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## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 28 June 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) and Yusuf Osman (Croydon Adult Social Services User Panel Cooptee)

**Also Present:** Councillor Yvette Hopley – Cabinet Member for Health and Adult Social Care

### PART A

#### 14/22 **Minutes of the Previous Meeting**

The minutes of the meeting held on 8 March 2022 were agreed as a correct record.

#### 15/22 **Disclosure of Interests**

There were no disclosures of interest declared at the meeting.

#### 16/22 **Urgent Business (if any)**

There was no urgent business for discussion by the Health & Social Care Sub-Committee at this meeting.

#### 17/22 **Health & Social Care Overview**

The Sub-Committee considered a series of reports set out in the agenda which provided an overview from the Social Care, Public Health and Healthcare partners on their priorities for the year ahead. The updates were

provided at the meeting to help the Sub-Committee with setting its work programme for the year ahead.

During the introduction to section on Public Health, delivered by Public Health Consultant, Helen Harrison, the following points were noted: -

- The Public Health team had been reviewing and resetting its priorities over the past four months following the previous two years of covid. These priorities were set out in the Public Health Service Plan, which included metrics to measure improvement.
- The role of Director of Public Health was statutory and focussed on improving health outcomes and reducing health inequality in the borough.
- The team took a whole population approach, which sought to understand the wider determinates on people's health, using intelligence, to focus resource on those actions that would have the most impact.
- It was acknowledged that the full extent of the pandemic and the cost of living crisis upon health was not yet known.
- There was an opportunity in the year ahead to redesign sexual health services. It was also possible there would be new funding becoming available for addiction services.

Following the introduction, the Sub-Committee was given the opportunity to question the information provided by the Public Health team. The first question concerned the use of data from the 2021 Census, which was being released in stages, and vaccination data to drive improvement. Regarding the census data it was confirmed that the initial high level demographic data had only just been released, but there was a team in the Council that would lead on processing the data. Vaccination data was already used to target activity with a view to increasing vaccination rates.

It was questioned how account was taken of both residents and patients voices when Public Health commissioned new services. It was confirmed that a consultation plan was created as part of the commission process that used a targeted approach that aligned to what was being commissioned. The team also used needs assessments including both qualitative and quantitative data. Going forward the teams planning to build the use surveys into its work, proactively collect feedback, as traditionally the service had been led by centrally collated data. This would help to ensure the team was hearing from residents as much as possible

Concern was raised about the perception that sexual health services available in Croydon may not be as good as those provided in other boroughs. As such it was questioned how the review of these services was progressing. It was advised that there were opportunities within the service redesign for resident engagement, however it should be noted that there was a range of reasons why people went out of the borough for treatment for sexual health related conditions, which were not unique to Croydon. It was accepted that inequality was an area the service needed to improve.

It was noted that the Covid-19 pandemic had increased the level of engagement from the public with health services, which could help to better understand local communities. Although a certain level of information was already known before the pandemic, it had provided the opportunity to broaden the knowledge base and look at areas such as vaccine hesitancy differently.

In response to a question about whether there had been any analysis of the health issues in the borough, to refocus resources on the biggest causes of death, it was confirmed that Public Health was working with NHS colleagues on population health management, which would help to stratify interventions on cohorts of people.

It was agreed that consultation on the redesign of Sexual Health services would be added to the Sub-Committee work programme in the coming year. It was also agreed that the work of the Public Health team on childhood obesity may also be considered for scheduling in the work programme should there be capacity.

The next part of the meeting focussed on the South London and Maudsley NHS Foundation Trust (SLAM), with an introduction provided by SLAM Service Director, Hilary Williams. The following points were noted during the introduction:

- SLAM was preparing a strategy which would align with the population health approach and health management delivery. It would be a five year strategy and had been subject to a comprehensive programme of engagement during the six month open period in the middle of the pandemic.
- At the same time, a Mental Health Strategy was being developed across the healthcare system in South West London. This Strategy would highlight the variation in the demographic across the area, enabling SLAM to lever new population based funding for Croydon

Following the introduction, the Sub-Committee questioned the representatives from SLAM on the information provided. In response to a question about the reach of the consultation work, it was advised that the 'London Listens' engagement work across South London had prompted further work to identify potential gaps.

As it had been recognised that there were health inequalities amongst the Black community in Croydon, it was questioned what SLAM was doing to address the issue. It was confirmed that SLAM had a commitment to the Patient Care Equality Framework and was in the process of looking at what needed to be addressed within their services. They were developing an improving ethnicity mental health programme, which was a community led, ground up scheme aimed at preventing mental health issues in specific communities. The Sub-Committee agreed that a focus on health inequalities in the borough would need to be an underlying theme in its work programme throughout the year.

It was noted that there was concern within the local community about the length of time it took for young people with mental health referrals to get support and questioned how these waiting times were being addressed. It was highlighted that young people would be supported by the Children & Adolescent Mental Health Service (CAMHS), but there was a need for different providers to work together to produce a system-wide approach, which ensured there were clear pathways directing people to the right place for treatment and support. Areas of focus included the pathways for ADHD support, the interface with the Police and work with the Ambulance Service to use mental health cars to provide a rapid response.

It was confirmed that SLAM had a work programme focussed on reducing the use of restraining practices in its mental health units, with an aim to reduce the use of restraint to zero. It agreed that the use of restraint maybe something for the Sub-Committee to schedule for review as part of its work programme.

In response to a question about mental health support for menopausal women, it was explained that there were specialist hormone intervention clinics, but this was delivered by a small service. It was acknowledged that there was further work that could be done in this area, which may benefit from a whole system approach. The Sub-Committee agreed that this maybe an area to revisit as part of its work programme, along with looking at the issue from a workforce perspective and the support available for staff.

It was noted that the level of referrals for older people to mental health services had decreased during the pandemic and as such it was questioned whether the local performance had been benchmarked with data from other areas. It was advised that work on this had been conducted as part of the

South West London Mental Health Strategy, but there was a need to review the support available for older people across the system, including building capacity within the community and voluntary sector. It was agreed that mental health provision for older people would also be considered for the work programme.

It was questioned how SLAM worked with mental health activists at a local level. It was advised that this was being addressed through the integrated care networks, with an Ethnicity Mental Health Improvement Programme being developed which would focus on community work with local groups and faith leaders. The importance of ensuring that mental health provision was embedded within the wider health and care system was acknowledged.

The next part of the meeting focussed on Croydon Health Service NHS Trust (CHS) with an introduction provided by Chief Executive and Place Based Leader for Health, Matthew Kershaw. The following points were noted during the introduction:

- The continued recovery of services from the impact of the Covid-19 pandemic was an ongoing priority for CHS.
- The delivery of urgent care, from both a physical and mental health perspective, primary care access into the system and ensuring a sustainable workforce were also priorities
- The introduction of Integrated Care Agencies would have a significant impact, requiring work on local delivery in a more integrated way.
- Financial sustainability was a key issue, with the rising cost of living a significant issue for staff and the wider population. Although further investment had been made into the healthcare system, this had been provided to support a lot of extra work. As such, it was likely that significant savings would need to be made, which presented the challenge of how to maintain the quality of services while reducing costs.

Following the introduction, the first question concerned the performance of the Accident & Emergency (A&E) department. It was confirmed that CHS had been working with SLAM to improve the mental health support available in A&E. The Care Quality Commission (CQC) had given positive feedback on the performance of A&E but had not yet formally reassessed it. A new Clinical Assessment Unit had been created on site at the hospital which was staffed by SLAM that provided a more appropriate space for mental health patients. Managing the level of demand within A&E was a significant challenge with current levels at what would be expected over the peak winter period.

Following a question about the performance of community based services, it was agreed that the Sub-Committee would schedule a briefing on this issue in the year ahead.

The next part of the meeting focussed on the Council's Adult Social Care service and was introduced by the Corporate Director for Health & Adult Social Care, Annette McPartland. The following points were noted during the introduction:

- The key focus for the service in the year ahead was to deliver the targeted budget savings while ensuring services continued to be safely delivered.
- There was a large savings programme to deliver, which had been developed in collaboration with the Local Government Association (LGA) to ensure there were robust plans in place to achieve the savings. The savings balanced a combination of managing demand, identifying contract savings, and ensuring the service continued to meet its statutory responsibility to support people in a safe way.
- The national reform of social care, due to be announced by the Government, and the move to an Integrated Care System with health partners was also likely have a significant impact upon the team.
- The cost of care cap had not yet been announced by the Government, but it was likely to increase demand for financial assessments, which would in turn place additional demands upon resources. This was likely to especially challenging for Croydon given the size of the care market in the borough, with colleagues across South West London buying bed space in Croydon due to the additional capacity.
- The service encouraged face to face engagement with providers, as by listening to their experiences of working throughout the pandemic, it would help the Council to better understand what it could do differently to improve outcomes.

Following the introduction, the first question asked what were likely to be the biggest challenges to the delivery of the budget. It was advised that there were workforce challenges across the care system, particularly in terms of recruitment. The Council was working with Southbank University to improve the view of care as a profession, through the provision of both nursing and care training. Inflation was also likely to have a significant impact across the system and lead to new people coming into the social care system.

As a follow-up, it was questioned whether the identified savings were being kept under review as given the economic uncertainty to check that they were still deliverable. Reassurance was given that savings were tracked monthly and had been reviewed by the Government appointed Improvement and Assurance Panel. The delivery of savings was currently on track, but should this change, there were processes built into the system to flag should these start to go off-track. It was agreed that the delivery of the Adult Social Care budget would be a standing item at each meeting of the Sub-Committee to seek continued reassurance that it remained on track.

It was questioned whether there was a risk that Croydon could be priced out of its own care market because of other local authorities buying bed space in the borough. It was agreed that market capacity was another key issue and although there was a large market in Croydon, this capacity was also being used by other local authorities. The Council worked closely with other boroughs to discuss any issues arising and as the host authority the Council remained the biggest purchaser from local providers. If needed, there were different mechanisms that could be put in place to ensure the Council retained a critical supply base.

It was highlighted that there was concern within the local community about the possible impact from the savings upon vulnerable residents and as such it was questioned how reassurance was being provided to those affected. It was advised that the aim of the savings programme was to enable people to lead an independent life and would be managed through engaging with residents on an individual basis. Work was underway to ensure the voice of people was being heard and used to co-produce services. It was important that the level of service provided was flexible to ensure it could be increased or reduced as needed. There was a statutory role for the Director of Adult Social Services to ensure that both the quality and safety of services was maintained, and a Challenge Panel was in place should there be concern about the fairness of any changes delivered. The Sub-Committee agreed that it would continue to look for assurance on the maintenance of safety throughout the year ahead.

Given the challenge of delivering the identified savings, the Cabinet Member for Health & Social Care, Councillor Yvette Hopley, was asked how she was reassuring herself that the savings could be delivered safely. It was advised that seeking assurance involved a lot of meetings with officers to understand the process for changing care packages. There was a robust framework in place to manage the changes which had good governance and audit trails. Although the savings would be difficult to achieve, the figures had been reviewed by the LGA, councillors and the service itself to provide a reasonable level of confidence that they are achievable.

At the conclusion of this item the Chair thanked all the partners in attendance at the meeting for the information that had been provided and their engagement with the Sub-Committee.

**Resolved:** That the work programme for the Health & Social Care Sub-Committee would be updated to take account of the items highlighted by the Sub-Committee during the discussion of this item.

## 18/22 **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 reviews conducted by his organisation. The first review had looked at resident's views on the Covid vaccine, which had found 80% of respondents had been happy with their vaccination. Of the 20% who responded negatively, issues of trust were a reoccurring theme.

The other two reports produced by Healthwatch Croydon looked at the experience of residents accessing NHS dental services and their experience using dentist's websites in the borough. These investigations revealed that there was variable access to dentistry across the borough and the websites for many practices were not as helpful as they could have been. Many of the patients contacted very much appreciated their dentist, particularly those who were able to access NHS dental services. However, access to NHS dental services needed to be less variable across the borough.

Healthwatch recommended that there should be a local needs assessment undertaken for dentistry as the last review was in 2006 and the borough had significantly changed in that time. It was also recommended that there needed to be a greater level of information made available to the public to help raise the understanding of the dentistry system. Better communication was also needed to manage patient expectations and explain the cost of treatment.

The Sub-Committee welcomed the findings from the Healthwatch Croydon reports and agreed that dentistry in the borough maybe be something to review as part of the work programme for the year ahead.

**Resolved:** That the three reports from Healthwatch Croydon be noted.

## 19/22 **Exclusion of the Press and Public**

This motion was not required.



The meeting ended at 9.32 pm

**Signed:**

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**Date:**

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