

## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 10 March 2020 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillors Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair), Patsy Cummings, Clive Fraser, Andrew Pelling, Scott Roche and Edwina Morris (for Gordon Kay)

**Apologies:** Gordon Kay – Healthwatch Co-optee

### PART A

8/20 **Minutes of the Previous Meeting**

The minutes of the meeting held on 28 January 2020 were agreed as an accurate record.

9/20 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

10/20 **Urgent Business (if any)**

There were no items of urgent business.

11/20 **Croydon Council Emergency Preparedness**

The Committee considered a report which provided an overview of the Council's emergency preparedness and in particular its readiness to respond to the potential threat from Covid-19. The Director of Public Health, Rachel Flowers, introduced the report, during which the following was noted:-

- It was highlighted to the Sub-Committee that the situation surrounding Covid-19 was rapidly developing, with the update provided at the meeting based on the latest information available as of 10 March 2020.

**(NOTE:** The information provided at the meeting has since changed. The latest updates and guidance on Covid-19 can be found on the Public Health England website – <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

- Croydon Council had a good reputation for responding to emergencies such as the riots in 2011 and flooding in 2014. The Council had also provided support for other London boroughs dealing with emergencies such as the Grenfell Tower fire.

- Covid-19 was a new strain of the Corona Virus, with instances first recorded in December 2019 in Wuhan, China. The Corona Virus was common throughout the world, but Covid-19 was a new strain, which in most cases had mild effects.
- Both NHS and Public Health England were well placed to deal with the outbreak of the new virus, with NHS 111 providing online guidance on Covid-19 to advise when treatment was needed.
- In order to prevent the spread of the virus it was recommended that anyone displaying the symptoms of Covid-19 should call 111 rather than visit their GP or local hospital, as it was passed on through close contact.
- It was important for people to follow public health advice, which was to wash their hands for 20 seconds, with hand sanitiser considered to be not as effective. It was also important to use tissues for cough and sneezes, and to avoid touching your eyes and mouth. The risk from Covid-19 remained low, but it was important to follow the guidance to minimise the risk of the virus spreading.
- To date there had been 373 confirmed cases of Covid-19 in the UK, with one in Croydon.
- One of the key challenges for Public Health England was how the virus was reported in the media, with a need to provide reassurance for the public.

It was confirmed that the Croydon Health Service NHS Trust (CHS) had been testing patients displaying symptoms of Covid-19 for the past three weeks at the Croydon University Hospital. Testing had now been extended to the community to help contain the virus. The facilities at the hospital could be upscaled as required should it be needed in the coming months.

It was highlighted that there had been a similar experience in 2009 with Swine Flu, with the guidance focussed on ensuring a measured response. As the virus had only been identified in December 2019, healthcare professionals were still learning how to identify and treat Covid-19, with the genome for the virus recently mapped by Public Health England. At the moment there was a reasonable level of confidence that the systems were in place should there be an escalation in the number of cases.

It was questioned whether there was medical evidence to demonstrate that Covid-19 was as serious a threat as regular seasonal flu and why there seemed to be such a significant media focus on the virus. In response it was highlighted that a key difference was that there was an inoculation for seasonal flu. New infectious diseases were discovered all the time, but in this instance it had captured the attention of the media.

In response to a question on the communication with care homes and home carers about Covid-19, it was confirmed that vulnerable people would be in

contact with Council staff enabling the spread of the message on the importance of good hygiene. Public Health England was providing the guidance in a variety of different formats including sign language, an easy read version and a version specifically targeted towards rough sleepers. Further guidance for carers was due to be published in the coming days.

It was confirmed that if there was an instance where a carer needed to self-isolate to prevent the potential spread of the virus, the Council would provide respite care. At present carers were not being specifically tested, with the same process in place for everyone.

It was highlighted that there was a multi-agency response to communication on Covid-19, which included the community and voluntary sector. It was also highlighted that two recent messages had been sent to Councillors to provide reassurance, however it was important for the level of communication to be proportional, with the risk of heightening concern with too frequent communication. The Sub-Committee agreed that it would be useful to share the dashboard, which was update daily, with Members to keep them informed of the latest situation.

In response to a question about which hospital you would be admitted to should you be suffering from complications from Covid-19, it was confirmed that to date specialist units had been used. Should the situation escalate and capacity in these units was exceeded, then staff in other units who were trained would provide support.

A question submitted to the Sub-Committee by a member of the public asked what plans were in place in the event of a large outbreak, for ensuring social and healthcare services could be maintained both at the hospital and within the community, specifically in relation to any potential closures of GP practices or large numbers of healthcare workers ill or isolated at home?

In response it was confirmed that there were business continuity plans in place for all GP practices and across the primary care networks, with planning taking place on how to safeguard staff who were considered to be at a higher risk of infection. Alternative ways of working were also being explored including the possibility of GPs working from home using video consultations.

The hospital offered a range of different services that could be impacted if there was a large outbreak of the virus. Should there be staffing issues due to either infection or caring responsibilities then in the first instance the possibility of temporary replacements would be explored. Should this not be possible then consideration would be given to stopping some services to free up capacity, as it was essential to be flexible in responding to the outbreak.

The Council had reviewed its business continuity plans and tested different scenarios. Staff could be redirected if required and there was already flexibility in terms of the majority of staff being able to work from home, with anyone displaying the symptoms of Covid-19 encouraged to do so. Guidance had also been provided to contractors who delivered services on behalf of the Council. At present the Council was hold twice weekly meetings of a

Coordination Group to review all the issues and risks involved and direct a response accordingly.

In response to a question about the capacity of the intensive care unit at the hospital to deal with an influx of cases, it was confirmed that at present there was fifteen beds available, but if needed it would be possible to double the amount of beds at the hospital. It was highlighted that the most recently published study on Covid-19 had provided more guidance on supporting patients before their symptoms became severe enough to need intensive care and as such it was likely that as more was learnt about the virus less intensive care treatment would be needed.

Given that Croydon had the highest number of care homes of any borough in London, it was questioned how the potential risks for this sector were being managed. It was confirmed that regular updates were being sent to care homes, there was a Provider Forum to help disseminate information and networking was being encouraged to enable providers to support each other.

As mentioned above, there was a multi-agency communications response being deployed to ensure that a consistent message was provided to the public and to combat any misinformation that was being spread through social media. The Government was also working with social media providers to ensure the promotion of the correct guidance on their platforms as well.

In response to a question about whether the local health service was in a position to cope financially with a potential outbreak, it was confirmed that the response was being coordinated by Public Health England with procedures in place to capture costs which normally in emergency situations could be reclaimed.

In light of the Mayoral and Greater London Authority elections in May 2020, it was questioned whether the Council should be encouraging postal voting. It was advised that at present all options were being considered, but it would be for the Electoral Commission and the Government to direct any variation to normal electoral procedures.

Although the current fatality rate was 1% it was highlighted that as Covid-19 was a new virus only the seriously ill tended to become known to the healthcare system, with the number of people having a milder form unknown. At present the infection rate was 35% with a fatality rate of 1%. However this was likely to reduce as more became known about how best to treat the condition.

It was confirmed that CHS already held regular meetings with undertakers, bereavement services and mortuaries which would continue.

The importance of taking up the immunisation against seasonal flu was highlighted, as there were still significant numbers who opted not to.

At the conclusion of the item the Chair thanked the officers for their attendance at the meeting, noting that the Sub-Committee had been

reasonably reassured that local services were in a good position to respond to any potential outbreak.

### **Information Request**

The Sub-Committee would like to request that the dashboard providing information on Covid-19 and any other appropriate updates be shared with Members to keep them informed of the situation as it developed.

### **Conclusions**

Following discussion of the report, the Sub-Committee reached the following conclusions, whilst acknowledging that Croydon is in the mid of a rapidly evolving situation, and some may be time-limited in terms of their relevance:-

1. Having listened to the evidence, the Sub-Committee was reassured by the current level of communication, the co-ordination of effort and that robust Business Continuity Plans were in place.
2. It was agreed that Croydon public services were as well prepared as they could be considering the current circumstances, and that there was capacity within the system to ramp up the response should infection rates increase.
3. The Sub-Committee recognised that as a trusted provider of information, the Council and local health services played a key role in keeping people informed and supported the key messages that were relayed during the meeting. However it was recognised that people also wanted reassurance that Croydon could cope should there be a large scale outbreak and would encourage more information to be provided on Croydon's ability to ramp up its response.
4. The Sub-Committee considered there to be a risk to Croydon's public sector finances should the Government not fund the additional costs required.
5. The Sub-Committee was concerned that despite the information being provided by national and local health organisations, misinformation continued to be circulated within communities and through social media, and welcomed any steps to counteract this.
6. The Sub-Committee was particularly interested in how public services were supporting those residents in high risk groups, such as the very elderly, those with health issues, those living in care homes, or who are receiving domiciliary care and reliant on carers for support.
7. The Sub-Committee agreed that further re-assurance would be sought about those who received support from private care providers or lived in private care homes that recommended standards of care and cleanliness were being maintained over the course of the outbreak for these vulnerable group of residents.

8. Given the rapidly developing situation, the Sub-Committee agreed that an update on the situation would be needed at their next meeting on 21 April 2020.

### **Recommendations**

The Sub-Committee **RESOLVED** to recommend to Leader of the Council and Cabinet-

- 1) Ensures Croydon Council continues to provide information and support to the people of Croydon during these difficult times.
- 2) Communication from Croydon Council, especially the use of social media, be ramped up to provide reassurance to the public on Croydon ability to cope with a large-scale outbreak of Covid-19, and should resource this increased level of communication accordingly.
- 3) That there should be regular updates to all members on how the Council and local health services are coping, including when services are being change or stopped.
- 4) The Council should not hesitate to request additional funding from Central Government to ensure that essential services are maintained, and vulnerable residents are protected.
- 5) Consider how democratic accountability continues through this time.

The Sub-Committee **RESOLVED** to recommend to the Cabinet Member for Families, Health & Social Care that:-

1. Evidence be provided to the Sub-Committee to give reassurance that public and private care providers are maintaining standards of care and cleanliness that reduces exposure to infection, to minimise the potential risk of an outbreak amongst vulnerable residents in the borough, especially in Croydon Care Homes and those receiving domiciliary care.

### 12/20 **Update on Urgent & Emergency Care**

The Committee considered a report which provided an overview on the current performance of the urgent and emergency care department at Croydon University Hospital. The report was introduced by the Chief Operating Officer for Croydon Health Services NHS Trust (CHS), Lee McPhail. During the introduction the following was noted.

- The report provided an overview of the outcomes from a high impact Improvement Programme that originally commenced twelve months ago and was targeted towards improving the responsiveness of urgent and emergency care for patients from the front door and throughout the service,

- The programme had been developed in response to a particularly difficult January and February 2019 and had seen month on month improvement in most areas throughout the summer and autumn, while also highlighting key areas of weakness such as the length of stay for patients.
- As a result, performance on the number of patients having to stay in hospital longer than 3 weeks had notably improved, with the service at one point being the most improved in London for this indicator.
- CHS had been successful in its bid for the AEC Accelerator Programme which would deliver further improvement for same day emergency care, with an increased number of patients being treated in an ambulatory environment rather than in the emergency department.
- The winter period had seen some of the progress made go backwards, with a difficult December and January. This was in part to pressures at other hospitals having a knock on effect on Croydon University Hospital. As a result the additional bed capacity available at the hospital had been opened for an extended period.
- Initial data for February indicated that progress was starting to be made again, with the length of patients stays improving.
- It had been indicated by the Government that the target waiting time of four hours for emergency care was likely to remain in place, along with other targets focused on the quality of care to patients.
- Two of the key areas going forward were to ensure that the hospital was in a position to meet the new clinical standards and continuing to drive down the length of patient stay. Another part of the national mandate was for hospitals in normal circumstances to be operating at 92% capacity.

Following up from the introduction the Sub-Committee questioned how whether the capacity target was achievable. It was acknowledged that this would be a challenge for most hospitals, with Croydon University Hospital's own capacity often nearer to 98%.

Regarding the performance data provided on London Ambulance Service handover times of over 30 minutes, which were currently above 20%, it was questioned whether the 5% target was achievable. It was advised that for the majority of the past year the figures were closer to the 5% target with the performance at Croydon University Hospital one of the most improved in London. However during the winter period there had been issues with congestion in the emergency unit and also spikes in attendance that had increased handover times.

A key area of focus was the whole pathway through the healthcare system as a means of alleviating pressure on urgent and emergency care. For instance the uptake of GPs appointments available on Sundays had increased from

20% to approximately 60%. Other initiatives such as having paramedics working in the emergency department were being trialled, with the possibility of having physio therapists available as well being explored.

The Sub-Committee noted from the information provided that there seemed to be a constant level of pressure on services throughout the year, with it confirmed that this was the case, although the acuity profile of patients changed throughout the year with sicker patients in the winter bringing different pressures.

Although the number of seasonal flu case had been lower, it had still been challenging as these patients tended to slow the emergency pathway due to the need to mitigate against the risk of infection. The use of rapid screening had improved over the past year, with the best course of action being to treat the patient at the hospital and for them to recover at home.

In response to a question about hospital staff taking up the flu vaccination, it was confirmed that the current rate was 79% against an 80% target. The number of staff having the vaccination earlier in the flu season had increased this year which helped to make a difference. The ongoing work to encourage people to take up the flu vaccination was welcomed by the Sub-Committee, particularly as statistics showed that 26,000 people died from the virus last year.

It was highlighted that anecdotally there seemed to have been a number of instances where patients had their regular appointments cancelled and it was questioned whether this had been planned to increase capacity at the hospital. It was confirmed that there was not a policy in place at the moment, however this could change should there be a need to create additional capacity to deal with emergency pressures.

In summarising the item, the Chair acknowledged that the improvement work being delivered at the hospital was reassuring, but felt that the new clinical guidance would provide additional challenges. It was recognised that the ongoing integration programme would also lead to improvements and as such it would be important to revisit the performance of urgent and emergency care at Croydon University Hospital later in the year.

At the conclusion of the item the Chair thanked the officers for their attendance at the meeting.

## **Conclusions**

Following discussion of the report, the Sub-Committee reached the following conclusions:-

1. The Sub-Committee welcomed the update on the provision of urgent and emergency care, in particular the outcomes from the improvement programme that were making a difference to the level of care provided to patients.



2. The Sub-Committee recognised that it would significant challenge to meet the 92% capacity target, in light of the fact that the hospital had been operating at nearer to 98% of its capacity.
3. The Sub-Committee agreed that it would continue to review the performance of urgent and emergency care periodically to ensure that the improvement programme continued to deliver improved services and to monitor the impact from the Integration Programme.
4. The Sub-Committee also agreed that a review of the extended length of stay for patients and health pathways would be considered for inclusion in their work programme for 2020-21.

### 13/20 **Croydon's Integration Journey - update**

The Sub-Committee considered a report which provided an update on the ongoing health integration programme in the borough. The report was introduced by the Joint Croydon Health Services Chief Executive and Place-Based Leader for Health, Matthew Kershaw, during which it was confirmed that the next phase of the integration programme would commence from 1 April 2020.

From April the newly merged South West London Clinical Commissioning Group (SWCCG) would go live, along with the introduction of the Committee in Common between SWCCG and the Croydon Health Services NHS Trust (CHS) which would be chaired by Mike Bell and Agnelo Fernandes. There would also be a shadow Health and Care Board established, which would include representation from the care sector, prior to the launch of a full board in 2021. The introduction of the Health and Care Board would follow a phased approach with representatives from the Adults service involved in the first instance before expanding to include representation from Children services.

Reassurance was given to the Sub-Committee that GPs were on board with the proposals and were working closely with others to develop the integration programme as it progressed, building on the work of the One Croydon Alliance. It was also highlighted that approximately 80% of GP's in the borough had voted in support of the SWCCG proposals.

Regarding the ongoing consultation over the Improving Healthcare Together proposals that would affect acute care provision at Epsom, St Helier and Sutton Hospitals, it was highlighted that Healthwatch were planning to hold a community meeting later in March to discuss the potential impact upon people in Croydon.

The CHS response to the consultation had been based upon modelling of the three proposed options, which had indicated that should the acute site be located at St Helier the impact would be largely neutral, if it went to Sutton it would slightly reduce demand, with the biggest impact arising if the service was located at Epsom, which would require additional resources to build capacity at the Croydon University Hospital.

It was confirmed that the Vice-Chair was due to attend a meeting of the South West London & Surrey Joint Health Overview and Scrutiny Committee's Sub-Committee on Improving Healthcare Together and would be able to report back at the Sub-Committee's next meeting on 21 April 2020.

It was advised that the three aims of the Integration Programme were to deliver effective services that delivered outcomes for residents, efficient services that made the most of existing resources across health and care including the possibility of transferring resource between organisation, and ethical services that placed the NHS as an anchor institution influencing regeneration and tackling health inequalities in the borough.

In summarising the item the Chair noted that given the importance of the integration programme to the provision of both health and care in the borough, it was agreed that the Sub-Committee would need to continue to monitor its implementation throughout 2020-21 to ensure that the new governance arrangements were working and that improved outcomes for residents were being delivered.

**Conclusion**

At the close of the discussion of this item the Sub-Committee reached the conclusion that given the importance of the Integration Programme to the provision of both health and care in the borough, it would be important to have a standing item at each meeting in 2020-21 to provide an update on the latest position on the implementation of the programme.

14/20 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.40 pm

**Signed:**

**Date:**

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