Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 9 November 2021

PRESENT -

Councillor Barry Nash (Chair); Councillors Christine Cleveland, Liz Frost, Bernice Froud, Debbie Monksfield, Chris Webb and Peter Webb

In Attendance: Councillor Elizabeth Daly (Mole Valley District Council), Councillor Rachel Turner (Health Champion) (Reigate and Banstead Borough Council), Emma Cox (Programme Director) (Surrey Downs Integrated Care Partnership), Dr. Hilary Floyd (GP Partner and Co-Medical Director) (Surrey Downs Health and Care) and Dr Ruth Charlton (Joint Medical Director) (Epsom and St Helier University Hospitals NHS Foundation Trust)

Absent: Councillor Caroline Salmon (Mole Valley District Council) and Councillor Richard Williams (Elmbridge Borough Council)

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

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11 MINUTES OF PREVIOUS MEETING

The Minutes of the previous meeting of the Health Liaison Panel held on 01 July 2021 were agreed as a true record and signed by the Chairman.

12 DECLARATIONS OF INTEREST

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

13 EPSOM & ST HELIER UNIVERSITY HOSPITAL FOUNDATION TRUST

The Panel received presentations on the following matters:

a) The future of Epsom and St Helier University Hospitals NHS Foundation Trust in respect of new leadership, a brief overview of ongoing developments, and any new initiatives or services for future consideration.

b) Winter pressures: The current picture and plans in responding to Covid-19, and the anticipated rise in influenza and other winter-borne illnesses.

The Chair advised the Panel that Dr Ruth Charlton will not be providing the update on the future of Epsom and St Helier University Hospital Trust at this

evenings Panel. This will be covered at the Panel in March 2022 by the newly appointed CEO.

Dr Charlton advised that at the present, and as anticipated, the Trust is managing:

- An increase in Covid cases alongside the normal winter virus.
- A surge in virus in children
- Its recovery in respect of planned care and elective surgery.

Dr Charlton advised that an immediate challenge is doing this work with an already fatigued workforce.

Dr Charlton advised that during the Spring/Summer period they had seen normal levels of A&E attendance however since this time, the numbers of presentations have steadily increased up to 250 patients a day. This is compounded by the fact that such high numbers cannot be accommodated in the building.

However, of some reassurance, the number of patients they need to admit is not increasing.

In terms of Covid, the numbers fluctuate with Epsom and St Helier currently having 52 patients admitted with Covid. Dr Charlton advised, however that routine testing of patients has commenced, and therefore Covid is not always the primary reason for admission. The numbers in critical care are now small and this is largely due to the vaccination rollout.

In planning for winter pressures this year, what has changed is the level of collaborative working and that the Covid response would not have been as successful without partnership working. Additional funding is available this winter, however it is workforce fatigue that presents the greatest challenge.

Dr Charlton advised the Panel on the new ways of working in respect of linking in with other partners and Trusts, assessing the availability of beds and getting an understanding of the situation across the hospitals. Working as a system has been and continues to be instrumental in managing the pandemic.

There continues to be a lot of modelling in respect of the provision needed. It is difficult when no-one knows how the pandemic will change, or how the vaccination programme will continue to impact. Epsom historically plans for 6 critical care beds, and St Helier 13. It is anticipated that the beds at St Helier may need to increase to 22 beds.

In respect of winter investment Dr Charlton touched on the following matters:

- Point of care Covid PCR testing and investing in a rapid PCR testing machine to help identify Covid at the earliest convenience.

- An increase in hospital porters. Dr Charlton advised that the new layout of the hospital to accommodate Covid patients has meant it takes a longer to move around the hospital, so this is a vital provision.

- Sourcing additional medical staff.

- Opening the surgical assessment unit.

Staff who don't need to be located in A&E (administration staff) have been moved to porta cabins, to allow office space to be turned into clinical space. It has also been necessary to increase oxygen stores and flow to the Hospital, using the Elective Orthopaedic Centre to support this.

In respect of priorities, Dr Charlton advised that the central government's priorities are closely aligned to the Trusts and are as follows:

- Health and wellbeing of the workforce.

- Vaccination programme

- Transforming services

- Expanding primary care capacity in addressing health inequalities.

- Transforming urgent and emergency care and reducing the length of stay

With regards to transforming urgent and emergency care, this includes all services across pathway (including the ambulance service), and a 10-point plan is in place to improve the recovery of all services.

There is also a review of the use of 111. Dr Charlton stated that a lot of people are not aware that there is access to emergency appointments via this route and this stops people having to stand and wait in A&E. There is also the need to look at how people flow through A&E and the hospitals, including the speed at which test results are received.

Support for children and young people is being looked at with the impact on mental health very apparent.

Infection control continues to align itself to national policy. The retention of face masks, social distancing, isolation areas, and changes to the hospital layout remain; this includes different access and egress points.

Preparing and protecting staff throughout the winter is paramount. Very sadly the trust lost 6 members of staff to Covid and the impact on staff has been and continues to be significant. Dr Charlton advised on the priorities for staff over this time. The Trust has also awarded all the staff who worked over the course of the pandemic a medal and certificate, offers free meals and car parking to staff, and has ensured a clinical psychologist is available if needed.

In respect of A&E waiting times, work is being done to reduce these. 12-hour wait times are highly unusual however can still occur when a bed is being awaited. This is further impacted by a bed needing to be in the right wards in respect of isolation and respective clinical status. However, Epsom and St Helier remains one of the highest performing A&E departments in respects of wait times.

The Trust are anticipating an increase in children's viruses due to not having been exposed to viruses over a 12-month period, alongside a significant rise in children and young people's mental health.

The Trust has reviewed the 52-week wait for those diagnosed, to having surgery. This number has been reduced from 1000 to 170 which is close to pre-Covid numbers, and this is partly due to the whole system working together to carry out these procedures. Virtual appointments are still happening however face-to-face appointments are resuming.

The referral rate for urgent care has increased to 120% which compares to pre-pandemic levels. Elective work therefore continues to present additional pressures.

The following questions were asked:

a) How has the disruption caused by the self-isolation requirements of staff been addressed by the Trust.

The reasons for the staff absence are due to a variety of reasons. Staff are off due to being physically vulnerable themselves, those who contracted Covid and those who have been in close contact. Whilst for the general population this has been partly addressed by the vaccination programme, for NHS staff this does not apply, and a risk assessment must be undertaken as well as a mandatory PCR test. A safe return to work is heavily determined by the staff member's role and those patients they may encounter.

b) Whether the government announcement on mandatory vaccination will further impact the issue raised regarding staff retention.

Dr Charlton advised that this mandate is from Spring 2022. This gives more time to work with staff and to understand vaccine hesitancy. Almost 90% of staff are vaccinated and whilst some staff may still not wish to be vaccinated, there is a degree of optimism about vaccine uptake.

c) The uptake of the flu vaccine given the strains this year are likely to be stronger.

Dr Charlton advised that a vaccination centre for Covid vaccines is being run on site and this will administer both flu and Covid vaccines together. A 7-day a week service has been offered, including cover of night shifts. Dr Charlton advised that those staff who are not wanting to be vaccinate who are unable to work on certain wards due to clinical risk, have been re-deployed to administer vaccines.

d) The use of 111 with people attending A&E for an assessment and being diverted away from GPs.

Dr Charlton advised there is a perception that it is hard to get a GP appointment, whilst GPs can offer different ways of being seen. There are some people who will always want to be seen face to face, and straight away and so A&E is often where they go as they know this can be guaranteed. The Trust is collaborating with primary care so they can ensure patients with low-level symptoms do not attend A&E unnecessarily, but it is accepted more work is needed as a system.

It is accepted the way healthcare is accessed has changed significantly and that part of the solution may be to better promote 111 where appointments can be secured without delay.

It was noted that the pressure on services and staff is unprecedented, with incidents of abuse being reported, and the impact this has on staff recruitment and retention.

Dr Charlton advised that the Trust is working on creative ways to recruit and retain staff. The challenging behaviour seen in A&E comes from the time-pressures to see the patients. There is now an infrastructure in place at weekends to support staff with this.

e) Whether the 120% referral rate referred to earlier, is attributable to patients not being able to get a face-to-face GP appointment.

Dr Charlton advised that the 120% was reflective of many things. The referral rate was reflective of those referred for elective surgery, and that as this was paused over the course of the pandemic it is the case that these will have increased. Dr Charlton advised that they are not seeing people being referred inappropriately. GPs are working incredibly hard, and the increased referral rate is the result of the health needs post-pandemic.

A Councillor reflected on children and young people's (CYP) mental health and the delay in accessing mental health services, and what support will be put in place for those young people.

Dr Charlton advised there was a lot going on nationally to address this issue. In Spring 2020 the magnitude of the impact of CYP was felt. There is funding available, and it is being looked at as to where this funding should be aimed with schools being one beneficiary, alongside CAMHS.

14 SURREY DOWNS HEALTH AND CARE

The Panel received a presentation on the following matters:

a) The work of Surrey Downs Health and Care Partnership, and the place-based activity that looks to support local communities in addressing the wider determinants of health.

b) An overview of the Pulling Together Programme and the agenda for change in partnership working.

Dr Floyd followed on from the earlier presentation by Dr Charlton and advised that healthcare delivered in the community had been impactful on Epsom and St Helier Hospitals, and that during the pandemic, there had been more emphasis on community delivery.

There were lots of elements of the service that rapidly increased or developed. This was aimed at preventing people presenting to A&E and how to speed up discharge from the hospitals by linking in primary and care and general practice to keep people at home. This has helped Epsom in respect of its bed utilising and flowing through quicker. Social Care was also vital in this delivery

Dr Floyd talked through what Surrey Downs Health and Care Partnership is as a vehicle for bringing together all the partners that are key in delivering better healthcare and wellbeing outcomes for the population. Within this there is an emphasis on 'place', and an acknowledgement that these initiatives should be delivered where people live.

The partnership brings together the NHS, community partners, the voluntary sector, local government, and other providers that service the community.

The Partnerships covers Dorking, Epsom and Ewell and East Elmbridge, and a population of about 320,000 patients.

The Partnership is formed of 6 PCNs to jointly look at the needs of PCN areas to delivery better care and boost up the capacity of General Practice by delivering collectively. This will include the work of the boroughs and district and voluntary sector moving forward.

Dr Floyd talked the Panel through the Partnership board.

The Partnership has developed a transformation programme to look at how things can be done differently, especially after the pandemic. This highlighted lots of issues and it is accepted that a lot of things 'stopped' during the pandemic, especially elective procedures. They are now looking at re-referrals for these patients.

The issue of having an Integrated Community is a key issue for the Partnership and they are looking to integrate roles such a district nursing back in at PCN level, as opposed to a GP level. Workforce is a determining factor in this.

Dr Floyd went on to explain that a key element of their transformation programme is 'Thriving Communities', and that this is being driven by population health management. This seeks to understand what might be causing ill-health and a lack of wellbeing in groups of the population. Dr Floyd reflected that often

decision makers think they know the answer, but this is often incorrect; a patient attending the GP with stress and anxiety will often have an underlying social/economic determinant and the programme seeks to address this.

Dr Floyd reflected on the Pulling Together event and reflected that the aim was to look at how to develop strong relationships with communities and to work with Councils and the voluntary sector to look at what else can be done to make things better for patients. Dr Floyd touched specifically on the health inequalities experienced by some groups during the pandemic and how the Partnership can reach out.

Dr Floyd reflected that she held vaccination programmes for both the traveller and the homeless communities, and that this led to a discussion about what initiatives i.e., pop-up clinics would be helpful in address the health needs of these communities.

Looking at the work of the PCNs, Dorking has been linking in with care homes to address the needs of this group in respect of collaborative working. East Elmbridge is looking at how they can work with the Council in the health of refugees. The ICP PCN had recently held a community open day, and Epsom have done a lot of work around social prescribing and wellbeing coaches and frailty prevention. In Banstead, a lot of work is being done around mental health and more work in care homes.

Dr Floyd touched on the work of her surgery in Leatherhead and the social initiatives (such as gardening) and up-skilling in areas such as IT that were being undertaken to improve health and wellbeing. They are working towards the possibility of having a wellbeing café where people can drop in and socialise and engage with others. There is the aspiration to create a village feeling to reduce isolation and they are looking at how they can achieve this.

From the Pulling Together Programme, building up links with lay partners and volunteers is being looked at, and to engage the district and boroughs, and adult social care to understand the communities and to address the wider determinants of health to ensure a community can support itself.

Dr Floyd advised that looking at the winter health pressures is key however this should also include community services, and what needs to be kept running post-Covid to ensure the wellbeing of residents. The Partnership is currently looking at allocating some funds towards keeping services such as transport, shopping services and befriending to help the community through the winter. They also have a small pot of money for emerging issues to ensure they can respond as a system.

The following matters were addressed:

a) The pre-Covid plan to link all systems together. Dr Floyd advised that this is correct, and that this was simply halted due to the pandemic. The question was posed as to what the barriers to the future progression of the transformational plan are.

Dr Floyd advised that workforce and funding present the greatest barrier however that there are now enough pots of money to help support this work. Further to this, building momentum and identifying the people and the communities will take time and effort

Additionally, raising awareness of the services available to communities, and how this is communicated is also an issue. Emma advised that the Partnership needs to strengthen its relationship with local Councillors, districts and boroughs and lay partners if this is to be successful.

b) How much of the matrix/results has/have been derived from NHS England.

It was noted that to date, results have been based on looking at other areas, however recognising that our own 'place' is different to others, we need to grow and develop our own projects and initiatives as to ensure that we showcase our best work that can then be replicated and expanded.

The aim will be to start small with a few key areas and then grow on the success of these projects.

c) The work of the voluntary sector and plans for carers.

It was noted how valuable carers are and that over the pandemic the carers register has been improved to put them in touch with organisations that can offer support. One of the workshops on the Pulling Together Programme was specifically looking at carers to work out implementation of the carers strategy on the ground, and across the place. Carers remains at the forefront of work.

d) Why issues relating to the workforce have become prevalent.

The Panel noted that policy change is one of the biggest factors. Several years ago, a GP had a team around them that saw a variety of professions (district nurses, CPNs etc.) 'sit' around the GP. There was then a change to the structures of healthcare, and it was decided that if these professionals worked across several practices, it would be a more efficient system.

Dr Floyd advised that this resulted in workforce and relationships being lost. They are now in a position where they are needing to think about how they bring this relationship back.

Some teams, such as the district nursing, practice and mental health nurses and health visitors have reduced in numbers. The Panel noted that attempts are underway to put this resource back into PCNs as to ensure that there is a team that works alongside the GP practices within this network.

e) PCN in Leatherhead and the practices within this network. It was noted that this PCN works well and is already looking at how to work across each surgery as to address various demographics.

f) The importance of digital inclusion. This should be planned for both in respect of equipment and skill sets. It was noted that this work was coming out of a period of austerity and that such impacts have been felt.

The meeting began at 7.00 pm and ended at 8.50 pm

COUNCILLOR BARRY NASH (CHAIR)