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Scrutiny Health & Social Care Sub-Committee Agenda

To: Councillors Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair), Patsy Cummings, Clive Fraser, Andrew Pelling, Scott Roche and Gordon Kay (Healthwatch Co-optee)

Reserve Members: Jan Buttinger, Felicity Flynn, Toni Letts, Stephen Mann, Helen Redfern and Callton Young

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 12 November 2019** at **6.30 pm** in **Town Hall**.

A pre-meet for the Members of the Sub-Committee only will be held at 6pm in Room F4 at the Town Hall.

Jacqueline Harris Baker
Council Solicitor & Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
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www.croydon.gov.uk/meetings
Monday, 4 November 2019

Members of the public are welcome to attend this meeting.

If you require any assistance, please contact the person detailed above, on the right hand side.

N.B This meeting will be paperless. The agenda can be accessed online at www.croydon.gov.uk/meetings

AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (Pages 5 - 12)

To approve the minutes of the meeting held on 24 September 2019 as an accurate record.

3. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Workforce Planning across Health & Social Care in Croydon (Pages 13 - 40)

The Sub-Committee is asked to review the attached documents together with information arising from the discussion of this item at their meeting with a view to forming conclusions and recommendations.

6. Winter Preparedness (Pages 41 - 64)

The Sub-Committee is asked to review the attached documents together with information arising from the discussion of this item at their meeting with a view to forming conclusions and recommendations.

7. Immunisation Priorities in Croydon (Pages 65 - 74)

The Sub-Committee is asked to review the attached presentation together with information arising from the discussion of this item at their meeting with a view to forming conclusions and recommendations.

8. Health & Social Care Sub-Committee Work Programme 2019-20 (Pages 75 - 78)

The Sub-Committee is provided with a copy of its work programme for 2019/20 for its information.

9. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

PART B

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 24 September 2019 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair), Andrew Pelling and Scott Roche

Apologies: Councillor Patsy Cummings and Clive Fraser, Gordon Kay (Healthwatch Co-optee)

PART A

21/18 **Minutes of the Previous Meeting**

The minutes of the meeting held on 25 June 2019 were agreed as an accurate record.

It was noted that a further update was required on the work to replace the Community Dental Service that was formerly based in New Addington. It was agreed that a request for a written update would be made to the provider of the service, King's College Hospital NHS Foundation Trust.

22/18 **Disclosure of Interests**

There were no disclosures made at the meeting.

23/18 **Urgent Business (if any)**

There were no items of urgent business.

24/18 **Collaboration of Health and Care in Croydon & South West London Clinical Commissioning Group Merger**

The Sub-Committee considered information provided on both the work to closer align the Croydon Health Service NHS Trust (CHS) and the Croydon Clinical Commissioning Group (CCG) and the integration of the six South West London CCGs into one larger CCG. Together with information set out in the agenda, a presentation was given to the Sub-Committee by representatives from CHS and the CCG. Those in attendance at the meeting for this item were:-

- Agnelo Fernandes – Clinical Chair – Croydon CCG
- Matthew Kershaw – Interim Chief Executive - CHS

- Mike Sexton – Chief Financial Officer – Croydon CCG

A copy of the presentation can be found here: –

https://democracy.croydon.gov.uk/documents/s17716/Appendix%20A%20Collaboration%20of%20Health%20and%20Care%20in%20Croydon%20-%20Presentation.pdf

Following the presentation the Sub-Committee was given the opportunity to question the representatives on their plans for the closer alignment between CHS and the Croydon CCG and the wider integration of the six South West London CCGs. The first question related to the proposed £500m sub regional saving that had been identified as one of the drivers for the integration of the six CCGs, with it questioned what proportion of this saving would need to be found in Croydon. In response it was confirmed that the targeted saving from Croydon services was £100m as Croydon had approximately 25% of the population of South West London.

It was questioned what difference the changes would make to a member of the public. Regarding the alignment of CHS and the CCG it was advised that by bringing together the health bodies in Croydon it would provide a greater focus on local priorities leading to the delivery of joined up services that were reflective of the needs of the local population. Experience had found that gaps in service provision tended to arise from the hand over between services and it was hoped that closer alignment would reduce such issues.

The move to merge the CCGs on a sub-regional level had in part been prompted by the NHS Long Term Plan which set out the need for integrated care and larger regional CCGs. As it was a national policy it was important to ensure that the best outcomes were delivered from it locally.

As there would be one Accountable Officer responsible for overseeing what was formerly six CCGs, it was questioned how that person would be able to retain line of sight over service provision. It was advised that in order for an integrated care system to work it was important to get the governance processes right, while also retaining a focus on outcomes that made a difference for patients. There would be a Local Committee in Croydon to determine the majority of the commissioning decisions for the area, leaving the Accountable Officer to oversee this process and ensure that promised outcomes were being delivered as expected.

In response to a question about the level of decision making to be retained at a local level following the integration of the South West London CCG it was advised that it was envisioned that the vast majority of decisions effecting Croydon would still be made at a local level. There were safeguards built into the governance structure to ensure sound decision making, which would mean that it was unlikely that there would be a disagreement between the Local Committee and the Accountable Officer. It was important that the Croydon Local Committee was engaged with the South West London CCG in order to build strong relationships.

It was highlighted that all GP practices within the areas covered by the proposed CCG integration would have the opportunity to vote on the move to a South West London CCG. The Croydon based GP surgeries were due to vote on 17 October.

It was confirmed that there would be nine Primary Care Networks (PCN) in the borough each made up of a number of GP practices. A base of 30,000 to 50,000 patients was needed to form a PCN, so it would be possible for a large practice to form its own PCN, with examples of this elsewhere in the country. GPs were given the choice of which practices they wanted to work with to form their PCN.

In response to a question about any potential concerns GPs may have about the proposed integration it was advised that there was a view that health care provision in the borough was currently in a good place so why change it. Also as Croydon was not in deficit when there were funding issues elsewhere in South West London there was concern over how this would affect Croydon. Although reassurance could be taken from it being regulated to ensure that one local area could not pass their funding issues onto other areas within the new regional CCG.

Local Choice remained a standard part of the NHS offer. And the proposals were intended to maximise resources in Croydon to provide better services locally for residents. Patients were able to receive treatment outside of the borough, but if the services in Croydon were high quality and people want to choose to receive their treatment locally.

As the One Croydon Alliance moved forward with expanding its scope to cover all age groups in the borough, it was questioned whether the partners remained aligned. In response it was advised that going forward it would be important to build on the existing partnership work, but as the focus expanded it was essential to ensure that the right representatives were involved. This included ongoing conversations to involve different partners to build on existing strengths.

In response to a question about the expected savings from changes it was advised that one of the key initiatives was to increase the amount of patient care provided within the borough from 70% to 80%, which would increase funding by £10m that would help to support services. Work was also ongoing to reduce referrals, which were down 10% year on year and included on improving on patients having intervention if not needed. If the plan was achieved it would clear the deficit for CHS.

It was confirmed that the decision to discontinue IVF services in the borough was currently being reviewed. The Sub-Committee welcomed this move and looked forward to a further update at a future meeting.

At the conclusion of this item the Chair thanked the representatives from CHS and the CCG for their attendance at the meeting and their engagement with the questions of the Sub-Committee.

Conclusions

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

1. The Sub-Committee welcomed the optimism from CHS and the CCG on the future direction of travel, but agreed that the changes would continue to be monitored as they progressed.

2. In the light of concerns raised by the Sub-Committee over the level of decision making that would continue to be taken on a local level through the new South West London CCG structure, it was agreed that this would continue to be monitored.

25/18 **Croydon Safeguarding Adult Board - Annual Report 2018-2019**

The Sub-Committee considered the Annual Report for 2018-19 from the Croydon Safeguarding Adults Board (CSAB). The independent Chair of the board, Annie Callanan was in attendance at the meeting to introduce the report and answer Members questions arising. During the introduction to the report the following points were noted:-

- An increased amount of information had been added to the report for 2018-19 as a result of a request from the Sub-Committee for further information last year.

- The report recognised that there had been a high level of engagement and support from partners for the CSAB. The CSAB has been engaged with ongoing work on early intervention and commissioning.

- There was still work needed to improve the voice of Croydon residents, particularly those from minority ethnic communities, which was being worked upon.

- A key aim was to ensure that the individual was the focus at the centre of services.

- The object of the exercise was to get a line of sight to understand what was happening at the frontline of the service. The CSAB was not currently achieving this, but was looking to use the expertise of their four newly formed Sub-Groups to deliver this.

Following the introduction from the Independent Chair of the CSAB the Sub-Committee was given the opportunity to ask questions about the report. The first requested a self-assessment of the current performance of the Board. In response it was advised that the accountability arrangements were in a much better place with continual improvement being seen. A strength of the current CSAB was having everybody around the table engaged in the process.

In response to a question about how the CSAB compared to other Boards, it was highlighted that Croydon operated similarly to other areas. An invitation

was extended to the members of the Sub-Committee to attend a future CSAB meeting as observers.

It was highlighted that 70% more females reported abuse than males, when the number of vulnerable males was not much lower, as such there reasons for this were questioned. It was advised that steps were being taken to investigate the reasons for this including engaging with men to get a representative view. Reasons such as generational differences causing a reluctance to communicate and the fear of care being removed may be possible reasons that needed to be explored in greater detail.

It was noted that it would help the Sub-Committee to be able to make a judgement on the performance of the CASB if comparative data with other boroughs was available. It was confirmed that data was available, with an annual report due to be published in November that could be shared with the Sub-Committee.

In response to a question about the challenges of sharing reporting data it was advised that it was essential for the Board to be kept informed and it had been highlighted that certain information was required for specific Sub-Groups.

The level of referrals made to the low number that were sustained was questioned, with it advised that there was a preference for people to be engaged. There was a move across the sector to work with partners on what a good referral was, as if there were huge numbers it required careful consideration to identify the most serious cases.

It was questioned what the Board could do to ensure that the voice of vulnerable adults was heard. It was advised that it was important to raise awareness of the Board with residents with a week of engagement activity planned. Capturing the voice of vulnerable patients should start at the point of referral with work needed to understand how views could be captured at this stage. It was important that the work of CSAB was led by customers throughout the process.

At the close of the item the Chair thanked the Independent Chair of the Board for attending the meeting, welcoming the progress that had been made over the past year.

Info Requests

1. The Annual Report due for publication in November 2019, to provide the Sub-Committee with comparison data with other boroughs.

Conclusions

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

1. The progress made since the previous report from the Croydon Safeguarding Adults Board a year ago was welcomed.

2. The invitation to visit a meeting of the Croydon Safeguarding Adults Board was welcomed with the Committee looking forward to taking up the opportunity.

26/18 **Adult Social Care Budget**

The Sub-Committee considered a presentation delivered by the Executive Director for Health, Wellbeing and Adults, Guy Van Dichele on the budget challenges facing the Adults service. A copy of the presentation can be found here: –

https://democracy.croydon.gov.uk/documents/s17854/Adult%20Social%20Care%20Budget%20-%20presentation.pdf

Following the presentation the Sub-Committee was given the opportunity to ask questions about the information provided. The first question related to direct payments and what the Council was doing to encourage users to opt for this approach. It was advised that at present there was a mix of people using direct payment and work was ongoing to simplify the process with support provided for users to engage with using direct payment. It was envisioned that the forthcoming Resource Allocation Programme would help to allow people to buy the right care for their needs and provide support to users in finding a Personal Assistant. Hopefully once this was in place it would increase the take up of direct payment as this approach was more cost effective as it was flexible to people's need.

The take up of the direct payment option in Croydon may not be as high as in some other authorities who had made direct payment their default position, with users required to opt out of this approach rather than the current position in Croydon which required users to sign up for direct payment.

As it was noted that 31% of carers in the borough had been so for more than 30 years, it was questioned what the Council was doing to provide support for these individuals. It was advised that there was a network of support for carers through organisations such as the Carers Centre, with work ongoing to ensure that users understood that this service was funded by the Council. The possibility of providing small grants to carers to provide support was also being explored. It was also noted that the Council provided a series of factsheets for carers to inform them of the services available to them.

In response to a question concerning the percentage of the budget in care being spent on accommodation and food it was highlighted that the bulk of the budget arose from the cost of placements. However it was not possible to confirm the percentage spent on food as this was provided as part of the total package.

It was questioned whether the level of demand for care could be managed should free universal care be introduced. It was confirmed that this would be dependent on the funding provided as it was estimated that there was a significant amount of support being provided by unpaid carers. If care was

free rather than means tested it was anticipated that there would be a substantial increase in demand.

In response to a question about the action being taken to balance the budget, it was advised that working across the Council to achieve the required savings was both important and necessary as there was a reliance on colleagues in areas such as Gateway and Housing services to ensure that savings could be achieved. Conversations were also ongoing with partners across the One Croydon Alliance as the work of the partnership had reduced hospital admissions, but in doing so had increased the pressure on social care. Following discussions a re-share agreement was reached last year with £500,000 being returned to the Council. A similar agreement had yet to be reached this year, but discussion on this were ongoing.

As it was noted that there was a lot of development taking place within the borough, it was questioned whether there had been conversations with the planners to help provide the type of housing needed to encourage elderly residents who may be living in large family homes to downsize. It was advised that a Housing Strategy was currently being prepared that would include elements that addressed provision for older people wanting to downsize. It would also include elements addressing the need for homes for people with disabilities.

At the conclusion of the item the Chair thanked the officers for the information provided in the presentation and the detailed responses to the Sub-Committee's questions.

Conclusions

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

1. The Sub-Committee welcomed the comprehensive report provided on this item.

2. The Sub-Committee recognised that the Council was facing a significant challenge in its Adult Social Care budget.

3. There was concern that the savings being delivered through the One Croydon Alliance were not finding their way through to Social Care and as such it was agreed that this would be monitored to ensure it was being effective.

27/18 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.35 pm

Signed: .....

Date: .....

For general release

REPORT TO:	**HEALTH & SOCIAL CARE SUB-COMMITTEE 12 NOVEMBER 2019**
SUBJECT:	**WORKFORCE PLANNING ACROSS HEALTH & SOCIAL CARE IN CROYDON**

ORIGIN OF ITEM:	**The Sub-Committee has requested this review having identified workforce challenges as one of the key risks facing health and social care provision in Croydon.**
BRIEF FOR THE COMMITTEE:	**The Sub-Committee is provided with a report and presentation on workforce planning in health in Croydon with a view to informing a discussion on the information contained.**

1. WORKFORCE PLANNING ACROSS HEALTH & SOCIAL CARE IN CROYDON

1.1 The Health and Social Care Sub-Committee is provided with a report and presentation from Croydon Health Service NHS Trust (CHS) on workforce planning in health in Croydon. The report is set out in Appendix A and the presentation at Appendix B.

1.2 The presentation is provided to inform the Sub-Committee's discussion of the work force challenges facing health and social care providers in the borough.

Appendices

Appendix A: CHS Report – Workforce Planning in Health

Appendix B: CHS Presentation – Workforce Planning in Health

Contact Officer:

Simon Trevaskis: Senior Democratic Service & Governance Officer – Scrutiny

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Workforce Planning in Healthcare

1.0 Background

NHS England/Improvement has recently published the Interim People Plan[1] for the NHS. This sets an agenda to tackle the range of workforce challenges in the NHS.

The plan is structured into 5 themes, with each theme having a number of immediate actions that need to be taken to enable the delivery of the NHS Long Term Plan.
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2.0 Themes

The 5 themes are outlined as follows:

2.1 Make the NHS the best place to work

Paying greater attention to why staff leave the NHS, taking action to retain existing staff and attract more people to join. There is an acknowledgement that actions to improve supply risk being undermined if the cultures of our workplaces are not consistently compassionate, supportive and inclusive.

2.2 Improve our leadership culture

Addressing how we need to develop and spread a positive, inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity. The linkages between this work stream and the best place to work stream are made clear.

2.3 Prioritize urgent action on nursing shortages

Supporting and retaining existing nurses while attracting nurses from abroad and ensuring we make the most of the nurses we already have within our NHS. To support this, there is an action to deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes, as well as a commitment to work directly with trust directors of nursing to ensure the widespread adoption of good practice which maximises clinical placements.

2.4 Develop a workforce to deliver 21st century care

Developing a multi-professional and integrated workforce to deliver primary and community healthcare services, while ensuring we have a flexible and adaptive workforce that has more time to provide care. In supporting this, the aim is to establish a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice.

2.5 Develop a new operating model for workforce

Putting workforce planning at the centre of our planning processes, continuing to work collaboratively with more people planning activities devolved to local integrated care systems (ICSs). A key action will be to co-produce an ICS ‘maturity’ framework

[1] https://improvement.nhs.uk

that benchmarks workforce activities in STPs/ICSs which also informs decisions on the pace and scale of devolution of workforce activities

The plan also includes specific commitments to:
• increase the number of nursing placements by 5,700
• increase the number the number of nurse associates to 7,500 • increase the number of doctors and nurses recruited internationally. • work with Mumsnet on a return to the NHS campaign
• better coordinate overseas recruitment.

3.0 NHS Pension Scheme

As part of the theme of making NHS the best place to work, there is alongside the plan an acknowledgement of the impact, and potential impact, of annual allowance and taper tax policy in relation to the pension earnings of senior medical staff (consultants and general practitioners). Accordingly, the government is currently consulting on a new pension flexibility for senior clinicians.

4.0 Final People Plan

This interim plan will be followed by work, led by Prerena Issar (Chief People Officer) with a range of stakeholders, to help develop a fully-costed final plan. Investment in the plan is dependent on a number of factors.

The final plan will include:
• measures to embed culture change and develop leadership capability
• more detail on changes to professional education and on investment in CPD
• more detail on additional staff needed.

It will also aggregate information from local (ICS/STP) workforce plans and work on digital transformation.

5.0 Work at a National Level

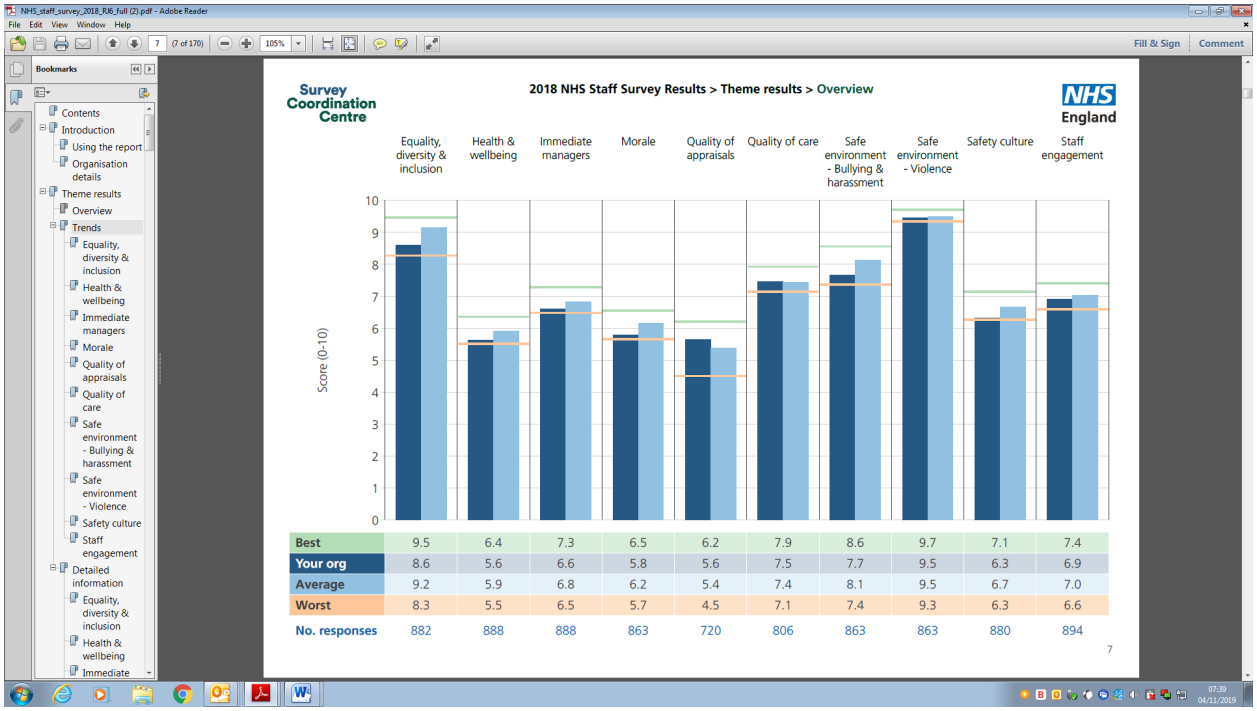
Nationally a team will be contributing to work in the following key areas:

Making the NHS the best place to work:

• Developing a new 'core offer' for all staff working in the NHS, based on widespread engagement with staff, staff representatives and employers across the country
• Developing a new approach to how we assess people issues in the NHS Oversight Framework and the CQC's well-led assessment
• Overseeing an independent review of HR and OD practice in the NHS
• Removing practical barriers to movement of staff between organisations, including streamlining of induction and on boarding processes
• Supporting trusts in developing tech-enabled banks and establishing collaborative banks
• Improving the leadership culture
• Developing a new leadership compact, based on widespread engagement with trusts, CCGs and local health systems
• Developing competency, values and behaviour frameworks for senior leadership roles
• Reviewing regulatory and oversight frameworks to ensure greater focus on leadership, culture, improvement and people management

• Rolling out talent boards to every part of the country
• Addressing outstanding themes from the Kark review

A summary of Croydon Health Service staff survey by theme is shown in the table below and highlights how national and local priorities are very similar



Releasing time for care:

• Establishing a Releasing Time for Care programme to distil and spread best practice in how to plan and deploy clinical teams more effectively and efficiently
• Supporting consistent and effective implementation of e-rostering systems and e-job planning systems, including expanding to multidisciplinary teams in primary care

Workforce redesign; optimising skills:

• Reviewing current models of multidisciplinary working across primary and secondary care
• Developing accredited multidisciplinary credentials for mental health, cardiovascular disease and older people's services
• Targeting investment in development of advanced clinical roles to areas of greatest service/workforce growth
• Helping STPs/ICSs establish collaborative approaches to apprenticeships
• Developing a new approach to multidisciplinary training hubs

Securing current and future supply:

- Developing plans for expansion of undergraduate medical places
- Addressing geographic and specialty medical shortages
- Developing incentives to attract students to shortage professions

Analysis:

• Working with STPs/ICSs to develop better estimates of the number and mix of staff needed over the next five years

A new operating model for workforce:

• Working with STPs/ICSs and partner organisations to agree respective roles and responsibilities and ways of working at national, regional, system and employer level
• Agreeing development plans to improve STP/ICS capacity and capability in relation to people issues.

Workforce Planning next steps

The joint NHSI/E Accountability Framework 2019/20 sets out the need for the NHS to develop detailed, costed plans for key commitments and reforms to deliver the Long-Term Plan ambitions within the agreed financial settlement. Health Education England's Mandate 2019/20 describes how they will work more closely with national, regional and system partners to develop a new operating model, with a more coherent approach to workforce policy and planning, which can respond to changing capacity, capability and needs.

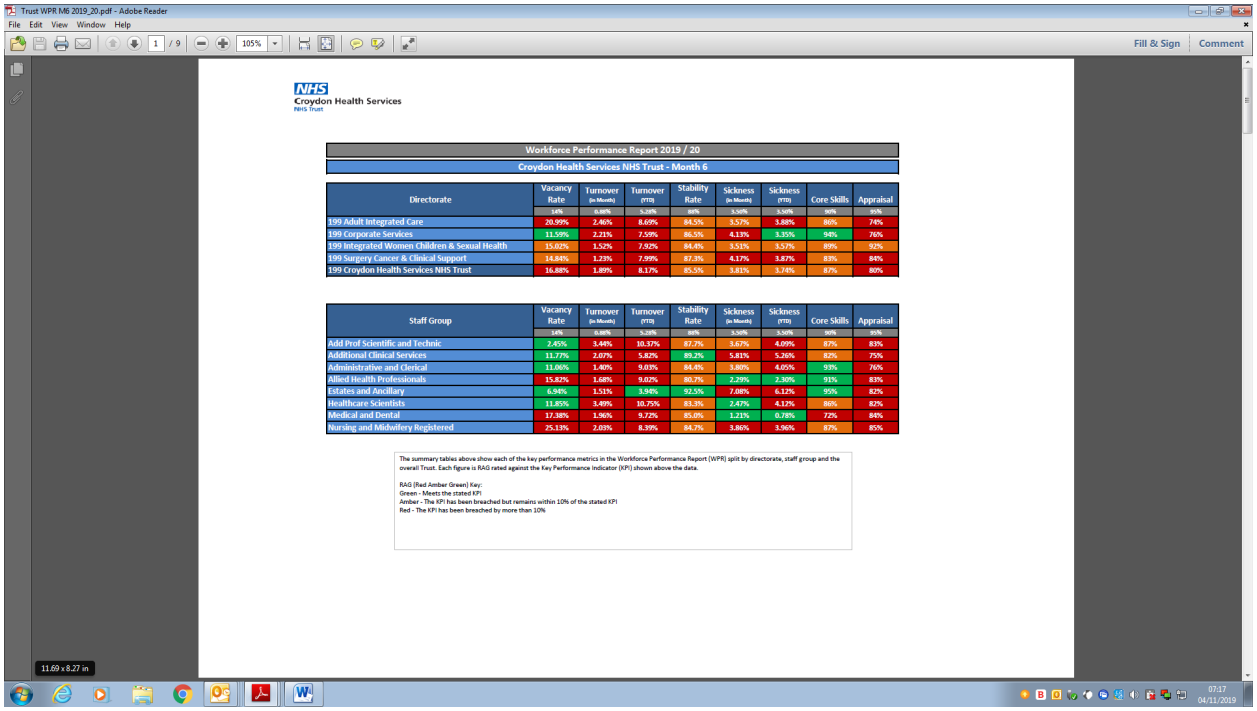
The Workforce Planning Programme is central to all our planning processes and will include primary care, social care, community, acute and mental health services. Our approach will include a top down and bottom up approach to map current and future needs, provide gap analyses and trajectories against specialisms or staff groups from multiple datasets. This will help determine collaborative and strategic actions to meet these gaps and ensure evidence-based decisions drive recruitment and retention strategies, service transformation and promoting new ways of working.

The Croydon context

The Trust recognises that its workforce is not only its greatest asset in terms of delivering sustainable change but also is the primary driver of future costs. Our workforce plans have therefore been designed to consider specific local pressures but also to meet sector wide considerations and finally to support national strategy.

The overriding outcome of all planning is to ensure that our approach to workforce ensures that we are recruiting the right numbers of staff with the right skills and behaviours to meet the needs of our patients, recognizing that the way we deliver services will change through the lifetime of the plan.

In common with other NHS Trusts, the lack of a skilled workforce /staff shortages are the biggest risk to our ability to deliver services safely and achieve our objectives for quality.
This also presents a risk to our clinical, operational and financial performance. The three most affected staff groups are doctors, registered nursing staff and allied health professionals, with significant vacancies and spend on agency staff being fuelled by difficulties in both attracting and retaining staff. A summary of key workforce metrics are set out below:



Trust WPR M6 2019_20.pdf - Adobe Reader

NHS Croydon Health Services NHS Trust

Workforce Performance Report 2019 / 20

Croydon Health Services NHS Trust - Month 6

Directorate	Vacancy Rate	Turnover (In Month)	Turnover (YTD)	Stability Rate	Sickness (In Month)	Sickness (YTD)	Core Skills	Appraisal
	14%	0.88%	5.26%	88%	3.50%	3.50%	90%	95%
199 Adult Integrated Care	20.99%	2.46%	8.69%	84.5%	3.57%	3.88%	86%	74%
199 Corporate Services	11.59%	2.21%	7.59%	86.5%	4.13%	3.35%	94%	76%
199 Integrated Women Children & Sexual Health	15.02%	1.52%	7.92%	84.4%	3.51%	3.57%	89%	92%
199 Surgery Cancer & Clinical Support	14.84%	1.23%	7.99%	87.3%	4.17%	3.87%	83%	84%
199 Croydon Health Services NHS Trust	16.88%	1.89%	8.17%	85.5%	3.81%	3.74%	87%	80%

Staff Group	Vacancy Rate	Turnover (In Month)	Turnover (YTD)	Stability Rate	Sickness (In Month)	Sickness (YTD)	Core Skills	Appraisal
	14%	0.88%	5.26%	88%	3.50%	3.50%	90%	95%
Add Prof Scientific and Technic	2.45%	3.44%	10.37%	87.2%	3.67%	4.09%	82%	83%
Additional Clinical Services	11.77%	2.07%	5.82%	89.2%	5.81%	5.26%	82%	75%
Administrative and Clerical	11.06%	1.40%	9.03%	84.4%	3.80%	4.05%	93%	76%
Allied Health Professionals	15.82%	1.68%	9.02%	80.7%	2.29%	2.30%	91%	83%
Estates and Ancillary	6.94%	1.51%	3.94%	92.5%	7.08%	6.12%	95%	82%
Healthcare Scientists	11.85%	3.49%	10.75%	83.3%	2.47%	4.12%	86%	82%
Medical and Dental	17.38%	1.96%	9.72%	85.0%	1.21%	0.78%	72%	84%
Nursing and Midwifery Registered	25.13%	2.03%	8.39%	84.7%	3.86%	3.96%	87%	85%

The summary tables above show each of the key performance metrics in the Workforce Performance Report (WPR) split by directorate, staff group and the overall Trust. Each figure is RAG rated against the Key Performance Indicator (KPI) shown above the data.

RAG (Red Amber Green) Key:
Green - Meets the stated KPI
Amber - The KPI has been breached but remains within 10% of the stated KPI
Red - The KPI has been breached by more than 10%

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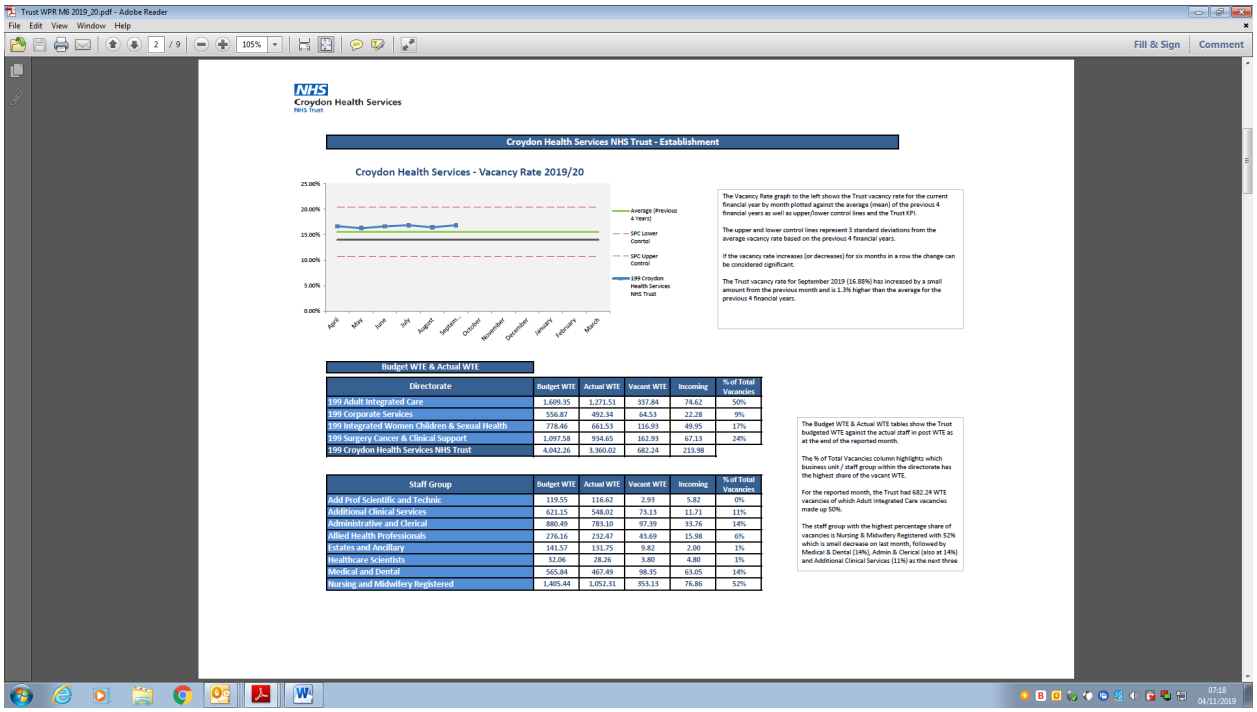

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NHS Croydon Health Services NHS Trust

Croydon Health Services NHS Trust - Establishment

Croydon Health Services - Vacancy Rate 2019/20

The Vacancy Rate graph to the left shows the Trust vacancy rate for the current financial year by month plotted against the average (mean) of the previous 4 financial years as well as upper/lower control lines and the Trust KPI.

The upper and lower control lines represent 3 standard deviations from the average vacancy rate based on the previous 4 financial years.

If the vacancy rate increases (or decreases) for six months in a row the change can be considered significant.

The Trust vacancy rate for September 2019 (16.88%) has increased by a small amount from the previous month and is 1.3% higher than the average for the previous 4 financial years.

Budget WTE & Actual WTE

Directorate	Budget WTE	Actual WTE	Vacant WTE	Incoming	% of Total Vacancies
199 Adult Integrated Care	1,609.35	1,271.51	337.84	74.62	50%
199 Corporate Services	556.87	492.34	64.53	22.28	9%
199 Integrated Women Children & Sexual Health	778.46	661.53	116.93	49.95	17%
199 Surgery Cancer & Clinical Support	1,097.58	934.65	162.93	67.13	24%
199 Croydon Health Services NHS Trust	4,042.26	3,360.02	682.24	213.98	

Staff Group	Budget WTE	Actual WTE	Vacant WTE	Incoming	% of Total Vacancies
Add Prof Scientific and Technic	119.55	116.62	2.93	5.82	0%
Additional Clinical Services	621.15	548.02	73.13	11.71	11%
Administrative and Clerical	880.49	783.10	97.39	33.76	14%
Allied Health Professionals	276.16	232.47	43.69	15.98	6%
Estates and Ancillary	141.57	131.75	9.82	2.00	1%
Healthcare Scientists	32.06	28.26	3.80	4.80	1%
Medical and Dental	565.84	467.49	98.35	63.05	14%
Nursing and Midwifery Registered	1,405.44	1,052.31	353.13	76.86	52%

The Budget WTE & Actual WTE tables show the Trust budgeted WTE against the actual staff in post WTE as at the end of the reported month.

The % of Total Vacancies column highlights which business unit / staff group within the directorate has the highest share of the vacant WTE.

For the reported month, the Trust had 682.24 WTE vacancies of which Adult Integrated Care vacancies made up 50%.

The staff group with the highest percentage share of vacancies is Nursing & Midwifery Registered with 52% which is small decrease on last month, followed by Medical & Dental (14%), Admin & Clerical (also at 14%) and Additional Clinical Services (11%) as the next three

A SWOT analysis of Croydon Health Services NHS Trust achieving the status of the **'best place'** to work is set out below.

Strengths	**Weaknesses**
Executive teams' leadership and commitment Growing numbers of staff keen to get involved and improve things Growing numbers of staff who are passionate about patient care and key patient interventions Depth and diversity of experience Continue to recruit high calibre staff set against the historical reputation of the Trust	Clinical leadership needs development Resource constraints Held back by history/experience Not all staff positively promoting the Trust Lack of reliable/available Information Technology Communications Stability index Lack of management accountability and responsibility
Opportunities	**Threats**
Patient choice and treating patients as our customers Develop business skill/acumen Increase further staff engagement and job satisfaction Contribute to reducing cost through service improvement Recruit the right people based on attitudes/values as well as qualification and experience Retain high performers Improved cost utilization of roles/bands Learning culture/learning organisation	Other organisations being employer of choice Inflexibility of terms and conditions of employment Increasing raft and complexity of employment legislation Negative media publicity Reduction in doctor in training posts Financial challenges of the NHS Decommissioning of services

Whilst we face significant and growing staff shortages, we will develop and maximise the contribution and impact that the Voluntary, Community and Social Enterprise (VCSE) sector and volunteering can have on services, communities and individuals. We want to maximise the impact and benefits the voluntary sector and volunteering can bring, not only to patients and staff, but also reducing health inequalities and increasing inclusivity through effective partnership working and shared challenges and opportunities.

We will continue to develop new apprenticeship roles and standards and promote and maximise the multi-professional Advanced Clinical Practitioners e.g. physiotherapists working as MSK Advanced Clinical Practitioners and paramedics working as First Contact or Urgent and Emergency Care Advanced Clinical Practitioners. Continued collaborative working also provides opportunities for clinical placement rotations, joint offers, joint retention schemes and shared resources. The Trust is undertaking significant work to address shortfalls and to recruit and retain the staff we need.

Primary Care

Primary care has a number of workforce challenges across South West London. GP numbers are not increasing which is a consistent picture across London. As of March 2019, there were 802 permanently employed GPs in our practices, and although South West London has the most GPs per patient when compared to other STPs in London, 25.5% ar e over the age of 55.

The clinical workforce population in South West London within General Practice, shows that GPs account for 65% of the workforce, with nurses making up 25% and other qualified clinicians the remainder. Within our primary care nursing population 44.6% are over the age of 55.

South West London has a better nurse to patient ratio in primary care compared to the rest of London, however, this remains low compared to other regions and the number of nurses in primary care is reducing.

The NHS Long-Term Plan introduced new Primary Care Networks (PCNs) to build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. In South West London, 39 PCNs have been created with new workforce responsibilities including the introduction of new clinical and non-clinical roles and ensuring these reflect the population we serve. PCNs will need to be supported as they begin to take on their responsibilities.

Care Homes

There are approximately 380 care homes in South West London, with an average turnover of 25%. We know that there are high levels of illiteracy within care homes. To support development and retention of staff, we have increased the level of training across care homes to include:

- apprenticeships and trainee nurse associates to increase the number of apprenticeships in care homes.
- Enhance digital communications with care home staff so they feel more connected
- student placements in care homes to increase staff numbers.
- 'Significant 7' training including end of life care, volunteering, leadership and skills development.
- Pioneer programme for care home managers and clinical leads.

Current, medium and longer term actions to improve attraction and retention of staff at Croydon Health Services and beyond.

Plan and run Open Days; attend Recruitment Fairs
and develop supporting promotional materials and administrative back-up.

Optimise the number of student nurses and AHP's
recruited and appointed to vacancies. All students who train at CHS are offered a permanent appointment on completion of their training

Reduce turnover in new starters by improving their 'onboarding' experience and building early engagement and loyalty

International nurse recruitment

Develop the case for a wide range of staff benefits to attract and retain staff

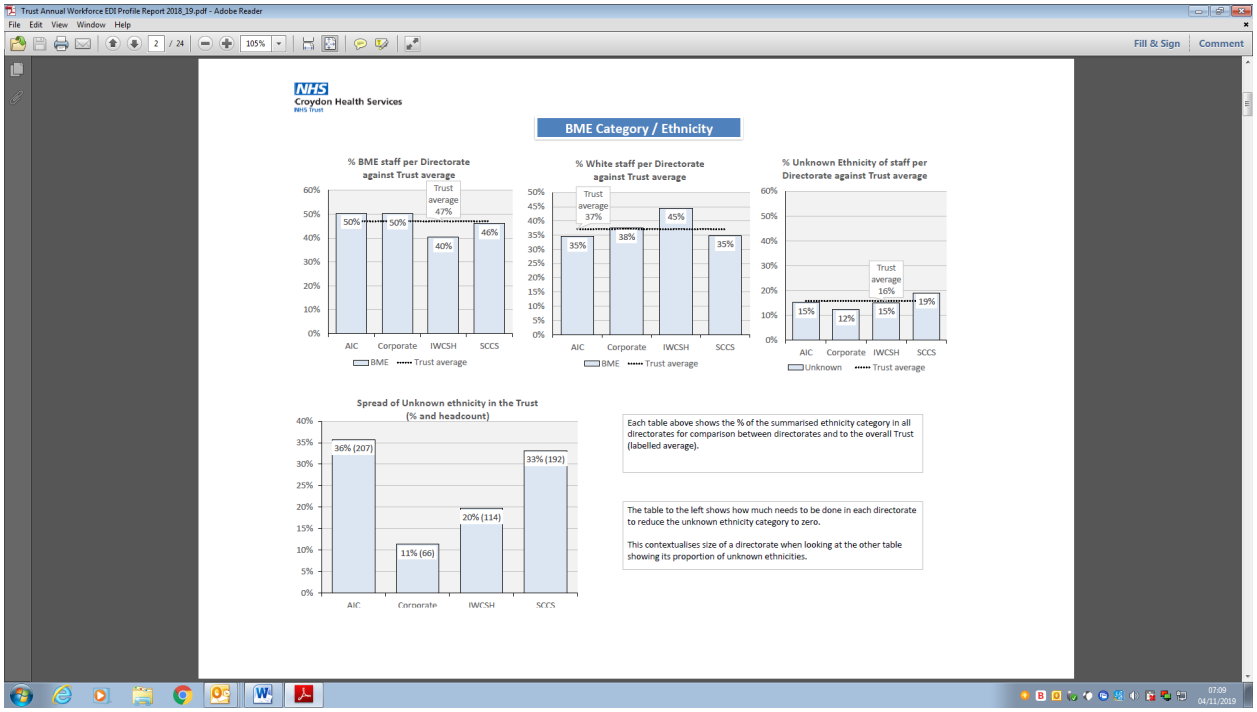
Review and define career pathways, roles, job rotation; continuous professional development routes with appropriate pay progression

Review and refine the staff engagement strategy and action plan (Research has shown that Trusts which effectively engage their workforce and create the right

working environment have more satisfied staff, better clinical outcomes and are more efficient).

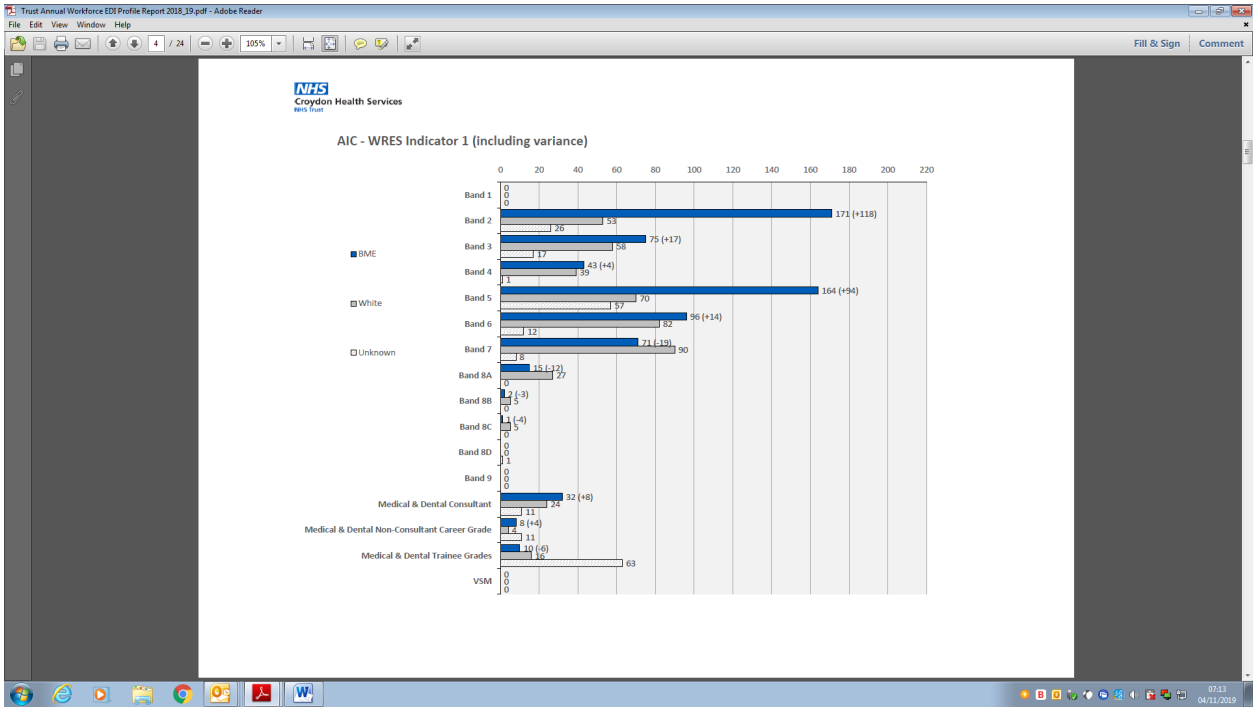
Equality, Diversity and Inclusion

On the 1st April 2019 3679 staff were employed in the Trust of which 47% are BAME, 37% are White and 16% unknown/not disclosed.



Our most recent staff survey[2] informs us that we need to do more in relation to the equality, diversity and inclusion agenda. The systemic discrimination against Black Asian and Minority Ethnic (BAME) staff within the NHS is highlighted in numerous reports and studies[3]. These show that by every indicator BME staff have a less favourable treatment and a worse experience of working in the NHS than other members of staff. By way of an example our analysis of pay data shows over representation of BAME staff in the lower pay bands and under representation in the higher pay bands as demonstrated in the table below

[2] https://www.nhsstaffsurveys.com
[3] Snowy White Peaks https://www.england.nhs.uk



The NHS Equality and Diversity Council who originally proposed the introduction of a Workforce Race Equality Standard[4] did NOT suggest other forms of equality are less important but it is clear that race discrimination is an important issue within the NHS and there has been little if any improvement in recent years. 17% of NHS staff are from BME backgrounds, including 20% of nurses and 37% of doctors, and we now know that tackling their unfair treatment benefits patient care so it is clearly a priority

The Workforce Race Equality Standard (WRES) was developed to narrow the gap between the treatment of black and minority ethnic (BME) and white staff through collection, analyses and acting on specific workforce data. In addition, the WRES aims to improve diversity of leadership - people of colour in leadership positions and the BME workforce seeing themselves represented at a senior level. At a national level BME staff make up 19% of the workforce, in London this figure is significantly higher at 43.9%, and Croydon is even higher.

There are nine indicators, all of which draw a direct comparison between the white and BME experience. WRES data collected indicates that BME staff were relatively:

• less likely to be appointed from shortlisting and,
• more likely to enter the formal disciplinary process.

The Trusts performance against all the 9 standards are contained in the Trusts Annual Equality Report 2018 /19 which will be available on the Trust web site at the end of December 2019.

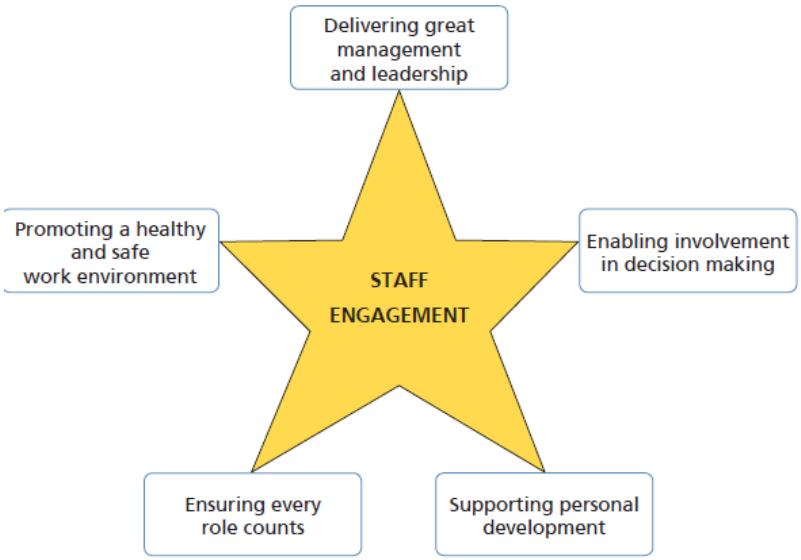
The Trust recognises the need for improvement and is on a journey to address areas of concern this includes ensuring BAME representation on all interview panel's and reverse mentorship where BAME staff mentor senior leaders.

[4] https://www.england.nhs.uk

Staff Engagement

At the simplest level staff engagement occurs when an employee is willing to put discretionary effort into their work in the form of time, thought and energy above and beyond the call of duty. It can mean providing information, individual supervision; asking staff their opinions through to actively involving them in the way in which their work is organised and the shape and structure of their day to day jobs Our Staff Engagement Strategy sets out how we will develop our commitment to our staff as one that we can all be proud of and staff want to be part of.

The strategy builds on the progress we have made through Listening into Action as it is important to understand staff engagement that is already in place both formally and informally. Currently there are areas of engagement happening throughout the Trust e.g. regular award ceremonies i.e. Croydon Stars, Star of the Month, plus drop in sessions, Trust Focus, listening events, departmental staff newsletters, focus groups to improve services and Directorate Senior Managers briefings.



Recurrent themes include lack of communication, not feeling supported by management, lack of recognition, senior management not being visible in clinical areas and staff not understanding how their roles relate to overall Trust priorities.

To support our strategy we have put in place an action plan to deliver on:

Communication, Information and Feedback
Reward and Recognition
Career Development
Leadership and Management Development
Health and wellbeing
Innovation

One of our immediate successes has been the introduction of a staff engagement app known as Ryalto. Launched in late summer over 2000 staff have downloaded it to their mobile device and the numbers continue to grow. Those using it can now have access to significant and relevant information about what is happening across

the Trust, access to professional journals and for nurses they can book their ‘bank shifts’.

Improvements in functionality to be launched soon are push and receive notifications and bank shift booking for medical staff.

Brexit
London’s healthcare workforce is more diverse than the rest of England. In London, 70% of the total NHS workforce are UK Nationals compared to 84% across the rest of England. EU Nationals currently make up 11% of the total workforce within London NHS Trusts, this is significantly higher than in other parts of England where on average EU Nationals form 4% of the total workforce. Therefore, Brexit poses a greater risk to the London workforce.

System Wide Workforce Transformation Projects ahead of the NHS People Plan

The delivery model aims to deliver preventative and proactive care for the whole population and to engage the community directly and will require:

Community services to be organised around localities – building on our current Integrated Community Network model, ICN+ will develop wider health and care models of care around 6 GP networks, with wider council services delivered around 3 gateway localities

Modern acute hospitals both secondary and mental health - health and care models will ensure only those that need acute services go to hospital. Local providers, by becoming the providers of choice will ensure acute provision responds at the point of need with a focus on good clinical outcomes enabling local integrated care.

Health and care professionals are already working together in virtual multidisciplinary teams to identify people who need support and to provide those services when and where they need them. Reducing non elective admissions by 15%which means 3,000 fewer people were admitted to hospital last year.

Croydon’s 18 personalised independence coordinators aim to break the cycle of hospital admissions and this has resulted in fewer patients needing care packages for longer than six weeks after leaving hospital

Our Local Voluntary Partnership funds and supports local voluntary and community providers to work together to support residents to look after their own health, reduce social isolation and promote independence. Activities have included a cinema club for older people, a food growing club for newly-retired men and a tea party where people can also have a health check.

Social prescribing allows GPs and nurses to prescribe a range of on-clinical services – everything from Bollywood dancing to cooking lessons – to help improve people’s emotional, mental and general wellbeing.

In six months, there were over 28,000 attendances across a range of activities and 37 of Croydon’s 50 practices are now referring.

We launched our Living Independently for Everyone(LIFE) service. This supports people with long-term conditions mainly who are aged over 65 years old to stay at home and reduce their need to be admitted to hospital. In its first year, the LIFE team got 1000 patients home sooner and helped 847 people avoid having to stay in hospital at all

Michael Burden
Director of HR & OD
Croydon Health Services NHS Trust

1st November 2019

Croydon Health Services
NHS Trust

Workforce planning in health

Matthew Kershaw

Croydon Health Services
NHS Trust

The national context

'The People Plan'

The interim people plan for the NHS has been developed to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year

- **Workforce supply is acknowledged as the biggest challenge facing the NHS but it is also clear that the quality of staff experience must be improved or those extra people will not stay, or come at all.**
- **5 key themes**
  - **Making the NHS the best place to work**
  - **Improving NHS leadership culture**
  - **Addressing workforce shortages**
  - **Delivering 21st century care**
  - **Developing a new operating model for workforce**

Croydon Health Services
NHS Trust

Staff numbers at the Trust

Budget WTE & Actual WTE

Directorate	Budget WTE	Actual WTE	Vacant WTE	Incoming	% of Total Vacancies
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Add Prof Scientific and Technic	119.55	116.62	2.93	5.82	0%
Additional Clinical Services	621.15	548.02	73.13	11.71	11%
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Nursing and Midwifery Registered	1,405.44	1,052.31	353.13	76.86	52%

Croydon Health Services
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Workforce performance indicators

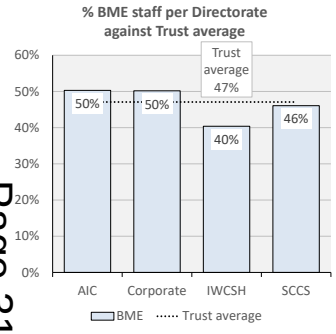
Workforce Performance Report 2019 / 20								
Croydon Health Services NHS Trust - Month 6								
Directorate	Vacancy Rate	Turnover (in Month)	Turnover (YTD)	Stability Rate	Sickness (in Month)	Sickness (YTD)	Core Skills	Appraisal
	14%	0.88%	5.28%	88%	3.50%	3.50%	90%	95%
199 Adult Integrated Care	20.99%	2.46%	8.69%	84.5%	3.57%	3.88%	86%	74%
199 Corporate Services	11.59%	2.21%	7.59%	86.5%	4.13%	3.35%	94%	76%
199 Integrated Women Children & Sexual Health	15.02%	1.52%	7.92%	84.4%	3.51%	3.57%	89%	92%
199 Surgery Cancer & Clinical Support	14.84%	1.23%	7.99%	87.3%	4.17%	3.87%	83%	84%
199 Croydon Health Services NHS Trust	16.88%	1.89%	8.17%	85.5%	3.81%	3.74%	87%	80%

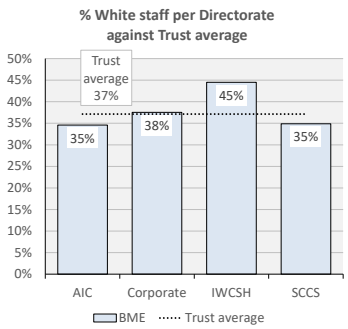
Staff Group	Vacancy Rate	Turnover (in Month)	Turnover (YTD)	Stability Rate	Sickness (in Month)	Sickness (YTD)	Core Skills	Appraisal
	14%	0.88%	5.28%	88%	3.50%	3.50%	90%	95%
Add Prof Scientific and Technic	2.45%	3.44%	10.37%	87.7%	3.67%	4.09%	87%	83%
Additional Clinical Services	11.77%	2.07%	5.82%	89.2%	5.81%	5.26%	82%	75%
Administrative and Clerical	11.06%	1.40%	9.03%	84.4%	3.80%	4.05%	93%	76%
Allied Health Professionals	15.82%	1.68%	9.02%	80.7%	2.29%	2.30%	91%	83%
Estates and Ancillary	6.94%	1.51%	3.94%	92.5%	7.08%	6.12%	95%	82%
Healthcare Scientists	11.85%	3.49%	10.75%	83.3%	2.47%	4.12%	86%	82%
Medical and Dental	17.38%	1.96%	9.72%	85.0%	1.21%	0.78%	72%	84%
Nursing and Midwifery Registered	25.13%	2.03%	8.39%	84.7%	3.86%	3.96%	87%	85%

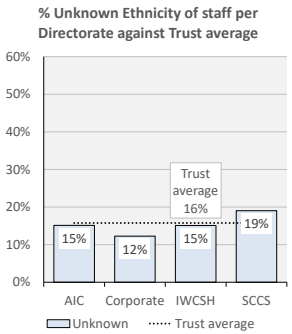
The summary tables above show each of the key performance metrics in the Workforce Performance Report (WPR) split by directorate, staff

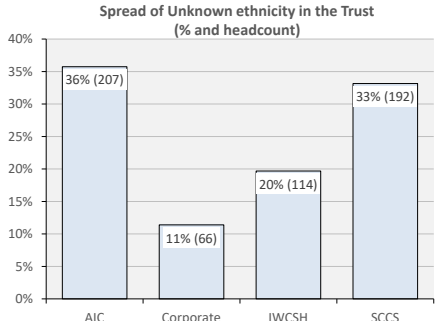
Croydon Health Services
NHS Trust

Ethnic profile of the Trust









Each table above shows the % of the summarised ethnicity category in all directorates for comparison between directorates and to the overall Trust (labelled average).

The table to the left shows how much needs to be done in each directorate to reduce the unknown ethnicity category to zero.

This contextualises size of a directorate when looking at the other table showing its proportion of unknown ethnicities.

Croydon Health Services
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Our workforce challenges @ Croydon

Strengths	Weaknesses
Executive teams' leadership and commitment Growing numbers of staff keen to get involved and improve things Growing numbers of staff who are passionate about patient care and key patient interventions Depth and diversity of experience Continue to recruit high calibre staff set against the historical reputation of the Trust	Clinical leadership needs development Resource constraints Held back by history/experience Not all staff positively promoting the Trust Lack of reliable/available Information Technology Communications Stability index Lack of management accountability and responsibility
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Croydon Health Services
NHS Trust

Our workforce challenges @ Croydon

Securing an adequate supply of new staff to meet current vacancies and the rapid expansion required in some parts of health and social care workforce.

- **Understanding our workforce needs- we have had limited data and structure for workforce planning activities and a better understanding of our workforce demographics and skills mix is required for effective workforce planning and service redesign**
- **Diversity and Equality - We are not yet representative of the community we serve and have issues raised through Workplace Race Equality that we need to urgently address.**
- **High staff turnover with difficulty retaining newly qualified nurses, paramedics and doctors; coupled with an aging workforce, particularly GPs doctors and nurses.**

Croydon Health Services
NHS Trust

Our workforce challenges @ Croydon

The cost of living in London with people to choosing to leave Croydon/South West London to move to less expensive areas due to rising travel costs, accommodation and inflation.

- **The impact of Brexit – i.e. uncertainty for EU staff, with the ongoing rights and status of EEA staff currently working in the health and social care sector unclear, as well as how we will be able to recruit staff from the EEA in the future.**
- **Providing better care and more flexibility for our people including supporting their health and wellbeing**

Croydon Health Services
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Supporting our staff

- **Care for our staff:** supporting their health and wellbeing and a healthy work life balance; eradicating behaviours that discriminate, harass or intimidate our staff
- **Have safe staffing levels:** through effective workforce planning and recruitment processes; and looking to the future so that we have a workforce fit for the future.
- **Make the best use of our scarce resources:** collaborating where it is right to do so (Hospital bank and other collaborative projects including a Recruitment Hub, overseas recruitment
- **Support our staff to develop:** Sharing best practice and putting in place shared development and talent management schemes so that our staff can continually learn and do their very best

Croydon Health Services
NHS Trust

Supporting our staff

- **Involve our staff in what we do:** engaging our staff who know our services and patients best, to help us transform and improve the way we work.
- **Recognize the work and commitment of our staff:** through reward and recognition programmes that mirror best practice
- **Have the very best employment practices in place:** harmonising workforce and OD processes across South West London

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2. Supporting our staff

Making the most of #TeamCroydon?

Improving our care for staff will in turn improve our care for Croydon

- Thirst Responder visits to wards, clinics and departments offering sweet treats and refreshments
- Croydon Stars staff recognition awards
- Peer to peer thank you cards for those living our values
- Free 'Leadership Bytes' training for all staff

Using technology to bring people together

New app: 2,000 staff signed up receive regular updates, share good news and practices

Social media: To spread the word and celebrate the achievements our staff. 170,000 views in Aug – more than quadrupled in just three months

New staff equality networks

Four support network forums for our BAME and LGBT+ staff, as well as those with disabilities and religious beliefs

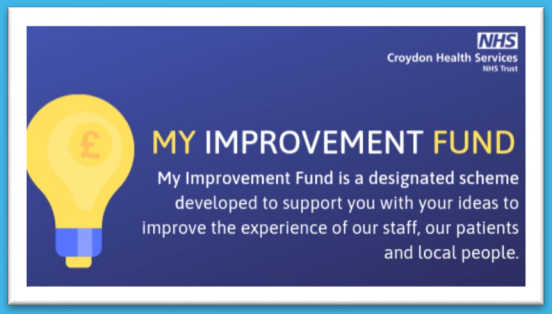
Nearly half of our workforce comes from black and minority ethnic groups – that's more than double the 20% of BME staff across health service nationally

- BAME representation on all interview panels
- Reverse mentorship where staff mentor senior leaders
- Breaking down cultural barriers, share experiences and increase understanding

2. Supporting our staff

NHS
Croydon Health Services
NHS Trust

Rewarding innovation through CQI support and My Improvement Fund



More than 70 staff-led ideas to improve our care for Croydon and support for staff

Using Charitable Funds to improve experience for our patients, local people and staff

Croydon Quality Improvement

Empowering staff to innovate, inspire and improve

60 staff trained to become PDSA Quality Improvement Practitioners

Ambition to become a 'system-wide' improvement tool to collectively improve our care and support for the borough.

Open to all staff – regardless of role or rank. Successful applicants so far:

- **New 'care cards' to support lone workers and increase consistency in our care assessments for people at home.**
- **Health Visitors celebration to support new way of working**
- **New artwork to brighten up sexual health clinic for clients and staff**

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For general release

REPORT TO:	**HEALTH & SOCIAL CARE SUB-COMMITTEE 12 NOVEMBER 2019**
SUBJECT:	**WINTER PREPAREDNESS**

ORIGIN OF ITEM:	**The Sub-Committee reviews on an annual basis the winter preparedness arrangements of local health and social care providers.**
BRIEF FOR THE COMMITTEE:	**The Sub-Committee is provided with a presentation on winter preparedness arrangements and the Croydon Whole System Winter Plan 2019-20 with a view to informing a discussion on the information contained.**

1. WINTER PREPAREDNESS

1.1 The Health and Social Care Sub-Committee is provided with a presentation on winter preparedness arrangements of health and social care in Croydon and the Croydon Whole System Winter Plan 2019-20. The presentation is set out in Appendix A and the Winter Plan in Appendix B.

1.2 The presentation is provided to inform the Sub-Committee's discussion of winter preparedness arrangements of local health and social providers.

Appendices

Appendix A: Winter Preparedness – Presentation

Appendix B: Croydon Whole System Winter Plan 2019-20

CONTACT OFFICER:

Simon Trevaskis: Senior Democratic Service & Governance Officer – Scrutiny

Email: simon.trevaskis@croydon.gov.uk

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Winter preparedness

Croydon A&E Delivery Board Winter Plan 2019/20

20 September 2019

Context

The Croydon health and care system experienced severe challenge across the emergency care pathway in winter 2018/19. Activity was in excess of plan, there were long waits for patients in ED with an impact on patient experience, poor performance against the four-hour standard, and long delays to ambulance handovers as well as adverse effect on staff morale.

Performance has improved steadily throughout 2019/20 but remains fragile going into the winter period, particularly on the admitted pathway at Croydon University Hospital.

The Croydon Health and Care system has put in place a comprehensive High Impact Improvement Programme, with five executive-led programme areas that will:

- Support residents to maintain independence and attend hospital only when necessary;
- Maximise the benefit of urgent care services within the Croydon Urgent Care Alliance, and improve processes and pathways within ED (including transforming UTC);
- Transform models of care to increase the provision of same day emergency care and alternatives to admission, including a new acute frailty service;
- Improve both hospital and wider system processes to ensure timely transfer from acute setting to home or to ongoing care; and
- Reduce both the number of mental health presentations at Croydon University Hospital, and how long mental health patients wait in ED for an acute mental health bed.

Winter initiatives have been identified and will be delivered through the High Impact improvement programme.

Executive Summary of the winter plan

Winter planning principles

Winter planning has been conducted on the principles of:

- Optimising or increasing primary, community and out of hospital services in the first instance to avoid admission;
- Transforming pathways to care for maximum possible through ambulatory or same day services rather than admitting;
- When patients are admitted, making sure they don't spend longer than necessary in hospital. This includes reducing the number of extended stays of 21+ days and sustaining it at a level of 70 or fewer.

Demand and capacity

Last winter pressure on the inpatient emergency pathway at Croydon University Hospital was a major factor in challenged performance. Realistic forecasts of demand and the expected impact of initiatives has been undertaken to make sure the Croydon system has sufficient primary, community, mental health and acute capacity available.

Inpatient beds have been identified as a constraint. Maintaining a level of 70 or fewer patients with extended inpatient stays will be a key determinant in the system's ability to manage with the beds that are available. Flexible inpatient bed capacity has been identified, and Croydon Health Services has signed-off a full capacity protocol to further flex inpatient capacity to further support patient flow should bed availability become severely restricted.

System oversight of winter

A Winter Management Group – with multi-agency membership including from Croydon CCG, Croydon Health Services, Croydon Council, and SLAM – will oversee winter performance and delivery of this plan. This group will meet weekly throughout the winter period.

Learning from winter 2018/19

The approach to developing last year's winter plan was robust, and this process produced a comprehensive plan that outlined initiatives that addressed the agreed areas of focus.

However, implementation of these initiatives was poor:

- There was a lack of ownership of initiatives included in the plan, with limited engagement from stakeholders in the development process and reporting on implementation progress;
- The Winter Plan document was too long and while an abbreviated precis was produced this was not well known about or used;
- The planning for and opening of the new Emergency Department at Croydon University Hospital reduced the capacity of senior operational management in CHS to engage with and support the system plan; and
- Additional winter funding available was not effectively utilised due to a lack of appropriate business cases to support approval of new initiatives (eg Transfer Team).

In response, there has been much closer engagement with agencies and relevant services in drawing up the 2019/20 winter plan. The plan document is just 14 pages long (including a cover sheet). Development and delivery of the winter plan has been facilitated by the same whole-system programme team that is supporting the High Impact Improvement Plan. CHS has now opened its new ED, and has also invested in senior management capacity within the system programme team.

Demand and Capacity

A whole system approach has been taken to demand and capacity planning. This has identified a potential shortfall of acute hospital beds available.

A range of actions have been identified to address this, summarized below:

- **Community and Out of hospital capacity** – reducing attendances and admissions by increasing patients reviewed by MDT huddles; increasing LIFE intermediate care beds to support earlier discharge; investment in telemedicine in care homes to reduce admissions; new models of care for end of life and falls to avoid admissions; community IV antibiotic services (OPAT) to avoid admissions and reduce length of stay; care home coordinator role to reduce length of stay; improving use of placements and domiciliary care block beds to reduce length of stay; increased support to facilitate weekend discharges
- **Primary and urgent care capacity** – improving utilization of GP extended access; increasing NHS111 disposition away from CUH redirection of small cohort from ED to out of hours GP service; block booking 'on the day' GP appointments at times of key pressure; community pharmacy redirection pilot
- **Mental health** – increasing community provision to reduce MH length of stay and avoid MH presentation and admission; options appraisal underway for mental health assessment unit or psychiatric decision unity

After using a realistic forecast of the impact of these actions, a shortfall of up to 30 acute beds is expected.

To mitigate this shortfall, CHS has identified flexible inpatient capacity (23 bed ward) to mitigate this as well as the actions of the High Impact Programme should it be required, and has approved a Full Capacity Protocol to help manage periods of severe bed shortages. Further non-inpatient areas have been identified that could be used in extremis if required to guarantee the safety of patients at the Trust.

Operating Pressures Escalation Levels (OPEL)

The Croydon System has adopted the national Operational Pressures Escalation Levels (OPEL) Framework to manage surges in demand:

Operational Pressures Escalation Levels	
OPEL 1	Expected four-hour performance is being delivered. Croydon system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Additional support is not anticipated.
OPEL 2	Four-hour performance is at risk. Croydon system is starting to show signs of pressure. Croydon Winter Management Group to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Croydon system will keep NHSE/I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements will also be agreed locally (if required).
OPEL 3	Four-hour performance is being significantly compromised. Croydon system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all partners, and increased external support may be required. Regional teams in NHSE/I including the Regional Director will be made aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. Decisions to move to system level OPEL 4 will be discussed between the joint Trust CEO and Place Based Leader for health, and South West London system leadership. This will also be agreed with the Regional Director, or their nominated Deputy.
OPEL 4	Four-hour performance is not being delivered and patients are being cared for in an overcrowded and congested department. Pressure in the Croydon system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken to recover capacity and ensure patient safety. If pressure continues for more than 3 days an extraordinary AEDB meeting will be considered. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHSE/I will be aware of rising system pressure, providing additional support as appropriate and agreed locally, and will be actively involved in conversations with the system. The key question to be answered is how the safety of the patients in corridors is being addressed, and actions are being taken to enable flow to reduce overcrowding. The expectation is that the situation within the hospital will be being managed by the hospital CEO or appropriate Board Director, and they will be on site. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

SWOT Analysis

Strengths	Weaknesses
• Partnership working through One Croydon Alliance • Clear evidence-based diagnosis of issues • Established High Impact Improvement Programme, supported by system-wide programme team • Existing Out of Hospital initiatives (eg LIFE) • New Emergency Department facility Strengthened clinical leadership at night Integrated Discharge Team including physical health, Adult Social Care, homeless team	• CHS vacancies in clinical workforce and reliance on temporary staffing as well as productivity • Collective management of discharges and length of stay (which has resulted in higher increased number of extended stays year-on-year) • System responsiveness to mental health patients in ED • Long running nature of the issues leading to some lack of belief that change can happen • Issues are both organisational and system based in nature so no one simple set of solutions
Opportunities	**Threats**
• New Out of Hospital initiatives such as OPAT, Falls and front door End of Life Services • New partnership working between CHS and Croydon CCG (including joint executive appointments) and learning from colleagues in other areas of the system • Successful recruitment of overseas nurses • Emergent Primary Care Networks • Support from national bodies (including Acute Medical Pathways Programme, ongoing support from ECIST, NHS Elect AEC accelerator programme) • Telemedicine alternative care pathways	• Growth in demand (attendances and admissions) • Workforce shortages • System-wide financial pressures • Risk from infectious diseases (eg Flu, Norovirus) • Impact of failures in surrounding health systems • Delayed transfers of care for out of borough patients • Morale issues for staff • Continued issues for patient experience

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Croydon Whole System Winter Plan 2019/20

Owner	Croydon A&E Delivery Board
Review Date	11 November 2019
Approval Body	Croydon A&E Delivery Board
Date Approved	
Version	1.7
Last Updated	25 October 2019

Partner Organisations

Age UK Croydon
AT Medics
Croydon Health Services NHS Trust
Croydon GP Collaborative
London Ambulance Service NHS Foundation Trust
London Borough of Croydon
NHS Croydon Clinical Commissioning Group
South London and Maudsley NHS Foundation Trust

Throughout this document, the terms “Winter” and “Winter 2019-20” refer to the period Monday 4 November 2019 to Tuesday 31 March 2020.

This document provides a high-level overview of the Croydon Winter Plan with further detailed information on specific initiatives available through Microsoft Teams. The ‘Conversations’ tool provides an opportunity to ask questions in a semi-live environment. To be added to the Croydon Winter 2019-20 Team Site, please e-mail Darren.Cooper@swlondon.nhs.uk.

Executive Summary

The Croydon health and care system experienced severe challenge across the emergency care pathway last winter. Activity was in excess of plan, there were long waits for patients in ED with an impact on patient experience, poor performance against the four-hour standard, and long delays to ambulance handovers as well as adverse effect on staff morale. Performance has improved steadily throughout 2019/20 but remains fragile going into the winter period, particularly on the admitted pathway at Croydon University Hospital.

The Croydon Health and Care system has put in place a comprehensive High Impact Improvement Programme, with five executive-led programme areas that will:

- support our residents to maintain their independence for as long as possible in the community and attend hospital only when necessary;
- Maximise the benefit of urgent care services within the Croydon Urgent Care Alliance, and improve processes and pathways in the emergency department (including transforming UTC and the non-admitted pathway);
- transform models of care to increase the provision of same day emergency care and alternatives to admission, including a new acute frailty service;
- improve both hospital and wider system processes to ensure the timely transfer of patients from the acute setting either to home or to ongoing care; and
- Reduce both the number of mental health presentations at Croydon University Hospital, and how long mental health patients wait in ED for an acute mental health bed.

Winter initiatives have been identified and will be delivered through the High Impact improvement programme. Winter planning has been conducted on the principles of:

- optimising or increasing primary, community and out of hospital services in the first instance to support residents to live independently without requiring admission;
- Transform pathways to care for as many possible through ambulatory or same day emergency care services rather than simply admit;
- Where patients are admitted, making sure they don’t spend longer than necessary in an acute inpatient bed. This includes reducing the number of extended stays of 21+ days and sustaining it at a level of 70 or fewer.

Using realistic forecasts of demand and the expected impact of initiatives, the Croydon system has made sure that there is sufficient primary, community, mental health and acute capacity available. Flexible inpatient bed capacity has been identified, and Croydon Health Services has signed-off a full capacity protocol to further support patient flow should bed availability become severely restricted.

A Winter Management Group – with multi-agency membership including from Croydon CCG, Croydon Health Services, Croydon Council, and SLAM – will oversee winter performance and delivery of this plan. This group will meet weekly from late October 2019 throughout the winter period.

Winter 2018/19 Review

Winter 2018-19 proved a significant challenge for the Croydon health and care system, with high activity levels, long waits in the emergency department and poor performance against the four-hour standard. A key feature of last winter was the opening Croydon University Hospital's new emergency department, which resulted in greater than expected activity (both conveyances and self-presentations), challenges with the new building, and need to embed new systems and processes for new environment.

Key learning from Winter 2018/19 (see *Appendix A: Croydon Winter 2018-19 Wash Up*):

- The planning process was robust, producing a comprehensive plan that outlined initiatives that addressed agreed areas of focus. However, implementation of these initiatives was poor.
- Clear lack of ownership of initiatives included in the plan and limited feedback from stakeholder in the development of the plan and reporting on implementation progress.
- The Winter Plan was too long – the provided precis was not well used.
- Planning for and opening of the new Emergency Department reduced CHS management capacity to support a system plan.
- Additional winter funding available was not effectively utilised due to lack of appropriate business cases to support approval of new initiatives (e.g. Transfer Team).

Current Context: Performance, Trajectories and Initiatives

	Aug			Sep			Oct	Nov	Dec	Jan	Feb	Mar
	Actual	Plan	Var	Actual	Plan	Var	Plan	Plan	Plan	Plan	Plan	Plan
All type A&E performance (national standard is 95%)												
2019/20	85.3%	86.1%	-0.8%	85.9%	87.7%	-1.8%	88.4%	87.7%	87.9%	86.1%	86.4%	90.3%
2018/19 Actual	85.0%			87.0%			85.1%	85.1%	80.6%	79.5%	85.6%	84.1%
Extended length of Stay (ELoS) - rolling 6-week average												
2019/20	98	84	14	89	78	11	70	66	70	63	55	52
2018/19 Actual	90			85			77	82	92	85	81	89
Over 30min ambulance Handovers												
2019/20	86.5%	93.1%	-6.6%	87.8%	95.0%	-7.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2018/19 Actual	79.1%			83.4%			82.1%	76.4%	80.6%	75.8%	81.3%	87.1%

Three trajectories have been agreed: all type four-hour performance; extended length of stay; and 30-minute ambulance handover delays. Performance in Croydon is improving in all three areas as a result of the High Impact Improvement Programme, but the Croydon system is not currently achieving any of these trajectories. Modelling indicates that if extended length of stay was in line with trajectory, there would be sufficient beds available to deliver both the ambulance and four-hour trajectories.

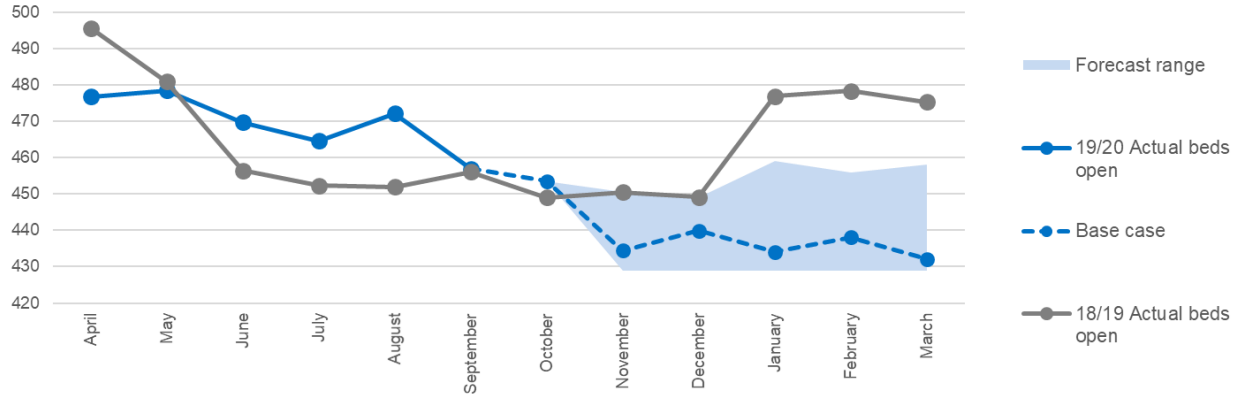
<u>What has the impact been from recently implemented Out of Hospital initiatives?</u>

The Economic Review of the Out of Hospital Business Case (March 2019) found that the changes made in 2018/19 to our community services have meant that people now receive more support to maintain their independences at home and more effective reablement care after they leave hospital. However, not all referrals through this process have been appropriate and the intensity of care packages needed has grown. New measures to monitor and control this have been put in place and work is underway to optimise our community offer to ensure services are accessed appropriately by those who need them.

Over 2,500 people are proactively identified and case managed through multi-disciplinary huddles a year, and thousands have been supported by the LIFE service post discharge. Intervention by the A&E liaison service have avoided thousands of admissions and 100s of people have received positive outcomes through the involvement of personal independence coordinators from the voluntary sector.

SYSTEM-WIDE DEMAND AND CAPACITY ASSESSMENT

Croydon Health Services: Demand and Capacity Bed Modelling



	Nov	Dec	Jan	Feb	Mar
18/19 Actual beds open	451	449	477	478	475
19/20 Trust bed plan	429	429	429	429	429
Most likely case required beds	434	440	434	438	432
Downside case required beds	451	449	459	456	458
Forecast range	*22*	*20*	*30*	*27*	*29*

Croydon Health Services NHS Trust has undertaken a bed forecasting assessment to understand the demand and capacity model for beds this winter. The trust has used NHSE/I's Advanced Analytics forecasting tool to produce three models of 'do nothing' activity: an upside case, downside case and base (i.e. most likely) case. This has been overlaid with an upside, downside and base case prediction of the impact of various initiatives.

The trust's annual plan funds 429 beds over the winter period. However, the trust's modelling shows this will only be sufficient in a best-case scenario. In a most likely scenario, the trust will require up to 10 beds above its base capacity, and 30 beds additional beds may be required in a worst case scenario.

The trust has a winter escalation ward (Fairfield 2) which provides a contingency of 23 beds above funded capacity. The trust has identified further escalation areas that could be used in extremis should this be required (as it was last winter); however, these are sub-optimal for inpatient care and their use will be avoided unless absolutely required to guarantee the safety of our patients. The trust has introduced a Full Capacity Protocol.

Community and Out of Hospital Capacity

Significant investment has been made in Out of Hospital services since last winter which has increased capacity and resilience of our community offer, building on previous work undertaken by One Croydon Alliance Partners to Transform Out of Hospital services.

<u>Optimisation of Integrated Community Networks (ICNs) and LIFE</u>

The Croydon system will increase the number of people at high and medium risk of admission who are managed by GP huddles to make sure their care needs do not escalate, avoiding the need to attend A&E and reducing hospital admissions.

The number of beds in our local LIFE intermediate care beds will increase from 16 to 20 over winter increasing capacity in both the North and South of the Borough. This will support more discharges from hospital of people who are unable to return home but who require intense period of reablement/rehabilitation that can be safely managed in the community.

Telemedicine in Care Homes

The newly rolled out telemedicine service provided by Airedale Hospital to support care homes will be operational this winter in 70 care homes. The service does not replace other existing services but will complement them, supporting our local Care Homes to keep their residents at home. A number of pathways have been developed with local services (LAS, NHS111, GP Out of hours) and the telemedicine provider to embed utilisation of the service and reduce conveyances of care home residents to CUH. Two additional pathways will be implemented over winter to facilitate safe hospital discharges and reduce re-admission rates to ED.

New Models of Care for End of Life and Falls

Community falls clinics will be rolled out across Croydon to proactively identify and manage people at risk of falls, undertaking falls and bone health assessments, providing interventions, advise and support to reduce their risk of a hospital admission due to a fall.

A new front door model will be implemented to identify End of Life patients in AMU and ED and assess where their care needs can be better met (hospital or community), reducing the number of avoidable admissions and reducing length of stay in hospital through early discharge planning.

Outpatient Parental Antimicrobial Therapy (OPAT)

The new OPAT Service is designed to provide IV antibiotic therapy in the community for patients with mobility issues who would usually receive care as part of an inpatient stay. Investment has been made to:

- increase capacity in community nursing to deliver the service; and
- proactively identify and optimise patients in AEC and hospital wards who could be switched to oral antibiotics or managed in the community instead.

Placements and Domiciliary Care

To support the placement process, a “Care Home Finder and Coordinator” has been recruited in May 2019 to join the Integrated Discharge Team on a pilot basis. The role has proved very effective and funding for this post has been extended to cover the winter period till the end of March 2019.

A new tracking system for existing block beds availability is being rolled out on Monday 28 October. Every Friday, bed availability will be shared with the Hospital Social Workers working on Saturdays. The tracker will be shared daily with A&E liaison and IDT.

In addition, the Council is reviewing the way block bed stock in the community is commissioned. A proposal to increase the number of block beds will be considered for Senior Management decision at the end of November. Pending agreement of this initiative and procurement, the proposal will create significant more capacity (over 400 additional beds) in the community for residential, nursing and mental health block beds. Although the full impact of this initiative is not expected until the tail end of the winter, some areas can be prioritised for winter such as expansion of convalescence beds.

Plans are also in place to explore how “simple” discharges from hospital can be supported during weekends during winter through increased access to Surecare packages of care. Options are currently being discussed to ensure clear processes and criteria are set for this initiative, to avoid the risk of failed discharges.

Finally, Brokerage, Placement and Hospital Social Worker teams will be available on the 27th of December, running at a 25% staff capacity.

Primary and Urgent Care Capacity

There are several Primary and Urgent care initiatives as part of the ongoing High Impact Improvement programme and additional projects to support safe and effective care over winter.

Accessing Appropriate Services

The Croydon system recognises that Urgent Care GP capacity (GP Hubs, Urgent Treatment Centre, GP Out of Hours) is being used for routine General Practice appointments (eg repeat prescriptions, dressing and stitch removal). key initiatives to address this include:

- Improving utilisation of GP Extended Access across Croydon through: engagement with GP practices; technical updates; improved accessibility through NHS111; and patient education initiatives.
- Mapping urgent primary care capacity to demand following analysis of NHS111 data, including bookable appointments into the GP Hubs.
- Redirecting a small cohort of patients from the Urgent Treatment Centre into available capacity in the co-located GP Out of Hours service.

Protected 'On the Day’ GP Appointments

There has been agreement in primary care to protect certain dates as bookable urgent appointments only at times of significant pressure. This will be on the 24th, 27th, 28th, 30th, 31st December and the 2nd of January and times agreed based on operational pressure closer to the time.

Self-Care and Pharmacy

In line with the South West London communication regarding self-care, we will explore a pilot of redirection from the Emergency Department for key illness presentations that are safe to be sign posted to the community pharmacy.

Mental Health Demand and Capacity

Through the High Impact Improvement Programme, the Mental Health Taskforce has been established with the aim of transforming mental health provision in the following areas:

- Developing a robust understanding of the demand in the Croydon system for mental health services.
- Community provision to avoid mental health presentations at ED, while also reducing admissions and lengths of stays through supporting higher acuity patients in the community.
- Producing an options appraisal for a Mental Health Assessment Unit on the CUH site to provide better care for those patients who do present in crisis.

In addition, as part of the introduction of the Mental Health Compact, a diagnostics report has recently been published following a deep dive audit. This will be reviewed by the Mental Health Taskforce, as well as Croydon AEDB, to identify key learning points on demand to allow a proactive approach through Winter 2019-20.

SUMMARY OF WINTER INITIATIVES

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Out of Hospital and Community Initiatives					
Croydon Rapid Response Team	Right care, Right time, Right place	LAS referral to Rapid Response through: new blocked catheter pathway; LAS clinical hub referral pathway; engagement and education; 'Croydon community challenge' pilot.	• 20-30 LAS incidents per month for blocked catheters & 10 conveyances per month • Increase of 30 referrals per month & reduction of 30 ambulance conveyances		**High**
Outpatient Antimicrobial Therapy Service (OPAT)	Right care, Right time, Right place	The OPAT Service is designed to provide IV antibiotic therapy in the community for patients with mobility issues who would usually receive care as part of an inpatient stay	• Phase 1: reduction in admissions (18 per month) • Phase 2: reduction of 1982 NEL bed days for the period November 2019 to March 2020 (from avoided admissions and earlier discharge)		**High**
Croydon Care Homes: Telemedicine	Right care, Right time, Right place	Optimisation of Croydon Telemedicine (Immedicare) model with 70 Care Homes in Croydon, focusing on increase appropriate utilisation. Currently pathways exist to support utilisation of the Telemedicine service for: • LAS Crews who attend care homes to reduce conveyances; • LAS Clinical Hub for the transfer of appropriate calls to the Telemedicine service; and • NHS 111 to see appropriate calls to LAS transferred to the Telemedicine service for management. • GP Out of Hours Service Over winter there will be two additional pathways put in place: • Handover from ED to Care Homes • Handover from Discharge team to Care Homes	• Reduction in callouts and conveyances by LAS • 100 admissions avoided to CUH (December 2019 to March 2020) • Reduced length of stay in hospital for residents requiring admission • Improved patient experience		**Medium**

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Croydon Care Homes: NHS.Net and CMC Access	Right care, Right time, Right place	Continued support for care homes in accessing NHS.net and Co-ordinate my Care.	• Improved care planning. • Improved patient experience. • Advanced care planning reducing avoidable admissions to CUH.		**Low**
Community DVT Pathway	Right care, Right time, Right place	Community DVT pathway for bed-bound patients that could be managed in the community.	• Improved patient experience. • Small reduction in emergency department activity.		**Low**
Non-Weight Bearing Pathway	Right care, Right time, Right place	Development of a pathway for medically fit patients who require a period non-weight bearing, usually following a lower limb fracture, but who are unable to return home.	• Reduction of Length of Stay in hospital for approximately 15 patients a year. • Improved outcomes for patients		**Low**
Community Falls clinic	Right care, Right time, Right place	Management of people who are at risk of falls in the community through a more proactive and preventative approach. This is a pilot.	• Reduced risk of a hospital admission due to falls for approximately 50 people over winter. • Improved patient experience and decreased falls • Potential reduction in incidents for falls for LAS		**Low**
Community Pharmacy	Right care, Right time, Right place	Improved access to self-care and advice for minor illness through community pharmacies.	• Potential decrease in emergency department activity		**Medium**
Croydon Intermediate Care Service	Right care, Right time, Right place	Four additional intermediate care beds available over winter. These will be brought online as required. The total capacity in the community will increase from 16 to 20.	• Decreased length of stay and DToC. • Small decrease in admissions through Rapid Response use of LIFE beds as step-up.		**Medium**
Optimisation of multi-agency huddles	Right care, Right time, Right place	Increase the number of people at risk of a hospital admission, who require management by existing GP huddles.	• 292 additional admissions avoided, and earlier discharges • Increased weekend discharges		**Medium**
Urgent care initiatives					
Redirection to GP Out of Hours	UEC	Out of Hours has identified unused capacity on site at Croydon University Hospital and could accommodate 10 referrals between 18:30 and 23:59.	• Redirection of 10 patients per day into OOH GP (100 per month) • Decreased pressure on UTC staff • Increased performance • Increased patient experience		**Medium**

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Match capacity to Urgent Primary Care Demand	Right care, Right time, Right place	Last winter 250 people were directed to the Croydon university site between 8am and 8pm with a primary care need. Whilst the Urgent Treatment Centre is a primary care facility there is ample capacity across Croydon to see patients in a booked appointment.	• Decrease in CUH Site attendances between 8am and 8pm (c250 per month) • Decreased pressure on UTC and Out of Hours GP		**Medium**
Urgent Care Activity Management	Right care, Right time, Right place	Ensure patients self-refer to most appropriate services for their needs (eg for repeat prescriptions, dressings routine GP appointments)	• Decrease in pressure on Urgent Care services for routine primary care needs.		**Medium**
Non-Admitted Pathway Improvement	UEC	Redesign of non-admitted pathway to three streams (minor illness, minor injury, moderate illness), and improvement in workforce roles (eg innovative use of AHPs) and workforce deployment (eg rota process, effective working with GP collaborative)	• Improved patient experience • Improved 4-hour performance • Improved productivity • Improved staff experience		**Medium**
GP Enhanced Access Improvement Plan	UEC	Increase utilisation of GP enhanced access	• Decrease in use of Urgent Care GP Hubs for standard primary care needs – up to 1,800 appointments per month (though this is likely to be gradually achieved). • Decreased pressure on UTC • Decreased pressure on Out of Hours GP		**Low**
Primary care capacity	UEC	Blocking out GP capacity for core periods for on the day bookings during periods of anticipated pressure over the Christmas and New Year period.	• Decreased inappropriate attendances at CUH site on specified dates, if implemented. • Decreased pressure on urgent care services on specified dates (GP Hubs, GP Out of Hours).		**Medium**
Reducing 111 CUH dispositions	UEC	NHS111 validate ED dispositions to ensure these are appropriate for the needs of the patient. During periods of challenged staffing in the UTC, NHS 111 can also validate UTC dispositions, ensuring only appropriate patients attend the CUH site, with others being directed to other urgent care services.	• Decreased inappropriate attendances at UTC during periods of challenged UTC staffing.		**Low**

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
In Hospital initiatives					
Support and Challenge Teams	Leaving Hospital	A team comprised of senior consultant, senior nurse and senior manager has been assigned to each adult inpatient ward area. These teams are supporting ward staff to develop QI plans to improve emergency flow.	• Reduced length of stay. • Improved performance against ELoS trajectory. • More discharges earlier in the day. • Fewer transfers out of hours. • Improved staff and patient experience.		**High**
Out of hours clinical leadership	UEC	Additional on-site senior clinical leadership from 4pm-12am	• Improved out of hours support for teams • Improved patient experience • Improved 4-hour performance		**High**
Workforce pastoral care	UEC	Supporting the workforce through periods of significant pressure: clinical psychologist available to staff; staff pulse survey to identify quick changes that could be made to improve staff experience; wellness programme; increased security presence in A&E; increased use of volunteers to support clinical staff.	• Improved workforce wellbeing and resilience		**High**
Acute frailty service	Models of care	Adoption of front door frailty service, learning from two week 'frailty fortnight' pilot held in end of September/start of October.	• Potential reduction of 300 admissions and 2360 bed days • Improved patient experience and quality of care • Decreased time in ED • Reduction in re-attendance and readmission • Reduction in admissions		**High**
Paediatric short-stay unit	Models of care	A Paediatric Short Stay Unit (PSSU) opens on 4th November 2019 based near ED with admissions via Paediatric ED only. PSSU will be used to place children and young people who need longer to receive medication or be assessed but are not suitable for formal admission. Children going through PSSU are expected to leave after a stay of a few hours.	• Safer care of young people. • Improved 4-hour performance (c. 200 breaches per month avoided) • Reduction of crowding within the Emergency department.		**High**

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Increased Palliative Care Capacity	Models of care	Expanded capacity of Palliative medicine to help embed new front door support model - focused on AMU and ED to prevent End of Life admissions and reducing length of stay through early discharge planning.	• 16 admissions avoided for EoL patients • Improvement in patient and family experience • Increased confidence amongst staff		**Medium**
SDEC and Acute Medical Pathway programme	Models of care	Croydon Health Services is both a member of the Same Day Emergency Care Accelerator Programme and one of five pilot sites for the Acute Medical Pathway Programme, looking at system-wide acute pathway improvement.	• Reduction in CUH ED activity. • Reduction in admissions • Improved patient experience.		**Medium**
Ambulance exemplar programme	UEC	Croydon hospital is part of the ECIST ambulance handover accelerator site which includes: peer learning; QI approach; reduced length of stay in department	• Improved safety for patients awaiting an ambulance • Improved handover performance • Improved patient experience		**Medium**
Mental Health initiatives					
Mental health in ED taskforce	Mental Health	Options appraisal underway for mental health assessment capacity to avoid long waits in ED while waiting for MH bed to become available. Other actions include strengthening escalation processes, and increased community provision to both avoid MH presentations and reduce MH LoS.	• Reduced MH presentations at CUH site • Reduced wait in ED for MH bed • Improved staff and patient experience in ED		**Medium**

REGIONAL WINTER PLANNING REQUIREMENTS

Full Capacity Protocol

Croydon has agreed its Full Capacity Protocol, and this will be available for use from w/c 21 October 2019.

Operating Pressures Escalation Levels (OPEL)

Good surge management happens when health and social care partners come together to resolve pressures taking a system-wide perspective. The Croydon system has been working very closely together for a number of years now and there are strong and effective relationships in place to solve short term surge in parts of our system for the benefit of our whole population.

The Croydon System has adopted the national Operational Pressures Escalation Levels (OPEL) Framework:

Operational Pressures Escalation Levels	
OPEL 1	Expected four-hour performance is being delivered. Croydon system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Additional support is not anticipated.
OPEL 2	Four-hour performance is at risk. Croydon system is starting to show signs of pressure. Croydon Winter Management Group to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Croydon system will keep NHSE/I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements will also be agreed locally (if required).
OPEL 3	Four-hour performance is being significantly compromised. Croydon system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all partners, and increased external support may be required. Regional teams in NHSE/I including the Regional Director will be made aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. Decisions to move to system level OPEL 4 will be discussed between the joint Trust CEO and Place Based Leader for health, and South West London system leadership. This will also be agreed with the Regional Director, or their nominated Deputy.
OPEL 4	Four-hour performance is not being delivered and patients are being cared for in an overcrowded and congested department. Pressure in the Croydon system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken to recover capacity and ensure patient safety. If pressure continues for more than 3 days an extraordinary AEDB meeting will be considered. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHSE/I will be aware of rising system pressure, providing additional support as appropriate and agreed locally, and will be actively involved in conversations with the system. The key question to be answered is how the safety of the patients in corridors is being addressed, and actions are being taken to enable flow to reduce overcrowding. The expectation is that the situation within the hospital will be being managed by the hospital CEO or appropriate Board Director, and they will be on site. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

Delivery of the winter plan and the system response to winter pressures will be overseen by the multi-agency Winter Management Group. In addition, winter surge management is now a standing agenda item for the weekly Leadership Huddle, a meeting between the executive directors at NHS Croydon CCG, Croydon Health Services, Croydon Council, SLAM and other partners in the One Croydon Alliance.

Potential for Mutual Aid

The Croydon Health and Care system will fully participate in any Mutual Aid initiatives agreed across south west London.

WIDER SYSTEM WINTER PLANS

Croydon CCG Flu Plan

The key objectives of Croydon's system-wide flu plan are for partners to work in partnership to ensure local delivery of national and regional plans, ambitions and targets. Activities of system partners include:

- Review 2018/19 multi-agency flu plan, ensuring up-to-date contact details and all key partners are included.
- Participation in NHSE seasonal flu teleconference through 2019/20 season, to review local data, flag any local issues and to communicate any potential issues with delivery of the programme to the local providers and where possible help co-ordinate mitigating actions.
- Create an issue log to highlight problems encountered to use as a learning tool for next year's campaign.
- Work with system communication teams to ensure key messages related to delivery of the seasonal influenza programme are delivered to local providers, patients and the public in a timely fashion.

Extreme Weather Policy

Croydon Health Services NHS Trust's Extreme Weather Policy will be socialised across the Trust in the early part of Winter to ensure that staff are aware of the policy and prepared in advance of any period of extreme weather.

Local and SWL Communications Plan

The winter campaign looks to embed the behaviour change aspirations, encouraging people to:

- take preventative steps to stay well over winter
- take care of themselves and loved ones if they do fall sick
- go to the most appropriate place of care where necessary

Our added focus this year as approved by the Croydon A&E delivery board will be on:

- Increasing uptake of the flu vaccines
    - Focus this year on children aged 2 & 3, "super-spreaders", and adults aged over 65
- Increasing pharmacy usage

Additionally, we will be promoting the use of NHS 111 and booked appointments or enhanced/extended access to relieve pressures at the three urgent care hubs, and in turn reduce pressure on Croydon's A&E.

London Ambulance Service Winter Plan

LAS winter plan is expected to be signed-off on 1 November, and will be made available via Microsoft Teams (see cover sheet) in due course.

South London and Maudsley Winter Plan

For 2019/20, SLAM has put in place a number of recurrent and sustainable service developments to support managing winter pressures. Details are available via Microsoft Teams (see cover sheet)

KEY RISKS AND MITIGATIONS

RISK DESCRIPTION	AIM /RAG	MITIGATION	RAG
Activity at CUH ED exceeds expectations, impacting performance against the 4-hour standard and the ability to deliver safe care to patients.	**M**	• Range of Out of Hospital initiatives to avoid attendances, admission and support earlier hospital discharges • Maximising utilisation of primary and urgent care capacity to alleviate pressure at the front door • Ensure flow from ED through increased SDEC and ambulatory pathways.	
LAS conveyances exceed expectations leading to poor performance against Ambulance Handover standards.	**M**	• Improved communication and partnership working with LAS to maximise the use of ACPs, including CHUB referrals away from CUH (eg Rapid Response and Telemedicine). • Explore “Discuss before Convey” for care homes with Immedicare. • Seek additional peer support through the Hospital Handover Exemplar Programme.	
Discharges from CUH at lower rates than anticipated, leading to an increase in ELoS patients and reducing patient flow through the hospital.	**M**	• Focus on reducing beds lost to ELoS to improve patient flow (eg Support and Challenge Teams). • Increase in activity of Out of Hospital initiatives to facilitate admission avoidance and hospital discharges (eg OPAT). • Additional capacity and support in the short-term from social care (initiative TBC)	
Issues with supply / strain matching of flu vaccinations leads to infection control issues and reduced bed capacity.	**M**	• Robust monitoring and response to infection control issues will allow for proactive management of the bed stock.	
Inability to shift working day forward will lead to problems with untimely discharge, bed availability, impacting patient flow negatively.	**M**	• Increase priority of Support and Challenge Team initiative to facilitate earlier discharges from inpatient wards. • Implementation of the Full Capacity Protocol when in extremis as a result of DTAs building up in the department overnight.	
Existing staffing gaps and recruitment exacerbated by sickness.	**M**	• Impact of overseas nursing recruitment (with nursing fill rates the most challenged) in December. • In highly challenged situations, senior clinical staff (Matrons, Heads of Nursing, Therapists, Corporate Clinical staff) to support operational delivery.	
NHS 111 provider unable to improve performance in line with recovery plan.	**A**	• Close working with the SWL Commissioners to anticipate significant problems caused by continued poor performance will allow for preparation. • Focus on maximising communication channels to Croydon residents to facilitate them making the right choice for their care needs.	
Failure to embed new initiatives which require significant behaviour change in time for winter, resulting in pathways not being resilient and not delivering expected benefits.	**M**	• Continued work to support change management approaches during implementation • Use whole system approaches to support behavioural changes e.g. through commissioning, contracting, quality reviews, communication • Proactive oversight of the implementation of Winter Plan initiatives will allow shifting focus to more robust pathways with the highest impact to minimise impact of fragility.	

For general release

REPORT TO:	**HEALTH & SOCIAL CARE SUB-COMMITTEE 12 NOVEMBER 2019**
SUBJECT:	**IMMUNISATION PRIORITIES IN CROYDON**

ORIGIN OF ITEM:	**The Sub-Committee has identified increasing the take up of immunisation as one of the key challenges local health care providers and as such has requested a review of the ongoing activities in this area.**
BRIEF FOR THE COMMITTEE:	**The Sub-Committee is provided with a presentation on the immunisation priorities in the borough with a view to informing a discussion on the information contained.**

1. IMMUNISATION PRIORITIES IN CROYDON

1.1 The Health and Social Care Sub-Committee is provided with a presentation on the immunisation priorities in the borough. The presentation is set out in Appendix A.

1.2 The presentation is provided to inform the Sub-Committee's review of immunisation.

Appendices

Appendix A: Presentation - Immunisation priorities in Croydon

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Contact Officer:

Simon Trevaskis: Senior Democratic Service & Governance Officer – Scrutiny

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Immunisation priorities in Croydon

Rachel Flowers – Director of Public Health

November 2019

Immunisation priorities in Croydon 2019

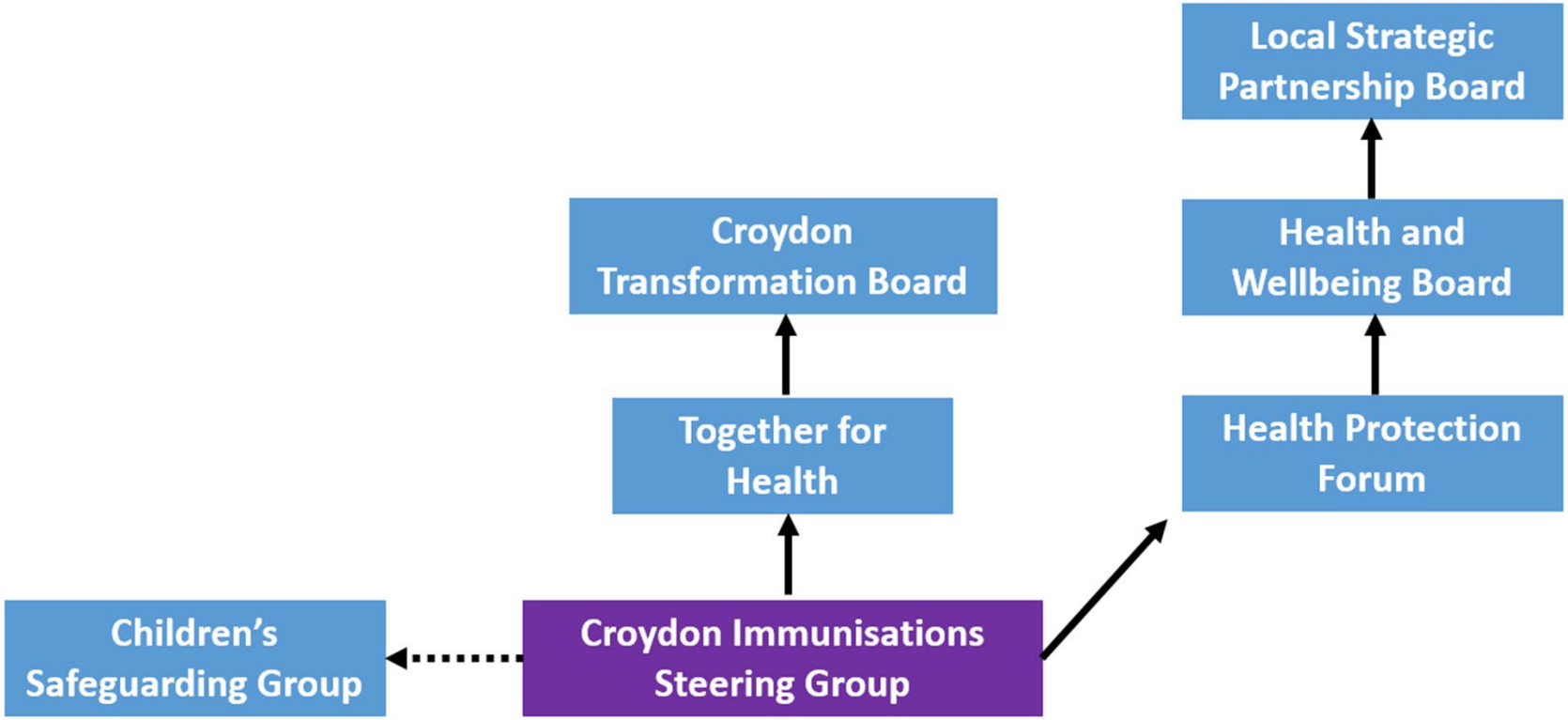
- MMR – national priority in the context of global outbreaks, e.g. across Europe and the US. In Croydon overall low uptake of MMR as well as significant numbers of unvaccinated and partially immune adults across all age groups. In addition variation in immunisation rates across Croydon with coverage rates as low as 13%.
- Seasonal flu – variations in the uptake of flu vaccine among people 65 and over, children
- Tb and BCG – latent Tb screening pathways, BCG and latent Tb screening for Looked after children, unvaccinated high risk children as a result of the global shortage of vaccine in 2016/17
- Hep B vaccination for infants – recent changes to pathways leading to possible fragmentation, risk and opportunities around the introduction of new CHIS (Child Health Information Service)

Croydon immunisation steering group

- Established in April 2019 in response to the publication of the UK measles and rubella elimination strategy
- System wide engagement of partners (LBC across various departments, CCG, CHS, Public Health England, NHS England, South London Health Protection Team). Reporting to the Health and Wellbeing Board via quarterly Health Protection updates and reporting to One Croydon via Proactive and Preventive care board. (see Governance slide)

- Aims to identify and address local immunisation priorities and develop joint local action plans
- April – Measles elimination action plan
- June – Seasonal flu joint local action plan
- July – Tb and BCG updates on work streams (latent Tb screening pathways, changes to provision of BCG to infants and unvaccinated children as a result of global shortage of vaccine)

Croydon immunisation steering group - Governance



Croydon immunisation steering group – progress update

1. MMR

- Comprehensive action plan developed with stakeholders following recommendations from the UK Measles and Rubella elimination strategy – 4 work streams

1. Achieve and sustain ≥95% coverage in the routine childhood programme

2. Achieve and sustain ≥95% coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch up (>5 years old)

3. Strengthen measles and rubella surveillance

4. Ensure easy access to high-quality, evidence-based information

- Action owners update regularly and action plan updated to reflect progress
- National Behavioural Insights Team engaged to conduct research into local reasons for low vaccination uptake

Croydon immunisation steering group – progress update

1. MMR continued

- Support to NHSE 10 and 11 years of age catch up, GP practices will be expected to demonstrate they have checked immunisation status.
- Letters from NHSE and DPH to schools, parents and carers to highlight the importance of immunisations
- The school nursing immunisation team visit all special needs schools including Pupil Referral Units and uses assemblies to give evidence-based information to improve pupil awareness of the importance of vaccinations.
- All young people will be given the opportunity to self-consent if there is no consent form returned from their parent and they do not have a complete history of MMR vaccination
- Vaccinations will be included in the new SRE programme (Sex and relationship education) in schools
- The CCG Practice variation team investigate the use of real-time practice data to improve analysis and information sharing and support to GPs.
- NHS England have recently started a college and university campaign. The colleges that are participating in the MenACWY and MMR campaign are Coulsdon, John Ruskin, Croydon college and CALAT Strand House.
- LBC Behaviour Change Hub - development of simplified messages delivered by front line staff
- National Behaviour Insights Team – research into local reasons for low uptake of MMR

Croydon immunisation steering group – progress update

2. Seasonal flu

- Developing joint local Flu Plan with Croydon CCG and local partners across Croydon (linking into SW London Flu Strategy Group and regional strategic conversations)
    - Support to providers of flu vaccination in schools
    - Joined up communication messages across organisations
    - Successful launch of Croydon Council flu voucher programme – LBC one of only few councils offering vaccination to all staff
    - Croydon Health Services – successful start of this years vaccination campaign resulting in record uptake by staff in the initial weeks
    - Support to care home steering board to promote flu vaccine to staff and residents in care homes

Croydon immunisation steering group – progress update

3. Tb and BCG

- Engagement or local partners to understand all aspects of Tb and BCG and coordinate local approach
- Pathway development for Latent Tb screening led by Croydon CCG – integration of services for looked after children and homeless people
- Information and shared awareness of changes to the provision of BCG vaccination to neonates to revert from universal immunisation in maternity services to risk based immunisation in the community by September 2020
- Coordination of approach to commissioning of comprehensive BCG and Tb services for looked after children in Croydon
- Exploration of ramifications of global shortage of BCG vaccine in 2016 and 2017 and ensuing unvaccinated children living in high risk families. Scoping of options for opportunistic vaccination.

Croydon immunisation steering group – progress update

4. Hep B immunisation to infants – covered by the Health Protection Forum in 2018, update to immunisation steering board

- Shared understanding of changes to pathways and provision of vaccinations
- Overview of local performance and assurance of safe levels of provision
- Shared understanding of the implementation of the new CHIS (child health information system)
- Shared access to child health records by multiple services
- Centralised call – recall function
- Following of high risk groups, e.g. looked after children to ensure comprehensive immunisation

For general release

REPORT TO:	**HEALTH & SOCIAL CARE SUB-COMMITTEE** **12 NOVEMBER 2019**
SUBJECT:	**HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2019-20**
LEAD OFFICER:	**Simon Trevaskis** **Senior Democratic Services & Governance Officer – Scrutiny**

ORIGIN OF ITEM:	The Council's Constitution requires the Scrutiny and Overview Committee to agree the scrutiny work programme for the municipal year.
PURPOSE:	To provide the Sub-Committee with an overview of its work programme for the remainder of 2019-20.

1. HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2019-20

1.1 The Scrutiny and Overview Committee agreed the Scrutiny Work Programme for 2019-20 at its meeting held on 16 July 2019.

1.2 The Work Programme agreed set out the schedule for both the Scrutiny & Overview Committee and its three Sub-Committees –

- Children & Young People Sub-Committee
- Health & Social Care Sub-Committee
- Streets, Environment & Homes Sub-Committee

1.3 Although the Work Programme has been agreed by the Scrutiny & Overview Committee, it is recognised that in order for scrutiny to be at its most effective, a certain amount of flexibility is required to allow items to be considered in a timely manner. As such it is within the remit of the respective Chairs to amend their Committee/Sub-Committee work programme as required throughout the year.

1.4 The most recent version of the work programme for the Health & Social Care Sub-Committee is set out in Appendix A for the information of the Sub-Committee.

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APPENDIX A:	Health & Social Care Sub-Committee Work Programme 2019/20
BACKGROUND DOCUMENTS:	None

APPENDIX A

Health and Social Care Sub-Committee Work Programme 2019-20

Meeting Date	Item
25 June 2019	**1. South London & Maudsley NHS Foundation Trust (SLaM): Quality Accounts & Update** **2. Croydon Health Services NHS Trust (CHS): Quality Accounts & Update**
24 September 2019	**1. Review of the Adult Social Care Budget** **2. Croydon Safeguarding Adult Board – Annual Report** **3. Croydon CCG & Croydon Health Service Integration, to include:-** - Shadow Arrangement for Integration between the CCG & CHS - Health and Care Plan
12 November 2019	**1. Review of Workforce Planning across Health & Social Care** **2. Annual Report of the Director of Public Health** **3. Winter Preparedness** **4. Immunisation Review** To include workforce immunisation and wider community immunisation.
28 January 2020	**1. Croydon CCG & Croydon Health Service Integration, to include:-** - Timetable and Approach to integration with Social Care - Integration of the CCG & CHS Work Force - ICN Neighbourhood Plans **2. Review of the Health & Wellbeing Board**
10 March 2020	**1. Question Time: Cabinet Member for Families, Health & Social Care** **2. Croydon CCG & Croydon Health Service Integration: Scrutiny of Plans for Further Integration** **3. Review of Winter Preparedness**
21 April 2020	**1. CAMS & SLaM**

Others items to be considered for scheduling in the work programme:

1. End of Life Care
2. Substance Misuse Services (possible joint session with CYP Sub-Committee)
3. Update on the Community Dental Service
4. Winter Preparedness
5. Review of Commissioning
6. Social Isolation
7. Health & Well Being Board Annual Report
8. Sexual Health Services