

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

Meeting of held on Tuesday, 21 November 2017 at 6.30 pm in Council Chamber, Town Hall,  
Katherine Street, Croydon CR0 1NX

### **MINUTES**

**Present:** Councillor Carole Bonner (Chair);  
Councillor Andy Stranack (Vice-Chair);  
Councillors Patsy Cummings, Sean Fitzsimons and Andrew Pelling

**Also Present:** Councillor Louisa Woodley

**Apologies:** Councillor Margaret Mead

### **PART A**

#### **55/17 Apologies for Absence**

Councillor Margaret Mead gave her apologies, Councillor Steve Hollands attended in her absence.

Gary Hickey, Healthwatch gave his apologies.

#### **56/17 Minutes of the Previous Meeting**

The minutes of the meeting held on 26 September were agreed as an accurate record.

In considering the Minutes, the Chair informed the Sub-Committee that a response had been received from the Secretary of State acknowledging receipt of the referral made regarding the withdrawal of IVF and ICSI treatment by Croydon CCG and stating that the referral had been passed to the Independent Reconfiguration Panel for consideration.

#### **57/17 Disclosure of Interests**

There were none.

#### **58/17 Urgent Business (if any)**

There were no items of urgent business.

The Following officers were in attendance for this item:

- John Goulston, Chief Executive, (Croydon Health Services NHS trust and Chair of Croydon A&E Delivery Board)
- Jayne Black, Deputy CEO and Chief Operating Officer, (Croydon NHS)
- Stephen Warren, Director of Commissioning (Croydon CCG)
- Andrew Eyres, CEO and Accountable Officer, (Croydon CCG)
- Clinton Beale, Stakeholder Engagement Manager (LAS)
- Graham Norton, Assistant Director of Operations, (LAS)
- Pratima Solanki, Director of Adult Social Care & All Age Disability

Members were given a presentation which detailed the delivery plan for winter 2017/2018 and included plans from the multiagency organisations that would be working in conjunction with Croydon NHS trust to ensure best outcomes for patients.

Officers highlighted three key areas of development and improvement work that included:

- Addressing ongoing workforce issues
- Patient flow and Discharge
- Re-Direction of patients

Officers informed the Committee that challenges were being faced due to increased presentation of patients with mental health issues, an increase of 8% compared to 2016. Members were advised that South London and Maudsley was considering new initiatives such as a 24hr core psychiatric reablement team to meet the increased demands presented by these patients.

Members were advised that the delivery plan included:

- Greater emphasis on person centred care
- The use of physicians to supplement A&E consultants
- Improved out of hospital business case- LIFE team

The Sub Committee was advised that the new resuscitation unit at the hospital was now completed and was in use. Officers advised that the hospital was working towards a target of 3% improvement against 95% A&E targets.

In response to Members' queries, the Sub Committee was informed that there would be several GP hubs open during the Christmas and New Year period to manage urgent primary care. National and local communications campaigns were being produced to place information on this in the public domain.

Members queried the background to the rise of patients presenting with mental health issues. Officers responded that this was a national issue and further analysis was being carried out to establish the underlying issues

surrounding this increase. Officers stated that this figure was predominantly new patients who have only just come to the attention of services. Measures have been put in place with mental health nurses working closely with London Ambulance Service to minimise the impact on A&E.

In response to Members' questions on issues with workforce, the Sub-Committee was informed that there was a national challenge in recruiting A&E consultants and work was being done nationally to address this issue. In areas of nursing there was a recruitment drive and a lot of work was being carried out in training and development which had been attracting staff to Croydon.

In adult social care, work was also being done to recruit nurses in nursing homes. As a winter contingency to decrease admission to hospital, Better Care Funding had been used to block purchase a number of nursing beds for people with dementia. Funds had also been ring fenced for the recruitment and retention of registered managers for care homes. These actions were designed to help stabilise the care market and to keep the best providers in the market place, and to increase the hourly rate of domiciliary care providers and rates for nursing homes.

Members queried the position on frontline staff being immunised with the flu vaccine. The London Ambulance Service responded that there had been a large take up with their staff with just over 73% currently immunised. The roll out for Council front line staff had just been implemented that week and there had been a large take up of staff receiving their immunisation. Croydon NHS had a target to have 75% of clinical facing staff immunised by 31 December 2017 and were currently at 57% which was ahead of their trajectory.

Members enquired as to what actions the council was undertaking to ensure effective communication was being shared with the community to encourage take up of the vaccines. The Director of Adult Social Care and all Age Disability resolved to provide information to the Committee on prevention communication following the meeting.

In response to Members' queries on the plans for availability of Social Care staff during the Christmas and New Year period, officers responded that front line services would be operating throughout that period and that there would be a duty social worker available at all times with additional members of staff to provide support as needed.

## **RECOMMENDATION**

The Sub Committee Members agreed to recommend that the Council should increase publicity around flu vaccines.

The following officers were in attendance for this item:

- Rachel Soni, Alliance Programme Manager
- Kate Pierpoint, Chief Executive Age UK
- Paul Etheridge, Personal Independence Co-Ordinator

Rachel Soni, Alliance Programme Manager introduced the item to the committee by advising that the item was being brought to Scrutiny for consideration and comment before the OBC business case is presented to Cabinet in January 2018.

Members were advised that a business case was being presented to request an extension following this transition year, with recommendations on a 2 -10 year plan that would include the extension of the programme beyond the current over 65's model. The review included plans for the next phase and updated Members on the progress that had been made to date.

The programme had been focused on community intervention through partnership working to prevent and reduce recurrent admissions to hospital for over 65's and this has been realised through a strategic approach and use of the following:

- Personal Independence Co-ordinators;
- Living Independently for Everyone (LIFE) Programme; and
- Integrated Community Network.

Officers informed the Sub-Committee that some of the areas in the proposal for the next phase included:

- Improved choice for service users;
- Integration with Mental Health Services;
- Use of specialist services and care homes;
- Increased use of voluntary sector in delivery of care;
- Increased support for carers;
- Addressing patient length of admission in hospital; and
- Integrated Network of GP practices by March 2018.

Officers explained to the Sub-Committee that the Alliance had been working with its partners on winter planning, preparation, and improvements for service users. The Sub-Committee were informed that strategies were in place to meet demand and that services such as adult care packages and assessments was easily accessible due to longer Brokerage arrangements have been put in place during the winter period.

Members were given an account of the work that had been done by Age UK and Personal Independent Co-Ordinators in the last twelve months that had enabled service users to experience improved long term outcomes. Officers informed the Committee that in the last twelve months there had been six Co-Ordinators employed who had been able to engage with 209 patients across surgeries for an average of 14 weeks. During the engagement period, 90% of service users achieved the personal subjective goals set around their health &

wellbeing, empowering and maintaining independence. GP's had expressed their happiness on the positive impact the scheme had on service users' lives.

A case study was presented to the committee by Paul Etheridge, Personal Independence Co-Ordinator, detailing the work undertaken with service users. The support involved tailoring services to individual needs, multiagency team working between GP services, occupational therapy and district nurses to assess and make provisions based on needs such as equipment, access to social activities and benefits.

In response to Members' queries on challenges faced by Personal Independence Co-Ordinators, Officers advised that not being able to manage demand due to limited resources was problematic. They were currently mapping out gaps in service delivery and the information was being fed back to the Alliance.

Officers informed the committee that the Alliance way of working recognised that there was still a lot of work to be done in the community. Presently, the focus was on priorities and areas where the biggest impact could be made through delivery of programmes, flexibility of long term partnerships and by working proactively with providers so that they could be sustained.

Members queried why the projected savings were based on the 2017/2018 period even though this was a transition year and were concerned about the impact this would have on the savings that CCG planned to make. Officers from the CCG advised the committee that they were confident that they would still meet their savings targets.

Members questioned officers regarding the progression of Mental Health transformation to which officers responded that the CCG had been working closely with SLaM to explore the Alliance's methods of early intervention and had also looked at work undertaken by Mental Health Boards in other Local Authority areas.

The Committee queried whether a Housing dimension would be brought into the work done by the Alliance. Officers responded that this would be given consideration in the future. They would have to look at how best to integrate into what is currently being done in order to establish the right balance and achieve the best outcomes. There would be scope for more integration and better support for the community. The committee was advised that there was currently work being done in relation to housing through the Gateway services, CREST pilot and Shared Lives Services.

## **CONCLUSIONS**

Following discussion, Members were in agreement that they were encouraged by the work done thus far by the alliance and recognised that the achievements to date were commendable.

The Sub- Committee highlighted the need for the Alliance to maintain control of the programme in terms of meeting demand when considering planned expansion of the scheme.

## **RECOMMENDATIONS**

The Sub-Committee agreed to recommend that the report for the December 2017 Cabinet meeting contain more detailed analysis of the projected savings to be made.

### **61/17 Joint Health and Overview Scrutiny Committee Update**

#### **SOUTH WEST LONDON JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (ORAL UPDATE).**

The Chair informed the Committee that at the pre-meet for the proposed 15 November meeting of the JHOSC, it was agreed that the meeting be postponed. This was to enable the South West London Collaborative (SWLCC) officers to complete a refresh of their plans on STP before the next meeting.

#### **SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (ORAL UPDATE).**

The Chair provided an update to the Sub- Committee on the South East London JHOSC that took place on 6 November 2017 at which members considered the proposal for SLaM provision of separate wards for older adults with varying degrees of mental health.

Members were informed that although there had been concerns raised about the possibility of patients having to travel across boroughs for treatment, the attendees had agreed that patients would benefit from being placed in specialised wards to receive treatment by specialist staff to meet their specific needs.

The JHOSC members had agreed that upon implementation of the plans an update would be required after 12 months to review functionality of the scheme.

### **62/17 Healthwatch Update**

There was none.

### **63/17 Exclusion of the Press and Public**

This was not required.

The meeting ended at 9.20 pm

**Signed:**

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**Date:**

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