

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 30 July 2024 at 6.30 pm in Room 1.01 and 1.02 - Bernard Weatherill House, Mint Walk, Croydon CR0 1EA

MINUTES

Present: Councillor Eunice O'Dame (Chair); Councillor Robert Ward (Vice-Chair);

Councillors Adele Benson, Sherwan Chowdhury, Mark Johnson and Holly Ramsey

Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Resident Voice)

Also Present: Councillors Yvette Hopley (Cabinet Member for Health & Adult Social Care), Margaret Bird (Deputy Cabinet Member for Health and Adult Social Care, Janet Campbell (Shadow Cabinet Member for Health & Adult Social Care; virtual)

Apologies: Councillors Patsy Cummings and Sean Fitzsimons

PART A

16/24 **Minutes of the Previous Meeting**

The minutes of the meeting held on 12 March 2024 were agreed as an accurate record.

17/24 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

18/24 **Urgent Business (if any)**

The Sub-Committee considered one urgent item of business, specifically the recent announcement regarding the cap on adult social care and the removal of the winter fuel allowance, and the potential impact on Croydon residents. The officers explained that while the cap on adult social care had been planned and postponed several times, the Council had ample time to prepare for its implementation. They provided assurance that no significant changes were anticipated in the current budget or finances of the Council. However, they noted that, in the longer term, the cap could have a substantial impact by creating significant cost pressures.

Regarding the removal of the winter fuel allowance, officers stated that it was too early to accurately estimate its impact, as further analysis would be required.

19/24 **Update from Healthwatch Croydon**

The Sub-Committee considered the report presented by Gordon Kay, representing Healthwatch Croydon, which covered two key areas: (i) the Healthwatch Croydon Annual Report 2023-2024, and (ii) the experiences of vulnerable migrants in accessing health and care services in Croydon.

The Sub-Committee expressed its gratitude for the work undertaken by Healthwatch Croydon. A question was raised regarding any strategic plans to alter the current partnership arrangements. In response, Hillary Williams, NHS Managing Director for Community Services and Integration, explained that collaborative work was already underway to implement the recommendations from the Healthwatch report. It was highlighted that many recommendations required working with independent parties. As such, while certain standards and behaviours could be encouraged, they could not be mandated. Significant progress had been made, particularly concerning safe practices. Furthermore, it was noted that the current focus was on improving mental health services for migrants, with a multi-agency approach being adopted to enhance service offerings.

A subsequent question from the Sub-Committee sought clarification on the potential for expanding the work. It was noted that while substantial progress had been made in primary care, further efforts were still needed to address gaps in secondary care services.

20/24 **Adult Social Care and Health Directorate Transformation Progress Report**

The Sub-Committee reviewed a report, found on pages 17 to 79 of the agenda, which provided an update on the transformation work within the Adult Social Care and Health Directorate. Annette McPartland, Corporate Director of Adult Social Care and Health, presented the report.

- Councillor Yvette Hopley – Cabinet Member for Health and Adult Social Care
- Councillor Margaret Bird – Deputy Cabinet Member for Health and Adult Social Care
- Annette McPartland – Corporate Director of Adult Social Care & Health
- Simon Robson - Director of Adult Social Care Operations
- Richard Eyre – Head of Improvement
- Daniel Sperrin – Partner at Newton Europe
- Mike Burnett – Business Manager at Newton Europe

The first question raised by the Sub-Committee addressed the shortage of social workers. The officers responded that there was a relatively high proportion of permanent social workers in adult social care, noting that while agency workers were necessary due to grant funding and winter pressures, the overall workforce was stable. It was highlighted that the vacancy rate was currently around 5%, with vacancies mainly in hospital discharge and

transition areas. The officers assured that they were working to fill these vacancies as swiftly as possible.

A follow-up question was raised about why Croydon had higher staff retention and fewer vacancies compared to other local authorities. The officers attributed this to good supervision, support, and leadership, further noting that the appointment of a Principal Social Worker had made a significant impact. The workforce was described as having a strong sense of professional pride and commitment to delivering the best results for Croydon residents.

The Sub-Committee then enquired about the number of package reviews completed over the last three months. The officers responded that 61% of annual reviews had been completed, surpassing the national average. It was also noted that the percentage had significantly improved from around 30% during the same period in the previous year, and the number of overdue reviews had decreased substantially.

The next question focused on the robustness of the potential improvements. The delivery partners explained that the improvements were measured against prudent assumptions, with economic factors taken into account. As a result, they expected to exceed their targets in many areas. When asked about specific risks related to these improvements, the delivery partners stated that the work was still in its early stages, and no material risks had been identified. The figures had been agreed upon by the heads of service and compared with other local authorities' achievements. It was also explained that the final internal governance processes were underway to transition into phase 2 of the transformation programme, now renamed 'Adults Living Independently'. Recruitment for specific workstreams was ongoing, and it was anticipated that by the beginning of September, the directorate would be fully engaged in the design phase, which would take around six months.

When asked about potential issues with overemployment, the officers stated that there were no known concerns, although some social workers worked overtime rather than employing additional agency staff. The legitimacy of this overtime was closely monitored to ensure it did not affect the quality of regular work.

The Sub-Committee also raised questions about the number of Ombudsman inquiries and judicial reviews. The officers acknowledged that complaints were inevitable but clarified that none of the recent Ombudsman inquiries and judicial reviews were related to the transformation work. The Sub-Committee further challenged that it could be difficult to isolate the impact of the transformation. Nonetheless, the officers explained that the Local Government Ombudsman (LGO) had identified issues in communication, financial assessments, and the speed of service, but none of these were attributed to the transformation programme. In addition to that, the Peer Challenge also found no areas of concern regarding the negative impact of transformation.

The Sub-Committee questioned the risk of not delivering savings reliant on community involvement. The Council's delivery partner explained that during

the diagnostic phase, over 200 cases had been analysed by a multidisciplinary team, which included representatives from the voluntary sector. When asked if the voluntary sector had expressed concerns about funding, the delivery partner confirmed that it had been mentioned. Nonetheless, it was explained that the Council's commissioning team was working hard to ensure resources were used efficiently with long-term effects in mind. The officers emphasised that the success of the design phase relied on testing and input from all relevant stakeholders, including the voluntary sector. In response to a question about the capacity of the voluntary sector to deliver services, the officers explained that if specific services were expected from the voluntary sector, they would be commissioned and funded accordingly.

The Sub-Committee also asked about efforts to ensure Croydon received appropriate social care funding. The Cabinet Member explained that the Council was actively identifying and pursuing funding opportunities. Additionally, it was highlighted that Annette McPartland and Matthew Kershaw were set to meet with the Secretary of State to discuss Croydon-related issues.

Regarding equalities impact assessments and the risk of discrimination, the officers explained that the assessments presented were for the transformation programme as a whole, with more detailed assessments to follow for specific workstreams. It was assured that *equalities* were a standing agenda item at Programme Board meetings, and the Delivery Partner's staff would undergo the same equalities training as Croydon Council employees. The officers also highlighted that the Principal Social Worker was working with the Principal Social Workers network to minimise bias in decision-making. They acknowledged the possibility of negative impacts on residents and stressed that mitigation would be a priority for their work.

Finally, the Sub-Committee enquired about the use of artificial intelligence (AI) and digital services. The officers mentioned the trial of Magic Notes, an AI-powered software for taking assessment notes, which was expected to save time and improve the accuracy and accessibility of notes. While officers acknowledged the limitations of such software, they were taking steps to address any potential issues. The Council's delivery partner added that digital technology offered opportunities to enhance both service capacity and quality in a cost-effective manner.

Actions

Following its discussion on the Adult Social Care and Health Directorate Transformation Progress Report, the Sub-Committee agreed the following action to follow up outside of the meeting:

1. The Sub-Committee requested that more information on precise vacancies figures be provided.

Conclusions

Following its discussion of this item, the Sub-Committee reached the following conclusions on the information provided:

1. The Sub-Committee praised the report and acknowledged the involvement of service users, recognising their valuable contribution to shaping the services.

21/24 **Integrated Discharge Frontrunner Programme**

The Sub-Committee reviewed a report set out on pages 81 to 92 of the agenda, which provided an update on the rollout of the Integrated Discharge Frontrunner Programme. The report was presented by Annette McPartland, Corporate Director of Adult Social Care and Health.

- Councillor Yvette Hopley – Cabinet Member for Health and Adult Social Care
- Councillor Margaret Bird – Deputy Cabinet Member for Health and Adult Social Care
- Annette McPartland – Corporate Director of Adult Social Care & Health
- Simon Robson - Director of Adult Social Care Operations
- Richard Eyre – Head of Improvement
- Liz Wells - Managing Director of Acute Services
- Hilary Williams – Managing Director for Community Services and Integration
- Rachel Flagg – Integrated Delivery Manager

The first question raised by the Sub-Committee addressed how the programme had evolved since its inception. The officers explained that it began with extensive diagnostic work that assessed both health and adult social care data. This diagnostic process revealed that delayed discharges were caused by a variety of bottlenecks within the system. The work also examined what was being done in the wards, particularly with regard to multidisciplinary efforts. Following this, attention shifted to discharge teams, transforming them into one integrated, multidisciplinary team. In addition to that a significant progress was made with the Transfer of Care Hub.

The next question focused on ensuring patients do not remain in a hospital longer than necessary due to unsuitable home environments. NHS officers explained that a daily multidisciplinary team meeting reviewed each patient's discharge journey, allowing early identification of home needs. This provided sufficient time to make any necessary home adjustments, which became part of discharge planning. If needed, environmental assessments were conducted to further evaluate home conditions. When asked about delays caused by such adjustments, the officers stated they were unaware of any significant backlogs. However, potential delays could occur if very specialised equipment was required, but regular case reviews and early discharge planning helped minimise this risk.

The Sub-Committee followed up with a question regarding collaboration with third parties to prevent delays during transitions. The officers noted that most discharges were supported by families, and effective communication between families and the multidisciplinary team was crucial. Additionally, the 'Home

First' workstream was launched, focusing on home discharges and patients regaining independence.

The Sub-Committee then asked how residents, including friends, family, and carers, were involved in discharge planning. NHS officers said they aimed to include these groups, although they acknowledged that this was an area needing improvement. Feedback from these groups was routinely collected, contributing to continuous communication improvements. When asked if there were designated staff for managing relationships with patient families, the officers explained that this responsibility fell primarily to the integrated discharge team, particularly the discharge navigators and facilitators.

Further enquiries were made about the objectives and outcomes of the Frontrunner Programme and the progress being made. NHS officers emphasised that the main goal was to reduce hospital stays. For example, in March, the average stay was 11 days—lower than the 16-day average in other South West London hospitals. By July, this had improved to 9.6 days in Croydon. The Sub-Committee then asked about the publication of performance reports, to which officers responded that they would discuss the matter with the Business Improvement team. It was mentioned that weekly reporting to NHS England was already in place for some aspects of the programme.

The Sub-Committee inquired about feedback from third-sector organisations, the officers noted that while there was no specific feedback at this stage, and assured that they were open to receiving it. Another question concerned the impact of extreme weather, such as heatwaves, on discharges. The officers explained that while not relevant to all discharges, environmental assessments for more complex cases would consider this. In winter, particular care was taken to avoid discharging patients after dark. For those receiving care packages, care providers were issued heat health alerts with guidance on managing extreme weather risks.

The Sub-Committee also enquired about the timely transition of acute mental health services and any potential vacancies in this area. The officers clarified that while the Frontrunner Programme focused on Croydon University Hospital, funding for CAMHS and SLAM was not included. Nevertheless, solutions developed through the programme could be extended to other providers.

When asked about the colocation of teams and the impact of triage delays. The officers reassured the Sub-Committee that all relevant parties within the integrated discharge team were already working together, following a recent restructure and consultation. No reductions in staff had occurred, and recruitment efforts were ongoing.

The final question asked by the Sub-Committee addressed a wrap-up or performance update report. The officers explained that while the diagnostic and consultation processes had been completed, work with the wards to

implement necessary changes was still ongoing. A report was expected to be produced within the next six months.

Actions

Following its discussion on the Integrated Discharge Frontrunner Programme the Sub-Committee agreed the following action to follow up outside of the meeting:

1. The Sub-Committee requested more information on discharge delays for patients who no longer meet the criteria to remain in the hospital, including delays related to home adjustments, the provision of necessary equipment, and placement arrangements.

Conclusions

Following its discussion of this item, the Sub-Committee reached the following conclusions on the information provided:

2. The Sub-Committee recognised that this was a crucial area of focus, highlighting the significance of the work being undertaken. The importance of continuing efforts in this direction was strongly emphasised.
3. The Sub-Committee acknowledged the hard work involved and expressed appreciation for the dedication shown by all parties. It was anticipated that this commitment would lead to measurable improvements within the next six months.

22/24 Scrutiny Work Programme 2024-25

The Sub-Committee noted the work programme for the remainder of the municipal year. In addition to the topics already listed in the work programme, it was mentioned that impact of the emerging findings and initial recommendations of the review of the operational effectiveness of the Care Quality Commission and its impact on Croydon would be considered to be added into the work programme.

23/24 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.00 pm

Signed:

Date:

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