

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillor Sherwan Chowdhury (Chair), Councillor Andy Stranack (Vice-Chair), Pat Clouder, Toni Letts, Andrew Pelling Scott Roche and Gordon Kay (Healthwatch Croydon Co-optee)

Reserve Members: Jamie Audsley, Jan Buttinger, Patsy Cummings, Stephen Mann, Helen Redfern and Callton Young

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 18 December 2018 at 6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

Jacqueline Harris Baker
Director of Law and Governance
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
02087266000
simon.trevaskis@croydon.gov.uk
www.croydon.gov.uk/meetings
Monday, 10 December 2018

Members of the public are welcome to attend this meeting.
If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at www.croydon.gov.uk/meetings

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 20 November 2018 as an accurate record.

3. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

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. Winter Preparedness 2018-2019

To receive an update from the Executive Director for Health, Wellbeing & Adults and representatives from the Croydon Health Services NHS Trust and the Croydon Clinical Commissioning Group on their preparations to manage service demand this winter.

6. Healthwatch Croydon

To received an update from the Manager of Healthwatch Croydon on their current activities.

7. South West London and Surrey Joint Health Overview and Scrutiny Committee

To receive an update from the Chairman and/or the Vice Chairman on the recent meetings of the Joint Health Overview and Scrutiny Committee.

8. 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 Tuesday, 20 November 2018 at 6.30 pm in Council Chamber - Town Hall

MINUTES

Present: Councillor Sherwan Chowdhury (Chair), Councillor Andy Stranack (Vice-Chair), Pat Clouder, Andrew Pelling and Scott Roche

Also Present: Councillors Patsy Cummings, Sean Fitzsimons, Maggie Henson

Apologies: Councillor Toni Letts

PART A

34/18 **Minutes of the Previous Meeting**

The minutes of the meeting held on 25 September 2018 were agreed as an accurate record.

35/18 **Disclosure of Interests**

There were none.

36/18 **Urgent Business (if any)**

There were no items of urgent business.

37/18 **King's College Hospital NHS Foundation Trust - Community Dental Service**

The Director of Operations for King's College Hospital NHS Foundation Trust, Chloe Cox introduced the item by apologising to the Sub-Committee for the Trust not having consulted with the Sub-Committee prior to the closure of the Community Dental Service at the Parkway Health Centre in New Addington and before patients were notified. It was confirmed that the Trust had learnt from the process and it was not anticipated that a similar error would be made again.

During the introduction it was confirmed that the Trust had been providing Community Dental Services in 17 Community Health Centres across 9 London boroughs since 2016/17. As part of the operation of this service the estate was continually reviewed to ensure that the facilities kept up with best practice and in light of continuing financial pressures that they were as efficient as possible.

The decision to close the service located at the Parkway Health Centre was based on a number of factors including a utilisation rate of 50% against a

Service average of 62%. There was also concern about the adequacy of the facilities at the centre, particularly the ability to meet decontamination standards and limitations upon the types of dental services that could be provided. The majority of the patients used the service on a short term referral basis, with only a small number of patients with longer term needs. With all these factors taken into account, the Trust concluded that it would be possible to offer patients higher quality services from other locations.

The Consultant in Special Care Dentistry and Head of Department for Community Special Care Dentistry, Doctor Rob Hale, provided Members with further background information on the Community Dental Service provided by the Trust, highlighting that the service was commissioned by NHS England and had a contract value of £8m per year.

When the Special Care Dentistry service was introduced by NHS England in 2017, it defined special care in the broadest sense, including patients with physical, mental health and learning difficulties. As well as the service provided from Community Health Centres, the Trust also operated a mobile dental service that could be used to treat patients at home and services in schools and care homes. Over 35,000 appointments had been delivered by the Service in the past year, with 1,110 of these provided at the Parkway Health Centre.

Looking forward, any patient who had attending the Parkway Health Centre in the past two years would continue to have full access to the service. Patients would also benefit from the higher standard of the other sites, equipment and better access to treatment options. Patient transport would be available to take eligible patients to and from appointments and home visits would continue to be provided five days per week.

Following the introduction, the members of the Sub-Committee were provided with the opportunity to question the representatives from King's College, with the threshold for eligibility for home visits and the types of services that could be provided queried. In response, it was confirmed that the patients who were eligible for home visits were normally elderly residents or people, who for a variety of reasons, were unable to leave their homes. As patients tended to be referred to the service from other providers, such as GPs or standard dental practitioners, eligibility was normally based on information provided in the referral, but a further assessment would be made via a home visit. The treatment provided in a home visit was limited to routine inspections, simple restorative care and simple extractions. For more complex work, the patient would need to be transported to a surgery.

In response to a question about the increasing cost of dental care, it was highlighted that the charges were set nationally and based on three banding levels, which took into account the level of treatment provided. It was possible to obtain an exemption certificate to not have to pay the charge, but it was acknowledged that these could be difficult to obtain, which was an issue the Trust worked to address nationally.

It was questioned whether Croydon had been treated the same as the other boroughs? It was confirmed that there was no suggestion that Croydon residents had been treated differently, a service was also being closed in Lewisham and there had been similar issues with the consultation on this decision. It was highlighted that the Trust had raised a concern with NHS England around the specific needs of people in Croydon and had requested that further work was undertaken to gain a greater understanding of the health needs in the area.

It was questioned whether alternative options to the closure had been considered during the review process. It was confirmed that there had been a number of suggestions arising from the review, but it had been decided to focus upon those sites at which the Trust would struggle to comply with decontamination and infection control standards, which included the Parkway Health Centre. It was advised that the starting point for the decision was from a clinical perspective rather than financial.

As it had been noted that 250 letters had been sent to the people who had been a patient of the service in the past two years to inform them of the change, it was questioned what the level of response to this letter had been. It was advised that a large proportion of the patients written to would have been short term patients and no longer using the service, but a final letter informing the patients of the change could be sent.

As it was highlighted that the demographics for New Addington were in the lowest quartile, the Sub-Committee expressed serious concern about removal of the service and questioned what could be done to continue to provide a service. It was advised that existing services could still be accessed within the borough or outside of the borough if it was more convenient for the patient. The Trust would be engaging with long term patients to assess their needs and develop a plan for continued services. It was highlighted that in the longer term the Trust was keen to explore options for co-locating at the new leisure centre facility that was due to be built in New Addington.

It was questioned whether there would be a rental saving from delivering the service from Eldridge Road facility given that it was of a higher standard than the Parkway Health Centre. It was confirmed that there was not a rental charge for the Eldridge Road facility as the space was provided by NHS England.

Although it was acknowledged that there had been an error made with the lack of consultation throughout the process, the Sub-Committee as a whole registered serious concern and disappointment that they were only being consulted after the decision to discontinue the Community Dental Service at the Parkway Health Centre. As such it was questioned how the decision had been made. In response it was confirmed that the decision had been reached through an internal consultation process which had taken into account the utilisation of the service and the condition of the premises.

In response to a question about whether an equalities impact assessment had been undertaken as part of the process, it was confirmed that there had not

been an assessment as all the centres had patients of a similar level of need. In light of this and given that the Parkway Health Centre was based in one of the most deprived parts of Croydon, it was questioned whether the correct background work had been undertaken to enable a proper assessment of the service.

Given the concerns of the Sub-Committee about what was considered a substantial change to the service provision, it was suggested that consideration should be given to possibly writing to the Secretary of State to highlight these concerns, but it was agreed that opportunities for a local resolution would be explored in the first instance.

Conclusions

In forming its recommendations, the Sub-Committee reached the following conclusions:

1. The Sub-Committee had serious concerns about the removal of the service from one of the most deprived areas of the borough and would like to see the return of the service in the future.
2. The Sub-Committee were deeply concerned that the Trust had not given any consideration to consulting either the Scrutiny Committee at the local authority in the borough effected or most importantly the patients who use the service.
3. The Sub-Committee were also deeply concerned that no equalities impact assessment had been undertaken as part of the process.
4. The Sub-Committee felt that there was a lack of understanding of the needs of Croydon.
5. In light of the lack of consultation, it was concluded that there were grounds to raise the closure of the Service with the Secretary of State if a local resolution could not be found.
6. It was agreed that colleagues at Lewisham Council would be contacted to find out if they were notified of the potential closure of the Service in their borough and to establish what action they were taking.

Recommendation

The Sub Committee **RESOLVED** to leave it in the hands of the Chairman and Vice-Chairman in conjunction with Democratic Service, to write a letter to King's College Hospital NHS Foundation Trust to:-

1. Express the extreme disappointment of the Sub-Committee at the closure of the Community Dental Service at the Parkway Health Centre in New Addington.

2. Express the concern of the Sub-Committee that the proper consultation process for making a substantial service change had not been followed.
3. Express the concern of the Sub-Committee that no assessment of the equalities needs of the local community had been undertaken as part of the process, which was particularly concerning given that New Addington was an area effected by deprivation.
4. Recommend that the Trust reconsider their decision to close the Community Dental Service at the Parkway Health Centre in New Addington.

38/18 **Croydon Health Service NHS Trust**

The following representatives from the Croydon Health Service NHS Trust were in attendance at the meeting to provide an update for the Sub-Committee on the Trust's response to their Care Quality Commission (CQC) inspection earlier this year:-

- Dr Nnenna Osuji, Deputy Chief Executive,
- Michael Fanning, Director of Nursing, Midwifery & Allied Health Professionals and
- Wendy Frost, the Quality, Experience & Safety Programme Manager

The Sub-Committee were given the opportunity to question the representatives on the information provided in report, with the first question relating to what the Trust was doing to regain public trust following the previous inspection of core services by the CQC which had received an overall rating of 'requires improvement', particular as the rating had not improved following the inspection in July 2018. It was acknowledged that there was disappointment within the Trust that the overall rating had not improved, but also highlighted that the standard of care provided remained high.

Going forward it was necessary to ensure that the delivery of future improvement was robust and could be delivered within necessary timescales. As a result a number of key changes had been put in place, including the introduction of defined improvement methodology, the integration of the Quality team and a review of the use of data to enable the availability of real-time data.

In response to a question about whether the Trust had experienced issues with staff recruitment, it was confirmed that recruitment was a big issue across the health sector with the use of bank and agency staff increasing. The Trust had a preference for using bank staff, who as former hospital staff were familiar with services. As a follow up, it was questioned whether any steps had been taken to mitigate against any further staff issues potentially arising from Brexit. It was confirmed that the Trust had written to all staff who could

be effected by Brexit to reassure them that they would help with the any registration costs.

In light of staff shortages, the Trust was working a scheme for international recruitment. The process for this was informed by the experience of other partners and organisations, with the first recruitment drive due to start in December. The focus of the recruitment drive would be to bolster the number of substantive staff members, with a view to alleviating the pressure on the existing workforce and provide continuity of care.

Given the ongoing staffing issues, the moral within the team was questioned. In response it was confirmed that morale was low across the NHS, but the team in Croydon were fairly resilient and able to rise to the challenge.

In response to a question about the use of technology, it was confirmed that the Skyguard application had been introduced to provide greater protection for staff lone working in isolated locations. Work also continued around the integration of patient data with the integration of community and in-patient data now complete. The next step was to integrate data with GPs and colleagues at the South London and Maudsley NHS Foundation Trust, with this stage of the project expected to be delivered in 2019.

Regarding the possibility of changes to the Accident and Emergency (A&E) and maternity provision at either Epsom, St Helier or Sutton Hospital and how it may affect the Croydon University Hospital, it was highlighted that no decision had yet been made, but work was being prepared to understand the implications from any possible changes.

It was noted that the One Croydon alliance was becoming known for its cutting edge approach to service provision, but questioned whether the administrative and IT infrastructure was in place to continue to deliver improvement. It was confirmed that the Trust had moved towards digital communication as far as possible, with fax machines use limited to communication with certain external organisations. Work was also underway to improve communication with Community staff with the provision of phones with the Skyguard application being rolled out.

In response to a question about performance monitoring, it was confirmed that information was provided on a weekly basis and an Improvement Programme had been developed which was reviewed by the Commissioners on a monthly basis. The CQC report also acknowledged the work undertaken to mitigate risks on a daily basis.

Concern was noted that there did not seem to be synergy between the clinical and community services and as such it was questioned why this had not improved despite being raised in the CQC Inspection reports. It was acknowledged that achieving greater synergy was a challenge, but the new IT infrastructure being introduced was a step in the right direction. There were areas, such as between the Community team and the Geriatric Team, which worked very well together, but improvement was needed on a wider level.

It was highlighted that it important for clinicians to have an understanding the work of the Community teams, which was a priority for the new Chief Executive, Matthew Kershaw. Also as the health service increasingly focussed on prevention rather than treatment, the Community Service would become increasingly important. It was agreed that the Trust would be invited back to a future meeting of the Sub-Committee in six months to provide an update on work to integrate the Community and Clinical teams.

It was confirmed that the new A&E unit was due to open in early December and would provide services catering for both adults and children. The unit would also have improved facilities for patient with mental health needs.

Conclusions

The Sub-Committee reached the following conclusions:

1. That an update on the Trust's plans for the integration of Community and Clinical services would be requested for a meeting in 6 – 9 months.
2. That the Croydon Clinical Commissioning Group will be invited to attend future meetings.

39/18 Healthwatch Croydon

The Manager from Healthwatch Croydon, Gordon Kay was in attendance at the meeting to provide an update on his organisations recent activities, during which it was confirmed that the Healthwatch service had been recommissioned with a new supplier in April 2018. The three existing staff members had transferred over to the new supplier and an additional staff member had been recruited.

The role of Healthwatch was to represent the views of residents and to commission insight reports on services, with a view to influencing service provision. The most recent report produced by Healthwatch had been delivered in conjunction with the charity Crisis, which was based on South Street in Croydon, and concerned the ability of street homeless to access health services such as GPs surgeries, which could be difficult without an address.

As a result of the findings from the review, the CCG had written to all surgeries in the borough to remind them of their responsibilities to register everybody regardless of whether they have an address or not. Discussions were also underway with Groundswell, a Homeless Health Peer Advocacy Service, which currently worked in central London boroughs to expand into the local area.

Healthwatch also organised a regular event called 'Meet the Change Makers', which aimed to get both Commissioners and residents together in the same room to discuss issues around healthcare provision.

Looking forward, Healthwatch would be undertaking reviews of the access to services for Black and Minority Ethnic residents and the experience of adults with autism accessing services.

In light of the Community Dental Service item discussed earlier in the evening, it was questioned whether Healthwatch had a role with the NHS when services were being commissioned. In response, it was advised that they should have a role as they could assist with patient engagement, but they were unaware of the changes being made to the Community Dental Service.

It was noted that the membership of the Sub-Committee allowed for a representative from Healthwatch to become a co-opted member. It was agreed that this would be followed up after the meeting. It was also highlighted that Healthwatch was in the process of recruiting Board Members and that further information would be circulated to Members.

Given concerns about the performance of some GP surgeries, particularly regarding access to appointments and immunisation rates, it was questioned whether Healthwatch had any plans for a review in this area. It was confirmed that performance was monitored and representatives from Healthwatch were based at different GP's surgeries each Monday to get patients views on all aspects of the service. They were also doing a piece of work around how long it took to register with a surgery, which was due to be published early in the new year.

Conclusions

The Sub-Committee reached the following conclusions:

1. That the work of Healthwatch in the local area should be commended.
2. That a representative from Healthwatch be invited to fill the vacancy for a co-opted member on the Sub-Committee.

40/18 Health & Social Care Sub-Committee Work Programme 2018/19

It was agreed that an item on winter preparedness would be added to the work programme.

41/18 Exclusion of the Press and Public

Not needed.

The meeting ended at 9.15 pm

Signed:

Date:

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