

Scrutiny Health & Social Care Sub-Committee

Meeting held on Monday, 13 May 2019 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Sherwan Chowdhury (Chair), Councillor Andy Stranack (Vice-Chair), Pat Clouder, Andrew Pelling and Scott Roche
Also Present: Councillors Jamie Audsley, Jane Avis, Sean Fitzsimons, Joy Prince Louisa Woodley
Apologies: Councillor Toni Letts

PART A

9/19 **Minutes of the Previous Meeting**

The minutes of the meeting held on 26 March 2019 were agreed as an accurate record.

10/19 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

11/19 **Urgent Business (if any)**

There were no items of urgent business.

12/19 **Working together for a healthier Croydon - Update for Health & Social Care Sub-Committee**

The Sub-Committee received a presentation on the proposed changes at the Croydon Clinical Commissioning Group (CCG) and Croydon Health Service (CHS) as a result of the NHS Long Term Plan.

The Chair welcomed the following representatives who were in attendance at the meeting for the discussion of this item:

Attendees from the Clinical Commissioning Group

- Doctor Agnelo Fernandes – Clinical Chair
- Andrew Eyres – Accountable Officer
- Elaine Clancy – Joint Chief Nurse
- Martin Ellis – Director of Primary Care and out of Hospital

Attendees from Croydon Health Service

- Mike Bell – Chair

- Doctor Nnenna Osuji - Medical Director

Attendees from Croydon Borough Council

- Guy Van Dichele – Executive Director for Health, Wellbeing and Adults

Mike Bell & Doctor Agnelo Fernandez delivered the presentation to the Sub-Committee, during which the following was noted:-

- The NHS Long Term Plan was published in January 2019, a key part of which was an emphasis being placed on delivering integrated care systems. Arising from this the Government agreed to provide local health authorities with a guaranteed five year financial settlement on the proviso that they produced a ten year plan detailing how integration would be achieved.
- There would be a joint meeting of CHS and CCG on 14 May to present the ideas behind the plan to the public, which would include the publication of the strategic case for greater alignment of the two organisation.
- There was also a proposal for the Croydon CCG to become part of the wider South West London CCG. Should this happen, it was envisioned that 80-90% of decision making relating to care in the borough would still be taken at a local level.
- The alignment of the CCG and CHS was seen as a fundamental stepping stone, which would present a significant opportunity to take out costs from within the system from reducing duplication. From 1 April 2019 the two organisations had produced a joint budget, operational plan and a financial savings targets.
- To ensure joint decision making a number of joint management executive posts would be created, which would create savings that would be transferred to frontline services. Elaine Clancy was the first of the joint managerial appointments as Joint Chief Nurse.
- Work had begun on bringing the safeguarding teams together, which would deliver improved services and savings through a reduction in duplication.
- It was important that any changes made were focussed upon improving the quality of care and the long term health of residents in Croydon.
- The LIFE (Living Independently for Everyone) scheme had been successful. With over 1,000 referrals in the first year to either get patients home from hospital faster or avoid unnecessary hospital admission.

- The Integrated Care Networks (Huddles) had also been successful. This involved multi-disciplinary meetings to discuss the care of people with complex and escalating health needs. As a result of the Huddles there had been a 6% reduction in urgent and emergency admissions in over 65s. The Huddles were initially difficult to implement, but were now an embedded practice within the borough.
- The work of the One Croydon Alliance was gaining recognition outside of the borough and had resulted in the Alliance winning awards.
- It was acknowledged that there was a huge amount of change taking place as a result of the Plan and as such it was important that all staff were engaged throughout the process and given opportunities to input into the changes.

Following the presentation the Sub-Committee were given the opportunity to question the representatives on the Plan. The Chair highlighted that it would have aided the Sub-Committee's ability to scrutinise the Plan if a written report had also been provided setting out further information.

It was also questioned how the Sub-Committee would be able to scrutinise the changes as they progressed. It was advised that the partners welcomed the interchange with the Sub-Committee and were open to suggestions on how best to work together to improve the level of scrutiny going forward. It was agreed that it would be arranged for the leadership of the CHS and CCG to meet with the Chair and Vice-Chair of the Sub-Committee to plan a programme for the forthcoming year.

In response to a question about possible barriers to the plan, it was advised that Croydon was recognised as being ahead of other healthcare organisations in London in regard to the integration of services. The Healthy Care Partnership continued to be supportive and ensured that the maximum amount of resource was available.

Finance remained tight, but future progress was augmented by existing relationships developed through the One Croydon Alliance. These relationships had helped to ensure both health and social care was being planned jointly, enabling better services to be delivered for patients.

Given that it was proposed that the CCG would move to wider structure across South West London, it was questioned how Croydon would be able to ensure that its interests were represented, particularly when decisions were made on where to locate new services. It was advised that as part of the collaboration process across South West London it was envisioned that 80% of service decisions would still be made at a local level, with decisions relating to specialist services retained on a regional level as these were based on a number of factors including local need, geography and available workforce.

As Croydon was already implementing an integrated, place based leadership structure it would enable Croydon to have a strong voice in any discussion on future services, in comparison to other areas that were not as joined up. A

structure would be put in place to ensure that all partners had an input on decision making, which would include clinical representation from all the CCGs across South West London.

In response to a question about whether Croydon received its fair share of funding, it was highlighted that funding had previously been 10% under what was needed to deliver services. This had now been reduced to 4%, which was a more manageable level. As a follow up it was questioned whether there was a risk that the benefits of the savings targeted by Croydon CCG would be transferred to the South West London CCG. It was advised that the targeted 20% saving was from overall management costs within the CCG. It would be important to achieve the right balance in reducing governance to free up resources for transformational delivery.

A concern was raised about the feasibility of embedding joint working practices between CHS and CCG at the same time as the wider CCG restructure and as such it was questioned whether it would be possible to slow down this process until the CCG restructure had been completed. It was advised that slowing down the process would be likely to impact upon Croydon's voice in any discussion on services which was an integral part of the proposed collaboration.

In response to a question about the effect the changes would have on staff and their ability to feed into the change process, it was advised that the vast majority of staff would continue to do what they currently do. Work was ongoing to ensure staff were involved in the move towards an integrated structure, including regular communications and face to face meetings. There was also an event being organised in June that would give staff the opportunity to provide feedback on possible improvements. One potential benefit for staff was working as part of a larger organisation would provide greater opportunities for career progression.

It was questioned what the CCG and CHS were doing to ensure that the local community was aware of the proposed changes. It was confirmed that the organisations were working with the Council to mitigate some of these issues and it was important to ensure that people were able to engage in the process, should they want to. It was also important to continue to work with faith groups and community centres to disseminate information to the local community which would also help to ensure that they felt part of the change.

It was confirmed that the changes would not negatively affect patients having to travel either into or out of the borough for treatment. Where possible, services were planned around local pathways, but in certain instances such as emergencies, it was not always possible to do so.

In response to a question about how the new overarching South London CCG would be scrutinised, it was confirmed that work was currently underway on the governance structures, including scrutiny. Scrutiny was likely to be through either local authorities working together in a Joint Committee format or individually on a local level.

In response to a question about how the patient experience will be fed into the new structure, it was advised that the vision for locality care was being refreshed and to do so work was ongoing to engage with the population to design services for their needs. It was acknowledged that further work was needed to improve patient representation, but it was anticipated that there would be greater opportunities for the patient's voice to be fed into service design and experience.

It was questioned whether there was a risk that varying levels of service could be offered across the six boroughs in the proposed new structure. In response it was advised that devolution to local areas within the South West London CCG would allow local services to be designed to meet local need, but this would be informed by evidence and the use of data.

The Chair thanked the representatives from the CCG and CHS for their attendance at the meeting and the answers provided to the Sub-Committee's questions. An invitation was extended to return to future meetings with further updates as needed.

Conclusions:

Following the discussion of this item, the Sub-Committee reached the following conclusions:

1. The Sub-Committee recognised that the changes proposed as a result of the NHS Long Term Plan were significantly large in scale and agreed that further updates would be needed as the plans progressed.
2. The Sub-Committee welcomed both the CCG and CHS's openness to scrutiny and felt that this was to be commended. However there was disappointment about the level of detail provided in advance of the meeting.
3. The Sub-Committee was concerned about the 10%-20% decisions that were to be taken by the regional South West London CCG on specialist services and felt that further information on the new governance structure was needed to provide reassurance that Croydon had an equal voice in any such decision making.
4. The cost of the reorganisation was also a concern and it was agreed that the Sub-Committee would be provided with further information on the cost of implementing the changes once they were fully known.
5. The Sub-Committee agreed that it was essential that plans should continue to be discussed as far as possible with the Council to ensure that services could be aligned to reduce any unnecessary bureaucracy.
6. The Sub-Committee retained a concern that the unity created through the closer alignment of the CCG and CHS could be put at risk through the move of the CCG to a wider regional structure.

13/19 **Exclusion of the Press and Public**

This motion was not needed.

At the close of the meeting a motion was formally moved to extend a vote of thanks to the Chair in what was to be his last meeting in the role.

The meeting ended at 8.30 pm

Signed:

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Date:

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