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Scrutiny Health & Social Care Sub-Committee Agenda

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

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

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 10 March 2020** at **6.30 pm** in **Town Hall. A pre-meet for the members of the Sub-Committee will be held at 6.00pm in room F4.**

Jacqueline Harris Baker
Council Solicitor & Monitoring Officer
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www.croydon.gov.uk/meetings
Monday, 2 March 2020

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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 the minutes of the meeting held on 28 January 2020 as an accurate record.

3. Disclosure of Interests

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

4. Urgent Business (if any)

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

5. Croydon Council Emergency Preparedness (Pages 11 - 18)

The Sub-Committee is provided with an update on emergency preparedness in Croydon with a view to informing a discussion on the information contained.

6. Update on Urgent & Emergency Care (Pages 19 - 24)

The Sub-Committee is provided with an update on the performance of urgent and emergency care at Croydon University Hospital with a view to informing a discussion on the information contained.

7. Croydon's Integration Journey - update (Pages 25 - 28)

The Sub-Committee is provided with an update on the ongoing integration journey for its information.

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."

PART B

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 28 January 2020 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair), Patsy Cummings, Toni Letts and Andrew Pelling

Also Present: Councillor Louisa Woodley – Chair of the Health and Wellbeing Board

Apologies: Councillors Clive Fraser and Scott Roche

PART A

36/20 **Minutes of the Previous Meeting**

The minutes of the meeting held on 12 November 2019 were agreed as an accurate record.

37/20 **Disclosure of Interests**

There were no disclosures made at the meeting.

38/20 **Urgent Business (if any)**

There were no items of urgent business.

39/20 **Health & Wellbeing Board**

The Sub-Committee considered a report from the Chair of the Health and Wellbeing Board, Councillor Louisa Woodley which, along with a presentation delivered at the meeting, provided an overview on the work of the Board.

A copy of the presentation can be found at the following link:-

https://democracy.croydon.gov.uk/documents/b7133/Health%20Wellbeing%20Board%20-%20Presentation%2028th-Jan-2020%2018.30%20Scrutiny%20Health%20Social%20Care%20Sub-Comm.pdf?T=9

Following the presentation the Sub-Committee was given the opportunity to question the Chair of the Health and Wellbeing Board on the work of the Board. The first question concerned the Board's work with schools on mental health provision for children and young people and whether there were any particular barriers. It was highlighted that the Board had contacted schools on

this issue, with it found that the main barrier was often a lack of funding being available to support work in this area. Through the work of the Board funding had been acquired through the Trailblazer Project and also the Mayor of London's Young Londoners Fund. It was confirmed that an evaluation on the difference made by these projects would be undertaken.

As the presentation had listed the Board being a committee of the Council as a potential weakness and it was questioned why this would be the case. It was confirmed that being a council committee meant that the approach to Board membership could be overly formal and restricted the ability to effectively respond to specific issues. In order to mitigate against this the Board took a flexible approach to representatives being invited to attend as guests. This ensured that the Board was able to have the relevant people around the table to participate in the discussion of specific issues.

As the South London and Maudsley NHS Foundation Trust (SLaM) was not coterminous to Croydon and operated over a wider area, unlike the other partners on the Board, it was questioned whether SLaM was able to be as effective a partner as others. It was advised that partners already worked together through the One Croydon Alliance creating a good working relationship, which had been carried through to the Board with full participation and attendance from SLaM. By working across a wider area, the biggest issue for SlaM was often the number of different local Health and Wellbeing Boards they had to attend, but there were no issues from a Croydon perspective.

It was questioned whether the Board coordinated its work with other forums such as the Violence Reduction Network. The Chair confirmed that she had attended the conference to set up the Violence Reduction Network and had visited Glasgow with others to review their public health approach to violence reduction. The Director of Public Health report on the First 1,000 Days contained many outcomes that linked with the public health approach to violence reduction and there were a number of statutory officers on the Health and Wellbeing Board who had roles on other boards as well.

In response to a question about whether the Board had any work streams focused on the prevention of either domestic or sexual abuse, it was highlighted that these were not normally dealt with by the Board, as they were community safety issues. However the Board could review whether it could add value to the existing work being carried out elsewhere, as it was important not to duplicate the work of others.

It was noted that when they were established, one of the main functions of Health and Wellbeing Boards was to oversee the closer integration of Social Care and Health services. Given that in Croydon integration was fairly well established through the work of the One Croydon Alliance, it was questioned whether this lessened the role of the Board. In response it was highlighted that integration was a continuous journey, with the Board having the power to ensure that partners reported back with evidence to demonstrate how they were working together. The Health & Wellbeing Board provided the architecture for the strategic leaders of the health and social care systems to

come together, with it envisioned that this could be extended in future to include other partners covering areas such as housing and employment.

As a follow up it was questioned whether, given the pioneering integration led by the One Croydon Alliance, whether Croydon was best placed to start a national conversation on the role of Health and Wellbeing Boards. In response it was advised that the role of the Board had been adapted to the needs of Croydon and it was difficult to know whether a similar approach would work elsewhere.

As it was noted that the Board was aspirational, it was questioned whether there was a long term vision for health in the borough. It was highlighted that the Board operated at a strategic level, holding services to account, with other delivery mechanisms responsible for service change. The Board did have priorities for the near future, which included continuing to oversee the integration of health and social care and expanding its remit to include other areas such as housing. There was also a commitment to ensuring that people had a good start in life and a good end of life.

As it was noted that life expectancy across the borough could vary significantly, it was questioned how this was being addressed. It was advised that improving life expectancy in specific areas was challenging particularly in poorer areas as people who were helped tended to move out of the area and be replaced by other poorer people. It was important to recognise that different areas of the borough had different issues which needed to be addressed.

At the conclusion of the item the Chair thanked the Chair of the Health & Wellbeing Board for her attendance at the meeting and her engagement with the questions of the Sub-Committee.

Conclusions

Following discussion of the report, the Sub-Committee reached the following conclusions:-

1. Although the Sub-Committee recognised that the partners had made significant progress in the development of the Health & Wellbeing Board, it was difficult to reach any concrete conclusions on its performance without measurable targets.

2. The Sub-Committee felt that there was a certain amount of uncertainty over the long term role for the Board given all the changes made to the health and care systems in the borough.

3. The Sub-Committee agreed that it would be interesting to review the Board's effectiveness in influencing the identified wider determinants of health such as housing and employment, once this work had commenced.

40/20 **Croydon's Integration Journey to Date**

The Sub-Committee considered a report together with an accompanying presentation on the integration journey to date for the Croydon Health Service NHS Trust (CHS) and the Croydon Clinical Commissioning Group (CCG). This was divided into three specific areas, namely the approach to integration with social care, how the integration between CHS and CCG was progressing and an update on the Integrated Community Networks. The following representatives were present at the meeting for this item:-

- Agnelo Fernandes – Chair of Croydon CCG
- Matthew Kershaw - Chief Executive and Place Based Leader for Health NHS Croydon CCG and Croydon Health Services NHS Trust
- Guy Van-Dichele – Executive Director for Health, Wellbeing & Adults – Croydon Council

A copy of the presentation can be found at the following link:-

https://democracy.croydon.gov.uk/documents/s20442/CCG%20-%20CHG%20Integration%20-%20Presentation.pdf

Following the presentation the Sub-Committee was given the opportunity to ask questions on the integration journey, with the first relating to the possibility of change at a senior level within the team. It was advised that the scale of the challenge in delivering integration was recognised, but there had not been a notable increase in staff leaving on the basis of the changes. In fact it had been found that more consultants were looking to work in Croydon because of the pioneering integration work.

As it was noted that different localities across the borough faced different challenges, it was questioned how this would be managed. It was advised that the purpose of the Integrated Community Networks (ICN) was to address some of these issues. Although it would not be possible to have totally different ICNs as there were many common health issues, there will be certain services that need to be focussed in specific areas to address the need of the local population. Additionally it was also about building on existing ways of working, such as the GP Huddles which had resulted in a 15% reduction in hospital admissions.

In response to a question about delegation from the South West London CCG and whether there had been anything retained at the higher level that could be delegated to Croydon, it was advised that most decisions had been delegated. Certain specialist services needed to remain at a higher level due to workforce issues with a limited number of staff able to deliver these. Discussions were taking place about the budget being fully delegated to Croydon, which would then allow the decision to be made locally on what services were returned to the higher level. It would also allow funding to be compared with other areas and in doing so it was hoped that the funding for

Croydon would be levelled up with the other areas under the South West London CCG.

Reference was made to the original integration plan from 2016, with it questioned what had not been delivered from this plan. It was advised that at present the information points were only available in Thornton Heath, but this would be expanded as the localities work progressed. There had been challenges relating to IT connectivity which impacted upon the introduction of the My Life Plan scheme which had resulted in it morphing into the Coordinate My Care Plans, with Croydon currently rated first in London for the creation of these plans.

It was highlighted that there was a deficiency in signposting patients towards the voluntary sector, with it acknowledged that there were challenges in this area. Health services currently operated a siloed system by design which needed to change in order to be able to deliver further integration.

In response to a question about the longer term vision for integration it was highlighted that the public expected there to be closer integration between health and social care. It was important to have a bold vision, with work underway to test how to align budgets between health and social care. There would also be a need to change how people work, with a move to multi-disciplinary teams to support people's needs. Looking further forward, there would also be a need to address the wider determinates of health and wellbeing such as housing and employment.

As there had been moves towards greater integration before that had not been sustained, it was questioned whether reassurance could be given that it would be successful this time. In response it was advised that previously the NHS had operated separately from other organisations and was now part of a wider system. There was also a push towards greater integration nationally which meant that the environment for change was substantially different from when it had previously been attempted.

In response to a question about lessons learnt from the process so far it was advised that one of the key factors to progress was workforce, with it important to increase involvement to ensure that change was being delivered from the ground up. How communication with the public was managed was also important as this helped to change behaviour, with a need to work with people earlier to help improve their lives.

It was highlighted that the potential changes at Epsom, St Helier and Sutton hospitals could have a significant effect upon Croydon University Hospital and whether the possible impact had been considered. It was advised that preparatory work had been undertaken to understand the possible impact with it found that should the acute site be located at St Helier the impact would be largely neutral, if it went to Sutton it would slightly reduce demand, with the biggest impact arising if it went to Epsom requiring additional resource to build capacity. CHS would be responding to the consultation with the view that each of the three options were deliverable, but with a different level of challenge depending on where it was located. It had not been proposed to

upgrade all three sites as this would not achieve the aim of delivering the infrastructure to provide a sustainable and safe clinical model.

It was confirmed that there was a principle that ICNs would have Community Reference Groups to refer to and check ideas as they progressed as having an evidence base on the various population across the borough was essential.

At the conclusion of this item the Chair thanked the representatives for their attendance at the meeting.

Conclusions

Following discussion of this item the Sub-Committee reached the following conclusions:-

1. The Sub-Committee felt that the work carried out to date on integration was positive and were reassured that progress was being made.

2. The move to investigate the potential alignment of health and social care budget was welcomed, particularly in light of continued funding challenges.

3. The Sub-Committee retained a concern that the challenge of delivering integrated software systems would be one of the key risks to the success of integration.

41/20 **Health & Social Care Sub-Committee Work Programme 2019-20**

The Sub-Committee considered its work programme for the remained of 2019-20, with it noted that the meeting on 21 April 2020 would be dedicated to a review of whole life mental health provision in the borough.

The Sub-Committee **resolved** that its work programme for 2019-20 be noted.

42/20 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.20 pm

Signed: .....

Date: .....

REPORT TO:	**HEALTH AND SOCIAL CARE SUB-COMMITTEE** 10th March 2020
SUBJECT:	Croydon Council Emergency Preparedness
LEAD OFFICER:	Rachel Flowers- Director of Public Health
CABINET MEMBER:	Councillor Jane Avis – Cabinet Member for Families, Health & Social Care Councillor Hamida Ali – Cabinet Member for Safer Croydon & Communities
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Rachel Flowers- Director of Public Health

POLICY CONTEXT/AMBITIOUS FOR CROYDON: Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities: Corporate Plan for Croydon 2018-2022

ORIGIN OF ITEM:	The Sub-Committee is scrutinising emergency preparedness as part of its work programme.
BRIEF FOR THE COMMITTEE:	The Sub-Committee is provided with an update on emergency preparedness in Croydon with a view to informing a discussion on the information contained.

1. EXECUTIVE SUMMARY

1.1. This report provides an overview of emergency preparedness and the work that Croydon Council does to ensure that it is ready and resourced to respond to any emergency or major incident

1.2. Croydon is not an island, and this report also covers how the council works with other emergency response organisations to be able to effectively, and jointly prepare for, respond to, and recover from, emergencies.

1.3. This report also covers how Croydon Council has prepared for the coronavirus (COVID-19) outbreak, what people should do if they believe they have come into contact with someone with suspected coronavirus, and what would happen if there was a suspected case within Croydon.

1.4. The recommendations of this report is to review the content, endorse the council's coronavirus preparedness approach, and to encourage the public to go to

http://www.nhs.uk/conditions/coronavirus-covid-19/ for the latest, accurate coronavirus information.

2. CROYDON COUNCIL EMERGENCY PREPAREDNESS

Emergency preparedness within Croydon Council

2.1 Under the Civil Contingencies Act, local authorities have a responsibility to plan for, and respond to, major incidents. This includes the coordination of information sharing (internally and with partners) as well as response and recovery activities. Croydon Council's responsibility not only lies with on-borough incidents, but those within London and the UK that may have an impact on our staff and community.

2.2 The role of a local authority in an emergency or major incident includes:

- Supporting the emergency services and other organisations involved in the response;
- Providing support and care for the local and wider community; and
- Working with the local community to ensure recovery and restoration of normality as soon as possible.

2.3 Services the local authority will provide in an emergency or major incident include the provision of:

- Assistance in the evacuation of the affected population;
- Engineering services and structural advice;
- Rest Centres for evacuated residents;
- Information to those affected by the incident;
- Temporary accommodation;
- Humanitarian Assistance activities such as welfare and psychosocial support;
- Counselling to survivors and council employees; and
- Short, medium, and longterm recovery activities such as memorials, commemorations, regeneration.

2.4 The council works to the emergency management cycle, indicated in the diagram below, which comprises four main phases:

1. Preparation (plan development, training, and exercising);
2. Response (reducing an immediate risk or stopping things getting worse);
3. Recovery (a longer-term activity of rebuilding, restoring and rehabilitating the community); and
4. Mitigation (learning lessons, and ongoing work to build resilience and reduce vulnerability).

Figure 1 - Emergency management cycle

2.5 The Corporate Resilience Team maintain the council's generic Corporate Emergency Response Plan which describes the way the organisation responds to emergencies. Among other things, this plan outlines the council's emergency command and control structure and links to other documented capabilities and emergency plans that the Corporate Resilience Team maintain, such as the Fuel Disruption Plan, Emergency Centres Plan, and the Severe Weather Plan. Emergency plans are reviewed and updated on a 3-year basis, or sooner if they are activated.

2.6 If required in the response to an incident, the Chief Executive (or her deputy), known as Council Gold, will be the representative for the Council in multi-agency Strategic Coordinating Group (SCG) meetings. Likewise, in an incident where the Council is the lead agency (e.g. flooding), the same may occur.

2.7 A corporate resilience board (CRB) was introduced by the chief executive in 2019, to maintain oversight of the corporate resilience programme and assist in setting the priorities for the resilience team and organisation. The board meets bi-monthly and is chaired by the chief executive.

3. Wider emergency preparedness (across Croydon and London)

3.1 As a category one responder, Croydon Council works within the emergency response frameworks of JESIP (Joint Emergency Services Interoperability Programme), LESLP (London Emergency Services Liaison Panel Major Incident Manual) and the London Resilience Strategic Coordination Protocol (SCP).

3.2 The Croydon Resilience Forum (CRF) is a statutory borough forum with the aim to co-ordinate, develop and implement an integrated approach to emergency response and management for the borough of Croydon. Its membership is varied and includes emergency planning officers/ representatives from a number of sectors with a role in emergency preparedness and response, including local authority (the chair), health, police, fire, voluntary, utility, environment, community, business, faith, and transport. CRF members are required to keep their organisations informed of actions and developments agreed in the meetings and associated training and exercises. Regular reports of CRF activity are made to the Croydon Local Strategic Partnership (LSP).

3.3 The Corporate Resilience Team work closely within the London Resilience network in support of the London Local Authority Gold (LLAG) arrangements for emergency planning and response within London.

3.4 In addition to, and in support of, a collective local authority emergency response there exists a suite of regional local authority coordination functions; namely London Local Authority Gold (LLAG) and the London Local Authority Coordination Centre (LLACC).

4. COVID-19 (Coronavirus) Preparedness in Croydon

4.1 This is a rapidly evolving situation due to the nature of the novel coronavirus (COVID-19). There are limitations and uncertainty in what is currently known about the virus.

4.2 The Government has judged for over a decade since the first National Risk Register of Civil Emergencies, that one of the highest current risks to the UK is the possible emergence of an influenza pandemic – that is, the rapid worldwide spread of influenza ('flu') caused by a novel virus strain to which people would have no immunity, resulting in more serious illness than caused by seasonal influenza. In a pandemic, the new virus will spread quickly and potentially cause more serious illness in a large proportion of the population, due to the lack of immunity.

4.3 Pandemic influenza preparedness arrangements are well established across the system, and so these planning assumptions have been used as a basis to inform planning until further information is known about the novel coronavirus (COVID-19).

4.4 Given the uncertainty about the scale, severity and pattern of development of any outbreak, three key principles underpin pandemic preparedness and response activity:

- Precautionary: the response to any new virus should take into account the risk that it could be severe in nature. Plans must therefore be in place for a coronavirus outbreak with the potential to cause severe symptoms in individuals and widespread disruption to society.
- Proportionality: the response to a coronavirus outbreak should be no more and no less than that necessary in relation to the known risks. Plans therefore need to be in place not only for high impact pandemics, but also for milder scenarios, with the ability to adapt them as new evidence emerges.
- Flexibility: there will be a need for local flexibility and agility in the timing of transition from one phase of response to another to take account of local patterns of spread of infection, within a consistent UK-wide approach to the response to a novel coronavirus outbreak.

4.5 Croydon Council has a Pandemic Response Plan that was due to be updated later this year, however this review has been brought forward and the plan is currently out for consultation with key internal stakeholders until 5th March. The existing version of this plan was tested during Exercise Pandemic in November 2017, evidenced by the post exercise report.

4.6 Croydon CCG, Croydon Health Services and South London & Maudsley all recently updated their Pandemic Flu plans. These health partners also participated in a CHS led table top exercise on 29 January 2020.The Croydon Resilience Forum have a Multi-Agency Pandemic Response Plan, which was also due to be updated later this year, but this review has been brought forward and the plan is currently being reviewed by key stakeholders. The existing version of this plan was tested during Exercise Fever in October 2017, evidenced by the post exercise report.

4.7 The Director of Public Health, Resilience leads and Communication leads from Croydon Council, Croydon CCG and Croydon CHS receive daily Sitrep from the London Resilience Forum.

4.8 The Director of Public Health has a weekly teleconference with the London Regional lead of Public Health England and participates in regular teleconference with the Chief Medical Officer of England.

4.9 Representatives of relevant, key teams within Croydon Council and Croydon Resilience Forum are meeting and conversing on a regular basis to ensure our response is proportionate, and that robust plans are in place for escalation should that be required.

4.10 Croydon Health Services are holding twice weekly operational meetings and daily conversations to manage the response to COVID-19. The CCG attends to ensure a link to Primary Care planning. Health planning for testing and the management of potential patients suffering from COVID-19 are well established. In terms of testing an in hospital and community process is now operational and has been working well. As numbers of those affected potentially increases these plans will be reviewed and updated as required.

4.11 Weekly webex meetings for health care organisations are held nationally to further disseminate updates and provide a channel for questions directly to the national team leading on the NHS response

4.12 Situation reporting is being used by the regulator NHSE/I (NHS England and NHS Improvement) to ensure appropriate actions are being taken within primary care and secondary care settings. There is a current focus is to establish appropriate pathways to ensure people with suspected COVID-19, but otherwise non-symptomatic, are self-isolating and tested (swabbed) away from critical health services.

4.13 Pandemic infectious disease presents a unique scenario in terms of prolonged pressures through a reduced workforce and potentially increased workload for some responders. Organisations are therefore expected to have business continuity plans to ensure that critical services and outputs continue to be delivered throughout a pandemic. Croydon Council annually reviews its business continuity preparedness, and has service reporting mechanisms should this be required to monitor the impact to council service delivery.

4.14 The planning for seasonal influenza (flu) and other communicable diseases is overseen by the Croydon Health Protection Forum. The Health Protection Forum is a multi-agency group, which supports the collaboration between local organisations as

well as lead government and commissioning organisations like Public Health England (PHE) and NHS England in non-emergency situations.

5. What should people be doing now to protect themselves?

5.1 All communications should reflect the most up to date situation report available at: www.nhs.uk/conditions/coronavirus-covid-19/

5.2 The UK Chief Medical Officers have raised the risk to the public from low to moderate. But the risk to individuals remains low.

5.3 The symptoms of coronavirus are similar to other illnesses that are much more common, such as cold and flu, and public messaging is focused on normal hand and respiratory illness advice (e.g. frequent hand washing with soap and water throughout the day and 'catch it, bin it, kill it').

6. Key messages on what to do if you think you've been in contact with someone with suspected coronavirus

6.1 Do not go to a GP surgery or hospital. Call 111, stay indoors and avoid close contact with other people.

7. If there is a case in Croydon

7.1 Public Health England (PHE) is the lead government organisation for ensuring all the necessary follow up and contact tracing is carried out from any confirmed cases that are identified in this country.

7.2 In the event of an incident, the relevant health protection team from PHE will contact local authority public health teams regarding confirmed cases in their borough and will provide management of the associated contact tracing/ infection control measures.

7.3 Where there is an urgent health need in addition to suspected COVID-19 infection, these patients would be isolated and treated for the urgent health need by health professionals wearing appropriate Personal Protection Equipment.

7.4 Once tested, if a case is confirmed, a patient would be transferred to designated Infectious Disease Units.

7.5 Croydon University Hospital is not a designated site for infectious diseases but is prepared for testing and immediate management of patients as required.

7.6 Guidance on establishing a local home testing service is due to be published by NHS England. The intention of this service is to further protect critical services from unnecessary demand and ensure the continuity of urgent and emergency care services, as well as protecting primary care services.

7.7 Within Croydon, options are being considered for a home testing service, with a timescale for early March implementation.

7.8 The Department for Health and Social Care (DHSC) is the lead organisation for announcing confirmed cases.

7.9 Every day at 2pm, DHSC publish the total number of negative and positive tests performed in the UK here: https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public

7.10 If there are rumours around a case in your local area, please refer enquirers to the above link, and explain the process for confirmed cases in the UK.

CONTACT OFFICER: Hari Mollett, Resilience Officer, 07771843008, Rachel Flowers 07939502403

APPENDICES TO THIS REPORT

None.

BACKGROUND DOCUMENTS:

None.

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REPORT TO:	**Health & Social Care Sub-Committee** 10th March 2020
SUBJECT:	Update on Urgent & Emergency Care
LEAD OFFICER:	Matthew Kershaw, Chief Executive, Croydon Health Services and Place Based Leader for Health

POLICY CONTEXT/AMBITIOUS FOR CROYDON: Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities: Corporate Plan for Croydon 2018-2022

ORIGIN OF ITEM:	The Sub-Committee reviews urgent and emergency care provision in Croydon as part of its work programme
BRIEF FOR THE COMMITTEE:	The Sub-Committee is provided with an update on the performance of urgent and emergency care at Croydon University Hospital with a view to informing a discussion on the information contained.

1. 2019/20 NON-ELECTIVE PROGRAMME

1.1 Croydon CCG and Croydon Health Services (CHS) established a joint improvement programme for non-elective care in 2019/20, with wider system support through engagement with One Croydon Alliance PMO.

1.2 Our aim is to support people in Croydon to maintain their independence for as long as possible in the community and attend hospital only when necessary. When hospital care cannot be avoided, we want seamless and safe transfer back into the community once appropriate. By achieving this aim, we set out to:

- Improve four-hour performance and reduce length of stay in the Emergency Department. This is to be delivered by:
  - Improving pathways in and out of hospital
  - Transforming Urgent Treatment Centre and the non-admitted pathway
  - Extending ambulatory care opening hours
  - Increasing availability of beds on the wards
  - Improving medical specialist response time to the Emergency Department and staff productivity
- Safely optimise the hospital bed base, which will be delivered by:
  - Reducing demand for hospital admissions

- Proactive early discharge planning for all admitted patients
- Reducing long stays in hospital.

1.3 This work is being coordinated by the teams of two separate programmes that support patient flow – Out of Hospital and CHS' High Impact Improvement Programme (HIIP) – which were brought together at the start of the year. The integrated programme teams were relocated to a shared space at Croydon University Hospital, with weekly combined team meetings led by its joint executive SROs (CHS' COO and CCG Director of Strategy and Transformation).

1.4 The programme has five executive-led work-streams, which are summarised below:

1. 'Right care, right time, right place'

- Provide insight through analysis of trends in activity
- Use effective communication to help Croydon population access the right care, at the right time from the right place.
- Optimise existing alternative care pathways (ACPs) and identify new ACPs to develop
- Reduce demand from high intensity users
- Ensuring GP incentive schemes support locality development

2. 'Urgent and emergency care'

- Design and implement new non-admitted model of care
- Workforce delivery plan (with support of ECIST)
- Improve internal pathways
- Optimise on-site avoidance schemes

3. Leaving hospital

- Improve patient and public engagement.
- Embed effective discharge planning for all patients
- Ensure effective processes for patients with complex discharge needs, and reduce extended hospital stays.

4. Models of care

- Develop and implement Acute Frailty Service
- Increase ambulatory care offer to 7 days per week.
- Enhance SDEC offer through participation in AEC Accelerator programme
- Embedding effective escalation (including full capacity protocol)

5. UEC Mental Health

- Understand and reduce MH demand at Croydon University Hospital (including from high intensity users)
- Improve availability of mental health beds by reducing inpatient bed occupancy.
- Embed effective escalation within and across organisations
- Develop and implement suitable option for assessment/decision unit at Croydon University Hospital)

1.5 Winter initiatives were identified and delivered through the combined programme, with winter planning conducted on the principles of:

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

1.6 An additional £460k was awarded to CHS to support winter initiatives. This has been used to fund additional medical cover for escalation areas; additional surgical escalation beds and increasing the specification of the surgical assessment unit; an extended pilot of new front door acute frailty service.

1.7 The Croydon system reforecast demand ahead of winter and the expected impact of initiatives, to ensure that there would be sufficient primary, community, mental health and acute capacity available. Flexible inpatient bed capacity was identified at Croydon University Hospital, and CHS implemented a full capacity protocol to further support patient flow should bed availability become severely restricted.

1.8 A Winter Management Group – with multi-agency membership including from Croydon CCG, Croydon Health Services, Croydon Council, and SLAM – was convened with weekly meetings to oversee winter performance and delivery during winter.

2. 2019/20 EMERGENCY CARE PERFORMANCE

2.1 Performance across the emergency care pathway in Croydon has been challenged and deteriorating year-on-year for a number of years. Through the 2019/20 Non-Elective Programme, this trend was reversed for the first half of the year across a range of metrics with the Croydon system bucking London-wide and national trends of continued deterioration.

2.2 However, despite the integrated planning for winter performance sharply deteriorated in winter with an increased length of stay in inpatient beds and more patients experiencing long hospital stays, alongside longer waits in the emergency department and more patients experiencing very long waits in the department of 12 hours or longer.

2.3 Performance against key metrics:

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-19
A&E demand											
Attendances at Croydon University Hospital		11,912	11,584	11,972	11,174	11,493	11,883	11,914	12,286	11,902	11,650
2018/19 attendances at Croydon University Hospital		10,666	11,249	10,631	10,940	9,917	10,403	10,920	10,867	11,424	11,865
Emergency care trajectories											
All type four-hour performance	95%	84.0%	84.9%	85.1%	85.3%	85.3%	85.8%	84.1%	82.5%	79.4%	78.9%
Extended length of stay: beds occupied by patients with 21+ day length of stay (six-week average)	52	105	103	103	94	98	89	89	78	79	90
Over-30min LAS handovers	5.0%	12.6%	13.8%	13.3%	10.9%	13.9%	13.2%	18.6%	20.0%	23.8%	27.8%
Mental Health Performance											
Mental Health referrals		290	274	300	339	292	281	310	248	267	298
Mental health referrals as proportion of CUH attendances		2.5%	2.3%	2.6%	2.8%	2.6%	2.4%	2.6%	2.1%	2.1%	2.5%
Mental health proportion of CUH breaches		6.4%	5.5%	7.4%	7.4%	6.6%	5.6%	6.2%	4.8%	3.5%	4.7%
Inpatient bed position											
Bed occupancy (%)	92.0%	98.9%	99.4%	99.1%	98.5%	98.7%	98.0%	98.4%	99.3%	98.5%	98.8%
Open G&A beds (daily average)		476	482	467	459	458	451	453	454	458	458
Patients with decision to admit in department at 8am (daily average)		10.0	12.8	10.5	13.8	12.4	14.9	14.1	18.0	19.7	21.4

3. RESPONDING TO CURRENT CHALLENGED PERFORMANCE

Taking immediate action: CHS Discharge event

3.1 In response to the sustained challenges on the acute emergency care pathway, CHS implemented an internal action plan on 27 February to increase the number of medically fit patients discharged home or transferred to our community care or partner social care teams. This was needed to ensure that we were able to admit patients requiring medical treatment into the hospital as quickly as possible and to support our teams across the Trust by enabling our assessment services to function effectively.

3.2 CHS used its internal major incident processes to free-up resources and focus more time and energy on supporting our clinical teams in hospital and in the community to work together. Senior manager from adult social care team were on site to help us work together to unblock unnecessary delays for patients.

3.3 The exercise has had an immediate positive impact:

- Bed occupancy was brought down to 93% on Friday 28 February (from 100% on Monday), and using 20 fewer flexible escalation beds.
- Extended hospital stays (ELoS) was reduced to 70, from 89 on Monday (and 105 two weeks again). This is the lowest it has been since Christmas.
- Capacity created in medical and surgical assessment areas to operate as intended and not as escalation areas.

2020/21 plans to improve emergency care

3.4 National planning guidance for 2020/21 requires acute hospitals to:

- Deliver a material improvement year-on-year in four-hour performance
- Reduce bed occupancy to 92%, with the expectations that the number of beds open throughout winter 2019/20 is maintained until this is achieved
- Reduce the number of patients that experience an extended hospital stay by 40% (against a baseline taken in April 2018)

3.5 The Croydon system faces a number of constraints as we seek to improve emergency care, including the availability of staff to expand our current service models and the need to deliver services within available financial resources. We need to identifying different ways of working, including for our workforce, to be able to deliver improvement.

3.6 Detailed planning with clinical leads is underway to ensure we meet these objectives in Croydon. This will build upon the integrated approach taken in 2019/20, with work likely to continue in the five areas of the current programme (but now be aligned with the longer-term transformational change being overseen by the ‘Modern Acute – physical health’ and ‘Localities’ boards).

3.7 CHS is launching a new programme in 2020/21 focused on improving infrastructure and systems to sustainably reduce extended hospital stays. The programme will be

clinically-led by a medical lead for reducing extended stay, supported by a programme director and general manager.

New clinical standards

3.8 NHS England has proposed changes to the national constitutional standards for emergency care, following a clinical review by the NHS national Medical Director Professor Stephen Powis. Under these proposals the current four-hour standard would be replaced by a basket of new metrics:

- Time to initial clinical assessment in Type 1 and Type 3 A&E departments
- Time to emergency treatment for critically ill and injured patients (including mental health crisis)
- Time in A&E (all A&E departments and mental health equivalents)
- Utilisation of Same Day Emergency Care

3.9 There is still uncertainty around the final standards that will be implemented and when they will come into effect. However, preparation in Croydon has already begun.

3.10 The proposed more nuanced approach to national performance measures will demonstrate the aspects of emergency care that the Croydon system does well:

- low conversion rate of ED attendances to admissions (best quartile nationally)
- well established same-day emergency care offer (best quartile for proportion of admissions that have a 0-2 day LoS) with 30-40% of all non-elective activity being undertaken on same day basis.

3.11 It will also highlight, however, areas where our performance is could and should be better. This includes a long average wait time in ED and a high volume of patients that stay in ED for over 12 hours.

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

APPENDICES TO THIS REPORT

None.

BACKGROUND DOCUMENTS:

None

REPORT TO:	**Health & Social Care Sub-Committee** 10th March 2020
SUBJECT:	Croydon's Integration Journey - update
LEAD OFFICER:	Matthew Kershaw, Chief Executive, Croydon Health Services and Place Based Leader for Health

POLICY CONTEXT/AMBITIOUS FOR CROYDON: Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities: Corporate Plan for Croydon 2018-2022

ORIGIN OF ITEM:	The Sub-Committee is reviewing the integration of the health service in Croydon as part of its work programme
BRIEF FOR THE COMMITTEE:	The Sub-Committee is provided with an update on the ongoing integration journey for its information.

1. EXECUTIVE SUMMARY

1.1 A full account of Croydon's integration journey so far was shared with the HOSC at its meeting in January. This is therefore a brief update on recent developments, particularly progress towards the new governance arrangements that start on 1st April.

CROYDON'S INTEGRATION JOURNEY - UPDATE

2. A single CCG for South West London

2.1 In October 2019, the GP memberships and Governing Bodies of the six South West London CCGs (Croydon, Kingston, Merton, Wandsworth, Richmond and Sutton), voted in favour of merging into a single CCG for South West London.

2.2 In coming together, the aims of the six CCGs are to:

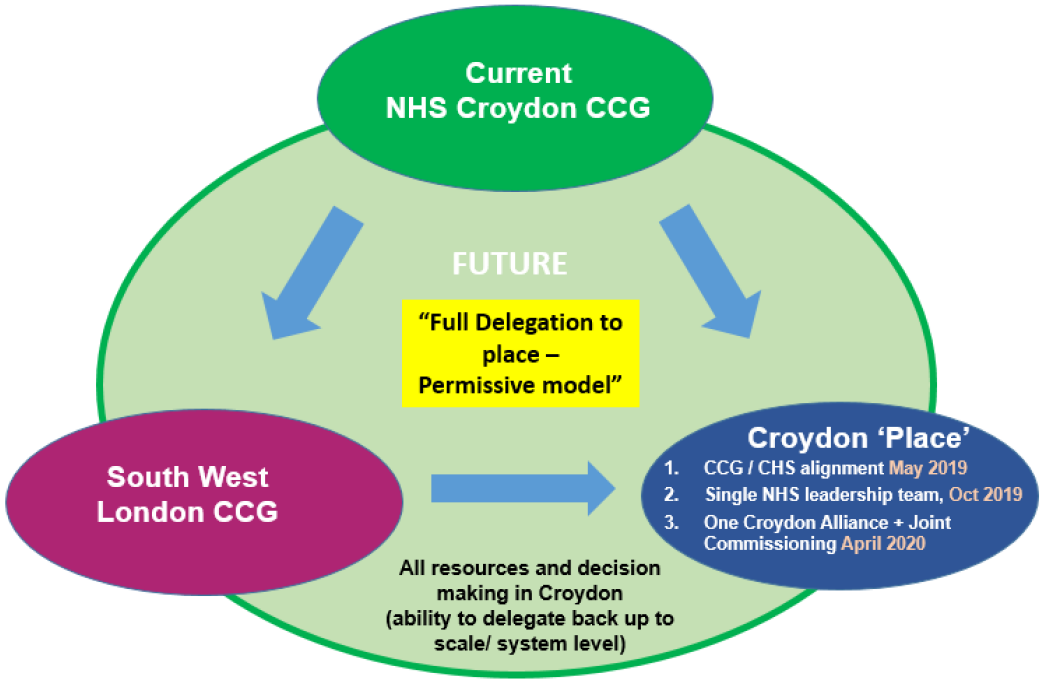
- Move from the purchaser/provider split into integrated care systems
- Build on the successes that our working together has delivered for patients
- Reduce duplication to invest in frontline services
- Ensure that care is planned and delivered locally, with strong clinical leadership
- Invest in new primary care networks of GP practices and ensure that GPs receive the same level of support, or better

2.3 The SWL CCG will form a key part of the SWL 'integrated care system' (ICS) which we hope will be approved to commence in April. The ICS will increasingly take responsibility on behalf of NHSE and NHSI for the NHS in this geography, whilst delegating the majority of powers to each of the six boroughs of which it is comprised.

2.4 In Croydon, that will be through a Croydon Borough Committee which we are designing locally with the following commitments in place:

- Full delegation to Croydon Local Committee from SWL CCG
- GP clinical majority on local committee
- Decisions relating to local care in Croydon will be made in Croydon with partners

Full delegation from South West London CCG to Croydon Place



3. Progress towards 1st April

3.1 Since the January HOSC, the first joint meeting of the CCG Governing Body and CHS Trust Board has taken place in public. Whilst this was a significant landmark, we fully recognise the need to iterate both format and content to ensure the meeting works effectively for members of the meeting and for the public. The next version of this joint meeting of commissioner and provider will be in April, when we will meet for the first time as the 'Croydon Health Board', comprising the CHS Trust Board and the Croydon Borough committee of SWL CCG. Croydon borough council will be represented in the Croydon Health Board (as they are now in the corresponding committees) and at the SWL level.

3.2 A working group of the CCG, Trust and local authority is liaising with SWL CCG to finalise the detail of these arrangements.

4. Ambitions beyond 1st April for further integration

4.1 Our integration journey builds on the achievements of the One Croydon Alliance, which brings together partners from across the borough to deliver integrated services. One Croydon continues to be a critical part of our place-based structures.

4.2 Further meetings and workshops have taken place between the joint executive team of Croydon CCG/CHS and the borough to deepen our integrated working. Our common ambition is to move by April 2021 to a single Croydon Health and Care Board, with responsibility for health and care in Croydon. Through our joint working, we have developed our thinking further on how we will create this place-based governance.

5. Conclusion

5.1 Croydon is increasingly seen nationally as a trail-blazer in developing place-based integration. This is already starting to result in improved outcomes, for example:

- the Living Independently for Everyone LIFE service has saved 992 hospital admissions between April and November 2019
- our collaborative 'repatriation' programme, which aims to treat Croydon patients in Croydon, has seen the percentage of new outpatient activity kept in the borough rise from 71% to 80%, bringing benefits to patients and financial sustainability.

5.2 Through strong leadership, vision and the investment of time and commitment, significant progress continues to be made to establish strong, collaborative relationships and dissolve governance and organisational barriers. Increasingly that is enabling better decisions about resource allocation and service delivery, which in turn is driving better outcomes for people and residents.

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

APPENDICES TO THIS REPORT

None

BACKGROUND DOCUMENTS:

None

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