

## **Scrutiny Health & Social Care Sub-Committee**

Meeting held on Tuesday, 9 November 2021 at 6.30 pm

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

### **MINUTES**

**Present:** Councillors Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands and Andrew Pelling

Gordon Kay (Healthwatch Croydon Co-optee) and Yusuf Osman (Croydon Adult Social Services User Panel Co-optee)

**Also Present:** Councillor Janet Campbell

**Apologies:** Councillor Sean Fitzsimons and Toni Letts

### **PART A**

34/21 **Minutes of the Previous Meeting**

The minutes of the meetings held on 11 May, 29 June and 21 September were agreed as an accurate record.

35/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

36/21 **Urgent Business (if any)**

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

37/21 **Croydon Safeguard Adult Board Annual Report 2020-2021**

The Sub-Committee considered the Annual Report for 2020-21 from the Croydon Safeguarding Adults Board, as set out on pages 11 to 56 of the agenda, with a view to reassuring itself on the performance of the Board, prior to the report's consideration by the Cabinet.

The Chair of the Board, Annie Callanan provided an introduction to the report. A copy of the presentation delivered can be viewed on the following link: -

<https://democracy.croydon.gov.uk/ieListDocuments.aspx?CIId=168&MIId=2643&Ver=4>

Following the introduction, the Sub-Committee was provided with the opportunity to question the Chair and others from the Board who were in attendance on the content of the report. The first question asked for an explanation of the Serious Adult Review (SAR) process. It was advised that a SAR was a procedure used when something either went wrong within Adult Social Care or there was concern about abuse or neglect. When this procedure was triggered the case was referred to the Serious Adult Review Group who reviewed all aspects of the case to establish what had gone wrong and to make recommendations for improvements.

In response to a question about how the Board could reassure itself about the performance of unregulated services operating in the borough, it was acknowledged that these were a concern. It could be particularly difficult to monitor unregulated services if they were purchased by the service user through the direct payment system, but some degree of assurance could be gained through processes which meant care packages were regularly reviewed. It was also important to utilise the experience of others in the care network, such as CASSUP, Healthwatch Croydon and GPs, to identify any potential concerns.

It was questioned how the voice of the people had been incorporated in the report and whether there were further plans to engage with people in Croydon. It was confirmed that work on engaging with the voice of the people had been underway for some time with progress made in engaging with senior representatives in BAME communities. Croydon was recognised as being at the forefront of engagement work in London, which included the involvement of representatives from three underrepresented groups and ensuring the experience of people using safeguarding services was captured.

It was highlighted that there had been a marked decline in the number of referrals made during the pandemic and as such it was questioned whether this may have increase the risk of people being missed. It was confirmed that a decline in the number of referrals was a common trend across the country and it was difficult to identify one specific reason for this. Croydon was fortunate to have a very good intelligence sharing group that helped to identify referrals, and during the pandemic the type of referrals received had tended to be more complex. In order to get a full understanding of an episode, the Board would seek the professional view of the information provided from the responsible manager, to supplement the data.

In response to a question about the risk of people potentially falling through gaps created by the pandemic, it was confirmed that the Board was engaged with four sub-groups including the Safeguarding Adults Review Group and the Voice of the People Group. This helped with cross checking and reviewing information. Reassurance was given by the Board Chair that the Board in Croydon was fully engaged and staff had worked throughout the pandemic.

It was likely that following the pandemic there would be an increase in the number of people coming into safeguarding, but the service worked with communities and health colleagues to minimise gaps wherever possible.

However, the pandemic had brought issues to the fore such as mental health, particularly isolation, fuel poverty, unemployment and homelessness.

At the conclusion of this item the Chair of the Board extended her thanks to the partners and the Board for all its support throughout the pandemic. The Vice Chair also thanked the Chair of the board and others in attendance for their engagement with the questions of the Sub-Committee.

### **Conclusions**

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

1. Given the concerns raised about the impact of the pandemic on the level of safeguarding referrals, the Sub-Committee had been reasonably reassured by the responses given to their questions.
2. It was recognised that there may be gaps unmet as a result of the pandemic, but it was reassuring that these would continue to be targeted by the Board and its partners.

### **38/21 Croydon Together - Winter Challenges**

The Sub-Committee considered a report set out on pages 57 to 84 of the agenda, which provided an overview of the work of health and social care partners to ensure the increased pressure on services brought about by the winter and the covid-19 pandemic could be effectively managed.

Following an introduction to the item, summarising the information set out in the report, the Sub-Committee was provided the opportunity to question the information that had been provided.

As the covid-19 vaccine booster roll out was being coordinated by the NHS nationally, it was questioned whether this was leading to confusion on a local level. It was confirmed that GPs had an excellent partnership with the vaccination team at the hospital and were able to redirect people as needed. A vaccine helpline had also been set up in Croydon, which people could be referred to if they were experiencing issues booking their booster.

Given the recent announcement from the Government that vaccination would become mandatory for healthcare staff from April, it was questioned how this would impact upon the hospital, with 20% of staff not being vaccinated. It was confirmed that the implications from the vaccine mandate were still being worked through, as the guidance had not yet produced. The current approach of CHS was focussed towards persuading staff to take up the vaccine.

As there was a significant push to educate the public on the need to take up the vaccination, it was questioned whether other measures, such as hand washing, needed the same level of education. It was confirmed by the Director of Public Health that communication needed to continue as it had done in the preceding 18 months of the pandemic. It was emphasised that

should anyone be unsure of getting vaccinated, there were reliable sources of information online, which did not include social media.

It was questioned whether services were seeing the expected increase in mental health need as a result of the pandemic. In response it was advised that at present there was no modelling available to evidence that there had been an increase, but there was an awareness that the pandemic was having an impact. It was possible that the number of people seeking mental health support could increase further, but it was hoped that measures put in place with the voluntary sector may help to manage the numbers requiring hospitalisation.

It was questioned whether there were any care homes in the borough at risk as a result of the vaccine mandate. It was advised that there had been a lot of work with care homes to encourage the take up of the vaccination. The Council worked with providers where there were concerns about the vaccine, but there were no homes with a large cohort of unvaccinated staff. The work of the Commissioning team with care homes to encourage vaccination was commended.

In response to a question about how Croydon Health Service NHS Trust (CHS) was managing the capacity in its Accident and Emergency (A&E) department at the Croydon University Hospital, it was acknowledged that the pandemic made managing capacity more difficult. Capacity issues were also a key reason for ambulance handover delays, although Croydon was performing better than others in this regard. There was closer integration between the urgent treatment centre and A&E which enabled the available space to be flexed as needed and additional staff had been put in place to handle assessment and triage before cubicles were ready. CHS was exploring options within its estate to identify possible options for providing increased capacity in A&E.

It was confirmed that the hospital discharge process in the Croydon system was much more connected than in other areas, with the ability to flex capacity as needed. However, although the discharge process was well managed, it did not completely mitigate against the potential risks as pressure could build rapidly. The A&E department was the area where the pressure was felt most, but the South West London system worked together to redirect ambulances to help manage capacity issues.

Given the health care system was massively under pressure, it was questioned whether this needed to be communicated with the public to manage expectation on waiting times. In response it was highlighted that any such message would need to be delivered on a national level. There was also the risk that any such messaging may dissuade people from seeking treatment, when anyone with a problem should be encouraged to contact the NHS. Public Health and NHS colleagues met every two weeks to discuss public messaging, with agreement that any communication needed to be clear and concise.

At the conclusion of this item the Vice-Chair thanked the partners who had attended the meeting for their engagement with the questions of the Sub-Committee.

### **Conclusions**

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

1. It was agreed that from the information provided there was significant evidence of a high level of coordination between partners in preparation for the winter. However, the next few months were still likely to present a significant challenge.
2. It was reassuring that there had been work with the voluntary sector to prepare for an increase in mental health need as a result of the pandemic, but it was agreed this would be revisited by the Sub-Committee to ensure demand remained manageable.

#### **39/21 Health & Social Care Sub-Committee Work Programme 2021-22**

The Sub-Committee considered its work programme for the remainder of 2021-22, as set out on pages 85 to 90 of the agenda. It was noted that an informal briefing had been arranged for the members of the Sub-Committee on 30 November 2021 to provide an overview of the 2022-23 budget proposals for the Adults Service.

**Resolved:** That the Health & Social Care Sub-Committee work programme be noted.

#### **40/21 Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.40 pm

**Signed:**

.....

**Date:**

.....