

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillor Sean Fitzsimons (Chair), Councillor Richard Chatterjee (Vice-Chair), Pat Clouder, Jerry Fitzpatrick, Steve Hollands, Andrew Pelling and Gordon Kay (Healthwatch Croydon Co-optee)

Reserve Members: Jan Buttinger, Patsy Cummings, Clive Fraser, Toni Letts and Helen Redfern

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 26 January 2021 at 6.30 pm.** **This meeting will be held remotely.**

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Monday, 18 January 2021

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AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (Pages 5 - 12)

To approve the minutes of the meeting held on 10 November 2020 as an accurate record.

3. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Update on the Croydon Response to Covid-19

The Sub-Committee will be provided with an update on the Croydon response to the Covid-19 pandemic. (To follow)

6. 2021-22 Adult Social Care Budget Proposals

The Sub-Committee will be provided with an overview of the Adult Social Care budget proposals for 2021-22. (To follow)

7. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

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Public Document Pack Agenda Item 2

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 10 November 2020 at 6.30 pm in This meeting is being held remotely. To View the meeting, please click <https://webcasting.croydon.gov.uk/meetings/10975>

MINUTES

Present: Councillor Sean Fitzsimons (Chair); ;

Councillors Pat Clouder and Andrew Pelling
Gordon Kay, Healthwatch

Also Present: Councillor Janet Campbell, Cabinet Member
Councillor Richard Chatterjee
Councillor Jerry Fitzpatrick
Councillor Steve Hollands
Councillor David Wood
Rachel Flowers – Director of Public Health
Rachel Soni – Director of Integration and Innovation, Integration and Innovation
Matthew Kershaw – Chief Executive & Place Based Leader for Health
Annie Callanan- Croydon Safeguarding Adult Board Independent Chair, Operations
Annette McPartland- Director of Operations
Elaine Clancy- SW London NHS
David Williams –Safeguarding Lead, Croydon Bromley & Sutton, Metropolitan Police

Apologies: None

PART A

21/20 **Minutes of the Previous Meeting**

The minutes of the meeting held on 22 September 2020 were agreed as an accurate record.

22/20 **Disclosure of Interests**

There were none.

23/20 **Urgent Business (if any)**

There were no items of urgent business.

The Chair took the opportunity to explain that due to the rapid changing nature of COVID-19 and responses at national and local level to presenting issues, it was agreed for late presentation of papers. This was to ensure that the data and information presented with was up to date and relevant.

24/20 **Croydon's Covid-19 Response and Budget Development Update**

The Chief Executive and Place Based leader for Health, the Director of Integration and Innovation Health, Wellbeing and Adults and the Director of Public Health outlined the details in a [Presentation](#).

Following the presentation, Members were given the opportunity to ask questions.

A Member asked what lessons had been learnt with regards to care homes and the high number of deaths in the first wave and if there were any areas of weakness that had been identified as still requiring attention. The Director of Public Health informed the Committee that she was now the Association of Directors of Public Health lead around care homes across London. There had been a lot of useful learning around care homes since the beginning of the pandemic and there was a strategic care homes group that met on a regular basis that consists of commissioners, GP's and other Public Health professionals. The group engage in conversations around lessons learned, rapid regular routine testing of workforce and what else can be done to ensure reduced numbers of Covid within care home and domiciliary care settings. This way of working and building of relationships was also evident within children's social care and its care homes. More work needed to be done to areas of improvement such as information on how people can improve and maintain their health as well as infection control. There was also work to be done on improving services for people with mental health affected by Covid and access for families to visits their relatives in care homes. Officers added that one of the biggest challenge was in the management of the winter emergency workload and well as increased Covid hospital admission that may occur. The risk around the impact on staff must also not be underestimated.

In response to a Member question on what steps had been taken to improve community access to GP's which was severely impacted and restricted by the first wave of Covid, and the challenges of a virtual service officers said that the facility for patients to have face to face appointment where needed was in place. Whilst virtual consultations were in place and were offered in the first place for primary and secondary services and worked well for some people and conditions or different stages of treatment, complicated diagnoses in primary or secondary care that require face to face appointment were and mould still go ahead. The opportunity of offering a convenient responsive service on a virtual basis for patients was valuable. The important lesson learned from the first wave was maintenance of access to face to face appointment through the use of sensible precautions put in place.

In response to a follow up question on the COVID Vaccine and how challenges around capacity for the nationwide roll out was being mitigated, officers said that the magnitude of getting the whole population who qualify for the COVID vaccine vaccinated was realised and there was specific work underway to identify workforce to carry out the administrative and support function that was required.

A Member questioned what support was being offered to staff as we enter the second wave to mitigate the risk and impact that resulted in staff burnt out of the stressful and challenging time experienced in the first wave of Covid. Additionally what was being done to improve staff morale and address issues with staffing levels? Officers said that staff wellbeing was of most importance and without the workforce services would be undeliverable. Staff were being consistently, openly communicated and engaged with through twice weekly webinars to keep them updated with issues and to answer questions. Mental health provision was in place for staff through the creation of a separate space away from the frontline. There had also been a health and wellbeing week event. It was acknowledged that there were still issues with staff morale as a result of having experienced difficult times and there was still more of that to come and it as important of the leadership of each department to have sight of difficulties and ensure that everything is being done to address issues by working together to navigate through this exceptional circumstance. There was a recruitment hub in place for health services across acute providers in South West London to create a greater capacity to help with recruitment which was still at early stages.

A Member raised concerns regarding the learning disabled community who were as equally vulnerable to COVID as most of the other vulnerable sects of the community , in particular the Autistic community who were prone to mental health episodes that could be compounded that the events of the current time. It was asked how confident we could be that this group was been identified and responded to by appropriately trained medical and ancillary staff in the appropriate manner. Officers acknowledged that it was important to be aware and understand the challenges and impact of Covid on this vulnerable group. Whilst the service realised the importance of tailoring it response to this group in an appropriate manner, there was still a lot of work to be done on awareness and responding appropriately. In particular improving staff training and skills in identifying and addressing particular needs of vulnerable people.

In response to a member question on what was being done to encourage people with health issues to present who would have been reluctant for various reasons to present to services, officers said they were working to communicate that the NHS was open and for them to come forward to get the treatment they need. Work was underway to tackle the back log of treatments and to continue to keep communicating the message that all aspects of the service was open.

A Member asked what was being done to address challenges with patient access to dentistry service and the possible impact on the rest of the health

service. Officers said that restrictions were placed on some areas of the service due to the nature of treatments and concerns around the spread of COVID. The appropriate precautions had now been taken and those treatments had now been brought back into place. At present it was not known what the impact this may have had on identification of head and neck cancers due to lack of visits to dentists.

The Sub-Committee responded to the question asked by officers on what reassurances they would need to provide to Members on the changes being made on how resources would be managed across the NHS and Local Authority by stating that communication through all stages of activity was key. In particular the opportunity to understand new commissioning arrangements as well as implications and provide feedback. To understand the equalities and diversity impact of decisions.

The Char thanked officers for their attendance and engagement at the meeting.

The Sub-Committee came to the following conclusions:

1. There remained concerns in backlogs caused by access to dentistry which was severely restricted during the first lockdown and the impact this may have caused in delays for referrals for diagnosis of Cancers of the throat and mouth.
2. It was important that services continued to assess and adapt to ensure that the wider community was able to adequately access primary care services as required, in particular those in the community that were not able to access services through advanced technological means.
3. In light of the scale of delivery as well as the administration involved to enable the delivery of the Covid-19 vaccination at the appointed time, it was evident that there would be significant challenges in delivery capacity.
4. Further consideration must be given to the impact and consequences of Covid-19 on the vulnerable sections of the community, in particular the effects on people with learning disabilities such as Autism whose susceptibility to other issues such as Mental Health issues would be compounded by the recent events.
5. Health and Social care should continue to build on the work that was doing to improve staff morale and increase the services and support offered to staff to manage their mental health.

25/20

Croydon Safeguarding Adults Board - Annual Report 2019-20

The Director of Operations, Adult Social care presented the report and the following was noted:

- The Annual report covered 2018/19 and included some update on Covid
- The board has decided to keep the same priorities as the previous year as it was felt that enough progress had not been made in areas of

making safeguarding personal, hearing the voice of residents and improving communication and engagement.

- A new training and improvement subgroup has been established to engage with outcomes and recommendations that arise from any serious adult reviews, as the last serious adult review identified a serious gap in work across partner agencies.
- Improved engagement with Black and Asian Minority Ethnic communities of Croydon was a priority.
- Continuation of Brexit as well as Covid had increased pressures on services. There has been strong partnerships, good collaboration and cross party efforts to navigate through these challenging times.
- Areas that required improvement are mental health, vulnerable and missing persons which are all areas that impact greatly on police resourcing and it was important that they receive services tailored to their needs.

Following presentation of the report, the sub-committee was given the opportunity to pose questions to the partners.

The Chair took the opportunity to remind members that the purpose was to test whether the partnership arrangements in Croydon were robust and examine whether there was any evidence of good practice and delivery of service.

In response to a Member question on what the biggest challenges for the partnership was and where improvements needed to be made, officers said that the partnership relationship was robust and aside from evolving challenges from Covid, Austerity remained a concern. The volume of referrals was often a concern from an operational level and ensuring that risk assessments were conducted with the right decisions made in a timely manner. Additionally it was important that safeguarding be person centred with the voice of the person heard. It was important from the police point of view that they be well staffed and able to make the right risk assessments and judgements as necessary.

A Member asked what was being done to create a baseline to measure safeguarding equalities in a diverse borough as Croydon and what interventions were in place to minimise and respond to resident discontent and communication barriers. Officers said that work had commenced in January 2020 to meet with professionals who would act as representatives of the community as well as bring forward their own experiences to gather information on what needs to be done to tackle safeguarding inequalities and this work will be expanded further down the line to include gathering information from Croydon residents. In order to ensure cultural competence by professionals dealing with families that present complex issues including faith and cultural differences, professionals were encouraged to attend workshops and training sessions to keep them informed, up to date and equipped to deal with the many people of different backgrounds encountered. Operation managers were responsible for ensuring that their staff receive the training required to fulfil their roles. To effectively manage any issues, the

service is closely monitored through performance dashboard and holding to account as appropriate.

A Member questioned how satisfied the partners were that the staff in their respective service had the specialised training and knowledge needed to deal with difficult situations with autistic adults. Officers were informed that statistics following a survey in the national autistics society papers showed relatively low numbers of autistic adults surveyed felt that the police and social workers had a good understanding of Autism.

The Chair of the Board stressed that in terms of safeguarding, one of the reasons making safeguarding personal was a priority for the Board was due to the experiences of vulnerable sections of the community. It was important for the board that all parties seriously take into account the needs of the individual by creating an environment where they were listened to, were able to express their wishes and for those life choices to be taken into consideration in appropriately safeguarding the adult.

Officers went on to say that there was essential training for staff on the basic understanding of Autism but acknowledged that this was not sufficient and had to be built on by supporting the individual member of staff to enhance their skills in order to expand on their knowledge and skills of dealing with different vulnerable members of society.

Officers added that from the perspective of the Police there wasn't sufficient bespoke training around people with vulnerabilities and it was often difficult to arrange and deliver training for officers who had to be on the front line on a daily basis. This was compounded with the fact that the police were now an emergency service that was presented with dealing with a range of societal issues that was not traditionally the responsibility of the police and were in the midst of a learning curve as an organisation. Officers agreed that a multiagency approach around training was essential and they would continue to explore ways that this could be improved through shared learning through increased awareness, recognition and lines of communication.

In response to a Member question on what the partnership could do to redress the fact that the police was spending a large proportion of their time dealing with and managing situations that required social services intervention, Officers said that the Board regularly engaged in dialogue as to how to improve operational services to enable each section of the partnership to fulfil their statutory obligations. It was acknowledged that the police were dealing in the first instance with high volumes of issues that would have previously been managed by other services. Officers said that in order to manage this, Police Officers were engaged in strategy discussions about working with partners and utilising risk management plans as appropriate to identify and minimise incidences of some of the known recurrent high volume users and the calls the police get from them.

The work that was being done to raise awareness and profile of the responsibility of professionals as well and the public on safeguarding was welcomed. The importance of working to improve the pathways for the public to voice their concerns was highlighted as an area that required more focus.

Officers replied that they were keen to explore different ways to engage the public and explore ways to ensure that the voice of the public could be heard and be central to their service. Input and suggestions from Members where possible would be welcomed.

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The Chair thanked officers for their attendance and engagement with the Sub-Committee.

In reaching its recommendations the sub-committee came to the following conclusions:

1. The Sub-Committee was reassured by the partnerships commitment and engagement with each other to safeguarding the vulnerable residents of Croydon.
2. The attendance of all partners at the meeting was encouraging as the sub-committee was presented with a view of all partners' involvement in the partnership.
3. There was a lack of evidence of staff awareness and adequate training on communicating with and understanding the needs of with people with disabilities such as Autism.
4. Whilst work had begun to unpick the experiences of the BAME community, Members were not reassured that the partnership yet had a clear pathway to manging the issues with communication and engagement with the BAME community.

The Sub-Committee made the following recommendations:

1. That a training needs assessment be carried out and for the partnership to continue to challenge its self on increased awareness of and improving the experiences of people with disabilities
2. That a briefing be provided to the sub-committee on what steps the partnership will take on improving the experiencing of BAME.

26/20 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 9.17 pm

Signed:

Date:

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