

<b>REPORT TO:</b>	<b>HEALTH &amp; SOCIAL CARE SUB-COMMITTEE</b> <b>22 September 2020</b>
<b>SUBJECT:</b>	<b>Croydon : COVID 19 and winter preparedness</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele</b> <b>Executive Director Health Wellbeing and Adults</b>  <b>Matthew Kershaw</b> <b>Chief Executive and Place Based Leader for Health</b>
<b>CABINET MEMBER:</b>	<b>Councillor Janet Campbell</b> <b>Cabinet Member for Families, Health &amp; Social Care</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Guy Van Dichele</b> <b>Executive Director Health Wellbeing and Adults</b>  <b>Matthew Kershaw</b> <b>Chief Executive and Place Based Leader for Health</b>
<b>PUBLIC/EXEMPT:</b>	<b>Public</b>

#### **POLICY CONTEXT/AMBITIOUS FOR CROYDON:**

Covid-19 has had an unprecedented impact on a global scale, including the UK and Croydon. Our response has been wide ranging, as will the recovery, covering all aspects of the Corporate Plan, including:

- People live long, healthy, happy and independent lives: through our public health messaging, adult social care and support for vulnerable residents.

<b>ORIGIN OF ITEM:</b>	Scrutinising the response to the challenges presented by the Covid-19 pandemic has been identified as a key role for the Sub-Committee throughout 2020-21.
<b>BRIEF FOR THE COMMITTEE:</b>	The Sub-Committee is asked to review the information provided in this report and at the meeting, with a view to forming conclusions and recommendations.

## **1. EXECUTIVE SUMMARY**

- 1.1. This report provides the Health and Social Care Scrutiny Sub-Committee, with highlights into the COVID 19 planning, and services delivered across the borough by health and care services.
- 1.2. It also provides insights from the lessons learned, and how these are being used to inform planning for winter and / or a second wave of COVID 19.
- 1.3. Above all else, this report can go no further, without first paying tribute to the memory of those Croydon residents, health and care staff who have died due to COVID, those who are recovering, and those who continue on the front line and in any role that supports the borough in this time.

## 2. VULNERABLE AND SHIELDED RESIDENTS

- 2.1. A key area of work during the pandemic has been supporting our most vulnerable residents, including those that have been encouraged to shield and stay home at all times. The number of shielded residents in Croydon is set out in the table below.

	14-Aug
Total Shielded	15021
Total registered Shielded	8044
Registered Shielded Contacted & triaged	8044
Registered Shielded Contacted & triaged no support required	7185
Registered Shielded Contacted & triaged support being provided	859
Registered Shielded who cannot access supplies	2316
Total council deliveries	2171
# deliveries to shielded	1378
# deliveries to non-shielded	793
Total VCS deliveries	2210

- 2.2. The Council used a variety of communication tools to contact shielding residents, including letters and written advice sent directly, telephone and text to contact everyone that was identified as needing to shield to confirm what support they require.
- 2.3. GP practices have proactively reached out to both shielded and highly vulnerable patients to ensure appropriate care and support is in place, in partnership with the local authority and Croydon Health Services. This also included targeted support for shielded patients and people with serious mental illness and learning disabilities. From early in the pandemic, telephone, online and Video GP consultations were offered to patients, supporting triaging for those who need a face to face consultation. This continues and GPs also continue to make home visits as needed where clinically appropriate, working closely with community services to ensure patient and staff safety.
- 2.4. Prior to the COVID-19 many community pharmacists were providing a delivery service for patients who were unable to collect their medicines from their pharmacy. Following announcement of the national lockdown, the government launched the NHS volunteer responders scheme in conjunction with the GoodSams App. As part of this scheme, patients or community pharmacists could access the service to be linked with a community response plus volunteer, who could support the shielded patients with the delivery of

their medicines and medical devices. Whilst the NHS responders scheme was being set up, in Croydon the CCG, community pharmacists and the Local Authority worked together to utilise existing volunteers to support identified shielded patients who needed support with delivery of their medicines or medical devices in the interim.

- 2.5. From 9 April 2020 NHS England & NHS Improvement (NHSE&I) commissioned the Community Pharmacy Home Delivery Service. This service was designed to support shielded patients in England to access their prescribed medicines and appliances while they are self-isolating at home during the pandemic period. This service ran until 31st July 2020 when shielding was officially paused.
- 2.6. Support for vulnerable residents has been a partnership activity, with a network of voluntary and community groups across Croydon providing food, other essential supplies, shopping and befriending. The latter has been particularly important for residents whose independence has been impacted by the pandemic.
- 2.7. The Government provided food parcels to shielded residents direct from wholesalers. As of 26 June, there were 2,518 residents in Croydon that were registered as shielding and were unable to access supplies. In addition to this the council provided 1371 deliveries to residents in the shielded group by the pause date and the voluntary sector well over 2000.
- 2.8. The Government announced that shielding would pause on 31 July and with it the food parcel service. At this point residents became free to leave their homes and therefore secure their own supplies. Many residents, however, were concerned having shielded for such a long time. We therefore worked closely with voluntary and community sector to prepare for this change, and prioritise support to the most vulnerable.
- 2.9. The council put in place a pausing shielding team and contacted directly all those in receipt of government food (approximately 2,500 people) supporting them with alternative arrangements. About 100 people were supported or signposted to other services, supermarket support, or adult social care and gateway services for financial support. Each resident received a letter with how to access support and our website was updated. The council received significant positive feedback from local residents about the support offer.
- 2.10. The Council has also worked with Healthwatch Croydon, to develop a 'shielding experiences' survey. This has been sent to 240 residents, randomly selected by Healthwatch Croydon, but who had been specifically contacted by the Council due to shielding. The survey will close at the end of September, and the results will be used to help ensure the shielding / vulnerable people support offer is communicated and delivered effectively to residents.

- 2.11. If the government reinstates shielding or a local lockdown (on this latter point it will require a proportionate response), the Council will be required to comply with the Local Framework for Shielding, ensuring support to Clinically Extremely Vulnerable residents is in place in regard to food support, social inclusion and their wellbeing. Partnership working with the NHS and General Practice and direct contact with those asked to shield is required.

### **3. PARTNERSHIP WITH THE NHS AND NHS DELIVERY**

- 3.1. Health partners are working towards four phases in response to the pandemic. Phase 1: Response formerly began in March, moving to Phase 2: Restart Safely by the end of April and now Phase 3: Refresh and Reshape which began at the end of July. Phase 4 will be the post COVID response.
- 3.2. During Phase 2 health partners have been working to increase the COVID aftercare and support in community health services, primary care, and mental health, as well as restarting urgent and other elective services. Some examples of the services in place include:
- **Community health services** run by Croydon Health Services (CHS) have been supporting the increase in patients who have recovered from COVID and who having been discharged from hospital need ongoing health support. This includes integrating a GP within the Rapid Response Team, the continuation of the strengthened discharge pathway, the piloting of a telehealth solution to support recovery and ensuring sufficient Intermediate Care capacity in the community. The Integrated Community Networks Plus (ICN+) Early Adopter has also gone live in Croydon North East (Thornton Heath), bringing together a multidisciplinary team with an integrated manager, proactive support around long term conditions and links into the local voluntary and community sector and mental health services.
  - **Mental Health services** have established all-age open access crisis services and helplines and promoted them locally. For existing patients known to mental health services community teams and voluntary sector have provided support on a regular basis with face to face appointments made available based on patient's needs. Children and Young people services offer online, skype and phone sessions, with access to information on the CCG and LA websites and shared with social care colleagues. Psychological support is available for all Croydon NHS and social care staff via IAPT, Improving Access to Psychological Therapies, with a dedicated number for quick access by NHS staff with targeted supported, advice and therapy.
  - **General practice** continues to restore activity with an aim to return to usual levels where clinically appropriate. Practices are proactively contacting their vulnerable and high-risk patients with ongoing care needs and those whose care may have been delayed ensuring they are accessing needed care and treatment. They have adapted their premises to ensure social distancing and isolation areas are achieved. They are providing care via online and virtual

consultation as well as but also Face to Face where clinically necessary with patients' views taken on board. Practices are ensuring all people with learning disabilities have their annual health check and are addressing the backlog of childhood immunisations and cervical screening by using their capacity differently including the use of extended access appointments. Further support to care homes with complex care pharmacist within the Care Home multidisciplinary meeting (MDT) and Learning Disability pharmacist to support medication reviews of learning disability residents. Care home links with Primary Care have been strengthened to ensure care homes have use of digital tools to make referrals and manage digital consultations (e.g. Video, Phone, Email, Message, Face to Face) and care home access to records e.g. the Airedale service is in place.

- **Acute Health Services.** Latest performance analysis (August 2020) ranks Croydon Health Services NHS Trust as one of London's leading Trusts for the recovery of elective surgery. The Trust is also currently shown as the furthest ahead in South West London for restoring routine outpatient appointments for people who have had non-urgent care postponed due to the first wave of the pandemic.

Last month the Trust achieved 83.9% of elective activity, above a national target of 80%. All trusts were also required to deliver 100 per cent of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September 2020, with a target of 90% in August. Croydon has exceeded this target to achieve 122.8% of outpatient activity in August 2020. The new targets were set out in July 2020 by NHS England & Improvement, which explained the system priorities for Phase Three of the NHS response to COVID-19. This included:

- Preparations for winter
- The recovery of primary care and community services
- Expanding the provision of mental health services, and care for people with learning disabilities and autism
- The importance of system working, including the local authority, with statutory NHS Continuing Healthcare assessments to resume from 1 September.

Specifically, Phase three requires the NHS to "return to near-normal levels" of non-covid services. The Trust has made significant progress to sustain its strong performance in both elective procedures and outpatient care, however further work is needed to meet the levels of MRI/CT and endoscopy procedures required, with an ambition to reach 100 per cent by October.

- 3.3. Entering Phase 3 health colleagues are now redoubling focus on the needs of all other patients too, while recognising the new challenges of overcoming our current Covid-related capacity constraints. This includes delivering the same or more elective activity than pre COVID in order to reduce the backlog. CHS is working collaboratively with other acute South West London Trusts to

develop specific pathways; with CHS leading on the development of the gynecology clinical network. The phase 3 shared focus for the NHS is

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the ‘window of opportunity’ between now and winter.
  - B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
  - C. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.
- 3.4. A South West London Health and Care Partnership plan setting out priorities for the rest of 2020/21 is currently in development. The Health and Care Partnership want to respond well to Covid and to recovery from Covid in the context of the following recovery objectives:
- a. Maintaining our shared vision for local people and work together to adapt this.
  - b. Continuing to innovate and ensure services are safe and reflect best practice.
  - c. Renewing our commitment to working with partners, particularly at borough level with our Local Authorities.
  - d. To set our delivery plan for the next two years which recognises the strategic ambitions set in the South West London Five Year Plan as well as phase two of Covid-19.
  - e. Support our staff through and beyond recovery – making SW London a great place to work.
  - f. Building on over two years of public and clinical engagement, as well as strong partnership work in developing the six Local Health and Care Plans and the SW London Five Year Plan.
  - g. Making sure that Health inequalities and prevention actions are in place and that they are effectively supported with a population health management approach.
  - h. Equality, inclusion and diversity is a critical system priority for our partnership over the coming years.
- 3.5. **Primary Care:** For many people, GPs and primary care are the front door into the NHS. To help reduce the spread of COVID-19 all GP practices in Croydon are operating a telephone triage and remote consultation service model to reduce risk of transmission in GP surgeries and make the environment safer for patients. People who need to be seen by their GP following these initial

assessments can attend in person if this is clinically assessed as necessary and if patients are happy to do so. Infection control guidelines are followed closely to protect staff and any patients attending their GP practice. Many new ways of working have been implemented recently that practices tell us they want to continue – for example, video consulting – and we are supporting this to happen in ways that encourage and enable people to use the new systems to their benefit but acknowledging that one size does not fit all. We are working with practices, clinicians and local people to understand the barriers to consulting virtually, to improve access for those who need it most and make sure we are always working to help reduce health inequalities.

- 3.6. We are working with all GP practices to ensure they can continue providing effective care to COVID patients in a safe environment, whilst minimising the risk of infection to all staff and patients. Supporting patients in this way also helps protect the capacity of our acute hospitals. General practice will remain at the heart of the NHS, and we will be taking pro-active steps to support resilience whilst at the same time making the most of opportunities to provide the best care to patients in new ways.
- 3.7. **Restarting elective surgery** – On 6 July 2020, Croydon Health Services opened Croydon Elective Centre, a dedicated area of Croydon University Hospital for patients to come in for treatment that adheres to strict infection control policies and controlled access, ensuring we protect both our patients and our staff. These include rigorous cleaning procedures, asking patients to self-isolate before treatment and separating the working environments for staff to provide a protected zone for delivering elective care.

Over the past eight weeks, a total of 1,493 people have been treated in the Croydon Elective Centre (CEC) for routine day case and inpatient procedures. Activity in the CEC has been gradually increased to ensure all of the measures taken to protect patients and staff from COVID-19 are safe and effective. Elective activity at the Trust is also continuing to be increased at pace but in a carefully managed way to ensure there are robust systems and resilience to cope with any outbreaks or surges in cases, whilst doing everything possible to ensure patients are waiting no longer than is absolutely necessary.

Croydon Health Services are now back up to around 83% of business as usual elective activity and for outpatient activity we are now seeing around 122% of business as usual activity before the pandemic. This is local activity is above the goal set for the NHS to achieve 80% by September. We are pleased to be exceeding this target and we are on track to achieve 90% by October 2020.

Work is now underway to encourage people to use the NHS when they are unwell, and reassure them of the extensive steps in place to protect them from coronavirus. Collectively, the Trust and primary care services are engaging with local community groups to help reach diverse communities in

the borough. Croydon's NHS has also produced a range of new material to help inform and engage people, including films with clinical chair and Croydon GP, Dr Angelo Fernandes and surgeon and clinical director at the Trust, Ms Stella Vig on the measures taken to keep patients and staff safe from COVID-19 at CUH in the Croydon Elective Centre <https://youtu.be/u0m5ZUoOb3M>

- 3.8. **Cancer care** Urgent suspected cancer referrals reduced by 50% during the COVID-19 response with the PTL (patient tracking list which we use to manage the waiting list of patients) reducing size to 600 patients. All patients were risk assessed and prioritised based on clinical need, with first outpatient cancer appointments held virtually instead of face to face to avoid increasing delays for patients. Where clinically appropriate, diagnostics were ordered prior to the first appointment and then clinically reviewed. If a face to face appointment was required, patients were risk assessed by a clinician prior to attending their appointment.
- 3.9. All invasive cancer diagnostic and treatment procedures were clinically reviewed by the Cancer Prioritisation Group (CPG), on a weekly basis. The CPG was created to ensure senior clinical oversight of all cancer activities during COVID-19. During the first wave of the pandemic, no inpatient cancer procedures were performed at CHS due to risk of COVID-19. All breast, urology and gynaecology cancer procedures were conducted without an overnight stay in the hospital's Day Surgery unit. Colorectal elective cancer cases were undertaken at the Cromwell Hospital that was one of the Royal Marsden Partner Cancer Hubs. This has ceased now that the Croydon Elective Centre has opened.
- 3.10. The Cancer Services Office continued to monitor all patients and work with services to identify key issues through the weekly PTL. It also held monthly breach panel reviews, led clinically to review all patients treated 63 days plus to identify the impact on patients and to share any lessons learned to inform the next stage of the Trust's response.
- 3.11. Referrals steadily began to increase from the first week in June and are currently 80% compared to pre-covid levels. The PTL is currently 1,485 which is similar levels to pre-covid.
- 3.12. From the 6 July 2020, when services re-opened all diagnostic and treatment cancer procedures have now re-started. Identified capacity pressures are sector wide issues and RM Partners network are supporting providers across South West London. They include:
  - **Endoscopy services** have increased activity levels in line with guidance since the 4 July, although still below pre-COVID levels. Apart from patient choice, the department has booked all long waiters by the 30<sup>th</sup> September.



- **CT colonoscopies** have also increased capacity, and with the additional the CT scanner due to be commissioned in September, this should increase capacity to 20% above pre-COVID levels.
- **Histology reporting times** has been highlighted as an issue with South West London Pathology. This is being managed through monthly contract meetings although is not an immediate issue at present.

There has been particular focus on patients waiting over 63 days plus. All patients are again clinically reviewed with next steps identified to ensure clinical safety is maintained, with appointment bookings prioritised to reduce any further delay.

- 3.13. **Diagnostic services** to increase capacity, a new CT scanner will be operational at Purley War Memorial Hospital by September in addition to a new ultrasound at the main Croydon University Hospital site.

The Trust is also increasing endoscopy capacity and are in talks with InHealth to double the number of patients that can be seen through the provision of a MRI scanner at CUH.

Across London, daily imaging and endoscopy activity has dipped below 80% of pre-COVID levels but recovery plans are being developed to help the Trust achieved the expected levels by October 2020.

Our current challenge continues to be getting some of our patients in for diagnostic imaging, including CT and MRI scanning, and we are working hard with teams to provide not only operational support but additional admin capacity to be able to make progress on this.

- 3.14. **Outpatient activity.** Outpatient activity at CUH is rapidly returning to normal. Before COVID, the Trust would normally see around 7,000 routine outpatient appointments on average every week. Latest monitoring shows that almost 6,000 outpatients were seen week commencing 23 August 2020, with the vast majority seen virtually by telephone or screen. However, not every patient can be seen virtually, so clinical teams are working to ensure we can see safely see patients face-to-face where necessary.

In many areas of the hospital, including outpatients, it is not possible to apply the same extensive controls that we do in the Croydon Elective Centre (where planned care patients are being asked to self-isolate to prevent them from bringing the virus into hospital).

Outpatients is a COVID managed area where staff must use strict infection control and, where possible, screen out patients with symptoms of coronavirus to ensure they get the appropriate care and to protect our other patients and staff.

Full risk assessments of clinical spaces have been completed to identify areas where additional measures are needed, such as extra spacing, wayfinding

signage around reception areas and the provision of Personal Protective Equipment (PPE).

All of our visitors must also wear face coverings when on site, maintain safe social distancing and wash their hands regularly, including when they enter and exit clinic areas.

The Trust is also contacting patients a week in advance of their outpatient appointment and will be screened again on their arrival for any symptoms of COVID-19.

- 3.15. **Improving Emergency Care in Croydon** While emergency care has continued throughout the COVID-19 pandemic, Croydon Health Services did see a reduction in the number of patients coming into the Emergency Department (ED). As those numbers start to increase again in some areas we need to make sure that we are ready to respond to this demand, while planning for a second wave of COVID-19 and a challenging winter.
- 3.16. From May to July 2020, the Trust delivered its best performance in six years against the national four-hour standard. To sustain this, health and care partners are working together in Croydon and in south west London to transform how urgent and emergency care and make it easier for local people to access the services they need within the borough.

The main strands to this work are:

- **Improving flow through the hospital** - Starting as soon as a patient walks through the front door and depends on the strong partnership working between staff working in the hospital and the community, as well as those in mental health and in social care, to support patients to leave hospital in the right way, at the right time.
- **Increasing the availability of our same day emergency care services** – Including the Trust's Edgecombe Unit which can provide specialist care for patients, including the frail or elderly, without waiting in the Emergency Department. Croydon is also to be a London pilot for working with colleagues in primary care, the London Ambulance Service and NHS 111, to allow them to booked appointment for patients in Croydon's urgent and emergency treatment services. The aim in doing this to help free-up staff to care for the most critically ill and injured, reduce waits in A&E and avoid overcrowding in the Department to protect patients and staff from coronavirus.
- **Providing additional support for patients in mental health crisis** – the Trust is seeing increasing numbers of patients who are coming into the department who need medical attention, but also mental health support in hospital or in the community. Croydon's Emergency Department is one of the few in London that has dedicated mental health facilities for adults, as well as adolescents and children. However, this space is limited and so together as a health and care system in Croydon are actively considering what more can be done to provide emergency care for someone with a physical health need,

while also providing a safe, comfortable environment to support their mental health needs.

- 3.17. Following the peak of the coronavirus pandemic in March/April/May, the ambulatory same day emergency services had to be stepped down, as staff were redirected to support provide patients being admitted/seen by the hospital. Following a reduction in covid cases from June, some of the same day emergency services namely the Acute Elderly Care unit (ACE) and Medical SDEC were relaunched on the basis of a 12 week pilot to enable new ways of working to be reviewed and further enhanced as the model of care is adapted to meet need more effectively and efficiently.
- 3.18. This service gives us the opportunity to improve the experience of emergency care for both our patients and staff, while supporting us to better manage the flow of patients with conditions such as chest pains, DVTs and heart failure, through the emergency department and into the hospital.
- 3.19. **NHS 111 First** Croydon Emergency Department will be an early adopter site for the national NHS 111 First initiative which aims to encourage local people to contact NHS 111 before attending A&E. Think NHS 111 first is the national drive to support people to access care in a timely way, in the right place by the right professional. This national policy drive encourages direct booking of 111 callers into a range of health services to meet their needs ranging from GP practices, same day emergency care, the urgent treatment centres or emergency department.

Direct booking into GP practices is already underway and Croydon is one of the five London early proof of concept sites for scheduled access into Emergency Department. Work is currently underway to mobilise this and it is anticipated this service will be launched on 23 September 2020. In addition, Croydon is seeking to pilot a local integrated virtual clinical assessment service (IVAS) which will further enhance direct booking into the urgent treatment centre and emergency department whilst facilitating direct booking into same day emergency care. It is anticipated that the IVAS pilot will be launched at the end of October 2020.

This means that from late September, if someone believes they need urgent care and are thinking about going to the emergency department, they should contact NHS111 first, either online or by phone. A GP, nurse, paramedic, or trained advisor will then help them get help quickly and safely – whether that is a prescription from a pharmacist, a virtual GP appointment, a slot at a GP hub or urgent treatment centre.

If a patient needs an urgent face-to-face appointment, this will be arranged for the same day, with measures in place to keep both patients and staff safe.

Contacting NHS111 first will help reduce waiting times for all patients and significantly lower the risk of Covid-19 transmission, with less time spent in the hospital and less people waiting to be seen – which is particularly important for people who are more at risk of infection.

The new arrangement builds on the existing role of NHS 111, with Croydon GPs using their local knowledge to advise people on what treatment is available close to where they live and where to go for care and support.

NHS111 is free to call and available 24 hours a day, seven days a week, which means help is available at any time.

Emergency departments need to be there for the most seriously ill and injured and this will not change – no one will be turned away.

NHS111 first will help ensure people get the right care quickly while protecting all patients and staff to help stop the spread of Covid-19.

- 3.20. **Encouraging patients back to the NHS** As part of our local ‘NHS is here for you’ campaign to reassure local people that it is safe to return to the NHS and seek advice and treatment when they need it, local clinicians feature in our new reassurance film for Croydon which you can watch here <https://vimeo.com/455274202/2cf795d020>

The film is in response to what the NHS has learnt from citizen insight to help understand the barriers for people not seeking NHS advice and treatment, in particularly for those not attending for diagnostics like blood tests or scans. The film shows how health services have changed to help keep our patients and staff safe.

- 3.21. **Mental Health, Learning Disability and Autism** – planning has resumed to focus on the pre-covid transformation work around expanding and improving services for people with a focus on community and locality based services in line with the phase 3 ask:
- IAPT services are being delivered to commissioned capacity with a mainly online offer with the option of face to face where clinically required or patient requested.
  - Options are being explored around retaining and linking in with 111 the 24/7 crisis helplines for all ages that were established locally during the pandemic.
  - Work is underway to maintain the pre-covid growth in the number of children and young people accessing support by offering both virtual and face to face support and ensuring there is Mental Health Investment Standard funding allocated to increase workforce skill mix and capacity.
  - Secondary Care providers are ensuring that there is a proactive review of all patients on the community team caseloads and that the community offer is more robust to avoid relapse.
  - Work continues on ensuring that communication with the public and stakeholders on changes is clearly advertised via the South London

and Maudsley (SLaM) website, Twitter, CCG websites and social media.

- Extensive capital plans are in place to support Croydon estate in response to the mental health capital funding pot.
- Care (Education) and Treatment Reviews have continued during COVID virtually to ensure people with LD or autism are being provided with the best alternatives to inpatient care and stepped down where appropriate.
- Learning Disability Mortality Reviews have continued to be undertaken and learning from COVID deaths is being shared with stakeholders to prevent future deaths.
- Health Checks for people with Mental Health and LD are being restarted and work is underway around how to support delivery post COVID in line with Primary Care new ways of working

3.22. **Health Inequalities** - prior to the outbreak the One Croydon planning included discussion about increasing scale and pace of all activities. COVID has however provided greater focus about where to focus and put in place activities that target some of the most vulnerable. Since the outbreak:

- Local Strategic Partnership is leading on an inequality's strategy, due by October 2020, which will reflect the learning from COVID 19. A draft plan is currently in review with short and long-term priorities. Whilst finalising the strategy actions being taken forward by organisations including communication and engagement, particularly with 'hard-to-reach' groups, and an emphasis on immunisation, diabetes control and weight loss.
- The Prevention Framework is also in development and will explicitly define our vulnerable and complex groups. It will also set out the focus of wider determinants of health as key driver of health inequalities.
- The strategy and framework will be underpinned by a review of Croydon's health inequalities which looks at who acquired and succumbed to COVID-19. It exposes the inequalities faced by local people and our staff.
- In addition, a mortality review has been undertaken demonstrating COVID-19 deaths through April and considering those areas to focus on. In addition, CHS has engaged with staff and will be refreshing its Equality, Diversity and Inclusion Delivery Plan by September 2020.
- The Croydon Local Out Break Control Plan has been developed by the Croydon Public Health Team led by Rachel Flowers, Director of Public Health and sets out the learning from the pandemic and targets action for those identified as at increased risk. Croydon's Outbreak Control Plan details how we will work with our partners and the community to prevent and respond to local outbreaks of COVID-19. The plan sets out how we will protect Croydon residents from COVID-19 by providing consistent advice to places and communities about how they can reduce the spread of infection, supporting

those who are most vulnerable and managing outbreaks of infection quickly. This is the vital in helping to prevent the further spread of infection with the aim of reducing the severity of any possible second wave. The Croydon Local Out Break Control Plan and our close partnership working supports our management and preparedness for the weeks and months ahead.

- Work is underway with the voluntary sector (VS) to review the VS offer and how to support resilience, to enable the scaling up of voluntary sector services in the community, support the most vulnerable groups as well as those - December 2020.

### **Lessons learnt and ongoing challenges**

- 3.23. Croydon was one of the hardest hit hospitals in the country, yet the strength of our response to COVID-19 has been built on the commitment of our workforce and the success of our partnership working in the borough. Maintaining our support for staff and increasing the help we can give them to care for the safety and well-being has been lesson identified in the review of our response so far. We are also strengthening our planning and preparation to ensure our staff have the resilience to manage a sustained response to the virus, should there be a second spike or local outbreaks.
- 3.24. To identify lessons, the Croydon Health Services has been holding debrief sessions with staff who have given direct care to people during the pandemic as well as those working in supporting roles. The Trust has also surveyed staff and reached out to colleagues who have been shielding or who have been working from home due to their own health conditions or circumstance to learn about their experiences during COVID-19.
- 3.25. Analysis of the feedback has shown:
- most staff felt the Trust had responded well to the pandemic to date
  - almost 80% felt that CHS had communicated well with its staff to involve them in the response
  - many also said that leadership visibility was up, with clear direction from 'GOLD command' leading the Trust's response and twice-weekly staff webinars ask questions of the senior team and be kept informed about the COVID response, within the trust and across the borough.
- 3.26. However, staff also said more could be done to:
- match peoples' skills to areas of redeployment.
  - to communicate and to support staff in community bases;
  - and to help staff deal with the stress and mental strain of COVID-19.

- 3.27. As a result of this, the Trust is enhancing its support for staff, including the range of counselling and wellbeing support available for staff. Including support for staff with post-traumatic stress as well as 'wobble rooms' for staff to decompress and pause for breath.
- 3.28. **Bereavement support resources** have been created to help staff who have experienced the loss of a colleague, friend or family member. While we are beginning to feel the reality of COVID-19 as part of our new normal lives, the impact of a loss during this time will still be enormous. The online resources include practical advice and support, as well as signposting to other appropriate resources that consider the cultural diversity of our workforce.
- 3.29. **COVID-19 prevention and infection control:** Our Croydon Health Services infection and prevention control experts are working with their colleagues from across a network from the other three South West London hospital trusts and the Royal Marsden and come together regularly for South West London Infection Control Summit. Together, the group have decades of knowledge and expertise in infection prevention and control in hospital settings and most importantly bring together their learning and experiences during the pandemic so far. Immediate work has focussed on making sure we have shared guidance to support hospital clinicians to support elective and diagnostic services. They are also developing good general principles that can be tested across all our health and care settings to help support professionals across Croydon and South West London to provide services safely.
- 3.30. **Personal Protective Equipment update:** Throughout the pandemic, colleagues from across South West London worked closely together and continue to work hard to calculate requirements for Personal Protective Equipment (PPE) and clinical consumables over the next few months. This includes modelling for planned inpatient elective procedures, as well as for primary, community and social care, and mental health settings, as face-to-face services start to increase.

#### **4. CARE HOMES**

- 4.1. Care homes remain a key focus in our pandemic response, whose vulnerable residents are at greater risk if they contract Covid-19. Croydon has the largest care home market in London, with 230 care providers, 126 care homes (63 of whom support older people). While the impact of COVID-19 during the peak was significant, Croydon's care homes had the third lowest rate of excess deaths in London. The commitment and care shown by Croydon's care home workforce cannot be underestimated.
- 4.2. Croydon's care homes are responding well in partnership with the Council and health. The Council's Gold command has received daily updates on the demand for beds, the capacity within the sector and the impact of Covid-19 on care homes (including numbers of suspected cases). Whilst it is positive that

many care homes have told us that they have felt supported by the council, the scale of difficulties our care homes continue to face cannot be underestimated, particularly the emotional impact on families and care home staff where residents have lost their lives.

- 4.3. The council continues to support care homes closely to reduce infection rates and help them cope with the impact of the pandemic. This involves daily monitoring of key data reported by homes and regular calls to homes to see where extra support may be needed.
- 4.4. The increased testing and higher community transmissions in August has resulted in some positive results for residents and staff members. As of 14 September there are two homes with more than 1 case of COVID (an outbreak). There are 7 more situations across care homes and supported living. The majority of homes with positive cases are single cases suggesting that residents are being effectively isolated and infection control practice is being followed. Care homes are being reminded about the importance of sustaining infection prevention and control practice. The council are working with the Department of Health and Social Care to improve the national testing approach to ensure care homes have enough swab tests for residents and staff. Most care homes in Croydon have re-opened to visitors using outside space and separate rooms to do this safely. The council and health partners are supplying care homes with local information to help determine their local visitor policy.
- 4.5. Croydon's system wide care homes support plan (linked to below) was submitted to central government on 29 May and outlines all the actions we have been taking across the partnership in Croydon to support our care homes.

<https://lbc-app-w-corpwebsite-p.azurewebsites.net/adult-health-and-social-care/care-homes-and-housing/care-homes-support-plan>

- 4.6. Two representatives from Croydon's care homes attend a weekly strategy group with council and health leads to provide helpful feedback challenge on the impact our support is having, and what more we need to do.
- 4.7. In order to support providers with the financial impact of the pandemic the Council has moved to paying 4 weeks in advance and given significant provider sustainability payment as upfront support to help care homes with Covid-19 related costs. In addition to this, the commissioning team have distributed over £2m of funding to our social care providers from central government (the Infection Control Fund). These are short term fixes though and councils require longer term resources to maintain the levels of financial support in care homes as called for in the recent London Councils report (linked to below). The report also notes that the rapid discharge process



during the peak placed care homes at increased risk. For the last few months out of hospital testing is working well.

[www.londoncouncils.gov.uk/members-area/member-briefings/health-and-adult-services/supporting-care-homes-during-pandemic](http://www.londoncouncils.gov.uk/members-area/member-briefings/health-and-adult-services/supporting-care-homes-during-pandemic)

- 4.8. The Council has provided advice and guidance on the use of Personal Protective Equipment (PPE), in accordance with the government guidelines. The CCG have supplemented this with a training programme which has reached over 1000 staff in care homes.
- 4.9. Where required, emergency PPE supplies have also been provided 7 days a week to suppliers at no cost (including care homes, home care providers, children's residential providers & supported living providers), particularly in adult services. Recently a national portal has been set-up for emergency PPE orders taking over from the supply route the council set-up. The national testing programme in care homes slowly is increasing capacity but concerns remain about access to regular asymptomatic testing for residents and staff which is being raised at a local and national level.

## **5. ADULT SOCIAL CARE**

### **Care Act Easements**

- 5.1. Croydon Council has not engaged in Care Act easements during Covid 19.

### **Front line staff**

- 5.2. Staffing numbers remain adequate at present. In October winter pressures will begin to be felt across the services and so staffing resources may need to be moved in order to address areas with the most pressing need. The final results of the staffing review need to be examined prior to this in order to fully appreciate how any resource allocation can best be completed.

### **Homecare reviews (during and post COVID)**

- 5.3. Many reductions were made (197) during the peak Covid period to domiciliary care packages. This was mostly due to the client / their families not wanting a service (or the same level of), or not requiring it as family now at home chose to do the care. As such reviews were done before any reductions. A risk register was kept and monitored daily/ weekly (as per risk identified) and oversight was given to service managers. It is also important to note that these reductions have not been treated as efficiencies. Where required packages were increased and others returned to their previous hours.

## **Provider services**

- 5.4. Active Lives and Dementia Day Services were suspended on 20<sup>th</sup> March, systems were put in place to maintain contact by telephone and email with service users and carers. In May, a digital offer, 'Friends Connected' was introduced to support Active Lives users and continues to be provided. Many staff were redeployed to support colleagues and tenants in Extra Care Housing, with the remainder supporting service users and carers and undertaking welfare checks.
- 5.5. Careline maintained a business as usual service throughout the lockdown and undertook regular welfare check calls to residents. Shared lives provided a virtual service to support carers.
- 5.6. Extra Care Housing suspended new tenancies at lockdown. Tenants received additional support provided by Day Service/Active Lives staff and additionally by Age UK.
- 5.7. Dementia Day Services and Active Lives Services have now resumed albeit with a reduced offer. This is in line with government guidelines, and to keep people safe. Digital offers have been maintained and work is progressing on extending these to other service user groups over the coming weeks.
- 5.8. Shared Lives are in the process of resuming face to face visits with carers and plans have been developed to resume placements.
- 5.9. Extra care housing has resumed, accepting new tenants and working with housing colleagues to turn voids around as quickly as possible.
- 5.10. All services are now up and running with adapted models and within government guidelines on social distancing. In light of the pandemic and lockdown a number of lessons have been learnt, including: digital offers need to be more available. Where digital offers are not appropriate, visiting service users and carers need to be maintained for some users groups, i.e. Dementia. Training on manual handling, medication management and infection control should be mandatory for all provider services staff, building assets can and should be used more flexibility across provider services.

## **Adult mental health**

- 5.11. Adult Mental Health Services are provided in partnership with South London and Maudsley NHS Foundation Trust as part of Croydon Integrated Adult Mental Health Service based at Jeanette Wallace House, Purley resource Centre and Queen's Road resource Centre. All key front line services remained open throughout the pandemic with adjustments made for social distancing and PPE requirements.

- 5.12. The Council's Approved Mental Health Professionals (AMHPs) who undertake Mental Health Act assessments, adapted to using digital technology where permitted and using PPE where not, to ensure there were no breaches of the Council's statutory duties under the Mental Health Act.
- 5.13. A brief lull in referrals for Mental Health Act assessments has been followed by huge increases in demands for assessments. Our partners in the South London and Maudsley NHS Foundation Trust have helped to ensure sufficient AMHPs were released back to support vulnerable clients through care coordinator duties, by funding a supernumerary AMHP to work purely on the AMHP rota.
- 5.14. In terms of data, referrals services for Mental Health Act assessments are as follows: April: 57; May 97; June: 115; July 128; August: 101. Even with the April lull this is an average of 100 per month against an average of 84 per month for the same period last year.

### **Adult safeguarding and quality assurance**

- 5.15. On the 20 March 2020, The Adult Safeguarding and Quality Assurance Service made a decision to take over the entire Adult Safeguarding process (from referral to enquiry and review) for all adult social care, in response to the challenges presented by COVID 19 on residents and resources. This effectively freed up capacity within the localities and the Croydon Adult Support Service in focusing on COVID 19 related intervention. This meant that the hybrid safeguarding model, where various safeguarding referrals and concerns were assessed or triaged at the point of contact by the Croydon Adult Support Service, Croydon Older Adults Services, Disabilities Services and other teams, were centralised and managed by the S42 Safeguarding unit.
- 5.16. As of the 09 April 2020, the safeguarding unit with the support of the Professional Standards Team responded to over 200 safeguarding concerns requiring triages, in addition to over 300 cases already located within the unit at various stages of safeguarding interventions. The flow was about 10-15 concerns a day leaving a waiting list for allocation of about 50 adult safeguarding concerns. Furthermore, the safeguarding unit inherited over 100 cases from the Croydon Adult Support service task list.
- 5.17. By the 19 May 2020, the Croydon Adult Support Service's Task List was cleared of historic and current safeguarding concerns to zero and the waiting list for allocation of concerns was down to just 19 effectively triaging over 500 cases. Despite this tremendous interventions, the incoming triages increased to over 300 cases per month with knock on impact on approximately 400 cases opened at various stages of adult safeguarding enquiries. The flow rate for enquiries being about 20-22 enquiries per week.

- 5.18. In order to address the above impact, the safeguarding unit with the support of the Croydon Adult Support Services, Disabilities and Older Adult Services devised a plan to move the safeguarding intervention back to the hybrid process, with the safeguarding triages returning to the Croydon Adult Support Service via a system of joint triage process involving various services, which has been effective in keeping a robust oversight over the safeguarding process.
- 5.19. At the time of this report, there are only 12 open safeguarding assessments to various Croydon Adult Social Care Teams and about 21 open safeguarding assessments to the Croydon Adult Support Service awaiting triages; a far cry to earlier report of over 100 cases in the front door alone, leaving the safeguarding service in a very strong position to prepare for any eventuality that may arise through a possible second wave of COVID 19.
- 5.20. Although, the number of open enquiries have reduced to about 330 at the time of this report, it still represents a significant achievement of a 17.5% reduction in total open enquiries amidst about 80 new enquiries a month.
- 5.21. Adult Safeguarding and Quality Assurance Services worked jointly with the Adult Commissioning Team through the peak of COVID 19 to provide effective oversight to the Provider Market (Care homes; Domiciliary Care Agencies and Supported housing/Supported living providers). This was through either partnership interventions with other agencies, or via the Croydon Intelligence Sharing Committee, or via specific quality assurance and monitoring process.
- 5.22. A major barrier/disruption to the above provider market interventions during the COVID peak period was the suspension or reduction in the number of visits to care homes, domiciliary care agencies, supported housing or supported living by the Care Quality Commission, Croydon Care Management Teams and Croydon Commissioning Teams with limited access to adults who were in need of adult safeguarding interventions.
- 5.23. The impact of the above was an increase of virtual online quality meetings with providers from 3 times a week to about 6-8 times a week. Visits were carried out on a case by case basis with emphasis based on managing high risk presentations and circumstances. Remote assessments were trialled by the Mental Capacity Act/DOLS teams in various interventions. There were parallel interventions supported by the Care Home Interventions Teams and Croydon Care Support Team in ensuring that concerns about providers were appropriately resolved.
- 5.24. The impact of COVID 19 has been a rigorous test to our preparedness and resilience in managing major disruptions to the status quo. As such, further work continues on establishing clear pathways in and out of safeguarding process; improving the identification of clear lines of responsibilities and case

management; improving the interface between adult social care and mental health; reducing handoffs; devising a multiagency risk assessment framework; working in partnership with various agencies to clarify criteria for interventions and acceptance; and seeking a more effective joined-up system with Children and Family Social Services (Transition, Leaving Care Team and their Commissioning Service) of managing the increased number of referrals from a cohort of younger adults-in-need who do not fit into defined pathways for adult social care intervention.

### **Hospital discharge**

- 5.25. On 19 March 2020 the NHS issued '*COVID-19 Hospital Discharge Service Requirements*'. The Council used this document for the basis of its Adult Social Care approach to the pandemic.
- 5.26. As the guidance was clear on what Councils and Adult Social Care should follow the Council did not enact any easements of the Care Act as described in the '*Care Act easements- guidance for Local Authorities*' which was issued on 1 April 2020.
- 5.27. On 27 March 2020, to meet the estimated need of the hospitals and to support residents in the community in being admitted to hospital, the Adult Social Care, Living Independently for Everyone service (LIFE) and Placements & Brokerage teams started the Monday-Sunday 8am-8pm service as described in the NHS document with a focus on discharging residents from hospital within 2 hours after they were deemed fit to leave hospital. Increased staffing resource was moved from other departments within the Council to meet the increased demand and hours of operation.
- 5.28. To meet this the Council imbedded the Discharge to Assess Pathways (D2A) for LIFE (people going home) and Residential/Nursing Care in its processes and created a single point of contact for hospitals for any discharge referrals. This meant as all discharges would be assessed at home/care home within 24 hours the Social Worker and LIFE teams in the hospital were moved out to support increased work in the community.
- 5.29. Overall the Council's response to hospital discharges and preventing people being admitted to hospital went well. Though the target of a 2 hour discharge from hospital was a very challenging target by the end of each day residents who were going home with a package of care either had been discharged or had a package of care confirmed in place for next day discharge.
- 5.30. Below are some of the key things that went well:
  - Enhanced service operating hours (Monday-Sunday 8am to 8pm) was put in place within 8 days of the guidance being issued.

- Closer working relationships with hospital and health colleagues which improved the flow of information to support discharges.
- Seminars and webinars with Home Care and Care Home providers to provide them with key information and look at ways the Council can support them during covid-19.
- Moved to electronic systems which gave a better overview of discharge cases to allow resource to be allocated appropriately and to review demand.
- Home Care and Care Home providers moved to accepting discharges out of normal working hours.
- Created a local alert system (mirroring national covid-19 alert levels) that matches staff resources and procedures to demand. This then be can be ramped up or down to meet demand and lets have in place back up staff when required to meet any increased need.

5.31. There has been a lot of national focus on the response to discharge, especially around the Covid-19 status of residents before they were either discharged home or in to care homes. Updated guidance has now been provided on what information should be provided to Care Homes, and wherever possible residents with Covid-19 should not be discharged into homes. If they are then appropriate barrier control nursing and isolation for 14 days should be in place. Our approach in Croydon has been to work closely together across health and care services and we continue to do so to ensure residents are discharged appropriately and cared for in the best setting for their health and care needs, supported by sharing appropriate information.

5.32. The key things that need to change are:

- Feedback has been provided on a pan-London basis that the 2 hour discharge target is not always achievable. On a local level agreement for people going home, by the end of each day, a resident will either be discharged or have a package of care confirmed for a planned discharge date for the next day or future date. This is to allow a Care Home to carry out an assessment to ensure the needs of the resident can be provided by the home, then a 24/48 hour window needs to be the agreed target.
- Discharge information forms to be updated to provide greater clarity on the needs of the resident, their covid-19 status and that we have considered home first as an option at all times.
- That from a review of some initial cases that were discharged to Care Homes that approximately 25% could have been considered to go home rather than a care home.

- That on weekends the numbers of discharges were very low and over 95% of discharges even at the peak of covid-19 was carried out Monday-Friday. This meant that at times our staffing resource was not best allocated to meet demand.

5.33. Below are lessons learnt and how this will affect preparedness for winter/and or second wave and the Councils preparation to date:

<b>Lessons learnt and future planning</b>	<b>How this affects preparedness and what we have done</b>
<i>That there were low numbers of discharges on the weekend but staffing levels were spread over the 7 day service</i>	A local alert level system is now in place to match resource to demand. Staffing resource identified to meet demand if local need increases.
<i>That the assessment forms could have more detail to support discharge teams</i>	Discharge assessment forms to be updated by mid-September 2020.
<i>That some residents that went into Care Homes could have returned home</i>	A “two tick” system is planned with Health colleagues by which there is increased oversight for larger domiciliary packages and residential/ nursing home placements.
<i>Resources needed for both winter planning and possible second wave</i>	Staffing requirements identified and to be in place by beginning of October 2020.

### **Living independently for everyone service (LIFE)**

- 5.34. At present the LIFE service remains busy and continues to operate a seven day a week service. It is however set up for working six days a week, but currently the level of work has dictated a need for additional work. The LIFE service remains exceptionally busy with winter level staffing operating across the summer. Around 22 staff members are in the team as we go towards winter which is unlikely to be sufficient. This has been identified by the Service Manager and additional staffing resource is being looked at from within adult social care.
- 5.35. Going forward an enhanced Part B assessment (assessment that takes place when the client has been discharged back home) is being considered in order to allow for a more comprehensive assessment when clients are discharged.

## **Impacts of the council staffing review**

- 5.36. The Council staffing review consultation period is now complete, and the management response has been presented to the Unions.
- 5.37. We have listened to staff and partner concerns about winter pressure and general workload demands. In response we have sought funding through NHS routes for covid-19 winter resources, and will seek to move resource to high demand areas.
- 5.38. Through the above, successful redeployment, the deletion of vacancies, agency staff, acceptance of targeted voluntary severance and reduction in hours of social workers and health and wellbeing assessors, there are no compulsory redundancies to front line staff in adult social care.
- 5.39. Going forward, we will support the remaining workforce through the acceleration of integrated teams and use of strengths based practice. The improvement of systems and processes, including the introduction of Liquid Logic this month, will support some of the challenges we currently face, and we continue innovation programmes to make changes and improvements to broken processes where we can, as well as working as an integrated health and care system.

## **6. CROYDON WINTER PLAN 2021 AND A COVID SECOND WAVE**

### **Principles of a winter plan**

- 6.1. Winter planning is a core element of any local health and care system, although without doubt this year it has the potential to be a winter like no other. The core principles set out in the table below, are the launch point for an integrated approach, and already has enabled successful agreements on:
- Focussed additional funding to cover additional adult social care staff resources during winter for enhanced discharge from hospital, i.e. to cover longer days and weekend working (LIFE remains at 7 day working, and brokerage support is available at weekends).
  - Enhanced senior management support over weekends to the hospital and community social work teams.
  - Increased intermediate step down beds in the hospital, supported by the enhanced social work presence in the integrated discharge lounge at the hospital. Enabling proactive discharge of residents with a coordinated reablement offer.



6.2. Unlike the first wave of the pandemic, it is very unlikely that the NHS would pause any non-urgent elective activity should a second wave strike. To plan for this, the Trust is putting in a robust plan to both manage demand and ensure there are enough staff and capacity available to care for higher numbers of people should there be a second peak. The Croydon Elective Centre is a key element of this as described above.

<p style="text-align: center;"><b>Effective management of Covid-19 and other infectious diseases in the borough</b></p> <ul style="list-style-type: none"> <li>• Preventing healthcare-acquired Covid-19</li> <li>• Emergency planning for potential second wave of Covid</li> </ul>
<p style="text-align: center;"><b>Proactive and preventative approach to keep Croydon well over winter</b></p> <ul style="list-style-type: none"> <li>• Managing complex patients</li> <li>• Population health management approach</li> <li>• Supporting care homes staff and patients</li> <li>• Flu vaccination programme for staff and the community</li> </ul>
<p style="text-align: center;"><b>Support the people of Croydon to stay independent and only admit to hospital if required and for minimum period required</b></p> <ul style="list-style-type: none"> <li>• Avoiding hospital admissions through community services</li> <li>• Proving same-day emergency care (SDEC) services to avoid emergency admissions where possible</li> <li>• Discharge patients as soon as they are medically optimised</li> </ul>
<p style="text-align: center;"><b>Make sure we have the capacity to care for the people of Croydon in the right place at the right time throughout winter</b></p> <ul style="list-style-type: none"> <li>• Effective workforce management</li> <li>• Capacity plans (staff, equipment, inpatient beds)</li> <li>• Clear escalation actions within services, organisations and across system</li> <li>• Protect elective activity and integrity of 'Covid Protected' zone</li> </ul>

## **Winter funding in Croydon**

- 6.3. In August, the Prime Minister confirmed that Croydon Health Services had been successful in securing funding to upgrade its winter preparations, alongside 116 trusts in the country.

Croydon secured more than £2.5 million, which will be used for:

- Reconfiguring ward areas and installing additional equipment, creating safe clinical environment for patients who need to be treated somewhere other than in our ED.
- Providing a dedicated 'same day' mental health facility for patients who have both a physical and mental health need.
- Creating a dedicated surgical assessment unit to ensure that the number of medical inpatients doesn't impact on our ability to deliver same day emergency surgical care.
- Implement a community IV facility, reducing the number of patients who need to attend or be admitted to hospital for antibiotics.
- Expand our emergency diagnostic capacity by providing two dedicated emergency rooms, so that we can provide timely care in the Same Day Emergency Care unit (SDEC).
- Implement the direct booking from NHS 111 to SDEC, ED and our UTC, reducing footfall and waiting time in ED.

## **Test and trace and supporting vulnerable people**

- 6.4. Our most effective tool for protecting Croydon's vulnerable population from COVID19, is communication both on social distancing, and what services (statutory and voluntary / community) are available to support people.
- 6.5. During shielding, the Council invested resource in proactively contacting residents to:
- Provide emergency support on access to food and medication
  - Provide proactive and preventative information and advice
  - Triage people with additional support needs, to voluntary and community support, or statutory support.
- 6.6. With the roll out of test and trace, the Council will need to be proactive in ensuring vulnerable residents identified via test and trace, have sufficient information and signposting on what statutory and community support is available.

- 6.7. A vulnerable people workstream (sitting within the Public Health test and trace programme) is developing plans for both test and trace responses, and how support to vulnerable and shielded residents could be provided.

## 7. TRANSFORMATION AND NEXT STEPS

- 7.1. **Transforming primary care** GPs across Croydon are working together to look at how we need to reshape primary care services in the context of living with COVID-19 and how we can adopt new ways of working, prioritising patient and staff safety and protection from infection. Part of this has involved collecting feedback from practices about issues regarding health inequalities and access that have arisen or been exacerbated during the COVID-19 pandemic and our response.
- 7.2. **Clinical networks, radiology and increasing ITU capacity** Clinicians across Croydon and the other five boroughs in South West London continue to prioritise the restart elective of procedures. Twelve south west London clinical networks consisting of specialists from all four South West London trusts, as well as colleagues from primary care, are now working together to safely and equitably provide elective care in these twelve priority areas. This work continues to expand across further specialties to safely treat as many patients as possible over the coming weeks and months. Expert clinicians are overseeing and prioritising a single patient list for each specialty across all our hospitals so patients have equal access to care no matter which borough they live in.
- 7.3. At the same time as restarting elective care, our clinical networks are looking ahead to 'Reshape' the work of each of these specialties. Acute and out-of-hospital clinicians and professionals will work closely together to consider the whole patient pathway and consider what changes should be made to ensure that care is as safe as possible and meets the needs of patients.
- 7.4. Growing our intensive treatment unit (ITU) capacity continues to be a high priority. We are assessing the costs and steps we will need to take to ensure we can safely treat people for COVID-19 and other very serious conditions into the future. We will be maintaining the expanded critical care capacity we developed during the first wave and are completing the business case for the new refurbished unit that will be a purpose built single unit for this expanded capacity.
- 7.5. **Supporting staff from BAME communities** We are continuing to learn about the disproportionate affect that the coronavirus pandemic has had on people of Black, Asian and minority ethnic (BAME) backgrounds. It is important that we continue to sensitively discuss and understand our staff's circumstances to ensure we are aware of the risks and are giving the right level of support – for example, by offering alternative options for personal protective equipment

(PPE). Resources are available to help managers talk with their staff about how COVID-19 is impacting them and their families.

- 7.6. **One Croydon and the South West London Health and Care Partnership**  
COVID-19 has also highlighted the increased need for partnership working to address long-standing health inequalities that have brought into sharper focus due to the pandemic. Building on the strength of the One Croydon partnership, our Integrated Care Network plus pilot in Thornton Heath, for example, is intended to make it easier for people to access the care they need and to reduce health inequalities.
- 7.7. One Croydon's LIFE (Living Independently For Everyone) team, as another example has seen referrals double since the pandemic began. This team combines health and social care staff to help people after hospital stays, keeping them well and often preventing hospital admissions in the first place.
- 7.8. The Trust has also reviewed its operational response strengthen its resilience and preparedness for a potential second wave. At the peak of the first wave, when the highest number of critically-ill patients required prolonged stays in intensive care or mechanical ventilation, the hospital was using double the normal amount of oxygen, placing the Trust's supply system under increased strain. Our oxygen supply for patients was maintained throughout, however work has now been completed to increase this provision should it be needed.
- 7.9. Working side-by-side with the Council, local GPs, care workers, mental health services and voluntary groups we are continuing to coordinate our care and support for people in Croydon during the pandemic. The borough is also aligning its efforts with the South West London Health and Care Partnership, neighbouring boroughs and regional authorities to provide a system-wide response.
- 7.10. In line with the latest national guidance, this includes meeting the requirements of any future COVID response, whilst maintaining our non-COVID elective services to care for people in Croydon.

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