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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 24 January 2023 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Sean Fitzsimons (Chair), Councillor Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Robert Ward and Fatima Zaman

Gordon Kay (Healthwatch Croydon Co-optee) and Yusuf Osman (Service User Co-optee) Adele Benson, Patsy Cummings, Robert Ward and Zaman

Also

Present: Councillor Yvette Hopley (Cabinet Member for Health & Adult Social Care)

Apologies: Councillor Sherwan Chowdhury

PART A

1/23 **Minutes of the Previous Meeting**

The minutes of the meeting held on 28 November 2022 were agreed as an accurate record with the amendments that on page 11 in the agenda pack, 'safelty' is replaced with 'safely', and on page 5, 'by request for further rent' is changed to 'increased costs'.

2/23 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

3/23 **Urgent Business (if any)**

There were no items of urgent business.

4/23 **Director of Public Health Annual Report 2022**

The Sub-Committee considered a report set out on pages 13 to 26 of the agenda which provided the Annual Report of the Director of Public Health 2022. The report focused on how circumstances and experiences can impact on people's health outcomes and spotlighted how these influences impact people unequally. The report discussed what can be done to reduce health inequalities across the life course and highlighted the work already happening

around the borough to address them. The Director of Public Health introduced the item and summarised the report.

The Sub-Committee asked about the absence of women's health and menopause services in the report and suggested that this became an item on the work programme for a future meeting. The Director of Public Health explained that they agreed that these were important issues and future Annual Reports may focus on these and related issues on sexual health, but that the focus of this report was specifically Health Inequalities. The Director of Public Health added that they took the issue very seriously and had co-founded the Menopause Support Group at Croydon Council. Members stated that they felt the lack of inclusion of menopause was an oversight and it was agreed that the Chair would engage in a scoping exercise with the Director of Public Health for a future work programme item. The Director of Public Health explained that they had been involved in the development the Women's Health Strategy, which included menopause, and discussed the complexity of menopause support and the multiple partners responsible for providing these services and education around menopause.

Members asked why there had been less focus on the 'Aging Well' element, given that old age was featured as a key risk factor in many other reports, for example on COVID. The Director of Public Health explained that her Annual Report for the next year might consider this and that this report provided a reasonable overview of the whole life course and apologised if it was felt that the 'Aging Well' element was underrepresented. The Sub-Committee heard that the Director of Public Health report is an independent report developed on the health of the population, with a focus that the Director of Public Health chooses.

The Sub-Committee asked about the recommendations in the report, the budget for delivering these and how they would be prioritised. The Director of Public Health explained that this was not an action plan that this is an Independent report providing a compendium of health information for Croydon, and that Health Inequalities were not something that could be resolved by the local authority or NHS alone. The Director of Public Health explained that the report made a number of recommendations that reflected her view on measures that could be considered to reduce Health Inequalities that could be used by a number of organisations. Members heard that the Public Health budget was £22 million, but the content of the Annual Report was a separate statutory function to commissioning public health services with this ring-fenced funding, another statutory function of the Director of Public Health.

The Chair welcomed the content of the Annual report and stated that they hoped that Health partners in Croydon read and engaged with the recommendations. The Sub-Committee noted the report and thanked the Director of Public Health for taking the suggestions of Members into account for future Annual Reports.

The Corporate Director for Adult Social Care and Health explained that in South West London, a piece of work had been done around the Core20PLUS5 and this recognised the large Health Inequalities in Croydon. Members heard that the Director of Public Health and Health and Social Care were jointly engaged in work to ensure this resulted in additional funding for Croydon. The Chief Executive of Croydon Health Service NHS Trust stated that they felt the Annual Report was fantastic and agreed with the Corporate Director for Adult Social Care and Health that there were large Health Inequalities in Croydon. Members heard that funding allocations for Croydon were starting to change to target Health Inequalities and the greatest need as this was recognised; it was hoped that this trend continued. The Chair commented that Croydon had been historically underfunded in the context of South West London.

5/23

Responding to Urgent and Emergency Care Pressures

The Sub-Committee considered a report set out on pages 27 to 38 of the agenda which an update from Croydon Health Service NHS Trust on Urgent and Emergency Care Pressures. The Chief Executive of Croydon Health Service NHS Trust and Place Based Lead for Health introduced the item and summarised the key points of the report.

The Chair asked commented on Urgent and Emergency Care Pressures being a year round issue that was more acute at winter, and asked about any imminent short term risks. Members heard that the combination of Flu, COVID and other respiratory issues had added challenge and it was not yet known if this had reached its peak or whether the challenge would further increase. The impact on staff in Urgent and Emergency care was substantial, and cumulative whilst the pressures were high. Members heard that current industrial action was affecting Croydon through the London Ambulance Service strikes, but this was being managed well; a ballot for a Junior Doctors strike was ongoing and could lead to industrial action in March 2023.

The Sub-Committee asked about patient pathways and anecdotal evidence of patients presenting at A&E instead of GPs, due to long waiting times, and pressures caused by part-time GP working. Members asked what was being done to address this, manage demand and drive residents to enrol at GPs. Members heard that capacity in hospitals, community services and primary care was greater than ever before, and that there were now double the number of GPs at the front of A&E to divert appropriate cases. The Chief Executive of Croydon Health Service NHS Trust explained that as quickly as capacity was being created, this capacity was being used due to increased demand and the slowing down of the flow of patients through services. Members heard that it was crucial to look at expanding capacity and how this capacity was used at the same time to ensure services were efficient. This was being done in conjunction with colleagues in Health and Social Care and a national pilot to integrate services was due to start in Croydon called the Frontrunner programme.

Members asked about bed blocking and were informed that there was a system in place to check the status of patients in the hospital on a daily basis to identify expected discharge dates. These dates could be extended for a variety of reasons, and these factors all contributed to the figures of those who did not require medical care, but were still in hospital. The Sub-Committee heard that because this was multifaceted, the issue was complex to solve, but work streams were looking at all factors in collaboration with Health and Social Care. Members discussed anecdotal cases of patients who had been in hospital for a significant length of time due to mental health factors, and suggested that additional psychological help for these patients could increase rates of discharge. The Chief Executive of Croydon Health Service NHS Trust agreed that this was an important issue that need to be tackled as it affected all areas of the hospital. The Corporate Director for Adult Social Care and Health explained that there were different pathways for acute care and mental health cases and that both could be complex. Members heard that winter pressure was being monitored regularly to ensure the flow of discharges remained stable and that capacity was maintained; work on 'Pathway Zero' to support those with less complex needs to be discharged was ongoing by providing help with grocery shopping, making sure heating was available at home, etc. The Sub-Committee heard that ensuring discharges happened was important, but it was vital that support services were available in the community to enable this to happen. The Frontrunner Programme was looking at what was needed in Croydon to reduce the pressures of high demand on the hospital by growing reablement and joint care capacity. The Corporate Director for Adult Social Care and Health explained that they were working with partners across London in their capacity as the Director of Adult Social Services to ensure that patients who were residents could take beds in Croydon where possible, but that ultimately the goal was for patients to return to their homes.

The Chair commented on mental health as a topic on the work programme, and the prevalence of long-term hospital stays on mental health grounds. The Corporate Director for Adult Social Care and Health explained that there was work happening with the South London and Maudsley NHS Foundation Trust and the Bethlem Royal Hospital to support hospital discharge and that it was vital that support services and placements were available in the community for these patients.

Members asked whether Croydon was taking on patients who should be served by hospitals in other boroughs as a result of reduced capacity in other areas because of industrial action and other factors. The Chief Executive of Croydon Health Service NHS Trust responded that they had not seen a huge change in the numbers of patients from other boroughs during industrial action, but agreed with the Corporate Director for Adult Social Care and Health that these patients were often more difficult to discharge due to the need for two authorities to liaise on follow up support arrangements.

In response to questions on follow up community support and reduced funding for these services, the Corporate Director for Adult Social Care and Health explained that the authority had encouraged local partners to bid for

the Innovation Fund to deliver 'Pathway Zero'; this had been successful for the bids submitted by Age UK, the Red Cross and Croydon Neighbourhood Care Association. This was short-term funding until the end of March 2023, which would be monitored to see how this effected the flow of patients through the hospital, and whether 'Patient Zero' would be funded long-term. The Chief Executive of Croydon Health Service NHS Trust added that the Social Care Discharge Fund would be replicated next year.

The Sub-Committee asked how well new initiatives were being communicated to the public to empower them to make different choices around services. The Chief Executive of Croydon Health Service NHS Trust responded that partners had been engaged as new services were developed, and as they were offered to patients; it was acknowledged that this was not ideal, but the importance of communicating with individual families, communities and patients was noted, and it was explained that time was not always on the side of delivering comprehensive communications at the same time as delivering new initiatives.

The Chair welcomed the government's increase in short-term funding and the signs of good partnership working in Croydon. The Sub-Committee acknowledged that certainty and long term funding would be significant challenges that were largely not in the hands of the partners and needed to be addressed by central government. The Sub-Committee were of the view that certainty and proper funding were essential in making services work properly. The Corporate Director for Adult Social Care and Health added that the money from the Better Care Fund had arrived quickly, but that monitoring and reporting on the funding was extremely regular, and that criteria for spending was stringent and could not be used for preventative measures. The Chair thanked the Corporate Director for Adult Social Care and Health for their comments and raised concerns about the level of bureaucracy required to receive short term funding, and the lack of funding available for preventative measures.

6/23

Adult Social Care & Health Directorate - Budget & Performance

The Sub-Committee considered a report set out on pages 39 to 70 of the agenda which provided the 2022/23 Period 7 (October 2022) budget and savings position, 2023/24 indicative savings and benchmarked key performance indicators for the Adult Social Care & Health Directorate. The Corporate Director for Adult Social Care and Health introduced the item and summarised the report.

The Chair thanked officers for the detailed report and key performance data, and asked about the Period 7 Financial Monitoring figures. It was noted that an underspend was predicted for 2022/23, and it was asked why savings had not been achieved in some areas. The Director of Adult Social Care Operations highlighted the area of Disability Transitions; it was noted that significant savings had been made but that there had been difficulties in meeting the targets that had been set. The department was looking to

address this through increased recruitment of staff to conduct reviews, as it was acknowledged that reviewing capacity was not sufficient; whilst there had been constant recruitment there had still been a shortfall in staffing. There had been better management of costs in the market since the start of the Director of Adult Social Care Policy & Improvement, by looking at ways to ensure the market remained resilient and was developed to provide better and more cost effective solutions.

The Sub-Committee heard that demand from 18-65 year olds was being well managed, and was the 19th largest of London boroughs; Croydon was the third best performing borough for reducing demand from over 65s from the previous year. The Director of Adult Social Care Operations explained that the direction of travel on many indicators was good and that all cases were scrutinised heavily to ensure the best value was achieved with safe and legal outcomes.

On Table 4, page 41, the Chair asked about the savings that had not been delivered and to what extent workforce issues had contributed to this. The Corporate Director for Adult Social Care and Health explained that all of these numbers were being tracked, and that reviews were ongoing alongside work to ensure that the flow from hospital discharges remained consistent. There was not sufficient qualified social worker capacity in the market, and so it had been important to look at skill mixes in officers to see where non-social worker roles could provide support. The Corporate Director for Adult Social Care and Health highlighted that the quality of work had not dropped and that culture change in the department was ongoing.

The Director of Adult Social Care Policy & Improvement explained that there had been issues with recruiting to Commissioning inside of Adult Social Care, and that good strategic commissioning was vital to delivering savings targets through a partnership approach with Operations. Commissioning capacity was now in place, it was thought that the department was in a much better place moving into 2023/24 to deliver a greater pace around reviews which it was hoped would make savings targets achievable. The importance of supporting staff who had been under significant pressure for an extended period was noted, and failure to do this properly was highlighted as a risk.

The Corporate Director for Adult Social Care and Health added that the Improvement Panel and Opening the Books accountants had been positive about the governance and pace of change happening in Adult Social Care, but highlighted the importance of increasing capacity so that other issues could be addressed, for example, submission of bids. The Corporate Director for Adult Social Care and Health explained that managing demand on the department was vital in ensuring that savings continued to be delivered. The Cabinet Member for Health & Adult Social Care commented on the increased scrutiny of the department, and the improvements in governance that had taken place over the last year.

The Chair stated that they felt there had been challenging targets set for Adult Social Care in March 2022, and acknowledged that workforce and

commissioning capacity had contributed to difficulty in achieving these in some areas. The Sub-Committee commended the Adult Social Work team in delivering the savings they had whilst maintaining service levels.

The Sub-Committee commented on concerns about compromising on the safety and quality of care packages in delivering savings and asked for reassurance that this was not the case. The Corporate Director for Adult Social Care and Health stated that this was not happening, and that all individuals were assessed to ensure that their care needs were met in the most cost-effective way that could deliver the best outcomes for the service user; it was also important that reviews were carried out in a timely manner. Members heard that the department was going through assurance and would be inspected to verify that this was the case.

Members asked about 'Resident Voice' and how the community were being engaged. The Corporate Director for Adult Social Care and Health explained that they were doing everything possible ensure information was out there in the community, through the 'Resident Voice' Group, the Carers Group and Carewatch. These groups were also members of the Assurance Panel who ensured that the department were operating safely and providing a good quality of care. It was acknowledged that sometimes mistakes did happen, and people made complaints, but these were looked at and addressed on a case-by-case basis. Safeguarding Adult Reviews were scrutinised to ensure learning and improvements could be taken on board alongside feedback from carers and the community. The Director of Adult Social Care Policy & Improvement explained that the new 'Resident Voice' group was being worked with to find the best ways to engage and embed learning into the directorates Communication and Engagement Plan. It was acknowledged that individuals took in information in a number of different ways, and that communications needed to reflect this to ensure engagement was effective.

The Chair brought the Sub-Committee's attention to the Key Performance Indicators (KPIs) in Appendix 1, and the 19% figure for '% of clients that have been reviewed who have been accessing long term support for more than 12 months at the end of the year 2021/22'. The Chair asked about the implications of not reviewing a service user for 12 months. The Director of Adult Social Care Operations explained that the statutory requirement in the Care Act was that clients were reviewed within 12 months, and that the figure in the report was poor. Members heard that it was possible that not all activity had been captured, which may have made figures worse; training to ensure there was accurate data recording in future had taken place. A lot of resource had been put into reducing Care Act assessment waiting lists, where risk was highest; now this was improved, it was thought there was increased capacity to conduct planned reviews and figures were moving in the right direction and at around 45-50%. A Reviewing Strategy was being developed with the aim of increasing this figure to 95%, looking at the needed resources and exploring the possibility of using an external partner to conduct reviews. Currently there were around 30 staff volunteers working additional hours at weekends to review cases; it was thought these volunteers would conduct around 1500 reviews in the coming year. It was highlighted that the risks of not reviewing

clients within this timeframe were around safeguarding and the non-delivery of savings.

Members asked if there were service users who had not been reviewed for significantly longer than 12 months. The Corporate Director for Adult Social Care and Health explained that there had been targeted reviews to deliver efficiencies, but there had been some clients who had not been reviewed for 18 months. There had been spot checks of these cases and it was noted that the clients usually had an assigned social worker who was working with them and seeing them regularly to make care plan adjustments, but this had not been recorded as a review. Other cases were clients with 'Shared Lives' who were actively being worked with, but again this had not been recorded as a review. Members heard that changes in data recording for these cases could improve the review KPIs and the Staff Group would be engaged to carry this out and that it would be monitored through dashboards. There were out-of-borough placements that also needed to be reviewed on a regular basis, especially those without family members. The Sub-Committee commended the spot-checking of data in this way.

Members asked about the risk of burnout for social workers with high caseloads. The Corporate Director for Adult Social Care and Health explained that those doing overtime on reviews were being monitored closely, as were caseloads to ensure that these remained manageable. The Director of Adult Social Care Operations added that the quality of work was also being monitored, and that Heads of Service and Team Managers were watching caseloads to ensure the quality of work remained high. Outstanding reviews had been organised by the age of the cases to ensure these were tackled in an appropriate order.

The Chair pointed to the figures on the 'Rate of 18-64 clients per 100,000 accessing nursing or residential long term support as at 31 Mar 22' and asked about 'Use of Resources' data. The Director of Adult Social Care Policy & Improvement explained that there had not been 'Use of Resources' data when targets were set, and these had originally been set on a 3% growth limit. Members heard that reducing this figure was as much about conducting reviews of those accessing nursing or residential long-term support to see if there were viable alternatives for clients, as it was about looking for alternatives at the point where clients were initially entering care. The Sub-Committee heard that work with the market was also important, and the example of entering strategic provider relationships for assisted living as opposed to spot purchasing was given; a market position statement on future demand and support models was in development for publication in 2023.

The Chair asked about the issue of self-funders who ran out of money and ended up as Croydon clients, creating financial pressure. The Corporate Director for Adult Social Care and Health explained that there had been funding streams available for buying beds and that this had been pushed back on as it created additional risk for Croydon by inflating the market. Across South West London, a letter had been written by the Association of Directors of Adult Social Services to raise concerns about this, and other authorities

buying beds in the borough to a similar effect; the preference was for people to return to, and receive care in, their own homes whilst retaining as much independence as possible. The Director of Adult Social Care Policy & Improvement agreed that self-funders did present a significant risk to Croydon, and explained that a 'Fair Cost of Care' exercise had been carried out over summer 2022 with residential, domiciliary and nursing home providers with figures still due to be published. Members heard that it was incredibly difficult to identify the number of self-funders, but it was thought that this was around 1,000 people, or a third of the total number. Inflation presented challenges for self-funders and the longer high inflation persisted, the greater risk there was to Croydon. Modelling had taken place on the number of self-funders to prepare for anticipated charging reforms, and when self-funders would likely need to come to the Council for support. Demand and inflation modelling was being incorporated into the budget setting for 2023/24 to ensure proper growth bids were in place and that the budget was sustainable.

The Chair related a question from Selhurst Ward Councillors about plans in the 2023/24 budget for closing the Whitehorse Day Centre and Cherry Orchard Garden Centre, both of which catered to residents with learning disabilities. It was asked if the impacts of these closures had been properly assessed, whether there had been sufficient consultation with service users and if the proposed savings were significant. The Corporate Director for Adult Social Care and Health explained that they would be meeting with Ward Councillors to discuss this in January 2023; the Whitehorse Day Centre service would not be closed, but there was work to find alternative buildings to provide efficiencies. The Sub-Committee heard that service users of both sites were being engaged on the plans, and that no decisions had been taken on either site. The Corporate Director for Adult Social Care and Health stated that an Equality Impact assessment on the proposals had been completed. Members heard that all provisions in the directorate had been looked at through the lens of statutory provision, which running a garden centre was not, however use of the Cherry Orchard Garden Centre featured on the care plans of 11 service users, all of which would need to be looked at closely should it close to find alternative provision. In addition to this, there were nine volunteers who worked at the Centre who would also be carefully considered for alternative provision. The decision on these sites would ultimately be made by Members and it was acknowledged that the potential savings were not large in and of themselves but contributed to wider financial figures. A comprehensive report considering all factors would be provided to support any decision that was made. The Whitehorse Day Centre supported 65 people on average and work was ongoing with these individuals, their families and staff; none of the staff or care packages for service users were at risk, as a new location for these services was being investigated. It was highlighted that both sites required ongoing investment, should they be retained, and that services were moving to an 'Active Lives' approach to ensure that people were engaged in the community, as opposed to building based services.

The Chair asked about the proposed deletion of the 'Active Lives' post, and the Corporate Director for Adult Social Care and Health explained that this

was a vacant post and would not have a detrimental effect on the service as a whole. The Chair stated they were heartened by responses given by officers on the 2023/24 and current 2022/23 budgets and the good understanding of risk inherent in the proposed savings.

Conclusions

The Sub-Committee were of the view that the Adult Social Care and Health directorate were in a reasonably strong position in managing its budget.

The Sub-Committee were of the view that the Corporate Director for Adult Social Care and Health had a good understanding of the risks involved in delivering the 2022/23 and 2023/24 budgets.

The Sub-Committee were confident that the Adult Social Care department were on track to deliver the 2022/23 budget.

The Sub-Committee were of the view that, as discussions on other options were ongoing, they could not reach a view on whether better options for savings existed.

The Sub-Committee were of the view that the Cabinet Member and department understood the impact of savings proposals on service users and the wider community.

The Sub-Committee were of the view that proposed budget for 2023/24 appeared to be deliverable, sustainable and did not present an unacceptable risk.

7/23

Healthwatch Croydon Update

The Sub-Committee received an update from the manager of Healthwatch Croydon, and co-opted member of the Sub-Committee, Gordon Kay, on the latest activity of his organisation on pages 71 to 204 of the agenda and in the attached slides.

The Chair related an experience of using NHS111 in an emergency, and stated that this had resulted in them being put on the correct pathway; the study was commended and it was asked when it was likely the recommissioning of NHS111 would be seen in Croydon. Gordon Kay responded that there was a wider piece of work around increased capacity in the South of the borough but was encouraged that additional GP capacity could now be booked through NHS111.

Members asked about the difference between GPs and GP Hubs, and confidence in the new A&E service. The Sub-Committee heard that GP Hubs were meant to be an intermediary step between a GP and a hospital, but provided limited services. Members heard there was confidence that those

who went to A&E would be seen, and that there were high satisfaction rates for those who got to A&E early in their pathway.

The Chair asked if there were any topics from the report that should be included on the work programme and heard that the system should be monitored on a whole and viewed from the patient perspective. The Chair commended the report and thanked Healthwatch for providing it to the Sub-Committee.

8/23 **Scrutiny Work Programme 2022-23**

The Sub-Committee considered a report on pages 205 to 208 of the agenda, which presented the work programme for review.

The Chair noted that Menopause would be added to the work programme, following a scoping exercise with the Director of Public and Councillor Benson. It was noted that scoping exercises would also be conducted on the two items scheduled for the April 2023 Sub-Committee. The Sub-Committee stated that it was keen to conduct some in person meetings in preparation for these items.

The meeting ended at 9.16 pm

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Date:

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Urgent and Emergency Care

Croydon residents' journey and experience
Health and Social Care Scrutiny Committee
24 January 2023



About the project

- To support the transformation programme for Croydon in this area, Healthwatch Croydon were invited to provide relevant patient and resident insight on the choice of pathways and their experience of using the urgent and emergency care.
- This report presents the findings of the Urgent and Emergency Care Survey undertaken between 26 and 31 July 2021. We received 1038 completed responses via a text survey.
- The results were first shared at the key transformation meetings in September 2021 and then have been discussed by providers and commissioners at key meetings over the past year informing decisions around all aspects of the Urgent and Emergency Care Pathway.
- Further analysis of the data took place through 2022 and was shared in key meetings before the report was published in December 2022.

What we heard

- 52% made either GP visit or NHS111 their first choice.
- 40% who chose 999 or A&E first felt they needed to be seen quickly or had a serious injury; 15% had difficulty seeing a GP.
- 74% got seen within two contacts but others have more complex journeys.
- Different age groups choose specific services first time.
- Many understand the difference between emergency care and urgent care, but not that between a GP and GP Hub.
- Overall satisfaction was 62% but there was significant variance by age, gender and ethnicity.

Our recommendations

- Fully integrate pharmacies and GP Hubs into the pathway and support with positive communications.
- Define NHS111 as the single reliable point of access to direct care to other services and give it capacity to do the job it needs to do.
- Learn more about how condition and situation may affect choice and reflect that in the pathway.
- Understand these services from the user perspective.
- Explore more the differences in satisfaction based on gender, age, ethnicity, and disability.
- Consider some suggested improvements from patients.*

* When we asked patients what could be improved, many did say they had a good experience, but there were still issues concerning NHS111, communication, care and safety, empathy, GP access, listening, prioritisation, process and waiting times.

Impact and influence

“The Croydon Urgent Care team have found the survey and subsequent analysis very useful in understanding patients' experiences and pathways in the Croydon Urgent Care system.

“We learnt that patients who contacted their GP or 111 had a lower number of touchpoints before they were treated. The survey findings supported plans to mobilise an additional Urgent Care Service at the Croydon University Hospital site which was mobilised last week (December 2022).

“The Urgent Care team have done considerable amount of work with NHS 111, therefore, we are very encouraged that patients value NHS 111 and that it is key in reducing the number of services accessed before receiving treatment. There are findings which suggest that more could be done to ensure equality of experience and we will feed this back to system partners in the coming weeks, we will also work hard to improve clarity on what services should be accessed and when.”

Questions

