

# Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts, Andrew Pelling

Gordon Kay (Healthwatch Croydon co-optee) and Yusuf Osman (Croydon Adult Social Services User Panel co-optee)

Reserve Members: Jan Buttinger, Louis Carserides, Pat Clouder, Patsy Cummings, Jerry Fitzpatrick and Scott Roche

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 21 September 2021 at 6.30 pm. This meeting will be held remotely.**

Asmat Hussain  
Executive Director for Resources & Monitoring Officer (Interim)  
London Borough of Croydon  
Bernard Weatherill House  
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Simon Trevaskis  
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www.croydon.gov.uk/meetings  
Monday, 13 September 2021

Members of the public are welcome to view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Simon Trevaskis as detailed above.

## **AGENDA – PART A**

### **1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

### **2. 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.

### **3. 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.

### **4. Overview of the Transitions Service (Pages 5 - 16)**

Taking into account the information provided both in the attached report and the prior briefing, the Sub-Committee is asked to consider whether it is reassured that the new arrangements for the Transitions Service have been embedded, allowing budget savings to be delivered and potential risks to be appropriately managed.

### **5. Overview Of Community Diagnostic Hubs (Pages 17 - 38)**

The Health & Social Care Sub-Committee is asked to note the overview provided on the Community Diagnostic Hubs.

**6. Health & Care Plan Refresh**

(Report to follow)

The Health & Social Care Sub-Committee is asked to

1. Note the information provided on the refreshed Health & Care Plan.
2. Ensure that there is an understanding amongst the Sub-Committee of the context in which the Plan is being delivered and how it will impact upon the health and care landscape in the borough.
3. Seek reassurance that the challenges to delivery have been identified, along with appropriate mitigation to manage these challenges.
4. Seek reassurance that there is commitment across the partnership to enable the delivery of the refreshed Plan for the benefit of the residents of Croydon.

**7. Health & Social Care Sub-Committee Work Programme 2021-22**  
(Pages 39 - 44)

The Health & Social Care Sub-Committee is asked to:-

1. Note the current position of its Work Programme for 2021-22.
2. To consider whether there are any other items that should be added to the work programme.

**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.”

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# Agenda Item 4

<b>REPORT TO:</b>	Health and Wellbeing Scrutiny Committee 21 September 2021
<b>SUBJECT:</b>	<b>OVERVIEW OF THE TRANSITIONS SERVICE ADULT SOCIAL CARE</b>
<b>LEAD OFFICER:</b>	Annette McPartland Executive Director Adult Social Services Simon Robson Director of Operations
<b>CABINET MEMBER:</b>	Cllr Janet Campbell Cabinet Members for Families, Health and Social Care
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	Annette McPartland, Executive Director of Adult Social Services
<b>PUBLIC/EXEMPT:</b>	Public

## **POLICY CONTEXT/AMBITIOUS FOR CROYDON:**

Adult social care continues to be under pressure nationally and locally. The outturn for 2016/17, 2017/18, 2018/19 and 2019/20 demonstrated both an increase in costs and increased use of transformation monies to meet current demand and increased complexities. Increasingly we are seeing residents who fund their own care running out of money, often referred to as 'wealth depleters'.

A change in the way we deliver social care in order to reduce spend and live within our available resources is underway. This aligns to the following Croydon Renewal Plan priorities:

- We will live within our means, balance the books and provide value for money for our residents.
- We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy. And to keep our streets clean and safe.

<b>ORIGIN OF ITEM:</b>	The Transitions Service had been identified as an area for further scrutiny at a previous meeting of the Health & Social Care Sub-Committee.
<b>BRIEF FOR THE COMMITTEE:</b>	Taking into account the information provided both in the attached report and the prior briefing, the Sub-Committee is asked to consider whether it is reassured that the new arrangements for the Transitions Service have been embedded, allowing budget savings to be delivered and potential risks to be appropriately managed.

## **1. EXECUTIVE SUMMARY**

- 1.1. In April 2021, the Transitions service was moved back to the adult social care service from Children, Families and Education. This report provides the committee with an introduction to the service and how it aligns to the requirements of the Croydon Renewal Plan and the Adults Improvement Plan, including: the service offer, budget and savings, risks and issues, and the forward plan of transformation.
- 1.2. This report is supported with an appendix document, this being the current Croydon 'Transition to Adults Social Care - Eligibility Criteria 18-25'.

## **2. OVERVIEW OF THE TRANSITIONS SERVICE**

- 2.1. The Transitions service holds the statutory responsibility for young adults from 18 to 25 with disabilities, to increase their independence and help them plan for the future. The service aims to be involved from age 14 to 25; to make the journey between childhood and adulthood as smooth as possible.
- 2.2. There are 324 clients allocated to the service, 81 are older than 25. Over the next 2 years, 87 clients will be ready to move to the service from the Children with Disabilities service, a net gain of 6 clients assuming the clients aged 25+ move on to other services.
- 2.3. The team receives external and internal referrals from a number of sources including health, mental health, education, and self-referrals from families.
- 2.4. The presenting needs vary in complexity and in the main include learning disability, neurological conditions, autism, and physical disabilities.
- 2.5. There are a number of referrals of other vulnerable adults - where there is no defined clinical diagnosis, but due to combination of difficulties the young person is entitled to assessment under Care Act.
- 2.6. Other cases include carer crisis, adult safeguarding, legal cases including threat of judicial review, and reviews of NHS funded care packages.

### **Interface with education**

- Our significant costs include residential educational placements, and high cost supported living and respite placements.
- Education funds the costs of residential education placements for young people until the age of 18. Most young people remain in such placements until the age of 21 and sometimes up to the age of 25.
- There has been a recent increase in requests from education for adult social care to fund the residential elements of education placements.
- Residential costs are often two thirds of the full cost.
- Croydon has historically placed a number of children and young people out of the borough and in the independent/non-maintained sector, in

particular those in the older age range, due to a lack of suitable education and care provision pathways locally.

- In the academic year 2018/19 55% of young people with an Education Health Care Plan were 16 and over, placed in schools and colleges outside of Croydon; this compares with 15% of under 16 year olds.
- Placement outside of the borough has financial implications with increased transportation costs and does not support the long-term outcome of independence in or near a young person's local community.
- Our aim is to establish sufficient local provisions such that decision-making can be based on local pathways for local young people.

### 3. BUDGET, TRANSFORMATION AND SAVINGS

#### Budget

3.1. The tables below show the 21/22 budget (table 1), and also the history and change of the budget and outturn over the last few years (table 2).

**Table 1 – 2021/22**

DISABILITY TRANSITIONS			2021/22 Budget	Spend to Date	Projected Outturn	Variance
Cost Centre	Description	FTE	£	£	£	£
C10733	Staffing	10	665,000	189,594	665,000	0
C12466	Care Packages/Placements		9,080,000	4,680,327	9,080,000	0
	Income		(226,000)	(222,524)	(226,000)	0
	<b>Net Controllable budget</b>		<b>9,519,000</b>	<b>4,647,397</b>	<b>9,519,000</b>	<b>0</b>
	<b>Current year's Saving target</b>					
		<b>Savings</b>	<b>Target</b>	<b>Achieved</b>	<b>Overachieved</b>	<b>%</b>
		2021/22	257,400	455,894	198,494	77%

**Table 2 – 2018/22**

	2018/19			2019/20			2020/21			2021/22		
	Budget	Outturn	Variance	Budget	Outturn	Variance	Budget	Outturn	Variance	Budget	Outturn	Variance
Staffing	514,000	439,368	-74,632	529,000	914,038	385,038	665,000	1,040,530	375,530	665,000	665,000	0
Care	4,314,000	3,789,140	-524,860	5,151,410	6,091,365	939,955	5,148,000	10,941,325	5,793,325	8,854,000	8,854,000	0
<b>Total</b>	<b>4,828,000</b>	<b>4,228,508</b>	<b>-599,492</b>	<b>5,680,410</b>	<b>7,005,403</b>	<b>1,324,993</b>	<b>5,813,000</b>	<b>11,981,855</b>	<b>6,168,855</b>	<b>9,519,000</b>	<b>9,519,000</b>	<b>0</b>
Staffing	% Increase			3%	108%		26%	14%		0	-36%	
Care	% Increase			19%	61%		-0.1%	80%		72%	-19%	

3.2. The underspend in 18/19 was supported by transformation funds (£2.133m), meaning an overspend of £1.533m to the underspend shown above of £0.599m.

3.3. The 21/22 budget had an inherited £1.600m forecasted overspend, as the budget did not meet the activity (run) rate. There was also a potential one off pressure of £0.700m. However as of period 3 these have been mitigated and the budget is forecasting as balanced.

3.4. Budget strengths include:

- Budget monitoring streamlined for monthly forecasting.
- Dedicated professionals, finance and operations.

3.5. Budget weaknesses include:

- Budget resources have contributed to financial and operational pressures.
- Slow reporting from LAS/ContrOCC Social Care System.

3.6. Budget opportunities include:

- Review of packages and improved commissioning.
- Ensure improved referral / joint funding for CHC funding.
- Improve interface with SEND to ensure a reduction in numbers of high cost education placement.
- Early identification and review of high cost care arrangements transferring to transitions allowing more cost effective options to be explored.

3.7. Budget threats include:

- Unquantified high cost of 16-18 year old clients in education moving to transitions
- Legacy/backdated payments which have not been accrued for
- High cost legacy payment
- Demand from new clients 13-17 yr. olds coming into the system

### **Savings delivery**

3.8. The 21/22 savings target of £0.257m has been achieved.

3.9. The continued overachievement is being offset against the initial budget pressure mentioned above.



## **Transformation**

- 3.10. The specific focus for 2021/22, will target embedding a strengths based approach, the better use of placements, reviewing the core offer and a commissioning plan.
- 3.11. This is already producing results, as can be seen from the overachieving of our current savings target and forecasting a balanced budget.
- 3.12. Further work to show the impact and outcomes on young people is proposed to come to future scrutiny sessions.

## **Financial management systems**

- 3.13. **Adult social care challenge panel** – The panel meets daily, and receives all new and reviewed package of care requests. The panel consists of adult social care, finance and commissioning heads of service.
- 3.14. The purpose is to ensure all cases presented have considered the following:
- Strengths based approach, focussed on the individual's assets rather than need.
  - Best/appropriate use of placement options, i.e. using supported living, or shared lives, placement in extra care housing before residential homes.
  - Direct payments, which are personal budgets giving the resident and carer more control over how and where their care is purchased.
  - Assistive technology, such as ceiling hoists, to enable single rather than double handed care.
- 3.15. **Monthly budget monitoring** – the head of service reports on budget spend, savings and pressure monthly.
- 3.16. **Joint funding panel** - There is an established tripartite joint funding panel where all cases requiring joint funding are presented with the right partners around the table. The efficacy of this panel is yet to be established in terms of what difference it makes to ensuring packages are achieving best value in line with need. In the months ahead the head of service will be working with the heads of service for SEND and Children with Disability Service to improve the interface between the Joint Funding Panel and the Challenge Panel in Adults Social Care.
- 3.17. **Savings validations** – all package of care savings being realised must remain within legislation and guidance, and also be validated by the finance team, before it is ratified as delivered.
- 3.18. Furthermore, all new proposed financial efficiencies, must also be validated by the head of finance in terms of their achievability, before projects can be progressed for corporate sign off.

## 4. RISKS AND MITIGATIONS

### *Strategic*

- 4.1. Continued Covid impact on staff, resident welfare and savings targets – remains unknown. Work with the LGA and other boroughs, pan London and NHS will feed into our learning and forecasting ability around the impact.

### *Operational*

- 4.2. **Workforce morale** – remains pressured due to the impact of COVID and organisational change. The impact is evident in both the number of staff leaving Croydon and challenges in recruiting new social care staff.
- 4.3. **LAS implementation** – the case notes system still requires some final reporting capability to enable the service to have a strong oversight on activity and spend. Better Gov. who were the implementation partner, are back on site delivering this final capacity.

## 5. RESIDENT AND CARER IMPACT

### **Legislation and guidance**

- 5.1. The budget and service changes in adult social care are being made on operational decisions and practice, using relevant legislation frameworks. The statutory service offer remains the same, and as outlined in the principles below:
- Our adult social care service eligibility and service provision reflect the relevant legislation underpinning social care and health through the Care Act (2014), Mental Health Act 1983, Mental Capacity Act, Deprivation of Liberty Safeguards, The Children and Families Act, Children with Disabilities Act.
  - All packages are assessed or reviewed, proportionately, through a strengths based approach, considering safeguarding, to meet the needs of the individual and carers.
  - Residents can access appropriate services provided in-house or commissioned by the Council, or delivered independently by the voluntary and community sector.
  - Where people have the financial means to pay a contribution, or to pay for their care in full, this will be in line with the self-funding legislations outlined in the Care Act and wider National policy.

### **Resident and user groups**

- 5.2. A range of resident engagement groups are in existence and we will work collaboratively with service users and their carers as we make changes, engaging as appropriate. This includes working with the Croydon Adult Social

Services User Panel (CASSUP), Parents in Partnership, Carers Partnership Board and Healthwatch Croydon.

- 5.3. Where statutory consultation is required this is delivered. On the whole, however, the changes being made are on operational decisions, using relevant legislation frameworks.

### **Complaints**

- 5.4. Complaints, ombudsman reports, MP enquiries and Councillor Enquiries are a further opportunity for the service to measure and understand the impact of the package of care budget reductions on residents and their families.
- 5.5. Adult Social Care (ASC) has robust processes in place to manage and respond to complaints, MP enquiries and Councillor Enquiries. There is a dedicated officer who reports to a Head of Service overseeing the management of these tasks.

### **Equality impact**

- 5.6. The package of care savings equality impact assessment (shared at May's Scrutiny Committee) will continue to be a live document, to support decision making and evaluate the overall impact of the package of care budget reductions and future decisions on the budgets.
- 5.7. Evidence from staff, assessments and reviews, compliments, complaints, and Ombudsman rulings will be used to regularly update the tool, and inform budget decisions and escalation of concerns.

**CONTACT OFFICER:** *Annette McPartland, Executive Director Adult Social Services*  
[annette.mcpartland@croydon.gov.uk](mailto:annette.mcpartland@croydon.gov.uk) *adult social care division, Health Wellbeing and Adults Department.*

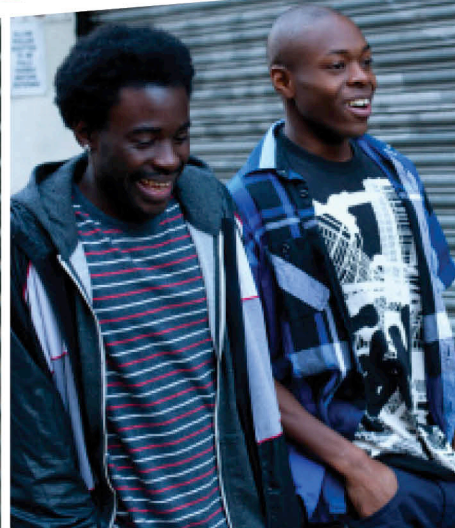
### **APPENDICES TO THIS REPORT**

*Transition to Adults Social Care - Eligibility Criteria 18-25*

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# Transition to Adult Social Care - Eligibility Criteria 18-25

May 2021



## Transition to Adults Social Care - Eligibility Criteria 18-25

When a young person with Special Educational Needs/ Disabilities reaches 18 years of age, they and/or their carers may become eligible for support from adult care services. This is regardless of whether they have an Education Health and Care plan or already have been receiving care from Children Social Care. The local authority must carry out an adult care transition assessment where:

- There is significant benefit to a young person or their carer in doing so
- The young person is likely to have needs for care or support after turning 18 years of age

Transition assessments must take place at the right time for the individual:

- There is no set age for when young people reach this point, therefore the transition assessment should take place when it is of 'significant benefit' to them
- This is regardless of whether the young person or carer is currently receiving any services

The local authority will consider an individual's circumstances when deciding whether to assess them.

For more information on transition please see [preparing for adulthood](#)

In deciding whether a young person or carer is eligible for adult care services, local authorities consider if the young person is unable to achieve one or more of the following:

- Basic care activities: these are activities that the person carries out as part of normal daily life, including eating and drinking, maintaining personal hygiene, and getting around the home.
- Maintain their family or other significant personal relationships, which if not maintained would have a significant impact on the young person's wellbeing.
- Engage in work, training, education, or volunteering
- Make use of necessary facilities or services in the local community; or to engage in recreational activities.
- To carry out any caring responsibilities the carer has for a child.

When considering if a young person is 'unable' to achieve these outcomes, local authorities will look at circumstances where the young person:

- Is unable to achieve the outcomes without assistance
- Is able to achieve the outcome without assistance but doing so causes the young person significant pain, distress or anxiety.
- Is able to achieve the outcomes without assistance but doing so endangers or is likely to endanger the health or safety of the young person, or others.

For more information on how Croydon will determine if a young person is eligible for adult services see [here](#)

## **Carers Advice and Support**

We recognise the huge contribution that carers make. Thousands of Croydon residents get the care and support they need from carers so they can continue to be well and live independently.

If you are a carer you may need support to continue helping your loved one with their care and support. We can assist you if you meet the criteria set by the government in The Care Act 2014.

For more information on this criteria, see the [carers advice and support](#) section.

## **Support for young people transitioning between Children's Social Care and Adults Social Care**

Young people who have been accessing support from Croydon's Children's Services may at some point need to transfer to Adult Services. This usually happens around the time of their 18th or 25th birthday.

Under no circumstances should young people find themselves suddenly without support or care as they make the transition to adult services. Transition to adult social care for those with EHC plans who satisfy the Care Act eligibility criteria should begin at an appropriate annual review, in many cases this will take place over several months or years.

Under the Care Act 2014 local authorities must continue to provide a young person with children's services after they have reached 18 years old, until they have decided whether it is appropriate to transfer the young person to adult services. This is to ensure that there is no gap in the care and support that the young person is receiving. In deciding whether it is appropriate to transfer the young person to adult services, following the transition assessment, the local authority will decide that the young person:

- Does not have needs for adult care and support, or
- Does have such needs and begins to meet some or all of them, or
- Does have such needs but decides it is not going to meet them (either because the needs are not eligible or because the needs are already being met).

The [Transitions Team](#) are also available to help young people aged 14 to 25 years old with disabilities to increase their independence and help them plan for the future.

## **The Care Act 2014**

The Care Act outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is

eligible for support; the new obligations on local authorities; and how local authorities should charge for both residential care and community care.

The Care Act is mainly for adults in need of care and support, and their adult carers. There are some provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers into Adult Services. However, the main provisions for these groups (before transition) are in the Children and Families Act 2014.

For further information, please see the [Care Act 2014](#)

### **Who are we able to support?**

We would like to support everyone but unfortunately, we are unable to as we have limited money to assist and a lot of people ask us for help. There are a lot of services that offer advice and support in your local community. These services may help with what you need. [Equipment](#) to help you at home and in the community may also help.

Only a few people need or qualify for support from Adult Social Care, so it is important to think about resources available to you in your local and wider community. We use criteria set by the government to tell us who we can support.

We can only assist you if you are entitled to support under the law (the Care Act 2014). For more information, see the decisions on your long-term care and support section below. We will complete a needs assessment with you to find out if we can support you.

You will probably need to contribute towards the cost of your care even you are eligible for support from us. You will need to pay for your own care costs in full if you own capital more than £23,250. For more information see our [paying for your care](#) page. We will tell you about resources in your community and equipment and gadgets before considering support from us.

Adult Social Care cannot help with housing or benefits e.g. job seekers allowance related issues. If you would like help with a housing issue please go to the [housing](#) section. If you would like help with benefits please go to [benefits](#) section.

Version : May 2021
Review: May 2022



<b>REPORT TO:</b>	Health & Social Care Sub-Committee 21 September 2021
<b>SUBJECT:</b>	<b>OVERVIEW OF COMMUNITY DIAGNOSTIC HUBS</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	Matthew Kershaw – Croydon Health Service Chief Executive & Place Based Leader for Health
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	This item has been included on the agenda to provide the Health & Social Care Sub-Committee with an overview of the Community Diagnostic Hubs and their implications for South West London residents
<b>BRIEF FOR THE COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to note the overview provided on the Community Diagnostic Hubs.

## 1. OVERVIEW OF COMMUNITY DIAGNOSTIC HUBS

- 1.1. At its meeting on 21 September 2021, the Health & Social Care Sub-Committee will be provided with a presentation on Community Diagnostic Hubs. A copy of the presentation is attached to this cover report at Appendix A.
- 1.2. The purpose of the presentation is to inform the Sub-Committee about the Community Diagnostic Hubs and what these will mean for residents in South West London.
- 1.3. Sub-Committee members are asked to consider whether they have any questions on the information provided in the presentation, to clarify their understanding of the Hubs.

### CONTACT OFFICER:

Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny

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### APPENDICES TO THIS REPORT

Appendix A: South West London Health & Care Partnership Presentation on Community Diagnostic Hubs

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# Community Diagnostic Hubs

## Plans across South West London

**Matthew Kershaw**  
Chief Executive and Place Based Leader for Health

**Tuesday 21 September 2021**

# We want to use our time with you today to:

- Give an overview of Community Diagnostic Hubs and explain what this means for South West London residents.
- Share our proposed plans and hear your feedback and advice to help us with future planning.
- Answer any questions you may have.



# Introduction

- The NHS nationally is providing funding for local areas to develop additional diagnostic services to help manage backlogs created by the pandemic, improve care, reduce waiting times and address increasing demand fuelled by population growth and some shortages of skills.
- We are bidding for national funding to create three new Community Diagnostic Hubs (CDH) in South West London offering a range of services to the residents of our six boroughs.
- Faster access to diagnostic tests means people can start treatment sooner for serious conditions like cancer and heart problems, this can mean better outcomes for patients.
- We envisage people will be able to have several tests on the same day and be seen more quickly, rather than always needing to wait longer to go to major hospitals. We will still aim to provide choice wherever possible.
- Community Diagnostic Hubs will offer a range of tests and scans which could include:
  - imaging (e.g. ultrasounds, X-rays, mammograms)
  - cardiology tests (testing for heart conditions)
  - pathology (testing body tissues and fluids)
  - phlebotomy (testing blood)
  - and endoscopy (looking at organs inside the body using an endoscope)

# Proposed plans across South West London

- We are planning for **three hubs** to be at:
    - **Queen Mary's hospital**
    - **St Helier hospital**
    - and a further location in **Croydon**, which will be supported by mobile satellite sites in communities.
  - These locations will help us address health inequalities and meet the needs of local people.
- We're looking at the range of diagnostic services and what could be provided at hubs and satellites, where it would improve patient care whilst meeting the needs of local people.
- We are engaging local people, staff and key stakeholders and asking for views going forward.
  - We have already been awarded £12.4m to increase capacity of existing diagnostic services, including Queen Mary's hospital, but will be bidding for more national funding over the coming months.
  - Our plans align with the recommendations of the [Professor Sir Mike Richards review of diagnostic services](#), which aim to help save lives and improve people's quality of life including for cancer, stroke, heart disease and respiratory conditions.



# Proposed locations

- It's important to ensure the new services address health inequalities and meet the needs of our local people.
- We think the best way to do this is to locate the large hubs in areas where we know there are health inequalities, but to have further satellites sites with expanded diagnostic services in key areas.
- We're planning to develop two large hubs in locations where the majority of services already exist and serve many of our boroughs – at Queen Mary's Roehampton and St Helier hospital. And a brand new diagnostic hub in Croydon, our largest borough.

Main hub location	Anticipated use by boroughs
Croydon	Croydon, Merton, SEL
St Helier	Sutton, Merton, Kingston
Queen Mary's	Wandsworth, Kingston, Richmond
NWL sites	Richmond
Surrey / Sussex	Sutton

Borough	Proposed sites
Croydon	TBC – one hub and three satellites to be proposed
Kingston	Satellites- Surbiton and Kingston Hospital modular build
Merton	Satellites- The Nelson, The Willesden, Raynes Park
Richmond	Satellite- Molesey
Sutton	Hub – St Helier Satellites TBC
Wandsworth	Hub – QMH Satellite- St John's Health Centre



# High-level Timeline

**June -  
July'21**

- ⑩ Establish workstream and operational site groups
- ⑩ Clinical priorities to consider explored and agreed
- ⑩ Initial outputs for Population Health Analysis (PHA) and Activity Modelling socialised

**Aug'21**

- ⑩ Croydon Estates Options Appraisal/Feasibility Study progressed
- ⑩ Croydon and St. Helier CDH operating model explored/developed
- ⑩ Patients survey undertaken
- ⑩ Input into Regional team Spending Review proposal
- ⑩ PHA and Activity modelling further refined

**Sept-  
Oct'21**

- ⑩ Activity, workforce and equipment modelling discussed and agreed with SWL finance leads
- ⑩ Clinical priorities options appraisal discussed and agreed with clinical leaders community
- ⑩ All workstreams progress milestones
- ⑩ SWL CDH Workforce plan drafted
- ⑩ SWL CDH Engagement and Communication plan progressed
- ⑩ SWL CDH plans drafted and socialised

**Nov-  
Dec'21**

- ⑩ All workstream continue progressing milestones
- ⑩ SWL CDH plans further refined, socialised and agreed.
- ⑩ SWL CDH Business case drafted, socialised and agreed.



# Clinical and population health analysis

**Health Inequalities** – priority areas identified by Population Health Analytics:

- Roehampton and Queenstown
  - East Merton and Carshalton
  - Central Croydon and Addington
- 
- The proposed geographical location of the three CDHs (Roehampton (QMR), Merton (St. Helier) and Croydon combined with proposed satellites align with the population density map of the most deprived populations across SWL.
  - To address health inequalities and ensure equity of access across SWL geography - in addition to QMH, it is proposed for develop a further two CDHs – Central Croydon and St. Helier together with satellites within those communities aimed at meeting specific needs.

## Clinical Service Model

- Clinical priorities identified that may benefit from using the CDH for. Detailed work to explore this further underway in terms patient pathways, type of tests etc.
- Areas of major clinical priorities that may benefit from early access to diagnostics and/or “one-stop clinics” identified by clinical working group and being further explored are: Cardiology, Respiratory, Ophthalmology, Urology, Gynaecology and Cancer. Other clinical areas under review are tele-dermatology and ENT.

# SWL staff, patient and public engagement plans



## Phase 1 – building on existing insight to inform business case

- **Engagement across London**, led by Imperial, has already taken place –including 8 representatives from SWL
- Testing the themes through a **survey with our South West London People’s Panel** – 3,000 people representing SWL population. We also asked Healthwatch and other local groups to share this survey with their networks
- **Mapping existing patient insights** – looking at Trust Friends and Family test data and early conversations with community groups

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## Phase 2 – insight to inform implementation

### Centrally commissioned engagement work:

Engaging further as part of delivery phase (after funding award) at 3 large public engagement events, including:

- Recruitment of reflective sample of population and incentives to attend
- Commissioned design, chair, facilitation and independent report

### Borough based engagement:

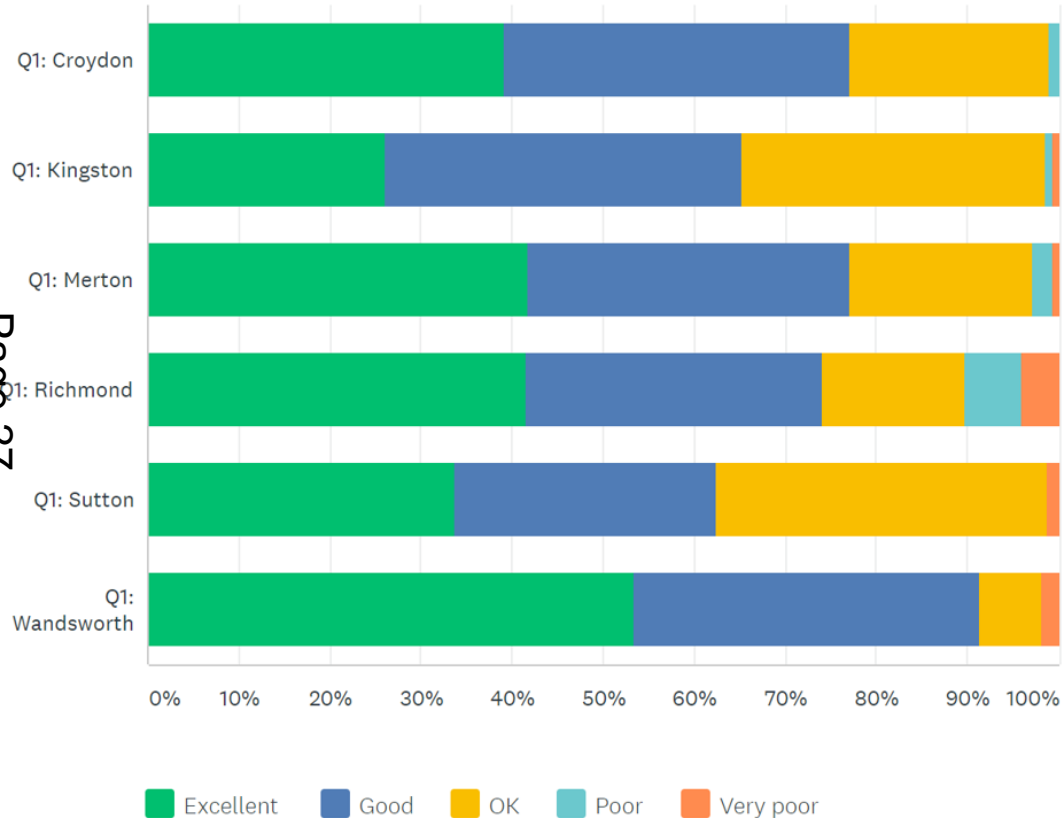
- Targeted engagement with communities that are most impacted and experience health inequalities within boroughs
- Targeted engagement with patients and communities that have Long Term Conditions –LTCs that are associated with diagnostic tests and prevalent in boroughs

- **Testing our plans** with the SWL Communications Engagement Steering Group (including Healthwatch)
- We are also working with neighbouring regions to understand impacts on patients close to the boundaries and align engagement plans where appropriate e.g. Richmond and NWL, Sutton and Surrey/Sussex

# Feedback from our SWL survey

## Experiences of diagnostic services

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- 722 people completed the survey. (862 started the survey, but had not had diagnostic tests.)
- People have responded from across SWL, although there were fewer returns from Wandsworth (76 people) and Sutton (91 people).
- Most common tests are **imaging** and **phlebotomy**, accessed by over 50% of respondents
- Most common locations: St George's Hospital – 20%, and Kingston Hospital – 14%
- Responses were received from people from all backgrounds but the majority were from a White background (75%).

# What people said about their recent experience of diagnostics

## Best thing about recent experience:

- Friendliness/attitude of staff – e.g. explaining things clearly
- Booking/speed of appointment
- How quickly seen when arriving
- Provision of information/communication
- Quality of treatment and care
- Speed of diagnosis
- Location – close to home/parking
- Efficiency of organisation/service

## Need to improve:

- Location – inconvenient to get to/parking
- Joined-up services (e.g. issues with GP/hospital comms)
- Facility/setting
- Information provided
- Staff attitude
- Waiting times – to get appointment & when attending
- Appointments – issues with booking
- Quality of treatment



# What people said mattered most

- In terms of making **bookings and getting to a location**;
    - Most important: waiting times are short, the booking process is easy and the venue is easy to travel to.
    - Least important; bookings can be made via an app; 13% marked this as extremely important. However people do want to be able to book online; 31% said this is extremely important. In comments, many people added that retaining phone booking is essential.
  - In terms of the **setting (including facilities) and communications/ information**;
    - Most important; staff explain things clearly and answer questions – 60% marked this as extremely important, followed by getting a diagnosis quickly – 53%.
    - The setting itself is less important than staff attitude and communication. 23% said the site being environmentally friendly was extremely important, 14% that it be clinical and 11% that it be a relaxed environment.
- When asked to rate top three issues. The things that are **most important** about diagnostic tests are:
- waiting times are short – 48%,
  - I get a diagnosis quickly – 32%
  - I can book an appointment for a time that suits me/I'm given clear information – both 27%
- The three things that are **least important**:
    - the setting is clinical – 4%
    - the site is environmentally friendly – 5%
    - there is parking – 7%



# Other comments about CDHs/diagnostic experiences – themes

- **Staff trained to understand specific needs;** such as dementia, anxiety and Autism.
- **Staff taking the time to explain the tests,** answer questions and be sensitive about the impact of the diagnosis.
- **Being seen quickly, and how people are treated by staff** is more important than where the venue is, or what it is like as a facility.
- **People want to be continue to be able to book by phone;** many mentioning accessibility and disabilities.
- **Simple booking process.** Some people gave examples of current complicated systems.
- **Joined-up working** was mentioned by a number of respondents. Examples of having to repeat information, or information not easily shared between professionals, GPs not seeming to communicate with hospitals etc.
- **Location does matter;** people would prefer to attend somewhere close to home or easy to get to, but this is less of a priority than the speed of being seen and the overall experience
- **Concerns about facilities at a hub** – for example emergency facilities – and the expertise of staff conducting the tests.

# Questions





South West London

Health & Care  
Partnership

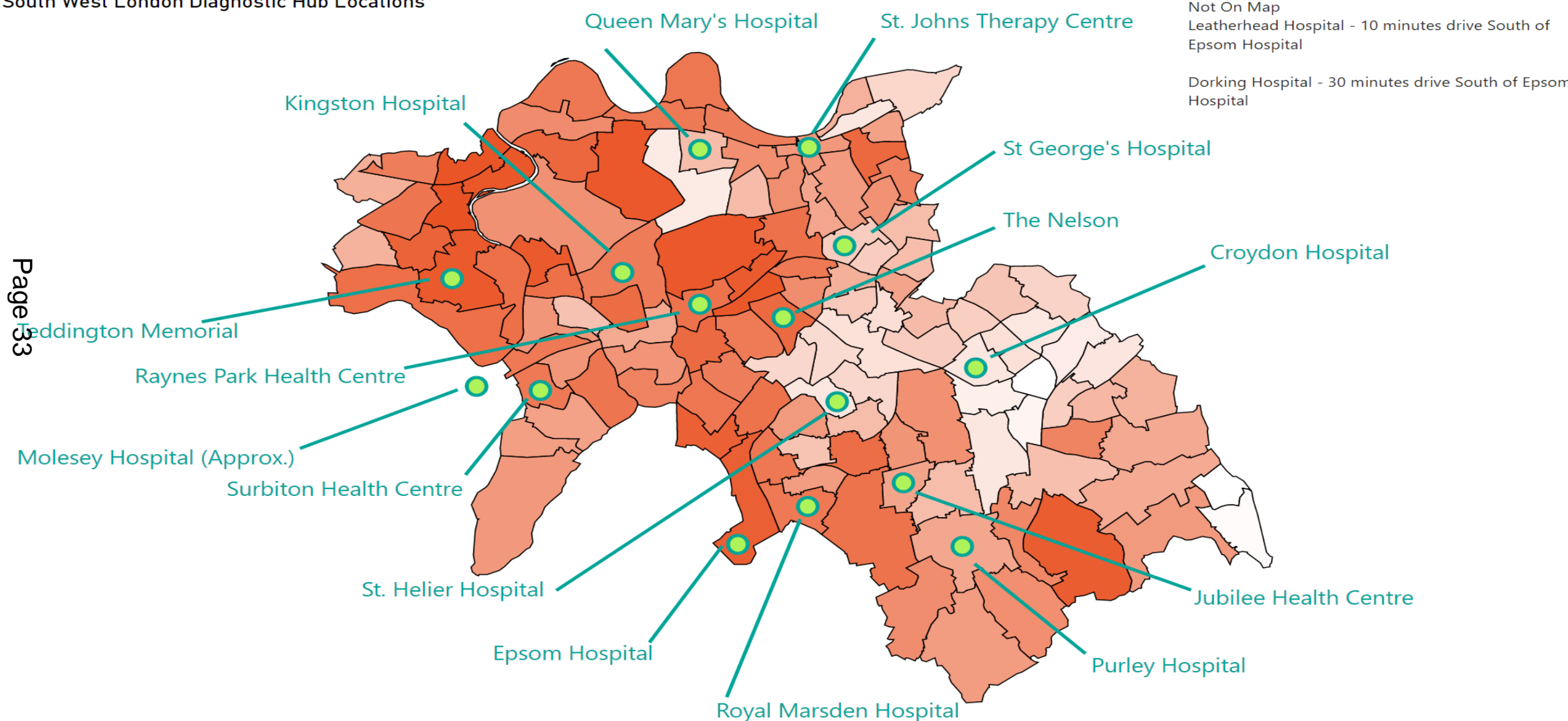
# Appendix





# Geographical Landscape of Current Diagnostic Services

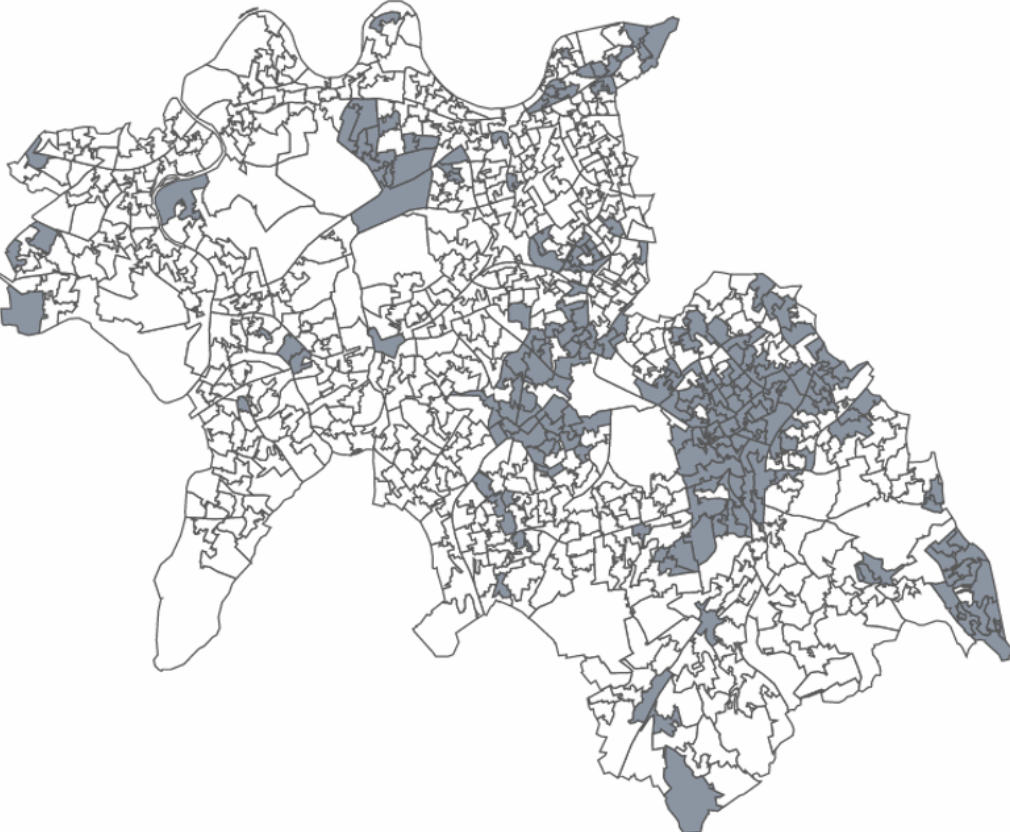
## South West London Diagnostic Hub Locations



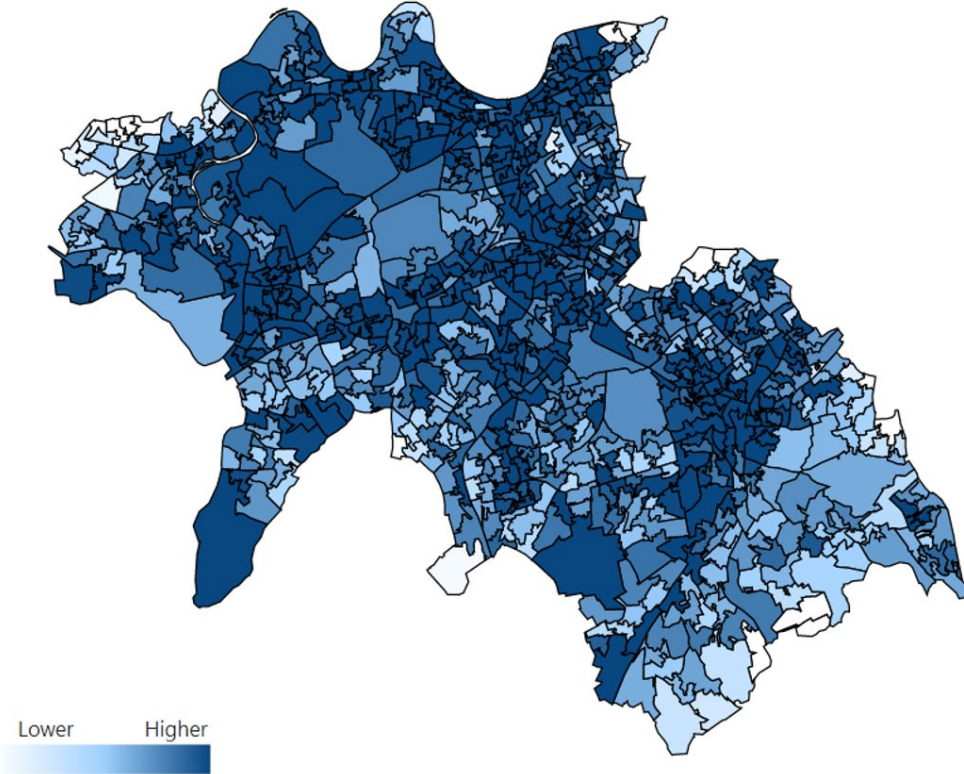
# Accessibility to diagnostics – Sites/Hubs

Maps below provide illustrations of areas with higher deprivation and population to help make sure future proposed sites are able to increase access for our most deprived and populous areas.

**Fig 1: Highlighting our most deprived regions**



**Fig 3: Highlighting our most populated regions**



## 2. Feedback from London engagement work (1)

Where patients and public think diagnostic services should be delivered...



- Many participants stated that they would **travel further** for diagnostic services if this meant a **reduced waiting time** (both from booking to appointment, and on the day) due to the health benefits and outcomes of early diagnosis, and to reduce anxiety.



- While participants were often happy to travel further in order to be seen quicker, participants frequently raised **car parking** as a major logistical issue for patients.



- Participants were generally **comfortable with locating diagnostic facilities away from hospitals** (e.g. on a high street) provided that the location and staff **look professional**, it had the look and feel of a **trusted NHS environment** (e.g. blue NHS branding, uniformed staff) and it was a visibly clean environment.



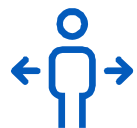
- Participants raised concerns around **invasive** and/or **higher-risk diagnostics** being sited away from acute hospitals.



- Participants wanted any changes to diagnostics services to be **sensitive to vulnerable groups** and reduce barriers wherever possible (e.g. expanded patient transport, ramps etc.)

## Feedback from London engagement work (2)

**How** patients and the public think diagnostic services should be delivered...



- Participants stressed the importance of retaining **patient choice** for where, when and how they can access diagnostics, in order to fit people's different circumstances but also recognising that choice would be important to some patients.



- **Multiple appointments in one place on the same day** appealed to participants as a less disruptive and stressful option compared to going back and forth for different appointments.



- **Flexible booking** options were also suggested by many participants, with a mix of walk-ins and pre-booking available for people's different circumstances. Weekend appointments were also something that was suggested by some.



- Participants thought that many potential issues could be solved through **clear and comprehensive information** to patients, both ahead of their appointment and on the day (e.g. directions to the testing site) including **consistent record-sharing** to avoid having to 'repeat your story' to each new member of staff.



- Communications around the roll-out of CDHs should **focus on benefits**, both to patients (e.g. reduced waiting times) and to the NHS (e.g. less pressure on services and staff).

# SWL survey comparison to London-wide insight

- London insight appeared to focus more on location and travel
- The SWL survey highlighted more concerns about the experience itself than where the diagnostic service is located.
- SWL survey responses correlate with London in that:
  - People would prefer somewhere close to home or easy to get to
  - It's a priority for people to get an appointment as soon as possible
  - Some people expressed concerns about being away from acute services
  - Some people raised issues around disability and ensuring certain needs are taken into account – in terms of the setting, staff knowledge and accessing services
  - Comprehensive information and consistent record sharing was rated highly



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# Agenda Item 7

<b>REPORT TO:</b>	Health & Social Care Sub-Committee 21 September 2021
<b>SUBJECT:</b>	Health & Social Care Sub-Committee Work Programme 2021-22
<b>LEAD OFFICER:</b>	Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny
<b>PERSON LEADING AT SCRUTINY SUB- COMMITTEE MEETING:</b>	Councillor Sean Fitzsimons – Chair of the Health & Social Care Sub-Committee
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	The Health & Social Care Sub-Committee receives an update on its work programme at each of its meeting
<b>BRIEF FOR THE SUB- COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to:- <ol style="list-style-type: none"><li>1. Note the current position of its Work Programme for 2021-22,</li><li>2. To consider whether there are any other items that should be added to the work programme.</li></ol>

## 1. HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2021-22

- 1.1. The purpose of this report is to set out the work programme for 2021 – 2022 for the Health & Social Care Sub-Committee. A copy of the work programme as it currently stands can be found at Appendix A to this report.
- 1.2. Although the work programme has been populated as far as possible at this stage, it is recognised that given the challenges facing the Council, the work programme needs to remain flexible enough to respond to emerging priorities during the year.
- 1.3. At its meeting on 15 June 2021, the Scrutiny & Overview Committee agreed that the work programme process will be overseen by a Reference Group of scrutiny members who will meet on a monthly basis to review all available data in order to identify items that should be prioritised for inclusion in the work programme for both the Committee and its three Sub-Committees (Children & Young People, Health & Social Care and Streets, Environment & Homes).
- 1.4. The Committee also agreed a number of workstream priorities for the year ahead for itself and the three sub-committees. For the Health & Social Care Sub-Committee the main priorities is to:-  

Workstream 3: Supporting local people and keeping them safe, with particular regard to the changes in social care provision.
- 1.5. Although the Reference Group will be responsible for identifying emerging issues for scrutiny, the Health & Social Care Sub-Committee will still have oversight of its work programme and this report will be presented at each Sub-Committee meeting to provide an update on the latest position of the work

programme and allow for consideration to be given to any additions or amendments.

- 1.6. It is recognised that given the challenges facing the Council, it will not be possible for scrutiny to accomplish everything it needs to within a committee setting. As such it is likely that informal briefings and visits will need to be arranged during the year, to ensure that the Sub-Committee is as informed as possible when scrutinising an item at one of its meetings. For transparency, this report will also confirm any briefings or visits undertaken by the Sub-Committee.
- 1.7. Since the last meeting held on 29 June 2021 the Sub-Committee, in preparation for its consideration of the Transitions item included elsewhere on this agenda, has received a briefing from council officers on the transitions process to ensure it had the appropriate level of knowledge to scrutinise the item.

## **2. Conclusions**

- 2.1. The Health & Social Care Sub-Committee is asked to note the current position of its Work Programme for 2021-22 set out in Appendix A.
- 2.2. The Sub-Committee is asked to consider whether there are any other items that should be added to its work programme.

**CONTACT OFFICER:** Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

### **APPENDICES TO THIS REPORT**

Appendix A – Health & Social Care Sub-Committee Work Programme



## Health & Social Care Sub-Committee

**Chair:** Sean Fitzsimons

**Committee Members:** Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts, Andrew Pelling

**Co-optee:** Gordon Kay (Healthwatch Croydon) Yusuf Osman (CASSUP)

Workstream Priority

W3: Supporting local people and keeping them safe.

Meeting Date	Agenda Items	Report Lead
11 May 2021	Update on the Vaccination Programme	Public Health & NHS
	Adult Social Care Budget 2021-22	Annette McPartland
29 June 2021	Overview of the 2021-22 Adult Social Care Financial Performance	Annette McPartland
21 September 2021	Review of the Transitions Service	Annette McPartland
	Community Diagnostic Hubs	Croydon Health Service
	Health & Care Plans Refresh	Croydon Health Service
9 November 2021	Adult Social Care Budget Proposals 2022-23	Annette McPartland
	South London & Maudsley NHS Trust	SLaM
	Health & Social Care Winter Plans	Croydon Health Service/Annette McPartland
25 January 2022	It is anticipated that this meeting will focus on the priority areas in workstream 4, however the agenda will be confirmed as soon as possible before the date to ensure	

	that there is capacity for the Committee to consider any other emerging urgent issues.	
<b>8 March 2022</b>	It is anticipated that this meeting will focus on the priority areas in workstream 4, however the agenda will be confirmed as soon as possible before the date to ensure that there is capacity for the Committee to consider any other emerging urgent issues.	
<b>24 May 2022</b>	It is anticipated that this meeting will focus on the priority areas in workstream 4, however the agenda will be confirmed as soon as possible before the date to ensure that there is capacity for the Committee to consider any other emerging urgent issues.	



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