

Scrutiny Health & Social Care Sub- Committee Supplementary Agenda



2. Minutes of the Previous Meeting (Pages 3 - 8)

To approve the minutes of the meeting held on 9 November 2021 as an accurate record.

5. Croydon Together - Winter Challenges & Covid Pandemic Update (Pages 9 - 16)

The Health & Social Care Sub-Committee will be provided with an update on the response of the health and care services in the borough to the pressures caused by the winter season and the Covid-19 pandemic.

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
Senior Democratic Services & Governance
Officer
simon.trevaskis@croydon.gov.uk
www.croydon.gov.uk/meetings

This page is intentionally left blank

Public Document Pack Agenda Item 2

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 9 November 2021 at 6.30 pm

This meeting was held remotely and a recording can be viewed on the Council's website

MINUTES

Present: Councillors Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands and Andrew Pelling

Gordon Kay (Healthwatch Croydon Co-optee) and Yusuf Osman (Croydon Adult Social Services User Panel Co-optee)

Also Present: Councillor Janet Campbell

Apologies: Councillor Sean Fitzsimons and Toni Letts

PART A

34/21 **Minutes of the Previous Meeting**

The minutes of the meetings held on 11 May, 29 June and 21 September were agreed as an accurate record.

35/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

36/21 **Urgent Business (if any)**

There were no items of urgent business for consideration at the meeting.

37/21 **Croydon Safeguard Adult Board Annual Report 2020-2021**

The Sub-Committee considered the Annual Report for 2020-21 from the Croydon Safeguarding Adults Board, as set out on pages 11 to 56 of the agenda, with a view to reassuring itself on the performance of the Board, prior to the report's consideration by the Cabinet.

The Chair of the Board, Annie Callanan provided an introduction to the report. A copy of the presentation delivered can be viewed on the following link: -

<https://democracy.croydon.gov.uk/ieListDocuments.aspx?CIId=168&MIId=2643&Ver=4>

Following the introduction, the Sub-Committee was provided with the opportunity to question the Chair and others from the Board who were in attendance on the content of the report. The first question asked for an explanation of the Serious Adult Review (SAR) process. It was advised that a SAR was a procedure used when something either went wrong within Adult Social Care or there was concern about abuse or neglect. When this procedure was triggered the case was referred to the Serious Adult Review Group who reviewed all aspects of the case to establish what had gone wrong and to make recommendations for improvements.

In response to a question about how the Board could reassure itself about the performance of unregulated services operating in the borough, it was acknowledged that these were a concern. It could be particularly difficult to monitor unregulated services if they were purchased by the service user through the direct payment system, but some degree of assurance could be gained through processes which meant care packages were regularly reviewed. It was also important to utilise the experience of others in the care network, such as CASSUP, Healthwatch Croydon and GPs, to identify any potential concerns.

It was questioned how the voice of the people had been incorporated in the report and whether there were further plans to engage with people in Croydon. It was confirmed that work on engaging with the voice of the people had been underway for some time with progress made in engaging with senior representatives in BAME communities. Croydon was recognised as being at the forefront of engagement work in London, which included the involvement of representatives from three underrepresented groups and ensuring the experience of people using safeguarding services was captured.

It was highlighted that there had been a marked decline in the number of referrals made during the pandemic and as such it was questioned whether this may have increase the risk of people being missed. It was confirmed that a decline in the number of referrals was a common trend across the country and it was difficult to identify one specific reason for this. Croydon was fortunate to have a very good intelligence sharing group that helped to identify referrals, and during the pandemic the type of referrals received had tended to be more complex. In order to get a full understanding of an episode, the Board would seek the professional view of the information provided from the responsible manager, to supplement the data.

In response to a question about the risk of people potentially falling through gaps created by the pandemic, it was confirmed that the Board was engaged with four sub-groups including the Safeguarding Adults Review Group and the Voice of the People Group. This helped with cross checking and reviewing information. Reassurance was given by the Board Chair that the Board in Croydon was fully engaged and staff had worked throughout the pandemic.

It was likely that following the pandemic there would be an increase in the number of people coming into safeguarding, but the service worked with communities and health colleagues to minimise gaps wherever possible.

However, the pandemic had brought issues to the fore such as mental health, particularly isolation, fuel poverty, unemployment and homelessness.

At the conclusion of this item the Chair of the Board extended her thanks to the partners and the Board for all its support throughout the pandemic. The Vice Chair also thanked the Chair of the board and others in attendance for their engagement with the questions of the Sub-Committee.

Conclusions

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

1. Given the concerns raised about the impact of the pandemic on the level of safeguarding referrals, the Sub-Committee had been reasonably reassured by the responses given to their questions.
2. It was recognised that there may be gaps unmet as a result of the pandemic, but it was reassuring that these would continue to be targeted by the Board and its partners.

38/21 Croydon Together - Winter Challenges

The Sub-Committee considered a report set out on pages 57 to 84 of the agenda, which provided an overview of the work of health and social care partners to ensure the increased pressure on services brought about by the winter and the covid-19 pandemic could be effectively managed.

Following an introduction to the item, summarising the information set out in the report, the Sub-Committee was provided the opportunity to question the information that had been provided.

As the covid-19 vaccine booster roll out was being coordinated by the NHS nationally, it was questioned whether this was leading to confusion on a local level. It was confirmed that GPs had an excellent partnership with the vaccination team at the hospital and were able to redirect people as needed. A vaccine helpline had also been set up in Croydon, which people could be referred to if they were experiencing issues booking their booster.

Given the recent announcement from the Government that vaccination would become mandatory for healthcare staff from April, it was questioned how this would impact upon the hospital, with 20% of staff not being vaccinated. It was confirmed that the implications from the vaccine mandate were still being worked through, as the guidance had not yet produced. The current approach of CHS was focussed towards persuading staff to take up the vaccine.

As there was a significant push to educate the public on the need to take up the vaccination, it was questioned whether other measures, such as hand washing, needed the same level of education. It was confirmed by the Director of Public Health that communication needed to continue as it had done in the preceding 18 months of the pandemic. It was emphasised that

should anyone be unsure of getting vaccinated, there were reliable sources of information online, which did not include social media.

It was questioned whether services were seeing the expected increase in mental health need as a result of the pandemic. In response it was advised that at present there was no modelling available to evidence that there had been an increase, but there was an awareness that the pandemic was having an impact. It was possible that the number of people seeking mental health support could increase further, but it was hoped that measures put in place with the voluntary sector may help to manage the numbers requiring hospitalisation.

It was questioned whether there were any care homes in the borough at risk as a result of the vaccine mandate. It was advised that there had been a lot of work with care homes to encourage the take up of the vaccination. The Council worked with providers where there were concerns about the vaccine, but there were no homes with a large cohort of unvaccinated staff. The work of the Commissioning team with care homes to encourage vaccination was commended.

In response to a question about how Croydon Health Service NHS Trust (CHS) was managing the capacity in its Accident and Emergency (A&E) department at the Croydon University Hospital, it was acknowledged that the pandemic made managing capacity more difficult. Capacity issues were also a key reason for ambulance handover delays, although Croydon was performing better than others in this regard. There was closer integration between the urgent treatment centre and A&E which enabled the available space to be flexed as needed and additional staff had been put in place to handle assessment and triage before cubicles were ready. CHS was exploring options within its estate to identify possible options for providing increased capacity in A&E.

It was confirmed that the hospital discharge process in the Croydon system was much more connected than in other areas, with the ability to flex capacity as needed. However, although the discharge process was well managed, it did not completely mitigate against the potential risks as pressure could build rapidly. The A&E department was the area where the pressure was felt most, but the South West London system worked together to redirect ambulances to help manage capacity issues.

Given the health care system was massively under pressure, it was questioned whether this needed to be communicated with the public to manage expectation on waiting times. In response it was highlighted that any such message would need to be delivered on a national level. There was also the risk that any such messaging may dissuade people from seeking treatment, when anyone with a problem should be encouraged to contact the NHS. Public Health and NHS colleagues met every two weeks to discuss public messaging, with agreement that any communication needed to be clear and concise.

At the conclusion of this item the Vice-Chair thanked the partners who had attended the meeting for their engagement with the questions of the Sub-Committee.

Conclusions

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

1. It was agreed that from the information provided there was significant evidence of a high level of coordination between partners in preparation for the winter. However, the next few months were still likely to present a significant challenge.
2. It was reassuring that there had been work with the voluntary sector to prepare for an increase in mental health need as a result of the pandemic, but it was agreed this would be revisited by the Sub-Committee to ensure demand remained manageable.

39/21 Health & Social Care Sub-Committee Work Programme 2021-22

The Sub-Committee considered its work programme for the remainder of 2021-22, as set out on pages 85 to 90 of the agenda. It was noted that an informal briefing had been arranged for the members of the Sub-Committee on 30 November 2021 to provide an overview of the 2022-23 budget proposals for the Adults Service.

Resolved: That the Health & Social Care Sub-Committee work programme be noted.

40/21 Exclusion of the Press and Public

This motion was not required.

The meeting ended at 8.40 pm

Signed:

.....

Date:

.....

This page is intentionally left blank

COVID-19 response and winter pressures

Page 9 **Health and Social Care Sub
Committee presentation**
25 January 2022



Matthew Kershaw
Trust Chief Executive and
Place Based Leader for Health



Current position

We remain cautiously optimistic that COVID-19 cases are plateauing in London and throughout our community

- **3,270** people in Croydon have tested positive for COVID-19 in the past 7 days – down 48% (as at 17 Jan 2022)
- **COVID-19 hospital admissions are slowing:**
 - **140** COVID-19 patients in CUH (highest point: 282, wave one)
 - **8** COVID-19 patients in intensive care (highest point: 37, wave one)
- **However, the virus hasn't gone away:**
 - **Case rate per 100,000 people: 1,024** (as at 17 Jan 2022)



We are continuing to encourage all adults and eligible groups to get the COVID-19 vaccine to protect themselves and others

- Residents should test regularly to help slow the spread of the virus
- Wear masks in most indoor spaces
- Wash hands and keep rooms ventilated

Vaccinating Croydon

More than 0.6 million COVID-19 vaccines have been given in Croydon to date

- Including over 60,000 doses at CUH

Protected population

- **263,53** first doses (68.9%)
- **240,163** second doses (62.8%)
- **159,538** boosters or third doses (41.7%)

(Croydon population vaccination status, as at 17 Jan 2022)

Page 11

“Jingle jabs”:

59,277 booster doses and 3,918 first doses of the COVID-19 vaccine were delivered in December, 45.8% more than in the previous month



Boosted workforce: Continued booster vaccinations for health and care workers, with another 11% of NHS staff receiving their booster since November - up to 70.5%

Engaging with our community

Our approach throughout the vaccination programme has been to inform rather than influence

- National research by King’s College London and the University of Bristol found that half of those who previously said they would not be vaccinated had gone on to get jabbed.
- To encourage more people to get vaccinated, the conversation needs to be positive and non-judgmental messaging to counter misinformation

Community pop-up events have been held in low-uptake areas, including:

- Lantern Hall
- Croydon Mosque
- Thornton Heath Library
- Educational events to increase awareness and share factual information with communities where vaccine hesitancy has been evident have also been held in partnership
 - Asian Resource Centre
 - Croydon BME Forum
 - Croydon Voluntary Action
 - Croydon Neighbourhood Care
- Our “Ask Me” Street Ambassadors had more than 2,000 conversations in December
- Answering questions and asking people to champion the vaccine amongst their own networks

COVID-19 vaccination as a condition of NHS deployment

Following the Government's decision, all NHS Trusts across the country have been issued with guidance for patient facing NHS staff to be vaccinated against COVID-19 as a condition of their deployment in the health service.

This means staff in patient facing roles, including in contracted services, must have had their first dose of the COVID-19 vaccine by 3 February 2022 in order to have two doses to continue in their roles from 1 April.

- **84% of CHS staff are already fully vaccinated**
- **We are working to support unvaccinated staff to make an informed decision.**
 - One-to-one conversations between staff and line managers
 - Regular all staff briefing
 - Q&A sessions and confidential drop-ins
 - Staff support networks reaching out to staff from Black and ethnic backgrounds, and colleagues with religious beliefs
- **Panel of Trust and staffside representatives to review all appeals**



Retaining talent: We are working with South West London and across the capital to co-ordinate alternative employment opportunities for those who decide not to continue in a patient facing roles

Elective recovery

Croydon has returned to more than 100% of pre-lockdown levels for routine elective care

Blueprint for non-COVID care:
Virus secure Croydon Elective Centre is separated from the rest of the hospital with restricted access and robust infection control

- **Planned reduction** in elective capacity over the Christmas period
- **More than 10,000** patients treated since July 2021
- **Over 1,800 patients** referred to Croydon from nearby boroughs to tackle the COVID backlogs.
- **Surgical hub for mutual aid** across South West and South East London
- **Lowest numbers of Long Waiters** (patients waiting longer than 52+ week) in South West London.
- **Second best in London** for referral to treatment times out of 22 reporting trusts

DIAGNOSTIC CARE

- Waiting lists have stabilised
- Demand remains high, but is no longer increasing.
- Activity has been increased to reduce backlogs where they remain.



- Urgent diagnostics, treatments and cancer care have continued at CUH throughout the pandemic
- More than 300,000 diagnostic scans completed since the start of the pandemic.
- Delays to some non-urgent diagnostic tests were delayed, in line with national guidance.
- Senior clinical review of all waiting lists
- Ensuring safe and appropriate care plans, working collaboratively in south west London

Urgent & Emergency Care

CUH has seen a 25% increase in the number of acutely unwell patients needing emergency care compared to a year ago (including blue light and resus)

TOTAL ATTENDANCES (Type 1)	% TREATED IN 4 HOURS (All)
Dec-21	11,442 78.3%
Dec-20	9,040 81.8%

Staffing, flow and enhanced infection prevention and control due to COVID-19 have increased the challenges on performance

Despite the pressures, we are working collectively in Croydon to transform every element of the urgent and emergency care system to meet demand

Integrated See, Triage and Treat (ISTAT)

- Partnership with Croydon GP Collaborative
- Reducing waits in A&E whilst limiting overcrowding to protect people from COVID-19
- Patients streamed to UTC has increased from ~35% to ~65%, protecting majors and resus for Croydon's sickest patients
- Four-hour A%E performance improved
- 27% increase in patients seen by decision-making clinician within the hour (3 months ending Nov-21 vs same period in 2019)

Expanding Same Day Emergency Care (SDEC)

Three purpose-built facilities

1. **SDEC:** providing ambulatory assessment, investigation and treatment without overnight stay
 2. **Emergency Surgery Centre**, including consultant-led 'Hot' clinic, MDT surgical specialities such as trauma
 3. **Acute Care of the Elderly (ACE)** provides integrated frailty clinic and 16 bedded short-stay area
- **Direct GP referral** or transfer from ED or community services
 - **Direct LAS conveyancing** with separate ambulance bay next to unit
 - **~45 new patients** seen on SDEC pathway each day, but some days as high as 80.

Urgent & Emergency Care



Croydon Health Services
NHS Trust

Closer working between health and social care to support patient flow and experience

Croydon's Transfer of Care hub, includes:

- **Integrated Discharge Team (IDT)**, involving health, social care and British Red Cross, as a single point of contact for wards and wider system
- **Home first:** helping people live independently at home for as long as possible
- **After hospital stays:** Providing care through One Croydon's LIFE team, which includes domiciliary care, reablement, therapy at home
- **Social care:** Working with Council to facilitate placements for residential and nursing homes
- **Expanded Drug Alcohol and Substance misuse service**
- **'Staying Put'** service arranges home repairs, adaptations, key safes, decluttering and deep cleans

New mental health assessment unit

- Working with SLAM to support people who experience a mental health crisis
- Providing physical care, while also providing a safe, comfortable environment to support mental health needs

Pathways team for homeless care

- Specialist team set up with Pathway charity and South West London Health and Care Partnership
- Includes nurses, mental health professionals, GPs and supporting teams from Croydon Council
- Identifying those who need emergency care with links to further support, including housing

Page 15

Key challenges facing the Croydon health and care system

- Workforce gaps in social care (particularly on site social workers) and therapy
- Availability of care home placements (residential and nursing)
- Impact of outbreaks on care home placements (>30 care home beds in borough closed due to outbreaks)

Our partnership working has driven down the number of patients who no longer need care in an acute setting since early January.



Demand for primary care across south west London increased 14% in November 2021 (414,874 appointments compared to 363,897 in November 2020), with a significant return to face-to-face appointments. Despite this, GPs across the sector were able to offer over half of all patients a same day appointment, similar to pre-COVID levels.

Embracing new technology

Virtual wards, including telehealth continuous remote monitoring and oximetry service to treat people safely in their own homes

Telehealth: monitors patients remotely getting real-time updates on complex health conditions

- **117 patients** treated Nov-Dec 2021, including 105 new referrals

Oximetry: Home monitoring service for patients with suspected or confirmed COVID-19

- **78 patients** treated Nov-Dec 2021, the equivalent of almost three wards full

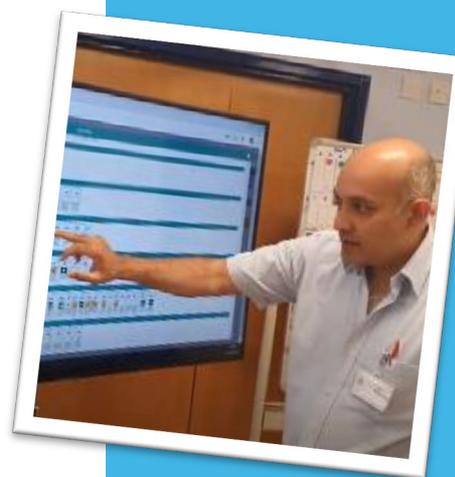
Bed days saved: When combined, these two initiatives have saved over 1,400 days of care in just two months

- **Freeing-up our hospital teams to care for patients with more complex needs**

“Rosh” Boards

Shortlisted for a national patient safety award last year

- **Real-time clinical information to help to place patients and organise their care**
- **Developed by Dr Rosh Siva, consultants in chest clinic, in partnership with Patienteer.**



The boards allow us to rapidly organise care and place patients in the best and safest environments for them and others, according to their COVID symptoms and other care needs.