Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 26 January 2021 at 6.30 pm.

This meeting was held remotely

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Pat Clouder, Jerry Fitzpatrick, Steve Hollands, Andrew Pelling and Gordon Kay (Healthwatch Croydon Co-optee)

PART A

1/21 **Minutes of the Previous Meeting**

The minutes of the meeting of the Health & Social Care Sub-Committee held on 10 November 2020 were agreed as a correct record.

2/21 **Disclosure of Interests**

There were no disclosures of interest declared at the meeting.

3/21 **Urgent Business (if any)**

There were no items of urgent business.

4/21 **Update on the Croydon Response to Covid-19**

The Sub-Committee was provided with an update on the response in the borough to the covid-19 pandemic by the Director of Public Health, Rachel Flowers, along with an update on the vaccination programme from Matthew Kershaw, the Chief Executive and Place Based Lead for Croydon Health Service NHS Trust and Dr Agnelo Fernandes, the Croydon GP Borough Lead. Copies of these presentations can be found on the following link:-

https://democracy.croydon.gov.uk/ieListDocuments.aspx?CId=168&MId=2162&Ver=4

During the presentation, it was noted that the partnership working in response to the pandemic had been fantastic, with thanks given to the work of unpaid carers and the Public Health team. It was also noted that care providers in the borough were appreciative of the support provided by the Council to minimise the number of covid-19 cases in care homes.

Dr Fernandes advised that there had been a lot of energy expended by GPs in the borough to mobilise the six vaccination sites in Croydon and also gave thanks to the volunteers. At present the vaccination programme was on track, providing the supply of the vaccines remained available. The 84 care homes for the elderly in Croydon had received vaccinations and work was

progressing on providing vaccinations for the 43 homes for the learning disabled. It was known that there was vaccine hesitancy amongst BME groups in the borough, with work underway to counter this by providing people with the correct information to make an informed decision.

Following the presentations, the Sub-Committee was provided with the opportunity to ask questions about the information provided. The first question highlighted the latest figures provided on covid related deaths in London, which indicated that the number of deaths in care homes had been lower than in the first wave. As such, it was questioned what had made the difference this time.

In response, it was highlighted that in the early stages of the first wave of the pandemic there was still many unknowns about covid-19. However, Public Health had advocated for testing in care homes at an early stage. During the first wave health and social care colleagues had worked with care providers on infection control and training, which had proven to be of benefit in the second wave. Croydon had some of the highest rates of testing in London, with care home staff and residents regularly tested. The provision of additional funding had also helped to ensure that staff could be based at a single care home, rather than moving between different homes and increasing the risk of infection.

It was also questioned whether there was difference in the patients presenting at the Croydon University Hospital with covid-19 in the second wave. It was advised that although it was still predominately the elderly who required hospitalisation, more young people were being admitted requiring intensive care, than in the first wave. Underlying health conditions were still a major contributor to effects of covid.

This wave of the pandemic was also seeing a much greater part of the population catching covid, with more covid-positive patients in the community than the hospital. As a result the Rapid Response team had been enhanced to look after patients in the community. As testing was quicker than earlier in the pandemic, it was allowing issues to be addressed promptly. Staffing at both the hospital and in the community had been depleted due to people being infected with the virus, including some deaths.

As the pandemic was having a massive impact on people's lives, which chimed with the health and care plan, it was questioned whether the plan would be revised? It was acknowledged that the disease had shone a light on health inequalities across the country, with research to understand the disproportional impact of covid underway. Although, at this stage health professionals were still learning about the wider impact of the virus.

Regarding residents living in sheltered accommodation, it was questioned what action was being taken to contact people who don't have social media or lived alone, to ensure they received notification of the vaccine. It was advised that a range of different mechanisms were being used to raise awareness of the availability of vaccinations.

It was highlighted that feedback had been received from residents about the perceived lack of social distancing at the Fairfield Halls Vaccination Centre. It was acknowledged that concern had been raised in the early days of operating the Centre, but lessons had been learnt and addressed, with a system in place to ensure social distancing was maintained. The Centre was now working as expected.

In response to a question about the safeguards in place to prevent people being missed off the vaccination programme, it was advised that all GP practices were in the process of contacting residents over 80. If anyone over 80 had not been contacted about the vaccination, they should be encouraged to speak to their GP.

It was questioned whether there was a pattern to the delivery of the vaccine. It was confirmed that care home residents and staff would be the first to receive the vaccine, followed by the over 80s. It was highlighted that some residents may have received letters from the mass vaccination sites in Epsom and Central London, which may have added to the confusion. The vaccination programme was now moving on to the over 70s and other vulnerable residents. The key limiting factor in the vaccination programme was the supply of the vaccine, with some centres not receiving weekly deliveries.

In response to a question about residents at risk of an anaphylactic shock, it was confirmed that this was covered under a standard question in the screening process. The Pfizer vaccine could be used with all other conditions apart from anaphylaxis, but the AstraZeneca vaccine which did not have an increased risk of causing an anaphylactic shock was becoming increasingly more available. The increased availability of the AstraZeneca vaccine was also a benefit for housebound residents, as it could be more easily transported.

It was questioned whether there would be the available capacity and supply if the time between the two doses was shortened. It was confirmed that there was a national discussion taking place on the timing of the second dose. Having a longer gap provided a good immune response and allowed as many people as possible to have some immunity with the first dose, rather than a limited number with greater immunity after both. It was highlighted that the vaccination alone would not stop the pandemic and a coordinated response was required along with the continued use of PPE and testing.

As there had been variants of the disease identified, it was asked whether it was likely these would be covered by the vaccine. It was advised that at this stage the disease was still evolving, with new information being learnt about the effectiveness of the vaccine all the time. At the time of the meeting, early evidence indicated that the South African variant would be covered, but more evidence was needed to make any assessment of the Brazilian variant.

As it had been highlighted that vaccine hesitancy was an issue, it was questioned what could be done to tackle misinformation. It was confirmed that a communications plan had been developed to tackle misinformation, with local community groups being used as a mechanism for providing the correct

information. On a wider scale, a national response was required to address fake news and address misinformation on social media.

As a follow up, it was questioned whether there had been any research to understand why there was a question of trust over the vaccine. It was confirmed that as soon as there had been a glimmer that the vaccine was coming, a team had been reviewing the evidence to understand why there was vaccine reluctance. The vaccine had only been available since December and it was understandable that some people may be reluctant due to the pace of change. Healthwatch London had also been very active in engaging with patients to try to understand their reluctance to have the vaccination.

In response to a rumour that the accident and emergency department at Croydon University Hospital had needed to close for 12 hours due to the demand for services, it was confirmed that the hospital would not close. However, it was often the case across South West London that non-emergency ambulances could be diverted to other hospitals to manage demand.

It was highlighted that there was public concern about delays with the delivery of post, given that notification of the availability of the vaccine was being confirmed via a letter. Reassurance was given that GPs were phoning people directly and where needed were contacting a patient's relatives to organise their vaccination.

At the end of the item, the Chair gave thanks on behalf of the whole committee for the commitment and work of all involved in the covid response over the past months.

Conclusions

At the end of the items the Health and Social Care Sub-Committee reached the following conclusions:-

1. The amazing work of the health and care professionals and volunteers could not be commended highly enough.

2. The work to vaccinate care homes as a priority and to manage infection in that environment was excellent.

3. It should be reemphasised that the NHS remained open for patients who needed to access services.

4. It was accepted that the delivery of the vaccine will define how quickly the vaccination programme could be rolled out.

5. Vaccine hesitancy should continue to be addressed, with community leaders engaged in doing so. Steps should be taken to learn from the reasons for the hesitancy to inform any future vaccination programmes.

6. There was a need to be able to scrutinise how changes are made to the health and care plans.

5/21 **2021-22 Adult Social Care Budget Proposals**

The Sub-Committee considered a presentation from the Executive Director for Health, Wellbeing and Adults on the 2021-22 budget for Adult Social Care. The Sub-Committee was asked for to review the social care budget with a view to feeding any concerns into the consideration of the full budget by the Scrutiny & Overview Committee in February.

A copy of the presentation delivered by the Executive Director can be found at the following link:-

https://democracy.croydon.gov.uk/ieListDocuments.aspx?CId=168&MId=2162&Ver=4

Following the presentation the Sub-Committee was given the opportunity to ask questions about the information provided. The first question related to the cost for adult social care as part of the Council's total budget and whether this was in keeping with other local authorities. It was advised that the adult social care budget in Croydon equated to approximately 31% of the total budget, which was lower than some authorities where it could be as high as 36%. It was suggested by a member of the Sub-Committee that the overall percentage in Croydon maybe lower due to the higher cost of children's social care.

The next question concerned the take up of personal budgets, in particular why the take up in Croydon had been low and how was this being addressed. It was advised that there was a need to make personal budgets mainstream as part of the core practice. However, this would only work if the right services were available to purchase in the borough. Many people were already on direct payments, but these were managed by the Council, which was not the true form of personal budgets.

As a follow up, it was questioned what support was being provided to help people make the move to direct payments. It was advised that direct payments were not seen as the answer to saving money, rather it gave people more choice and control over their care. There were good advocates in Croydon who had been supporting people opting for direct payment, but it was important to have a multi-faceted approach that was right for each individual case.

It was agreed that when increasing the take up of direct payments, it was important to have a balance between autonomy and supporting individuals to use the autonomy effectively. Assurance was sought that there would be effective communication on the implications for individuals thinking of moving to direct payments once the plans had been finalised. It was advised that the e-marketplace was a key priority, as it was important for people to be able to see what services were available. Communication was essential and the service constantly worked to get this right, with work underway to explore how best to capture the voice of residents.

In response to a question about transitioning some of the services provided to the voluntary sector, it was advised that discussions were currently ongoing. So far there had been a mixed response from the voluntary sector, particularly as the Council had in the process of reducing its costs, had less grants available for the sector. Transparency was needed about the cost of service delivery to ensure there was an informed discussion about how they can be delivered more efficiently by the voluntary sector.

Concern was raised about the support available to assist people with restoring their social networks after the pandemic, with it questioned what support could be provided by the Council. In response it was advised that this was something that worried both health and social care partners, as the impact from the pandemic was likely to be felt for a number of years. The Health and Wellbeing Board was being reshaped and would focus on post pandemic priorities such as this. The South London and Maudsley NHS Trust was also reviewing its crisis offer and looking to simplify pathways into the service.

It was highlighted that there had been attempts in the past to reduce the adult social care budget, which had not always been effective. As such it was questioned how it would be different this time. It was advised that the service now had more intelligence and knowledge about its spending. There was also more support to look at placements and packages of care. The service was looking to move to an assets based model to build on the strengths rather than weaknesses. It was important to ensure that people were not pulled into the care system unnecessarily and instead support was given at the right time.

In light of the need to make savings, it was questioned whether there was the potential to make savings through pooling budgets with health care partners. In response it was advised that there was an intention to pool health and social care budgets across the length of the medium term financial strategy, which included looking at commissioning arrangements. One of the key aims was to keep services local at a place level.

It was noted that mental health support was a particular issue for adults receiving care packages or those in placements, with concern raised that issues requiring short term additional expenditure may not be addressed given the financial challenges facing the Council. In was confirmed that there had been investment from the health service which had enabled the development of wellbeing hubs. The initial benefits from these would start to become tangible in the next quarter.

It was agreed that an update on commissioning and plans for 2021-22 would be scheduled into the work programme of the Sub-Committee for a deep dive in the near future.

It was highlighted that the Report in the Public Interest by the Council's external auditor, Grant Thornton, had raised concern that the Council had repeatedly identified savings in Adult Social Care, but had failed in the delivery of these savings. As such the reasons for the continued overspend was questioned. It was advised that Croydon should not be different to other

boroughs in terms of complexity. Croydon was an importer for areas such as care homes, but every borough had different aspects that make them unique. Croydon had high cost placements, which meant there was a need to shift the balance from residential care to independent living.

In response to a question about whether a mixed approach could be taken for those who were unsure about whether to sign up for direct payments and commissioning their own services, it was advised that reassurance could be taken from other boroughs who had already moved to this model. There was a need to move the focus away from budgets and spend toward an outcomes and aspirations based model. To bring about this change, communication including conversations with individuals and ongoing testing would be essential to work out what was best for people.

As a follow-up, it was questioned whether there was a need for a new set of indicators to measure success. It was advised that there was currently a baseline indicator on the cost of care. Going forward there would be a need to ensure that the outcomes being delivered provided good value for money. Making the change to direct payments, would necessitate complex conversations with individuals to ensure their needs continued to be met. For the elderly there would also be the need to weigh up the risk of any changes to their care.

The final question of the session related to how the work to deliver savings would tie into the Council's Localities Strategy. It was advised that Social Care would continue to work alongside GPs and personal independence coordinators in localities. There was also a need to work with health partners to ensure the investment in younger adults was delivering the required outcomes.

At the conclusion of this item the Chair thanked the Executive Director for Health, Wellbeing & Adults for his engagement with the questions of the Sub-Committee.

Conclusions.

At the conclusion of this item the Sub-Committee reached the following conclusions:-

1. There was a number of big challenges in Adult Social Care, particularly for those in the 18-65 age groups, which would require the Sub-Committee to maintain a watch brief over the service in the coming year.

2. The Sub-Committee welcomed the use of comparative data to design a realistic savings programme. However, its deliverability would need to be tested and monitored throughout the forthcoming year.

3. The Sub-Committee agreed that it would add a deep dive on commissioning into its work plan for 2021-22.

4. Although the savings programme presented to the Sub-Committee seemed to address the budget deficit and identified further savings, at this stage it was difficult to make any definitive judgement on the likelihood of it being delivered.

5. It was essential that a system of ongoing monitoring was in place to understand the impact on residents from the changes to prevent creating further issues in the future.

6/21 **Healthwatch Croydon Update**

The Sub-Committee received an update from its Healthwatch Co-optee, Gordon Kay on the recent activities of Healthwatch Croydon. It was advised that Healthwatch had recently published three reports, two of which had been prepared before the pandemic.

The first report looked at the reasons for patients attending the Accident & Emergency (A&E) department at Croydon University Hospital, which found that severity of injury was the main reason for people attending. However, 20% of responders indicated they had used A&E because their GP was not available. It was likely that the outcomes from this report would have changed since the pandemic, but Healthwatch had recommended the realignment of the pathways and improving capacity with GPs.

The second pre-covid report was on signage. This review was conducted using a sample letter from Croydon University Hospital and asked a range of users to following the directions provided. The review had found that both the instructions and route planning needed to be clearer. Healthwatch had recommended that letters sent to patients and signage were improved, and support made available for patients who became lost.

The third report published by Healthwatch reviewed the shielding process during the pandemic to find out how well it had gone. In conducting the review Healthwatch was constrained by the restrictions on who they could contact and it had taken a while to get the 70 responses received. The review had found that food shopping and medication services were the most used, and most needs had been met friends and family.

Most people found the shielding service to be good, but there had been a few issues with the food boxes received. It was found that there had been gaps in signposting residents to services such as those providing mental health support, but this could possibly had been because support had been focused during the first period of shielding on residents physical needs.

Healthwatch concluded the service had done well, but would encourage the service to expand and refine its approach to the different needs in the community. The outcome of the review had been reported back to Council before the second shielding had started and most of the recommendations made had been accepted.

The Sub-Committee thanked Mr Kay for the update provided and all the support Healthwatch Croydon provided to residents in the Croydon.

7/21 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.50 pm

Signed: .....

Date: .....