

HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE

Minutes of the meeting held on Tuesday 8 November 2016 at 6.35pm,
Council Chamber, Town Hall, Katharine Street, Croydon.

WRITTEN MINUTES – PART A

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

Darren Morgan, HealthWatch Croydon Co-optee

Also in attendance for part or all of the meeting

Councillor Louisa Woodley, Cabinet Member for Families Health and
Social Care

Also in Attendance Paula Swann, Chief Officer, Croydon CCG, Stephen Warren, Director of
Commissioning, Croydon CCG, Pratima Solanki, Director, Adult Social
Care & Disabilities, Sean Olivier, Safeguarding Adult Co-ordinator,
James Burgess, Head of Disability Commissioning and Brokerage and
Rachel Flowers, Director of Public Health.

A58/16 Apologies for absences

Apologies for absences were received from Councillor Andrew Pelling,
Councillor Bernadette Khan deputised.

A59/16 Minutes of the Last Meeting held on Tuesday 27 September 2016 and Tuesday 18 October 2016.

Minutes of the meetings held on Tuesday 27 September 2016 and
Tuesday 18 October 2016 were agreed.

A60/16 Disclosure of Interest

At 6:41pm Councillor Andy Stranack disclosed that he is a Member of the
Clinical Commissioning Group Outcome Based Commissioning specialist
working for over 65s.

A61/16 Urgent Business

None

A62/16 Exempt Items

Part B minutes of the meeting held on Tuesday 27 September 2016.

Adult Social Care: Overview of the Care Home Market in Croydon
(agenda item 6)

Pratima Solanki, Director of Commissioning made the presentation of the report, other officers in attendance to contribute to the debate were Sean Olivier, James Burgess, Head of Disability Commissioning and Brokerage, Barbara Peacock, Executive Director, Councillor Louisa Woodley and the Director of Public Health, Rachel Flowers.

Members having reviewed the report welcomed an introduction to the report. Officers agreed that the department continues to achieve more for less however the low prices that Croydon offers care homes are causing a crisis in relation to placements.

Officers reported that the Care Quality Commission (CQC) recognise that Croydon continues to have the largest provider marketing in London, 228 locations, the general outlook and ratings are good or adequate. No homes have rated inadequate, the authorities shared lives programme had been rated outstanding, the CQC giving Croydon a “pat on the back” for good examples of interaction with care homes resulting in the residents of Croydon having a good experience. Regular CQC inspection outcomes are reported to each Adult Social Services Review Panel which officers offered to forward to the Committee in future.

The second part of the CQC work in Croydon is to monitor and investigate safeguarding enquiries. Which represents a great burden due to the scale of care settings in Croydon. The department has a good reputation of managing safeguarding queries. Using robust processes if a home is placed in suspension the authority will inform all other London boroughs of a change in status.

The national picture describes the care home economy as being at a “tipping point”. The major concern is related to recruitment and retention, as Croydon had a large provider base other boroughs look to Croydon when looking for placements.

Officers reported that the need for older people beds will continue to increase and that the OBC should help to sustain the market as older people will stay in their homes longer before requiring full time care in a labour intensive setting. The sustainable and transformation plan across south west London will also support this.

Officers, provider forums, commissioners and network care homes report that the outcome of analysis is that dementia nursing beds are at a premium, and ask how will this shortage be managed? Some beds use could be redirected from learning disability beds, as independent living is being encouraged, the departmental approach is reactive trying to keep people in their home longer.

Officers reported that Care UK have already converted 6 new beds into the system and that work continues to redefine the community strategy and review how commissioning will address future demand as Croydon, as a regeneration borough needs build its housing strategy across all homes.

The Committee asked what the impact was and what the consequences were to Croydon slipping from 3rd best performers to 6th. Officers responded that NHS Improvement seek to develop a recovery and investment plan. Croydon are in discussions to increase its rates to pay the same rate as neighbouring boroughs. The STP should regulate prices across London.

The Committee are concerned that the OBC is viewed as the driving force to deliver change across all disciplines, with no alternative.

Historically, Heavers farm, was the Councils new for old programme, officers were asked to explain, if the new for old was to solve nursing and dementia, what has happened that the strategy has not delivered, and are the new homes being used effectively? Officers reported that extra care units and homes PFi scheme are being used currently 85% occupancy. People living longer and when they eventually require nursing care it is at a higher level of nursing need. There is recognition that not all nursing homes are right for the dementia conversation, however the OBC should resolve and redefine specialties.

Officers confirmed that 6 beds located at Addington heights continued to be used as dementia beds. Members asked if Croydon should be seeking to build or convert more beds to address the dementia bed shortage. Officers confirmed that this is an area of potential development, as more beds are required across South West London.

Members discussed the transformation plan and asked how things were working. Officers reported that the alliance are working together and that the OBC is all about contracting and that officers are looking to sign this off this year move towards formal implementation next year, however some specialties in the model of care can start to be implemented now, as multidisciplinary teams can delivery this working with local GPs

The Committee recorded their continuing concern regarding the pressure on the OBC to succeed, this included the documented shortage of nursing and pressures on other parts of the system.

The Chair stated and the Committee were expected to review the OBC at the pre decision stage and hope that this can be achieved within the committee and alliance work programmes. In additional the Committee agreed that they would want to be involved in the development of older people staying in their homes.

A64/16 Progress Update on the Better Care Fund (agenda item 7)

Paula Swann, Chief Officer, CCG and Stephen Warren were in attendance to present this item to the Committee, who requested in-depth detail about the relationship between the Better Care fund (BCF) and the Outcome Based Commissioning for Over 65s; and asked again what the consequences would be if either the BCF or the OBC initiatives failed.

Officers confirmed that the report was an overall summary of the BCF with the inclusion of a detailed plan for the financial year. Members debated the current situation in that the BCF was being held at the minimum statutory requirement for 2016/17 and that it was unclear if the OBC had commenced. Officers confirmed that the £212m was made up of savings from the CCG and that the final decision around reassurance rating had been fully approved for the remainder of the financial year.

The electronic clinical recording system EMIS went live in July 2016, the Members asked if there had been any early indication of trends or initial feedback that officers could provide. Currently the system is used to co-ordinate the “my care” functionality of the patient record, the system is currently being rolled out to local GPs. Initial feedback from healthcare professionals is that the system is working well and is helpful. The Committee recognised that the take up of the system had not been high across Croydon GPs and wanted clarity around the attraction and promotion amongst GPs. The Committee requested fuller details of how the systems benefits had been promoted, this information would be provided at a future date.

The Committee commented that instances of dementia were on the increase and wanted some assurances about staffing levels. Officers reported that staffing level are currently sufficient and that additional staff would be available to meet the growing demand. Keeping the dementia advisor and early detection as the main focus would keep this service going and fully supported.

Hospital services were discussed and the success of the rapid response team debated. The services has achieved the 2hrs response target time despite the continued increase in activity over the past 2 years. Non elective admissions are on target which means system is working and the GP networks can support this as they rate the service as helpful.

Outcome Based Commissioning (OBC) was the focus of debate, officers confirmed that this initiative was regarded as the council’s vehicle for the integration between social care and health, the OBC is viewed as being significant to achieving aspirations Officers from the People Department confirmed that Croydon’s OBC journey is comparable to other authorities across the country as Croydon continues to move towards health and social care integration however the parameters of this are still to be determined. The commissioner and provider alliance are further along than other areas.

The Committee recognised that the guidance to officers seemed to be constantly delayed, prompt notification would assist delivery and thanked officers for the report and the subsequent presentation.

A65/16 Mental Health Services – Croydon CCG (agenda item 8)

Paula Swann, Chief Officer CCG and Stephen Warren, Director of Commissioning CCG presented the report to the Committee. The debate included the following key issues.

The Committee highlighted that the performance rating contained a high percentage of amber ratings, officers confirmed that this was as a result of the existing funding challenge. It was reported that currently CAMHs funding levels are protected and extra resources are being diverted into reprioritising the service.

Officers confirmed that the exiting mental health strategy and based on the JSNA to address some of the contributors to the significant increase in occupied bed days.

The importance of supported housing was discussed in relation to how successful independent living is to improved outcomes, officers reported that housing in combination with all physical health aspects would form a complete pathway for service users.

Members were concerned that Croydon figures were similar to those published in the national press in relation to service users being evicted from their homes due to an extended hospital stay. The Committee asked officers if there had been any intelligent networking regarding flows of information from health providers to landlords/benefits agencies. There had also been instances of service users also being unable to maintain their mortgage payments, Members asked how this was being addressed. Officers agreed that this was a major issue resulting in 127 services users in Croydon over the past 18 months having their benefits stopped whilst in hospital. The gateway team would be the best areas to work through some of these issues.

The Committee asked if the local substance misuse service performance is comparable to services available nationally. Officers confirmed that Croydon is performing well and that the complexity of working with this group is compounded as there would generally be a dual diagnosis.

Members were encouraged to note that CAMHs waiting times are on the decline but recognise that there is still some work to be done to record acceptable waiting time for this group of young people.

The Committee requested more detail regarding the 127 instances of services users ended in financial difficulty due to a hospital stay and requiring

the use of the gateway team to re-establish their benefits or arrange rehousing.

Members discussed how the best scrutinise this concern, a more detailed report was debated as was the setting up of a sub group. Ultimately it was agreed that a recommendation be made by the Committee to request that the Streets, Environment and Housing Scrutiny Sub Committee review the rates of evictions and housing benefits of service users within their work programme.

The Committee **RESOLVED** refer an item on the eviction and housing benefits concerns arising from a hospital inpatient stay to the Street, Environment and Housing Scrutiny Sub Committee.

A66/16 HealthWatch Update (agenda item 9)

Darren Morgan reported that the national survey of 2000 GP services reported that services were rated overall good however some concerns raised in relation to receptionists triage results.

A67/16 South West London Joint Health and Overview Scrutiny Committee (agenda item 10)

The SWL JHOSC are currently canvassing Members for a date to receive an update from the South West London Sector CCG regarding the future sustainability and transformation plan following submission to NHS England.

North West London had agreed to host a PAN London JHOSC Forum on 24 November 2016 to discuss the sustainability and transformation plans on a pan London basis.

A68/16 South East London Joint Health and Overview Scrutiny Committee (agenda item 11)

The SEL JHOSC had not met since the last meeting of the Sub Committee.

No agreement had been signed yet between the boroughs in regard to shared services and the costs would be allocated equitably.

A69/16 Work Programme (agenda item 12)

The Committee were due to receive an item on the outcome based commissioning initiative awaiting a reporting date from officers.

Summary of the discussion in part B.

Minutes of the last meeting held on 27 September 2016 were agreed.

Meeting ended 8:51pm