

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillors: Eunice O'Dame (Chair), Robert Ward (Vice-Chair), Adele Benson, Patsy Cummings, Sherwan Chowdhury, Holly Ramsey,

Co-Opted Members: Gordon Kay and Yusuf Osman

Reserve Members: Sue Bennett, Mark Johnson, Humayun Kabir, Ellily Ponnuthurai, Helen Redfern and Manju Shahul-Hameed

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 12 March 2024 at 6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**.

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Klaudia Petecka
Democratic Services & Governance Officer
klaudia.petecka@croydon.gov.uk
www.croydon.gov.uk/meetings
Monday, 4 March 2024

Members of the public are welcome to attend this meeting, or you can view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Klaudia Petecka as detailed above.

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 - 14)

To approve the minutes of the meeting held on 22 January 2024 as an accurate record.

3. Disclosure of Interests

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

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. Update on Pharmacy First scheme (Pages 15 - 18)

The Health & Social Care Sub-Committee is presented with an update on the readiness of pharmacies in Croydon to deliver the Pharmacy First scheme announced by the Government on 1 February 2024. The Sub-Committee is asked to:

1. Note the update provided on the Pharmacy First scheme.
2. Consider whether its conclusions on the information provided and whether there are any areas in need of further scrutiny.

6. Croydon University Hospital - Elective Care Waiting Lists (Pages 19 - 26)

The Health & Social Care Sub-Committee is presented with an update on the management of waiting lists for elective care at Croydon University Hospital. The Sub-Committee is asked to:

1. Note the update provided on the management of waiting lists at Croydon University Hospital.
2. Consider whether its conclusions on the information provided and whether there are any areas in need of further scrutiny.

7. Update from Healthwatch Croydon

To receive an update from Healthwatch Croydon Co-optee, Gordon Kay, on the latest report from his organisation.

8. Scrutiny Work Programme 2022-23 (Pages 27 - 32)

The Health & Social Care Sub-Committee is asked to: -

1. Note the completed 2023-24 Work Programme, as presented in the report.
2. Consider whether there are any areas of scrutiny to scope as potential items for inclusion in the 2024-25 work programme.

9. 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.”

PART B

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Monday, 22 January 2024 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

- Present:** Councillor Eunice O'Dame (Chair); Councillor Robert Ward (Vice-Chair);
Councillors Patsy Cummings, Sherwan Chowdhury and Holly Ramsey
Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Resident Voice; virtual)
- Also Present:** Councillors Yvette Hopley (Cabinet Member for Health & Adult Social Care), Margaret Bird (Deputy Cabinet Member for Health and Adult Social Care, Janet Campbell (Shadow Cabinet Member for Health & Adult Social Care; virtual) and Rowenna Davis (Chair of Scrutiny and Overview Committee; virtual)
- Apologies:** Councillor Adele Benson

PART A

1/24 **Minutes of the Previous Meeting**

The minutes of the meeting held on 3 October 2023 were agreed as an accurate record, subject to the following change:

1. 'It was also acknowledged that officers working on the report had a meeting with Sub-Committee members and all suggestions, especially concerning accessibility, made by the Members were agreed and would be implemented before the report was published.' amended to 'It was also acknowledged that officers working on the report had a meeting with Sub-Committee members and all suggestions, especially concerning the **CSAB Annual Reports**' accessibility, made by the Members were agreed and would be implemented before the report was published.'

2/24 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

Urgent Business (if any)

The Chair advised the Sub-Committee that it had been agreed an update on a potential measles outbreak would be provided under urgent business. Rachel Flowers, Director of Public Health, provided an update on the current situation in the borough.

It was explained that the main outbreak of measles was in the West Midlands area. However, the cases in London had been rising. In the last year there had been five cases in the borough, although in the last month there was only one confirmed case. It was also added that the measles, mumps and rubella vaccination rate uptake was particularly low for children under 5. However, it was stressed that measles was a threat not only for children, but also for unvaccinated older adults.

The first question asked by the Sub-Committee concerned the threat caused by the measles outbreak. Reassurance was given that the Council was constantly monitoring the situation and appropriate action would be taken when needed. It was also added that the low number of cases did not indicate there was a high risk for Croydon and its residents.

The next question asked whether any particular groups were more vulnerable to or less aware of measles. It was explained that there was not a particular group more vulnerable to measles or with a lower vaccination rate. Many asylum seekers or other people coming to the UK would most likely have been vaccinated, although, there was often no vaccination records available. Nonetheless, it was assured that there had been work targeting specific groups to raise the awareness.

The Sub-Committee questioned whether there was any additional work on raising awareness of the risk of measles with schools. In response, assurance was given that the risks from measles had been regularly communicated within schools for a long time, but there had been additional targeted work delivered in cooperation with the UK Health Security Agency.

An update was requested on the current levels of COVID-19 in the borough and whether there were any areas of concern. It was explained that the Council was no longer obligated to report on the number of Covid cases, and it was likely that any such data would not be particularly reliable as many people either did not test or used test that had expired.

At the conclusion of the item, the Chair thanked the Director of Public Health for the update provided.

Actions:

Following its discussion of this item, the Sub-Committee agreed the following actions for follow-up after the meeting.

1. The Director of Public Health would circulate the latest communication on measles to all Councillors.

4/24

Adult Social Care and Health Directorate 23-24 Budget, Savings and Transformation

The Sub-Committee considered a report set out on pages 15 to 22 of the agenda which provided the Adult Social Care and Health (ASCH) Directorate's financial performance at period 6 (September 2023), and current transformation progress in relation to the 2021/2024 Medium Term Financial Strategy (MTFS) and future 2024/2027 MTFS.

Annette McPartland, Corporate Director for ASCH, introduced the report, during which it was highlighted that the quality of information collected in the borough had been improving. It was also added that the Directorate was coming to the end of its original three-year MTFS transformation programme and had been meeting the savings objectives set at the outset of this programme. It was also stressed that the impact of inflation and austerity alongside the increasing demand for services made the delivery of savings even more challenging. However, it was also emphasised that it was very important to ensure that savings delivery did not compromise the safety and wellbeing of residents.

Following the introduction, the Sub-Committee was provided the opportunity to ask questions on the information provided. The first question asked for further information on the increase in the Directorate's net budget from £129.8m to £141m. In response, it was explained that the budget increase was a result of moving a team and the associated budget from the Housing Directorate to the ASCH Directorate. A supplementary question asked about the rationale behind this move. It was explained that the funding associated with that team was assigned to and fit with the ASCH area, with many members of the team being social workers. Therefore, it was beneficial from the perspective of their supervision, accountability and learning & development opportunities. It was also highlighted that the ASCH Directorate was accountable for ensuring that the Council's Care Act responsibilities were met. Thus, it was decided that it would be more appropriate for this team to be located within the ASCH Directorate.

The next question asked about the governmental intention to reduce the number of asylum seekers and refugees placed in the hotels, and its potential impact upon ASCH. It was explained that the numbers had been increasing. The Council had set up a multi-agency board to determine and monitor how the additional grant had been spent. It was stressed that there were risks associated with the grant, particularly whether it would be renewed. A supplementary question asked whether there was only one grant available or whether the funding was coming from different sources. It was explained that the Council also had a budget for people with no recourse to public funds, but the grant had been provided by the Government to cover the additional

pressures councils had been facing. It was agreed that further information on the origin of the additional pressures grant would be circulated after the meeting.

An explanation of what no recourse to public funds meant was requested. It was explained that it referred to care recipients who did not have permission to work in the UK or claim benefits. Therefore, there was no direct funding available for them and they received minimal support.

The Sub-Committee raised concern about the risk of a provider potentially exiting the market, with further information request on how this was being mitigated. It was explained that Croydon had a large market for both domiciliary, residential and nursing care. Although there had not been many cases of market failure in the borough, there were many risks associated with budgeting, accounting for inflation and the National Living Wage. It was also added that the commissioning team regularly met with market providers through the Providers' Forum. If a large provider decided to leave the market, the Council would have safeguarding responsibilities and need to ensure that residents who were not funded by the Council were also supported. It was stressed that most of the providers in the borough are classified as either good or outstanding, with the Cabinet Member providing additional reassurance on the monitoring of care homes and the wider market.

The next question asked by the Sub-Committee highlighted the risks associated with the increasing cost of care packages, and whether there were any contingency plans. It was explained that the Council used CareCubed system to determine whether value for money was being achieved, with the system used by both the Council and its providers. It was highlighted that there was evidence that the system supported negotiations with providers, although it did not work as well for determining the cost of care for older people. It was explained that it was important to work with the market to accurately determine inflationary uplifts and there was a Market Sustainability Investment Fund to support this work. Reassurance was given that even though some providers asked for significant increases, the Council had been successful in its negotiations with them. There would be a further uplift in April that had already been agreed.

As a follow-up, it was questioned how the Council reviewed care packages and whether it was the correct course of action to reduce the cost of these packages. It was acknowledged by officers that the review had been a demanding process. However, it was essential to review an individual's needs regularly, as these changed over time. Another important area was to review the transition for young people in care to support them to live as independently as possible as adults.

The next question considered the influence of housing on ASCH. Officers explained that the impact of housing was immense, therefore, it was very important to strengthen the link between these two directorates. It was highlighted that it was particularly important from the mental health perspective, for instance a priority was to ensure that tenancies were sustained (e.g. in case when a resident was admitted to a hospital). There was also work ongoing on the pathways available to residents to ensure they

were supported and that the provision of accessible housing was very important. As a follow-up, it was questioned whether the demand for accessible housing was higher than the supply, and if so, how this was being managed. It was explained that it had been identified with the ASCH Housing Strategy, that demand had been rising and there was a need for more accessible housing.

There was concern raised about the possible effect from any reduction in an individual's support and how residents could communicate with the Council if they felt the support they received did not meet their needs. It was explained that in the first instance the Council would look to engage with any residents who disagreed with their assessments or the level of support they received. However, if no agreement could be found, there was a complaint process that could be escalated to Local Government Association. It was added that if there was a change in an individual's needs, their support would always be reviewed.

It was questioned who had the responsibility for the care costs of individuals placed in Croydon from other boroughs. In response, it was explained that the placement cost would be the other local authority's responsibility when placing a person within the borough. However, there were other costs to the Council such as those relating to safeguarding. It was stressed that the circumstances would be different if an individual moved to the borough and required care, which would be the responsibility of the local council. The ordinary resident funding rules were clearly stated in the Care Act. It was noted that although some people moved into Croydon, conversely at the same time many people chose to leave the borough and move to another local authority area. Considering the forthcoming report from Local Government Association Peer Challenge Review, it was questioned whether the Council could expect the budget to require change depending on the findings. The officers explained that there would not be any financial implications and that the budget had already been set based upon the demographics and need assessments. Should the result of the Review indicate areas of improvement, this might result in the reallocation of resources rather than requiring additional resources being added to the budget. Reassurance was given that improvement work was being constantly monitored within the directorate with resources reallocated as required. In addition to that it was assured that the report, once factually checked, would become a public document. The Cabinet Member stressed that it was crucial to ensure that both the ASCH directorate and the Council were transparent and open about its challenges and plans.

Further information was sought on the development of digital service and what efficiencies could be anticipated. The officers explained that there were already some digital services in place, such as the virtual ward. It was also envisioned that digital workstreams would help to deliver savings through bringing a greater focus on prevention and early help. It was added that there was a portal available to residents and partners that could be used as a referral mechanism. It was confirmed that there was currently a review

underway to map out the opportunities for the use of technology within the directorate.

The Council was working with other South West London boroughs and the Improvement & Assurance Panel on the procurement of a transformation partner who would advise the Council on best practice and where the Council should invest its efforts. It was also added that in order to increase productivity, the use of artificial intelligence (AI) to support staff increase efficiency and productivity, was being explored. Officers explained that a current focus was on the information, advice and guidance available on the Council's website, and ensuring that the referral system worked as expected. It was explained that the anticipated improvements would ensure the right level of care whilst simultaneously decreasing cost. An example of Swindon Borough Council was given, where they had worked with a large technology provider to develop an AI tool which produced an easy-read document within 10 seconds. It was added that for an officer it would take around a week to develop a similar report. Reassurance was given by the officer that it was crucial to ensure that nobody was excluded from any services and that residents knew how to use and access the technology.

The Sub-Committee asked a further question on the timeline for the technology review and what technological solutions were available for residents, including telecare. The officers explained that the technology review was going through the final stage before commencing the procurement process. It was also assured that telecare was available through the careline, alongside other, more modern, solutions. There had been a significant piece of work around the careline to ensure that all relevant stakeholders were connected to it digitally.

It was flagged that there may be some fear of AI amongst residents and the potential effect it could have on the services, such as accessibility for some residents or that the AI would be used for diagnostic purposes. The officers provided reassurance that AI would only be used to support the process and it would continue to be the responsibility of the practitioner to own the decisions or recommendations. It was also explained by the officers that increasing productivity through the use of AI would allow practitioners to spend more time with residents. The Cabinet Member highlighted that there were great opportunities coming from the use of AI and that in some cases it could be used to detect human error.

It was questioned how the voice of residents would be fed into the development of new digital innovations and how any of their concerns would be addressed at the trial stage. The officers reassured the Sub-Committee that residents and their experiences were always at the forefront of their thinking when solutions were being designed and implemented. It was highlighted that on various occasions the Resident Voice Group had met to provide their feedback on proposed solutions. It was also added that there were many other bodies comprising of relevant stakeholders, such as the Learning Disability Partnership Board and Carers Partnership Board, that could feed into the process. It was stressed that whenever possible, the

directorate looked to deliver coproduction with residents and other relevant stakeholders.

It was questioned whether staff shortages were having an impact on core areas like the review of care packages. It was explained by officers that there were particular practitioner groups that were particularly difficult to recruit. For instance, occupational therapists who helped people become more independent and as a result required less care and support. Therefore, the shortage of staff within this area delayed various processes and savings. There was also a challenge in recruiting people in commissioning, who supported the directorate in identifying more cost-effective solutions. It was highlighted that for social workers the Council had developed an *Assisted Supported Year in Employment* programme. This competitive scheme provided extra support for newly qualified social workers and helped to improve retention in Croydon. Officers also explained that recently the Council had undertaken a significant piece of work around performance management and data systems. This would support the Council in targeting resources to complete its customer base reviews by early next year.

Given there was a challenge with recruiting staff, it was questioned whether the use of higher cost agency staff was having an impact on the budget. It was acknowledged that the level of agency staff was currently high due to winter pressures. However, it was assured that many agency workers would only be employed in the short term, the cost of which would be covered through the additional pressures funding. There was ongoing work with other London boroughs to benchmark staffing costs to ensure that agency staff were not being overpaid. The Council had also been actively trying to convert agency staff members to permanent ones. Assurance was given by officers that the Council was actively looking at options to increase the number of staff in hard to recruit areas, such as through apprenticeship schemes. Another area being looked at was ways to improve staff retention, which included appointing the Principal Social Worker to support the profession and other career progression opportunities. It was highlighted that the turnover of staff within the directorate was not particularly high, especially amongst the heads of service and newly qualified social workers.

The Sub-Committee challenged officers on the potential impact of staff shortages on the transformation programme and whether this was sufficiently resourced. The officers explained that this had been identified as a concern and agreed that the transformation process should not be impeded by staff shortages. Therefore, it was assured that, if necessary, staff resources would be reallocated to the area of transformation to support the process. Further reassurance was given by the Cabinet Member who confirmed that the reallocation of staff resources was regularly used by the Council to support the delivery of priorities.

The number of people between the ages of 18 and 64 who were living in nursing care was highlighted by the Sub-Committee, information requested on the work to reduce the numbers of younger adults placed in nursing care. It was explained that there were different kinds of nursing home and not all of

them were for older persons' nursing care. It was assured that placing a resident in a care home was usually a last resort. However, it was stressed that there would always be a need for nursing homes to accommodate the complexity and severity of care needs.

Further information was requested on the key performance indicators that would be used to monitor the delivery of the new Transformation Programme. The Sub-Committee highlighted that it would be very challenging for Scrutiny to monitor delivery without the right indicators being in place and robust data collection processes. Officers explained that the new reporting framework for the Department of Health and NHS England was going to require more client level data to be submitted monthly, which would be reported on a quarterly basis. As such, it would improve the collection of data and allow better comparison with other boroughs. It was confirmed that the Government was in the final stage of the implementation process and that it was currently in the testing phase. It was also confirmed that this reporting framework would be used by all local authorities.

The final question considered the impact of inflation on the transformation programme and what was the Council plan to mitigate the negative impact of inflation. The officers provided reassurance that the directorate worked closely with governmental bodies, Local Government Association and finance department to manage these risks. It was explained that the greatest impact would be through the increase of the National Living Wage. It was also added that it would be very important not to damage the market and give significant uplifts. It was highlighted that the Council used a star chamber each year to identify budget savings. The star chambers included finance and commissioning leads, and their task was to estimate demand, review different scenarios and prepare for inflation and related market changes.

Following its questioning of the information provided, the Sub-Committee Members debated whether it was sufficient reassurance by the information provided on the ASCH 2024-25 Budget. It was concluded that although there was a certain level of assurance could be taken from the ongoing delivery of the in-year budget, there were areas in the budget for the forthcoming year, such as the transformation programme, where there were still some unknowns that would only be finalised after the budget setting process had been completed. As such, the Sub-Committee agreed that these areas would be scheduled in their work programme for a deep dive later in the year.

Actions:

Following its discussion of this item, the Sub-Committee agreed the following actions for follow-up after the meeting.

1. That further information would be requested to explain the source of an additional pressures grant funding.
2. It was requested that the report arising from the LGA Peer Review of Adult Social be circulated to the Sub-Committee, once available.

Consideration would be given to scheduling the item on the agenda for the next Sub-Committee meeting on 12 March 2024 for discussion.

3. It was agreed that the members of the Sub-Committee would meet to review and plan its work programme for its forthcoming meetings to ensure it had the right areas of focus and items were fully scoped to set out the information required.

Conclusions:

From its discussions of the Adult Social Care and Health Directorate 2023-24 Budget, Savings and Transformation report, the Sub-Committee reached the following conclusions: -

1. The Sub-Committee commended the work of the Adult Social Care team in managing its budget, acknowledging that there was a good level of understanding of and control over the budget for the service.
2. The Sub-Committee also commended the work of the Practice and Quality Assurance Panel reviewing the packages of care, which was a key to delivering savings within the service.
3. The Sub-Committee also welcomed a review on the further use of technology within the service, as a means of identifying further savings.
4. Although, the Health and Social Care Sub-Committee did not have any specific concerns about the Adult Social Care and Health Directorate budget for 2024-25, there were a few areas, such as the transformation partnership workstream, that were still in the early stages of development and would require further in-depth scrutiny over the forthcoming year to provide further reassurance on delivery.

5/24

Update from Healthwatch Croydon

The Sub-Committee considered a report set out in the agenda on page 23 which set out reports produced by Healthwatch Croydon.

Gordon Kay introduced two reports covering the following areas – (i) [Asylum Seekers Experiences](#) and (ii) [GP Websites Mystery Shop](#).

The first question considered using best practice from other boroughs and sharing best practice examples with GP practices across Croydon. It was assured that Healthwatch Croydon worked closely with other Healthwatch organisations across South West London. It was also mentioned that they try to identify best practice examples within Croydon itself to account for Croydon-specific challenges.

The next question asked by the Sub-Committee considered residents without a permanent address registering with GP practices. It was explained that the GP practices generally cannot refuse registration. Only in very specific circumstances could they refer the patient to a different practice nearby. It was also mentioned that residents without a permanent address who cannot

register with a GP practice should contact Healthwatch Croydon's signposting service. A supplementary question considered the information sharing between the relevant shareholders. It was assured that there were data sharing agreements between these shareholders.

6/24 **Scrutiny Work Programme 2022-23**

The Sub-Committee considered a report set out in the agenda on pages 25-30 which set out its work programme for the remainder of the year.

The Sub-Committee Members discussed how the work programme should be developed to ensure that it does not replicate the work of other ASCH-related bodies within the assurance framework, and the wider methodology behind selecting scrutinised areas. It was concluded that the Sub-Committee would meet informally to agree on the topics for the next meeting, and it was noted that the LGA Peer Review challenge should be added to its agenda.

It was also noted that the following items (i) accessing sexual health clinics; (ii) immunisation; (iii) prostate cancer check-ups; (iv) and menopause services, were added to the work programme.

Resolved: That the Health and Social Care Sub-Committee work programme is noted.

7/24 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9:40pm

Signed:

Date:

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LONDON BOROUGH OF CROYDON

REPORT:	Health & Social Care Sub-Committee	
DATE OF DECISION	12 March 2024	
REPORT TITLE:	Update on Pharmacy First Scheme	
ITEM LEAD:	Matthew Kershaw – Croydon Health Service NHS Trust Chief Executive & Place Based Leader for Health	
AUTHORITY TO TAKE DECISION:	The attached update has been requested by the Health & Social Care Sub-Committee following the recent Government announcement of the Pharmacy First scheme.	
CONTAINS EXEMPT INFORMATION? <i>(* See guidance)</i>	No	Public
WARDS AFFECTED:	All	

1. UPDATE ON PHARMACY FIRST SCHEME

- 1.1. On 31 January 2024, the Government and NHS England launched the ‘Pharmacy First’ scheme which aimed to give patients quick and accessible care while easing the pressure on GP services.
- 1.2. The key initiative introduced through the Pharmacy First scheme was to enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP. The seven conditions are: -
 - Sinusitis
 - Sore throat
 - Earache
 - Infected insect bite
 - Impetigo (a bacterial skin infection)
 - Shingles
 - Uncomplicated urinary tract infections in women.
- 1.3. Given the scheme will place additional demands upon pharmacies, the Sub-Committee is keen to understand the readiness of Croydon’s pharmacies to deliver these new requirements and the any potential areas of risk. A report has been provided by the Croydon Health Service NHS Trust, which is set out in Appendix 1.

2. RECOMMENDATIONS

2.1. The Health & Social Care Sub-Committee is asked to: -

1. Note the update provided on the Pharmacy First scheme.
2. Consider whether its conclusions on the information provided and whether there are any areas in need of further scrutiny.

CONTACT OFFICER:

Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny

Email: Simon.trevaskis@croydon.gov.uk

Appendix 1: Update on the Pharmacy First Scheme



Croydon Health Scrutiny and Social Care sub-committee

Update from Matthew Kershaw, Chief Executive at
Croydon Health Services NHS Trust and Place-
Based Leader for Health in Croydon

March 2024

Pharmacy First

Since January 2024, Pharmacy First has been supporting community pharmacists to work alongside primary care teams to accept referrals for common conditions and reduce pressure on GP services.

- Aims to **free up 10 million GP appointments a year** across England and Wales by next winter for more complex diagnosis.
- **66 community pharmacies in Croydon signed up** to provide Pharmacy First, with a total of **270 pharmacies registered across South West London**; 95% of all community pharmacies in the region.
- Local people can **access care directly or can be referred by their GP**, with **video and face to face consultations** available.
- Public messaging promoting the service started on 19 February and will run to 31 March.

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Managing demand

A **phased roll-out** is in place, to support a soft launch. Capacity is being created by developing trained and competent pharmacy staff to deliver services such as blood pressure checks, **allowing highly qualified pharmacists to focus on offering clinical advice and appropriate prescribing**, making Pharmacy First a core part of their delivery model.

Digital solutions

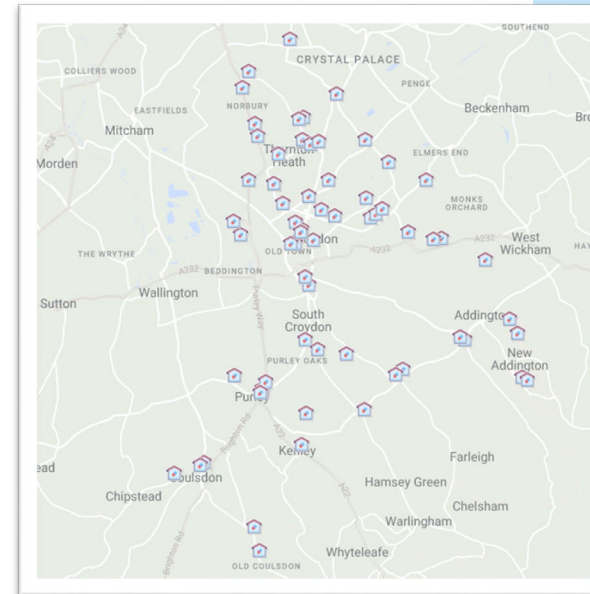
Working with ICB to **ensure a consistent approach to referrals, minimising the risk of duplication**. GP triage tools are being updated to identify patients who would benefit from referral.

Training and education

Local Pharmaceutical Committee (LPC) are **supporting pharmacists through the changes** with learning days, events and upskilling through multi-disciplinary meetings. Training hubs running **sessions for GPs to support primary care referrals** and increase understanding of the clinical pathways.

Connecting care records

Pharmacies will continue to use the National Care Records Service (NCRS) and **established processes to access clinical information to manage patients safely**. Within a few weeks of launch, it is expected that **pharmacies will have enhanced access to GP records** through GP Connect Access Record.



Improving access to care

Pharmacies in Croydon will now be able to treat and prescribe antibiotics for seven common conditions:

- Sinusitis
- Sore throats
- Earache
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections (UTIs) in women



Usual prescription charges will apply for the seven common conditions. Patients that were already exempt from prescription charges will still be exempt.

Update on CPCS referrals

Pharmacy First will replace the Community Pharmacy Consultation Service (CPCS) but there will be no changes. GPs can continue to refer patients with a minor illness to community pharmacies through EMIS Local Services relieving pressure on primary care and urgent care facilities.



LONDON BOROUGH OF CROYDON

REPORT:	Health & Social Care Sub-Committee	
DATE OF DECISION	12 March 2024	
REPORT TITLE:	Croydon University Hospital – Elective Care Waiting Lists	
ITEM LEAD:	Matthew Kershaw – Croydon Health Service NHS Trust Chief Executive & Place Based Leader for Health	
AUTHORITY TO TAKE DECISION:	The attached update has been requested by the Health & Social Care Sub-Committee to gain an understanding of the impact from the new Elective Centre at Croydon University Hospital.	
CONTAINS EXEMPT INFORMATION? <i>(* See guidance)</i>	No	Public
WARDS AFFECTED:	All	

1. UPDATE ON CROYDON UNIVERSITY HOSPITAL ELECTIVE CARE WAITING LISTS

- 1.1. On 24 June 2023, members of the Health & Social Care Sub-Committee visited the Elective Centre at Croydon University Hospital to understand the measures that had been put in place to allow the Hospital to restart important services following the Covid-19 pandemic.
- 1.2. To follow-up from that visit and to provide a better understanding of the performance of Croydon University Hospital in regard of managing its waiting lists for elective care, the Health & Social Care Sub-Committee has requested an update. This included an update on current performance levels, the direction of travel since the pandemic, comparisons to other hospitals and the management of key areas of risk. A report has been provided by the Croydon Health Service NHS Trust, which is set out in Appendix 1.

2. RECOMMENDATIONS

- 2.1. The Health & Social Care Sub-Committee is asked to: -
 1. Note the update provided on the management of waiting lists at Croydon University Hospital.
 2. Consider whether its conclusions on the information provided and whether there are any areas in need of further scrutiny.

CONTACT OFFICER:

Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny

Email: Simon.trevaskis@croydon.gov.uk

Appendix 1: Update on the Pharmacy First Scheme



Croydon Health Scrutiny and Social Care sub-committee

Update from Matthew Kershaw, Chief Executive at
Croydon Health Services NHS Trust and Place-
Based Leader for Health in Croydon

March 2024



Reducing elective care backlogs

18,780 patients received elective day case or inpatient care, between July 2023 – January 2024, up 5.2% on the previous year and 10.8% on pre-pandemic levels.

Patients waiting 52+ weeks for treatment have increased by 21%* but have reduced since October 2023, at a peak of 549 people

Patients waiting 65+ weeks for treatment have reduced by 27%* since Summer 2023, to just 55 people

Patients waiting 78+ weeks for treatment reduced by 79%* to just five patients, each with a plan in place to continue their care.

Our **aim is to have no patients waiting over 65+ or 78+ weeks by 31 March 2024**. No patients are waiting 104 weeks.

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Performance against other Trusts

*since August 2023

Throughout our elective recovery programme, **we have been working collaboratively across the SWL ICB and the Capital** to reduce waiting times for local people.

SWL has the shortest patient treatment list (PTL) in London (~188,000 patients) with the largest ICB at 319,000.

Within **SWL, Croydon again has the smallest waiting lists, with ~34,600** awaiting treatment**, thanks to the work of our clinical teams and our dedicated Croydon Elective Centre, which remained open during the second wave of the COVID-19 pandemic. As a result, we have been able to continue to offer mutual aid for some specialities including vascular patients.

**as of 11 February 2024

Delivering high quality care

Croydon Elective Centre gains national accreditation

In December 2023, the Croydon Elective Centre, our dedicated hub for delivering planned care, was accredited by NHS England's 'Get it right first time' (GIRFT) programme.

External auditors visited teams in the Croydon Elective Centre to undertake a clinically-led review, to find out more about the care we're providing to Croydon patients.

This recognition underscores our commitment to continuous improvement and validates the excellent surgical care we offer to Croydon residents and is a testament to the dedication and expertise of our surgical teams and those that work alongside them to deliver care.



Exceeding national 'faster diagnosis standard' targets

Since October 2023, **the Trust has reached or exceeded the Faster Diagnostic Standard (FDS) target**. For the past two months, we've consistently met the 75% target, meaning that **three out of four patients referred for suspected cancer receive a timely diagnosis or have cancer ruled out within 28 days**.

As a result, **patients can access treatment sooner, improving health outcomes for those who have been diagnosed** with cancer as well as alleviating the worries of many patients, who require no further treatment.





Reducing elective care backlogs

Identifying challenges and finding solutions

We are seeing continued challenges in some specialties, with the longest waits for patients needing gynaecology, ENT, dermatology, pain management treatment, maxillo-facial surgery and trauma and orthopaedics procedures.

We have been working with partners and increasing staffing levels to run extra clinics in some areas (T&O) in order to tackle this and have already halved the number of people waiting longer than 52 weeks in our gynaecology services. We are also utilising extra activity funding (EAF) to increase capacity within our services.

In October 2023, the Trust open a new 'Head and Neck' hub to support patients awaiting ENT care. This has increased capacity, with clinical nurse specialists trained to deliver minor procedures, reducing waiting times and in December 2023, our new state of the art Intensive Care Unit (ITU & HDU) opened to support elective flow.

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Responding to winter demand

Increasing demand from acutely unwell patients through the urgent and emergency care pathway continues to impact bed capacity Trust wide. As such, we are working to 'flex' the use of some surgical beds outside of the Croydon Elective Centre, so that they can be used to care for medical patients.

To mitigate any impact on elective activity, 12 additional beds have been opened within the CEC to support 'short stay' patients who require monitoring after a procedure but are not expected to have a prolonged hospital stay.

Impact of industrial action

Industrial action is impacting our ability to deliver some elective activity, with around 1,400 operations and outpatient appointments rescheduled as a direct result between December 2023 – January 2024.

Our clinical and support teams are working hard to reschedule these patients and review those who are waiting, providing management plans for existing conditions and prioritising those who need care most quickly.

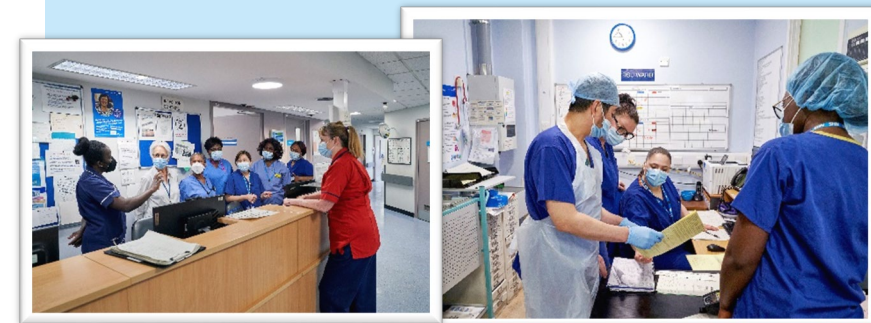
Workforce and productivity

We have been working hard to ensure we have the right staffing model to continue to deliver these services and have been actively recruiting theatre staff.

Having started with a 30% vacancy challenge in April 2020, we now have just 10 vacancies in a workforce of ~140 WTEs (7.2%) which we are managing by developing our own staff, utilising flexible bank and agency staffing where required and continuing our ongoing recruitment.

We are also looking at how we increase productivity within our theatres from around 70% to 80% utilisation and continue our outpatient transformation programme to ensure we are delivering cost-effective care and value for taxpayer money.

To tackle this, we have recently centralised our admissions team and are integrating a new CCS scheduling tool which will aid improvements in theatre productivity, supporting teams to validate patient lists and ensuring theatres are well utilised to maximise the number of patients that can be seen.



Reducing elective care backlogs

'One stop shop' for NHS testing

Last month, we launched the first of two new Community Diagnostic Centres, at Purley War Memorial Hospital, to make it **easier for residents in the south of the borough to essential health services**

Alongside an **expansion of existing x-ray and CT scanning services**, which will support the early identification of serious illnesses such as cancer and heart disease, we can now offer additional services in the community setting, including:

- Respiratory screening including asthma and COPD testing and clinics
- Echocardiography
- Ambulatory ECG Monitoring
- Blood pressure monitoring

As well as fast-tracking access to vital tests to **help detect serious illness sooner**, our diagnostic centres will help to **prevent the worsening of existing health issues and ensure our patients receive the care they need** as quickly as possible, in a place that suits them.

A **second community diagnostic centre, based in New Addington, is set to open in early 2025, completing the £14 million expansion of community services** and forming part of a network of community locations across the country.



Building two new elective theatres

As part of a **£15 million investment in elective care**, we are building two additional theatres and a recovery area at Croydon University Hospital.

This will give us the ability to **deliver planned care to an additional 100 patients each week, increasing our provision across both adults and paediatrics**, whilst maintaining a dedicated space for Moorfields Eye Hospital patients.

These theatres are set to open in Spring 2025.

Spring 2024

- 9 main theatres
- 91 adult sessions
- 7 paediatric sessions

Spring 2025

- 9 main theatres
- 91 adult sessions
- 7 paediatric sessions

Plus

- 2 additional theatres
- 16 paediatric sessions
- 8 adult sessions





Supporting patients to access sexual health services

Increasing access to sexual health services

Since 2018, **we have operated an online booking service to increase access for local residents.** Patients are booked with defined appointment times which are staggered throughout the opening hours of the clinic in order to avoid any congestion or queuing, allowing us to see more patients than in previous years*

Patients can access the clinic through London Road or alternatively, via the main hospital site, offering a less 'visible' route. To **ensure the continued safety of our staff and patients, we operate a door release system to avoid overcrowding in the reception area.** Therefore, a small number of patients may arrive at the same time and will have to wait a short period before entry.

A small number of walk-in appointments are kept available for emergency or vulnerable patients to ensure they can be seen in a timely manner.

Residents can also **order a postal STI testing kit to complete at home** and return for screening, after which an appointment can be booked as necessary.

*Compared to 2019/20

Engaging with patients, service users and local residents

We **regularly seek feedback from those who have accessed our services, via the Friends and Family Test, online and verbal reviews, as well as through feedback from our PALS service.** We also engage in specific patient feedback surveys and will shortly be participating in a project that focusses specifically on LGBTQ+ issues.

Our sexual health team is **actively engaged with the CHS LGBTQ+ network:** several senior members of the staff are involved as champions in this forum, including our Lead Nurses and Outreach Team.

We are **seeking co-production with service users and would welcome the engagement of the local community** in this. Anyone interested in being involved can contact the team directly on ch-tr.sexualhealth@nhs.net



Reducing stigma and supporting outreach

Our sexual health team **take part in a variety of local and national events to both inform and educate on the topic of sexual health,** as well as providing helpful guidance and practical tips. This, alongside our ongoing outreach work, is **helping to promote an open and honest culture around sexual health** and to reduce stigma and discrimination.

In Summer 2023, The Sexual Health Services team set up a mobile service over the summer holidays in various locations in Croydon for young people. After **visiting the Croydon Pride festival in Wandle Park on Saturday (15 July) the Sexual Health Services team, in collaboration with Croydon Council, KWA Africa and other local services, carried out HIV Point-of-care testing, PrEP and delivered STI self-testing kits** to many of the local LGBTQ+ and wider community.

Thank you
Questions and discussion

 CroydonHealthServices

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Living our **Trust values**

Excellent care for all

Home | Community | Hospital

Professional
Compassionate
Respectful
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LONDON BOROUGH OF CROYDON

REPORT:	HEALTH AND SOCIAL CARE SUB-COMMITTEE	
DATE OF DECISION	12 March 2024	
REPORT TITLE:	Health & Social Care Sub-Committee Work Programme 2023-24	
CORPORATE DIRECTOR / DIRECTOR:	Stephen Lawrence-Orumwense, Director of Legal Services	
LEAD OFFICER:	Simon Trevaskis, Senior Democratic Services & Governance Officer Email: simon.trevaskis@croydon.gov.uk Telephone: Extn:27207	
LEAD MEMBER:	Cllr Eunice O’Dame, Chair of Health and Social Care Sub-Committee	
AUTHORITY TO TAKE DECISION:	The Health & Social Care Sub-Committee is able to review and suggest updates to its work programme.	
KEY DECISION?	No	REASON: Not applicable
CONTAINS EXEMPT INFORMATION?	No	Grounds for the exemption: Not Applicable
WARDS AFFECTED:	ALL	

1 **HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2023-24**

- 1.1 As this is the last schedule meeting of the Health & Social Care Sub-Committee in the 2023-24 municipal year, this item has been included on the agenda to give Sub-Committee the opportunity to review the work it has undertaken across the year and consider any initial areas of scrutiny in 2024-25.
- 1.2 Set out in Appendix 1 is a copy of the work programme for 2023-24, which sets out the items considered over the year for the Sub-Committee to note. Further information on these items, including any reports and minutes can be found on the [Council’s website](#).
- 1.3 The Health & Social Care Sub-Committee is also asked to consider possible items it may wish to scrutinise in further detail as part of its work programme for 2024-25. Any items identified, will be subject to further scoping before inclusion in the draft work programme that would be submitted to the Scrutiny & Overview Committee on 4 June for sign-off.

2 RECOMMENDATIONS

2.1 The Health and Social Care Sub-Committee is recommended to:

- 1 Note the completed 2023-24 Work Programme, as presented in the report.
- 2 Consider whether there are any areas of scrutiny to scope as potential items for inclusion in the 2024-25 work programme.

3 REASONS FOR RECOMMENDATIONS

3.1 Setting a work programme provides an opportunity for the Sub-Committee to ensure it is focussed on high priority issues affecting the services provided to residents.

2. WORK PROGRAMME

2.1 The completed work programme is attached at Appendix 1.

Additional Scrutiny Topics

2.3 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.

Participation in Scrutiny

2.4 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.

Appendices

APPENDIX 1: Work Programme 2023/24 for the Health & Social Care Sub-Committee.

Health & Social Care Sub-Committee

The below table sets out the working version of the Health & Social Care Sub-Committee work programme. The items have been scheduled following discussion with officers and may be subject to change depending on any new emerging priorities taking precedent.

Meeting Date	Item	Scope	Directorate & Lead Officer
20 June 2023	Front Runner Pilot Scheme	The Health & Social Care Sub-Committee is presented with a report on the Discharge Integration Frontrunner programme, which aims to bring together transformation efforts from across Croydon to develop an effective, integrated system across hospital, social and community care.	Adults Richard Eyre
	HSC Work Programme	To discuss areas of scrutiny for inclusion in the Sub-Committee work programme in 2023-24	
3 October 2023	Croydon Safeguarding Adults Board – Annual Report	To review and comment upon the Croydon Safeguarding Adults Board annual report ahead of its consideration by the Mayor in Cabinet	Adult Safeguarding Denise Snow
	Transformation Update	To receive an update on the delivery of the three-year transformation programme in Adult Social Care.	Adults Richard Eyre
30 January 2024	ASC Budget deep-dive	The Health and Social Care Sub-Committee is asked to review the information provided on budget proposals.	Adults Richard Eyre

	ASC Transformation	<p>Discussion on the new Transformation Programme</p> <ul style="list-style-type: none"> • How do we transition from the existing operational model to the new one? • How the programme fits into the budget? • Update on the procurement of the delivery partner. 	
12 March 2024	Pharmacy Update	To receive an update on the readiness of pharmacies in the borough to accommodate the extended powers of prescribing, following the launch of the Pharmacy First scheme on 31 January 2024.	
	Croydon University Hospital – Waiting List Update	Following a visit to the new Elective Centre at Croydon University Hospital in the Summer 2023, the Sub-Committee has requested an update on waiting lists at the Hospital to assess the impact of the new Centre.	

Areas to schedule

The following items haven't been scheduled into the work programme but have been previously identified as areas of scrutiny to be scheduled during the year ahead.

Unallocated Items	Notes
A review of the cost of placements	An initial workshop will be organised for the Sub-Committee Members, to familiarise themselves with the placement process.
Integrated Care System	To review the impact of the new ICS approach to services in the borough (under consideration for the agenda on 18 June 2024).

Outcome from the LGA Peer Review	A briefing on the initial outcomes from the review is being arranged for April 2024.
Commissioning for Community Sexual Health Services	To feed into the commissioning process of community sexual health services by the Public Health team.
CAMHS & SLAM	A review of the mental health services available for young people focusing on the transition between services.
Menopausal Health Services	To review the availability of menopausal services in the borough
Dental Services	To review the provision of dental services in the borough.
Dementia Strategy	
Prostate Cancer Services	

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