# Health & Wellbeing Board

Meeting of held on Wednesday, 20 January 2021 at 2.00 pm.
This meeting was held remotely.

## DRAFT MINUTES

**Members Present:** Councillor Louisa Woodley (Chair);
Dr Agnelo Fernandes (NHS Croydon Clinical Commissioning Group) (Vice-Chair);
Councillor Jane Avis
Councillor Margaret Bird
Councillor Sherwan Chowdhury
Councillor Alisa Flemming
Councillor Yvette Hopley
Rachel Flowers, Director of Public Health - Non-voting
Edwina Morris, Healthwatch
Guy Van-Dichele, Executive Director of Health, Wellbeing & Adults, Croydon Council - Non Voting
Michael Bell, Croydon Health Services NHS Trust - Non-voting
Steve Phaure, Croydon Voluntary Action - Non Voting

**Apologies:** Councillor Janet Campbell and Hilary Williams

## PART A

1/21 **Minutes of the Previous Meeting**

**RESOLVED:** that the minutes of the meeting held on 21 October 2020 were agreed as an accurate record

2/21 **Disclosure of Interests**

There were no disclosures at this meeting.

3/21 **Urgent Business (if any)**

There was none.

4/21 **Public Questions**

There were none.

5/21 **Covid-19 workshop follow up including update on current Covid-19 situation**

The Director of Public Health updated the Board on the Covid-19 situation in the borough. She stated that the infection rate in the community was slowly falling due to lockdown. Currently, Croydon was the 6th highest rated borough and the 20th local authority in the country. She told the Board that the latest variant of Covid-19 was disproportionately affecting the south Asian community.

Dr. Agnelo Fernandez, NHS CCG and Vice Chair, addressed the Board and stated the following:

- At least 15,000 people had been vaccinated in Croydon.
- There were six new GP community sites that had gone live based in Old Coulsdon, Purley, Valley Park, New Addington, Thornton Heath and Fairfield Halls.
- The vaccinations were focused on the over 80's and those in care homes, including staff, and next age would move onto the vulnerable/shielding group.
- A limiting factor was transporting the Pfizer vaccines. This made it difficult to deliver into care homes, which was why they had to administer that vaccine in a centre.
- The AstraZeneca vaccine was easier to transport which enabled it to be administered in care homes.
- GP Surgeries that were offering vaccinations had been given permission to reduce some of their other services due to a shortage of staff.
- In February 2021, sites would open in central Croydon and Crystal Palace, which would speed up the vaccination programme by providing a good coverage of the borough.
- There were issues in vaccine supplies, with some sites stating that they were not receiving the supplies to meet demand.
- The army were also providing assistance and were posted to support different sites.
- There were issues in relation to staff absences due to shielding or because they contracted Covid-19.
- An issue with the vaccination programme was hesitancy. The vast majority of residents who were over 80 years of age gladly received the vaccine, however, there had been reluctance amongst some groups particularly in the black and Asian community which included care home and practice staff. There needed to be more information circulated to enable people to make informed decisions in regards to taking the vaccine.

The Executive Director for Health, Wellbeing and Adults informed the Board that the information being circulated locally was likely to be the most accurate data because there had been an error in national data recording. Whilst

attending the Health and Resilience meeting, noting care homes submitting data, a technical issue in how that data was processed was discussed.

In response to a question regarding vaccine shortages, the Vice Chair stated that patients were able decide whether they go locally or to attend the mass vaccination sites.

The Director of Public Health informed the board that the priority in terms of vaccination had been decided nationally based on clinical risk and stressed that social distancing measures had to remain in place despite the vaccine roll out in order to minimise risk of spreading the virus.

In response to a question from a councillor, the Vice Chair informed the Board that, despite the lack of available data, he estimated that each site had given 1,000 vaccines a week therefore at least 17,000 vaccines administered to date. He stated that information would be made available in the near future.

It was noted that there was work being carried out to tackle the challenge of invalidated data being spread throughout the country. The hope would be to produce more up to date data with more granular information about both the localities and the demographic data around populations.

The Chair of Croydon Health Services NHS Trust, Michael Bell, provided the Board with an update on the Covid-19 situation within the hospital. He stated that the numbers in hospital had increased quite dramatically from the middle of December onwards. There were roughly 20 to 30 new admissions every day and he anticipated that these numbers would stay relatively stable for the next 3-5 weeks. He informed the Board that the hospital was not offering the full range of planned care that it would normally be providing in terms of outpatients and non-urgent operations. All emergency and urgent operations were continuing in a Covid secure space and diagnostic procedures such as cancer diagnosis would continue to be provided.

In response to a question relating to vaccine roll out, the Chair of Croydon Health Services NHS Trust informed the Board that there had been careful planning of the programme of work in accordance with government guidelines. The general practice prioritised older people in care homes in the first few weeks of the vaccine rollout. In the past week, they had begun a programme, which focused on younger residency care homes, particularly those which housed residents with learning disabilities.

The Executive Director for Health, Wellbeing and Adults the followed up by stating that both he and the Director of Public Health had met with the Department of Health & Social Care Covid-19 regional support team and they were pushing for a focus on ‘Care Settings’, rather than just care homes. There were vulnerable residents in Croydon that live in other types of accommodation (such as hostels).

Councillor Hopley informed the Board that a resident had mentioned to them that people were being discharged from hospitals, if they were to capacity,

back into care homes without being tested. The Member asked whether staff would be mandated to have vaccinations in order to take care of vulnerable residents in the hospital and why the allocated beds in the nightingale hospital may not be used as previously planned.

The Chair of Croydon Health Services NHS Trust informed the Board that the mortality rate was lower for the number of inpatients than in the first wave, which was likely a result of better treatments and practice as a result of learning from the first wave. He stated that he was not in favour of making it mandatory for staff who cared for vulnerable people to take the vaccine.

The Executive Director for Health, Wellbeing and Adults informed the Board that he had no reports of people being discharged into care homes without being tested. He said in his opinion that it was not beneficial to release staff into the Nightingale hospitals as they had managed to keep a steady flow of patients being admitted and discharged from hospitals, so there was no real need to use the Nightingale hospitals because they were able to manage the pressure.

In response to a question regarding caring for patients at home, the Vice Chair informed the Board that there were more patients recovering from Covid-19 outside of hospital than there were inside. A new pulse oximetry service went live earlier in January 2021 which measured people's oxygen and was supported by the GP collaborative. This would help with early detection in patients and allow treatment before deterioration. He also stated that despite Croydon having more residents with Covid-19 complications than other boroughs, Croydon had been able to respond rapidly due to the good systems that were in place. This had been seen by clinicians and feedback from a number of patients indicating that the quality of care had been excellent.

In regards to the mandated vaccine, the Vice Chair stated that there were cohorts in general practices, hospitals and care homes that were either anti-vaxxers or were hesitant to receive the vaccine. According to GP's, one of the most important factors in whether residents were willing to take the vaccine was the prospect of vaccine passports and whether it would affect their ability to travel. He stated that while the vaccine would not be mandated in this country, there were instances where private organisations may require their staff to be vaccinated or where there may be a requirement for a Covid-19 vaccine certificate someone wanted to travel and request permission to enter another country. He also informed the Board that the CVA (Croydon Voluntary Action) had been co-ordinating the effort for all of the vaccine centres and thanked them for their contributions

6/21 **Response to Integrated Care System (ICS) consultation**

The Executive Director for Health, Wellbeing and Adults informed the Board that the consultations were a national exercise and every local authority across the country was in a different position, Croydon's being good. He

stated that the proposals in the consultation were endorsing some of the practices that Croydon already had in place for a while. He informed the Board that they wanted to respond as the One Croydon Alliance because they were in agreement that the ICS would continue to enhance the work that the council were already doing.

The Vice Chair informed the Board that the reorganisation proposed by the ICS consultation was a huge project. As a result, there had been a lot of concerns about these changes being conducted during the pandemic because many people were busy, such as clinicians. Whilst these changes had been planned for some time, there had been a lack of consideration in regards to the lessons that had been learnt during the pandemic of integrated working. The fact that it was an engagement rather than a consultation had not given the opportunity for clinicians to provide feedback because they had been preoccupied.

Concerns had been raised by clinicians, such as GP's, of the removal of Clinical Commissioning Groups (CCG) and the resulting loss of influence and involvement of GP's and hospital clinicians to the system. The plans discuss clinical leadership, however in practice that would be on the periphery and not centred to decision making.

The British Medical Association (BMA) and the Local Medical Committee (LMC) raised serious concerns about the future of general practice in these plans, and that Primary Care Networks (PCN) were not representative organisations or statutory bodies. This would lead to the voice of General Practice being reduced even further. While this could be mitigated in Croydon through several different means, the face of General Practice would still change and there were associated risks. Without the involvement of clinicians in the decision making process, there may be a rise in the costs of healthcare, as well as the inefficiencies and the quality of care also decreasing.

There were real concerns fed back by the LMC's and by the BMA, however it was uncertain whether they would be taken into account due to the engagement in place of a consultation. He stated that from a Croydon perspective, they could mitigate some of the issues because integrated care already harboured strong relationships within the borough that could be built upon further.

The Chair of Croydon Health Services NHS Trust informed the Board that one of the strengths in Croydon was that clinicians have taken the lead in the planning of services and that they worked across the divide between acute physicians and those who work in primary care and general practice. He stated that despite whichever system would be implemented nationally, they would mitigate that within Croydon and provide reassurance to the public that acute physicians and those that work in primary care would continue to work together to deepen the partnership. They would continue to help develop the appropriate pathways to different services for the local population in order to improve their health and well-being in future.

The Healthwatch Croydon CEO informed the Board that they were concerned about the patient and resident voices being heard throughout the changes, as Healthwatch and the voluntary sector references were missing at sector level, and the potential to regress their involvement to that of the past.

The Croydon Voluntary Action (CVA) CEO informed the Board that while he was chairing a London wide call for the Social Prescribing Advisory Group, one of the issues that was discussed was the pressure on link workers and community builders. There had been difficulties such as referring people to activities during lockdown and also having to manage more complex cases. He believed that the Healthy Communities Together Project would enable them to support coordinated voluntary and community provision through the localities model in Croydon.

7/21 **Section 114 Notice and impact on the Health & Wellbeing Board**

The Executive Director for Health, Wellbeing and Adults stated that Croydon was now operating in a Section 114 notice, however there were other local authorities in similar situations. He stated that the council continued to meet their statutory need in relation to social care. The council were currently waiting for the capitalisation directive that was submitted in December 2020 and conversations with the Ministry of Housing, Communities and Local Government (MHCLG) were ongoing.

The Executive Director for Health, Wellbeing and Adults informed the Board that there was a plan in place to form an independent panel which would be the conduit between the Secretary of State and the council. The Health & Wellbeing Board would continue separately from that process. He assured the Board that by the end of the financial year the council would be informed whether they had been granted the capitalisation directive. This would allow them to decide the budget and work on the medium term financial strategy 2020-24, which would reduce costs in social care.

In response to the Vice Chair, the Executive Director for Health, Wellbeing and Adults stated that the Council's reduction in spend was not just about social care but wider well-being and ensuring provisions could remain in place even if they had to be delivered slightly differently. The members of the independent board had not yet been appointed, however once the board was implemented, the Health & Wellbeing board would not simply receive information about future changes being made but they would also have some influence in the changes that were implemented.

The Chair of Croydon Health Services NHS Trust stated that the NHS would continue to support the council, particularly the social care services.

Planning had been conducted with the Local Government Association (LGA) and their specialist around health and social care. They had been helpful in informing the council that making changes to provisions and spending too quickly would not result in good outcomes for people and that it was

recommended to reduce the funding over a longer period of three or four years.

8/21 **Healthwatch Annual Report**

The Healthwatch Croydon CEO introduced the report. She stated that this was the first year that the local leadership board was in operation and they had produced 11 reports pre-Covid-19. She informed the Board that Healthwatch was dedicated to listening to the concerns of local residents and patients and finding solutions.

Healthwatch engaged and surveyed local people and collated that gathered information. These were then presented as reports to those who held power and responsibility in the sector to make a difference and implement the necessary changes where possible.

Healthwatch had developed a 'Prioritisation Matrix' which enabled them to determine whether they could make a difference by carrying out work in a particular area and whether they were the right people to carry out that work. Following that exercise, they would then review whether other work was happening elsewhere, and if it was, they would not continue work and saturate that area or would liaise with other service providers.

The Healthwatch Croydon CEO informed the Board that the pandemic prevented them from carrying out their 2020-21 planned work. Their focus during the pandemic was to help their partner organisations in their work.

The Healthwatch Croydon CEO informed the Board that they were going to produce a report on dentistry. In the coming months, the Healthwatch Croydon would study dentistry websites to see what information was available to patients. They would then devise a survey which would allow patients to detail their experiences of NHS dentistry.

**RESOLVED** – That the Health & Wellbeing Board agreed to note the report.

9/21 **Exclusion of the Press and Public**

This item was not required.

The meeting ended at 3.55 pm

**Signed:** .....

**Date:**