

# Scrutiny Health & Social Care Sub- Committee Agenda



To: Councillor Sherwan Chowdhury (Chair)  
Councillor Andy Stranack (Vice-Chair)  
Councillors Pat Clouder, Toni Letts, Andrew Pelling, Scott Roche,  
Gary Hickey and Jamie Audsley

Reserve Members: Jan Buttinger, Patsy Cummings, Stephen Mann,  
Helen Redfern and Callton Young

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 25 September 2018 at 6.30 pm** in **Council Chamber - Town Hall**

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

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www.croydon.gov.uk/meetings  
Monday, 17 September 2018

Members of the public are welcome to attend this meeting.  
If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at [www.croydon.gov.uk/meetings](http://www.croydon.gov.uk/meetings)

## **AGENDA – PART A**

**1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

**2. Minutes of the Previous Meeting (Pages 5 - 12)**

To approve the minutes of the meetings held on 27 March 2018 and 23 April 2018 as an accurate record.

**3. Disclosure of Interests**

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 to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. 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 Democratic Services representative at the start of the meeting. The Chair 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 of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

**5. South London and Maudsley NHS Foundation Trust - CQC Report**

To receive an update from representatives of the South London and Maudsley NHS Foundation Trust on their recent CQC inspection.

**6. Clinical Commissioning Group Update**

To receive a report from the Croydon CCG on their commissioning intentions (report to follow).

**7. Croydon Adults' Safeguarding Board Annual Report 2017-18**  
(Pages 13 - 42)

To review the activity of the Adults' Safeguarding Board April 2017 to March 2018.

**8. Joint Health Overview Scrutiny Committee Update**

Oral Update

**9. Work Programme 2018/19 (Pages 43 - 46)**

To note the work programme for the 2018/19 municipal year.

**10. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder 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 items 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.”

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## Scrutiny Health & Social Care Sub-Committee

Meeting of held on Tuesday, 27 March 2018 at 6.30 pm in Council Chamber, Town Hall,  
Katharine Street, Croydon CR0 1NX

### MINUTES

- Present:** Councillor Carole Bonner (Chair);  
Councillor Andy Stranack (Vice-Chair);  
Councillors Sean Fitzsimons, Margaret Mead and Andrew Pelling
- Also Present:** Councillor Pat Clouder  
Eleanor Bateman (Croydon Borough Lead) SLAM  
James Forrester (Deputy Director) CAMHS  
Stephen Warren (Director of Commissioning) CCG
- Apologies:** Councillor Patsy Cummings gave her apologies, Councillor Pat Clouder was in attendance in her absence.

### PART A

#### 12/18 **Minutes of the Previous Meeting**

The minutes of the meeting held on 16 January 2018 were agreed as an accurate record.

#### 13/18 **Disclosure of Interests**

There were none.

#### 14/18 **Urgent Business (if any)**

There were no items of urgent business.

#### 15/18 **South London and Maudsley NHS Foundation Trust Annual Report**

The Croydon Borough Lead for SLaM presented the annual report to the Sub-Committee which detailed the outcomes of specific themes from the previous year.

The Sub-Committee learned that the Trust had identified priorities from 2017/18 that would remain as ongoing priorities for 2018/19 which included the five year forward view for mental health and funding had been built into the Clinical Commissioning Group (CCG) allocation for 2018/19 to support delivery of the transformation plan.

Commissioning of services to meet the needs of the local population was based on a single system of multiagency working to deliver population based

health outcomes. The Croydon Health and Care Alliance for over 65's was signed initially for 1 year and the SLaM board agreed to the extension of the One Croydon Alliance for years 2-10 to deliver an extensive integrated care .A centralised place of safety suite was opened in January 2017 to meet the needs of patients as identified in the London's section 136 pathway specification in December 2016.

The Sub-Committee further learned that there had been a reduction in SLaM usage of private beds in 2017 and the CCG had also seen a reduction on the number of Croydon patients in private beds.

The focus for the coming year was on increased integration as a result of changes to the borough structure, improvements to workforce development and delivery on identified action plans following the Care Quality Commission (CQC) report and ratings. Priorities also included increased key provision of discharge and community support services.

A Member questioned how the new structure would impact services. Officers responded that the purpose of the new structure was to improve patient care and in looking at best practice for different group of people it was determined that service users would benefit more if supported under one management structure. It was easier from a commissioning perspective as it would result in a clearer pathway of service, with patients getting a better offer. There had been historic difficulties with provision of acute care which was currently managed through different pathways and under the new proposed structure it was anticipated that integration under a single management structure would be advantageous.

The Sub-Committee further learned that following the recent children's Ofsted report the relationship between Child Adolescent Mental Health Service (CAMHS) and children's social care remained strengthened and they continued to work closely and effectively in partnership. It had however become evident that some aspects of partnership working that was easier to combine had become harder as a result of children's social care needing to focus on some other specific areas but CAMH's were aware of the challenges and are able to appropriately support colleagues where possible.

In response to a Member query as to whether changes to the structure meant a potential change to the reporting to Scrutiny, officers stated that future reports would be written by the two people that would manage the borough and the reports would be written from a leadership and management perspective.

In response to a Member question as to the low level of Croydon funding in comparison to the size of the population, officers stated that this was historic. SLaM was on target to meeting parity of esteem despite a 5 year constraint and had set aside £1.2M to be invested in additional services. There was a drive to achieve value for money through reduction of stay in mental health beds and over time the money spent to be reinvested in community services. They were on target to meeting the Improving Access to Psychological

Therapies (IAPT) targets from the 1st of April 2018 and would also meet the national compliance targets for the first time. Partners worked hard to create efficiencies and improve services for patients with mental health.

A Member queried whether there would be a specific formula of allocated funding across the board in line with the growing need of service users. Officers responded that due to the historic nature of the allocation of funds, they had been working to develop a formula but this had proved more complicated than envisaged. There was currently a national programme in place to develop this.

A Member asked where SLAM saw itself within the 4 year forward view for mental health and how they would respond to challenges presented. Officers responded that they would work closely with partners, re prioritise focus and efforts year on year. They were aware of the pressures in the services as well as in pathways and would use additional investment to address areas of risk.

In response to a Member question of how what had been done to address issues of suicide and how preventative work fitted into the suicide strategy, officers explained that services had looked at links to mental health such as physical health in order to ensure services were able to respond appropriately. Public Health was leading on taking the strategy forward including sharing of best practice from other local authorities.

It was also anticipated that there would be extensive partnership working and multi-layered approach to minimise incidence. Challenges with engagement, specifically as a result of social isolation as most incidences was amongst groups that were not in contact with mental health services remained prevalent. In tackling some of the barriers, direct support from social groups in deprived areas may be more successful in identifying those at risk and in need of support.

A Member asked for clarification on how Croydon completed assessment for Autistic Spectrum Disorder (ASD) and whether this was a good approach. Officers responded that in other boroughs, community paediatrics were included on the assessment pathway and could conduct assessments. In Croydon, young people were referred to CAMHs for assessment and this meant that the development teams had greater responsibility, the consultants were in the acute health provision of Croydon Health Service.

The waiting time for ASD assessment was still high and work was being undertaken with community paediatrics to establish an integrated offer which would assist to reduce waiting times. Croydon had a good working relationship with the CCG and transformation plans had been pragmatic and aspirational. There had been a reduction in waiting times for assessments to 6 weeks for non ASD diagnosis.

In response a Member query on the wait times for ASD and the proportion of referrals received. Officers stated that they were unable to provide accurate figures and agreed to provide after the meeting. The Sub-Committee was further informed that the initial assessment was the first opportunity to achieve

diagnostic clarity, the challenge was then the management of wait time for assessment and treatment and the wait time for assessments can vary.

In response to a Member comment that the wait time of 19 weeks for assessment for the memory clinic was disappointing for a vital service, officers stated that they had been looking at how to improve referral rate and addressing issues with pathways to the service. Investments would be made to ensure increased capacity which should reduce wait times. There had been other interventions explored including the expansion of support workers through the Alzheimer society.

Members asked for an update following the 1st year of the centralised Place of Safety and the impact on A&E, officers responded that in comparison to when each borough had individual unit, there were high instances when a unit had to be closed due to reaching full capacity. The centralised unit had unified the boroughs and had only had to close a very small number of times due to full capacity. The service had coped very well with completion of assessments within statutory framework and had a positive impact on hospital A&E attendance.

In response to a Member question on what had been done to address barriers to discharge, officers stated that interventions had been implemented to address identified issues. SLaM had worked extensively with partners such as the Council's Gateway team whom they met with weekly to discuss issues with housing tenancy and financial issues of patients. Housing workers had also been introduced to the discharge teams as this was a major factor in long length of hospital admission. The unification of management had been vital and Croydon's figures in reduction of out of borough patient beds was encouraging.

The Sub- Committee Members raised question on issues with recruitment and retention and what had been done to address the disparity between inner and outer London weighting. Members were also interested to learn what was being done to address inequality and under representation on BME and women in management positions.

Officers responded that there was still a challenge to unify London weighting and make the pay equal. It was encouraging that staff were attracted to working for Croydon due to its status. The Trust was committed to addressing equality and work was being done to encourage and support women and BME staff into leadership positions. The trust had introduced inclusive leadership training to encourage its staff to progress and realise their potential. Interview panels were diverse in order to ensure that the best candidates were recruited Officers agreed that having a broad representation of the demographic that was being served in leadership positions had a positive impact on the organisation.

The Chair thanked officers for attending to answer questions and was encouraged by the level of participation by all Members.



The Sub-Committee thanked the Chair for all her hard work in the last 4 years and wished her well in her future endeavours.

In reaching its recommendations, the Committee reached the following **CONCLUSIONS:**

1. The reduction in the use of out of borough beds was encouraging.
2. The overall waiting time for assessment following admission by the Home Treatment Discharge Practitioners was good.
3. The interventions established to address issues with patient barriers to discharge was encouraging.
4. Whilst it was noted that Croydon was unique in that assessments for Autistic Spectrum Disorder (ASD) was not currently undertaken by community paediatrics, the waiting time for assessments remained a concern.
5. That there was still concerns regarding the increasing waiting time for assessment by the Memory clinic.

The Committee **RESOLVED** to recommend to South London and Maudsley (SLaM) that

1. Details be provided to the Committee on the allocation of Community Psychiatric Nurse (CPN) to each Integrated Care Network (ICN) in the Huddle pilot as part of the One Croydon Alliance scheme.
2. The Committee be informed of how the Trust determined their priorities for each year.
3. More work was needed to address the waiting time of 6 months for assessment for Children with Autistic Spectrum Disorder.
4. Information of the proportion of Autistic Spectrum Disorder (ASD) referrals awaiting assessment be provided to the Committee.
5. The Chair and Vice Chair be consulted for input to the design of future style of the annual report.
6. The increasing figures of referrals to the Memory Clinic remain a concern and the Committee directs that action is taken to address the delays in assessment of patients referred to the Memory Clinic.
7. There be a regular update on workforce development and actions that are being taken to address the diversity on the workforce, in particular that of senior roles

16/18 **Joint Health Overview Scrutiny Committee Update**

There was none

17/18 **Healthwatch Update**

There was none

18/18 **Work Programme**

The Sub-Committee Members agreed for an additional meeting to take place on Monday 23 April 2018 to receive the draft quality accounts for SLAM and Croydon Health Service NHS Trust.

19/18 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 8.20 pm

**Signed:**

**Date:**

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## Scrutiny Health & Social Care Sub-Committee

Meeting of held on Monday, 23 April 2018 at 10.30 am in F4 - Town Hall

### MINUTES

**Present:** Councillor Carole Bonner (Chair);  
Councillor Andy Stranack (Vice-Chair);  
Councillors Patsy Cummings, Sean Fitzsimons, Margaret Mead and Andrew Pelling

**Also Present:** Michael Fanning (Director of Nursing) CHS NHS Trust  
Wendy Frost (Quality Manager) CHS NHS Trust  
Janet Coninx (Head of Patient Safety & Risk) CHS NHS Trust  
Amanda Pithouse (Director of Nursing) SLAM  
Godfried Attafua (Service Director) SLAM  
Rachel Flowers (Director of Public Health) Croydon Council

**Apologies:** John Goulston (Chief Executive) Croydon Health Service NHS Trust

### PART A

20/18 **Disclosure of Interests**

There were none.

21/18 **Urgent Business (if any)**

There were no items of urgent business.

22/18 **Draft Annual Quality Account - Croydon Health Service NHS Trust**

The draft annual quality account was presented to the Sub-Committee for comment.

Members were informed of some of the highlights of 2017/18 which included the following:

- Infection Control- There were a number of areas where the trajectory around infection control such as MRSA and C Deficile came under recommended level; and performance was very good.
- Winter Pressure - There was a huge demand for service which was managed very well. The local outbreaks of norovirus was well contained.
- Cancer performance and reaction to treatment had seen some improvements.
- CQC Inspection – The Trust was rated good in all core services, there was however further work to be done to improve across services.

The priorities for 2018/19 included the following:

- Improvement of patient experience though on going work identified through the friends and family feedback and annual survey response.
- Appointment of a senior practitioner from SLaM to collaborate on issues identified in the care pathway.
- Mental health identified as a national priority and in particular Croydon will look at its acute pathway.

In response to a Member query on what was meant by 'enhancement to the critical care unit', officers stated that it was recognised that the environment in terms of capacity, size and facilities were in need of expansion. The CQC highlighted issues with the physical environment and a business case had been logged to expand the unit.

Members raised concerns on care pathways for patients that presented with mental health issues or crisis and the facilities and provision in place. Officers responded that this remained a priority. They were aware that there was currently limited facilities in the department for their care and treatment at present due to the constraints of the temporary emergency department, when the new facility opens this will improve. They were currently working with partners on a review of pathways and were working with SLaM to ensure the appropriate level of staff were available to respond to demand.

Members requested clarification of the CQC rating which showed that critical care was rated as 'required improvement' and three other services rated as good. The overall rating was 'required improvement'. Officers responded that the CQC had made changes to the assessment criteria, they had not reviewed core services and this would happen later in the year, the rating would then be amended to reflect that review.

In response to a Member question on the challenges of recruitment, officers stated that recruitment remained a challenge, in particular in retaining senior level staff and specialists. Flexible working also had an impact on staffing levels during core hours. The Members praised John Goulston, Chief Executive, Croydon Health Services NHS Trust on the work done in transformation of recruitment and noted the progress made in this area to date.

In response to a Member question on the process of determination of priorities for each year, officers responded that whilst national guidance was received and considered there was local flexibility on the priorities selected. A list of priorities were drawn each year from which a selection was made following a thorough process of consultation with external stakeholders.

A Member requested further data on the Department of Health (DoH) mandatory indicators. Officers stated that data was still being collected and this could be reported to the Sub-Committee at a future meeting. Officers were able to inform the Sub-Committee that incident reporting figures had improved, data on mortality instances were lower than expected. Patient safety incident reporting had increased but these were no harm incidences which was encouraging.

A Member raised concerns that staff uptake of the Flu vaccine remained moderate for an acute hospital and queried how this would be managed in the next year. Officers responded that uptake of vaccine by staff remained a personal choice and the evidence gathered by the Trust each year was used to change tactics on encouragement. Staff had varying reasons for lack of uptake including cultural reasons and management had spent time with staff to address myths associated with vaccines.

The Director of Public Health stated that immunisation was very complex and although the uptake was moderate it was better than in some boroughs. There was still extensive work to be done and staff in all services would be worked with closely to encourage increase in take up of vaccines.

The chair thanked all officers for attending, the openness to working with Scrutiny over the years and wished all officers moving on all the best for the future.

### **The Sub-Committee response to the Quality Accounts**

Members of the Health and Social Care Scrutiny Sub-Committee welcomed the opportunity to provide comment on the draft quality account.

The Sub-Committee agreed in the first instance that the information presented in the draft quality account did not include sufficient information to enable robust comments to be made, in particular in relation to data which was still being collected. This was an issue that occurs every election year due to the variance in timetables for the National Health Service and that of Local Government.

The Sub-Committee Members did however acknowledge that there had been notable improvement in services over the years and welcomed the hard work that the retiring Chief Executive John Goulston had done on the transformation of the service. Many of the priorities set were improving well with many fully achieved already.

The Sub-Committee welcomed the actions that were being undertaken to improve quality and standards across the whole service and recognised that there was still more to be done to improve and sustain customer satisfaction whilst improving standards of care.

The Sub-Committee was encouraged to hear of the successes of 2017/2018 which saw good performance trajectories around infection control. They were also pleased with the amount of work that had been carried out on engagement with staff, specifically the 'Listening into Action' programme to promote inclusion, address staff morale and areas requiring quality improvement.

Whilst the Sub-Committee remained encouraged with achievements of the Trust to date, there were still areas of significant concern. In particular, the

care pathway of patients presenting with Mental Health needs. The Sub-Committee felt that senior management were lacking in the ability to provide detailed information on this important area when questioned or data on the experience of individuals. The Sub-Committee was however reassured to learn that this was one of the priorities for 2018/19, with the physical environment for patients upon initial attendance to the emergency department identified as one of the fundamental areas that required immediate attention. Further evidence of the impacts of the measures that will be put in place and the patient experience would be required as part of the scrutiny of Croydon Health Services over the next year. It was of paramount importance that stakeholders and partners continue to be proactive in working together to ensure investment, improve quality and influence improved outcomes in this area.

It was also highlighted that the staff take up of the Flu vaccination was moderate for an acute hospital and whilst it was recognised that the uptake of vaccinations was sometimes controversial and that the reasons for lack of uptake in general is complex, more work was required in this area.

The Sub-Committee was encouraged to learn that changes had been made to contracts of employment that now included a mandatory requirement for staff to be immunised. Further robust work was needed to encourage and influence all staff, practitioners, and partners to take up vaccines to protect themselves and the members of the public that they serve.

The Sub-Committee thanked CHS for all the work that had been completed to date, and looked forward to continually building on the working relationship.

23/18 **Draft Annual Quality Account - South London and Maudsley NHS Foundation Trust**

The draft annual quality account was presented to the Sub-Committee for comment.

The Sub-Committee learnt that they were the most improved NHS trust in the last year.

Over the last year feedback had been sought and received from stakeholders and CQC feedback had been reviewed in order to assist with the formulation of top priority areas of focus for the coming year.

As a result the four areas of focus for 2018/19 would be the following:

- Reduction in violence
- Accessibility of care
- Patient and Family involvement in care
- Staff morale and experience

In response to a Member question on processes and challenges, officers stated that there were still challenges with access to beds. This was particularly challenging for acute colleagues with access to beds not always readily available. Staff were encouraged to report any delay, in order for

investigations to be carried out and for opportunities to work with partners on addressing the issues presented.

Members were encouraged to learn that the Place of Safety was well staff and working well.

A Member commented that there was a lack of Croydon content in the report and it would be of benefit in future for the report to include an explicit section on issues for Croydon focus. A Borough breakdown of strengths and weaknesses.

A Member commented that SLaM was world leading in its field but there was a distinct lack of BME representation at senior level. There was some comment on this in the report but more reflection was required on issues of staff satisfaction and representation of BME. Officers stated that discussion had been taking place to ensure that more on this issue was structured into next year's quality accounts.

The Sub-Committee was encouraged to learn that a workforce and equalities committee had been set up to address the issues of BME representation at senior level. There would be more information and data available on the work that was being completed on improving diversity in the next year.

In response to a Member comment on improvement of engagement with staff, morale and what could be learned from the CUH listening into action programme, officers stated that they were working on system wide changes. They had been working with and learning from partners on quality improvement methodology.

In response to a member comment of staff reporting at 57% of harassment and working in a hostile environment, officers said that unfortunately this was part of working in a Mental Health setting and they had been looking at ways of addressing issues raised.

The Trust stated that there was a good degree of openness regardless of difficulties and there had been improvements for Croydon residents in the last 4 years.

Members thanked officers for their continued participation with Scrutiny and for all their work in the last year.

### **The Sub-Committee's response to the Quality Accounts**

The Health and Social Care Scrutiny Sub-Committee welcomed the opportunity to provide comment on the draft quality account.

The Sub-Committee agreed in the first instance that the information presented in the draft quality account did not include sufficient information to enable robust comments to be made, primarily because data was still being collected and analysed. It is acknowledged that this is an issue that occurs every

election year due to the variance in timetables for the National Health Service and that of Local Government.

The Sub-Committee was encouraged to learn that SLaM was one of the most improved NHS trusts in the last year, and the degree of openness regardless of difficulties faced was appreciated. There had also been noticeable improvement for Croydon residents accessing services in the last few years and overall the trust was performing well. The changes made to the overall structure of the Trust was also welcomed. In particular the move to a structure that enables the performance by borough to be measured which will assist in the scrutiny process going forward. The Sub-Committee looks forward to being able to scrutinise the priority areas in a more meaningful way for Croydon residents in 2018/19.

The Quality Accounts that were provided had a distinct lack of Croydon specific content in the report and in future the Sub-Committee would benefit from an explicit section on issues or difficulties for Croydon focus. A borough breakdown of strengths and weaknesses would be beneficial for the next year's quality account.

It was also expected that the quality account would include more information on staff satisfaction, diversity and in particular what was being done to address the lack of representation at senior level of Black and Minority Ethnic groups.

The data provided on the staff working environment raised concerns, in particular the large percentage of staff who expressed concerns about harassment and physical violence and information on what was being done to address this would be welcomed in future reports.

The Sub-Committee thanked SLaM for all the work that had been carried out over the last year and looked forward to the continued good working partnership.

The Sub-Committee Members thanked the Chair for all her work and expertise in the last for years and wished her well in the future. There was still a long journey ahead for Health and Social care Scrutiny and the Chair had been instrumental in building relationships with partners in order to promote transparency.

The Chair and Vice Chair also proposed a formal vote of thanks to Councillor Margaret Mead for her contribution to Scrutiny as well as her Political Party. It was acknowledged that the experience she brought was vital and her legacy would be taken forward.



24/18 **Exclusion of the Press and Public**

This was not required

The meeting ended at 12.21 pm

**Signed:**

**Date:**

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For general release

<b>REPORT TO:</b>	<b>Health and Social Care Scrutiny Sub-Committee</b>
<b>SUBJECT:</b>	<b>Croydon Adults' Safeguarding Board Annual Report 2017 - 18</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele – Executive Director, Health, Well-being &amp; Adults</b>
<b>CABINET MEMBER:</b>	<b>Cllr Jane Avis – Cabinet Member for Families, Health &amp; Social Care</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Guy Van Dichele – Executive Director, Health, Well-being &amp; Adults</b>

<b>ORIGIN OF ITEM:</b>	The report is submitted by the Independent Chair of the CSAB. It ensures that Residents, Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding adults.
<b>BRIEF FOR THE COMMITTEE:</b>	The Adult Safeguarding Board is a statutory function, whereby each Local Authority is required to establish an Adult Safeguarding Board (S43 Care Act 2014). Safeguarding Adults is therefore a key Corporate priority and is part of all the relevant key plans for adult social care.

## 1. EXECUTIVE SUMMARY

- 1.1 The purpose of the report is to detail the activity and effectiveness of the Croydon Safeguarding Adult Board (CSAB) between April 2017 to March 2018. The report is submitted by the Independent Chair of the CSAB. It ensures that Residents, Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding adults. The report also include the Strategic Plan objectives for 2018/19 and the key Board priorities for the current year

## 2. Croydon Adults' Safeguarding Board Annual Report 2017 - 18

- 2.1 The CSAB Annual Report is introduced by the Board's Independent Chair, Annie Callanan who took up post at the end of January 2018. The Board had in place an Interim Chair from September 2017 – January 2018.
- 2.2 The CSAB Annual Report is due for presentation at Cabinet on the 15 October 2018. It is an important function of the Council's to have oversight of the adult safeguarding activity in Croydon and it is given rigorous scrutiny by elected members. The report gives an update on the multi-agency work undertaken by the CSAB to safeguard adults in Croydon.

- 2.3 The report includes data sourced from the data submitted to the Department of Health in July 2018 which looks at safeguarding contacts received during 2017 – 18 and whether they progressed to a safeguarding enquiry. The figures show a comparison between 2016/17 and 2017/18 with regards to the type of alleged abuse, number of referrals and ethnicity.
- 2.4 The data reveals that 18% more females were reported as experiencing abuse than males, this gap has increased from 16% difference in 2016/17. Just under 2 in 5 adults referred as allegedly experiencing abuse were over 75 years which is a decrease of 1% from 2016/17.
- 2.5 The report sets out the following priorities identifying what has been achieved and what else needs to be done:
- Making Safeguarding Personal is central to the commissioning and delivery of services for adults at risk. Interviews have been held post safeguarding process with feedback provided to operational teams. This is an important feedback mechanism and we hope to increase samples in the next year.
  - Voice of the service users is central to the work of the CSAB. A Safeguarding Questionnaire was developed to inform how accurate the system is at recording people's experience of the safeguarding service and help with Making Safeguarding Personal data feedback. The CSAB will continue to review processes in order to strengthen the voice of the service user.
  - Effective communication with Croydon residents and awareness raising and engagement with all communities ensuring that the safeguarding service is reaching all parts of the community. Hard copies of the Safeguarding Leaflet has been made available and being widely distributed with plans for a new website and making more use of social media.
  - Ensure that services commissioned protect people from abuse and there is a robust response to market failure.
  - Prevention and early identification of adults at risk. The Hoarding Project has completed its first year programme with great success and feedback from Croydon residents. Trading Standards have continued to work closely with the Board raising awareness as part of a preventative approach to tackling doorstep crime resulting in prosecutions of serial rogue traders targeting adults at risk. The CSAB plan to build upon this work and enhance awareness of doorstep crimes.

## **Appendices**

*Number and list any attached appendices*

### **Appendix A: Draft CSAB Annual Report 2017/18**

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#### **CONTACT OFFICER:**

**Annie Callanan, Independent CSAB Chair**

[annie.callanan@croydon.gov.uk](mailto:annie.callanan@croydon.gov.uk)

**BACKGROUND DOCUMENTS: None**

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## Appendix A

# **Croydon Safeguarding Adult Board** **DRAFT ANNUAL REPORT - 2017 / 2018**

***“working together safeguarding, supporting and making services better for adults in Croydon who are at risk of abuse and neglect”***



This report gives an overview of the work of the CSAB from April 2017 to March 2018 showing what our plans were, what we achieved and what further work needs to be done to strengthen safeguarding arrangements and promote the welfare of adults at risk in Croydon.

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# Foreword by Independent Chair

## Welcome to the 2017/18 Annual Report of the Croydon Safeguarding Adult Board

I have been the Independent Chair of the Croydon Safeguarding Adult Board [CSAB] since end of January 2018 and am pleased to introduce the CSAB Annual Report 2017 – 18. I am a qualified social worker and have operated in senior positions in Social Care and Health at local and national level. I am very aware of the pressure on local services and the commitment of services to preventing abuse and responding effectively to adults who are at risk.

Page 25 As a CSAB we challenge and support each other and we are working as partners to make real improvement across all services.

We held a Development Day in June 2018 where we set next year's priorities and reviewed our partnership. We created a more streamlined and focussed structure for the board and it's sub-groups.

Holding those who are at risk of abuse as our focus, we agreed that we need further work on our existing priorities. Building on achievements to date, we will continue to focus on:

1. Prevention and early identification of adults at risk of abuse.
2. Commissioning to ensure adults at risk services that protect them from abuse and there is a robust response to market failure.

3. Voice of service users is central to the work of the CSAB and all partners and influences policy and practice.
4. Making Safeguarding Personal is central to the commissioning and delivery of services to adults at risk.
5. The CSAB ensures there is effective communications with Croydon residents, between professionals, agencies and between different Boards and Partnerships.

This report sets out what has been achieved against each of the priorities and what needs to be done in 2018/19 with feedback from the residents of Croydon being crucial to the work of the CSAB

We will, in the next year, appoint a Vice Chair for the Board and to continue to make sure we communicate more effectively with Croydon residents, professionals, partners and agencies through various ways including the planned new CSAB website and quarterly newsletters.

**Annie Callanan**  
**CSAB Independent Chair**





# Safeguarding Statistics for 2017 - 2018

The figures on the next 2 pages , are sourced from the data submitted to the Department of Health in July 2018, which looks at safeguarding contacts received during 2017-18 and whether they progressed to a safeguarding enquiry.

Page 26 This dataset has also been configured to look at those safeguarding enquiries and to establish:  
where the adults at risk experienced abuse, the type of abuse alleged, who was allegedly abusing the adult, and the outcome of the enquiry.

The figures show the comparison between 2016/17 and 2017/18 with regards to the type of alleged abuse, number of referrals and ethnicity.

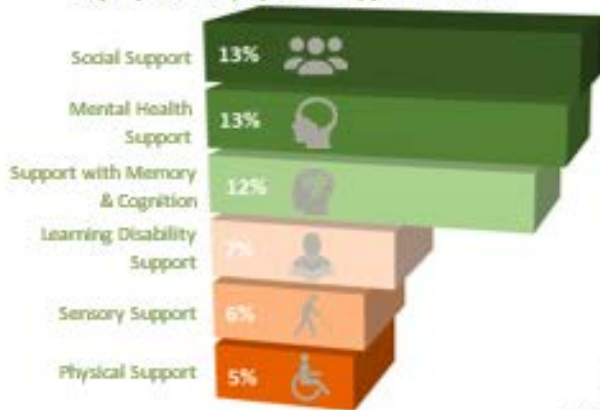
Please note that the location of abuse does not necessarily mean the adult was experiencing abuse from staff at these locations; for example, an adult may be experiencing abuse at a hospital, but it maybe from a relative visiting the adult whilst they were in hospital who was alleged to be causing abuse.

The graphics on the first page show the demographics of the adults who had at least one safeguarding contact during 2017-18 and the graphics on the next page represent the same contacts which were progressed to a safeguarding enquiry during 2017-19 and their outcome where available.



# Safeguarding Referrals Received during 2017-18

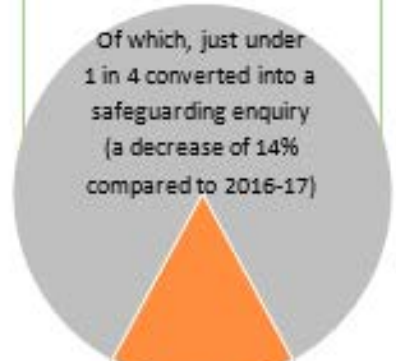
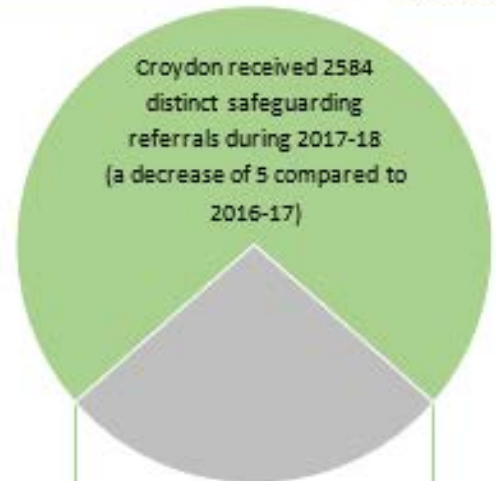
## Percentage of adults with a Safeguarding Enquiry started, by their Support Reason



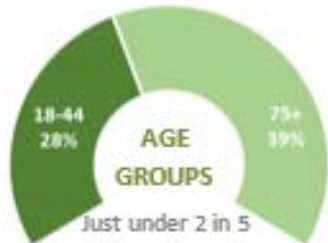
18% more females were reported as experiencing abuse than males, this gap has increased from 16% difference in 2016-17

# 1%

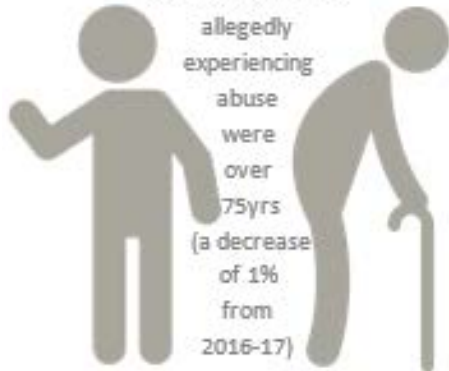
Of the adult population in Croydon had a Safeguarding referral in 2017-18



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Just under 2 in 5 adults referred as allegedly experiencing abuse were over 75yrs (a decrease of 1% from 2016-17)



## ETHNIC GROUP RATE PER 1000 POPULATION

- Asian Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Black Other
- Asian Other
- Black African
- Black Caribbean
- White Ethnic Groups
- Other Ethnic Groups

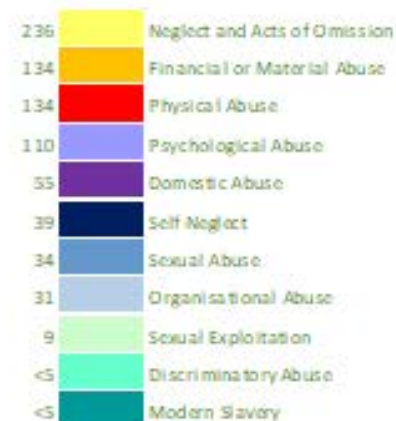
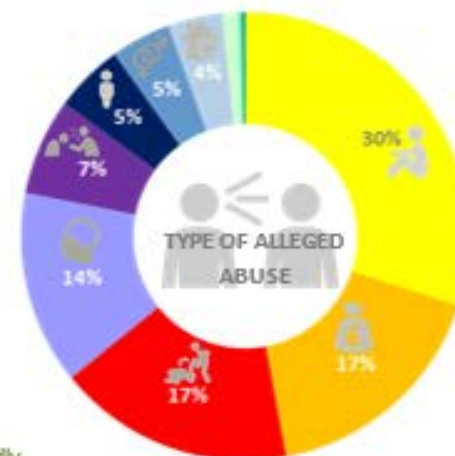


The Black and Minority Ethnic (BME) rate per 1000 population of Croydon, of those referred is 4.5 (same as the rate for 2016-17). The main increase is with the Black Other group (+1.0 rate per 1000) and the main decrease is with the Black/Black British Caribbean group (-1.1 rate per 1000)

\*of those completed with an outcome

# Safeguarding Enquiries Started during 2017-18

Of the  
**596**  
Safeguarding Enquiries started  
in 2017-18







# Lay Member

Lay Members play an important role in the oversight and scrutiny and decisions and policies made by the Croydon Safeguarding Adults Board. They act as an independent voice and offers a broad perspective that recognises the diversity of our local communities in Croydon.

The work of the Board is invaluable in creating an environment where all agencies take safeguarding seriously.

The Adult Safeguarding Board is progressively developing it's work to fulfil it's enhanced responsibilities under the Health and Social Care Act.

Being a large body, much of the work inevitably has to be done in sub- groups / working groups.

A reporting system to the Board is in place where the sub-groups provide quarterly report on the work undertaken including identifying risks..

*You said, we did ...*

The Safeguarding Adult Review Committee need to do more to ensure that the right level of investigation/inquiry is carried out when someone dies or is seriously harmed when being considered for a Safeguarding Adult Review (SAR)

A more robust process is in place including the revision of the SAR Framework and Terms of Reference for the SAR group.

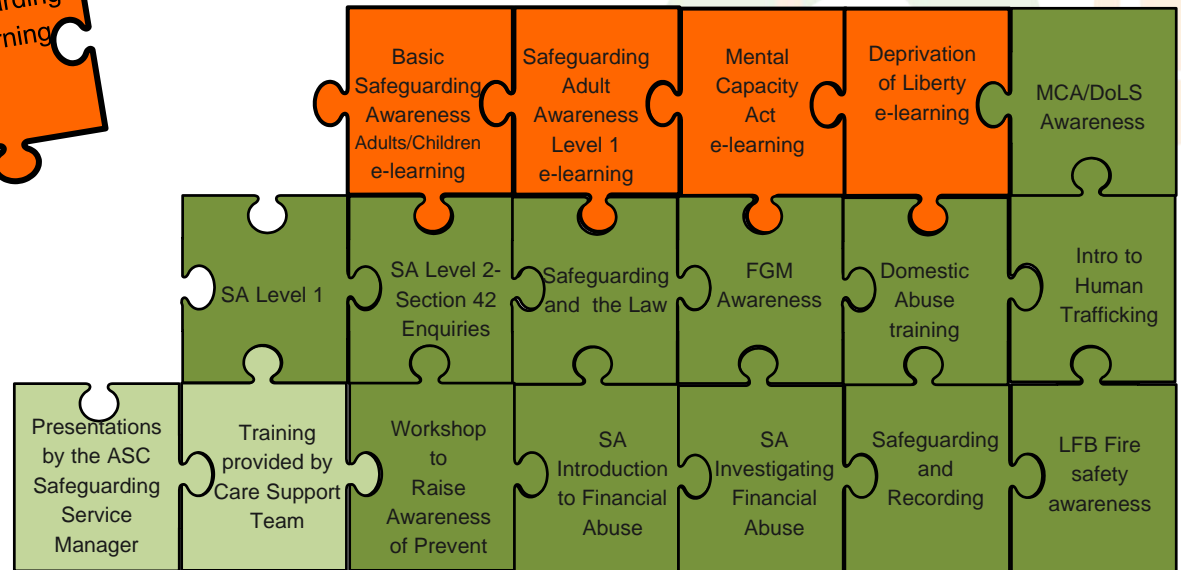
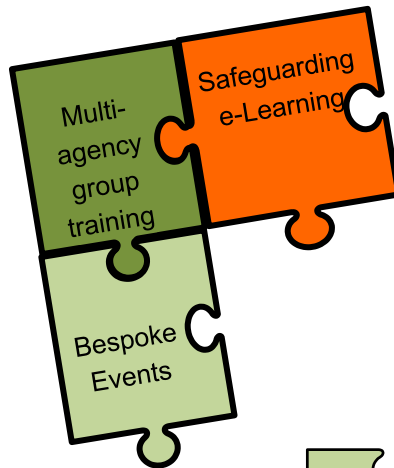




# Learning and Development 2017 – 18

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The CSAB Learning and Development programme for 2017/18 was well received and the feedback was generally very good. The aim of the programme was to deliver high quality L&D activities to staff at all levels and disciplines to enable them to respond appropriately to safeguarding, MCA and DoLS concerns. It also aimed to ensure that learning and development interventions respect diversity, promote equality and place the adult at risk as the central focus (making safeguarding personal).



The 2017/18 programme offered a diverse range of courses, delivery methods and tools. From multi-agency group training to bespoke events and a range of e-learning programmes. All courses offered were informed by developments in practice, the latest legislation, national and local guidance and local policy and procedures. Synergies with the Children’s board were identified for collaborative work and programme delivery. Internally sourced subject matter experts added to the rich mix of trainers and facilitators.



# Learning and Development 2017- 18



## Attendees comments

This course will have a positive impact on my practise (Investigating Financial Abuse)

Excellent content. It has inspired my knowledge and practical application of safeguarding (Safeguarding & the Law)

We need to do more joined up collaborative work (SA Level 2 - Section 42 enquiries)

This course will enable me to escalate if others are not engaging as they should in the S/G process

Clearly presented in a way I am able to use in relation to work (Safeguarding & Recording)

A lot of information was given – helpful to draw upon in the future (MCA/DoLS Awareness)

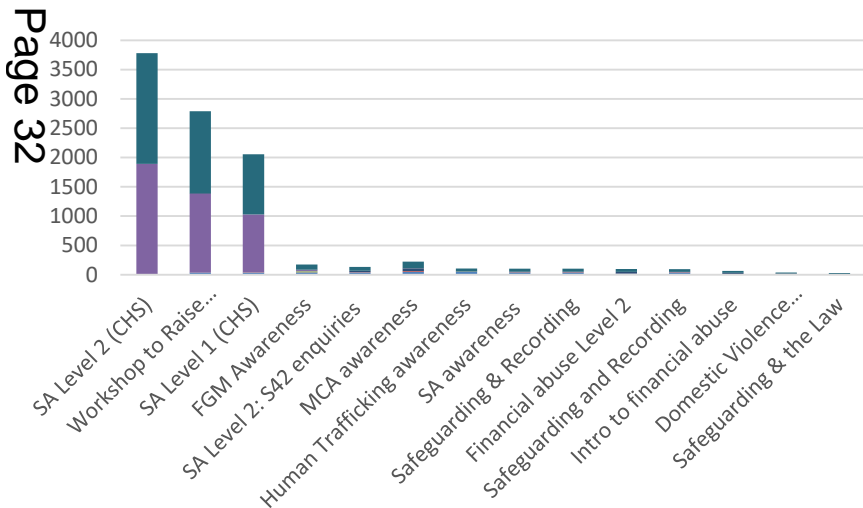
Excellent. Very relevant to my work. Police, NHS, Social Services staff present-shared understanding of the law



# Learning and Development 2017- 18

During 2017-18 the overall attendance decreased to 4896, 21% lower than 2016-17. A notable difference attributed to the promotion of e-learning courses and the increase in single agency learning and development interventions.

Chart 1. Total attendance per event/course



The 2018-19 Learning and Development programme delivery will focus on reflection of practice, identifying lessons learnt and developing strategies for interventions resulting in the service user being supported on a person-centred manner.

Chart 2. Safeguarding e-learning completions

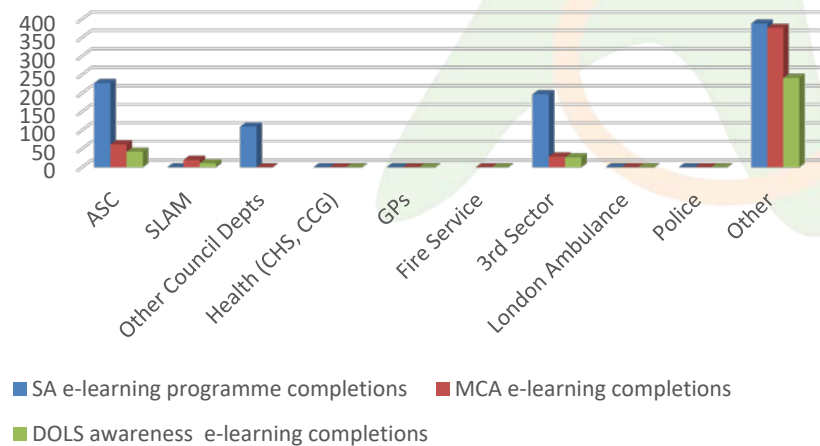


Chart 3 - Overall attendance - Bespoke events







# CSAB Priorities 2017 - 18

# CSAB Priorities 2017 – 18

In March 2017 the CSAB agreed the priorities the Board would focus on for the coming year:

1. Prevention and early identification of adults at risk of abuse.
2. Commissioning to ensure adults at risk services that protect them from abuse and there is a robust response to market failure.
3. Voice of service users is central to the work of the CSAB and all partners and influences policy and practice.
4. Making Safeguarding Personal is central to the commissioning and delivery of services to adults at risk.
5. The CSAB ensures there is effective communications with Croydon residents, between professionals, agencies and between different Boards and Partnerships.



# CSAB Priorities 2017 - 18

## Prevention and early identification of adults at risk

### What we have done:

- Trading Standards continue to roll out and refresh awareness training to a range of partners and community groups as part of a preventative approach to tackling doorstep crime.
- Identified and protected repeat victims of doorstep crime [Trading Standards]
- Awareness raising events delivered to practitioners on Modern Slavery.
- Hoarding Project completed it's first year programme.

### What needs to be done

- To ensure that everyone is aware of the service and how to access an advocate.
- To collate evidence with regards to advocacy services in order to be aware of why and where is the service not being used.
- Wider partner awareness training and enhance awareness of range of doorstep crimes targeting those at risk [Trading Standards].
- Raising awareness of Modern Slavery and Trafficking with hotels and estate agents via a mail drop and event.
- Hoarding Project taken in its next group of service users.
- Home Office Pilot bid for funding for victims coming out of NRM and resettle with support.

*"I am so grateful to the Hoarding Project – it's made my life so much calmer and so much richer. My 'clutter buddy' empowered me, supported me, celebrated my achievements and I really felt she was in my corner. Well, I can open my curtains now, I don't refuse to let my friends into my home. I think of my house as a home now, not a hovel and my daughter is 'allowed' to bring friends home."*

Prosecution of serial rogue traders targeting vulnerable adults

*Trading Standards*





# CSAB Priorities 2017 – 18 [tables to be updated]

## Commissioning to ensure adults at risk services that protect them from abuse and there is a robust response to market failure

### What we have done

- Around 15 – 20% of the provider market is in a quality and advice discussion with the market at any time.
- In addition 5% of companies are in provider concerns at present with several being exited from the process a stronger and more robust agency as a result. Where the CQC deem necessary, or through provider decision, the provider may cease to operate.
- The Intelligence Sharing Committee meets monthly to allow colleagues from all aspects of health and social care to share good practice and concerns, to help avoid silo working, set actions and provide support and guidance to providers in a “stitch in time saves nine” type philosophy.
- The tracker used to monitor the activities of the Intelligence Sharing Committee has been refreshed and updated monthly.
- A new Safeguarding Quality Assurance officer post in the Council has been created solely to help manage the market, the quality assurance framework and provider concerns processes.

### What needs to be done

- Domiciliary care has always been a more difficult aspect of the market to manage. As such closer attention is being placed on complaints and brokerage data to try and ascertain if these matters could be forerunners for poor practice and safeguarding cases.
- To ensure there are officers assigned to populate the list and to continue to maintain the tracker in a monthly fashion.
- Continued cross referencing in each committee meeting with Rapid Response team data and LAS data to ensure that the safeguarding statistics are cross referenced to form a more robust assessment of quality and where concerns lie in the market.

#### What does CQC have to say about Croydon’s Provider Market?

Ratings issued by CQC	Amount of Services
Outstanding	2
Good	158
Requires Improvement	31
Inadequate	1



# CSAB Priorities 2017 - 18

Voice of service users is central to the work of the CSAB and all partners and influences policy and practice.

## What we have done

- Ensuring that the safeguarding service is reaching all part of the community. The Safeguarding Adults Leaflet and posters have been revised and will be available electronically and in hard copy for distribution.

E-learning information accessible via the CSAB website.

Development of a Safeguarding Questionnaire to inform how accurate the system is at recording people's experience of the safeguarding service and help with MSP data feedback

## What needs to be done

- Voice of the Service User video to be posted on the CSAB website and shared widely.
- Reviewing processes and the CSAB groups in order to strengthen the voice of the service user.
- To increase service user involvement at CSAB level

<https://www.youtube.com/watch?v=R4G4fgoRR5w>

The East Cheshire Safeguarding Adult Board have agreed for Croydon to use their Service User video: **The Spoken Word**

"I felt a huge relief in being supported through what could otherwise have been a complicated process"

"I am grateful for your support and the feeling of empowerment"

"I feel that I am now back in control"

"Thank you for taking the time to explain what is happening in a way that I can understand"

[Age UK – Croydon]



# CSAB Priorities 2017 - 18

**Making Safeguarding Personal is central to the commissioning and delivery of services to adults at risk.**

## What we have done

- Page 38
- Interviews held post safeguarding process and operational teams are made aware that feedback is being sought.
  - Council undertook a safeguarding audit that included recommendations on how to improve MSP practice.

Interviews carried out post safeguarding process :

- *All agreed safeguarding was necessary*
- *All agreed they could say what they wanted as a desired outcome/end goal*
- *All felt included due to being invited to meetings*
- *Three said they were well supported*
- *Best part of the process was being involved, asking questions, achieving outcome, being informed and support from social worker.*
- *Worse part of the process was being anxious to attend meeting, communication poor, drawn out process and length of safeguarding process.*

## What needs to be done

- Interview samples are currently small therefore increase size of sample.
- Themed multi agency self neglect audit to be undertaken in November 2018.

“I am now de-hoarding my home and my grandchildren can now visit”  
[Hoarding Project delivered by Mind in Croydon]

“Prevented family members visiting, my back room is now clear and my daughter can visit”  
[Hoarding Project delivered by Mind in Croydon]





# CSAB Priorities 2017 - 18

The CSAB ensures there is effective communications with Croydon residents, between professionals, agencies and between different Boards and Partnerships

## What we have done

- Work underway designing the new CSAB website.
- Revision of the Safeguarding Leaflet with both online access and hard copies being made available.
- Engagement with the BME community.
- CSAB represented at the International Women's Day event.
- Modern Day Slavery conference held in October 2017.
- Annual Report produced in a more visual and accessible way.

Going the extra mile to achieve confidence to a vulnerable community – older people [Croydon Police]

## What needs to be done

- Distribution of the Safeguarding Leaflets via GP surgeries, council, health and all CSAB partners.
- More use made of social media eg twitter, Instagram and Facebook.
- Quarterly Newsletters to help raise awareness of the work of the CSAB.
- Continued enhanced engagement with the BME community.

Partnership work between Trading Standards and Adult Social Services to safeguard adults at risk against scams and mass marketing fraud recognised as area of best practice.

# Governance & Accountability arrangements

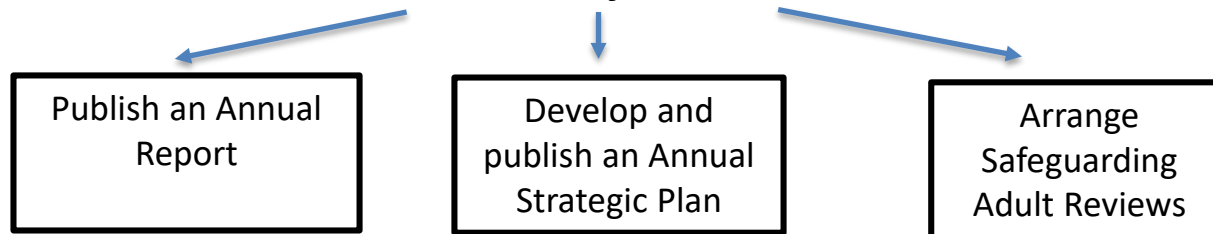
**SAB Membership** includes:  
Local Statutory & voluntary sector organisation and a Lay Member. Led by an Independent Chair



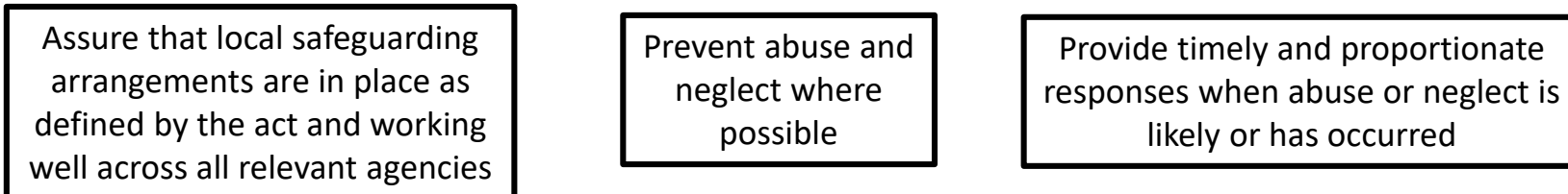
Care Act  
2014

**Safeguarding Adult Board [SAB]**  
**Statutory Partners are:**  
Local Authority, Police, Clinical Commissioning Group being the

## *Core duties of the SAB*



**The SAB will embed the requirements of the overarching Care Act to:**







# Funding arrangements for the CSAB

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no change in member contributions.

## Income 2017/18

£58,660	London Borough of Croydon
£21,670	Clinical Commissioning Group
£21,670	Croydon Health Services
£15,000	South London & Maudsley
£5,000	Met Police
£1,000	London Fire Brigade
<b>Total</b>	<b>£123,000</b>

## 2017/18 Expenditure:

£63,382.66	Staffing
£1,112.08	Supplies & Service Recharge
£640	Website
£600	Conference
£619.15	Premises Hire
£18,000	Staff Development/Training
£30,000	SAR budget
<b>Total</b>	<b>£114,713.89</b>



# CSAB Structure – the role of Committees

A significant amount of the CSAB work is undertaken by the Committee's of the Board, the Committees help progress the programme of work set out in the Strategic Plan

The Executive and Committees are accountable to the Safeguarding Adult Board and this is reflected in the CSAB Governance Framework and Committee Terms of Reference.

The Committee Chairs meet with the Independent Chair of the Board to report and discuss progress with a quarterly report shared with the board members.

## Membership

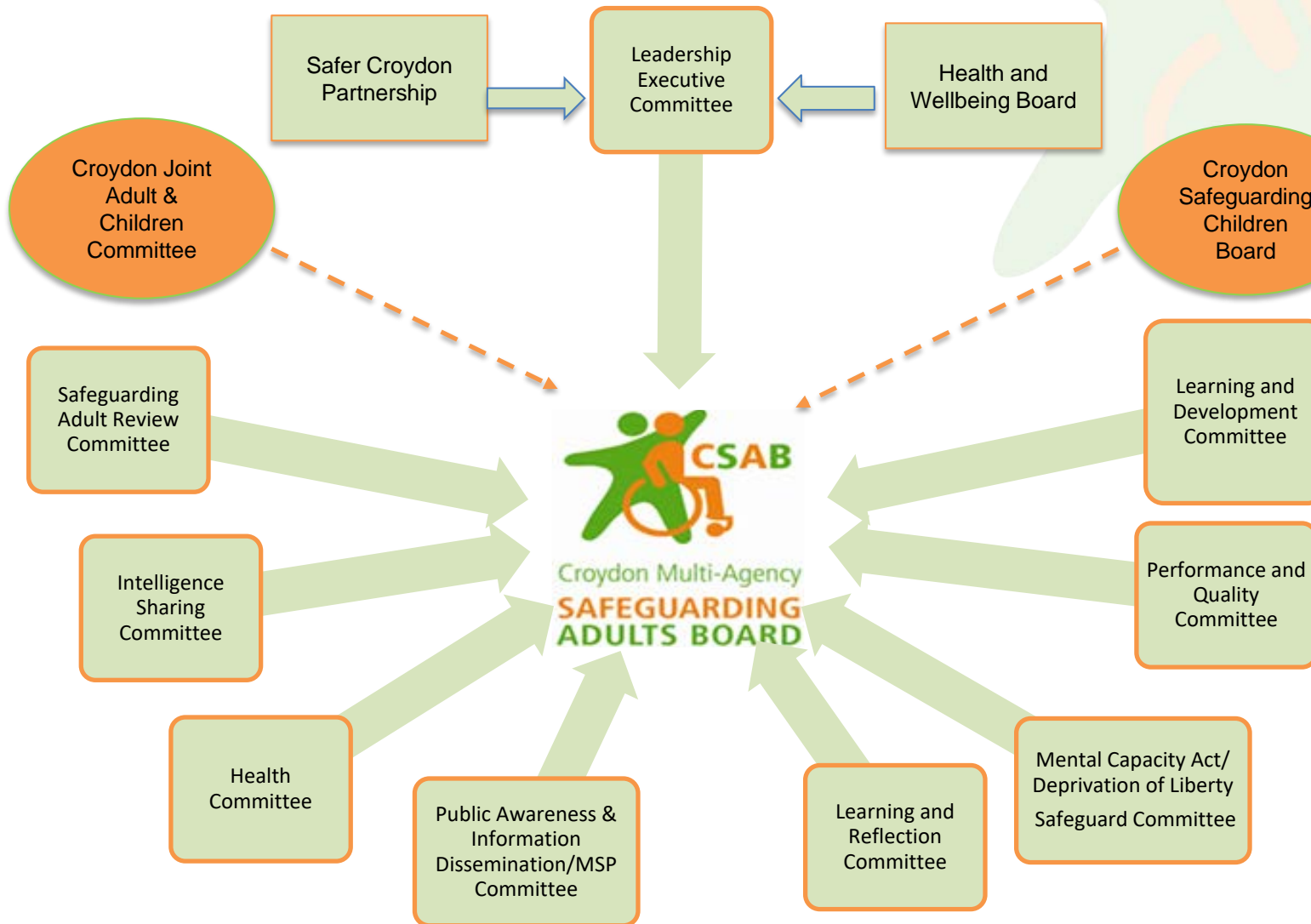
Membership in 2017/18 included the following organisations and continues to be reviewed:

- London Borough of Croydon
- Croydon CCG
- Croydon Health Services
- South London and Maudsley NHS Foundation Trust
- London Ambulance Service
- London Fire Brigade
- Croydon Mind
- Age UK
- Probation
- Community Safety Partnership
- Trading Standards
- Lay Member





# CSAB Governance Structure





# CSAB Priorities 2018 - 19



# Priorities 2018/19

At the CSAB Development Day, 5<sup>th</sup> June 2018 the following objectives for the Board were agreed with underpinning priorities:

Prevention	Commissioning	Making Safeguarding Personal	Voice of the Croydon Resident	Communication & Engagement
<p>Early Identification and provider market management</p> <p>A system which prevents abuse from happening and share lessons for proactive development</p> <p>Better to take proactive action before harm occurs</p>	<p>Robust response to market failure [new Provider Market Policy agreed]</p> <p>Where the abuse occurs we remove or reduce the abuse reoccurring.</p> <p>Commissioned services need to reflect needs of the population.</p>	<p>Where the person is at the centre of an enquiry.</p> <p>People being supported and encouraged to make their own decisions and empowered by advocacy</p> <p>People's needs to be listened to.</p>	<p>What is important to Croydon's residents and ability to address their needs.</p> <p>Local people have a voice to by way of feedback and arranged interviews</p> <p>Services meet needs.</p>	<p>A system where people know how to get information and advice.</p> <p>Easy accessible information being made available both online and in print.</p> <p>Raising awareness of the CSAB including a refreshed web presence.</p>

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# Glossary

This is not an exhaustive list, but explains some of the key words used in this report.

ACPO	Association of Chief Police Officers	LSP	Local Strategic Partnership
ADASS	Association of Directors of Adult Social Services	MCA	Mental Capacity Act
ASC	Adult Social Care	MAPPA	Multi-agency Public Protection Arrangements
CRU	Central Referral Unit	MARAC	Multi-agency Risk Assessment Conference
CCGs	Clinical Commissioning Groups	MSP	Making Safeguarding Personal
CSAB	Croydon Safeguarding Adult Board	MASH	Multi-agency Safeguarding Hub
CSPs	Community Safety Partnerships	NHS	National Health Service
CPS	Crown Prosecution Service	OPG	Office of the Public Guardian
CQC	Care Quality Commission	PALS	Patient Advice and Liaison Service
DASH	Domestic Abuse, Stalking and Harassment and 'Honour' – Based Violence.	SAR	Safeguarding Adult Review
DASV	Domestic and Sexual Violence	SI	Serious Incident
DBS	Disclosure and Barring Service	SLaM	South London and Maudsley NHS Foundation Trust
DoLS	Deprivation of Liberty Safeguards		
DHRs	Domestic Homicide Reviews		
FGC	Family Group Conferences		
IDVAs	Independent Domestic Violence Advocates		
ISC	Intelligence Sharing Committee		



You can read more about the Croydon safeguarding adult board at our website

<http://www.croydonsab.co.uk/>

If you have any questions, comments or feedback about the CSAB Annual Report please contact:

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Independent Chair

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# Agenda Item 9

<b>REPORT TO:</b>	<b>HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE</b> <b>25 SEPTEMBER 2018</b>
<b>SUBJECT:</b>	<b>WORK PROGRAMME 2018-19</b>
<b>LEAD OFFICER:</b>	<b>Simon Trevaskis, Senior Democratic Service and Governance Officer- Scrutiny</b>
<b>CABINET MEMBER:</b>	<b>Not applicable</b>

<b>ORIGIN OF ITEM:</b>	The Work Programme is scheduled for consideration at every ordinary meeting of the Health and Social Care Scrutiny Sub - Committee.
<b>BRIEF FOR THE COMMITTEE:</b>	To consider any additions, amendments or changes to the agreed work programme for the Committee in 2018/19.

## 1. EXECUTIVE SUMMARY

- 1.1 This agenda item details the Committee's work programme for the 2018/19 municipal year.
- 1.2 The Sub-Committee has the opportunity to discuss any amendments or additions that it wishes to make to the work programme.

## 2. WORK PROGRAMME

### 2.1 The work programme

The proposed work programme is attached at **Appendix 1**.

Members are asked to note that the lines of enquiry for some items have yet to be confirmed and that there are opportunities to add further items to the work programme.

### 2.2 Additional Scrutiny Topics

Members of the Sub-Committee are invited to suggest any other items that they consider appropriate for the Work Programme. However, due to the time limitations at Committee meetings, it is suggested that no proposed agenda contain more than two items of substantive business in order to allow effective scrutiny of items already listed.

### 2.3 **Participation in Scrutiny**

Members of the Sub-Committee are also requested to give consideration to any persons that it wishes to attend future meetings to assist in the consideration of agenda items. This may include Cabinet Members, Council or other public agency officers or representatives of relevant communities.

## **3 RECOMMENDATIONS**

3.1 The Sub-Committee is recommended to agree the Scrutiny Work Programme 2018/19 with any agreed amendments.

3.2 The Sub-Committee is recommended to agree that topic reports be produced for relevant substantive agenda items in the future.

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### **CONTACT OFFICER:**

Stephanie Davis  
Democratic Services and Governance  
Officer- Scrutiny  
020 8726 6000 x 84384

### **BACKGROUND DOCUMENTS:**

None

### **APPENDIX 1**

Work Programme 2018/19 for the Health and Social Care Scrutiny Sub-Committee.

## Health and Social Care Sub-Committee

Meeting Date	Item
<b>3 July 18</b>	- Learning & Development Session
<b>25 September 18</b>	- Adult Social Care Peer Review - Annual Adult Safeguarding report - CCG Update - SLaM Feedback on CQC Report - Healthwatch Update - Joint Health Overview & Scrutiny Committee (JHOSC) Update
<b>20 November 18</b>	- Annual Report of the Director of Public Health- Croydon NHS Health Service review of CQC report - Healthwatch - JHOSC Update
<b>18 December 18</b>	- Healthwatch - JHOSC Update
<b>12 March 2019</b>	- Cabinet Member Q&A Families, Health & Social Care - SLaM - Health Devolution - Healthwatch -JHOSC Update

The Committee has a statutory role to Scrutinise:

*Health & Wellbeing Board*

*Public Health*

*CCG*

*Local health service providers*

