

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts, Andrew Pelling,
Gordon Kay (Healthwatch Croydon Co-optee) and Yusuf Osman (CASSUP Co-optee)
Reserve Members: Jan Buttinger, Louis Carserides, Pat Clouder, Patsy Cummings, Jerry Fitzpatrick and Scott Roche

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 9 November 2021** at **6.30 pm**. **This meeting will be held remotely.**

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
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www.croydon.gov.uk/meetings
Monday, 1 November 2021

Members of the public are welcome to view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Simon Trevaskis as detailed above.

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 - 10)

To approve as an accurate record the minutes of the meetings held on the following dates:-

- 11 May 2021 (to follow)
- 29 June 2021
- 21 September (to follow)

3. Disclosure of Interests

Members and co-opted Members of the Council are reminded that, in accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, they are required to consider **in advance of each meeting** whether they have a disclosable pecuniary interest (DPI), an other registrable interest (ORI) or a non-registrable interest (NRI) in relation to any matter on the agenda. If advice is needed, Members should contact the Monitoring Officer **in good time before the meeting**.

If any Member or co-opted Member of the Council identifies a DPI or ORI which they have not already registered on the Council's register of interests or which requires updating, they should complete the disclosure form which can be obtained from Democratic Services at any time, copies of which will be available at the meeting for return to the Monitoring Officer.

Members and co-opted Members are required to disclose any DPis and ORIs at the meeting.

- Where the matter relates to a DPI they may not participate in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation.
- Where the matter relates to an ORI they may not vote on the matter unless granted a dispensation.
- Where a Member or co-opted Member has an NRI which directly relates to their financial interest or wellbeing, or that of a relative or close associate, they must disclose the interest at the meeting, may not take part in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation. Where a matter affects the NRI of a Member or co-opted Member, section 9 of Appendix B of the Code of Conduct sets out the test which must be applied by the Member to decide whether disclosure is required.

The Chair will invite Members to make their disclosure orally at the commencement of Agenda item 3, to be recorded in the minutes.

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. Croydon Safeguard Adult Board Annual Report 2020-2021 (Pages 11 - 56)

The Health & Social Care Sub-Committee is asked to: -

1. Note the Croydon Safeguarding Adult Board Annual Report 2020-2021
2. Consider whether there are any considerations or concerns it may wish to submit to the Cabinet during its consideration of the Annual Report.
3. In particular, give consideration as to whether the Annual Report provides sufficient reassurance on the performance and effectiveness of the Croydon Safeguarding Adult Board.

6. Croydon Together - Winter Challenges (Pages 57 - 84)

The Health & Social Care Sub-Committee is asked to note the content of the presentation on the winter challenges facing health and social care services and consider: -

1. Whether the main challenges facing health and social care services in the borough have been identified,
2. Whether it is reassured that the appropriate controls and mitigation are in place to manage these challenges.

7. Health & Social Care Sub-Committee Work Programme 2021-22 (Pages 85 - 90)

The Health & Social Care Sub-Committee is asked to:-

1. Note the current position of its Work Programme for 2021-22.
2. To consider whether there are any other items that should be added to the work programme.

8. 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.”

Public Document Pack Agenda Item 2

Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 29 June 2021 at 6.30 pm

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

MINUTES

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

Gordon Kay (Healthwatch Croydon co-optee)

Also Present: Councillor Janet Campbell

PART A

19/21 **Minutes of the Previous Meeting**

The minutes of the meetings held on 26 January and 8 March 2021 were agreed as an accurate record.

20/21 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

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

There were no items of urgent business.

22/21 **Overview of the 2021-22 Adult Social Care Financial Performance**

The Sub-Committee considered a report and an accompanying presentation providing an overview of the financial performance of Adult Social Care. The Sub-Committee was asked to review the information provided to reassure itself that the budget was being effectively managed.

During the introductory presentation for this item, delivered by the Cabinet Member for Families, Health & Social Care, Councillor Janet Campbell, and assorted Council officers, the following points were noted.

- The spend for Adult Social Care was larger than any other Council service, equating to 31% of the total Council budget.
- Although the service experienced many of the same pressures as other local authorities delivering social care across the country, it was recognised that the cost base was too high locally. As such all areas of the Adult Social Care budget were being reviewed to bring the service within the available resources, which would mean changing how services

were delivered.

- The aim was to reduce the Council activity and expenditure on adult social care to the London average or below by March 2024.
- Taking into account £28.9m of growth and £10.7m savings, the net budget for 2021-22 was £114.342m.
- A detailed savings programme had been developed to ensure the savings of £10.7m would be delivered. Although it was early in the year, progress to date had been good, with transformational funding used to provide capacity adding pace to the programme. A robust tracking system had been introduced to ensure that progress on the savings programme could be closely monitored and areas of concern identified at an early stage.
- The priority area for savings was reviewing care packages to identify spend reduction. There had also been an options appraisal of provider services which had been approved by the Cabinet and was in the process of being implemented. There were other reviews, such as the Living Independently for Everyone (LIFE) service and the hospital discharge process that were likely to lead to further savings.
- The total package of care savings equated to 7.5% of the budget and advice from the LGA had indicated that although this was achievable, particularly the first 5%, to achieve the full 7.5% would be a challenge.

Following the introduction the Sub-Committee was given the opportunity to ask questions about the information provided. The first question concerned the level of spend on care packages with it confirmed that the Council's spend was the second highest in London for 18-25 year olds and higher than the national average for older adults.

As it had been confirmed that to date 120 care packages had been reviewed, it was questioned how many reviews were still to be completed. It was advised that 560 care packages had been targeted for review, which would include looking at where individuals are placed and the cost of living. It was confirmed that 400 people were currently in supported living arrangements and were not with a registered provider. Work was underway to identify best practice in this area. It was also confirmed that possible alternative solutions delivered with the voluntary sector were being explored.

In response to a request for reassurance that budget holders had a firm grasp of their budgets, it was advised that service and team managers met with their respective accountants on a monthly basis to review their budget and forecasting for the remainder of the year. This approach helped to ensure that there was increased understanding and responsibility for budgets than there may have been in previous years.

It was questioned whether the care plan reviews carried out to date were delivering the expected savings. In response it was advised that it was essential to closely monitor the funds both coming into and going out of the

service. Adult Social Care was not a static service and managing the budget required service demand to be managed.

There was concern about how the drive to deliver savings would impact upon the care packages provided, with it questioned whether staff would feel comfortable requesting an increase in package needs, should these be identified. It was highlighted that the Council had a duty of care to its service users and staff were empowered to advocate on their behalf.

It was noted that there was a £1.6m overspend in the Transitions service, with it questioned how this deficit would be re-cooped. It was advised that the previous budget for Transitions had been £4m, but due to an over spend of approximately £1.5m in the previous year growth had been added to the budget, increasing it to £5m. Although there was an over spend, the team was confident that this would be dramatically reduced during the year.

The Cabinet Member was asked how she assured herself that the budget was being delivered and that the Council continued to meet the needs of vulnerable people. The Cabinet Member advised that she met with the team on a monthly basis to review progress made with delivering the budget. This was a multi-disciplinary meeting, which allowed the Cabinet Member to gain an understanding of the challenges across the service. The Cabinet Member also met regularly with Council Safeguarding Leads to discuss any issues. There was also a performance framework of indicators that was reviewed by the Cabinet Member on a regular basis.

It was highlighted that there had been a recent judgement against Norfolk County Council's charging policy for non-residential services, which had been found to be discriminatory. As such it was questioned whether this decision would have any implications for Croydon. It was advised that a letter had been sent to all councils to advise them of the judgement, which made clear what the implications were. There had been a challenge submitted on the outcome, which was being reviewed.

It was questioned whether there was scope for a service user to be involved with the recruitment of the new Director of Adult Social Services. The Cabinet Member indicated that she was supportive of this request and would investigate whether it would be possible with officers outside of the meeting.

Concern was raised about the vaccination rates for care home staff, with further information requested on the work to increase take-up. It was advised that it was an ongoing process to encourage take up of the vaccine amongst care home staff. There had been challenges within specific homes, but there had also been successes leading to full vaccination at certain homes after initial reluctance. It was highlighted that this issue was not unique to Croydon, with similar rates across London. It was confirmed that mandatory vaccinations for care home staff had not yet been introduced and there was concern about the practicalities of this being enforced.

Conclusions

At the end of its consideration of this item the Health & Social Care Sub-Committee reached the following conclusions:-

1. Overall, the Sub-Committee was reasonably reassured by the progress made with delivering the Adult Social Care budget for 2021-22, but agreed that continued monitoring would be needed throughout the year to ensure this remained the case.
2. Given the highlighted overspend within the Transitions Service budget, it was agreed that a deeper dive on this service would be scheduled for the Sub-Committee's next meeting to seek reassurance that the over spend was being managed down.
3. There remained concern about the financial systems used within the Adult Social Care service and whether these were allowing the previous culture of overspending within the service to be effectively challenged. It was agreed that the Sub-Committee would continue to monitor progress in this area throughout the year

23/21 Healthwatch Croydon Update

The Sub-Committee considered an update presented by the Manager of Healthwatch Croydon, Gordon Kay, on two reports they had recently completed. This update was provided for the information of the Sub-Committee and to allow consideration of any issues that may be in need of further scrutiny.

The first report concerned the impact of the Covid-19 pandemic on the mental health of residents. There had been 115 individual responses from the public received in the development of this report and these suggested that mental health issues had increased during the pandemic including concerns around isolation. It was found that those who had family around them did better during the lockdown than those who lived on their own.

The second report looked at the performance of Croydon's care homes under Covid-19. This report had been informed by surveys completed by residents, their family and staff. It was highlighted that there may have been less incentive for underperforming care homes to complete the survey, which needed to be considered when reviewing the outcomes in the report. As a result of the report an action plan had been created with the Council to address the issues raised.

At the conclusion of this item, the Chair thanked Mr Kay and the Healthwatch team for the work they carry out on behalf of the residents of Croydon.

24/21 Health & Social Care Sub-Committee Work Programme 2021-22

The Sub-Committee considered updates from health and care partners on their priorities for the year ahead. The purpose of this item was for the Sub-Committee to use the information provided to help prioritise its own work programme.

Representatives from the South London & Maudsley NHS Foundation Trust (SLaM) advised that they were working towards completing a new strategy, with the engagement process due to be launched in September 2021. The ambitious aim for the strategy was to make SLaM the best mental health care trust by 2026, which was acknowledged would be challenging. Themes covered by the strategy included working with partners in preventions to avoid hospital admissions, tackling public health issues, improving outcomes for patients, and ensuring SLaM was a sustainable organisation.

Other priorities for SLaM included building greater resilience within the organisation through focusing resources and upskilling staff. A key priority was to improve the interconnection with primary care and strengthen the relationships within Croydon University Hospital through the Clinical Assessment Unit.

Prior to the meeting Croydon Health Service NHS Trust circulated a summary of their strategic outcomes and two year objectives. These included improving health care provision and reducing health inequalities, improving how the Trust monitored and controlled data to improve healthcare, maximising the uptake of vaccinations and improving services during the recovery from the pandemic. Other priorities included a focus on supporting staff, delivering continued financial sustainability and developing leadership.

At the conclusion of the item, the Sub-Committee agreed that the priorities outlined by the health partners were in line with its own. As a next step, it was agreed that the Chair and Vice-Chair would continue to work outside of the meeting to schedule the work programme, which would be presented to the next meeting of the Sub-Committee for approval.

25/21 **Feedback on the Croydon Health Service NHS Trust's Quality Account 2021**

The Chair advised the meeting that the Sub-Committee had meet informally on 11 June to review the Quality Accounts for the Croydon Health Service NHS Trust. The meeting had been held informally to ensure the comments of the Sub-Committee could be taken into account within the timescales for publication.

A summary of the comments submitted by the Sub-Committee was included in the report published with the agenda for the meeting. The Chief Executive for Croydon Health Service NHS Trust, Matthew Kershaw, thanked the Sub-Committee for the time they had taken to review the Quality Accounts and confirmed that the comments submitted had been incorporated in the final version.

26/21 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.19 pm

Signed:

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Date:

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REPORT TO:	Health and Social Care Scrutiny Committee 9th November 2021
SUBJECT:	CROYDON SAFEGUARDING ADULT BOARD [CSAB] ANNUAL REPORT 2020/21
LEAD OFFICER:	Annette McPartland, Executive Director of Social Care
CABINET MEMBER:	Cllr Janet Campbell, Cabinet Member for Families, Health & Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Annie Callanan, CSAB Independent Chair
PUBLIC/EXEMPT:	Public

COUNCIL PRIORITIES 2020-2024

This report addresses the following Council priority:

We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy.

ORIGIN OF ITEM:	The Health & Social Care Sub-Committee is given the opportunity to review the Croydon Safeguarding Adult Board Annual Report each year to reassure itself on the performance of the Board.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to: - <ol style="list-style-type: none"> 1. Note the Croydon Safeguarding Adult Board Annual Report 2020-2021 2. Consider whether there are any considerations or concerns it may wish to submit to the Cabinet during its consideration of the Annual Report. 3. In particular, give consideration as to whether the Annual Report provides sufficient reassurance on the performance and effectiveness of the Croydon Safeguarding Adult Board.

1. EXECUTIVE SUMMARY

- 1.1 The purpose of the CSAB Annual Report is to detail the activity and effectiveness of the CSAB between April 2020 to 31 March 2021. The report is submitted by the CSAB Independent Chair, Annie Callanan. It ensures that the statutory partners (Council, Health and Police), residents and other agencies are given objective feedback on the work and effectiveness of local arrangements for safeguarding adults. The report covers the 2020/21 priorities demonstrating what has been achieved and the work which needs to continue throughout 2021/22.

- 1.2 A Safeguarding Adult Review (SAR) was undertaken and completed during the year of this report and the 7 Minute Briefing for the Catherine SAR can be found on page 12. The SAR Sub group also agreed for a learning exercise using a questionnaire to be undertaken with regards to dental services around the care of and responses to an individual with learning disabilities, a 7 Minute Briefing for this can be found on page 14.

2. Croydon Safeguarding Adult Board Annual Report 2020/21

- 2.1. The Annual Report is introduced by the Board's Independent Chair Annie Callanan who took up post in January 2018. The Chair will be supported at the November meeting by the statutory partner leads for Health (Elaine Clancy), Council (Annette McPartland) and Police (David Williams).
- 2.2. The Report is due to be presented to Cabinet on the 6th December following the report being shared at the CSAB Quarterly meeting in October. It is an important function of the Council to have oversight of the adult safeguarding activity in Croydon. It provides an update on the multi-agency work by the CSAB partnership to safeguarding adults in Croydon.
- 2.3. Information is submitted by partners, agencies and residents, they report on the activities they have undertaken throughout the year aligned to the board priorities.
- 2.4. Safeguarding statistics can be found on pages 7 – 9, this includes data submitted to the Department of Health and Social Care (DHSC) in July 2021. The data looks at safeguarding referrals received during 2020/21 and whether they progressed to a safeguarding enquiry for further investigation. Where appropriate percentages and numbers have been included along with a breakdown of the source of referral. The figures show a comparison between 2019/20 to 2020/21.
- 2.5. Data showing the ethnicity of referrals vs. ethnicity of the Croydon population can be found on page 8. Statistics show that compared to the ethnicity of Croydon population Asian/Asian British are underrepresented for safeguarding referrals. However, Black/African/Caribbean/Black British safeguarding referrals are just 1% below its Croydon population percentage. Further work to raise awareness needs to be done however, the work of the Voice of the People sub group has been working on ways to improve engagement and communication across all communities. Page 25 outlines the work of this sub group.
- 2.6. A breakdown of the types of alleged abuse is covered on page 9. It shows that 5 in 8 safeguarded adults allegedly experienced abuse in their own home which is an increase of 4% compared to last year. There was a decrease of 4% compared to 2019/20 of safeguarded adults referred as experiencing abuse whilst in a care home setting.

- 2.7 National comparisons to neighbours in borough data is currently not available but can be shared when published.
- 2.8 The Board's priorities are addressed by sharing what has been done and what further work needs to take place. Below are some of the examples taken from the report for each of the priorities:

Prevention [Page 17]

- 2.9 The local authority took the lead on multi-agency Bitesize training sessions which were held across the partnership to share the learning from two SARs, the Catherine SAR published this year was used alongside the VB SAR published last year due to their similarities. This demonstrated the strength of partnership working with Health chairing the SAR sub group and SLaM in the vice chair role. The SAR Sub group identified the need to undertake an analysis of SAR themes and to continue to take forward the learning from SARs and learning exercises. The Local Authority continued to implement its major programme of transformation and integration, Integrated Community Networks.

Commissioning [Page 19]

- 2.10 The CSAB Intelligence Sharing sub group, under the newly appointed chair from the CCG, continued to have oversight of the provider market. The group meets every two months and have widened their membership with more health members attending now and Healthwatch representation. South London and Maudsley Trust (SLaM) established South London Listens which focussed on reaching groups disproportionately affected by mental ill health.

Making Safeguarding Personal [Page 21]

- 2.11 The Voice of the People sub group are now established developing a work programme which began by identifying groups, forums and networks already in existence. These can be used to raise awareness of their work and of the CSAB as well as sharing information. Much of their work is in the early stage however, a joint workshop was held with the BME Forum which involved developing a generic presentation which will be used across other forums/groups/workshops. Further information of other pieces of work can be found in the report including the production of citizen led resources. Page 24 provides examples of feedback from those who have used the services which partners have shared with us.

Communication and Engagement [page 26]

- 2.12 The CSAB continues to raise awareness of work undertaken by using networks, workshops, the board and sub group meetings and the CSAB website. Partners and all agencies have continued their high level of engagement with the CSAB which is evidenced by their contributions for this year's report and the excellent attendance at all meetings and events.

Quality & Improvement [Page 22]

- 2.13 The Performance & Quality Assurance sub group have continued to collate and monitor the multi-agency dashboard, collecting data from across the partnership. They plan to do further work on the dashboard by reviewing the current indicators aligning them so that agencies are able to collect data and what is need to inform planning and practice. Two further multi-agency themed audits are planned for 2021/22 – Mental Capacity and a re-run of the Self Neglect audit.
- 2.14 This report covers a period of exceptional pressure during the Covid-19 pandemic. Ways of working changed but the challenges have been met with courage and resilience. Within the report there are examples of good practice across the partnership during these times (page 4) and new ways of working and activities (page 5). During this time the CSAB continued to carry out the statutory functions of the board, continuing to meet and deliver on the Strategic Plan.

CONTACT OFFICER: *Denise Snow, CSAB Manager, 07707 277358*

APPENDICES TO THIS REPORT

Draft CSAB Annual Report 2020/21

Croydon Safeguarding Adults Board

Annual report
2020 / 2021

“Working together
safeguarding, supporting and
making services better for
adults in Croydon who are at
risk of abuse and neglect.”



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Foreword by the Independent Chair



Welcome to the 2020/2021 Annual Report of the Croydon Safeguarding Adult Board

Every year we deliver our Annual Report to meet our statutory requirements under the Care Act 2014 and equally importantly, to make sure the citizens of Croydon are able to read about and comment on our work as a Safeguarding Adults Board, in that regard, this year is no exception.

However, this has been a period of exceptional pressure, change and achievement. Staff in all agencies represented within the Safeguarding Adults Board and indeed across Croydon have delivered services in exceptionally difficult times and our thanks, as Safeguarding Board Members and as the Independent Chair, cannot be repeated often enough. That work made services safer, allayed fears and anxieties, provided families, often in tragic circumstances, with support and help and was delivered with compassion. The response to the significant challenges have been met with courage and resilience.

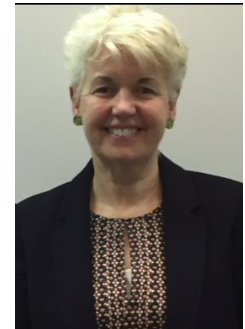
We also know we have yet to see the full impact of Covid19 on all sectors of our shared work, leisure and business in Croydon and of course elsewhere. We therefore continue to be aware, that residents who are most vulnerable and most impacted need us to work together to improve Adult Safeguarding and make all services safer.

We have examples of good practice across the partnership with services continuing in vital areas such as mental health, home care and community based voluntary services delivered by all partners. All within Covid guidelines. We report on the views of the Board Lay Member, who sits on the Safeguarding Adult Review Sub Group and provide 7 Minute Briefings on two cases reviewed during the year.

I want to thank all who continued to work on the Safeguarding Adults Board in Croydon in what has been, by any standards, a very difficult year. My thanks to the Vice Chair of the Board Detective Chief Inspector David Williams, the Chairs of the Sub Groups, where the majority of the work of the Board is progressed and to the Safeguarding Adults Board Team, Denise Snow and Lesley Weakford, all of whom worked so hard during this past year. I also want to especially mention the Voice of the People Sub Group which made exceptional progress during the year.

We will continue to work to ensure services meet the requirements of the Care Act in a changing environment. As we move towards implementation of integrated care services in the context of meeting increasingly complex needs, we will continue to work across Board Agencies and beyond, to bring the very best of our shared knowledge and expertise together to effectively protect vulnerable adults from abuse and neglect, including self-neglect in Croydon.

Annie Callanan
Independent Chair



Covid-19

Good Practice Across the Partnership



Management of Covid-19 Pandemic by the Health Sector in Croydon.

- Successful management of the roll-out of vaccines.
- Infection control training and support to Care Homes

Croydon University Hospital were innovative and introduced a Memory Box arrangement, previously used for children. This was as a response to families not being able to visit at end of life.

Adult Social Care made changes to how referrals were managed during Covid. The Section 42 team and Professional Standards team taking on the role of triaging referrals to ensure individuals were safe.

Examples of good partnership working in relation to hospital discharge were evidenced.

I have been working closely with Dr xxx in relation to a very difficult situation which involves a 90 year old woman and her 89 year old husband with dementia and their son who had mental health issues and is the alleged harmer. Dr xx has from the start been responsive and keen to help, supported the adult in the midst of the current pandemic, immediately actioned every request for her support and maintained great communication. This has been a really positive experience and highlights the benefits that can be achieved through joint working.

[Section 42 Safeguarding Team]

It has been a difficult year for everyone, there have been no face to face meetings for the CSAB. However, despite this, all groups have functioned using new technology and continued to carry out all functions of the board.

Age UK befriending volunteers have returned to home visits, this service can help with early intervention. All other AUKC outreach projects/services are returning to home visits.

Care Homes in Croydon were part of a 'deep dive' with the responses showing evidence of good practice. Some homes evidenced innovative ways in how they were able to keep their residents in contact with their family members.

The Commissioning service adapted to remote monitoring as a way to continue reviewing quality of care in Care Homes. During this time the monitoring report template was updated to reflect on infection, prevention and control measures around Covid-19.

Domestic Abuse and Covid-19



OUR STORE IS TAKING A STAND AGAINST DOMESTIC ABUSE

This is a safe space
You can get help here
Please talk to a member of staff

You can also contact Croydon FJC for support
Call 020 8688 0100

Or call the 24hr National Domestic Abuse Hotline
0808 2000 247

#YOUARENOTALONE

Croydon response to C-19 'at a glance'

- 400 DV posters displayed in over 400 Off-Licences in the borough.
- DASV posters displayed in 74 pharmacies in Croydon
- IDVA service and Police in 3 Lidl stores for week of action.
- Police week of action from 4th May onward to tackle high harm perps.
- The FJC remained open offering a drop in and appointment service. Extended opening hours to cover the weekends for a period during lockdown. Now we are open from 8-7pm on Tuesdays and Thursdays.
- Liaised with housing to be able to place victims directly in the two hotels commissioned by Croydon during the pandemic.
- Media campaigns/Twitter/FB posts updating public that we are open.
- Safe Space campaign launched with leading supermarkets (Tesco, Sainsbury's, Morrisons, Lidl, Aldi, and Waitrose) on 4th May 2020 in partnership with the police and the CP foundation.

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ARE YOU SUFFERING DOMESTIC ABUSE?
Staying at home isn't safe for everyone

The Croydon FJC is there to support you
Call 020 8688 0100

Or call the 24hr National Domestic Abuse Hotline
0808 2000 247

#YOUARENOTALONE

FJC

Care and support in Croydon for those experiencing domestic abuse

You can make an appointment by contacting us on: 020 8688 0100

We are open Monday, Wednesday, and Friday, 9am-5pm and Tuesday, Thursday 8am-7pm.

CROYDON
www.croydon.gov.uk

Post Covid-19



New Ways of Working and Activities

Croydon Mind, during the period of 1st October 2020 to 31 March 2021, provided social distanced, covid compliant, face to face support as well as remote support to over 160 vulnerable people in crisis.

Covid-19 has brought with it new ways of working and there have been many examples of partners working together to solve problems with flexible working across the whole sector. It has also brought new demands in terms of safeguarding by way of existing and new vulnerabilities including: impact on communities, Mental Health, Domestic Violence, exploitation, poverty, suicide, housing pressures, rough sleepers, emotional wellbeing and LD mortality.

SLaM have been looking ahead and initiated a mental health summit to bring together a range of partners to address the longer-term impact of Covid 19 on the mental health of our local communities. Together with other NHS mental health trusts and commissioners and local authorities, Healthwatch, Public Health England, Citizens UK, Black Thrive and other community partners we have established South London Listens. South London Listens aims to give everyone in South London a voice as solutions are developed to help promote and protect mental health and prevent people falling into a mental health crisis.

Croydon Mind moved to an online and telephone provision. They delivered an outstanding level of support to the over **500** clients registered to their Social Networking Service. During the period this service made **12,933** welfare telephone calls and sent supportive text messages to people.

A dedicated Care Home Strategy Group was established by the Commissioning team to support the market, this was initially for covid-19 but now has expanded its focus on supporting care homes going forward. This will also widen to an all Social Care Provider forum from August 2021.

During the first lockdown Croydon Mind quickly we were able to establish a positive partnership with the London Fire Service and through this relationship provide a weekly delivery of hot meals and food parcels to our clients. This weekly contact enable us to keep in touch with people and combatted loneliness as well as checking in on their welfare.

Safeguarding Statistics 2020 / 2021





Safeguarding Statistics 2020-2021

The figures over the next three pages, are sourced from the data submitted to the Department of Health and Social Care in July 2021, which looks at safeguarding referrals received during 2020-21 and whether they progressed to a safeguarding enquiry for further investigation.

It is important to note that safeguarding preventative work is carried out on the majority of the safeguarding referrals received. The triage work will include risk assessment/management and may result in care act assessments, carers assessments, reviews, signposting to other agencies such as FJC, providing advice and information to adults and professionals around how to stay safe.

This dataset has also been configured to look at those safeguarding enquiries and to establish: where the adults at risk experienced abuse, the type of abuse, who was suspected to be abusing the adult, and the outcome of the enquiries.

The graphics on this page and the next show the demographics of the adults who had at least one safeguarding referral during 2020-21 and the graphics on the following page represent the same referrals which were progressed to a safeguarding enquiry during 2020-21 and their outcome (where known).

It is difficult to make complete comparisons with the previous figures for the following reasons:

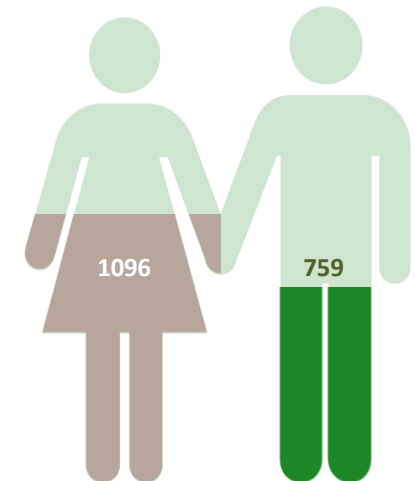
- *During the first lockdown period the LA amended their processes to ensure that staff were freed up in other areas to support shielded residents. Therefore many of the concerns were managed by the S42 Safeguarding team and these were not always recorded as enquiries*
- *During this period the Local Authority changed its electronic client systems which has had an impact on how Activity is reported on.*

Please Note:

- The figures show the comparison between 2020-21 and 2019-20 where possible.
- The location of abuse does not necessarily mean the adult was experiencing abuse from staff at these locations; for example, an adult may be experiencing abuse at a hospital, but it may have been from a relative visiting the adult who was alleged to be causing the abuse.
- Safeguarding referrals are known as 'safeguarding concerns' by the Department of Health and Social Care.

1%

Of the adult population in Croydon had a safeguarding referral in 2020-21 (1855 compared to 1711 last year)

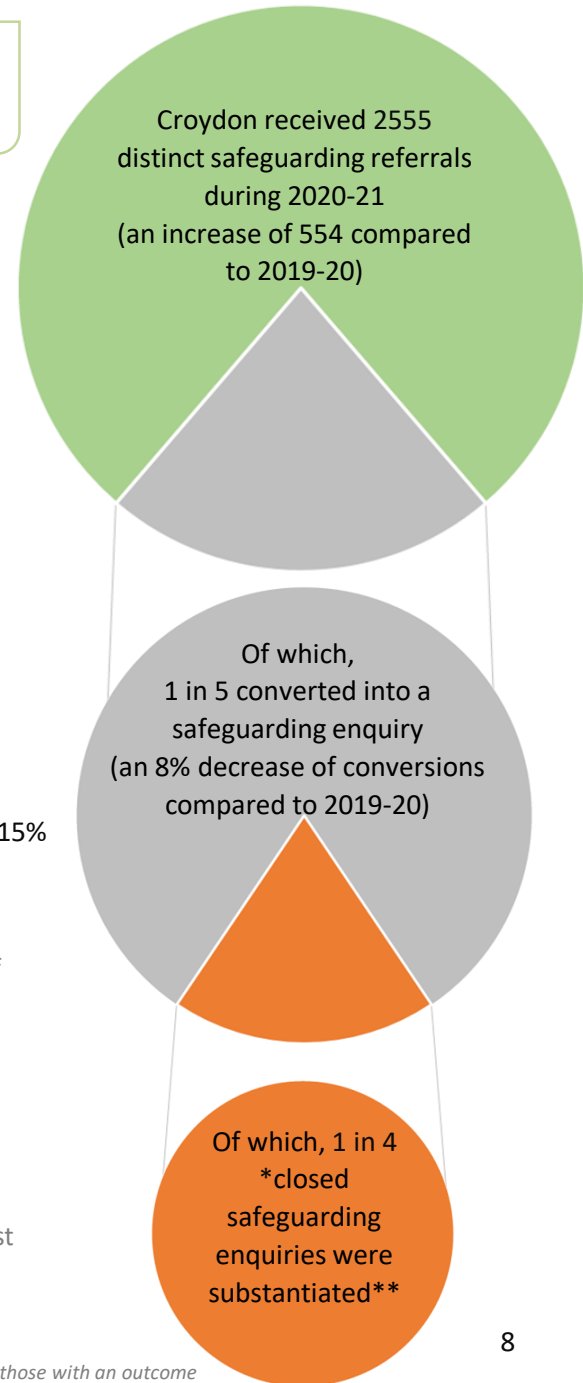
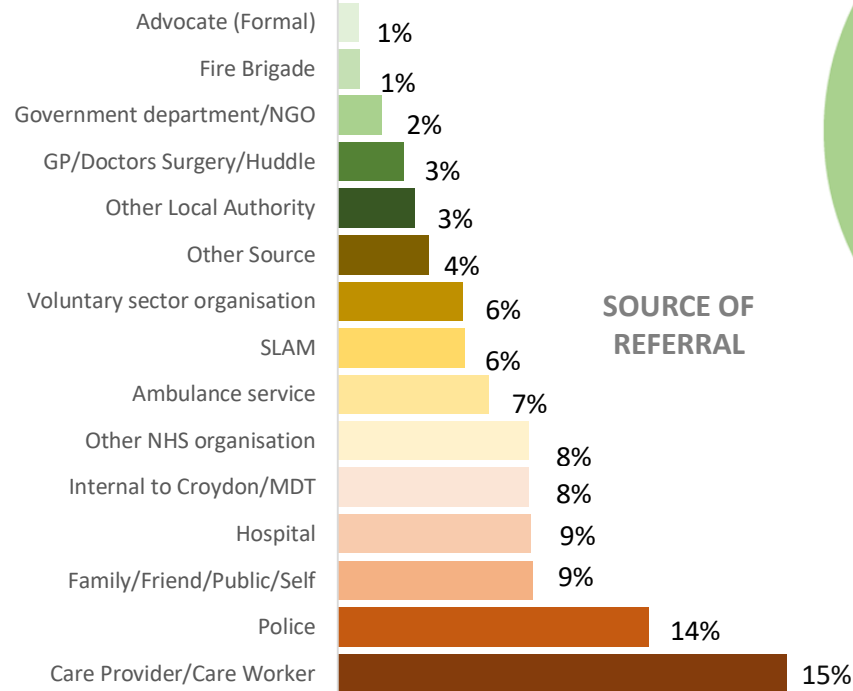
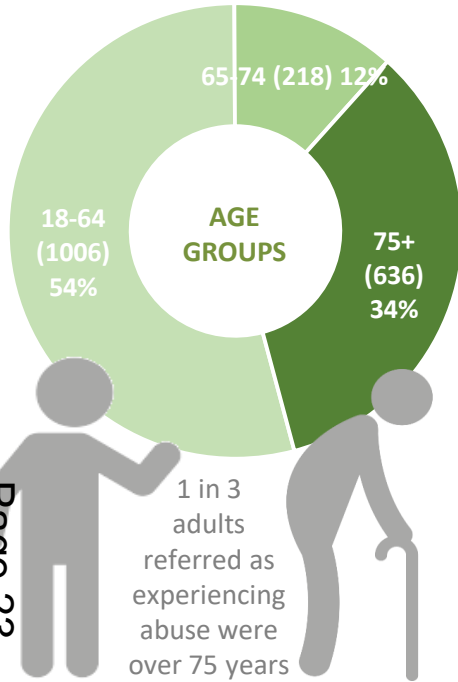


18% more females were reported as experiencing abuse than males, this gap has increased slightly from 16% difference in 2019-20

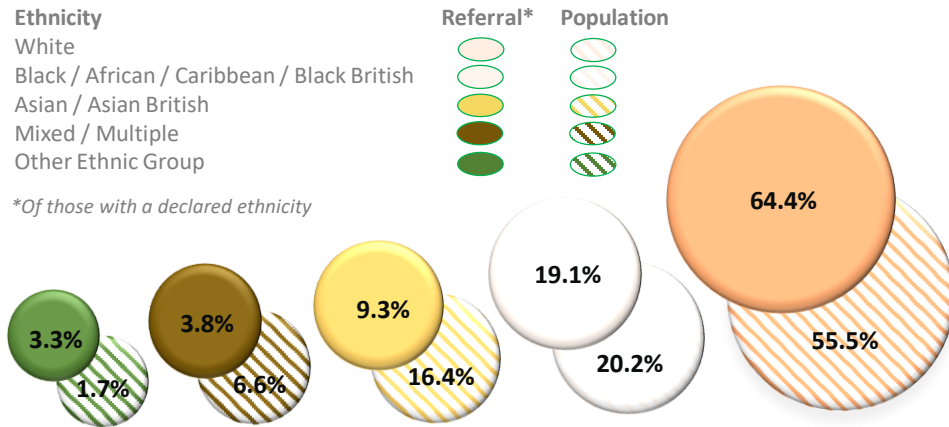


Safeguarding Referrals Received during 2020-21

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ETHNICITY OF REFERRALS vs ETHNICITY OF CROYDON POPULATION



Compared to the ethnicity of Croydon population, Asian / Asian British are underrepresented for Safeguarding Referrals.

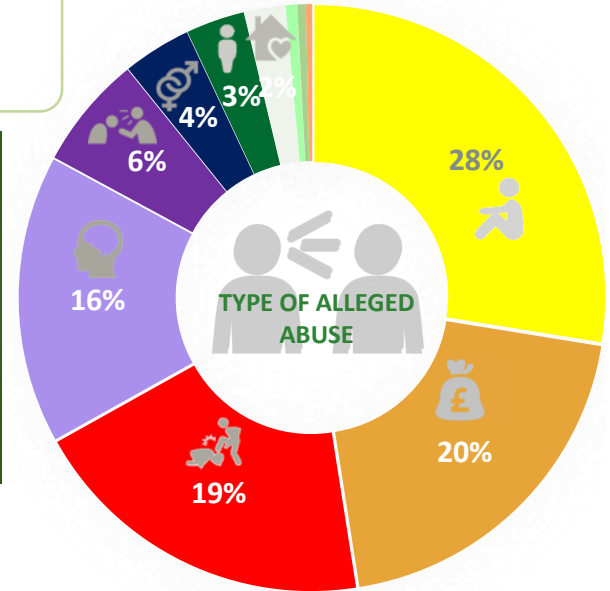
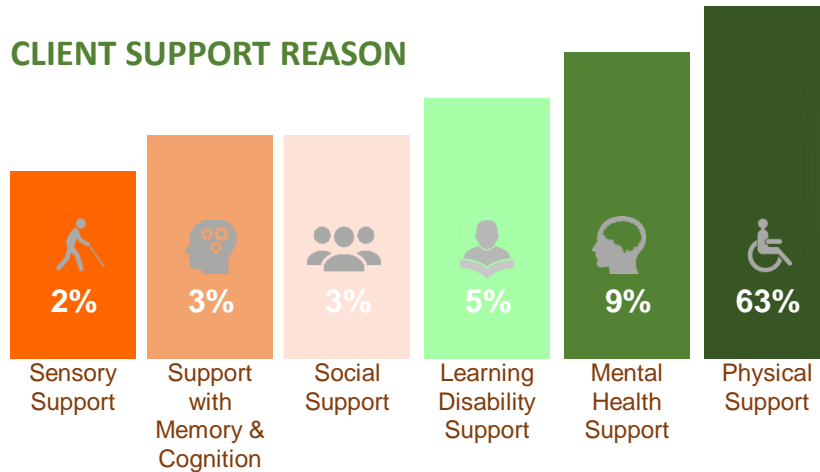
However, Black / African / Caribbean / Black British safeguarding referrals are just 1% below its Croydon population percentage.

**Of those with an outcome



Safeguarding Enquiries Started during 2020-21

CLIENT SUPPORT REASON



Of the
524
Safeguarding Enquiries started
in 2020-21 (down from 583 in 2019-20)

Page 24



5 in 8 safeguarded adults referred as experiencing abuse in their own home (an increase of 4% compared to 2019-20)



1 in 4 safeguarded adults referred as experiencing abuse whilst in a care home setting (a decrease of 4% compared to 2019-20)



1 in 20 safeguarded adults referred as experiencing abuse in a hospital environment (no change when compared to 2019-20)



7 in 10 were referred as experiencing abuse from someone they knew (an increase of 10% compared to 2019-20)



1 in 3 were referred as experiencing abuse from a formal carer (no change when compared to 2019-20)



1 in 20 were referred as experiencing abuse from a stranger or unknown person (a decrease of 3% compared to 2019 - 20)

472	Neglect and Acts of Omission
342	Financial or Material Abuse
332	Physical Abuse
274	Psychological Abuse
108	Domestic Abuse
65	Sexual Abuse
56	Self-Neglect
39	Organisational Abuse
11	Sexual Exploitation
8	Modern Slavery
6	Discriminatory Abuse

Lay Member



The role of Lay Members

A Lay Member will act as an independent voice and offer a wider perspective that recognises the diversity of our local communities in Croydon. Croydon SAB currently has one Lay Member who provides this contribution to the Annual Report .

Lay Members play an important role in the oversight, scrutiny, decisions and policies made by the Croydon Safeguarding Adults Board.

The CSAB are keen to recruit further Lay Members going forward.



Covid-19

It has been a difficult year as a Board Member with no face to face meetings.

Covid has impacted on vulnerable adults and limitations on day services and visitors to homes. This has made the role of safeguarding even more crucial.

Safeguarding Adult Review [SAR] Sub Group

The SAR sub group, on which I sit, has dealt with many difficult cases. We have commissioned 4 SARs and I have been impressed by the professionalism and determination of the independent reviewers. The challenge from SARs and other reviews is in ensuring that the lessons are learned and embedded in practice.

Safeguarding Adult Review - Catherine 2020 / 2021



Recommendations

1. Opened safeguarding cases should not be closed until assessments have been fully completed with evidence of contact with the client [ASC].
2. Ensure that referrers of safeguarding referrals are provided with feedback as to action taken. [ASC]
3. CSAB to be assured of good practice, upon receipt of information to search their systems to identify previous involvement with that individual or address including details of next of kin. [All]
4. CSAB to be assured that cases that fit the S42 enquiry threshold are being progressed as such and not left on waiting lists.
5. CCG to ensure the GP practice reviews the use of letters when they have had no contact/response from elderly individuals with a MH history.
6. CCG to remind GP practices about the need to maintain accurate patient information including review meeting outcomes.
7. Suspected crimes should be recorded and investigated. [Police]
8. CHS Emergency Department triage nurses to be reminded of the need to fully complete the safeguarding assessment process.
9. CSAB to remind all agencies about the important of the use of advocacy, MCAs and to ensure best interest decisions are made.
10. SLaM to ensure discharge policies reflect the most recent NICE guidance.
11. When agencies raise concerns with police about an individual which may result in a forced entry, where possible they should accompany officers.
12. Assurance that One Croydon Alliance is being utilised and making a difference to outcomes. [CSAB]
13. Suspected crimes against vulnerable adults should be reported to police. [CSAB]
14. CSAB to produce an escalation policy.
15. CSAB to be assured that the VB SAR recommendations have been progressed.
16. Arrangements are made for cleaning properties before handing back to a family following scenes of a death that pose environmental health hazards, . [Police/Coroner]

Catherine 7 Minute Briefing

<https://www.croydonsab.co.uk/about-us/safeguarding-adult-reviews/>

Case Summary

Catherine was a 85 year old women, born in Ireland and a widow, her husband died in 2002. She owned her own property, a flat which was situated above a business premises which she also owned and rented out. Her first contact with mental health services was in 1974 when she had a diagnosis of Paranoid Schizophrenia. She had further contact with Mental Health Services between 2002 – 2011 receiving both inpatient and community services, she was last seen by her GP in 2014. She was referred to Adult Social Care in 2003, 2004 and 2008. Catherine was a vulnerable adult who had been in receipt of services throughout her life.

Her family and friends, both in the London and Ireland were supportive and engaged throughout the SAR process and worked closely with the CSAB and the author. They have also offered to engage in any training sessions and this offer has been accepted.

Learning

- Multi agency Bitesize training which ASC will lead, sessions held across the partnership connecting both the Catherine and VB SAR for training purposes.
- Waiting lists in ASC lower, Senior Management Team reviewing lists on a regular basis, a tracking system in place which also tracks timeliness.
- SLaM reviewed discharge policy in line with NICE guidance. Audit to take place in 2021.
- Shared learning through the integrated systems in place such as the Huddles assisting enhancement of partnership working.
- Police using the case for training and recommendations from the review shared with Chief Inspectors.
- Specialised tracking audits across ASC to be undertaken, mental health already completed – reports to be shared with the CSAB quarterly meetings.
- CHS undertaking multi agency audits and work to strengthen discharge processes.
- CHS sharing SAR presentation to numerous teams (approximately 400 staff)
- SAR presentation shared widely at many forums and meetings, CCG shared with colleagues across South West London and on the NHS collaboration platform.
- Teams across the partnership shared the Bitesize presentation at awareness sessions.
- CHS built action of sharing the learning into their safeguarding annual audit to ensure learning has been embedded.
- Draft Escalation Policy developed by the Professional Standards Team.

Learning from SAR requests 2020 / 2021



7 Minute Briefing - TD

CASE SUMMARY

Mr T. White British, aged 39. Diagnosis of severe learning disability, autism, epilepsy, unable to communicate verbally. Lives in residential care home.

The incident: Taken by ambulance and admitted to Intensive Care with status epilepticus. Found to have a dental abscess. The uncontrolled seizures affect the natural reflexes such as swallowing, coughing and breathing. There is pneumonia and a partially collapsed lung. Opinion is advanced that the tooth infection may have lowered Mr T's threshold for seizures.

Background: For some years, Mr T was a dental patient at the Hospital dental department where general anaesthesia was an option. After being discharged to Community dentistry (approximately five years prior to the incident), Mr T had 11 dental appointments but there were challenges in conducting the dental check as he was often agitated and uncooperative. He was not always accompanied to appointments by the same carers.

METHODOLOGY AND THEMES IDENTIFIED

A questionnaire was devised and completed by a number of organisations involved (directly or indirectly) in the case, plus a number of individuals with relevant expertise.

It was clear that communication was the key area for learning. It was lacking to various degrees across a range of areas.

The second theme was systems and processes. Good systems and processes should have supported the wellbeing of Mr T and facilitated communication. Where they were lacking, or not followed, or not communicated, this could not happen.

The third theme was learning disability. Care of and responses to an individual with LD needs to be suited to their particular needs.

HOW THE LEARNING WILL BE SHARED

Publication of detailed 7 Minute Briefing.

SPECIFIC LEARNING POINTS IDENTIFIED

- Communication lacking; between care home and dental surgery; hospital and care home.
- Breakdown of communication between service provider and family as to who would arrange any thorough dental treatment.
- Lack of reviews by funding authority.
- Joint approach required (all parties) so no one agency holds a small and isolated part of the information. Information on risks should be shared and acted upon.

- Individuals with LD often have worse teeth than the general population, so critical to have regular check-ups.
- Common misconception that individuals with a learning disability do not feel pain in the same way as others.
- Where individual is non-verbal, important to recognise and document signs of pain and discomfort.
- Link between poor oral health and aspiration pneumonia.

- Carers to understand their responsibility to advocate for individual at appointments.
- Risk assessment required re. potential consequences of lack of dental care. Carers should understand need for good oral care and potential impact where it is lacking.
- Need for escalation policy where dental treatment not able to be provided in a timely manner.

CSAB Priorities 2020/2021



CSAB Priorities 2020 - 2021



The following priorities were agreed at the Development Day in January 2020. Cross cutting themes will include the Voice of the Croydon Resident and Communication and Engagement. A further Development Day is planned for the 16th September 2021.

Prevention

Self Neglect –[hoarding, housing, homelessness, rough sleeping and health needs]. Mapping of work currently taking place around homelessness. Transition – joint work with children services. Professional curiosity. Early intervention. Raising awareness of the work of the CSAB.

Quality & Improvement

Continue to use and develop the multi agency dashboard. Impact of multi agency training and the impact of the learning from Safeguarding Adult Reviews and learning events. Lessons learned from multi agency audits.

Commissioning

Provider training, commissioning of services and engagement with providers. Services to reflect the needs of the population. Robust response to provider failure.

Making Safeguarding Personal

Person centred approach., BME engagement, the Voice of the Croydon resident – is it heard and acted on? Communication and engagement..

Cross cutting themes:

Voice of the Croydon resident
Communication and Engagement

CSAB Priorities 2020 - 2021



PREVENTION

What has been done

- During the Pandemic NHS 111 has been fully operational 24/7 to provide a booked service into the Emergency Department if required and to signpost to other services where appropriate.
- Age UK introduced a new staff training regime, all staff must attend internal safeguarding training annually.
- SLaM employed two Safeguarding Lead Practitioners to work with our community and inpatient services to improve their response to adults at risk of abuse or neglect. They have worked extensively across the partnership, forged constructive relationships with Croydon FJC and enabled a better understanding of Domestic Violence and Abuse within the context of mental ill health.
- The SLaM Safeguarding Leads have contributed to safer hospital discharges ensuring that safeguards are in place at the point of discharge from hospital.
- From the 25 November to 10 December 2020 the Police organised activities to support the 16 days of activism for Domestic Violence. It focussed on arrest, evidential capture, victim based approach and raising staff awareness.
- Croydon Mind delivered **356** online activities and when safe to do so delivered **37** groups in person. If there was a specific concern for a person, they ensured that a member of staff met with the client in person to carry out a full assessment and they did so on **262** separate occasions throughout the same period.

What needs to be done

- Age UK to continue to update their safeguarding policy
- A current challenge for SLaM is how we ensure the safe transition of young people into adult mental health services and has made this a safeguarding priority for the coming year, recognising that some young people have a range of contextual safeguarding issues that may not be immediately apparent.
- SLaM recognises there is a need to adapt their response to young people with mental health issues transitioning to their adult services. The employment of specialised transitional mental health workers is an ambition they are working towards.
- Complete the analysis of SAR requests received in Croydon identifying themes and aligning this to the learning from the National SAR analysis.
- Take forward the learning from the SARs and learning exercises completed in 2020/21 and the SARs currently underway during this year.
- Awareness that the concept of vulnerability is needing to be reconsidered, with people who were not previously thought to be vulnerable now may be seen in that way
- Continue to support the work of the multi agency Huddles working at General Practice level. These meetings focus on proactive support for the practices most complex patients in planning and co-ordinating seamless support and care including, where required, nominating a key worker. The Huddles comprise of a core ICN team that include a GP, Community Nurse, Social Worker, pharmacist and Personal Independence Coordinator (PIC).

CSAB Priorities 2020 - 2021

PREVENTION



What has been done

- Age UK have raised their profile of safeguarding within their internal governance by instituting regular meetings to review safeguarding activity. This is led by the CEO who has overall responsibility for safeguarding.
- ASC was the lead for Multi agency Bitesize training sessions held across the partnership connecting both the Catherine and the previous VB SAR for training purposes. These sessions were well attended with further dates requested.
- Learning from completed SARs was undertaken across the partnership – see slide 12 which lists the learning from the Catherine SAR.
- CSAB Strategic Plan 2021 – 2024 developed <https://www.croydonsab.co.uk/about-us/what-we-do/>
- During the World Autism Awareness week in March/April 2021 the Met Police held a series of training for Police staff across the MPS.
- Multi-agency vulnerable adult work undertaken between the Police and the GP Forum. Police colleagues presented at the forum on stalking which included against vulnerable adults.

The vision for ICN+



Integrated Community Networks Plus (ICN+) Localities

Integrated Community Networks Plus (ICN+) is a major programme of transformation and integration that will improve outcomes for Croydon people through a proactive and preventative approach within each of the six localities of the borough, focused on all adults and aligned with services for children and families.

ICN+ is a flagship initiative within the Croydon Health and Care Plan, using a targeted approach to designing services based on population health need, place local voluntary partnerships at the heart of locality working and frontline health and care staff brought together in integrated locality teams, within a co-working space.

The ICN+ comprise of a core ICN+ locality team that include, Community Nurses, Social Workers Pharmacist, Personal Independence Coordinator (PIC), Mental Health PICs, Allied Health Professionals, members of the Voluntary sector, Specialist services e.g. Speech and Language Therapist, Dietician.

CSAB Priorities 2020 - 2021

COMMISSIONING



What has been done

- Age UK produced a new safeguarding policy and procedures and now have separated Adult & Children safeguarding in order to make it easier for staff to read and understand.
- SLaM established South London Listens and between November 2020 and March 2021 the campaign heard from 5,732 people across South London and focused on reaching groups disproportionately affected by mental ill health. There were also 'mini-summits' in several boroughs, attended by community leaders and MPs to share their experiences, views and establish priority areas. <https://slam.nhs.uk/about-us/get-involved/south-london-listens>
- SLaM in conjunction with St George's Mental Health Trust have commissioned a safeguarding adult E-learning training package aimed at developing staff awareness and competency in how we respond to safeguarding concerns.
- The Intelligence Sharing Group has continued to have oversight of the provider market, the multi agency membership has expanded with a high level of engagement. New chair appointed from the CCG with meetings held every two months.

What needs to be done

- South London Listens identified priorities: Social isolation, loneliness and community involvement; helping people who are at risk of losing their jobs cope; housing insecurity and environment; supporting communities and groups who experience disadvantage; supporting families, children and young people and developing a long-term, joined-up approach to prevention.
- Work with partners around unregulated services across the borough learning from work planned or taking place in other London boroughs. CQC registered providers are monitored on a regular basis but unregulated providers such as supported living are not monitored in a systematic way.
- Work towards a co-ordinated approach from commissioning and contract monitoring on how we share information/intelligence on a regular basis and what should be the priorities going forward based on multi-agency feedback.
- Develop an approach to monitoring of the quality of care homes for our residents that are placed out of borough.
- Croydon will be contributing to the 3rd phase of the National Covid-19 Adult Safeguarding Insight Project. This has been developed to create a national picture regarding safeguarding adults activity during the Covid-19 pandemic. The report can be used to benchmark, reflect and identify issues within their locality to support learning and change.

CSAB Priorities 2020 - 2021

COMMISSIONING



healthwatch
Croydon

What has been done

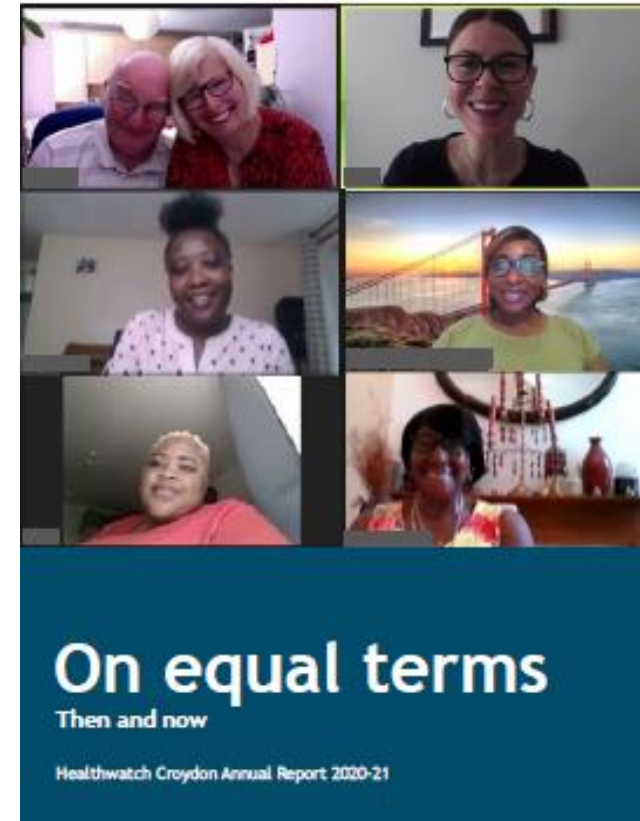
- Commissioning of a MH transforming programme

Reshaping the Crisis Offer:

- Improving MH connectivity with 111/999 calls and SLaM Crisis line 0800 7312864 or Acute Referral Centre.
- New roles in Emergency Dept/Home Treatment Team Peer Support Workers.
- MH Clinical Assessment Unit expanding the 24/7 Psychiatric Liaison offer.

Integrated Working/Specialist MH Care:

- MH Wellbeing Hubs providing access to all MH Care Pathways co-ordinating care in collaboration with clinical teams.
- Reshaping specialist MH care aligning to Integrated Care Network (ICN)+ Localities.
- Investing in Mental Health Local Voluntary Partnerships



Healthwatch Croydon Annual Report 2020/21

<https://www.healthwatchcroydon.co.uk/about-us/annual-report-business-plan/>

CSAB Priorities 2020 - 2021

Making Safeguarding Personal



What has been done

- Age UK continues to work in order for the Croydon residents voice is clearly heard and acted on.
- Age UK are represented at the CSAB quarterly meetings and on the Voice of the People sub group.
- SLaM as part of their in-house staff training programme on promoting a person-centred approach. Adapting safeguarding documentation to prompt collaboration with service users and promote co-production in risk and safety planning.
- The Voice of the People (VOTP) sub group was established and very quickly extended it's membership taking advantage of the networks covered within their membership. A work plan agreed to include co-produced events raising awareness of safeguarding.
- The VOTP began planning to produce with other a set of citizen led resources to include leaflets, guidance and posters.

What needs to be done

- Strengthening the work with the engagement of ethnic minority groups.
- Safe implementation of the Liberty Protection Safeguards Scheme and have good oversight for developments across health and social care in Croydon.
- The CSAB to have more minority group leaders present, to help get not only the word but the message across all groups that any level of abuse is not acceptable and should not be tolerated.
- Continue the engagement with the LondonADASS/ Healthwatch project for people with lived experience. Croydon nominating three representatives to sit on the London Voice of the People network.
- Continue the work with the dashboard and data collection so all referrals are captured so there are no gaps missing within the data such as younger people.
- VOTP sub group to raise awareness at jointly run events with existing networks. The launch of a suite of resources which are co-produced with Croydon citizens.

CSAB Priorities 2020 - 2021

QUALITY & IMPROVEMENT



What has been done

- Age UK records and produces monthly statistics of safeguarding referrals made and received for their Trustee Board.
- SLaM over the past year have improved their data collection which will go some way to enabling them to identify trends and sign posting them to areas where we need to improve.
- SLaM safeguarding lead practitioners have been fully engaged with the CSAB, attending and contributing to the various sub groups and reviews. They have engaged with partner agencies and built strong and resilient relations with colleagues across the partnership.
- The Performance and Quality Assurance sub group have continued to implement and monitor a multi agency quarterly CSAB Dashboard.
- In 2020/21 YTD data for Primary Care in Croydon indicate that 81% compliance with the annual health checks for people living with learning disabilities was achieved. [CCG].

What needs to be done

- Continue to work towards implementing the Integrated Care System (ICN) model at the SWL level with partners under the leadership of senior managers/executive leads.
- Build on the capacity for safeguarding adults and work towards appointing a named doctor to support the designated nurse.
- Strengthen the process of reconciliation of safeguarding S42 enquiries undertaken for health sector in order to improve the quality of information sharing between Health & Adult Social Care.
- Continue to strengthen the process to gain assurance on how learning from safeguarding enquiries and SARs are embedded including transition from childhood to adulthood.
- Develop a concise CSAB competencies document to include a high level position statement, the Bournemouth Competencies (for ASC staff) and the Intercollegiate Competencies (NHS staff). Working with commissioning colleagues, providers and develop a plan to disseminate the information and expectations widely.
- The Performance and Quality Assurance sub group to revise the multi agency CSAB Dashboard, reviewing the current indicators aligning them so that data agencies are able to collect and what is needed to inform planning and practice.
- Two multi agency themed audits planned, Mental Capacity to take place in November 2021 and a re-run of the self neglect audit in early 2022.

CSAB Priorities 2020 - 2021



QUALITY & IMPROVEMENT

What has been done

- The newly established CSAB Training & Improvement sub group met setting out it's work programme aligned to the Strategic Plan. It gathered information about the training currently undertaken across the partnership in order to identify gaps and duplication.
- The Performance sub group continues to use the data collected as part of an intelligence safeguarding approach in order to understand where the risks exist and what actions are required to address it. This intelligence leads to the planning of the multi agency themed audits.
- During the period 1st April 2020 to 31st March 2021 **100%** of Croydon Mind new staff who joined in this period were trained in safeguarding and 100% of existing staff received safeguarding refresher training during this period.
- Quarterly CSAB meetings reviewed agenda planning with each of the meetings beginning with a case study from across the partnership enabling live discussion with actions to be taken forward.
- The CSAB agreed to undertake the London SAB Safeguarding Adult Partnership Audit Tool [SAPAT].

What needs to be done

- Undertake the Safeguarding Adult Partnership Adult Tool, this takes the form of a challenge event of four domains: Making Safeguarding Personal, Achievements and Challenges, Covid-19 pandemic and learning from safeguarding adult reviews.
- The CSAB will hold it's Development Day in December 2021.
- The CSAB to purchase and embed the QES Case Review System for Safeguarding Adult Reviews. This will enable the SAR sub group to hold the data in one place, it will improve the management of notifications, decision making and record keeping.
- The Training & Improvement sub group will undertaken the develop of a Training Strategy.
- The Performance sub group to lead on a review of the CSAB Dashboard looking at whether the information is relevant or cannot now be collected. This will be followed by a workshop where a new Dashboard will be drafted before going to the CSAB for ratification.
- Improve intelligence sharing on the quality of care by providers to allow a simple checklist for professionals to complete each time they visit and to be used as ongoing monitoring of services.
- In November 2021 to undertake the Local Government Association (LGA) Survey measuring the impact of Safeguarding Adult Boards.

Voice of the People

What our partners telling us?



"I just wanted to thank you from the bottom of my heart for all your advice support and kindness. I really do appreciate it. You have been so kind and I do not know how I would have coped without your support and guidance.

[Adult being supported through DA by s42 social worker]

With the ongoing safeguarding training, abuse is being recognized by staff and able to inform clients what abuse is and how its not acceptable. The adult at risk is telling us they are better informed about abuse and how it can be reported.

[Age UK]

Identification & Referral to Improve Safety (IRIS) a Programme for domestic abuse in GP practices.

"The IRIS programme has really helped us to understand the triggers to identify when patients are victims or perpetrators of domestic abuse".

[GP]

It reports that residents have said that they have felt isolated during the covid-19 pandemic as regular activities have not been in place and loss of regular contact with family and friends.

[Healthwatch Report]

The data is telling us that feedback from care homes has shown that the approach or regular engagement and support from the Council has helped them during the last year and they have not felt along during this difficult period.

[LBC Commissioning]

Providers expressed their gratitude for the support offered by the safeguarding team as the subject matter experts and the fact that the team often act as conduit between the health providers and adult social care. Potentially improve outcomes for the residents of Croydon by early identification and reduction of safeguarding risks.

[Provided by CCG]

It was greatly appreciated especially during our initial conversation. I felt you listened and truly heard me, which enabled me to hear my own feelings surrounding my father's care at xxxx care home.

You were supportive and this has enabled me to accept the importance of closure regarding my concerns about Dad's care at the care home. You have a natural calm, patient and considerate manner along with listening skills which will always bring out the best in others.

[Various Service User feedback to ASC S42 Team]

The Recovery Space responded to the referral for Mrs B within 24 hours after her discharge.

Mrs B reported 'her mood had improved and not experienced voices'

[Provided by CCG]

CSAB Priorities 2020 - 2021

VOICE OF THE PEOPLE



What has been done

- The Voice of the People Sub group [VOTP] was established.
- The VOTP sub group have set out a work programme and timeline to raise awareness across all communities including presenting at the BME Forum in June 2020 with a goal to find volunteers to be part of a focus group to develop a suite of resources.
- A report was commissioned by the Council via Healthwatch to look at the impact on residents and staff in care homes from covid-19 with an action plan focussing on key issues for residents and staff. [See slide 20]
- Dedicated communications support was put in place to support the Care markets focusing on quality and safeguarding. This included weekly webinars, newsletters, specific training sessions, dedicated single point of contact and dedicated webpage.

What needs to be done

- Build on the networks already in place in order to reach across all communities.
- VOTP working group will work in co-production to produce a set of resources.
- Resources to be disseminated and further presentations on 'Keeping you Safe' at other groups/forums.
- Continue to support and engage with the work of the London Voice of the People Group, this involves finding three volunteers with lived experience, two have already signed up to this project for Croydon. This is a piece of joint work between the Safeguarding Adult Boards, Healthwatch and LondonADASS.
- The VOTP will continue to work with the other CSAB sub groups aligning it's work programme with what the data is telling us and the themes/recommendations coming out of the Safeguarding Adult reviews.

Keeping You Safe Event - Next Steps



Phase 1

Workshops/Events - hold events like this to share this work and the work of the VOTP

Use events and communications to raise awareness of the work of the CSAB and how to keep people safe

Review examples of leaflets and posters – collect feedback to assist in co-producing resources for Croydon

Phase 2

Bring together volunteers from events to form a Focus Group

Focus Group to develop resources: Posters/Leaflets in the first instance

Continue to hold events and build on the Focus Group membership. Develop a Citizen Led Guidance booklet.

26

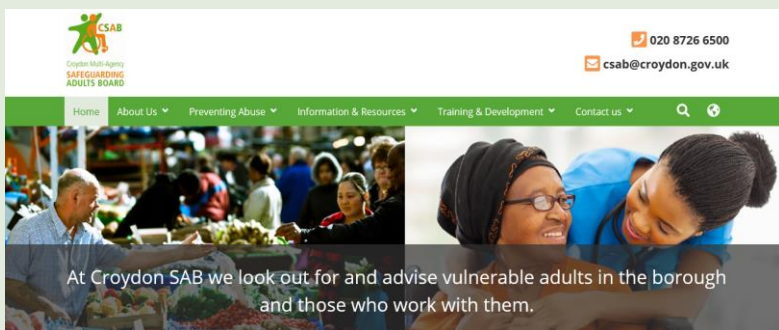
CSAB Priorities 2020 - 2021

COMMUNICATION & ENGAGEMENT



What has been done

- CSAB Website used as an information hub for partners during Covid-19
- CSAB Manager attended Care Home Provider Forum to raise awareness of the work of the board.
- Work started on new templates for CSAB resources to further raise awareness of safeguarding across all communities. The templates will be used for the 7 Minute Briefings, presentations, newsletters and firstly for this Annual Report.
- Daily information emails sent out across the partnership in November during the National Adult Safeguarding Week.
- Dedicated communications support was put in place to support the Care markets focusing on quality and safeguarding. This included weekly webinars, newsletters, specific training sessions, dedicated single point of contact and dedicated webpage.
- The CSAB welcomed new board members from the BME Forum, HMPP, DWP and Healthwatch.



What needs to be done

- Regular updating of the CSAB website to enable it to be used as a multi agency information hub.
- Use of the new templates to produce the annual reports, newsletters and 7 minute briefings.
- Develop a CSAB Planner for sharing with members as a website document, to cover all the work planned for the CSAB and sub groups.
- Make enquiries about setting up a CSAB Twitter account with the view to going live in 2022.
- Support the National Safeguarding Adults week in November 2021 by sharing of information and holding events.

Croydon Mind were able to serve **120** Christmas Dinners to people the week beginning Monday 14th December 2020. For further information about our Christmas Dinners please click on this link:
<https://www.mindincroydon.org.uk/news/hub-socially-distanced-christmas/>



In October 2020, launched a new service the Recovery Space. The Recovery Space was co-produced alongside our statutory partners within Croydon University Hospital, Emergency Department as well as with staff from SLAM. The service is funded by South West London Clinical Commissioning Group and it provides support in a non-clinical setting as an alternative to hospital. It is an out of hours service; 6-11pm nightly, 365 days a year. For further information about this service please click on this link:
<https://www.mindincroydon.org.uk/how-we-can-help/support/recovery-space/>

During the period 1st April 2020 to 31st March 2021 this service provided **267** hot meals and delivered **274** Food Parcels. For further information on this please click on this link:
<https://www.mindincroydon.org.uk/news/fairfield-house-food-deliveries-by-london-fire-brigade/>
In addition they provided **106** people with shopping. All of this activity was delivered to the most vulnerable clients who were isolating throughout the various lockdowns. 27

Governance & Accountability arrangements

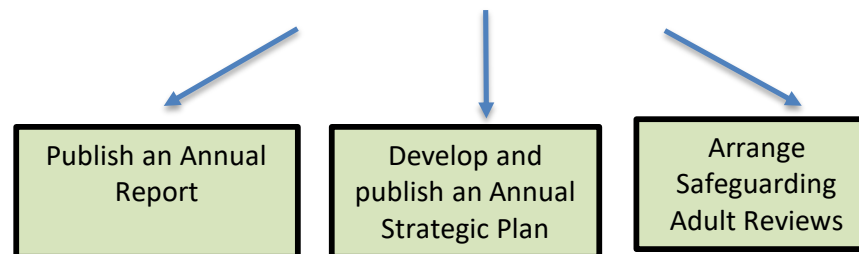


Care Act 2014

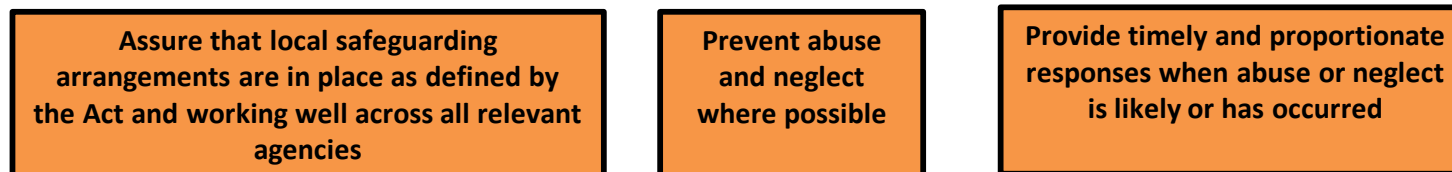
SAB Membership
includes:
Local Statutory &
voluntary sector
organisation and a
Lay Member.
Chaired by an
Independent Chair

**Safeguarding Adult Board
[SAB]**
Statutory Partners are:
Local Authority, Police, Clinical
Commissioning Group

Core duties of the SAB



The SAB will embed the requirements of the overarching Care Act to:



Six Safeguarding Principles



The national guidance says that six principles should guide all safeguarding adults work

Empowerment

Talk to me, hear my voice

Protection

Work with me to support me to be safe

Prevention

Support me to be safe now and in the future

Proportionality

Work with me, to resolve my concerns and let me move on with my life

Partnership

Work together with me

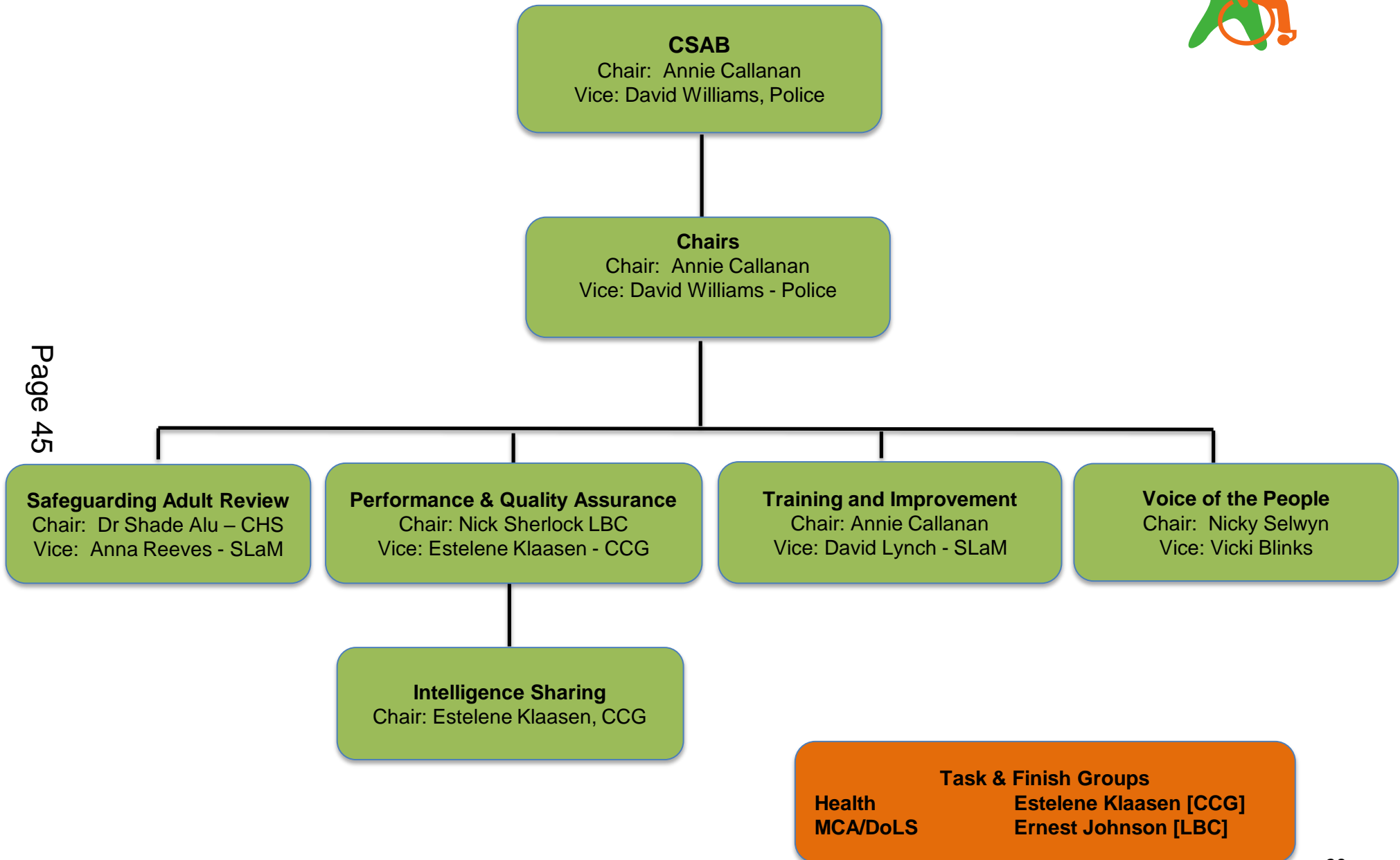
Accountability

Work with me, know you have done all you should

CSAB Structure



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CSAB Structure



All sub groups will have a Chair & Vice Chair agreed by the Board to ensure governance and accountability. Each Sub group develops a work plan reporting to the board on progress against the strategic priorities and this will inform the Safeguarding Annual Report. The Health and MCA Task & Finish Groups undertake specific projects as and when required.

Chairs Sub Group

The Chairs monitor and review the CSAB Strategic Plan progress and priorities. Have oversight of the Board's work through its sub groups.

Performance & Quality Assurance

Working together to oversee, support and monitor the quality of care across the partnership in order that safeguarding standards keep people safe and minimise risk.

Safeguarding Adult Review

Considers requests which may meet the statutory criteria, to make arrangements for and oversee all SARs ensuring recommendations are made, messages are disseminated and lessons learned.

Training & Improvement

To explore and implement the training and learning needs of partners in order to deliver a co-ordinated training programme. It will be focussed on improving the outcomes for adults at risk in Croydon, have oversight of training and identify gaps and duplication.

Voice of the People

Support a person centred approach and focus on demographic groups which are under represented in safeguarding data. Raise awareness of safeguarding and what it means to the resident with the voice of the resident heard and acted on.

Intelligence Sharing

Support the CSAB with regards to prevention by managing the provider market through frequent market oversight. It allows colleagues from all aspects of health and social care to share good practice and concerns.



Funding arrangements for the CSAB

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no increase in member contributions.

Income 2020/2021

£58,660	London Borough of Croydon
£21,670	Clinical Commissioning Group
£21,670	Croydon Health Services
£15,000	South London & Maudsley
£5,000	Met Police
£1,000	London Fire Brigade
Total	£123,000

2020/2021 Expenditure:

£84,938	Staffing
£104	Administration
£848	Website design & support
£400	Training
£12,000	SAR budget
Reserves have been carried over and the budget for 2021/22 proposes to utilise some of the reserves for future SARs as the national/local picture shows a trend of commissioning SARs is increasing.	
Total	£98,290



NHS

London Ambulance Service
NHS Trust



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Safeguarding Annual Report 2020 – 2021



<https://www.croydonsab.co.uk/information-resources/>

Click link above for full report

Glossary



ADASS	Association of Directors of Adult Social Services	MCA	Mental Capacity Act
ASC	Adult Social Services	MSP	Making Safeguarding Personal
BAME	Black and Minority Ethnic	MASH	Multi agency Safeguarding Hub
CCG	Clinical Commissioning Groups	MPS	Metropolitan Police Service
CHS/CUH	Croydon Health Services/Croydon University Hospital	NHSE	National Health Service England
CSAB	Croydon Safeguarding Adult Board	PIC	Personal Independence Coordinator
CQC	Care Quality Commission	SAR	Safeguarding Adult Review
DoLS	Deprivation of Liberty Safeguards	SAPAT	Safeguarding Adult Partnership Audit Tool
DWP	Department of Working Pensions	SLaM	South London & Maudsley NHS Foundation Trust
HMPP	Her Majesty's Prisons and Probation	SI	Serious Incident
ICN+	Integrated Community Networks Plus	VOTP	Voice of the People
IRIS	The Identification & Referral to Improve Safety		
LD	Learning Disabilities		
LFB	London Fire Brigade [Croydon]		
LAS	London Ambulance Service		
LGA	Local Government Association		

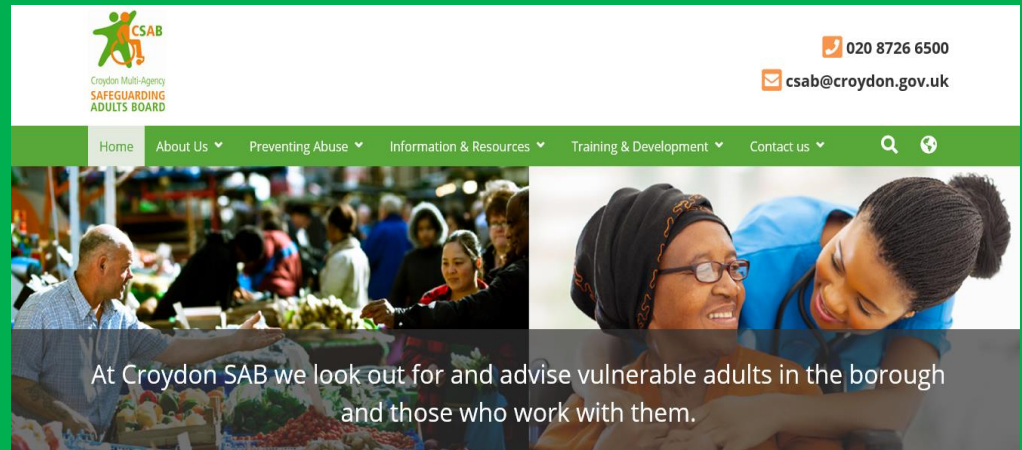
How to contact the CSAB

Annie Callanan, Independent Chair
annie.Callanan@croydon.gov.uk

Denise Snow, Board Manager
Denise.snow@croydon.gov.uk

Lesley Weakford, CSAB Co-ordinator
Lesley.Weakford@croydon.gov.uk

or csab@croydon.gov.uk



<https://www.croydonsab.co.uk/>



Croydon Safeguarding Adult Board

ANNUAL REPORT – 2020/2021

Presentation

“working together safeguarding, supporting and making services better for adults in Croydon who are at risk of abuse and neglect”



Governance & Accountability arrangements

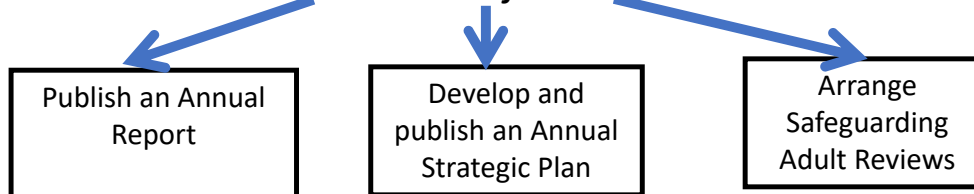


Care Act
2014

SAB Membership
includes:
Local Statutory &
voluntary sector
organisation and a
Lay Member. Led
by an
Independent
Chair

Safeguarding Adult Board [SAB]
Statutory Partners are:
Local Authority, Police, Clinical
Commissioning Group

Core duties of the SAB



The Care Act Guidance sets out a number of elements for SABs including:

- Assure that local safeguarding arrangements are in place as defined by the Act and working well across all relevant agencies
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred



Remit of the Annual Report

- The Report is produced by the Croydon Adult Safeguarding Board.
- The bringing together of the report is overseen by the Independent Chair
- The Report has to be signed off and agreed by the Croydon Adult Safeguarding Board before it is shared with appropriate Committees of the Council, Clinical Commissioning Group (CCG) and the Police (these are the statutory members of the Board)
- The report outlines the work of the Board and its partners over the previous year
- It Highlights any SARs that have been published. Last year there was one published – but there were 4 others in progress – which have just been finalised and will be raised in the next Annual report
- The report also outlines safeguarding activity from the previous year.
- Is expected to included the voices of residents who have been involved in the safeguarding process
- Above all the report has to be accessible. The Guidance is clear on this and states *“The Report is meant to be a document that can be read and understood by anyone”*

Summary 2020/21

- The Independent Chair of the Croydon Safeguarding Adult Board I am responsible for publishing an Annual Report, this is a statutory function of the board.
- The Report identifies areas where we have:
 - Made developments
 - Where more work is needed
 - Areas of major challenge
- CSAB published a SAR which identified gaps in working across agencies to protect people who are vulnerable. There were key lessons to be learnt from this case. Despite the impact of COVID a programme of multi-agency learning has been rolled out using 'teams' / remote learning
- COVID-19 – huge impact on health & social care activities. The CSAB member organisations were at the forefront of the responses to COVID – which meant priorities and responses were changed and adapted to meet the challenges presented. However there were some positives which came out of this difficult landscape which will be taking forward. These include
 - Remote working systems which allowed the work of the Board and the supporting Board Groups to continue
 - The changes in processes in practice which enabled the people to be continued to be safeguarded – even during the periods of lockdown
 - The work with Providers to support homes in protecting their residents
 - The support to people experiencing domestic violence
 - Supporting people who are experiencing serious mental health issues





Next Steps

- Similar to all Health and Social Care organisations the demands of COVID shifted activity and priorities – so in many respects the next year will need to re-visit some of last years priorities and workstreams. Key areas include
 - **Redesigning the dashboard** in regard to safeguarding activity across the partnership. Last year saw significant changes in adult safeguarding – which included the amendment of the safeguarding process and the introduction of a new electronic client system – Liquid Logic. There is also a need to re-evaluate the data being provided across the partnership – for example Mental Health
 - **Improving the safeguarding experience of BAME Communities.** These Communities continue to be under represented in safeguarding referrals. This work was started by the ‘Voice of the People’ group. COVID and the focus on such areas as vaccine take up meant this work sat in the background. It is now being taken up again
 - Focus on the experience of **homeless people**. A SAR which was presented to CSAB in October – highlighted this area of work and there is an action plan to support this.
 - **Domestic Violence** is an area of growing major concern – and it is has been a focus of the CSAB over the last year
 - **Mental Health** is an issue that is having an impact across society following the pandemic and is an area which The CSAB plans to re-focus on in the next year

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Agenda Item 6

REPORT TO:	Health & Social Care Sub-Committee 9 November 2021
SUBJECT:	CROYDON TOGETHER: WINTER CHALLENGES
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Matthew Kershaw – Croydon Health Service Chief Executive & Place Based Leader for Health Annette McPartland – Corporate Director for Adult Social Services
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	This item has been included on the agenda to allow the Health & Social Care Sub-Committee to seek reassurance that adequate mitigation has been identified to enable health and social care services to cope with a range of possible challenges this winter.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to note the content of the presentation on the winter challenges facing health and social care services and consider: - <ol style="list-style-type: none">1. Whether the main challenges facing health and social care services in the borough have been identified,2. Whether it is reassured that the appropriate controls and mitigation are in place to manage these challenges.

1. HEALTH & SOCIAL CARE UPDATE: WINTER CHALLENGES

- 1.1. The Health & Social Care receive regular updates from the health and social care partners in the borough on their plans to manage the demands upon services over the winter period.
- 1.2. The presentation attached at Appendix A, has been provided by health and social care partners to give the Sub-Committee an overview of the main challenges facing services as they enter the winter period.
- 1.3. Sub-Committee members are asked to consider whether the main challenges facing health and social care services in the borough have been identified, and whether they are sufficiently reassured that the appropriate controls and mitigation are in place to manage these challenges.

CONTACT OFFICER:

Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny

Contact: simon.trevaskis@croydon.gov.uk

APPENDICES TO THIS REPORT

Appendix A: Croydon Together: Winter Challenges

Croydon Together

Winter challenges

Matthew Kershaw

Chief Executive and Place Based Leader for Health

Agnelo Fernandes

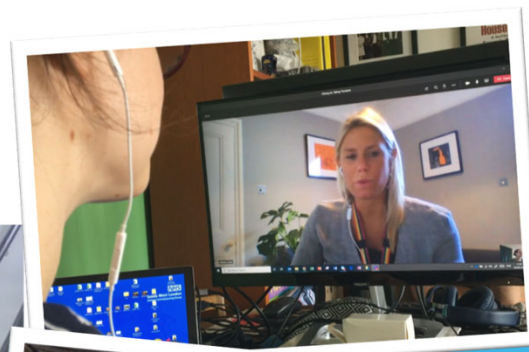
Chair of the Croydon Place Committee

Annette McPartland

Director Adult Social Services

Rachel Flowers

Director Public Health



Health and Social Care Sub Committee
Tuesday 09 November 2021

CROYDON
www.croydon.gov.uk



SYSTEM WINTER PLAN 2021-2022

Matthew Kershaw
Chief Executive and
Place Based Leader for Health

Croydon

Draft 3
06/10/2021



Winter planning ask

- Winter planning is being undertaken at ICS level, with Croydon contributing to SWL ICS winter plan
- Particular focus this year is on how elective activity will be maintained through what will be very challenging winter period

Purpose	<ul style="list-style-type: none"> • To prepare consistent ICS level plans which ensures London is prepared and well organised to manage the likely convergence of UEC and elective demand pressures over the coming winter • To highlight key actions that national and regional colleagues can do to support ICS plans
Planning Domains	<ol style="list-style-type: none"> <li data-bbox="548 545 1843 837"> 1 Urgent and emergency care, including Covid, influenza and mental health <ul style="list-style-type: none"> • Set out expected urgent and emergency care demand* (including mental health and paededs) • Set out your mitigations to minimise demand in secondary care and manage capacity in primary care, 111 and Urgent Treatment Centres. Quantify expected impact • Set out your actions to optimise flow with a focus on minimising LoS and optimising discharges for both NHS and local authority related delays in discharge. Each ICS should also detail its approach to minimising delays handing over patients from 999 services to ED staff, including the establishment of a Priority Admissions Unit (PAU) or a facility to cohort patients waiting for handover • Set out your planned staffed bed capacity to support residual secondary care demand • Set out any pan London actions or approaches which would guarantee access to services for high risk patients e.g. cancer, cardiac, transplant and other P1/P2 patients and emergency access to heart attack centres, trauma units and stroke units <li data-bbox="548 846 1843 1016"> 2 Elective care <ul style="list-style-type: none"> • Set out expected elective care demand* consistent with a full elective programme and existing long waiter plans • Set out your planned actions to ensure that that this demand is met as far as possible and in line with recovery principles (e.g. HVLC pathways and ringfenced P1/2 capacity) • Set out your approach to ensuring that clinical risk is managed in the medium complexity / urgent patient cohort • Set out any pan London actions or approaches which would support or enhance your elective plans <li data-bbox="548 1024 1843 1130"> 3 Staffing <ul style="list-style-type: none"> • Set out actions needed to ensure staff wellbeing and resilience (restate spring staff plans where appropriate) • Set out key staffing actions to support delivery of emergency and elective care (e.g redeploy / ratio changes) <li data-bbox="548 1138 1843 1235"> 4 Governance and process <ul style="list-style-type: none"> • Set out your approach to operationalising your plan and managing risk on a day to day basis, including role of ICS clinical leadership and when your ICC would be stood up
Timescale	<ul style="list-style-type: none"> • Plans to be completed by midday 30 September 2021
Format	<ul style="list-style-type: none"> • PowerPoint return for questions above. • Excel return for adult secondary care ACC and G&A bed demand and capacity*

* For consistency we would ask that ICSs adopt our ICS level high **bed** demand assumptions unless they are considered materially incorrect

Winter planning domains

- Winter plan assurance is focused on five domains
- Issue are summarised for each part of the Croydon System in following slides

EXTERNAL EVENTS

Systems should consider both national and local factors beyond the immediate healthcare setting and how these have the potential to impact on the domains below. Systems may wish to use strategic planning techniques such as PESTLE analysis to support this.

DEMAND

Systems should use sophisticated techniques to model expected demand on services across the winter period. Where specific providers do not have good history of accurate forecasting additional analytical support should be considered

CAPACITY

Systems should thoroughly review their available physical capacity including specific capacity to support winter. Where capacity available does not meet the predicted levels of demand mitigating actions must be taken. Systems should also define thresholds at which capacity risks being overwhelmed and agree clear escalation procedures if these tolerances are met

EXIT FLOW

Systems should review all points of interaction between services and identify any instances of friction. Where delays are identified systems must ensure clear approaches are in place to alleviate these agreed between all affected parties

WORKFORCE

Systems should ensure that both clinical and non-clinical workforce levels are reviewed and aligned to the expected levels of demand and capacity. Steps must be taken to ensure all rosters are completed in good time and any workforce gaps mitigated as far as possible. Procedures should also be agreed to manage short notice sickness effectively to avoid this impacting service delivery

Croydon system winter planning domains





Key Risks

There is a risk that...	Caused by...	Leads to...	Mitigating Actions
Staffing will be inadequate to maintain and ramp-up services in response to surge.	Covid isolation (direct and indirect), annual/planned leave, identified staffing gaps, reliance on bank/agency staff which are non consistently able to be filled, leaving resulting gaps. Particular staffing gaps such as in therapies.	Potential for unsafe staffing, or closure of non-core services. Delays to discharge and flow impacting on bed availability and patient outcomes	Additional sickness shortfall factored into clinical rosters in addition to annual leave Surge and escalation plans, supplementing mutual aid plans at each organisation and system level in place, allowing for flexible allocation of resources across the system Business continuity plans at departmental, organisation and system level in place Full use of bank/agency/ recruitment/ redeployment opportunities Clear Operational Pressures Escalation Levels (OPEL) levels Prioritisation of rapid response workload to in-reach, where necessary and support expedited discharges under the 'Discharge to Access' (D2A) model via the Transfer of care hub Re-organise the workforce to support flow pressures, e.g. cancelling non-urgent meetings, re-organising service provision within other areas Effective use of voluntary and community groups in primary and community care to unlock the potential in local community and support strength based approach Overseen at an operational level by identified flow lead Provision of additional bed capacity in the hospital community and private sector.
Demand for non elective compromises the elective programme and other planned work in primary and community.	Unprecedented winter pressures, additional to COVID-19 (beyond predictive model)	Patients becoming increasing unwell and at risk of deterioration Reduction in increase in waiting lists reduction/cessation of non urgent work	Comprehensive management response implemented following detailed review of elective and diagnostic backlogs, and includes: Maximising use of the independent sector Waiting list initiative rates for all staff to support additional lists/clinics in addition to their normal workload Extending current provision eg day case unit to be a 7 day unit with overnight stay Provision of virtual outpatient consultations.
Patients with minor illnesses continue to attend at ED	The demand on Primary Care continues at high levels	Patients attending ED with illnesses that could be managed in primary care putting increased pressure on these services	Primary Care escalations in place for each borough that can be triggered by AEDBs Daily sitreps in place to monitor demand in Primary Care A new Access Improvement Programme has launched to improve access and aims to reduce waiting times for patients & improve patient satisfaction Minor illness services at some sites Redirection pilots in place to help manage demand
Physical space will be compromised and become unsafe	Ongoing Covid restrictions limiting space available for patient care Increased numbers of patients attending UEC facilities	Risks to patient and staff safety Increased opportunities to spread infection	OPEL plans to monitor the numbers of patients in departments and trigger actions Demand management plans enacted to reduce numbers of patients attending sites Potential for increased use of redirection Review of covid restrictions through risk assessments Continued focus on flow to reduce time patients are in UEC facilities
111 continues to perform poorly in terms of responding to patient calls	Increased level of demand to the service Staffing deficits Service leadership	Patients abandoning calls and attending in person Patients losing confidence in 111 and defaulting to EDED/UTCs/Primary Care Increased pressure of ED/UTCs/Primary Care	LAS commenced as a resilience partner taking a percentage of calls Local additional CAS capacity London CAS and overflow capacity Strong focus on service improvement through RAP
Severe winter weather impacts on already pressurised services		Gaps in staffing where the weather has impacted on transport. Services to support discharge eg patient transport are impacted delaying discharge are impacting on flow.	Early identification of these and management via the system surge plan will be critical to ensure any impact is minimised. Local system surge plans agreed for implementation as required.

Patient Safety



Croydon winter one page summary

Specific Requirement	High level Narrative on plans / actions	RAG Status
Demand and Capacity plans, including discharges, for the Acute providers	Current modelling using High COVID scenario indicates unmitigated shortfall of up to 134 beds. Mitigations in place include increasing community capacity (beds and packages of care), use of virtual ward, increased use of SDEC, and expansion of Integrated Discharge Team expected to close most but not all of this shortfall	Red
Demand and Capacity plans, including discharges, for Mental Health	SLAM has secured additional private capacity to support MH inpatient pathway. Community alternatives (including Recovery Space) in place and CAU now open on CUH site to support least restrictive options for patients in MH crisis. 'Right Care' Programme underway to reduce LOS and facilitate discharge. Despite these measures, risk of shortfall remains.	Yellow
111 First	IVAS service will continue to provide validation of ED disposition and direct patients away to more appropriate settings. Direct access to primary care is in place, and direct access to SDEC will be brought online in line with pan-London timetable.	Green
Escalation capacity	CHS is undertaking estates work to create an additional 28 bed escalation ward, to open in December. However, there remains a forecast gap between IP capacity and forecast demand in the 'high COVID' scenario.	Yellow
Full-capacity protocol	CHS' Full Capacity Protocol cannot be delivered within current IPC framework. However, alternative options for rapidly decanting ED and creating additional RATT capacity for ambulances have been put in place	Yellow
Potential for mutual support	Croydon is committed to supporting system partners in SWL and will provide mutual aid when possible and necessary.	Green

General Practice Winter Plan (1/2)

1. Effective management of Covid-19 and other infectious diseases in the borough

- *Preventing healthcare-acquired Covid-19:* Practices have been encouraged to work collaboratively on their business continuity plans, ensuring buddy arrangements are in place and to support resilience if staff are having to isolate.
- *Triage:* All practices are seeing patients face to face where required or requested, but continue to triage patients and see patients remotely where appropriate
- *Emergency planning for future waves of COVID:* The COVID expansion fund has supported general practice to deliver on the seven priority areas which are:
 1. Increasing GP numbers and capacity;
 2. Establishment of the COVID oximetry@home model;
 3. Identifying and supporting patients with Post COVID;
 4. Continuing to support clinically extremely vulnerable patients;
 5. Continuing to reduce the backlog of appointments including for chronic disease;
 6. On inequalities, significant progress on learning disability health checks;
 7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

2. Proactive and preventative approach to keep Croydon well over winter

- *Managing complex patients:* practices have restored activity levels to pre-pandemic levels for patients on the LTC registers and who require LD and SMI health checks
- *Population health management approach:* Practices have a range of data which includes outbreak data, population health management and performance data. The IIF indicators together with the PCN priorities also supports General practice to address health inequalities
- *Supporting care homes staff and patients:* Every care home has a clinical lead, access to MDTs, a lead pharmacist and a weekly check-in from a GP. Homes with Older people homes have also access 24/7 to the Immedicare service for urgent needs. We are working with the provider to develop a campaign to further promote the service over winter and develop the service officer.
- *Flu vaccination programme for staff and the community:* Practices have begun their flu vaccination with combined vaccination with COVID Boosters where possible.

General Practice Winter Plan (2/2)

3. Support the people of Croydon to stay independent and only admit to hospital if required and for minimum period required.

- *Avoiding hospital admissions:* Integrating a GP within the LIFE Rapid Response team has enabled more people to be seen and treated in their own home and created capacity to manage complex cases with a response time of 2 hours. LIFE team will also hold a number of intermediate care beds to support admission avoidance for people who require rehabilitation/reablement.
- *Proving same-day emergency care (SDEC) services to avoid emergency admissions where possible:* Rapid Response Team and the Croydon respiratory Team have adopted telehealth technology for remote monitoring of patients' vital signs, which will assist with admission avoidance and reducing unnecessary face to face visits.
- *Telehealth:* Immedicare telemedicine service has access to Croydon DOS and can link directly with Rapid Response and the OOH GP to support residents in Care Homes during winter, avoiding admissions and aiding with discharges. We are also expanding the capacity of the Intermediate care beds for people requiring rehab following a hospital admission and who cannot be sent home

4. Make sure we have the capacity to care for the people of Croydon in the right place at the right time throughout winter

- *Effective workforce management*
- The ARRS scheme provides 12 additional primary care roles to PCNs including paramedics, physios, social prescribers, and these roles are being used to support the COVID response. Plans are underway to recruit the full available cohort to each PCN by the end of the financial year. The primary care routine workload that needs to continue will be supported by additional capacity in the extended access services.
- *Capacity plans (staff, equipment, inpatient beds)*
- A weekly sitrep measures practice staffing levels, sickness and isolation rates. Collaborative working has been encouraged regarding plans for suspected COVID positive patients.
- *Clear escalation actions within services, organisations and across system*
- Escalation includes supporting practices to be resilient and having a weekly sitrep in place when required Practices must inform the local Croydon team of issues that prevent them from opening/delivering a service.
- *Supporting people to die at home:* We are piloting from November a new service with St Christopher's to provide emergency support packages of care for people who are imminently dying to remain at home if that is their wish. These packages will also facilitate hospital discharges where a fast track is not in place yet.

Community and Secondary Care (1/2)

Clinically-owned directorate plans for community and secondary care have been designed that reflect the principles of the winter plan and set out:

- Service improvements/transformation schemes planned for winter
- Prioritised proposals for additional initiatives, should further resources be available
- Capacity and escalation plan
 - ✓ Effective workforce planning
 - ✓ Covid Risk Managed Inpatient bed requirements
 - ✓ Escalation actions if insufficient capacity
 - ✓ Maintaining planned care activities through winter
- IPC management and business continuity plans
 - ✓ Flu vaccination uptake
 - ✓ Maintaining social distancing and IPC guidance
 - ✓ Addressing issues identified by risk assessments
 - ✓ Business continuity plans updated to reflect Covid-19 risks (including Covid escalation actions, cross-cover and succession planning, etc)



Community and Secondary Care (2/2)

Clinically-owned directorate plans for community and secondary care have been designed that reflect the principles of

	Priority Area	Description of Schemes	Impact on delivery of UEC services over Winter eg bed mitigations	Risks to Implementation	Named Lead	Organisation
Page 69	1	Bed Deficit Mitigations	<ul style="list-style-type: none"> a) 48 additional escalation G&A beds across Edgecombe 1, Edgecombe 2 and Kenley 2 wards. Creation of additional G&A beds in Croydon Elective Centre footprint, releasing Queens 1 ward to emergency pathway to offset ward closures during critical care build. b) Additional AHP roles to support G&A flow 	<ul style="list-style-type: none"> a) Additional 48 escalation bed capacity. No loss of capacity during critical care rebuild. b) Reduced time in ED by bringing forward time of day of discharge 	<ul style="list-style-type: none"> a) Minimal - Estates works almost complete b) Successful recruitment 	<ul style="list-style-type: none"> • Lee McPhail, COO • Croydon Health
		Enhancing alternative care pathways	<ul style="list-style-type: none"> a) Increase capacity in community teams, including rapid response and community-based rehabilitation and reablement b) Surgical SDEC unit to run 24/7 c) Increase in senior medical decision-makers d) Non-clinical support roles in Telehealth virtual wards to release time to care (2 WTE – band 4) 	<ul style="list-style-type: none"> a) Reduced ED arrivals, admissions and readmissions, and length of stay b) Reduced time in ED for surgical patients, and reduction in surgical admissions c) Increased use of alternative pathways to avoid admissions and support earlier discharge d) Use of telehealth virtual ward forecast to release bed capacity of 6-8 daily beds each month 	<ul style="list-style-type: none"> a) Successful recruitment (already underway) b) Successful recruitment (already underway) c) Successful recruitment (already underway) d) Successful recruitment e) Successful recruitment 	<ul style="list-style-type: none"> • Lee McPhail, COO • Croydon Health Services/SWL CCGs
	3	Maintaining safe emergency department during winter surge	<ul style="list-style-type: none"> a) Additional ED nurses to support safe care of patients when occupancy is high (and cohorting is taking place) b) Primary care redirection stream 	<ul style="list-style-type: none"> a) Increased safety of patients in ED, reduced ambulance handover delays b) Improved wait time to be seen in UTC, improved social distancing in waiting areas in ED 	<ul style="list-style-type: none"> a) Successful recruitment (already underway) b) Minimal – in place at present (but unfunded) 	<ul style="list-style-type: none"> • Lee McPhail, COO • Rachel Flagg, Director of Transformation and commissioning

Mental Health winter plan

The mental health winter plan addresses expected winter demand, planning for a Covid-19 surge, impact of flu and the need to ensure that the trust works in collaboration with system partners to address the challenges of mental health bed capacity, 12 hr breaches in ED and challenges discharging patients.

Demand and capacity modelling

- There is no predicted increase in demand over winter for mental health services. Mental health trusts will however come under increased pressure to move mental health patients out of acute EDs much faster given the acute trust winter demand pressures. In order to provide more timely discharges from ED and medical beds, we predict we could benefit from an additional 23 beds on a monthly basis between December 2021 and March 2022.
- These beds will come from the additional capacity outlined below, and through a sustained focus on ward level length of stay reduction targets to reduce current bed occupancy levels as part of the trust Right Care transformation Programme.

Reducing demand

- We are investing funding in community transformation (PCN and community roles) to provide improved services in the community and prevent people requiring inpatient beds.
- Additional staff and improved processes will provide an enhanced Crisis line by Q4.

Increasing bed capacity

- By winter 2021, the trust will have created 5 wards of additional capacity since last winter. This includes 24 step down flats (increasing from October 2021 to a total of 36 by Q4), an additional £1m funding going to bed and breakfast accommodation, and an additional 17 private beds from Cygnet.
- We will have two Crisis Houses from Q3/4 (1 adult and 1 children and young people service) which will accept patients from ED/community into the Crisis Houses. These will both operate on a 72hrs LOS basis. These should reduce the number of presentations to ED.
- Clinical Assessment Units have been established in Lambeth (2 beds) and Croydon (4 beds) to provide a calm environment separate to ED.

Effective workforce management

- We have increased MH senior leadership within ED and across the MH crisis care pathway in a pilot with GSTT since October 2021.
- Work is being done with NHSP to ensure that fill rates are maintained and assurances sought over their ability to supply over the winter period. We are also working closely with locum agencies for our medical staff and already holding daily rota reviews to enable us to take action more quickly when gaps or changes appear in the rota.

Collaboration with social care

- For winter 2021/22 we will be providing services to:
 - Homeless hotels (Local Authority commissioned service with psychological in reach)
 - Quarantine hotels (jointly commissioned by CCG and LA with psychological in reach)
- Before winter 2021 we will establish a new process of place-based mini MADEs to have system focussed sessions to resolve barriers to discharge.



Aspects covered in Winter Planning Discussions

- Adhere to home first 'Discharge to Assess' Principles within CUH and Out of Borough Hospitals, preparation for likely legislation in near future
- Be able to match all discharges with part B assessors the day of discharge or the following day (within the LIFE service)
- An agreed need to scale up and absorb pressure across the system, seek whole system solutions

Summary of winter actions:

Action/ preparation	Update	Who	Update since Sept Board
Size of the ACT Social work team in CUH	Agreed to have 9 members in the team, up from 6- working up to this capacity, staff loan in place at present	Kemi Areola and Amanda Gibson	Currently 6 in post with another .5 cover added. Colleagues joining in November
Therapy in LIFE	Work underway to recruit to vacancies	Aisling Vaugh	All vacancies are currently have been advertised and interviews are taking place over the next few weeks. In addition, staff are continuing to work extra shifts at weekends and waiting lists are now between 1-2 weeks.
IC Beds	Scaling up to 20 (Risks: Market allowing, social work support)	Daniele Serdoz	Engagement with homes started. 3 potential homes identified. Negotiations ongoing. Visit of preferred home with clinical team planned On October 13th.
Staying Put project blocks and solutions (deep clean, vermin, repairs)	Meeting 21 st September	Sean Olivier and Lesley Roman	Sean meeting Staying Put in November for more creative use of the fund
Escalation Links from CUH managers to B Councils	Work in Progress, some strengthening of links required, others working well	IDT Managers	Currently escalating via a robust list of contacts and at the escalation meetings with Croydon – working on Ops Policy to include timing for escalation.
Expanded discharged team and increased integration within IDT, care coordinators	In progress	Huw/Angus	Interviews for all grades will have been completed by mid October. Offers been made to 6/12 band 3s, 1 Band 7 and the Band 8A manager. Start dates to be determined in October and further interviews for remaining vacancies to take place in October.
Winter Funding Support/ Covid Support	<ul style="list-style-type: none"> • Announcement made of ongoing Covid support • What this means locally to be outlined • Council has concerns over resource capability to meet need 	Sean, Steven H, Huw, Maria, Amanda, Simon, Daniele	Funding agree by CCG for Council to use to increase winter staffing from October to March. Recruitment process underway for social workers, placement officers and brokers as well as equipment provision.
Additional Weekend Support	<ul style="list-style-type: none"> • Winter funding allows the Saturday offer to continue for part B reablement assessments • Brokerage can broker care on Friday to allow discharge on a Sunday so that weekend flow continues. Part B assessments then take place on Monday 	Sean Olivier, Stephen H	<ul style="list-style-type: none"> • 2 health and wellbeing workers are on duty in the LIFE reablement service on a Sunday to help manage any issues from the Saturday as well as any weekend discharges • Further bid for funding to increase weekend discharge support over winter

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Director of Public Health Rachel Flowers

Epidemiological summary

Summary of latest two weeks in Croydon
 Taken from <https://coronavirus.data.gov.uk/>

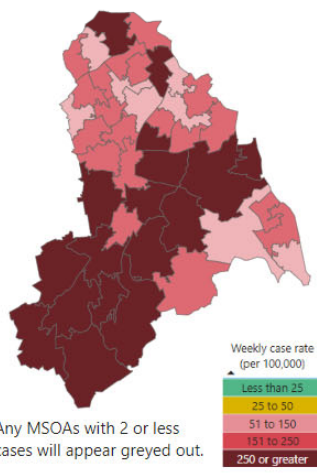
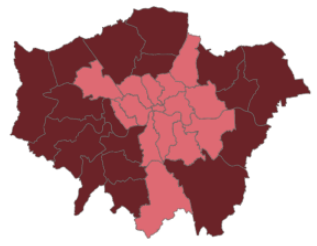
- Number of positive cases showing initial signs of falling in last three days.
- Cases in CUH remain relatively stable between 55 and 65.
- Deaths within 28 days of positive covid test remain low with 5 deaths reported in the last two weeks.
- Uptake in Croydon residents is 65% for the first dose and 59% for both doses of the covid-19 vaccination.

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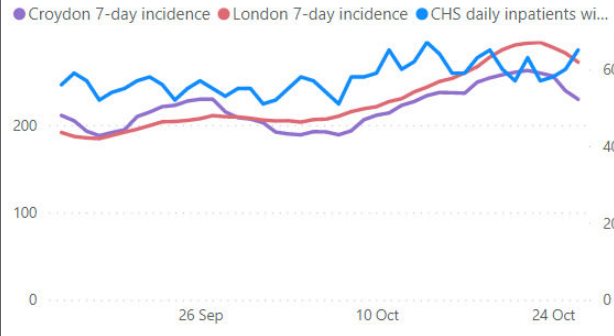
Date figures released	Date figures run to	7-day cases	7-day incidence	60+7-day incidence	5-19 7-day incidence	Test rate	% test positivity	Incidence rate rank within London	Covid CHS inpatients	ITU	Deaths (within 28 days)
18 Oct 21	13 Oct 21	882	227.0	142.4	410.6	602.3	5.7	17	62	6	0
19 Oct 21	14 Oct 21	908	233.7	138.3	425.2	597.8	5.9	18	67	6	1
20 Oct 21	15 Oct 21	922	237.3	128.9	439.8	597.8	5.9	18	64	5	1
21 Oct 21	16 Oct 21	921	237.0	139.7	438.5	597.6	5.9	19	59	6	0
22 Oct 21	17 Oct 21	919	236.5	147.7	457.1	599.6	5.9	21	59	5	0
23 Oct 21	18 Oct 21	968	249.1	159.8	499.6	597.3	6.1	17	63	6	0
24 Oct 21	19 Oct 21	987	254.0	169.2	510.3	593.0	6.4	19	65	6	0
25 Oct 21	20 Oct 21	1,001	257.6	171.9	507.6	594.1	6.4	19	60	5	0
26 Oct 21	21 Oct 21	1,012	260.4	177.3	499.6	598.8	6.5	19	57	5	0
27 Oct 21	22 Oct 21	1,020	262.5	178.6	501.0	591.6	6.6	19	63	5	0
28 Oct 21	23 Oct 21	1,008	259.4	174.6	481.0	591.2	6.5	20	57	4	1
29 Oct 21	24 Oct 21	995	256.1	166.5	454.4	589.8	6.5	19	58	5	0
30 Oct 21	25 Oct 21	930	239.3	147.7	392.0			22	60	4	0
31 Oct 21	26 Oct 21	892	229.6	142.4	346.8			22	65	4	2

Incidence mapped (latest 7 days)

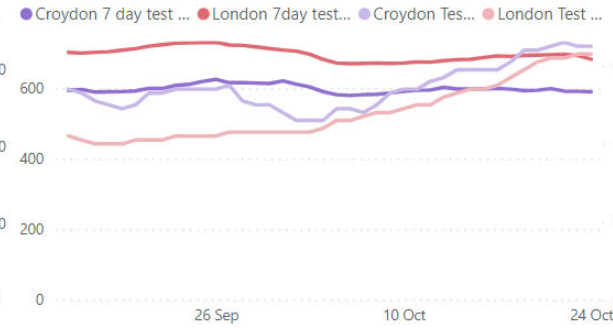
Hover over an area to see the rate, number of cases and change from previous week



Rolling 7-day incidence in Croydon and London and total CHS inpatients (latest 6 weeks)



Rolling 7-day testing rate and test positivity in Croydon and London (latest 6 weeks)



Any MSOAs with 2 or less cases will appear greyed out.

Epidemiological summary

Summary of latest two weeks in Croydon
 Taken from <https://coronavirus.data.gov.uk/>

Uptake of one dose of Covid 19 in those aged 12+

- Croydon – 65%
- London – 65%
- England – 76%

Uptake of both doses of Covid 19 in those aged 12+

- Croydon – 59%
- London – 59%
- England – 70%

VACCINATION: Uptake

Data last updated on 31 Oct 2021

Overall uptake of the covid-19 vaccination in residents aged 12+.

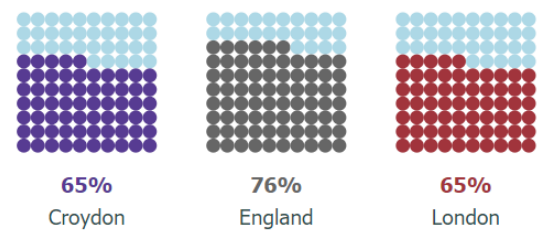
This data is updated daily and taken from the government's [coronavirus dashboard](https://coronavirus.data.gov.uk/).
 Data is cumulative and runs from 8 Dec 2020 to 30 Oct 2021

251,204
 No. vaccinated with at least one dose (ages 12+)

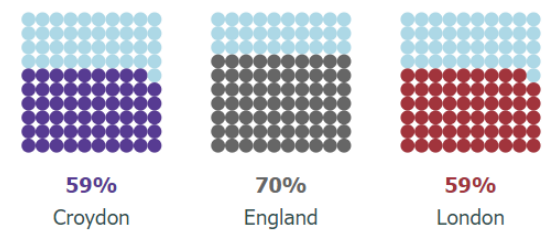
225,938
 No. vaccinated with two doses (aged 12+)

132,867
 No. not yet received any vaccination (aged 12+)

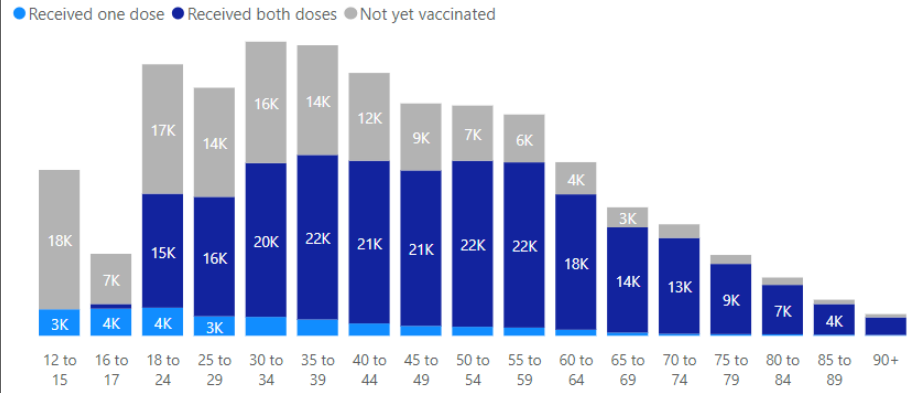
Uptake of one dose of covid-19 vaccinations in those aged 12+



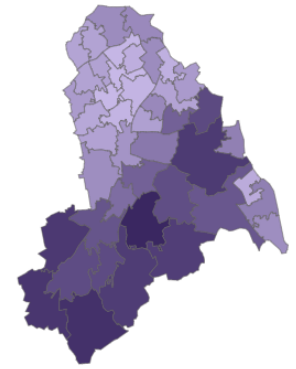
Uptake of both doses of covid-19 vaccinations in those aged 12+



Total people in Croydon, by age group and vaccination status



Uptake of one dose by MSOA (all residents aged 12+)



Director Adult Social Services Annette McPartland

Supporting our provider market

Context – Croydon has largest care home market in London and large home care market. Over 7000 staff are employed within these areas and there are over 3000 care home beds

What are the issues?

- Page 76
- Introduction of mandatory vaccination in certain care sectors expected to cause staffing pressures.
 - Council working with providers to review resilience strategies including a next generation workforce campaign.
 - Research shows 20-39 year olds as most likely to consider a job in ASC in the next 12 months.
 - To remove barriers, we are looking at training (Skills for Care) and incentives (Proud To Care).
 - There is Council and partner agency support to enable resilient levels of staffing within the sector.
 - Concerns raised by providers include increased costs relating to fuel, energy and increased staffing costs.
 - Council aim to divert central government funding sources to support these key issues.

Supporting our provider market

What are we doing to support the market?

- Infection control and rapid testing funding extended to March 2022.
- Council also reviewing discretionary funding to further support the market.
- Providers are receiving free PPE, however Government are consulting on funding, due to end March 2022.
- Council implementing a cost of care strategy to support providers, ensuring rates paid for care have a minimum unit cost. New rates to come into affect from 1 November 2021.
- Intensifying market intelligence development on providers to look at possible signs of provider failure.
- Government has announced a £165m winter fund focused on care home workforce. Croydon allocation TBC.
- Fortnightly information session with care home providers.
- Monthly information session with wider care provider market, i.e. – domiciliary and home care.
- Monthly cross-partnership ‘social care provider strategy group’ including council, SWLCCG, GP collaborative, pharmacy, Healthwatch Croydon etc.

Provider workforce vaccination

- 6 care homes placed in concern due to large staff numbers/resident needs and low vaccination uptake.
- Targeted supported put in place and individual action plans:
 - free taxi service to and from vaccination sites.
 - personal 121s from medical consultants to combat misinformation.
 - weekly webinars, information sessions and daily support by telephone.
 - providing useful links and resources to support with guidelines.
 - providing care home managers assistance with risk assessments and policies around vaccinations.
 - encouraging care managers to allow staff time off /shift changes for vaccinations.
 - providing FAQ'S and factsheets from SWL CCG.
- Enabled 5 of 6 homes in concern to achieve 83% - 100% staff vaccination (1st dose) by the 17th Sep deadline.
- Some local concerns remain, but we are working with providers on these to see how they will be resourcing staff to cover possible gaps such as linking in with Croydon works, agency staff etc.

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Adult social care workforce

- Workforce resilience severely challenged over the last 18 months.
- Increased absence levels with staff reporting that they are tired.
- Supported by the senior management team includes:
 - Recruiting to fill front line positions and key operational management positions.
 - Regular supervision and additional support sessions arranged.
 - ‘Open Door’ policy with honest conversations about staff cover, ideas and solutions for current pressures.
 - All managers having ongoing dialogue with staff on health and wellbeing and managing stress effectively.
 - Our Older People and Disability teams work in integrated teams and use strengths based practice.
 - We have an improved case management system (Liquid Logic).
 - We are continuing to deliver on our Adult Social Care improvement plan.

Careline and Assistive Technology – A 24/7, 365 service so are always available.

Extra Care schemes - this is a 24/7, 365 service, therefore the it will be fully operational everyday over this period.

Adult social care workforce vaccination

- Currently Croydon is showing 93% dose 1 and 87% dose 2 for staff; inline with London averages.
- Council working to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021; entered law on 22 Jul 21, come into force on 11 Nov 2021:

‘all persons working or deployed in a Care Quality Commission (CQC) registered care home (which provides accommodation together with nursing or personal care) in England to provide evidence that they have completed a course of an authorised Coronavirus vaccine or that they should not be vaccinated for clinical (i.e. medical) reasons.’

Page
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- In-scope staff have written to and their COVID19 vaccination status recorded.
- Informal conversations with staff who do not want to be vaccinated.
- Re-deployment or perhaps dismissal of in-scope staff not wishing to be vaccinated; as unable to fulfil their roles.
- Croydon has taken a proactive approach and all social care staff are encouraged to take up the Flu vaccination and the COVID-19 vaccination.
- Includes booking COVID-19 vaccinations, myth busting and information sharing using a variety of mediums.

Social care workforce

Service	Main Challenge	Mitigation
Provider Services	Workforce pressures due to illness (influenza / COVID)	<ul style="list-style-type: none"> • Staff encouraged to accept offer of seasonal flu and COVID vaccine (including booster). • Continue to follow guidance on use of PPE and good hygiene. • Access to deep cleaning services following positive diagnosis of COVID in a building. • Flexible approach to staff deployment across all services.
Older Peoples Service	Workforce pressures due to seasonal influenza/COVID	<ul style="list-style-type: none"> • Staff encouraged to accept offer of seasonal flu and COVID vaccine (including booster). • Staff visiting CQC registered care /nursing homes subject to new vaccination Law.
Croydon Adult Support	Surge in referrals	<ul style="list-style-type: none"> • Triage of referrals from the inbox identifying urgent/safeguarding at an earlier stage. • Closer working relationships with colleagues to ensure timely action. • Development of a toolkit for staff to more effectively signpost at a local level. • Training plan for new recruits.

Social care workforce

Service	Main Challenge	Mitigation
Safeguarding Page 82	Increase in risks around financial issues / neglect Providers struggling with costs and reductions in staffing leading to poor care	<ul style="list-style-type: none"> • Safeguarding system - where referrals are tracked and trends looked at • Strong S42 Enquiry team • Good working partnerships through CSAB and across ASC • Provider Concerns process - integrated assurance process with Commissioning. Role of S42 team in undertaking enquiries

Social care workforce

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Service	Main Challenge	Mitigation
Disability and Transition Service	<p>Increase in demand for our services due to the impact of the Covid 19 pandemic, flu and other winter related infections</p> <p>Reduction in staffing capacity due to sickness and leave over Christmas and New Year</p>	<ul style="list-style-type: none"> • The team with the support of the front door will continue to apply the principles of CLS to ensure proactive actions are taken to prevent, delay and signpost to appropriate services and agencies. • Robust oversight of incoming work to duty to ensure urgent cases are prioritised and that risks are well managed • All staff members are being encouraged to take their Covid 19 vaccinations and flu vaccinations. • Proactive recruitment and retention is ongoing • All managers are having ongoing dialogue with staff on health and wellbeing and managing stress effectively in the work place • Rotas to cover Christmas and New Year will be in place and will ensure that service is adequately covered over Christmas and New Year.

Social care workforce

Service	Main Challenge	Mitigation
Adult mental Health Page 84	Surge in referrals Approved Mental Health Practitioner (AMHP) Service understaffed	<ul style="list-style-type: none"> • Referrals from Adult Social Care (ASC) follow pathway through the ASC Front Door. • Mental Health Expert Practitioner at the front door to support triage of referrals. • Identified crisis social care concerns / interventions to commence at the front door. • Crisis/Urgent Mental Health interventions, including requirements for statutory mental health act assessments, to be triaged/sent through to Mental Health Service. <ul style="list-style-type: none"> • Additional funding for extra 2 AMHP trainees / support to AMHP trainees • Discussion with SLAM to increase funding for AMHPs – SLAM are currently funding two AMHPs (1 Locum AMHP/ 1 Grade 15 AMHP Practitioner) New requests to fund 1 Additional Locum AMHP for winter pressure – subject to approval. • Active Recruitment across all Community Mental Health Teams to address all vacancies. • Discussion with staff on part time hours to increase working hours where possible – subject to availability of funding and approval.

Agenda Item 7

REPORT TO:	Health & Social Care Sub-Committee 9 November 2021
SUBJECT:	Health & Social Care Sub-Committee Work Programme 2021-22
LEAD OFFICER:	Simon Trevaskis – Senior Democratic Services & Governance Officer – Scrutiny
PERSON LEADING AT SCRUTINY SUB- COMMITTEE MEETING:	Councillor Sean Fitzsimons – Chair of the Health & Social Care Sub-Committee
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	The Health & Social Care Sub-Committee receives an update on its work programme at each of its meeting
BRIEF FOR THE SUB- COMMITTEE:	The Health & Social Care Sub-Committee is asked to:- <ol style="list-style-type: none">1. Note the current position of its Work Programme for 2021-22.2. To consider whether there are any other items that should be added to the work programme.

1. HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2021-22

- 1.1. The purpose of this report is to set out the work programme for 2021 – 2022 for the Health & Social Care Sub-Committee. A copy of the work programme as it currently stands can be found at Appendix A to this report.
- 1.2. Although the work programme has been populated as far as possible at this stage, it is recognised that given the challenges facing the Council, the work programme needs to remain flexible enough to respond to emerging priorities during the year.
- 1.3. At its meeting on 15 June 2021, the Scrutiny & Overview Committee agreed that the work programme process will be overseen by a Reference Group of scrutiny members who will meet on a monthly basis to review all available data in order to identify items that should be prioritised for inclusion in the work programme for both the Committee and its three Sub-Committees (Children & Young People, Health & Social Care and Streets, Environment & Homes).
- 1.4. The Committee also agreed a number of workstream priorities for the year ahead for itself and the three sub-committees. For the Health & Social Care Sub-Committee the main priorities is to:-

Workstream 3: Supporting local people and keeping them safe, with particular regard to the changes in social care provision.
- 1.5. Although the Reference Group will be responsible for identifying emerging issues for scrutiny, the Health & Social Care Sub-Committee will still have oversight of its work programme and this report will be presented at each Sub-Committee meeting to provide an update on the latest position of the work

programme and allow for consideration to be given to any additions or amendments.

- 1.6. It is recognised that given the challenges facing the Council, it will not be possible for scrutiny to accomplish everything it needs to within a committee setting. As such it is likely that informal briefings and visits will need to be arranged during the year, to ensure that the Sub-Committee is as informed as possible when scrutinising an item at one of its meetings. For transparency, this report will also confirm any briefings or visits undertaken by the Sub-Committee.

2. Conclusions

- 2.1. The Health & Social Care Sub-Committee is asked to note the current position of its Work Programme for 2021-22 set out in Appendix A.
- 2.2. The Sub-Committee is asked to consider whether there are any other items that should be added to its work programme.

CONTACT OFFICER: Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

APPENDICES TO THIS REPORT

Appendix A – Health & Social Care Sub-Committee Work Programme

Health & Social Care Sub-Committee

Chair: Sean Fitzsimons

Committee Members: Richard Chatterjee (Vice-Chair), Alison Butler, Steve Hollands, Toni Letts, Andrew Pelling

Co-optee: Gordon Kay (Healthwatch Croydon) Yusuf Osman (CASSUP)

Workstream Priority

W3: Supporting local people and keeping them safe.

Meeting Date	Agenda Items	Report Lead
11 May 2021	Update on the Vaccination Programme	Public Health & NHS
	Adult Social Care Budget 2021-22	Annette McPartland
29 June 2021	Overview of the 2021-22 Adult Social Care Financial Performance	Annette McPartland
21 September 2021	Review of the Transitions Service	Annette McPartland
	Community Diagnostic Hubs	Croydon Health Service
	Health & Care Plans Refresh	Croydon Health Service
9 November 2021	Croydon Safeguarding Adult Board Annual Report 2020-2021	Denise Snow
	Health & Social Care Winter Challenges	Croydon Health Service/Annette McPartland
25 January 2022	South London & Maudsley NHS Trust	SLaM

8 March 2022	It is anticipated that this meeting will focus on the priority areas in workstream 4, however the agenda will be confirmed as soon as possible before the date to ensure that there is capacity for the Committee to consider any other emerging urgent issues.	
24 May 2022	It is anticipated that this meeting will focus on the priority areas in workstream 4, however the agenda will be confirmed as soon as possible before the date to ensure that there is capacity for the Committee to consider any other emerging urgent issues.	

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