

Scrutiny Health & Social Care Sub-Committee Agenda



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

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

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, 8 March 2022 at 6.30 pm.** **This meeting will be held remotely.**

Katherine Kerswell
Chief Executive
London Borough of Croydon
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www.croydon.gov.uk/meetings
Monday, 28 February 2022

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 - 12)

To approve the minutes of the meeting held on 25 January 2022 as an accurate record.

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. Service Recovery and Response During Covid-19 Pandemic & Winter Pressures (Pages 13 - 24)

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

6. An Overview of Mental Health Provision in the Borough (Pages 25 - 58)

The Health and Social Care Sub-Committee is asked to consider this presentation and accompany report which provides an overview of Mental Health provision in Croydon borough including:-

- what is available,
- the current level of performance,
- the impact of the pandemic
- the future vision.

7. 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.”

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 25 January 2022 at 6.30 pm

This meeting was held remotely and 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

Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Croydon Adult Social Services User Group)

Also Present: Councillors Stephen Mann and Louisa Woodley

PART A

1/22 **Minutes of the Previous Meeting**

The minutes of the previous meeting held on 9 November 2022 were agreed as a correct record.

2/22 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

3/22 **Urgent Business (if any)**

There were no urgent items of business for consideration by the Health & Social Care Sub-Committee at this meeting.

4/22 **Croydon Together - Winter Challenges & Covid Pandemic Update**

The Sub-Committee considered a report set out in the agenda supplement for the meeting, which provided an update on the response of local healthcare services to the impact from winter pressures and the covid-19 pandemic. An introduction to the item and the questions of the Sub-Committee were answered by the following representatives from health and social partners:-

- Agnelo Fernandes – GP Borough Lead for Croydon – South West London Clinical Commissioning Group
- Rachel Flowers – Director of Public Health at Croydon Council
- Matthew Kershaw – Chief Executive at Croydon Health Service NHS Trust & Place-Based Leader for Health

- Annette McPartland – Corporate Director of Adult Social Care & Health at Croydon Council
- Lee McPhail – Chief Operating Officer at Croydon Health Service NHS Trust
- Hilary Williams – Service Director at South London & Maudsley NHS Foundation Trust

During the introduction provided on this item the following points were noted:-

- The borough was slowly seeing a plateauing of the latest covid wave, with 120 patients in the Croydon University Hospital (down from 140 at the time the report was written), including 8 in intensive care.
- The best way for the public to assist the NHS was to continue to adhere to the guidance such as 'Hands, Face, Space, Fresh Air' and taking up the vaccine offer.
- There had been 600,000 covid vaccinations delivered in Croydon including 60,000 at the hospital as well as the wider provision from GPs, pharmacies and mass vaccination centres.
- The vaccine rate in certain parts of the borough remained lower than others, with work continuing on finding different approaches to encourage take up.
- Mandatory vaccination for health and social care staff would take effect from 1 April 2022, with work on the implementation of this mandate underway.
- The Elective Centre set up at Croydon University Hospital had helped to manage the number of people waiting for treatment, but the levels had understandably dropped during the recent omicron wave. However, the service was now on the way to returning to pre-omicron levels and was likely to be fully up to speed by early March.
- There had been an increase in the number of unwell patients needing care, which placed pressure on the whole of the healthcare system. To help manage capacity, improvements were being made to the assessment and treatment of patients, including same day emergency care to help people avoid stays in hospital.
- Tribute was paid to the excellent partnership work between health and social care teams to manage and maintain the flow of patients through the health system as well as possible. It was highlighted that the social care discharge team was working across the healthcare system in London to manage the discharge of patients into the borough.
- Most care home residents had now received both vaccinations and a booster.

- The borough was seeing covid outbreaks in educational establishments, but the Public Health team was working with the Education Service to maintain face to face teaching as much as possible.
- Evidence had indicated that although the omicron variant was significantly less harmful than the delta variant, there was a higher risk of hospitalisation for people who were unvaccinated.

Following the introduction to this item, the Sub-Committee was given the opportunity to question the information provided. The first question related to the reasons affecting hospital discharge, to which it was confirmed that the speed of discharge could be impacted by a range of factors. These included the complexity of a case particularly if specialist care was required, covid had impacted upon the availability of care beds and staff availability, particularly during the pandemic, could slow the discharge process

It was highlighted that Inner London boroughs often discharged patients into the borough due to the greater availability of care homes beds in Croydon. However, this had an impact on the health and social care system in the borough. The Social Care team worked with the discharging authority to ensure the discharging authority was paying for the cost of care and managing safeguarding issues.

It was questioned whether there was any evidence to indicate that people were more hesitant to seek treatment as a result of the pandemic. It was confirmed that the pandemic had seen a level of hesitancy in people presenting. During the summer, when covid rates were low, numbers had returned to a more normal level, but the recent omicron wave had reduced this again. It was highlighted that the level of referrals had remained consistent over the past twelve months and the waiting times for both operations and diagnostic services in Croydon were better than other areas in South West London. The number of patient presenting with mental health related issues had increased during the pandemic, which was placing pressure upon mental health services.

It was questioned whether there was significant numbers of patients visiting the Accident & Emergency (A&E) department who could have been treated elsewhere in the healthcare system and how was this being managed. In response it was advised that there was always a level of activity in A&E when there may be more appropriate pathways, but it was important to ensure that people were not discouraged from seeking treatment. The A&E department did stream at the front door to try to ensure that patients visited the right place for their needs. Reassurance was given that the number of people visiting A&E unnecessarily was not a major challenge for the system, unlike managing the flow through the system.

As the number of people accessing health care through the 111 service had dramatically increased over the past year, it was questioned if this service was performing as expected. It was advised that the channel shift to accessing healthcare through the 111 service was helping to ensure that

people were directed to the right place for their needs. As a result of learning during the pandemic, further refinements were being made to this system, which would benefit any future covid waves and the system as a whole.

In response to a question about the risk of people in professions that may require home visits, such as salespeople, spreading covid-19, it was highlighted that covid was a communicable disease and as such if people had concerns they could answer the door wearing a face covering and require people to stay outside, as there was a lower likelihood of transmission in the open air.

Concern was raised about the number of staff who may be lost from the health and social care system as a result of the vaccine mandate and whether there had been an assessment of the impact upon the ongoing delivery of services. It was advised that it was still too early this stage to definitively state the potential impact upon services as staff were still making their decisions on whether to take up the vaccination or not. Work continued with staff to understand their reasons for vaccine hesitancy and to provide support to enable them make an informed decision. Not all staff would fall within the scope of the mandate and a panel had been set up to determine which roles were in scope, if this was disputed. At present the mandate would affect approximately 350 out of 4,000 staff for the Croydon Health Service NHS Trust and there was approximately 40 out of 807 staff in secondary care who may also be affected.

Care home staff, domiciliary care staff and front-line social workers were also covered under the vaccine mandate. At present 96% of care home staff and 77% of domiciliary care staff had been vaccinated. There was a small percentage of social care staff unvaccinated and work continued to encourage vaccine take-up.

Following the discussion of this item the Chair thanked those in attendance for their engagement with the questions of the Sub-Committee and also thanked all staff working in health and social care for their hard work throughout the pandemic.

Conclusions

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

1. There was significant reassurance provided that the health and social care system had worked effectively together throughout the pandemic, which was reflected in Croydon being seen as a model of partnership working.
2. The thanks of the Sub-Committee was given to all the health and social care workers in the borough who had ensured that the system had risen to the significant challenges presented by the pandemic.

3. It was agreed that given the challenges presented to the health and care system by hospital discharge, performance in this area should be kept under review by the Sub-Committee over the next twelve months.

5/22

Scrutiny Budget Challenge: Adult Social Care & Health Directorate

The Sub-Committee considered a report, set out on pages 5 to 26 of the agenda, which provided a response to the budget challenge set by the Sub-Committee concerning the ongoing management of care packages and managing demand in Adult Social Care.

The report was introduced and the questions of the Sub-Committee answered by the following officers:-

- Annette McPartland - Corporate Director for Adult Social Care and Health
- Bianca Byrne – Head of Strategic Commissioning & Improvement
- Richard Eyre – Head of Improvement
- Matthew Davis – Interim Director of Finance

During the introduction it was highlighted that the assessment of care packages was based upon a strength based approach and had to be managed within the regulations set out in the Health & Care Act. If an assessment was needed it was carried out through consultation with the service user and their carers to identify the best outcomes for the user. The Adult Safeguarding Board and other panels were in place to ensure that people were being safeguarded. It would be unlawful if an individual experienced harm or the level of care provided was unsafe for an individual and as such social workers, as registered practitioners, had a duty to ensure that the care provided was safe.

Included within the report was the Adult Social Care Strategy which set out the principles for transforming the service. It was highlighted that at present Adult Social Care was on track to meet 100% of its savings targets for 2021-22.

Following the introduction the Sub-Committee was given the opportunity to question the information provided. The first question related to the need to account for inflation in the budget, with a 4% increase included. As inflation was currently above 5% it was questioned whether there was enough flexibility in the budget to account for this increase. It was confirmed that inflation was being monitored as it was a known risk to the budget. Work was underway to review the corporate inflation provision to establish what could be afforded.

It highlighted that service user feedback and involvement in the commissioning process was important in ensuring the delivery of good quality services. As such it was questioned how service users would be involved

going forward and how they could provide feedback if they were unhappy about a service. Reassurance was given that people were at the heart of the commissioning process and it was seen as essential to feed in the voice of service users, with this principle being a key driver in the commissioning model the Adult Social Care service was working towards. If a service user had a concern about the level of service provided, in the first instance this should be reported to the provider and shared with the Council.

The service also worked with user groups such as the Autism Board and the Croydon Adult Social Services User Panel (CASSUP) to consider how services were commissioned. It was essential that workstreams had the involvement of residents in designing the system, which need to include honest conversations about the amount of money available.

Given it could be challenging to deliver savings, it was questioned whether there was alternative plans in place if it became apparent that particular savings could not be achieved. It was highlighted that Adult Social Care was a demand led service and as such it was crucial to manage this demand through early intervention in order to support carers to continue caring. Growth had been built into the budget to account for increased demand, which had been based upon evidence developed in partnership with the Local Government Association (LGA). If growth was not included in the budget, then the service would be overspent from day one. There was also a need to ensure that the health service was meeting the cost of health related issues and that people paying for their care services were charged appropriately.

A demand management system was being established to review from end to end the level of support required by service users, to ensure there was a realistic picture of the potential cost. There was also a need to review services commissioned by the Council a number of years ago to ensure that they continued to deliver the necessary outcomes required by the Council.

The budget for Adult Social Care was reviewed within the service on a weekly basis and by the Section 151 Officer and the Chief Executive on a monthly basis. If there was an over spend, there would be an expectation that this would be rectified by the service. The Chair of the Sub-Committee highlighted that from their review of the Transitions Service earlier in the year, reassurance could be taken that the team was able to effectively manage its budgets.

Reassurance was sought that the Service had the right software packages and financial controls in place to ensure that the budget could be effectively managed. It was confirmed that the Service had two systems in place that had been introduced during the pandemic which enable the whole system to be monitored. These systems were still a work in progress, but month on month improvement was being made.

The Service also used a software system called CareCubed, which was a placement negotiation tool that allowed national data sets to be reviewed alongside the care and support details for a service user to provide an indicative cost of care. Having this tool in place allowed the service to

negotiate with providers on what they were able to provide and so far it had delivered £170,000 of savings from reviewing a minimal number of cases. The next stage of the process would be to roll the system out into the Children with Disabilities team, which would also have the benefit of helping with transitions as young people moved through the care system.

The Interim Director of Finance, Matthew Davis, confirmed that the Adult Social Care service now had a greater level of control of its budget compared to a year ago. The Spend Control Panel had originally been reviewing care packages on an individual basis, but as there was now reassurance that the team was keeping a tight control of the budget a weekly overview was provided instead. Although an absolute guarantee could not be given that there would be no unexpected costs before the year end, there was reasonable confidence that the monthly figures were accurate and the budget would be delivered.

CASSUP Co-optee, Yusuf Osman, highlighted there had been three suggestions made by CASSUP when they were consulted on the Adult Social Care Strategy and asked whether these had been captured in the document. The suggested changes were the inclusion of sensory impairment to the list of impairment groups, the need to reflect people either born with or who developed an early impairment and a need to strengthen the section on the Council continuing to provide statutory support. It was confirmed that these changes had been incorporated in the document following the CASSUP meeting.

It was noted that the Sub-Committee had previously received updates on the need for reassessing the support for learning disabled and as such it was questioned how the Strategy encompassed this work and also tied into other strategies such as the Autism Strategy. It was confirmed that the Strategy covered all adults from young people in the Transitions service at 14 through to the end of life. It was intended that the Strategy would be able to evolve in order to take account of future changes within the system. The Service was currently doing a lot of engagement on learning disability services and had ensured the inclusion of learning disability and the transforming care cohort in the Health and Care Plan. It was important that Social Care did not work in isolation and was joined up with other services and strategies. It was agreed that the delivery of the Adult Social Services Strategy may be something the Sub-Committee might want to revisit later in 2022.

In response to a question about how the content of the strategy would be communicated to the public it was advised that a communications plan had been created alongside the strategy which set out who the Service needed to engage with and an easy read version would be produced.

An update the current position of staffing in the Service was requested. It was confirmed the main challenge was the recruitment and retention of staff in the Discharge and Transition teams. It was essential that staff, particularly those newly qualified, felt looked after by the Council through good quality supervision and support with complex cases. Social workers also

predominately worked from the office rather than remotely, which helped to ensure there was a connection with staff.

Following discussion of this item the Chair thanked the officers in attendance for their openness in engaging with the questions of the Sub-Committee.

Conclusions

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

1. From the evidence provided by officers it was reasonable to conclude that the budget being proposed for Adult Social Care was both sustainable and deliverable, with a commendable focus on working with individuals to ensure their needs were being met.
2. With the 2021-22 budget on track for delivery, there was evidence that the financial controls within the service had improved over the past year.
3. Given the information provided and the reassurance of officers that any change to care packages would be managed in cooperation with service users and their carers, it was reasonable to conclude that any changes to care packages would be closely monitored to prevent any unnecessary harm.
4. The Sub-Committee was broadly supported the of the Adult Social Care Strategy, acknowledging it would take a role in testing both its implementation, and the impacts on residents, carers and the budget.

6/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.50 pm

Signed:

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Date:

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REPORT TO:	Health & Social Care Sub-Committee 8 March 2022
SUBJECT:	SERVICE RECOVERY DURING COVID-19 PANDEMIC & WINTER PRESSURES
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 has been a regular item on the agenda to allow the Health & Social Care Sub-Committee to seek reassurance that health and social care services are continuing to be delivered despite the challenge presented by the covid-19 pandemic and the winter period .
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is provided with an update for its consideration on the recovery and response of health and care services in the borough to the pressures caused by the winter season and the Covid-19 pandemic.

1. SERVICE RECOVERY DURING COVID-19 PANDEMIC & WINTER PRESSURES

- 1.1. The Health & Social Care Sub-Committee has received regular updates from the health and social care partners in the borough on ongoing management of the demands placed upon services over the winter period and throughout the covid-19 pandemic.
- 1.2. The presentation attached at Appendix A, provides an update on the latest position on the recovery of services and the ongoing response to the pandemic, including the vaccination programme.
- 1.3. Sub-Committee members are asked to consider the information provided and decided whether they are sufficiently reassured that the appropriate controls and mitigation are in place to manage these challenges.

CONTACT OFFICER:

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APPENDICES TO THIS REPORT

Appendix A: Covid-19 Response & Winter Pressures

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COVID-19 response and winter pressures

Health and Social Care Sub Committee presentation

08 March 2022

Matthew Kershaw

Trust Chief Executive and
Place Based Leader for Health



This week marks the two year anniversary of our first patient with confirmed COVID-19 being cared for at Croydon University Hospital

Since 11 March 2020:

- **More than 4,580 patients** with COVID-19 have been treated at CUH
- **Vast majority** have been treated successfully for the virus
- **Sadly, 751** patients have died in hospital with COVID-19 (as of 17 February 2021)

Current position

CUH currently has one of the highest bed occupancy rates of patients with the virus in south west London.

As at 23 February 2022, the Trust is caring for:

- **130** COVID-19 patients in CUH
- **Fewer than five** COVID-19 patients in intensive care

This reflects the continued prevalence of COVID-19 in our community, although thankfully cases are coming down

- **1,558** people in Croydon have tested positive for COVID-19 in the past 7 days
- **Down 16%** (as at 22 Feb 2022)
- **Case rate:** 420 per 100,000 people (as at 17 Feb 2022)

Almost 70% of Croydon's population are now protected with at least one dose of the COVID-19 vaccine

- **266,246 first doses (69.6%)**
- **245,151 second doses (64.1%)**
- **169,993 boosters or third doses (44.4%)**

(Croydon population vaccination status, as at 21 Feb 2022)

Continued engagement in low uptake areas

- **Lantern Hall** – for people experiencing homelessness or living in temporary accommodation
- **Croydon Mosque** – specifically for asylum seekers living in hotels
- **St Chad's Church** as part of HIV awareness week, with music, food, HIV fingerprick testing, COVID testing & COVID vaccines
- **Further sessions** are planned through March and April including MIND service users, carers and families

Priorities through Spring

- **Evergreen offer** – a continued focus for the NHS: It's never too late for first, second or third doses.
- **Healthy 5-11 year olds:** Working with schools and primary care to engage parents and guardians to protect children in our borough
- **Spring boosters:** Expected for clinically extremely vulnerable and 75+
- **Autumn booster plan,** aimed at wider groups of people anticipated later this year in line with flu

COVID-19 vaccination as a condition of NHS deployment

On 31 January 2022, the UK government announced that it would publicly consult to seek views on revoking the requirement of the COVID-19 vaccination as a condition of deployment in health and social care settings.

- At this time, 89% of all staff at Croydon Health Services NHS Trust were protected with at least one dose of the COVID-19 vaccination.
- 91 staff had declined vaccination.
- A further 268 staff had no record of COVID-19 vaccination
- This number includes staff who may not have declared COVID-19 vaccinations at other healthcare settings, including their GP.

Elective recovery

Croydon is now treating 10-20% more patients in our dedicated Elective Centre than before the pandemic

More than 18,500 people have safely received planned care and treatment in Croydon over the past 18 months, despite the impact of the pandemic.

- Treating patients, not just from Croydon, but across South London
- 2,000 patients referred from neighbouring boroughs to reduce long waits
- Increasing Croydon's capacity as a surgical hub for mutual aid in the NHS.
- Challenge now is to push harder through longer days and weekend working
- Supporting staff to meet the demands of the backlog and care for patients

The biggest backlog the NHS has ever faced

More than 6 million people are waiting for planned care across the country

Now the pandemic is easing, the NHS has published its planned to tackle the COVID-19 backlogs

In Croydon, our “hospital within a hospital” protected by robust infection control and restricted access, has enabled us to treat patients throughout waves of COVID-19.

“When you look at a number of 6m waiting, it’s daunting. But when you focus on the ten patients on your list and know that they will get the care they need and go home to enjoy their daughter’s birthday tomorrow - that’s when the prize will come in.”

Stella Vig, Consultant and clinical lead talking to Radio 4 on how Croydon is leading charge to tackle the COVID-19 backlogs (Feb 23 2022)

Urgent & Emergency Care

Urgent and emergency care services in Croydon remain under severe pressure, with long waits for admission leading to crowding in ED and delays offload ambulances throughout January – reflecting the regional and national position.

Whilst total demand is not as high as pre-pandemic, more acutely unwell patients are attending ED

- **Croydon's four-hour** performance remains strong relative to other London systems (77%, 7th best in London in January 2022)
- **6% reduction** in total attendances to CUH, but 1% increase in highest acuity arrivals (January 2022)
- **Levels of COVID-19** locally and in the hospital continues to impact, with between 25% and 30% of inpatient beds occupied by COVID patients. A similar number of care home beds were closed due to COVID over the same period.
- **Bed occupancy** needs to be significantly reduced to be able to effectively manage the inpatient pathway in an IPC-compliant way. Key to this is optimising discharges and reducing length of stay.
- **CHS is one of two London trusts** that has been invited to take part in a national 'Hospital Only Discharge' programme, focused on the elements of discharge solely within the hospital's control.
- **Rapid action:** The Trust, with support from the national Emergency Care Intensive Support Team (ECIST), is taking rapid action based on a series of evidence based interventions shown to improve flow. This Executive-led programme will report monthly to the Quality Committee, and quarterly to the Health Board.

To reduce waits and meet demand we are streamlining pathways and increasing capacity

Integrated See, Triage and Treat (ISTAT): ED and GPs working together to reduce waits in A&E whilst limiting overcrowding to protect people from COVID-19.

- **Average wait for non-admitted patients reduced from 226 mins to 205 mins (Jan-22 v Jan-20).**
- **93% of acutely unwell patients seen within 60mins.**

Same Day Emergency Care: providing assessment, investigation and treatment without overnight stay, with direct access from GP referral and LAS conveyancing.

- **28% fewer admissions from ED (Jan-22 v Jan-20).**

Mental health assessment unit with SLaM: Supporting people who attend A&E whilst experiencing a mental health crisis.

- **Average wait for mental health patients in ED reduced by over 2 hours (Jan-22 v Jan-20)**

Transfer of Care hub: Integrated Discharge Team (IDT), involving health, social care and British Red Cross, as a single point of contact for wards and wider system

System response

Working together as a place based system, we are striving to improve health and care to meet local need and address the challenges we face

Integrated Community Networks Plus (ICN+)

One Croydon community networks bringing GPs, nursing teams and therapists together with social care and community groups to connect people with the services around them

North East Croydon ICN+:

More than 600 referrals within the year

- **31%** people reported an increase in health and wellbeing within a year of referral.
- **25%** reported an increase in movement, mobility and physical ability

Primary Care continues to face additional pressure in comparison to pre-pandemic levels due to increased demand and ongoing delivery of the vaccination programme.

Practices operating with higher levels of face-to-face appointments, despite the pressures

- Triage based system which incorporates Infection Prevention and control requirements and allows for prioritisation based on clinical need and patient choice.

Primary care Networks (PCN's)

- Recruiting additional multi-disciplinary staff to support patient care in a more holistic way
- Included increasing focus on cancer diagnosis
- Health checks
- Medication reviews
- COVID and flu vaccinations.

Quality improves

- Continued focus with practices being supported via local and national resilience schemes to improve access and ensure sustainable general practice provision
- Backlog recovery within ongoing review of clinical need and management of increased demand
- Supported by increased use of digital innovation and evidence based new models of working.

Digital innovation

Using virtual wards to help keep people safe and well during the pandemic and, where possible, care for them at home to free-up hospital beds for those with more complex needs

Croydon has been successfully delivering Telehealth enabled virtual wards for high acuity patients since 2019

- Using devices no bigger than a mobile phone, we are able to remotely monitor a patients' movement, breathing and heartrate 24/7
- Spotting deterioration and escalating patient care, often before someone realises they are becoming unwell.

Benefits for patients and staff

Improved patient and carer experience and outcomes, empowering patients to become more involved in their care

- Reduced potential exposure to COVID-19 with patients and staff able to monitor conditions without avoidable hospital visits
- Enhanced senior clinical support available within two hours of Rapid Response referral to safely care for more complex patients at home.
- Step-up pathways to manage patients safely at home / in the community.
- Improved staff experience, confidence and competence to manage higher acuity patients at home.

Upgrading our offer

In line with 2022/23 NHS planning guidance, Croydon is working with SWL ICS to scale up delivery of virtual wards

- National ambition for 40–50 virtual wards per 100,000 population by December 2023.
- A key component of the SWL plans to deliver remote monitoring at scale is for local borough based virtual wards to be supported by a centralised SWL remote monitoring hub.

Maternity experience survey

On 10 February 2022, the CQC published the findings of the 2021 survey of maternity services in England.

Positive improvements

- **9/10** women said our midwifery team spoke clearly to them in a way they could understand during labour and birth.
- **8.3/10** women felt involved in decisions about their care, a small improvement compared to the last survey in 2019
- **8.7/10** of mothers-to-be felt listened to during their antenatal appointments, compared to 8.5/10 in 2019

However, the Trust was scored worse than expected in some areas

- Fewer women felt they had been offered a choice about where to have their baby – scoring 3.5 out of 10 compared to 5.4 in 2019
- The number of women who felt they had been treated with dignity and respect fell from 9 to 8.5 out of 10
- and more women said they wanted greater support and encouragement about feeding their baby – scoring 5.3/10 compared to 5.6/10 in 2019

Making improvements

This survey was collected during the third national lockdown at a time when women were not permitted to have a friend or partner with them at all times. However, Croydon is no different than any other Trust in dealing with these challenges.

Our maternity team have already put measures in place to act on what women and their families say.

- All women now have the opportunity to agree a personalised care plan with their named midwife and women are given a choice to have their baby at home, on the labour ward or our home-from-home birth centre.
- Two hourly ward rounds are undertaken daily to make sure our midwifery team are visible and the needs of women in our care are met
- We have increased our staffing on our postnatal ward at night to increase support for women.



Croydon Health Services
NHS Trust

Acting on findings from national reviews to improve maternity care

Okenden benchmark assessment (Dec 2021)

Plan to enhance perinatal quality surveillance, with quality assurance embedded in ICS governance structure

Listening to women and families, including bimonthly meetings with Board level champions

Increased funding for staff training and joint working at 'place'

Managing complex pregnancy, monitoring compliance against national best practice

Workforce wellbeing

We are continuing to increase our wellbeing support for staff to help our workforce cope with the pressures and guard against burnout

NHS Staff Survey 2020 highlighted areas of improvement and focus

Good practice

- **74%** CCG staff and **68%** of Trust staff said their immediate manager takes an active interest in wellbeing

Areas of concern

- **Only 29%** of Trust staff feel the organisation takes positive action to look after their health and wellbeing
- **2 in 5 staff** (~40%) of staff reported feeling unwell due to stress in the last 12 months
- **Sickness rates** have risen steadily since Summer 2021 and retention is below average, with almost half (49%) of Trust staff leaving within the first year of service

Our culture, our wellness, our people

- **Two year improvement plan** to enhance staff experiences and support through 2022/23

Findings of 2021 NHS Staff Survey are expected to be published late March 2022

Leading by example

- Enhancing leadership support to model values and behaviours
- New Croydon Health Leadership Conference to co-design progress, plans and priorities
- Health leaders asked to rate their own health and wellbeing, scoring **3 out of 5, with five being the highest**

Improvements include:

- Ensuring that all staff have regular 1:1s and that these include 'check in' questions on wellbeing
- Saying thank you more regularly and taking action so that staff know they are valued
- Empowering staff to make decisions, building high trust teams
- Implementing a culture of kindness across all teams



Supporting our staff

- Weekly 'Thirst Responders' with leaders serving refreshments to thank and listen to staff
- All-staff webinars with 'Any questions' asked of Trust Exec
- 24/7 access to confidential staff support and advice
- Over 100 mental health first aiders available
- Free access to wellbeing support
- New staff intranet for daily news and a hub of information
- Dedicated team leader briefings
- 'Summer Sessions' and Wellbeing events to offer teams and individuals some time for themselves away from the stresses of work.
- Staff app to share good news and practices
- Social media to spread the word and celebrate the achievements of staff



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Agenda Item 6

REPORT TO:	Health and Wellbeing Scrutiny Committee 08 March 2022
SUBJECT:	An overview of mental health provision in the borough
LEAD OFFICER:	Annette McPartland Corporate Director of Adult Social Care & Health
CABINET MEMBER:	Cllr Janet Campbell Cabinet Members for Families, Health and Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Simon Robson Director of Operations, Adult Social Care and Health Rachel Flagg Director of Transformation and Commissioning NHS South West London CCG
PUBLIC/EXEMPT:	Public

POLICY CONTEXT/AMBITIOUS FOR CROYDON:

A change in the way we deliver social care in order to reduce spend and live within our available resources is underway. This aligns to the following Croydon Renewal Plan priorities:

- We will live within our means, balance the books and provide value for money for our residents.
- 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:	An update on mental health provision in the borough was requested in light of concerns previously raised by the Sub-Committee about the impact of the covid-19 pandemic on mental health and wellbeing.
BRIEF FOR THE COMMITTEE:	The Health and Social Care Sub-Committee is asked to consider this presentation and accompany presentation which provides an overview of Mental Health provision in Croydon borough including:- <ul style="list-style-type: none"> • what is available, • the current level of performance, • the impact of the pandemic • the future vision.

1. EXECUTIVE SUMMARY

- 1.1. The COVID 19 Pandemic delivered a monumental adverse impact to the overall health and social care needs of residents of all ages but with unexpected consequences on increasing stages of mental distress.
- 1.2. While attention is currently and rightly addressed to the immediate mental health impact of the COVID Pandemic, there is every likelihood that the current and after-effects will translate to an increased demand for mental health services for all ages.
- 1.3. This report provides the Committee with an overview on key elements of:
 - the mental health provision within the borough as a road to recovery from the COVID 19 Pandemic
 - the South London & Maudsley NHS Foundation Trust, and South West London CCG budget on mental health
 - the Council's Adult Mental Health service budget and savings in line with the Croydon Medium Term Financial Strategy.
 - key performance and outcome focuses; and
 - Future vision for adult mental health provision in Croydon.

2. OVERVIEW OF BOROUGH SERVICE PROVISION

Overview of commissioned services

- 1.4. Croydon commissions a full range of mental health provision. The mental health services available in Croydon are a mixture of services delivered by our local mental health trust South London and Maudsley (SL&M) as well as the voluntary sector. The core community and crisis offer commissioned from SL&M made up of the following services:

Acute and crisis pathway services

- Psychiatric Liaison (Enhanced CORE24)
- Home Treatment Team
- Adult Acute Inpatient wards
- Adult Psychiatric Intensive Care Unit (PICU)
- Inpatient Rehabilitation Service
- S136 suite/Place of Safety
- Crisis Line

Community offer

- Assessment & Liaison Team (A&L)
- GP advice Line

- Locality Teams (Community)
- Early Intervention Team
- Recovery and Rehabilitation Team
- Primary Care Mental Health Support Team
- Community Forensic Service
- Perinatal MH Community Team
- Community Personality Disorder Service
- Croydon Integrated Psychological Therapy Service (CIPTS)
- Learning Disability Mental Health Team
- ASD Community Team

Voluntary Sector offer

- Mind – Provide Social Networking, Counselling, Helpline/Information Service, Advocacy for All, Employment Service, Welfare Benefits Advice, Carers Counselling & Support, Mind Match, Active Minds and Live Well – Smoking cessation
 - Hear Us – Provide a Service User Forum, Involvement and Link-workers
 - BME Forum – Provide Community Development Workers (CDWs)
 - Imagine – Provide Mentoring and Befriending
 - APCMH – Providing drop-in support
 - Off the Record – Provide BME CDW service
 - Off the Record Compass – Provide Counselling
 - Off the Record Youth Counselling – Talking Therapy for CYP
 - Alzheimer’s Society – Provide a Dementia Advisor
 - Status – Provide Employment Support (specialising in self-employment).
- 1.5. During the pandemic the CCG further invested to deliver the key elements of the Mental Health Transformation Plan. This investment enabled the mobilisation of the following services to further bolster the system Crisis and Community offer during and beyond the pandemic.
- 1.6. **Recovery Space** (Hosted by Mind in Croydon) – a 7days/week (6pm-11pm) alternative Safe Space to A&E for people experiencing a MH crisis that do not require a clinical intervention. 715 referrals received Apr 2021-Jan 2022. The pilot is extended for another year with additional crisis support workers embedded in the Health & Wellbeing Space to ensure alternative crisis support from 10am -11pm 7days/wk.
- 1.7. **Mental Health Clinical Assessment Unit (CAU)** – based at Croydon University Hospital and has been operational since September 2021. 98 patients seen from Sep 21 -Jan 22. 4 dedicated MH bays next to A&E to assess those patients presenting with mental health symptoms to sufficiently

ascertain the most appropriate onward service and package of care within a timely manner, thus leading to a smooth and efficient patient flow out of A&E. The service model is a fully integrated model including physical health, mental health and effective links to the voluntary sector. An evaluation of the first 4mths has been completed and options for optimising utilisation are being explored. Initial evaluation figures show the CAU has freed up the equivalent of 1 extra bay in A&E since it opened.

- 1.8. **Croydon Health & Wellbeing Space / ICN+ Localities** – The pilot CHW Space went live on 4th Jan 2022 at the Whitgift Centre, it is the first of 3 to cover 6 ICN+ Localities across North, Central and South Croydon. The Space is a VCS non-clinical offer with in-reach from clinical mental health and social care, hosted by Croydon BME Forum & Mind in Croydon. Operating 7days/week 10am-6pm complimenting the Recovery Space 6pm-11pm. Target Cohort of SMI = 1600 Central area (Total 4953) and 2000+/yr of new GP referrals/self referrals.
- 1.9. **Mental Health Personal Independence Co-ordinators (MH PICs)** – A new Voluntary sector role as an out-reach function of the Health & Wellbeing Space, to provide practical support for people experiencing MH issues across primary/secondary care. Mobilised Mar 2021 and received 203 referrals vs target of 210. (Hosted by Croydon BME Forum & Mind in Croydon).
- 1.10. **Primary Care Network Mental Health Practitioners (PCN MHP)** - New clinical mental health roles in each Primary Care Network provided by SL&M but jointly funded with PCN's. Core offer - Co-ordinate and deliver MH care across PCN GP practices, reducing GP workload & targeting key cohorts. PCN tailored offer – address key MH issues highlighted by the PCN. Supported by MHPICs, MHW Hub (for Central Croydon PCNs) and B4 PCAS funded PCN roles for SMI Physical Health Checks.
- 1.11. **Mental Health Local Voluntary Partnership Initiatives:** (delivery over 2yrs)
 - Turkish Youth & Community Association – MH Community Development Worker (CDW)
 - Asian Resource Centre Croydon – Mental Health Champions
 - Croydon BME Forum – Wellness Advisor in addition to Community Development Workers
 - Croydon Drop-in – Young Adult Transitions – education and apprentices
 - Body & Soul – Legal, Practical Support & Counselling for HIV+ sufferers
 - Disability Croydon – MH Drop-in Centre & Café and access to digital support, tackling loneliness
 - Palace for Life Foundation – Coping through football (SMI Focus)

South London & Maudsley Covid 19 Pandemic Response

- 1.12. During the pandemic the Trust was able to maintain delivery across all services despite significant staffing challenges due to Covid 19 related sickness at certain points of the pandemic. The trust focused on:
- Home Treatment and Community Teams delivering a robust Covid-19 response with support from redeployed staff - to support discharge into community settings and following up with patients post discharge.
 - Mobilised 24 additional step down crisis flats in Wave 2 (from 12 to 36) and are planning to open up 2 new Crisis Houses for all SL&M boroughs in 2022/23 (one for adults and one for young people)
 - Opened a Clinical Assessment Unit to support the Croydon University Hospital Mental Health Liaison Service with improving the urgent and emergency care pathway for those in crisis
 - Adapted offer for older adults with activity focussing on supporting staff wellbeing in care homes, offering remote intervention and advice for residents and support with training around other areas such as use of PPE
 - Continued work in partnership with key stakeholders throughout the pandemic
 - Stepping up a trust wide vaccination programme to deliver vaccines for staff and patients
 - Providing staff with rest and recharge hubs and support pathways during Covid-19
 - Made urgent changes at height of Covid-19 to inpatient settings to support local acute trust with bed capacity
 - Despite significant estates challenges kept service users, carers, our staff and system partner staff safe with robust infection prevention and control measures
 - Leading national guidance reviews on medication changes and Mental Health Act Assessments due to impact of Covid-19.
- 1.13. The pandemic changes were assured by the undertaking of rapid evaluations of service changes to monitor impact on quality - e.g., remote assessments, emergency department diversion services and discharge follow-up. Positive joint working between alliance partners has been pivotal in delivering a well-co-ordinated system response.

3. OVERVIEW OF BOROUGH MENTAL HEALTH BUDGET

South London & Maudsley NHS Foundation Trust & South West London CCG budgets

- 3.1. Mental Health Investment Standard (MHIS) aims to make sure CCGs increase investment in mental health services at a higher percentage than their overall rise in allocation from NHS England each year. Croydon CCG has committed a

£2.68m (4.35%) uplift in Mental Health Investment Standard Spend for 2021/22 giving a total budget of £64.29m.

- 3.2. In addition to the MHIS uplift there is Spending Review (SR) and System Development Funding (SDF) funding available bringing the overall total 2021/22 Mental Health Budget to £69.9m. SR funding is non-recurrent and will be a cost pressure on 2022/23 MHIS funding.
- 3.3. In Croydon, investment decisions have been informed by the transformation plan and priorities set, and through system wide engagement. These have been agreed and signed off by the mental health clinical leads.
- 3.4. The Overall Mental Health forecast for 2021/22 is £69.9m from the CCG: The Croydon SL&M contract value is £55.7m, a £0.91m (1.95%) increase on last year's value made up of:
 - £274k growth on core contract and £637k FYE of prior year MHIS with a focus on IAPT (including CYP), CAMHS, START MH Homelessness, HIV services, and non- NHS adult placements.
- 3.5. Other Mental Health Spend is £8.57m, a £1.94m (23.2%) increase on last year's value with a focus on the following and bringing the total to £64.29m (4.35%):
 - Voluntary Sector contracts have seen a doubling in their contract values through MH Local Voluntary Partnership and MH Transformation investment
 - SMI LCS to improve the physical health of those with a serious mental illness
 - MH Transformation Programme – introducing new roles, such as MHPICs, enhancing CYP counselling provision, Cancer Psycho-physiologic Service (CaPS), Personal Health Budget pilot, and Enhanced Shared Lives pilot.
- 3.6. The remaining £5.6m (completing the £69.9m total) is prioritised as follows:
 - Mental Health Assessment Unit at CUH £1.34m
 - Prior Year SDF Funded Initiatives: - Trail Blazer £837k, AMH Community £563k
 - Current Year SDF Funded Initiatives: - CAMHS £710k
 - Spending Review Initiatives: - Adults £1.85m, CAMHS Community £312k

Croydon Council Adult Mental Health Service Budget

- 3.7. Adult Social Care accounts for more expenditure at Croydon than any other service, approximately 31% of net budget. The pressures in this area are felt across the country. However, we know that our cost base is too high and we can learn from other councils.

- 3.8. Working closely with a Local Government Association (LGA) Adults and Finance expert, we have reviewed every aspect of our budget. We have modelled plans to deliver significant savings over three years, based on LGA recommendations.

2021/22 financial period monitoring

- 3.9. As reported in the February 2022 Cabinet monthly finance update, the ASCH directorate are forecasting an underspend of £0.028m, an adverse movement of £2.00m from Month 8.
- 3.10. This movement includes an extra provision of potential historic operational service issues but partially netted off against improvements within placement spend across all cohorts of service users. Whilst this is an adverse movement within forecast the overall Adult Social Care position, after factoring risks, has not worsened as a previously reported risk of £2.5m has now been included within the forecast.
- 3.11. The directorate is forecasting to deliver 100% of budget reductions (£10,978m).

Adult mental health service 2021/22 budget and savings

- 3.12. In terms of the 2021.22 budget (£9.405m) and savings (£-0.684m) delivery, the service is on course to deliver a small underspend £0.062m. This has been achieved through reviews, cost avoidance and managing demand.
- 3.13. Nonetheless, Adult Mental Health services and budget remains at pressure from wider activities. In particular, increased demand for statutory and non-statutory interventions, as well as inflationary increases which are likely to continue for the rest of the 22/23 fiscal year.

Adult mental health service 2022/23 proposed budget and savings

- 3.14. In terms of the 2022/23 draft budget allocations, on advice from the Local Government Association, the Directorate is moving to activity based budgeting. In effect, reflecting growth allocations on forecast year end activity.
- 3.15. This new process and analysis reviewed the 21/22 growth allowance of £0.262m against the in-year 'run rate'. This is the pace at which the budget is spent against the period of the year. At Period 6 (half-way through the financial year), 73% of growth had been used, overall 62% of the budget.
- 3.16. The reflection, for setting the draft 2022/23 allocation, was the anticipated demand growth of £0.262m would likely be insufficient. As a result, the draft growth allocation, based on forecast activity, has been increased by £0.229m, to £0.491m.
- 3.17. The draft budget for 2022/23 is £9.078m, with a savings target of £-0.934m.

Fair cost of care strategy

- 3.18. Over the last 18 months the Council has been developing its Cost of Care strategy to support the care market. This is to ensure that we pay a sustainable rate for care that promotes excellent care to residents and a sustainable workforce.
- 3.19. To support this, the Council has agreed a minimum rate for care for bed-based settings and for home care. On 1 November 2021 we increased the rates that we pay to providers in line with this minimum rate.
- 3.20. We are now working on our Fair Cost of Care Strategy for 22/23, informing providers of the new rates during April 2022.
- 3.21. Of note, the government announced at the end of 2021 a 'Market Sustainability and Fair Cost of Care Fund' to support local authorities to:
- Conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it.
 - Engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market
 - Strengthen capacity to plan for, and execute, greater market oversight and improved market management to ensure markets are well positioned to deliver on government reform ambitions.
- 3.22. The Council understands the rising costs to social care providers around national living wage, energy and other inflationary pressures; and will support the market in setting a Fair Cost of Care.

Budget risks

- 3.23. The budget remains at high risk to the challenges below:
- Inflation and cost of care.
 - Out of borough placements and S117 commitment continues to present significant challenges. Croydon is reported to have one of the most diverse privately owned residential placements in the entire South London.
 - Croydon is a net importer of individuals into the borough given the location of the Home Office; as well as its cost of living affordability index in relation to other local authorities closer to central London.
 - The cost to managing the impact of COVID remains a real challenge as demand for mental health services increases and the complexity of mental health and physical disability presentations worsens within the locality.

4. CROYDON MENTAL HEALTH PROVISION IMPROVEMENT PLANS

- 4.1. A stakeholder 'Mental Health Summit' event delivered on the 08 March 2021 with opening speech by Councillor Janet Campbell, set out key demand drivers, barriers and priorities for the Integrated Adult Mental Health Services.
- 4.2. Key drivers were population increases, limited resources, increase in deprivation, increase demand for services, ageing population, lack of technological solutions, rising public expectations, ethnic disparities in service provision and public health concerns eg. COVID etc.
- 4.3. A high level strategic plan was developed to enable:
 - Managing demand through community access to services.
 - Managing demand to and from Acute hospital settings.
 - Effective and efficient short-term crisis and routine community interventions.
 - Effective community offer for individuals with mental health problems and long-term disabilities which addresses ethnic disparities.
 - Effective market shaping commissioning strategy that provides appropriate independent living step down options, which support wellbeing, choice and independence
 - A collaborative governance and management approach to sustain improvements through recovery from COVID 19 Pandemic.
- 4.4. It was envisaged that the plan would provide data sets on customer insight, user engagement, areas of particular emphasis for further investments in prevention and early intervention, and a focus on community cohesion, resilience, values and outcomes to inform the forward strategy and plan.
- 4.5. To date the plan has delivered or is in progress to deliver the following:
 - Adult Mental Health Joint Commissioning Board
 - The commissioning of the Integrated Adult Mental Health Review Team
 - The commissioning review of the Borough's mental health supported accommodation
 - The plans to commission the mental health placements and brokerage
 - The commissioning of the mental health voluntary care sector contracts
 - The commissioning review of the integrated mental health S75 agreements
 - The development of the integrated community placements dashboard providing an overview and detailed summary of placements, needs, costs and specialities.
- 4.6. The Adult Mental Health Joint Commissioning Board has also fed into wider Adult Social Care and Health interventions in the following areas:

- The fair cost of care strategy
- Care Cube implementation (a placements negotiation tool)
- Provider and service user engagement programmes
- Aligning of the Health and Social Care systems through the proposed access to the Local Authority Adult Social Care Systems (LAS) to Adult Mental Health Practitioners.

Croydon Integrated Adult Mental Health Review Team

4.7. An invest to save small specialist team developed in collaboration and partnership with key stakeholders Croydon CCG, Croydon Adult Mental Health Social Care, South London and Maudsley NHS Foundation Trust and South London Partnership. The team sets out to achieve the following outcomes:

- To ensure that all residents in Integrated Adult Mental Health Placements receives timely and robust reviews.
- To ensure residents are supported in the most appropriate setting to increase their independence, choice and wellbeing and maximise their recovery.
- Provide quality assurance of all placements ensuring that a resident's placement offers safety and maximum support.
- Support the delivery of a wide variety of step-down options and capacity within the borough.
- Support the medium-term financial savings plan for the Adult Mental Health Social Care, South West London CCG, South London and Maudsley NHS Foundation Trust and South London Partnership, where indicated, feasible and achievable.

4.8. As of the 22 February 2022, the joint collaborative has achieved or in progress to achieve the following:

- Re-optimisation of the mental health shared lives pathway – increasing access and capacity to individuals with mental health difficulties.
- Introduction of joint working protocol with Croydon Extra Care Sheltered Accommodation to increase access and capacity to individuals with mental health difficulties.
- Supported the review of the Mental Health Supported Accommodation securing increased capacity for 24 hours mental health supported accommodation in the new tender – current capacity operates a waiting list.
- Supporting the development of a bespoke placement pathway for individuals with mental health difficulties and Autistic Spectrum Disorder.
- Supporting ongoing discussions on improved investments from South London Partnership for a Community Mental Health Rehabilitation Scheme in Croydon. Ensuring that individuals in complex inpatient admissions are

appropriately stepped down to a community rehabilitation scheme prior to further community placements. Avoiding a cliff edge step down.

- Supporting the development of a dual diagnosis (mental health/substance misuse) step down facility working with Lancaster Road Project.
- Supporting the development of a bespoke forensic scheme and out of area placements scheme with ongoing work with Social Interest Group (Penrose, Equinox and Pathways to independence).
- Support the development of a provider level engagement with providers and systems partner towards a robust market shaping strategy to meet the needs of residents.

4.9. In addition, as at the 30th of December 2021, the integrated adult mental health review team has achieved the following:

- Completed reviews of 71% of 100% Local Authority Funded Placements (112 placements in total).
- Completed reviews of 100% of 100% Health Funded placements (14 placements in total)
- Completed reviews of 77% of joint funded placements (84 placements in total) – 13% of placements were less than 6 months and deemed out of scope.
- 47% of reviewed placements were identified for step down into more independent living provisions.

4.10. The strategic and operational plans set out what is achieved, or is in progress to be achieved. It maintains a sustainable and cost effective framework for the Integrated Adult Mental Health Service and our highly vulnerable residents; in providing improved placement access, safety and support as we journey through the recovery from COVID 19 pandemic.

Case study 1

4.11. Two cases are worth mentioning here to describe how the mental health reviews team have impacted on the lives of our residents with complex presentations, risks and history, known to mental health services.

4.12. First, is a young woman known to mental health services since the age of 15 with very complex mental health diagnoses of Mixed Disorder of Conduct and Emotions, Pervasive Development Disorder, Autistic Spectrum Disorder, Attention Deficit Disorder and Oppositional Defiant Disorder.

4.13. She had multiple admissions to hospitals both as a child and as a young adult with significant risk to self, others and properties as well as having been accommodated in various placements, in and out of the borough, which all broke down. The last placement cost was £3500 per week.

4.14. Her case was taken on by the integrated mental health review team in December 2021.

- 4.15. Working with her, her family and the current provider; a bespoke placement of a self-contained flat with a specialist provider, according to her wishes and feelings, close to her family, was sourced with wrap around package of care designed with her and her family.
- 4.16. Both resident and the family were very satisfied with the outcome as she now has her own front door, with all her needs and wishes met and with a total savings for the Local Authority and CCG recorded as over £3000 per week.

Case study 2

- 4.17. Another case is that of a young female with a very complex diagnosis of anorexia nervosa and Emotionally Unstable Personality Disorder/ Personality Disorder (EUPD/PD) since the age of 17.
- 4.18. Her anorexia, which tends to be severe, is characterised by dietary restriction, excessive exercise, weight falsification by excessive water consumption and laxative abuse.
- 4.19. In addition to the above, she has extensive risk history of self-harm and suicidal attempts with multiple admissions to hospitals and access to very complex placements which all broke down leading to her current placement, where she has been since 2019 at the cost of £4500 per week.
- 4.20. The mental health review team took up her case in December 2021, working with her, her family and the current provider. She was transferred to a bespoke placement with a specialist provider with extensive wrap around care in a self-contained flat with 24-hour support.
- 4.21. Early reports and reviews suggest that she is doing very well, and her family are happy with the reported improvement in her independence and the step down represents a saving over £3500 per week to the joint partnership.
- 4.22. There are many more cases like these, ongoing, where specialist bespoke arrangements are being sought according to client and families' wishes and feelings, as a new model of care, both for complex cases and for those individuals who prefer to take control of their own care with extensive wrap around care.

Croydon Approved Mental Health (AMHP) Service

- 4.23. Section 13 of the Mental Health Act (1983) imposes a duty on local authorities to ensure that Approved Mental Health Professionals are available to carry out assessments under the Act on individuals present or living in their area who appears to be suffering from a mental disorder.
- 4.24. The AMHP service provides a seamless 24-hour service.
- 4.25. In comparison to 2019 and 2020 data, the AMHP referrals data as at January 2022 stands at 1147.

- 4.26. Adding average referrals for the month of February and March 2019/2020 of 171 will increase the total AMHP referrals for 2021 fiscal year to 1318. The highest total for the past 3 years.
- 4.27. Most AMHP referrals originate from hospital, place of safety, male wards and police custody suite.
- 4.28. Our data suggests that in the past 11 months, AMHP referrals successfully diverted to least restrictive community interventions to prevent hospital admission and away from custody and psychiatric hospital, recorded as no further action, has increased by around 20%.
- 4.29. Nonetheless, as a service, we remain concerned about the number of individuals with mental disorder placed under some form of restrictions under the mental health act.
- 4.30. The data also suggests a modest increase in average referrals received for Spring/summer quarters when compared to autumn/winter quarters which was particularly difficult to manage this year given the staffing recruitment and retention difficulties throughout the AMHP Service for 21/22.
- 4.31. Therefore, the focus of AMHP improvement plans will be targeted on the following as led by data:
- Increased timely/robust Interventions at Police Custody Suite, Place of Safety, Croydon University Hospital wards and Croydon Accident and Emergency Services.
 - Majority of the interventions at locations in (a) above are conducted by out of hours AMHP Service and we have seen the increase in daily numbers of referrals and assessments conducted out of hours daily.
 - Approach to reviewing and implementing various borough system partners winter plans to include the Croydon AMHP Service in their schedule as the service caters for all ages and crosses all departments and services.
 - Strengthening the management and leadership of the out of hours AMHP Service to deal with the increased demand for services and the complexity of the interventions.
 - Exploring the provision of legal support and advice as cases become more complex.
 - Improve interagency working with system partners developing escalation protocols.

5. PERFORMANCE AND OUTCOMES

- 5.1. All National Standards are being met apart from the Improving Access to Psychological Therapies (IAPT) access target which remains below the national target.

PERFORMANCE

Current performance (M10)	Target	M10 Performance
IAPT Access	926	838
IAPT Recovery	50%	61%
IAPT 6 weeks to 1 st Appt	75%	99.5%
Dementia Diagnosis rate	67%	71.4%
Early Intervention Psychosis 2 weeks referral to treatment	60%	64%
A&E Mental Health Liaison 1 hour access target	70%	86%

- 5.2. These challenges are similar to the national picture and engagement work with primary care and new wellbeing hub continues to identify opportunities to increase referrals.
- 5.3. Whilst the A&E access target is being met there are still challenges with length of stay in A&E for mental health patients. This is due to waiting for a bed for local and external trusts as well as social care delays. More complex presentations are being reported post lockdowns. The Clinical Assessment Unit (CAU) is supporting A&E pressure with a 4 month evaluation suggesting that the CAU has freed up the equivalent of 1 extra bay in A&E since it opened. Service user feedback of the CAU is very positive.

Changes in demand during the Pandemic

	Mar-Jan 19/20	Mar-Jan 20/21	Mar-Jan 21/22
IAPT Referrals	10,984	9,769	12,774
A&L Referrals	3,054	2,771	2,820
CMHT Caseloads	834	949	858
A&E Presentations	3,140	3,102	3,106
Occupied Bed Days	36,954	25,881	28,654

- 5.4. IAPT referrals significantly dropped in the first year of the pandemic due to lockdown and a reduction in access to primary care. Activity is increasing and work is underway with local stakeholders to increase access.
- 5.5. Referrals to Assessment & Liaison reduced in the first year of lockdown slightly and similarly to IAPT this was due to the reduced access to primary care and national lockdowns. Activity is returning to pre-pandemic levels.
- 5.6. Community Mental Health Team caseloads increased during the first year of lockdown and this was mainly because of the drive to support patients in the community and reduce capacity in acute beds to limit the spread of the virus. Activity and complexity remain higher than pre-pandemic levels.
- 5.7. A&E presentations have remained similar to pre-pandemic levels however there have been peaks and troughs in presentations mainly around lockdowns where activity would significantly drop during a lockdown and then peak soon

after restrictions were lifted with a significantly more complex cohort of patients presenting after lockdown.

- 5.8. Occupied Bed days significantly reduced during Covid due to the drive to support patients in the community and reduce capacity in acute beds to limit the spread of the virus as well as partnership working with local physical health trusts in South East London to increase capacity for COVID acute beds.

Improving Outcomes for Ethnic Minority Communities

- 5.9. Between the CCG and SL&M there are two main vehicles for improving outcomes for ethnic minority communities, the Ethnicity Mental Health Improvement Programme (EMHIP) and the Patient and Carer Race Equality Framework (PCREF).

Ethnicity Mental Health Improvement Programme (EMHIP)

- 5.10. The EMHIP is a clinically-led partnership with a specific objective to reduce ethnic inequalities in access, experience and outcome of mental health care and will link with SL&M's PCREF delivery. The aims of the EMHIP are to:
- Achieve a more detailed and granular understanding of the extent and nature of ethnic disparities in mental health care in Croydon.
 - Develop a bespoke whole-system intervention programme to reduce ethnic disparities in access, experience and outcome in mental health care in Croydon.
 - Implement this intervention within the local mental health systems.
 - Monitor and evaluate the process and outcomes.
- 5.11. Currently the EMHIP is in Phase 1 with key deliverables being:
- To establish a BME Expert Oversight Group & Approve Project proposal
 - To establish a project team
 - Project development:
 - mobilisation and alignment of local resources / assets including key partner agencies.
 - Mapping and analysis of BME mental health / points of inequality in care pathway – Croydon.
 - Identify and mobilise BME community assets / networks.
 - Ethnicity audit process finalised.
 - Key stakeholder engagement events – iteration / adaptation / “what good looks like”.
 - Co-develop and agree key interventions delivering a business case for implementation of Phase 2.

Patient and Carer Race Equality Framework (PCREF)

- 5.12. PCREF is the Trust's strategic approach to deliver equity of access, experience and outcomes in all our services and is delivered through a tripartite partnership between staff, service users and carers, and communities. The first iteration of the PCREF programme focuses on Black Caribbean and Black African communities, service users and carers.
- 5.13. The Trust is a NHSE pilot site and there will be a statutory requirement for all Trusts to have a PCREF in place from 2023.
- 5.14. The key principles of the PCREF programme are:
- Partnership between the Trust and Host Organisations inc. Croydon BME Forum.
 - Tripartite leadership.
 - Built on existing partnership structures for joint working.
 - Mainstreaming PCREF into the Trust's strategic, operational and performance management systems.
 - Transparency with local communities at all stages.
- 5.15. PCREF is currently in phase 2 which is due to be completed in May 2022. The programme is made up of 3 phases:
- Phase 1:** Needs assessment and data – completed March 2021. Baseline needs assessment for our Black Caribbean and Black African service users.
- Phase 2:** Organisational competencies – due to be completed May 2022. Partnership work to develop the following:
- a set of borough based PCREF change ideas to deliver the prioritised national organisational competencies and affect the agreed PCREF metrics
 - an agreed approach for ensuring the Trust meets its statutory and regulatory obligations
 - a proposed definition for antiracism and what leading antiracism in mental health looks like, and how best to build trust and confidence with our Black communities from the Anti-Racism Task and Finish Group
 - plans for a tripartite developmental evaluation approach for the programme
- Phase 3:** Implementation of the change programme developed in phase 2 in June 2022, once approved by Board in May.
- 5.16. Success will be measured against 6 metrics that focus on equity in (1) service use, (2) diagnosis of psychotic spectrum disorders, (3) the use of medication for people with a diagnosis of psychotic spectrum disorders, (4) the use of detention, (5) the use of seclusion and restraint; and (6) culturally appropriate and accessible measures of recovery.

6. FUTURE VISION FOR CROYDON'S ADULT MENTAL HEALTH PROVISION

6.1. As the system moves into post pandemic service delivery the vision for the future is underpinned by the following key areas:

- Using shared learning from service changes in the pandemic to inform future transformation.
- Completing SL&M community transformation with an emphasis on:
 - Closer links with community and more alternatives to prevent crisis and emergency presentations.
 - Addressing Health inequalities via EMHIP and PCREF.
- Strengthening the system crisis offer and embedding principles of care closer to home with an emphasis on:
 - Reducing emergency duty presentations
 - Reducing out of area placements
 - Reducing length of stay in acute beds
- Continue work on improving services using the dementia strategy for older adults to make sure that care for older adults remains high quality as well as contemporary-this specifically includes improving access for 'hard to reach' groups inclusive of those who are digitally excluded.

CONTACT OFFICER: Annette McPartland, Corporate Director of Adult Social Care and Health, Annette.McPartland@croydon.gov.uk

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REPORT TO:	Health and Social Care – Scrutiny Sub Committee 8 th March 2022
SUBJECT:	All Age Mental Health
LEAD OFFICER:	Annette McPartland
CABINET MEMBER:	Janet Campbell
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Name and position – Simon Robson (Director of Operations Croydon Council), Rachel Flagg (Director of Transformation and Commissioning at NHS South West London CCG), Hilary Williams (Service Director, SLaM Croydon and Behavioural & Developmental Psychiatry Operational Directorate) and Harold Bennison (Director of CAMHS, SLaM)

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

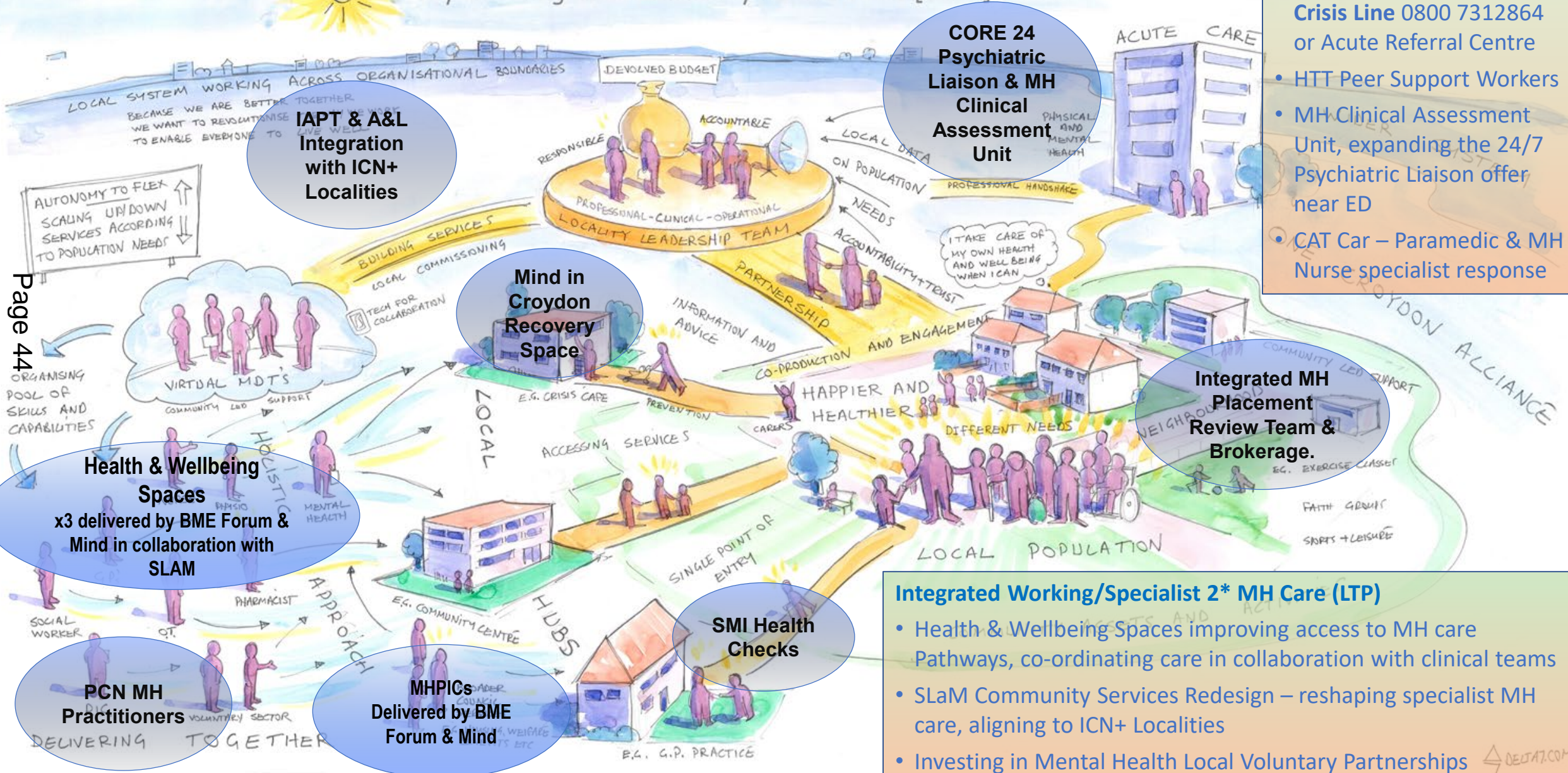
Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities: Corporate Plan for Croydon 2018-2022

- We will live within our means, balance the books and provide value for money for our residents.
- We will focus on providing the best quality core service we can afford. First and foremost, providing health and social care services that keep our most vulnerable residents safe and healthy.
- People live long, healthy, happy and independent lives
- Our children and young people thrive and reach their full potential

ORIGIN OF ITEM:	An update on mental health provision in the borough was requested in light of concerns previously raised by the Sub-Committee about the impact of the covid-19 pandemic on mental health and wellbeing.
BRIEF FOR THE COMMITTEE: Joint report produced by Croydon Council, SWL Croydon Clinical Commissioning Group and Croydon SLAM	The Health and Social Care Sub-Committee is asked to consider this presentation and accompany report which provides an overview of Mental Health provision in Croydon borough including:- <ul style="list-style-type: none"> • what is available, • the current level of performance, • the impact of the pandemic • the future vision.

Where we are..... Adult Mental Health Transformation – Improving Outcomes

Croydon Integrated Community Network Plus [ICN+] Vision



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Reshaping the Crisis Offer

- Improving MH connectivity with 111/999 calls & SLAM Crisis Line 0800 7312864 or Acute Referral Centre
- HTT Peer Support Workers
- MH Clinical Assessment Unit, expanding the 24/7 Psychiatric Liaison offer near ED
- CAT Car – Paramedic & MH Nurse specialist response

IAPT & A&L Integration with ICN+ Localities

CORE 24 Psychiatric Liaison & MH Clinical Assessment Unit

Mind in Croydon Recovery Space

Health & Wellbeing Spaces
x3 delivered by BME Forum & Mind in collaboration with SLAM

PCN MH Practitioners

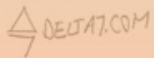
MHPICs Delivered by BME Forum & Mind

SMI Health Checks

Integrated MH Placement Review Team & Brokerage.

Integrated Working/Specialist 2* MH Care (LTP)

- Health & Wellbeing Spaces improving access to MH care Pathways, co-ordinating care in collaboration with clinical teams
- SLaM Community Services Redesign – reshaping specialist MH care, aligning to ICN+ Localities
- Investing in Mental Health Local Voluntary Partnerships



Improving Outcomes for Ethnic Minority Communities

The Croydon transformation workstreams have initially focused on establishing the new infrastructure and roles e.g. Recovery Space, MHPICs hosted by Voluntary Sector in the Community to shift the emphasis from Acute inpatients to prevention and early intervention in the Community. This includes effective mental health service integration with physical health developments e.g. ICN+ Localities.

Diversity has underpinned each step, building on the engagement events. Co-production of design, recruitment of staff with Croydon BME Forum in Partnership with Mind to deliver MHPICs and Health & Wellbeing Spaces, and establishing Ethnic Minority champions to change practice, enable culturally sensitive service provision, and inform operational and commissioning decisions.

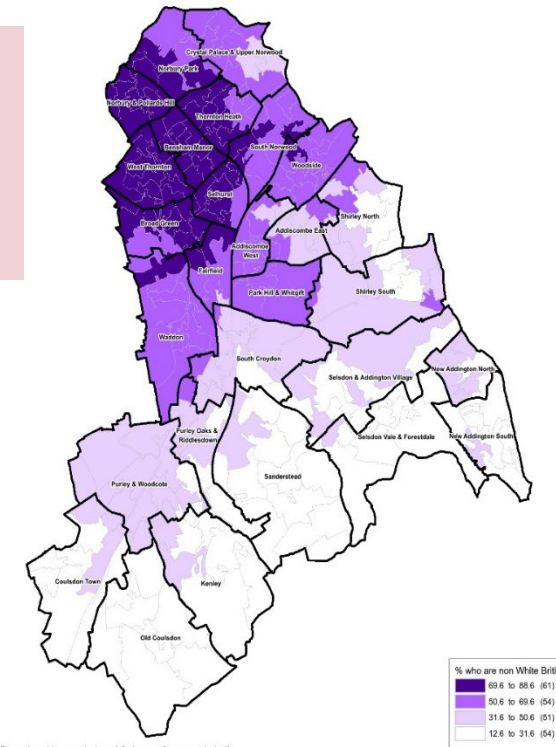
- A Recovery Space (crisis café) established with robust statutory referral links. Oct' 2020. Increasing referral sources e.g. GP's, CMHT's with a focus on diversion from the Emergency Department and to target specific under-represented communities.

Establishing new community based Health & Wellbeing Spaces. Contract awarded to Croydon BME Forum in partnership with Mind in Croydon. Operational from 4th Jan 2022.

New MH Personal Independence Coordinators (MHPICs) roles in place April 2021. Specifically recruited to ensure diversity, developing as Ethnic Minority champions and to target hard to reach communities.

- MH Local Voluntary Partnership Grant – the successful initiatives provide essential community development roles, as spokes to the Health & Wellbeing Space when live. Operational Mar' 2021.
- Peer Support workers in Crisis Pathway initiatives e.g. Home Treatment Team
- Right Care, Bed Flow and reshaping of SLaM MH Services enables better alignment with the Health & Wellbeing Spaces and new roles in primary care. Enabling the appropriate changes in practice to take place and creating culturally sensitive service environments.
- **Ethnicity Mental Health Improvement Programme (EMHIP)** – is a clinically-led partnership with a specific objective to reduce ethnic inequalities in access, experience and outcome of mental health care and aligns with SLaM's **Patient Carer Race Equality Framework (PCREF)** development.

% of people who are non White British
2011 Census



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NEXT STEPS:

- Ensure effective reporting of Ethnic Minority outcomes to further inform operational and strategic decision making across the health and care system.
- 'Test and Learn' approach to implementation allows for quick adjustments to service provision
- Robust local governance and commitment to ensuring a focus on Ethnic Minority communities at every organisational level of the decision making process.

Integrated Adult Mental Health Joint Commissioning Framework

COMMISSIONING

- Integrated Adult Mental Health Review Team
- Review of the Mental Health Supported Accommodation
- Integrated Mental Health Placements and Brokerage Team
- Adult Mental Health Voluntary Care Sector Contracts
- Review of the Integrated Mental Health S75 Agreement.
- Wider Commissioning intervention re. Care Cube implementation; Use of LAS in Adult Mental Health Social Care; Provider Engagement; Fair Cost of Care Strategy.

PLANNED PROGRAMMES/PROJECTS

- Enhanced Shared Lives Pathway
- Adult Mental Health Homelessness Pathway
- Extra Care Sheltered Accommodation Pathway
- ASD Bespoke Pathway
- Community Rehabilitation Provisions .
- Substance Misuse Bespoke Pathway/Offer -
- Forensic and Out of Area Placements Pathway/Offer
- Bespoke offer for individuals with Physical Disabilities to live independently with support
- Provider engagement timetable and Provider Forum
- AMHP Service Restructure

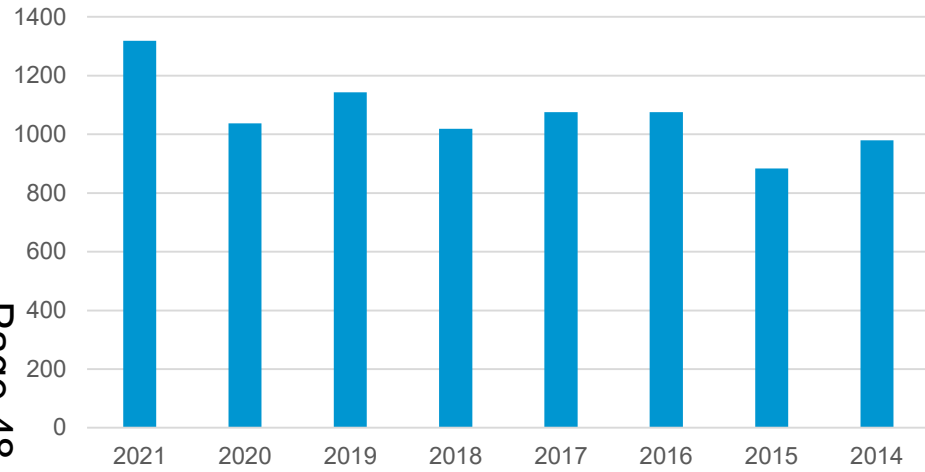
SLaM Covid-19 Pandemic Response

Resilient and Focussed on Delivering Outstanding Care within our Healthcare Systems

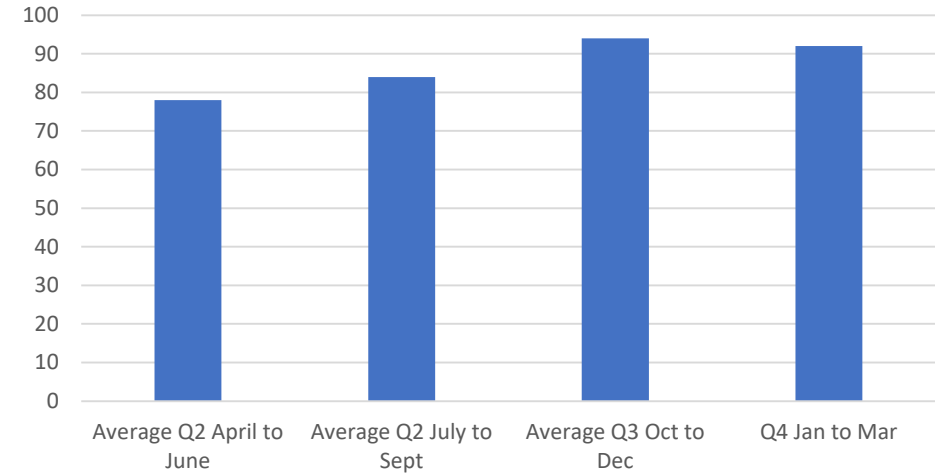
1. Maintained delivery across all services despite up to 1/3 Covid-19 related staff sickness at certain points of the pandemic
 - ✓ Despite significant estates challenges we kept service users, carers, our staff and system partner staff safe with robust infection prevention and control measures
2. We continued to work on our flow to reduce out of area placements.
 - ✓ Our Home Treatment and Community Teams delivered a robust Covid-19 response with support from redeployed staff - to support discharge into community settings and following up with patients post discharge.
3. Stepped up a trust wide vaccination programme to deliver vaccines for staff and patients
 - ✓ Delivered rapid evaluations of service changes to monitor impact on quality - e.g. remote assessments, emergency department diversion services and discharge follow-up
4. Led national guidance reviews on medication changes and Mental Health Act Assessments due to impact of Covid-19
 - ✓ We provided staff rest and recharge hubs and support pathways during Covid-19
5. Made urgent changes at height of Covid-19 to inpatient settings to support acute trust with bed capacity
 - ✓ We mobilised 24 additional step down crisis flats in Wave 2 (from 12 to 36) and are planning to open up 2 new Crisis Houses for all SLaM boroughs in 2022/23 (one for adults and one for young people)
6. Completed phase 1 of our Community Team transformation Work to move from diagnostic to 6 Locality based teams
 - ✓ Adapted offer for older adults with activity focussing on supporting staff wellbeing in care homes, offering remote intervention and advice for residents and support with training around other areas such as use of PPE
7. Continue to work in partnership with key stakeholders throughout the pandemic
 - ✓ We opened a Clinical Assessment Unit to support the Croydon University Hospital Mental Health Liaison Service with improving the urgent and emergency care pathway for those in crisis

Approved Mental Health Practitioner (AMHP) /MH Safeguarding Referral Data

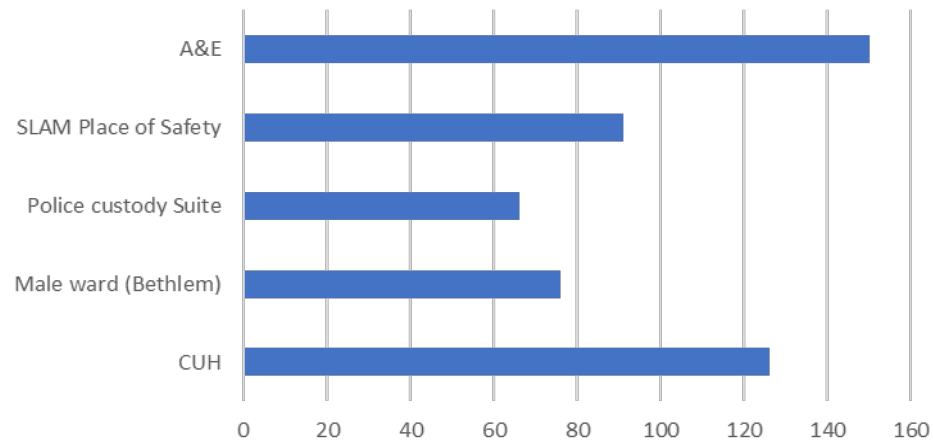
AMHP - Total Referrals



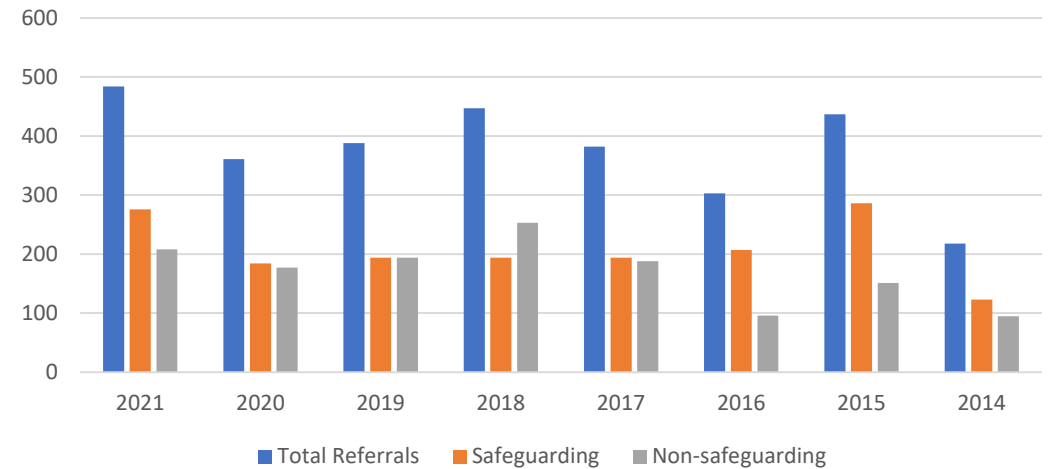
AMHP Peak Period



AMHP Referral/Source Chart Title



Safeguarding Referrals



Performance on National Standards

All National Standards are being met in M10 apart from the IAPT access target which remains below the national target. This is similar to the national picture and engagement with primary care and new wellbeing hub continues to identify opportunities to increase referrals.

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National Standards	Target	M10 Performance
IAPT Access	926	838
IAPT Recovery	50%	61%
IAPT Patients waiting under 6 weeks for 1 st treatment	75%	99.5%
Dementia Diagnosis Rate	67%	71.4%
Early Intervention Psychosis 2 weeks referral to treatment	60%	64%
A&E Mental Health Liaison Patients seen within 1 Hour	70%	86%

Changes in Demand Due to the Pandemic

	Mar-Jan 19/20	Mar-Jan 20/21	Mar-Jan 21/22
IAPT Referrals	10,984	9,769	12,774
A&L Referrals	3,054	2,771	2,820
CMHT Caseloads	834	949	858
A&E Presentations	3,140	3,102	3,106
Occupied Bed Days	36,954	25,881	28,645

- Whilst demand dipped in some areas during the pandemic and due to lockdowns, activity is returning to pre-pandemic levels
- Services are reporting that whilst activity remains similar to pre-pandemic levels, there have been post lockdown spikes in activity and generally there is a marked change in acuity and complexity in presentations
- Occupied Bed Day activity reduction reflects the concerted effort to discharge patients from acute settings and shift to community care during the pandemic and the activity is now showing an increase as restrictions get lifted

Vision for the future – Adult MH & Social Care

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- Number one priority for adult mental health social care is for every adult resident accessing secondary mental health services who relies on care to get the care they need throughout the COVID-19 pandemic and beyond
- To ensure residents with mental health problems are supported in the most appropriate setting to increase their independence, choice and wellbeing and maximise their recovery.
- Ensure all funded placements offers safety and maximum support
- Support the delivery of a wide variety of step-down options and capacity within the borough
- Support the medium-term financial savings plan for the Adult Mental Health Social Care, Croydon CCG, South London and Maudsley NHS Foundation Trust and South London Partnership, where indicated, feasible and achievable.
- Strengthen the management and leadership of the out of hours AMHP Service to deal with the increased demand for services and the complexity of the interventions
- Improve interagency working with system partners developing escalation protocols.

- Using shared learning from service changes in the pandemic to inform future transformation
- Completing SLaM community transformation with an emphasis on:
 - ✓ Closer links with community and more alternatives to prevent crisis and ED presentations
 - ✓ Addressing Health inequalities via EMHIP and PCREF
- Strengthening the system Crisis offer and embedding principles of care closer to home with an emphasis on:
 - ✓ Reducing ED presentations
 - ✓ Reducing out of area placements
 - ✓ Reducing length of stay in acute beds
- Continue work on improving services using the dementia strategy for older adults to make sure that care for Older Adults remains high quality as well as contemporary-this specifically includes improving access for 'hard to reach' groups inclusive of those who are digitally excluded

<p>Improve the Community Mental Health pathway – Underpinned by Prevention & Early Intervention</p> <ul style="list-style-type: none"> • Deliver Mental Health Wellbeing Spaces for Croydon in Central, North, South-East and South-West Localities • Re-establish the Dementia Action Alliance (develop a Dementia Strategy) • Strengthening Mental Health and Substance Misuse Pathways 	<p>Delivering the Long Term Plan ambitions with a focus on: Perinatal Mental Health, Maternity Mental Health Services & IAPT.</p>
<p>Improve the Crisis Mental Health Pathway – Underpinned by Prevention & Early Intervention</p> <ul style="list-style-type: none"> • Establish a Mental Health Clinical Assessment Unit at Croydon University Hospital • Strengthen both the non-clinical / clinical provision and care pathways for those experiencing a mental health crisis 	<p>Delivering the Long Term Plan ambitions with a focus on: Mental health crisis, Therapeutic Acute and sustaining successful winter pressure initiatives.</p>
<p>Provide greater Mental Health support in primary care – Underpinned by Prevention & Early Intervention</p> <ul style="list-style-type: none"> • Introduce new clinical & non-clinical roles focused on mental health • Strengthen the care pathways for mental health from secondary care to discharge to primary care • Agree shared care protocol between secondary care and primary care 	<p>Delivering new roles: MHPICs and PCN MH Practitioners for each PCN.</p>
<p>Establish a clear pathway for people with a serious mental illness to facilitate step down to more independent living</p>	<p>Deliver the Integrated MH Review Team, enhanced MH brokerage offer and enhanced services for ASD & neuro developmental needs in addition to their mental illness to ensure timely assessments and appropriate care.</p>
<p>Enhance Partnership Working – Moving to an Integrated Care System (ICS)</p> <ul style="list-style-type: none"> • Establish a Mental Health & Learning Disability Joint Commissioning Boards to develop our commissioning plans, review current provision and market relations, and to ensure our collective resource is being used appropriately to support individuals with health and social care needs with a focus on prevention and early intervention 	<p>Operationalise the Joint Commissioning Boards to deliver the MH Priorities for Croydon</p>
<p>Address the Health Inequalities for Mental Health across Croydon – Underpinned by Prevention & Early Intervention</p> <ul style="list-style-type: none"> • Implement the Ethnicity Mental Health Improvement Programme • Implement phase 3 of PCREF Programme 	<p>Deliver a range of interventions co-produced with local communities that materially improve access, experience and outcomes.</p>

Current Emotional wellbeing and Mental Health offer (aligned against the iThrive Model)

Getting Advice (Tier 1)

Single Point of Contact:

- SPOC offers easy access to advice and targeted support for all emotional wellbeing and mental health concerns about children and young people.

Off the Record

- Advice, signposting and counselling

Croydon Drop In

- is accessible, confidential, independent, safe and flexible for young people seeking free support and counselling.

Mental Health Schools Teams

- available via schools can offer advice

Getting Help Services (Tier 2)

Off the Record

- Advice, signposting and counselling

Croydon Drop In

- is accessible, confidential, independent, safe and flexible for young people seeking free support and counselling.

Mental Health Schools Teams

- available via schools can offer Online counselling support
- Emotional Wellbeing and Mental Health practitioners provide evidence-based interventions with focus on prevention and early intervention and to increase accessibility to help for children .

Kooth

- Digital counselling – 0 - 25

Community CAMHS

Getting More Help (Tier 3)

SLaM

- Main service delivery is via Community Child and Adolescent Services
- Specialist Eating Disorder Service outpatients.
- Child and Adolescent Mental Health services for Children and Young People with Learning Disability.

Mental Health Schools Teams

- Targeted 1:1 and Group Interventions.

Getting Risk Support (Tier 4)

SLaM

- Main service delivery is via Community Child and Adolescent Services
- The service offers interventions for those who present regularly in crisis as well as ongoing mental health specialist input .
- Early Intervention in Psychosis Pathway
- Eating Disorder Community Services.

South West London collaborative

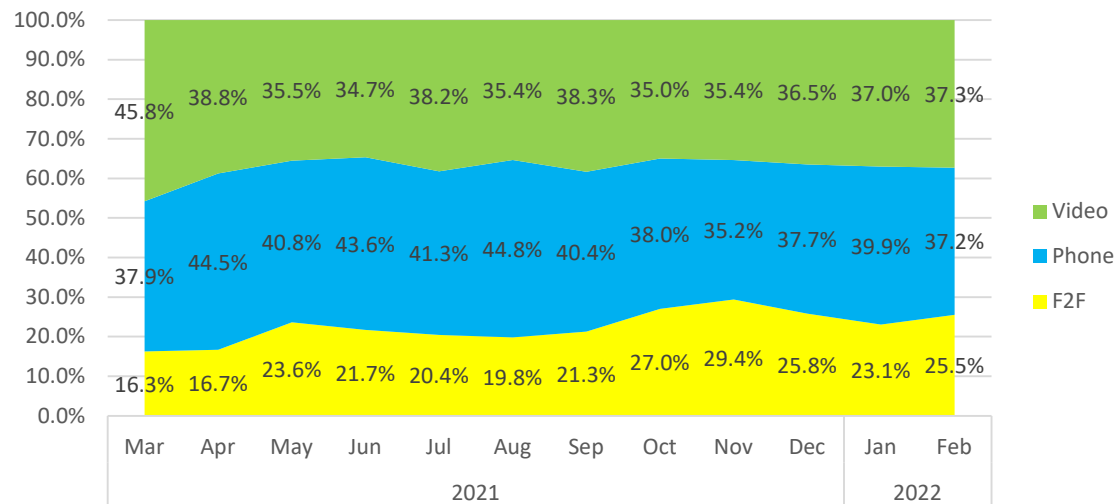
- Specialist CAMHS inpatient services and Forensic CAMHS community services

Croydon CAMHS – Referrals & Clinical Activity

Where we are now:-

- Remote assessment and treatment remains our primary mode of delivery, but there is a steady increase in our face to face offer for both urgent and routine appointments in line with Trust guidelines.
- Our clinic base remains open and accessible to children, young people, & families.
- All EWMH referrals for the borough continue to be triaged by SLaM CAMHS clinicians in the SPOC (joint single point of referral with social care).
- Acceptance rates for CAMHS during 21/22 average 62% (below the 77% target). This can be accounted for by SPOC; SLaM clinicians screen and triage all EWMH referrals for the Borough, including referrals which are more appropriate for our early intervention partners Croydon Drop In and Off The Record.

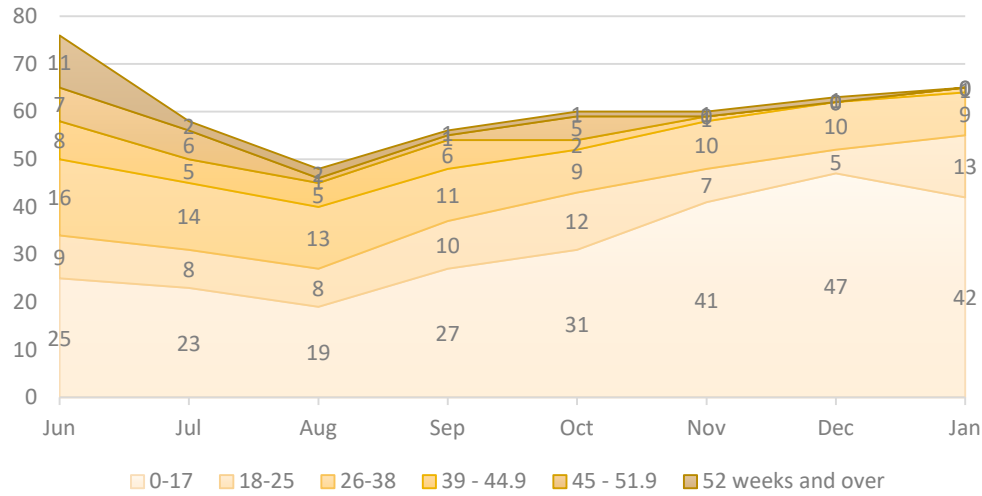
Contacts attended by patient since Mar 2021



Contacts by Outcome		
Outcome Type	Total	As %
Attended	14744	82.4%
Cancelled by patient	617	3.4%
Cancelled by Trust	214	1.2%
DNA	1889	10.6%
Other - Patient not seen	428	2.4%
Grand Total	17892	100.0%

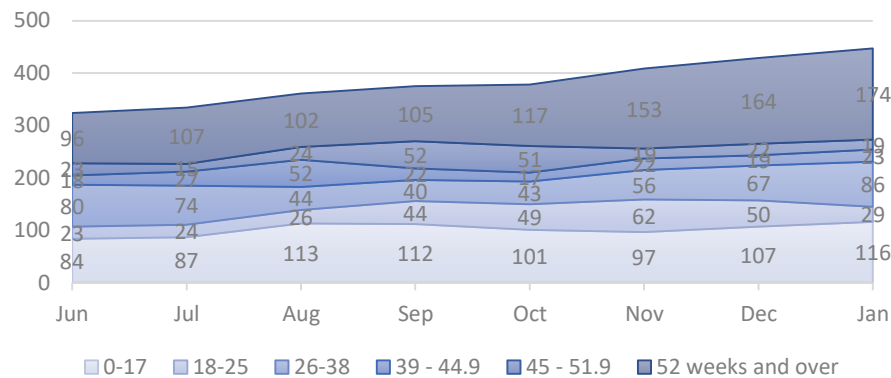
CAMHS Waiting times

Mental Health Service Waiting Times at end of month



Mental Health Service waiting times at end of month							
Month	0-17wks	18-25wks	26-38wks	39-44wks	45-51wks	52+wks	Total
Jun	25	9	16	8	7	11	76
Jul	23	8	14	5	6	2	58
Aug	19	8	13	5	1	2	48
Sep	27	10	11	6	1	1	56
Oct	31	12	9	2	5	1	60
Nov	41	7	10	1	0	1	60
Dec	47	5	10	0	0	1	63
Jan	42	13	9	1	0	0	65
Var. at Jan, from Jun21	17	4	-7	-7	-7	-11	-11

Neuropsychiatry Service Waiting Times at end of month



Neuropsychiatry Service waiting times at end of month							
Month	0-17wks	18-25wks	26-38wks	39-44wks	45-51wks	52+wks	Total
Jun	84	23	80	18	23	96	324
Jul	87	24	74	27	15	107	334
Aug	113	26	44	52	24	102	361
Sep	112	44	40	22	52	105	375
Oct	101	49	43	17	51	117	378
Nov	97	62	56	22	19	153	409
Dec	107	50	67	19	22	164	429
Jan	116	29	86	23	19	174	447
Var. at Jan, from Jun21	32	6	6	5	-4	78	123

CAMHS: Impact of COVID-19 pandemic & vision

COVID-19

- Ability to work remotely – this will continue to remain an option for our children, young people, & families, increasing patient choice.
- Increase in waiting times, largely due to suspension of our ASD assessment waiting list for a period of 9 months at the start of the pandemic, and subsequent Infection Prevention and Control guidance which has resulted in assessment levels not returning to pre-pandemic levels.
- Staff well-being:
 - ✓ Focus on well-being including; online coffee breaks, newsletters, online social events
 - ✓ Individuals feel disconnected from team members
 - ✓ High levels of stress

Vision & Strategy

- To deliver outstanding care:
- All children, young people, & families will experience the best standard of mental health care:
 - ✓ Workforce planning – attracting the best clinicians to work in SLaM
 - ✓ Pathway redesigns – evidenced based practice
 - ✓ 4 week referral to treatment target
- A partner in prevention:
 - ✓ Continue working in partnership with the Croydon network to ensure that children, young people, & families receive mental health support at the earliest opportunity
- Being a catalyst for change:
 - ✓ Contribute to national / global debates about how we improve mental health services and access to all children, young people, & families who need support
- Building a culture of Trust together:
 - ✓ Co-designing changes, inequalities, and supporting staff
- Becoming effective and sustainable:
 - ✓ Maximising the use of resources to deliver value for money

Current priorities – CYP ASD pathway

- 2020 whole system review identified the current CYP ASD diagnosis and assessment pathway as sub-optimal leading to long waits for diagnosis and poor experiences
- Current pathway splits at age 5, planned re-design of pathway to develop an integrated assessment and diagnosis pathway incorporating elements of best practice from Lothian Neurodevelopmental Assessment and Diagnosis Pathway that is modified to address local needs

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Programme of work underway to deliver short term improvements to reduce wait times, and develop and implement a new pathway

- System wide transformation programme across Health, Social Care and Education working through a phased approach. Currently in phase 1: short term improvements; demand and capacity modelling; implementation of pilot projects; and detailed design of 'to-be' service pathway
- There are on-going initiatives to reduce waiting times and clear waiting list backlogs, which include the trialling of new service scenarios and delivery approaches e.g increase in staff skill mix, increased number of clinics
- These short term initiatives are generating an understanding of associated impacts on costs and workforce to gain an understanding of what is achievable in the short and longer term
- Subsequent phases will focus on the delivery and review of a new pathway

Croydon Children and Young People Emotional Wellbeing and Mental Health 2022/23 priorities:

- Neurodevelopmental pathway transformation
- Children and Young People in crisis pilot
- Development and Delivery of a whole system Emotional Wellbeing and Mental Health Strategy and Pathway, adopting the iThrive model
- Development of an all age Health and Wellbeing Offer – Working with and building on the work already started within Adults Mental Health Commissioning
- Delivering the against Health and Care Plan (Refresh) 2022-2024

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