

Public Document Pack

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 9 March 2021 at 6.30 pm. This meeting was held remotely and can be viewed on the Council's website

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Pat Clouder, Jerry Fitzpatrick, Steve Hollands, Andrew Pelling.

Gordon Kay (Healthwatch Croydon Co-optee)

Also Present: Councillor Janet Campbell, Bernadette Khan, Robert Ward, Louisa Woodley

PART A

8/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

9/21 **Urgent Business (if any)**

There were no items of urgent business.

10/21 **Update on the Croydon Response to the Covid-19 Pandemic**

The Sub-Committee was provided with a number of presentations on the response to the Covid-19 pandemic in Croydon for its consideration. Copies of the presentations delivered at the meeting can be found along with the agenda papers on the Council's website at the following link:-

<https://democracy.croydon.gov.uk/ieListDocuments.aspx?CId=168&MId=2163&Ver=4>

In addition to the information provided in the slides, the following points were noted:-

- The Director of Public Health thanked everyone for adhering to the lockdown, which had led to the infection rate in Croydon reducing significantly. The seven day infection rate currently stood at 48.4 infections per 100,000 people in Croydon compared to a rate of approximately 250 infections per 100,000 at the peak of the pandemic.
- Going forward, it was possible that there would continue to be different variations of the covid-19 virus. With the two recent surge testing programmes in New Addington and Fieldway linked to the South African variant. There had also been surge testing in South Norwood and Thornton Heath as a precaution following a case of the Brazilian variant.

It was likely that surge testing would be the way forward for the longer term management of covid-19 outbreaks.

- The health system in Croydon had seen a declining rate of covid-19 infections, with 74 in-patients at the Croydon University Hospital since the start of March. The hospital had cared for approximately 2,500 covid patients since the start of the outbreak, with 580 lives lost.
- The hospital continued to manage its non-covid care, with two thirds of its wards now covid free. Both urgent and cancer care had been maintained throughout the pandemic, and the focus was now turning to non-urgent care.
- Regarding the vaccination programme, it was confirmed that a different approach would be needed to target young people. The approach would need to be nuanced and informed by people from that cohort. Targeted work was underway to dispel some of the myths that had arisen around the vaccine such as its effect on fertility. Thanks was given to local faith leaders for helping to dispel these myths.
- The Social Care team had been working seven days a week to provide support with hospital discharging throughout the pandemic. At the same time work had continued on its business as usual, with waiting lists remaining stable. There were some outstanding reviews to be completed, but these were in the process of being picked up. The service was now starting to focus on its roadmap for the recovery of services such as Active Lives, Dementia Day Services and Extra Care Housing.
- Mental Health services had continued to run throughout the pandemic and a mental health summit had been held on 8 March.
- It was confirmed that most front line council workers had now been vaccinated.

Following the presentation, the Sub-Committee was provided the opportunity to question those in attendance on the information provided. The first question raised concerned the difficulty for residents in obtaining lateral flow tests, with a request for an update on the local availability of these tests. It was advised that the availability of lateral flow testing had been limited before Christmas, with availability restricted to healthcare workers and school staff. Currently all schools in Croydon received a supply of tests to ensure they were able to remain open and all care homes were tested on a weekly basis. Public Health tried to make sure that information was made available about the availability of testing for the general public, but lateral flow testing was not controlled by the Council.

As a follow up to this response, it was questioned whether the availability of lateral flow testing could be communicated more effectively. It was advised that communication on the availability of testing was complicated due to the changing advice given. Although Public Health made sure its own

communication was clear, as the supply of lateral flow testing was not managed by the Council, people should be directed to the national website in the first instance.

In response to a question about how the pandemic had impacted upon the provision of mental health services and the availability of care beds, it was confirmed that there had not been a reduction in mental health provision. Covid had impacted upon the capacity within acute hospitals, but the social care service had supported patient discharge. The service had also ensured that support for infection control was available for mental health service providers.

It was highlighted anecdotally that there may have been confusion over the logging of vaccination data. As such it was questioned whether there was a wider issue with data collection and whether data was being used to target those who were vaccine hesitant. It was confirmed that the health care system did not hold a list of the vaccine hesitant, but worked with everybody to try to encourage vaccine uptake. Information was held on the amount of people vaccinated in care homes, with it confirmed that all residents and staff had at least been offered a vaccination. It was confirmed that ward level data was available on the take up of the vaccine amongst the general public and this would be shared with the Sub-Committee.

In response to a question about whether there was a backlog of patients waiting for elective surgery, it was confirmed that the hospital did not have a backlog. The waiting list had been reduced from 2,500 to 2,200 patients since March 2020, but the wait time had increased. The key focus was on addressing clinical priorities and the patients on the list with the longest wait. The creation of the elective centre had ensured there was a good mechanism in place to ensure that patients could be treated quickly.

It was confirmed that availability of the different vaccines tended to fluctuate, but overall the UK had performed well in terms of vaccine supply. The CCG was able to work across Croydon and South West London to smooth out any supply issues that did arise.

In response to a question about how long-covid had impacted upon planned care and mental health services, it was advised there had been an increase in the amount of mental health disorders and other associated symptoms related to long-covid. Much of the support for those experiencing long-covid symptoms was managed through GP surgeries, but for more severe cases there was a specialist clinic with a multi-disciplinary team in place to provide additional support. Work was underway to understand the potential economic impact upon patients who were experiencing long-covid.

It was confirmed that PCT testing had initially only been available in a hospital setting and was only available in the community from June 2020. The PCR test would normally only be used on people displaying symptoms of covid-19. Lateral flow tests worked in a different way, which was why they were used on people who were asymptomatic.

It was questioned whether either the health or social care representatives had any additional concerns about the move to open up care homes for visits from residents families. It was advised that the Council was in daily contact with the majority of homes, who were providing information on their vaccination numbers. An additional nurse was being recruited to help homes with infection control in relation to these additional visits.

The final question for this item asked what was being done to communicate with the transient population in Croydon, which was significant, about the availability of the vaccine. It was confirmed that the CCG had a specific work stream to establish the scale of this issue, as it was important no one was left behind. Once this was completed, individual mechanisms based on the roving model would be used to engage with these populations.

At the conclusion of the item, the Chair of the Sub-Committee thanked those in attendance from health and social care for all their hard in delivering the vaccination programme.

Conclusions

At the conclusion of this item, the Health & Social Care Sub-Committee reached the following conclusions:-

1. The thanks of the Sub-Committee was given to all the health and social care professionals for the support provided to vulnerable residents throughout the pandemic
2. The thanks of the Sub-Committee was also given to those involved in delivering the vaccination programme and surge testing.
3. The offer to share Ward by Ward data on vaccination with the members of the Sub-Committee was welcomed.

11/21 Croydon's Autism Strategy 2021-24

The Sub-Committee was asked to review a draft of the Council's forthcoming Autism Strategy, with a view to making suggestions that could be incorporated into the final version, due to be considered by the Cabinet later in the year. Members of the Children & Young People Sub-Committee had also been invited to participate in the meeting for this item, given the all-age approach of the strategy.

The Council's Autism Champion, Councillor Jerry Fitzpatrick, introduced the report to the Sub-Committee, during which it was noted that due to the current circumstances created by the pandemic, there was concern within the autistic community in the borough about their ability to access health and care plans. There was also a concern about the financial challenges facing the Council and whether this would result in care packages being cut or current care receivers no longer meeting the threshold for support.

There was a national issue on the collection of data around autism which meant it was difficult to get a true picture of the number of people who were autistic, as adults would not be registered as autistic unless they qualified for care.

The Autism Strategy was an important step forward for the Council as it was essential that responsibility was taken at the centre of organisation. The Council needed to be able to allocate resources as it was able to do so to support the community, but it was recognised that it was unlikely there would be significant resources available at the present time given the Council's financial challenges.

A number of external participants had been invited to participate in the meeting of the Sub-Committee to share their experience of autism support in the borough. The first person to address the meeting was Nicky Selwyn, who was Co-Chair of the Autism Partnership Board. The Sub-Committee was advised that the strategy was long overdue and had involved over 500 people inputting into its creation. There was good level of engagement in the work of the Board from the partners and representation from the autistic community. The strategy had been developed with the autistic community and was reflective of their needs and priorities. Once the strategy was agreed there would be a SMART action plan to underpin its delivery, allowing progress to be tracked.

The second speaker was Glenice Lake, who spoke to the Sub-Committee about the challenges she had faced as the mother of two autistic children in Croydon. This included examples of traumatic experiences involving the use of restraint, which had been caused by a lack of understanding of how best to support someone with autism. It was hoped the strategy would help to address some of these issues and ensure that a wider level of support was available for the autistic community.

The third speaker was Ema Jones, who advised that she had been diagnosed as autistic at 30. In particular it was highlighted that the reason why not as many women as men were diagnosed as autistic was due to testing being geared towards men. This lack of diagnosis had led to challenges and it was hoped that the strategy would help to ensure others did not suffer a similar experience. It was envisioned that the strategy would continue to evolve as progress was made.

The Council's Autism Inclusion Lead, Kevin Oakhill also gave a presentation to the meeting. A copy of the presentation can be found on the Council's website at the following link – <https://democracy.croydon.gov.uk/documents/s28256/Autism%20Strategy%20-%20Presentation.pdf>

Daniel Turner, the Clinical Lead for Developmental Disorders at the South London & Maudsley NHS Foundation Trust (SLaM), gave his thanks to the Autism Partnership Board for driving forward the development of the Strategy. SLaM were keen as partners to use learning that arose as a result of the Strategy and supported its implementation.

The Cabinet Member for Families, Health & Social Care, Councillor Janet Campbell, congratulated the team for their work in preparing the strategy. Given the negative experiences highlighted by three speakers, it was questioned whether there was training that could be used by the Council and its partners to understand how best to identify and support those with autism. It was advised that there was effective training, such as positive behaviour support, but it needed to be put in place by experts who knew what they were doing and it would take time to implement. Early intervention and support were seen as being key to helping those with autism.

It was also questioned whether it was possible for parents of children with autism to experience similar traumatic events, such as the use of restraint on their children or whether services such as education had learnt from best practice. It was confirmed that Croydon University Hospital was wholly supportive of the approach outlined in the strategy and had been in conversation around things such as taking a blood sample from someone who may be distressed.

It was agreed there was an opportunity to learn from past experience to make positive change and it was as much about helping parents to understand as their children. It was important that proper training was provided to practitioners on how best to manage their interaction with and support to someone with autism. It was confirmed that all teachers and social workers needed to be trained in autism awareness. There was an aim to expand this to early years education to ensure there was a greater understanding of the issues involved.

The Sub-Committee agreed that the issues around data collection on autism were a concern, as without this being improved there would never be a full picture of the number of people with autism in the borough. However, it was acknowledged that this was a national issue that would be difficult to resolve in Croydon alone.

It was confirmed that there had been work on the assessment system for children and adults which had led to improvement and the system continued to be refined. It was advised that there was an issue nationally with a high level of demand for diagnosis and Croydon had recently invested in its own diagnosis service. It was highlighted that diagnosis was only the first step and there was still a huge amount of work required for onward services, post diagnosis.

The recommendation that there needed to be quantifiable goals for the strategy was accepted, with it advised that there was a determination to have SMART targets in place which were owned, so people knew what was expected of them. A working party had been set up to assist with this. It was highlighted that if the Council was looking to be a community leader for the autistic, the success of some targets, such as encouraging employers to support autistic people to work, would be difficult to quantify.

It was suggested that the Autism Partnership Board should work with Healthwatch Croydon, as they had specific powers regarding representing

communities to engage with health services that may be of benefit in delivering the strategy, particularly for services provided through the hospital and GPs.

It was suggested that recognition could be given to businesses that supported their autistic employees and raised awareness of the support needed amongst their managers. It was confirmed that thought had been given to having autism champions in organisations, who would raise awareness and understanding. Consideration was also being given to creating a pledge employers could take to raise awareness of autism.

As it was noted the voluntary sector had not been listed as a partner, it was questioned whether they could have a role to play. It was advised that the Board did want to engage with the voluntary sector, but it was aware that resource in this sector was stretched. Croydon Voluntary Action was involved in the localities programme and it was possible they would be able to feed into the delivery of the strategy from that perspective. It was highlighted that the majority of autistic people wanted to work rather than volunteer.

In response to a question about the use of social prescribing, it was advised there was a limit to what could be prescribed and an absence of the relevant provision. There was a lot of work needed to document and understand what support was required, before moving on to the spectrum of support that could be offered.

In light of the comments previously made about the difficulty of women getting a diagnosis, it was confirmed that the strategy did look to address the needs of women with autism. It was often the case that women were better at masking their autism, which could lead to them being considered difficult at times when they were not coping.

At the close of this item, Councillor Jerry Fitzpatrick thanked the Sub-Committee for the useful discussion and its support for the strategy. It was highlighted that many autistic people led positive lives most of the time, but there was a huge amount of waste. For many children it was a good time, but there were challenges in mainstream schools as a result of the variance in training and expertise. There was a small amount of money available for training opportunities in 2021-22 and it had been confirmed the Council's Autism Lead, who had been instrumental in driving the strategy forward, was being retained for the year. Finally, thanks was given to everybody who had helped create the strategy.

In closing this item the Chair thanked the attendees for the insight they had given to the Sub-Committee and commended the amount of work that had been invested in creating the Autism Strategy

Conclusions

At the culmination of this item, the Sub-Committee reached the following conclusions:-

1. The Sub-Committee welcomed the broad commitment from both the Council and its partners to the Autism Partnership Board and the creation of the Autism Strategy.
2. To ensure that the Autism Strategy is being implemented, it would be useful to bring an update on progress made to a future meeting of the Sub-Committee.
3. There was a need to improve data collection around autism and the Autism Partnership Board was encouraged to continue raising awareness of this issue.
4. The Autism Partnership Board should consider engaging with Healthwatch Croydon on its scheme to raise awareness of autism with local GPs.

12/21 **Update from Healthwatch Croydon**

The Healthwatch Croydon Co-optee on the Sub-Committee, Gordon Kay, provided an update on their latest activities. It was confirmed that Healthwatch had recently published a report on Shielding, was finalising a report on care homes, and was developing a report on the access to dentistry in the borough.

It was advised that concern had been raised about the change in ownership of three GP hubs in Croydon and how this change had arisen. The Chair of the Sub-Committee confirmed that he had written to the South West London Clinical Commissioning Group (CCG) to ask for further information on this issue. It was agreed that the response would be shared with the other members of the Sub-Committee.

It was confirmed that assurance had been given that the relationship with the surgeries would not change and the present senior management would continue as the operational management of the services. It was agreed by the Sub-Committee that they would like to keep a watching brief on this change to ensure there was no undue impact upon the patients of the surgeries involved.

13/21 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.45 pm

Signed:

Date:

.....

This page is intentionally left blank