

Croydon Together

Winter challenges

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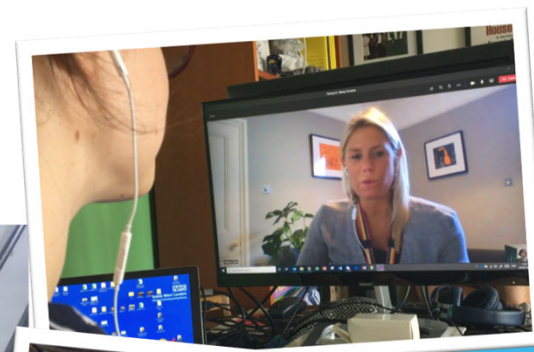
Chair of the Croydon Place Committee

Annette McPartland

Director Adult Social Services

Rachel Flowers

Director Public Health



Health and Social Care Sub Committee
Tuesday 09 November 2021

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South West London
Clinical Commissioning Group

SYSTEM WINTER PLAN 2021-2022

Matthew Kershaw
Chief Executive and
Place Based Leader for Health

Croydon



Draft 3
06/10/2021

Winter planning ask

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

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

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

Winter planning domains

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

EXTERNAL EVENTS

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

DEMAND

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

CAPACITY

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

EXIT FLOW

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

WORKFORCE

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

Croydon system winter planning domains

Demand

- Croydon has modelled demand across each part of the system, including UEC services, NEL IP spells and critical care, and Mental Health.
- The outputs of this modelling is well understood and plans are in place to respond.
- However, current activity levels are already far above prior year levels for the same period and modelling did not predict this.
- The impact of Covid, RSV, and winter – and the extent to which they are mutually exclusive – is unknown.
- Detailed modelling of demand for D2A packages of care and placements undertaken.

Capacity

- Based on forecast demand, Croydon faces a shortfall in inpatient & critical care capacity even after mitigation.
- Mental health capacity will be supported by private sector beds, however, there remains a risk of a bed shortfall.
- Croydon has a limited ability to increase Primary Care capacity. GP telephone capacity has been increased.
- Community services capacity (health and social care) is being increased, including opening 10 additional intermediate care beds.

Workforce

- Reduced staff resilience, accumulated annual leave and ongoing impact of Covid on sickness & self-isolation driving short notice staff absence in all areas.
- Care home staffing at risk due to vaccination policy
- Therapy staff shortages in acute and community settings
- Primary Care are now recruiting to ARRS roles.
- SWL-wide recruitment bank in place

Exit-flow

- Whole system implementation of Covid-19 hospital discharge service requirements means exit-flows are well understood by the system and there are protocols in place to support resolution to any blockages.
- Additional capacity secured for brokerage team and to ensure sufficient capacity for D2A pathways.
- Alternative pathways (including SDEC and Virtual Ward) in place.
- Primary Care is being supported by Telemedicine, Remote VC 24/7 service for care homes, Rapid Response and LIFE teams.

External Events

A variety of externalities, including but not limited to, the impact of easing of Covid restrictions and the current volatility of demand and supply. This is resulting in a wide variety of challenges to supply chains. Impacts of the Blood tube shortage have resulted in demand being delayed with an increase in acuity once a diagnosis is possible. Flu vaccination programme for staff and the community is now underway. Patients are being supported to self-care for minor and self-limiting conditions with additional support from Community Pharmacy schemes.



Key Risks

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



Croydon winter one page summary

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

General Practice Winter Plan (1/2)

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

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

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

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

General Practice Winter Plan (2/2)

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

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

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

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

Community and Secondary Care (1/2)

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

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



Community and Secondary Care (2/2)

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

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

Mental Health winter plan

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

Demand and capacity modelling

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

Reducing demand

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

Increasing bed capacity

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

Effective workforce management

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

Collaboration with social care

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



Aspects covered in Winter Planning Discussions

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

Summary of winter actions:

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

Director of Public Health Rachel Flowers

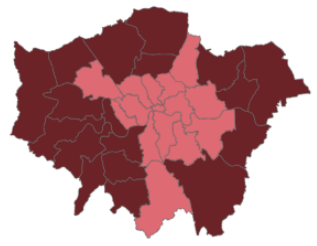
Epidemiological summary

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

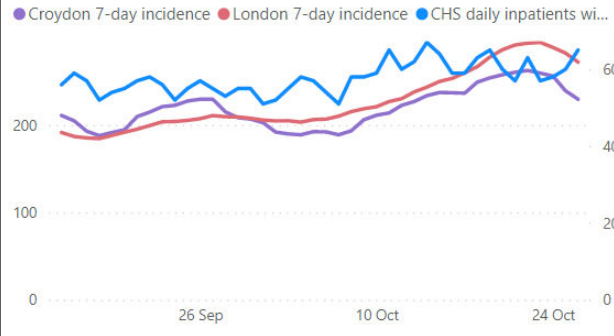
- Number of positive cases showing initial signs of falling in last three days.
- Cases in CUH remain relatively stable between 55 and 65.
- Deaths within 28 days of positive covid test remain low with 5 deaths reported in the last two weeks.
- Uptake in Croydon residents is 65% for the first dose and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

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

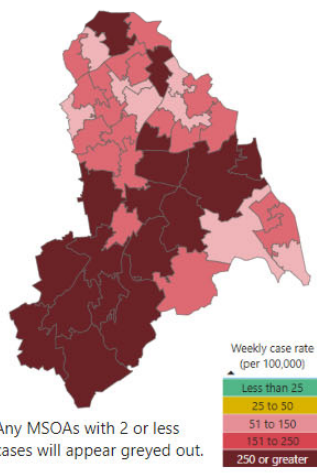
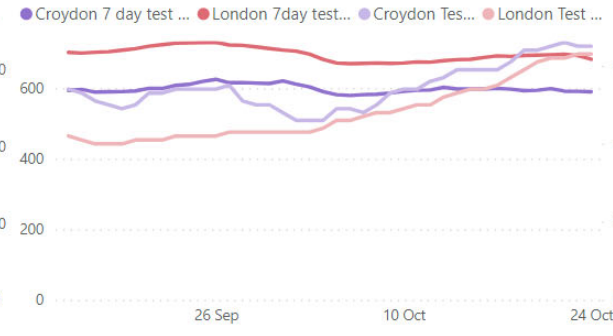
Incidence mapped (latest 7 days)
 Hover over an area to see the rate, number of cases and change from previous week



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



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



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

Epidemiological summary

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

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

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

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

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

VACCINATION: Uptake

Data last updated on 31 Oct 2021

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

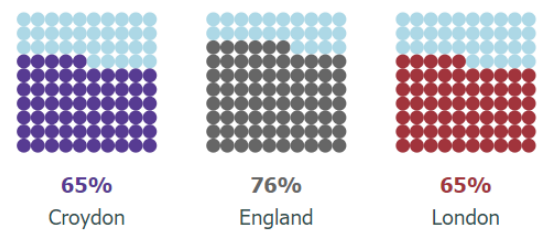
This data is updated daily and taken from the government's [coronavirus dashboard](https://coronavirus.data.gov.uk/).
 Data is cumulative and runs from 8 Dec 2020 to 30 Oct 2021

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

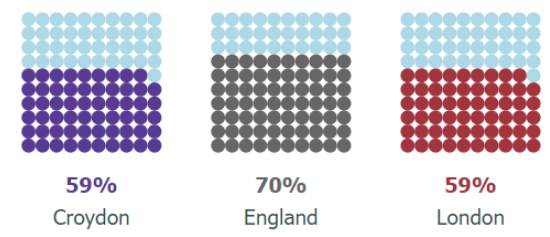
225,938
 No. vaccinated with two doses (aged 12+)

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

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

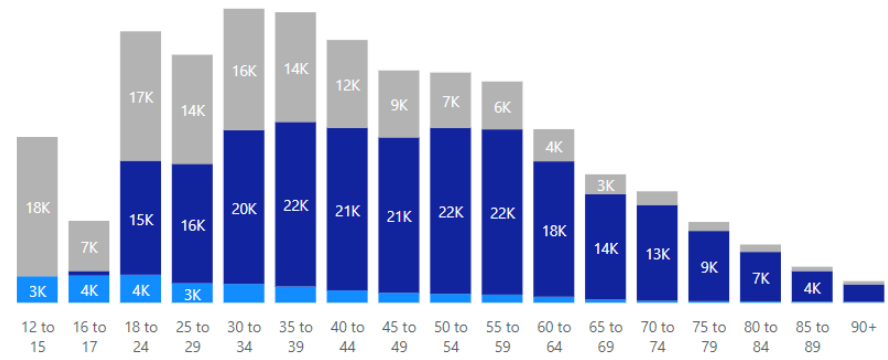


Uptake of both doses of covid-19 vaccinations in those aged 12+

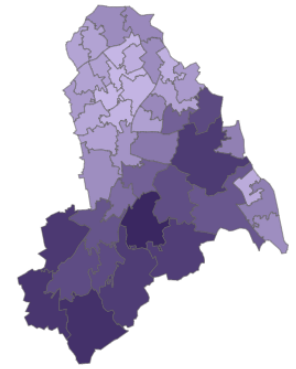


Total people in Croydon, by age group and vaccination status

● Received one dose ● Received both doses ● Not yet vaccinated



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



Director Adult Social Services Annette McPartland

Supporting our provider market

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

What are the issues?

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

Supporting our provider market

What are we doing to support the market?

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

Provider workforce vaccination

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

Adult social care workforce

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

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

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

Adult social care workforce vaccination

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

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

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

Social care workforce

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

Social care workforce

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

Social care workforce

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

Social care workforce

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