

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 22 September 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), Pat Clouder,
Andrew Pelling and Scott Roche
Gordon Kay (Healthwatch Croydon Co-optee)

Also Present: Councillors Janet Campbell, Patsy Cummings & Bernadette Khan

PART A

15/20 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

16/20 **Urgent Business (if any)**

The Chair advised the Sub-Committee that it had been agreed to add one urgent item of business to the agenda for the meeting, namely the Croydon Health Service NHS Trust Quality Account for 2019-20.

17/20 **Urgent Item: Croydon Health Service - Quality Accounts 2019-20**

The Sub-Committee received a report from the Croydon Health Service NHS Trust (CHS) setting out a draft of their Quality Account for 2019-20. It was noted that Quality Accounts were submitted to the Sub-Committee on an annual basis to allow for feedback prior to the final version being published..

The Chair highlighted to the Sub-Committee that the Quality Account had only been received on the day prior to the meeting, but as the deadline for the submission of feedback was 21 October and therefore before the next meeting of the Sub-Committee (10 November 2020) it had been agreed to include the report on the agenda as an urgent item.

Given that the report had only been circulated on the morning of the meeting it was agreed that there was insufficient time for Members to digest the information provided and as such it was agreed that receipt of the report would be noted at the meeting. It would then be left in the hands of the Chair, in consultation with the other members of the Sub-Committee, to finalise any comments for submission.

RESOLVED: The Sub-Committee resolved to:-

1. Receive and note the Croydon Health Service NHS Trust Quality Account 2019-20
2. Agree that any comments submitted to Croydon Health Service NHS Trust would be agreed informally by the Chair in consultation with the other members of the Sub-Committee.

(Note: At the meeting the Sub-Committee agreed to change the running order of the agenda to take the Covid-19/Winter Preparedness item before the Chair's Update on the South West London & Surrey JHSC Sub-Committee – Improving Healthcare Together item. The minutes are presented in the original running order to correspond with the published agenda.)

18/20

Chair's Update on the South West London & Surrey JHSC Sub-Committee - Improving Healthcare Together 2020 - 2030

The Chair of the Sub-Committee, Councillor Sean Fitzsimons provided an update on the work of the South West London & Surrey Joint Health Scrutiny Committee's Sub-Committee that had been set up to scrutinise the Improving Healthcare Together plan (IHT).

It was advised that the three NHS Clinical Commissioning Groups (Surrey Downs, Sutton & Merton) overseeing the implementation of the plan had recently confirmed Sutton as the preferred location for a new emergency care hospital, which would result in the current facilities at the St Helier and Epsom hospitals being reduced.

The Chair highlighted that it had originally been expected that the JHSC Sub-Committee would reach a consensus on how to respond to the IHT, but this had not been the case. This meant that it was now within the remit of the individual boroughs to decide how they wished to respond.

Given the potential impact of this decision on healthcare provision in their borough the London Borough of Merton had decided to refer the decision to the Secretary of State for Health for review. A copy of the Merton referral had been appended to the report for the information of the Sub-Committee. At this stage none of the other boroughs (Kingston, Sutton & Wandsworth) or Surrey County Council had confirmed how they would be responding. The Sub-Committee was asked to consider how it wished to respond on behalf of Croydon.

From the discussion of the Sub-Committee it was clear that Member welcomed the additional investment in hospital infrastructure from the Government, particularly as many years of uncertainty over the future of the St Helier hospital had resulted in a detrimental lack of investment in site.

However, there was also support for the referral made to the Secretary of State for Health by the London of Borough of Merton, with concern noted about potential impact upon the poorest families in Merton and North Sutton due to poor public transport links to the identified site in Sutton.

Concern was also raised about the consultation process as it had identified the Sutton site as the preferred option and did not include an option for investing in both the Epsom and St Helier hospital sites, which may have influenced any responses given. It was also highlighted that as the consultation had been run during the Covid-19 pandemic this might have limited the number of responses received.

At the end of the discussion the Sub-Committee reached the conclusion that although there was no grounds for Croydon to make its own referral to the Secretary of State for Health, it recognised there was a case for Merton and other boroughs more directly affected to do so. As such it was agreed to endorse the referral made by Merton, with the response from the Secretary of State keenly awaited.

It was also agreed that the Chair would explore the potential for a joint endorsement for the Merton referral from the JHSC Sub-Committee when it next met in October.

Conclusions

Following discussion of this item the Sub-Committee reached the following conclusions:-

1. The Government's investment in the local health economy was welcomed.
2. Many of the concerns set out by the London Borough of Merton's in its submission to the Secretary of State were echoed by the Sub-Committee, particularly those regarding the accessibility of the preferred site and the possible equalities implications of the decision..
3. The Sub-Committee agreed that it would endorse the referral made by the London Borough of Merton and keenly awaited the outcome.
4. It was agreed that the Chair would seek to explore the possibility of the Sub-Committee of the South West London & Surrey Joint Health Scrutiny Committee reaching a joint conclusion to endorse the referral made to the Secretary of State for Health by the London Borough of Merton.

19/20 **Croydon: COVID-19 & Winter Preparedness**

The Sub-Committee received an update on the preparedness of local health and social care services to cope in the event of a second wave of covid-19, which may be particularly challenging with winter approaching.. A presentation was delivered to the Sub-Committee by the following:-

- Rachel Flowers – Director of Public Health (Croydon Council)

- Matthew Kershaw – Chief Executive and Place Based Lead for Health (Croydon Health Service NHS Trust & Croydon Committee of the South West London Clinical Commissioning Group)
- Guy Van Dichele – Executive Director for Health, Wellbeing & Adults (Croydon Council)

A copy of the presentation can be found on the Council's website on the following link –

<https://democracy.croydon.gov.uk/ieListDocuments.aspx?CIId=168&MIId=2160&Ver=4>

During the course of the presentation the following was noted:-

- The current situation regarding covid-19 was moving at a pace although at present numbers in Croydon remained low. The number of covid-19 infections was increasing on a daily basis and the Prime Minister was due to give a national update later that evening on new guidance aimed at minimising the impact of any second wave.
- The current priorities were to keep children at school, protect the economy and ensure vulnerable people remained protected from the risk of infection.
- It was reiterated that the infection rate would only decrease if everybody was following the guidance provided by the Government.
- It was highlighted that response in Croydon has required a system wide approach across health and social care to manage the increased demand. For example the Living Independently For Everyone team had seen a fourfold increase in referrals during the pandemic, which had been managed through joint working.
- The Integrated Community Networks were also bringing together services with a focus on prevention and delivering proactive care.
- GPs across the borough had provided an essential front door to health services, with telephone triage, face to face appointments and home visits.
- Innovations such as digital outpatient appointments and both video and phone GP appointments had been essential in allowing services to continue during the pandemic.
- Croydon University Hospital was one of five London sites that would be piloting NHS 111 First, starting from 23 September. This system would allow people to book before attending A&E, which could improve waiting times and lower the risk of hospital acquired infections.

- The Croydon Elective Centre had been opened at the hospital. It was intended that this would increase the capacity for elective surgery by providing a separate, covid free entrance to the hospital and dedicated theatre and ward space. At present the level of elective surgery was at 83% of normal business as usual with plans in place to increase this.
- Thanks was given to the voluntary sector which had provided vital support to the vulnerable throughout the pandemic.
- There had been 15,000 vulnerable residents shielding in Croydon, many of whom had not previously been known to the Council. Support had been provided in a range of different ways including assistance with shopping and pharmacy support.
- The Council was working with Croydon Voluntary Action (CVA) to provide isolation and mental health support for residents.
- One of the key lessons learnt from the first wave of the pandemic was the importance of nutrition, with a need to ensure that people had access to hot meals and food.
- The response to the Council's work with care homes had been positive. This included ensuring there was a focus on containment, with Public Health working with providers on infection control. Infection control would remain a priority going forward, with it being essential that both staff and residents were kept as safe as possible.
- In the early days of the pandemic there had been a lot of concern about the provision of personal protective equipment (PPE) in care homes. The Council had worked with local providers to ensure stock was supplied where needed. There was sufficient stock available at the moment, but it remained important to ensure that the equipment was being correctly used.
- Testing capacity in the borough continued to increase. This was essential if regular testing was to be available for all care home staff on a weekly basis and for residents every 28 days.
- Work was underway to review the emergency care system ahead of the winter to ensure that it was prepared to cope with increased demand, with a bed occupancy of 92% being targeted. To achieve this it would require joined-up working between health and social care as well as internal planning at the hospital. It would be particularly important to work closely with social care on hospital discharge.
- The Public Health team was leading on outbreak planning for the second wave. The plan would take account of the potential increased demand for services, while maintaining elective surgery as far as possible. Gold Command could be set up as needed, with the current situation being closely monitored.

Following the presentation the Sub-Committee was given the opportunity to question the attendees on the information provided. The first question related to lessons learned from earlier in the pandemic and how this information would be used to inform decision making going forward. In response it was highlighted that new information was learnt about covid-19 on a daily basis, especially now that the availability of testing was expanding. It was important to use data to manage choices and options, with more data available now to be better able to judge where infection was happening and what response was required. There was also greater knowledge available on the treatment of covid-19 patients, both at an earliest stages of the infection and should their condition require hospitalisation. Scenario testing and managing risk through the identification of mitigation was also important to informing the management of future outbreaks.

In response to a request for more information about the roll out of the winter flu vaccine, it was advised that there would be a big push on seasonal flu vaccinations heading into the winter. This included the expansion of the criteria to receive a free vaccination to people over 50 and young children. Croydon University Hospital was expecting its first doses this week, with staff in the Emergency Department and Intensive Care amongst other front line departments being vaccinated as an initial priority. GPs would also be supporting the push and conversations were being held with pharmacies about their participation as well.

As testing was seen to be crucial to controlling the spread of covid-19, it was questioned whether the current capacity was sufficient and if not, when it was likely to improve. It was confirmed that there was a push to increase capacity to allow for routine testing, but at the present time it was not sufficient. It had been recognised that capacity across London was not where it should be and assurance was being given that this would improve.

It was advised that testing was only one part of containing the spread of covid-19. Part of the infection control money given to the Council by the Government had been used to minimise the movement of the care home workforce between homes. The Director of Public Health was provided with a daily list of people testing positive for the infection which was used to prioritise support. At the moment the main cause for concern for the spread of infection was schools rather than care homes.

More information was requested on the process used by CHS to minimise the spread of covid-19 during the hospital discharge process, as this was seen to be an area of particularly high risk. It was confirmed that discharging had been managed in consultation with the care homes throughout the pandemic. Patients were tested prior to arriving at the hospital wherever possible, tested again on day five of their stay and once more prior to discharge. If the final test results were not available at the time of discharge, the care home would be informed and the patient would be managed as if they had covid-19 until the test result confirmed otherwise.

As mentioned in the presentation, it was highlighted that the Public Health team continued to work with care homes to minimise the risk of a covid-19

outbreaks and understand the circumstances of individual care homes. Other providers of care such as sheltered housing schemes and communal living care also required support to prevent the spread of covid-19.

In response to a question about whether there had been a rise in demand for mental health services as a result of the covid-19, it was advised that studies had shown there would be a disproportionate impact upon mental health during a pandemic. There had been an increase in people presenting themselves at A&E with mental health related issues and CHS was working closely with the South London and Maudsley NHS Foundation Trust (SLaM) to support these patients.

The Council had been working with schools on the provision of mental health support for pupils. An initiative had also been launched to recruit 1,000 community mental health first aiders, with it highlighted that it was important for everyone to ensure they were looking after co-workers, friends and neighbours during this difficult time. It was also highlighted that mental health issues were likely to be a long term result of the pandemic which would require a whole system response.

It was questioned whether people's health had deteriorated outside of covid-19 from a reluctance to access healthcare services due to the risk of infection. It was advised that at this stage it was difficult to make a definitive judgement. Cancer treatment and surgery had been maintained at the Croydon University Hospital throughout the pandemic, but some elective surgery had been delayed. This increased the need to maintain elective surgery during any second wave, due to the impact upon individuals having to wait for their procedure.

When the Sub-Committee had originally discussed covid-19 at their meeting on 10 March 2020, concern had been raised about contact being made by Social Care with people to explore options for reducing their care package. As a result, confirmation was requested on how many people had accepted reduced care packages and when this would be revisited. It was advised that as part of the contingency planning, ahead of the first outbreak in the spring, contact had been made with people to explore options for reducing care packages in the event of staff shortages due to covid-19. In actuality very few people had needed to reduce their care and any reduction was managed in conjunction with families, with regular contact maintained. If there was any issues as a result of the reduction, then the usual level of care was restored.

Following issues with the supply of PPE during the pandemic amongst care providers, it was questioned whether these issues had now been resolved. It was acknowledged that in the early days of the pandemic PPE had been in short supply and the quality of what was available was not good, but the situation had since improved. It was set out in the contracts of care providers with the Council that PPE must be used where necessary. A portal had been set up by the Government for care providers to order stocks of PPE, but the Council maintained an emergency stock that could be accessed if required.

Further information was requested on the number of CHS staff who had attended the post first wave debriefing sessions. It was agreed that this information provided after the meeting. (Note – it has subsequently been confirmed that 184 staff members have attended debrief sessions).

From the Cabinet meeting the previous evening it had been noted that CHS was providing assistance to the Council with meeting its financial challenges. This support was welcomed by the Sub-Committee, with further information requested. It was advised that the NHS was fully engaged in the financial recovery of the Council, as health and social care continued to move towards a whole system approach for the borough. The Council had been supportive of health when it experienced its own difficulties in the past and the integration journey had enabled health to realise savings in a number of areas, which meant it was in a position to help the Council.

In response to the final question for this item, it was confirmed that there was no intention for either the hospital or GPs to move to full scale virtual appointments. Virtual appointments had proven to work well to follow-ups with patients after procedures and for routine checks, while also minimising the risk of infection. However, face to face appointments remained important and would be available if that was the patient's preference.

Conclusions

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

1. The thanks of the Sub-Committee was given to the staff of the NHS, Social Care and Public Health who had continued to provide vital services, despite the often difficult circumstances and challenges created by the pandemic in the six months.
2. Although it was recognised that much of the delivery was outside of the control of the Council, there was significant concern that the capacity for testing was not increasing fast enough, given its importance to controlling the spread of covid-19.

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

This motion was not required.

The meeting ended at 8.21 pm

Signed:

Date: