

HEALTH & WELL-BEING BOARD (CROYDON)
Minutes of the meeting held on Wednesday 12th February 2014 at 2pm in
Room F10, The Town Hall, Katharine Street, Croydon CR0 1NX

- Present:**
- Elected members of the council:**
Councillors Jane AVIS, Adam KELLETT, Maggie MANSELL,
Margaret MEAD - chair, Tim POLLARD - vice-chair
- Officers of the council:**
Hannah MILLER (Executive Director of Adult Services, Health &
Housing)
Dr Mike Robinson (Director of public health)
- NHS commissioners:**
Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning
Group)
Paula SWANN (NHS Croydon Clinical Commissioning Group)
- Healthwatch Croydon**
Guy PILE-GREY (Healthwatch Croydon)
- NHS service providers:**
Steve DAVIDSON (South London & Maudsley NHS Foundation
Trust)
John GOULSTON (Croydon Health Services NHS Trust)
- Representing voluntary sector service providers:**
Sarah BURNS (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)
- Representing patients, the public and users of health and care
services:**
Mark JUSTICE (Croydon Charity Services Delivery Group)
- Non-voting members:**
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
- Also present:**
Fiona Assaly (office manager, health & wellbeing, Croydon Council),
Andrew Maskell (Strategic Projects Manager, Personal Support),
Steve Morton (head of health & wellbeing, Croydon Council),
Brenda Scanlan (Director of Adult Care Commissioning)
- Committee Manager:** Margot Rohan (senior members' services
manager)

A1/14 INTRODUCTION

The Chair, Cllr Margaret Mead, welcomed all to the meeting.

A2/14 MINUTES OF THE MEETING HELD ON WEDNESDAY 4TH DECEMBER 2013

The Board **RESOLVED** that the minutes of the meeting of the Health & Wellbeing Board (Croydon) on 4 December 2013 be agreed as an accurate record.

A3/14 APOLOGIES FOR ABSENCE

Apologies were received from Ashtaq Arain (Faiths Together in Croydon), Dr Jane Fryer (NHS England), Paul Greenhalgh (Executive Director of Children, Families & Learning), David Lindridge (London Fire Brigade), Lissa Moore (London Probation Trust), Lynette Patterson (Croydon Voluntary Sector Alliance - Croydon Guyana Link), Steve Phaure (Croydon Voluntary Action), Annette Robson (Croydon College), Barbara Scott (Healthwatch Croydon)

A4/14 DISCLOSURE OF INTEREST

There were no disclosures of pecuniary interest at this meeting.

A5/14 URGENT BUSINESS

Better Care Fund (formerly known as Integration transformation fund) 2014-15

Reasons for urgency: The special circumstances for non-compliance with Access to Information Procedure Rule 5.01/Section 100B(4) of the Local Government Act 1972 (items not to be considered unless open to inspection at least 5 days before the meeting) are that the national deadline is the 14th February 2014 and that this is such a significant piece of legislative change that joint work is needed to meet the requirements of NHS England.

Andrew Maskell gave a presentation on the Croydon Better Care Fund proposal:

The Better Care Fund gives us the opportunity to drive forward integration agenda for health and social care. There has already been a strong focus on joint work between the council and the NHS to produce health outcomes through the reablement programme previously discussed by the board.

The team developing the proposal have been working to extremely tight timescales. We received initial notification in October 2013 - very high level with no detail. Detailed guidance was only issued on 20 December. The guidance has raised more questions than it has answered. There are a number of significant risks within the programme for the council and the NHS. One of key elements of the

initial scheme set out by government was particularly problematic - pay by performance. On 10 February that element was removed.

Next milestone in the development of our proposal is 14 February 2014 to submit draft to NHS England. It will be a joint submission between the council and Croydon CCG (Clinical Commissioning Group). After 14 February there will be further work on the proposal including addressing feedback from NHS England based on an assurance process – they will come back with queries and challenges.

Target date for final submission is 4 April 2014.

The context in which this work is being undertaken is that all organisations working in health and social care in Croydon are facing significant financial challenges. It is important to be clear that the Better Care Fund is not new money. The government has specified what it expects partners to contribute financially.

Board members' attention was drawn to appendix one – we want to ensure that we are measuring things appropriately; and proposed allocations (appendix 2)

We still need to finalise targets – to be clear of baseline and targets which need to be set jointly.

The following issues were raised:

- Treasury rules disadvantage Croydon. Can we be sure that the allocations are sufficient to address local need?
- Multi-skilling of delivery staff not mentioned - district nurse could be a key worker for those needing ongoing treatment
- Integrating the staff – treasury rules say so much should come from acute services – already have community services doing work – should be included.
- Map of 6 areas – what is basis? GP practices? Difference in cost between peripatetic staff based in GP practice or on geographical areas
- Concern about cut off of services
- Drugs and alcohol service not included – is there scope for improvement and savings in this area?
- What is the role of the Integrated Commissioning Unit in this?

The following responses were made:

- The map shows the pre-existing GP networks in Croydon
- The objectives of the Better Care Fund are multiple but they aim to ensure overall that people are cared for in the most appropriate setting. In particular we want to reduce unnecessary admissions in acute unit. This is both a risk and an opportunity for Croydon Health Services who provide both acute and community health services.

- The Integrated Commissioning Unit is where CCG and council commissioners are coming together within a single management structure to look at how we can commission more effectively across mental health, children's services, continuing care etc. A report on the Integrated Commissioning Unit was made some months ago to the board.
- Need to remember vital role of carers, family members and neighbours in keeping people out of hospital.
- Role of voluntary and community sector important.

The health and wellbeing board **RESOLVED** to:

- Approve Croydon Council and Croydon CCG draft Croydon Better Care Fund Plan 2014-16 at Appendix A in readiness for submission to NHS England by 14th February 2014. Please note that appendices 1 and 2 of the Submission will be presented at the Board Meeting on 12th February 2014.
- Agree that the Executive Director of Adult Services Health and Housing, in consultation with the Chair of the Health and Wellbeing Board, be delegated authority to approve the final Croydon Better Care Fund Plan 2014-16 for submission to NHS England by 4th April 2014.

A6/14 EXEMPT ITEMS

There were no exempt items.

A7/14 DIGNITY AND SAFETY IN CARE - SEMINAR REPORT

Steve Morton summarised the main points of the report and a discussion followed on the issues it raised.

The Health and Wellbeing Board **RESOLVED** to:

- Note local work being local work being taken forward by partners to implement recommendations arising from the Francis Report and Winterbourne View Hospital Serious Case Review
- Agree the recommendations from the health and wellbeing board seminar on 5 December 2013 as set out in paragraph 3.12 of the report

A8/14 PUBLIC QUESTIONS

The following questions were received:

John Holman: Recently I went to my GP for my audiology problem. I needed to see a consultant. My GP said he was required to send

the consultant request to a private company in Brighton, who would vet it. Croydon University Hospital later sent me an appointment. Gavin Barwell MP said this was NOT government policy but a local decision?

Responses:

This is a local system implemented by the CCG 18 months ago. It helps GPs to make referrals into secondary care. The organisation is based in Brighton. It is staffed by GPs who review referrals to secondary care. This is to ensure that referrals are made in a way which reflects best clinical practice. The systems also educates and support GPs in making referrals. The service will talk through with a GP the pathway selected and the most appropriate providers.

A follow up question was made by **Peter Howard**: How much do referrals cost? Why not trust GPs? Referral sent to Brighton - patient has to wait - comes back to CUH. Why has Croydon chosen to do this unilaterally? Not national policy. Are we paying private companies to second guess GPs?

Response: The system was introduced to address significant variation in referrals. There were a relatively high number of instances where forms were not correctly filled in and where referrals to secondary care were not appropriate. Overall the system helps to reduce the costs of inappropriate referrals or treatments.

Anne Milstead: I asked a question last time about the levels of care available in the Borough which are noted in the minutes. They also say, "we will go back to service and ask for information requested". It seems to me that the question about whistleblowers has not been answered, nor has the question about PUBLIC involvement BEFORE the commissioning and implementation of a service. My question this time follows from last time and is how much does Croydon Council pay for care per hour bearing in mind that the Care Home Association have costed for a minimum realistic and economic and sustainable charge to Local Authorities of £15.19 per hour, which is made up by:

£6.31 minimum wage

00.71 N/I contributions

00.81 holiday pay

15.91 with nothing for pension, which is mandatory now and I imagine that you would like the carers to have a pension?

Written response (after the meeting) from Steve Peddie (Head of Commissioning for Older People and Long Term Conditions):

In answer to the issue of whistleblowing I do not know what the issue was but the Council clearly has a Whistleblowing policy and in terms of commissioned services there are numerous examples of commissioners investigating allegations made by whistleblowers of provided services.

The answer to the second issue is that the Council considers it good commissioning practice to consult with users and carers, as well as

existing providers of services, before commissioning and implementation of services. The Council's Commissioning Strategy p15:

"We will understand the needs and priorities of our citizens, now and in the future and clearly specify our requirements; We will involve customers and service users in the planning, design, monitoring and evaluation of services;"

Lastly, in terms of how much the Council pays for care per hour, this can depend on which setting we are talking about. Residential and nursing rates have previously been provided as an FOI and are in the public domain (see Appendix P&V)

Peter Howard: How many deprivation of liberty orders are made in Croydon? How many were refused? I am concerned that the only person who has to sign off is Director of Social Services? If prisoners are deprived of liberty, there is an independent review process. Why is there not an outside body overseeing these decisions by Council?

Response:

Hannah Miller: The figures are reported in annual safeguarding report. We follow the legislation on deprivation of liberty safeguarding orders to the letter. Concerns about the process would need to be made to Secretary of State. Case assessment is carried out by one of the council's care managers. It will also include a doctor's report. The recommendation will be to agree or refuse the request. My experience is that the reports are of a very high quality and if I have any doubts, will challenge.

A9/14

REPORT OF THE CHAIR OF THE EXECUTIVE GROUP

Steve Morton drew attention to a number of amendments to the **Work Plan:**

The following issues were raised in relation to the **Performance Report:**

- Comparators - are they set down nationally and comparisons with whom?
- Obesity - figures still worrying
- Diabetes - disappointing progress
- Why is there such poor take up of NHS Health Checks?
- Falls worsened but strategy was doing well, so what is happening?
- Pleased to note a significant increase in satisfaction with social care services
- Increase in immunisations 2-5 years but still no data on 12 year olds who missed out during the MMR scares - are we measuring achievements?
- How do we address the issue of immunisations as it is becoming an acute problem? How can it be enforced with parents?

Responses:

mmunisations: Special scheme introduced by NHS England, to send out letters. Not seen report about success of scheme but will ask NHS England. We are planning to look at the communications strategy and continue to discuss with NHS England. We need to ensure people are aware of the risk from choosing not to immunise. The transfer of public health from the NHS to the council has raised a number of information governance issues with our NHS Health Checks programme model. For this reason we are redesigning the approach and have a recovery plan in place. We are expecting performance to be back on target by autumn 2014.

Risk Register:

- Summary indicating current status of risks and progress
- Does not show risk movement - none at the moment
- Detail being kept under review by Executive Group as agreed by the Board

The following issues were raised:

- It is important to be able to demonstrate the value of having the Health & Wellbeing Board and what has it achieved. In terms of the Health Scrutiny meeting, it will be good to have tangible headlines as to what difference the Health & Wellbeing Board has made..

The Health & Wellbeing Board **RESOLVED** to:

- Agree proposed changes to the board work plan set out at paragraph 3.3
- Comment on performance against joint health and wellbeing strategy indicators at appendix 2. Areas of success and challenge identified by the performance report are set out in section 3.5
- Note risks identified at appendix 3

A10/14 FOR INFORMATION ONLY

The Chair mentioned that there was a Heart Town display available, with literature, in F4.

A11/14 DATE OF NEXT MEETING

Wednesday 26 March at 2pm in F10, Croydon Town Hall

The meeting ended at 4:15pm.