

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 26 March 2019 at 6.30 pm in Town Hall

MINUTES

Present: Councillor Sherwan Chowdhury (Chair); Councillor Andy Stranack (Vice-Chair);
Councillors Pat Clouder, Toni Letts, Andrew Pelling and Scott Roche

Also Present: Councillor Jane Avis, Margaret Bird, Yvette Hopley and Louisa Woodley

PART A

1/19 Minutes of the Previous Meeting

The minutes of the meeting held on 18 December 2019 were agreed as an accurate record.

2/19 Disclosure of Interests

There were none.

3/19 Urgent Business (if any)

The Chair advised the Sub-Committee that he had agreed to allow an update on the Community Dental Service from Kings College Hospital NHS Foundation Trust to be considered as an urgent item to ensure that the update was provided in line with the Sub-Committee's recommended timeframe set at their meeting on 20 November 2018.

4/19 Urgent Item: King's College Hospital NHS Foundation Trust - Update on the Community Dental Service

At their meeting held on 20 November 2018, the Sub-Committee had raised concern about the Community Dental Service being discontinued at the Parkway Health Centre in New Addington. As such an update from the operator of the service, King's College Hospital NHS Foundation Trust was requested for March 2019, to address the concerns raised by the Sub-Committee at their meeting on 20 November.

The following representatives from King's College Hospital NHS Foundation Trust were in attendance at the meeting to provide the update:-

- Doctor Rob Hale - Consultant in Special Care Dentistry and Head of Department for Community Special Care Dentistry, and
- Paul Chandler - Deputy Director of Operations

From the update provided, it was confirmed that the decision to discontinue the Community Dental Service at the Parkway Health Centre had not been reconsidered, as the equipment used by the service had already been decommissioned and was no longer available.

An Equalities Impact Assessment (EIA) had been undertaken following concerns raised by the Sub-Committee at the meeting on 20 November. The EIA acknowledged the high impact from the closure for patients with disabilities and also the high impact from transport related issues for patients who now needed to travel to alternate locations to access the service. King's College Hospital NHS Foundation Trust had written to the 250 patients who used the service, receiving six responses that would be acted upon.

Looking further forward, King's College Hospital NHS Foundation Trust had expressed an interest locating a Community Dental Service at the new leisure facility being built in New Addington. King's College Hospital NHS Foundation Trust had also recently participated in an Oral Health Stakeholder Workshop, which had resulted in them agreeing to be part of the Steering Group for oral health in the borough.

Following the update, Members were given the opportunity to question the representatives from King's College Hospital NHS Foundation Trust about the provision of the Community Dental Service. The first question concerned the transportation issues highlighted in the EIA, with it questioned whether there had been any mitigating factors introduced as a result. It was confirmed that hospital patient transport had been offered to patients unable to travel to the service in Thornton Heath.

Although the undertaking of an EIA on the decision to close the Community Dental Service at the Parkway Health Centre was welcomed, there was a concern that it focussed specifically on disability and did not give consideration to socioeconomic factors that could also be a barrier to patients using public transport, which was acknowledged by the representatives from King's College Hospital NHS Foundation Trust.

It was questioned whether consideration had been given to relocating the service at another site in the borough, with the Sanderstead Clinic and the recently refurbished Purley War Memorial Hospital suggested as possible alternatives. It was advised that King's College Hospital NHS Foundation Trust was working with the Public Health team at the Council to explore different options, but potential barriers included the standards required to provide dental services and the difficulty in justifying a significant capital spend on a temporary facility.

As it was acknowledged that work continued to be progressed on the future of the Community Dental Service in the borough, a further written update was requested to set out both the interim and long term plans for the Service along with indicative timescales.

The Chairman thanked the representatives on behalf of the Sub-Committee for their attendance at the meeting.

Conclusions

Following the discussion of this item, the Sub-Committee reached the following conclusions:

1. Although the decision making process which had led to the closure of the Community Dental Service at the Parkway Health Centre had been flawed, it had provided the opportunity for everyone involved to learn from the process
2. Looking forward, reassurance could be taken that both King's College Hospital NHS Foundation Trust and the Public Health team were working together to explore options for the long term future of the Community Dental Service in the borough.
3. That a further, written update on the future of the Community Dental Service would be required once the plans had been finalised.

5/19

Question Time: Cabinet Member for Families, Health & Social Care

The Committee received a presentation from the Cabinet Member for Families, Health & Wellbeing, Councillor Jane Avis, providing an update on the activities within her Portfolio. During the introductory presentation to this item the following was noted

- The strengths highlighted within the Portfolio included the One Croydon Alliance winning the Local Government Chronicle Health & Social Care Award, the Council being awarded Dementia Friendly Status and delivering a balanced budget in the context of increased demand and complexity.
- The E-Marketplace was due to go live in June 2019 and would be a place where suppliers can demonstrate their services online, leading to greater choice for customers.
- The new Front Door approach had been developed to reduce the number of hand offs for residents when contacting the Council, with the emphasis on answering queries at the first point of contact.
- The locum workforce in the Adults Service had been reduced from 35% to 16%.
- Locality based working had started to be rolled out, with a welcomed commitment from partners in embracing this approach.
- Potential weaknesses within the Portfolio included the fragility of the provider market with the Council being the largest provider of care homes in London. Out of the Council's 130 care homes, only three homes were of concern, with steps being taken to improve these.
- Data quality was an issue, but it was hoped that the quality of data available would begin to improve now that there was an increasing focus on delivering a data driven approach.
- There had been a £500,000 cut to the Director of Public Health's budget in the past year that presented additional difficulties in the move to a more preventative approach.
- There was a determination on the part of both the Administration and the Service to reduce the health inequalities within the borough.

- The current case management system used by the Service was out of date and as such the process of acquiring a new system was currently underway, which would better enable staff to manage cases.
- Potential opportunities included the new NHS ten year plan focused towards delivering an integrated care system which would bring together hospitals, GPs and community health services.
- The expected Government Green Paper on the funding gap in social care had been delayed, but the content of the document was eagerly awaited.
- The One Croydon Alliance was expanding its focus from residents over 65 to the whole population of the borough. The results from the first stage, focussed on the over 65's, had been welcomed with savings achieved, as well as improving outcomes for residents.
- There was a plans to provide an increased amount of supported accommodation units, as social care moved away from residential care.
- Work was currently being progressed on the insourcing of special sheltered housing care provision, which should be complete by the end of the year.
- Potential threats within the Portfolio included an increasingly ageing population leading to increased care costs, the new NHS Plan along with the regionalisation of the Clinical Commissioning Groups leading to a lack of focus on the local area and the uncertainty over government funding.
- The potential reduction in the workforce in adult social care including nursing staff from Brexit was another potential risk.

Following the presentation, the Sub-Committee was given the opportunity to question the Cabinet Member on her Portfolio. The first question related to the budget and how it was going to be managed going forward given the ever increasing pressures. In response it was advised that it was important to ensure that there was a focus on smart working to drive improvement, using digital resources to their upmost to help keep people in their own homes. It was emphasised that it would be hard to continue to protect frontline services in future budgets, with an urgent need for the Government Green Paper to address how the funding shortfall would be met.

Given the concern over the potential impact of Brexit on staffing levels, it was questioned whether any action was being taken to mitigate against this risk. It was advised that it was already difficult to recruit and retain staff, with providers having to compete against each other for staff. The Council had introduced a scheme to attract first year social workers, with positive feedback given that some would be staying at the authority due to the level of support provided.

The confirmation that work was underway to bring special sheltered housing back in-house was welcomed by the Sub-Committee, but concern was expressed about possible costs being passed onto residents. It was highlighted that the Council was focussing on prevention to allow people to stay in their own homes if that was their preference

With the success of the One Croydon Alliance noted, it was questioned how its progress compared against other similar arrangements. It was advised that at present the One Croydon Alliance was at a more advanced stage than others, which led to concern about how the potential Clinical Commissioning Group merger to a more regional scale would impact upon the Alliance. It was noted that the maturity of the relationships in the partnership formed a key part of its success.

The Public Sector Equity Duty was highlighted, with it questioned what the Council did to ensure it adhered to these principles by ensuring that the access to services was the same for disabled people as possible. It was confirmed that the Council adhered to the Duty as closely as possible and the Administration was committed to ensuring that disability support was high on the Council's agenda. All reports coming to the Cabinet for a decision included an equalities section which demonstrated the Administration's focus on supporting disability.

It was noted that the location of the Department of Working and Pensions (DWP) Assessment Centre in the borough was not conveniently located near to public transport links and as such it was questioned whether anything could be done to encourage the DWP to relocate nearer to public transport links. The Cabinet Member agreed that the Assessment Centre location was not ideal and agreed to raise the issue at the next Mobility Forum meeting. It was also suggested that it may be useful to invite representation from the DWP to a future meeting of the Sub-Committee to discuss the issue.

It was questioned whether the Croydon Clinical Commissioning Group had started contingency planning for Brexit and in particular for a possible disruption in the supply of medicines. It was confirmed that partner organisations had started planning for Brexit a while ago, but national clarity was needed to gain a greater understanding of the potential risks.

It was recognised that the work the Council was undertaking as part of the One Croydon Alliance was pioneering, but concern was raised about how the new locality hubs would fit with the work of the Alliance. It was advised that the locality hubs were still a work in progress, but it was hoped that they would fit well with the One Croydon Alliance, with work ongoing to ensure that everything was coordinated.

As follow up, it was questioned how well the One Croydon Alliance worked with the voluntary and community sectors in the borough. It was noted that working with the voluntary sector could be challenging because of the wide variety of organisations involved, but the Cabinet Member for Safer Croydon and Communities, Councillor Hamida Ali was preparing a strategy designed to provide better coordination of the voluntary and community sector.

Although it was acknowledged that locality based working was still at an early stage of its development, further information was requested on the possible future extension of the scheme. It was advised that a number of different options were being considered for community outreach, with it acknowledged that hubs may not necessarily be the best solution for the more rural

communities in the borough, with buses being used to provide a mobile service a possible alternative.

In response to a question about the options being explored to enable people to stay in their own homes, it was highlighted that it was more cost effective for people to stay in their own homes and generally better for the individual. There was the Aztec Centre in Croydon that worked on ways to keep people in their own homes and the Council was working on many different aspects to achieve the main targets for people's lives.

As there was an acknowledgement that there was a weakness in quality of the data currently available to the Council, it was questioned how this could be improved. It was confirmed that a number of digital packages had been purchased, which were in the process of coming online that would improve data capture. Steps were also being taken to improve the culture of the Council towards the use of data to ensure it was used to its maximum effect. It was suggested that it may be helpful for the Service to compare its data capture to that of other local authorities to be better able to judge its own performance.

Given that there was a move towards maximising the use of digital pathways as a means of communicating with the Council, the measures in place for people not able to report online was questioned. It was confirmed that the locality based working approach would provide residents with the opportunity to meet face to face with Council officers. The new Front Door system would also provide improved access to Council services.

It was questioned how the experience of services users was used to shape the work of the Council. In response it was advised that as well as looking at the technical detail of services delivery, the perspective of the service users was also always considered.

In response to a question about other services being brought back in-house, it was advised that this option would be pursued where possible. However sometimes the Council was tied into a contract with another provider. The potential for ending a contract early would be explored, but it was essential that the cost of doing so did not impact upon council taxpayers.

The Chair of the Sub-Committee thanked the Cabinet Member for her attendance at the meeting and answering their questions. Congratulations was also extended regarding the recent success at the LGC Awards.

Conclusions

Following the discussion of this item, the Sub-Committee reached the following conclusions:

1. That there were a number of challenging issues facing the Cabinet Member within her Portfolio, which should be revisited by the Sub-Committee in the forthcoming year

2. That there would be a benefit in comparing the level of data captured within the Service with that of other local authorities, to better enable a judgement to be made on the Council's performance in this area.
3. Consideration should be given to inviting representatives from the Department of Work and Pensions to a future meeting to discuss the Sub-Committee's concerns about the location of its Assessment Centre within the borough.

Recommendation: The Sub-Committee agreed to recommend to the Cabinet Member for Families, Health & Wellbeing that work should be undertaken to gain an understanding of the Council's performance regarding data capture against other local authorities.

6/19

Annual Public Health Report 2018

The Director of Public Health, Rachel Flowers, was in attendance at the meeting to provide the Sub-Committee with an update on the Annual Public Health Report. During the introductory presentation the following points were noted:-

- There was approximately 6,000 babies born in Croydon each year and the report from the Director of Public Health focussed on the early experiences of young children in the borough.
- The evidence had shown that the experience of children in their early years was key to their future development, with Adverse Childhood Experiences (ACEs) having a significant impact.
- Determinants on a person's life included their parent's health before, during and after pregnancy, their experiences in their first 1000 from conception and ACEs such as neglect and abuse.
- The three key principles of the approach set out by the Director of Public Health were for staff and Members to know their role, with everybody able to make a difference, ensuring health was a consideration in all Council policies and breaking the inequalities cycle.
- Since the report was approved by the Cabinet, it had also been considered by the Board of the Croydon Clinical Commissioning Group and the South London and Maudsley NHS Foundation Trust (SLaM), both of whom agreed with the recommendations.
- Works streams arising from the report including improving the provision of joined up maternal mental health pathways, with conversations ongoing with SLaM about women with long and enduring mental health issues preparing for pregnancy.
- Work was underway with voluntary and community sector organisations to feed into the public health approach towards violence reduction.
- There had recently been a Vulnerable Adolescent Mental Health Review, which would inform the work of the Children & Young People Emotional Wellbeing and Mental Health Board.
- As part of the work streams on promoting health during pregnancy there was support being provided for prospective parents including a Joint Health Weight Steering Group and support to help parents quit smoking.

- The partners were continuing to work toward reaching the target of 95% MMR immunisations. As part of this, the move by the Government to remove anti-vaccination information from social media was welcomed.
- Looking forward, consideration was being given to whether work plans needed to be adapted to ensure the delivery of the recommendations set out in the report. A task and finish group of the Health & Wellbeing Board would be set up to have an assurance role on the delivery of the recommendations.

Following the presentation the Sub-Committee was given the opportunity to question the Director of Public Health on the content of the report. It was noted that the report contained many different work streams, involving the input from different partners. As such it was questioned how this work would be coordinated to ensure a shared focus. In response it was highlighted that the report was independent and had been informed by input from front line staff and other sources of evidence. The Public Health team had been working with the Health and Wellbeing Board to provide oversight.

It was noted that there had been a growth in the need for baby food bags, which resulted in referrals to a social work meaning that any potential issues were being picked up. Concern was raised about other children potentially at risk that were not being picked up through this process. It was advised that conversations were taking place about providing wrap around support as needed. There were a wide range of departments and teams that interacted with families and it was essential to ensure that potential issues were not missed and the right intervention was offered.

In response to a question about whether this was a new approach, it was advised that the basis for the report was anecdotal evidence on the importance of early year of children's lives and the negative impact from ACEs. The aim of the report was to provide a shared understanding through providing the current information on the subject.

As there were 34 recommendation set out in the report, it was questioned how these were being prioritised. It was advised that they were independent recommendations, so it was a choice by partner organisations whether to follow them or not. Within the 34 recommendations there were four key recommendations.

In response to a question about how the detail of the report would be communicated to the general public, it was highlighted that the report was targeted toward the people working with the people of Croydon rather than local people themselves.

It was confirmed that physical disability was considered to be an Adverse Childhood Experience, but was not mentioned in the report, as it had focused on the ten highest ranked. It was accepted that this could have been made clearer within the report.

In response to a question about the availability of data from other local authorities to enable the Sub-Committee make an assessment of the Council's performance in this area, it was advised that it would not necessarily be helpful to make such a comparison.

The Chair thanked the Director of Public Health for her attendance at the meeting and answering the Sub-Committee's questions.

Conclusions

Following the discussion of this item, the Sub-Committee concluded that the Director of Public Health should be thanked for her informative report, which highlighted the importance of the support provided to parents and their children.

7/19

Croydon Healthwatch Update

Gordon Kay, the Manager of Healthwatch Croydon provided the Committee with an update on the current activities of his organisation, which included a report on the experience of Dementia Carers accessing healthcare services in the borough.

From the introduction to the report, the following points were noted:-

- The top finding from the review was that GPs had a crucial role to play in the process as gatekeepers to health care system. The general view of GPs was good.
- It was essential for carers that the right support was provided at the right time, as the health care system could often be a confusing and complex environment to navigate, particularly at a time of crisis.
- Social care advice seemed to focus on the financial implications before those relating to the level of care provided at a time when carers did not want to talk about finance.
- The Council was funding the Carers Information Service, which was doing a great job. It was found that the public were not aware that this was a Council supported service, so consideration may need to be given to potential communications to promote this link.
- The recommendations set out in the report reflected that some of the things highlighted are already happening, but the most crucial recommendation was on the need for a clear set of pathways as the present structure was confusing.
- The report had been shared with key service providers, who given a detailed response. The overall feedback was that it had been well received.

Rachel Carse from Croydon Dementia Action Alliance (CDAA) was also in attendance to provide the Sub-Committee with an update on their own work in this area. The CDAA had seen an increase in size, with 400 police officers and 20 new organisations signing up. At the Council more than 1,000 staff were signed up as dementia friends.

It was highlighted that there were complicated pathways for dementia patients as there were more than 100 types of dementia. Part of the remit of CDAA was around reducing the stigma and fear of dementia. Their work included dementia friendly film screenings and working with the BME community to raise awareness of their higher risk of dementia.

It was confirmed that CDAA were open to working with voluntary and community sector groups and currently worked with a number of faith groups and Croydon Voluntary Action.

The report was welcomed by the Sub-Committee who were supportive of the recommendations. It was acknowledged that the number of carers who had contributed to the report had been relatively small, but it was proportionate to the number available. The Sub-Committee agree that it would be useful to follow-up on the report in twelve months.

Conclusions

Following their discussion of the report, the Sub-Committee concluded the following:

1. That the report on the experience of Dementia Carers accessing healthcare services in Croydon was very good and the recommendations were supported.
2. That the Sub-Committee would revisit the recommendations in twelve months to review progress made.

8/19 Exclusion of the Press and Public

This motion was not needed.

The meeting ended at 9.45 pm

Signed:

Date:

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