

Scrutiny Health & Social Care Sub-Committee

Meeting of held on Tuesday, 25 September 2018 at 6.30 pm in Council Chamber - Town Hall

MINUTES

Present: Councillor Sherwan Chowdhury (Chair);
Councillor Andy Stranack (Vice-Chair);
Councillors Pat Clouder, Toni Letts, Andrew Pelling and Scott Roche

Also Present: Hugh Jones, Clinical Director SLAM
Dr Faisal Sethi, Service Director SLAM
Beverley Murphy, Director of Nursing SLAM
Annie Callaghan, Independent Chair, Croydon Safeguarding Adults Board
Guy Van Dichele, Executive Director Health, Wellbeing & Adults, Adult Social Care and All Age Disability
Andrew Eyres, Accountable Officer NHS Croydon Clinical Commissioning Group
Stephen Warren, Director of Commissioning Croydon Clinical Commissioning Group
Dr Agnello Fernandes, Clinical Chair Croydon Clinical Commissioning Group

Apologies: None

PART A

25/18 **Minutes of the Previous Meeting**

The minutes of the meetings held on 27 March 2018 and 23 April 2018 were agreed as an accurate record.

26/18 **Disclosure of Interests**

There were none.

27/18 **Urgent Business (if any)**

There were no items of urgent business.

South London and Maudsley NHS Foundation Trust - CQC Report

The Director of Nursing presented the findings and recommendations as well as the improvement work to date arising from the Care Quality Commission (CQC) Core Service and Well Led inspection of July- August 2018.

The Sub-Committee learned that the inspection took place over a two week period. Five pathways as well as 20 acute wards were inspected.

There were two key areas of concern which resulted in the issue of warning notices under the Health and Social Care Act which were:

- Concern about the governance systems in a small number of wards.
- Lack of oversight of senior management on the significant issue of lack of beds on 36 occasions, 12 months prior to the inspection.

Since the inspection and feedback received there had been eight meetings of the Trust management team to address the highlighted areas of concern and had focussed upon the following:-

- The adoption of a borough by borough model of operational directorate, as well as a Clinical Director supported by a multi professional leadership team to look specifically at Croydon issues.
- Addressing issues within the clinical leadership in order to achieve parity of esteem.
- Recruitment and retention of staff and the voice of the staff across the whole organisation.
- Receipt of the draft findings from the CQC inspection and working to a strict timeline to submit to the Board as well as the CQC the improvement plan.
- Addressing challenges arising from funding challenges

In response to a Member question about what was being done to strengthen the leadership of the Croydon directorate, officers advised that many of the senior posts had been recruited and there was now a robust senior management team in place who had been devising and working on the delivery of the implementation plan. The team would be tracking and managing facilities and teams as well as focusing on patient experience.

A Member commented that the report highlighted concerns that Croydon had specific difficulties with a lack of patient discharge plans. Officers agreed that the Trust had experienced commissioning issues and which had impacted on the quality of service. The introduction of a borough based leadership and management structure would ensure that these issues were managed as a priority.

In response to a Member concern about the financial implications in terms of displacement to other services if patients were accelerated through the system too quickly, officers stated that it was important to ensure that service users were not kept as in-patients for longer than required. Indications show that the Trust was not being proactive enough in moving patients on from one

system to another and the CQC had made it clear there was a need to provide care to patients in the least restrictive environment.

It was commented that it was disappointing to learn about SLAM's rating, which had usually been good, and it was questioned whether this could be attributed to the directorate having lost line of sight. It was confirmed that lack of oversight was a key issue and one which the Board and Executive will have to prove to the Sub-Committee that they had regained oversight.

Members' requested that officer's return to provide an update on progress made at a future meeting, in particular, understanding of their roles and how they were able to demonstrate the effectiveness of their leadership through visibility and transparency. Officers agreed that more work was needed to address problems and that the new structure should improve visibility. The senior management structure was now well organised, more targeted, focused and sighted on variance in front line teams. Additionally relationship building was key to understanding views of staff through leadership engagement to ensure positive outcomes for patients as well as staff.

Staff had been open and honest about the work environment and culture, including the acceptance of the pressure within the service, which the leadership had needed to take on board. There was also a need to be clear on the required quality of care across the whole organisation.

The Sub-Committee was informed that the results from the staff survey showed that BME staff reported a better experience of working in the organisation than their colleague, yet during the inspection had been vocal about the negative aspects of their working experience. It had been recognised across the Trust that more work was required to improve staff satisfaction and that it would take time to implement improvements to longstanding issues. The commitment from the Chair was evident through the championing of and focus upon addressing issues for BME staff.

It was agreed for further scrutiny to take place in December 2018, as the Trust would have had time to imbed some of the actions arising from the Improvement Plan.

In reaching its recommendations, the Sub-Committee reached the following

CONCLUSIONS:

1. The CQC ratings for SlaM were disappointing and concerning given that in recent years the performance of the trust had been good. This rating was despite the fact that they were the most improved NHS Trust in the last year.
2. There was concern that the Executive had lost its line of sight and this lack of sight had contributed to the key issues highlighted by the CQC in areas of inadequacy by the Trust.
3. The Sub-Committee welcomes the new structure which meant that Croydon will be geographically led. This way of working presented an opportunity to understand funding issues and implications. In particular, issues surrounding underfunding and its contribution to inequalities of health.

The Sub-Committee **Resolved** to recommend that:

1. SLaM to return to a meeting of the Sub-Committee in December 2018 to provide an update on the actions that have been put in place in response to the CQC findings.
2. SLaM to provide explicit reference of line of sight of senior management in order for the Sub-Committee to appropriately hold the Executive to account about the visibility of their leadership.

29/18 **Clinical Commissioning Group Update**

The Director of Commissioning gave a presentation which provided an update on their operating plans for 2018/19 and the draft commissioning intentions for 2019/20.

During the presentation the following points were covered:

- The strategic vision and how challenges would be managed
- Addressing the imbalance in systems relating to the Strategic Transformation Plan (STP).
- Significant improvement had been made with the out of hospital programme including the development of improved community services, life programme and other social care initiatives.
- Improvements to the accessibility of community based services were being explored with business cases for various potential improvements being prepared.
- Further challenges were identified in planned care services due to complexities
- Mental Health Services continued to be an area of challenge and remained a priority.
- Further work on action planning around discharged patients would be implemented.
- Commissioning intentions had incorporate working together to ensure service provision was in line with people's needs.

In response to a question about what was hoped to be achieved through commissioning intentions, officers stated that they were trying to achieve a more integrated service and encourage effective partnerships through building networks with the voluntary sector, SLAM, and NHS, as well as ensuring services were being commissioned appropriately. It was important that partners worked together due to the complex needs of patients and to ensure their needs were being met, which could be achieved by working in partnership.

It was questioned whether there were commissioning challenges in terms of employment of European Union (EU) staff, officers responded that workforce in general was a challenge for the borough which was not limited to the recruitment of EU staff.

A Member questioned the waiting times for GP appointments in the borough and if any noticeable trends had developed. Officers responded that generally people could get an appointment with a GP on any day, but there were more

difficulties getting an appointment with a specific GP and there was variation in different areas. Demand would always outweigh supply and the key was to change culture by empowering people to self-care where appropriate as a proportion of appointments made do not require GP interface.

It was commented that inequality was mentioned through the final pages of the report and not the beginning and that there was a need for this to be more explicit in the report. Officers agreed that it was important for this to be highlighted at the forefront and more in depth work was needed in the areas mentioned.

A Member queried the optimism of the financial proposals and questioned the feasibility of the predictions made for the coming year. Officers advised that they were now out of special measures and were in a good place to fulfil the predictions made in the financial proposals.

In response to a question about how confident officers were that the new Accident and Emergency unit at Croydon University Hospital would open in 2018 and what was being done to change the culture of patients wanting to attend neighbouring hospitals for acute health treatment, officers stated that they were on track as planned for the opening later in the year. Intensive work was being carried out to improve health provision, including getting the message across that it was in residents' interest to choose local services and that the offer at CUH was good. The legacy of the hospital's old title was something that would take time to overcome but this was being achieved gradually.

Members' highlighted that further work was needed to support carers, commission services for the drug and alcohol services and improve the offer for those with learning disabilities. Officers responded that joint commissioning and other opportunities were being investigated in order to realise the best outcomes for communities. The interrelationship with mental health and drug and alcohol was also being explored by working closely with public health to identify and implement preventative as well as interventional policies and methods.

The Chair questioned what was being done to address the growing issues with children's mental health in the borough. Officers responded that this remained an area of priority for the CCG as well as the Local Strategic Partnership (LSP). More work was to be done with schools, strengthening of the current mental health steering group and supporting the Voluntary sector were all part of the transformation plan.

The Chair thanked officers for their responses to questions

In reaching its recommendations, the Sub-Committee reached the following **CONCLUSIONS**:

1. It was encouraging to learn that they were no longer in special measures and hope that they continue to work hard to drive through improvements.

2. The various partnerships and relationships built was positive and was improving outcomes for residents.
3. Inequality was mentioned throughout the report but this should have occurred at the forefront in order to promote transparency in all areas of service.

The Sub- Committee **Resolved** to recommend that:

1. Explicit reference of inequalities to be provided in the revised report as accountability is more difficult if not referenced explicitly.
2. The CCG to work closely with partners on promoting access to services and intervention for young people with Mental Health issues.

30/18 **Croydon Adults' Safeguarding Board Annual Report 2017-18**

The Independent Chair, who was appointed in January 2018, presented the draft annual report. The report was an amalgamation of work from the agencies involved as well as contributions from the groups and sub-groups of the Croydon Safeguarding Adult Board (CSAB).

The priorities set for 2018/19 was to build on the work of the priorities from 2017/18 which were deemed to be good strategic priorities and included the following:

- Prevention and early identification of adults at risk of abuse
- Improved commissioning of services
- Improved and effective communication with residents, boards, partnerships and agencies
- Voice of service users to be central to the work of the CSAB
- Safeguarding to be at the heart of commissioning and delivery of services.

It was also noted that more work was needed to ensure the involvement of BME groups in the work of the CSAB and that improved engagement with colleagues would enhance the quality and increase the number of referrals.

It was commented that the report highlighted that 18% more female than male experienced abuse but the report was not explicit in stating what types of abuse was experienced and as a result there was no real sense of what the main issues were.

A Member commended the work that had been done to highlight the serious illness of hoarding and praised the Council for championing this area of focus.

A Member questioned what had been done to address some of the issues identified through the feedback received from the interviews post safeguarding process, in particular where the feedback stated:

'Worse part of the process was being anxious to attend meeting, communication poor, drawn out process and length of safeguarding processes.'

The officer responded that they were investing in communication, training and development of sub-groups. The information received was fed back to staff, through training and development in order to improve practice over time.

It was suggested that it would have been useful if the report had contained comparative figures for other local authorities on the safeguarding referrals received during 2017/18 as it was difficult to determine if the figures for enquiries that turned into substantiated referrals were average figures. The officer stated that this cross matching of data was not common practice and that it was important to note that conversion rates of referrals to investigation was more about the level of understanding of what a safeguarding referral was, additionally it was difficult to compare figures with other local authorities due to complexities and uniqueness of each borough.

A Member stated that in relation to learning and development of staff, the report suggested that there was a low uptake of e-learning. Officers replied that whilst e-learning had its benefits, it was important for staff to have more face to face training and staff were being encouraged to sign up for these sessions.

A Member enquired about the lessons learnt from the Ofsted report on Croydon Children's Services. Officers advised that it had resulted in a refocus of the whole service and an internal independent audit had been completed for areas such as staff caseload and management support. This had resulted in appropriate measures being put in place to address areas highlighted as being of concern.

In response to a Member query on the effectiveness of partnerships in Croydon and how a judgement could be made on its strengths, officers advised that partnerships working in the borough was good and there was strong evidence of engagement across the organisation. Additionally evidence contained in dashboards would be more reliable and management would be able to supply accurate narrative of the evidence. Risk registers would also highlight what was required to improve outcomes and this would evidence the work of the partnerships.

Officers informed the Sub-Committee that the sub-groups were exploring ways of effective engagement with BME groups to ensure that they were kept up to date with safeguarding procedure, measures and channels of reporting.

It was agreed that more work was needed to improve upon communication of awareness of safeguarding issues in areas such as domestic violence by working with council partners such as trading standards as well as businesses in the community to promote increased awareness amongst staff.

The Chair thanked officers for attending to answer questions, and for the opportunity to feed into the report before being presented at Cabinet.

In reaching its recommendations, the Sub-Committee reached the following **CONCLUSIONS**:

1. The Sub-Committee commended the report, noting that it was very detailed and informative.
2. Croydon was to be congratulated for highlighting the serious issue of Hoarding and should be proud of championing exposure of this serious illness.
3. The report should have provided a clearer breakdown of the different types of abuse experiences by service users.
4. The report did not fully highlight the effectiveness of partnerships and further evidence of strong partnership would be useful in the report.

The Sub-Committee **RESOLVED** to recommend that:

1. Figures on safeguarding referrals made by internal and external organisations to be provided to the Sub-Committee.
2. Evidence of outcome of partnerships to be presented in 2018/19 report

31/18 **Joint Health Overview Scrutiny Committee Update**

The Chair and Vice-Chair informed the Sub-Committee that they would be attending future meetings of JHOSC and were awaiting dates to be finalised. Members encouraged the Chair and Vice Chair to write a letter to the South West London STP regarding the lack of consultation with Croydon regarding the proposals under the STP which they were legally obligated to consult on.

32/18 **Work Programme 2018/19**

The Sub-Committee stated their interest on possible items to scrutinise in future meetings which included the following:

- Closure of New Addington Community Dental Service
- Croydon University Hospital A&E
- Update on London Ambulance Service following special measures status
- Croydon Drug and Alcohol Services
- NHS England's commissioning strategy for Croydon

The Sub-Committee also discussed the possibility of an additional meeting to be held in January 2019 in order to be able to accommodate the amount of topics that required scrutiny.

The work programme was noted for the remainder of 2018/19 municipal year

33/18 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 9.15 pm

Signed:

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Date:

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