

**Response of the London Borough of Croydon  
Health and Adult Social Care Scrutiny Sub-Committee  
to the consultation on Healthcare for London**

The Sub-Committee welcomes many of the proposals contained within the Healthcare for London consultation document and recognises that they seek to build on much best practise that already exists across the capital in the provision of healthcare. The aspiration to develop a service that meets the needs and expectations of all who live and work in London is obviously to be welcomed. Our residents can take comfort from the active participation of acknowledged clinicians in the drafting of the models contained in *A Framework for Action*, ensuring that the proposals for the delivery of that service are genuinely patient centred, rather than being bureaucratic solutions to their needs.

The Sub-Committee recognises the extensive consultation process that has been undertaken and commends Croydon Primary Care Trust for its Local Implementation Plan underpinning that consultation locally. Presentations to community groups, Neighbourhood Partnerships, as well as to elected Members have enabled residents' voices to be heard; although the difficulty of engaging hard to reach groups remains a particular problem for all such exercises. Recent experience with consultation on a Primary Care Strategy for Croydon demonstrates the eagerness of residents to engage with healthcare issues; as well as the need for their views to be taken on board.

The Sub-Committee particularly welcomes the recognition that there has to be local flexibility in any future implementation of the models contained within the consultation document; one size will not fit all. The NHS is not starting with a blank canvass and future plans and proposals will need to recognise existing provision, local identities and the large variations in population densities and localised need across the capital. It needs to recognise issues of patient choice and accessibility.

The emphasis on prevention and staying healthy is to be welcomed and builds on the strong partnership working that already exists between Primary Care Trusts, voluntary and community sector organisations, local authorities and others in providing services to encourage and enable people to stay mentally and physically healthy. The introduction of extended services in schools and the development of children centres as part of the Every Child Matters agenda offer excellent opportunities to promote preventative work at an early age. The Building Schools for the Future programme will enable this partnership working literally to be built in the heart of local communities, and bring healthy living services closer to residents, including often disadvantaged groups. Recent controversy over proposed changes to HIV prevention funding illustrates the need for such preventative work not to be seen as the poor relative in healthcare services where funding gaps can be closed.

Members welcome the development of Academic Health Science Centres and recognise their role in the global healthcare science and research community; the Sub-Committee recognises that the pre-eminent position already enjoyed by its mental healthcare provider the South London and Maudsley NHS Foundation Trust and would support its involvement in a South London grouping of such centres.

The Sub-Committee welcomes the proposals to create more specialised centres for the treatment of severe injury, stroke and complex emergency surgery; the supporting evidence around assuring quality through critical mass and the resultant skills base is compelling. The South West London Collaborative Commissioning Initiative on Acute Stroke Services which is currently being piloted reflects the weight of this evidence and is intended to deliver scans and thrombolysis within the recommended three hour window, if clinically necessary.

The South West London Elective Orthopaedic Centre (SWLEOC), with its attendant very low rates of healthcare acquired infections, offers a local example of successful specialisation with which residents can identify. Members are very mindful of equality issues, both financial and physical, of a move to provide more services in specialised units in locations further from residents' home; these concerns must, however, be counterbalanced by the increased equality of outcome such units provide.

The Sub-Committee welcomes the greater emphasis on local service delivery contained in the consultation document. As the Primary Care Strategy consultation conducted by Croydon Primary Trust in 2007 demonstrated, however, any suggested changes to the structures of primary care delivery can be controversial and the case for change needs to be well made. A universal model cannot be imposed; local flexibility is fundamental to popular acceptance. The importance, however, of polyclinics being able to open outside of traditional working hours is not to be underestimated, especially if they are truly to become healthy living centres attractive to those who infrequently visit GP surgeries. The proposals for polyclinics contain much that could be attractive to a local authority as they offer the potential for social care services to be further integrated with health care provision, but they do highlight the major weakness in the Healthcare for London proposals: the gaps in detail on social care, especially, but not solely, the unanswered funding issues raised.

The consultation document rightly acknowledges the role of partnership working in the future delivery of a healthier London, but fails to address in detail the cost to local authorities of the increased emphasis on home care and social care explicit in the proposals. There is no escaping the fact that the division between health care free at the point of need and means tested social care remains a source of concern not only to financially pressured local authorities, but also a source of bewilderment and despair to residents and their families.

The Sub-Committee finds it hard to conceive how any local authority can support proposals that address health care issues whilst remaining largely silent on the future provision and funding of social care; to sign such a blank cheque would not be in the interests of the population we are elected to serve. The lack of any predictive modelling or triangulation of the proposals to gauge the financial impact on social care services and budgets is the most obvious gap in the proposals being considered.

The presentation of our Director of Adult Social Services to the Joint Committee on 18th January reiterated many of the concerns earlier raised by Members of the Joint Committee in relation to the need for transparency in social care funding and the potential for increased cost shunting in the future. The suggestion for an extension to the tariff approach to include explicitly the additional, and potentially differential, social care cost elements is to be supported.

Any move to increased treatment and rehabilitation in peoples' homes will impact on social care provision and this needs to be reflected in refocused funding allocations channels as monies are released from acute hospital care; best practice in such joint commissioning funding needs to be shared across London and more formally embedded in the proposals. Transitional or capacity building funding would need to be identified for any further developments in both this area and others contained in the consultation document.

The Sub-Committee also recognises that the proposals will carry capital funding implications and the review of the NHS estate in London is to be welcomed in terms of ensuring value for money. Locally elected Members, however, are aware of the concerns of residents were redevelopments involving the building of large blocks of flats to be the outcome. Any reduction in the NHS estate needs to be seen as the inevitable result of the review rather than its driver.

The Sub-Committee notes the potential impact on district general hospitals of top-slicing of specialist provision to designated units and the transfer of additional services to primary care settings: district general hospitals could face reduced revenue streams and still face the same capital expenses associated with their estate and Members need to be reassured that this is being addressed.

Members also recognise that our partners in the Primary Care Trusts need confidence in the sustainability of their long-term budgets; assurance is sought, through external or independent validation, that realistic levels of future costs and demand have been fully factored into the predictive financial models contained in the consultation document.

Information Technology also provides a cause for concern, especially the reliability, confidentiality and security of systems. The potential for more patients to receive treatment outside of their immediate locality, for example in specialist hospitals, would necessitate enhanced communication pan-London and the consultation document offers no assurance that adequate systems are in place across the 32 London boroughs and 31 Primary Care Trusts. Funding to address any deficiencies in this integral area is not discussed in the consultation document.

As Overview and Scrutiny Members, we recognise that Croydon Council enjoys a constructive and progressive relationship with our local Primary Care Trust and many of the proposals contained in the consultation document outline best practice already being implemented locally for the people of Croydon. To move forward, however, requires certainty and transparency around the governance arrangements for the provision of health and social care services: will the local authority and PCT remain coterminous? How can greater accountability be assured moving forward? Should the local authority increasingly be the commissioner of health services for its residents?

The Sub-Committee acknowledges, however, that *Healthcare for London* is primarily a consultation document. Members would expect to engage on a significantly greater scale when service changes are formally brought forward as opposed to the policy process with which the Joint Overview and Scrutiny Committee is currently engaged. Some of these implementation proposals may have pan-London implications and would need to be scrutinised by a new Joint Overview and Scrutiny Committee with

amended terms of reference; others would require scrutiny on a borough, or where appropriate cross borough basis with full public engagement.

In summary, the Sub-Committee finds much to praise in both the consultation process and consultation document, but as locally elected Members we find it hard to support a document that leaves unanswered so many questions that will impact on the lives, and potentially pockets, of our residents.