

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillors Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Alasdair Stewart and Robert Ward,
Gordon Kay (Healthwatch Croydon Co-optee)
Yusuf Osman (Croydon Adult Social Services User Panel Co-optee)

Reserve Members: Councillors Sue Bennett and Tony Pearson

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Monday, 28 November 2022** at **6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**.

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
Senior Democratic Services & Governance
Officer - Scrutiny
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www.croydon.gov.uk/meetings
Friday, 18 November 2022

Members of the public are welcome to attend this meeting, or you can view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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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 - 14)

To approve the minutes of the meeting held on 18 October 2022 as an accurate record.

3. Disclosure of Interests

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

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. Update on proposed health facilities in Coulsdon and New Addington (Pages 15 - 18)

The Health & Social Care Sub-Committee is presented with an update from Croydon Health Service NHS Trust on the proposed health facilities in Coulsdon and New Addington.

6. Balancing Adult Social Care Legislative Duties with the Available Financial Resource (Pages 19 - 26)

The Health & Social Care Sub-Committee is presented with a report reviewing the challenges, risks and mitigations used, when balancing adult social care legislative duties with the available financial resource.

This report has been included on the agenda to enable the Sub-Committee to seek reassurance that the budget reduction is being delivered without compromising the Council's duties to provide care.

7. Healthwatch Croydon Update (Pages 27 - 28)

This item is an opportunity for the Manager of Healthwatch Croydon, a co-optee on the Sub-Committee, to provide an update on their latest activity.

8. Scrutiny Work Programme 2022-23 (Pages 29 - 32)

The Health & Social Care Sub-Committee is asked to: -

1. Note the most recent version of its Work Programme, as presented in the report.
2. Consider whether there are any other items that should be provisionally added to the work programme as a result of the discussions held during the meeting.

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.”

PART B

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Public Document Pack Agenda Item 2

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 coordinate 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:

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REPORT TO:	Heath & Social Care Sub-Committee 28 November 2022
SUBJECT:	UPDATE ON PROPOSED HEALTH FACILITIES IN COULSDON AND NEW ADDINGTON
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Matthew Kershaw – Croydon Health Service NHS Trust Chief Executive & Place Based Leader for Health
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	Scrutiny of local healthcare provision is one of the key areas of work for the Sub-Committee.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is presented with an update from Croydon Health Service NHS Trust on the proposed health facilities in Coulsdon and New Addington.

1. UPDATE ON PROPOSED HEALTH FACILITIES IN COULSDON AND NEW ADDINGTON

- 1.1. The Chief Executive of the Croydon Health Services NHS Trust and Place Based Leader for Health, Matthew Kershaw, will present an update on the proposed health facilities in Coulsdon and New Addington.
- 1.2. Attached at Appendix A is an update for the information of the Sub-Committee.

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

APPENDICES TO THIS REPORT

Appendix A: Update on Proposed Health Facilities in Coulsdon And New Addington

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Improving access to out of hospital care

Update on proposed health facilities in Coulsdon and New Addington

Date of issue: 18 November 2022

Summary

The current financial climate, including rising inflation rates in the UK, has caused building developers working with Croydon's NHS to pause upcoming projects. This has the potential to impact the proposed development of new health facilities in Coulsdon and New Addington to improve ease of access to care and diagnostic tests for local residents. The following paper gives an update on the current position and plans to mitigate the challenges.

Current position

Croydon's NHS remains fully committed to developing new health facilities in Coulsdon and New Addington so that local residents can get the care and diagnostic services they need, close to where they live.

The borough was successful in being awarded £9.7million by NHS England 2018 to support the development with a planned completion date by March 2024.

The investment has the potential to provide much-improved care environments for both patients and healthcare staff, and ease of access to local NHS care and diagnostic services.

In early October 2022, the developer engaged with the project confirmed that they were pausing all upcoming current projects to review the impact of rising interest rates, market rents and other external factors including the costs of building supplies affecting their financial viability and those of their investors.

Croydon's NHS remains in detailed discussion with the developer to resolve the issues and will continue this as a priority.

Discussions are also ongoing with NHSE to agree the possibility of an extension for when each project needs to be completed to allow us to continue with this work as such awards are time limited.

Background

As part of the out of hospital transformation programme, the NHS in Croydon has been awarded wave 3 capital funding in March 2020 to address current challenges associated with population growth, health needs and widening inequalities. The proposed benefits of the new community health centres are explained below

- **Coulsdon**

To improve healthcare provision in the south of the borough, and informed by residents, Coulsdon was identified as a top priority area for investment. The proposed centre would include GP practices and out of

hospital clinics to benefit residents who often have to travel to Croydon University Hospital, whilst freeing-up the acute site for help reduce waits for more complex care,

The original plan was to develop the former CALAT site on Malcolm Road in partnership with the council (Brick by Brick) but this became unviable due to financial constraints in the borough in 2020/21. To avoid delays, the NHS appointed a new developer with a number of similar schemes across London and nationally. The NHS has worked with local Primary Care Networks (PCNs) and GP practices to develop a proposal for them to deliver primary care services from the new health centre. These practices comprise: Woodcote medical Practice, Old Coulsdon medical practices, Selsdon and Mitcheley Avenue Medical Practice (from SPC PCN) and the Bourne Partnership (from KMP PCN).

- **New Addington**

In South East Croydon, there is also a need for improved and expanded primary and community health facilities, both to accommodate the new integrated locality model of care, but also to address an under-provision of services in the local area. This would make it easier to access a GP and improve the provision of some healthcare estate, including the Parkway Health Centre, which is the current hub for health and wellbeing services in the area, which has limited scope for redevelopment.

In addition, the New Addington area in particular exhibits high levels of deprivation and health inequalities in the borough, particularly among children and young people. The proposed solution is therefore a new Health & Wellbeing Centre (HWC), offering improved primary and community facilities.

Through continued engagement with local communities, stakeholders and residents of New Addington, proposals have been considered over many years, including for a new-build as part of a Council-led (Brick by Brick) redevelopment of New Addington town centre. This would have been adjacent to a hub for Council-provided services such as housing, education and social care.

In New Addington we propose that the practices delivering from Parkway (New Addington Group Practice and Addington Medical Centre) to move to a newly developed building in New Addington Town Centre. This development will include investment in community diagnostic services, bringing screening and diagnostics closer to home.

Next steps

Whilst both projects are currently paused, the local NHS remains in discussion with NHS England and the South West London Integrated Care Board to secure the extension required, which is vital to the future of the development.

Discussions are also continuing with the developer in anticipation that a resolution can be found. An updated response from the developer is expected before the end of the year.

ENDS

Agenda Item 6

REPORT TO:	HEALTH AND SOCIAL CARE SUB-COMMITTEE 28 NOVEMBER 2022
SUBJECT:	Balancing Adult Social Care Legislative Duties with the Available Financial Resource
LEAD OFFICER:	Annette McPartland Corporate Director of Adult Social Care and Health
CABINET MEMBER:	Councillor Yvette Hopley Cabinet Member for Health and Adult Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Annette McPartland Corporate Director of Adult Social Care and Health
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	This report was requested by the Chair of the Sub-Committee to seek reassurance
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to review the challenges, risks and mitigations used, when balancing adult social care legislative duties with the available financial resource, with a view to seeking reassurance that the budget reduction is being delivered without compromising the Council's duties to provide care.

1. EXECUTIVE SUMMARY

- 1.1. The Health and Social Care Scrutiny sub-committee has requested a paper from the Adult Social Care and Health Directorate, setting out the challenges, risks and mitigations used, when balancing adult social care legislative duties with the available financial resource.
- 1.2. In addressing the request, this paper first provides an outline on what is adult social care and the national eligibility criteria. It then moves to describe the statutory role of the Director of Adult Social Services (DASS), who through setting the vision and strategy, and developing the governance and system partnerships; enables the delivery of services mapped against the eligibility criteria and resource availability, to meet local demand and safeguard residents.

2. WHAT IS ADULT SOCIAL CARE?

- 2.1. Health care manages down risks, so people don't get/stop being unwell. Social care is about taking measured risks to help people live a normal life. Adult social care is not free. Nearly everyone pays something, although most care is provided through informal (unpaid) care. People must meet the Care Act eligibility criteria before they can receive funded or arranged services.

- 2.2. The latest population estimates for Croydon is 390,800 people, this is now the largest population of the 32 London boroughs (Census Data 2021). Croydon's population is growing and expected to reach just under 500,000 by 2050. This means how people look after themselves and how health and care services work together to care for people needs to change.
- 2.3. Croydon Council and its partners will not be able to afford to support this increase in the population within the resources available unless we begin to operate and commission differently. Services are under pressure, so we need to continually look for ways to:
- manage demand, through our 'Prevent, Reduce, Delay Model'.
 - reshape what we offer and what we commission.
 - secure new investment.
- 2.4. We want people of all ages to enjoy good health and wellbeing, this means preventing avoidable illness. Through our One Croydon Alliance, a partnership between the local NHS, Croydon Council and Voluntary Sector, we are reviewing and assessing the wellbeing needs in the borough along with the existing services and facilities to meet those needs. The [Croydon Health and Care Plan](#) (2022-24) sets out the approach for improving health and wellbeing in Croydon.

3. THE CARE ACT 2014 - ELIGIBILITY CRITERIA

- 3.1 The Care Act (2014) introduced a National Eligibility Criteria for care and support to determine when an individual or their carer has eligible needs which the local authority must address, subject to means where appropriate.
- 3.2 The criteria under the Care Act for adult social care when the needs arise from (or relate to) a physical or mental impairment or illness that results in them being unable to achieve two or more of the following outcomes which is, or likely to have, a significant impact on their wellbeing:
- Managing and maintaining nutrition.
 - Maintaining personal hygiene.
 - Managing toilet needs.
 - Being appropriately clothed.
 - Being able to make sure of the home safely.
 - Maintaining a habitable home environment.
 - Developing and maintaining family or other personal relationships.
 - Accessing and engaging in work, training, education or volunteering.
 - Making use of necessary facilities or services in the local community, including public transport and recreational facilities or services.
 - Carrying out any caring responsibilities the adult has for a child.

4. THE ROLE OF THE DIRECTOR ADULT SOCIAL SERVICES (DASS)

4.1. The Director Adult Social Services (DASS) key leadership role is to deliver the local authority's part in:

- Improving preventative services and delivering earlier intervention.
- Managing the necessary cultural change to give people greater choice and control over services.
- Tackling inequalities and improving access to services.
- Increasing support for people with the highest levels of need.

4.2. There are seven key aspects to be included in the DASS's remit:

- Accountability for assessing local needs and ensuring availability and delivery of a full range of adult social services.
- Professional leadership, including workforce planning.
- Leading the implementation of standards.
- Managing cultural change.
- Promoting local access and ownership and driving partnership working.
- Delivering an integrated whole systems approach to supporting communities.
- Promoting social inclusion and wellbeing.

5. ADULT SOCIAL CARE AND HEALTH VISION AND STRATEGY

5.1. Our current adult social care and health vision, set out in our strategy is to:

'enable people to live in a place they call home, with the people and things that they love, doing the things that matter to them in communities which look out for one another'.

5.2. The strategy sets our direction for transformation and improvement during the next few years. It provides clarity to our residents, carers, workforce, providers and partners, on the core adult social care offer from the Council, and within its commitments to the South West London Integrated Care System, and it's Croydon equivalent, the One Croydon Alliance (this being our partnership arrangements with health).

6. ADULT SOCIAL CARE AND HEALTH PRIORITIES

6.1. To achieve our vision and strategy, our directorate priorities are to:

- Develop our Resident Voice and fulfil all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.

- Deliver a balanced budget, achieving our savings targets, implementing managing demand principles and processes, strong commissioning and market management; and moving activity and expenditure to the targets in our strategy.
 - Ensure health and care integration is successful and proportionate, and that it aligns to the Council's objectives for its budgets and our residents.
- 6.2. Further, we will work in collaboration with a range of statutory and non-statutory partners to ensure people's finances are maximised, their housing, care and support needs are met; with our support where this is needed.
- 6.3. We will also continue to improve and integrate services where this makes sense for residents and continue our long-term ambition to reduce inequalities across the Borough.

7. APPLYING THE ELIGIBILITY – HOW GENEROUS ARE WE?

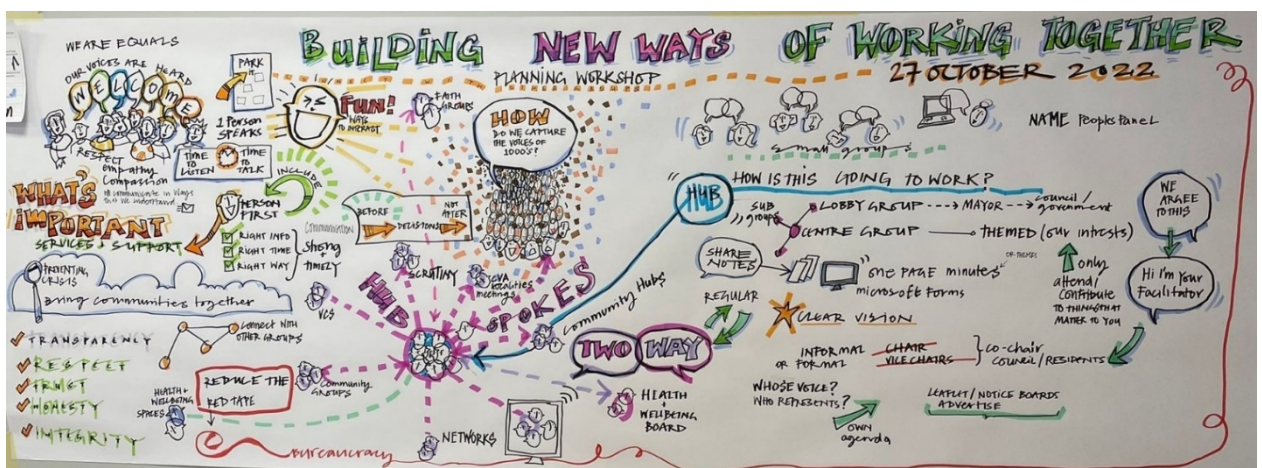
- 7.1. To meet the Council's obligations under the Care Act 2014 the Directorate uses the layered model of, 'prevent, reduce and delay'.
- 7.2. The Model is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support and maximise people's independence.
- 7.3. Our adult social care offer is focussed on enabling our workforce to deliver benefits for our residents, primarily:
- Safeguarding vulnerable adults.
 - Providing social care information and advice to all residents and their families who need it.
 - Supporting residents in partnership with statutory and voluntary sector organisations in an asset-based approach.
 - Providing support proportionately, ensuring we make best use of the resources we have available.
 - Integration with health where it makes sense for local residents.
 - Developing an integrated plan to manage the effects of long-COVID.
- 7.4. Within the model, all strategic and operational practice decisions are made using the relevant legislation frameworks, 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; and Children with Disabilities Act.
 - All packages of care 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 private or voluntary and community sectors.
 - 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.
- 7.5. However, whilst the Council has a duty to meet eligible need, it also has a fiduciary duty to ensure public funds are used well and proportionately. With social care substantially demand led and influenced by shifting demographics and changing cost pressures, there are challenges that if not managed well, the duties could contradict each other.
- 7.6. In addition to the competing duties described above, the Directorate is also committed within the Council's Medium Term Financial Strategy to move to a long-term position that aligns budget and activity (number of people supported) for:
- Working Age Adult spend and activity to the average for London.
 - Older Adult spend and activity and spend to the national average.
- 7.7. An updated national benchmarking report, called 'Use of Resources', is expected to be published by the Local Government Association in November 2022. The report will establish our movement towards the targets during the last 12 months.
- 7.8. To manage these substantial challenges the Directorate's mitigation is delivered in three key areas:
- **Strategic managing demand.** Being delivered through our managing demand programme, this is reviewing the whole operating model of the Directorate to develop and implement a sustainable model for social care.
 - **Operational managing demand of new requests for support.** Ensuring full use of technology enabled care, reablement, better accommodation placements, uptake of direct payments, and a review of whether there is the opportunity for health-related costs to be considered, i.e. continuing health care.
 - **Reviewing packages of care** (which is a requirement of the Care Act). Ensuring the costs remain relevant to the care and support plan agreed between the resident and the social worker.
 - **Reviewing contract spend.** Including if expiring contracts should be renewed, negotiating cost share with system partners; and negotiating costs of care increases with the provider market.

8. GOVERNANCE

- 8.1. To enable successful delivery of the strategy, priorities and meeting eligible needs, below are some of the key Directorate governance structures:

- **Directorate Management Team** – Sets the vision and strategy for the Directorate aligned to statutory legislative duties and the Mayor’s Business Plan. Allocating the financial and workforce resources, and providing assurance to the Corporate Management Team, Cabinet Member, Scrutiny and the Mayor on delivery, risks and issues.
- **Improvement Board** - independently Chaired, it oversees and drives the continued improvement of the Directorate’s services, ensuring that the improvements embedded across the service are sustained.
Providing assurance that budget reductions ensure good outcomes for adults; actively considering new approaches to delivery that reduce spend, maintain improvements and fulfil statutory functions.
- **Senior Management Team** – Delivers the day-to-day operational services and budget management, as set out within service plans.
- **Challenge Panel** – held daily and made up of at least a head of service, finance lead, commissioning lead and placements and brokerage lead; it is an opportunity for officers to present cases of new packages of care, or where reviewed packages require increased funding, to ensure all strength based and technology enabled care options are considered.
- **Transformation Programme Board** – delivered within the Directorate Management Team, the Board sponsors and oversees delivery of the medium term financial strategy and wider legislative change programmes and projects, including transformational investments.
- **Performance Board** - ensures statutory, financial and performance indicators are delivered or appropriate actions in place to achieve them.
- **Rolling Together Group** (provisional title) – the emerging resident’s experts by experience group; whom the Directorate and health partners will work alongside (through engagement, and wherever possible through co-production) to deliver the legislative reforms and improvements in the strategy, transformation and service plans.



(Conversation capture form the Rolling Together Group meeting on 27 October 22)

9. SYSTEM PARTNERSHIPS

- 9.1. To this point, the report has focussed on the Council's internal mechanisms to balance adult social care legislative duties with available financial resource.
- 9.2. However substantial challenge, risk and opportunity to legislative and resource capacity relies on the success of partnership arrangements with system level partnerships.
- 9.3. Through system restructuring driven by the establishment of the South West London Integrated Care Partnership (ICP), the identification of Croydon as a 'Place' within the new structure, aligned to the well-established One Croydon Alliance, has strengthened the commitment of local partners to work together differently in Croydon, and with significant integration in place already through the Croydon Health and Care Plan including broader integration initiatives delivered through the Better Care Fund.
- 9.4. One of the key challenges for the One Croydon Alliance is hospital discharge flow, and the impacts on social care budgets and use of residential placements.
- 9.5. Due to the strong partnership arrangements, the Alliance has recently successfully bid to be selected as one of the six new national Discharge / intermediate care pilot sites in England. This will bring with it national support, best practise, and an opportunity to pilot innovative ideas.
- 9.6. The programme will report to the Alliance Senior Executive Group, and where appropriate, to the Croydon Health and Care Board, for which the Mayor is co-chair alongside the Place Based Lead for Croydon.

10. REFORMS, MARKET FRAGILITY, WORKFORCE INFLATION, LONG WINTERS

- 10.1. Ultimately balancing legislative duties with the available financial resource is a well-known pressure across England. This paper has attempted to demonstrate that at the core of the Directorate's work, there is a strong governance and assurance mechanism, wrapped around the services and budget; with a clear strategy that translates to operational delivery through service plans and individual objectives.
- 10.2. However, there are the wider challenges for which it is less possible to accurately mitigate; meaning the Directorate and Council must constantly adapt to emerging issues.
- 10.3. Unprecedented levels of inflation continue to challenge an already fragile provider market both in terms of utility and workforce costs. Further there are already raised expectations in relation to the Fair Cost of Care exercise.
- 10.4. Winter pressures are no longer a matter for winter months, instead they have been felt across the system through all the seasons. This has left a tired and stretch health and social care workforce with little room for recovery.

- 10.5. Then there is the legislative transformation challenges. The submission of this paper falls just a day after the Autumn Statement of which the highlight for Adult Social Care is the two year delay to the Reforms, in particular the charging element.
- 10.6. Analysis of the impacts will be a key focus for the Directorate and there will be the opportunity to provide a verbal update at the committee.

CONTACT OFFICER: Annette McPartland - Corporate Director of Adult Social Care and Health - annette.mcpartland@croydon.gov.uk

Agenda Item 7

REPORT TO:	HEATH & SOCIAL CARE SUB-COMMITTEE 28 November 2022
SUBJECT:	Heathwatch Croydon Update
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Gordon Kay – Heathwatch Croydon Manager & Co-opted member of the Health & Social Care Sub-Committee
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	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.
BRIEF FOR THE COMMITTEE:	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. This item is an opportunity for the Heathwatch co-optee on the Health & Social Care Sub-Committee, Heathwatch Croydon Manager, Gordon Kay, to provide an update to the Sub-Committee on their latest reports published by Heathwatch Croydon.

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

APPENDICES TO THIS REPORT

To be confirmed

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Agenda Item 8

REPORT TO:	HEALTH & SOCIAL CARE SCRUTINY SUB- COMMITTEE 28 November 2022
SUBJECT:	WORK PROGRAMME 2022-23
LEAD OFFICER:	Simon Trevaskis - Senior Democratic Service and Governance Officer- Scrutiny
ORIGIN OF ITEM:	The Work Programme is scheduled for consideration at every ordinary meeting of the Health & Social Care Sub-Committee.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to: - <ol style="list-style-type: none">1. Note the most recent version of its Work Programme, as presented in the report.2. Consider whether there are any other items that should be provisionally added to the work programme as a result of the discussions held during the meeting.

1. EXECUTIVE SUMMARY

- 1.1 This agenda item details the Sub-Committee's work programme for the 2022/23 municipal year.
- 1.2 The Sub-Committee has the opportunity to discuss any amendments or additions that it wishes to make to the work programme.
- 1.3 The Sub-Committee is able to propose changes to its work programme, but in line with Constitution, the final decision on any changes to any of the Committee/Sub-Committee work programmes rests with the Chairs & Vice-Chairs Group, following consultation with officers.

2. WORK PROGRAMME

- 2.1 The proposed work programme is attached at Appendix 1.
- 2.2 Members are asked to note that the lines of enquiry for some items have yet to be confirmed and that there are opportunities to add further items to the work programme.

Additional Scrutiny Topics

- 2.3 Members of the Sub-Committee are invited to suggest any other items that they consider appropriate for the Work Programme. However, due to the time limitations at Committee meetings, it is suggested that no proposed agenda contain more than two items of substantive business in order to allow effective scrutiny of items already listed.

Participation in Scrutiny

- 2.4 Members of the Sub-Committee are also requested to give consideration to any persons that it wishes to attend future meetings to assist in the consideration of agenda items. This may include Cabinet Members, Council or other public agency officers or representatives of relevant communities.

3 RECOMMENDATIONS

The Sub-Committee is asked to:

- 3.1 Note its work programme for the remainder of 2022-23, as set out in Appendix 1 of the report.
- 3.2 Consider whether there are any changes to the work programme that need to be reviewed.

CONTACT OFFICER:

Simon Trevaskis
Senior Democratic Services and
Governance Officer- Scrutiny
020 8726 6000 x 63779

BACKGROUND DOCUMENTS:

None

APPENDIX 1:

Work Programme 2022/23 for the
Health & Social Care Sub-
Committee.

Health & Social Care Sub-Committee

The below table sets out the working version of the Health & Social Care Sub-Committee work programme.

Meeting Date	Item	Scope	Directorate & Lead Officer
28/11/22	Safeguarding Review	Scrutiny of how the service ensures	Adults Annette McPartland
	Health Centre Update	To receive an update from Croydon Health Service NHS Trust on the provision of new health centres in the borough.	CHS Matthew Kershaw
24/01/23	Integrated Care Partnership	Report on the latest progress with embedding the ICP structure.	Croydon Health Service
	Redesign of Sexual & Reproductive Health Services	To provide input into the commissioning process for the community based sexual and reproductive health services in Croydon.	ACE Rachel Flowers
	Budget Deep Dive	To review in-depth budget areas identified as high risk as part of the scrutiny of the 2023-24 budget setting process.	Adults Annette McPartland
07/03/23	ASC Budget	Standing Item tracking progress with the delivery of 2022/23 Budget (To review by exception).	Adults Annette McPartland
	Review of Mental Health Services	To be planned with the input of SLaM and council officers responsible for commissioning mental health services.	Adults/CHS/CAMHS & SLAM

		To cover areas including <ul style="list-style-type: none">• Use of restraint• Older people Mental health• Mental health transitions	
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