

Scrutiny Health & Social Care Sub-Committee

Meeting of held on Tuesday, 27 March 2018 at 6.30 pm in Council Chamber, Town Hall,
Katharine Street, Croydon CR0 1NX

MINUTES

- Present:** Councillor Carole Bonner (Chair);
Councillor Andy Stranack (Vice-Chair);
Councillors Sean Fitzsimons, Margaret Mead and Andrew Pelling
- Also Present:** Councillor Pat Clouder
Eleanor Bateman (Croydon Borough Lead) SLAM
James Forrester (Deputy Director) CAMHS
Stephen Warren (Director of Commissioning) CCG
- Apologies:** Councillor Patsy Cummings gave her apologies, Councillor Pat Clouder was in attendance in her absence.

PART A

12/18 **Minutes of the Previous Meeting**

The minutes of the meeting held on 16 January 2018 were agreed as an accurate record.

13/18 **Disclosure of Interests**

There were none.

14/18 **Urgent Business (if any)**

There were no items of urgent business.

15/18 **South London and Maudsley NHS Foundation Trust Annual Report**

The Croydon Borough Lead for SLAM presented the annual report to the Sub-Committee which detailed the outcomes of specific themes from the previous year.

The Sub-Committee learned that the Trust had identified priorities from 2017/18 that would remain as ongoing priorities for 2018/19 which included the five year forward view for mental health and funding had been built into

the Clinical Commissioning Group (CCG) allocation for 2018/19 to support delivery of the transformation plan.

Commissioning of services to meet the needs of the local population was based on a single system of multiagency working to deliver population based health outcomes. The Croydon Health and Care Alliance for over 65's was signed initially for 1 year and the SLaM board agreed to the extension of the One Croydon Alliance for years 2-10 to deliver an extensive integrated care .A centralised place of safety suite was opened in January 2017 to meet the needs of patients as identified in the London's section 136 pathway specification in December 2016.

The Sub-Committee further learned that there had been a reduction in SLaM usage of private beds in 2017 and the CCG had also seen a reduction on the number of Croydon patients in private beds.

The focus for the coming year was on increased integration as a result of changes to the borough structure, improvements to workforce development and delivery on identified action plans following the Care Quality Commission (CQC) report and ratings. Priorities also included increased key provision of discharge and community support services.

A Member questioned how the new structure would impact services. Officers responded that the purpose of the new structure was to improve patient care and in looking at best practice for different group of people it was determined that service users would benefit more if supported under one management structure. It was easier from a commissioning perspective as it would result in a clearer pathway of service, with patients getting a better offer. There had been historic difficulties with provision of acute care which was currently managed through different pathways and under the new proposed structure it was anticipated that integration under a single management structure would be advantageous.

The Sub-Committee further learned that following the recent children's Ofsted report the relationship between Child Adolescent Mental Health Service (CAMHS) and children's social care remained strengthened and they continued to work closely and effectively in partnership. It had however become evident that some aspects of partnership working that was easier to combine had become harder as a result of children's social care needing to focus on some other specific areas but CAMH's were aware of the challenges and are able to appropriately support colleagues where possible.

In response to a Member query as to whether changes to the structure meant a potential change to the reporting to Scrutiny, officers stated that future reports would be written by the two people that would manage the borough and the reports would be written from a leadership and management perspective.

In response to a Member question as to the low level of Croydon funding in comparison to the size of the population, officers stated that this was historic.

SLaM was on target to meeting parity of esteem despite a 5 year constraint and had set aside £1.2M to be invested in additional services. There was a drive to achieve value for money through reduction of stay in mental health beds and over time the money spent to be reinvested in community services. They were on target to meeting the Improving Access to Psychological Therapies (IAPT) targets from the 1st of April 2018 and would also meet the national compliance targets for the first time. Partners worked hard to create efficiencies and improve services for patients with mental health.

A Member queried whether there would be a specific formula of allocated funding across the board in line with the growing need of service users. Officers responded that due to the historic nature of the allocation of funds, they had been working to develop a formula but this had proved more complicated than envisaged. There was currently a national programme in place to develop this.

A Member asked where SLaM saw itself within the 4 year forward view for mental health and how they would respond to challenges presented. Officers responded that they would work closely with partners, re prioritise focus and efforts year on year. They were aware of the pressures in the services as well as in pathways and would use additional investment to address areas of risk.

In response to a Member question of how what had been done to address issues of suicide and how preventative work fitted into the suicide strategy, officers explained that services had looked at links to mental health such as physical health in order to ensure services were able to respond appropriately. Public Health was leading on taking the strategy forward including sharing of best practice from other local authorities.

It was also anticipated that there would be extensive partnership working and multi-layered approach to minimise incidence. Challenges with engagement, specifically as a result of social isolation as most incidences was amongst groups that were not in contact with mental health services remained prevalent. In tackling some of the barriers, direct support from social groups in deprived areas may be more successful in identifying those at risk and in need of support.

A Member asked for clarification on how Croydon completed assessment for Autistic Spectrum Disorder (ASD) and whether this was a good approach. Officers responded that in other boroughs, community paediatrics were included on the assessment pathway and could conduct assessments. In Croydon, young people were referred to CAMHs for assessment and this meant that the development teams had greater responsibility, the consultants were in the acute health provision of Croydon Health Service.

The waiting time for ASD assessment was still high and work was being undertaken with community paediatrics to establish an integrated offer which would assist to reduce waiting times. Croydon had a good working relationship with the CCG and transformation plans had been pragmatic and aspirational. There had been a reduction in waiting times for assessments to 6 weeks for non ASD diagnosis.

In response a Member query on the wait times for ASD and the proportion of referrals received. Officers stated that they were unable to provide accurate figures and agreed to provide after the meeting. The Sub-Committee was further informed that the initial assessment was the first opportunity to achieve diagnostic clarity, the challenge was then the management of wait time for assessment and treatment and the wait time for assessments can vary.

In response to a Member comment that the wait time of 19 weeks for assessment for the memory clinic was disappointing for a vital service, officers stated that they had been looking at how to improve referral rate and addressing issues with pathways to the service. Investments would be made to ensure increased capacity which should reduce wait times. There had been other interventions explored including the expansion of support workers through the Alzheimer society.

Members asked for an update following the 1st year of the centralised Place of Safety and the impact on A&E, officers responded that in comparison to when each borough had individual unit, there were high instances when a unit had to be closed due to reaching full capacity. The centralised unit had unified the boroughs and had only had to close a very small number of times due to full capacity. The service had coped very well with completion of assessments within statutory framework and had a positive impact on hospital A&E attendance.

In response to a Member question on what had been done to address barriers to discharge, officers stated that interventions had been implemented to address identified issues. SLaM had worked extensively with partners such as the Council's Gateway team whom they met with weekly to discuss issues with housing tenancy and financial issues of patients. Housing workers had also been introduced to the discharge teams as this was a major factor in long length of hospital admission. The unification of management had been vital and Croydon's figures in reduction of out of borough patient beds was encouraging.

The Sub-Committee Members raised question on issues with recruitment and retention and what had been done to address the disparity between inner and outer London weighting. Members were also interested to learn what was being done to address inequality and under representation on BME and women in management positions.

Officers responded that there was still a challenge to unify London weighting and make the pay equal. It was encouraging that staff were attracted to working for Croydon due to its status. The Trust was committed to addressing equality and work was being done to encourage and support women and BME staff into leadership positions. The trust had introduced inclusive leadership training to encourage its staff to progress and realise their potential. Interview panels were diverse in order to ensure that the best candidates were recruited Officers agreed that having a broad representation of the demographic that was being served in leadership positions had a positive impact on the organisation.

The Chair thanked officers for attending to answer questions and was encouraged by the level of participation by all Members.

The Sub-Committee thanked the Chair for all her hard work in the last 4 years and wished her well in her future endeavours.

In reaching its recommendations, the Committee reached the following **CONCLUSIONS:**

1. The reduction in the use of out of borough beds was encouraging.
2. The overall waiting time for assessment following admission by the Home Treatment Discharge Practitioners was good.
3. The interventions established to address issues with patient barriers to discharge was encouraging.
4. Whilst it was noted that Croydon was unique in that assessments for Autistic Spectrum Disorder (ASD) was not currently undertaken by community paediatrics, the waiting time for assessments remained a concern.
5. That there was still concerns regarding the increasing waiting time for assessment by the Memory clinic.

The Committee **RESOLVED** to recommend to South London and Maudsley (SLaM) that

1. Details be provided to the Committee on the allocation of Community Psychiatric Nurse (CPN) to each Integrated Care Network (ICN) in the Huddle pilot as part of the One Croydon Alliance scheme.
2. The Committee be informed of how the Trust determined their priorities for each year.
3. More work was needed to address the waiting time of 6 months for assessment for Children with Autistic Spectrum Disorder.
4. Information of the proportion of Autistic Spectrum Disorder (ASD) referrals awaiting assessment be provided to the Committee.
5. The Chair and Vice Chair be consulted for input to the design of future style of the annual report.
6. The increasing figures of referrals to the Memory Clinic remain a concern and the Committee directs that action is taken to address the delays in assessment of patients referred to the Memory Clinic.
7. There be a regular update on workforce development and actions that are being taken to address the diversity on the workforce, in particular that of senior roles

16/18 **Joint Health Overview Scrutiny Committee Update**

There was none

17/18 **Healthwatch Update**

There was none

18/18 **Work Programme**

The Sub-Committee Members agreed for an additional meeting to take place on Monday 23 April 2018 to receive the draft quality accounts for SLAM and Croydon Health Service NHS Trust.

19/18 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 8.20 pm

Signed:

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Date:

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