2017

PRE-MEETING FOR COMMITTEE MEMBERS ONLY
Room F4 at 6p.m.

If on the day your are delayed or unable to attend please contact extension 62683 or the town hall reception (direct line: 020 87605525).

AGENDA - PART A

1. Appointment of Chair and Vice-Chair for the ensuing municipal year

2. Apologies for absence

3. Minutes of the meeting held on Tuesday 16th May 2017 (Page 1)

To approve the minutes as a true and correct record.

4. Disclosure of Interest

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

5. Urgent Business (if any)

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

6. Exempt Items

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

7. Committee membership and terms of reference (Page 9)

8. Suicide prevention and self-harm reduction plan (Page 11)

9. Progress report: the Alliance for older adults (Page 37)

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

That, under Section 100A(4) of the Local Government Act, 1972, the press

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

AGENDA - PART B

None

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Health and Social Care Scrutiny Sub-Committee

Meeting held on Tuesday 16th May 2017 at 6:30pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES - PART A

Present: Councillor Carole Bonner (Chair)
Councillor Margaret Mead (Vice Chairman)
Councillors: Kathy Bee, Sean Fitzsimons, Andrew Pelling and Andy Stranack

Non Voting Co-opted HealthWatch Croydon Member: Gary Hickey

Absent: There were no absences

Apologies: There were none.

A30/17 Appointment of Healthwatch Croydon Co-Optee

Cllr Carole Bonner nominated Gary Hickey as the Sub-Committee's Non-voting Co-opted HealthWatch Croydon Member. The nomination was seconded by Cllr Andy Stranack. Gary Hickey was duly appointed as HealthWatch Co-optee on this sub-committee.

A31/17 Minutes of the meetings held on 21 March and 24 April 2017

Both sets of minutes were approved by the sub-committee.

A32/17 Disclosure of Interest

There were none.

A33/17 Urgent Business (if any)

There was none.

A34/17 Exempt Items

There were none.

A35/17 Annual Quality Account
South London and Maudsley NHS Foundation Trust

The following officers were in attendance for this item:

- Neil Robertson, Service Director and Croydon Lead
- Amanda Pithouse, Director of Patient Experience and Quality and Deputy Director of Nursing
- Rachel Flowers, Director of Public Health

The Sub-Committee was given a presentation on the Trust's Quality Accounts. It included the following:
- The Trust's ten aims for their five year Quality Strategy (2014-2019)
- Quality priorities for 2016-2017
- Improvements achieved in 2016-2017 including reductions in restrictive interventions and improvements in risks assessments and care plans, physical healthcare screening and in carers' assessments
- Priorities for 2017-2018 in patient safety, clinical effectiveness, patient experience, as well as staff experience, a new priority for the Trust

SLaM representatives acknowledged that the quality account provided to the Sub-Committee was a very early draft and stated that the final version would be published in June.

Members expressed concerns regarding the high levels of staff illness (46%) reported in the quality account. They were advised that
"return to work" interviews were being used to assess staff stress levels and provide appropriate support.

Members noted the 11 new priorities for 2017/2018 and asked whether SLaM had the resources to meet them as they had only achieved four out of their 9 objectives for 2016-2017. They were informed that SLaM had worked with the Institute for Health Improvement to set appropriate targets and that quality improvement methodology had been improved.

SLaM representatives were questioned on community mental health services. They stated that at least 80% of their service users were outpatients although inpatients were the main focus of CQC inspections. Members enquired whether the Trust would prioritise differently if there were a lighter inspection regime. Officers acknowledged that outpatients were not the main CQC focus but that the engagement of CQC was now becoming more positive and meaningful.

Members asked to what extent patients had a stake in managing their treatment. They were advised that in a community environment, there was significant engagement with patients on their type of treatment. In the case of psychological therapies, the first two appointments involve discussions on patients' priorities.

The Sub-Committee discussed the Trust's approach to absconders and male suicide. In both cases, representatives of SLaM stressed the need for partnership work with key stakeholders such as the police and railway staff.

The Sub-Committee sought assurances about the level of partnership with the public and were advised that there was patient and public involvement at Trust level and departmental level, looking at the quality of services and also taking part in some interviews. The Trust also has an involvement strategy for carers of mental health patients and meets regularly with representatives of the mental health charity MIND to discuss ongoing issues.

Members noted with concern that the 2015 CQC inspection had revealed that elderly patients' wards did not receive as good a service as other wards. Trust representatives stated that CQC had carried out a reinspection two months before this meeting with positive results in this respect.

Members turned their attention to the 40% target for reducing the number of transfers of adult patients to private "overspill" beds due to local shortages, and noted that this target had not been met. In answer to a member question, Trust representatives explained that patients had to be admitted to hospitals in Surrey, Sussex, or as far away as Hertfordshire.

The Sub-Committee commented on the high levels of bullying of staff by other staff. Trust representatives stated that this was also very much a concern for them although they were also making efforts to foster a culture in which staff would feel free to report such incidents. To this end, the Trust had implemented the recommendation previously made in respect of Mid-Staffordshire Hospital to develop a team of "Freedom to speak out" ambassadors to ensure that such practice could not be perpetrated.

Members expressed concerns over the percentage of staff working extra hours. Trust representatives explained that it offers very good flexibility around staff hours to help balance the Trust's with those of its employees.

Members heard that a lot of work had been carried out on staff appraisals, with a focus on meaningful discussions and staff wellbeing.

Members asked whether there were any alternatives to inpatient care. They were advised that wherever possible, the Trust evaluated whether individuals referred to it could be treated as outpatient, with support from daily multiple visits if necessary. If the individual is alone or isolated, however, inpatient care is often the preferred option. The Trust is working on intervening quickly to deal with acute episodes and on improving crisis management.
In answer to a Member question, Trust representatives gave assurances that its information technology had been fully protected and operational over the previous weekend, unlike that of many other health trusts in the country. The Trust uses Microsoft Cloud and has full "patch" protection against the ransom ware which had brought many organisations to a halt in the past few days.

Members noted that statistics were not available in the report for the following, and asked officers to provide these after the meeting:
- First Episode Psychosis waiting time
- Readmissions to hospital within 28 days of discharge

The Chair thanked officers for their presentation and answers to Members' questions.

The Sub-Committee unanimously agreed to send the following comments to South London and Maudsley NHS Foundation Trust, to be included in the final version of the Trust's Quality Account:

1. Members expressed their appreciation of the Trust's commitment to engagement from patients, carers and staff
2. Members also acknowledged the challenges faced by the Trust in tackling absconding and male suicide, and in reducing the use of prone restraint to control patient behaviour
3. The Trust's services are commissioned by four boroughs, LB Croydon, Lambeth, Lewisham and Southwark. Members asked for its quality account to include a section on the Croydon context as it is known that the borough has seen a particularly significant growth in demand for mental health services, as shown by the significant rise in individuals presenting at A&E in Croydon with mental health issues but with no previous history of these conditions – a trend unique to this borough
4. Members asked for the Trust to identify the causes of the significant recent growth in need for mental health services in Croydon which was discussed at the meeting and wished to receive more information on unmet need and gaps in provision in the borough
5. Members were disappointed that there were statistics missing from this year's draft quality account (see pages 24, 25 and 27) and asked for future quality accounts to contain complete sets of statistics to inform their assessments and statements on the quality account
6. Members asked for the quality account to provide more information on mental health services in the community as at least 80% of the Trust's service users are outpatients
7. Members expressed their disappointment at the fact that the Trust had not met their target for Priority Seven – Patient Experience; Reducing the number of Acute out of area treatments. They asked for the following year's quality account to provide more detailed information on the out of borough areas where adult inpatients are given acute treatments
8. Members expressed their concerns about the high level of harassment, bullying and abuse including physical violence experienced by staff at work. They look forward to receiving an update in the next quality account showing an improvement arising from measures put in place by the Trust to tackle these issues

A36/17 Annual Quality Account
Croydon Health Services NHS Trust

The following officers were in attendance for this item:
- John Goulston, Chief Executive
- Michael Fanning, Director of Nursing, Midwifery and AHPs
- Janet Coninx, Head of Patient Safety and Risk
- Rachel Flowers, Director of Public Health

Members were given a presentation which included the following information:
- an overview of the Trust and its work
- progress made in 2016-17 against quality priorities
- statistics on complaints
- quality priorities for 2017-18

Officers highlighted the health messages being disseminated on a weekly basis to all staff to help foster good health and prevent illness. The challenge for the Trust will be to evaluate how effective these communications are.

Officers stated that the Trust had a very proactive pharmacy team, which was working on improved information sharing with ward sisters. However, they acknowledged that the Trust still needed to improve on medication safety e.g. storage and administration and stated that a lot of work was being carried out to bring this about.

Members asked whether patient engagement had increased or improved over recent years. Officers stated that the Trust used “Friends and Family” feedback proactively, and shared it with wards and services to bring about improvements to treatment and care. They also pointed to the work carried out through the “Listening in Action” initiative, where “big conversations” had been carried out with the public over the previous 18 months, as well as consultation with a range of service user groups. This includes a mental health liaison service to support patients with mental health issues.

Officers highlighted the fact that Croydon was the only borough with a large increase in patients attending A&E with mental health problems which were previously unknown to SLaM NHS Foundation Trust. In view of this trend, the Trust is considering the possibility of allocating a 24 hour mental health liaison officer in A&E. Officers added that the Trust had a mental health subgroup in the A&E Delivery Board. They surmised that this trend was partly due to evolving demographics and that it might merit closer investigation.

Members questioned officers on the rise in complaints to Patient Liaison and Advice Service (PALS), which had grown from 499 to 617. Officers explained that a great deal of work had been done to make this service more visible, and that the Trust was a victim of its own success as more patients had taken to using this service. In answer to a question on the type of complaint received, officers

stated that they were mainly about communication issues and satisfaction regarding care. They added that lessons learnt from the complaints were being shared with directorates and service teams to bring about improvements in care.

Members asked how satisfied patient felt after receiving a reply to their complaints, and requested data on responses given and on the number of ombudsman referrals and their responses.

Members felt that improvement was still required in A&E services. Officers stated that satisfaction with services stood at 89%, broadly in line with the national average, although performance had actually declined over the previous year, having been above average last year. Officers pointed to difficulties in filling vacancies in A&E, particularly for twilight and night-time work, and to issues with staff resilience in this very demanding service.
Officers highlighted the need to speed up social care assessments to free up hospital beds for new arrivals and pointed to a national drive in 2017 to assess all relevant patients for social care services while they are being discharged. It is hoped that this will bring significant improvements in bed availability for next winter.

This Trust was also questioned in IT resilience in view of the previous weekend's ransom ware attack on health trusts. Officers confirmed that this Trust had not been directly affected and that it was "business as usual". Microsoft patches for NHS systems had previously been installed and a lot of work had been done to improve IT resilience. Indirectly, however, the Trust was affected by the need to divert some patients from other hospitals which had been affected by the attack, leading to a rise in the number of cases during the previous weekend.

Members questioned officers regarding pressure ulcers and training to help home carers take appropriate steps to prevent these from developing and thus necessitating a hospital admission. Officers stated that pressure ulcers were not a common cause of attendance at A&E but monitored skin integrity carefully for any patient admitted to hospital. Members observed that good prevention work had previously been carried out with nursing homes and stressed the need for further work in the community to prevent the incidence of pressure sores.

Members discussed the new A&E facilities. Officers announced that the resuscitation unit was due to open by end May, with 6 adult beds and 2 children's beds, up from 4 adult beds and 1 child's bed. The new A&E department would be much larger, with an increase in the number of stations, providing patients with greater dignity and privacy. Officers also pointed out that this brand new unit should increase staff working conditions and satisfaction.

Members commented that they were pleased with the improvements brought about across a number of areas and with officers' positive responses to members' questions.

The Chair thanked officers for their presentation and answers to Members' questions.

The Sub-Committee unanimously agreed the following comments, to be included in the final version of the Trust's Quality Account:

1. Members welcomed the progress made by the Trust in making significant improvements to the quality of their services
2. Members also expressed their appreciation of the Trust's commitment to engagement from patients, carers and staff
3. Members expressed concerns, however, regarding the level of detail regarding complaints statistics: in future, they would value additional figures measuring customer satisfaction at the Trust's responses, and the number of complaints which have been escalated due to complainants' dissatisfaction at the Trust's responses
4. Members welcomed the openness of officers in disclosing that there had been a significant rise in individuals presenting at A&E in Croydon with mental health issues but with no
5. previous history of these conditions. They requested that the Trust conduct further work to identify the causes of this trend and work with South London and Maudsley NHS Foundation Trust to find sustainable ways of addressing these patients' needs. Members welcomed the fact that the A&E delivery board included a mental health subgroup and supported the Trust's aim to employ a 24 hour mental health liaison officer in A&E.
6. Members were disappointed that the very good work previously carried out in the borough and particularly with nursing homes to reduce pressure ulcers had been discontinued, leading to a 12.5% increase in avoidable hospital admissions from 2015-16 to 2016-17. They urged the Trust to resume this work with relevant partners e.g. nursing homes and home carers to raise awareness of the risks, help prevent this condition and thus reduce avoidable pressures on hospital beds.

A37/17 **[The following motion is to be moved and seconded as the "camera resolution" where it is proposed to move into part B of a meeting]**

MINUTES - PART B

None

The meeting ended at 9.19pm.

For general release

REPORT TO:	**HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE** **18 JULY 2017**
AGENDA ITEM:	**7**
SUBJECT:	**COMMITTEE MEMBERSHIP**
LEAD OFFICER:	**Jacqueline Harris-Baker, Director of Law and Monitoring Officer**
CABINET MEMBER:	**Not applicable**

ORIGIN OF ITEM:	To confirm the nominations of appointments to the Health and Social Care Scrutiny Sub-Committee made at full Council on 22 May 2017.
BRIEF FOR THE COMMITTEE:	To note the nominations of appointments to the Health and Social Care Scrutiny Sub-Committee.

1. EXECUTIVE SUMMARY

This report confirms the nominations of appointments to the Health and Social Care Scrutiny Sub-Committee made at the Council meeting on 22 May 2017.

2. COMMITTEE MEMBERSHIP

Majority group members:
Carole Bonner
Kathy Bee
Sean Fitzsimons
Andrew Pelling

Minority group members:
Andy Stranack
Margaret Mead

Reserves:
Pat Clouder
Bernadette Khan
Sherwan Chowdhury
David Wood

Reserves:
Sue Bennett
Steve Hollands

Co-opted Members:
Gary Hickey
(Healthwatch co-optee)

3. RECOMMENDATION TO THE HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

3.1 To note the nominations of appointments to the Sub-Committee.

CONTACT OFFICER: Ilona Kytomaa
Members' Services Manager

BACKGROUND DOCUMENTS: None

REPORT TO:	**Health and Social Care Scrutiny Sub-Committee 18 July 2017**
AGENDA ITEM:	**8**
SUBJECT:	**Suicide prevention and self-harm reduction plan**
LEAD OFFICER:	**Rachel Flowers, Director of Public Health**
CABINET MEMBER:	**Councillor Louisa Woodley Cabinet Member for Families, Health and Social Care**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Jack Bedeman Consultant in Public Health**

ORIGIN OF ITEM:	This item is contained in the sub-committee's agreed work programme.
BRIEF FOR THE COMMITTEE:	To carry out pre-decision scrutiny of Croydon's suicide prevention and self-harm reduction plan

EXECUTIVE SUMMARY

1.1. This report updates the Sub-Committee on the progress of the development of Croydon's Suicide and Self-harm prevention action plan 2017-21.

1.2. This work has been developed within a multi-agency Suicide & Self-Harm Prevention Group that includes a range of statutory and voluntary agencies to ensure that the plan represents the collective priorities of local agencies and will have the biggest positive impact on the health of the people of Croydon and reduce the number of people who kill themselves, or try, and self-harm.

1.3. The plan will be informed by national and local data provided by the Suicide and Self-Harm Data Group (a specialist data group comprising National Health Service (NHS) and local authority officers, formed earlier in 2017 to help inform the action plan), and overseen by the Suicide Prevention Group which will take ownership and deliver the plan.

1.4. The action plan being developed will be treated as a 'live' document that will be reviewed annually by the Prevention Group to ensure it reflects populations' needs, is informed by the latest evidence, intelligence and policy, and captures all partner's collaborative efforts to address self-harm and suicide in Croydon. The plan itself will focus on addressing higher risks of self-harm and/or suicide among specific vulnerable population groups (including middle-aged men,

children and young people, ethnic minority groups and migrants), and a set of high level priorities, actions, and recommendations for the next 4 years.

1.5. An initial plan is expected to be completed in September 2017, and the final Suicide Prevention and Self-Harm Reduction Action Plan will be presented to Cabinet in November 2018.

2. BACKGROUND

National Context

2.1. About 1 in 3 people who self-harm for the first time will do it again during the following year, and about 3 in 100 who self-harm over 15 years will actually kill themselves. This is more than 50 times the rate for people who do not self-harm; and the risk increases with age, being greater in men. Implementing strategies to prevent and support people at-risk of self-harm are therefore fundamental, and locally it has been agreed that the suicide prevention plan can helpfully be broadened in scope to include consideration of actions that will reduce self-harm as well as suicide.

2.2. Self-harm can happen at any age, with around 1 in 10 young people self-harming at some point. As prevalence of self-harm is based on surveys from people admitted to hospital after an event, it is likely that research under-estimates how common self-harm is; this is because many people do not seek help after self-harm. Young women, prisoners, asylum seekers, veterans of the armed forces, lesbian, gay, bisexual, trans, intergender people(LGBTI) and people who have experienced physical, emotional or sexual abuse during childhood are more likely to self-harm. Equally, having a friend who self-harm increases the probability that other young people do the same.

2.3. Every day in England around 13 people take their own lives[1], affecting not only close family but also the wider community. In fact, for every person who dies, between 6 and 60 are thought to be directly affected.[2] The economic impact associated to every suicide is estimated to be nearly £1.7 million which accounts for loss in productivity, caring for those left behind and more.[3]

2.4. Following a consistent downwards trend in suicide rates in the UK since 1980, this has reversed in the last ten years possibly due to the economic downturn although it is difficult to determine. Suicide rates rose from 10.0 deaths per 100,000 population in 2007 to 11.1 deaths per 100,000 in 2013.[4] In 2014, the suicide rate was 10.8 deaths per 100,000 population. The male suicide rate was more than 3 times higher than the female rate, with 16.8 male deaths per 100,000 compared with 5.2 female deaths[5].

2.5. To tackle this issue, a national strategy (*Preventing suicide in England: A cross-government outcomes strategy to save lives (2012)*) has been

[1] Local suicide prevention planning. A practice resource. PHE: London, October 2016.
[2] Suicide prevention. A guide for Local Authorities. LGA: London, February 2017
[3] Suicide prevention. A guide for Local Authorities. LGA: London, February 2017
[4] Suicides in the UK: 2014 registrations. ONS
[5] Suicides in the UK: 2014 registrations. ONS

developed, setting the national ambitions to reduce the suicide rate in the general population in England, and provide better support for those bereaved or affected by suicide. Building on this, NHS England's Five Year Forward View for Mental Health[6] set the ambition that by the end of the decade, the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels.

2.6. The national strategy suggests the mechanism through which to achieve these ambitions is through the development of suicide prevention action plans and strategies, with an aspiration for these to be in place in every local area by the end of 2017. Recent Public Health England (PHE) guidance states that '*responsibility for the suicide prevention action plan and strategy usually lies with local government through health and wellbeing boards*'[7].

2.7. NHS England requires all Clinical Commissioning Groups (CCGs) to fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners. In addition, the requirements for the end of the decade include "*implement a suicide reduction plan together with local government and other local partners that reduces suicide*". Local suicide prevention plans should agree indicative targets and trajectories for the reduction in suicides, to support transparency and monitoring locally over the period.

2.8. £25 million is being made available over this period to support suicide prevention specifically; the additional funding is to be held centrally and is expected to be allocated to CCGs and their partners from 2018/19, in line with the activity and actions agreed in local suicide prevention plans and further developmental work undertaken at a national level. Further information on the approach to allocation will be provided later in 2017/18.

Local Context

2.9. The latest PHE fingertips data profile on suicide showed that there were 77 suicides in Croydon between 2013 and 2015; 58 suicides were by males and 19 were by females. Croydon has a lower rates of suicide than the London and England averages. However, the number of suicides in the borough has been on the rise since 2008; this is in line with the national trend. It should also be noted that there is strong anecdotal evidence that not all people who kill themselves are identified as suicides in the final death documentation.

2.10. Currently there is no multi-agency borough-wide suicide prevention plan in place. There are a range of initiatives such as; South London and the Maudsley NHS Trust (SLaM) conduct formal reviews of local suicides. Croydon CCG is currently developing a Self-Harm Strategy for Children and Young People. Croydon Council have their Public Health team working with Network Rail and transport partners to understand patterns of attempted and completed suicides at local train stations, the Samaritans and MIND also have a range of work around this area. It is envisaged that the Croydon Suicide and Self-harm

[6] NHS England's Five Year Forward View for Mental Health

[7] Local suicide prevention planning. A practice resource. PHE: London, October 2016.

prevention plan will bring together all existing streams of work and enable partners to work together on this agenda.

3. RATIONALE AND SCOPE DESCRIPTION

3.1. The ambition is to produce a suicide and self-harm prevention action plan for Croydon, with accompanying strategy statement, owned and delivered by multiple agencies in the borough, thereby meeting the national expectations to have one in place in 2017.

3.2. The action plan will cover a 4 year period (2017-2021), and will be developed in line with recent PHE suicide action planning guidance. The action plan will be informed by a local suicide audit and PHE fingertips data profile, to understand local needs, and will set out how a 10% reduction in suicides will be achieved in the timeframe.

3.3. The action plan will be overseen by a new multi-agency Suicide & Self-Harm Prevention Group and supported by a Suicide & Self-Harm Data Group (who will be responsible for reviewing and updating the local suicide audits that inform the plan).

4. SCOPING AND CONSULTATION

4.1. A Suicide and Self-Harm Data Group comprising partners from the council and other external agencies has been established. Several meetings have taken place between March and June 2017 to draw on intelligence and develop data sharing protocols to inform the plan.

4.2. A Suicide Prevention Group bringing together partners from council and other external agencies has also been established. This multi-agency partnership includes officers from Croydon Council including Public health, Adult and Children Social care, Gateway, and representatives from Croydon CCG, British Transport Police, National Rail,, the Voluntary and Community Sector (including Samaritans, MIND), Croydon University Hospital, SLaM, Metropolitan Police.

4.3. A planning workshop took place on 20 June 2017 at the Croydon Conference Centre. The event was attended by delegates representing organisations across the borough. This was an opportunity to discuss high level priorities, and feedback from the session will inform and shape the final action plan and strategy.

4.4. Work is in progress to align the strategy and action plan with other local strategic work streams, including:

a. Children's Self-harm strategy (led by CCG)
b. Local transformation plan for children and young people (led by CCG)
c. Integrated mental health strategy (led by Croydon Council and Croydon CCG)
d. Drugs and alcohol transformation (led by Croydon Council)

e. Workplace health and wellbeing (led by Croydon Council)
f. Regeneration (led by Croydon Council)

4.5. Croydon Council and the Samaritans, in partnership with local organisations, hosted a wellbeing event in the town centre on Saturday 1st July 2017. This was part of Samaritans' *'We Listen'* campaign which aims to raise awareness of the support available for those who aren't coping and may need some extra help.

4.6. The draft proposal will be presented at Croydon's Health and Social Care Scrutiny on 18th July to allow the Scrutiny Committee scrutinize the development of the strategy so far.

4.7. South-West London Suicide Prevention leads met on Friday 16th June 2017 to discuss a collaborative approach to develop a regional plan for South West London Suicide and Self-Harm and Prevention Plan Strategy.

5. NEXT STEPS

5.1. A second planning workshop to discuss the action plan's priorities is planned for the summer, thereby assuring the Suicide Prevention Plan is inclusive, and informed and shaped by both professionals and the community.

5.2. A final draft of the Suicide and Self-harm Prevention Action Plan, incorporating the evidence-based gathered and feedback from workshops, will be circulated among the data and prevention group for comments in September.

5.3. The final Suicide and Self-harm Prevention Action Plan will be presented to Cabinet in November 2017.

5.4. South-West London Suicide Prevention leads will meet to progress on the collaborative approach to Suicide Prevention.

CONTACT OFFICER: Jack Bedeman, Consultant in Public Health

BACKGROUND DOCUMENTS: None

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Suicide Prevention & Self-Harm – Introduction and Context

Introduction

- Structure of the day
  - What we know so far
  - Group activities
    - What do we want to achieve?
    - Developing key strands of our strategy
- Use of pin boards
  - Who is missing?
  - What data sets can we draw on?
- Future meetings
  - Finalising the plan – by September 2017
  - Strengthening bereavement support

Task for local areas

- Develop multi-agency suicide prevention plan in 2017
- Plans to cover 2017-2020 period
- Plans to cover 6 national areas for action, alongside local priorities
- Local data groups to establish data collection methods and complete suicide prevention audits

6 areas for action – national strategy

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

National Context – things everyone should know

- Suicides take a high toll
- There are specific groups of people at higher risk of suicide
- There are specific factors that increase the risk of suicide
- Preventing suicide is achievable
- Suicide is everybody's business

Key findings – suicide audit 2002-2010

- Male
  - Though women in Croydon are marginally more likely to kill themselves when compared to women across England.
- Age 20-45
  - Likely to be slightly older than national average (under 35)
- Live in more deprived area
- Has or had a diagnosis of mental illness
- May have additional life stressor such as relationship breakdown, financial worries or chronic physical health
- Likely to kill themselves either by hanging or self-poisoning.

Suicide Prevention Profile – Key Messages

Craig Ferguson

June 2017

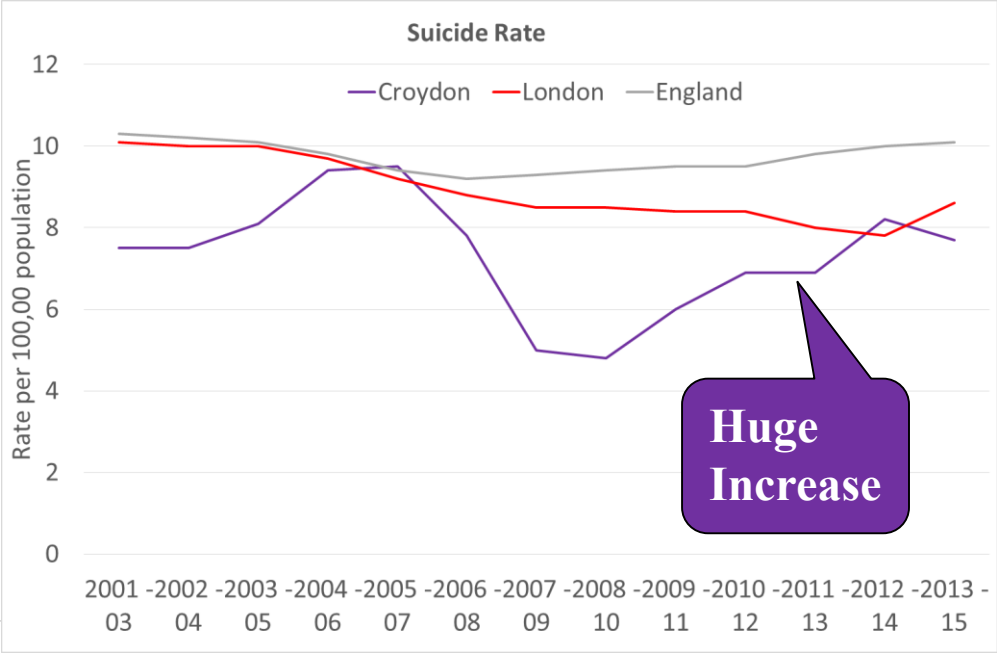
Delivering for Croydon | CROYDON www.croydon.gov.uk

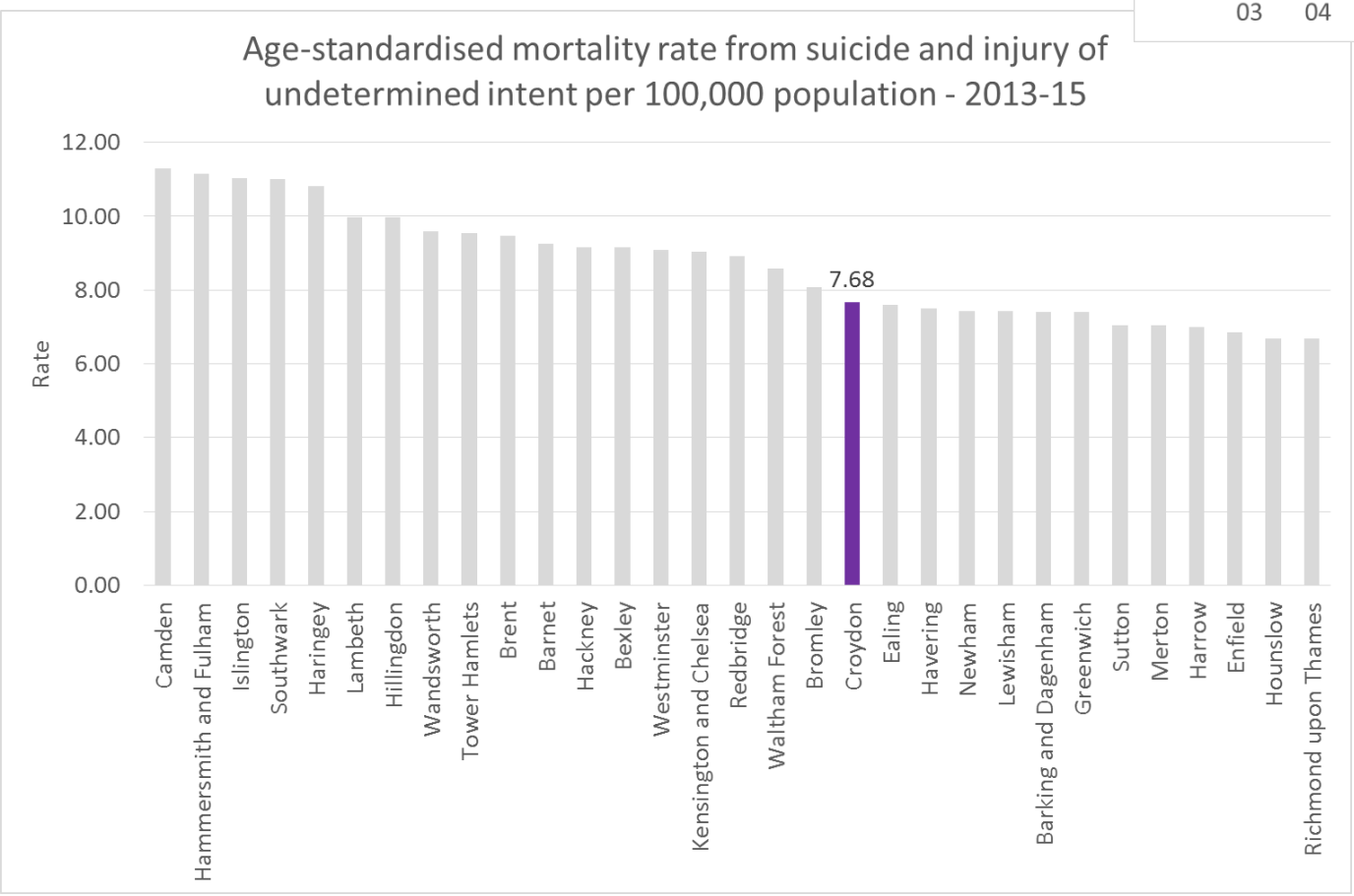
PHE suicide prevention profile

- **Suicide Data**
- **Related Risk Factors**
- **Related Service Contacts**

Croydon Suicide Prevention Profile

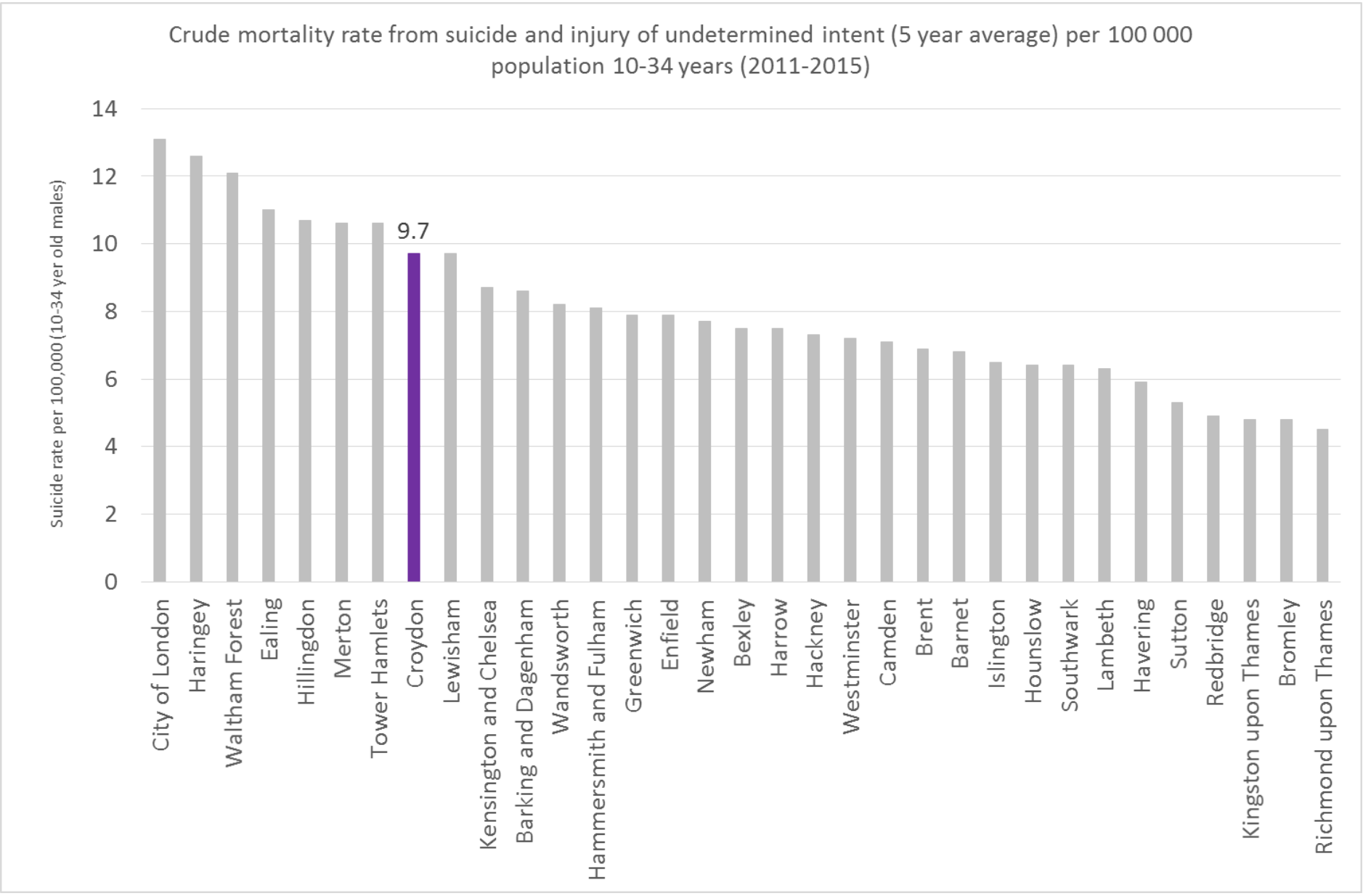
13th lowest Suicide rate – however it has increased since 2008-10





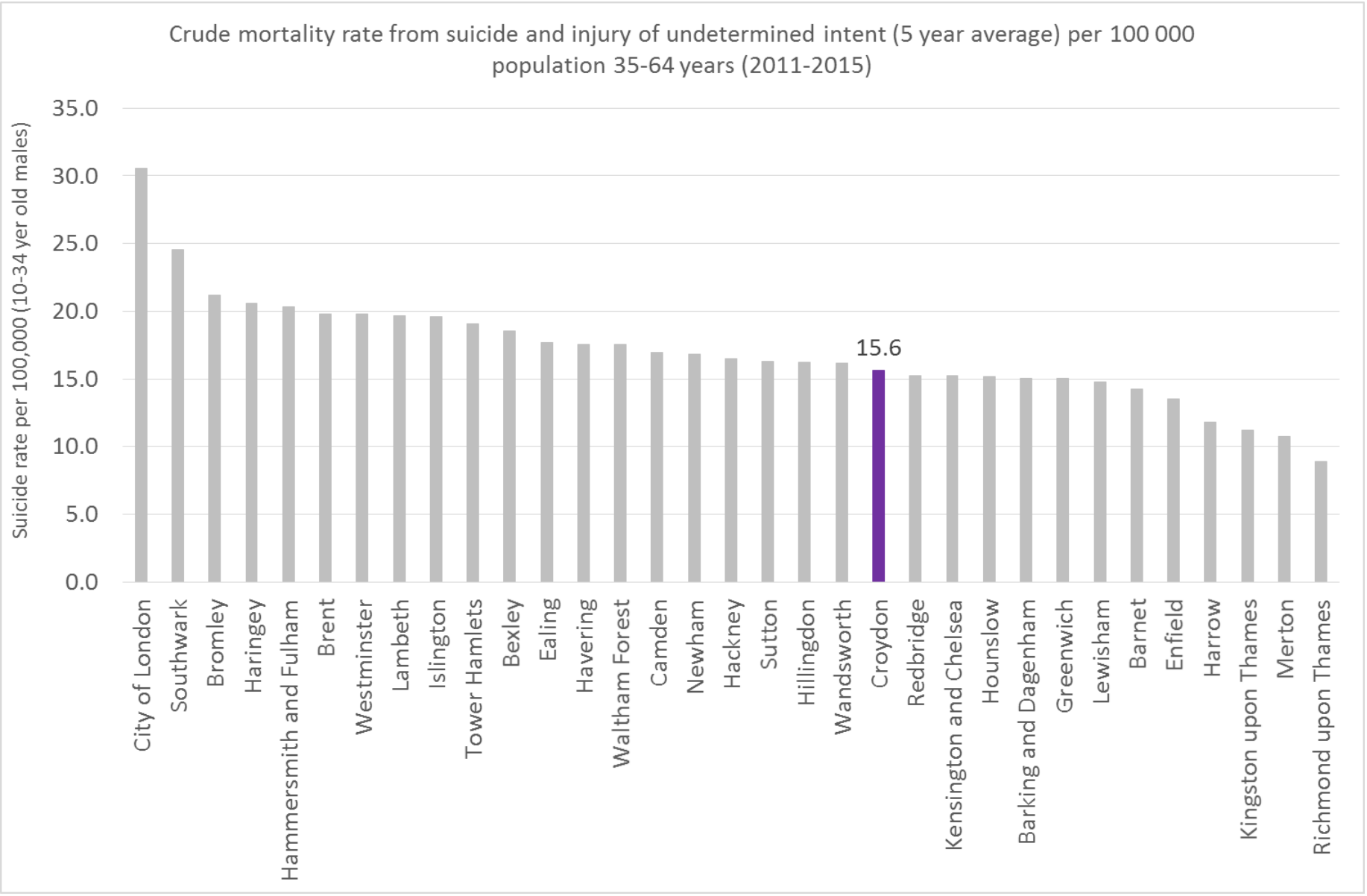
77 suicides in Croydon between 2013-15

8th highest suicide rate for young males



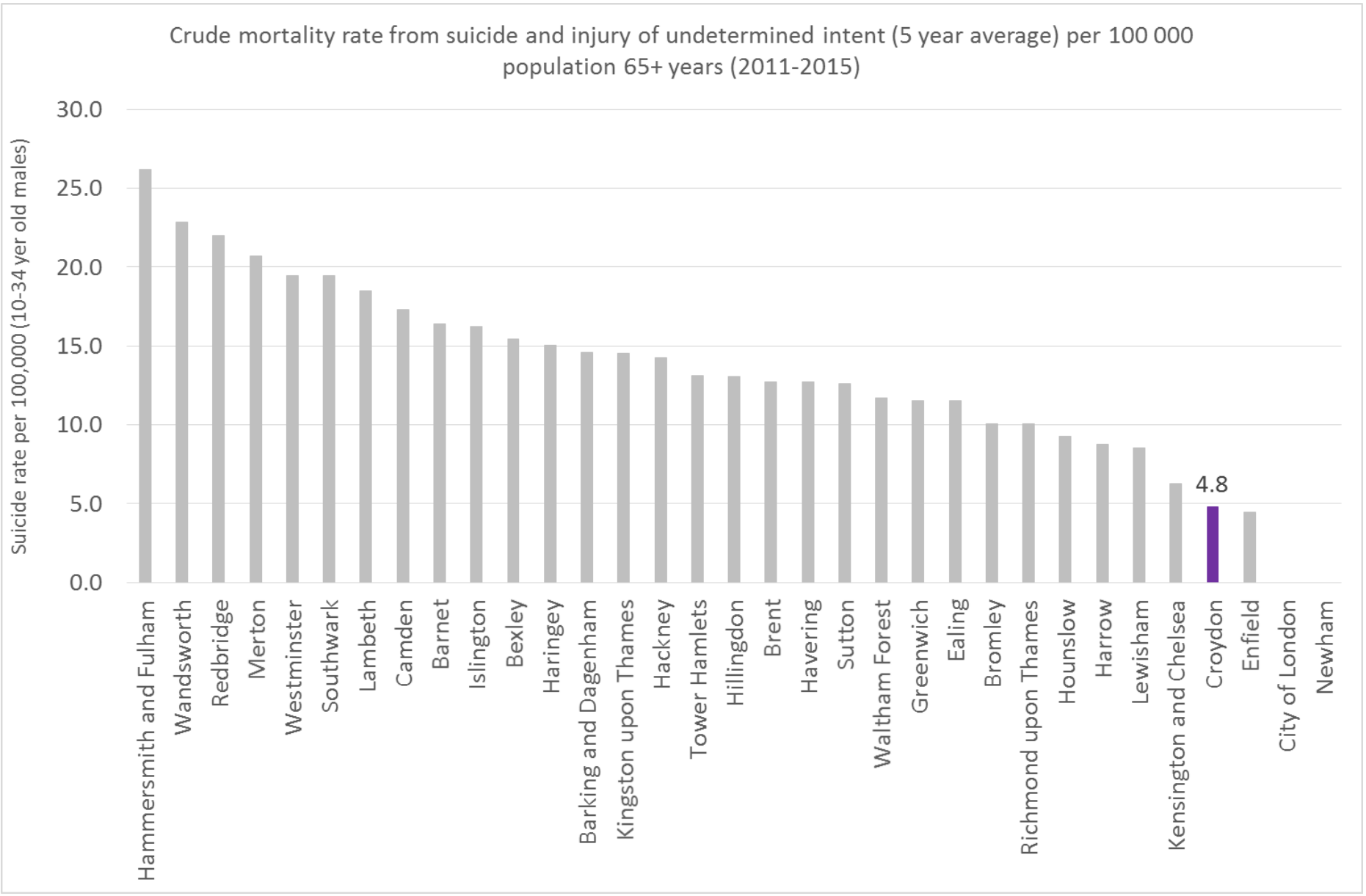
30 male (10-34 year old) suicides in Croydon between 2011-15

13th lowest suicide rate for 35-64 males



55 male (35-64 year old) suicides in Croydon between 2011-15

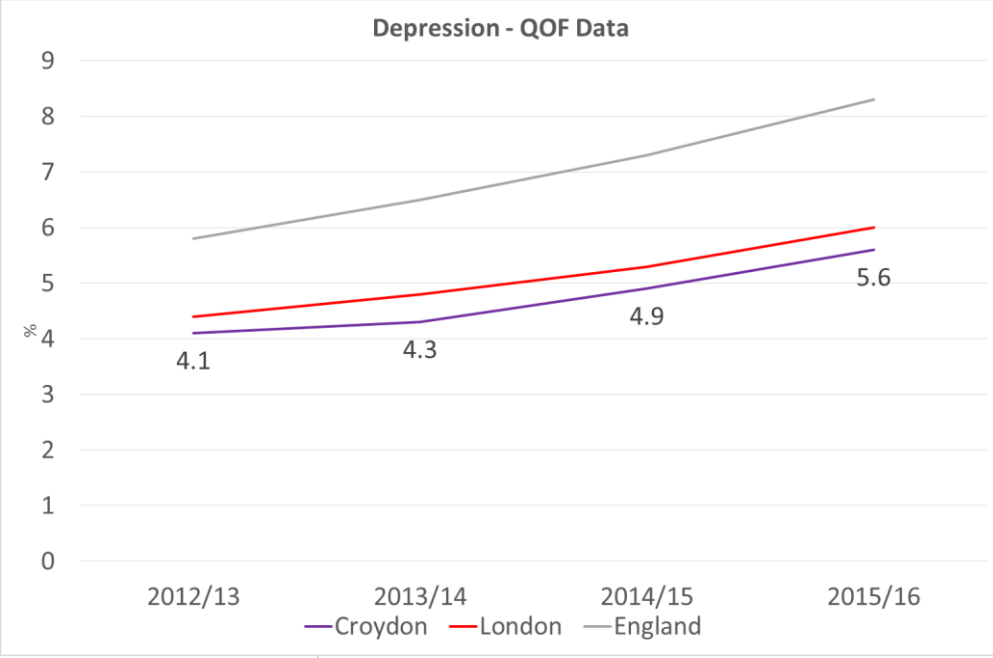
2nd lowest suicide rate for 65+ males

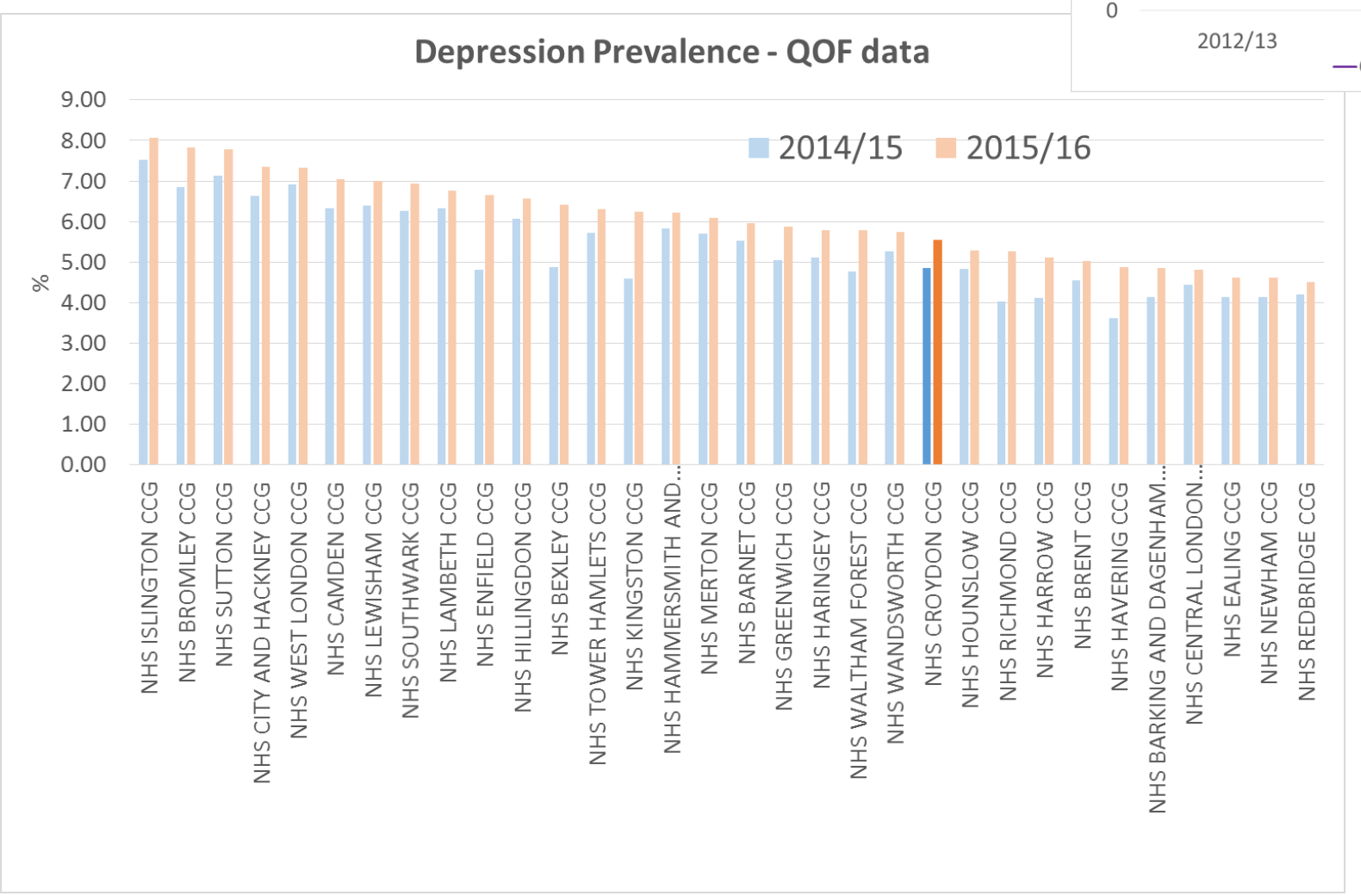


5 male (65+ year old) suicides in Croydon between 2011-15

17,193 people registered with a Croydon GP are diagnosed with Depression (2015/16)

This is **5.6%** of the GP register





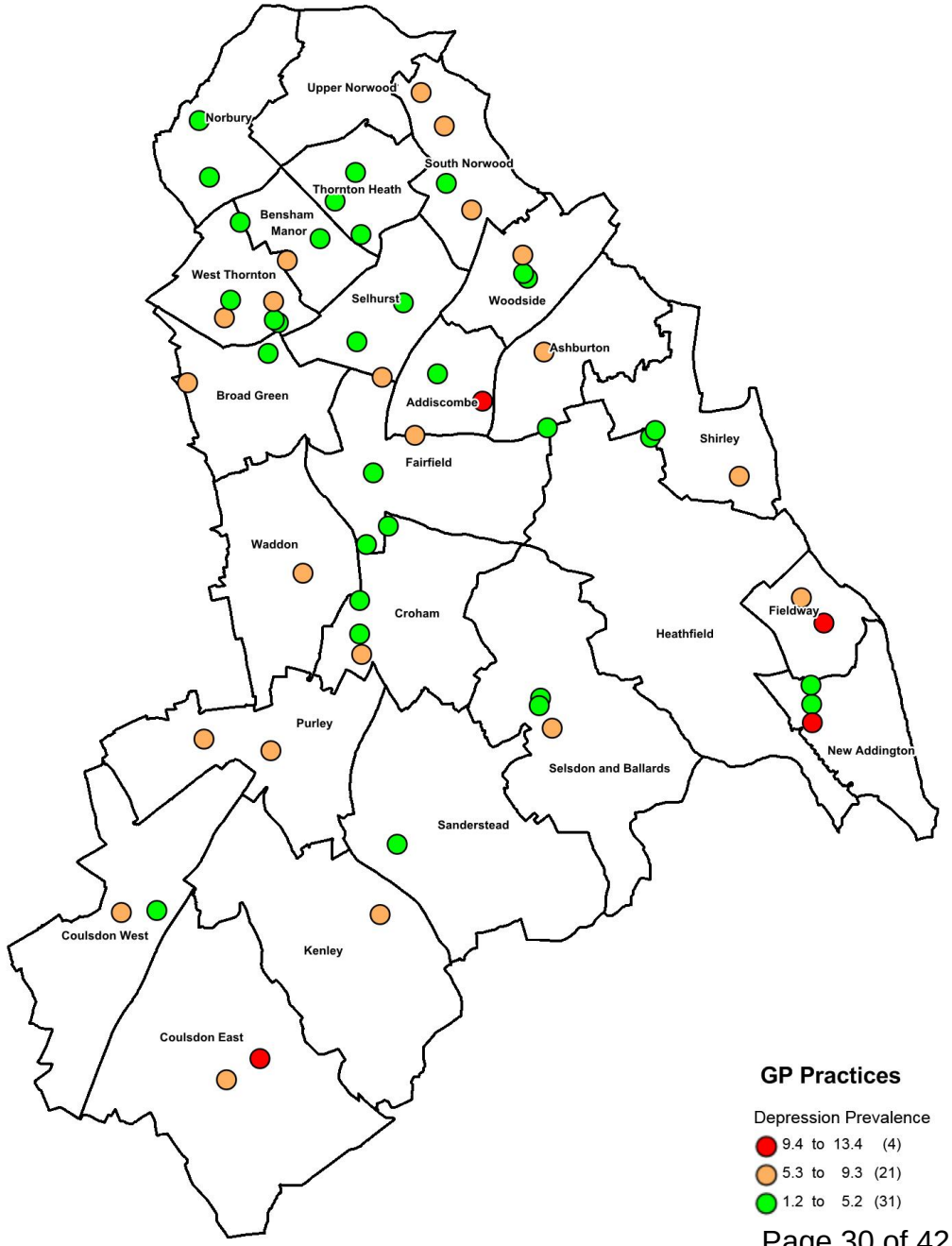
Croydon has the **11th lowest** rate in London

The trend increase follows a similar pattern to the London average

The 3 GP practices with the highest rate of diagnosed Depression are:

- Headley Drive Surgery (13.36%)
- Old Coulsdon Medical Practice (11.07%)
- Parkway Health Centre (10.49%)

% of QOF recorded cases of people with Depression registered with GP practices (2015/16)



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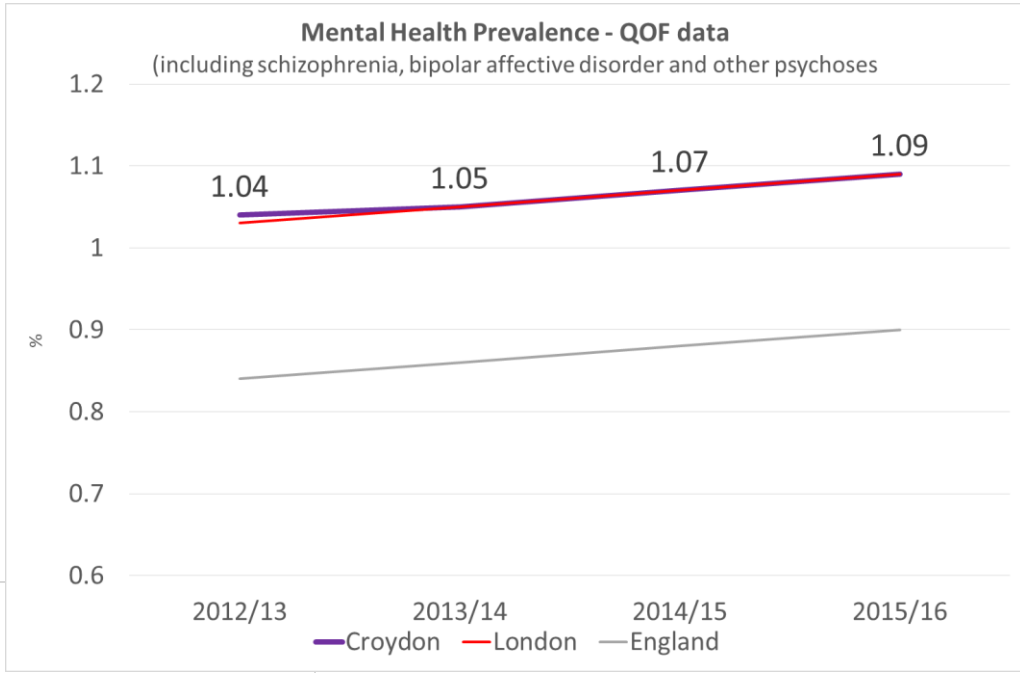
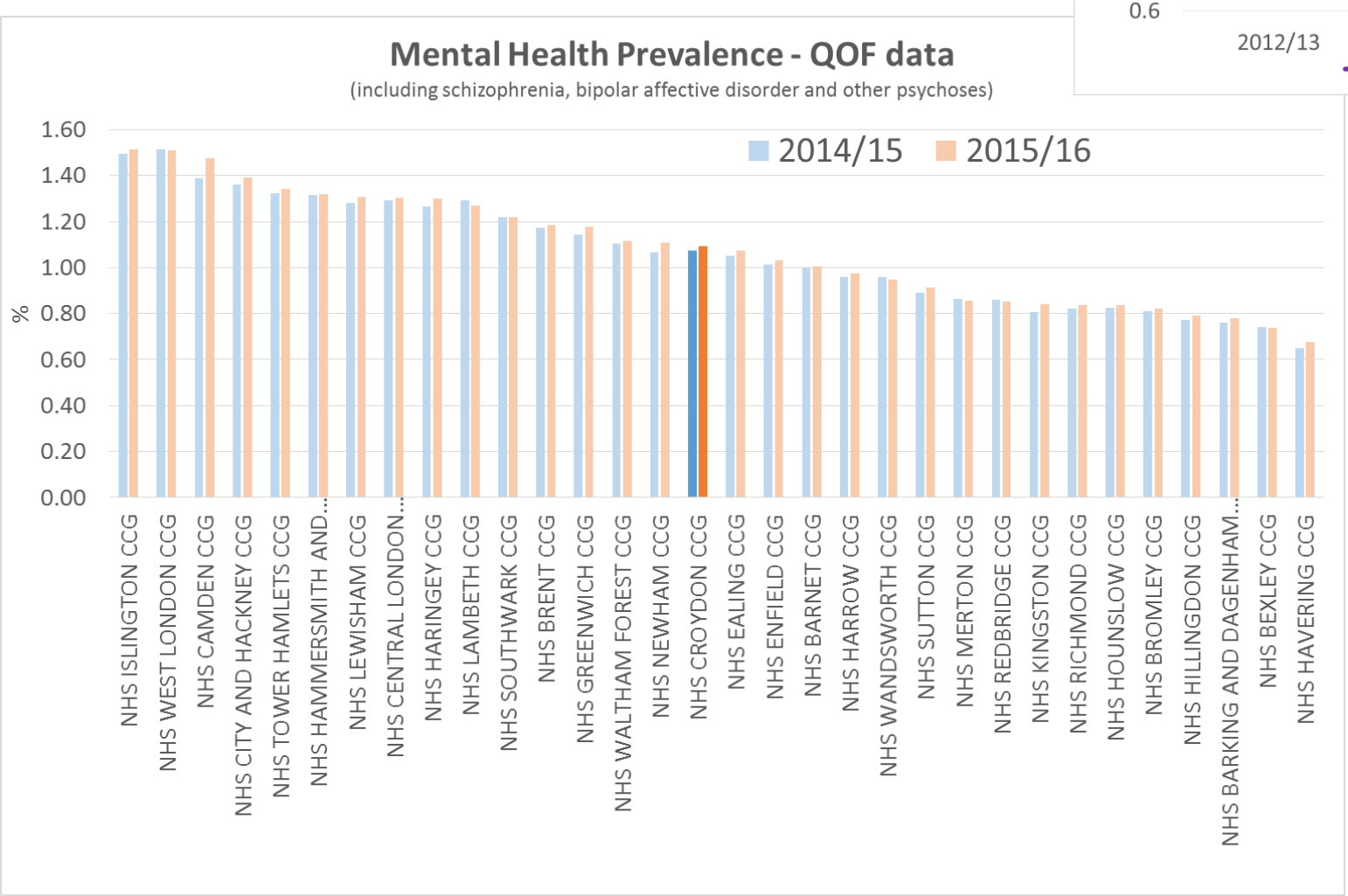
4,390 people registered with a Croydon GP are diagnosed with Mental Health issues including schizophrenia, bipolar affective disorder and other psychoses (2015/16)

This is **1.09%** of the GP register





Croydon has the

16th highest

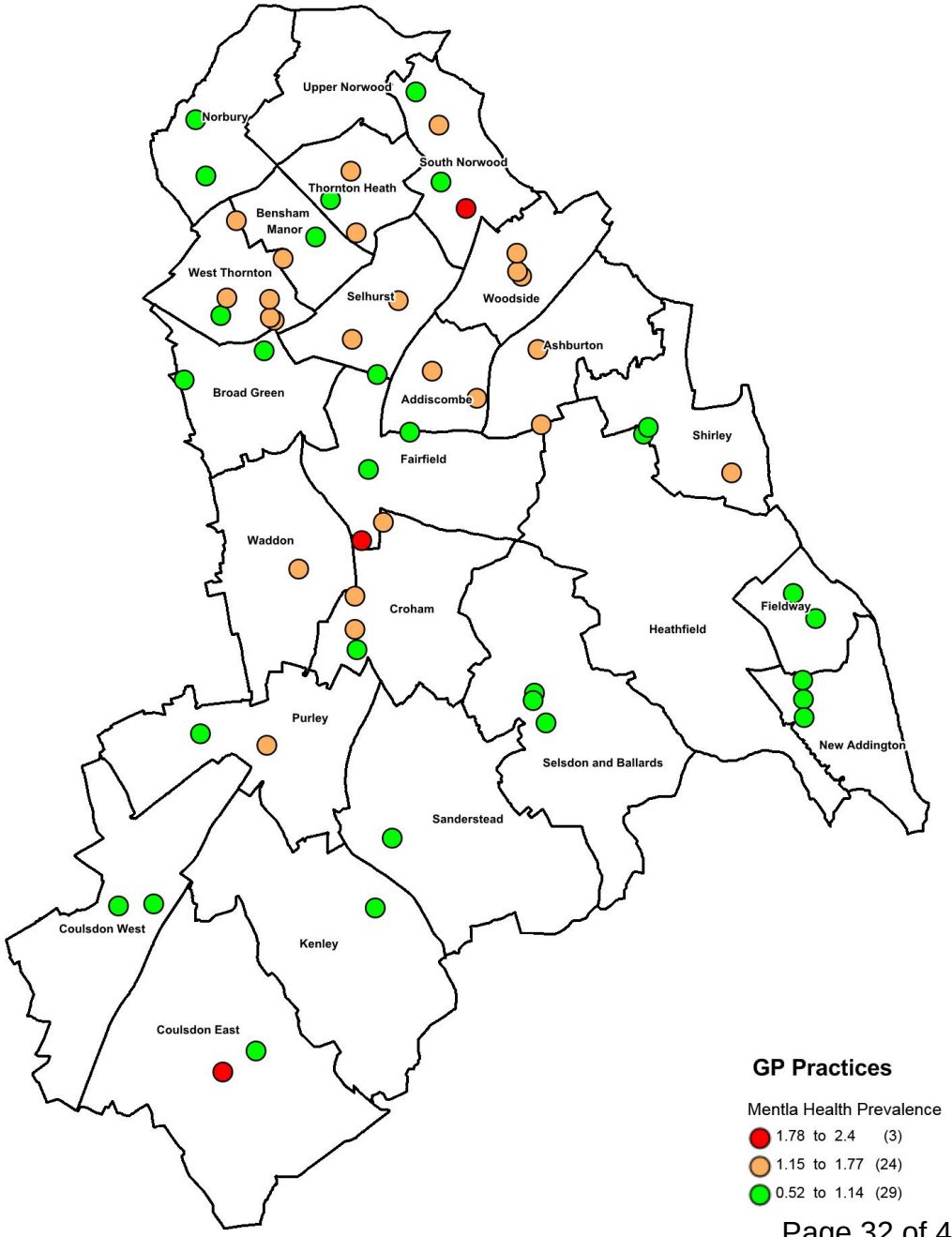
rate in London

The Mental Health proportion trend in Croydon is exactly the same as London over the last 3 years

The 3 GP practices with the highest rate of Mental Health issues including schizophrenia, bipolar affective disorder and other psychoses are:

- Heathfield Surgery (2.39%)
- Dr D P K Srivastava and Partners (1.98%)
- Downland Surgery (1.93%)

% of QOF recorded cases of people with Mental Health issues including schizophrenia, biopolar affective disorder and other psychoses registered with GP practices (2015/16)



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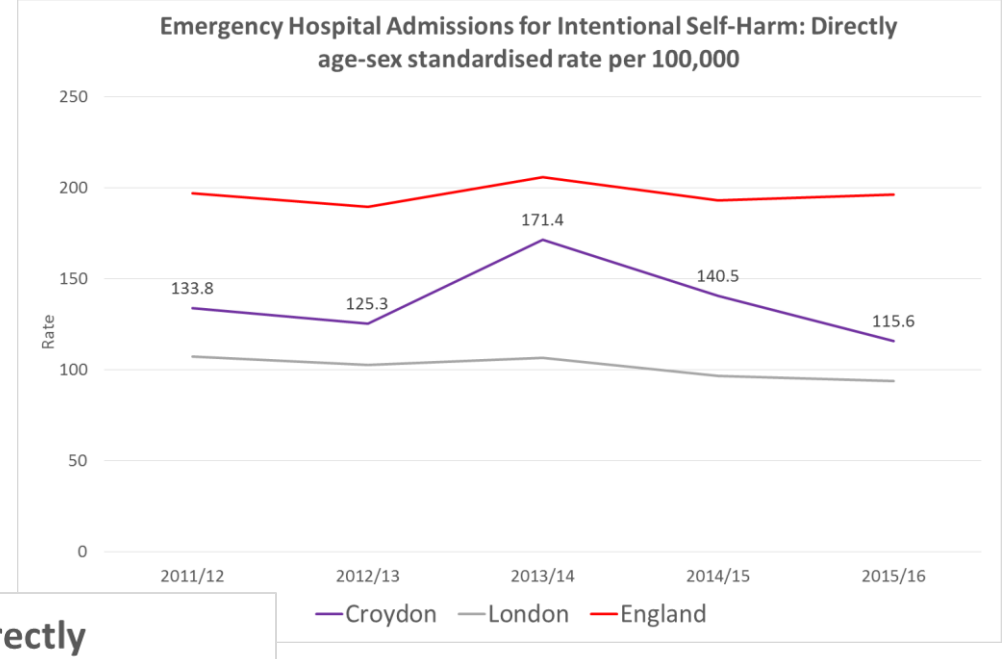
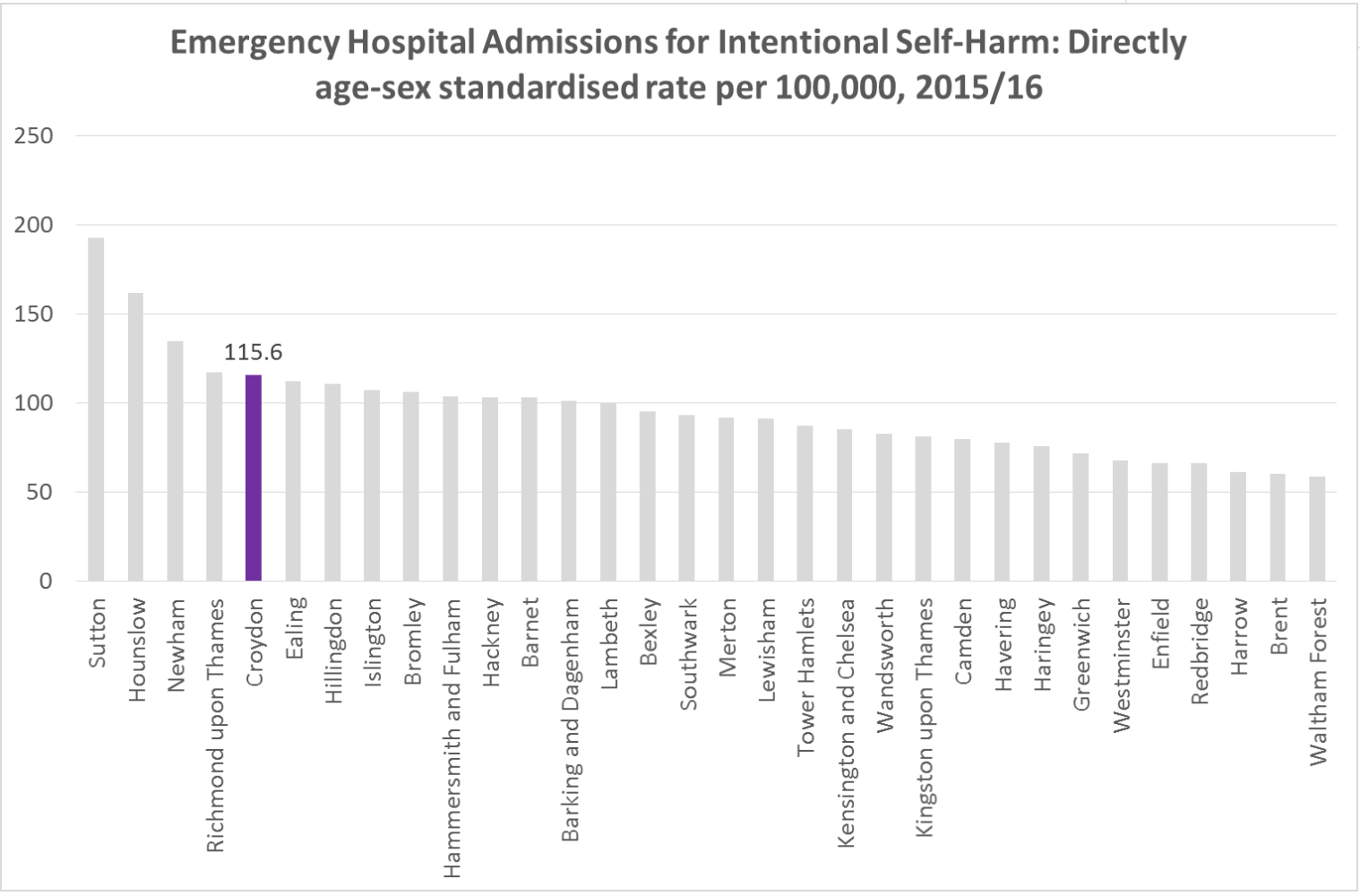
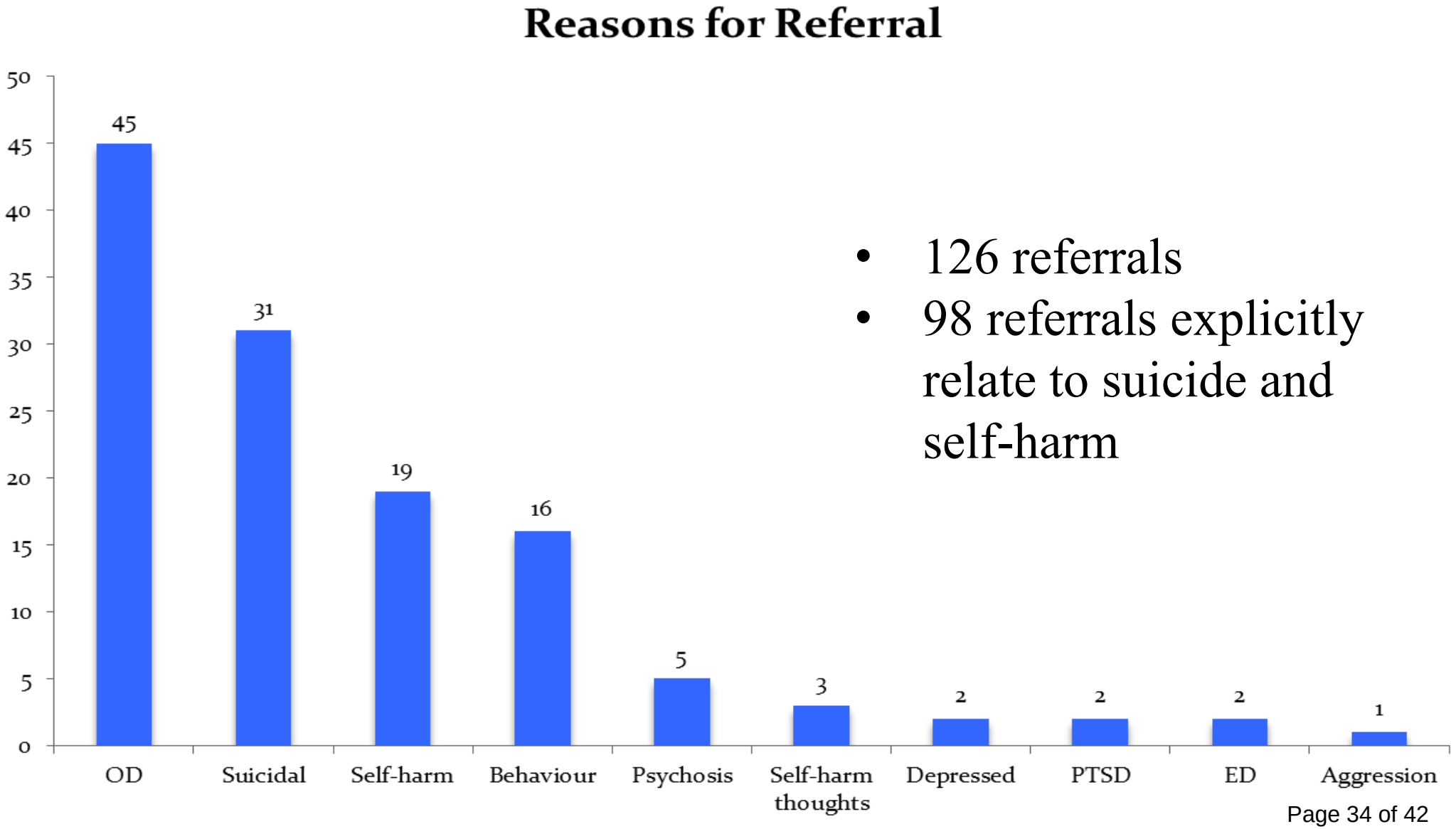
5th highest hospital admission rate for self harm





Referrals to CAMHS Crisis Team (Jan- April 2017)



- 126 referrals
- 98 referrals explicitly relate to suicide and self-harm

What works? Case Study Examples

- Kent: targeting middle-aged men with a marketing campaign
- Brighton & Hove: patrolling high-risk areas Warwickshire: training GPs to help prevent suicides
- Leeds: supporting those bereaved by suicide
- Torbay: getting barbers to help young men

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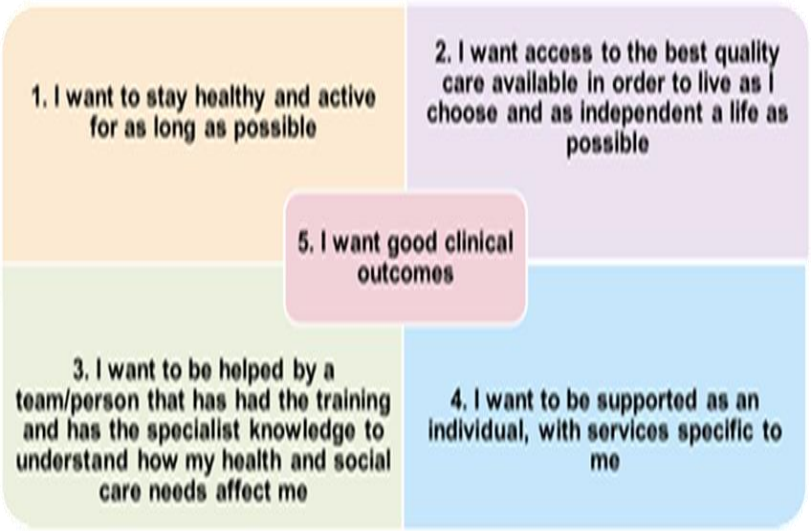
REPORT TO:	**Health and Social Care Scrutiny Sub-Committee 18 July 2017**
AGENDA ITEM:	**9**
SUBJECT:	**Progress report: Outcomes Based Commissioning for Over 65s Alliance**
LEAD OFFICER:	**Barbara Peacock – Executive Director of People Croydon Council** **Andrew Eyres – CCG Chief Officer**
CABINET MEMBER:	**Councillor Hall, Cabinet Member for Finance and Treasury and Councillor Woodley, Cabinet Member for Families, Health and Social Care**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Rachel Soni – Alliance Programme Director**

ORIGIN OF ITEM:	This item is contained in the sub-committee's agreed work programme.
BRIEF FOR THE COMMITTEE:	To comment on progress with the implementation of the Alliance for over 65s

1. EXECUTIVE SUMMARY

1.1 Health and social care providers and commissioners in Croydon have come together to form the Croydon OBC Alliance to agree a contract for Outcome Based Commissioning (OBC) for over 65s. This Alliance provides a whole system transformation that will deliver the outcomes our over 65s have specified they want in Croydon:



1.2 The Alliance of the six partners (Croydon CCG, Croydon Council, Croydon Health Services, South London and Maudsley NHS Trust, Age UK Croydon and Croydon GP Collaborative) formally commenced in April 2017. The partners entered into a 10 year (1+9) Alliance Agreement and associated in scope Service Contracts. Currently the Alliance in in its first year (Transition Year). The decision to extend to years 2-10 is planned to be taken by all partners in December 2017, following an agreed years 2-10 business case being agreed by all the partners.

1.3 The vision for the Alliance is "for people in Croydon to experience well co-ordinated care and support in the most appropriate setting, which is truly person-centred and helps them to maintain their independence".

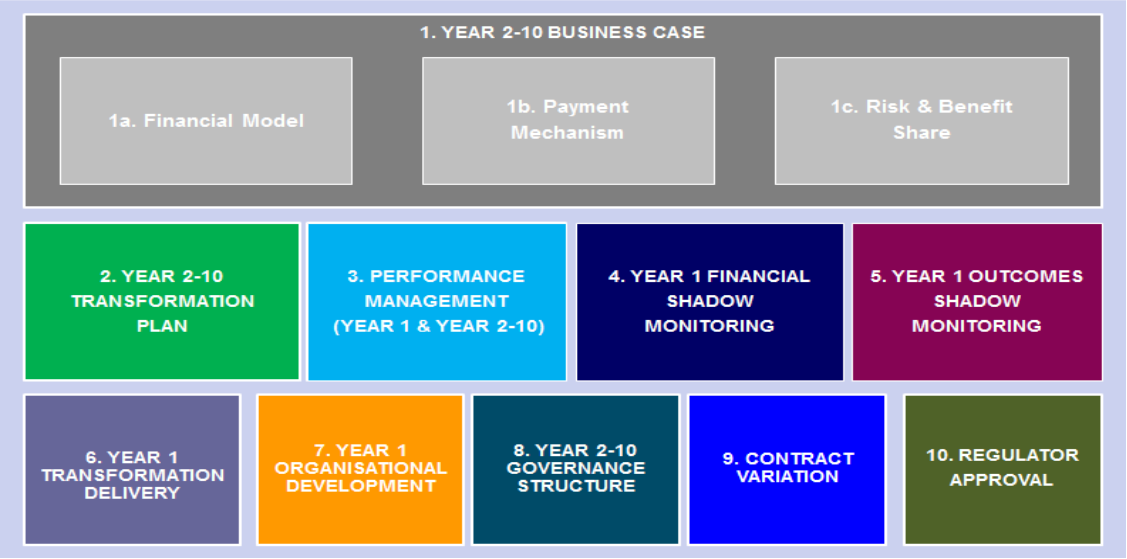
1.4 There are a number of "in scope" service contracts, shown here:

2 Parties	Service(S)	Value
Croydon Council and Croydon Health Services	Occupational Therapy, Hospital Discharge Support and Intermediate Care	£1,661,000
Croydon Council and Age UK Croydon	Information & Advice, Hospital Discharge Support, Healthwise	£539,300
Croydon Council Service Level Agreement: Commissioner -Provider	Adult Social Care Directly Delivered Services, Externally Commissioned Contracts that will be managed by the Council	£42,431,650
Croydon CCG – Croydon Health Services	Acute and Community Health Services	£67,202,000
Croydon CCG – Age UK Croydon	Personal Independence Coordinators (PICs)	£160,000
Croydon CCG – South London and Maudsley MHT	OP Mental Health Services	£6,000,200
Total		**£117,994,150**

2.0 Detail

2.1 **Transition Plan**:

The Alliance is working to a detailed Transition Plan resulting in the sign off of the year 2-10 business case with the following components:



2.2 The following shows the summary content of each of those and the associated milestones to be achieved:

#	Criteria	Summary	Date
1	**Year 2 – 10 Transformation Plan**	Sets out the vision and strategy for transformation in the Croydon health economy over next 10 years detailing how the Alliance will develop and transform services.	End Jul 2017
2	**Performance Management (Year 1 & Year 2-10)**	From contract commencement April 2017, the Performance Management Framework measures Alliance performance informing development of a Year 2-10 Performance Management Model.	26 Oct 2017
3	**Year 1 Financial Shadow Monitoring**	From contract commencement April 2017, Performance Management Framework shadow monitoring Alliance Financial Performance (Capitated).	20 Oct 2017
4	**Year 1 Outcomes Shadow Monitoring**	From contract commencement April 2017, Performance Management Framework shadow monitoring Outcomes delivery informing implementation of outstanding indicators for Year 2-10.	20 Oct 2017
5	**Year 1 Transformation Delivery**	Delivery of existing transformation business cases (Out of Hospital, Planned Care, ICN's and LIFE) during the Transition year.	20 Oct 2017
6	**Year 1 Organisational Development**	Continued delivery of organisational development across the Alliance member organisations.	26 Oct 2017
7	**Year 2-10 Governance Structure**	Evolving the Year 1 Governance Structure for development of and transition to a Year 2-10 Governance Structure.	26 Oct 2017
8	**Year 2-10 Business Case** (Includes Financial Model, Payment Mechanism and Risk & Benefit Share)	Building on the Year 2-10 Transformation Plan, supported by the Financial Model and including Payment Mechanism and Risk Share, the Year 2-10 Business Case determines Alliance members' decision to extend the Alliance for a further 9 years.	26 Oct 2017
9	**Regulator Approval**	Regulators will need to sign-off the Year 2-10 Business Case including the Risk & Benefits Share model for Year 2-10, taking into account the respective financial health of each Alliance member organisation.	18 Oct 2017
10	**Contract Variation**	Alliance Agreement and Service Contracts variation to incorporate Transition year updates including incorporation of the Service Operations Manual (SOM).	15 Dec 2017

2.3 **Governance**:

The Alliance has an agreed governance process, which is aligned to the Sustainable Transformation Partnership (whole population) governance. There is an Alliance Board of Chief Officers with a Programme Delivery Board reporting to it, to which the workstreams report into, supported by a Programme Management Office. Each organisation reports to its governing bodies, boards and Cabinet as appropriate for formal decisions. During transition this governance will be reviewed and iterated to ensure it is fit for purpose for the full term of the contract.

2.4 **Transformation and Models of Care**:

The Alliance has two main components of transformation:

- Year 1 Transformation Delivery, and
- Years 2-10 Transformation Plan.

2.5 Year 1 Transformation Delivery:

2.5.1 Good progress continues to be made in delivering the new models of care which now form two main schemes, flowing from the agreed Out of Hospital Business Case signed off by the Alliance Board on 15th June.

1.5.2 Integrated Community Networks:

Establishment of 6 Integrated Community Networks (ICNs) building on the current 6 GP network model serving 52-90k population range. Projects include:

- Core ICN Team Multi-Agency Working, including "Huddles"; 6 Huddles have now started in the Mayday network and are currently progressing along with the approval of the Information Sharing Agreement
- Personal Independence Coordinators (PICs) are now working at 11 practices in Mayday and Selsdon/New Addington networks with 138 people referred to the PIC service to date
- Complex Care Support Team: the requirements are being scoped and gap analysis undertaken.
- My Life Plan _ Shared care record for which Co-ordinate my care is being implemented
- Points of Access and Information (PoA&I): two physical and two remote sites have been identified and being progressed.
- Galvanising Community Networks: the model is being developed in partnership with the voluntary and community sector with an engagement event held on 28 June. Workstreams are established to lead this work.

2.5.3 The above models include:

- One dedicated core ICN team surrounding each practice; breakdown of barriers;
- Not just an MDT meeting but a dedicated key worker and care coordinator role;
- Weekly or fortnightly huddles at GP practices
- Additional resources across participating network(s);
- Direct access to complex care support team;
- IT and virtual networking tools; and
- Enhanced network services – point of access and practice community.

2.5.4 Living Independently for Everyone (LIFE)

LIFE will provide integrated step-up and step-down reablement to reduce the need for hospital admissions, improved and speedier hospital discharges and reduced need for care homes placements. The experience for people using these service should be improved outcomes good quality home care that is focused on outcomes and achieving maximum independence as soon as possible.

2.5.5 The future service model will create a new team made up of the existing teams which will stop duplication, increase capacity, enable the sharing of resources and prevent and reduce admissions to acute care.

2.5.6 The optimum service model will to be staffed by nurses, physiotherapists, occupational therapists, social workers, mental health specialists, and reablement workers.

2.5.7 The desired "To Be" service has the following features / benefits:

- Decrease in non-elective hospital admissions;
- Decrease in bed days;
- Increase in smaller domiciliary care package and community reablement
- Increase in wider community interventions;
- A cultural change around the need for domiciliary care;
- A sustainable single system;
- Increased range of entry pathways;
- Unblocking of community and environmental barriers

2.5.8 The recruitment process for integrated teams across the Council and Croydon Health Services has begun and work with the teams, staffing and full design is progressing. The procurement options for the reablement service has been agreed and is commencing and full service design progressing.

2.5.9 The strategic review of equipment, telecare, Careline Plus and telehealth services has completed and a business case is being developed to support phase two of the LIFE model of care.

2.6 Years 2-10 Transformation Plan

2.6.1 The year 2 – 10 Transformation Plan will set out the vision and strategy for transformation in the Croydon health economy in the medium term (2-5 years) and the long term (5 years +), detailing how the Alliance will develop and transform services. It includes:

- Detailed design and delivery of new models of care/service models
- Extensive workforce/service reorganisation
- Major IM&T implementations
- Facility and estates remodelling

2.6.2 It aims to build upon and bring together the raft of transformation activities and plans in play across the Alliance member organisations into a single, coherent strategic artefact.

2.6.3 In the medium term, the Transformation Plan will provide the blueprint for identifying transformation opportunities for consideration as transformation business cases and for ensuring alignment with broader strategic direction (STP etc).

2.6.4 Progress has been made and the approach to transformation and prioritisation has been agreed by the Alliance Board. The transformation planning takes three forms:

- Think Tank – to generate ideas and move them into service design and programme planning

- Strategic Partnerships – how we galvanise investment of resources and expertise from a range of non-alliance partners, including potential investment
- OBC approach – how we ensure a whole systems approach to each transformation workstream taking place in the alliance organisations, ensuring an aligned or integrated delivery approach and governance.

3.0 Next Steps

3.1 The programme team and alliance leads are completing the following for the next Alliance board on 27th July:

- Handover of the 10 year financial model for sign off
- Commencement of risk share and payment mechanism development
- Agree the approach and content of the years 2-10 business case for extension decision in December
- Continue and step up the organisational development work and IM&T workstream
- Recruitment of the all resources for the models of care
- Additional recruitment to programme management office
- Transformation plan first draft.

CONTACT OFFICER: Rachel Soni – Alliance Programme Director

BACKGROUND DOCUMENTS: **None**