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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 21 September 2021 at 6.30 pm

This meeting was held remotely and can be viewed on the Council's website

MINUTES

Present: Councillor Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts and Andrew Pelling

Yusuf Osman (CASSUP Co-optee)

Also Present: Councillor Janet Campbell – Cabinet Member for Families, Health & Social Care

Edwina Morris (Healthwatch Croydon)

PART A

27/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

28/21 **Urgent Business (if any)**

There were no items of urgent business for consideration at the meeting.

29/21 **Overview of the Transitions Service**

The Sub-Committee considered a report setting out information on the changes made to the Transitions Service. It was highlighted that in advance of the meeting the Sub-Committee had received a briefing to ensure sub-committee members had an understanding of the services provided by the Transitions team.

The report was introduced by officers, during which it was confirmed that the role of the Transitions Service was to work with young people in care as they reached adulthood. Responsibility for the service had passed to Adult Social Care from April and at present it was projected that the savings targets would be achieved.

The cost of sending young people out of the borough for education was higher than for those educated within the borough. As such the service was working with the Special Educational Needs team to reduce the need for people to travel outside of the borough for education. An additional benefit of educating young people locally was it allowed them to learn to live independently within their locality, which was not the case for those travelling outside of the borough for education.

Following the introduction, the Sub-Committee was given the opportunity to ask questions about the content of the report in order to reach a view about whether the new arrangements for the service had been embedded successfully, the budget savings were achievable and the potential risks were being effectively managed.

The first question asked for further information on the action being taken to ensure that parents and carers understood the process. It was confirmed that the service worked with each family on an individual basis to ensure they received good advice and information to guide their decision making. It was also important to listen to the young person and understand their ambitions for their education. The Transitions teams also worked with both CASSUP and Parents in Partnership to inform the support provided. One of the key actions for the process was to ensure that link workers were involved with families from an early stage to ensure they were not surprised by the process.

In response to a question about how the budget was being managed, it was advised that budget forecasting took place monthly with the Children's Service to look ahead at potential spend. This allowed the early identification of children with expensive educational arrangements, allowing the service to engage with them to identify alternative options. It was also important to think about the other end of transitions system and how to support the 25 year olds leaving the service to take control of their futures.

To ensure there was line of sight over the budget savings process in the service, monthly budget monitoring sessions took place with accountants who verified that updates were included on the social care system, enabling them to be tracked. Any efficiencies identified would not be entered into the budget monitoring system until they had been verified by the accountants. By carrying out this work, it enabled progress with delivering budgets to be tracked throughout the governance structure.

It was noted that parents may make decisions about their child's education many year before the Transitions service became involved and as such it was questioned how this could be managed to ensure cost effective outcomes were delivered. It was advised that it was important there was a good local offer in the borough and that families received informed advice about these services.

At the conclusion of this item the Chair thanked the officers for their engagement with the Sub-Committee to ensure the Transitions Service could be effectively scrutinised. It was agreed that the Sub-Committee had received sufficient information about the new arrangements and the budget for the service, to be reassured they were being effectively managed.

30/21

Overview Of Community Diagnostic Hubs

The Sub-Committee considered a presentation which provided an overview of the plans for Community Diagnostic Hubs in the borough. During the presentation, delivered by the Croydon Health Service Chief Executive and Place-Based Leader for Health, Matthew Kershaw, the following was noted: -

- Community Diagnostic Hubs were part of a national programme providing additional funding to local areas to expand diagnostic services.
- The main aim of the programme was to reduce waiting times following the pandemic and to make services more available.
- At present Croydon had a single site supported by mobile satellite services. The process to identify the best option for Croydon was still ongoing, but it was possible there would be a second site identified through the process.
- By the end of 2021 it was expected that the work force and community engagement process would have been agreed, along with the business case for Croydon.

Following the presentation, the Sub-Committee was able to ask questions about the information provided. With the first question asking for information on the current landscape for diagnostic services within the South West London Clinical Commissioning Group area. It was advised that outside of Croydon, it had been proposed that the existing diagnostic services at both Queen Mary's Hospital and St Hellier Hospital would be enhanced. The Croydon site had not yet been confirmed, but it could go to one of the existing sites such as Croydon University Hospital or Purley War Memorial Hospital or another, to be identified site.

The purpose of the programme was to enhance existing services and target areas of need. Factors such as links to public transport and parking would be taken into account, with the need for accessible services a clear message in feedback from residents. It was confirmed that a range of options for booking appointments would also be used to boost accessibility.

In response to a concern about whether the programme could lead to existing services being lost, it was highlighted that the whole purpose was to increase capacity and it was not anticipated that any existing services would be reduced. It was also highlighted that a new CT scanner had recently be installed at the Purley Hospital to increase the range of services offered from the site.

As mobile services had been mentioned as a possible option, further information was requested about how this would work in practice. It was advised that mobile services were already being provided and with modern technology there was a wide range of diagnostic services that could be provided. As an alternative, services could be offered at static satellite sites, but only on certain days, with staff moving across different sites in the borough. It suggested that there may be space within the Council's libraries to host satellite sites, which should be investigated as part of the process to identify a solution.

Health Inequalities in the borough and the fact that certain communities were less likely to access health services was raised as an issue. It was questioned

whether there would be a project to target these groups as part of the work around Community Diagnostic Hubs. It was confirmed that engaging with communities was an important issue for the NHS and was larger than the Community Diagnostic Hub programme. There was ongoing work to raise awareness of services and to engage with those community groups who were less likely to access health services, with a whole programme on prevention and early intervention.

It was confirmed that any new hub would lead to an increase in opening hours. At present there was no drive to move towards a system of self-referral and GPs would continue to play an important role in the referral of patients to diagnostic services.

At the conclusion of the item, the Chair thanked officers for the update provided to the Sub-Committee on the Community Diagnostic Hub Programme.

Resolved: That the overview provided on Community Diagnostic Hubs is noted.

31/21 **Health & Care Plan Refresh**

The Sub-Committee considered an update on the process to refresh the Health and Care Plan. During the introduction to this item it was highlighted that the original plan had been the product of good collaborative working between health and social care partners in Croydon. The Government had requested that the plans be refreshed following the pandemic to aid the recovery of services and to reduce health inequalities.

The Health and Care Plan was a strategic document that enabled the One Croydon Alliance to bring forward system specific plans and to test these as a partnership to ensure that they were both affordable and deliverable. It was recognised that the engagement process would be ongoing as different aspects of the plan were developed.

Concern was raised about the relative lack of engagement to date in the refresh, which had been restricted due to the pandemic. As such, it was questioned whether the priorities would be informed by engagement going forward. It was advised that as the Plan was implemented, programme boards would be created to guide implementation, including ensuring the Plan met the needs of residents.

As the importance of tackling health inequalities in the borough had already been acknowledged under the previous item, it was questioned whether the refresh to the Health and Care Plan would lead to new ways of thinking on the issue. It was confirmed that there was a firm commitment amongst the partners to address health inequality in the borough, but the key challenge was delivering actual change. There had been successful pilots in the past, and it was important to learn from both these and success elsewhere to deliver change. It was agreed that tackling health inequality should be a key strand in the refreshed plan.

It was noted that the Scrutiny and Overview Committee had recently reviewed the Community Safety Strategy and during the process it became clear that the population of Croydon had changed significantly over the past twenty years, with a large transient population. It was questioned how health and social care could respond and adapt to address the changing needs of the population, who may not engage with statutory services in the same way. It was confirmed that there was a variety of services within health and social care working with under-served communities, such as the recent programme on vaccine take-up, using a hyper-localised approach that had been successful. An important part of this work was to build contacts with community, faith and youth leaders and engage with them to identify new ways of working. It was noted that Healthwatch England was working with NHS England to develop communications for hard to reach groups to help improve knowledge and access to services.

At the conclusion of this item the Chair thanked the officers for the update provided on the Health and Care Plans.

Conclusions

Following its discussion on this item, the Health & Social Care Sub-Committee reached the following conclusions:-

1. The Sub-Committee welcomed the refresh of the Health and Care Plan and agreed it was an opportunity to rethink how health and social care worked together to address health inequality in the borough.
2. The Sub-Committee welcomed reassurance that public engagement would be one of the drivers for the Health and Care Plan going forward.
3. The Sub-Committee agreed that it would continue to feed into the refresh of the Health and Care Plan, as the process developed.

32/21 Health & Social Care Sub-Committee Work Programme 2021-22

The Sub-Committee considered a report setting out its work programme for the remainder of 2021-22. It was agreed that it was important to ensure that the work programme remained focussed to ensure the Sub-Committee could carry out its work effectively, without overburdening itself.

It was suggested that the Sub-Committee may want to consider adding an items to its work programme later in the year on either dementia services or community services. It was agreed that these would reviewed to establish whether scrutiny was required.

Resolved: That the Health & Social Care Sub-Committee work programme for 2021-22 is noted.

33/21 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 7.55 pm

Signed:

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Date:

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