

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 25 January 2022 at 6.30 pm

This meeting was held remotely and can be viewed on the Council's website

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts and Andrew Pelling

Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Croydon Adult Social Services User Group)

Also Present: Councillors Stephen Mann and Louisa Woodley

PART A

1/22 Minutes of the Previous Meeting

The minutes of the previous meeting held on 9 November 2022 were agreed as a correct record.

2/22 Disclosure of Interests

There were no disclosures of interest made at the meeting.

3/22 Urgent Business (if any)

There were no urgent items of business for consideration by the Health & Social Care Sub-Committee at this meeting.

4/22 Croydon Together - Winter Challenges & Covid Pandemic Update

The Sub-Committee considered a report set out in the agenda supplement for the meeting, which provided an update on the response of local healthcare services to the impact from winter pressures and the covid-19 pandemic. An introduction to the item and the questions of the Sub-Committee were answered by the following representatives from health and social partners:-

- Agnelo Fernandes – GP Borough Lead for Croydon – South West London Clinical Commissioning Group
- Rachel Flowers – Director of Public Health at Croydon Council
- Matthew Kershaw – Chief Executive at Croydon Health Service NHS Trust & Place-Based Leader for Health

- Annette McPartland – Corporate Director of Adult Social Care & Health at Croydon Council
- Lee McPhail – Chief Operating Officer at Croydon Health Service NHS Trust
- Hilary Williams – Service Director at South London & Maudsley NHS Foundation Trust

During the introduction provided on this item the following points were noted:-

- The borough was slowly seeing a plateauing of the latest covid wave, with 120 patients in the Croydon University Hospital (down from 140 at the time the report was written), including 8 in intensive care.
- The best way for the public to assist the NHS was to continue to adhere to the guidance such as 'Hands, Face, Space, Fresh Air' and taking up the vaccine offer.
- There had been 600,000 covid vaccinations delivered in Croydon including 60,000 at the hospital as well as the wider provision from GPs, pharmacies and mass vaccination centres.
- The vaccine rate in certain parts of the borough remained lower than others, with work continuing on finding different approaches to encourage take up.
- Mandatory vaccination for health and social care staff would take effect from 1 April 2022, with work on the implementation of this mandate underway.
- The Elective Centre set up at Croydon University Hospital had helped to manage the number of people waiting for treatment, but the levels had understandably dropped during the recent omicron wave. However, the service was now on the way to returning to pre-omicron levels and was likely to be fully up to speed by early March.
- There had been an increase in the number of unwell patients needing care, which placed pressure on the whole of the healthcare system. To help manage capacity, improvements were being made to the assessment and treatment of patients, including same day emergency care to help people avoid stays in hospital.
- Tribute was paid to the excellent partnership work between health and social care teams to manage and maintain the flow of patients through the health system as well as possible. It was highlighted that the social care discharge team was working across the healthcare system in London to manage the discharge of patients into the borough.
- Most care home residents had now received both vaccinations and a booster.

- The borough was seeing covid outbreaks in educational establishments, but the Public Health team was working with the Education Service to maintain face to face teaching as much as possible.
- Evidence had indicated that although the omicron variant was significantly less harmful than the delta variant, there was a higher risk of hospitalisation for people who were unvaccinated.

Following the introduction to this item, the Sub-Committee was given the opportunity to question the information provided. The first question related to the reasons affecting hospital discharge, to which it was confirmed that the speed of discharge could be impacted by a range of factors. These included the complexity of a case particularly if specialist care was required, covid had impacted upon the availability of care beds and staff availability, particularly during the pandemic, could slow the discharge process

It was highlighted that Inner London boroughs often discharged patients into the borough due to the greater availability of care homes beds in Croydon. However, this had an impact on the health and social care system in the borough. The Social Care team worked with the discharging authority to ensure the discharging authority was paying for the cost of care and managing safeguarding issues.

It was questioned whether there was any evidence to indicate that people were more hesitant to seek treatment as a result of the pandemic. It was confirmed that the pandemic had seen a level of hesitancy in people presenting. During the summer, when covid rates were low, numbers had returned to a more normal level, but the recent omicron wave had reduced this again. It was highlighted that the level of referrals had remained consistent over the past twelve months and the waiting times for both operations and diagnostic services in Croydon were better than other areas in South West London. The number of patient presenting with mental health related issues had increased during the pandemic, which was placing pressure upon mental health services.

It was questioned whether there was significant numbers of patients visiting the Accident & Emergency (A&E) department who could have been treated elsewhere in the healthcare system and how was this being managed. In response it was advised that there was always a level of activity in A&E when there may be more appropriate pathways, but it was important to ensure that people were not discouraged from seeking treatment. The A&E department did stream at the front door to try to ensure that patients visited the right place for their needs. Reassurance was given that the number of people visiting A&E unnecessarily was not a major challenge for the system, unlike managing the flow through the system.

As the number of people accessing health care through the 111 service had dramatically increased over the past year, it was questioned if this service was performing as expected. It was advised that the channel shift to accessing healthcare through the 111 service was helping to ensure that

people were directed to the right place for their needs. As a result of learning during the pandemic, further refinements were being made to this system, which would benefit any future covid waves and the system as a whole.

In response to a question about the risk of people in professions that may require home visits, such as salespeople, spreading covid-19, it was highlighted that covid was a communicable disease and as such if people had concerns they could answer the door wearing a face covering and require people to stay outside, as there was a lower likelihood of transmission in the open air.

Concern was raised about the number of staff who may be lost from the health and social care system as a result of the vaccine mandate and whether there had been an assessment of the impact upon the ongoing delivery of services. It was advised that it was still too early this stage to definitively state the potential impact upon services as staff were still making their decisions on whether to take up the vaccination or not. Work continued with staff to understand their reasons for vaccine hesitancy and to provide support to enable them make an informed decision. Not all staff would fall within the scope of the mandate and a panel had been set up to determine which roles were in scope, if this was disputed. At present the mandate would affect approximately 350 out of 4,000 staff for the Croydon Health Service NHS Trust and there was approximately 40 out of 807 staff in secondary care who may also be affected.

Care home staff, domiciliary care staff and front-line social workers were also covered under the vaccine mandate. At present 96% of care home staff and 77% of domiciliary care staff had been vaccinated. There was a small percentage of social care staff unvaccinated and work continued to encourage vaccine take-up.

Following the discussion of this item the Chair thanked those in attendance for their engagement with the questions of the Sub-Committee and also thanked all staff working in health and social care for their hard work throughout the pandemic.

Conclusions

At the end of this item the Health & Social Care Sub-Committee agreed the following conclusions:-

1. There was significant reassurance provided that the health and social care system had worked effectively together throughout the pandemic, which was reflected in Croydon being seen as a model of partnership working.
2. The thanks of the Sub-Committee was given to all the health and social care workers in the borough who had ensured that the system had risen to the significant challenges presented by the pandemic.

3. It was agreed that given the challenges presented to the health and care system by hospital discharge, performance in this area should be kept under review by the Sub-Committee over the next twelve months.

5/22

Scrutiny Budget Challenge: Adult Social Care & Health Directorate

The Sub-Committee considered a report, set out on pages 5 to 26 of the agenda, which provided a response to the budget challenge set by the Sub-Committee concerning the ongoing management of care packages and managing demand in Adult Social Care.

The report was introduced and the questions of the Sub-Committee answered by the following officers:-

- Annette McPartland - Corporate Director for Adult Social Care and Health
- Bianca Byrne – Head of Strategic Commissioning & Improvement
- Richard Eyre – Head of Improvement
- Matthew Davis – Interim Director of Finance

During the introduction it was highlighted that the assessment of care packages was based upon a strength based approach and had to be managed within the regulations set out in the Health & Care Act. If an assessment was needed it was carried out through consultation with the service user and their carers to identify the best outcomes for the user. The Adult Safeguarding Board and other panels were in place to ensure that people were being safeguarded. It would be unlawful if an individual experienced harm or the level of care provided was unsafe for an individual and as such social workers, as registered practitioners, had a duty to ensure that the care provided was safe.

Included within the report was the Adult Social Care Strategy which set out the principles for transforming the service. It was highlighted that at present Adult Social Care was on track to meet 100% of its savings targets for 2021-22.

Following the introduction the Sub-Committee was given the opportunity to question the information provided. The first question related to the need to account for inflation in the budget, with a 4% increase included. As inflation was currently above 5% it was questioned whether there was enough flexibility in the budget to account for this increase. It was confirmed that inflation was being monitored as it was a known risk to the budget. Work was underway to review the corporate inflation provision to establish what could be afforded.

It highlighted that service user feedback and involvement in the commissioning process was important in ensuring the delivery of good quality services. As such it was questioned how service users would be involved

going forward and how they could provide feedback if they were unhappy about a service. Reassurance was given that people were at the heart of the commissioning process and it was seen as essential to feed in the voice of service users, with this principle being a key driver in the commissioning model the Adult Social Care service was working towards. If a service user had a concern about the level of service provided, in the first instance this should be reported to the provider and shared with the Council.

The service also worked with user groups such as the Autism Board and the Croydon Adult Social Services User Panel (CASSUP) to consider how services were commissioned. It was essential that workstreams had the involvement of residents in designing the system, which need to include honest conversations about the amount of money available.

Given it could be challenging to deliver savings, it was questioned whether there was alternative plans in place if it became apparent that particular savings could not be achieved. It was highlighted that Adult Social Care was a demand led service and as such it was crucial to manage this demand through early intervention in order to support carers to continue caring. Growth had been built into the budget to account for increased demand, which had been based upon evidence developed in partnership with the Local Government Association (LGA). If growth was not included in the budget, then the service would be overspent from day one. There was also a need to ensure that the health service was meeting the cost of health related issues and that people paying for their care services were charged appropriately.

A demand management system was being established to review from end to end the level of support required by service users, to ensure there was a realistic picture of the potential cost. There was also a need to review services commissioned by the Council a number of years ago to ensure that they continued to deliver the necessary outcomes required by the Council.

The budget for Adult Social Care was reviewed within the service on a weekly basis and by the Section 151 Officer and the Chief Executive on a monthly basis. If there was an over spend, there would be an expectation that this would be rectified by the service. The Chair of the Sub-Committee highlighted that from their review of the Transitions Service earlier in the year, reassurance could be taken that the team was able to effectively manage its budgets.

Reassurance was sought that the Service had the right software packages and financial controls in place to ensure that the budget could be effectively managed. It was confirmed that the Service had two systems in place that had been introduced during the pandemic which enable the whole system to be monitored. These systems were still a work in progress, but month on month improvement was being made.

The Service also used a software system called CareCubed, which was a placement negotiation tool that allowed national data sets to be reviewed alongside the care and support details for a service user to provide an indicative cost of care. Having this tool in place allowed the service to

negotiate with providers on what they were able to provide and so far it had delivered £170,000 of savings from reviewing a minimal number of cases. The next stage of the process would be to roll the system out into the Children with Disabilities team, which would also have the benefit of helping with transitions as young people moved through the care system.

The Interim Director of Finance, Matthew Davis, confirmed that the Adult Social Care service now had a greater level of control of its budget compared to a year ago. The Spend Control Panel had originally been reviewing care packages on an individual basis, but as there was now reassurance that the team was keeping a tight control of the budget a weekly overview was provided instead. Although an absolute guarantee could not be given that there would be no unexpected costs before the year end, there was reasonable confidence that the monthly figures were accurate and the budget would be delivered.

CASSUP Co-optee, Yusuf Osman, highlighted there had been three suggestions made by CASSUP when they were consulted on the Adult Social Care Strategy and asked whether these had been captured in the document. The suggested changes were the inclusion of sensory impairment to the list of impairment groups, the need to reflect people either born with or who developed an early impairment and a need to strengthen the section on the Council continuing to provide statutory support. It was confirmed that these changes had been incorporated in the document following the CASSUP meeting.

It was noted that the Sub-Committee had previously received updates on the need for reassessing the support for learning disabled and as such it was questioned how the Strategy encompassed this work and also tied into other strategies such as the Autism Strategy. It was confirmed that the Strategy covered all adults from young people in the Transitions service at 14 through to the end of life. It was intended that the Strategy would be able to evolve in order to take account of future changes within the system. The Service was currently doing a lot of engagement on learning disability services and had ensured the inclusion of learning disability and the transforming care cohort in the Health and Care Plan. It was important that Social Care did not work in isolation and was joined up with other services and strategies. It was agreed that the delivery of the Adult Social Services Strategy may be something the Sub-Committee might want to revisit later in 2022.

In response to a question about how the content of the strategy would be communicated to the public it was advised that a communications plan had been created alongside the strategy which set out who the Service needed to engage with and an easy read version would be produced.

An update the current position of staffing in the Service was requested. It was confirmed the main challenge was the recruitment and retention of staff in the Discharge and Transition teams. It was essential that staff, particularly those newly qualified, felt looked after by the Council through good quality supervision and support with complex cases. Social workers also

predominately worked from the office rather than remotely, which helped to ensure there was a connection with staff.

Following discussion of this item the Chair thanked the officers in attendance for their openness in engaging with the questions of the Sub-Committee.

Conclusions

At the end of this item the Health & Social Care Sub-Committee reached the following conclusions:

1. From the evidence provided by officers it was reasonable to conclude that the budget being proposed for Adult Social Care was both sustainable and deliverable, with a commendable focus on working with individuals to ensure their needs were being met.
2. With the 2021-22 budget on track for delivery, there was evidence that the financial controls within the service had improved over the past year.
3. Given the information provided and the reassurance of officers that any change to care packages would be managed in cooperation with service users and their carers, it was reasonable to conclude that any changes to care packages would be closely monitored to prevent any unnecessary harm.
4. The Sub-Committee was broadly supported the of the Adult Social Care Strategy, acknowledging it would take a role in testing both its implementation, and the impacts on residents, carers and the budget.

6/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.50 pm

Signed:

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Date:

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