

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 28 January 2020 at 6.30 pm in Council Chamber, Town Hall,
Katharine Street, Croydon CR0 1NX

MINUTES

- Present:** Councillor Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair), Patsy Cummings, Toni Letts and Andrew Pelling
- Also Present:** Councillor Louisa Woodley – Chair of the Health and Wellbeing Board
- Apologies:** Councillors Clive Fraser and Scott Roche

PART A

36/20 Minutes of the Previous Meeting

The minutes of the meeting held on 12 November 2019 were agreed as an accurate record.

37/20 Disclosure of Interests

There were no disclosures made at the meeting.

38/20 Urgent Business (if any)

There were no items of urgent business.

39/20 Health & Wellbeing Board

The Sub-Committee considered a report from the Chair of the Health and Wellbeing Board, Councillor Louisa Woodley which, along with a presentation delivered at the meeting, provided an overview on the work of the Board.

A copy of the presentation can be found at the following link:-

<https://democracy.croydon.gov.uk/documents/b7133/Health%20Wellbeing%20Board%20-%20Presentation%2028th-Jan-2020%2018.30%20Scrutiny%20Health%20Social%20Care%20Sub-Comm.pdf?T=9>

Following the presentation the Sub-Committee was given the opportunity to question the Chair of the Health and Wellbeing Board on the work of the Board. The first question concerned the Board's work with schools on mental health provision for children and young people and whether there were any particular barriers. It was highlighted that the Board had contacted schools on

this issue, with it found that the main barrier was often a lack of funding being available to support work in this area. Through the work of the Board funding had been acquired through the Trailblazer Project and also the Mayor of London's Young Londoners Fund. It was confirmed that an evaluation on the difference made by these projects would be undertaken.

As the presentation had listed the Board being a committee of the Council as a potential weakness and it was questioned why this would be the case. It was confirmed that being a council committee meant that the approach to Board membership could be overly formal and restricted the ability to effectively respond to specific issues. In order to mitigate against this the Board took a flexible approach to representatives being invited to attend as guests. This ensured that the Board was able to have the relevant people around the table to participate in the discussion of specific issues.

As the South London and Maudsley NHS Foundation Trust (SLaM) was not coterminous to Croydon and operated over a wider area, unlike the other partners on the Board, it was questioned whether SLaM was able to be as effective a partner as others. It was advised that partners already worked together through the One Croydon Alliance creating a good working relationship, which had been carried through to the Board with full participation and attendance from SLaM. By working across a wider area, the biggest issue for SLaM was often the number of different local Health and Wellbeing Boards they had to attend, but there were no issues from a Croydon perspective.

It was questioned whether the Board coordinated its work with other forums such as the Violence Reduction Network. The Chair confirmed that she had attended the conference to set up the Violence Reduction Network and had visited Glasgow with others to review their public health approach to violence reduction. The Director of Public Health report on the First 1,000 Days contained many outcomes that linked with the public health approach to violence reduction and there were a number of statutory officers on the Health and Wellbeing Board who had roles on other boards as well.

In response to a question about whether the Board had any work streams focused on the prevention of either domestic or sexual abuse, it was highlighted that these were not normally dealt with by the Board, as they were community safety issues. However the Board could review whether it could add value to the existing work being carried out elsewhere, as it was important not to duplicate the work of others.

It was noted that when they were established, one of the main functions of Health and Wellbeing Boards was to oversee the closer integration of Social Care and Health services. Given that in Croydon integration was fairly well established through the work of the One Croydon Alliance, it was questioned whether this lessened the role of the Board. In response it was highlighted that integration was a continuous journey, with the Board having the power to ensure that partners reported back with evidence to demonstrate how they were working together. The Health & Wellbeing Board provided the architecture for the strategic leaders of the health and social care systems to

come together, with it envisioned that this could be extended in future to include other partners covering areas such as housing and employment.

As a follow up it was questioned whether, given the pioneering integration led by the One Croydon Alliance, whether Croydon was best placed to start a national conversation on the role of Health and Wellbeing Boards. In response it was advised that the role of the Board had been adapted to the needs of Croydon and it was difficult to know whether a similar approach would work elsewhere.

As it was noted that the Board was aspirational, it was questioned whether there was a long term vision for health in the borough. It was highlighted that the Board operated at a strategic level, holding services to account, with other delivery mechanisms responsible for service change. The Board did have priorities for the near future, which included continuing to oversee the integration of health and social care and expanding its remit to include other areas such as housing. There was also a commitment to ensuring that people had a good start in life and a good end of life.

As it was noted that life expectancy across the borough could vary significantly, it was questioned how this was being addressed. It was advised that improving life expectancy in specific areas was challenging particularly in poorer areas as people who were helped tended to move out of the area and be replaced by other poorer people. It was important to recognise that different areas of the borough had different issues which needed to be addressed.

At the conclusion of the item the Chair thanked the Chair of the Health & Wellbeing Board for her attendance at the meeting and her engagement with the questions of the Sub-Committee.

Conclusions

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

1. Although the Sub-Committee recognised that the partners had made significant progress in the development of the Health & Wellbeing Board, it was difficult to reach any concrete conclusions on its performance without measurable targets.
2. The Sub-Committee felt that there was a certain amount of uncertainty over the long term role for the Board given all the changes made to the health and care systems in the borough.
3. The Sub-Committee agreed that it would be interesting to review the Board's effectiveness in influencing the identified wider determinants of health such as housing and employment, once this work had commenced.

Croydon's Integration Journey to Date

The Sub-Committee considered a report together with an accompanying presentation on the integration journey to date for the Croydon Health Service NHS Trust (CHS) and the Croydon Clinical Commissioning Group (CCG). This was divided into three specific areas, namely the approach to integration with social care, how the integration between CHS and CCG was progressing and an update on the Integrated Community Networks. The following representatives were present at the meeting for this item:-

- Agnelo Fernandes – Chair of Croydon CCG
- Matthew Kershaw - Chief Executive and Place Based Leader for Health NHS Croydon CCG and Croydon Health Services NHS Trust
- Guy Van-Dichele – Executive Director for Health, Wellbeing & Adults – Croydon Council

A copy of the presentation can be found at the following link:-

<https://democracy.croydon.gov.uk/documents/s20442/CCG%20-%20CHG%20Integration%20-%20Presentation.pdf>

Following the presentation the Sub-Committee was given the opportunity to ask questions on the integration journey, with the first relating to the possibility of change at a senior level within the team. It was advised that the scale of the challenge in delivering integration was recognised, but there had not been a notable increase in staff leaving on the basis of the changes. In fact it had been found that more consultants were looking to work in Croydon because of the pioneering integration work.

As it was noted that different localities across the borough faced different challenges, it was questioned how this would be managed. It was advised that the purpose of the Integrated Community Networks (ICN) was to address some of these issues. Although it would not be possible to have totally different ICNs as there were many common health issues, there will be certain services that need to be focussed in specific areas to address the need of the local population. Additionally it was also about building on existing ways of working, such as the GP Huddles which had resulted in a 15% reduction in hospital admissions.

In response to a question about delegation from the South West London CCG and whether there had been anything retained at the higher level that could be delegated to Croydon, it was advised that most decisions had been delegated. Certain specialist services needed to remain at a higher level due to workforce issues with a limited number of staff able to deliver these. Discussions were taking place about the budget being fully delegated to Croydon, which would then allow the decision to be made locally on what services were returned to the higher level. It would also allow funding to be compared with other areas and in doing so it was hoped that the funding for

Croydon would be levelled up with the other areas under the South West London CCG.

Reference was made to the original integration plan from 2016, with it questioned what had not been delivered from this plan. It was advised that at present the information points were only available in Thornton Heath, but this would be expanded as the localities work progressed. There had been challenges relating to IT connectivity which impacted upon the introduction of the My Life Plan scheme which had resulted in it morphing into the Coordinate My Care Plans, with Croydon currently rated first in London for the creation of these plans.

It was highlighted that there was a deficiency in signposting patients towards the voluntary sector, with it acknowledged that there were challenges in this area. Health services currently operated a siloed system by design which needed to change in order to be able to deliver further integration.

In response to a question about the longer term vision for integration it was highlighted that the public expected there to be closer integration between health and social care. It was important to have a bold vision, with work underway to test how to align budgets between health and social care. There would also be a need to change how people work, with a move to multi-disciplinary teams to support people's needs. Looking further forward, there would also be a need to address the wider determinates of health and wellbeing such as housing and employment.

As there had been moves towards greater integration before that had not been sustained, it was questioned whether reassurance could be given that it would be successful this time. In response it was advised that previously the NHS had operated separately from other organisations and was now part of a wider system. There was also a push towards greater integration nationally which meant that the environment for change was substantially different from when it had previously been attempted.

In response to a question about lessons learnt from the process so far it was advised that one of the key factors to progress was workforce, with it important to increase involvement to ensure that change was being delivered from the ground up. How communication with the public was managed was also important as this helped to change behaviour, with a need to work with people earlier to help improve their lives.

It was highlighted that the potential changes at Epsom, St Helier and Sutton hospitals could have a significant effect upon Croydon University Hospital and whether the possible impact had been considered. It was advised that preparatory work had been undertaken to understand the possible impact with it found that should the acute site be located at St Helier the impact would be largely neutral, if it went to Sutton it would slightly reduce demand, with the biggest impact arising if it went to Epsom requiring additional resource to build capacity. CHS would be responding to the consultation with the view that each of the three options were deliverable, but with a different level of challenge depending on where it was located. It had not been proposed to

upgrade all three sites as this would not achieve the aim of delivering the infrastructure to provide a sustainable and safe clinical model.

It was confirmed that there was a principle that ICNs would have Community Reference Groups to refer to and check ideas as they progressed as having an evidence base on the various population across the borough was essential.

At the conclusion of this item the Chair thanked the representatives for their attendance at the meeting.

Conclusions

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

1. The Sub-Committee felt that the work carried out to date on integration was positive and were reassured that progress was being made.
2. The move to investigate the potential alignment of health and social care budget was welcomed, particularly in light of continued funding challenges.
3. The Sub-Committee retained a concern that the challenge of delivering integrated software systems would be one of the key risks to the success of integration.

41/20 Health & Social Care Sub-Committee Work Programme 2019-20

The Sub-Committee considered its work programme for the remained of 2019-20, with it noted that the meeting on 21 April 2020 would be dedicated to a review of whole life mental health provision in the borough.

The Sub-Committee **resolved** that its work programme for 2019-20 be noted.

42/20 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.20 pm

Signed:

Date:

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