



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Tuesday 8 October 2019

Please see the attached report marked “to follow” on the agenda.

7 PLANNING OF WINTER SERVICES (CCG) (Pages 3 - 12)

Copies of the documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

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Agenda Item 7

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: 8th October 2019

Decision Type: Non-Urgent Non-Executive Non-Key

Title: WINTER PLANNING 2019/20

Contact Officer: Clive Moss, Urgent Care Lead, Bromley Clinical Commissioning Group
Tel: 07864 969 693 E-mail: clive.moss@nhs.net

Chief Officer: Dr Angela Bhan, Bromley Clinical Commissioning Group

Ward: NA

1. Reason for report

1.1 This report is to provide an update on the development of the 2019/20 the Bromley System Winter Plan 2019/20. The Winter Plan builds on the ongoing One Bromley Urgent and Emergency Care programme, which is designed to deliver the One Bromley vision of developing an integrated urgent and emergency care system.

1.2 For the past few winters LB Bromley (LBB), NHS Bromley CCG (BCCG) and King's College Hospital Princess Royal University Hospital (KCH PRUH) have made financial investment to provide additional capacity to the system during winter months to provide additional capacity in the system to ensure patients are seen in the appropriate care setting. This includes schemes to support patients, clients and healthcare professionals in secondary, community and primary health and social care.

This report briefly outlines the overall winter plan and outlines in more detail the proposed spend for this year's winter schemes (for full breakdown of winter scheme spend see Appendix 1).

1.-----RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is requested to note the update and comment on the proposed winter schemes.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence.
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Financial

1. Cost of proposal: Estimated cost BCF - £646k (CCG) £1,047k (LBB)
Non BCF - £992k (King's – non BCF)
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: LBB/ CCG/ King's
 4. Total current budget for this head: See above.
 5. Source of funding: Better Care Fund (King's non BCF)
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Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: N/A
 2. Call-in: Call-in is not applicable. No Executive decision.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The Plan ensures the system are held to account in their role in ensuring Bromley residents have access to timely, high quality health and social care when they need it preventing. In particular the plan ensures there is appropriate resource for frail and elderly residents who are particularly vulnerable to seasonal illness.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillor's comments: Plan will also go to Health and Wellbeing Board for comment.

3. COMMENTARY

3.1 BACKGROUND

Bromley System Winter Plan Summary:

- 3.2 Over the past few winters, the local health and social care system has felt increased pressure during the winter months, with most health and social care services seeing a surge of activity and demand, with a more complex range of patient needs. Additional challenges include seasonal presentations of influenza and norovirus. These additional pressures on the health and social care system affect all ages but are primarily from older and frail people. Bromley health and social care system leaders have developed the plan to manage safely and effectively the additional pressures during this period.
- 3.3 The plan was developed through the Bromley A&E Delivery Board, which delivers a whole systems approach to planning, improved performance and the development of a coherent local service framework for urgent and emergency care. This approach includes coordinated planning for and management of winter pressures, and other periods of enhanced demand on the care system. The Board is facilitated by Bromley CCG and London Borough of Bromley, working in partnership with providers such as King's College Hospital, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, Bromley Third Sector Enterprise, St Christopher's and London Ambulance Service.
- 3.4 The plan contains within it:
- System Escalation Protocols for Managing Surges
 - Winter Scheme Spend (included below)
 - Further Winter Planning including Infection Control / Flu plans, minor breach reduction plans, improving ambulance handover plans, borough based and South East London contact list and provider assurances of managing demand and capacity.
- 3.5 The A&E Delivery Board is responsible for the oversight and management for the plan. The plan will be a live document throughout winter to ensure all information is kept up to date as possible.
- 3.6 **Bromley System Winter Resilience Schemes 19/20:**

From a review of previous winters and evaluation of each organisation's recent winter schemes, stakeholders agreed that increasing capacity in existing services, whilst strengthening the community reactive / urgent response offer, would be an effective use of resources for this winter. The proposal for this year builds on lessons learnt from the previous year and focuses on three joint strategic themes which are:

- Avoiding unnecessary hospital attendances
- Maintaining hospital flow
- Reduction in delayed discharges through integrated working.

The Winter Resilience funding schemes set out below have been considered with an integrated approach by the CCG and London Borough of Bromley (please note not all scheme costs have been finalised and are estimated) in response to winter preparation discussions had at both the SEL Winter Debrief in June and the Bromley A&E Delivery Board on 25th June and 9th September respectively.

3.6.1 Attendance and Admission Avoidance

- **Additional Rapid Response Capacity** - Provide healthcare professional support (including ANPs) to mitigate against the increase in demand for GP home visits by providing timely provision of visits therefore reducing demand on primary care and preventing escalation of need and potential hospital admissions. This includes trialling **telehealth monitoring** of wearable armbands that monitors patient's vital signs and produces a live feed with alerts to a web based platform. This will allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the Bromley Healthcare Care Coordination Centre triggering a response from Rapid Response with any variation from baseline.
- **Additional GP hub appointments** - Providing additional hub appointments in both existing hubs and additional hub slots during key pressure times meaning more people to be seen in primary care, mitigating increase in Urgent Care Centre (UCC) attendance, including **an additional GP hub on the PRUH Site**. Following Lambeth and Southwark successful roll out at St Thomas's, Bromley are proposing a similar model at PRUH to better manage the increase in UCC attendance over the winter period in the evenings and weekends. The hub would see patients deemed suitable to be seen within a primary care setting. Appointments will be bookable from primary or secondary care.
- **Weekend dressings clinic** – piloting a weekend clinic as an alternative to UCC or the PRUH Ambulatory Unit for dressings. This would be aligned to the new weekday nurse clinics at Bromley Crown Medical Practice and would be bookable by primary care also.
- **Flu Winter Campaign 19/20** – funding to increase flu vaccination uptake in key patient cohorts and also health care professionals by undertaking communication and engagement campaign in line with national programme. Locally working with Primary Care, Social Care, Bromley Care Practice and community providers to vaccinate patients, and health care professionals.
- **Additional social care staffing capacity** to enable a quick and efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familiar with the local area and Bromley procedures and processes.

3.6.2 Maintaining Flow:

- **Additional capacity in the Urgent Care Centre (UCC)**
 - **A floor co-ordinator role** in evenings and weekends, supporting patient flow, to impact positively on waiting time management and escalation with ED leading to improved 4 hour performance.
 - **Additional Healthcare Assistant capacity** which allows clinical staff to focus on treating and discharges more patients with HCAs completing ECGs, observations, plastering and some dressings.
 - **Additional GP rota fill** funding over Christmas / NY period which last year resulted in 100% rota fill across both sites including bank holidays and weekends enabling the UCCs to support ED and see as many patients as possible
- **Rapid patient testing for flu** in hospital which will enable quicker confirmation of flu which has been proven to help control potential outbreaks and also help flow as patients whom would have been otherwise been isolated or put in a side room as a precaution, would no longer need this, therefore freeing up capacity.

- **Respiratory pathway development** will enable freeing up of COPD consultant and nurse time in hospital to develop an integrated pathway for COPD patients.

3.6.3 Reduction in Delayed Discharges

- **Additional capacity into community services**
 - **7 day community in reach into Hospital** to support 7 day working and an improved and integrated discharge patient experience between hospital and community and also support to the front door frailty team.
 - **Clinical Triage function within Bromley Healthcare Care Coordination (CCC).** All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead, referrals will be made based on patient need rather than by service. This will be aided by Oxleas and Bromley Well integrating into the CCC and support the vision of an integrated single point of access into community services.
 - **Urgent response capacity within community physiotherapy and occupational therapy teams** to enable early supported hospital discharge for patients needing ongoing therapy maintenance. The additional staffing will allow us to a faster urgent response route for therapies where required to ease winter pressures.
- **Additional capacity into all year round social services such as:**
 - **Intensive Personal Care Service** offering night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks (available for the full year).
 - **Fast Response bridging for Reablement providing** personal care within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.
 - **Deep clean / handyman service** providing quick efficient service to clean the home environment and move furniture etc. to enable care and equipment to be provided (available full year)
 - **Twelve dedicated Extra Care Housing Assessment Flats** available within 24 hours to enable patients awaiting longer term placements to step down from hospital back into the community. Three of the flats are dedicated Discharge 2 Assess step down beds.

3.6.4 Each scheme will have a robust monitoring and evaluation process ensuring that the agreed KPIs are delivered. The KPIs are noted in Appendix 1. For the King's College Hospital PRUH winter scheme spend please see Tab 3 'KCH PRUH' in Appendix 1.

4. POLICY IMPLICATIONS

4.1 A&E Delivery Board is responsible for the oversight and management of the Bromley System Winter Plan. For the first time Bromley has developed a truly integrated plan on how the whole system will work together to manage the significant additional pressures that we see throughout winter months to ensure Bromley residents are able to have access to the services they need. The Plan is essential in ensuring all partners are supporting the acute hospital so very sick patients that need hospital based care are able to be seen in a timely way.

5. FINANCIAL IMPLICATIONS

- 5.1 The CCG and LBB Winter resilience funding is part of the agreed Bromley Better Care Fund. King's Winter Resilience funding is part of their contracted baseline

Non-Applicable Sections:	Personnel and Legal Implications.
Background Documents: (Access via Contact Officer)	Not Applicable.

2019/20 CCG Winter Schemes

A & E Delivery Board:	Bromley
Completed By:	Clive Moss, Urgent Care Lead Bromley CCG
Total Budget:	£646,000

Winter Schemes						
Organisation	Scheme Title	Scheme Description	Scheme length	Estimated Cost	Expected Impact	Key Performance Indicator
Bromley Healthcare	Community in-reach in PRUH	Creation of a hospital based team of community clinicians to support the discharge process and front door frailty at the hospital. Working 8am to 6pm across 7 days a week	Oct-March	Part of Existing Community Contract with the CCG.	Having a community based clinician based in the PRUH will help facilitate a pull model of discharge as well as supporting the discharge process while new systems are embedded. This will build on the pilot scheme which has been in place since July 19 and has evidenced a positive impact on flow	Reduction Length of Stay Reduction in readmissions
	Clinical triage function within the Bromley Healthcare Care Coordination Centre	All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Includes initial project management support for three months to deliver UEC changes.	Nov-March	£164,500	Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead referrals will be made based on patient need rather than by service	Reduce ED attendances Reduce admissions for patients presenting to ED Reduce re-admissions Reduction Length of Stay Improved patient experience
	Telehealth monitoring	Implementation of the current telehealth system, a wearable armband that monitors patients vital signs and produces a live feed with alerts to a web based platform	Oct-March	£25,471	This would allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the CCC triggering a response from Rapid Response with any variation from baseline.	Reduce ED attendances / maintain people in own homes Improved patient experience
	Urgent response capacity within community therapy teams	Additional headcount in community occupational therapy and physio to facilitate a more urgent response for patients discharged from hospital over winter.	Nov-March	£66,176	Currently community physio and OT services are not set up to provide the kind of urgent response that is often required to facilitate a hospital discharge, waiting times have also acted as a deterrent for referrals from Primary Care. This additional staffing will allow us to set up a 2 day response route for therapies where required	Reduce re-admissions Reduction in waiting times Reduction Length of Stay Improved patient experience
	Additional Rapid Response Capacity to Primary Care	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call outs	Nov-Feb	£71,000	To support increase in demand for home visiting providing timely provision of visits to reduce demand on primary care and preventing escalation of need such as hospital admission.	95% Utilisation of ANP home visiting capacity utilised by GP Practices
Bromley Healthcare / Bromley GP Alliance	Weekend Dressing Clinic	Nurse Clinic 9-5pm Sat/Sunday for dressings to redirect patients who are being followed up in UCC or Ambulatory Unit. Will be aligned to BGPA dressing clinics run every weekday.	Nov-March	£17,480	Reduction in inappropriate attendances to UCC / follow ups to Ambulatory Unit.	Reduction in dressing appointments in UCC/Ambulatory.
Bromley GP Alliance	Additional GP Hub appointments	Providing additional hub appointments during key pressure times. Providing new Hub at PRUH for patients who require primary care type intervention who come to Urgent Care Centre or A&E. Weekdays 6-10pm / Weekends - 11am-5pm	Nov-Mar	£120,000	Increase in surges in UCC from patients coming after 4pm who could be seen in primary care setting. More people to be seen in primary care mitigating increase in UTC attendance. Reduce impact of surges on UCC - Reduction in 4 Hour Breaches - Reduction in ED Handover breaches	95% Utilisation of bookable appointments by UCC/ED 95% Utilisation of bookable appointments by GP Practices
BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and New Year period where previous years' there had been an surge in demand.	1st Dec-31st Jan	£13,838	More people to be seen in primary care mitigating increase in UTC attendance	100% rota fill
Greenbrooks	Floor Co-Ordinator pilot	1. A floor co-ordinator 6-10pm weekdays and Weekends to ensure flow is managed in PRUH UCC in times of increased attendance 2. Additional HCA cover in both UTC sites to add capacity over winter 3. GP Enhanced rates to ensure hard to fill sessions are filled in Dec-Jan.	Oct-Mar	£69,000	Maintain required performance during increased attendances. Reduction in Emergency Department attendances Reduction in admission Delivery of triage and 4 hour target Increased patient satisfaction over peak periods Ensuring complete rota fill across evenings and weekends to ensure more	98% Type 3 Performance
CCG	Winter Communications	Flu Advertising Campaign - Digital and Leaflets	All Winter	£3,000	Ensure patient uptake of flu vaccinations is as high or higher than last year. Ensure healthcare staff in the community are aware of the need to get vaccinated and how to get vaccinated.	5% increase in Patient / Staff Flu Vaccinations.
King's College Hospital	Respiratory rapid access	Consultant and nurse funding to support redesign of respiratory pathway between the community and hospital. Funding will include consultant and nurse time to design new pathway, along with time to support community colleagues with advice and guidance through winter for patients with respiratory needs.	Nov-March	£30,000	Similarly to the above we do not currently have rapid access to specialist respiratory advice in the community. By designing this it will not only enhance hospital discharge allowing for strong links to be set up with the PRUH respiratory team but will also allow for rapid access to those with a long term issue in order to prevent an admission.	Completion of pathway design.
	Near patient testing for flu	Near Patient flu testing to ensure side room capacity is only utilised when necessarily.	Nov-March	£20,000	Increase flow through hospital, freeing up side room capacity.	Reduction in side room utilisation for flu patients. Reduction in unnecessary bed moves
Total Spend				£600,465		

2019/20 Winter Schemes - DRAFT

A & E Delivery Board:	Bromley
Completed By: Tricia Wennell/Carol Brown	London Borough of Bromley
Total Budget: £1,047,540	

Winter Schemes										
Organsation	Scheme Title	Scheme Description	Cost	Expected Impact	Priority this scheme addresses	Timescale for Implementation	Key Performance Indicator	KPI Baseline	KPI Target	Lead Person and contact details
London Borough of Bromley	Intensive Personal Care Service	Night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks available for the full year.	£140,000	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19				Carol Brown
London Borough of Bromley	Fast Response/Bridging for Reablement	Personal care provided within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.	£19,840	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19				Carol Brown
London Borough of Bromley	ECH step down schemes	8 dedicated Assessment flats available within 24 hours with an exit stratgey	£182,000	Facilitate discharge and avoid re-admission or social admission	1 to 6	1st october 19				Carol Brown
London Borough of Bromley	Deep Clean/Handyman Service	Providing quick efficient service to clean the home environment and move furniture etc to enable care and equipment to be provided. Available for the full year	£30,000	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19				Carol Brown
	Staffing	Providing quick efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familier with the local area and Bromley procedures and processes. Available for the full year	£675,700	Facilitate Discharge and avoid admission to hospital and care homes. Mitigate significant risk in recruiting agency staff at short notice	1 to 6	1st october 19				Carol Brown, Alex Pringle, Jane Campbell, Ruth Wood.
Total Spend			£1,047,540							

2019/20 CCG Winter Schemes - KCH PRUH

A & E Delivery Board:	Bromley
Organisation	KCH PRUH
Completed By:	Elliott Ward
Total Budget:	In baseline £1m

Winter Schemes							
Organisation	Scheme Title	Scheme Description	Scheme length	Estimated Cost	Expected Impact	Key Performance Indicator	Lead and Contact Details
PRUH	Funded: Patient Flow Co-Ordinators:	Clinical Administration role to chase diagnostics requested & results, bridge to gap between ward teams and ToCB. Calling nursing homes, care homes etc to facilitate early return of patients. Ensure patient discharge checklists completed (eNDs, transport, D/C lounge notified, patient has keys, NOK informed etc). Posts attached to/ reports into Service Management Teams. Currently one post in operation, 2 to be added	6 months October to March	£33,100	Reduction in LoS. Based on current post holder = c200 YoY bed days a month across wards covered	YoY LoS on FlowCo Wards compared with non FlowCo Wards	Paul White paulwhite3@nhs.net
PRUH	Funded: RMN for ED	Safety: Dedicated RMN to support patients on a mental health pathway within the department	Commence business as usual from winter 2019/20	Winter only cost £58,000	Improved safety for mental health and other patients in ED awaiting assessment and/or bed	MH Datix in ED	Hannah Jackson hannahjackson1@nhs.net
PRUH	Business case: Weekend Inpatient MRI (funded pilot)	Weekend MRI lists	Commence business as usual from winter 2019/20	Winter only cost £58,000	Prevention of MRI diagnostic delays, including discharge dependent at weekends.	LoS MRI inpatient waiting list on Monday morning	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
PRUH	Paediatric medical staffing	Additional registrar to support early review of patients in ED	6 months October to March	£102,220	Reduction in wait for paedics specialty in ED during peak periods	Wait for paediatric specialist opinion	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
PRUH	Business case: Paediatric assessment unit (funded pilot)	Ambulatory paediatric service	Commence business as usual from winter 2019/20	tbc	Reduction in paediatric waits in ED and paediatric admissions	YoY paediatric admissions Pathway utilisation	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
PRUH	ED Expansion Business Case (to be considered October Investment Case)	Expansion of ED - fit to sit, resus.....	Commence business as usual from winter 2019/20	c.£1.5m capital c.£10k/month revenue	Reduction in ambulance handover delays, 4 hour breaches due to waits to be seen due to no confidential space to assess patients and improved patient safety	Ambulance handover delays 4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: HCA for ED waiting room	Safety: Dedicated HCA for waiting room to ensure repeated observations and basic care requirements met for patients who are experiencing prolonged waiting times	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost c. £30,000	Improved patient safety for patients in ED waiting area	Recording of repeated observations in timescales stipulated	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: Transfer team	Clinical support for transfer admitted patients to reduce delays to transfers due to waits for clinical support to porters	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £42,600	Improved ED flow	Ambulance handover delays 4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: PRUH ED B5 Float nurse	Based within majors but provide flex to help in subacute or an additional fit to sit nurse to help increase flow through these areas including; RAT, triage- early abx, fluids and obs etc in those who are waiting for cubicles	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £65,000	Improved ED flow through sub-acute, fit to sit and majors as required	4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: Additional ED shifts to meet ECIST decision maker recommendations	Senior clinical-decision maker to improve triage, to improve use of non-ED based medical and surgical pathways, and to reduce delays for first clinician. 12:00 to 20:00	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £120,000	Improved patient direction at ambulance front door	Wait to first clinician Utilisation of ambulatory pathways	Hannah Jackson hannahjackson1@nhs.net
PRUH	Business case: Churchill Ward Transition Team	Team of Health Care Assistants to support the discharge of patients from Churchill Ward into the community, providing care in patients' own homes after discharge and bridging packages of care.	If approved, start in winter as business as usual	Winter only cost £48,000	Reduction in LoS. 2017 pilot saved 136 bed days across 6 weeks for Churchill patients	YoY LoS for Churchill	Paul White paulwhite3@nhs.net
PRUH	Business case: Inpatient cardiology ACS Nurse	Expand current 5 day working to 7 days and cross cover for annual leave. Current service improves waiting time for ACS cases with quicker diagnostics and treatment	If approved, start in winter as business as usual	Winter only cost £34,000	More consistency to the reduction of LoS seen with current nurse from over 7 days for M8 and CCU to average 5 days or fewer.	YoY LoS for M8 and CCU	Paul White paulwhite3@nhs.net
PRUH	Business case: Inpatient cardiology support weekends (primarily echo-cardiography)	Improve waiting time for patients with suspected acute heart failure and valvular disease including infective endocarditis	If approved, start in winter as business as usual	Winter only cost £28,5000	Reduction in LoS for M8 and CCU	YoY LoS for M8 and CCU	Paul White paulwhite3@nhs.net

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