

# Public Document Pack

## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 11 May 2021 at 6.30 pm

This meeting was held remotely and a recording can be viewed on the Council's website

### MINUTES

**Present:** Councillors Sean Fitzsimons (Chair), Councillor Richard Chatterjee (Vice-Chair) Alison Butler, Steve Hollands, Toni Letts and Andrew Pelling

Gordon Kay (Healthwatch Croydon Co-optee)

**Also Present:** Councillor Janet Campbell – Cabinet Member for Families, Health & Social Care

### PART A

14/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

15/21 **Urgent Business (if any)**

There were no items of urgent business for consideration at the meeting.

16/21 **Covid-19 Vaccination Uptake- Residents in Care Homes and Care Staff in all settings**

The Sub-Committee considered an update provided by representatives from health and social care on the response to the Covid-19 pandemic in the borough. This item was included on the agenda for the Sub-Committee to seek reassurance that the pandemic response was being appropriately managed.

The presentation on this item covered a variety of different aspects of the response, during which the following was noted: -

#### **Elective Recovery Programme**

- Since December 2019 hospital care had been provided for more than 3,500 patients in need of either day surgery or a planned overnight procedure
- Since March 2021, treatment levels had returned to a pre-covid level, with elective care being delivered to approximately 275-300 patients per week.

- Those patients whose treatment had been delayed due to Covid were being prioritised, with the number of patients waiting over 52 weeks reduced to 72 at Croydon University Hospital.
- There was currently over 18,000 patients on the out-patient waiting list and 2,052 in-patient and day care cases. These lists were being reviewed weekly to ensure patient care was booked and prioritised according to clinical need, with input provided from primary care and clinicians

### **Diagnostic recovery**

- The waiting time for investigations and diagnostic tests was an area of particular challenge due to increased demand. Staff at the hospital worked closely with their primary care colleagues to provide specialist clinical advice and to ensure requests for diagnostic tests were dealt with appropriately.

### **Improving access to cancer services**

- The referral rate for cancer services had risen back to pre-Covid levels, with patients accessing primary care for cancer concerns in a timely manner.
- There was a regular review of breaches in standards for cancer care to address any issues, with new diagnostic standards being introduced from October 2021.

### **Primary Care**

- GP practices had remained open during the pandemic and services were being restored to pre-Covid capacity.
- Demand has risen exponentially in primary care and general practice, with some GPs reporting a 200/300% increase in the number of telephone consultations. There was also additional pressure on practices to restore normal business as well as helping to manage the vaccination programme. As a result, the workforce was stretched and having to utilise additional staff.
- An additional pressure arising from the pandemic was the rise in the number of patients seeking support for mental health issues. A campaign was underway to encourage people to contact their GPs.
- Overall, the key message was that those patients who needed to be seen were being seen, whether face to face, at home or in a remote way.

### **Vaccine programme update**

- The overall position was that over a quarter million vaccinations had been given to Croydon residents with a high proportion of people having had both doses.
- Overall, the vaccination take-up across Croydon and South West London had been good, but there was some hotspots where take-up was lower. This could be linked to a number of factors including deprivation and the level of black, asian and minority ethnic residents in that part of the borough, where there the level of hesitancy in receiving the vaccine had been stronger.
- The vaccination rate for care home residents was 90%, care home staff was 80% and healthcare workers was 75%. These figures continued to steadily increase, with ongoing education and engagement to encourage take up, along with ensuring vaccines availability. The rate for the clinically vulnerable group was up to 80% and work continued to target that group.
- Plans were being developed to move the vaccination programme from the immediate response to a more substantive, robust long term programme. There was likely to be a booster vaccination plus the flu vaccines going into autumn/winter.

### **Improving uptake**

- In order to improve uptake, it was important to address misinformation and target those groups that were being more hesitant to vaccination.
- Community assets, such as BAME groups, faith-based groups and community groups, were being used to reach people with key messages.
- Work continued across the borough on making vaccination centres more accessible and so far extending the reach had been successful. The programme had managed to vaccinate a huge part of the population of Croydon.
- There was more work to do on the younger cohort, with a need to balance the risk for people against their perception on the potential side effects.

### **Croydon Vaccination Equity Task and Finish Group**

- The work of the Croydon based taskforce was ongoing, with representatives from the hospital as well as faith and community leaders, looking at how to have a focussed approach across services, in order to increase uptake, not only in hospital but with younger people

### **Covid-19 Vaccination Uptake - Residents in Care Homes and Care Staff in all settings**

- Croydon was below the London average for Dose 1 (44% compared to London average of 56%).
- A report was being prepared to look at reasons for the lower take up amongst care home staff in Croydon data
- NHS Capacity Tracker placed the onus on providers to update their vaccination information on a daily basis. However, the latest data showed that up to 20% of providers had not updated their information in the last month.
- There were reasons for some of the omissions, such as some of the providers being registered in Croydon but not delivering services in the borough or within private care market.

Following the presentation, the Sub-Committee was given the opportunity to ask questions about the information provided. The first question concerned the disparity in the take up of the vaccination, with it noted that many of the vaccination issues could be seen as a reflection of the health inequality in the borough. Although vaccination was an important part of infection control, focus also needed to remain on other mitigation such as hand washing and social distancing.

Although the vaccination rate for care home residents was high, there was concern raised about the comparatively high level of staff who had not been vaccinated. It was questioned what the Council could do to encourage the take up of the vaccine amongst care home staff. It was advised that it was the duty of care home providers to encourage their staff to receive the vaccine and homes with a lower take up of the vaccine may initially see a reduction in the number of placements received. The Government was in the process of consulting on the possibility of introducing mandatory vaccinations for care home staff, which would provide greater scope for providers to expect their staff to be vaccinated. At the same time it was also important to ensure the availability of rapid testing and that robust infection control processes were in place.

In response to a question about whether the pandemic would lead to any longer term cultural change on public hygiene, it was highlighted that hand washing had always been a fundamental part of public hygiene. As a result of the raised awareness of importance of hand washing there was evidence that there had been a reduction in norovirus, seasonal flu, diarrhoea and vomiting. The pandemic had also demonstrated the effectiveness of using social media as a communication tool, which should be used going forward.

It was highlighted that there had been a recent Patient Insight study across South West London, with it questioned whether there was any particular learning for Croydon, particularly concerning the roll out of the vaccine to younger age groups. In response, it was advised that it was important to be looking at different methods of engagement, not only with the Covid vaccination but in terms of other vaccinations as well. There had been a lot of

learning from the engagement process during the pandemic which would be used going forward.

It was questioned whether lessons were being learnt from other authorities who had higher rates of vaccinations take up amongst care home staff. It was confirmed that learning from other boroughs was being used to inform the Council's approach, including through Croydon's involvement with the Strategic Care Group.

In response to a question about the sustainability of the care home market, it was advised that this was a concern, but the Council was working closely with providers and at present there was no indication that any of them were close to going under. It was agreed that the care home market needed to be closely monitored in terms of both the financial risk and the standard care provided to residents.

It was highlighted that there was a public misconception about the impact of the vaccine upon fertility, with it questioned how this type of misinformation could be countered. It was reiterated that none of the evidence to date had demonstrated there was any impact upon fertility. To counter misinformation it was important to disseminate information through people who were trusted in their communities, such as faith leaders.

Concern was raised about domiciliary care workers without the vaccine who were visiting people in the homes. It was advised that the use of PPE had been and continued to be a priority in domiciliary care. There had been a lot of work with domiciliary care providers to ensure workers were using PPE correctly and supplies were available as needed.

In response to concern about the challenges facing patients wanting to access primary care, it was advised that this situation was not unique to Croydon and was an issue across London. As a result of the pandemic, there had been a rise in the number of telephone consultations, which had increased by 300% in some areas. There was a Primary Care team that monitored GP practices and would highlight any issues, with a mechanism in place to provide support if needed.

At the conclusion of this item, the Chair thanked the representative from health and social care partners for their attendance at the meeting and their engagement with the questions of the Sub-Committee.

## 17/21 **Overview of the 2021-22 Adults Budget**

The Sub-Committee considered a report on the 2021-22 budget for Adult Social Care. The information was provided to allow the Sub-Committee to form an opinion on the deliverability of the savings proposed and to reassure itself that there was sufficient oversight and control of the budget. A presentation was delivered to accompany the report. A copy of the presentation can be found on the following link:-

<https://democracy.croydon.gov.uk/documents/s29251/Budget%20Presentation.pdf>

Following the presentation the Sub-Committee was provided the opportunity to ask questions on the information provided. The first question asked whether the Council's IT systems were sufficient to allow effective budget monitoring. It was highlighted that there was a new monthly monitoring process in place, along with a new system, which made budget monitoring more effective. The new system was still being embedded within the service, but so far it appeared to be more user friendly.

A question was asked about the move to direct payments and in particular how this was being communicated to people to ensure they understood their options and how the system worked. It was acknowledged that direct payments could be challenging for some people, but a new system had been introduced that sped up the process. A working group had been set up to manage the direct payment process, including ensuring the availability of clear information and advice as well as tracking it through the system. It was noted that there had been a slight increase in the number of people opting for direct payments due to the pandemic, who wanted to buy in their own care.

In relation to the budget and in particular the recent history of overspends, it was questioned whether there was sufficient capacity in the Adults budget for 2021-22 which could be used as a contingency for unforeseen circumstances. It was confirmed that movement had been built into the budget, which alongside stringent budget monitoring processes, allowed unforeseen spikes in demand to be identified at an early stage and resources allocated accordingly. There was an improved process in place for monitoring risk and if an identified saving could not be achieved, there was an expectation that this would be replaced by an alternative saving.

It was noted by the Chair that the budget would continue to be an area of scrutiny throughout the year and officers needed to give further consideration to how best to demonstrate they were managing their budgets effectively.

The Cabinet Member, Councillor Campbell, was asked how she was able to retain political oversight over the delivery of the Adults budget and whether there was collective Cabinet responsibility on budget deliverability. The Cabinet Member advised that she met with the Executive Director on a weekly basis to review progress. She also attended regular meetings with the finance team to discuss the budget. It was planned that the Executive Director would attend future political Cabinet meetings to feed into the wider context of budget delivery.

In response to a question about whether the Cabinet Member met with officers working on the frontline of the service, it was advised that she had attended staff briefings. From these it was clear that staff morale was low and the workload continued to be very heavy. It was important for staff that councillors were visible and took the time to engage.

As a follow-up it was questioned how the Cabinet Member and the management of the service engaged with service users. It was advised that contact was maintained through every point of contact with the public, right across the care system. The Council worked with the Croydon Adult Social Services User Panel (CASSUP), the Learning Disability Partnership Group and other forums to engage with the views of service users. Going forward, more could be done on the Council's commissioning activity to look at how contractors engaged with service users and used co-design as part of their approach to service provision.

It was confirmed that the recruitment for a new Director of Adult Social Services had commenced, with the role being advertised. An announcement on the appointment would be made once this recruitment process had been completed.

It was noted that there could potentially be unintended consequences from the increases being made to a number of charges, and as such what was being done to monitor this. It was confirmed that all service users were means tested to determine what they would need to pay. Social workers worked with individual residents around their assessment, to help them maximise their income by claiming all the benefits available to them. The charging policy was part of the Care Act and people were charged for social care in line with this policy. In order to deliver a balanced budget it was important for Adult Social Care to maximise its income as well as its savings.

At the conclusion of this item the Chair thanked the Cabinet Member and officers for their engagement with the questions of the Sub-Committee and the information provided.

### **Conclusions**

Following the discussion of the information provided on this item, the Health and Social Care Sub-Committee reached the following conclusions: -

1. Although it was very early in the year, The Sub-Committee agreed that the evidence provided about the deliverability of the budget was encouraging, but it would need repeated scrutiny throughout the year to ensure this remained the case.
2. It was agreed that a report should be prepared for the Sub-Committee later in the year to evaluate the impact budget savings were having on staff.
3. Although the use of social media to communicate with the public was to be encouraged, this should not be at the expense of other more traditional communication methods.

### **18/21 Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.31 pm

**Signed:**

.....

**Date:**

.....