SHADOW HEALTH AND WELLBEING BOARD (CROYDON)

To:  
Elected members of the council:  
Councillors Jane AVIS, George AYERS, Mike FISHER - joint chair, Margaret MEAD, Tim POLLARD

Officers of the council
Paul GREENHALGH (Executive Director of Children, Families & Learning)  
Hannah MILLER (Executive Director of Adult Services, Health & Housing)

Director of public health
Dr Peter BRAMBLEBY

NHS commissioners
Dr Tony BRZEZICKI (Commissioning for Croydon)  
Dr Agnelo FERNANDES (Croydon Healthcare Consortium)  
Toni LETTS - joint chair (Croydon PCT)  
Amanda PHILPOTT (NHS South West London)

NHS service providers
Steve DAVIDSON (South London & Maudsley NHS Foundation Trust)  
Nick HULME (Croydon Healthcare Services NHS Trust)

Representing voluntary sector service providers
Alison COLGATE (Croydon Voluntary Sector Alliance)  
Mark JUSTICE (Croydon Charity Services Delivery Group)

Representing patients, the public and users of health and care services
Roger OLIVER (Croydon Voluntary Sector Alliance)  
Geraldine O’SHEA (Croydon Voluntary Sector Alliance)  
Guy PILE-GREY (Croydon Local Involvement Network)

A MEETING of the SHADOW HEALTH AND WELLBEING BOARD (CROYDON)
which you are hereby summoned to attend, will be held on
THURSDAY 13 OCTOBER 2011 at 2pm in the COUNCIL CHAMBER,
The Town Hall, Katharine Street, Croydon CRO 2NX

JULIE BELVIR  
Council solicitor and monitoring officer,  
Director of democratic and legal services  
Taberner House  
Park Lane,  
Croydon CR9 3JS

MARGOT ROHAN  
Senior members’ services manager  
Margot.Rohan@croydon.gov.uk  
020 8726 6000 Ext 62564  
www.croydon.gov.uk/agenda  
5 October 2011
AGENDA

1. Welcome and introductions

2. Apologies for absence

3. Minutes of the meeting held on 15 September 2011 (PAGE 4)

4. Declarations of interest

In accordance with the council's code of conduct, councillors are reminded that it is a requirement to declare interests which are personal, or personal and prejudicial, where appropriate. This should be done by completing the declaration of interest form and handing it to the clerk at the start of the meeting. The chair will then invite members of the shadow board to make their declaration orally at the commencement of the agenda item to which it relates. Completed declaration forms will be placed in the register of members' interests.

All other members of the shadow board who are not councillors are reminded of the Nolan Principles of Public Life which are attached to this agenda and which incorporate the requirement to make declarations of interest. If in doubt please discuss with the clerk before the meeting starts.

5. Urgent business (if any)

To receive notice 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. In accordance with the law of meetings a matter which does not form part of a notice of meeting should not be discussed unless it is exceptionally urgent especially if other members are absent as they may not have absented themselves if they had known it was on the agenda.

6. Reablement

The presentation by the council’s executive director of adult services, health and housing and NHS SW London’s Croydon borough team managing director can be viewed online by selecting 'Reablement Presentation' at the web address below:
www.croydon.gov.uk/democracy/dande/minutes/healthwellbeing/131011a

Hard copies of the presentation for this item will be made available at the meeting.

7. Diabetes: follow up from shadow board meeting 7 April 2011

The report of the joint director of public health is attached (PAGE 9)

8. Review of partnership groups

The report of the council’s executive directors of adult services, health and housing to follow
9. Authorisation process for clinical commissioning groups

The report of the chairs of Commissioning4Croydon and Croydon Healthcare Consortium is attached (PAGE 21)

10. Work plan

The report of the council's executive directors of adult services, health and housing is attached (PAGE 25)

11. Dates of future meetings - all at 2pm in the Council Chamber

Thursday 08 December 2011
Thursday 09 February 2012
SHADOW HEALTH & WELLBEING BOARD (CROYDON)
Minutes of the meeting held on Thursday 15 September 2011 at 2pm in
the Council Chamber, Town Hall, Katharine Street, Croydon.

Present

Councillors: Jane Avis (shadow cabinet member for health and adult social care),
George Ayres (shadow cabinet member for housing), Margaret Mead (cabinet
member for health and adult social care) and Tim Pollard (cabinet member for
children, young people and learners)

Joint director of public health - Dr Peter Brambleby (Croydon Council/NHS SW
London Croydon borough team)

NHS commissioners – Dr Agnelo Fernandes (GP, Croydon Healthcare
Consortium), Dr Tony Brzezicki (GP, Commissioning for Croydon), Toni Letts joint
chair (vice-chair, Croydon PCT), Amanda Philpott (Croydon borough managing
director, NHS SW London)

NHS service providers – Sharon Jones (director of operations, Croydon Healthcare
Services NHS Trust), Steve Davidson (South London & Maudsley NHS Foundation
Trust)

Voluntary sector service providers – Mark Justice (representative, Croydon
Charity Services Delivery Group), Alison Colgate (representative, Croydon Voluntary
Sector Alliance)

Patients, the public and users of health and care services – Geraldine O’Shea
(representative, Croydon Voluntary Sector Alliance), Bridget Stephanou
(representative, Shadow Healthwatch Croydon)

Officers of the council – Paul Greenhalgh (executive director children, young
people and learners), Hannah Miller (executive director adult social services and
housing)

In attendance: Fiona Assaly (health & wellbeing unit), Steve Morton (head of health
& wellbeing), Dr Almas Rheman (Commissioning for Croydon) and Paul Welch
(Croydon Voluntary Sector Alliance)

Notes: Margot Rohan (senior members’ services manager)
1. Welcome and introductions

Councillor Margaret Mead deputised for Councillor Mike Fisher as co-chair of the
meeting alongside Councillor Toni Letts.

2. Apologies for absence

Apologies were received from Cllr Mike Fisher joint chair (Leader of the council),
Nick Hulme (Croydon Healthcare Services NHS Trust), Roger Oliver (Croydon
Voluntary Sector Alliance) and Guy Pile-Grey (Shadow Healthwatch Croydon)

3. Minutes of the meeting held on 23 June 2011

The shadow board RESOLVED that the minutes of the meeting of the Shadow
Health & Wellbeing Board on 23 June 2011 be signed as an accurate record.

4. Declarations of interest

There were none.

5. Urgent Business

There was none

6. Health and social care commissioning 2011/12 and 2012/13

The following presentations were shown:
NHS Croydon 2011-12 Priorities – Amanda Philpott
Healthcare Consortium 2012-13 Priorities – Dr Agnelo Fernandes
Extending Patient Choice of Provider – Dr Tony Brzezicki
Children’s Health Commissioning – Planning for 2012-13 – Paul Greenhalgh
Social Care Commissioning Priorities 2012-13 – Hannah Miller

Copies of the presentations were made available in the delegate pack. Copies are
also available on the council website at:
www.croydon.gov.uk/democracy/dande/minutes/healthwellbeing

A discussion followed the presentations.

Issues and concerns raised by participants in the discussion included:

- Conflict of interest?
  - A different part of the NHS is engaged in commissioning

- Budgets - segregated into adults, children etc?
  - Figures are separated
  - Primary problem mental health. Figures will be refreshed in December

- Commissioning specialist services – for example can dementia specialist
  services be commissioned by GPs?
  - Recommendations will go to the commissioners later this year
  - Need to think about ways of improving quality of care as well as
    improving productivity.
  - Majority of care provided by carers, not health service
• As more links are made with voluntary sector, improvements can be made
• Primary Care Groups were constantly in touch but, over last 5 years, structure changed.
• Reablement will be major topic for October meeting
• 13 different work streams to enable healthcare to deliver novel solutions. e.g. If in hospital how to get out quickly and when out, how prevent return?
• Work on mental health – about making things happen, doing more in primary care, more emphasis on preventative solutions.

• What is the diabetes success story?
  ▪ Blood test done to check overall control of diabetes – been moving in right direction with encouraging results
  ▪ Croydon doing better than it was in comparison with other PCTs – moved up several places in rankings
  ▪ Diabetes services greatly improved.

• Patient consultation? Are present arrangements adequate? If not, what needs to be developed?
  ▪ Public consultation will give ample opportunity for everyone to feed into it
  ▪ Hoping to start fairly soon
  ▪ Engagement strategy being developed
  ▪ Development of practices to ensure patients involved in way practices evolve.
  ▪ Patient champions have a huge impact
  ▪ Experience of patients important to see when service does not deliver in way patients need.
  ▪ Younger generation much more ‘hands on’ with new ways
  ▪ Need to show that patient voice can make a difference
  ▪ Silent majority – need to engage in different ways to get their views
  ▪ Weakness is in seeing what effect process has had, leading to consultation fatigue
  ▪ Takes time to see effect – hard for people to see
  ▪ Need to ensure outcomes are fed back

• Patient Choice
  ▪ What will choices be?
  ▪ Specifying minimum level of quality - not equal quality everywhere currently
  ▪ Looking at range of services and then tendering for service to be provided
  ▪ Services have not been monitored for quality as well as could have been
  ▪ Need to ensure meet minimum quality levels but then to exceed them
  ▪ Choice not just of hospital but now in broader sense – treatment, pathway etc.
  ▪ Need advocates to ensure public are empowered
  ▪ Public should have ability to decide where they want to access treatment – which consultant, where etc
• Prevention better than cure – example of smoking?
  • Only a chart of those who have quit.
  • Evidence is that up to 70% will restart but still worth doing
  • Separate information about overall prevalence of smoking – around 20% in Croydon – below other authority areas.
  • Important part of NHS work to make sure commissioning correctly
  • With changes in commissioning in NHS, some of relationships need to be rebuilt.
  • New structure has officers responsible for certain themes of care – e.g. mental health needs, older people etc.
  • Need to identify GP colleagues who will lead commissioning pathways
  • Other avenues – does not have to be through commissioners.

• Multiple needs - How are children in families with multiple needs supported?
  • Complex sets of needs – support of several agencies needed.
  • Family resilience programme.
  • Number of different aspects of council.
  • Stage 3 – other services in place.

• Bereavement services – are there any plans for the local authority to invest in bereavement service etc?
  • There are counselling services in Croydon.
  • Project in University hospital – end of life care – approach been piloted throughout London.
  • Croydon is very well served with palliative care services compared with other local authorities
  • There are independent bereavement services but they need to be advertised more – e.g. Upper Norwood

• Cultural changes – schools
  • In previous years, if a pupil fell ill, it was dealt with between the school and parents. People are now much more risk averse and so sometimes an ambulance called – 25% of patients in A&E are children but 98% not admitted.
  • Need to look at resource usage due to cultural shift
  • Working with diff schools dealing with special educational needs (SEN) – some schools happy to have ancillary staff trained in procedures to provide service for children
  • Generalisation – tend to over-medicalise.
  • Risk aversion issue - majority of children not admitted and, of those who are, the majority do not stay in

7. Joint health and wellbeing strategy
Hannah Miller gave a brief summary:
• Different themes came out of different frameworks
• Strategy to be finalised by spring 2012
• 14 July event – consultation on statements
• Over time will drill down from strategy and there may be some sharing of costs
• One of functions of Board will be to look at whether commissioners have explored existing mechanisms for improving joint working, for example, NHS Act 2006 flexibilities.
The shadow board RESOLVED to agree draft outline recommendations:

(i) a final set of draft outcome statements for inclusion in the draft health and wellbeing strategy
(ii) the process and timescale required to produce the strategy
(iii) that a full initial equalities impact assessment to inform the development of the health and wellbeing strategy is completed by 30 September 2011 (para 8.1 of report)
(iv) that shadow board members take responsibility for the engagement of lead commissioners and key decision makers within their organisation (para 5.2 of report)

8. Joint strategic needs assessment 2011/12 and 2012/13
Dr Brambleby gave a brief overview:
- Chose ‘deep dive’ – repeat terminations of pregnancy.
- Requested ideas and received 20 replies
- In order to prioritise asked to complete proforma but only 5 completed it
- Options selected for consideration by the board reflect a review of the core dataset and focus on areas where Croydon’s performance is significantly poorer than either London or England.

After discussion the shadow board RESOLVED, on a unanimous vote, to
(i) select ‘Children in poverty’ and ‘Support to people with long term conditions’ (including dementia) from the following list, for deep dive assessment this year (2011-12):
- Children in poverty
- Adult obesity (incorporating participation in sport and active recreation)
- Advice and information for carers
- Self directed support to social care clients
- Support to people with long term conditions
- Immunisations (pneumococcal)

In addition, there will be a refresh of adult obesity, which was covered in the JSNA for 2009/10

(ii) agree that the entire focus of next year’s (2012/13) JSNA be the topic of mental health

9. Memorandum of understanding between Croydon local authority and NHS South West London, Croydon borough team
The shadow board RESOLVED to:
- Note the memorandum of understanding

10. Dates of future meetings
Meetings will all be on Thursdays, at 2pm in the council chamber:
13 October 2011
8 December 2011
9 February 2012

There being no further business the meeting closed at 4.30pm
AGENDA ITEM 7
Shadow Health & Wellbeing Board
13 October 2011

REPORT TO: SHADOW HEALTH AND WELLBEING BOARD
13 October 2011

AGENDA ITEM: 7

SUBJECT: Diabetes: follow up from shadow board meeting 7 April 2011

LEAD OFFICER: Dr Peter Brambleby
Director of Public Health

CORPORATE PRIORITY/POLICY CONTEXT:

Diabetes is a significant health issue in Croydon with the percentage of patients with a HbA1c of 7.5% or less (a measure of good blood glucose control) being one of NHS Croydon's 10 priority outcomes in its Strategic Commissioning Plan 2008/09 - 2012/13. The National Service Framework for Diabetes: Standards (2001) has been a key driver for the development of services in Croydon as well as across England alongside NICE guidance and more recently NICE Diabetes Quality Standards and Healthcare for London's London Model of Care.

FINANCIAL IMPACT

The final JSNA recommendation listed in the table in section 3.9 – “Look at patterns of spend and assess if there are opportunities to re-profile and reinvest in high impact and high priority areas” – has considerable financial implications, not in terms of an increase in expenditure, but in terms of how and by whom resources are deployed.

1. RECOMMENDATIONS

This report recommends that the shadow health and wellbeing board monitors and supports the implementation of NICE Public Health Guidance PH35 Preventing type 2 diabetes – population and community interventions (see section 3.15)

2. EXECUTIVE SUMMARY

2.1 The first meeting of Croydon’s health and well-being board took place on 7 April 2011 with a key topic of ‘Focus on improving outcomes: diabetes’.

Presentations were given by the Director of Public Health Dr Peter Brambleby, Commissioning for Croydon chair Dr Tony Brzezicki and Croydon Diabetes Network Manager Daniel MacIntyre. The purpose of this briefing is to look at progress that has been made in relation to the issues raised at the meeting and broader developments in local diabetes care including areas that the health and well-being board can support to improve local diabetes outcomes such as the percentage of patients with good blood glucose control, and blood pressure and cholesterol within target levels.

HWBB 20111013AR7
3. **DETAIL**

3.1 At the end of March 2011, 17,274 patients registered with Croydon GPs had been diagnosed with diabetes, an increase of 698 from the previous year, when just over one in 23 of all patients registered with Croydon GPs were diagnosed with the condition. In 2008-09 it was estimated that around 14% of the estimated total diabetes population had not been diagnosed. The estimated overall prevalence of diabetes in Croydon in 2009 was 5%. The recorded prevalence rate in 2009-10 of 4.4% was slightly higher than London (4.1%) and England (4.3%).

3.2 There are inequalities relating to both deprivation and ethnicity in Croydon. Prevalence rates are 70% greater for people in the most deprived areas of the borough than those in the least deprived. There are inequalities in diabetes prevalence rates and blood glucose control between people of different ethnicities. There is a prevalence rate of 13.1% amongst patients with severe mental health problems.

3.3 In 2009-10, total diabetes expenditure in Croydon was £8,120,000, with prescribing accounting for just over 50% of this. In 2008-09, diabetes medicines accounted for just under 10% of the total prescribing budget.

3.4 The most significant recent development in Croydon’s diabetes services has been the setting up of a community based integrated intermediate service in April 2009. Croydon Community Integrated Diabetes Service structured education programmes to people newly diagnosed with diabetes, dietetics and provides care for patients with more complex needs. A significant aspect of Croydon Community Integrated Diabetes Service’ role is in providing support to general practices to improve their diabetes care.

3.5 Croydon Diabetes Network was launched at the same time as Croydon Community Integrated Diabetes Service to connect diabetes healthcare professionals, people with diabetes and their families and carers, and people working in related fields, in order to support the development of diabetes services and improve health outcomes at a borough wide level. Based in Croydon’s Public Health Department, it is guided by a leadership team with representation from clinicians, service users and local government. It has quarterly network meetings to allow key people interested in diabetes issues to come together and has a range of subgroups carrying out work reflecting current priorities, including a Patients, Families and Carers subgroup. Work that Croydon Diabetes Network has carried out includes revising the diabetes guidelines for GPs, setting up and maintaining a diabetes micro-site and developing a diabetes checklist for schools. The network manager drafted the diabetes chapter of Croydon’s 2010-11 JSNA which can be accessed at www.croydonobservatory.org.

**HbA1c – targets and outcomes**

3.6 The goal of diabetes therapy is to maximise healthy life expectancy and avoid medical complications. One of the main ways that this is achieved is through normalising blood glucose levels. HbA1c is a measure of average blood glucose control over a two or three month period and can be used to assess how well a person with diabetes is controlling their blood glucose. It can also be used to assess blood glucose control at population levels.
Croydon has exceeded its HbA1c targets for the last two years running. In 2009-10 47.1% of patients had HbA1c at or below 7.5% compared to a target of 44%. In 2010-11 47.9% had HbA1c at or below 7% with a target of 44%.

Comparative data from 2008-09 and 2009-10 shows that Croydon’s ranking in terms of the percentage of patients with good blood glucose control relative to other PCTs improved dramatically over the space of one year – from 142 out of 152 PCTs to 82nd place. This is due to the launching of Croydon Community Integrated Diabetes Service at this time and also a GP lead initiative to develop diabetes prescribing in line with current research that took place at the same time.

Croydon PCT’s total spend on diabetes compared to % of patients with HbA1c of 7% or less, 2009/10

<table>
<thead>
<tr>
<th>JSNA key recommendation</th>
<th>Actions taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate diabetes strategies with wider programmes to tackle deprivation, particularly those with an impact on obesity and physical activity rates.</td>
<td>HWBB to oversee implementation of NICE Public Health Guidance PH35 Preventing type 2 diabetes – population and community interventions – see section 3.15.</td>
</tr>
</tbody>
</table>

JSNA update

The 2010-11 JSNA diabetes chapter contained a series of 19 key recommendations. The table below describes what progress has been made against them.
<table>
<thead>
<tr>
<th>JSNA key recommendation</th>
<th>Actions taken</th>
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</thead>
<tbody>
<tr>
<td>Ensure that services are commissioned at all stages of the patient pathway for people with, or at risk of developing, diabetes, consistent with recognised national standards.</td>
<td>Croydon Diabetes Network Leadership Team and Clinical Guidance Subgroup monitors Croydon's diabetes healthcare system to ensure it is in line with Diabetes NSF, NICE Guidance, NICE Quality Standards, London Model of Care</td>
</tr>
<tr>
<td>Monitor diabetes data in order to identify variability in service quality as measured by HbA1c levels and complication rates.</td>
<td>Croydon Diabetes Network issues a quarterly monitoring report – see below</td>
</tr>
<tr>
<td>Improve data collection on ethnicity and deprivation from Croydon Community Integrated Diabetes Service and secondary services.</td>
<td>Croydon Community Integrated Diabetes Service have improved practice monitoring dashboard to capture deprivation data.</td>
</tr>
<tr>
<td>Ensure HbA1c levels for children with diabetes are monitored and develop services to drive improvements</td>
<td>Paediatric diabetes service carry out an annual audit</td>
</tr>
<tr>
<td>Ensure general practices are supported to improve levels of blood glucose control and identify undiagnosed patients.</td>
<td>Croydon Community Integrated Diabetes Service deliver a GP support programme</td>
</tr>
<tr>
<td>Commission interventions targeting local communities with high prevalence and poor levels of blood glucose control, including a specific intervention aimed at Bangladeshi patients.</td>
<td>DVD's have been produced in Tamil and Urdu, Bangladeshi patient education sessions run at Asian Resource Centre</td>
</tr>
<tr>
<td>Investigate reasons why mixed ethnicity groups have higher prevalence rates and a lower percentage of patients with an HbA1c of 7% or less, and identify which populations are included in the Other Asian ethnicity category locally.</td>
<td>Investigation on mixed ethnicity – to do. Consultation with GPs identified 'Other Asian' population as mainly Tamil.</td>
</tr>
<tr>
<td>Ensure services are able to meet the needs of people with diabetes in care homes and nursing homes, and those with mental illness and learning disabilities.</td>
<td>Working with Patient's, Families and Carers Group and LINk on care and nursing homes, World Diabetes Day 2011 focus on mental health and learning difficulties – see below</td>
</tr>
<tr>
<td>Commission a diabetes awareness campaign.</td>
<td>Annual diabetes pharmacy campaigns delivered</td>
</tr>
<tr>
<td>JSNA key recommendation</td>
<td>Actions taken</td>
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<td>---------------------------------------------------------------------------------------</td>
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<tr>
<td>Strengthen links between diabetes services and services which deliver preventive activities such as physical activity and healthy eating.</td>
<td>HWBB to oversee implementation of NICE Public Health Guidance PH35 Preventing type 2 diabetes – population and community interventions – see section 3.15.</td>
</tr>
<tr>
<td>Increase the capacity of the voluntary and community sectors to improve diabetes awareness and prevention</td>
<td>Information and training offered to all voluntary and community sector organisations for National Diabetes Week</td>
</tr>
<tr>
<td>Engage with the public and patients to increase awareness of the local diabetes strategy.</td>
<td>National Diabetes Week, World Diabetes Day, Croydon Diabetes Network presence at community events</td>
</tr>
<tr>
<td>Commission services that support effective patient self management including increasing the availability and uptake of structured education programmes.</td>
<td>Croydon Community Integrated Diabetes Service commissioned to support patient self management including delivery of nationally recognised patient education programmes</td>
</tr>
<tr>
<td>Collect data on the extent and quality of care planning provided by local diabetes services</td>
<td>Croydon Diabetes Network developed template for electronic patient record to capture data at annual review including data on care planning</td>
</tr>
<tr>
<td>Ensure that services that are commissioned are able to respond to and facilitate care planning</td>
<td>Croydon Community Integrated Diabetes Service commissioned to respond to and facilitate care planning, including the production of patient hand held records</td>
</tr>
<tr>
<td>Increase the capacity of psychological and emotional support services.</td>
<td>Croydon Diabetes Network delivered training in motivational interviewing for practice staff, diabetes training for mental health staff on World Diabetes Day</td>
</tr>
<tr>
<td>Investigate all aspects of the secondary care pathway in order to improve patient experience and outcomes.</td>
<td>Programme budgeting data includes detailed analysis of secondary care activity and expenditure</td>
</tr>
<tr>
<td>Look at patterns of spend and assess if there are opportunities to re-profile and reinvest in high impact and high priority areas.</td>
<td>Carrying out diabetes programme budgeting and marginal analysis exercise to identify re-profiling and re-investment opportunities</td>
</tr>
</tbody>
</table>
Actions taken on issues raised at HWBB 7 April

3.10 Engagement with voluntary and community sector including provision of appropriate information: Prior to National Diabetes Week 2011 13th - 17th June, all Croydon voluntary and community sector umbrella organisations asked their members to contact Croydon Diabetes Network with their diabetes information needs and also if they required diabetes education and information sessions. Croydon Diabetes Network has recently produced DVDs containing diabetes information in Tamil and Urdu.

3.11 Care in nursing and care homes: This has been a permanent agenda item at meetings of the Patients, Families and Carers Subgroup since April with commissioners working with care homes reporting to the group. Croydon Diabetes Network is currently carrying out work with Croydon LINk to assess the quality of diabetes care in nursing and care homes and a meeting will be taking place on Monday 12 September with GPs, Croydon Council and NHS SW London representatives to discuss how best to support this.

3.12 Diabetes care for people with mental health issues and learning disabilities: The themes for Croydon’s World Diabetes Day 2011 taking place on November 14th are going to be mental health and learning disabilities, with training for diabetes professionals in these areas, for mental health and learning disabilities professionals and service users around diabetes.

Current developments

3.13 Programme Budgeting and Marginal Analysis (PBMA) Supported by Director of Public Health Peter Brambleby, Daniel MacIntyre, Croydon Diabetes Network Manager, is carrying out a diabetes PBMA. Detailed data has been collated on spend and activity for Croydon’s diabetes healthcare system. Croydon Diabetes Network is currently looking at possible areas for investment and disinvestment.

3.14 Croydon Diabetes Network Quarterly Monitoring Framework (July 2011 report provided) While HbA1c has been an NHS Croydon priority outcome and closely monitored, Croydon Diabetes Network has developed a new quarterly monitoring framework, covering HbA1c, but also blood pressure, cholesterol, chronic kidney disease with data showing general practice variations in these areas. Both Clinical Commissioning Groups have agreed that these should be de-anonymised. Data are also provided on blindness and amputations.

3.15 NICE Public Health Guidance PH35 Preventing type 2 diabetes – population and community interventions While diabetes clinical healthcare systems are well established in Croydon, the main task for stakeholders over the medium to long term is to prevent the onset of type 2 diabetes. NICE have just released guidance with a set of 10 evidence based recommendations to be carried out a local level working with populations and communities to increase levels of physical activity and reduce people's weight. Effective partnership working will be essential if this is to be successful – the guidance includes mentions of working with planners, education services and retailers, as well as the more traditional diabetes stakeholders. One of the central roles that Croydon’s Health and Wellbeing Board can play in improving diabetes outcomes is in overseeing and
supporting the implementation of this guidance. NICE PH35 Preventing type 2 diabetes – population and community interventions can be accessed at www.nice.org.uk/PH35

4. CONSULTATION
4.1 Members of Croydon Diabetes Network – people with diabetes and their families and carers, healthcare professionals at all stages of the disease pathway and people working related fields including members of the voluntary and community sectors were involved in all aspects of this report i.e. developing the 2010-11 JSNA diabetes chapter, delivering the actions relating to the chapter recommendations and the issues raised at the HWBB meeting on 7 April.

5. SERVICE INTEGRATION
5.1 Current expenditure on diabetes is predominantly allocated for the clinical treatment for the condition. Significantly increased expenditure on prevention will also involve other disease programmes (cardiovascular) and conditions (obesity) and will involve a wider range of stakeholders than at present (see section 3.15).

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS
6.1 Financial risks relate to the final JSNA recommendation listed in the table in section 3.9 – “Look at patterns of spend and assess if there are opportunities to re-profile and reinvest in high impact and high priority areas” The risks are that either this is not carried out effectively or that there is a lack of buy-in from organisations around the redeployment of resources. The programme budgeting process guiding this activity is being guided and monitored by Croydon Diabetes Network’s Leadership Team, Chaired by the director of public health, Dr Peter Brambleby.

7. LEGAL CONSIDERATIONS
7.1 There are no legal considerations arising from this report.

8. HUMAN RESOURCES IMPACT
8.1 Croydon Diabetes Network and Croydon Community Integrated Diabetes Service are delivering training on diabetes for mental health and learning disability professionals and training on mental health and learning disabilities for diabetes healthcare professionals at the World Diabetes Day event on November 14th this year.

9. EQUALITIES IMPACT
9.1 An equalities impact assessment was carried out during the first stages of the 2009/10 JSNA chapter – it highlighted that there was the strong possibility of significant ethnicity inequalities being identified and as a result of this ethnicity data was fast-tracked and focus groups held to explore these further.

10. ENVIRONMENTAL IMPACT
10.1 The built environment has a significant impact on people’s physical activity levels. Physical activity is a preventative factor for diabetes and other major diseases in Croydon. Encouragement of cycling and walking through urban design will promote health and well-being as well as improving sustainability.

11. CRIME AND DISORDER REDUCTION IMPACT

HWBB 20111013AR7
11.1 There are no crime and disorder implications arising from this report.

11. HUMAN RIGHTS IMPACT
11.1 The commissioning and provision of diabetes services need to be in accordance with the rights set out in the Human Rights Act (1998). They will help ensure delivery of the convention rights including the right to life, the right not to be subjected to torture or to inhuman or degrading treatment or punishment, the right to liberty and security of person, and the right to respect for private and family life.

12. FREEDOM OF INFORMATION/DATA PROTECTION CONSIDERATIONS
12.1 The information contained in this report will be accessible under the Freedom of Information Act 2000. Information held by the council and documents supporting the report may also be accessible under the Act, subject to relevant exemptions.

CONTACT OFFICER: Daniel MacIntyre, Diabetes Network Manager, NHS SW London, Croydon borough team
daniel.macintyre@croydonpct.nhs.uk; 020 8274 6142

BACKGROUND DOCUMENTS
Croydon Diabetes Network quarterly monitoring report July 2011
CDN Quarterly Monitoring Report July 2011

<table>
<thead>
<tr>
<th></th>
<th>Croydon</th>
<th>London</th>
<th>England</th>
<th>Croydon</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients diagnosed with diabetes</td>
<td>17274</td>
<td>n/a</td>
<td>n/a</td>
<td>16513</td>
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<td>Diabetes prevalence</td>
<td>4.5%</td>
<td>n/a</td>
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<td>4.4%</td>
<td>4.1%</td>
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<td>BP&lt;145/85 (patients with diabetes)</td>
<td>79.7%</td>
<td>n/a</td>
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<td>79.7%</td>
<td>80.4%</td>
<td>80.6%</td>
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<td>Cholesterol&lt;5mmol/l (patients with diabetes)</td>
<td>78.5%</td>
<td>n/a</td>
<td>n/a</td>
<td>79.3%</td>
<td>80.8%</td>
<td>83.0%</td>
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<td>HbA1c&lt;7 (patients with diabetes)</td>
<td>54.2%</td>
<td>n/a</td>
<td>n/a</td>
<td>53.3%</td>
<td>51.6%</td>
<td>53.8%</td>
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<td>CKD prevalence (patients with diabetes)</td>
<td>14.0%</td>
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<td>Blindness (number for patients with diabetes)</td>
<td>122</td>
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<td>126</td>
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<td>Lower limb amputations (number in last year)</td>
<td>53</td>
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<td>n/a</td>
<td>55</td>
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Prevalence of CKD (stages 3-5) in patients with diabetes, practices ranked in CCGs, March 2011
REPORT TO: SHADOW HEALTH AND WELLBEING BOARD
13 October 2011

AGENDA ITEM: 9

SUBJECT: Developing CCGs – Towards Authorisation

LEAD OFFICER: Dr Tony Brzezicki, Commissiong4Croydon Chair
Dr Agnelo Fernandes, Croydon Healthcare Consortium

CORPORATE PRIORITY/POLICY CONTEXT:
The White paper, Liberating the NHS, published in July 2010 set out plans for groups of GP practices, as Clinical Commissioning Groups (CCGs), to take on commissioning responsibilities. This proposal forms part of the Health and Social Care Bill currently going through Parliament.

Clinical Commissioning Groups will be formed of GP practices but will also involve a range of other clinical professionals including consultants and nurses, as well as patient representatives. CCG Pathfinders will need to go through an authorisation process to become an established CCG and take on full commissioning responsibilities from April 2013.

Croydon currently has two CCG Pathfinders; Croydon Healthcare Consortium (CHC) and Commissioning for Croydon (C4C). The two Pathfinders have recently agreed that as from January 2012 they will become one Pathfinder, covering Croydon, to work towards authorisation as a CCG and take on commissioning responsibilities from April 2013.

This paper sets out the role of the Health and Wellbeing Board in that authorisation process.

FINANCIAL IMPACT:
There are no financial implications of this paper.

1. RECOMMENDATIONS
This report recommends that the shadow health and wellbeing board:

Note the content of this report

2. EXECUTIVE SUMMARY
2.1 By April 2013 the whole of England should be covered by established Clinical Commissioning Groups (CCGs). In order to achieve this each group needs to go through an authorisation process to ensure they are fit for purpose. Health and Wellbeing Boards will have a role in this authorisation process.
3. **DETAIL**

3.1 Croydon currently has two Pathfinders; Croydon Healthcare Consortium (CHC) and Commissioning for Croydon (C4C). The two Pathfinders have recently agreed that as from January 2012 they will become one Pathfinder, covering Croydon, to work towards authorisation as a Clinical Commissioning Group (CCG) and take on commissioning responsibilities from April 2013.

3.2 The NHS Commissioning Board (NHSCB) is expected to be in shadow form from October 2011, and to be formally established by October 2012. The first CCG applications for authorisation are expected to be received by the NHSCB in summer 2012, with the first CCGs established by October 2012. By April 2013 the whole of England is set to be covered by established CCGs.

All the above timescales are dependant on the Health and Social Care Bill being passed through parliament.

3.3 The two Pathfinders in Croydon have already begun the journey towards authorisation. Both were approved as Pathfinders, CHC from January 2011 and C4C from April 2011. Since August 2011 the two CCGs have held delegated responsibility for commissioning budgets of £400 million.

Development support for London Pathfinders is being centrally funded by NHS London. A procurement exercise was carried out and for Croydon the successful provider was KPMG. They will work with the Croydon Pathfinders over the next seven months on organisational development and to support them in moving towards authorisation.

In order to become authorised CCGs will need to demonstrate their capability across six domains:

- A strong clinical and professional focus which brings real added value
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans which continue to deliver the QIPP (Quality, Innovation, Productivity, Prevention) challenge within financial resources
- Proper constitutional and governance arrangements
- Collaborative arrangements for commissioning with other CCGs, Local Authorities – including Health and Wellbeing Boards, the NHS Commissioning Board, and other relevant organisations
- Great leaders who can make a real difference

3.4 The Health and Wellbeing Board (HWBB) will have two key roles to play in the authorisation process.

- CCGs will be required to demonstrate their active role in the Health and Wellbeing Board
- The HWBB will also undertake 360 degree reviews of the CCGs providing views on the CCGs willingness and ability to be involved in partnership working and their relationship with the local population.

The input from the HWBB, and other partners, will influence the final decision of the NHS Commissioning Board on the authorisation of the CCG.
4. CONSULTATION
4.1 N/A

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS
5.1 N/A

6. LEGAL CONSIDERATIONS
6.1 The current proposals set out are subject to change as the Health and Social Care Bill passes through Parliament.

7. HUMAN RESOURCES IMPACT
7.1 N/A

8. EQUALITIES IMPACT
8.1 N/A

9. ENVIRONMENTAL IMPACT
9.1 N/A

10. CRIME AND DISORDER REDUCTION IMPACT
10.1 N/A

11. HUMAN RIGHTS IMPACT
11.1 N/A

12. FREEDOM OF INFORMATION/DATA PROTECTION CONSIDERATIONS
12.1 The information contained in this report will be accessible under the Freedom of Information Act 2000. Information held by the council and documents supporting the report may also be accessible under the Act, subject to relevant exemptions.

CONTACT OFFICER: Fouzia Basit, Head of Commissioning, NHS South West London, Croydon Borough Team, 020 8274 6282

BACKGROUND DOCUMENTS
Developing clinical commissioning groups: Towards authorisation
<table>
<thead>
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<td>Dr Peter Brambleby / Dr Tony Brzezicki</td>
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### Agenda Item 10
**Shadow Health & Wellbeing Board**  
**13 October 2011**

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**Items for 2012/13 & 2013/14**

1. Commissioning NHS complaints advocacy
2. Commissioning statutory mental health advocacy
3. Planning for full statutory powers