

# Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts, Andrew Pelling, and Gordon Kay (Healthwatch Co-optee)

Reserve Members: Jan Buttinger, Pat Clouder, Patsy Cummings, Jerry Fitzpatrick and Scott Roche

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 29 June 2021 at 6.30 pm.** **This meeting will be held remotely.**

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Monday, 21 June 2021

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## **AGENDA – PART A**

### **1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

### **2. Minutes of the Previous Meeting (Pages 5 - 24)**

To approve the minutes of the meetings held on 26 January and 8 March 2021 as an accurate record.

### **3. Disclosure of Interests**

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

### **4. Urgent Business (if any)**

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

### **5. Overview of the 2021-22 Adult Social Care Financial Performance (Pages 25 - 44)**

The Health and Social Care Sub-Committee is asked to review the information provided in this report and at the meeting, to reach a conclusion on the following:-

1. Do the budget savings within Adult Social Care remain achievable?
2. Does the leadership team have sufficient line of sight over the savings programme?
3. Is there sufficient political oversight over the savings programme?
4. Are the financial monitoring systems in place allowing effective tracking of the budget?

5. Are the performance monitoring systems in place allowing any unforeseen impact, as a result of the savings programme, on vulnerable residents to be picked up and addressed at an early stage?
6. Is the Sub-Committee reassured that the voices of service users and carers are being heard during the development of changes to service delivery and across the service as a whole?

**6. Healthwatch Croydon Update (Pages 45 - 98)**

The Health & Social Care Sub-Committee is asked to note the latest update provided by the Healthwatch Croydon Manager.

**7. Health & Social Care Sub-Committee Work Programme 2021-22**

The Health & Social Care Sub-Committee is asked to give consideration to its work programme for the forthcoming year (Report to follow).

**8. Feedback on the Croydon Health Service NHS Trust's Quality Account 2021 (Pages 99 - 100)**

The Health & Social Care Sub-Committee is asked to note the comments submitted to Croydon Health Service NHS Trust on their 2021 Quality Account.

**9. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

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# Public Document Pack Agenda Item 2

## 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.



## 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. It 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:**

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**Date:**

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# Public Document Pack

## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 9 March 2021 at 6.30 pm. This meeting was held remotely and can be viewed on the Council's website

### MINUTES

**Present:** Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Pat Clouder, Jerry Fitzpatrick, Steve Hollands, Andrew Pelling.

Gordon Kay (Healthwatch Croydon Co-optee)

**Also Present:** Councillor Janet Campbell, Bernadette Khan, Robert Ward, Louisa Woodley

### PART A

8/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

9/21 **Urgent Business (if any)**

There were no items of urgent business.

10/21 **Update on the Croydon Response to the Covid-19 Pandemic**

The Sub-Committee was provided with a number of presentations on the response to the Covid-19 pandemic in Croydon for its consideration. Copies of the presentations delivered at the meeting can be found along with the agenda papers on the Council's website at the following link:-

<https://democracy.croydon.gov.uk/ieListDocuments.aspx?CId=168&MId=2163&Ver=4>

In addition to the information provided in the slides, the following points were noted:-

- The Director of Public Health thanked everyone for adhering to the lockdown, which had led to the infection rate in Croydon reducing significantly. The seven day infection rate currently stood at 48.4 infections per 100,000 people in Croydon compared to a rate of approximately 250 infections per 100,000 at the peak of the pandemic.
- Going forward, it was possible that there would continue to be different variations of the covid-19 virus. With the two recent surge testing programmes in New Addington and Fieldway linked to the South African variant. There had also been surge testing in South Norwood and Thornton Heath as a precaution following a case of the Brazilian variant.

It was likely that surge testing would be the way forward for the longer term management of covid-19 outbreaks.

- The health system in Croydon had seen a declining rate of covid-19 infections, with 74 in-patients at the Croydon University Hospital since the start of March. The hospital had cared for approximately 2,500 covid patients since the start of the outbreak, with 580 lives lost.
- The hospital continued to manage its non-covid care, with two thirds of its wards now covid free. Both urgent and cancer care had been maintained throughout the pandemic, and the focus was now turning to non-urgent care.
- Regarding the vaccination programme, it was confirmed that a different approach would be needed to target young people. The approach would need to be nuanced and informed by people from that cohort. Targeted work was underway to dispel some of the myths that had arisen around the vaccine such as its effect on fertility. Thanks was given to local faith leaders for helping to dispel these myths.
- The Social Care team had been working seven days a week to provide support with hospital discharging throughout the pandemic. At the same time work had continued on its business as usual, with waiting lists remaining stable. There were some outstanding reviews to be completed, but these were in the process of being picked up. The service was now starting to focus on its roadmap for the recovery of services such as Active Lives, Dementia Day Services and Extra Care Housing.
- Mental Health services had continued to run throughout the pandemic and a mental health summit had been held on 8 March.
- It was confirmed that most front line council workers had now been vaccinated.

Following the presentation, the Sub-Committee was provided the opportunity to question those in attendance on the information provided. The first question raised concerned the difficulty for residents in obtaining lateral flow tests, with a request for an update on the local availability of these tests. It was advised that the availability of lateral flow testing had been limited before Christmas, with availability restricted to healthcare workers and school staff. Currently all schools in Croydon received a supply of tests to ensure they were able to remain open and all care homes were tested on a weekly basis. Public Health tried to make sure that information was made available about the availability of testing for the general public, but lateral flow testing was not controlled by the Council.

As a follow up to this response, it was questioned whether the availability of lateral flow testing could be communicated more effectively. It was advised that communication on the availability of testing was complicated due to the changing advice given. Although Public Health made sure its own



communication was clear, as the supply of lateral flow testing was not managed by the Council, people should be directed to the national website in the first instance.

In response to a question about how the pandemic had impacted upon the provision of mental health services and the availability of care beds, it was confirmed that there had not been a reduction in mental health provision. Covid had impacted upon the capacity within acute hospitals, but the social care service had supported patient discharge. The service had also ensured that support for infection control was available for mental health service providers.

It was highlighted anecdotally that there may have been confusion over the logging of vaccination data. As such it was questioned whether there was a wider issue with data collection and whether data was being used to target those who were vaccine hesitant. It was confirmed that the health care system did not hold a list of the vaccine hesitant, but worked with everybody to try to encourage vaccine uptake. Information was held on the amount of people vaccinated in care homes, with it confirmed that all residents and staff had at least been offered a vaccination. It was confirmed that ward level data was available on the take up of the vaccine amongst the general public and this would be shared with the Sub-Committee.

In response to a question about whether there was a backlog of patients waiting for elective surgery, it was confirmed that the hospital did not have a backlog. The waiting list had been reduced from 2,500 to 2,200 patients since March 2020, but the wait time had increased. The key focus was on addressing clinical priorities and the patients on the list with the longest wait. The creation of the elective centre had ensured there was a good mechanism in place to ensure that patients could be treated quickly.

It was confirmed that availability of the different vaccines tended to fluctuate, but overall the UK had performed well in terms of vaccine supply. The CCG was able to work across Croydon and South West London to smooth out any supply issues that did arise.

In response to a question about how long-covid had impacted upon planned care and mental health services, it was advised there had been an increase in the amount of mental health disorders and other associated symptoms related to long-covid. Much of the support for those experiencing long-covid symptoms was managed through GP surgeries, but for more severe cases there was a specialist clinic with a multi-disciplinary team in place to provide additional support. Work was underway to understand the potential economic impact upon patients who were experiencing long-covid.

It was confirmed that PCT testing had initially only been available in a hospital setting and was only available in the community from June 2020. The PCR test would normally only be used on people displaying symptoms of covid-19. Lateral flow tests worked in a different way, which was why they were used on people who were asymptomatic.

It was questioned whether either the health or social care representatives had any additional concerns about the move to open up care homes for visits from residents families. It was advised that the Council was in daily contact with the majority of homes, who were providing information on their vaccination numbers. An additional nurse was being recruited to help homes with infection control in relation to these additional visits.

The final question for this item asked what was being done to communicate with the transient population in Croydon, which was significant, about the availability of the vaccine. It was confirmed that the CCG had a specific work stream to establish the scale of this issue, as it was important no one was left behind. Once this was completed, individual mechanisms based on the roving model would be used to engage with these populations.

At the conclusion of the item, the Chair of the Sub-Committee thanked those in attendance from health and social care for all their hard in delivering the vaccination programme.

### **Conclusions**

At the conclusion of this item, the Health & Social Care Sub-Committee reached the following conclusions:-

1. The thanks of the Sub-Committee was given to all the health and social care professionals for the support provided to vulnerable residents throughout the pandemic
2. The thanks of the Sub-Committee was also given to those involved in delivering the vaccination programme and surge testing.
3. The offer to share Ward by Ward data on vaccination with the members of the Sub-Committee was welcomed.

### **11/21 Croydon's Autism Strategy 2021-24**

The Sub-Committee was asked to review a draft of the Council's forthcoming Autism Strategy, with a view to making suggestions that could be incorporated into the final version, due to be considered by the Cabinet later in the year. Members of the Children & Young People Sub-Committee had also been invited to participate in the meeting for this item, given the all-age approach of the strategy.

The Council's Autism Champion, Councillor Jerry Fitzpatrick, introduced the report to the Sub-Committee, during which it was noted that due to the current circumstances created by the pandemic, there was concern within the autistic community in the borough about their ability to access health and care plans. There was also a concern about the financial challenges facing the Council and whether this would result in care packages being cut or current care receivers no longer meeting the threshold for support.

There was a national issue on the collection of data around autism which meant it was difficult to get a true picture of the number of people who were autistic, as adults would not be registered as autistic unless they qualified for care.

The Autism Strategy was an important step forward for the Council as it was essential that responsibility was taken at the centre of organisation. The Council needed to be able to allocate resources as it was able to do so to support the community, but it was recognised that it was unlikely there would be significant resources available at the present time given the Council's financial challenges.

A number of external participants had been invited to participate in the meeting of the Sub-Committee to share their experience of autism support in the borough. The first person to address the meeting was Nicky Selwyn, who was Co-Chair of the Autism Partnership Board. The Sub-Committee was advised that the strategy was long overdue and had involved over 500 people inputting into its creation. There was good level of engagement in the work of the Board from the partners and representation from the autistic community. The strategy had been developed with the autistic community and was reflective of their needs and priorities. Once the strategy was agreed there would be a SMART action plan to underpin its delivery, allowing progress to be tracked.

The second speaker was Glenice Lake, who spoke to the Sub-Committee about the challenges she had faced as the mother of two autistic children in Croydon. This included examples of traumatic experiences involving the use of restraint, which had been caused by a lack of understanding of how best to support someone with autism. It was hoped the strategy would help to address some of these issues and ensure that a wider level of support was available for the autistic community.

The third speaker was Ema Jones, who advised that she had been diagnosed as autistic at 30. In particular it was highlighted that the reason why not as many women as men were diagnosed as autistic was due to testing being geared towards men. This lack of diagnosis had led to challenges and it was hoped that the strategy would help to ensure others did not suffer a similar experience. It was envisioned that the strategy would continue to evolve as progress was made.

The Council's Autism Inclusion Lead, Kevin Oakhill also gave a presentation to the meeting. A copy of the presentation can be found on the Council's website at the following link – <https://democracy.croydon.gov.uk/documents/s28256/Autism%20Strategy%20-%20Presentation.pdf>

Daniel Turner, the Clinical Lead for Developmental Disorders at the South London & Maudsley NHS Foundation Trust (SLaM), gave his thanks to the Autism Partnership Board for driving forward the development of the Strategy. SLaM were keen as partners to use learning that arose as a result of the Strategy and supported its implementation.

The Cabinet Member for Families, Health & Social Care, Councillor Janet Campbell, congratulated the team for their work in preparing the strategy. Given the negative experiences highlighted by three speakers, it was questioned whether there was training that could be used by the Council and its partners to understand how best to identify and support those with autism. It was advised that there was effective training, such as positive behaviour support, but it needed to be put in place by experts who knew what they were doing and it would take time to implement. Early intervention and support were seen as being key to helping those with autism.

It was also questioned whether it was possible for parents of children with autism to experience similar traumatic events, such as the use of restraint on their children or whether services such as education had learnt from best practice. It was confirmed that Croydon University Hospital was wholly supportive of the approach outlined in the strategy and had been in conversation around things such as taking a blood sample from someone who may be distressed.

It was agreed there was an opportunity to learn from past experience to make positive change and it was as much about helping parents to understand as their children. It was important that proper training was provided to practitioners on how best to manage their interaction with and support to someone with autism. It was confirmed that all teachers and social workers needed to be trained in autism awareness. There was an aim to expand this to early years education to ensure there was a greater understanding of the issues involved.

The Sub-Committee agreed that the issues around data collection on autism were a concern, as without this being improved there would never be a full picture of the number of people with autism in the borough. However, it was acknowledged that this was a national issue that would be difficult to resolve in Croydon alone.

It was confirmed that there had been work on the assessment system for children and adults which had led to improvement and the system continued to be refined. It was advised that there was an issue nationally with a high level of demand for diagnosis and Croydon had recently invested in its own diagnosis service. It was highlighted that diagnosis was only the first step and there was still a huge amount of work required for onward services, post diagnosis.

The recommendation that there needed to be quantifiable goals for the strategy was accepted, with it advised that there was a determination to have SMART targets in place which were owned, so people knew what was expected of them. A working party had been set up to assist with this. It was highlighted that if the Council was looking to be a community leader for the autistic, the success of some targets, such as encouraging employers to support autistic people to work, would be difficult to quantify.

It was suggested that the Autism Partnership Board should work with Healthwatch Croydon, as they had specific powers regarding representing

communities to engage with health services that may be of benefit in delivering the strategy, particularly for services provided through the hospital and GPs.

It was suggested that recognition could be given to businesses that supported their autistic employees and raised awareness of the support needed amongst their managers. It was confirmed that thought had been given to having autism champions in organisations, who would raise awareness and understanding. Consideration was also being given to creating a pledge employers could take to raise awareness of autism.

As it was noted the voluntary sector had not been listed as a partner, it was questioned whether they could have a role to play. It was advised that the Board did want to engage with the voluntary sector, but it was aware that resource in this sector was stretched. Croydon Voluntary Action was involved in the localities programme and it was possible they would be able to feed into the delivery of the strategy from that perspective. It was highlighted that the majority of autistic people wanted to work rather than volunteer.

In response to a question about the use of social prescribing, it was advised there was a limit to what could be prescribed and an absence of the relevant provision. There was a lot of work needed to document and understand what support was required, before moving on to the spectrum of support that could be offered.

In light of the comments previously made about the difficulty of women getting a diagnosis, it was confirmed that the strategy did look to address the needs of women with autism. It was often the case that women were better at masking their autism, which could lead to them being considered difficult at times when they were not coping.

At the close of this item, Councillor Jerry Fitzpatrick thanked the Sub-Committee for the useful discussion and its support for the strategy. It was highlighted that many autistic people led positive lives most of the time, but there was a huge amount of waste. For many children it was a good time, but there were challenges in mainstream schools as a result of the variance in training and expertise. There was a small amount of money available for training opportunities in 2021-22 and it had been confirmed the Council's Autism Lead, who had been instrumental in driving the strategy forward, was being retained for the year. Finally, thanks was given to everybody who had helped create the strategy.

In closing this item the Chair thanked the attendees for the insight they had given to the Sub-Committee and commended the amount of work that had been invested in creating the Autism Strategy

## **Conclusions**

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

1. The Sub-Committee welcomed the broad commitment from both the Council and its partners to the Autism Partnership Board and the creation of the Autism Strategy.
2. To ensure that the Autism Strategy is being implemented, it would be useful to bring an update on progress made to a future meeting of the Sub-Committee.
3. There was a need to improve data collection around autism and the Autism Partnership Board was encouraged to continue raising awareness of this issue.
4. The Autism Partnership Board should consider engaging with Healthwatch Croydon on its scheme to raise awareness of autism with local GPs.

12/21 **Update from Healthwatch Croydon**

The Healthwatch Croydon Co-optee on the Sub-Committee, Gordon Kay, provided an update on their latest activities. It was confirmed that Healthwatch had recently published a report on Shielding, was finalising a report on care homes, and was developing a report on the access to dentistry in the borough.

It was advised that concern had been raised about the change in ownership of three GP hubs in Croydon and how this change had arisen. The Chair of the Sub-Committee confirmed that he had written to the South West London Clinical Commissioning Group (CCG) to ask for further information on this issue. It was agreed that the response would be shared with the other members of the Sub-Committee.

It was confirmed that assurance had been given that the relationship with the surgeries would not change and the present senior management would continue as the operational management of the services. It was agreed by the Sub-Committee that they would like to keep a watching brief on this change to ensure there was no undue impact upon the patients of the surgeries involved.

13/21 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.45 pm

**Signed:**

**Date:**



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# Agenda Item 5

<b>REPORT TO:</b>	Health and Wellbeing Scrutiny Committee 29 <sup>th</sup> June 2021
<b>SUBJECT:</b>	<b>OVERVIEW OF THE 2021-22 ADULT SOCIAL CARE FINANCIAL PERFORMANCE</b>
<b>LEAD OFFICER:</b>	Annette McPartland Director of Operations, Adult Social Care
<b>CABINET MEMBER:</b>	Cllr Janet Campbell Cabinet Members for Families, Health and Social Care
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	Annette McPartland, Director of Operations Adult Social Care
<b>PUBLIC/EXEMPT:</b>	Public

## **POLICY CONTEXT/AMBITIOUS FOR CROYDON:**

Adult social care continues to be under pressure nationally and locally. The outturn for 2016/17, 2017/18, 2018/19 and 2019/20 demonstrated both an increase in costs and increased use of transformation monies to meet current demand and increased complexities. Increasingly we are seeing residents who fund their own care running out of money, often referred to as 'wealth depleters'.

A change in the way we deliver social care in order to reduce spend and live within our available resources is underway. This aligns to the following Croydon Renewal Plan priorities:

- We will live within our means, balance the books and provide value for money for our residents.
- We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy. And to keep our streets clean and safe.

<b>ORIGIN OF ITEM:</b>	Scrutiny over the delivery of the 2021-22 Adult Social Care budget has been identified as a priority for the Health & Social Care Sub-Committee.
<b>BRIEF FOR THE COMMITTEE:</b>	The Health and Social Care Sub-Committee is asked to review the information provided in this report and at the meeting, to reach a conclusion on the following:- <ol style="list-style-type: none"> <li>1. Do the budget savings within Adult Social Care remain achievable?</li> <li>2. Does the leadership team have sufficient line of sight over the savings programme?</li> <li>3. Is there sufficient political oversight over the savings programme?</li> <li>4. Are the financial monitoring systems in place allowing effective tracking of the budget?</li> </ol>

	<p>5. Are the performance monitoring systems in place allowing any unforeseen impact, as a result of the savings programme, on vulnerable residents to be picked up and addressed at an early stage?</p> <p>6. Is the Sub-Committee reassured that the voices of service users and carers are being heard during the development of changes to service delivery and across the service as a whole?</p>
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## **1. EXECUTIVE SUMMARY**

- 1.1. In January 2021, adult social care provided this committee with a report of the 2021/22 budget development proposals; a further update was presented in May 2021 on both the finalised budget and associated change programmes required to deliver aligned savings.
- 1.2. This June 2021 report provides the committee with an updated assessment on budget spend, including risks and issues, highlighting concerns that may affect delivery of savings, and an explanation of how the impact of savings upon users will be monitored including any identified impacts.

### **OVERVIEW OF THE 2021-22 ADULTS BUDGET**

## **2. BACKGROUND**

- 2.1. Adult Social Care accounts for more expenditure at Croydon than any other service, 31% of net budget. The pressures in this area are felt across the country. However, we know that our cost base is too high and we can learn from other councils.
- 2.2. Working closely with a Local Government Association (LGA) Adults and Finance expert, we have reviewed every aspect of our budget. We have modelled plans to deliver significant savings over three years, based on LGA recommendations.
- 2.3. We are changing how we deliver social care in Croydon, in order to live within the council's available resources. The overall objective is to reduce Croydon's activity and expenditure on adult social care to the:
- London average or below for younger adults; and
  - The English average or below for older adults by March 2024, whilst fulfilling all our statutory responsibilities.

## **3. BUDGET, TRANSFORMATION INVESTMENT AND SAVINGS**

### **Budget**

- 3.1. The tables below shows the 2021/22 agreed budget growth (£28.940m) and savings (-£10.718m). On the advice of the Local Government Association (LGA) finance lead, the council set a revised budget to reflect current activity, and accounts for £23.048m of overall growth.

	£
<b>2020/21 Budget</b>	<b>99,124,000</b>
Change in non-controllable budgets (overheads, depreciation)	-3,004,000
	96,120,000
Add growth	28,940,000
Less Savings	-10,718,000
<b>2021/22 Budget</b>	<b>114,342,000</b>

### Transformation investment

- 3.2. Within the revenue budget, a requested investment of £0.360m for an enhanced 'reviews progression team' was approved by corporate finance.
- 3.3. A further £0.026m transformation investment was agreed in Feb 21 for the purchase of a tool called Care Cubed. This allows the service to benchmark placements costs with other councils, enabling stronger provider negotiations.
- 3.4. Further capital transformation investment has also been approved, awaiting Cabinet approval in July 2021. The £0.706m in year investment focuses on Learning Disability and Mental Health commissioning capacity, increasing package of care reviews capacity, business analysis, pathway management of mental health placements, and the options appraisal for provider services.

### Savings delivery

- 3.5. Savings are focussed on contract, package and placement spend reductions. Further areas being developed to support increasing the savings proposals include options appraisals for Provider Services; and the LIFE service (hospital discharge and community reablement).

HWA Sav 06 Baseline Savings - Disabilities Operational Budget	-3,015,000	
HWA Sav 07 Stretch Savings - Disabilities Operational Budget	-1,367,000	
<b>Subtotal - Disabilities Care</b>		<b>-4,382,000</b>
HWA Sav 19 Savings on care provision - ASC Older People Baseline	-1,908,000	
HWA Sav 20 Stretch Savings - Older People	-691,000	
<b>Subtotal - Older People Care</b>		<b>-2,599,000</b>
HWA Sav 09 Baseline Savings - Mental Health Operational Budget	-459,000	
HWA Sav 10 Stretch Savings - Mental Health Operational Budget	-225,000	
<b>Subtotal - Mental Health Care</b>		<b>-684,000</b>
HWA Sav 08 Review of Contracts - OBC Commissioning, Working Age Adults	-600,000	
HWA Sav 22 Income from Care UK Beds released to self funders	-254,000	
HWA Sav 23 15% Immediate Measures Staffing Savings	-2,199,000	
<b>Subtotal - Other</b>		<b>-3,053,000</b>
	<b>Total Savings</b>	<b>-10,718,000</b>

- 3.6. **Staffing** - The staffing reduction (-£2.199m) has been achieved through a mixture of deleting vacant posts, restructure and voluntary redundancy.
- 3.7. **Packages of care budget savings:** Total package of care savings amount to 7.5%, which is in the cash limit. LGA advice is that 5% package of care spend savings for 2021/22 will be challenging but achievable if implementation starts as soon as possible with appropriate resources and focus. Given high spending on adult social care, higher savings should be achievable in later years potentially 10% a year, as there is more time to plan, consult and implement savings.

	20/21 rollover to 21/22	21/22 In year	21/22 full year effect	21/22 target	% achieved
<b>TRANSITIONS</b>					
Realised	£-	£-	£-	£257,400.00	0.00%
Identified	£299,128.96	£206,742.86	£505,871.81		196.53%
<b>DISABILITIES</b>					
Realised	£292,567.18	£-	£292,567.18	£4,382,000.00	6.68%
Identified	£343,420.42	£361,666.32	£705,086.75		16.09%
<b>OLDER ADULTS</b>					
Realised	£300,620.73	£-	£300,620.73	£2,599,000.00	11.57%
Identified	£278,867.72	£430,087.69	£708,955.41		27.28%
<b>ADULT MENTAL HEALTH</b>					
Realised	£69,783.55	£-	£69,783.55	£684,000.00	10.20%
Identified	£-	£-	£-		0.00%
<b>ADULT SOCIAL CARE - 21/22 FULL YEAR EFFECT</b>					
Realised	£662,971.45	£-	£662,971.45	£7,922,400.00	8.37%
Identified	£921,417.10	£998,496.87	£1,919,913.97		24.23%
<b>Total Identified</b>	<b>£1,584,388.55</b>	<b>£998,496.87</b>	<b>£2,582,885.42</b>	<b>£7,922,400.00</b>	<b>32.60%</b>

- 3.8. There has been slower than expected pace in getting the dedicated reviews team in place. Despite successful recruitment to the five social work roles in April, backfilling the roles has been challenging. This is part of a wider issues the service faces in recruiting social workers to Croydon. Two social workers are now in role, and two further are expected in place before the end of June, with the final role to move into the team in July.
- 3.9. Furthermore, as identified in 3.4 above, an additional £0.240m has been made available in year, for additional capacity to be added to the reviews team, to accelerate the number of review being delivered.
- 3.10. In terms of progress on the package of care savings, on 5<sup>th</sup> May 2021, **£1.300m** package of care savings had been **identified** of which **0.654m** has **been realised**. As of 11<sup>th</sup> June, the identified figure now stands at £2.582m, a 98.6% increase.

- 3.11. Confirmation that identified package of care savings have been realised on the finance systems is completed by corporate finance. The reason lower numbers are showing as realised, compared to those identified is due to April and May being an intense period for finance teams to focus on year end close down; and secondly, there is always a time delay between the review being completed, and the saving being realised on the financial systems. However, for period 3 monitoring (June), we expect a much clearer picture on how much of the identified savings are true, and can be realised.
- 3.12. Additionally, a core enabler for savings on social care placements, is the Care Cubed tool, purchased in June 2021. The tool allows the placements and brokerage staff to develop an indicative placement cost, based on the care and support needs of the resident, and then use this to negotiate with providers. It has proved highly successful for other councils, being widely used across London Boroughs. Further updates from the project will follow in future reports to this committee.

### **Contracts savings**

- 3.13. As identified in 3.5, for 21/22 there are savings related to contracts and income released from self-funders totalling £0.854m. A list of proposals in reduction on spend contracts was agreed by senior council officers in April 2021. It should also be noted that there is a further £0.242m of contract savings in budgets held within Commissioning & Procurement. This brings the overall total to £1.096m.
- 3.14. The proposals meet the agreed target for 21/22, however it should be noted that proposal on income released from self-funders is not achievable so other contracts have been identified to meet the shortfall.
- 3.15. Some decommissioning/changes of contracts will have a full year effect of savings whilst some proposals are staggered during the year due to existing contractual arrangements. Monthly meetings are held with commissioners, budget holders and finance to review progress and validate that the savings have been achieved. Currently we are on target, however if there is slippage against any of the proposals then alternative ways of meeting the target will need to be identified.

### ***Financial management systems***

- 3.16. **Daily spend control panel** – The panel meets daily, and receives all new and reviewed package of care requests. The panel consists of adult social care, finance and commissioning heads of service.
- 3.17. The purpose is to ensure all cases presented have considered the following:
- Strengths based approach, focussed on individual's assets rather than need.
  - Best/appropriate use of placement options, i.e. using supported living, or shared lives, placement in extra care housing before residential homes.

- Direct payments, which are personal budgets giving the resident and carer more control over how and where their care is purchased.
  - Assistive technology, such as ceiling hoists, to enable single rather than double handed care.
- 3.18. **Monthly budget monitoring** – all budget holders report monthly on spend and forecast, this is followed up by a Director and Head of Service and finance monthly meeting; this is then reviewed by the senior management team as a whole, to ensure timely and appropriate action/escalation can be planned and delivered to mitigate overspend. It is then promoted to the Department Leadership Team for Health Wellbeing and Adults, finally to the Executive Leadership Team. Additionally the Cabinet Member is briefed monthly.
- 3.19. **Savings validations** – all savings being realised through the Change and Efficiency Board, must be validated by the finance team, before it is ratified as delivered. Further all new proposed financial efficiencies, must also be validated by the head of finance in terms of their achievability, before projects can be progressed for corporate sign off.
- 3.20. **Continued savings development** – During 2021/22, further options appraisals and decisions will be added to the Adults Improvement Plan, to meet savings targets in 2022/23 and 2023/24. As cited earlier, the Health and Social Care Scrutiny Committee will be a key stakeholder in the development of options.

#### 4. **2022/23 BUDGET DEVELOPMENT**

- 4.1. Work is now taking place to develop the budget and savings delivery required for the 2022/23 budget. The table below sets out the provisional growth and savings expectation for adult social care. The operational budget savings for Disabilities, Older People and Mental Health are based on the 10% packages of care budget reduction advised as achievable by the Local Government Association.

SAVINGS		
TBC	Transitions	TBC
HWA Sav 06	Baseline savings - Disabilities operational budget	-5,584
HWA Sav 19	Baseline savings - Older People operational budget	-3,195
HWA Sav 09	Baseline savings - Mental Health operational budget	-884
HWA Sav 08	Baseline Savings - Review of contracts	-586
HWA Sav 22	Contract related income	-264
HWA Sav 12	Health funding contribution - hospital discharge	TBC
TBC	Provider Services - options appraisal	TBC
<b>Provisional savings total</b>		<b>-10,513</b>
GROWTH		
HWA Gro 06	Growth to fund Cost Inflation in Care UK Contract	264
HWA Gro 07	Growth to fund projected Mental Health Demographic and Cost Pressures	437
HWA Gro 08	Growth to fund projected Disabilities Demographic and Cost Pressures	2,877
HWA Gro 09	Growth to fund projected Older People Demographic and Cost Pressures	1,895
HWA Gro 10	Care Package Inflation Above Corporate Allowance	1,387
	Growth to fund Equipment Service Demographic and inflation	59
<b>Provisional growth total</b>		<b>6,919</b>

- 4.2. As in 21/22, reviewing packages of care will be a core part of focus, however remaining true to the legislative requirements of the Care Act, that identified care and support needs must be met.
- 4.3. At present the review of the LIFE service (discharge from hospital and community reablement) is a live project, and we will ensure progress updates are brought to this committee. There is a clear narrative in the review objectives that the cost of the service to social care is too high, and a solution needs to be identified.
- 4.4. An independent consultant will be procured shortly to undertake the review of the adult social care provider services. This our in-house provision such as extra care housing (care and support only, the buildings sit within the housing revenue account), Day Services, Active Lives, Careline and potentially Sensory Impairment. Capital transformation money has been identified to fund this, see point 3.4 above.
- 4.5. At the beginning of July, workshops will start looking at the proposed contract savings for 22/23 and 23/24. A further £960K is required in 22/23 and £350K in 23/24. It should be noted that the total contracts in Adult Social Care total £8.6m so savings for 22/23 & 23/24 will mean a further 15% reduction in spend in top of what is being achieved in 21/22. This means achieving a stretch target on top of this may not be achieved
- 4.6. Our section 75 agreements with health partners are all being reviewed and redrafted and financially re-based as well as introducing a new Occupational Therapy specification, prescribing behaviour work on equipment and the Better Care Fund Section 75 is being set for 2021/22.

- 4.7. Other key areas to be developed include
- Health and social care integration (pooled / shared budgets)
  - Shifting activity to the voluntary sector
  - 3 year commissioning strategy

## 5. RISKS AND MITIGATIONS

### *Strategic*

- 5.1. The Director of Adult Social Services is a statutory role and is currently vacant, this is mitigated by the Director of Operations holding the role on an interim basis. Ultimately recruitment to the role is crucial to enable strong leadership on both the statutory elements of the role, to provide strategic direction for the operations services; and to ensure there is a leadership presence for adult social care and the Council, within the One Croydon Alliance and wider Integrated Care System.
- 5.2. Continued Covid / Long Covid impact on staff, resident welfare and savings targets – remains unknown. Work with the LGA and other boroughs, pan London and NHS will feed into our learning and forecasting ability around the impact.

### *Financial*

- 5.3. **Adult social care period 1 monitoring** – With the exception of the Transitions service, see note below, P1 monitoring has adult social care delivering a balanced budget.
- 5.4. **Transitions** - Period 1 monitoring has identified an inherited £1.600m forecast overspend as when the service transferred to adults on 1<sup>st</sup> April, the budget did not meet the run rate. There is a potential one off pressure of 0.700m.
- 5.5. **Savings delivery** – In 2021/22 the 2.5% financial stretch target is in the cash limit, although the Local Government Association (LGA) advised that a 5% reduction is more achievable. The service will continue to develop plans to deliver the stretch, and use governance routes to advise on progress and achievability.
- 5.6. **Contract inflation** – a strategy has been drafted, and mitigations for inflation are being worked on by Commissioning and Procurement.
- 5.7. **Norfolk decision** – Originally analysed as having a potential in year £0.400m pressure, a system level review of the decision outcome had identified this was an issue for Norfolk rather than the wider system.



## ***Operational***

- 5.8. **Workforce morale** – remains pressured due to the impact of COVID and organisational change. The impact is evident in both the number of staff leaving Croydon and challenges with recruiting new social care staff.
- 5.9. **LAS implementation** – the case notes system still requires some final reporting capability to enable the service to have a strong oversight on activity and spend. Better Gov. who were the implementation partner, are expected back on site imminently to delivery this final capacity.
- 5.10. **Transitions service** - the service has moved back to adult social care. There are high activity numbers and spend on packages. The service is being aligned to the Adults Improvement Plan. The specific focus for 2021/22, will target embedding a strengths based approach, better use of placements, reviewing the core offer and a commissioning plan.

## **6. RESIDENT AND CARER IMPACT**

### **Legislation and guidance**

- 6.1. The budget changes in adult social care are being made on operational decisions and practice, using relevant legislation frameworks. The statutory service offer remains the same, and as outlined in the principles below:
- Our adult social care service eligibility and service provision reflect the relevant legislation underpinning social care and health through the Care Act (2014), Mental Health Act 1983, Mental Capacity Act, Deprivation of Liberty Safeguards, The Children and Families Act, Children with Disabilities Act, and the current social care action plan related to the COVID Act.
  - All packages are assessed or reviewed, proportionately, through a strengths based approach, considering safeguarding, to meet the needs of the individual and carers.
  - Residents can access appropriate services provided in-house or commissioned by the Council, or delivered independently by the voluntary and community sector.
  - Where people have the financial means to pay a contribution, or to pay for their care in full, this will be in line with the self-funding legislations outlined in the Care Act and wider National policy.

### **Resident and user groups**

- 6.2. A range of resident engagement groups are in existence and will we work collaboratively with service users and their carers as we make changes, engaging as appropriate. This includes working with the Croydon Adult Social Services User Panel (CASSUP) and Healthwatch Croydon.
- 6.3. Where statutory consultation is required this will be carried out. On the whole, however, the changes being made are on operational decisions, using relevant legislation frameworks.

- 6.4. As of May 2021, the change and innovation team in adult social care has now taken on the active support of CASSUP, this will enable us to ensure we have brought it closer to the service and adults improvement plan.

### **Complaints**

- 6.5. Complaints, ombudsman reports, MP enquiries and Councillor Enquiries are a further opportunity for the service to measure and understand the impact of the package of care budget reductions on residents and their families.
- 6.6. Adult Social Care (ASC) has robust processes in place to manage and respond to complaints, MP enquiries and Councillor Enquiries. There is a dedicated officer who reports to a Head of Service overseeing the management of these tasks.
- 6.7. ASC complaints have remained around the expected level for the year – the slight increase can be attributed to the challenges presented by the Covid 19 pandemic.
- 6.8. Detailed records are kept and reported to senior managers weekly and monthly and which enables the service to quickly identify and new concerns or themes and respond appropriately.
- 6.9. Training is and has been delivered to support to all teams with the aim to increase the knowledge of the staff as to how to respond to residents and elected representatives when they raise complaints.
- 6.10. There is now a programme of training sessions set on Croydon Learning commencing in July that will provide training as part of induction for new staff and refresher courses.
- 6.11. Thematic review of complaints received identifies that communications, disputes in respect of provision, quality of provision and financial support provided by the Council are the most common issues raised by the public and or their elected representative.
- 6.12. We are working hard as a department to the very best and appropriate care for our residents but there will be inevitable and fundamental disagreement with some families as to the right care for themselves or their loved ones. This does lead back to communications to ensure that as many residents as possible are made aware of what exactly the Council can provide or support and what contribution that residents and or their families will need to contribute.
- 6.13. The pausing of the LGO enquiries is now over. It does though however mean that the data is skewed making the latter part of the year having a great many more enquiries commencing than the first half of the year as the LGO catches up on backlog work. The numbers across the whole 12 months are similar to those in previous years.

## Equality impact

- 6.14. The package of care savings equality impact assessment (shared at May's Scrutiny Committee) will continue to be a live document, to support decision making and evaluate the overall impact of the package of care budget reductions and future decisions on the budgets.
- 6.15. Evidence from staff, assessments and reviews, compliments, complaints, and Ombudsman rulings will be used to regularly update the tool, and inform budget decisions and escalation of concerns.

## Resident impact case study

- 6.16. See appendix 1.

## 7. CARE HOME AND CARE PROVIDERS COVID-19 VACCINATION UPTAKE

### Overview

- 7.1. A report was presented to Health and Wellbeing Scrutiny Committee on 11 May 2021 with an update on covid-19 vaccination uptake for residents and staff in all care settings. It was agreed at this meeting that an update would be provided at the next scrutiny meeting on 29 June 2021 specifically around domiciliary care and other care providers.
- 7.2. The below table shows vaccination uptake as of 16 June 2021.

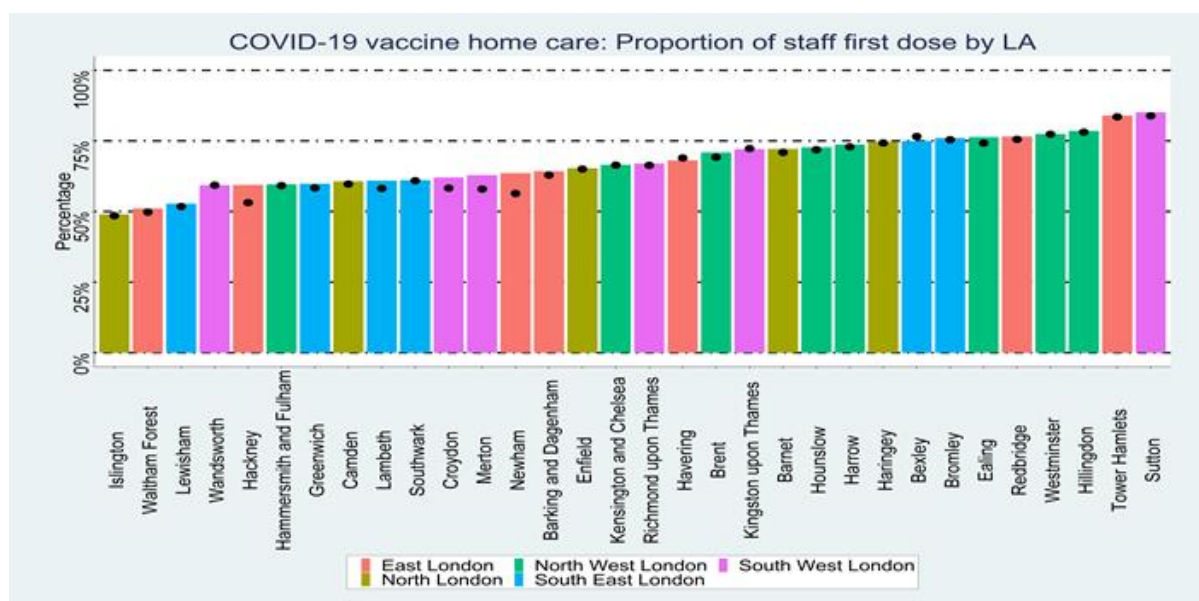
	<b>Croydon Dose 1- % vaccinated</b>	<b>London Average Dose 1- % vaccinated</b>	<b>Croydon Dose 2- % vaccinated</b>	<b>London Average Dose 2- % vaccinated</b>
<i>Care home residents</i>	<b>93%</b>	<b>89%</b>	<b>89%</b>	<b>86%</b>
<i>Care home staff</i>	<b>79%</b>	<b>78%</b>	<b>63%</b>	<b>62%</b>
<i>Other Care staffing including domiciliary care</i>	<b>59%</b>	<b>68%</b>	<b>Data not fully available</b>	<b>Data not fully available</b>

- 7.3. Croydon is tracking above the London average for both Care Home Residents and Staff but still behind on staff in other care settings.
- 7.4. Overall Croydon is making positive progress and we recommend bringing a further update to scrutiny in September 2021.

### Other café staffing vaccination uptake

- 7.5. As reported at the last meeting Croydon had 44% 1<sup>st</sup> vaccination care staff compared to London average of 56%. Whilst Croydon is still behind the London average this has narrowed over the last 6 weeks. The push across London is to increase vaccination rates above 70% by the end of June 2021.

7.6. The table shows how Croydon is performing against other London boroughs. Croydon has moved forward on this table since the last report.



7.7. The Council has an action plan in place to continue to raise vaccination levels. Some of the key work that has been carried over the last 6 weeks is:-

- Employment of three Contract & Review Officers(supported from Infection Control Funding) with specific tasks of supporting care providers within the borough. They have contacted all providers to ensure we have relevant contact details and working with them to update NHS Capacity Tracker
- Updates at Social Care Forum on relevant information on vaccination and myth busting.
- Working with public health and partners to increase options of Pfizer jab as providers raising as a key issue of hesitancy from staff.
- Working with NHS on ensuring data in capacity tracker is accurate.

7.8. Regular updates by providers of the NHS Capacity Tracker continues to be a key issue. Below shows providers that are not regularly updating the tracker

	No. of Providers on 27 April 2021	No. of providers on 18 June 2021
Over 3 months since last updated	<b>3</b>	<b>7</b>
Over 2 months since last updated	<b>10</b>	<b>6</b>
Over 1 month since last updated	<b>4</b>	<b>3</b>

7.9. 'Appendix 2 Croydon Action Plan- Covid Vaccination' shows the action plan for other care staff and care homes that is currently being worked upon.

7.10. Increased resource has been funded via the Infection Control Fund and will be in place until the end of September 2021.

## **Care Home residents and staffing vaccination uptake**

- 7.11. The action plan provided in 'Appendix 2 Croydon Action Plan- Covid Vaccination' shows the continued work in this area.
- 7.12. Vaccination dose 1 levels for residents remains at 93% and it should be noted that GPs are working with the homes to work on the remaining residents who have not been vaccinated.
- 7.13. Staffing levels are increasing albeit slowly. Whilst not shown in the data above(NHS capacity tracker not fully updated) officers have worked with 3 homes and a further 30 staff are now vaccinated which equates to a further 1%.
- 7.14. Scrutiny should note the announcement on 16 June 2021 from the Department of Social Care that from October 2021 that people working in CQC registered care homes must have two doses of a covid-19 vaccine unless they have a medical exemption. Those coming into care homes to do other work, for example healthcare workers, tradespeople, hairdressers and beauticians, and CQC inspectors, will also have to follow the new regulations, unless they are likewise medically exempt.
- 7.15. We will be seeking further details of this announcement and how we will work with Care Homes to ensure compliance as this will become law, subject to parliamentary approval and a 16 week grace period.

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### **CONTACT OFFICER:**

*Annette McPartland, Director of Operations - [annette.mcpartland@croydon.gov.uk](mailto:annette.mcpartland@croydon.gov.uk) adult social care division, Health Wellbeing and Adults Department.*

### **APPENDICES TO THIS REPORT**

**Appendix 1 - Resident impact case study**

**Appendix 2 - Croydon COVID-19 Care Home Vaccine Uptake Plan**

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## Croydon COVID-19 Care Home Vaccine Uptake Plan




	Action	Description/Comments	RAG
<b>1</b>	<b>Improving Access to Vaccinations</b>		
1.1	Support staff to access an alternative vaccine where clinically appropriate.	South West London CCG has a Pathway in place to support staff to access Pfizer vaccine where clinically appropriate	<i>Complete</i>
1.2	South West London CCG to develop a process to support new residents to access 1 <sup>st</sup> and 2 <sup>nd</sup> dose vaccinations.	Link to the vaccination request form shared with care homes and uploaded to Value Croydon	<i>Complete</i>
<b>2</b>	<b>Targeted Support</b>		
2.1	SWL CCG (Croydon Team) to regularly review vaccination data to identify care homes with low uptake.	<b>Outcome from Vaccination Task and Finish Group action 2.2</b> - SWL CCG to provide low uptake data to PCN Clinical Leads to ensure they are involved in the appropriate actions to support care homes and GP practices to improve uptake where possible.	<i>Ongoing</i>
2.2	Develop a plan to increase the remaining 7% unvaccinated care home residents.	Clinical Senior Responsible Officer to raise with Vaccination Task and Finish Group the best approach to support care home residents who have not yet been vaccinated.	<i>Complete</i>
		The Commissioning Team to make contact with homes that have reported on the NHS Capacity Tracker that they have unvaccinated residents. Validating the data and confirming if it was the resident's decision not to be vaccinated. Findings to be fed back to the CCG.	<i>On Track</i>
		Community Learning Disability Team to support LD homes with staff and resident vaccination uptake, made contact with the team who are currently reviewing their capacity to support.	<i>On Track</i>
2.3	Develop a plan to support our larger care homes (80+ staff) with staff vaccination uptake	Contract and Review Officers to contact care homes to find out the reasons why some staff have not yet been vaccinated. Findings to be reported to public health croydon to discuss next steps.	<i>Complete</i>
		Feedback from the homes to be reviewed to see if joint meetings are necessary. Joint meeting (Care Home Manager, CCG, Public Health and Commissioning) to understand how we can support the managers to increase staff uptake.	<i>On Track</i>
2.4	Recruit X3 Temporary Contract and Review Officers to support with COVID response across Residential and Community Care Settings.	X3 Candidates have accepted and are due to start week beginning 17 <sup>th</sup> May	<i>Complete</i>
2.5	Calls to care home with low staff/resident uptake 50% or less.	Calls made to homes to understand the reason for low vaccination uptake, resources shared.	<i>Complete</i>

	Action	Description/Comments	RAG
	<b>Targeted Support (Continued)</b>		
2.6	Formal Letter from the Director of Public Health Croydon and Interim Director of Commissioning and Procurement sent to homes with 50% or less uptake of the vaccination amongst staff .	Letter sent to homes highlighting the importance of having the covid vaccination and updating the capacity tracker.	<i>Complete</i>
2.7	Support for care homes (Horizon Retreat, Ocean Retreat and Whitworth Lodge) reporting 0% staff vaccination uptake.	Covid vaccination resources have been sent to the managers and joint meetings (Care Home Manager, CCG, Public Health and Commissioning) organised.	<i>Complete</i>
2.8	Contact Care homes with high uptake (90% +) to see if they would be interested in buddying up and supporting a home with lower vaccination uptake.	Calls made to homes, low interest due to work demands and managers not feeling comfortable	<i>Complete</i>
<b>3</b>	<b>Care Home Information Sessions</b>		
3.1	Organise an information session linked to the Covid Vaccine and Fertility	Share recording of the Covid Vaccine and Fertility Session with Social Care Providers	<i>Complete</i>
		Consultant Urogynaecologist attending the care home information session on <b>13th May at 1pm</b> to speak about the Covid vaccine and fertility.	<i>Complete</i>
		Care home staff who have concerns around fertility to be invited to the Covid vaccine and Fertility Session on 13 <sup>th</sup> May 2021. The Contract and Review Officers have made contact with the care homes that have advised the Local Authority/Test and Trace that they have unvaccinated staff due to fertility concerns.	<i>Complete</i>
3.2	Look at topics linked to Covid for future information sessions	Clinical Senior Responsible Officer to meet with clinical colleagues to discuss topics for information sessions.	<i>On Track</i>
		Share topic suggestions with care homes and feedback to the Clinical Senior Responsible Officer.	<i>On Track</i>
<b>4</b>	<b>Communication</b>		
4.1	Care Home Information Sessions with a focus on Covid vaccinations	Regular COVID-19 vaccination Q&A sessions with guest speakers such as including Professor Dame Donna Kinnair, Lead GP and Public Health	<i>Ongoing</i>
4.2	Care Home Newsletter	Weekly vaccination updates and resources (including vaccination experiences from the BAME community Faith Leaders, Social Care Staff and Community Leaders) .	<i>Ongoing</i>
4.3	Develop a Covid-19 Vaccination section on Value Croydon (Single point of access for the latest COVID-19 pandemic news, updates, information and guidance)	Various vaccination resources available and updated when required	<i>Complete</i>



	Action	Description/Comments	RAG
<b>5</b>	<b>Stakeholder Meetings</b>		
5.1	Covid-19 Council Silver & Gold Group	Regular updates and reporting into Council Covid19 Resilience Governance	<i>Ongoing</i>
5.2	Monthly Care Home Strategy Group	Multi-agency covid-19 support for care homes	<i>Ongoing</i>
5.3	Daily Residential and Community Care Operational Group	Responsible for the day to day oversight and response to covid, including reviewing the data completed by providers on the NHS Capacity Tracker	<i>Ongoing</i>
5.4	Fortnightly Multi-agency Covid Vaccination Response Meeting	Organised to share key information and jointly agree the next steps to support covid vaccination uptake in order to minimise and slow down the spread of covid	<i>Ongoing</i>
5.5	London Care Homes Oversight Group	Attendance and sharing practice	<i>Ongoing</i>
<b>6</b>	<b>DHSC Vaccination Calls</b>		
6.1	Review the feedback from the DHSC calls (Driving Project Phase 2) to care home that have 25% - 50% staff vaccination uptake	Feedback has been reviewed and commissioning team are making contact with the relevant homes. <b>Please refer to action 6.2, 6.3 and 6.4</b>	<i>Complete</i>
6.2	Review vaccination figures on the Capacity Tracker for Warren Court and see if the manager requires support updating the tracker	The manager has advised that they have 11 residents all have been vaccinated, 10/11 staff have been vaccinated 1 staff member has signed a refusal form. The tracker is showing (28/05) 11 /11 resident and 8/11 staff have been vaccinated. Commissioning team have provided the manager with NHS capacity tracker technical team contact details.	<i>On Track</i>
6.3	Contact the manager at Jordan Lodge to see what vaccination resources they require.	The manager now has all the covid resources she needs. Staff have found the care home information sessions very useful in answering any questions they have around the vaccine. <b>For further details refer to action plan 21/5</b>	<i>Complete</i>
6.4	Shepherds corner have raised concerns around issue with vaccination uptake from the district nurses and vaccination support from the GP	Feedback regarding GP support has been provided to the Clinical Senior Responsible Officer and Head of Primary and Community Care Transformation, who have requested further information around the support the home needed from the GP. Commissioning team to contact the manager.	<i>Complete</i>
		The Commissioning Team have made contact with the manager to confirm what support they required from the GP. The manager advised that the only issue they had was with the GP signing off repeat prescriptions, which has now been resolved and has been working well for over a month. They have had no other issues with the GP	<i>Complete</i>
		Head of community nursing has advised us that they are actively encouraging all staff to be vaccinated and vaccination status of individuals should be of private and confidential nature.	<i>Complete</i>

	Action	Description/Comments	RAG
<b>6</b>	<b>DHSC Vaccination Calls (Continued)</b>		
6.5	Review the feedback forms from the Test and Trace Vaccination Survey Calls to OP care homes.	Feedback analysed, care homes requiring further information have been contacted and the relevant vaccination resources shared.	<i>Complete</i>
		Support the 2 staff members at Whitworth Lodge to access an alternative to the AstraZeneca Vaccination - The Commissioning Team have supported the staff to access the Pfizer Vaccination.	<i>Complete</i>

RAG Definitions	
Complete	
On Track	
Ongoing	





Croydon Care Homes Residents and Staff COVID-19 Vaccination Data (16 June 2021)		
	Dose 1	Dose 2
<b>Residents</b>	93%	89%
<b>Staff</b>	79%	63%

## Croydon COVID-19 Other Care Providers Vaccine Uptake Plan

Action	Description/Comments	RAG
<b>Support providers to increase the number of staff getting vaccinated</b>		
Support staff to access an alternative vaccine where clinically appropriate	Work with Care home team re:Pathway in place to support staff to access Pfizer vaccine where clinically appropriate	<i>On track</i>
Support and facilitate access to reputable sources of information to aid decision making.	Topics identified as areas of concern is being addressed through the social care provider forum and the bi-weekly newsletter.	<i>On track</i>
Develop a communication plan for home care providers that incorporates 1-2-1 support where barriers are identified.	Link to the feedback in terms of barriers and providers not updating NHS tracker and lack of responsiveness at provider meetings	<i>On track</i>
<b>Targeted Support</b>		
Support providers to improve uptake of vaccine to 80% across home care and other markets	Develop a project group with lead to oversee delivery of the home care plan. Which includes weekly catch up on objectives and how we can support managers to increase staff uptake	<i>On going</i>
Support primary and secondary care providers on the DPS or those with similar levels of business to increase vaccinations level	Resource allocated to contacting providers in this remit, to understand reasons for low vaccination uptake, sharing resources to aid decision making	<i>On Track</i>
Calls to home care with low staff/resident uptake 50% or less	Resource allocated to contacting providers in this remit, to understand reasons for low vaccination uptake, sharing resources to aid decision making.	<i>On Track</i>
Calls to home care and other market providers who have not submitted data via the NHS tracker in the last 3 months	Calls to providers to understand barriers if any in updating the tracker and whether they are commissioned services/based in Croydon but delivering elsewhere.	<i>On track</i>
Identify a clinician specialising in fertility to attend joint care home and home care information session	Contact has been made with specialist in the process of negotiating dates. Target all care homes that have advised that fertility concerns is a reason for low staff uptake an invite them to the session.	<i>On going</i>
Extend the offer of a support session to Care staff where resources are directly shared	Link to the social care provider forum, this is an opportunity for staff to attend and here the resources available first han	<i>On going</i>
Contact Home care provider with high uptake (90% +) to see if they would be interested in sharing the approach used within their organisation via the provider group or newsletter	1-2 providers have volunteered, but the majority have shied away from sharing any information	<i>On track</i>

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Action	Description/Comments	RAG
<b>Stakeholder Meetings</b>		
Weekly project group meeting	Progress the aims of the home care plan in increasing vaccination numbers	<i>On track</i>
<b>Communication</b>		
Bi-weekly social care provider forum	Regular COVID-19 vaccination updates and Q&A sessions with guest speakers	<i>On going</i>
Home care Newsletter	Weekly vaccination updates and resources, including presentations and guest speak talks from the social care forum	<i>Ongoing</i>
Develop a Covid-19 Vaccination section on Value Croydon (Single point of access for the latest COVID-19 pandemic news, updates, information and guidance)	Various vaccination resources available and updated when required	<i>Not yet started</i>

RAG Definitions	
Complete	
On Track	
Ongoing	
Not started	

<b>REPORT TO:</b>	HEATH & SOCIAL CARE SUB-COMMITTEE 29 June 2021
<b>SUBJECT:</b>	<b>Heathwatch Croydon Update</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Gordon Kay – Heathwatch Croydon Manager &amp; Co-opted member of the Health &amp; Social Care Sub-Committee</b>
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	As a co-opted member of the Health & Social Care Sub-Committee, the manager of Heathwatch Croydon regularly provides updates on latest reports produced by the organisation.
<b>BRIEF FOR THE COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to note the latest update provided by the Heathwatch Croydon Manager.

## 1. HEALTHWATCH CROYDON UPDATE

- 1.1. The Heathwatch co-optee on the Health & Social Care Sub-Committee, Heathwatch Croydon Manager, Gordon Kay, regularly updates the Sub-Committee on the findings from the latest reports published by Heathwatch Croydon.
- 1.2. Attached at Appendix A to this report for the information of the Sub-Committee is a recent report produced by Heathwatch Croydon, on 'Impact of Covid-19 on the Mental Health of Croydon Residents'.

**CONTACT OFFICER:** Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

### APPENDICES TO THIS REPORT

Appendix A: Heathwatch Croydon report – 'Impact of Covid-19 on the Mental Health of Croydon Residents'

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# Impact of Covid-19 on the mental health of Croydon residents

June 2021

## Findings in brief

Majority concerned about contracting Covid-19 and about returning to work and school

1 in 5 stated they did not know the symptoms

Around 60% of respondents said that their mental health and wellbeing had been affected

Access to a range of services could have been better

Of those people whose mental health was affected only a few sought help

Resulting work and financial situation had created new stress for some



## Recommendations in brief

A continued mental health support programme for all residents who need it

Looking at ways to overcome isolation is a key plank in any initiative

Support and enhance key pathways for information for mental health

Tailored support would be relevant for those dealing with employment and financial concerns

Continued insight is needed as situations change quickly

# Executive Summary

This report is the result of a project between Healthwatch Croydon and three T-level (Technical-level) students from Croydon College. They considered issues concerning health and social care services in spring 2020 and selected a theme to explore. They then devised the methodology, piloted and ran the survey, collected the results and prepared an analysis of their findings before completing their time with us in August 2020. The Healthwatch Croydon team led by the Volunteer Lead supported them in work and have completed their work with the report shown here.

The key issue they were researching was how Covid-19 was affecting people's mental health. Covid-19 has been a problem for everyone since March 2020. It has affected residents in Croydon as daily activities and the "normal" lifestyle has changed due to the restrictions imposed by various lockdowns as well creating fears about themselves, friends and family becoming seriously ill or dying. This report looks back at the experience of the first lockdown, where requirements that we may have now become accustomed to were new. These include having to be quarantined/ stay at home due to lockdown, having to wear face masks when going outside, job losses and losses in finance for the whole economy and impact on personal finances. In relation to this Covid-19 has resulted in people feeling many types of emotions as both physical and mental health has been affected.

They chose to research this issue as their work placement was taking place during the time when Covid-19 was peaking, and they were all stuck in lockdown. They thought it would be a good idea to research an issue that was going on in the present and that was affecting all people at the time. Unfortunately, due to the Covid-19 situation they did not get to interview anyone or speak to anyone face to face but did release a survey and received 115 responses.

## These are our findings:

- **A majority were concerned about contracting Covid-19 and about returning to work and school:** 68% rated high concern at contracting Covid-19 with nearly half of these very concerned. Likewise, 55% were concerned about returning to school or work. *(See page 14-16)*
- **Most knew what to do if they experience Covid-19 symptoms, but one in six did not know:** 83% said they would know what to do, but this left 17% who were unsure or did not know. *(See page 21)*
- **Around 60% of respondents said that their mental health and wellbeing had been affected:** For those who previously had a mental health condition 41% experienced worse conditions during Covid-19: and a similar number found being isolated at home made them unhappy. *(See page 26-29)*
- **Access to a range of services could have been better:** There is a variability in the quality that was provided for support, service provision, processing information, respite, and health condition management for residents and in some cases a gap in what was needed. *(See pages 30-33)*
- **Of those whose mental health was affected, only a few sought help and support:** This shows a gap whether due to access or availability between level of need and services. *(See page 38)*
- **The resulting work and financial situation had created stress for some:** 15% of respondents were affected, while 31% had concerns about financial status and 33% had experienced increased financial stress because of Covid-19. *(See pages 40-42)*

### These are our recommendations:

- **A continued mental health support programme is needed for all residents who need it:** As lockdowns end and people return to work, there is concern about how people will feel about being exposed, particularly if there are further waves and lockdowns.
- **Looking at ways to overcome isolation is a key plank in any initiative:** While opportunities to meet face-to-face are limited, there is a need to find ways to connect with people maybe on the doorstep and in local voluntary services who can work at neighbourhood level.
- **Support and enhance key pathways for information for mental health support:** Residents need to find easy ways to get information about access to mental health and other services as well as advice and support. GPs and the Council can be effective gateways to provide this. Health and social services need to make sure that is in place including telephone support for those who require it.
- **Tailored support would be relevant for those dealing with employment and financial concerns:** Having analysed those who were experiencing stress due to work and finances they tended to be younger people as they found restrictions with work and a financial impact as a result. This has brought a new cohort of people who may need mental health support due to concerns around work and finances - this needs consideration - one size of service does not fit all.
- **Continued insight is needed as situations change quickly:** There have been many changes since this report was produced, both positive developments and new concerns. More insight is needed to see how new interventions are working and where gaps may be.

# 1 Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to your voice. From improving services today to helping shape better ones for tomorrow, we listen to your views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### About the T-level project

This report is the result of a project between Healthwatch Croydon and three T-level (Technical-level) students from Croydon College. They considered issues concerning health and social care services in spring 2020 and selected a theme to explore. They then devised the methodology, piloted, and ran the survey, collected the results, and prepared an analysis of their findings before completing their time with us in August 2020. The Healthwatch Croydon team led by the Volunteer Lead supported them in work and have completed the work with the report show here.

The choice of subject about the mental health impact of Covid-19 was proposed by the students and agreed by Healthwatch Croydon, who facilitated the work to ensure it met the established standards of work in terms of quality and approach.

We thank the students for their hard work throughout the project, particularly as this was completed entirely online via a series of Zoom meetings and phone calls, due to the Covid-19 restrictions. You can hear about their experiences of working with us here: <https://youtu.be/7HkRZDsxDU5> and see some quotes of their experience on this project over the page.

We also thank Croydon College's Toni Hastings and Nikki Taylor-Flaherty for their help in coordinating this with us.

The students:



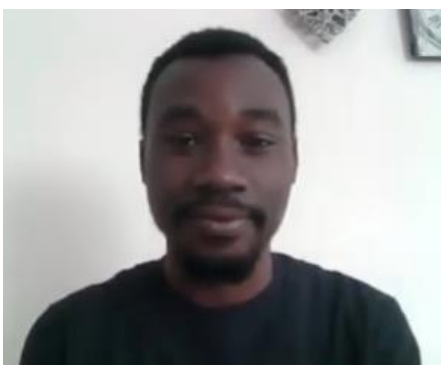
**Miriam Aubrey**

I've gained quite a lot of skills doing this because we have worked on quite a few different platforms. I started to learn how to use smart server which I've never done before so that was quite interesting. We also did a lot of things with analysis of people's responses of questions. It was interesting looking into how many different people were affected also how to sort of look at things of such an unbiased approach and being able to sort of empathize with people.

"The biggest challenge was working on Zoom the fact that one of us literally all of us all three of us had internet issues at times so we couldn't come on for some of the meetings and then we would have to relay the information that everyone would get."



**Syeda Islam**



**Emmanuel Opoku**

"I chose to work with Healthwatch because of the course want to also take at uni which is pharmacy. It has an expert aspect of research in it and when Healthwatch was introduced in school they made mention of research."

## National level

The viral outbreak of Covid-19 has been a key priority for the worldwide population since December 2019. On the 16 March 2020 it was announced in the House of Commons that all unnecessary contact with others should cease,<sup>1</sup> and on 22 March 2020 the prime minister Boris Johnson announced that people must stay at home and certain non-essential business should close.<sup>2</sup> The purpose of this ‘lockdown’ was to protect the NHS from becoming overwhelmed, saving lives by preventing further spread of the virus, and minimising the infection rate.

Since the beginning of the UK lockdown, the government have assessed the economic consequences of the pandemic and brought forth urgent policy responses for people to retain jobs and incomes. The most present measures introduced at the time of this research were focused mainly on unemployment benefits, wage subsidises and the deferment of utility bills, rent payments and mortgage repayment holidays.

In April 2020, the government also announce that it would provide £6.6bn for the NHS as a part of the coronavirus emergency response fund consisting of £14.5bn.<sup>3</sup> In addition to a £5bn coronavirus contingency fund announced by the government in March. The funding from the government was put towards new ventilators, diagnostic tests, and protective equipment for staff. In addition to this it enabled home delivery of medicines providing support for medical and nursing students and retired doctors and nurses to join in administering treatment.

Despite the efforts to contain and minimise any further outbreaks of the virus certain areas within the UK are still experiencing spikes in cases. The Office for National Statistics<sup>4</sup> announced on 24 July that:

“Although London had some of the highest COVID-19 mortality rates in the country during March and April, it is now experiencing lower mortality rates

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<sup>1</sup> <https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>

<sup>2</sup> <https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>

<sup>3</sup> <https://www.gov.uk/government/news/chancellor-provides-over-14-billion-for-our-nhs-and-vital-public-services>

<sup>4</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020>

compared with most areas. During May, the region with the highest age-adjusted COVID-19 mortality rate was the North East, where the rate was double that of London. The South West region continued to have the lowest mortality rate overall and during each of the last three months.”

“Meanwhile, people living in more deprived areas have continued to experience COVID-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, but COVID-19 appears to be increasing this effect.”

Since this survey has closed, there have been new periods of tiered lockdowns from October to December, and full lockdown after short break during Christmas that is still in place with some restrictions being lifted in March and April 2021.

### Local level:

Covid-19 has been a key issue for Croydon as data sourced from Public Health England stated that within the Croydon borough there have been 1890 cases as of 4 August<sup>5</sup>. Also, as of June 2020 it has been stated the Croydon had the fifth highest death rates in England<sup>6</sup>. This matters as the pandemic have resulted in a lot of deaths and fear. This fear has resulted in higher anxiety levels which has been affecting people’s mental health whether they are or they are not living with a pre-existing mental health issue already.<sup>7</sup>

## 1.2 Rationale and Methodology

The rationale for undertaking this research was to understand the impact of Covid-19 on the mental health of Croydon residents. This pandemic affected socio-economic impact nationwide. Some measures were taken to reduce the spread of this condition

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<sup>5</sup> <https://www.cityam.com/coronavirus-worst-affected-london-boroughs/>

<sup>6</sup> <https://insidecroydon.com/2020/06/03/croydon-has-englands-fifth-worst-death-rate-for-covid-19/>

<sup>7</sup> <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>



worldwide. Lockdown was introduced as one of the means of reducing the spread of the pandemic. With this, many were caught up in fear of contracting the virus, loneliness etc.

These factors made Healthwatch Croydon decide to look closely on how the pandemic has affected the Mental Health of Croydon residents.

## Method

We contacted stakeholders and Croydon residents by email, with a link to our survey on the Smartsurvey platform. The circumstances of lockdown meant our research had to take place entirely online. The link to our survey was live on the Healthwatch Croydon website and we asked the following organisations to help promote this through their network including: South London and Maudsley NHS Foundation Trust, Croydon Health Services NHS Trust, South West London Clinical Commissioning Group, Esther Community Enterprise, Mind in Croydon, Imagine Mental health, Mental health support at Croydon Council, Bramley Health mental health support services and the Samaritans of Croydon and Sutton.

To promote our survey, we created a poster (appendix) and circulated the poster promoting the survey on social media platforms such as Twitter, Instagram, and Facebook. We also promoted the survey to people we know that live in Croydon.

We asked Croydon residents the following:

- **On a scale of 1-10 how concerned are you of contracting Covid-19?**
- **On a scale of 1-10 how concerned are you to go back to school or work?**
- **Do you have a pre-existing physical health condition that may be affected by Covid-19?**
- **Are you, or someone you are supporting in a shielded group?**
- **If you were experiencing symptoms of Covid-19 such as having a cough or fever would you know what to do?**
- **During the Covid 19 crisis, have you needed to contact health services for any help or advice?**
- **Have you been diagnosed with any mental health conditions?**

- If you are living with a mental health condition, has your pre-existing condition worsened during the Covid-19 crisis?
- Since Covid-19 started do you feel that your mental health/ wellbeing has been affected?
- Have you contacted someone for help and support during the Covid-19 crisis regarding your mental health?
- Does staying at home being isolated make you feel sad and/or upset?
- How lonely do you feel at home due to self-isolation on a scale of 1-10
- Since the start of Covid-19 do you feel you have been bullied online in any way?
- Has covid-19 affected your employment status?
- How concerned are you currently about your financial status?
- Thinking about your finances, have you experienced increased stress (as an effect of Covid-19?)
- Which part of Croydon do you live?
- Which age group are you?
- Who do you live with?
- What is your ethnic background?

All surveys were filled in on a voluntary basis and some participants did not answer all the questions. We appreciate all the responses we received from the residents during what was an unprecedented challenge.

Respondents were encouraged to tell us about the services and are included in the comments throughout this report.

We would like to thank everyone who responded to the survey.

## Limits of the research

### We could only reach Croydon residents online

The lockdown made us dependent on the internet and online responses. We were very limited in how we conducted our survey. We wanted to access students in Croydon College as they fit our criteria. However, since we were not in college, we did not have the ability to promote and conduct our survey to the students of Croydon. We were also unable to access other residents in public places such as libraries.

### Only open to people who have access to the internet and/ or are computer literate

Only those who are active on social media or those who visited the Healthwatch Croydon website would have been able to see the promotion for the survey.

There are also some people who were working during the pandemic e.g., people in healthcare, supermarket workers who may not have had the time to complete the survey.

### We had a time limit for our research

Our limited time meant that our research was also limited. If we had more time, we could have obtained a different set of results as lockdown rules had changed a few times throughout the past months, therefore people's feelings around Covid-19 might have changed as well. If we did not have a time limit, then we could have compared the responses of people who answered at the beginning of Covid-19 where the virus had peaked and when lockdown was starting to ease.

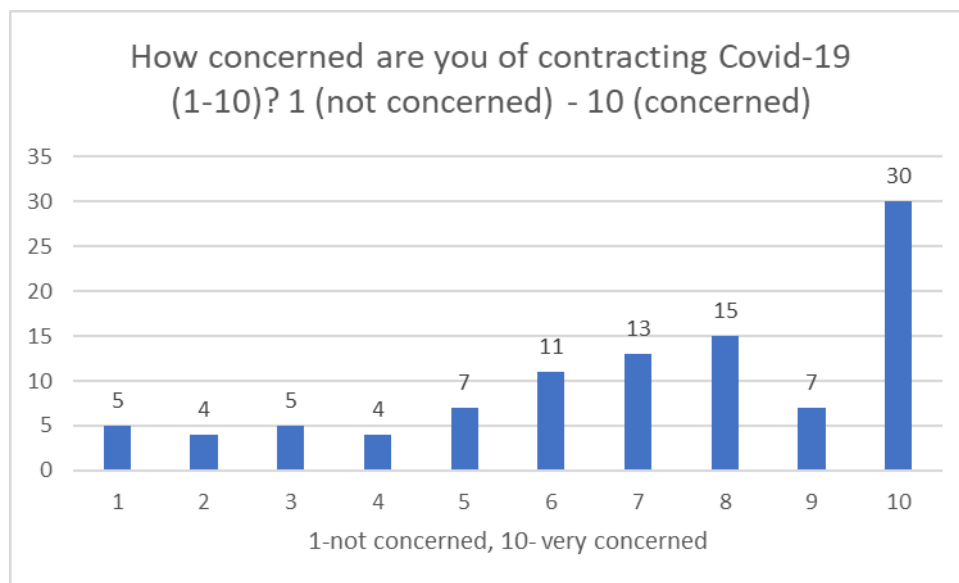
### People did not want to talk about Covid-19:

When we published this survey, it is possible that Croydon residents' feelings were changing around idea of Covid-19 as the lockdown was gradually easing, people were returning to work and school, so the urgency may have been reduced. After an initial interest, responses slowed down quickly, this was possibly because people were had lost interest in giving their responses to Covid-19, as our survey was not the only one being produced.

## 2 Insight results

Please note that there is a variance in totals because some people did not answer every question.

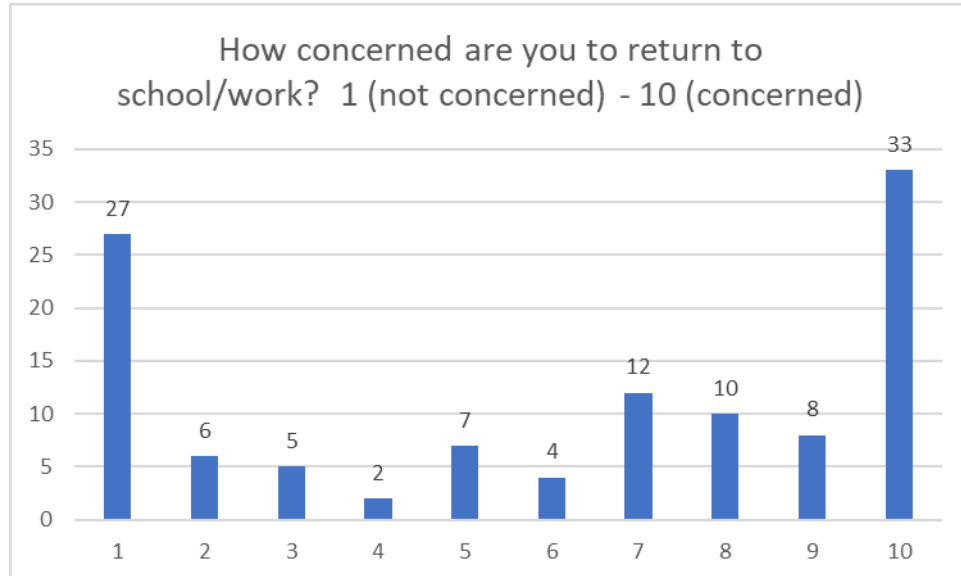
### 2.1 On a scale of 1-10 how concerned are you of contracting Covid-19?



Total=101

Looking at the chart, 14% (14) chose 1-3, 22% (22) chose 4-6 and 35% chose 7-9 and 30 chose 10% respectively from the scale. 30 respondents chose 10 indicating, the highest level of concern about contracting the virus. Some of their reasons respondents gave for their concerns of contracting the virus was that it may aggravate a pre-existing health condition. Other respondent who chose from 1-3 from the scale gave reasons such as following strict health and safety guidelines that helped reduce their concern.

## 2.2 On a scale of 1-10 how concerned are you to go back to school or work?



Total=114

There was more range here with 23% (27) not concerned about going back to work (23%) and those who very were concerned 29% (33), 26% 30 were quite concerned (7-9)

“Because I have some long-term conditions so think I would become very ill”. This suggests that they are scared because they are more likely to get ill. Another comment stated, “I am an Asma (sic) sufferer, and the virus would be bad for my condition” Another example of a respondent's answer said, “I have a health condition not certain also how high the risks can be in general with going out etc”. There is a common theme, and we can suggest that the people that are most concerned about going back to work/school are the ones with health issues.

### Residents said:

“Retired, so more concerned about public transport”

“Because if I don't go to college. My future can be ruined because I won't be able to have a job in the area I want.”

“Mixing with other people who ignore advice on distancing, not wearing masks.”

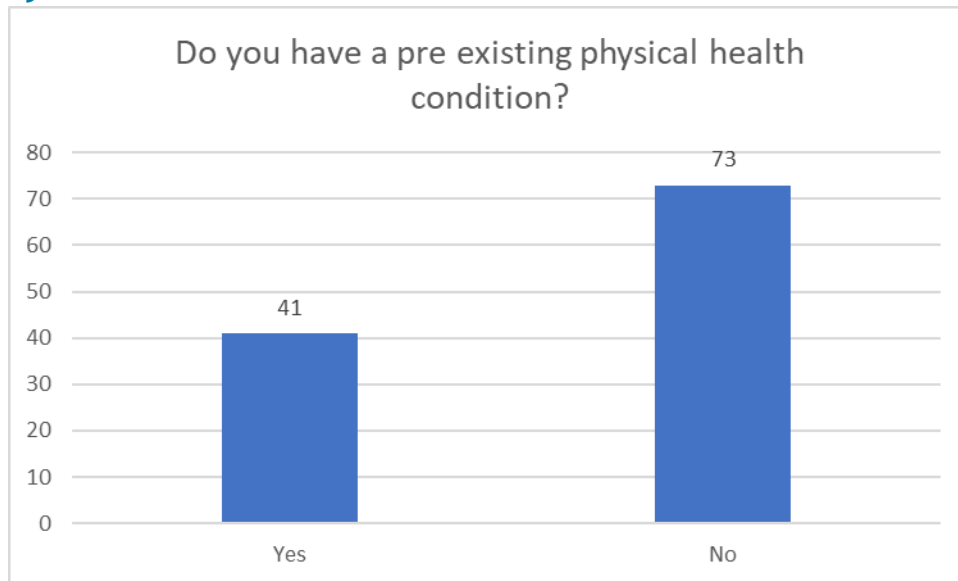
“On provision that there is appropriate PPE and cleanliness.”

“We have vulnerable clients visiting all the time. There is not enough ventilation in visiting areas Although I am doing what I can I don't (sic) know what they may or may not be doing to avoid the spread.”

“I am working at home and would like to carry on doing so for the foreseeable future.”

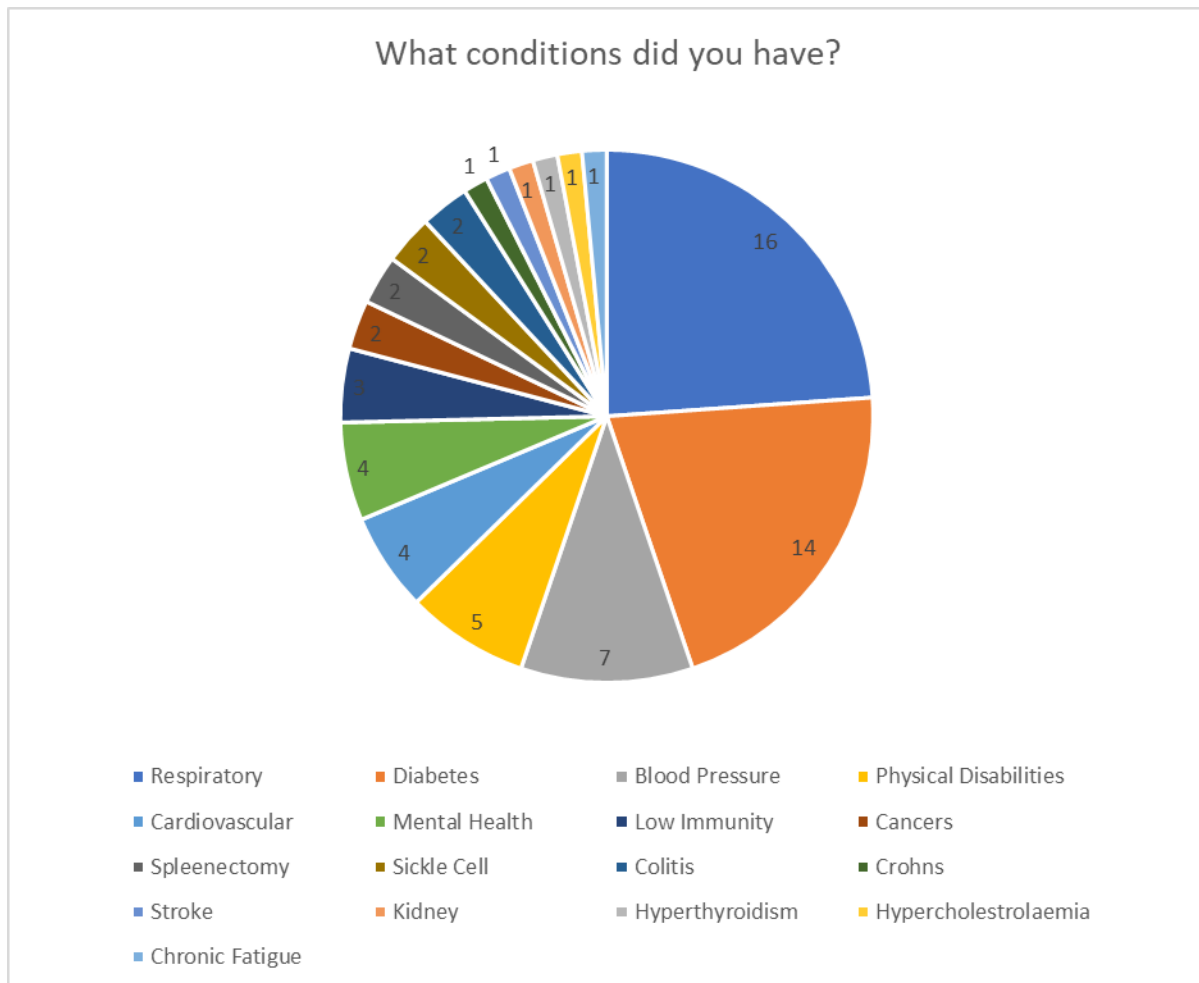
“I am retired and do not go to work. However, I will be glad to get back to my normal voluntary activities.”

### 2.3 Do you have a pre-existing physical health condition that may be affected by Covid-19?



*Total=115*

The graph shows that 41 respondents (35%) agreed to having a pre-existing health condition that could be affected by Covid-19. The rest of the 73 respondents or 65% answered “no” which means that they do not have a health condition that could be affected by Covid-19. We also asked the respondents to put down what health condition they have underneath this question in a comment box. The respondents had a choice of whether to reveal if they wanted to mention what health condition they had.



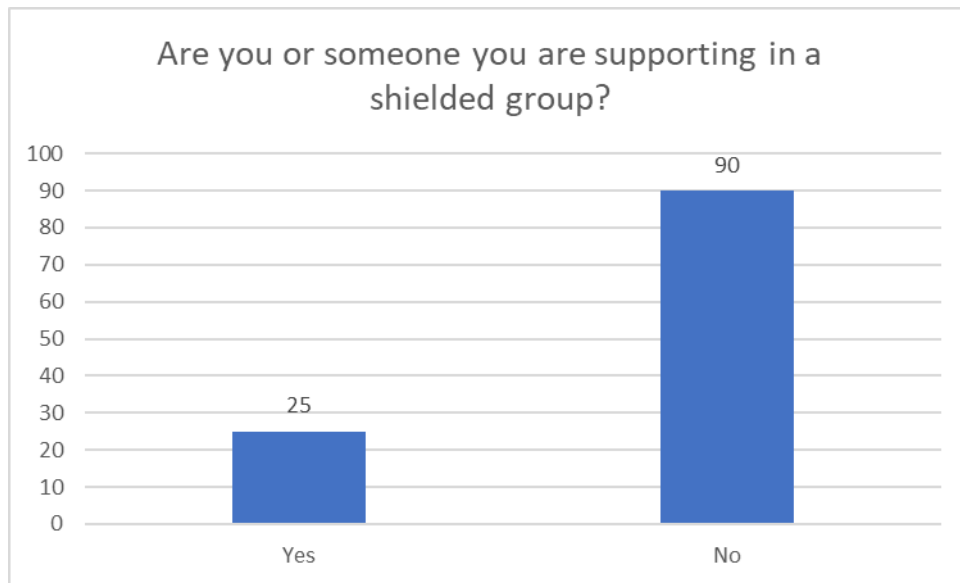
Total=41 (67 conditions)

Some of the conditions that were mentioned by the respondents include:

- Asthma/ respiratory - This was the most reported health condition with nine (9) people affected.
- Diabetes - This was the second most reported health condition with seven (7) people affected
- COPD - two (2) people have been affected
- Sickle Cell - Two (2) people have also been affected by sickle cell
- Two (2) respondents had reported to suffer from a heart condition
- Other health conditions included - Hypertension, Hypercholesterolaemia, chronic kidney disease, Splenectomy and Crohn's disease



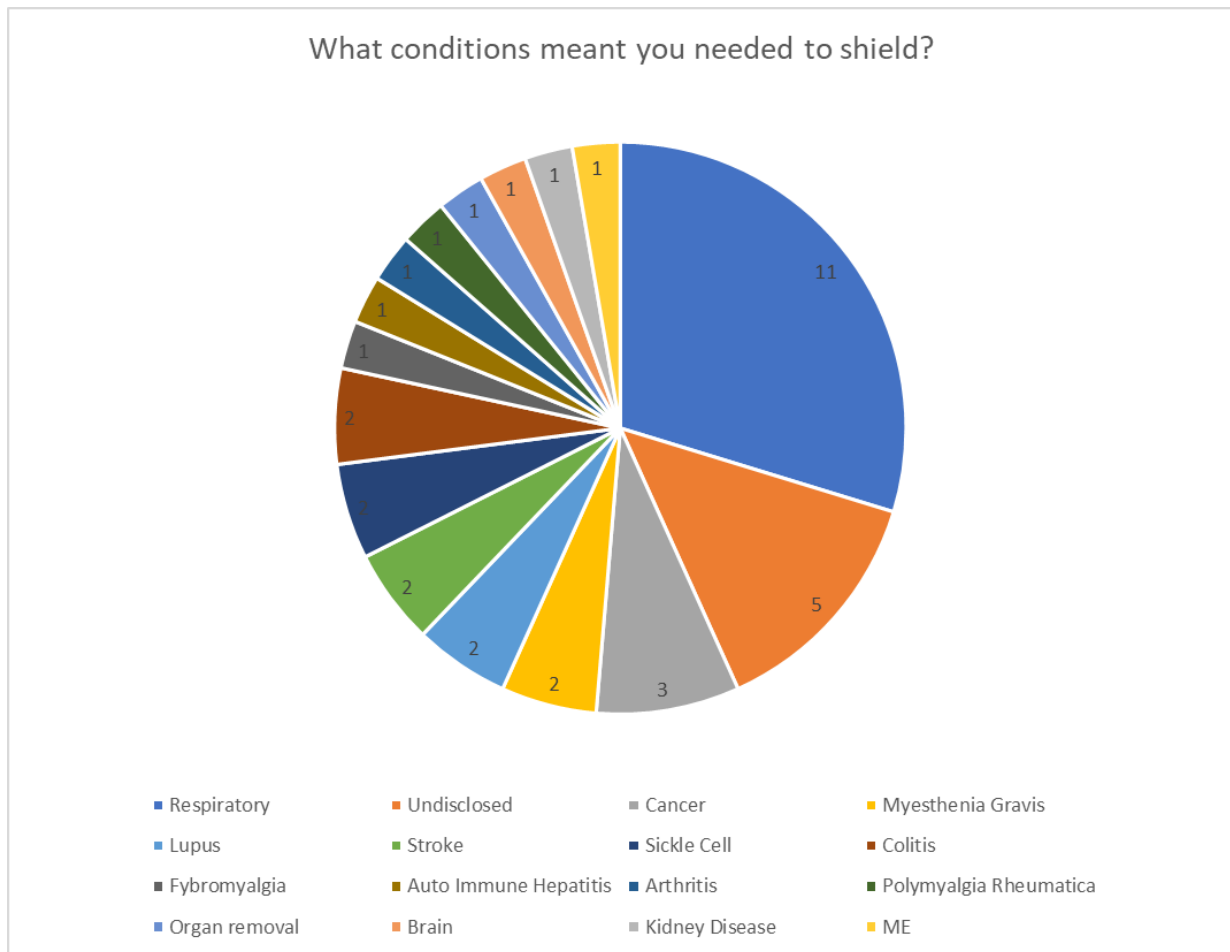
## 2.4 Are you, or someone you are supporting in a shielded group?



*Total=115*

The graph showed a big difference between the two answers as more people answered no than yes. 90 people (78%) answered no, they do not support someone in a shielded group which means the rest of the 25 people (22%) answered that they do support someone, or they are within the shielded group according to government definitions.

In our comment section we asked respondents if they could say why they are or why the person they support are a part of the shielded group. Some of the comments suggest that they have Cancer and are being treated for it e.g. A respondent said, “My 72-year-old nan who was treated for cancer last year.” Another respondent said, “Due to chemotherapy treatment”

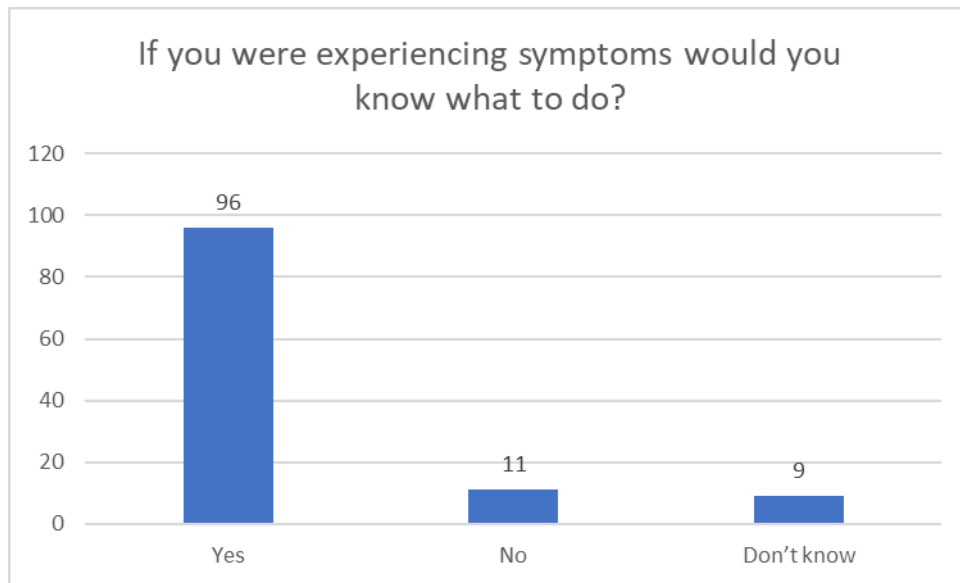


*Total= 25 (37 conditions)*

Other respondents have mentioned that they are, or they look after someone a part of a shielded group due to having health conditions such as, “ulcerative colitis”, “sickle cell anaemia”, “dementia” and “asthma”. One of the respondents mentioned that they had just had an “organ removal” We have learned that people that have had an organ removed may be more prone to Covid-19 as stated via the American Society of Transplantation.<sup>8</sup>

<sup>8</sup> [https://www.myast.org/sites/default/files/COVID19%20FAQ%20Tx%20Centers%202020.03.11\\_FINAL.pdf](https://www.myast.org/sites/default/files/COVID19%20FAQ%20Tx%20Centers%202020.03.11_FINAL.pdf)

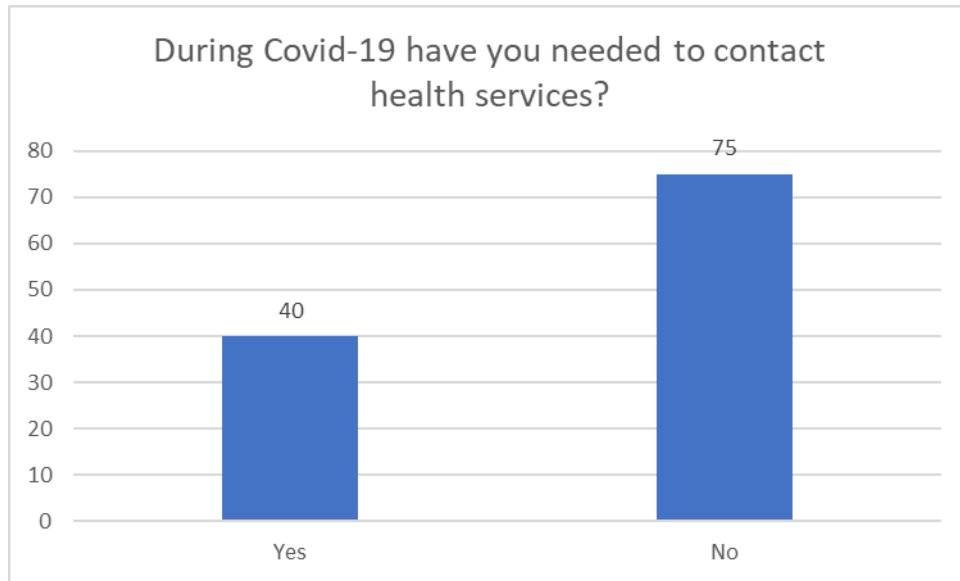
## 2.5 If you were experiencing symptoms of Covid-19 such as having a cough or fever would you know what to do?



*Total=116*

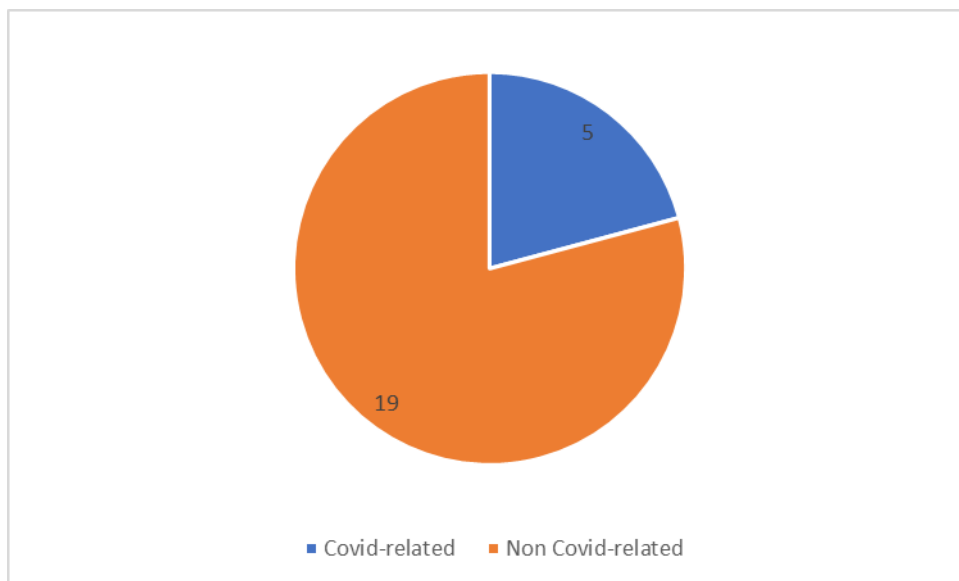
The graph shows that almost 2 in 10 respondents (17%) would not know what to do if they were experiencing symptoms of Covid-19. The rest of the respondents said yes which means that they would know what to do if they experienced symptoms of Covid-19.

## 2.6 During the Covid-19 crisis, have you needed to contact health services for any help or advice?



Total=115

40 respondents (35%) said that they had needed to contact a health service during the pandemic, of these 25 stated their use for services, 79% contacted services for a non Covid-19 issue.



Total= 40

Of those who gave comments, their experiences have been coded as follows:

Positive	14
Negative	11
Neutral	11
Mixed	2
	38

A few people called the GP or 111. One person called the dentist. There were a lot of mixed responses and people had different experiences. Most of the responses show neutral experiences which means that their experiences were satisfactory, or they did not really mention whether the experience was good/bad. Some examples include:

Residents said:

“Routine appointment cancelled at respiratory unit - done by phone. Ear syringe done today after four weeks of worsening hearing loss. Awaiting non-urgent OP at Mayday.”

“When Covid first broke I called 111 in early March as I had persistent cough and had been getting over a winter flu. I wanted some kind of clarification that I did not have Covid I was told I didn’t because I did not have a high temp.”

“Telephone consultation with GP which was OK.”

Examples of some respondents' experiences include:

"Tel & face to face appointment with GP on matter unrelated to Covid-19. Unusually unhelpful."

"My daughter and I had a bad cough so we visited the hospital. This hospital didn't know what they were doing."  
"Some staff mislead patients hence didn't know where to go to ? Very appalling (sic) experience."

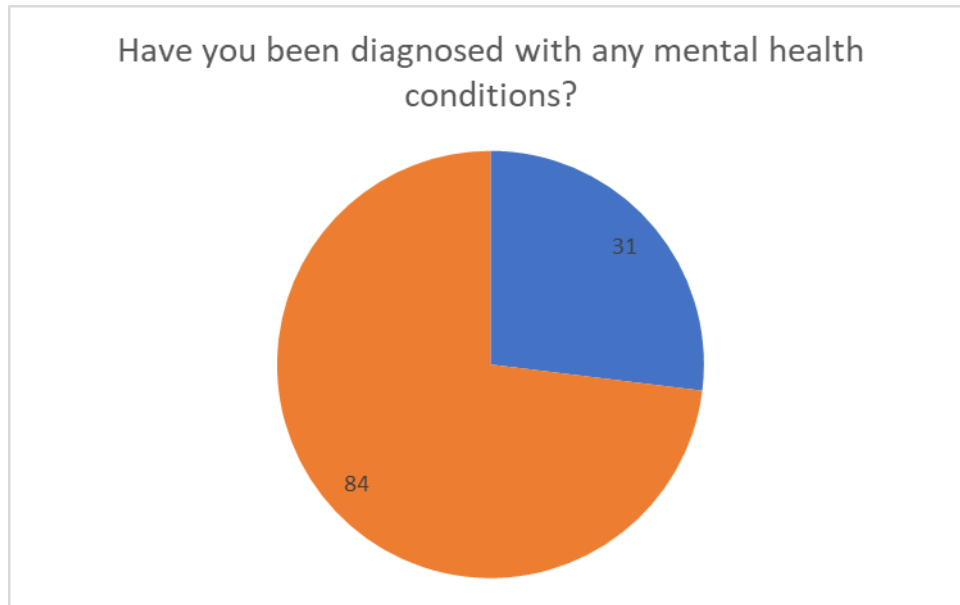
A few of the comments mentioned that their experience was good, and the health service met their expectations. Examples of good experiences include:

"I nearly cut the top of my finger off in the garden. I called 111 and they were very good and suggested I should get it stitched at Croydon hospital."

"Telephone consultation at hospital which I found was beneficial, I prefer to do this than face to face."

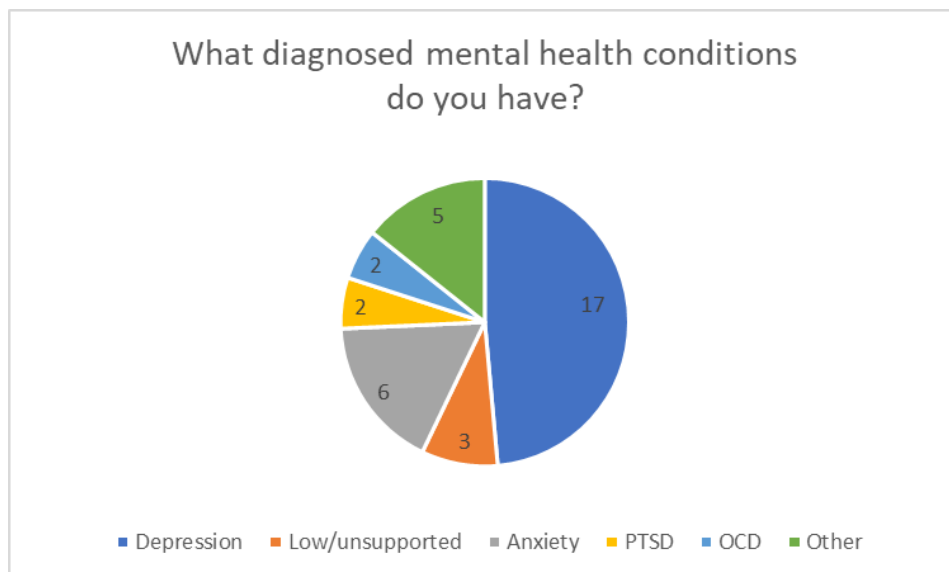
"Very helpful and supportive."

## 2.7 Have you been diagnosed with any mental health conditions?



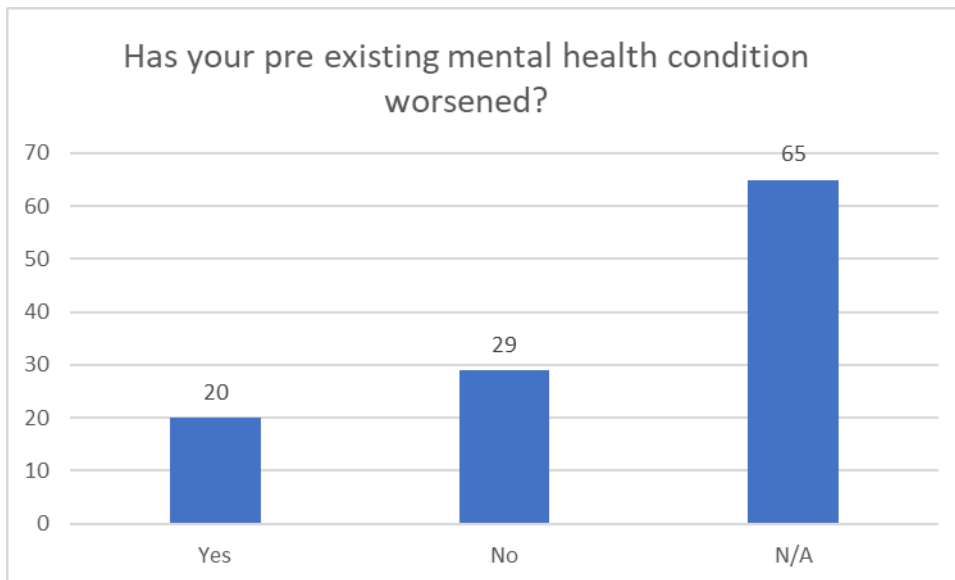
**Total=115**

Just over a quarter of respondents said that they had been diagnosed with a mental health condition (31, 27%). We asked the respondents if they could tell us what mental health conditions they had been diagnosed with. The respondents had the option to mention what mental health condition they had if they wish. Some of the diagnosed mental health conditions that were mentioned in the comment section are shown below.



**Total=31 (35 responses)**

## 2.8 If you are living with a mental health condition, has your pre-existing condition worsened during the Covid-19 crisis?



Total=114

49 people said they are living with a pre-existing mental health condition, 20 of the respondents said that their condition had worsened during the pandemic. 29 said it has not worsened which could mean it either stayed the same or it got better during the pandemic. To analyse the responses further we asked below why the respondents mental health has gone worse/better/stayed the same. Of those who gave comments, there was only one positive comment, a majority were negative. Some of the negative comments which had suggested that some of the respondent’s mental health did not improve include:

Positive	1
Negative	14
Mixed	1
Neutral	5
<b>Total comments</b>	<b>21</b>

“worried  
isolated”

“I feel the depression getting worse. I’m finding it difficult to function. Some staff mislead patients hence didn’t know where to go to ? Very appalling experience.”



“Increased anxiety, obsessive hand washing after touching objects and sleep issues.”

“My daughter and I had a bad cough so we visited the hospital. This hospital didn’t know what they were doing”

Very much so. I feel constantly on edge, like anything I do will cause my family to die. I’m very stressed with little way of managing this, and no way to talk to a professional. I have come very close to hurting myself on a number of occasions.”

“Extremely stressed as I’m not able to out at all.”

“Isolation and loneliness has been with me pre covid-19”

There were two responses that suggest the respondent’s mental health did not really change or they had mixed emotions.

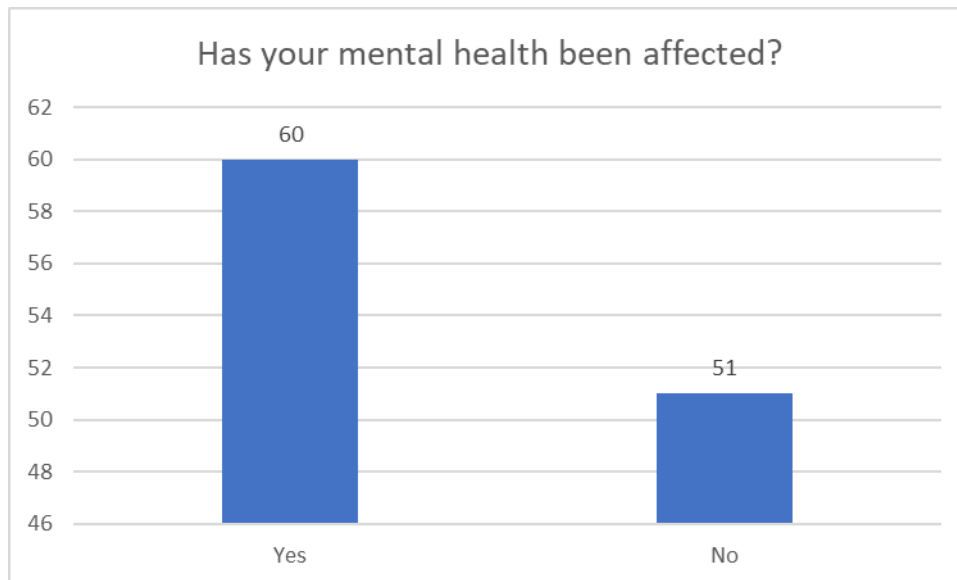
“Am getting over bereavement unrelated to covid. Support groups have all been cancelled, apart from Zoom meetings.”

“Up and down with regard to the current situation also a bereavement.”

“My mental health has actually improved during lockdown.”

Surprisingly no difference (not experienced an episode during Covid).”

## 2.9 Since Covid-19 started do you feel that your mental health/wellbeing has been affected?



Total=111

The graph shows a slight even split between the yes and no answers, but the graph shows that more people had said yes. This question was aimed for everyone whether the respondent had or did not have a mental health condition. Some comments frequently mentioned that they were “anxious” or “worried” which shows that covid did have a negative impact on people’s mental health.

Positive	3
Negative	39
Mixed	5
Neutral	1
<b>Total comments</b>	<b>48</b>

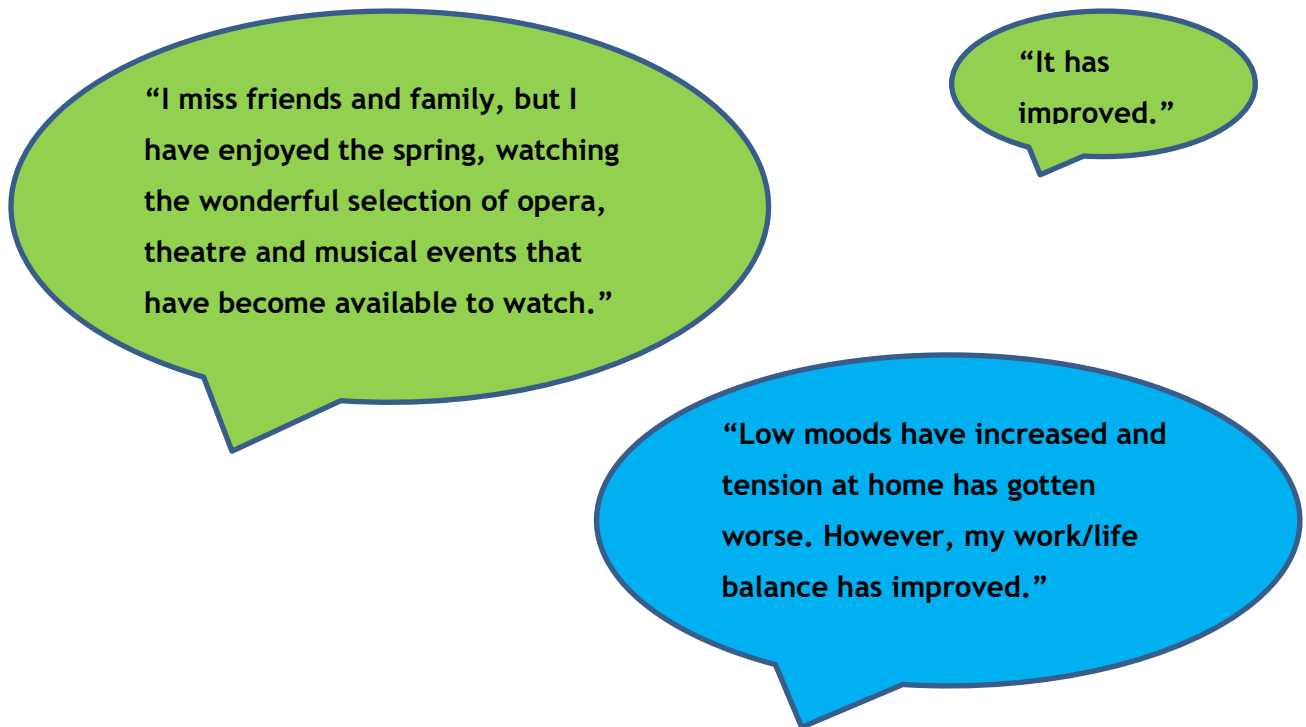
“I have been more anxious about the health of relatives”

“I have been very anxious for family members who are working and in care

“A little anxious at times. Not sleep too well also. Have

There was a comment that showed that the respondent felt that their mental health was affected yet it was not affected suggesting that they felt mixed emotions about Covid-19.

Some comments suggested that people's mental health's have improved



## 2.10 Further comments from questions

### Support

We asked if people where they went for help and support during Covid-19 regarding their mental health. The responses were varied surrounding the topic of support. Many comments show people found support that was helpful. However, there were comments where the support they received was either unhelpful or they did not receive any at all.

“Friends. They were especially supportive.”

“My GP, who helped as best she could via phone by providing a sick note for work. But I needed therapy ideally to stabilise, which wasn’t possible.”

“I have been helped by the assessment and liaison team which was coincidental.”

“Do not feel ant (sic) helpful plan is currently in place.”

### Service provision

There were some mixed responses:

“Poor, have sxs (sic) of illness could be serious Needed referral to consultant, doctor didn’t agree eventually did do referral.”

“Tel & face to face appointment with GP on matter unrelated to Covid-19. Unusually unhelpful attitude from GP and complain made. Awaiting outcome.

“Mental health services for my daughter. Found it to be extremely reduced and restricted because of Covid-19 crisis.”

“Tried calling 111. Waiting 2 hours for a reply. Gave up.”

“Telephone consultation at hospital which I found was beneficial, I prefer to do this than face to face. Easier. I know it’s not for everyone but it worked for me.”

“Very helpful and supportive.” “Telephone consultant with GP was OK.”

### Processing information

For relevant information this is needed, and maybe a well promoted point of access, and at an early stage.

“Unintentionally rang nhs direct to discuss symptoms. Very sorry as i think in hindsight was a panic call but spiralled into an ambulance team being sent out. I apologise to nhs and the crew for wasting their time.”

“A telephone help line.”

“To get help and advice at an early stage and put in contact with the right bodies that can offer help.”

“Power of attorney this info isn’t out there, it needs to be out their early.”

## Respite

Relating to people's financial circumstances in terms of their employment status and how their current situation is affecting their mental health.

"I have family that I live with and this helps. I talk to people daily due to my job."

"Good support network from friends' and family".

"Just hemmed in and bored even while working".

"I'm an outdoor man so it does feel suffocating".

"It is restricting and unsettling". "I'm fine, others are not."

"I feel sad for the fear of the unknown. Have I a job, will I get ill, will lose my home". "Actually enjoying it"

"I've also had a bereavement, so this isolation hadn't helped."

"I have a work pension (sic)." "My workload has not been affected."

"Financially nothing has changed, I am just working remotely."

"Very worried about austerity measures by this govt."

"Redundancy - what more can I say?"

"My PIP benefit was stopped just before the lockdown, I'm disputing their decision but have been unable to contact them."

## Health condition status

It is apparent that due to the pandemic people with mental health conditions may see their condition worsen.

“I control my OCD not me.”

“My mental health has actually improved during lockdown. It has made me reevaluate my priorities which has reduced my depression. I have also taken more exercise (long walks) which may have helped.”

“It’s spiralling down - feel hopeless.”

“Panic attacks and claustrophobia if too many people around.”

“My breathing became bad. For a period of weeks.”

“Constant anxiety, not sleeping. OCD exacerbated.”

## 2.11 Have you contacted someone for help and support during the Covid-19 crisis regarding your mental health?



**Total=114**

Just 12, or (11%) of our respondents answered that they contacted someone for help during Covid whether that was a health service or just friends/family. We then asked the respondents to tell us who they called and whether it helped or did not help their mental health. Most of the comments were positive.

Comparing responses to our questions in 2.9, 60 respondents stated that their mental health had been affected. However, only 12 contacted someone about their mental health.

Of the people that did contact mental health services, two were coincidental and one was contacted by their GP, so rather than seeking support had their GP monitor them. In addition, two respondents were already in therapy.

There are evidently many people experiencing changes in their mental health but very few who contact services about it. There is a possibility that it is due to people adhering to campaign “stay home, protect the NHS, save lives”.



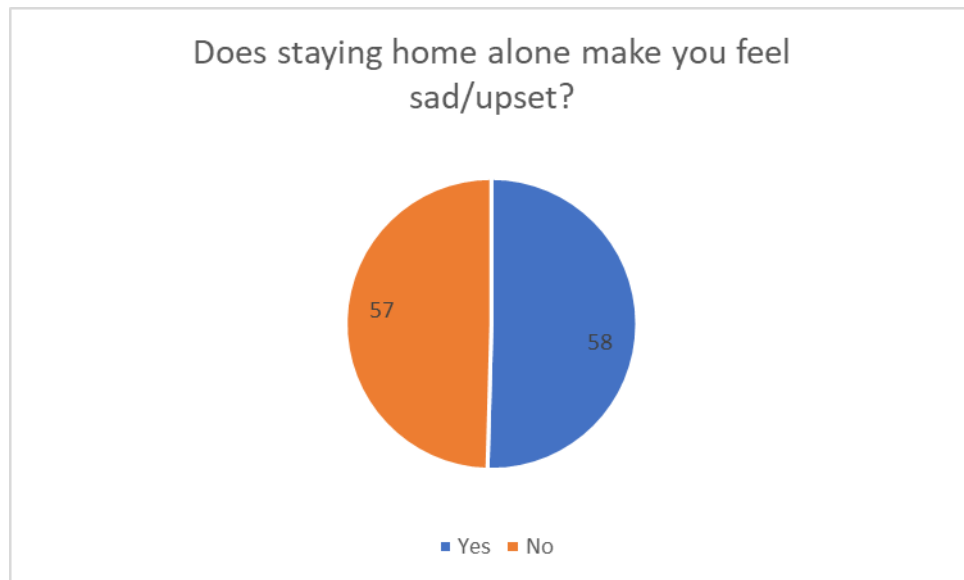
Responses include:

“Friends. They were especially supportive.”

“I have been helped by the assessment and liaison team which was coincidental”

“My GP, who helped as best she could via phone by providing a sick note for work. But I needed some further therapy ideally to stabilise, which wasn't possible.”

## 2.12 Does staying at home being isolated make you feel sad and/or upset?



Total=115

Keeping people indoors for some time and preventing them from socialising unbalances the social life aspect of their lives. As part of the measures to ease the spread of the virus people were asked to stay home but go out only when it was necessary. Results from the question indicates a tie. This shows that half the residents who responded to the survey felt sad and/ or upset amid being isolated whilst half of them did not.

“No, because I feel safe.”

“It was a novelty at first but I miss the social interaction”

“Yes, because I feel I'm in a bubble, invisible not part of the world.”

“Not all the time, but sometimes feel lonely”

“We both miss our regular walk out to the local pub where we are able to meet friends and keep good friendships”

“I’m an outdoor man so it does feel suffocating”

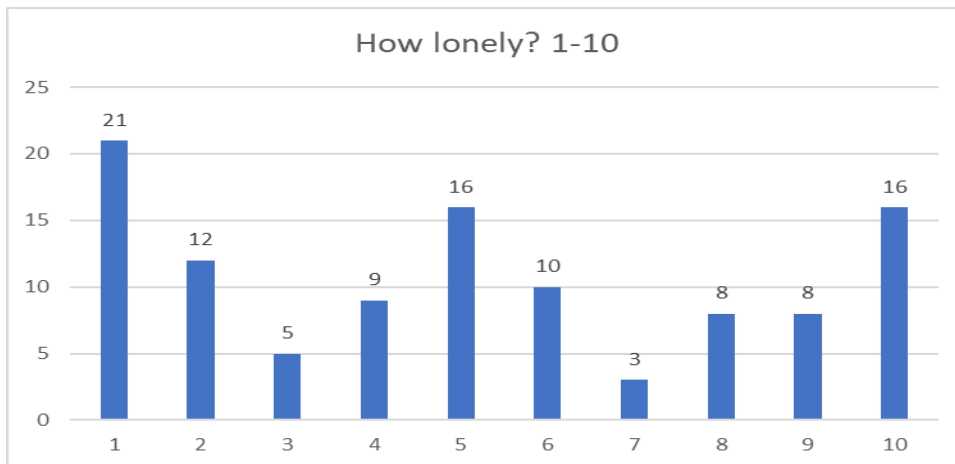
“Physically and mentally exhausted caring for a shielding mother.”

“I have family members staying with me so not alone.”

“Fantastic chance to catch up on skype with friends overseas, read books I’ve been setting aside, watch films I’ve never seen, start new language, get the garden up to speed, learning different cooking techniques. I love every moment of it.”

“Good support network from family and friends.”

## 2.13 How lonely do you feel at home due to self-isolation on a scale of 1 (not lonely -10 - very lonely)?

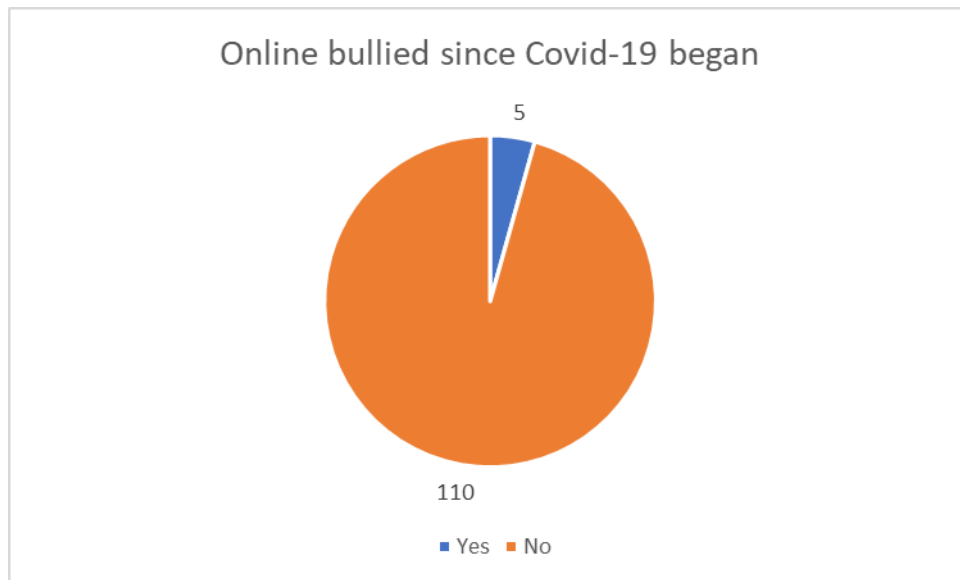


Total=108

From the results, approximately 36% (39) or respondents did not seem to be to be lonely (range 1-3) and a similar number slightly lonely 33% (38) residents slightly feel lonely (range 4-7), and 32% (35) residents said they were lonely due to self-isolation.

It is also seen in the question 2.17 on demographics that about 72% of the people who answer the question did not live alone. Hence, it may suggest that most residents who lived alone were the ones that feel lonely during the period of self-isolation.

## 2.14 Since the start of Covid-19 do you feel you have been bullied online in any way?

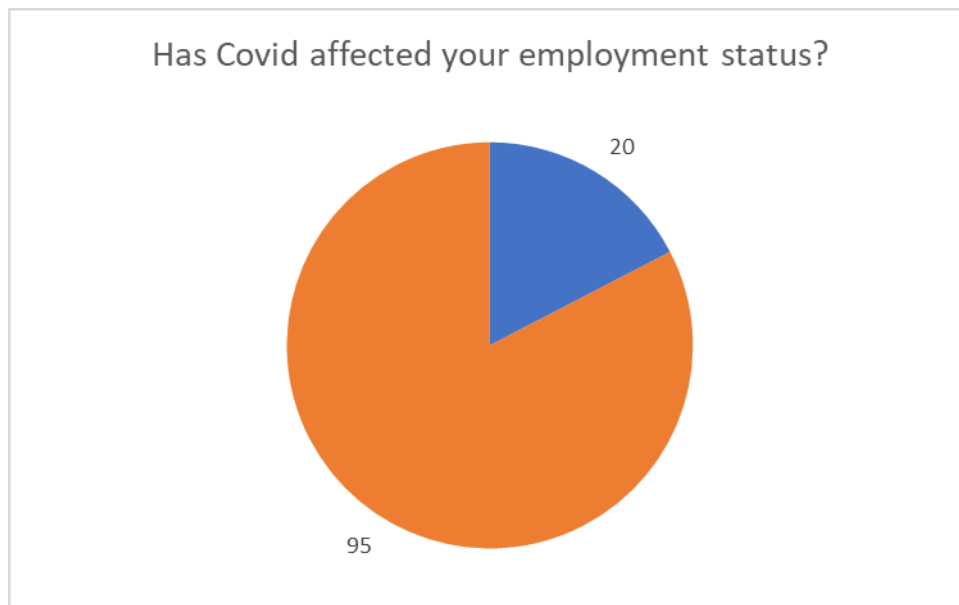


Total=115

Being bullied in anyway can negatively affect the mental wellbeing of an individual. Most of the day-to-day activities had to be done online when the lockdown was introduced and there was concern that some cyber bullies would take advantage of this to pose risk and concern to people. However, the results indicates that most of the respondents were not bullied online - just 5 out of 115. One of the comments explained the kind of posting in more detail.

“Social media posting orders of what people should and should not do .Accusing others of killing people over the regulations.”

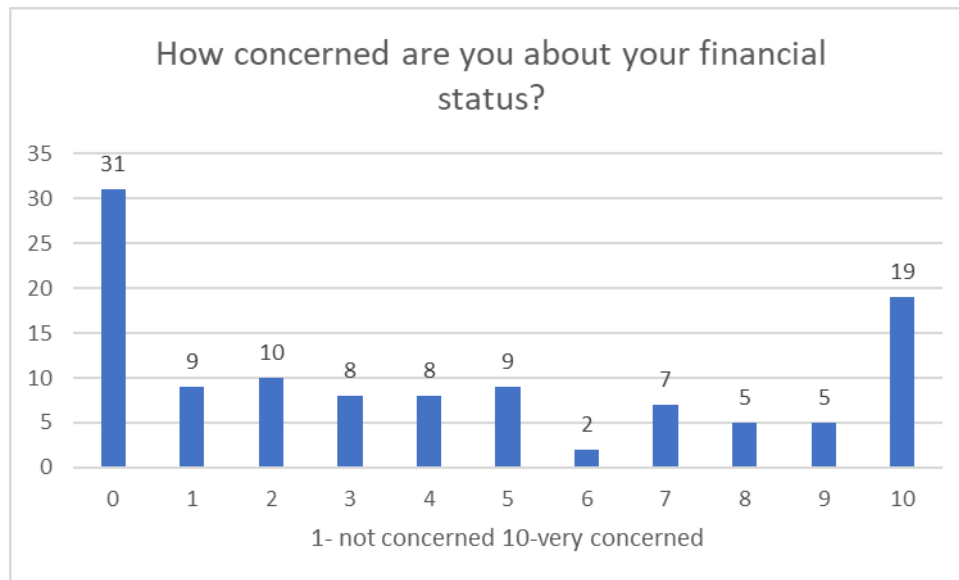
## 2.15 Has Covid-19 affected your employment status?



Total=115

As part of the measures taken to reduce the spread of the virus, most businesses were shut down for some time. This action took most employees home and to work online when possible. From the chart 83% (95) of the respondents answered no which indicated that their jobs were not affected by the pandemic but 15% (20) of the residents were affected. This could be because of not being able to work from home.

## 2.16 How concerned are you currently about your financial status?



**Total=116**

As said earlier, most businesses were shut, hence employees were made to stay home. There was the introduction of furlough scheme - whereby workers were paid a percentage of their remuneration while remaining at home and not working. There was a spread with the extremes most represented and slightly more not so concerned (75 scoring 0-5) while 36 ranged up to very concerned about their financial status particularly through losing their jobs and the increases of utility bills due to being at home more. This all could affect mental health.

“Job loss threat”

“Job isn’t secure”

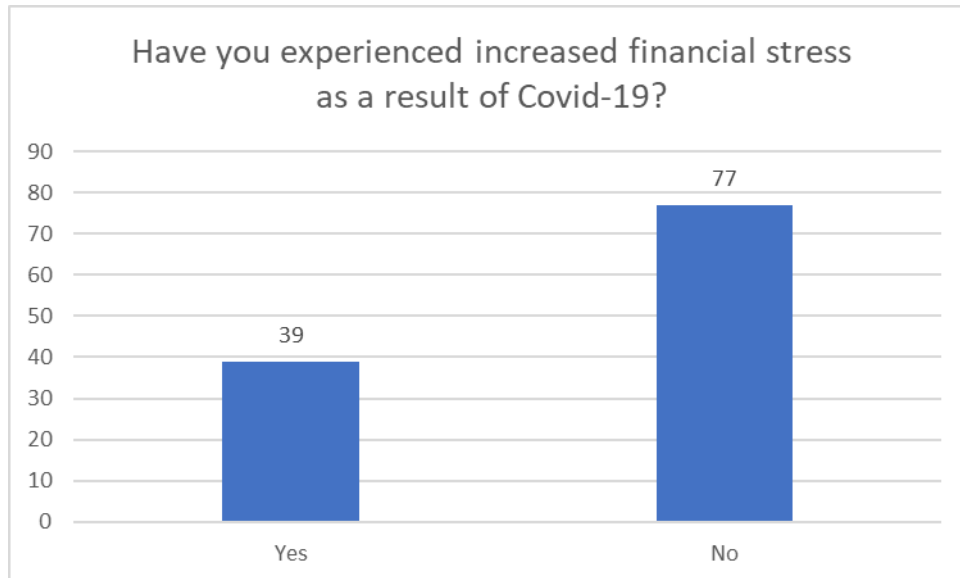
“I’m concerned about higher prices and bills”

Spending less money than usual”

“Have been fully employed and paid throughout + due to retire in a few weeks.”

“Spending less as cant (sic) go to theatre, cinema, museums & art galleries and not eating out.”

## 2.17 Thinking about your finances, have you experienced increased stress (as an effect of Covid-19?)



**Total= 116**

“My income is now basically halved”

“Have to pay rent myself no support”

“As above. Fear of losing my job as the country enters its worst recession since the 30. Fear of where it will lead.”

“Too much time on my hands makes me worry and get stressed even more.”

“Fortunately(sic), we have private pensions which make us financially secure.”

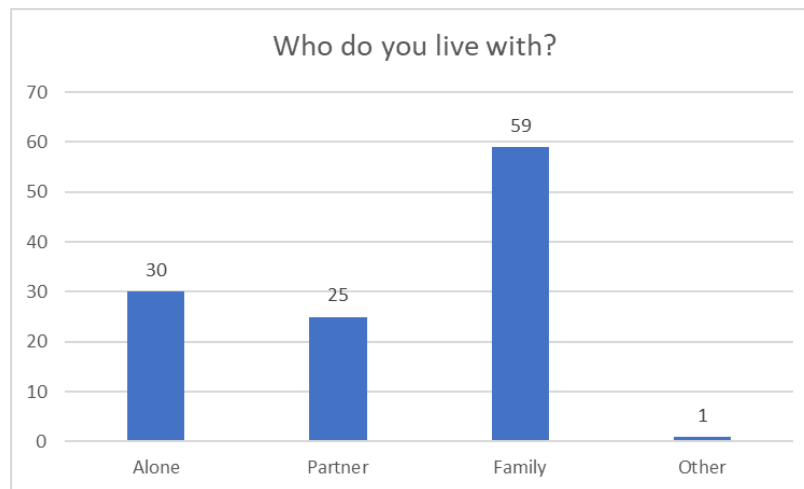


## 2.18 Demographics

This section shows the demographics of the sample who responded to this survey.

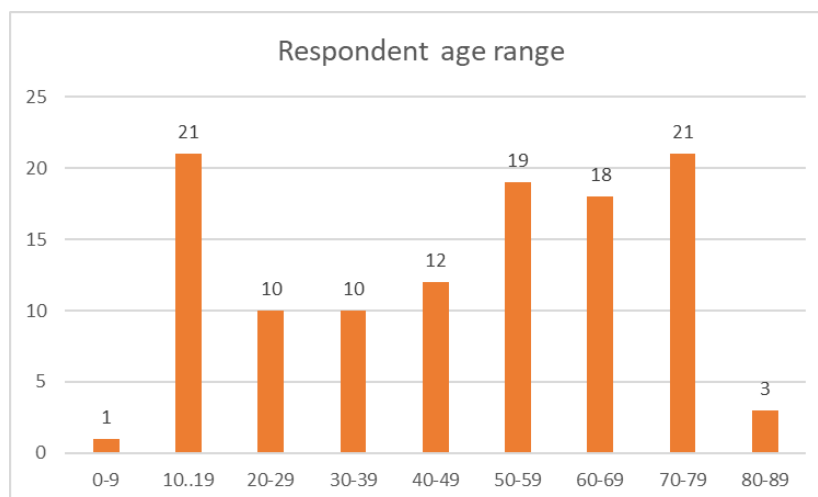
### Who do you live with?

The graph indicates that 51% of the residents live with their family, 26% live alone, 22% with a partner or spouse and 1% chose other.



**Total=115**

### Age range



**Total=115**

The sample gained a good range of responses across the ages including 21 in 10-19. 56 were under 50 and 61 were 50+

# 3 Response to our research

**Dr John French, Croydon GP and Clinical Senior Responsible Officer - Better Start in Life for NHS South West London CCG, Croydon Place, said:**

“We welcome this informative and easy to understand report into the impact of Covid-19 on the mental health of Croydon residents. The report provides a clear "snapshot" of the respondent's views and feelings which will help us to understand where improvements can be made and where we need to target our collective resources going forward.

“We would like to take this opportunity to pass on our thanks and admiration to the students who devised the methodology, designed the survey, collected the results, and analysed and presented their findings – it really is an informative piece of work.

“The report will help to shape services across our borough and will be an important aid in identifying the focus of our recovery in the months to come. The findings also support the NHS 2021/22 Mental Health Spend Review and Mental Health Investment Spend as it pinpoints the areas of need as identified by Croydon residents.”

“We are sharing the report with the Croydon Children & Young People’s Emotional Well Being Partnership Board, our Clinical Leadership Group and Croydon GPs.”

# 4 Quality assurance

## Does the research ask questions that:

**Are pertinent?** The insight asks residents about their mental health and overall health during the first lockdown because of Covid-19.

**Increase knowledge about health and social care service delivery?** This research helps both commissioners and providers of services both in the health and social care sectors, about the experience of residents during the first Covid-19, the impact this had for them and the mental health needs they may need as a result.

## Is the research design appropriate for the question being asked?

**a) Proportionate:** We ran the survey for some months and created many opportunities for residents to respond.

**b) Appropriate sample size: Has any potential bias been addressed?** We had 114 responses. There will be inherent biases in that the survey was self-selecting and could only be completed online mostly through the time of lockdown. Limitations are listed on page 13.

**Have ethical considerations been assessed and addressed appropriately?** Beyond the usual standards of anonymity, there were no others.

## Has risk been assessed where relevant and does it include?

**a) Risk to well-being:** None.

**b) Reputational risk:** That the data published is incorrect and not of a high-quality standard. We carefully analyse the data that has come directly from respondents' answers via the Smart Survey platform.

**c) Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

### **Where relevant have all contractual and funding arrangements been adhered to?**

This has come from Healthwatch Croydon's core funding. The local leadership board agreed to taking this project forward as a continuation of the previous T-level student project. We did need to agree to commit taking on three Croydon College students for a minimum number of hours so they could successfully complete their placement, and this was adhered to.

### **Data Collection and Retention**

**Is the collection, analysis and management of data clearly articulated within the research design?** Yes.

**Has good practice guidance been followed?** Yes.

**Has data retention and security been addressed appropriately?** Yes.

**Have the GDPR and FOIA been considered, and requirements met?** Yes.

**Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act.** None required for this research.

**Has appropriate care and consideration been given to the dignity, rights, and safety of participants?** Yes.

**Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity?** Introductions and conclusions of the survey explain its use.

### **Collaborative Working**

**Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement?** Croydon

College and their students were aware of what was expected. We did not liaise with any other organisations at the beginning of this project.

**Have any potential issues or risks that could arise been mitigated? These are shown below:**

<b>Risk factors</b>	<b>Level of risk</b>	<b>Contingency</b>
<b>Cannot get enough responses</b>	Medium	Keep the survey open until we meet a required number
<b>Question set does not work with group</b>	Low	Tested and piloted with students and shared with Manager and Board
<b>Data is seen as being out of date</b>	Medium	<b>Aim to publish when possible - allowing for other priorities.</b>

**Has Healthwatch independence been maintained?** Yes, this research is shared with partner organisations before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

## Quality Controls

**Has a quality assurance process been incorporated into the design?** This was a peer-led project to give the students ownership on the project, but staff and board did see questionnaire content before publication

**Has quality assurance occurred prior to publication?** Data collection was checked and re-checked.

**Has peer review been undertaken?** No peer review was undertaken. It was not required for this research project.

## Conflicts of Interest

**Have any conflicts of interest been accounted for?** This project was decided upon by Healthwatch Croydon at the request of Croydon College students. No conflicts of interest were registered

**Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

**Is the research accessible to the public?** It appears on our website as of 4 June 2021.

**Are the research findings clearly articulated and accurate?** To the best of our knowledge, we believe they are.

# Appendix



Dear whom it may concern

We are a group of students studying at Croydon College volunteering at Healthwatch Croydon to create a project aimed at people affected by Covid-19. We have identified you as a service that can support our work.

Our goal as a group is to gather information from the public on how this pandemic has affected people's daily life and well-being, as well as any future or current implications this may have on their mental health and social needs.

We are contacting you to ask whether it would be possible for you to promote our survey (link supplied below)

<https://www.smartsurvey.co.uk/s/M6874B/>

This is so that we can gather information on how the virus is affecting people personally while adhering to social distancing.

We would also like to assure you that all responses are anonymous.

We look forward to hearing from you.

Yours faithfully,  
Students of Croydon College, BTEC Applied Science T-Level

# References

**American Society of Transplantation (2020) COVID-19 (Coronavirus): FAQs for Organ Donation and Transplantation**

[https://www.myast.org/sites/default/files/COVID19%20FAQ%20Tx%20Centers%202020.03.11\\_FINAL.pdf](https://www.myast.org/sites/default/files/COVID19%20FAQ%20Tx%20Centers%202020.03.11_FINAL.pdf)

**City AM (2020) Coronavirus worst affected London boroughs.**

<https://www.cityam.com/coronavirus-worst-affected-london-boroughs/>

**Health Foundation (2020) Emerging evidence on Covid-19's impact on mental health and health**

<https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>

**HM Government (2020) Prime Minister's Statement on Coronavirus - 16 March 2020.**

<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>

**HM Government (2020) Prime Minister's Statement on Coronavirus - 22 March 2020.**

<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>

**HM Government (2020) Chancellor provides over £14 billion for our NHS and vital public services - 13 April 2020.**

<https://www.gov.uk/government/news/chancellor-provides-over-14-billion-for-our-nhs-and-vital-public-services>

**Inside Croydon (2020) Croydon has England's fifth worst death rate for Covid-19**

<https://insidecroydon.com/2020/06/03/croydon-has-englands-fifth-worst-death-rate-for-covid-19/>



Office of National Statistics (2020) *Deaths involving Covid-19 by local areas and deprivation - deaths occurring between 1 March and 31 May 2020.*

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetweeen1marchand31may2020>



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# Agenda Item 8

<b>REPORT TO:</b>	HEALTH & SOCIAL CARE SUB-COMMITTEE 29 June 2021
<b>SUBJECT:</b>	Feedback on the Croydon Health Services NHS Trust's Quality Account 2021
<b>LEAD OFFICER:</b>	Simon Trevaskis Senior Democratic Services & Governance Officer - Scrutiny
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	Councillor <i>Sean Fitzsimons</i> Chair of the Health & Social Care Sub-Committee
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	The Health & Social Care Sub-Committee reviews the quality accounts of local healthcare providers on an annual basis.
<b>BRIEF FOR THE COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to note the comments submitted to Croydon Health Service NHS Trust on their 2021 Quality Account.

## 1. EXECUTIVE SUMMARY

- 1.1. The Health & Social Care Sub-Committee scrutinises the quality accounts for local healthcare providers on an annual basis. As Croydon Health Service NHS Trust (CHS) are intending to publish their 2021 Quality Account by the end of June 2021, to ensure feedback could be given, it was agreed that an informal meeting of the Sub-Committee would be arranged to provide feedback.
- 1.2. This report summarises the feedback given at the meeting for the Sub-Committee to formally note.

## 2. CROYDON HEALTH SERVICE NHS TRUST – QUALITY ACCOUNT 2021

- 2.1. The Health & Social Care Sub-Committee met informally with officers from CHS on 11 June 2021 to review a draft version of CHS's Quality Account report for 2021.
- 2.2. The Sub-Committee received a detailed update from CHS officers on the CHS Quality Accounts for 2021. The Sub-Committee reviewed the progress made against the 2020/21 priorities, how the service had coped with challenges presented by the covid-19 pandemic and the post-pandemic recovery of services.
- 2.3. CHS Officers explained that some of the KPI data was missing, in part due to the fact that many National Indicators were not available. The Committee was advised that there had been no change in the Care Quality Commission (CQC) status at the Croydon University Hospital, although there had been a visit from the CQC in regards to the mental health emergency department. The Sub-Committee put a number of questions to CHS on this issue to seek reassurance and agreed that a further report on this issue would be added to the work programme for later in the municipal year.
- 2.4. The paucity of information regarding CHS community services was questioned and officers responded that this was something they would try and correct.

## **Conclusions.**

- 2.5. The Sub-Committee was reasonably re-assured with the information provided on the Trust's performance, and agreed there was a lot to commend on how the Trust responded to pandemic, in terms of new ways of working, their ability to reconfigure services to increase patient and staff safety and that treatments, like cancer services, were not paused in their entirety.
- 2.6. There are still issues where the Sub-Committee is keen to see improvement, especially in regards to how patients with mental health issues are treated at the hospital, and in particular, within the Accident and Emergency Service around the transition to other services. CHS officers advised the Sub-Committee that CHS would work with SLAM to ensure that the Scrutiny Committee could review performance in this area during the forthcoming year.
- 2.7. The Committee asked for more information on the performance of community services to be included in the quality accounts to ensure that service improvement applies across the whole organisation.
- 2.8. Successful post-pandemic recovery is a priority for the Sub-Committee and it is keen to be reassured by the Trust and the South West London Clinical Commissioning Group that there are effective actions plan in place to manage extended delays in treatment, caused by the pandemic, and to ensure that residents are encouraged to seek treatment if they have a concern about their health.

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**CONTACT OFFICER:** Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny.

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