

Scrutiny Health & Social Care Sub- Committee Supplementary Agenda



2. **Minutes of the Previous Meeting** (Pages 3 - 16)

To approve as an accurate record the minutes of the meetings held on the following dates:-

- 11 May 2021
- 29 June 2021 (attached with main agenda)
- 21 September

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
Senior Democratic Services & Governance
Officer - Scrutiny
simon.trevaskis@croydon.gov.uk
www.croydon.gov.uk/meetings

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Public Document Pack Agenda Item 2

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 11 May 2021 at 6.30 pm

This meeting was held remotely and a recording can be viewed on the Council's website

MINUTES

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

Gordon Kay (Healthwatch Croydon Co-optee)

Also Present: Councillor Janet Campbell – Cabinet Member for Families, Health & Social Care

PART A

14/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

15/21 **Urgent Business (if any)**

There were no items of urgent business for consideration at the meeting.

16/21 **Covid-19 Vaccination Uptake- Residents in Care Homes and Care Staff in all settings**

The Sub-Committee considered an update provided by representatives from health and social care on the response to the Covid-19 pandemic in the borough. This item was included on the agenda for the Sub-Committee to seek reassurance that the pandemic response was being appropriately managed.

The presentation on this item covered a variety of different aspects of the response, during which the following was noted: -

Elective Recovery Programme

- Since December 2019 hospital care had been provided for more than 3,500 patients in need of either day surgery or a planned overnight procedure
- Since March 2021, treatment levels had returned to a pre-covid level, with elective care being delivered to approximately 275-300 patients per week.

- Those patients whose treatment had been delayed due to Covid were being prioritised, with the number of patients waiting over 52 weeks reduced to 72 at Croydon University Hospital.
- There was currently over 18,000 patients on the out-patient waiting list and 2,052 in-patient and day care cases. These lists were being reviewed weekly to ensure patient care was booked and prioritised according to clinical need, with input provided from primary care and clinicians

Diagnostic recovery

- The waiting time for investigations and diagnostic tests was an area of particular challenge due to increased demand. Staff at the hospital worked closely with their primary care colleagues to provide specialist clinical advice and to ensure requests for diagnostic tests were dealt with appropriately.

Improving access to cancer services

- The referral rate for cancer services had risen back to pre-Covid levels, with patients accessing primary care for cancer concerns in a timely manner.
- There was a regular review of breaches in standards for cancer care to address any issues, with new diagnostic standards being introduced from October 2021.

Primary Care

- GP practices had remained open during the pandemic and services were being restored to pre-Covid capacity.
- Demand has risen exponentially in primary care and general practice, with some GPs reporting a 200/300% increase in the number of telephone consultations. There was also additional pressure on practices to restore normal business as well as helping to manage the vaccination programme. As a result, the workforce was stretched and having to utilise additional staff.
- An additional pressure arising from the pandemic was the rise in the number of patients seeking support for mental health issues. A campaign was underway to encourage people to contact their GPs.
- Overall, the key message was that those patients who needed to be seen were being seen, whether face to face, at home or in a remote way.

Vaccine programme update

- The overall position was that over a quarter million vaccinations had been given to Croydon residents with a high proportion of people having had both doses.
- Overall, the vaccination take-up across Croydon and South West London had been good, but there was some hotspots where take-up was lower. This could be linked to a number of factors including deprivation and the level of black, asian and minority ethnic residents in that part of the borough, where there the level of hesitancy in receiving the vaccine had been stronger.
- The vaccination rate for care home residents was 90%, care home staff was 80% and healthcare workers was 75%. These figures continued to steadily increase, with ongoing education and engagement to encourage take up, along with ensuring vaccines availability. The rate for the clinically vulnerable group was up to 80% and work continued to target that group.
- Plans were being developed to move the vaccination programme from the immediate response to a more substantive, robust long term programme. There was likely to be a booster vaccination plus the flu vaccines going into autumn/winter.

Improving uptake

- In order to improve uptake, it was important to address misinformation and target those groups that were being more hesitant to vaccination.
- Community assets, such as BAME groups, faith-based groups and community groups, were being used to reach people with key messages.
- Work continued across the borough on making vaccination centres more accessible and so far extending the reach had been successful. The programme had managed to vaccinate a huge part of the population of Croydon.
- There was more work to do on the younger cohort, with a need to balance the risk for people against their perception on the potential side effects.

Croydon Vaccination Equity Task and Finish Group

- The work of the Croydon based taskforce was ongoing, with representatives from the hospital as well as faith and community leaders, looking at how to have a focussed approach across services, in order to increase uptake, not only in hospital but with younger people

Covid-19 Vaccination Uptake - Residents in Care Homes and Care Staff in all settings

- Croydon was below the London average for Dose 1 (44% compared to London average of 56%).
- A report was being prepared to look at reasons for the lower take up amongst care home staff in Croydon data
- NHS Capacity Tracker placed the onus on providers to update their vaccination information on a daily basis. However, the latest data showed that up to 20% of providers had not updated their information in the last month.
- There were reasons for some of the omissions, such as some of the providers being registered in Croydon but not delivering services in the borough or within private care market.

Following the presentation, the Sub-Committee was given the opportunity to ask questions about the information provided. The first question concerned the disparity in the take up of the vaccination, with it noted that many of the vaccination issues could be seen as a reflection of the health inequality in the borough. Although vaccination was an important part of infection control, focus also needed to remain on other mitigation such as hand washing and social distancing.

Although the vaccination rate for care home residents was high, there was concern raised about the comparatively high level of staff who had not been vaccinated. It was questioned what the Council could do to encourage the take up of the vaccine amongst care home staff. It was advised that it was the duty of care home providers to encourage their staff to receive the vaccine and homes with a lower take up of the vaccine may initially see a reduction in the number of placements received. The Government was in the process of consulting on the possibility of introducing mandatory vaccinations for care home staff, which would provide greater scope for providers to expect their staff to be vaccinated. At the same time it was also important to ensure the availability of rapid testing and that robust infection control processes were in place.

In response to a question about whether the pandemic would lead to any longer term cultural change on public hygiene, it was highlighted that hand washing had always been a fundamental part of public hygiene. As a result of the raised awareness of importance of hand washing there was evidence that there had been a reduction in norovirus, seasonal flu, diarrhoea and vomiting. The pandemic had also demonstrated the effectiveness of using social media as a communication tool, which should be used going forward.

It was highlighted that there had been a recent Patient Insight study across South West London, with it questioned whether there was any particular learning for Croydon, particularly concerning the roll out of the vaccine to younger age groups. In response, it was advised that it was important to be looking at different methods of engagement, not only with the Covid vaccination but in terms of other vaccinations as well. There had been a lot of

learning from the engagement process during the pandemic which would be used going forward.

It was questioned whether lessons were being learnt from other authorities who had higher rates of vaccinations take up amongst care home staff. It was confirmed that learning from other boroughs was being used to inform the Council's approach, including through Croydon's involvement with the Strategic Care Group.

In response to a question about the sustainability of the care home market, it was advised that this was a concern, but the Council was working closely with providers and at present there was no indication that any of them were close to going under. It was agreed that the care home market needed to be closely monitored in terms of both the financial risk and the standard care provided to residents.

It was highlighted that there was a public misconception about the impact of the vaccine upon fertility, with it questioned how this type of misinformation could be countered. It was reiterated that none of the evidence to date had demonstrated there was any impact upon fertility. To counter misinformation it was important to disseminate information through people who were trusted in their communities, such as faith leaders.

Concern was raised about domiciliary care workers without the vaccine who were visiting people in the homes. It was advised that the use of PPE had been and continued to be a priority in domiciliary care. There had been a lot of work with domiciliary care providers to ensure workers were using PPE correctly and supplies were available as needed.

In response to concern about the challenges facing patients wanting to access primary care, it was advised that this situation was not unique to Croydon and was an issue across London. As a result of the pandemic, there had been a rise in the number of telephone consultations, which had increased by 300% in some areas. There was a Primary Care team that monitored GP practices and would highlight any issues, with a mechanism in place to provide support if needed.

At the conclusion of this item, the Chair thanked the representative from health and social care partners for their attendance at the meeting and their engagement with the questions of the Sub-Committee.

17/21 **Overview of the 2021-22 Adults Budget**

The Sub-Committee considered a report on the 2021-22 budget for Adult Social Care. The information was provided to allow the Sub-Committee to form an opinion on the deliverability of the savings proposed and to reassure itself that there was sufficient oversight and control of the budget. A presentation was delivered to accompany the report. A copy of the presentation can be found on the following link:-

<https://democracy.croydon.gov.uk/documents/s29251/Budget%20Presentation.pdf>

Following the presentation the Sub-Committee was provided the opportunity to ask questions on the information provided. The first question asked whether the Council's IT systems were sufficient to allow effective budget monitoring. It was highlighted that there was a new monthly monitoring process in place, along with a new system, which made budget monitoring more effective. The new system was still being embedded within the service, but so far it appeared to be more user friendly.

A question was asked about the move to direct payments and in particular how this was being communicated to people to ensure they understood their options and how the system worked. It was acknowledged that direct payments could be challenging for some people, but a new system had been introduced that sped up the process. A working group had been set up to manage the direct payment process, including ensuring the availability of clear information and advice as well as tracking it through the system. It was noted that there had been a slight increase in the number of people opting for direct payments due to the pandemic, who wanted to buy in their own care.

In relation to the budget and in particular the recent history of overspends, it was questioned whether there was sufficient capacity in the Adults budget for 2021-22 which could be used as a contingency for unforeseen circumstances. It was confirmed that movement had been built into the budget, which alongside stringent budget monitoring processes, allowed unforeseen spikes in demand to be identified at an early stage and resources allocated accordingly. There was an improved process in place for monitoring risk and if an identified saving could not be achieved, there was an expectation that this would be replaced by an alternative saving.

It was noted by the Chair that the budget would continue to be an area of scrutiny throughout the year and officers needed to give further consideration to how best to demonstrate they were managing their budgets effectively.

The Cabinet Member, Councillor Campbell, was asked how she was able to retain political oversight over the delivery of the Adults budget and whether there was collective Cabinet responsibility on budget deliverability. The Cabinet Member advised that she met with the Executive Director on a weekly basis to review progress. She also attended regular meetings with the finance team to discuss the budget. It was planned that the Executive Director would attend future political Cabinet meetings to feed into the wider context of budget delivery.

In response to a question about whether the Cabinet Member met with officers working on the frontline of the service, it was advised that she had attended staff briefings. From these it was clear that staff morale was low and the workload continued to be very heavy. It was important for staff that councillors were visible and took the time to engage.

As a follow-up it was questioned how the Cabinet Member and the management of the service engaged with service users. It was advised that contact was maintained through every point of contact with the public, right across the care system. The Council worked with the Croydon Adult Social Services User Panel (CASSUP), the Learning Disability Partnership Group and other forums to engage with the views of service users. Going forward, more could be done on the Council's commissioning activity to look at how contractors engaged with service users and used co-design as part of their approach to service provision.

It was confirmed that the recruitment for a new Director of Adult Social Services had commenced, with the role being advertised. An announcement on the appointment would be made once this recruitment process had been completed.

It was noted that there could potentially be unintended consequences from the increases being made to a number of charges, and as such what was being done to monitor this. It was confirmed that all service users were means tested to determine what they would need to pay. Social workers worked with individual residents around their assessment, to help them maximise their income by claiming all the benefits available to them. The charging policy was part of the Care Act and people were charged for social care in line with this policy. In order to deliver a balanced budget it was important for Adult Social Care to maximise its income as well as its savings.

At the conclusion of this item the Chair thanked the Cabinet Member and officers for their engagement with the questions of the Sub-Committee and the information provided.

Conclusions

Following the discussion of the information provided on this item, the Health and Social Care Sub-Committee reached the following conclusions: -

1. Although it was very early in the year, The Sub-Committee agreed that the evidence provided about the deliverability of the budget was encouraging, but it would need repeated scrutiny throughout the year to ensure this remained the case.
2. It was agreed that a report should be prepared for the Sub-Committee later in the year to evaluate the impact budget savings were having on staff.
3. Although the use of social media to communicate with the public was to be encouraged, this should not be at the expense of other more traditional communication methods.

18/21 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.31 pm

Signed:

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Date:

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 21 September 2021 at 6.30 pm

This meeting was held remotely and can be viewed on the Council's website

MINUTES

Present: Councillor Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts and Andrew Pelling

Yusuf Osman (CASSUP Co-optee)

Also Present: Councillor Janet Campbell – Cabinet Member for Families, Health & Social Care

Edwina Morris (Healthwatch Croydon)

PART A

27/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

28/21 **Urgent Business (if any)**

There were no items of urgent business for consideration at the meeting.

29/21 **Overview of the Transitions Service**

The Sub-Committee considered a report setting out information on the changes made to the Transitions Service. It was highlighted that in advance of the meeting the Sub-Committee had received a briefing to ensure sub-committee members had an understanding of the services provided by the Transitions team.

The report was introduced by officers, during which it was confirmed that the role of the Transitions Service was to work with young people in care as they reached adulthood. Responsibility for the service had passed to Adult Social Care from April and at present it was projected that the savings targets would be achieved.

The cost of sending young people out of the borough for education was higher than for those educated within the borough. As such the service was working with the Special Educational Needs team to reduce the need for people to travel outside of the borough for education. An additional benefit of educating young people locally was it allowed them to learn to live independently within their locality, which was not the case for those travelling outside of the borough for education.

Following the introduction, the Sub-Committee was given the opportunity to ask questions about the content of the report in order to reach a view about whether the new arrangements for the service had been embedded successfully, the budget savings were achievable and the potential risks were being effectively managed.

The first question asked for further information on the action being taken to ensure that parents and carers understood the process. It was confirmed that the service worked with each family on an individual basis to ensure they received good advice and information to guide their decision making. It was also important to listen to the young person and understand their ambitions for their education. The Transitions teams also worked with both CASSUP and Parents in Partnership to inform the support provided. One of the key actions for the process was to ensure that link workers were involved with families from an early stage to ensure they were not surprised by the process.

In response to a question about how the budget was being managed, it was advised that budget forecasting took place monthly with the Children's Service to look ahead at potential spend. This allowed the early identification of children with expensive educational arrangements, allowing the service to engage with them to identify alternative options. It was also important to think about the other end of transitions system and how to support the 25 year olds leaving the service to take control of their futures.

To ensure there was line of sight over the budget savings process in the service, monthly budget monitoring sessions took place with accountants who verified that updates were included on the social care system, enabling them to be tracked. Any efficiencies identified would not be entered into the budget monitoring system until they had been verified by the accountants. By carrying out this work, it enabled progress with delivering budgets to be tracked throughout the governance structure.

It was noted that parents may make decisions about their child's education many year before the Transitions service became involved and as such it was questioned how this could be managed to ensure cost effective outcomes were delivered. It was advised that it was important there was a good local offer in the borough and that families received informed advice about these services.

At the conclusion of this item the Chair thanked the officers for their engagement with the Sub-Committee to ensure the Transitions Service could be effectively scrutinised. It was agreed that the Sub-Committee had received sufficient information about the new arrangements and the budget for the service, to be reassured they were being effectively managed.

30/21 **Overview Of Community Diagnostic Hubs**

The Sub-Committee considered a presentation which provided an overview of the plans for Community Diagnostic Hubs in the borough. During the presentation, delivered by the Croydon Health Service Chief Executive and Place-Based Leader for Health, Matthew Kershaw, the following was noted: -

- Community Diagnostic Hubs were part of a national programme providing additional funding to local areas to expand diagnostic services.
- The main aim of the programme was to reduce waiting times following the pandemic and to make services more available.
- At present Croydon had a single site supported by mobile satellite services. The process to identify the best option for Croydon was still ongoing, but it was possible there would be a second site identified through the process.
- By the end of 2021 it was expected that the work force and community engagement process would have been agreed, along with the business case for Croydon.

Following the presentation, the Sub-Committee was able to ask questions about the information provided. With the first question asking for information on the current landscape for diagnostic services within the South West London Clinical Commissioning Group area. It was advised that outside of Croydon, it had been proposed that the existing diagnostic services at both Queen Mary's Hospital and St Hellier Hospital would be enhanced. The Croydon site had not yet been confirmed, but it could go to one of the existing sites such as Croydon University Hospital or Purley War Memorial Hospital or another, to be identified site.

The purpose of the programme was to enhance existing services and target areas of need. Factors such as links to public transport and parking would be taken into account, with the need for accessible services a clear message in feedback from residents. It was confirmed that a range of options for booking appointments would also be used to boost accessibility.

In response to a concern about whether the programme could lead to existing services being lost, it was highlighted that the whole purpose was to increase capacity and it was not anticipated that any existing services would be reduced. It was also highlighted that a new CT scanner had recently be installed at the Purley Hospital to increase the range of services offered from the site.

As mobile services had been mentioned as a possible option, further information was requested about how this would work in practice. It was advised that mobile services were already being provided and with modern technology there was a wide range of diagnostic services that could be provided. As an alternative, services could be offered at static satellite sites, but only on certain days, with staff moving across different sites in the borough. It suggested that there may be space within the Council's libraries to host satellite sites, which should be investigated as part of the process to identify a solution.

Health Inequalities in the borough and the fact that certain communities were less likely to access health services was raised as an issue. It was questioned

whether there would be a project to target these groups as part of the work around Community Diagnostic Hubs. It was confirmed that engaging with communities was an important issue for the NHS and was larger than the Community Diagnostic Hub programme. There was ongoing work to raise awareness of services and to engage with those community groups who were less likely to access health services, with a whole programme on prevention and early intervention.

It was confirmed that any new hub would lead to an increase in opening hours. At present there was no drive to move towards a system of self-referral and GPs would continue to play an important role in the referral of patients to diagnostic services.

At the conclusion of the item, the Chair thanked officers for the update provided to the Sub-Committee on the Community Diagnostic Hub Programme.

Resolved: That the overview provided on Community Diagnostic Hubs is noted.

31/21 **Health & Care Plan Refresh**

The Sub-Committee considered an update on the process to refresh the Health and Care Plan. During the introduction to this item it was highlighted that the original plan had been the product of good collaborative working between health and social care partners in Croydon. The Government had requested that the plans be refreshed following the pandemic to aid the recovery of services and to reduce health inequalities.

The Health and Care Plan was a strategic document that enabled the One Croydon Alliance to bring forward system specific plans and to test these as a partnership to ensure that they were both affordable and deliverable. It was recognised that the engagement process would be ongoing as different aspects of the plan were developed.

Concern was raised about the relative lack of engagement to date in the refresh, which had been restricted due to the pandemic. As such, it was questioned whether the priorities would be informed by engagement going forward. It was advised that as the Plan was implemented, programme boards would be created to guide implementation, including ensuring the Plan met the needs of residents.

As the importance of tackling health inequalities in the borough had already been acknowledged under the previous item, it was questioned whether the refresh to the Health and Care Plan would lead to new ways of thinking on the issue. It was confirmed that there was a firm commitment amongst the partners to address health inequality in the borough, but the key challenge was delivering actual change. There had been successful pilots in the past, and it was important to learn from both these and success elsewhere to deliver change. It was agreed that tackling health inequality should be a key strand in the refreshed plan.

It was noted that the Scrutiny and Overview Committee had recently reviewed the Community Safety Strategy and during the process it became clear that the population of Croydon had changed significantly over the past twenty years, with a large transient population. It was questioned how health and social care could respond and adapt to address the changing needs of the population, who may not engage with statutory services in the same way. It was confirmed that there was a variety of services within health and social care working with under-served communities, such as the recent programme on vaccine take-up, using a hyper-localised approach that had been successful. An important part of this work was to build contacts with community, faith and youth leaders and engage with them to identify new ways of working. It was noted that Healthwatch England was working with NHS England to develop communications for hard to reach groups to help improve knowledge and access to services.

At the conclusion of this item the Chair thanked the officers for the update provided on the Health and Care Plans.

Conclusions

Following its discussion on this item, the Health & Social Care Sub-Committee reached the following conclusions:-

1. The Sub-Committee welcomed the refresh of the Health and Care Plan and agreed it was an opportunity to rethink how health and social care worked together to address health inequality in the borough.
2. The Sub-Committee welcomed reassurance that public engagement would be one of the drivers for the Health and Care Plan going forward.
3. The Sub-Committee agreed that it would continue to feed into the refresh of the Health and Care Plan, as the process developed.

32/21 Health & Social Care Sub-Committee Work Programme 2021-22

The Sub-Committee considered a report setting out its work programme for the remainder of 2021-22. It was agreed that it was important to ensure that the work programme remained focussed to ensure the Sub-Committee could carry out its work effectively, without overburdening itself.

It was suggested that the Sub-Committee may want to consider adding an items to its work programme later in the year on either dementia services or community services. It was agreed that these would reviewed to establish whether scrutiny was required.

Resolved: That the Health & Social Care Sub-Committee work programme for 2021-22 is noted.

33/21 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 7.55 pm

Signed:

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Date:

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