

HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE

Thursday 8 December 2016, 6.30pm, Council Chamber, Town Hall,
Katharine Street, Croydon.

MINUTES PART A

Present: Councillor Carole Bonner (Chair)
Councillors: Kathy Bee, Sue Bennett, Sean Fitzsimons,
Andrew Pelling and Andrew Stranack

Also in attendance for part or all of the meeting:
Councillors: Bernadette Khan, Joy Prince and Colton Young

Also in Attendance Mike Bell, Chairman, Croydon Health Services NHS Trust, John Goulston, Chief Executive, Croydon Health Services NHS Trust, Paula Swann, Chief Officer CCG, Dr Tony Brzezicki, Clinical Lead, CCG, Mike Sexton, Director of Finance - CCG, Stephen Warren, Director of Commissioning – CCG and Rachel Flowers, Director of Public Health

A70/16 **Apologies for absence** Councillor Margaret Mead with Councillor Sue Bennett deputising.

A71/16 **Disclosure of Interest**

At 6.35pm, Councillor Andy Stranack made a disclosure not on his annual register of interest that he is currently a Committee Member of the Outcome Based Commissioning for over 65s Specialist Group.

A72/16 **Urgent Business**

None

A73/16 **Exempt Items**

None

A74/16 **Update on the Croydon Health Services NHS Trust Financial Recovery Plan.** (agenda item 6)

Mike Bell, Chairman, Croydon Health Services NHS Trust (CHS), supported John Goulston, Chief Executive, CHS, presented the Trusts updated financial recovery plan. The senior team were pleased to inform Members that the Trust had successfully delivered two months of the recovery plan which realised a saving of £32.8m and remain committed to

delivering the sustainability and transformation plan without compromising the quality of existing services. The Trust are confident that month 8 would be achieved in a similar way.

The Trust will report to NHS Improvement on 24 January 2017, to review month 8 and 9, and update the agreed milestones to the end of March 2017. NHS Improvement will seek assurances from the Trust Board that these milestones will be achieved. If the Trust can pass these tests then this should result in a way out of special financial measures. Moving forward the Trust will see the current financial deficit steadily reduced in 2017/18 and 2018/19 to 19m, without compromising on performance.

During 2016/17 the Trust had agreed to limit the use of agency staff and this had been achieved over the previous 6 months, in part by the workforce transformation process. One of the initiatives involved the introduction of a new level in nursing called the nurse associate who will perform duties and work in the role of a super healthcare assistant. The first cohort are due to start working in January 2017.

An expected reduction in expenditure had been attributed to the Trust's plans to move towards a paperless environment. This would happen initially on the ITU ward and in outpatient departments from 1 April 2017. Procurement of a new system to assist staff with medical records and retrieving data should realise a reduced expenditure of £18m this year.

Partnership working between the CCG and CHS continues to strengthen, and officers reported that the financial successes were not at the expense of the CCG. Both organisations are committed to the alliance which will deliver OBC for over 65s.

The Trust confirmed that services would not be reduced in 17/18 and would improve services, using various methods of co-locating teams, streamlining the assessment process and working across the multi-disciplinary teams. Staff will work hard in 2017/18 to reduce duplication, to challenge the workforce to problem solve to achieve the "perfect patient journey".

Each area within the acute arm of the Trust is working to CQC parameters. The friends and family test provides some data regarding the patient perspective, however the Board needs to be looking at different methods of collating live data, one example is a programme of mystery shopping and peer reviews look at specific areas across the service. Results will be reported to the Committee during the presentation of the Trust quality account.

The Committee were pleased to see the Senior Management team again, and concluded that an increase in specific data currently marked as a red risk

should form part of the presentation of the quality account. It was encouraging and nice to see the schedule of what is coming up.

The Committee recorded a vote of thanks to the Trust and emergency services and showed their appreciation for the help and support that was given to the community during the and post the tram derailment in Croydon. The Chairman and CEO reported that they are always proud to service and that Croydon had a health services that could be depended upon.

A75/16 South West London Sustainability and Transformation Plan (STP) – Croydon Focus

The Committee having previously received a presentation regarding the South West London STP plans, they welcomed the opportunity to receive the detail with a Croydon focus. As the STP is a shared risk between the commissioner and provider, officers from both organisations were in attendance to make a presentation and receive questions from the Committee. The Committee were in agreement that developments of the STP were an important area that they needed to keep a watching brief. The lack of consultation and information from NHS England was a disappointment which the Committee had previously communicated to NHS England. The lack of transparency and instruction given to health professionals, not to share information with politicians and the public was not in keeping with the spirit of scrutiny. Members were questioning if NHS England recognised local scrutiny's statutory role and the role of NHS England to consult. The positive working relationships with CCG and CHS could have been at risk due to this instruction as it was an example of poor engagement and that the access to and flow of knowledge was being ignored and the lack of transparency to enable the statutory role of scrutiny.

Social Care and the importance of its successful delivery to various initiatives that are due to come online is an area that the Committee recognised needs support and focus. There was agreement that this area of work should be reflected in the current and future work programmes. Despite this poor start local scrutiny has gone some way to build the confidence by its continued review of the local health economy's financial recovery.

Key messages and outcomes of the STP are to deliver a 5 year saving and transformation plan. On 14 November 2017 this sector plan was published and outlined how the significant challenges that health are facing would be addressed, the estates review and the appropriate venues for future service delivery.

Taking into account the local health and social care landscape, the Committee asked officers if specific Croydon challenges had been aligned with those across the sector. It was reported that there had been

a general focus on prevention, supporting self-management and improved quality of delivered. Hospital provision was viewed on a sector wide basis with a view of specialist care being delivered elsewhere across the sector.

The Committee agreed that the presentation had been a useful update.

A76/16 CCG FINANCIAL RECOVERY PLAN

Dr Tony Brezicki, Clinical Lead, CCG and Paula Swann, Chief Officer, CCG was in attendance for this item, supported by Stephen Warren, Director of Commissioning and Mike Sexton, Director of Finance; to report to the Committee the outcome of the financial recovery plan review by NHS England.

Officers reported on changes made since the submission of the recovery plan in October 2017 and looked at the continued challenges going forward. What short term measures in this financial year and longer term initiatives. The Croydon health economy is reliant on a balance of a number of vehicles and NHS Business rules

The Committee asked officers what the sanctions are if targets are not met. It was reported that specific measures and financial reviews are in place to move out of special measures.

The CCG are reported that services are working better, timetabling for the future assists with this. The amended prescribing protocol are now underway. The new IVF protocol would commence in the New Year. Officers are due to report to the CCG Board what savings can be made. The final submission to NHS England scheduled in December 2016.

The Chair concluded that it was useful for the committee to get the update and that officers had presented a good report.

A78/16 South West London Joint Health Overview Scrutiny Committee

The Committee were due to meet again on Wednesday 18 January 2017 to discuss further the sector STP following submission to NHS England and what the schedule and content of public consultation will look like.

The Chair agreed to keep the Committee informed

A78/16 South East London Joint Health Overview Scrutiny Committee

The South East London Joint Health Overview Scrutiny Committee scrutinising the public consultation and delivery of a single place of safety as proposed by the South London and Maudsley Foundation Trust; are not due to meet. The Trust await the outcome of the formal agreement serving each borough in relation to payment of central services.

The Chair agreed to keep the Committee updated.

PAN LONDON Joint Health Overview Scrutiny Committee Forum

Following a L&D event hosted by the Centre for Public Scrutiny (CfPS) where SW London JHOSC members attended to be briefed on how best to scrutinise the sustainable and transformation plans of the NHS locally; it became evident that most authorities across the country had little or no briefing from their respective CCGs. It was agreed that London would convene a meeting of a PAN JHOSC forum to discuss how best to scrutinise the STP locally and across London as there would an overlap from sectors.

The first of these meeting took place hosts and Chaired by Camden Council. A second meeting will take place to continue to monitor the STP in a PAN London approach.

The Chair agreed to keep the Committee updated

A79/16 WORK PROGRAMME 2016/17 (agenda item 11)

The Committee were in agreement that to work programme needed to reflect the changes and concerns in relation to social care. It was recognised that social care is wrapped around the OBC, STP and BCF, however a specific focus on the social care overspend is required.

The Committee **RESOLVED** to delegate the review of social care and how the Committee could scrutinise it to the Chair and Vice Chairman

Meeting ended at 9:18pm