Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 18 October 2022 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Alasdair Stewart and Robert Ward

Gordon Kay (Healthwatch Croydon Cooptee) and Yusuf Osman (Croydon Adult Social Services User Panel Cooptee)

Also Present: Councillor Yvette Hopley (Cabinet Member for Health and Adult Social Care)
Councillor Margaret Bird (Deputy Cabinet Member for Health and Adult Social Care)

Councillors Patsy Cummings and Janet Campbell (Virtual)

PART A

20/22 **Minutes of the Previous Meeting**

The minutes of the meeting held on 28th June 2022 were agreed as an accurate record, with the amendments that 'quantative' (page 6 of the agenda) be corrected to 'quantitative', and 'maybe' (page 12 of the agenda) be corrected to 'may be'.

21/22 **Disclosure of Interests**

Councillor Sherwan Chowdhury disclosed an interest as he was currently employed by a project run by the South London and Maudsley NHS Foundation Trust (SLAM).

22/22 **Urgent Business (if any)**

There was no urgent business for discussion by the Health & Social Care Sub-Committee at this meeting.

23/22 **South West London Integrated Care System Update**

The Sub-Committee considered a presentation, set out on pages 15 to 34 of the agenda, which provided an update on the delivery of the South West London Integrated Care System. An introduction was provided to the Sub-

Committee by the Croydon Health Services Chief Executive and Place-Based Leader for Health, Matthew Kershaw.

The Sub-Committee noted the representatives on the NHS South West London Integrated Care Board, and asked if Croydon's VOTP group could be included. The Croydon Health Services Chief Executive explained that this was not in their power to change and was a South West London Integrated Care System responsibility with the formulation of the Board led by national guidance. Members expressed disappointment at the underrepresentation of patients and service users and were of the view that these groups should be included from the beginning of the ICS; the Croydon Health Services Chief Executive stated that they would reflect this back to the ICS, but that there was already some service user representation on the Board and in the Partnership. The Corporate Director Adult Social Care & Health explained that it was important that the workstreams resulting from the Health and Care Plan in Croydon would be shaped by service users.

Members noted the close work between the ICS and Healthwatch and heard that funding had been received by Healthwatch for an executive lead to co-ordinate the six Healthwatch groups in the ICS areas. The Sub-Committee asked about the complexity and pace of implementation in the ICS. The Croydon Health Services Chief Executive explained that so far responses had been timely and effective; an example of this was given on securing funding for health inequalities that had been granted for Croydon at higher levels due to quick responses, as a result of strong and effective relationships in the borough, that demonstrated Croydon's higher levels of need.

The Sub-Committee asked how it was ensured that the ICS provided value for money for Croydon and heard that some funding was allocated on a population basis (for example, on vaccines), but for other issues need could be greater in Croydon or other boroughs (for example, health inequalities), and for these issues funding was allocated based on the distribution of need. This helped to ensure that value for money was achieved for all areas in the ICS, but it was noted that there was a historic disparity in the funding that Croydon received that would take some time to correct and that work on this was ongoing.

The Chair asked about place-based accountability for the ICS and what would be done to keep the Sub-Committee abreast of upcoming workstreams. The Croydon Health Services Chief Executive responded that he was a representative of Croydon at the ICS, and was responsible for ensuring that Members remained sighted on workstreams at the Croydon and South West London level. The ICS were committed to providing good forewarning of upcoming work and it was highlighted that early work on shifting commissioning responsibility for dentistry to the ICS level was being undertaken following enquiries from the Chair. The Cabinet Member for Health and Adult Social Care added that all Health and Wellbeing Board Chairs were included in the ICS and also met separately. The Chair welcomed the support of both the Croydon Health Services Chief Executive

and the Cabinet Member for Health and Adult Social Care in ensuring Croydon was well considered by the ICS.

Members asked about demographic changes and funding pressures. The Croydon Health Services Chief Executive explained that all public services were under pressure for the foreseeable future, but that there were things that could be done to increase efficiency through better integration in addition to strong funding bids to secure additional resource.

Conclusions

1. The Sub-Committee welcomed the comments made by the Croydon Health Services Chief Executive as the Croydon Place Lead in the ICS and commended the work already undertaken.

2. The Sub-Committee noted that the Mental Health Strategy was out to consultation, and that the Chair would be having a discussion with the Croydon Health Services Chief Executive about whether this, and changes to NHS Dentistry commissioning, were Croydon or South West London Joint Health & Overview Scrutiny Committee work programme items.

3. The Sub-Committee requested performance targets and figures were provided for future updates on the ICS.

4. The Sub-Committee were disappointed by the levels of resident and service user involvement in the ICS and supported inclusion of Croydon's VOTP group on the Board in the future.

24/22 **Croydon Safeguarding Adult Board (CSAB) Annual Report 2021/22**

The Sub-Committee considered the Annual Report for 2021-22 from the Croydon Safeguarding Adults Board, as set out on pages 35 to 78 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 Independent Chair of the Board, David Williams, introduced the report.

The Chair asked about the effectiveness and key strengths and weaknesses of the Partnership. The Corporate Director Adult Social Care & Health stated that the commitment of the partners was a particular strength, with strong participation across many sub-groups from the partners; it was recognised, however, that data collection and the building of the scorecard still required additional work. The Cabinet Member for Health and Adult Social Care agreed on the importance of good up-to-date qualitative data and proper data sharing between the partners. The Detective Superintendent for Public Protection commented on the willingness of the partners to learn from each other and to engage with the action plans resulting from Safeguarding Adult Reviews (SARs) but felt that transitions between the Children and Adult Safeguarding

Boards could be strengthened and would be a key area of focus for the partnership going forward. The Director of Public Health added that data interpretation was important, and that this had come a long way, although the differences in safeguarding legislation for children and adults could make it difficult to deliver a joined up multiagency approach. Members heard that increasing inequality and vulnerability in Croydon, and nationally, remained a key challenge. The Independent Chair explained that the engagement and commitment of partners were key to the success of the partnership, and that work to improve data collection would be prioritised. The Director of Safeguarding at Croydon Health Services restated that closing the gap in the transitions between the Children and Adult Safeguarding had been identified as an area for ongoing improvement work.

Members queried the inclusion of 2011 census data in the report and asked why more recent estimates had not been used that excluded children. The importance of good data was highlighted, and it was noted that the Mayor of London 2019 demographic predictions broke down ethnicity for white adults into 'White – other' and 'White – British'; it was stressed that White – other' was a significantly large group and that inclusion of the distinction in the report was important to allow for meaningful comparisons. The Sub-Committee commented on the 'what has been done' section of the report and noted that this was largely composed of assertions. Members asked for quantitative data that demonstrated outcomes the Board had achieved. The Corporate Director Adult Social Care & Health responded that the 'Voice of the People' (VOTP) group had been established to work with residents with lived experience to provide a strong voice in Adult Safeguarding; the group had been the first established in London and had since been rolled out London-wide as an example of best practice. Members asked that for future reports that there was quantitative data to show this was making a difference in the form of measurable outcomes that could help to provide reassurance to the Sub-Committee. The Director of Safeguarding at Croydon Health Services responded that this kind of data in health settings could be tricky to capture but thanked Members for this challenge. Members heard an example of an outcome from a SAR of a policy change that meant that practitioners were no longer using family members as translators; the Sub-Committee were grateful for this example and asked for more similar information to be included in future Annual Reports.

The Sub-Committee asked for greater inclusions of trends and comparisons over previous years and to other similar local authorities for future Annual Reports; it was stated that this could help to provide greater reassurance to Members. The Chair asked for insight from the partners about what the situation of Croydon was compared to other similar boroughs. The Detective Superintendent for Public Protection explained that scrutiny of the 'front door' had helped to identify areas of over referral from the police which could overwhelm Adult Social Care, and improvements had been made as a result to make the 'front door' more effective. The Corporate Director Adult Social Care & Health explained that work was being done with the South West London Integrated Care System (ICS) and Association of Directors of Adult Social Services (ADASS) through the Independent Chair to understand the

regional and national picture. Members heard that there would likely be an inspection of Adult Social Care in the next year by the Care Quality Commission (CQC); the safeguarding workstream would be a priority area for scrutiny but it was thought that adult safeguarding was not a high-risk area for Croydon. The Director of Public Health stated that metrics would be revisited for the next Annual Report.

Members asked about referrals to safeguarding and the suggestions that these had decreased, in part, due to the Croydon Adult Support Team having been able to divert people to other services where safeguarding was not needed. The Sub-Committee asked if the training the Croydon Adult Support Team had received allowed them to properly pick up on safeguarding issues, and if there were any figures for those who had been directed away from safeguarding services in error. The Corporate Director Adult Social Care & Health explained that the 'front door' had changed to include experienced staff and social workers to perform triaging on the referrals that were coming into the safeguarding service. There was a daily meeting with the Section 42 Team to review cases to see if they required a full Section 42 enquiry or an alternative service or assessment. The Corporate Director Adult Social Care & Health stated that they were confident in the training staff had received and that robust processes were in place with experienced staff at the 'front door'.

The Sub-Committee asked about how awareness and trust could be increased and suggested the publication of outcomes. The Corporate Director Adult Social Care & Health stated that safeguarding was everybody's business, and that training was provided through a number of different avenues alongside the publication of SARs; learning from SARs rolled out further than professionals and included the voluntary sector. The Cabinet Member for Health and Adult Social Care added that all councillors had been offered training on adult safeguarding as it was a complex area. Members commended this but highlighted the importance of raising public awareness; the Cabinet Member for Health and Adult Social Care explained that there was work being undertaken to raise awareness through churches, localities programmes, residents' associations and other groups.

In response to questions about what training was provided by the Partnership on mental health, Members heard that the Metropolitan Police had an internal mental health team that provided training to other officers and that this included training on neurodivergence and autism. The Corporate Director Adult Social Care explained that there was a full multiagency training programme on safeguarding in Croydon, that was open to professionals and the voluntary sector; data on attendance could be provided to Members at a later date. The Independent Chair explained that there had been extensive conversations with the chair of the Training and Development Sub-Group about measuring training outcomes.

Members enquired about residents with mental health issues and the likelihood they would have exposure to the police before other partners and asked how information on these individuals was shared to provide the best possible response. The Detective Superintendent for Public Protection

explained that there were residents with mental health issues who the police had repeat contact with, but that often members of the police mental health team would go out to visit these people with other officers to provide on the job training. Multiagency meetings took place to discuss those the police had repeated contact with to agree the best way forward to ensure the safety of the individual, residents and practitioners. The Sub-Committee heard that there was a threshold for safeguarding that needed to be met that included a health and care need and, where there was criminal activity, the police would be involved but that not every individual met this threshold. Where these individuals did not meet the threshold there were other avenues that could be taken including mental health assessments and referrals to their GP.

Members asked about the commitment to safeguarding of practitioners in the partnership and heard that there was always room to improve and new learning coming out of SARs that needed to be shared. The Designated Nurse for Safeguarding Adults (South West London) explained that for health, it was important that staff received the appropriate level of training for their level of responsibility.

Conclusions

1. The Sub-Committee accepted that data analysis had been of lower quality than desired but were reassured that the partnership recognised this and were working to improve data capture and quality.

2. The Sub-Committee was of the view that the Chair and Vice-Chairs should meet with the Corporate Director Adult Social Care & Health, the Independent Chair and Director of Public Health to do a piece of work aimed at providing reassurance to Members on the work of the Partnership in Croydon.

Recommendations

1. The Sub-Committee recommended that information in the report from the 2011 Census was replaced with more up-to-date information or predictions, and that ethnicity data distinguished between ‘White – Other’ and ‘White – British’.

2. The Sub-Committee requested the inclusion of more quantitative data in the next Croydon Safeguarding Adult Board (CSAB) Annual Report including trends and comparisons over previous years and with other similar local authorities.

25/22 **Adult Social Care Budget & Reforms**

The Sub-Committee considered a report on Adult Social Care Budget and social care reform, as set out on pages 79 to 88 of the agenda, with a view to reassuring itself about the delivery of the 2022-23 Adult Social Care Budget and to understanding of the implications for Croydon from the Government’s

social care reforms. The Corporate Director for Adult Social Care & Health provided an introduction to the report.

The Chair asked about any emerging risks or changes that had been identified since the report was written and heard that Adult Social Care was still predicted to come in on budget and that forecasting for peaks in demand in the winter had been undertaken. Pressures on Croydon University Hospital had been high throughout the year and there were a number of workstreams focussed on this, including hospital discharge and prevention work. Members heard that the department was working closely with partners, such as Virtual Wards, GPs and the voluntary sector, to mitigate and prevent hospitalisation. The NHS backlog and long waiting lists could lead residents to have contact with Adult Social Care who would normally not have. Members heard that increased isolation over the last two years as a result of the pandemic had also likely led to declines in the mental health of some individuals which had increased demands on the service. The Corporate Director for Adult Social Care & Health stated that the priorities of Adult Social Care were to meet statutory requirements, to manage demand, complete reviews in a timely way and to manage contracts and the market well. The importance with hearing the voice of every individual the service worked with was highlighted.

The Chair asked about IT systems that had been implemented in Adult Social Care and staff training on these systems. Members heard that the data coming out of 'Liquid Logic' and financial returns were improving with synergy between the two; these systems had been implemented just before the first lockdown in 2020 which had presented challenges. There was a performance board that looked at data for Adult Social Care, including the cost of care packages and the number of assessments and referrals. All managers had recently completed Chartered Institute of Public Finance and Accountancy (CIPFA) training, and there was ongoing training to ensure data could be pulled from Health and SLAM systems. The Corporate Director for Adult Social Care & Health explained that they were confident in the data, and that this would be reviewed by the CQC during their next inspection.

The Chair asked about the 'Fair Cost of Care' exercise and the challenges this could present to Croydon. The Head of Improvement explained that the exercise was to establish the fair cost of domiciliary and residential care in the Croydon market. Funding from the Department of Health and Social Care (DHSC) would be available in 2023 but the allocation that Croydon would receive would not be known until late in the financial planning period. On the Care Cap and setting up of Personal Care Accounts, Members heard that funding to implement these would also only be known late in the financial planning period. In preparation for this, a programme board had been set up and 'Fair Cost of Care' information had been submitted to DHSC on time. Members heard that identifying 'self-funders' was a challenge as the lower and upper limits on the definition would change; this created a potential for the Council to lose income or to incur increased costs. The Corporate Director for Adult Social Care & Health explained that the 'Fair Cost of Care', workforce and the Care Cap were considered to be the largest risks facing Adult Social Care across London. The Chair asked if the Sub-Committee had a view on

whether they should write to the DHSC on delaying implementation of the 'Fair Cost of Care' and heard that ADASS and the Local Government Association (LGA) were already lobbying the department.

The Sub-Committee asked for clarification on the 'Quantified Opportunities' for the 'ongoing Internal Review of Public Health Funding towards related expenses' and the identified risk for the same amount under 'Refocusing Public Health funding - New Youth & Wellbeing Offer'. The Corporate Director for Adult Social Care & Health explained that this was a Public Health grant and Public Health were looking at how this money was being used and had deemed it was not being correctly used to meet Public Health objectives. The Corporate Director for Adult Social Care & Health was looking at this with Public Health and the Section 151 Officer to see if there were other areas where this money could be used; the amount remained a risk as there was a possibility this could not be achieved.

The Sub-Committee asked about the at-risk savings identified under the Medium Term Financial Strategy and service user and staff involvement in the deep dive analysis of the budgets in Transitions, Disability Services, Older Peoples Services and Mental Health. The Head of Improvement explained that due to a lack of staff resource, efficiencies from case and waiting list reviews were not possible. The Corporate Director for Adult Social Care & Health explained that there were regular meetings with the CEO, Section 151 officers and lead finance officers and that staff were regularly involved, but as this was more around accounting, service users and residents were not involved.

Members enquired about the results of the self-assessment based on the preparation for inspection tool developed by the ADASS, with the support of an external advisor. The Sub-Committee heard that this could be shared with Members, but a new self-assessment was now being undertaken, meaning the version mentioned in the report would be out of date. It was agreed that the Sub-Committee would be sighted on the newest self-assessment.

The Sub-Committee asked how the individual would be considered in work to mitigate the Cost of Living Crisis. The Corporate Director for Adult Social Care & Health stated that there had been a small uplift in Personal Independence Payments but acknowledged that this was a very difficult time nationwide for staff and service users.

Conclusions

1. The Sub-Committee was reassured that Adult Social Services were on track to deliver their budget.

2. The Sub-Committee were reassured that the Council had done everything it could to prepare for the 'Fair Cost of Care' but recognised that this was still a risk to all local authorities and sought to write to the Department of Health and Social Care (DHSC) to ask that this was

urgently reviewed to ensure risks were mitigated to avoid destabilisation of the care market and local authority budget setting.

3. The Sub-Committee agreed it should be sighted on the newest the self-assessment based on the preparation for inspection tool developed by the ADASS, once completed.

Recommendations

The Sub-Committee recommended that future financial reports provide the most up to date budget figures for the most current period, even if these were only in draft.

26/22 **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 reviews conducted by his organisation. The first review was around Primary Care as it related to the Health and Care Plan Refresh, which was very Croydon focussed, and the second was on long COVID, which was in collaboration with the six other Healthwatch groups in South West London.

On the Primary Care as it related to the Health and Care Plan Refresh, Members heard that a focus group had been gathered of individuals with involvement in GPs Patient Participation Groups (PPGs) to gather their views on the plan and the feedback from this had then been shared. A full report had been written and published in July 2022 alongside the Health and Care Plan. There was complexity around who was responsible for what and accountability. The focus group had been formed of individuals with different backgrounds from all over the borough, involved in a number of different PPGs and those involved in social prescribing. It had been found that there was a complexity around understanding the network and roles, objectives and who was accountable for what. The role of PPGs in primary care was thought to be significant, but delivery and refresh of the groups had been inconsistent and relied on the relationship between GPs and their patients. There was a large element around volunteers and the volunteer base.

There were a number of recommendations made and these included: providing clearer communications around the objectives and benefits of the Health and Care Plan; defining the role of Primary Care Networks in delivering the Plan; involving the PPGs at GP and Primary Care level; applying good practice with PPGs; ensuring grassroot level organisations were included in conversations; not overestimating the volunteer base.

The Chair asked about PPGs in Croydon and how well these were implemented. Members heard that there was good practice, but there was always more that could be done.

On Long-COVID, a survey had been produced for sufferers and the insights across South West London had been that the most severe symptoms included fatigue, headaches and anxiety. Only a quarter of respondents had symptoms but no formal diagnosis, 74% said that COVID had affected their mental and emotional health, one third had symptoms 12 months after their original COVID infection and only around half had received any help (from friends and family). The recommendations had been that there needed to be a better screening process and better insights on age/gender/ethnicity, alongside community support for Long-COVID sufferers.

Members asked about the 'social contagion' aspect of long-COVID and the lack of available testing. Gordon Kay responded that a better screening process was needed to ensure accurate reporting was happening.

27/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.30 pm

Signed: .....

Date: .....