

HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE

Minutes of the meeting held on Tuesday 18 October 2016, 6.34pm,
Council Chamber, Town Hall, Katharine Street Croydon.

WRITTEN MINUTES – PART A

Present: Councillor Carole Bonner (Chair)
Councillor Margaret Mead (Vice Chairman)
Councillors: Kathy Bee, Sean Fitzsimons, Andrew Pelling and
Andrew Stranack.

Darren Morgan – HealthWatch Croydon, Non-Voting Co-optee

Also in attendance for part or all of the meeting:
Councillors: Bernadette Khan and Joy Prince

Also in Attendance John Goulston, Chief Executive - CHS
Dr Tony Brzezicki, Clinical Lead, CCG
Paula Swann, Chief Officer, CCG
Stephen Warren, Director of Commissioning, CCG
Dr Hugh Jones, SLAM and Kirstin Dominy, SLAM

A47/16 Apologies for Absence

None

A48/16 Minutes of the last meeting

Minutes of the meeting held on 27 September 2016 were unavailable for the meeting. The minutes will be presented at the 18 November 2016 meeting.

A49/16 Disclosures of Interest

At 6.36pm Councillor Andy Stranack disclosed that he was a member of the CCG Outcome Based Commissioning Specialist Group.

A50/16 Urgent Business

None

A51/16 Exempt Items

None.

A52/16

Croydon Health Services NHS Trust Update on the Trust's Financial Recovery Plan. (agenda item 6)

John Goulston, Chief Executive, Croydon Health Services NHS Trust (CHS) was in attendance for this item to present to the Committee the Trust's update in relation to the financial recovery plan.

The Committee were interested to learn more about the "new ways" of delivering services and that were being explored by the Trust how this would be achieved with a reduced budget. Members also asked what options had been considered during the option appraisal.

The CEO reported that there had been a period of tighten expenditure controls especially around reducing agency costs by £40K a week. This was achieved by working with the London procurement partnership who offer a lower agency nurse rate. In addition the Trust took a hard look at agency usage resulting in a directive to department whereby they are only authorised to cover 50% of a vacancy using agency cover. Maternity and accident and emergency would be exempt from this costing saving measure. The general shift in agency patterns would come from the community.

It was further reported that the governing body NHS Improvement had required all CEOs to individual sign off all agency use costing more than £120ph, the Trust reported that currently 80% of the controls were already taking place with the Trust.

Further examples were given regarding the use text messaging appointment reminders to patients. The message includes the cost to the Trust if a patient did not attend (DNA). This has resulted in success in dermatology of around 7% less DNAs and in physiotherapy around 16% reduction in DNA rates; the Trust is looking to roll this out across all areas. Members agreed that this was a good initiative and wondered if the vacant appointments were being reallocated. The Trust reported that they were looking into procuring appropriate software that could delivery this.

The Trust are investigating ways to achieve a paperlite environment. A team consisting of the chief clinical information officer, lead nurse, medical director and director of operations are working hard to realise this initiative. The health environment has all records on a system which are not always easy to extract required data. The team are seeking ways to improve the access to information using a system which would cost around £15K. This would reduce the current contract expenditure for off-site storage of around 40%.

The Committees asked what the rates of instances are around readmission and how many of these are due to early discharge, and could the readmission have been avoided if the appropriate care package had been in place. The Trust reported that there was no incentive to readmission as this generated no income for the second admission, it was not in any bodies interest to readmit patients, the Trust want to get it right first time. The national readmission rate is 1 in 10, the Trust's readmission rate is currently 1 in 5. Unfortunately readmission is an inevitable outcome in some cases and could not realistically be reduced to zero. An audit by a west London team concluded that 40% of patients occupying an inpatient bed could have been managed differently with 30%, not requiring admission at all. There is scope to save money and Croydon continues to challenge the norm.

The Trust were asked to comment on the financial recovery plan regarding measureable actions it could take. It was reported that one area investigated was in theatres and how best to reduce under usage. CHS are in discussions with both Kingston and St Georges ENT and Urology consultants as these clinicians are shared across the sector, which could result in some operations being diverted back to Croydon.

The Committee discussed managing risk in relation to the success of the sustainability and transformation plan which will be submitted to NHS England on 21 October 2016. CHS will work closely with CCG colleagues to deliver the plan.

Member asked CHS how after setting a budget within 3 months management were struggling to stay on target and if NHS Improvement had not intervened would the Trust have the internal capacity to produce a sustainable recovery plan; would the executive team to keep a stronger watch on the budget.

Officers reported that yes the executive team are keeping a stronger watch on finances, however the expertise and support would not have been available without being placed in special measures. We didn't say no to controls set but we had some outstanding issues with CCG around funding. The Trust executives meet with Clinical directorates more regularly to discuss a bottom up approach to cost improvements.

The Committee raised concern related to the financial impact of a bad winter in terms of flu, CHS assured Members that the Trust would be allocated additional funding to cover this scenario.

The Trust are due to submit the first draft of the recovery plan to NHS improvement on 24 October 2016. To facilitate an update from the Trust the Committee had held a date in the diary to convene an additional meeting on Thursday 8 December 2016. The Trust were in agreement that this date would be workable within their timeline.

The Committee **AGREED** to receive a presentation from CHS in relation to the recovery plan and were confident and convinced the Trust were on the way to financial recovery at a specially convened meeting of 8 December 2016.

A52/16 Croydon CCG Financial Savings Plan 2016/17 and 2017/18: Areas of Engagement and Consultation. (agenda item 7)

Dr Tony Brzezicki, Clinical lead CCG, Paula Swann, Chief Officer, CCG and Stephen Warren, Director of Commissioning CCG were in attendance to present this item.

The CCG are preparing proposals for financial savings for the next 2 years, focusing on back office savings, recommissioning and delivering services in a different way. Through an exercise of strengthening existing policies and partnership working it is hoped to result in treatment that offers value for money, with an emphasis on social care need against health need.

The CCG are investigating a range of services that will not be taken forward as they present no vested interest to local people. A Criteria for assessing services will be the subject of feedback following a period of public engagement and officers asked the Committee for their and comments.

The Committee asked the CCG directly that once changes had been made would they achieve their target. Officer were clear that any savings will have a greater impact on the 17/18 budget and that planning guidance from NHS England with detail of changes around performance had recently been received. It is hoped that this will be reflected in saving next year.

Members asked for assurances that the hard to reach groups would be considered during the consultation period and asked for evidence of engagement. CCG discussed the range of public meetings and that a period of wide as possible meeting, remaining mindful to engage with potential future users, learning disability groups, voluntary organisations and utilising the local authority liaising as broad as possible. The 8 week period of engagement should commence at the end of November 2016, with a possible extension.

The Committee discussed the range of intermediary services and asked and how successful they had been. The CCG reported that these services were developed to take pressures off acute services however they have now become a way of fulfilling patient wants and not address appropriate levels of clinical need. By removing these services or limiting access no

patient should be disadvantaged.

Members were concerned that PriceWaterhouse Cooper (PWC) and the CCG were in agreement that the financial challenge would not be met in this financial year and wondered what this would mean for the CCG. The Committee asked if the CCG had a clear programme on how you will achieve the expected savings. The CCG reported that they are in constant discussion with NHS England and are working hard to implement schemes in this year and future years and are seeking other areas to manage this position. Every opportunity is being explored, working with Professor Briggs from Stanmore who have identified saving of £60m across the country by empowering patients to self-manage and use primary car to their best advantage.

The Committee when referring to national fertility figures published success rates in 2010, these were not reflected in the report, the national figures reported higher success rate. CCG officers agreed to investigate these figures and amend the report to reflect the national picture. It was reported that 13 CCGs have ceased offering IVF and Croydon could save £1m annually by limiting or stopping this service. The Committee further stated that the concern would be for those couples on a low income that might be deterred from asking for medical assistance.

The Committee invited the CCG to return on 8 December 2016 to discuss the recovery plan that will be submitted to NHS England and would like included what potential back office savings have been identified.

A53/16 Decommissioning Foxley Lane Women's Unit Engagement Plan
(agenda item 8)

Dr Hugh Jones – SLaM, Kirstin Dominy – SLaM, Dr Tony Brzezicki, Clinical Lead, CCG, Paula Swann, Chief Officer CCG and Stephen Warren, Director of Commissioning were in attendance to present this item. Officers reported that the clinical case for change for this 8 bedded service which had been originally introduced as a crisis house. Overtime the nature of the client base had changed, coupled with improvements in the home treatment service, that provide triage and rapid assessment, it was felt that the venue could provide services in another way.

The Committee were encouraged to hear that the home treatment teams were available borough wide and that significant investment had resulted in better use made of the Foxley Lane facility.

The Committee **AGREED** to receive a review of the service after 12 months.

A54/16 Croydon CCG Urgent Care Procurement Update (agenda item 9)

Dr Tony Brzezicki, Clinical Lead, CCG, Paula Swann, Chief Officer CCG and Stephen Warren, Director of Commissioning were in attendance to present

this item and were in a position to report that the Croydon Alliance was moving forward as planned with a start date of 1 April 2017.

The Croydon central hub will be located across various sites including the Wellesley Road and Addiscombe Road taking into consideration transport links.

The Committee **AGREED** the contents of the report.

A55/16 South West London Joint Overview and Scrutiny Committee (SWL JHOSC) (agenda item 10)

The Committee meet in Kingston on 11 October to scrutinise the SWL Sector Sustainability and Transformation Plan (STP), where Councillor Carole Bonner was elected as the Chair.

Members were disappointed about the lack of engagement by the sector CCG and the JHOSC membership and at a local level with scrutiny. The STP was due for submission to NHS England on 21 October 2016, without any scrutiny input or consideration.

The SWLJHOSC agreed to meet again to review the STP following submission.

A56/16 South East London Joint Health and Overview Scrutiny Committee SEL JHOSC (agenda item 11)

The Committee met on 6 October 2016, to discuss the South London and Maudsley's decision to relocate all the existing places of safety across the estate to one location at the Maudley Hospital in Denmark Hill. The single place of safety is due to open on 17 October 2016.

Outstanding concerns raised by stakeholders and the committee resulted in the following resolutions:

1. The Memorandum of Understanding be signed by all 4 boroughs with the aim of its completion being reported back to the Committee by the end of October.
2. That SLaM facilitate a monthly review with aim of moving towards legal agreement with the four involved local authorities.
3. That SLaM address the following concerns a) the ongoing role of HealthWatch in the evaluation and review process undertaken by SLaM now and as the project continues b) evidencing of travel times from each borough to place of safety c) explanation of what cost neutral means and how it applies to the Councils and CCGs. This is also to be outlined in full to the Committee in writing.

4. The Committee would like to receive a summary of monthly review papers and may recall SLaM in the event of serious concern.
5. That SLaM return to a final meeting of this committee in six months time

A57/16 Work programme 2016/17

The Committee **RESOLVED** to convene an additional meeting on Thursday 8 December 2016 to receive a report from the CCG following the submission to NHS England of the sustainability and transformation plan.

The meeting of 8 December will consider the interim financial recovery plans from Croydon Health Services NHS Trust and Croydon Clinical Commissioning Group

The part B minutes of the meeting held on 27 September were unavailable at this meeting. The Minutes will be received at the meeting of Tuesday 8 November 2016. Therefore there was no confidential items at this meeting.

The meeting ended at 9.25 pm.