PRESENT: Councillor Sean Fitzsimons (Chair); Councillor Jason Cummings (Vice Chairman); Councillors: Jeet Bains, Carole Bonner, Pat Clouder, Ian Parker and Sue Winborn; Co-opted member representing the Croydon LINk Tracey Hague; Councillors Jane Avis, Bernadette Khan and Margaret Mead were also in attendance.

A23/12 APOLOGIES

No apologies for absence were received.

Councillor Jeet Bains was welcomed to the Committee as Councillor Adam Kellett’s replacement.

A24/12 MINUTES OF THE LAST MEETING

The minutes of the meeting held on Tuesday 22 November 2011 were approved.

A25/12 DECLARATIONS OF INTEREST

At 6.41pm, Councillor Sean Fitzsimons declared a personal interest in agenda item 9 Housing Strategy as a member of a housing association.

A26/12 URGENT BUSINESS

There was one item of urgent business. Members were asked to consider the Care Quality Commission’s findings following an inspection carried out at Croydon University Hospital on 22 November 2011.

Members discussed concerns around the level of performance and moderate issues raised. The Committee had requested PALS data on four separate occasions which remained outstanding.

Members considered a possible response to the CQC report and noted the concerns raised. It was agreed to receive the findings and the response supplied by Croydon University Hospital. Members agreed to feedback to the Chair and Vice Chairman an additional issues identified once they had read the documents before them.
RESOLVED: that the allocation of business on Part A of the Agenda be confirmed.

DRAFT ANNUAL REPORT OF THE JOINT DIRECTOR OF PUBLIC HEALTH
(Agenda item 6)

Dr Peter Brambleby, Joint Director of Public Health and Steve Morton, Head of Health and Wellbeing were in attendance for this item.

Dr Brambleby confirmed that the copy in front of Members was the latest version; he had made minor changes to the section on mental health and had also included some case studies.

He reported that the population was getting healthier nationally. In public health there had been a year of transition. Part of this transition included the introduction of a new national strategy “Healthy Lives Healthy People”. In addition the local authority had become responsible for the public health team. There had been a spirit of joined up working at the national level to promote a healthier population to promote better outcomes. It made sense that the Health and Wellbeing Board (HWBB) should approach health and social care as one and set the agenda for the joint strategic needs assessment (JSNA).

Dr Brambleby felt that as an authority there was a need to move further and faster, that there should be some evaluation of what the money is being spent on. There was a strong need to adopt a “wellness” approach to obesity across all age groups a “move more eat less” attitude. Members asked, how do we know that what was provided was any good and can we demonstrate effectiveness? It was suggested that a way of monitoring effectiveness would be to issue practice profiles to each practice.

Dr Brambleby stated that financial awards focused on contacting, payments by results; he suggested that we should be focusing on patient outcomes.

The Committee asked why there appeared to be a low uptake of the flu jab. Dr Brambleby agreed that the uptake was lower than he would have liked at 70%, and stated that anecdotally some people thought that the jab wasn’t important enough or didn’t want the inconvenience of making an appointment and to suffer the discomfort of a tender are following the injection. Health
professionals were also amongst the group that did respond to the call to be immunised. The danger was that health professionals were potential carriers. Staff needed to be immunised; some healthcare trusts make the flu jab a requirement.

The Committee discussed local levels of smoking cessation. Dr Brambleby reported that even with the high levels of relapses the NHS are still saving money, he stated that the smoking programme and the flu jab were cost effective initiatives that would benefit from increased investment.

Dr Brambleby told the Committee that 1 in 4 people that reach the age of 80 would suffer some form of dementia; health professionals sought to keep these patients at home for longer so that they are in familiar surroundings for longer.

Outlining headlines in his report Dr Brambleby stated that cervical screening had a low uptake; this could be attributed to cultural differences; work needed to be done to encourage more women to attend for screening.

A highlighted area of health inequality looked at men with bowel cancer; healthcare professionals were looking at different alternative approaches to combat low screening. A session held at Crystal Palace football ground had not been advertised as a men’s health event, young men were asked to attend for a discussion.

Dr Brambleby told the Committee that the answers were known on health inequalities; methods of engaging hard to reach groups needed to be explored. The way forward could be to improve prevention by supporting people to make healthy choices, by making the healthy choices easy and by building them into every day life.

Dr Brambleby reported that he was delighted the report was posing questions. His intention for the Cabinet report would be to include Croydon’s JSNA financial activity and some quotes and references.

In conclusion, the Sub Committee agreed to monitor progress against the national targets and review the programme again to ensure that the targets for March 2013 are met.

The Committee recorded a vote of thanks for Dr Brambleby’s hard work over the years, wished him well and the best for the future.
Steve Morton, Head of Health and Wellbeing was in attendance for this item.

Steve informed the Committee that there had been some narrowing of health inequalities nationally in relation to men. The JSNA included an in depth analysis which Steve recommended to Members.

He reported that we were still awaiting the outcome of the Health and Social Care Bill, some transfer or responsibilities were expected. The Health and Wellbeing Strategy should set the agenda for CCGs, health and social care and children’s services.

The Committee asked how far does Croydon go to tackle health inequalities. Steve informed Members that an improvement in education and attainment would take make a significant impact. He continued by asking the Committee what they would consider an acceptable level of health inequalities. Steve stated that there was a need to stop inequalities and to plot when there were reductions in the gradient. Responsibility would move to the local authority, who would need to prepare to manage the general public perception of health; Members would have a role to play in this partnership with NHS London.

Members asked where Steve saw the role of public health in lifestyle changes. Steve confirmed that the national policy had a part to play around choice and that ensuring the law is reinforcing this. Steve’s examples included the sale of cigarettes to children, managing the sale of counterfeit cigarettes and controlling smuggling.

Members asked how the council could fight deprivation; Steve informed Members that predictors were non specific. The council’s approach to health inequalities hadn’t changed drastically in Croydon over the past 10 years. Members could influence and make an impact by continued scrutiny.

Steve encouraged Members to review the Marmot Report which detailed trends and identified health inequality challenges, nationally and by specified locations.
Dr Agnelo Fernandes, Joint Chairman, Croydon Clinical Commissioning Group was in attendance for this item.

Dr Fernandes gave Members a presentation which outlined progress from inception to the present day Commissioning Group; two consortia merged in Dec 2011 to form a pathfinder group. The Clinical Commissioning Group (CCG) operationally was supported by KPMG during the transition period weekly meetings were held and a constitution was being written. It was hoped to have a new board in place by April 2012.

The potential implication of the PCTs financial situation for the CCG was discussed as Croydon PCT finds itself in deficit of £26.7m; the only deficit amongst the South West London Sector. It was hoped that Croydon’s deficit would be absorbed by the remaining 4 sector partners. Dr Fernandes confirmed that the deficit was generated during the leadership of the PCT and related to items that were missed in the accounts for 2010/11. An independent review, commissioned by NHS London, was underway. NHS Croydon has a recovery plan and continue to work closely with partners and providers.

Dr Fernandes talked about the way that the CCG were making a difference. The urgent care system in Croydon would look very different by April 2012. The introduction of the NHS 111 system, an urgent care network focusing on alcohol and related outcomes. The addition of an ophthalmology pathway would support increased activity in the community eg. performing cataract surgery in a community setting. The CCG would work in partnership with DASHH colleagues to implement the re-ablement programme.

Members asked for clarity regarding the potential for private companies to provide support services. Dr Fernandes confirmed that earlier in the process there had been interest from some companies based in the United States of America. These companies had since withdrawn their interest. It was clear that the private market had not developed.

Members asked where the financing was coming from to employ the services of the external consultants KPMG. Dr Fernandes assured Members that KPMG had been commissioned and paid for by NHS London.
Members raised concerns about the deficit going forward if Croydon are to start financially disadvantaged would there be adequate funds available per head of population to run services? Dr Fernandes confirmed that £25 per head of population had been allocated to running costs. The previous PCT spend had been between £40 and £50 per head of population. He was confident that services could be provided at this level of financing.

The Committee found Dr Fernandes response regarding working with and engaging local groups like Healthwatch encouraging. He reported that the CCG had engaged with the LINk/Healthwatch, communication teams and project boards, Steve Phaure, Chief Executive CVA was a member of the urgent care network. Members asked how the CCG would support and encourage public involvement. Dr Fernandes replied that the high profile NHS 111 system would be launched with a big event in the next two weeks.

In conclusion, Members considered that the SW London Sector should communicate plans and proposals to the general public and could make this information available on the NHS SW London website. Dr Fernandes agreed and confirmed that this was an ongoing consideration. Members and Dr Fernandes agreed that an increase in the transparency process towards patient engagement would benefit understanding and ease implementation.

A31/12 UPDATE ON THE BETTER SERVICES BETTER VALUE PROGRAMME AND THE SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda item 9)

Officers gave Members an update of the JHOSC detailing the role and function of the Committee. The JHOSC would hold NHS SW London to account and will scrutinise the processes and decisions made by the Sector to deliver the Better Services Better Value – A Case for Change agenda.

At the last meeting of the JHOSC Members recommended to the SW London sector that to avoid any misconceptions and to allow members of the public to have all the information at one time the outcome of financial and non financial scoring be published at the same time. This recommendation had been accepted by SW London Sector

Members noted the update.
A32/12 SCRUTINY RECOMMENDATIONS ON SPEECH AND LANGUAGE THERAPY SERVICES – RESPONSE OF THE CHILDREN AND FAMILIES BOARD (Agenda item 10)

It was noted that the task and finish working group’s recommendations following the Speech and Language Therapy Services review were submitted to the Children and Families Board which had delegated the responsibility to respond for the Learning Difficulties and/or Disabilities Sub Group.

RESOLVED: to

include a progress report on the implementation of the accepted recommendations be scheduled into the work programme for September 2012 with a further progress report being received in March 2012.

A33/12 HEALTH, SOCIAL CARE AND HOUSING SCURTINY SUB COMMITTEE WORK PROGRAMME 2011/2012 (Agenda item 11)

The Chair and Vice Chairman reported to the Committee that they had both attended with the Executive Director and her lead officers within DASHH. The purpose of this meeting was to allow the Chairs to determine which of the three proposed pre decision items should be reported to the 27 March Sub Committee.

The Chairs strongly recommended to the Sub to accept the chance to receive the pre decision items which had been offered to the Sub Committee for the first time and concluded that pre decision items were the opportunity to demonstrate to the Cabinet the commitment of the sub.

There would be a presentation prior the items to put the item into context for members showing the menu of options and how the department arrived at the shortlist. Members agreed that additional financial detail would be required to put the proposed items into context.

RESOLVED: to

(1) Review two of the three pre decision items suggested by the Executive Director of Adult Social Care Health and Housing at it’s meeting on the 27 March 2012:

- Introduction of a new occupational therapy led re-ablement service and role of the Homes for the Future day activity services and facilities;
- Craignish Respite Centre (LD)

(2) Review the third of the pre decision items suggested by the Executive Director of Adult Social Care Health and housing at its meeting on 14 May 2012.

- Transport Policy

**A34/12 DATE OF THE NEXT MEETING** Agenda item 12)

Members noted the date of the next meeting.

14 May 2012

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PART B

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None
Meeting ended 9.10pm