

Scrutiny Health & Social Care Sub- Committee Supplementary Agenda



2. Minutes of the Previous Meeting (Pages 3 - 10)

To approve the minutes of the meeting held on 4 April 2023 as an accurate record.

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Public Document Pack Agenda Item 2

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 4 April 2023 at 6.30 pm in the Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Patsy Cummings, Robert Ward and Fatima Zaman
Also Present: Councillor Yvette Hopley
Apologies: Councillor Sherwan Chowdhury

PART A

9/22 **Minutes of the Previous Meeting**

The minutes of the meeting held on 24 January 2023 were agreed as an accurate record, subject to the correction of a formatting error which duplicated the names of some of the attendees at the meeting.

10/22 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

11/22 **Urgent Business (if any)**

There were no items of urgent business for consideration of the Health & Social Care Sub-Committee at this meeting.

12/22 **Croydon's Mental Health Transformation**

The Sub-Committee considered a report set out on pages 17 to 38 of the agenda which provided an update on the transformation journey of mental health services in Croydon. The update had been included on the agenda for the Sub-Committee to review the provision of mental health services in the borough and would be used to identify possible areas for a future deep dive.

At the start of the meeting, thanks were given by the members of the Sub-Committee for their visit to the Bethlem Royal Hospital on 21 March, to view the facilities provided by the South London and Maudsley NHS Foundation Trust (SLAM) at the site and presented with an overview of mental health

services delivered by partners in the borough. A copy of the presentation delivered was provided with the agenda for the meeting.

Before the Sub-Committee started to question the information provided, it was clarified that some of the information provided in the presentation was based on data which would be updated in due course. It was confirmed that the reference to a 'modern acute hospital' in the presentation referred to Croydon University Hospital.

The first question from the Sub-Committee asked whether the pathways to accessing mental health services in the borough could be easily understood by the public, and what were the strengths and weaknesses in the current approach. It was acknowledged that the routes into secondary mental health services were not necessarily clear or straightforward, with multiple pathways available. Further work was needed to map out the various pathway to ensure it was as clear as possible without making it too linear for multiple entries into the system. It was suggested by the Sub-Committee that the present system was confusing, especially for friends and family members who may be looking for additional support for an individual.

A new pathway, a Health and Wellbeing Hub in the Whitgift Centre, had recently opened to provide walk-in access to mental health support, and it was planned that similar hubs would be rolled out in other locations across the borough. Other existing pathways include through GP referral, or through emergency access in the Accident & Emergency (A&E) department at the Croydon University Hospital.

Regarding pathways, it was questioned whether a Health & Wellbeing Hub would be the right place for people in crisis to access support. It was confirmed that although the hub included staff with clinical expertise to identify when help may be needed, a different type of expertise was needed for individuals in crisis, with the other above-mentioned pathways better positioned to provide this support.

It was agreed that a simple 1-page communication should be created for use by partners such as the Police or Housing Officers, who may encounter individuals in crisis, to ensure they were aware of the best routes for support. A request was made for this document to also be shared with Councillors, once it was available.

The ease of access to support if there were interlinked drug or alcohol dependency issues was questioned. It was advised that for drug and alcohol

dependency issues, the level of support provided would depend on individual circumstance. The borough's substance misuse service was embedded within the Health & Wellbeing Hub and could be accessed through this route for support with early stage dependency issues. For longer term dependency issues a more extensive level of wrap around support was needed to ensure the wider determinants were also addressed.

It was highlighted that there was a significant level of unmet demand for mental healthcare services within the borough, and as such, it was questioned whether resources were being focussed effectively and how assumptions on the service delivery were tested. It was advised that using a population health approach would be key to developing future services. The basis of this approach was to use data to identify areas of need, which would enable the production of a more targeted offer. It was acknowledged that this approach was not fully optimised at the present time, but it was the direction of travel for the commissioning of services moving forwards.

It was confirmed that Social Care staff were working with health colleagues to review the number of people eligible for Section 117 support. Section 117 Notice was given to individuals to support their transition to living in the community following a stay in hospital under Section 3 of the Mental Health Act 1983. There were 1,600 records to review as part of the process, with a recent ombudsman review recognising that the Council was managing some, but not all the process, well. It was suggested that this may be an area for the Sub-Committee to revisit once the review was completed.

It was confirmed that locally the uptake of Section 117 support was low in comparison to other areas. The cost of providing the support would be met by those responsible for the patient's aftercare. In some cases, this could be met through either 100% health placement, 100% social care placement, or a joint placement. There were also other instances where the responsibility for the section 117 support lay outside of the borough.

It was highlighted that there seemed to be an almost infinite demand for early intervention mental health support, and as such it was questioned how the process was being managed to ensure the support was prioritised towards those in most need. It was advised that the Social Care team had increased capacity at the front door of the service with the employment of a mental health wellbeing assessor. Training was also provided to staff to enable them to signpost residents to available support. There were also performance indicators linked to the front door of the service which would help to provide an explanation of the reasons for the high demand for mental health support.

The representatives from SLAM advised that demand management also needed to have a focus upon supporting communities through a multi-layered approach. For instance, the Health and Wellbeing Centre had a clinical psychologist located within the service which helped free up clinical time elsewhere within the mental healthcare system. It was important to enable staff to work in a targeted way to ensure that the system operated efficiently. Another programme highlighted was the Ethnicity Mental Health Improvement Programme which was targeted towards upskilling faith leaders on early stage support and to help identify where support was most needed.

In response to a question about how the patient experience was monitored regarding safeguarding, it was highlighted that the Council produced a range of data on safeguarding. The use of restraint at the Bethlem Royal Hospital was monitored at a service level and by the SLAM Trust Board. There was a target to reduce the use of restraint including a zero level use of prone (face down) restraint. SLAM had also embarked on a refreshed approach to managing patient distress and the use of restraint, but there was still work to do in Croydon to embed best practice. It was confirmed that data on the use of restraint could be broken down by ethnicity.

It was questioned what supported could be provided if an individual did not acknowledge they may have a mental health issue. It was advised that there were various layers of support that could be provided, including different preventative options. It was advised that further consideration was needed on the provision of specific prevention focussed support in the New Addington area.

There was concern amongst the members of the Sub-Committee about the level of support provided to residents in social housing and whether there was sufficient engagement with social housing providers on how to support residents with mental health needs. It was agreed that housing placements needed to be carefully considered to ensure that residents were being placed in the right type of accommodation for their needs. It was agreed that this topic would be flagged as a potential area for review in conjunction with the Homes Sub-Committee for 2023-24.

As there had been a growth in the amount of exempt accommodation in the borough, it was questioned whether there was any work underway to engage with providers on the support available for residents. It was confirmed that this was an area where the Council did not have oversight, but the Housing service was undertaking a piece of work to understand the volume of exempt accommodation in the borough, which would inform any work moving forward.

There was concern raised about the level of communication with other partners, such as the Police, to ensure they had an awareness of how best to handle individuals who may be in crisis. Reassurance was given that the flow of information with the Police was good, with daily communication on potential areas of concern. One of the roles of the Croydon Safeguarding Adults Board was to improve the quality and coordination of data, which the new Chair, a former police officer, was focussed upon.

It was questioned whether there was sufficient data available to demonstrate whether services were performing effectively. In response, it was advised that there was a significant amount of data for established programmes, but further work was required to produce data for new or transformed services. This included setting baseline data and identifying the performance indicators to be monitored. The Sub-Committee agreed that it was important to have as much data as possible to available in the public domain to ensure there was transparency over performance and how the data was being used to transform services.

It was confirmed that GPs were often the first point of contact for patients requiring mental health support and that SLAM had a good working relationship with practices in the borough. There was further work needed to narrow the gap between primary and secondary care to ensure that patients could step up and down between the two as needed. It was highlighted that that health and social care partners were in a constant process of learning about and reviewing services through the commissioning cycle, and that the Council had recently received funding to test different delivery models.

It was highlighted that the Council was in the process of finalising the Market Provision Statement, which would set out the demand from each cohort in the borough and the existing provision. This would enable the identification of any gaps in service provision which would then be addressed. As part of this it was important to look at not only historical demand, but also emerging need, which required constantly updating and reviewing the available data.

At the conclusion of this item, the Chair thanked those in attendance for their engagement with the Sub-Committee, both in terms of arranging the visit to the Bethlem Royal Hospital and at the meeting itself.

Actions arising from the meeting

Following the discussion of the item at the meeting, the Sub-Committee agreed the following actions that would be followed up after the meeting.

1. The Members Learning & Development Panel would be asked to explore the provision of training on the mental healthcare system in the borough for all Members.
2. That further information on the outcome of the review of Section 117 Notices in the borough is provided for the Sub-Committee, once available.
3. That further consideration is given to including in the scrutiny work programme for 2023-24a review of the services provided and support available for residents living in accommodation provided by registered social landlords.
4. A review on the cost of out of borough placements to the Council would be put forward for inclusion in the 2023-24 scrutiny work programme.

Conclusions

Following its discussion of the report, the Health & Social Care Sub-Committee reached the following conclusions: -

1. The engagement of the partners with the scrutiny process was welcomed, and thanks given for the tour of the facilities at the Bethlem Royal Hospital, which helped to inform the discussion at the meeting.
2. The Sub-Committee welcomed confirmation that a simple guide to the pathways into mental healthcare system would be created and shared with partners, including councillors.
3. Further consideration was needed to ensure that there was increased transparency and public understanding, on the monitoring and performance of services.

13/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.40 pm

Signed:

Date:

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