

## **Scrutiny Health & Social Care Sub-Committee**

Meeting held on Monday, 28 November 2022 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### **MINUTES**

**Present:** Councillors Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Stewart and Robert Ward

Gordon Kay (Healthwatch Croydon Cooptee)

**Apologies:** Yusuf Osman (CASSUP Cooptee) and Councillor Yvette Hopley (Cabinet Member for Health & Adult Social Care)

### **PART A**

#### **28/22 Minutes of the Previous Meeting**

The minutes of the meeting held on 18 October 2022 were agreed as an accurate record.

#### **29/22 Disclosure of Interests**

There were no disclosures of interest made at the meeting.

#### **30/22 Urgent Business (if any)**

There were no items of urgent business.

#### **31/22 Update on proposed health facilities in Coulsdon and New Addington**

The Sub-Committee considered a report set out on pages 15 to 18 of the agenda which provided an update on the provision of new health facilities in Coulsdon and New Addington by Croydon Health Service NHS Trust (CHS). This update had been included on the agenda to inform the Sub-Committee of the reasons for the delay in delivering these projects.

During the introduction to the report by Matthew Kershaw, the Chief Executive of CHS and Place Based Lead for Health, the following points were noted: -

- The provision of new health facilities on the sites in Coulsdon and New Addington were both long running developments.
- CHS had recently written to patients' groups, MPs and other stakeholders to flag the delay in the development of these sites, which had been caused by a request for further rent on the site from the developer.
- As the higher cost would make the developments financially unviable, CHS was in negotiation with the developer and would provide a further update once it was possible to do so. Confirmation

was given that CHS remained committed to the provision of new health facilities on both sites.

- It had originally been proposed that both sites would be developed in conjunction with the Council through their Brick by Brick development company. As this option was no longer available CHS had chosen to work with a developer.

Following the introduction, the Sub-Committee was given the opportunity to ask questions on the information provided. The first concerned the plans for the sites, with it confirmed that except for consideration being given to parking drop-off provision on the Coulsdon site, the plans were the same as originally proposed.

Regarding the timeframe for the negotiations with the developer, it was confirmed that CHS was looking to resolve the outstanding issues by the end of March 2023 as a longer delay would impact upon the funding provided by NHS England requiring an extension to be negotiated. It was expected that negotiations with the developer should be concluded within six to nine months. There was a commitment from both CHS and the developer to work together on this site, but if the outcome from the negotiation meant it was not viable to proceed, then other options would need to be considered.

It was confirmed that neither the Coulsdon nor New Addington developments were reliant on the other to proceed. The same developer had been appointed for both sites, but they could be developed separately if needed.

Given the delay to the provision of health facilities on the Coulsdon site, it was highlighted that the Purley War Memorial Hospital was the hub for the south of the borough. CHS was looking at improving both the surgical and diagnostic services available from this site.

In response to a question about feedback from the local community on the delays, it was highlighted that the health service had been managing without these facilities and would continue to do so. There had been conversations with patient groups throughout the process and information had been shared at the Healthwatch Croydon AGM. CHS would continue to share information wherever possible.

It was questioned whether the issues experienced on the two sites regarding the development budget was due to Croydon specific issues. It was confirmed that this was not the case as construction costs had increased nationally and the developer was having similar issues on developments outside of the borough.

At the conclusion of this item the Chair thanked Mr Kershaw for attending the meeting to provide the update on the Coulsdon and New Addington developments.

Resolved: That the update on the provision of new health facilities in Coulsdon and New Addington is noted.

## **Balancing Adult Social Care Legislative Duties with the Available Financial Resource**

The Sub-Committee considered a report set out on pages 19 to 26 of the agenda which explained how the Adult Social Care service maintained its statutory requirements in the face of delivering its budget savings targets. This report had been requested to allow the Sub-Committee to seek reassurance that there were sufficient safeguards in place to ensure that any changes to individual care provision was managed safely.

During the introduction to the report by the Corporate Director for Adult Social Care & Health, Annette McPartland, the following points were noted: -

- The report provided for the Sub-Committee set out the services provided by Adult Social Care, outlined the requirements for the Service under the Care Act and how these requirements were met in Croydon.
- Reassurance was given that the Service was meeting its requirements, and as they were statutory, this would continue to be the case despite the Council having recently issued another Section 114 Notice.
- The Service engaged with the people of Croydon in several different ways including the recently established Resident Voice Group. Engagement was vital as it allowed the Service to hear directly from residents about any issues they experienced with their care.

Following the introduction, the Sub-Committee had the opportunity to question officers on the information provided. The first question asked for an update on how winter pressures were being managed by the health and social care services in the borough. It was confirmed that at present the situation was extremely challenging across the whole health and care pathway. All aspects of the system were under significant strain, which was impacting upon the flow through the system affecting access times across services. Although the level of activity seen at the Croydon University Hospital tended to fluctuate, it was broadly in line with levels seen in previous years. Issues within the hospital and across the whole health and care pathway were slowing the flow through the system. However, this was not unique to Croydon, with the hospital being one of the top performers in London, even with the level of performance being significantly lower than in previous years.

As a follow-up, it was questioned whether staffing was a particular issue exacerbating patient flow through the system. It was confirmed that staffing was always one of the contributing factors to patient flow through the system. Although the hospital was doing well in terms of nursing staff, the availability of therapists along with shortages in social care were creating issues. There was also staffing hotspots in other areas across the system that had an impact.

The Government had announced new funding to help health and social care services manage the impact of winter pressures. Croydon had been given the

biggest allocation in South West London, which equated to £2.5m for the borough. 60% of this would be allocated to health care services and 40% to social care.

Given it was recognised that health and social care services nationally were going through a challenging time, it was questioned whether there was sufficient capacity within the system to manage any unexpected issues that may occur. It was advised that contingency plans were in place to manage the demand for services over the winter, but it was expected to be a very demanding period. The Service worked with Public Health colleagues to encourage the take up of vaccinations to prevent the possibility of a flu or covid-19 spike. Longer term plans were being made to ensure a sustainable social care system was in place going forward, which focussed on keeping people fit and well by working across the health and care system.

It was questioned whether any of the information provided in the report would be impacted by the recent publication of the Section 114 Notice by the Section 151 Officer. It was advised that the recent budget announcement from the Government had not been available at the time the report presented to the Sub-Committee was written. The budget announcement had confirmed that the introduction of the care cap would be delayed, although the Government still intended to introduce its fair cost of care proposals. A new inspection regime had also been announced. Moving forward into winter, the workforce including the wider care workforce was likely to be increasingly affected by cost of living crisis. Commissioners from the Council were meeting with providers in the care home and domiciliary care market to ensure that they remained able to support people across the sector.

Further information was requested on the support being provided for the care market in the borough. It was highlighted that there were two care networks aimed at supporting the market to ensure it was managing the pressures from risks such as the cost of living crisis and increased energy costs. Only one care home in the borough had closed in the past year, but that was due to the provider not wanting to continue in the sector. The Service was looking at how best to support care homes with inflation and specific pots of money such as those available through the Government's Fair Cost of Care provision had been distributed. Currently, the care home market in the borough was sustainable and the Council continued to be able to buy beds as needed.

Regarding the domiciliary care market, it was highlighted that it tended to be more difficult to source domiciliary care in the south of the borough around Coulsdon, due to the lower number of providers in the area, as it was geographically more spread out in comparison to the north of the borough. Some boroughs across London were finding it difficult to find both types of care provision, but at present this was not the case in Croydon. The Council had a robust safeguarding team that worked with providers where concerns were identified to bring up the level of care.

Officers were asked to explain how they were reassuring themselves that the Service was keeping people as safe as possible when going into or leaving hospital. It was advised that there was a Life team in place to support people

leaving the hospital environment, with a virtual ward system set up to monitor people outside of hospital to the same level as would be the case on a ward. People are first visited within 24 hours of leaving hospital and all cases are reviewed within four weeks to ensure the resident continued to be safe and was receiving the required level of care. Although there was confidence in the system to support vulnerable residents, it was acknowledged that sometimes things did go wrong and when this happened there was a robust safeguarding process in place to review any such case.

It was questioned whether there would be any impact upon the services provided by non-statutory partners in the community and voluntary sector from the discontinuation of the Community Fund. In response it was highlighted that many of the contracts in the Community Fund were naturally coming to an end in March 2023. The Adult Social Care service worked with voluntary sector providers to access the various pots of money that were available for different services, such as the previously mentioned services to help alleviate winter pressures. The carers contract was due to be reproced in the New Year and work would continue with the voluntary sector on the provision of Personal Independence Coordinators.

In response to a question about the monitoring of performance indicators, it was confirmed that national indicators were used with formal returns made to the Government. The Service had been working to a three year savings plan, which included relevant indicators to ensure spend on working age adults was being reduced safely. The service reviewed data locally alongside London wide and national sources. Complaints and other forms of feedback were also used to provide an overall picture of the Service. There were key performance indicators (KPI) in the Mayoral Business Plan that would measure referrals, the time residents waited for an assessment, the time residents waited for a review and cost of care packages. These were reviewed monthly alongside the risk register for the Service by both the Corporate Management Team, Directorate Management Team and Cabinet.

It was further questioned whether any of the data was publicly available. It was confirmed that the NHS website published Adult Social Care financial returns. The most recent use of resources data was not yet publicly available as the Service was going through a process of reviewing the data but would be made available once complete.

It was confirmed that the Service was in the second year of a three year transformation journey, with the first year's targets met last year. The Service was also on track to deliver the second year's targets this year. A key part of the role for the Statutory Director of Adult Services was to ensure that the transformation programme was being delivered both properly and safely. There were risks around areas such as transitions and the workforce which were being actively managed, with a combined health, care and education approach being used to ensure the best outcomes for the young people supported by the Transitions service.

The importance of ensuring the Council only paid for what it was required to do so was highlighted and it was questioned how this was balanced against

meeting the needs of individuals. The Sub-Committee was advised that the needs of each person needed to be met, but the timing of the support provided was key to managing the cost. The Council needed to ensure it was supporting people before their circumstances negatively impacted upon their individual care needs. It was also important to have a thorough understanding of the different legislative frameworks used for childrens, adults and health, to ensure the most appropriate support was provided.

In response to a question about the quality of the budget monitoring data, it was highlighted that all staff with budget responsibility had received training. Staff worked within the corporate finance system and knew the importance of entering spend as soon as possible, working with accountants to ensure the figures were correct. The finances were monitored regularly by the Improvement & Assurance Panel, and by the corporate and political administration. If any inconsistencies were spotted, a deep dive would be undertaken to review the issues involved. It was agreed that the Sub-Committee may want to undertake its own deep dives and review data as part of the budget scrutiny process to seek further reassurance on the deliverability of the budget.

It was questioned how conversations with service users and residents had shaped the service. As previously mentioned, the Voice of the People Group had recently been set up to provide direct feedback, with the most recent meeting held earlier in the day to discuss the budget. The Service had worked with the National Team for Inclusion to ensure that service users felt that they were part of the solution. The immediate focus was on managing demand, pathways and ensuring they reflected lived experience. The membership of the group was fluid to ensure it focussed on residents with lived experience. It was acknowledged that there will always be people who are hard to reach, but it was about finding ways to communicate such as through representative groups. There was also a need to create connections with other groups such as local Community Partnerships.

It was confirmed that to ensure a consistent message, all communication was disseminated by the Communications team to ensure it reflected the Mayor's messaging. It was important to ensure that all partners had the same information to enable people to be directed to the right place.

In response to a question about accommodation types available in Croydon, it was confirmed that residential nursing care, tenancy agreements with support and supportive living with a care package were all available. There was also shared lives, which was similar to fostering with an individual living with a family.

It was questioned whether the system in Croydon was affordable. In response it was advised that the fair cost of care exercise had been worked on by the commissioning team and providers, but the team was now waiting on the new guidance from the Government. The Care Cubed software was used to provide an indication of care costs, which was a useful tool when negotiating with care providers on the cost of care.

## **Conclusions**

Following its review of this item, the Health & Social Care Sub-Committee reached the following conclusions: -

1. The Sub-Committee welcomed the robust responses given to its questions and agreed that there was nothing it had heard to raise concern that there was not a firm grip on the budget and there was a emphasis on providing services safely.
2. The Sub-Committee agreed that it would want to undertake a deeper dive on specific areas of the service to gain further reassurance as part of the budget scrutiny process in the New Year.

### **33/22 Healthwatch Croydon Update**

The Sub-Committee received an update from the manager of Healthwatch Croydon, and co-opted member of the Sub-Committee, Gordon Kay, on the latest activity of his organisation.

Healthwatch Croydon had recently held its Annual General Meeting (AGM), which was the first held in person for since before the pandemic. The meeting was split into two parts, the first focusing on reviewing the services available in the borough and the second focusing on what services people would like to see.

From the review section of the meeting issues raised included access to services, availability of dentistry, continuity of care, the need for joined up services, social prescribing, mental health provision and maternity care. From the improvement section of the meeting items raised included easier access to services, improved digital inclusions, the provision of dental hubs like the GP hubs, services returning to pre-covid levels, an improved provision of information and increased support for the homeless.

A summary of the question and answer session from the AGM would be published by Healthwatch and used to inform future work planning.

Resolved: That the update from Healthwatch Croydon is noted.

### **34/22 Scrutiny Work Programme 2022-23**

The Sub-Committee considered a report on pages 29 to 32 of the agenda which presented the work programme for review.

The Chair confirmed that the South West London Joint Health Overview and Scrutiny Committee (JHOSC) had recently met and was in the process of agreeing its work programme. At the moment the JHOSC was primarily focussed on specific capital projects across the healthcare estate, but a request had been made by the Croydon representatives for the JHOSC to look at dentistry provision across South West London.

**Resolved:** That the work programme for the Health & Social Care Sub-Committee is noted.

35/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.25 pm

**Signed:**

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**Date:**

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