

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 24 September 2019 at 6.30 pm in Council Chamber, Town Hall,
Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair),
Andrew Pelling and Scott Roche

Apologies: Councillor Patsy Cummings and Clive Fraser,
Gordon Kay (Healthwatch Co-optee)

PART A

21/18 Minutes of the Previous Meeting

The minutes of the meeting held on 25 June 2019 were agreed as an accurate record.

It was noted that a further update was required on the work to replace the Community Dental Service that was formerly based in New Addington. It was agreed that a request for a written update would be made to the provider of the service, King's College Hospital NHS Foundation Trust.

22/18 Disclosure of Interests

There were no disclosures made at the meeting.

23/18 Urgent Business (if any)

There were no items of urgent business.

24/18 Collaboration of Health and Care in Croydon & South West London Clinical Commissioning Group Merger

The Sub-Committee considered information provided on both the work to closer align the Croydon Health Service NHS Trust (CHS) and the Croydon Clinical Commissioning Group (CCG) and the integration of the six South West London CCGs into one larger CCG. Together with information set out in the agenda, a presentation was given to the Sub-Committee by representatives from CHS and the CCG. Those in attendance at the meeting for this item were:-

- Agnelo Fernandes – Clinical Chair – Croydon CCG
- Matthew Kershaw – Interim Chief Executive - CHS

- Mike Sexton – Chief Financial Officer – Croydon CCG

A copy of the presentation can be found here: –

<https://democracy.croydon.gov.uk/documents/s17716/Appendix%20A%20Collaboration%20of%20Health%20and%20Care%20in%20Croydon%20-%20Presentation.pdf>

Following the presentation the Sub-Committee was given the opportunity to question the representatives on their plans for the closer alignment between CHS and the Croydon CCG and the wider integration of the six South West London CCGs. The first question related to the proposed £500m sub regional saving that had been identified as one of the drivers for the integration of the six CCGs, with it questioned what proportion of this saving would need to be found in Croydon. In response it was confirmed that the targeted saving from Croydon services was £100m as Croydon had approximately 25% of the population of South West London.

It was questioned what difference the changes would make to a member of the public. Regarding the alignment of CHS and the CCG it was advised that by bringing together the health bodies in Croydon it would provide a greater focus on local priorities leading to the delivery of joined up services that were reflective of the needs of the local population. Experience had found that gaps in service provision tended to arise from the hand over between services and it was hoped that closer alignment would reduce such issues.

The move to merge the CCGs on a sub-regional level had in part been prompted by the NHS Long Term Plan which set out the need for integrated care and larger regional CCGs. As it was a national policy it was important to ensure that the best outcomes were delivered from it locally.

As there would be one Accountable Officer responsible for overseeing what was formerly six CCGs, it was questioned how that person would be able to retain line of sight over service provision. It was advised that in order for an integrated care system to work it was important to get the governance processes right, while also retaining a focus on outcomes that made a difference for patients. There would be a Local Committee in Croydon to determine the majority of the commissioning decisions for the area, leaving the Accountable Officer to oversee this process and ensure that promised outcomes were being delivered as expected.

In response to a question about the level of decision making to be retained at a local level following the integration of the South West London CCG it was advised that it was envisioned that the vast majority of decisions effecting Croydon would still be made at a local level. There were safeguards built into the governance structure to ensure sound decision making, which would mean that it was unlikely that there would be a disagreement between the Local Committee and the Accountable Officer. It was important that the Croydon Local Committee was engaged with the South West London CCG in order to build strong relationships.

It was highlighted that all GP practices within the areas covered by the proposed CCG integration would have the opportunity to vote on the move to a South West London CCG. The Croydon based GP surgeries were due to vote on 17 October.

It was confirmed that there would be nine Primary Care Networks (PCN) in the borough each made up of a number of GP practices. A base of 30,000 to 50,000 patients was needed to form a PCN, so it would be possible for a large practice to form its own PCN, with examples of this elsewhere in the country. GPs were given the choice of which practices they wanted to work with to form their PCN.

In response to a question about any potential concerns GPs may have about the proposed integration it was advised that there was a view that health care provision in the borough was currently in a good place so why change it. Also as Croydon was not in deficit when there were funding issues elsewhere in South West London there was concern over how this would affect Croydon. Although reassurance could be taken from it being regulated to ensure that one local area could not pass their funding issues onto other areas within the new regional CCG.

Local Choice remained a standard part of the NHS offer. And the proposals were intended to maximise resources in Croydon to provide better services locally for residents. Patients were able to receive treatment outside of the borough, but if the services in Croydon were high quality and people want to choose to receive their treatment locally.

As the One Croydon Alliance moved forward with expanding its scope to cover all age groups in the borough, it was questioned whether the partners remained aligned. In response it was advised that going forward it would be important to build on the existing partnership work, but as the focus expanded it was essential to ensure that the right representatives were involved. This included ongoing conversations to involve different partners to build on existing strengths.

In response to a question about the expected savings from changes it was advised that one of the key initiatives was to increase the amount of patient care provided within the borough from 70% to 80%, which would increase funding by £10m that would help to support services. Work was also ongoing to reduce referrals, which were down 10% year on year and included on improving on patients having intervention if not needed. If the plan was achieved it would clear the deficit for CHS.

It was confirmed that the decision to discontinue IVF services in the borough was currently being reviewed. The Sub-Committee welcomed this move and looked forward to a further update at a future meeting.

At the conclusion of this item the Chair thanked the representatives from CHS and the CCG for their attendance at the meeting and their engagement with the questions of the Sub-Committee.

Conclusions

At the conclusion of this item the Sub-Committee reached the following conclusions:-

1. The Sub-Committee welcomed the optimism from CHS and the CCG on the future direction of travel, but agreed that the changes would continue to be monitored as they progressed.
2. In the light of concerns raised by the Sub-Committee over the level of decision making that would continue to be taken on a local level through the new South West London CCG structure, it was agreed that this would continue to be monitored.

25/18 Croydon Safeguarding Adult Board - Annual Report 2018-2019

The Sub-Committee considered the Annual Report for 2018-19 from the Croydon Safeguarding Adults Board (CSAB). The independent Chair of the board, Annie Callanan was in attendance at the meeting to introduce the report and answer Members questions arising. During the introduction to the report the following points were noted:-

- An increased amount of information had been added to the report for 2018-19 as a result of a request from the Sub-Committee for further information last year.
- The report recognised that there had been a high level of engagement and support from partners for the CSAB. The CSAB has been engaged with ongoing work on early intervention and commissioning.
- There was still work needed to improve the voice of Croydon residents, particularly those from minority ethnic communities, which was being worked upon.
- A key aim was to ensure that the individual was the focus at the centre of services.
- The object of the exercise was to get a line of sight to understand what was happening at the frontline of the service. The CSAB was not currently achieving this, but was looking to use the expertise of their four newly formed Sub-Groups to deliver this.

Following the introduction from the Independent Chair of the CSAB the Sub-Committee was given the opportunity to ask questions about the report. The first requested a self-assessment of the current performance of the Board. In response it was advised that the accountability arrangements were in a much better place with continual improvement being seen. A strength of the current CSAB was having everybody around the table engaged in the process.

In response to a question about how the CSAB compared to other Boards, it was highlighted that Croydon operated similarly to other areas. An invitation

was extended to the members of the Sub-Committee to attend a future CSAB meeting as observers.

It was highlighted that 70% more females reported abuse than males, when the number of vulnerable males was not much lower, as such there reasons for this were questioned. It was advised that steps were being taken to investigate the reasons for this including engaging with men to get a representative view. Reasons such as generational differences causing a reluctance to communicate and the fear of care being removed may be possible reasons that needed to be explored in greater detail.

It was noted that it would help the Sub-Committee to be able to make a judgement on the performance of the CASB if comparative data with other boroughs was available. It was confirmed that data was available, with an annual report due to be published in November that could be shared with the Sub-Committee.

In response to a question about the challenges of sharing reporting data it was advised that it was essential for the Board to be kept informed and it had been highlighted that certain information was required for specific Sub-Groups.

The level of referrals made to the low number that were sustained was questioned, with it advised that there was a preference for people to be engaged. There was a move across the sector to work with partners on what a good referral was, as if there were huge numbers it required careful consideration to identify the most serious cases.

It was questioned what the Board could do to ensure that the voice of vulnerable adults was heard. It was advised that it was important to raise awareness of the Board with residents with a week of engagement activity planned. Capturing the voice of vulnerable patients should start at the point of referral with work needed to understand how views could be captured at this stage. It was important that the work of CSAB was led by customers throughout the process.

At the close of the item the Chair thanked the Independent Chair of the Board for attending the meeting, welcoming the progress that had been made over the past year.

Info Requests

1. The Annual Report due for publication in November 2019, to provide the Sub-Committee with comparison data with other boroughs.

Conclusions

At the conclusion of this item the Sub-Committee reached the following conclusions:-

1. The progress made since the previous report from the Croydon Safeguarding Adults Board a year ago was welcomed.

2. The invitation to visit a meeting of the Croydon Safeguarding Adults Board was welcomed with the Committee looking forward to taking up the opportunity.

26/18 **Adult Social Care Budget**

The Sub-Committee considered a presentation delivered by the Executive Director for Health, Wellbeing and Adults, Guy Van Dichele on the budget challenges facing the Adults service. A copy of the presentation can be found here: –

<https://democracy.croydon.gov.uk/documents/s17854/Adult%20Social%20Care%20Budget%20-%20presentation.pdf>

Following the presentation the Sub-Committee was given the opportunity to ask questions about the information provided. The first question related to direct payments and what the Council was doing to encourage users to opt for this approach. It was advised that at present there was a mix of people using direct payment and work was ongoing to simplify the process with support provided for users to engage with using direct payment. It was envisioned that the forthcoming Resource Allocation Programme would help to allow people to buy the right care for their needs and provide support to users in finding a Personal Assistant. Hopefully once this was in place it would increase the take up of direct payment as this approach was more cost effective as it was flexible to people's need.

The take up of the direct payment option in Croydon may not be as high as in some other authorities who had made direct payment their default position, with users required to opt out of this approach rather than the current position in Croydon which required users to sign up for direct payment.

As it was noted that 31% of carers in the borough had been so for more than 30 years, it was questioned what the Council was doing to provide support for these individuals. It was advised that there was a network of support for carers through organisations such as the Carers Centre, with work ongoing to ensure that users understood that this service was funded by the Council. The possibility of providing small grants to carers to provide support was also being explored. It was also noted that the Council provided a series of factsheets for carers to inform them of the services available to them.

In response to a question concerning the percentage of the budget in care being spent on accommodation and food it was highlighted that the bulk of the budget arose from the cost of placements. However it was not possible to confirm the percentage spent on food as this was provided as part of the total package.

It was questioned whether the level of demand for care could be managed should free universal care be introduced. It was confirmed that this would be dependent on the funding provided as it was estimated that there was a significant amount of support being provided by unpaid carers. If care was

free rather than means tested it was anticipated that there would be a substantial increase in demand.

In response to a question about the action being taken to balance the budget, it was advised that working across the Council to achieve the required savings was both important and necessary as there was a reliance on colleagues in areas such as Gateway and Housing services to ensure that savings could be achieved. Conversations were also ongoing with partners across the One Croydon Alliance as the work of the partnership had reduced hospital admissions, but in doing so had increased the pressure on social care. Following discussions a re-share agreement was reached last year with £500,000 being returned to the Council. A similar agreement had yet to be reached this year, but discussion on this were ongoing.

As it was noted that there was a lot of development taking place within the borough, it was questioned whether there had been conversations with the planners to help provide the type of housing needed to encourage elderly residents who may be living in large family homes to downsize. It was advised that a Housing Strategy was currently being prepared that would include elements that addressed provision for older people wanting to downsize. It would also include elements addressing the need for homes for people with disabilities.

At the conclusion of the item the Chair thanked the officers for the information provided in the presentation and the detailed responses to the Sub-Committee's questions.

Conclusions

At the conclusion of this item the Sub-Committee reached the following conclusions:-

1. The Sub-Committee welcomed the comprehensive report provided on this item.
2. The Sub-Committee recognised that the Council was facing a significant challenge in its Adult Social Care budget.
3. There was concern that the savings being delivered through the One Croydon Alliance were not finding their way through to Social Care and as such it was agreed that this would be monitored to ensure it was being effective.

27/18 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.35 pm

Signed:

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Date:

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