

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 12 November 2019 at 6.30 pm in Council Chamber, Town Hall,
Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Sean Fitzsimons (Chair); Councillor Andy Stranack (Vice-Chair),
Patsy Cummings, Clive Fraser, Andrew Pelling and Scott Roche (part)
Also Present: Councillors Jane Avis and Yvette Hopley

PART A

28/19 Minutes of the Previous Meeting

The minutes of the meeting held on 24 September 2019 were agreed as an accurate record.

29/19 Disclosure of Interests

There were no disclosures of interest made at the meeting.

30/19 Urgent Business (if any)

There were no items of urgent business.

31/19 Workforce Planning across Health & Social Care in Croydon

The Sub-Committee considered information set out in the agenda together with further information in a supplemental agenda which provided an overview of the workforce challenges facing both Croydon Health Service NHS Trust (CHS) and the Adults Service at Croydon Council. Present at the meeting for this item were:-

- Michael Burden – Director of Human Resources & Organisational Development for CHS
- Deborah Calliste – Head of Human Resources for the Health, Wellbeing & Adults at Croydon Council
- Matthew Kershaw – Chief Executive for CHS & Place Based Leader for Health
- Guy Van Dichele – Executive Director for Health, Wellbeing & Adults at Croydon Council

As an introduction to the item presentations were given to the Sub-Committee on the workforce issues from the perspective of the Council and CHS respectively. These presentations can be viewed on the links below.

Croydon Council presentation:-

<https://democracy.croydon.gov.uk/documents/s18812/Adult%20Social%20Care%20Workforce%20-%20Presentation.pdf>

Croydon Health Service NHS Trust Presentation:-

<https://democracy.croydon.gov.uk/documents/s18794/Appendix%20B%20CHS%20Presentation%20-%20Workforce%20Planning%20in%20Health.pdf>

Following the presentations the Sub-Committee was given the opportunity to question those present on the information provided. The first question asked whether there were any groups working in the community that could inform the Council's work on dementia and autism. It was advised that there were groups such as the Older People Group and the Autism Partnership Board that informed the Council's work and new members were always welcome if Members knew anyone who wanted to get involved.

In response to a question about initiatives being used by both the Council and CHS to recruit staff it was advised that it was important to have entry level jobs, such as Health & Wellbeing Advisors at Croydon Council and Healthcare Assistants at CHS as these provided opportunities for people to start their careers in either the health or social care field. CHS was also working with schools to encourage young people to visit the hospital to explore potential careers in health. It was confirmed that the booklet on being a Croydon nurse included case studies of staff who had progressed in their nursing careers from entry level roles.

It was highlighted that there were certain areas that were more suitable to a joined up method of delivery with such an approach already being taken in the Safeguarding team and Pharmacy. There were other further opportunities being explored for joint working in areas where there was an overlap between health and social care.

Further work was required before it would be possible for services to be co-produced with patient involvement, but it was hoped that this would be possible in the future. Feedback indicated that patients would always say that they wanted a joined up service, but to provide this would mean giving up what makes the individual organisations unique.

In response to a question about how the staff vacancy rate was being managed by CHS it was advised that at present cover was provided through 70% of staff working additional hours which was supplemented by agency staff. A large scale overseas recruitment process had recently been completed which had resulted in 110 nursing staff being recruited from the Philippines, who were due to be in post by the end of the year. Nursing vacancies continued to be a problem national scale, but through hard work

and a focus on recruitment the vacancy level in Croydon was at its lowest level in a number of years with 147 vacancies. The vacancy level had previously been in excess of 200 posts.

As a follow up it was questioned why there had been a specific focus on the Philippines. It was advised that a number of different countries both inside and outside Europe had been targeted, with the reasons for choosing specific locations based on ethical recruitment considerations and local intelligence indicating that there would be a good return on staffing for the cost of the recruitment process. Other campaigns currently underway included the targeted recruitment of doctors in India.

Given that the information provided for Members indicated that there was a significant turnover of staff at the hospital, the reasons for leaving were questioned. In response it was advised that one of the key issues was the cost of living in the local area with many staff moving to other, more affordable, areas of the country. To counter this it was essential to ensure the value of staying was beneficial through providing staff opportunities to develop and progress, providing a competitive remuneration package and offering flexible working.

Concern was raised about the care workforce as it was acknowledged that there was a lack of understanding over the totality of the care provider market in the borough. It was known that there was an overprovision of residential care in the borough, but a shortage of nursing staff meant it difficult to create additional nursing care. There were a number of issues such as the London Living Wage not always being paid by employers and the perceived low value of care as a career which meant that there were staffing challenges. It was hoped that the move towards integrated care networks would help to provide a greater overview of the sector once they were in place.

The Sub-Committee agreed that the care provider market should be scrutinised in greater detail at a future meeting as there was significant risk for the Council if a service provider failed.

In response to a question about the selection process for recruiting staff it was advised that processes were in place for recruitment and if it was clear that an applicant would not deliver the standard of care expected then they would not be recruited. The quality of staff was more important than simply filling vacancies as recruiting the wrong staff member could often cause more issues than not recruiting at all.

Information was requested on the trend in the hospital's performance in reducing the amount of premature patient deaths. In response it was advised that the mortality rate of patients was tracked and it was currently at its lowest level for five years. Croydon's performance in this area also compared favourably against other healthcare providers in London.

Furthermore incident reporting processes had been improved which had led to an increased number of both major and minor incidents being reported, which was to be welcomed as it provided learning opportunities and helped to

identify service improvement. In addition, although the number of incidents reported had increased, the amount of significant incidents had reduced. It was agreed that further information on incident reporting and premature death would be provided for the Sub-Committee.

Staff who experienced traumatic situations at work were provided with support based on their individual need. This could include counselling, workload management and wider staff support. The risk of staff potentially becoming desensitised due to the nature of their job roles also needed to be monitored as this could also cause a significant impact.

In response to a question about the possibility of a single report being produced in future years it was advised that health and social care colleagues would be happy to work together on a collective report. A Place and Workforce Committee was in the process of being established which would enable the discussion of many of the issues raised in the information provided to the Sub-Committee. The two organisations were also working together on apprenticeship schemes and to create single management teams for the localities based services.

It was highlighted that unemployment was an issue in some of the areas where the localities work had been established and as such it was suggested that consideration could be given to how to encourage people to consider healthcare as a career. It was advised that work was ongoing in this area and included options for placements, volunteering work, apprenticeships and the entry level roles such as Health & Wellbeing Advisors.

It was acknowledged that additional work was needed to ensure that Ward Members remained informed of the latest developments arising from the Localities work streams in their local areas, but this was being addressed with further opportunities for communication being developed.

At the conclusion of this item the Chair thanked the officers for their attendance and their engagement with the questions of the Sub-Committee. It was agreed that the Sub-Committee would be keen to revisit workforce issues in twelve months to find out if the situation had changed. It was agreed that representatives from the South London and Maudsley NHS Foundation Trust would be invited to feed into the item when it was revisited.

Info Requests

The Sub-Committee requested the following information to be provided after the meeting:-

1. Data on the trend in the percentage of incidents reported that are of a nature that led to severe harm or death.
2. Data on the trend in preventing premature deaths.

Conclusions

At the conclusion of this item the Sub-Committee reached the following conclusions:-

1. The Sub-Committee recognised that there were significant recruitment challenges facing both Health and Social Care and commended the move towards a more joined up approach in addressing these issues.
2. It was agreed that the challenges facing the health and social workforce would be revisited in twelve months to review the progress that had been made.
3. There was significant concern about how the care provider market would be impacted by the wider workforce issues. As such it was agreed that this subject would be included in the Sub-Committee's work programme for 2020-21.

Councillor Scott Roche left the meeting at the conclusion of this item.

32/19 **Winter Preparedness**

The Sub-Committee considered the information set out in the agenda, including a presentation on the CHS Winter Plan which would ensure that the hospital had the resources and capacity to cope with the expected demand over the winter. The item was introduced by a presentation from the Chief Operating Officer at CHS, Lee McPhail. A copy of the presentation can be found here:-

<https://democracy.croydon.gov.uk/documents/s18797/Appendix%20A%20-%20Winter%20Preparedness%20-%20Presentation.pdf>

Following the presentation the Sub-Committee was given the opportunity to ask questions on the Winter Plan. The first question related to capacity in the A&E department and whether it was sufficient to cope with a serious incident such as a flu outbreak. In response it was advised that there was a 30 bed contingency capacity built into the service, along with extra flexibility delivered through reducing elective care should there be a period of particularly high demand. There was also ongoing work outside of the hospital with partners which focussed on keeping people out of hospital, with conversations being had over wider health determinates such as poverty and heating.

As a follow up it was questioned whether the 30 bed contingency was being used at the present time. It was confirmed that the additional capacity was currently being used, but the approach set out in the Winter Plan which directed the focus towards reducing the length of a patient's stay in hospital would, if managed correctly, reduce the impact upon bed capacity.

As the Winter Plan set out the Operational Pressures Escalation Levels (OPEL) Framework, it was questioned at what level CHS would have to stop elective surgery in order to manage capacity. It was advised that only non-elective surgery would be carried out should OPAL4 be reached and in the event of this happen it would be reviewed on a daily basis.

It was questioned how the demand for mental health care provision was being managed and in particular people with mental health related issues presenting themselves at A&E. It was advised that representatives from the South London and Maudsley NHS Foundation Trust were members of the A&E Board and a specific task force had been created to focus on this work stream.

In response to a question about the support available for homeless patients over the winter, it was advised that there was a Homeless Health Team based at the hospital. CHS was in the process of creating a Homeless Health Hub within the hospital that would provide additional support and shelter for homeless patients.

It was questioned whether the availability of GP appointments was monitored as limited availability could lead to increased attendance of patients at A&E. It was confirmed that there was regular communication between primary and secondary care providers to help prepare for demand. There was also a coordinated communications programme that was aimed at informing the public of their options when engaging with healthcare.

At the conclusion of this item the Chair thanked the officers for their attendance, acknowledging that much of the work set out in the Winter Plan would be ongoing rather than one off measures. It was agreed that it would be useful to have included in future reports on winter preparedness information on spikes in certain types of patient so the wider determinates could be reviewed.

Conclusions

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

1. The ongoing work of the Croydon Health Service NHS Trust and its partners to manage capacity for winter demands was to be commended.
2. That Croydon Health Service NHS Trust would be invited back to the Sub-Committee meeting in March 2020 to provide an update on the implementation of the Winter Plan.

33/19 Immunisation Priorities in Croydon

The Sub-Committee considered a presentation from the Director of Public Health, Rachel Flowers, who along with the Director for Integrated Women's, Children's and Sexual Health for CHS, David Garrett, was in attendance at the meeting to answer questions on the immunisation priorities for Croydon.

A copy of the presentation delivered can be found here:-

<https://democracy.croydon.gov.uk/documents/s18791/Immunisation%20Priorities%20in%20Croydon.pdf>

Following the presentation the Chair advised the Sub-Committee that the report had been requested to give Members an overview of the current immunisation issues in the borough. It was agreed that the presentation had highlighted certain issues that should be reviewed in greater depth. As such it was agreed that the Chair and Vice-Chair of the Sub-Committee would work with officers to prepare a workshop/briefing session on immunisation in the borough for the Sub-Committee.

Information Requests

The Sub-Committee requested to be provided with a list of universal immunisations for Croydon.

Conclusions

Following a short discussion of this item the Sub-Committee concluded that the issue of immunisation in Croydon needed further exploration and it was left in the hands of the Chair and Vice-Chair to work with officers to arrange.

34/19 Health & Social Care Sub-Committee Work Programme 2019-20

The Chair introduced this item, advising the Sub-Committee that he had arranged to hold regular informal meetings with Healthwatch Croydon to get their input into work programming and inform the Sub-Committee's work through the voice of the patient.

The manager of Healthwatch Croydon advised the Sub-Committee that they were currently working with CHS on a review of the patient experience at the new A&E facility which could be brought to a future meeting.

It was highlighted that the Sub-Committee meeting on 21 April 2020 had been set aside for a review of Whole life mental health provision. In the lead up to this it was hoped that site visits could be arranged to help inform the Sub-Committee's discussion at the meeting.

The Sub-Committee **resolved** to note the Work Programme for 2019/20.

35/19 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.15 pm

Signed:

Date:

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