

**Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 1 July 2021**

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**PRESENT -**

Councillor Barry Nash (Chair); Councillors Liz Frost, Bernice Froud, Steven McCormick (as nominated substitute for Councillor Christine Cleveland), Phil Neale (as nominated substitute for Councillor Peter Webb) and Chris Webb

In Attendance: Steve Flanagan (Chief Executive Officer) (CSH Surrey Board), Councillor Rachel Turner (Health Champion) (Reigate and Banstead Borough Council) and Councillor Richard Williams (Portfolio Holder for Social Affairs) (Elmbridge Borough Council)

Absent: Councillor Christine Cleveland, Councillor Debbie Monksfield and Councillor Peter Webb

Officers present: Rod Brown (Head of Housing and Community) and Rachel Kundasamy (Health and Wellbeing Officer)

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**1 MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health Liaison Panel held on 09 March 2021 were reviewed by the Panel. The Panel agreed they are a true record and authorised the Chairman to sign them.

**2 DECLARATIONS OF INTEREST**

No declarations of interest were made in items on the agenda.

**3 EPSOM AND ST. HELIER UNIVERSITY HOSPITALS NHS TRUST**

Updates regarding:

- Variants of concern and the likely impact on admission rates, and the continuing progress made in service recovery at Epsom General Hospital on its return to business as usual.
- The Improving Healthcare Together programme of work, and the progress being made in relation to clinical services not indicated in the original consultation and plans for resident engagement.

- The refurbishment and investment programme at Epsom General Hospital.

The Panel received an update from Dr James Marsh on the current impact of Covid-19, the variant of concern and how the pandemic continues to impact on the hospital's recovery.

Dr Marsh advised on the following:

- The delta variant is prevalent in the Borough and is a cause for concern, especially in respect of the unvaccinated population. All cases of Covid-19 however will continue to be treated the same, and swabs taken to determine the variant.
- The data provided is for all 5 acute hospitals throughout South-West London and it is recognised that recovery is reliant on all acute hospitals working together. Data will therefore encompass Epsom, St Helier, Kingston, Croydon, and St George's
- In January 280 beds at Epsom and St Helier were occupied and the South West London Elective Orthopaedic Centre converted to address this need.
- Currently the 7-day incident rate per 100,000 across London and South West London has increased by 50% in the last week. Prior to this it was between 25% and 50% per week.
- Rates in South West London 115 per 100,000, with 198 in E&E is higher
- Vaccination data shows 80% of the adult population in Epsom and Ewell has received one dose and 58% have received the second dose
- As of 1st July 2021, we have 9 patients in in-patients' beds (1 in Epsom and 8 in St Helier), and 1 person in ICU. These figures are not dissimilar across all of South-West London with 6 patients in total being cared for in ICU.
- With community transmission as high as it is, the admission rates are evidence that the vaccination programme is having a positive impact.
- There has been a change in the demographics for in-patient care has shifted. At the height of the pandemic, those admitted were mostly those aged over 60-years old. Since May 2021 however the collective data across South West London, including Epsom, shows that most admission are in those under the age of 40-years old.
- In respect of vaccination, of the 100 sequential admissions since May 2021, 69 had not received their vaccination, 14 had received a single dose, 1 had received two doses but under 14-days apart, and 11 had received both doses more than 14-days apart.

- Long-Covid remains a concern and the Long-Covid service remains available. The trust also continues to follow-up on those patients who have left hospital; these are primarily seen by the respiratory team.
- 87% of the workforce have received their 1st dose of medication. 65% have received their second dose.
- In respect of delayed treatments, in March 2021 there was a peak of just over 1000 patients who had been waiting for treatment for over a year. By the end of May 2021 this stood at 354 patients, as of 30th June 2021 this stood at 285 patients waiting 52-weeks. Of these 104 were waiting for elective surgery, 181 are currently on outpatient with the most pressure on orthopaedic, gynaecology, cardiology, and gastroenterology

Dr Marsh handed over for Mr. Trevor Fitzgerald.

The Panel received a presentation from Trevor Fitzgerald.

Mr Fitzgerald advised the Panel that the Trust has been working on the business case for the Building Future Your Hospitals Programme; this follows the decision made in July 2020, for a new acute hospital to be built in Sutton of which the Trust now has ownership.

The business case has included the design of the build and working alongside the London Borough of Sutton in securing the planning application, including a multi-story care park. Resident engagement has also been undertaken.

The Trust attended a national investment committee in May 2021 and have secured ongoing support and a £25 million investment for a new electronic patient record system to be implemented, for the reunification of the renal hospital subject to the necessary engagement and was further supported to secure specialist/detailed planning work required for the provision of cancer surgery. Continuation of the business case was granted with further support around building design.

Building design has been subject to modification due to the ongoing learning from Covid-19. The Trust has sought to increase the number of single rooms from 50% to 72%, and has considered the need for segregation, both staff and departments.

The timelines are to submit the planning application by the Autumn of 2021, and commence in the new build by January 2023, with completion in 2026. This would allow for further investment in the Epsom and St Helier sites during 2027/2028.

In respect of the renal care services the proposal is for a new £80 million in-patient facility at St George's for specialist renal care. This facility would serve approximately 5% of renal patients in South West London, with 95% of patients still being cared for at respective sites. The new centre will improve clinical care provide a sustainable workforce, and lead to better research and training.

Mr. Fitzpatrick gave an update on the Building Your Future Hospitals and emphasised the capital investment on the Epsom site and the retention of 85% of services at the site.

The Trust has recently installed a new energy centre and has also been successful in securing funding for improving the facilities for emergency and urgent care, allowing segregation in the waiting rooms and therefore improving infection control.

In respect of addressing the backlog of treatments for planned care, the Trust has introduced a second CT and MRI scanner to the site, along with a new high voltage electrical supply to help run the equipment. They have also just completed a 6th theatre at the elective orthopaedic centre. The Trust is also working to move the Cottage Hospital to the Langley building. This is a £11-million investment that will be completed by a bridge link, joining the two buildings.

A Councillor asked about the increasing Covid infection rate and asked whether there is a particular area or demographic that is contributing to the increase.

Dr Marsh advised he cannot be specific in respect of geographical, however the increase in incidents is largely seen in teenage children and young adults. This is due to socialisation and the return to school and university and the delay in vaccination in these age groups.

A Councillor asked about segregation and asked whether the Trust has the flexibility to increase such areas where required. The Councillor also asked about whether there are additional plans for a covered pathway in the area towards the Woodcote Green, on route to the orthopaedic centre.

Dr Marsh advised that in designing the hospital, they have built in resilience. They have increased the proportion of side rooms as to isolate infectious patients. They have also been working in different ways and closing various access routes to keep infectious and non-infectious (often admitted for planned care) separate. There is a clear expectation that if you are being admitted for surgery, or are an outpatient, we are expected to ensure separation. For outpatients, this was achieved primarily through virtual appointments with 35-40% seen using this method.

Mr. Fitzpatrick advised the Panel that the Trust are working to better navigate entrances and exits. They are trying to reduce the number available as such they are focusing on the entrance via the Dorking Road and there is a walkway being installed that will lead directly to the Woodcote wing. There will also be access to the Wells Wing, and access to emergency care. For the rear of the site, they will use the Orthopaedic centre as a main entrance.

A Councillor asked if the Trust are having any emergency or urgent care at Epsom and St Helier.

Dr Marsh confirmed that there will be urgent treatment centre at both Epsom and St Helier. Older patients requiring inpatient care will largely be seen at Epsom

and St Helier. The sickest patients will be seen at A&E at the new hospital in Sutton.

A Councillor asked about the bus service from Croydon and Sutton is going to be increased, however asked about bus routes for surrounding areas as to make sure the new hospital sites are accessible to them.

Mr Fitzpatrick advised they have set up a transport and travel working groups to review and look at these challenges, covering Merton, Sutton and Surrey Boroughs. The Trust are also relying on information from other voluntary groups such as Healthwatch and Age Concern.

There has also been a consultation undertaken with Transport for London to improve public transport links for Merton and Sutton and they await the outcome. The Trust has also been doing a lot of work with the voluntary sector in respect of voluntary drivers and can also rely on their own transport service that currently moves between 600-900 patients each day. The Trust also runs the H1 bus service looking at how this can be expanded.

Dr Marsh advised on access to the renal centre, and declared he is a renal physician. Dr Marsh confirmed none of the current services will change in respect of services being embedded on the local sites to retain access.

A Councillor advised that the Mayor of London is still going ahead with the £5.50 charge for driving into Belmont and asked what was being done about this.

Mr. Fitzpatrick advised this will be picked up by the working group with them looking at how this can be managed and mitigated.

A Councillor asked if the H1 bus service is still available.

Mr. Fitzpatrick confirmed it was still running and that there had been a recent change in moving from a contract delivering this, to this now being overseen by the Trust.

#### 4 OVERVIEW AND UPDATE ON OPERATIONS AT MASS VACCINATION CENTRES ACROSS SURREY DOWNS ICP

Updates regarding:

- Mass vaccination centres, and the progress made in the vaccination rollout across the Surrey Downs ICP.
- Plans for the proposed booster vaccination programme, and the implications for variants of concern.

Mr. Flanagan presented to the Panel on the mass vaccination centres.

Mr. Flanagan advised the Panel that the mass vaccination centre at Epsom Racecourse opened on 11th January 2021 to great success. This facility has now closed and transferred to Sandown on 17th May 2021. Mr. Flanagan commented that at its peak, and as the first in the Country, Epsom was the

number one site across the whole of the UK and as a result were asked to coordinate services to a number of vaccination sites around the country.

During the peak, Epsom was vaccinating 2,500 persons per day. At Sandown they have capacity to administer similar volumes but at present are not seeing these numbers.

The centres deliver a hybrid model with both seated areas for older people, and a standing only for the younger cohort.

Prior to closing, Epsom administered 125,000 vaccinations, with Dr Floyd's team administering 66,000. At present Sandown has administered 40,000.

Mr. Flanagan spoke about the staff and volunteers that supported the vaccination centres.

CSH has vaccinated 90% of its staff.

Mr. Flanagan spoke to the Panel about the challenges faced at the centre being mostly centred on parking, workforce, national booking system, vaccine supply, security with younger cohort, increase in fainting in younger cohort, and adverse weather conditions.

Mr. Flanagan moved to talk about vaccination data up to the 13th June 2021.

Almost 1.4 million vaccine have been administered, inclusive of second and third doses.

In respect of care homes in Surrey, 96% of care home residents have now been vaccinated.

In respect of Epsom and Ewell, first dose uptake is at 59% of the adult population with the highest uptake (94%) in those over 65-years of age and the lowest in those under 29-years of age.

In respect of second dose, 92% of those aged over 65-years old in Epsom and Ewell have received this, with the younger cohorts at under 20% up-take. Mr. Flanagan advised this is partly attributive to vaccine supply however this is close to resolution.

Mr. Flanagan advised that it has been confirmed by central government today that there will be a booster programme and that this will roll-out from mid-September and will include those aged over 50-years, health, and social care workers, and those aged over 18-years old who are clinically vulnerable. It is yet to be confirmed how this will be rolled out, however it is likely to be a primary care led initiative with support from pharmacists.

A Councillor asked about vaccine supply and whether this is a national or local issue and how it is resolved.

Mr. Flanagan advised this was a supply issue with AstraZeneca (AZ), coupled with there not being enough Pfizer in the system at that time. This was a national issue. As of next week however, they will be back to 90% capacity.

A Councillor praised the vaccine rollout and asked a question about vaccine hesitancy and how this is being addressed.

Mr. Flanagan advised this is a question for NHS England as there may be various reasons, including health issues. To his knowledge vaccine hesitancy has improved and they did not experience too many problems with this in respect of their staff. There was also the view that younger people would be reluctant, but this was not found to be the case.

A Councillor asked about storage at lower temperatures and how this impacts on capacity.

Mr. Flanagan advised that AZ offers more flexibility in respect of storage, however Pfizer is also centrally held and delivered to sites as required. They then have 5-days to use this. They therefore don't have any issues with capacity based on storage requirements.

A Councillor asked about the capacity of Pharmacists to administer vaccines.

Mr. Flanagan advised he is unable to answer on behalf of pharmacies. Mr. Flanagan advised that they had been advised that there would be no need for a mass vaccination centre going into the winter however as of this morning, this has now changed and there is now a requirement to deliver a mass vaccination centre alongside pharmacist and GP provision.

## 5 HEALTH AND WELLBEING PRIORITIES FOR EPSOM AND EWELL

Revisiting the Health & Wellbeing priorities for the Borough, and a review of the Health and Wellbeing Action Plan.

Ms. Kundasamy provided an update to the Panel on the Health and Wellbeing Strategy from October 2019, and subsequent action plan in January 2020.

Ms. Kundasamy presented revised data on each of the 5 priorities:

- Eating well, getting active and reducing our alcohol
- Supporting our vulnerable residents to live well
- Supporting our residents to stay connected
- Supporting our residents to live life to the full whatever their age
- Supporting the mental and emotional wellbeing of our residents.

Ms. Kundasamy advised that the data indicates that the priorities are still relevant, with particular concern given to poverty, domestic abuse and the

mental and emotional wellbeing of our residents, with suicide rates having increased.

Ms. Kundasamy advised the Panel on areas of work that had been progressed during the pandemic to include the promotion of cycling and walking to include Active April and Round the Borough Bike, the re-engagement with our housing associations, happy to chat benches, domestic abuse awareness raising via the 'Ask Me' initiative, the Skills Hub, and the Youth Hub; a new initiative that Mr. Rod Brown will provide an update on.

Ms. Kundasamy also presented on the changes at the Council and that the service areas of Health and Wellbeing, community engagement, sports and leisure will be brought together under the banner of Community Development.

Subsequent to this, there will be a Community Development Action Plan that will re-prioritise mental health, poverty and the needs of low-income families, domestic abuse and social isolation. The plan will seek to deliver projects that can address multiple priorities.

A Councillor asked about plans to address the increase in the use of the food bank.

Ms. Kundasamy advised that there has been a discussion held with the Epsom and Ewell Foodbank to open a Pantry in the Borough. This is a low-cost alternative to the food bank that will help address the need in the Borough. This initiative will be going to the Strategy & Resource Committee on 27th July 2021.

A Councillor asked how the Borough compares to other Boroughs in relation to the statistics presented and how much is a direct result of the pandemic that may return to normal levels.

Ms. Kundasamy advised that some of the data would indicate that the increases were in line with the pandemic, however some data (to include a reduction in residents eating 5-a-day), was released in 2019 and therefore we could not say that that was directly attributable to the pandemic, or an established cause and effect.

In relation to how we compare to other Boroughs, Ms. Kundasamy advised she would take that into account when reviewing the action plan.

A Councillor asked about Mental Health and whether child and adolescent referrals had increased and asked about Epsom and Ewell received the funds that were available to families in need.

Ms. Kundasamy confirmed that referrals had increased but that she does not have this data to hand. This will be provided to the Councillor.

Ms. Kundasamy confirmed that the money the Councillor refers to is the Surrey Crisis Fund and that this money is held by Surrey for families/individuals to apply directly to.



A Councillor asked about the absence of substance misuse in the review of the strategy and action plan.

Ms. Kundasamy advised that she works closely with the Council's Community Safety Officer and that it is felt that the issue of substance misuse sits with the Community Safety Partnership. It is also intended that some of the projects the Council hopes to deliver, such as the Community Boxing Project will address such matters.

A Councillor asked about the alcohol admissions and whether this is attributable to acute use, or chronic use.

Ms. Kundasamy advised the figures relate to acute use, and associated incidents as opposed to health conditions attributable to long-term/chronic alcohol use.

Mr Rod Brown spoke about the Ms. Kundasamy's contribution during the pandemic.

Mr Brown also updated the Panel on the Youth Hub. The Job Centre reports a 300% increase in 18-24-year-olds on Universal Credit. Mr. Brown advised the Panel that the Youth Hub will hopefully go some way to address the issue of poverty, the use of the food bank, and a generation of people out of work.

A Councillor asked about when the Youth Hub will be available and how Councillors can get the message out to residents.

Mr. Brown advised that the contribution from the Council is to offer space. At present, there is a plan to deliver from Bourne Hall. It will be delivered by Surrey Lifelong learning Partnership who delivered the Skills Hub during the Pandemic. The DWP are funding the initiative and have made available almost £100,000 for one year. Referrals will come via the DWP. The Hub will hopefully go live in August 2021.

A Councillor asked if the young people have been asked about what they want as to ensure the Hub's success.

Mr. Brown advised that the Youth Hub model is not new, and that the DWP/Job Centre Plus (JCP) are the authors of the Youth Hub. They have opened up to Districts and Boroughs to host a Hub and as such the key performance indicators are drive by JCP.

A Councillor asked about whether there has been any engagement with the Citizens Advice Bureau.

Mr. Brown confirmed he would consult the CAB going forward.

A Councillor asked Ms. Kundasamy about suicide rates, what can be learnt and whether this is primarily still impacting on young men.

Ms. Kundasamy advised the data made available to the Boroughs and Districts does not provide this level of detail. Work will be undertaken with Public Health to look at this in more details and ascertain what is driving the increase.

*The meeting began at 7.00 pm and ended at 8.53 pm*

COUNCILLOR BARRY NASH (CHAIR)