



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 13 October 2020

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis, Robert Evans, David Jefferys and
Keith Onslow

Non-Voting Co-opted Members

Roger Chant, Bromley Carer
Mina Kakaiya, Healthwatch Bromley
Francis Poltera, Bromley Experts by Experience
Vicki Pryde, Bromley Mental Health Forum
Vacancy, Bromley Safeguarding Adults Board

A meeting of the Health Scrutiny Sub-Committee will be held on **WEDNESDAY 21
OCTOBER 2020 AT 4.00 PM**

PLEASE NOTE: This is a 'virtual meeting' and members of the press and public can see and hear the Committee by visiting the following page on the Council's website:

<https://www.bromley.gov.uk/councilmeetingslive>

Live streaming will commence shortly before the meeting starts.

MARK BOWEN
Director of Corporate Services

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

A G E N D A

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

3 QUESTIONS

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Thursday 15th October 2020.**

Please note that all public questions will be answered by written reply.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 16TH JULY 2020 (Pages 3 - 16)

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

To follow

6 BROMLEY WINTER ASSURANCE PLAN 2020/21 (Pages 17 - 72)

7 UPDATE FROM BROMLEY HEALTHCARE

To follow

8 UPDATE FROM OXLEAS NHS FOUNDATION TRUST (Pages 73 - 78)

9 UPDATE FROM HEALTHWATCH BROMLEY

To follow

10 HEALTHWATCH BROMLEY - Q1 PATIENT ENGAGEMENT REPORT (Pages 79 - 102)

11 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (REPRESENTATIVES)

12 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING (Pages 103 - 108)

13 ANY OTHER BUSINESS

14 FUTURE MEETING DATES

4.00pm, Thursday 14th January 2021

4.00pm, Tuesday 23rd March 2021

.....

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 16 July 2020

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, David Jefferys and Keith Onslow

Mina Kakaiya and Vicki Pryde

Also Present:

Councillor Angela Page, Executive Assistant for Adult
Care and Health
and Councillor Diane Smith, Portfolio Holder for Adult
Care and Health

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

The Chairman led Members in paying tribute to all the Borough's residents who had died, either directly or indirectly, from COVID-19; those grieving for them; and all that had cared for them.

Apologies for absence were received from Justine Jones and Lynn Sellwood.

2 DECLARATIONS OF INTEREST

Councillor Jefferys declared that as a clinical volunteer he had been given an honorary NHS contract for the duration of the Coronavirus pandemic. This was currently on hold, but may be restarted.

3 QUESTIONS

No questions had been received.

4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB- COMMITTEE HELD ON 28TH JANUARY 2020

RESOLVED that the minutes of the meeting held on 28th January 2020 be agreed.

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites (“Site Chief Executive”) and Debbie Hutchinson, Site Director of Nursing – PRUH and South Sites, provided an update on the King’s College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that in addition to the PRUH, he was also the lead for Orpington Hospital, Beckenham Beacon and the King’s College Hospital services delivered at Queen Mary’s Hospital – Sidcup.

Reflecting back to late January, early February 2020 the Site Chief Executive noted the harrowing scenes in countries around Europe, of the profound and substantial impact of COVID-19. The approach of King’s College Hospital NHS Foundation Trust in response to the threat of the pandemic was to organise services with a view as to how bad the pandemic could be. There had also been a requirement to be very robust in formalised command actions, which were taken at the highest level of a national incident. It was acknowledged that there had not been a huge amount of permission and communication outside of the organisation.

The Site Chief Executive informed Members that there were around 510 beds at the PRUH, and from the 25th February 2020 the majority of these beds had rapidly been turned over from their standard use, to be COVID-19 response bed space. COVID-19 patients that had presented at the Emergency Department, had mainly required inpatient admission into acute and general wards, but there was also a number who required higher level care in high-dependency and intensive therapy wards.

Areas of the organisation, and its partners, had needed to change rapidly as part of its response. To increase capacity, other buildings on the campus had been utilised and the day surgery unit, which was on the PRUH site, had been linked by a protective tunnel to allow bedded patients to be transferred across the car park with dignity. A number of services had also been moved out of the PRUH site, to create additional capacity and protect vulnerable patient groups. This had included moving the ophthalmology outpatient’s department to Queen Mary’s Hospital – Sidcup, to allow this space at the PRUH to be used as part of the COVID-19 response. The capacity of the site had also been enhanced for other provision, and additional temporary mortuary capacity had been housed on the PRUH site over the last few months. This was used by the organisation, as well as partners across Bromley.

The Site Chief Executive advised Members that well over 1,200 patients had presented at the PRUH and South Sites and been admitted with defined (not suspected) COVID-19. Sadly, despite all their best efforts, over 240 patients

had passed away during the pandemic. King's College Hospital NHS Foundation Trust had collectively seen more COVID-19 patients than a number of hospitals across the UK, which was largely due to the local demographics of the PRUH and Denmark Hill sites.

The Site Chief Executive stated that he was incredibly proud of all his staff, who had responded beyond expectations to this national crisis – the quality of care, bravery and compassion shown had been phenomenal. The support shown by Bromley, as a community, had been astonishing and had allowed staff to provide the best care to their patients. It had also allowed the Trust to look after its staff, either working remotely or as care givers, as wholesomely as possible, offering welfare support and psychological support, for events that they had not been used to witnessing.

As the Trust moved into a recovery phase, and a return to 'normal', they intended to mainstream some of the rapid solutions to enhance the receiving and urgent care capacity. These enhancements were currently delivering an improved emergency care 4-hour standard performance. Since late April 2020, the PRUH and South Sites' 4-hour emergency access standard had been significantly higher, and on some days had been one of the best performances across London. The current rate for the month-to-date stood at around 95.5%, which reflected the continuation of robust care opportunities, as well as the changes made to respond to the pandemic.

In response to a question from a Co-opted Member, the Site Chief Executive said that within the organisation, sadly a small number of staff had passed away during the pandemic. It was not possible for the Trust to determine if those individuals were infected with COVID-19 in a hospital or care setting.

A Member asked for more details relating to the Recovery and Reset Programme for the PRUH, particularly in relation to the priority areas of cardiology and oncology diagnostics, and the availability of outpatients' appointments. The Site Chief Executive advised that as the country entered into the first wave of the pandemic, the Trust had been issued with regular and rapid directional instructions from Public Health England (PHE) and the Department of Health and Social Care (DHSC), regarding what services should continue, and which should be paused. Those that were required to be paused included endoscopy, which was also a diagnostic for cancer patients. The issues around accessibility were therefore due to national instructions, which the Trust were required to follow. Throughout the pandemic, the PRUH had continued to provide urgent and critical care for cancer patients, either being treated on site or at the designated centre for South East London. However, a sizeable and complex backlog had developed, particularly in endoscopy, echocardiogram and CT scan services. The majority of services were now in a 'near normalised' state, and an outsourcing contract had also been agreed with a local partner, who had additional capacity for the three services mentioned. A range of other clinical options (video, telephone and face to face) would also continue to be provided, but there was a need to recover the position of the diagnostic pathway.

In response to a question regarding preparations for a second wave of the COVID-19 pandemic, the Site Chief Executive said that the Trust had taken distinct learning out of their response to the first wave. They were extremely proud of their response to the pandemic, and it was considered that they would not have done much differently. Learning had also been taken with in terms of how environments of care could be escalated; how quickly intensive therapy beds could be made available; and how many could safely be staffed. There was now also detailed modelling regarding length of stay in hospital and medical interaction with patients. There would always be a level of risk and escalation, and a second wave would be more complex if it arrived during the winter flu season. This was recognised nationally, and the Trust was already being asked to give additional capacity to stockpile the resources needed for a second wave response.

In response to a question regarding the support given to NHS staff, the Site Chief Executive informed Members that the Trust had been conscious of the need to provide an enhanced offer of on-site welfare and support. There was a safe space to which care givers could go, have time to reflect and receive psychological and therapeutical support. The feedback from staff had been extremely powerful, and the Trust had permanently established 'welfare sites' at Orpington Hospital, the PRUH and Denmark Hill. Work was underway to design a memorial garden, which had been gifted by the owners of the PRUH hospital building and would be a private space for staff which provided a holistic and reflective environment. The Trust's occupational colleagues had also been working with the Oxleas NHS Foundation Trust to look at the long-term welfare offer for staff. It was felt that the Trust had responded rapidly, and that the value of the support offered had been recognised as an organisation.

In response to questions regarding care home testing and PPE, the Site Chief Executive advised Members that the Trust had been given distinct direction from PHE as to how they should augment their response to the pandemic. The information was received rapidly and was very extensive. At the outset of the pandemic, it was noted that UK-wide, patients had not been routinely swabbed on discharge from hospital, and this was equally the case in London. At a stage during the pandemic, the guidance changed from PHE, and all patients were required to be swabbed on discharge. The Site Chief Executive agreed that following the meeting, he would provide Members with the date that this guidance had changed.

With regards to PPE, the Site Chief Executive confirmed that at no point had the Trust run out of the required PPE to care for different categories of patients, during the pandemic – for example, a standard ward required staff to wear surgical facemasks, whereas on a COVID-19 ward a FFP respirator mask was worn. There had been challenges in terms of the purchasing and provision of PPE, and at the peak of the demand reserve levels of stock had been reduced. However, the Site Chief Executive highlighted that the Trust had a significant level of stock reserve, with 4.5 million facemasks available on site for its 13,000 staff.

A Co-opted Member noted that there was still some reluctance to access outpatient appointments and services and asked what was being done to reassure patients that there were precautions in place. The Site Chief Executive agreed that this was a challenge, but as mentioned previously, the majority of services were now available and accessible to patients. However, they were finding that a number of patients were not wishing to shield prior to elective operations, or had difficulty getting the required pre-swab, and less to do with patients having a fear of coming on to the site. The Trust was responding to this by providing an embedded information leaflet with all correspondence to patients, advising of the safety precautions being taken. The number of access points on the hospital sites had been restricted. On arrival, everyone was asked to sanitise their hands, and they were provided with a surgical facemask to wear. The corridors of the hospitals were marked out with two metre distancing, and divided into left and right flow. The number of seats in waiting areas and general footfall had also been reduced substantially, and a range of telephone and video consultation options were available to patients if they were still reluctant to come to the site.

The Portfolio Holder for Adult Care and Health thanked the Site Chief Executive and all his staff for their amazing work, on behalf of the residents of Bromley. The Portfolio Holder for Adult Care and Health noted that there had been a requirement for the Local Authority to increase expenditure during the pandemic to ensure residents were supported, and enquired if the Trust felt they had received the support needed from central government; and for an update on the current financial position of the PRUH. The Site Chief Executive stated that at no point had there been any restrictions on the ability to spend money to provide the necessary response to the pandemic. The DHSC had eased financial restrictions to ensure that it was possible to provide the care needed to every patient. However, there were now some challenges with all NHS organisations moved on to a block financial position. Currently there were no concerns regarding the financial position of the PRUH and South Sites, however there was a shortfall of expenditure due to complex accounting. There was no financial hardship being experienced as a result of their response to the pandemic, and no evident financial challenge as they moved into the recovery phase.

The Chairman extended her thanks to Jonathan Lofthouse and Debbie Hutchinson for attending the virtual meeting of the Health Scrutiny Sub-Committee and providing full and honest answers in response to the questions from Members. The Chairman asked that the Site Chief Executive relay the thanks of the Sub-Committee to all his staff.

6 HELP US, HELP YOU PILOT (CCG)

Dr Angela Bhan, Borough Based Director – South East London Clinical Commissioning Group (SEL CCG) provided an update on the ‘Help Us, Help You’ pilot.

The Borough Based Director – SEL CCG informed Members that 'Help Us, Help You' was the term given to a way of using the NHS 111 service. It was noted that the service had previously been called 'Think 111', and its name was expected to change again. 'Help Us, Help You' was a new campaign by NHS England and NHS Improvement, geared around providing same day and emergency care.

As mentioned by the Site Chief Executive – PRUH and South Sites, the PRUH had recently been functioning incredibly well around the 4-hour target and there was an intention to not return to having crowded waiting rooms as this would help to manage patient flow. They were also conscious that a second wave of COVID-19 may occur at the same time as the worst winter pressures, and possibly an outbreak of flu. During this time, they would need to try and protect patients and staff and lower the potential risk of infection.

Attendances at the A&E department and the Urgent Care Centre (UCC), during the pandemic had been 35% lower than at January 2020. However, a gradual increase in attendances was starting to be seen, and there was a need to ensure that the right services were available in the right place, at the right time. The 'Help Us, Help You' campaign encouraged callers to ring 111 to be assessed by a clinician, and then directed to A&E or the UCC by appointment. It was emphasised that this service did not cover those that required help straight away, and they would need to dial 999. The 'Help Us, Help You' service was for people of low risk, assessing the right place for them to get treatment and, for those requiring it, an appointment would be booked at the site they needed to visit. For residents that were shielding, their information would be sent electronically to the UCC or A&E so they were aware if a patient was particularly vulnerable. There was also the potential to be booked to attend the Same Day Emergency Care Unit, which would offer diagnostic tests, and avoid the need to sit and wait in an A&E department. For patients experiencing a mental health crisis, there was also a pathway to improve access to mental health services. The other element of the 'Help Us, Help You' service was to book more patients in directly to appointments with their GP.

The pilot was not yet being run at the PRUH, but several pilots of the service were being run across South East London – Lewisham Hospital, King's College Hospital, Queen Elizabeth Hospital and a standalone treatment centre in Erith. It was noted that the pilots were on going, and it was likely to be an early rollout of what would be implemented. It was stressed that having direct bookings into a patient's GP surgery would help to improve access into primary care.

The Chairman thanked the Borough Based Director - SEL CCG for her update on the 'Help Us, Help You' service.

7 UPDATE FROM OXLEAS NHS FOUNDATION TRUST

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust (“Associate Director”) and Lorraine Regan, Service Director – Oxleas NHS Foundation Trust (“Service Director”) providing an update on the impact of the Coronavirus pandemic.

The Service Director advised Members that the Oxleas NHS Foundation Trust had very much been in ‘command mode’ during the pandemic, and an instant command centre and clinical senate had been established. The governance structure of the Trust had changed, with the executive teams taking part in daily phone calls, and the sending out of bulletins to staff three times a week. The importance of frequent communication with teams had been recognised early on, as staff were understandably anxious.

A PPE hub had been established extremely quickly. The Trust had not been in the position of supplies running out, but there had been a couple of times when stock levels had been low, and mutual aid had been provided by other London hospitals. The implementation of PPE had followed the national guidance, and a steer was given as to how it should be used in mental health settings. It was noted that the PPE experience of mental health staff was quite different – they were not used to working in an environment where PPE was usual, and they had responded remarkably well. The Service Director informed Members that there had been daily monitoring of the workforce, allowing them to have a clear idea of how many staff were off due to COVID-19, and redeployment opportunities were provided to protect vulnerable staff.

The Associate Director informed Members that in terms of community services, work had been undertaken to risk stratify caseloads. This ensured that those service users needing to be seen face to face, whilst minimising this where possible to protect them. They had also worked to maximise the use of other methods of contact, including telephone and video calls with service users. It was noted that, overall, this had been well received by services users, and the ease of access had reduced the incident of appointment ‘no shows’ during the pandemic.

Essential contacts, either via home visits or within their offices, were carried out adhering to social distancing regulations, and PPE was used in line with the guidance received. As a large number of service users were being seen remotely, fewer were visiting the offices for their appointments, which allowed a safe space to be provided. They had also been able to maintain essential clinics for those service users requiring injections and blood test monitoring. These had been managed by providing service users with timeslots at points when there was the fewest amount of people in the building, allowing them to be seen quickly, and leave.

The Associate Director advised that where possible, partial assessments had been undertaken remotely, doing as much as they were able to so that a backlog of patients did not build up. They were now in a position to just complete the face to face elements of the assessment, and this would

commence as soon as was practically possible. It was noted that at the start of the pandemic, not all the required IT set-up had been available to deliver easy remote working for staff, however the laptops and access points had subsequently become available very quickly. Home working was now established, and the Trust would be well prepared if there were to be a second peak, and the need for remote working.

With regards to inpatient and mental health liaison services, the number of beds for mental health usage had been reduced during the pandemic. This was to minimise the number of people in a close environment, as well as the risk of transmitting COVID-19. There had been system-wide thinking and releasing bed availability meant that it could be used across the local health care system. There was high level involvement in admission decisions, to ensure that the most appropriate admissions were made. Those service users that were felt able to cope at home were not admitted and were instead provided with support from the Home Treatment Team. The bravery and commitment of these staff to continue to deliver this service was highlighted.

The Mental Health Liaison Team had provided support to the A&E department and wards of the PRUH. During the pandemic, iPads had been utilised by the team to carry out remote assessments of patients on the wards, which was a new and effective approach. For those that had not been able to utilise this, PPE had been worn where necessary to undertake face to face contact. Daily senior management video calls had also been undertaken with colleagues at the PRUH regarding the A&E department and levels of demand – these would continue as they had been extremely effective. Throughout the pandemic there had been a reduction in footfall, which was thought to be an impact of the media and government warnings around not attending hospitals unless necessary. There had been a reduction in March and April, which was followed by an increase once the government guidance changed. However, it was noted that there had not been an unmanageable swell.

The Associate Director highlighted that they had utilised the 'attend anywhere' appointment platform for psychology, which allowed service users easier access to their outpatient appointments with consultants and medics. This was an offer provided as a result of the COVID-19 pandemic which would be taken forward following its success. Specialist psychology and mental health nursing had also been provided on site at the PRUH for their staff, which could also be accessed by LB Bromley staff. This had been welcomed by them and was felt to be very effective and showed the joint thinking across the partner organisations.

The Service Director emphasised that throughout the pandemic the referral pathway had continued, but at a slightly lower rate, which had allowed some of the backlog of cases to be cleared. More staff were returning to the team bases in a controlled way, with environmental and individual staff risk assessments being carried out. Most staff were working on a rota basis, with some days working from home and others in the office. It was expected that staff would remain working like this until at least the end of the year.

A Member highlighted the use of online remote psychotherapy and psychology, and asked if service users had found this beneficial, and if there was likely to be continued demand. The Service Director said that the feedback received had been really positive, and some cohorts of the service user population, particularly young men, had engaged much better through this remote service. It was noted that they were aware that this did not work for everyone, and extra safety measures were put in place for those that were not able to engage with this technology. The Associate Director said that there had been a variety of feedback, some of which had shown that older adults may have had more difficulty in engaging in this way. It would however add to, and strengthen, the choice of services on offer to patients, which was a positive outcome.

In response to a question, the Associate Director said that if a service user had issues with digital access, it would be included as part of their care plan. Due to the pandemic, it had not been possible to undertake a large-scale mapping exercise of caseloads, but learning would be taken from this period.

The Chairman led Members in thanking Adrian Dorney and Lorraine Regan for their presentation to the Sub-Committee.

8 UPDATE FROM BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) provided an update on the COVID-19 response by Bromley Healthcare.

The Chief Executive Officer noted that she was lucky to have a fantastic team who, overnight, had risen to the challenge of providing care that they never would have expected. Around 30% of the organisation had been repurposed, with non-essential parts of the service being paused. The skills of these staff members had been looked at, to ensure best fit into a COVID-19 team, and some Care Co-ordination Centre staff had even trained as Health Care Assistants and phlebotomists. The finance team had manned the PPE stock room, and HR staff had been answering calls to the hotline. Executive staff had also been involved, undertaking swabbing and antibody testing. The feedback received from this had been extremely positive, and the cross training had allowed a greater understanding of what other team did – some staff members did not want to return to their roles and would instead retrain in the nursing arena.

The Bromley Community COVID Monitoring Service had been set up in two days and had been established in collaboration with the SEL CCG and GPA. This repurposed community matrons, respiratory nurses, consultant paediatricians and local GPs, who accepted referrals for patients with suspected COVID-19 from the 111 service. They responded within two hours to provide support and daily calls were made to the patient. At the peak of the pandemic, this team was undertaking 100 daily calls, and overall had received 3,000 referrals. The team had also recorded all the clinical information on a

daily dashboard, to display what was happening within the service. This provided a safety net, to ensure that patients received their daily calls. Over the last few weeks, the Community Matrons had contacted around 10% of patients that gone through this service to gain feedback – 95% had said they had felt supported, and some lovely comments had been received.

At the beginning of the pandemic, the main concern had been to ensure that all vulnerable patients were able to be seen. There was an increase in hospital discharges, plus a number of new team members, with a range of competencies, following their redeployment into other teams. It was therefore thought to be safer to bring forward the roll out of the Malinko Auto Scheduling Tool. This system allowed the competencies of staff to be matched with the intervention required to be undertaken. It also minimised travel time and ensured that visits happened at the right time. Nurses had been provided with laptops to view GP records during visits, and smartphones to inform patients if they were running late. The aspiration was that by the end of the financial year, patients would be provided with time slots for appointments.

The Single Point of Access (SPA) for discharge had been established with the SEL CCG and Local Authority and was run by repurposed nurses and therapists who looked after patients on a number of different discharge pathways. There was a single phone number for the hospital to call if they wanted to discharge a patient from any of their wards, and they would speak with a clinician regarding the best wrap around care. 800 discharges had been made via this service, and since the end of March 2020 there had been a reduction in the length of stay in hospital beds. It was noted that many within the Bromley Healthcare team did not feel as though they were moving into recovery as they were busier than usual with 75,000 face to face and home visits, and over 30,000 virtual appointments, being carried out. Each team lead had been using the Zoom virtual meeting platform to meet with as many of their team members as possible to reflect on the COVID-19 response. Teams had also been asked to draw up their restart and escalation plans.

The Chief Executive Officer noted that one positive to come out of the pandemic was that Bromley Healthcare had moved their transformation programme forward from twelve to three months. It was emphasised that the 0-19 service was still on track and would be mobilised from 1st October 2020.

In response to a question from a Member, the Chief Executive Officer said that Bromley Healthcare did everything it could to retain its student nurses. In March 2020, 14 nurses had joined, inductions had taken place, and they were working within the Bromley Healthcare teams. Twice a year, newly qualified Band 5 nurses undertook a 12-week face to face readiness programme to build competencies. This was an attraction, and through word of mouth there was more and more interest in this scheme.

A Member expressed his thanks and admiration to the Bromley Healthcare staff. It was noted that an extremely impressive report had been provided to the Sub-Committee, which highlighted the excellent work they had undertaken. In response to a question regarding how Bromley Healthcare

staff had worked with Local Authority social workers, the Chief Executive Officer said that the SPA was a good example of this. As patients were discharged from hospital through the SPA, they were given a care package and Bromley Healthcare therapists visited to undertake welfare checks. From this work, 30% of the checks highlighted a need for a change to the equipment provided, which the therapists were able to do.

A Co-opted Member noted that part of the information relating to the Bromley Community COVID Monitoring Service mentioned anxious patients being referred to Bromley Talk Together, and asked how long patients had to wait to access this support; the nature of the support; and how long the support had lasted. The Chief Executive Officer advised that patients calling the monitoring service were often very anxious. Their details had quickly been passed on to the Bromley Talk Together service, for which there was no waiting list for support. A staff line was also providing support. Around 10,000 consultations had been undertaken – 30% had been via Zoom, and 70% via telephone or other means. Recovery rates from the service were very good and had been at around 60% during the pandemic.

The Chairman led Members in thanking Jacqui Scott for her update regarding the work of Bromley Healthcare, and reinforced the Sub-Committee's appreciation for the work undertaken.

9 UPDATE FROM HEALTHWATCH BROMLEY

Mina Kakaiya, Operations Manager – Healthwatch Bromley provided an update to the Sub-Committee regarding their services during the Coronavirus pandemic.

The Operations Manager informed Members that during April, two part time Project Officers had been recruited by Healthwatch Bromley. In line with government guidelines and social distancing measures, the face-to face engagement model for Healthwatch services had been adapted. The core offer of patient engagement during this period had included:

- Fortnightly online Zoom sessions for the community, individuals, and local groups to share their experiences;
- Providing a Whatsapp Information and Signposting service to enhance the phone, email and website offer;
- Regular website news updates (from PHE and NHS England) and a specific COVID-19 information page had been set up;
- Increased social media platforms to share key messages, provide information and signposting and support local health and care partners in reaching wider audiences;
- Promoting the patient experience programme; and
- Promoting the Bromley COVID-19 Volunteer Hub.

Other core service functions had included work being undertaken on the Quarter 4 Monitoring and Patient Experience Report. In total 467 patient experiences had been received, but work had been halted on the 15th March

2020 due to COVID-19 pandemic. However, the Autism Care Pathway Report 18+ had been completed, and would be published shortly, as had the Healthwatch Bromley Annual Report 2019-2020.

The Enter and View Programme for Quarter 1 had been put on hold, and discussions with commissioners would take place to consider how this would be taken forward in Quarter 2. The research study on domiciliary care had also be put on hold, however a deep dive regarding adult mental health services was planned. In relation to patient experiences, the Operations Manager noted that reviews had been obtained from online platforms including relevant NHS and care home websites. For Quarter 1, 300 views had been captured, however they had not been able to meet their target of 600.

The Executive Assistant for Adult Care and Health asked for more details regarding the number of residents and charities that had engaged in the Zoom sessions. The Operations Manager advised that of the 82 participants, 21 had been residents; 42 were charity representatives; and 19 were Local Authority representatives. It was agreed that the Operations Manager would provide further breakdown of these details to the Executive Assistant for Adult Care and Health following the meeting, and a revised report would be circulated to Members.

The Executive Assistant for Adult Care and Health also asked for clarification of the number of enquiries that were made about lack of access to housing support and housing benefit and how these were taken forward. The Operations Manager advised that this feedback had come out of a Zoom session, referring to two clients with mental health issues and the barriers to accessing the online form and applications. However, more support regarding this had been provided.

The Portfolio Holder for Adult Care and Health noted that it would be helpful to receive further clarification on some of the statements made in the Healthwatch Bromley report, to put them into context. It was agreed that the Executive Assistant for Adult Care and Health would take this forward with the Operations Manager – Healthwatch Bromley.

10 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

A Co-opted Member asked if the Sub-Committee would be receiving an update on the Bromley Joint Mental Health and Wellbeing Strategy 2019/20-25. The Chairman noted that this sat with the Adult Care and Health Policy Development and Scrutiny Committee, but she could see no reason why a report of these discussions could not be provided to the Sub-Committee. It was agreed that this would be added to the work programme for 2020/21.

A Member asked when the work programme items marked as 'to be scheduled' would be brought to the Sub-Committee. The Chairman said that this would be discussed with partners, and proposals would be brought back at a later date.

RESOLVED that the work programme be noted.

11 ANY OTHER BUSINESS

There was no other business.

12 FUTURE MEETING DATES

4.00pm, Wednesday 21st October 2020

4.00pm, Thursday 14th January 2021

4.00pm, Tuesday 23rd March 2021

The Meeting ended at 5.49 pm

Chairman

This page is left intentionally blank

Report No.
ACH20-064

London Borough of Bromley

Decision Maker: Health Scrutiny Sub-Committee

Date: 21 October 2020

Title: Bromley Winter Assurance Plan 20/21: Update

Contact Officer: Clive Moss, Senior Commissioning Manager (Urgent and Emergency Care)
Integrated Commissioning , Bromley Clinical Commissioning Group
Tel: 07864 969 693 E-mail: clive.moss@nhs.net

Ward: ALL

1. Summary

Last year the Bromley System Winter Plan brought together a single view of how the local health and social care system would proactively manage additional demands felt throughout winter. This year, in addition to winter, the Plan also provides a response to the likely Covid-19 2nd wave as set out in the NHSE/I, 3rd Phase NHS Response letter on 31st July 2020. The Plan and associated activity has never been so important as we enter, what is likely to be the most challenging times for the health and social care economy on record.

Alongside the Plan which highlights arrangements, risks, mitigations and governance is the agreed additional funded activity through the CCG, LA and King's. Furthermore, the Department of Health and Social Care (DHSC) have requested confirmation by 31 October of a LA Winter Plan, which is being finalized locally building on the elements highlighted within the ONE Bromley SYStem Winter Plan.

2. Reason for Report going to Health Scrutiny Sub-Committee

The Committee are requested to review the ONE Bromley System Winter Plan 2020/21 and associated activity providing scrutiny to the proposal, risks and mitigations.

Throughout winter, the Health Sub-Committee are requested to support and challenge the local system to ensure the elements included in the Plan are delivered and the local system works together to respond to the challenging seasonal demand..

3. **SPECIFIC ACTION REQUIRED BY HEALTH SCRUTINY SUB-COMMITTEE AND ITS CONSTITUENT PARTNER ORGANISATIONS**

The Committee is requested to

- Review the draft Bromley System Winter Plan 2020/21 as provided in Appendix 1, providing comments and challenge to the Plan

- Consider and comment on the proposed CCG and London Borough of Bromley winter schemes as provided in appendix 2
 - Review and comment on the attached winter communication plan, specifically regarding FLU and comment in the Winter campaign leaflet.
-

Financial

1. Cost of proposal: Budget via BCF - £669k (CCG) £1,064k (LBB)
 2. Ongoing costs: Not Applicable
 3. Total savings: Not Applicable
 4. Budget host organisation: LBB/ CCG/ King's
 5. Source of funding: BCF funding for LBB/CCG spend only.
 6. Beneficiary/beneficiaries of any savings: N/A
-

Supporting Public Health Outcome Indicator(s)

Yes

- 4.11 - Emergency readmissions within 30 days of discharge from hospital
 - 4.13 - Health related quality of life for older people
 - 4.15iii - Excess winter deaths index (3 years, all ages)
 - 4.15iii - Excess winter deaths index (3 years, over 85)
-

4. COMMENTARY

4.1 Bromley System Winter Plan 2020/21 (DRAFT):

The full draft plan is included in Appendix 1A is supported with the funded Winter Resilience Schemes, included as Appendix 1B. The *Staying Well This Winter 2020/21* draft patient leaflet is attached (being finalised for print by the end of October).

This plan has been considered and reviewed at the Bromley A&E Delivery Board and will be submitted to SEL Urgent and Emergency Care Board for review. This approach includes coordinated planning for and management of winter pressures, and other periods of enhanced demand on the health and care system. The Board is facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's and London Ambulance Service and Bromley Third Sector Enterprise. The plan is aligned with One Bromley Recovery Plan which has been approved by the One Bromley Executive. The plans has been considered and commented on at the Bromley Health and Wellbeing Board and will receive final sign off following challenge from the Health Scrutiny sub-committee.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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.

6. FINANCIAL IMPLICATIONS

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

7. LEGAL IMPLICATIONS

There are no legal implications

8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

The Bromley A&E Delivery Board will provide operational oversight over the schemes and the winter plan. Bromley has developed this integrated plan detailing 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, including a potential 2nd wave of Covid19. 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.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

This page is left intentionally blank



Bromley Whole System Winter Plan 2020/21

DRAFT

Version control

Date	Responsible person for changes	Version	Status
11.09.2020	Clive Moss – Urgent Care Lead	v0.1	To Bromley A&E Delivery Board on 14 th September for initial review
21.09.2020	Clive Moss – Urgent Care Lead	V.02	To One Bromley Executive on 21 st September for further comment.
30.09.2020	Jodie Adkin	V0.3	Including HWBB comments and input with further expansion of LBB Winter plan requirements

Document Maintenance

Document Name:	<i>Bromley Whole System Winter Assurance Plan</i>
Author:	Clive Moss – Urgent Care Lead – Bromley CCG
Plan Owner:	NHS South East London CCG (Bromley)
Agreed / Ratified	Bromley A&E Delivery Board
Issue Date:	01.10.20
Review Date:	01.03.21

Control

This a controlled document maintained by Bromley Clinical Commissioning Group

1. Executive Summary

Over the past few years, the local health and social care system has felt the 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 needs challenged by seasonal presentations like Flu and norovirus. The additional pressures on the health and social care system, which are primarily from older and frail people, during the winter months presents a challenging landscape even more so with the impact of a potential Covid19 second wave.. Bromley wider health and social care system leaders have developed this plan to manage safely and effectively the additional pressures during this period. The plan is aligned with One Bromley Recovery Plan which has been approved by the One Bromley Executive.

This plan has been considered and reviewed at the Bromley A&E Delivery Board and will be submitted to SEL Urgent and Emergency Care Board for review. 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 NHS SEL CCG (Bromley), working in partnership with King's College Hospital, London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's and London Ambulance Service and Bromley Third Sector Enterprise.

Last year the Bromley System Winter Plan brought together a single view of how the system would proactively manage winter and address key areas e.g. preventing escalation of need, hospital admission and attendance, 7 day working, reducing stranded patients and providing early supported discharge; however this year will include parallel planning for a potential Covid-19 2nd wave set out in the 3rd Phase of NHS Response letter sent out by NHSE/I on 31st July 2020.

2. Background:

Throughout winter, significant pressure is placed on the health and social care system due to both surges in activity as well as challenges associated with managing seasonal presentations like flu and norovirus. Historically, a Bromley system wide health and social care Winter Plan has been developed, building on previous years activity and learning. This year, the Winter Plan is also required to parallel plan for a likely second phase of Covid-19. The Plan therefore outlines the winter planning proposals as well as responds to the national requirements as set out in the *3rd Phase of NHS Response* letter, NHSE/I, 31st July 2020 and those from Department of Health and Social Care Adult Social Care Winter Plan 2020/21 drawing upon the recommendations from the Social Care Covid-19 task force.

This plan was developed through the Bromley A&E Delivery Board, with input and assurance through the Bromley Health and Wellbeing Board and Bromley Health Scrutiny Sub Committee as well as oversight from the SEL CCG A&E Delivery Board.

The 2020/21 Bromley System Winter Plan has been developed in partnership with key stakeholders from the following organisations:-

- NHS South East London CCG (Bromley)
- London Borough of Bromley
- King's College Hospital NHS Foundation Trust (PRUH site)
- Oxleas NHS Foundation Trust
- Bromley Healthcare CIC
- Bromley GP Alliance
- Bromley Third Sector Enterprise
- Greenbrook Healthcare
- St Christopher's
- London Ambulance Service NHS Trust
- SEL CCG Surge Management Team

3. Activity and Performance Analysis – Winter/Spring 2019/20

a. Introduction

During Winter 2019/20, activity across the system mirrored previous years seeing an increase in demand from September through to March with a particular surge in activity from mid-December to the end of January. During winter 2019/20 PRUH attendances remained in line with previous years, however PRUH A&E all Type 4 hour performance decreased slightly from an average of 75% to 72% (See fig,1). Type 1 Performance was particularly low in December until mid-January. Analysis by the Trust showed, during this period, a 9% increase in Type 1 attendances and a 6.7% increase in Type 3 which contributed significantly to the performance challenges. Although overall emergency admissions for all ages were relatively stagnant as compared to the previous year, there was an increase in attendances (7.7%) and admission (6%) of over 85 translating into a 10.1% increase in occupied bed days from December to January. This has a significant impact on bed management, patient flow, and consequently 4 hour performance as well as being well documented about the detrimental impact a hospital stay has on the elderly frail population.

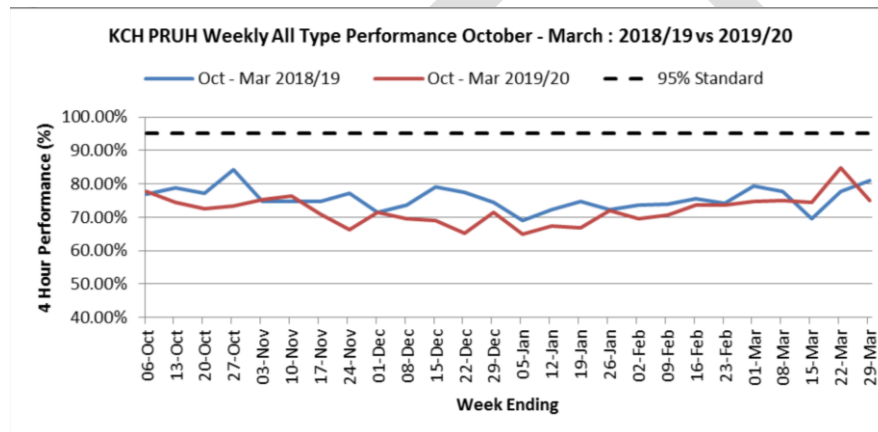


Fig 1. PRUH performance Winter 2019/20

PRUH A&E data throughout the winter period shows the highest presentations were for respiratory presentations, the significant majority of which were turned around at the front door or received a short stay intervention (less than 48 hour). Consideration of an alternative care pathway for respiratory patients could potentially achieve a significant reduction in admission and attendance avoidance.

To improve flow, the Transfer of Care Bureau undertook 'point prevalence' reviews of every patient on the wards who had a length of stay of over 21 days leading to a significant drop of 278 patients in the period of Dec-January as compared to 321 for the previous year. Further consideration to 'community based treatment' for people requiring prolonged hospital stay could further reduce the need for hospital based care.

Also positively, up until February 2020 (when NHSE paused the recording of statistics to focus outputs on supporting COVID-19 capacity), Delayed Transfers of Care (DTOCs) remained significantly below the 2019/20 national target (see fig 2.) and although performance was poorer than the previous year, Bromley remained one of the best performing boroughs in London. The implementation of the Discharge to Assess (D2A) approach for new clients and earlier referral to rehab pathways had reduced the DTOC for patients returning home. The longer delays remain for people accessing a placement from hospital which is still accessed through the traditional assessment model undertaken in hospital. Reducing Delayed transfers of care further remains a key priority to ensure patients are not remaining in a hospital bed longer than needed which is neither in the best interest of the patient (note well documented deconditioning as a result of prolonged hospital stay) or the system in terms of demand and capacity management.

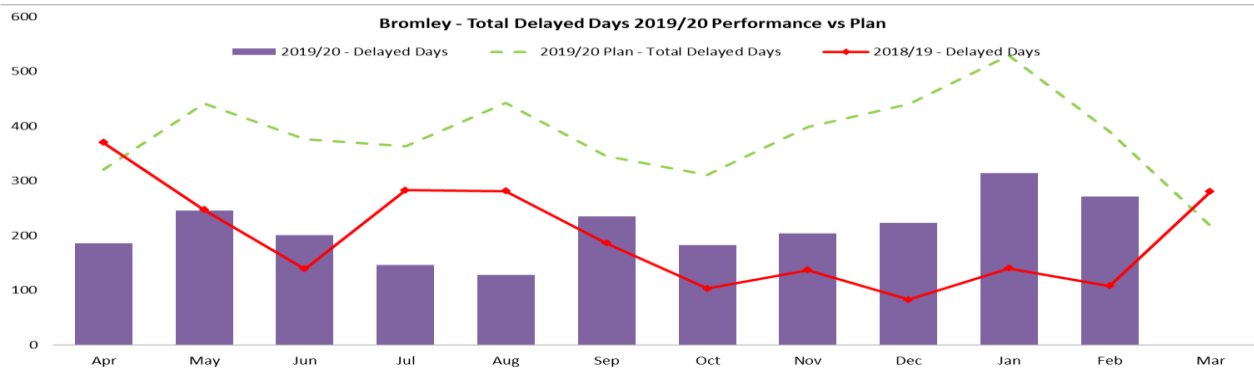


Fig 2 Bromley Total Delayed Transfers of Care 2019/20 performance vs 2018/19 and 2019/20 plan.

To support primary care over the winter period, the CCG commissioned additional capacity in the GP Hubs and additional staff in the community Rapid Response teams, to ensure patients could be seen in a timely manner. The Hubs saw an average of 97% utilisation across Bromley.

More generally, Bromley CCG had the highest Flu Vaccination uptake rate for over 65s of all London CCGs of 71.5% through good communications and engagement with patients from GP practices and local pharmacies, with support from the CCG primary care team.

Bromley Well continued to provide a responsive and flexible third sector offer with care homes and domiciliary care provider capacity sufficient to meet demand throughout the winter period. Attendances from care home continue to be higher with the average length of stay for this cohort higher than the non-care home group.

Although a formal review of winter didn't taken place at a system level due to prioritisation of supporting COVID-19 response, the additional capacity across health and social care commissioned throughout winter ensured a robust system response to an extremely challenging period. The increased workforce in key areas for example hospital Care Management, Rapid Response as well as access to primary care hub appointments, enhanced domiciliary care and timely placements responded to demand throughout the period. Strong escalation protocols meant the system was better able to respond to surges in activity and 'recover' from the challenges presented.

Recommendations for 2020/21 Winter:

- ✓ Further develop Discharge to Assess pathways to reduce the number of assessments of long term care and support needs taking place in an acute setting, resulting in a reduction in delayed transfers of care and improved outcomes for patients.
- ✓ Embed acute processes including RATTing in ED, direct to specialty referrals and Point Prevalence reviews as standard practice to ensure system flow is maintained through the hospital
- ✓ Consider an admission avoidance approach for frail elderly patients and those with respiratory conditions to reduce pressure on hospital based care throughout winter
- ✓ Maintain increased capacity across health and social care including workforce and community provision capacity

b. covid-19 phase 1 response

By March 2020 the phase 1 of the Covid-19 pandemic created a significant shift in activity across the whole system. Between April and June 2020, 10,532 people were tested¹ in Bromley of which 1512 were Covid-19+, 35% of which were hospitalised, compared to a national average of 20%. The death rate according to ONS data suggested 238 people dies in hospital, 72 in care homes, 17 at home and 7 in a hospice. The death rate in Bromley was believed to be higher than many other London boroughs due to the older population and higher number of care homes locally.

After national lockdown measures were implemented by the UK Government on March 23rd, initially, both Type 1 and Type 3 attendances, London Ambulance conveyances and general demand of services temporarily decreased. Type 1 and Type 3 activity has been steadily increasing since May with activity almost reaching pre-covid-19 levels by August.

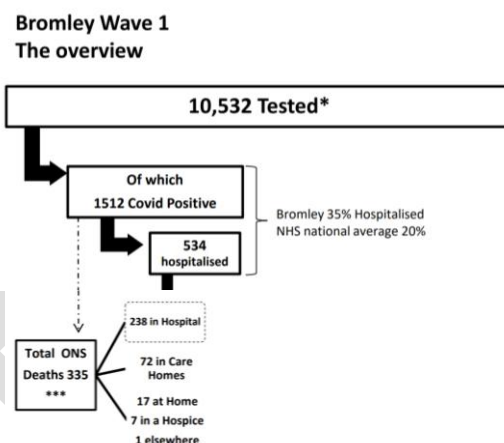
A community Covid-19 Management Service was set up through redeployed community health resource supporting over 1300 pts in the first 4 weeks with as many as 100 new patients referred at the peak. The service provided daily contact for unwell patients with a face to face visit, access to hot hubs for assessment and step up to acute care where required. Only 5% of patents managed by the service required acute based care. The model was deemed to be particularly successful due the proactive management of patients, daily contact and hot hub sites. Patients reported feeling more confidence to stay at home knowing they had a medical professional overseeing their symptoms management.

In Primary Care, Covid-19 has led to accelerated adoption of lots of valuable ways of working and technologies that were in the strategic plans to adopt in the longer term. This includes adoption of digital enablement to support telephone triage to balance GP practice footfall, estates pressures, inefficiencies in the pre-Covid appointment system and data sharing. Primary Care Networks in Bromley set up hot / cold clinic sites which has increased productivity and reduced demand on face to face contact which will be maintained.

In response to the *Covid19 Hospital Discharge Service Requirements* set out by the UK Government on 13th March, One Bromley mobilised the community led Bromley Single Point of Access (SPA), an integrated health and social care discharge infrastructure to support timely and safe hospital discharge via a single discharge route. The SPA uses a Discharge to Assess model with assessment of long term care and support needs taking place in the community following a period of rehab or recovery. 54% of discharged patients in the period did not require any support from community health or social care services with 38% requiring support around domiciliary care needs via a package of care (POC), 4% going to a bedded rehab unit and a further 4% requiring a placement.

With a concerted effort from all community services associated with hospital discharge, timely assessment of long term care and support needs ensured clients and patients continued to move through the system in a timely way, receiving the right level of the care at the right time and maintaining community capacity.

As part of the SPA infrastructure, elements of the community Rehab and Reablement services were brought together creating a single Rehab and Reablement pathway. As a result of economies of scale, as well as patients being discharge from hospital sooner therefore less deconditioned, length of stay in the service



P0: Home independent	1640	54%
P1: Home with POC	1167	38%
P2: Rehab beds	127	4%
P3: Placement	125	4%

¹ Note – testing results may be unrepresentative as comprehensive testing was not in place consistently throughout the first phase

reduced from 28.4 days in August 2019, to 19 in August 2020 with a 50% increase in the numbers of people able to access the services from 58 new patients in Aug 2019 to 111 in August 2020 (see fig.3). To note during March – June there was a decrease in referrals for Reablement and Rehab services thought to be due to the national lock down reducing the numbers of people requiring hospital admission and Covid+ patients often being too fatigued to initially engage in such activity. During this time the services redirected the resource to support Covid-19 patients who were previously independent and bridging care where the existing arrangement was not possible due to the restrictions of the pandemic, continuing to focus on achieving and maintaining independence.

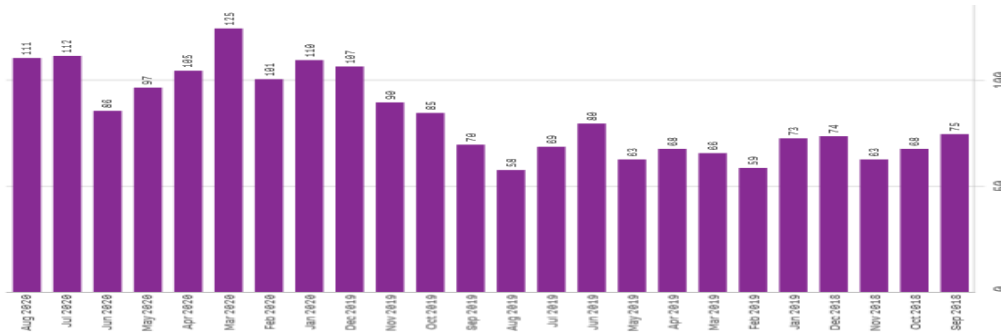


Fig 3. Referrals to Rehab and Reablement Pathway Sep 2019 – Aug 2020

The commissioning of dedicated Discharge to Assess (D2A) providers to support hospital discharge as well as wider market development and support has ensured sufficient community capacity to meet the needs of vulnerable clients throughout the first phase of the pandemic. Support to the sector around infection control, testing and managing the workforce in line with national guidance further supported maintaining a strong domiciliary care market. The advanced provider payment mechanism and timely distribution of infection control monies has supported the sustainability of the domiciliary care and care home sector throughout the period. As a direct result of the SPAs ability to facilitate same day hospital discharge, there has been no delayed transfers of care in the period with a 19% reduction in the average length of stay since April 4th (when the Bromley SPA was introduced), reducing bed occupancy to 384 beds with a release of 88 beds, which equates to approximately 4 wards’ worth of capacity.

A Welfare Call was introduced for all patients on pathway 1, seen at home by a community therapist within 48 hours of discharge to ensure safe and appropriate care in the transition from hospital. As a result, the PRUH readmission rate was 50% lower than the highest rate before welfare checks were initiated, enabling patients to feel safe and supported in their transition out of hospital. 45% of Welfare Calls required additional equipment, 24% an increase or decrease in care needs, 22% referral to rehabilitation services and 4% to voluntary and community sector support.

The combination of aforementioned system changes and positive improvements made in the ED and UEC delivery model, including increased senior decision making cover, effective streaming and patient management has resulted in the PRUH remained one of the Top 3 performing hospitals in London with an average 4 hour performance target consistently around the 95% and significantly better than previous years (see fig.4). Average length of stay at the PRUH reduced by 19%, since the introduction of the SPA, reducing bed occupancy to 384, releasing 88 beds, the equivalent of 4 wards worth of capacity.

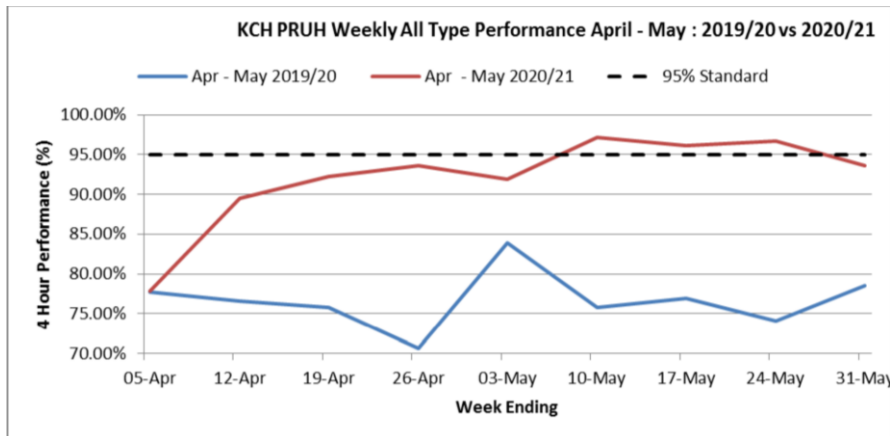
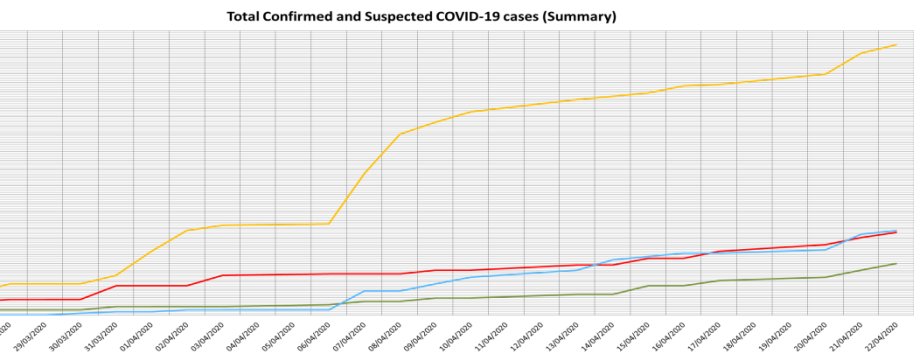


fig 4. PRUH all type performance April – May 2019/20 vs 2020/21

Effective end of life care was strengthened throughout the pandemic with an increased focus on proactive care planning for palliative and end of life patients. Confident in the workforce in having challenging conversations around ceilings of treatment and end of life planning improved drastically with more co-ordinated effort to ensure more people died in the most appropriate setting. Increased access to end of life specialist care in care homes resulted in significant improvements in the proactive management of, and delivery of end of life care for care home residents.

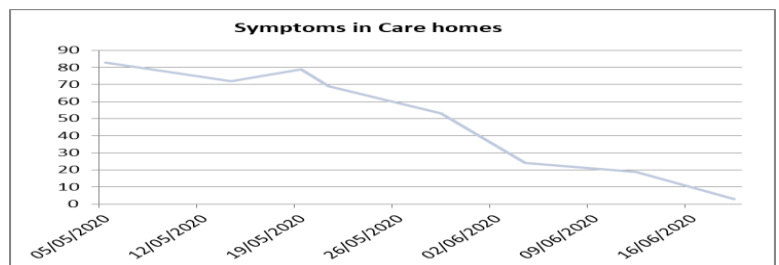
The Covid-19 first phase was particularly challenging for Care homes with the numbers of confirmed and suspected cases continuing to rise throughout the period. Throughout the pandemic there was exemplary



multi-professional working of CCG, LA and community health providers who responded to the needs of care homes reactively and proactively across clinical support, infection control and quality standards to maintain quality and safety in all settings. Bromley's proactive approach around full testing for all care home residents

and staff ahead of the national roll out, with excellent infection control training, information and advice via the public health specialists enabled better management of Covid-19 residents and reduced the spread of the disease with reported symptoms in homes steadily reducing from the peak in the middle of May.

The infrastructure around Care homes during the pandemic has been undertaken in a much more integrated and streamlines way across the LA and CCG which has led to excellent leadership and support being provided to the sector. Several areas of work have been fast tracked during covid19 including enhanced End Of Life (EOL) offer across homes, targeted and specialist infection prevention and control training and support delivered through Public Health and significant progress on pharmacy, medical cover and clinical leadership across LD and MH homes as well as further enhancements in elderly and frail through the Bromleag



Care Practice. Direct support from the Local Authority in PPE and responding too and supporting homes with daily challenges throughout the pandemic was very well received and is being further enhanced in preparation for a second phase.

Throughout the first phase of Covid19 the local system was quick to respond to and implement national guidance in a coherent and evidenced based way. The LA and CCG provided leadership, guidance and training to the provider market to ensure national guidance was shared with and implemented locally. Provider forums were used to support the social care provider market with a dedicated advice and guidance line provided 7 days a week with access to specialist advice and support. The local Public Health Team are a crucial and accessible resource offering bespoke guidance as well as reacting rapidly to any local outbreaks. Learning reviews are being implemented as we move into the second phase to further expand learning and recommendations on managing IPC.

The tactical Demand and Capacity Meeting which met on a weekly basis, was able to monitor activity closely and react to presenting pressure points of challenges in the system. Some key successes of the group include quickly mobilising an enhanced care at home offer to support hospital discharge and reduce social admission enabling a 'home first' ethos, and commissioning residential Covid-19 isolation unit. Led by the Integrated Commissioning Service, the meeting was a key oversight arrangement that responded to real time intelligence.

Bromley developed and led a large, successful volunteer programme which was used to effectively support the most vulnerable members of the community, including those who were shielded. The development of and use of technology to maintain access to services and increase productivity across the whole system has been a positive outcome of the Covid-19 pandemic and will be maintained wherever possible going forward.

Covid-19 has affected nearly every aspect of our daily lives. Never before have our health and care services faced such an overwhelming challenge, or had to respond and adapt so quickly. Our response to the pandemic has only been possible due to the hard work, resilience and commitment of every member of staff working in health and care services in Bromley. We have also been overwhelmed by the positive community response with hundreds of volunteers coming forward to support our most vulnerable residents. Working together as an integrated care partnership has enabled us to respond and adapt quickly to local needs.

Key successes and recommendations for responding to Covid-19 Phase 2:

- ✓ Maintain the Single Point of Access as the single discharge function to ensure no delayed transfers of care with more patients supported to be discharged Home First
- ✓ Build upon and strengthen the clinical and administrative support to care homes and domiciliary care providers to ensure resilience in the local market to meet future demand
- ✓ Maintain and build upon the Covid19 Management Service supporting wider vulnerable groups including those with respiratory illnesses as per the winter recommendations
- ✓ Maintain an effective local record and support infrastructure around vulnerable and shielded residents
- ✓ Continue the Demand and Capacity Monitoring working Group to track community capacity and react to presenting challenges as they arise, identifying and mitigating risk where possible
- ✓ Continue to deliver an effective Infection Prevention and Control offer across the whole system led by the local Public Health Team
- ✓ Ensure effective interpretation of national guidance, access to testing and infection prevention and control (IPC) to maintain system capacity and spread of infection

4. 2020/21 Winter Plan Aims and Objectives

The overall aim of the plan is to provide an overview of how the Bromley system will respond to seasonal demand and a potential second wave of Covid-19 at both a tactical and strategic level. Furthermore, the plan will support the local health and social care system to effectively manage winter pressures, and provide assurance to the SEL UEC Board, NHS England and Department of Health and Social Care (DHSC) as required.

Based on the data analysis and lessons learnt from previous years and Covid19 wave 1, the strategic objectives of this plan are:

- To ensure robust governance and escalation processes are in places to manage system surge, capacity and risk. Proactively managing system and market risk in line with statutory responsibilities
- Enhance system capacity through winter pressure monies in order to:
 1. Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure
 2. focus on supporting vulnerable groups to enable as many people to remain living as independently as possible in the community, with access to high quality, timely placements for those who need them
 3. Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1 through health and social care Collaboration
- Managing system pressures – Acute
- Managing system pressures – Community Services
- Maintaining service delivery and protecting the most vulnerable
- To prevent and control the spread of infection including delivering an enhanced flu Vaccination programme
- To provide oversight of the national and local winter communication campaigns that actively engage with the public to ensure the right services are used at the right times.

5. Ensuring robust governance and escalation processes are in places to manage system surge, capacity and risk. Proactively managing system and market risk in line with statutory responsibilities

Well established Surge management and escalation plans are in place across SE London and are managed through the SEL Surge Hub. Escalation plans are co-created by, shared with, and acted upon by all stakeholders within SE London including CCGs, Acute Trusts, Community Services, Local Authority and Mental Health providers.

South East London CCG asked providers to assure the SEL A&E Delivery Board of readiness (see Appendix 1 for a full summary from each provider) for Winter and Wave 2 focusing 4 key strategic areas:

1. Workforce and Leadership
2. Capacity and Demand
3. Seasonal demand
4. COVID Phase 2

Key risks identified through this exercise include sufficient acute capacity to meet need whilst also maintaining safe IPC processes due to physical space restrictions, maintaining the workforce across all providers in response to a potential outbreak and self-isolating policy implications and maintaining community capacity to support an increase in housebound and vulnerable patients. The overarching risks and mitigations are included in the below winter Plan Risk assessment and will be monitored throughout the period by the A&E Delivery Board, mobilizing escalation and mitigation plans where necessary via the ONE Bromley Executive

	There is a risk that...	Caused by...	Leads to...	Risk Owner	AIM (Accept, Ignore, Mitigate)	Local Action	Regional Action	National Action
1	Insufficient inpatient capacity to meet the expected demand levels for Physical health beds	Bed profiles due to Covid IPC arrangements and workforce constraints; slow flow through beds and longer LOS	Delays and queues with EDs; long ambulance handovers; block cubicles and potential for unsuitable corridor care, patient safety and unable to care for patients in actual care	KCH PRUH / Oxleas / Bromley SPA	M	1 Elderly frail ward relocated to Orpington Hospital to create additional Covid pending bed capacity on PRUH main site. Updated Infection Control protocols to support safe and effective flow. Continue to strengthen community capacity in order to maintain timely discharges, ensure timely testing to allow appropriate admission and reduce infection spread risk.		
2	Insufficient capacity to respond to emergency mental health crisis in ED	Physical space constraints; workforce challenges, Onward destinations not being available (beds, community provision etc)	ED Breach, unsuitable placement of care, increase staffing demands	KCH PRUH / Greenbrook / Oxleas / Bromley SPA	M	Further development of the MH crisis hub with increased community based care, further focused on home based care reducing demand for inpatient beds (24/7 Home Treatment Team). 1 ward remains closed at GPH to allow for potential system escalation if required. Development of mental health assessment unit at PRUH subject to approval and planning permission.		
3	Infection control measures may not be possible in ED and Urgent Care due to capacity and pace	Physical size constraints, Covid Swabbing delays for Admitted patients, increase in demand for non covid beds.	Delays and queues with EDs; long ambulance handovers; block cubicles and potential for unsuitable corridor care	KCH PRUH/ Greenbrook UTC	M	Strict streaming at UTC with symptomatic and Covid potential cases streamed accordingly or managed in their cars if possible. 111 Direct booking piloting at PRUH and Beckenham Beacon site to reduce walk-in attendance numbers.		

4	There will be staffing challenges across the system	Staff sickness, national policy on isolating including policy around schools and childcare	Significant risk in the safe running of key services, ability to deliver provision in a timely way	Providers / LBB	M	Community services identify most risky areas and ensure caseload risk stratification is in place for all provision identifying the highest risk patients who would require a visit and those that could be managed virtually or on a reduced visiting schedule. Borough wide approach to interpreting national guidance (Test and Trace NHSE letter 23/09/20) with Silver agreeing policy implementation Prioritisation of medical cover in ED and high risk areas. Rotas (winter) published 6 weeks in advanced with gaps identified		
5	There will not be sufficient bedded isolation capacity to enable hospital discharge whilst maintaining safe care home provision	Care homes not able to safely isolate newly admitted residents from hospital due to physical space, staffing and infection control space as well as individual approach to care home management	Delayed discharge of care, increase LOS, ED performance, deconditioning of patients, care home capacity and market sustainability	LBB / CCG	M	Block funded isolation resi beds in place, Demand and Capacity Group to monitor market sustainability and identify/block fund sufficient isolation capacity Consider repurposing wider capacity i.e. Bed based rehab and Orpington escalation wards in peak escalation		
6	Patients and Staff don't receive flu vaccinations in a timely manner	Inappropriate service delivery model for patients and staff to cope with expanded scope of programme; insufficient or untimely vaccine supply; confusion amongst communities about who is in scope for a vaccine	Poor coverage and health risks for our local population and staff increasing pressures on staffing resource (see risk 4)	Providers	M	SEL CCG leading a vaccination programme for all health and social care workers to receive their flu vaccine via local pharmacy - in recognition of office based flu clinics not being suitable due to working from home Primary care flu vaccination programme and provider programmes being mobilised and monitored closely Local bar code innovation to be used for all patients receiving their jab through primary care reducing physical inputting of data to increase time and reduce face to face contact delivering the most efficient vaccination programme possible		
7	Primary care and community services/sites unable to manage demands on their capacity	overwhelmed by Covid and wider winter related demands alongside Covid safe approaches, including booked-in services that were previously walk-in	Knock-on implications for other services such as crisis pathways/UTC/ED etc; less support for patients with LTC	Primary care/ CCG / Bromley Healthcare	M	Extension of Covid Management Scheme, introduction of the enhanced Respiratory pathway with additional resource to support community / primary care through winter funding.		
8	The most vulnerable clients will no longer be able to be cared for in the community under their current arrangements	Carer breakdown due to illness, capacity in domiciliary care providers to support increased demand or Covid+ patients	the most vulnerable patients being left at risk, increase in social admissions and inappropriate ED attendances resulting in additional pressure on acute based care	LBB	M	LBB supporting domiciliary care market to respond to and manage presenting demand as well as support Covid-19 positive patients. Risk stratification for all clients receiving domiciliary care to enable prioritisation of resources in the most extreme circumstances Enabling mutual aid between providers to support one another in the delivery of domiciliary care Demand and capacity oversight to be maintained by the Demand and Capacity Working Group		

a. Governance for Operational Management

The Operational Pressures Escalation Levels (OPEL) Framework is used to describe acute position and provides a standardized approach to grading and responding to current hospital pressures that can be reacted to by the whole system. The aim of the policy framework is to provide consistent approach in times of pressure, specifically by:

- Enabling local systems to maintain quality and patient safety
- Providing a nationally consistent set of escalation levels, triggers and protocols for local A&E Delivery Boards to align with their existing escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level (providers, commissioners and local authorities), by Directors of Commissioning Operations (DCO) and NHS Improvement sub-regional team level, regional level and national level
- Setting consistent terminology

The A&E Delivery board maintains strategic oversight and assurance of the local system against the plan. The ONE Bromley Executive will continue to provide Senior Executive leadership for local system delivery responding to emerging issues and operational challenges through integrated and coherent service delivery.

The strategic Demand and Capacity working Group, established during wave 1 through the LA Integrated Commissioning directorate, will continue to respond to and manage pressures or issues arising across the local provider market. Responsible for delivering against the Care Act requirements in the context of winter and a second wave, the Working Group will also be responsible for ensuring sufficient capacity and responding to, national legislation and guidance impacting on the local social care service delivery.

In addition, a Service Continuity and Care Market Review: a LA Self Assessment has been undertaken by the local authority to feed into the national DHSC, LGA and ADASS Autumn Review. The outcome of which will also feed into the Local Authority Winter Action Plan alongside recommendations from the Adult Social Care Task Force report. Emerging challenges from the self-assessment include

- No nursing isolation capacity currently commissioned
- There is sufficient capacity in the market however the cost and access to capacity may be a challenge
- Challenges in maintain the Workforce in light of national guidance.

Note: Formal recommendations from the self-assessment to be provided following completion on the 12th October

identified in the self-assessment are around sufficient nursing isolation capacity in care homes and maintaining the workforce in response to self-isolation and restrictions around cross placement working placed on care homes. Both issues will be picked up by the Demand and Capacity Working Group and developed as part of the LA Winter Plan.

The *Covid19 Hospital Discharge Service Requirements* requires local systems to identify an executive lead and local co-ordinator to oversee the implementation and delivery of the guidance. This has been agreed by the ONE Bromley Executive as:

Executive Lead – Sean Rafferty

Co-ordinator – Jodie Adkin

In addition a wider escalation roles and responsibilities are as follows:

Acute

- 1) Clinical Site Practitioners 01689 863810
- 1) Head of Discharge Team – Celia Rickwood, 01689 863077 celia.rickwood@nhs.net
- 2) Transfer of Care Bureau & SPA Service Manager – Matt Bourne, 01689 866171 matthew.bourne@nhs.net
- 3) Silver Command Officer – rotated so contact Hospital switchboard 01689

BHC

- 1) Head of Urgent and Community Response – Adam Royall, 07517 988222, adam.royall@nhs.net
- 2) Associate Director Urgent Community Response - Paul Drury, 07771934053, pdrury@nhs.net

LBB

Care Management

Team Leader hospital Care Management Team – Sharon Edwards, 07977005531, Sharon.edwards@bromley.gov.uk

- 2) Operational Manager for Early Interventions Services - Carol Brown, carol.Brown@bromley.gov.uk
- 3) Head of Assessment & Care Management Adult Services - Tricia Wennell, 0208 461 7495, tricia.wennell@bromley.gov.uk

Brokerage

- 1) Team Leader Dom Care Brokerage – Shilpi Batura, 0208 461 7773, Shilpi.Batura@bromley.gov.uk
- 1) Team Leader Care Placements Team – Mike Taylor, 0208 461 7926, Mike.taylor@bromley.gov.uk
- 2) Head of Service, Placements and Brokerage, Ruth Wood, 020 8461 7966

Commissioning

- 1) Head of Complex Commissioning – Colin Lusted, 020 8461 7650 colin.lusted@bromley.gov.uk
- 2) Head of Early Intervention, Prevention and Community services Commissioning, Kelly Sylvester, 020 8461 7653, Kelly.sylvester@bromley.gov.uk

Housing and Homelessness

- 1) Steve Habgood, Head of service Housing Improvement, 020 83134228. steve.habgood@bromley.gov.uk
- 2) Philip Dodd, homelessness lead Philip.Dodd@bromley.gov.uk 020 8461 7283

Oxleas

- 1) Grace Jon-Baptiste, Head of Social Care, 0208 836 8515, g.john-baptiste@nhs.net
- 2) Heather Reid, Locality Manager, Bromley Older People, 0208 629 4900, heather.reid8@nhs.net
- 3) Adrian Dorney, Associate Director, adrian.dorney@nhs.net

6. Enhance system capacity through winter pressure

Funding for CCG and LBB winter schemes is budgeted from the Better Care Fund, whilst King's schemes are funded internally via their core contract. NHS SEL CCG (Bromley), London Borough of Bromley (LBB) and King's College Hospital (PRUH site) have proposed winter resilience schemes that support delivery of the strategic priorities of the winter plan. Those strategic priorities are as follows:

- ✓ **Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure**
- ✓ **Focus on supporting vulnerable groups to prevent the need for hospital based care.**
- ✓ **Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1.**

In line with the strategic priorities, the following schemes have been agreed:

1. Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure

A) Additional capacity to support Bromley SPA (CCG)

As shown in the data analysis section previously, the SPA has successfully supported the acute to maintain good bed capacity through early supported discharge. Faced with potential additional demand this additional capacity would maintain and enhance the clinical triage and welfare check functions within the Bromley SPA to support timely hospital discharge and admission avoidance.

B) Additional capacity to support the Urgent Treatment Centre (CCG)

A scheme to focus on support for weekly evening surges and also to support implementation of 111 direct booking pilot across PRUH and Beckenham Beacon sites.

C) Additional capacity to support rota fill over Christmas and New Year (CCG)

Additional capacity for GPOOH over Christmas and New Year period where there has been consistent surge of activity during this period.

D) Additional Adult Social Care Capacity

Increased Care Management capacity across the Hospital Discharge and Adult Early Intervention Team (AEIT) due to the increased demand for Care Act assessments and support throughout the winter period. As well as additional Moving and Handling Risk assessors to respond to the increase in clients requiring double handed care and support to ensure promotion of independence through timely intervention and review.

2. Focus on supporting vulnerable groups to prevent the need for hospital based care.

A) Community Respiratory Management Pilot (CCG)

COPD and respiratory presentations are the highest reason for attendance during winter months, whilst also being particularly vulnerable to Covid19. The model would look to extend the successful Bromley Covid19 Management Service pathway to create a respiratory Community Management Service throughout winter.

B) Urgent response staffing provision in community therapy and rapid response teams to provide additional capacity to primary care to support patients in crisis

Additional capacity in the Rapid Access Therapy (RAT) and Rapid Response Teams, to treat patients who require a two hour response in their own homes to prevent a hospital attendance. The services mainly support primary care in the community to avoid hospital attendance, but can also support patients who

have attended ED to avoid an acute admission.

C) Frailty Care Navigators (LBB)

Expanding capacity in the Bromley Well offer e.g. frailty navigator, handy man, care navigators and emergency shopping to ensure as many vulnerable older adults can be supported to remain at home through a wrap-around offer of support. The service will specifically target those at risk of hospital admission due to social needs or to support timely discharge to reduce the risk of exposure to hospital acquired infections or deconditioning that can be particularly risky for this vulnerable group.

D) Rapid access: Assisted technology, home repairs, deep cleans and declutters (LBB)

To ensure a safe home environment allowing care and equipment to be provided at home to maintain independence for vulnerable adults LBB will provide timely access to deep cleans, decluttering and home repairs. In addition access to emergency assisted technologies to keep clients safe in their own home will be accessible. Historically, although for a small number of clients, both of these issues have created significant delays in discharge and a small number of social admissions.

3. Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1 through health and social care Collaboration

In addition to all of the aforementioned schemes which will also support Covid19 demand, as well winter pressures, the following specific areas are being developed

A) Nursing and Residential Home Isolation Unit for Covid19 patients post discharge

In line with national legislation the LA will work with the local provider market to commission dedicated Covid19 isolation units.

B) Jointly commission discharge support including care home capacity and domiciliary care is being proactively led through the LA. This includes delivering sufficient resource to enable timely hospital discharge and prevent admission as per national Guidance as per the successful approach adopted during wave 1. Dedicated D2A domiciliary care resource is in place alongside a joint contract for making care home placements under covid-19 funding.

7. Managing system pressures – Acute

We will

- ✓ Maintain and monitor performance around streaming from UEC to ED and specialities through Greenbrookes and overseen by the Urgent Care Commissioning Lead
- ✓ Mobilise 111 appointment system through Urgent Care to reduce inappropriate attendances and decompress waiting rooms supporting social distancing requirements
- ✓ Ensure patients are diverted to Same Day Emergency Care (SDEC) areas wherever possible through ED to decompress ED and ensure patients are seen in the right place at the right time by the right clinician
- ✓ Maintain screening at the front door of the hospital to manage infection control with entries to Covid secure areas e.g Chartwell, temperatures are taken on arrival and maintaining covid19 red, amber and green pathways
- ✓ Embed RATTing consistently for LAS conveyed patients to reduce the length of time in ED through senior rapid assessment and treatment for patients in ED
- ✓ Maintain Point Prevalence throughout winter across all adult wards to reduce LOS led by Head of Nursing for Quality
- ✓ Continue to build on better identification of EOL undertaking advanced care planning and identifying patients who are sick enough to die facilitating rapid discharge where appropriate led through the Trusts Palliative care team
- ✓ Provide live and close monitoring of site activity and performance responding and mobilising escalation in a safe and timely manner through Senior Site Practitioners overseen by Silver
- ✓ Ensure robust pathway for patients identified as EOL to access supported pathways into the community
- ✓ Utilise OPEL Framework and Full Capacity Protocol supported Action Cards for all key clinicians
- ✓ Roll out red to Green and SAFER to continue to improve patient flow and reduce LOS across medicine
- ✓ Continue to monitor and drive improvements through the Quality of Discharge Group joint chaired by the CCG and Head of Nursing for Quality
- ✓ Maintain early discharge planning lead by the Transfer of Care Bureau to maintain timely discharge
- ✓ Create a clear pathway for care home patients delivering effective communication and rapid discharge of patients back to their usual place of residency.
- ✓ Ensure Mental Capacity Assessments and Best Interest Decisions are still undertaking in line with legal requirements, even in the context of rapid decision making and discharge
- ✓ Maintain the Bromley single Point of Access (SPA) providing direct access to community health and social care discharge pathways through a robust D2A model overseen by the ONE Bromley Executive. Embed updated process and escalation routes for the undertaking of CHC and Care Act assessments to maintain flow and capacity through the pathway and within the 6 week funding period managed through weekly MDTs to allow early discussion post discharge of all patients assessment pathway

8. Managing system pressures – community

We will:

- ✓ Delivering on the local action plan developed jointly between CHC and Care Management to undertake all deferred assessments for patient discharged during phase 1 under covid19 funding
- ✓ Only undertaking statutory assessments i.e CHC and Care Act Assessments when absolutely necessary developing integrated pathways and Trusted Assessor arrangements to reduce the duplication in assessments and seamless transition of patients/clients between funding streams.
- ✓ Continue to maintain excellent partnership working delivering timely wrap around provision for people being discharged from hospital including community health services, social care, the third sector and housing.

- ✓ Continue to deliver on all elements of the Enhanced Health in Care home Programme led by the CCG including maintaining excellent clinical service delivery through the Bromley Care Practice and improving clinical oversight for LD and MH Homes as well as continuing to deliver enhanced End of Life Care rolled out in wave 1.
- ✓ Maintain improvements in the early identification and Advances Care Planning for end of life patients with discussions between individuals, their important networks and their multi-professional team supporting them. Increase the use of Co-ordinate My Care to ensure effective sharing of clinical care plans across organisations.
- ✓ Ensure robust end of life arrangements are in place in the community including access to appropriate end of life drugs 24/7 led by the CCG Medicines management Team
- ✓ Redeploy community health resources and embed principles of mutual aid as appropriate to ensure sufficient capacity to support the most vulnerable
- ✓ Create a single Rehab and Reablement pathway to achieve maximum capacity through economies of scale expanding the reach of the service to ensure as many people are supported to maintain and regain their independence as possible.
- ✓ Utilise the strong social prescribing network to provide proactive support for the most vulnerable clients and residents as identified across primary, community and social care
- ✓ Maintain all staff health and wellbeing provision mobilised during the first phase with senior executives regularly revisiting available options to maintain staff wellbeing across all organisations
- ✓ Re-start the Operational Covid-19 Catch-up call twice per week to allow real time communication and facilitate the bringing together of providers including links with the successful community sector offer locally.
- ✓ Continue to promote the use of and completion of the Capacity Tracker and Adult social Care Workforce Data set via the Contracts and Compliance Team to allow effective system oversight and utilisation of local provision

Primary Care

- ✓ Option for increased hub appointments during peak winter period particularly over Christmas and New Year
- ✓ Provide increase capacity through Rapid Response and Rapid Access Therapies for patients needing to be seen urgently to support primary care demand
- ✓ Deliver Community Respiratory and Covid19 Management Service for patients identified through primary and community care at high risk of deterioration or requiring enhanced support reducing demand on primary care and reducing hospital admissions.
- ✓ The CCG will Work with Bromley GP Alliance to ensure alignment with national guidance and support local PCNs in delivery of mass vaccination clinics to deliver timely vaccines to all eligible patients.
- ✓ Ensure access to PPE via local resilience forum for primary care as well as maintain up to date information and implementation on key guidance affecting the sector via the borough based Primary Care Team

9. Maintaining service delivery and protecting the most vulnerable

Direct payments continue to be promoted through the LA. A review of the local approach against the national Guidance is being undertaken to ensure maximum support is maintained throughout the period. Assessments of those impacted by Covid-19 are being updated via Care Management with access to rapid care and support in the community to support vulnerable residents in the context of carer breakdown or increase in care and support needs.

Ongoing close review of services that remain closed since the start of the pandemic is taking place between commissioners and public health in partnership with providers to ensure any provision that is able to is reopened in a safe and timely way, or alternative options are sought. Imminent plans to reopen respite provision is underway with wider discussions about alternative to day centre provision taking place.

Supporting Vulnerable Groups

The Local authority will re-mobilise the support network offered to Shielded residents as per the first phase utilising the wealth of local volunteers to provide active local support. A local Track and trace infrastructure is on stand-by should this be required.

Key vulnerable health conditions will be supported through the Shielded provision with support around long term conditions being moved virtually and promoted in the context of Covid-19. Those with respiratory conditions, who are at significant risk during winter of exacerbation, will be supported through the Community Covid and respiratory Management service to prevent the need for hospital attendance.

Groups most at risk of Covid-19	How we will support them
<ul style="list-style-type: none"> • Older people • Those living in socio-economically deprived areas. • People with pre-existing poor health • Those with long term conditions such as diabetes, cancer, respiratory etc • BAME communities • Men working in the lowest skilled occupations • Smokers • Those who are obese. • The homeless 	<ul style="list-style-type: none"> • Continued support to those who are shielding and who are most vulnerable to Covid-19. • A focus on improving the management of long term conditions with proactive communication on managing LTCs in the context of Covid19 • Improving housing and reducing overcrowding. • Targeted investment in prevention to improve health and wellbeing utilising the window of opportunity to promote healthy lifestyles and reduce obesity • Focused work on supporting BAME communities across both mental and physical health services. • Focus on staff mental and physical health and wellbeing. • Utilise the window of opportunity to promote smoking cessation • Provide robust risk assessments for the workforce and follow national guidance around working arrangements

10. To prevent and control the spread of infection

PPE

Access to PPE locally continues to be well supported with the LA maintaining a successful PPE store focusing primarily on those not providing registered care e.g Personal Assistants, LA staff and other provision not eligible through the national portal, as well as provision in the case of an emergency or shortage. All Care homes and domiciliary care providers have been supported to access the national portal for access to PPE with Primary Care continuing to be supported by the CCG.

Infection Prevention and Control (IPC)

A live Covid-19 Local Outbreak Control Plan has been developed by the Public Health Team and will continue to be updated based on local and national developments. Personalised advice is available from the Public Health specialist on individual case management and situations relating to Infection Prevention and Control (IPC) 7 days per week. A suite of support offers, webinars and online training on key topics associated with IPC and quality is in place locally accessible by all providers and will continue to be updated in response to new national guidance and local challenges.

Public Health are also working closely with Care home providers to ensure visiting policies remain safe, reviewing with individual care homes on a regular basis. Care homes have plans in place should immediate restrictions be required.

The Infection Control Fund (ICF) was distributed in a timely way during phase 1 with plans for the second round to further support strengthening the market around key risks identified in the Service Continuity and Care Market Review: a LA Self-Assessment as well as supporting the implementation of guidance around reducing staff movement. The promotion of the Bringing Staff Back scheme is being undertaken with providers locally with dedicated resource allocated to support accessing this initiative. The Capacity Tracker and close co-working with the local market will enable the Demand and Capacity Working Group to identify and react to emerging concerns around staff shortages and work with providers to mobilise contingency arrangements for example facilitating mutual aid discussions.

NHS Test and Trace

The LA and CCG are actively promoting the implementation of the NHS Test and Trace scheme with the LA also supporting businesses selling food and drink to record who is visiting their restaurants and cafes.

Testing

Testing locally has continued to be well managed and responded quickly to developments in the national programme. The proactive testing of all care homes and care home staff ahead of the national roll out allowed for robust infection and prevention control mechanisms to be mobilised, which has been maintained with the national testing programme. Access to testing for all providers is promoted on a regular basis with dedicated in house capacity in the LA and CCG to facilitate access to testing. Positive cases are identified quickly with providers mobilizing the appropriate infection control activity in order to prevent spread. Regular swab testing for care homes staff and residents has been available since August 2020. In September this was extended to include specialist LD/MH care homes. Staff and residents do not need to have coronavirus symptoms to take a test, which are available weekly, for care homes staff, and monthly, for care home residents. Regular testing is accessed through the National Care Homes Portal, which is part of the Pillar 2 national testing programme. Reported cases or symptoms via Capacity Tracker are responded to locally with Public Health leading advice and guidance and managing outbreaks when they occur.

All patients admitted to hospital are tested with all patients being transferred to care homes tested prior to discharge.

a. Deliver an effective flu vaccination Programme

Every year delivering a wide spread flu vaccination programme is one of the key preventative measures. This year, more than ever the flu vaccination programme is essential to prevent the spread of flu and reduce flu related illnesses. In addition to the usual groups eligible for flu vaccination on the NHS, the national programme is increasing the scope to also include 50-64 year olds and those associated with someone who is shielded from Covid19.

Locally, the delivery of the flu vaccination programme is being developed through primary care with the introduction of local innovations including a bar code to log in patients, reducing the administrative burden of checking in patients, improving recording and reducing face to face contact. Primary Care Networks are also delivering mass vaccination clinics through various community settings and will be providing vaccines to all residents eligible under the national criteria. The SEL communication toolkit will be adopted to be used locally which will be promoted through as many local networks and channels locally as possible. Targeted campaigns in previously low take up areas or with particular communities is due to take place with ongoing social media coverage.

Bromley Health Care are providing flu vaccination for house bound patients with the Bromleyag Care Practice mass vaccination for all care home residents and staff.

Vaccinating the workforce is also key priority every year to reduce absenteeism through sickness and potential spread of infection. Historically flu vaccination clinics have been ran at organization sites however with restrictions on office based working this year the workforce including health, social care, the third sector, will be offered a scheme in which they can receive flu vaccinations free of charge at their local pharmacy.

Individual organization flu plans including are included in Appendix 2. The A&E Delivery board will monitor the mobilization and impact of these plans.

11. Alignment of winter communications with SEL CCG and robust patient engagement in planning winter services.

Nationally a winter communications plan is being developed that covers:

- Encouraging access – uptake of appointments and treatments
- Addressing pressures – NHS111 First
- Flu vaccination programme

SEL CCG are utilising this information and have published the SEL Winter Communications Plan 2020 for Flu – including the national messaging—to inform and build communications and engagement plan that will cover all three areas of focus. The communications and engagement team will continue to link with the national/regional colleagues to ensure consistency in approach and to receive regular updates on their planning to ensure that overlaps of activity are minimised and gaps covered – especially should the national campaign be delayed further. The other important factor is to ensure that all relevant activity coincides with when those providing vaccinations, especially GP practices and community pharmacies, have stocks on their premises.

For patients, a local Bromley action plan is in place for how we are planning to deliver the flu campaign in Bromley. A draft version of the plan is attached in Appendix 4. This includes a refreshed version of the successful ‘Staying Well This Winter Campaign’ which will be distributed door to door to Bromley postcodes with poor uptake of flu vaccination. It includes information for residents around:

- Why you should have a flu vaccine
- Protecting yourself from shingles and pneumococcal infections
- Access to GP appointments in Bromley
- Using the right service at the right time.
- Access to NHS 111 for urgent medical help

This communication will build on the patient communications and engagement that has already been initiated as part of the Bromley Covid-19 Recovery Plan, which has been published and is available on the website. This comprehensive plan sets out how we have worked together as a health and care system in Bromley to respond to the pandemic. The plan was presented at the Bromley Borough Based Board in September. It describes how as One Bromley we will continue to restart services paused in the pandemic, take steps to reduce the risk and manage the possible second wave of Covid-19, We have also produced a public summary of the plan for our staff and other stakeholders. Please do use this summary to help us spread important messages about keeping well and safe with our partners and local population.

In Bromley, we will implement relevant guidance and circulate, promote and summarise guidance to the all providers across health and social care. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the NHS website and those published by the Royal Colleges of GPs. Specific communications for families of people within care homes is planned with input from Bromley GP Alliance, St Christopher’s and Public Health. -

Appendix 1 – summary of Organisations assurance plans to SEL A&E Delivery Board

1. Workforce and Leadership

KCH PRUH

- The Trust has a long established understanding of staffing level requirements during the winter periods, and winter plans have been submitted for supplementary staff. Executive Cover is provided at all times 24/7 either on site or via the Trust's On Call system.
- Additional workforce arrangements TBD
- Contingency plans are in place to manage short term sickness absence in all services. Staffing needs are managed through the Trusts Bank Staffing system. Community staff absence is covered through rationalisation of case work utilising risk stratification or through Bank and Agency staffing arrangement. The Trust has proof of system efficacy from providing staff cover during the COVID-19 response. The Trust has an established Bank Staffing office and is ensuring national policy around staff isolation is appropriately interpreted to deliver safe and timely care.

Urgent Treatment Centres (Greenbrook):

- Operational leadership will be sufficiently covered as well as clinical leadership. Recruitment for a substantive lead nurse is underway. The winter rota review completed on 5th August for implementation in October. The Greenbrook central rota team is focused on winter planning and ensuring resource models implemented account for expected increase in attendances.
- Greenbrook on call rota covered by Senior Management Team is in place 24/7, 365 days. On call rota has been allocated for winter period. Also there is a rota and relationship manager on call OOH and BHs to support with rota cover and manage last minute sickness/cancellations.
- Recruitment is on-going to minimise bank and agency staff for substantive staff. ENP trainees commenced in April will be fully trained and substantive from September.

Oxleas:

- The Trust has a long established understanding of staffing level requirements for Mental Health during the winter periods. Sickness levels have varied within accepted tolerance levels in recent years. Systems are in place to cover seasonal sickness level and have proved effective historically. Winter workforce arrangements are to be signed off within two months of winter.
- Executive cover is provided at all times 24/7 either on site or via the Trust's On Call system.
- Contingency plans are in place to manage short term sickness absence in all services. Staffing needs within the critical crisis and inpatient services are managed through the Trusts Bank Staffing system. Community staff absence is covered through rationalisation of case work utilising risk stratification or through Bank and Agency staffing arrangements.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- Each service has a Service Recovery and Escalation Plan in place that covers the winter period.
- Rosters are created 3 months in advance therefore currently up to December, signed off by executive leadership.
- Executive Cover is provided by Directors On Call are available 24-7 routinely and a director is on site at Head Office every day over the winter period.
- The SEL MOU is in place across the region to support contingency plans to manage short-notice staff sickness or other workforce shortages. Locally Bromley Healthcare can manage staffing issues by utilising Agency, Bank or reprioritising workloads. As per normal recruitment process, requirements

are given to the recruitment team who will action, bank and agency process is in place with over 200 banks staff available

London Borough of Bromley:

- LBB has considered its necessary staffing levels and that both operational and leadership staffing is sufficiently covered for the duration of the winter pressure period. This includes:
 - Additional hospital Care Management posts funded to increase the establishment of this team.
 - 7 day Care Management rota in place
 - Additional senior leadership now in place through joint appointed AD of Integrated Commissioning with responsibility for urgent and unplanned care managing capacity and demand throughout the winter period as well as existing leadership capacity in place from previous winters
 - Additional brokerage capacity has also been directed to support hospital discharge

Primary Care:

- Primary care considered its necessary staffing levels for the duration of the winter pressure period within practices and hubs. The CCG have utilised local sitrep surveys, of which in the latest, practices have reported they had little staffing issues.
- Practices have business continuity plans if staffing becomes an issue in practices.

2. Capacity and Demand

KCH PRUH

- Full capacity protocols are well established and used by the operational teams. This is under review at this time as part of the Patient Flow Project.
- The Trust has an in depth understanding of the variations in demand that take place during the seasonal period. The systems of providing additional staffing resource are in place through a Bank Partners Staffing system to respond when needed. The Trust has in place a full 24/7 escalation governance process including out of hours Silver Senior Manager and Gold Director on Call systems.
- There are optimal UEC pathways to divert activity away from ED including the Medical Ambulatory Unit, Surgical Ambulatory Unit, Early Pregnancy Unit and Paediatric Assessment Unit. The Trust is working with SEL CCG to ensure national Same Day Emergency Care requirements are achieved.
- The Trust has ability to flex the bed stock - Orpington Hospital. 19 beds available for escalation for sub acute patients.
- To understand the discharge profile, the Trust hold weekly 'Long length of Stay' reviews. The Trust is rolling out Safer Red to Green, and has an Integrated Discharge workstream to improve the discharge profile. The SPA(Health and Social Care discharges) is 7 days a week, and the Discharge Coordinators will be working on Saturdays.
- Emergency protocols are in place in ED including Rapid Assessment and Treatment, but this will be a risk area depending on volumes of LAS attendances. Zoning for suspected Covid19 patients increases this risk.

Urgent Treatment Centres (Greenbrook):

- There a robust understanding of expected demand across the winter period, using remodelling based on previous year + % increase. Rota modelling is flexible and will be adjusted to meet activity
- UTC are able to support 111, during COVID DOS amended to increase NHS 111 bookable apps to 3 per hour 08:00-00:00 from 20.03.20, in order to maximise clinical capacity. GB leading in new pilots i.e. Virtual Streaming to support wider system.
- To manage a busy department and waiting area whilst still maintaining social distance, Greenbrook will ensure the UTC escalation plan is well embedded within service to ensure effective management of busy department and increased activity. In order to facilitate social distancing, UTCs have a pathway for patients who may be suitable to wait in their car (attached). Other measures will include increasing current waiting

area space, proposal awaiting approval for marquee next to ED/UTC front door. UTC booked appointments following streaming to undertake remote consultations.

Oxleas

- The trust has an in depth understanding of the variations in demand that take place ensuring the seasonal period. The Trust has in place a full 24/7 escalation governance process including out of hours Senior Manager and Director on Call systems.
- The Trust operates a central Bed Management service within hours managing bed capacity between 9am and 5pm.
- The Trust operates an out of hours Crisis Hub service with an on site Clinical Lead managing beds capacity / admissions with the full support of 24/7 Home Treatment Team (HTT) to support admission avoidance.
- The trust also operates a management / senior management escalation process across Oxleas and Kings ED services.
- The Trust currently has capacity in bed stock to flex bed availability going into the winter period. Older Adult inpatient service is consistently operated under capacity allowing availability for the majority of the time.
- The Trust has in place a full Crisis Line 24/7 open to all calls from the community. This is backed up by a 24/7 HTT provision which out of hours is delivered through the central Trust Crisis Hub. The Trust operates an out of hours Crisis Hub service with an on site Clinical Lead managing beds capacity / admissions with the full support of 24/7 HTT to support crisis management and admission avoidance.
- Ward discharge process is daily focus with MDT monitoring in place. Pre discharge meetings have been facilitated with virtual attendance of community staff through video conferencing. Weekly virtual discharge meetings are in place with Senior Management to ensure patient flow is maintain, potential delays are monitored and any actual delays are addressed immediately.
- The Use of HTT in reach to the Trusts MH inpatient wards plays a central role in discharge facilitation by pulling through patients with HTT support to ensure that patients can return to their own homes as early as possible. The provision of HTT 24/7 allows us to utilise this support for discharges at the weekend for those patients it is safe for. Enhance HTT and Mental Health Liaison Team capacity is reviewed on an ongoing basis.
- The trust has a fully established Crisis Line 24/7 and Crisis Hub with on site Crisis Lead supporting HTT out of hours in order to respond to NHS 111 referrals. The Trust has a newly refurbished two bedded Health Based Place of Safety based at Oxleas House adjacent to Queen Elizabeth Hospital to provide for section 136 referrals.
- The Trust is working in partnership with SLAM to provide a CAT Car working jointly with the Metropolitan Police to management street level engagement with people in crisis. The Trust operates a MH / LAS car across the patch to support those in the community in crisis. The Trust operates in partnership with the Police on the SIM project aimed at engaging people who frequently come to the attention of MH services and the Police aimed at reducing the use of s136 conveyances.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- There is a good understanding on community demand across the winter period based on historical data and dashboards available on request.
- There is an ability to flex capacity in bed based rehabilitation subject to funding from the CCG.
- To support weekend discharge, the Bromley Single Point of Access operates 7 days per week from 8am to 8pm to support hospital discharge from all SEL sites.
- There are robust arrangements in place for admission prevention both in the community and on the acute sites including the GPOOH Service, Rapid Response provide admission avoidance services with Bed and Home based rehab both offering a community step up provision when required.
- 999 and 111 routinely refer into our GPOOH service, Rapid Response Service and DN/Twilight nursing services.

London Borough of Bromley:

- Demand based on previous winters, Covid19 Wave 1 and drawing on data modelling from KCH has been used to influence local community capacity requirements.
- LBB have procured dedicated Discharge to Assess (D2A) providers, contracted to 7 day working and able to start care packages within 2 hours to support timely hospital discharge
- Enhanced care provision is accessible locally including 24 hour live in care and night sits to support a Home First ethos enabling more people to be cared for at home with a view of regaining independence
- Robust arrangements in place for avoiding social admission including access to enhanced care and temporary placements
- Block funded residential Covid19 positive beds have been procured through the Demand and Capacity Working Group
- Dedicated resource to promote and monitor the intelligence from the Capacity Tracker is in place
- Some Trusted Assessor arrangements are in place with good arrangements between senior managers on agreeing likely commissioner for CHC or social care
- Proactive work with care homes to accept weekend discharges continue to be strengthened through improvements in quality of discharge giving providers more confidence to receive weekend discharge
- A weekly Demand and Capacity Working Group is in place to monitor social care demand and capacity, responding where required.

Primary Care:

- The CCG will communicate through the GP bulletin what services practices can use if they are under pressure. These have been well communicated in previous bulletins. Currently, we have a dedicated 'Flu 2020-21' section the bulletin so that practices understand what resources and support there is for flu this winter.
- There is extended hours 8am-8pm in the borough. Hub slots are currently underutilised compared to previous years but this is being monitored, to ensure there is sufficient capacity.
- 111 can directly book into practice appointments. They can also make appointments at urgent treatment centres (see UTC tab).

3. Seasonal Demand

KCH PRUH

- Severe Weather / Business Continuity plans are in place.
- The Trust has a full Flu vaccine programme in place with a relaunch for this year starting on 14 September. The flu vaccines stocks are due with the Trust in September. Full uptake is traditionally good across all services. Staff uptake of the Flu vaccine is monitored.

Urgent Treatment Centres (Greenbrook):

- Business Continuity Plan includes list of staff who live locally and are able to be contacted at short notice to support service requirements. Also able to deploy staff across sites.
- UTC staff will have access to clinics within hospital and ensure effective staff engagement and monitoring

Oxleas:

- Business Continuity Plans are in place to allow for critical services to be maintained in the event of an incident of event that impacts on staff availability. Systems of remote working are in place to support staff to operate away from the team office base.
- The Trust has a full Flu vaccine programme in place with a relaunch for this year starting in October. The flu vaccines stocks are due with the Trust in September. Full uptake has been improving across all services. Education briefings are undertaken by Practice Improvement Nurses. Staff uptake of the Flu vaccine is monitored.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- Business continuity plans are in place across the organisation and have been robustly tested during the COVID-19 pandemic. Staff are identified that could move into Business Continuity teams.
- Bromley Healthcare have a robust plan in place to deliver the highest possible uptake of staff vaccines.

London Borough of Bromley:

- Service Contingency plans in place for all service provision and providers
- Additional capacity in key parts of the system in place to manage seasonal demand including hospital and front door care management team
- Extreme weather plans in place for all key operational services

Primary Care:

- There are business continuity plans in place for extreme weather. Practices ask the majority of patients to complete e-consults which can be completed by the GP at home.
- SEL CCG communication team will be disseminating flu campaign materials to achieve flu uptake target for patients. The CCG is working with Primary Care Networks to support mass vaccination clinics for additional 50-64 patient cohort who qualify for flu vaccinations this year.

4. Covid19 Planning for 2nd Wave

KCH PRUH

- There have been several exercises to get learning from Phase 1 of Covid19. Several initiatives are being embedded as BAU eg SAAU, 23 hour day surgery, ED zoning. Learning in 3 categories 1) change able to be managed within care group resources 2) change to be managed within the Recover & Reset Programme and 3) change requires a business case to be developed. A plan detailing which services will be stood down/reconfigured should a second wave of Covid hit over the coming/winter months is in development, based on the Third Phase letter issued by NHSE/I.
- The Trust are profiling wards to continue to maintain elective activity as required, however there is an agreed roll out plan for converting wards to Covid wards.
- At this time most Covid19 swabs from ED are transported to Denmark Hill, but a business case has been submitted to increase the testing on the PRUH site to improve our turnaround times. This is a risk area.

Urgent Treatment Centres (Greenbrook):

- Comprehensive Phase 1 Review completed. Clear front door processes, reviewing resources/rota alignments, clinical pathways IPC requirements, demand and supply. Detail document with findings and actions.
- Numerous actions implemented including Screening Nurse at the Front Door to protect, patients, staff, UTC, ED and hospital services Remote working, new services to support the system. Hot and Cold areas within UTCs, remote working where possible i.e. telephone video consultations. Working with EDs

Oxleas:

- Learning from Phase 1 included - The importance of effective remote working to support services users in the community. The essential need for inpatient ward staff skill to manage COVID-19 patients requiring isolation in the ward environment. The need to utilise effective risk stratification within community teams to manage the decreased face to face contact between staff and service users. The efficacy of video conferencing in managing clinical team meetings and processes. Some patients have preferred the flexibility virtual appointments have offered with DNA levels reducing in some cases. Strategies for maintaining COVID-19 safe face to face clinics were established.
- Actions to address learning from Phase 1 include full provision of remote IT technology for staff who require it. Staff training on COVID-19 management on an inpatient ward / PPE usage. Implementation of "Attend Anywhere" for clinical appointments by Medics. With the return to more site based working office and

clinical environments have been risk assessed and adapted to allow for safe, appropriately distanced working for staff and visitors. Virtual groups are being developed to allow for better group support function in the community. Clinic environments for those who must be seen for depot and clozapine treatment and monitoring are fully functioning.

- Proven plans, to step down / reconfigure services should a second wave occur, will be reintroduced as necessary. In the event of a future increase in COVID-19 cases gradual service reduction was enacted during the Phase 1 COVID-19 period. Specialist non urgent services were maintained on a reduced service basis. Ward capacity was cleared to enable flexing and to reduce the potential numbers of temporary staffing that might be needed in the event that staff sickness levels were significant. Community caseloads were risk stratified maintaining face to face contacts for higher risk and increasing telephone and video contact with those who were appropriate for this level of support.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- Actions implemented from learning in Phase 1 include improved / more direct links to IAPT, ongoing communications with Primary Care to encourage earlier contact and therefore referral to Covid Management Scheme. BHC are currently undertaking a 3000+ patient survey to consider ongoing needs.
- Community Matron Service and Respiratory Service were stood down to deliver the COVID Monitoring Service. Whilst these services are slowly moving back to business as usual plans are in place to move back to business continuity rapidly should a second wave occur. Looking to extend CMS to include higher risk COPD patients through winter funding.
- Throughout the first wave BHC have maintained high levels of F2F contact with COVID and non COVID patients as well as seeing a significant increase in virtual and telephone consultations. Across the system there are hot and cold clinics and work locally to manage patient visits most appropriately.

London Borough of Bromley:

- Maintain and strengthen key lessons learnt from phase 1 including:
 - Clients being assessed for long term care and support needs in a more appropriate community based setting reducing hospital stay and supporting the Home First ethos to support maintained independent wherever possible
 - Single brokerage function and dedicated D2A provider framework has ensured sufficiency of POC for hospital discharge
 - Utilisation of DSG to provide minor adaptations to support hospital discharge including deep cleans has improved timeliness of discharge reducing delays due to home environment.
 - Multi-disciplinary care and support to Care Homes has supported the sector to continue to deliver high quality care to residents throughout the Covid19 period
 - Extension of the commissioned residential isolation unit with plans to commission dedicated Covid19 nursing isolation capacity.
- Approach to face to face contact will continue to be reviewed and follow national guidance with essential visits only taking place face to face, as per the 1st wave - this had a positive impact on capacity being a more efficient delivery model.
- Continue to provide system leadership, training and outbreak response on infection prevention and control through the local Public Health team and Care home Quality Nurse as described in the borough Covid19 Outbreak Management Plan
- Further integrating the Reablement and home based rehab pathway to provide maximum capacity to the system to ensure an ongoing focus on independence for everyone being discharge from hospital or via the adult social care system

Primary Care:

- During Phase 1 of pandemic, all 44 Bromley GP practices achieved rapid mobilisation of online consultations/telephone triage model. This has enabled reduction in face-to-face ratio to 1:4 non f2f.
- Primary care was able to maintain childhood imms rates during Covid-19 while other areas were not.

- There was a managed safe closure of a GP practice during Covid, with six practices offering online registrations.
- There has been regular and helpful input from PCN Clinical Directors throughout. There is ongoing development of PCNs to deliver the promise of collaborative working both between practices and with One Bromley providers. Primary Care are optimising new roles and workforce within an improved model of primary care, whilst tackling estates challenges and opportunities arising from Covid, as well as the continued use of online consultations.
- Primary care has maintained high levels of contact whether it's through f2f or online consultations/telephone triage. Primary care is expected to continue this model through a potential second wave. The Bromley Community Covid Management Service is expected to continue throughout winter with support from individual services/GP practices via dirty and clean rooms to manage covid and non-covid split.

Voluntary Sector – Bromley Third Sector Enterprise – Winter Plans :

BTSE have considered the following support for local people in preparation for and throughout the winter season:

- Virtual talks with Social Prescribing Linkworkers and their patients (to discuss pre-winter worries and to give quick tips and advice on how to plan ahead for them)
- Providing virtual mental health information and advice appointments for people accessing the Bromley Homeless Shelter once the season re-opens (pending confirmation)
- Contributing to World Mental Health Day on 10th Oct (the theme is yet to be set and so is our agenda for this)
- Supporting Self-Care Week in Nov (in collaboration with other BW pathways, delivering a series of talks on self-care in winter and with an emphasis on Employment Issues and Financial Issues we anticipate may increase dramatically once the furlough scheme ends in Oct)
- Leading an event for carers on Carers Rights Day on 26th Nov – predominantly focused on COVID-19 related problems that may affect carers rights
- Developing a wellbeing tutorial and information pack on SAD (seasonal affective disorder) as we anticipate increased referrals around this condition this year
- Developing our annual Christmas support pack

One other idea that has also been discussed is:

- Leading a series of virtual groups (affectionately named by our team as “By the Fireside”) to offer a safe space for people in post-retirement (a group we are seeing emerging numbers of referrals for who are experiencing issues with their mental health) to access practical, emotional and peer support to aid their wellbeing.
- For the LD, PD, Autism and Mutual Carers Pathways we’re planning workshops and additional support around flu jabs, health checks, keeping warm, managing fuel bills and grants where available. We’ll also be addressing the E-consult GP process which has a detailed on-line form which will create many barriers for our clients. We may also need to address isolation, make welfare calls and maintain basic supplies for disabled and vulnerable people who have to isolate in the event of a second wave.
- For Young Carers there will be awareness sessions around the flu jab and general sessions on supporting the people they care for during winter and C-19.

Appendix 2: Flu Vaccinations

Provider Flu Immunisation Plans for Staff

KCH PRUH

Rag Rating **Complete/Started/Not started**

		Action	Owner	Status/Deadline	Comment
	Preparation	Submit Flu plan to PHE	Occ Health	Submitted 19.8.20	
		Recommence Trust wide Flu working party meetings	All	Restarted 7.7.20	
		Comms for flu campaign	Comms Department	Ongoing	Poster campaign to recruit peer vaccinators and promote staff vaccination
		Booking rooms for vaccinations	All	Complete	Variety of rooms booked across site to run daily clinics from 21.9.20
		Booking extra staff to support campaign	Occ Health	Complete	Extra staff booked to run clinics, queue management to ensure social distancing and IPC and deliver roving vaccinations to staff in their departments for convenience and social distancing
	Vaccine supply	<u>Vaccines ordered for staff vaccination:</u> 9000 quadrivalent cell vaccines 2000 quadrivalent egg vaccines 200 trivalent vaccines >65 age group Separate supply of additional 3000 vaccines for PRUH	Pharmacy	Complete	Vaccines arriving 14.9.20 Staff vaccinations to commence 21.9.20
		Vaccine supply to be signed out to a list of approved peer vaccinators by pharmacy to enable monitoring of uptake/stock levels	Pharmacy	During campaign	
	Workforce	Reach out to previous peer vaccinators to secure for this year's campaign	Occ Health	July 2020	Approx. 100 peer vaccinators Trust wide in addition to Occupational Health staff
		Raise awareness and recruit new peer vaccinators including out of hours to enable vaccination of staff 24/7	Flu leads	Ongoing	New staff have come forward – aim to have one vaccinator per clinical department at PRUH/SS
		Connection with BAME Network to promote uptake of vaccine amongst minority groups	Occ health	Contact and ongoing	
		Divisions and care groups to identify flu	Divisions	September	

		champions – both clinical and non-clinical to promote vaccine uptake		r 2020	
		Vaccinators to use standard NHSE forms to consent/decliner form and if they have had elsewhere e.g. GP	Occ Health	September	To update last year's form
		Vaccines to be offered at all Occ Health appointments and at induction for new staff	Occ Health	September/October 2020	
	Comms	<p>During campaign the following will be put in place to support uptake/awareness:</p> <ul style="list-style-type: none"> ➤ Flu View – interviews and stories from staff about the importance of getting flu vaccine ➤ “Jabometer” as per previous years to see which Division has best uptake ➤ Peer vaccinator newsletter/league table ➤ Myth Buster sheet – to answer staff concerns or misconceptions. ➤ Flu focus Fridays for working party to go out and talk to teams and offer vaccinations 	Comms and divisions	August and ongoing	<p>Have already filmed interview with medical director and some frontline clinical staff – other staff identified.</p> <p>Myth buster sheet to be updated/refreshed from last year to include COVID related queries staff have raised.</p>
	Patients	<p>Develop local care group plans to immunise patients in vulnerable groups:</p> <ul style="list-style-type: none"> ➤ Over 65 ➤ Length of stay in hospital > 7 days ➤ In a high risk group 	Divisions/Care Groups	September 2020	

Oxleas Flu Plan:

2020- 2021 Flu Campaign - Action Tracker						
Item	Task	Description of actions	Owner	Update	Target Date	Outcome

1	hylaxis	Executive to agree to proposal to fund and appoint 5 wte band 5 dedicated group of paid bank nurses to give the flu vaccinations across the Trust for the first 8 weeks coordinated by Maggie Grainger	Ify Okocha / Jane wells	5.5.20 Executive / taskforce agreed for funding of X band 5s for 8 weeks (costs £39,450). Agreement received from finance director. Maggie Grainger now identifying these staff.	May-20	Completed
		Review and update consent form in line with Green Book 2020/21 guidance	Maggie Grainger		Aug-20	
		Update invitation letter and decline letter - staff must now put name on the form and sign to confirm that they have made an informed decision not to have the vaccination and to give a valid reason. Amended form will also capture if staff have had the vaccine elsewhere and signed	Maggie Grainger		Aug-20	Planning
		Arrange additional resus and anapylaxis training or flu champions along with signing PGD	Maggie Grainger		Aug-20	Completed
		Order Influenza campaign promotional posters, stickers and badges and deliver these to Trust sites and Flu Champion Vaccinators	Maggie Grainger		Aug-20	Completed
		Establish Flu Steering Group Monthly Meetings September 2020 - March 2021 via webex	Maggie Grainger		Aug-20	Completed
		Review new literature and research to support evidence of promoting flu vaccination benefits to support staff uptake decisions	Maggie Grainger		Aug-20	Underway

		Executive to agree single Trustwide financial incentive reward for staff having their vaccination and programme support	Ify Okocha / Jane wells	5.5.20 Executive /taskforce consdired financial incentive. After meeting Finance Director and e mail exchange with service directors agreed that there would be no financial incentive offered this year and we would require staff to do the right thing in light of Covid 19.	May-20	Completed
2	A good communication plan	Personal and team appointments for vaccine to be offered by flu champions in directorates	Maggie Grainger		Sep-20	Planning
		Videos: motivational peer to peer videos to be made and shared during campaign	Lisa Tan		Sep-20	Planning
		Occupational Health to establish regulatr clinics and to advertise their flu clinics	Occupational health		Sep-20	Planning
		Flu pop up on screen - reminding staff where to have vaccine and to inform us if they have already had it	Lee Christie		Oct-20	Planning
		Weekly story on the OX with update on percentage uptake by each directroate	Lisa Tan		Oct-20	Planning
		Contact staff aged 65+ to inform them about having the vaccine at GP or OH or attend one of Oxleas clinics let Flu lead know	Maggie Grainger		Oct-20	Planning
		Once launch date confirmed publicise the lauch date and expectations for zero tolerance of any member of staff in a clinical leadership position for not positively promoting the flu vaccine (Public Health Duty)	Lisa Tan	launch date afgreed as 23/9/20	Oct-20	Planning
		Agree and plan for dates for jabathon weeks in October, November and January with supernumary vaccinators	Maggie Grainger	12/10/2020 9/11/20 18/1/20	Oct-20	Completed
		Directorates specific Launch campaigns			Oct-20	Planning

		Circulate dates on line training updates	18/01/2020	not for flu yet but Imm and Vacc now available on line	Jul-20	Completed
3	Committed Leadership	Emails to staff on the database (who haven't had the vaccine or declined) at regular intervals to encourage responses to whether they have had the vaccine, want the vaccine or are declining - encourage completion of the declining letter.	Directorate Flu Leads		Oct-20	Not started
		Increase publicity of matrons, team leaders and groups of staff having the vaccine – twitter, facebook etc	Lisa Tan		Oct-20	Planning
		Oxleas to buddy up with other Trusts to share learning	Maggie Grainger		Sep-20	Planning
		Letter from Senior staff to be updated and sent to all staff	Maggie Grainger		Aug-20	Planning
4	Data control	Ensure that denominator is correct at start of campaign	Maggie Grainger	draft denominator now gone to PHE	Sep-20	Planning
		Set up dedicated flu vaccination e mail address	Maggie Grainger		Sep-20	Completed
		Set up ESR access for recording vaccinations done, declined or had vaccination elsewhere	Lisa Wolsey		Sep-20	Underway
		Contact all staff on maternity leave and longterm sick leave and add confirmation of vaccination to ESR in week 1 of campaign	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Analyse data into directorates from ESR and provide a weekly directorate sitrep and list of staff who have not had the vaccination or declined it	Maggie Grainger		Sep-20	Planning
		Focus on updating joiners every week as have potential to impact most in denominator ask HR as Joiners come in to have their job	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Admin required to input the data		this will be undertaken by the admin apprentice	Sep-19	Completed

5	Easy access to vaccinations	Stock balance of vaccines throughout campaign - weekly	Directorate Flu leads/Maggie Grainger	Delivery due in 4 batches from September - dates and mnumbers have been confirmed	Sep-20	Ongoing
		Distribution of anaphylaxis kits and vaccines (link with pharmacy to obtain them)	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Plan static clinics at the start of the campaign, advertising via Ox	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Roaming clinics with strong leadership, plan clinics in clinical areas	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Advertising of clinics on the Ox	Lisa Tan		Sep-20	Planning
		Purchase more cold chain cool bags, boxes and ice packs	Maggie Grainger		Jul-20	Underway
		fridge for Acorns	Lisa Thompson	4.5.20 Lisa Thompson requested to buy fridge. Responded by e mail that she would do so.	May-20	Completed
6	Incentives and rewards	Ensure directorates to allow flu lead champions to be supernumerary at points during the campaign or to book bank eg jabathon week	Service directors	Jabathon weeks agreed in line with deliveries	Sep-20	
		Identify flu champions within all areas, so all clinical areas have a flu champion.	Service directors		Aug-20	Underway
		Staff to undertake On-line option for updates for flu administration	Maggie Grainger		Mar-20	Underway
		Thank you letters to go out to champions at start of campaign	Maggie Grainger		Sep-20	Planning
		Thank you letters to go out to champions at end of campaign	Maggie Grainger		Mar-21	Not started
7	Governance	SOP to be reviewed and updated if needed in line with Green Book	Maggie Grainger	amended draft out for comments	Sep-20	Underway

		PGD to be updated to reflect Green Book Legislation	Ify Okocha /Jane Wells/ Maria Fisher /Gloria Yu	hope to complete earlier this year	Sep-20	Underway
--	--	---	--	---------------------------------------	--------	----------

Bromley Healthcare Flu Plan

Executive Lead - Director of Nursing Fiona Christie

ID	Task Name	Due Date	Owner	Update
1	Immunisation population			
2	Identify headcount for clinical front line staff - permanent & fixed term contracts	03-Aug-20	Flu Coordinator	complete
3	Identify non clinical staff headcount for vaccination	03-Aug-20	Flu Coordinator	complete
4	Identify staff eligible for peer vaccination	03-Aug-20	Flu Coordinator	complete
5	Include information from new starters	03-Aug-20	Flu Coordinator	complete
6	Identify Executive Lead for Staff Flu delivery	03-Aug-20	Fiona Christie	complete
7	Vaccines			
8	Vaccines ordered	03-Aug-20	Janet Ettridge	1000 ordered already. Chase delivery dates
9	Over 65's vaccine ordered	03-Aug-20	Janet Ettridge	10 ordered
10	Fridge moved from storage to Central Court		Head of Med. Man.	
11	Fridge stabilised		Head of Med. Man.	
12	Delivery location & date confirmed		Head of Med. Man.	
13	Vaccines delivered		Head of Med. Man.	TM to confirm delivery locations
14	vaccine delivered to Orpington Occupational Health Provider KCHOHS		Head of Med. Man.	
15	vaccine delivered to Central Court		Head of Med. Man.	

16	Administration of immunisations			
17	Agree & contact resources for immunisation administration		Fiona Christie	
18	Recruit to bank Flu coordinator role		Heather Wragg	
19	Agree training of resources - location, sessions		Fiona Christie	
20	Training complete		Flu Coordinator	
21	Agree dates for delivery with KCHOHS		Fiona Christie	
22	Agree reports and frequency from KCHOHS		Fiona Christie	
23	Locations for administration of vaccines to include map of pharmacies in boroughs Staff reimbursement available		Fiona Christie	
24	Locations agreed for delivery		Fiona Christie	
25	Rooms booked		Flu Coordinator	
26	Spreadsheet of staff names sent to each service lead		Flu Coordinator	
27	Service Lead to update status for each staff member -where have they had the vaccine -have they declined to have one		Flu Coordinator	
28	Consent forms - names mail merged to forms		Flu Coordinator	
29	Consent forms sent to service leads - only for peer vaccinations, KCHOHS will have their own		Fiona Christie	
30	Patient information leaflet available for each immuniser		Maria Coello	
31	Cool bags/transportation of vaccines in place/agreed		Flu Coordinator	
32	Fridge management (cold chain management) lead in place		Flu Coordinator	
33	Additional fridges booked and cool chain in place: Beckenham Beacon, Lauriston, CRC, Hollybank		Flu Coordinator	
34	Cotton wool, plasters, sharps box, blue roll, shot boxes - per immuniser - business coordinators to review consumables levels but these should be in stock		Flu Coordinator	BC's to order
35	add Imms to dashboard and reported weekly to Executive Team		Information	

37	Immunisations			
38	Immunisations started and completed	01-Sep-20	Flu Coordinator	dependant on receipt of vaccine
39	Order additional vaccines if required		Flu Coordinator	
40	Mop up immunisation sessions held if required		Flu Coordinator	
41	Communications			
42	Launch information in CEO update		Flu Coordinator	
43	Pull comms material together		Maria Coello	
44	Include comms in Leadership forum		Flu Coordinator	
45	Engage with Leadership to find out reasons for number of declines last year and approach for this year		Flu Coordinator	
46	Write to staff identified as vulnerable from COVID 19 risk assessments		Cath Jenson	
47	National comms pack to be issued out and amalgamated with BHC comms		Flu Coordinator	get details from Kelly Scanlon at SEL CCG. Emailed 14/8/2020
48	Communications with staff ongoing		Flu Coordinator	
49	Include flu KPI on balanced scorecard		Flu Coordinator	
50	Weekly reporting to Exec team meeting		Fiona Christie	
51	Coordination admin for record keeping IMMFORM update			
52	Patient Group directive to be signed by Dr Cath Jenson		Head of Med. Man.	
53	Agree admin resource for collation of data on imms performed		Corporate Team	Spreadsheet uploaded into BI tool for exec team visibility. Corporate Team to provide resource
54	Agree templates for collation of data on imms performed		Operations	
55	Agree method of collation of consent forms		Operations	
56	Perform updates on IMMFORM - submission timeframes to be in line with NHSE requirements		Operations	

Other providers:**Bromley GP Alliance:**

- BGPA staff will be vaccinated in house by the care practice.

- The care home flu vaccination project will start week commencing 21st September and will be completed no later than the end of November. We are in the process of confirming consent and agreeing dates when the vaccinations will be carried out with the care homes. We anticipate all homes will have had their main visit for vaccination by 30th October and we will then revisit any homes where patients were too unwell to have the vaccination or in hospital etc. to ensure 100% coverage for those residents who want the vaccination.
- We currently have not committed to vaccinating care home staff as we do not have the correct vaccine as the majority of care home staff are under 65 and as a practice as the majority of our patients are over 65 we had only ordered the over 65 vaccine. The CCG are aware of this and will be letting us know if more vaccine becomes available in which case we are very happy to vaccinate the staff.

Greenbrook:

- Staff to be vaccinated via clinics provided by KCH PRUH site as per previous years.

St Christopher's:

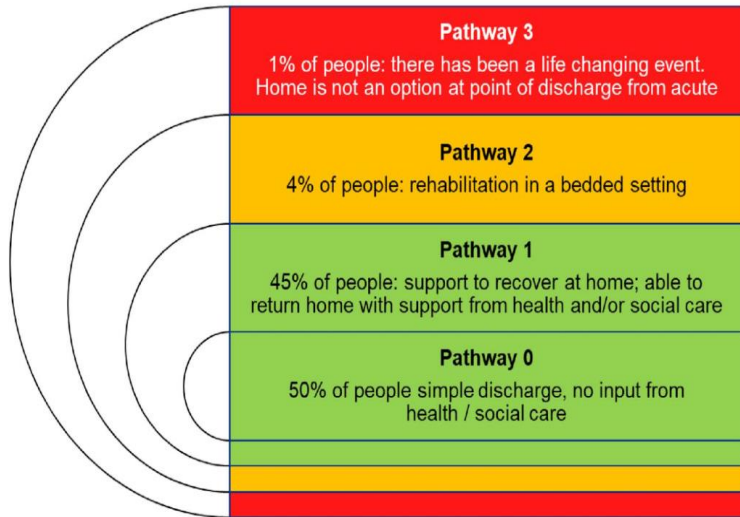
- St Christopher's Hospice encourage all staff to have a Flu vaccination, we ask staff to go and have this done at a local pharmacy that offer this service free to our staff. We identify for staff pharmacies that offer this service close to both our sites.

Bromley Third Sector Enterprise (incl Bromley Well)

- Hospital in reach staff will be able to access Trust flu vaccination clinics
- All other staff will be invited to receive a flu voucher provided by the CCG to get a flu vaccination at a local pharmacy.

DRAFT

Appendix 3: Government guidance for Covid-19 Hospital Discharge Service Requirements' issued



- Pathway 0 being managed by KCH
- Pathway 1,2 and 3 all being accessed via the Single Point of Access (SPA) for community health and social care services.

Appendix 4 - BROMLEY FLU CAMPAIGN WINTER 2020/2021

OCTOBER ACTIVITY

DATE	ACTIVITY	OUTCOMES / UPDATE	LEAD	BUDGET
Week commencing				
05-Oct	Finalise changes to the Bromley winter leaflet so that this can be made available on the website and used for distribution to target homes. Identify areas of Bromley to target and inform the SEL team who can arrange the distribution via Royal Mail	Leaflet awaiting messaging around UTC and will then go to printers. Based on feedback from the Bromley flu group - modify the messages that people need to also proactively contact their GP if they fall into one of the high risk areas. This is because only 80% of high risk patient will get a proactive letter from their GP surgery. Postcodes identified for targeted distribution.	Kelly	Yes - TBC
	Ask One Bromley C&E members to share any intelligence on local needs regarding the flu vaccination	Email sent on 29.9.20 to One Bromley C&E leads and responses are awaited. Will raise this for further discussion in the One Bromley C&E meeting on 20 October. Teresa has gathered intelligence from Bromley Well about people's concerns about attending for a flu jab which has been fed back to the Bromley Flu Group on 8.10.20. These concerns need to be addressed in the personalised GP letters (ie ensuring arrangements for giving the vaccination are safe for patients). This message is also in the general comms/winter health leaflet.	Teresa to follow up with HW, CLB and Bromley Well	N/A
	One Bromley C&E members asked to share intelligence on opportunities to promote the flu message, any events they are holding with target groups, any opportunities to show videos, what they are doing about vaccinating their staff, any photo opps of leaders or other staff getting vaccinated that they can share.	Limited feedback so far. Will need to raise again and also discuss at the next C&E meeting. There is an opportunity to do a session during Self Care week in November as Bromley Well are arranging several online events.	ALL One Bromley C&E members	
	Social media promotion		SEL Team	

	Issue press release to promote getting the flu jab in Bromley.	Press release approved - but holding off until some of the supply issues have been resolved.	Kelly	N/A
	Personalised GP letters need to include local arrangements for giving the flu jab to reassure patients that it is in safe conditions.			
12-Oct	Send finalised winter leaflet to the printer for costs. Distribution numbers informed by postcode distribution. SEL Central team helping with the liaison with royal mail to get prices for distribution and number required.		Kelly	Yes - TBC Printing cost and distribution cost via Royal Mail
	Social media promotion		SEL Team	
19-Oct	Newspaper adverts in the local paper	Hold decision on this until we are confident there are no supply issues	Teresa	TBC
	Social media promotion		SEL Team	
	Press release to promote barcoding or any other initiatives being put in place in Bromley to improve vaccination rates		Bromley Flu group	N/A
26-Oct	Bromley winter leaflet completed and back from the printers - liaise with the central team about getting this distributed via Royal Mail.		Kelly	
	Ensure the winter health leaflet is promoted through primary care, One Bromley partners - available on line etc. One Bromley partners asked for numbers they need for reception areas etc.		Kelly	

	Discuss flu at the One Bromley C&E meeting on 20 October and talk through plans and help from other partners - include here discussion about staff flu campaigns and any sharing that can be done.		Kelly	
	Social media promotion		SEL Team	
30-Oct	Press release to promote numbers getting vaccinated in Bromley - quotes from patients who had successful experience . Provide pictures and quotes emphasising the safety of having the flu jab.		Bromley flu group	
	Social media promotion		SEL Team	

DRAFT

Strategic Priorities

Strategic priorities for winter funding

1	Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure
2	Focus on supporting vulnerable groups to prevent the need for hospital based care
3	Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1.
4	Flu vaccinations for staff at provider organisations (including LBB / Fire Brigade / Police) and patients via primary care and pharmacies.
5	Alignment of winter communications with SEL CCG and robust patient engagement in planning winter services.

NHS South East London (Bromley) Winter Schemes							
No.	Title	Scheme Description	Budget	Strategic Priorities	Impact Tracking KPI	KPIs	Comment
1	Additional capacity for Bromley Hospital Discharge Single Point of Access (Bromley SPA)	Maintain and enhance the clinical triage and welfare check functions within the Bromley SPA to support timely hospital discharge and admission avoidance. All referrals from hospital and community to pass through a clinical team in the SPA who will identify the required clinical input and arrange directly with the required community clinicians.	£212,492	1,3	Reduce ED attendances Reduce admissions for patients presenting to ED Reduce re-admissions Reduction Length of Stay Improved patient experience	20% reduction	<i>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</i>
2	Additional Capacity for Welfare Checks	Patients receive welfare check from therapists in their home post hospital discharge to ensure safety, equipment is in place etc.	£76,000	1,3	Reduce hospital readmissions. Improve quality of discharge Reduce unnecessary packages of care	20% reduction on readmissions	
3	Additional capacity to support Bromley Urgent Treatment Centres	Additional capacity to support weekday evening surges at PRUH and Beckenham Beacon and also to support implementation of 111 direct booking pilot into the UTCs.	£70,000	1,3	98% Type 3 Performance 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	98%	
4	Urgent response capacity within community therapy and rapid response teams	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	£114,895	1,2	Reduce re-admissions Reduction in waiting times Reduction Length of Stay Improved patient experience	10% reduction	
5	Community Respiratory Management Pilot	Increasing capacity of the BCCMS and expanding the existing model into a 'Bromley Respiratory Community Management Service' to pilot over winter. The purpose of this would be to use the BHC and BGPA developed model of telephone triage, remote monitoring, home visiting and respiratory hub (i.e. the BCCMS) to provide care over winter 2020/21 to an expanded cohort of respiratory patients. This would include any new or ongoing Covid cases, and cohorts of people with respiratory problems such as COPD and asthma who are at high risk of deterioration and hospitalisation.	£250,000	1,2	Reduction in respiratory patients unnecessarily attending ED department	20%	
6	Flu Vaccinations for Patients 50-64	Alignment with national guidance and support local PCNs in delivery of mass vaccination clinics	£0	4,5	Maintenance of high % of over 65s getting flu vac and increase in % of at risk and new over 50s in getting vacs.	75%	
7	Flu Vaccinations for Staff	Flu Voucher scheme for LBB staff (frontline and management), Bromley Third Sector Enterprise, Police and Fire brigade, as well as NHS SEL CCG staff.	£10,000	45	Successful take up from SEL CCG staff	90%	
8	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.	£13,838	1	Maintain rota fill during Christmas period	100%	
Total Spend			£747,225				

Covid-19 Budget Total	£76,000
Winter Budget allocation Total	£671,225
Winter Budget	£669,000
Unallocated spend	-£2,225

2020/21 Winter/Phase 2 Covid-19 plan

Committed spend

	Title	Description	Committed spend	Funding Stream	Strategic Priority	Impact Tracking KPI	Target	Comment
1	Staffing	13.5 additional S/CM/A across the system	£626,520	BCF Winter	1	% of winter funded posts recruited to	100%	Annual commitment
2	ECH step down schemes	8 dedicated Assessment flats available within 24 hours with an exit strategy	£182,000	BCF Winter	1, 2	No of assessment flats	100% (8)	Annual commitment
3	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.	£19,597	BCF Winter	1	No of social admissions	0	Spend to date, future spend charged to Covid-19
Sub-total			£828,117					
Total budget			£1,064,000					
Unallocated spend			£235,883					

Proposed additional Schemes 2020/21

	Title	Description	Budget	Funding Stream	Strategic Priority	Impact Tracking KPI	Target	Comment
4	Resi isolation unit	Burrows House	£243,360	Covid-19	1, 3	Bed utilisation No of hospital delays due to awaiting residential care	90% 0%	9360pw based on full occupancy
5	Nursing isolation unit	Procure a nursing isolation unit as per the national guidance	£187,000	Covid-19	1, 3	Bed utilisation No of hospital delays due to awaiting residential care	90% 0%	Indicative based on 4 months - tbc
6	Emergency Respite	Emergency care to prevent admission to hospital or placement	-	Covid-19	1	No of social admissions	0%	
7	MHRA	Additional MHRA capacity to support hospital discharge clients and build resilience in the system	£30,000	BCF Winter	3	% of double handed clients reviewed at home within 48 hours of discharge	100%	
8	Project Manager	6 months project and policy costs to manage all schemes and provide capacity to support commissioning activity emerging from the Demand and capacity Meeting as well as ensuring ongoing flow through all pathways preventing additional pressures on ASC services and budgets.	£50,000	BCF Winter	1, 2, 3, 4, 5	% of winter funded posts recruited to	100%	
9	Rapid access: Assisted technology	Procurement of access to urgent hard wired assisted technologies	£3,000	BCF Winter	1	No of hospital discharge delays due to awaiting assisted technology	0%	Via Red alert
10	Frailty and Care Navigator Capacity	Expanding capacity in Bromley Well schemes that support social care e.g frailty navigator, handy man, care navigators and emergency shopping	£50,000	BCF Winter	1, 2, 3	% of winter funded posts recruited to No of interventions offered by Bromley Well to support hospital discharge	100%	
11	Admin	0.5 top up for SPA admin	£18,060	BCF Winter	1, 3	% of winter funded posts recruited to	100%	Potentially redeployed from other services
12	Repairs, deep clean and declutters	For significant repairs and deep cleans to allow clients to receive care in their own home preventing admission or supporting hospital discharge	£15,000	BCF Winter	1	No of hospital delays due to awaiting housing access	0	More complex cleans not covered under the DFG provision
13	6 week contingency	Contingency funding for cases that have gone over 6 week D2A Covid-19 monies	£69,823	BCF Winter	3	Additional cost to the LA due to delay in assessments over 6	£0	Note the additional costs are the net costs above the winter
Covid-19 Budget Total			£430,360					
Winter Budget allocation Total			£1,064,000					
Winter Budget			£1,064,000					
Unallocated spend			£0					

This page is left intentionally blank

Think you need medical help right now?

NHS 111 is available to offer advice on the best course of action

NHS 111 can help you decide the best course of action to take when you have an urgent, but non-life-threatening health concern.

NHS 111 provides you with a convenient way to get the right help or advice when you need it.

Whether over the telephone or online, NHS 111 will ensure that you get the right care, from the right person, as quickly as possible.

So, if you think you need urgent medical help, you can now **call 111** or go online at **www.111.nhs.uk**



Ways to get in touch with us

NHS South East London
Clinical Commissioning
Group (Bromley office)
Global House
10 Station Approach
Bromley
BR2 7EH

020 3930 0100

Broccg.contactus@nhs.net

www.selondonccg.nhs.uk

@NHSBromley_CCG

UPDATED FOR
WINTER
2020

Important information to Help you Stay Well This Winter

Inside this leaflet

- Why you should have a flu vaccine
- GP appointments in Bromley
- Protect yourself from shingles and pneumococcal infections
- Use the right service at the right time

www.selondonccg.nhs.uk



Dr Jon Doyle,
Bromley GP and
Clinical Director

It's not 'just the flu' – protect yourself and those around you by having the flu vaccination.

Each year the flu kills on average 11,000 people and hospitalises thousands more.

This year it's more important than ever for people at risk to get their free flu vaccine. By having the flu vaccination, you will help protect yourself and others from what can be a severe, and sometimes fatal, illness which could lead to a hospital treatment. The flu spreads from person to person, even amongst those not showing symptoms.

This winter, many more people are eligible to have the free flu vaccine. As well as vaccinating those most at risk, people aged between 50 and 64 who are not in a clinical at-risk group may also be offered a free flu vaccination later in the year, providing there is enough vaccine available. This is to ensure that those who are most at-risk are vaccinated first.

If you're over 65, are pregnant, have a long-term health condition, or you're in a shielding household, speak to your GP or pharmacist to get a free flu vaccine. You can book online with your local pharmacist at myvaccinations.co.uk.

A flu vaccine is available for free on the NHS for:

- ▶ **Anyone aged 65 or over**
- ▶ **Anyone with a long term condition such as a heart, chest or spleen problem, kidney or liver disease, a neurological condition or diabetes**
- ▶ **Pregnant women**
- ▶ **Anyone with a weakened immune system**
- ▶ **Carers of an older or disabled person**
- ▶ **Live with people who are on the Coronavirus list**

For more information about who should have the flu vaccine visit: www.nhs.uk/conditions/vaccinations/who-should-have-flu-vaccine/

Children aged 2-3 can get a free nasal spray at their GP. School aged children up to year 7 will be offered the vaccine at school – if you have an eligible child, please make sure they get it to help stop the spread of flu.

Flu can be very unpleasant for children, with potentially serious complications, including bronchitis and pneumonia.

Find out more by visiting www.nhs.uk/conditions/vaccinations/child-flu-vaccine

All of our Bromley flu clinics have infection control measures in place so you can be vaccinated safely. This includes social distancing, handwashing and protective equipment'.

Dr Jon Doyle, local GP and Bromley Clinical Director

If you are eligible for a free flu jab, your GP practice will contact you directly by letter or text to arrange it.

Who is eligible for pneumococcal and shingles vaccinations

Shingles vaccinations

A vaccine to prevent shingles, a common, painful skin disease is available on the NHS to people in their 70s.

The shingles vaccine is given as a single injection into the upper arm. Unlike the flu vaccine, you'll only need to have the vaccination once and you can have it at any time of the year.

Shingles can be very painful and uncomfortable. Some people are left with pain lasting for years after the initial rash has healed. Shingles is also fatal for around 1 in 1,000 over-70s who develop it.

Who can have the shingles vaccination?

- ▶ You're eligible for the shingles vaccine if you are aged between 70-79 years old.
- ▶ A small number of patients may not be eligible for the shingles vaccination and your practice will advise you.

- ▶ When you're eligible, you can have the shingles vaccination at any time of year.
- ▶ The shingles vaccine is not available on the NHS to anyone aged 80 or over because it seems to be less effective in this age group.

How do I get the shingles vaccine?

- ▶ Once you become eligible for a shingles vaccination your doctor will vaccinate you when you attend the surgery for general reasons, or for your annual flu vaccination.
- ▶ If you are worried that you may miss out on the shingles vaccination, contact your GP surgery to arrange an appointment to have one.

Find out more by visiting www.nhs.uk/conditions/vaccinations/shingles-vaccination

Pneumococcal vaccinations

The pneumococcal vaccine protects against serious and potentially fatal pneumococcal infections. It's also known as the pneumonia vaccine.

Pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae* and can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis.

At their worst, these infections can cause permanent brain damage, or even kill.

Who should have the pneumococcal vaccine?

A pneumococcal infection can affect anyone. But some people are at higher risk of serious illness, so it's recommended they're given the pneumococcal vaccination on the NHS.

These include:

- ▶ babies
- ▶ adults aged 65 or over
- ▶ children and adults with certain long-term health conditions, such as a serious heart, lung or kidney condition

Find out more about who should have the pneumococcal vaccine by visiting www.nhs.uk/conditions/vaccinations/pneumococcal-vaccination



Cheril Sowell, Nurse

GP services in Bromley during the evenings and at weekends



Bromley

Clinical Commissioning Group

Bromley GPs provide more patient appointments in the evenings and at weekends. These extended services are available from 4pm to 8pm on weekdays and 8am to 8pm at weekends, and provided from three hubs across the borough.

In winter, when NHS services are particularly busy, we provide more of these appointments to make it easier for you to see a GP when you need one. To get an appointment, you can call your GP practice. If your need is urgent and there is no appointment available within your practice, you will be offered an appointment at one of the hubs (you will still be registered with your practice for future appointments).

Bromley Well

Bromley Well provides help for you to stay emotionally and physically well and to remain independent.

For further community support on keeping well and staying warm this winter contact Bromley Well on 0300 330 9039 or email spa@bromleywell.org.uk

for more information visit: www.bromleywell.org.uk



Dr Andrew Parson,
Local GP and Bromley Clinical Chair



You can be prepared for common illnesses by keeping a well-stocked medicine cabinet at home.



You can call NHS 111 if you need medical help or advice but it's not a life-threatening situation, or if you're not sure which service you need.



Ask your local pharmacist for advice for many common minor illnesses, such as diarrhoea, minor infections, headache or sore throats.



Make an appointment with your GP if you're feeling unwell and it's not an emergency. GP appointments are available from 8am to 8pm, seven days a week.



Visit the Urgent Care Centre if you have a minor illness or injury (cuts, sprains or rashes) and it can't wait until your GP surgery is open.

Princess Royal University Hospital
Farnborough Common
Orpington
Kent BR6 8ND

Beckenham Beacon
379-397 Croydon Road
Beckenham
Kent BR3 3QL



Call 999 if you or someone else is seriously ill or hurt and their life is in danger.

Hubs are located in Beckenham, Bromley and Orpington. If you need to see a GP urgently when your practice is closed, please call 111.

**Bromley Directorate, Oxleas NHS Foundation Trust
COVID-19 Summary Briefing to:**

**Health Scrutiny Sub Committee,
London Borough of Bromley**

21st October 2020

Lorraine Regan, Service Director, Bromley Directorate

Adrian Dorney, Associate Director, Bromley Directorate

Introduction

This briefing paper has been compiled in response to the Health Scrutiny Committee Chair's request for feedback on how Oxleas NHS Foundation Trust have continued to deal with COVID-19 related issues and information about the demand post lockdown.

The briefing paper outlines the provisions Oxleas NHS Foundation Trust have put in place to support the continued functioning of mental health services within Bromley.

The areas covered include the support and information delivery to staff, the impact of COVID-19 on staff sickness levels and the service demand that has been experienced during the pandemic period. This paper is not an exhaustive account but a summary of issues relating to the Chair's request. Further information can be provided as required.

Oxleas Trust COVID-19 Provisions

The following provisions have been put in place to support staff with information, safe working environments and testing/diagnosis. The measures implemented below are ongoing and subject to review in response to changing Government advice and regulations.

- **Oxleas Executive**

The trust has an incident command centre based at Trust HQ. This has maintained oversight and activity throughout the pandemic and provides a central source of information and advice including the dissemination of the latest guidance.

There are exec briefings three times a week where intelligence relating to service delivery and workforce challenges are shared.

This group ensures there are systems for resilient service delivery over the coming months if further restrictions are enforced.

- **COVID-19 Trust Home Page**

Trust website page detailing Information for staff on all matters related to COVID-19 – E.g. Track and Trace App / What staff should do if they get a positive COVID-19 test result / Rule of 6 Clarification / When you should now wear a mask / Staff experiences of shielding etc.

- **Daily and Weekly Staff Email briefings**

Live updates sent out to staff via email on topical issues relating to COVID-19

- **Masks**

All staff are now required to wear fluid resistant surgical face masks in clinical and non-clinical areas at all times. Exception in non-clinical areas where: Staff are working alone, or in multi-occupancy offices that are Covid-secure, and where a two metre distance can be maintained whilst sitting working. When leaving your desk to move around, you must wear a mask.
- **COVID-19 Secure offices**

Single occupancy or space allows for working two metres apart when at desks. Ventilated space. All movement from desks requires a mask to be worn. Decontaminate phones and keyboards before and after use. Take breaks / lunch two metres apart. Wash hands regularly for 20 seconds. Alcohol gel hand cleanser. If symptomatic stay at home, get a test.
- **Environmental Risk Assessments**

All sites required to complete environmental risk assessments to detail how many staff can safely be on site at one time and to ensure provisions are in place for spaced out working, PPE and cleaning.
- **Remote working / Working from home**

IT solutions maximised / Limited staff numbers in office bases.
- **Focus on community based care**

Reduction in inpatient dependence / Fewer patients treated in hospital / Home Treatment focus / All community teams increased MDT meetings and RAG rating frequency. This reduces the numbers of service users treated in hospital where the proximity to others increases potential risk of virus transmission.
- **Drive through COVID-19 testing facility**

Supporting staff and their families with symptoms having difficulty accessing test. Based at Queen Mary's Hospital - Monday to Friday, 10am to 1pm by appointment. **140** staff/family members tested so far.
- **Winter Flu Vaccine Launch**

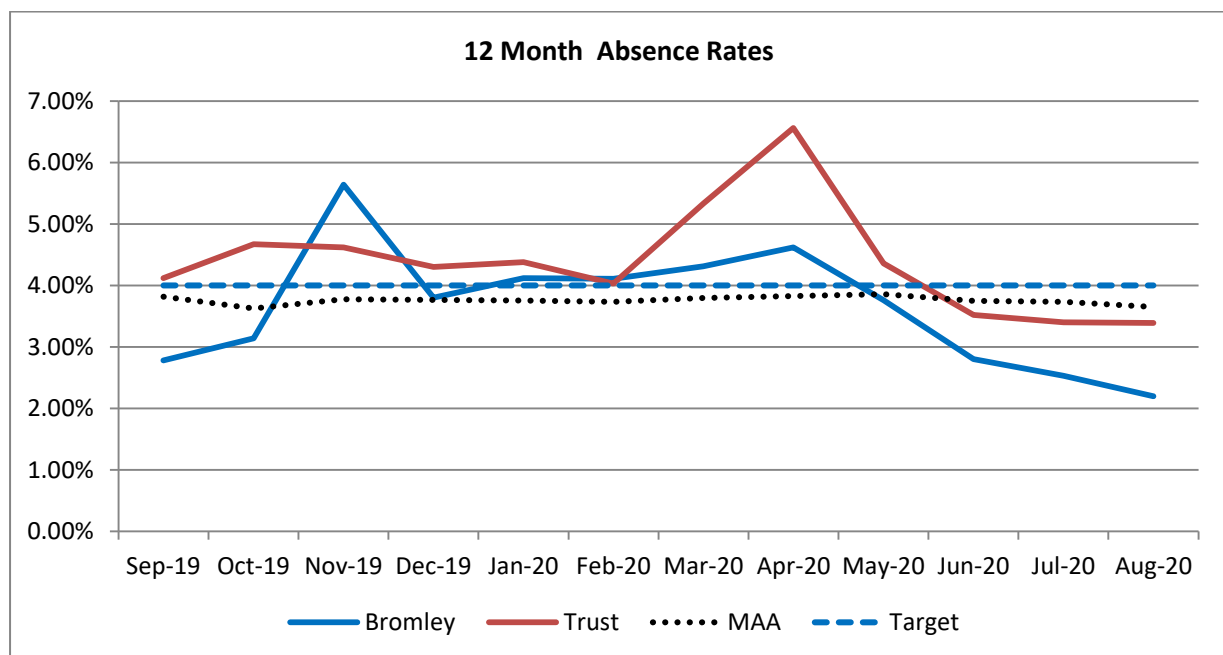
Staff flu vaccination programme launched to ensure highest level of protection for staff against other seasonal influenza to limit the sickness levels providing more resilience to respond and cope with any absence due to COVID-19.

Oxleas Staff Sickness Data – Bromley

It is apparent from the data that during the COVID-19 period we actually saw staff sickness levels trend downwards for the whole Trust and Bromley Directorate sickness have remained under the Trust trend level.

The initial stages of the pandemic before there was clarity about the nature of the virus may have contributed to raised staff anxiety causing some increase in sickness absence. Following this we believe that the fall in sickness rate may in part be attributable to staff commitment to maintaining NHS services in the face of a national crisis. This altruistic response at times of need is indeed characteristic of public services.

We also believe that a factor in the continued downward trajectory in sickness rate may be a result of the increased level of staff remote working from home that has been necessary throughout the pandemic. We believe this arrangement has benefits for staff in terms of work life balance and we are considering this in the return to a future “new normal” way of working.



Sickness Absence	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Episodes Aug 2020
Bromley	2.78%	3.14%	5.64%	3.80%	4.12%	4.11%	4.31%	4.62%	3.76%	2.80%	2.53%	2.20%	33
Trust	4.12%	4.67%	4.62%	4.30%	4.38%	4.03%	5.33%	6.56%	4.36%	3.52%	3.40%	3.39%	497
MAA	3.82%	3.63%	3.77%	3.77%	3.75%	3.74%	3.79%	3.83%	3.86%	3.75%	3.73%	3.65%	

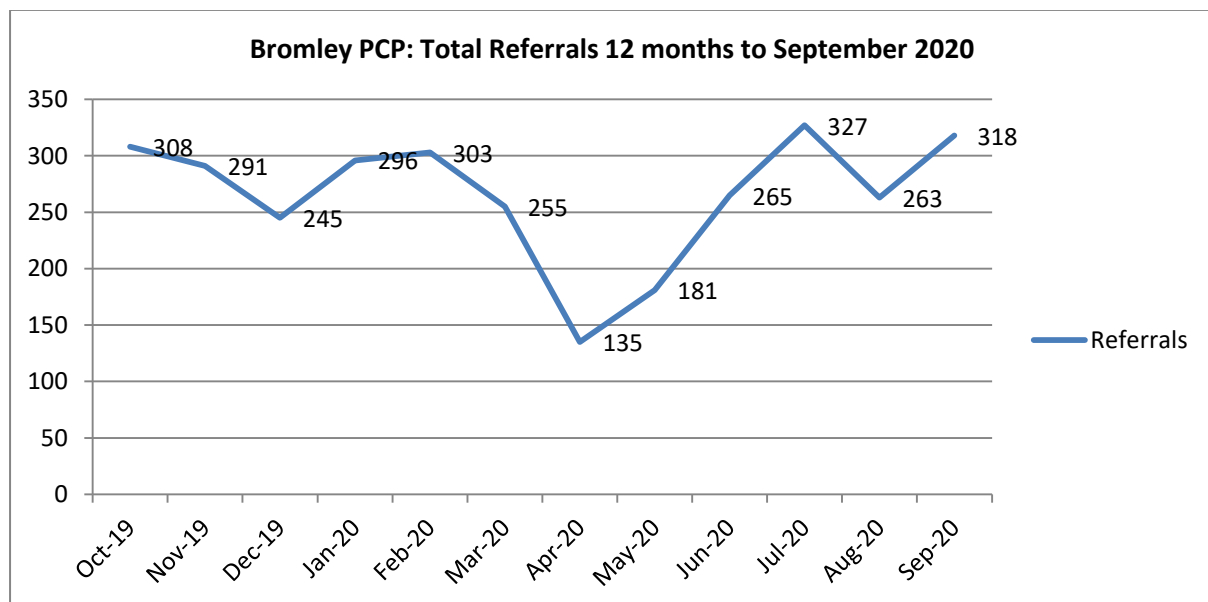
Demand Changes during COVID-19 Period

1. Referrals to Oxleas Community Services – PCP

Oxleas Primary Care Plus service (PCP) is our community assessment teams for referrals into our secondary care services.

In the early stages of the COVID-19 period we saw referral numbers reduce significantly in what we believe was in part due both to the initial lockdown and the general public anxiety about risks of contact with services / people.

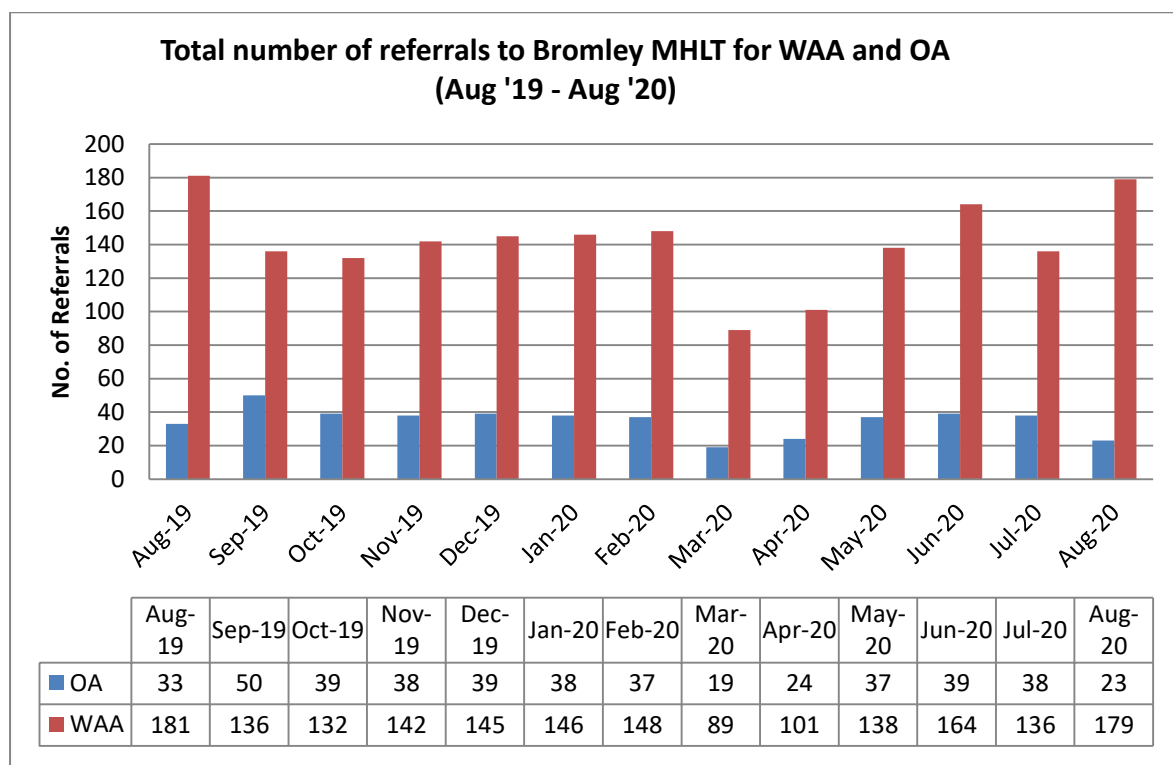
The referral rate has since show a trend upwards and has hit a 12month high in recent months. As services have not experienced high sickness absence we have been in a good position to respond to this demand and it has been possible to support the majority of service users in their own homes. Where home visits have been necessary staff have utilised the appropriate Personal Protective Equipment (PPE).



2. Referrals to Oxleas Mental Health Liaison Team – PRUH A+E

Oxleas Mental Health Liaison Team (MHLT) in Bromley works into the A+E Department and wards at Princess Royal University Hospital (PRUH). The service also saw a reduction of referrals in the early stages of the pandemic with service users avoiding the Acute Hospital in response to the known pressure on acute Trusts dealing with COVID-19 cases and anxiety about possible risks.

We have since seen the referral rate trend back up to expected levels. We have been able to maintain low admission rates of between 15% and 25% of those referred to mental health services through the MHLT. This is attributable to the input of Oxleas Home Treatment Team and Community Mental Health Services supporting people to access treatment and support in their own homes.



**PATIENT EXPERIENCE
REPORT 2020**

Q1: April- June

Contents

Introduction & Executive Summary	3
Overall Patient Reviews	5
Total Reviews per Service Category	8
Distribution of Positive & Negative Reviews	9
Themes: GPs, Hospitals and Pharmacies	10
Positive Reviews: Themes/Trends	13
Negative Reviews: Themes/Trends	17
Conclusion	18
Actions, impact & next steps	19
Appendix	21

Introduction and Executive Summary

Healthwatch was created by the Health and Social Care reforms of 2012 with a powerful ambition of putting people at the centre of health and social care. Healthwatch Bromley has the duty to gather and publish the views of patients and service users in the borough.

In delivering these duties in Bromley we operate a comprehensive Patient Experience data collection programme. The successful and on-going implementation of the data collection programme and the Digital Feedback Centre will yield approximately **2,400** patient experiences per annum, all of which will be presented as they are received, and considered as valid community opinion.

This is the first quarterly Patient Experience Report for Healthwatch Bromley for the year 2020-2021. Your Voice in Health and Social Care (YVHSC) took over the provision of Healthwatch Bromley in April 2018 when the online Digital Feedback Centre was launched together with the Healthwatch Bromley website.

Normally, our patient Experience Officers and volunteers visit health and social care services to talk to and hear from patients, service users, carers, and relatives about their experiences of local services. This was not possible during this quarter due to Coronavirus social distancing measures put in place by the UK government.

During this quarter, patient experience comments and reviews were gathered in two ways. Firstly, we organized weekly zoom community engagement sessions (each Tuesday and Wednesday). The aim of the community Engagement sessions was to offer a platform to listen to local Bromley residents, patients and the wider community. Secondly, we used online platforms such as NHS.UK and care opinion.org.uk to gather patient experience comments.

Introduction and Executive Summary cont.

Whilst we aim to gather patient experience comments and reviews from a representative sample of Bromley's population we acknowledge that different people use different services at different times in their lives, some not at all.

The outreach element of our Patient Experience Programme is supplemented by our community engagement work and our website (www.healthwatchbromley.co.uk), which people may visit independently to provide service feedback and comments. Our questions are uniform across the Digital Feedback Centre and the physically collected forms.




This report covers the first quarter, April-June 2020. During this time, we collected 300 reviews. The target number of 600 reviews was not met due to the fact that we put on hold our patient experience visits from mid-March due to Coronavirus social distancing measures put in place by the UK government. Out of the total number of patient experiences received, **233 (78%)** were positive, **5 (2%)** neutral and **62 (20%)** negative, based on the star rating provided by patients.

The information presented within this report reflects the individual patient experience of health and social care services, capturing genuine observations and verbatim comments from the community. Healthwatch Bromley presents it to be considered and used to highlight good practice and improve service provision.

Overall Patient Reviews

The number of patient reviews received this quarter is **300**. The table below shows a breakdown of the positive, neutral and negative patient reviews.

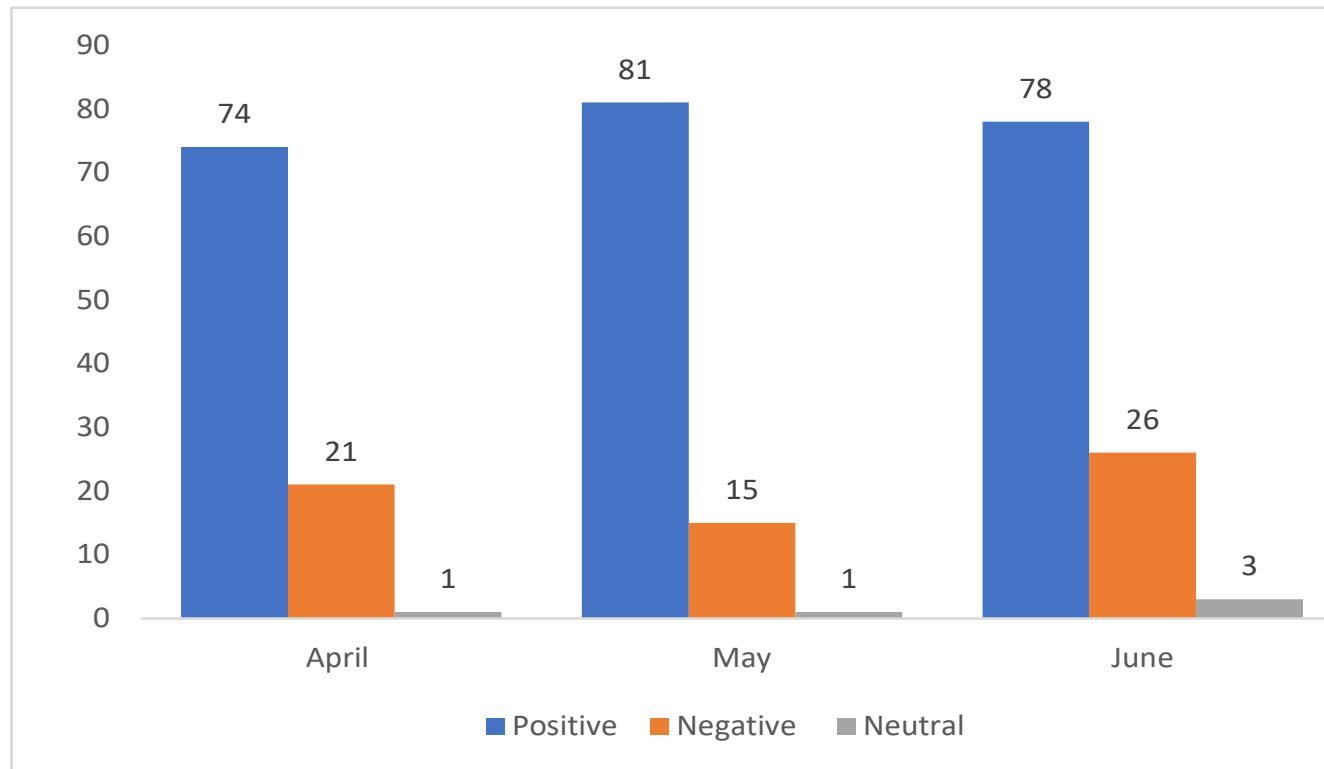
Each patient is asked to give an overall star rating out of 5 stars for a service. Star ratings of 1 and 2 indicate a negative response; 3 indicates neutral; 4 or 5 indicate positive. This quarter **233** positive, **5** neutral and **62** negative responses were recorded.

Month	1 - 2 Star Reviews (Negative) 	3 Star Reviews (Neutral) 	4 - 5 Star Reviews (Positive) 
April	21	1	74
May	15	1	81
June	26	3	78
Total	62	5	233

Overall Patient Reviews

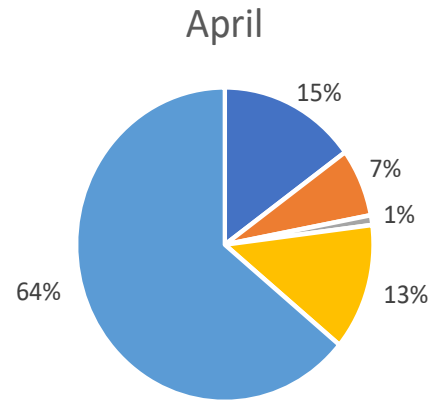
This chart provides a breakdown of positive, neutral and negative reviews for each month, based on the overall star ratings provided.

Total Positive, Negative & Neutral Reviews for Q1

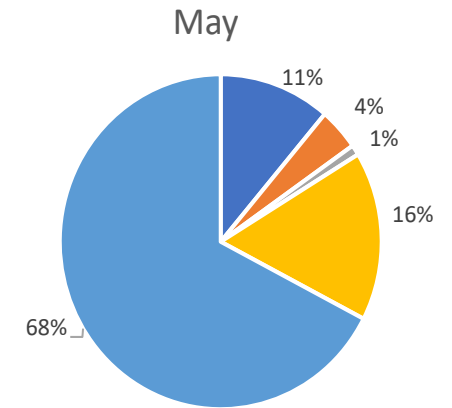


Overall Patient Reviews: Star Ratings

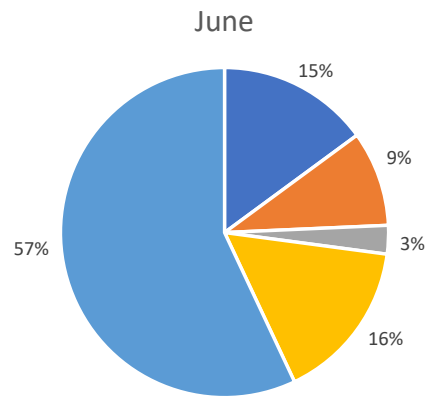
These pie charts show the breakdown of star ratings for each month and for the whole quarter.



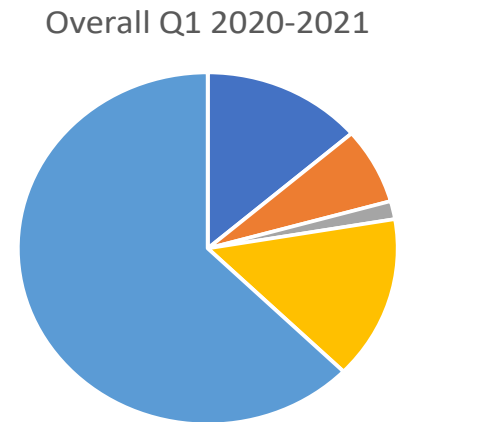
■ 1 star ■ 2 stars ■ 3 stars ■ 4 stars ■ 5 stars



■ 1 star ■ 2 stars ■ 3 stars ■ 4 stars ■ 5 stars



■ 1 star ■ 2 stars ■ 3 stars ■ 4 stars ■ 5 stars



■ 1 star ■ 2 stars ■ 3 stars ■ 4 stars ■ 5 stars

Total Reviews per Service Category

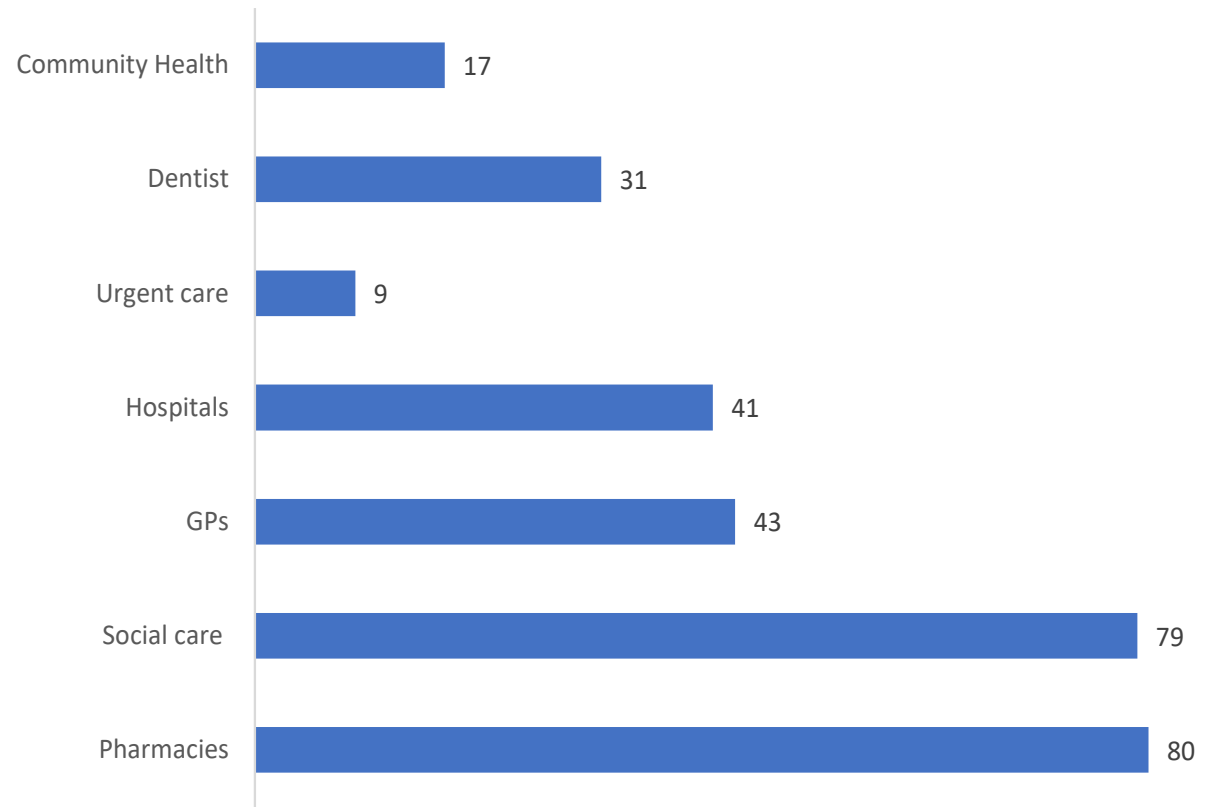
The patient reviews recorded for this quarter cover 7 service type categories, as seen in this chart.

The category with the highest number of reviews recorded is Pharmacies (**80**), followed by social care (**79**) and GPs (**43**).

For this quarter, we have received a large number of reviews for pharmacies. The reason being is because of the current pandemic, people were using less GP and hospital services.

Page 86

Type of Services

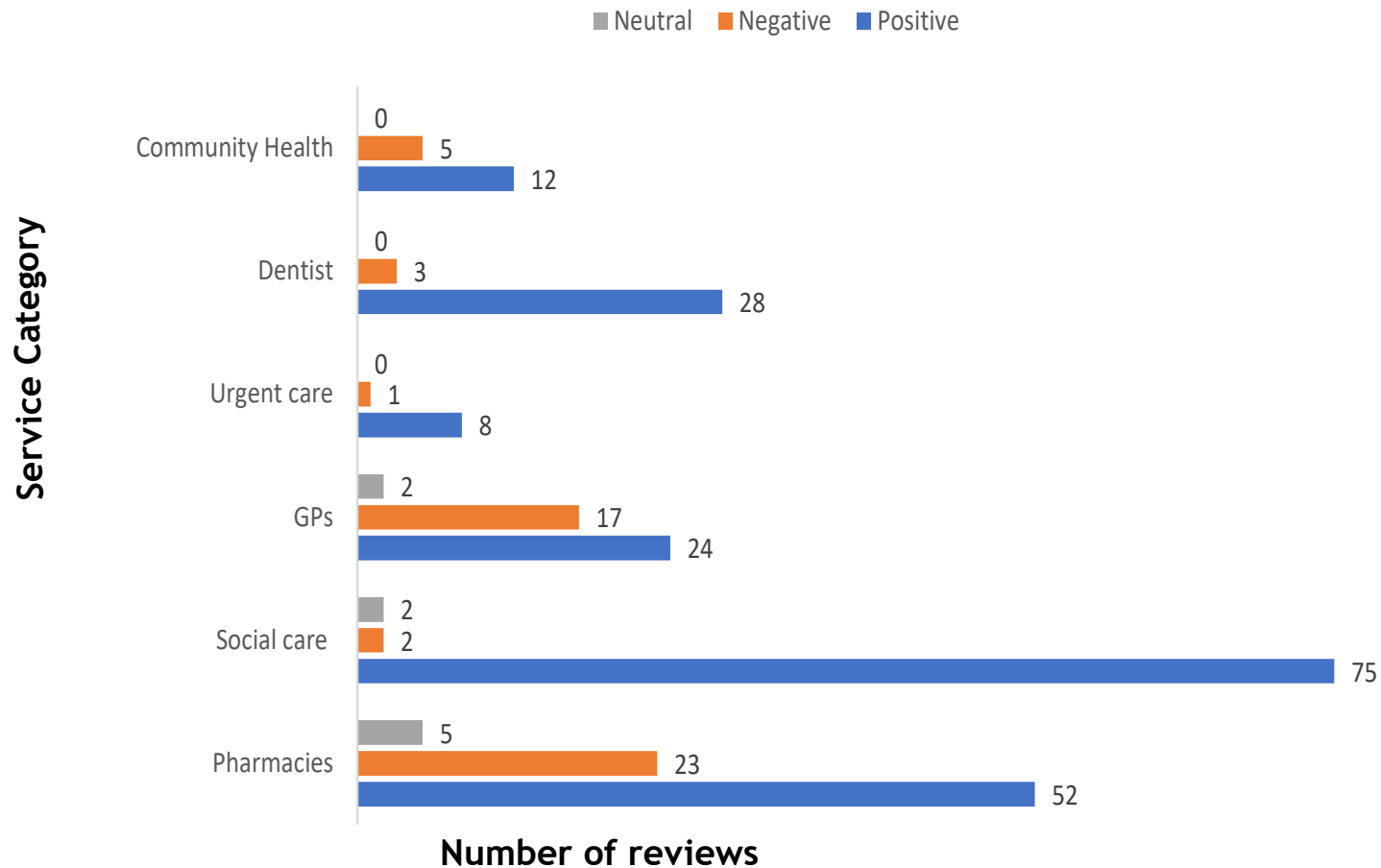


Number of reviews

Distribution of Positive & Negative Reviews

This table compares the number of negative and positive reviews for each category.

‘Social care’ received the highest proportion of positive reviews at **33% (75)** followed by ‘Pharmacies’ which received **23% (52)**. This is due to the important role played by pharmacies and care homes during COVID-19.

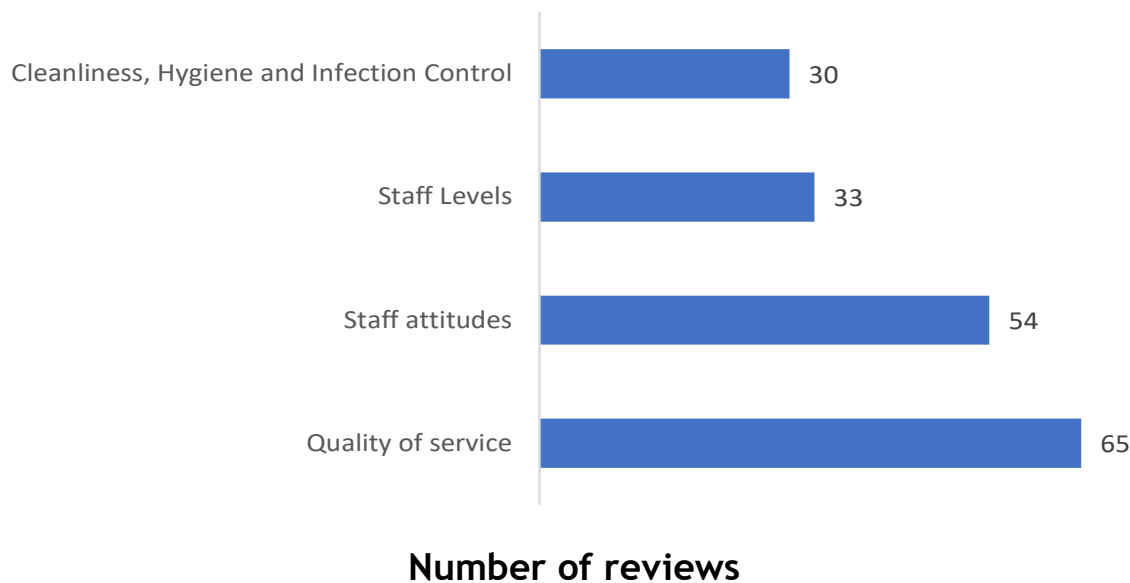


Themes/Trends for Pharmacies

This section shows a breakdown of the main themes for service areas where we captured a significant number of reviews, Pharmacies, Social care and GPs. Normally, we ask patients for an overall star rating of the service and a description of their overall experience. However, due to the unprecedented circumstances around COVID-19, we gathered reviews in two ways. Firstly, we organised weekly zoom community engagement sessions (each Tuesday and Wednesday). The aim of the community Engagement sessions was to offer a platform to listen to local Bromley residents, patients and the wider community. Secondly, we used online platforms such as NHS.UK and care opinion.org.uk to gather patient experience comments.

Each review is uploaded to our Online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see appendix ii. for a full list). Depending on the content of the comment it may have one or more themes attached to it. For this reason, the total number of themes will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, neutral or negative sentiment is recorded.

Themes for Pharmacies



Cleanliness, Hygiene and Infection Control; 30 responses, 100% positive.

Quality of service; 65 responses, 58% positive.

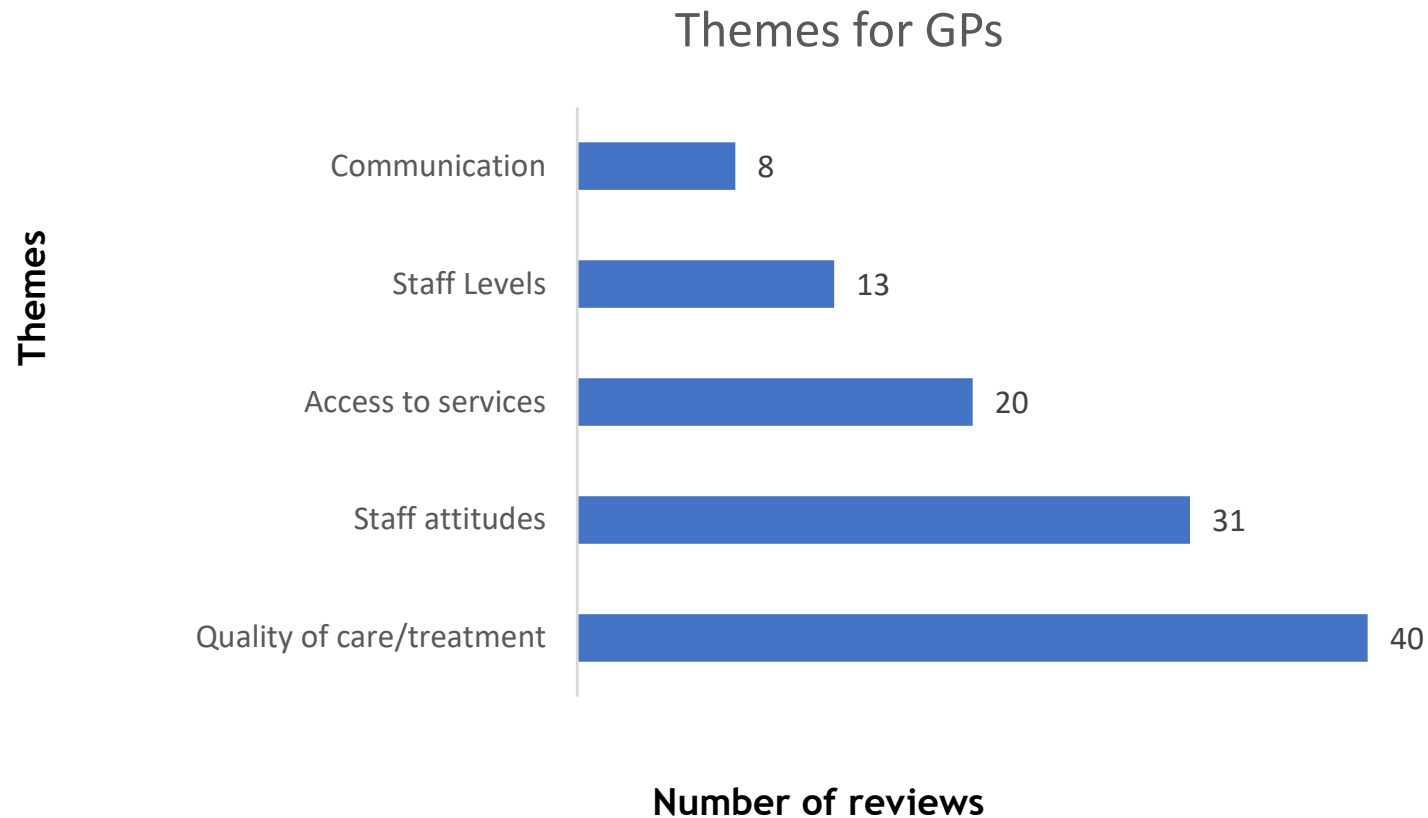
Staff attitudes; 54 responses, 67% positive.

Staff levels; 33 responses, 73% positive.

The majority of responders praised the prevention measures taken by pharmacies to safeguard them during the pandemic. Responders were also satisfied with the delivery option proposed by the majority of pharmacies. However, some responders reported some issues around the lack of coordination between GPs and pharmacies (especially concerning prescriptions).

Themes/Trends for GPs

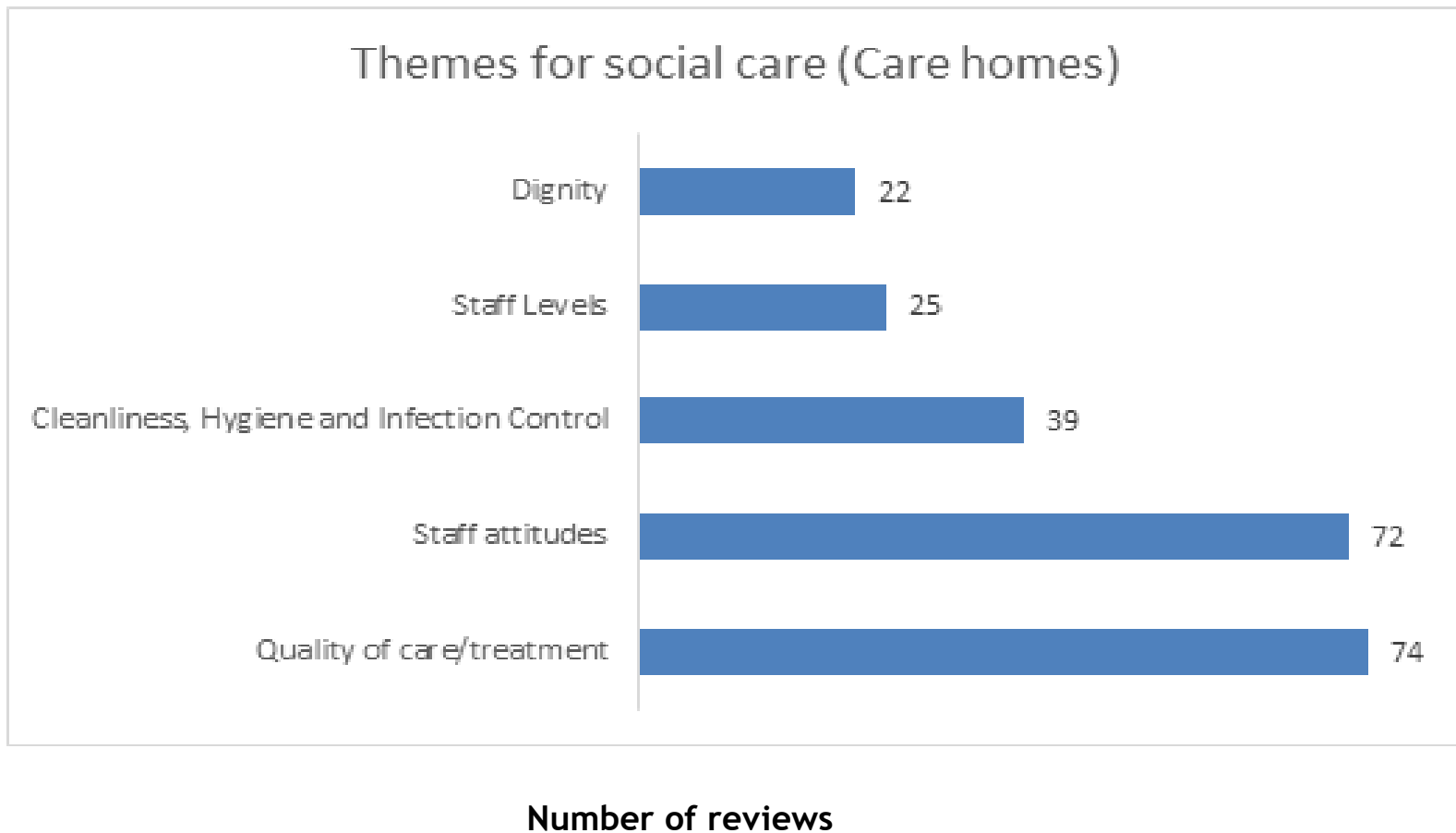
For GPs, 'Quality of care' received **40** reviews, with **63%** positive, 'Staff attitudes' received **31** reviews, with **58%** positive, 'Access to services' received **20** reviews, with **90%** positive. Overall, access to GP appointments became easier and quicker through GP telephone and E- consultations and overall received positively. But for some residents, remote access did not meet their communication and care needs. E.g. Lack of communication between GPs and hospitals, appointment cancellation, changes in prescription and long waiting time for prescriptions.



Themes/Trends for Social care

For care homes, 'Quality of care' received **74** reviews, with **95%** positive, 'Staff attitudes' received **72** reviews, with **100%** positive, 'Cleanliness, Hygiene and Infection Control' received **39** reviews, with **90 %** positive. Overall, responders praised the efforts deployed by carers to care for residents during this pandemic.

Themes

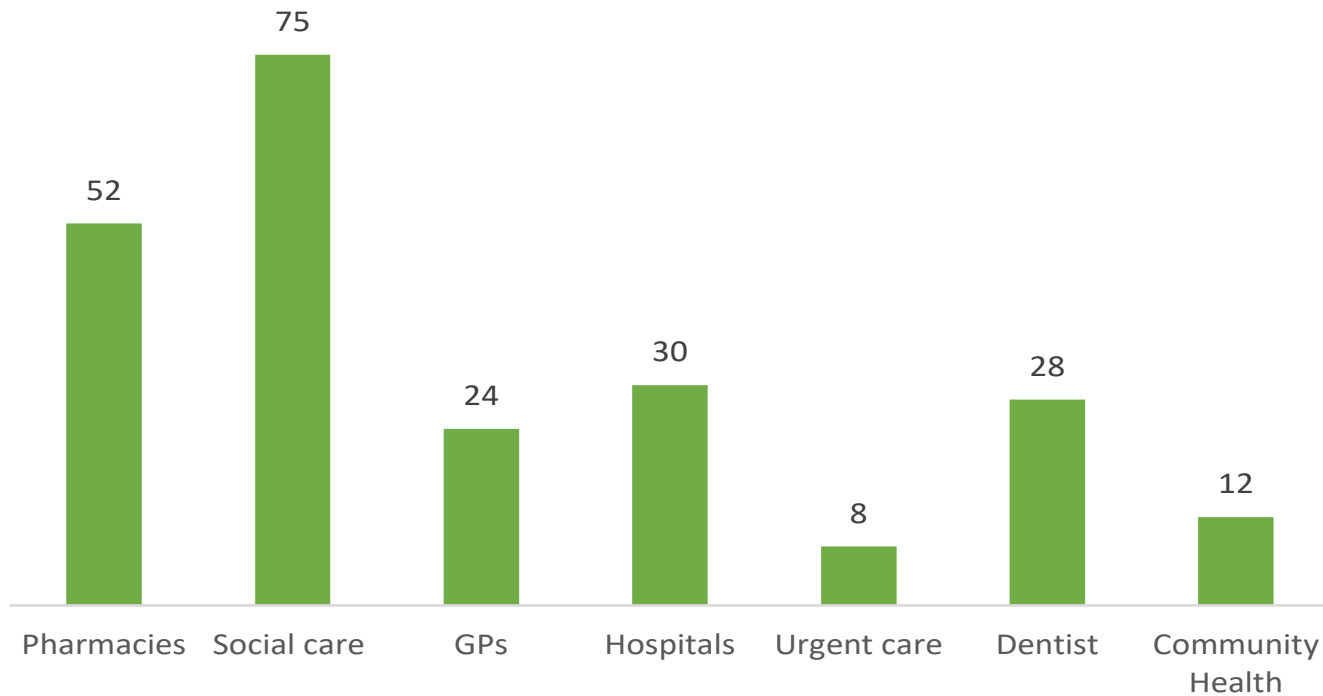


Positive Reviews: Themes/Trends

Looking at the positive reviews received allows us to highlight areas where a service is doing well and deserving of praise. This section provides an overview of the number of positive reviews by service area and theme, and includes comments received regarding each service area.

April-May-June

Positive feedback



Type of Service



Pharmacies

Quality of service

Out of a total of **65** reviews received about the theme Quality of service, **58%** were positive.

" Excellent service from friendly and knowledgeable staff. Always a pleasure to use this pharmacy. They are always willing to give advice and help. My medication is always ready and correct. I would not voluntarily use any other pharmacy.

Excellent place."

Pharmacy

" Despite the current emergency situation and being insanely busy my regular medication was delivered on time. The staff are always approachable, helpful and pleasant. Well done and thank you."

Pharmacy

" This chemist have been absolutely fabulous over the last few months organising my 85-year-old mum's medication in a Dossett box and delivering to her home. Fantastic customer service - above and beyond. Thank you so much."

Pharmacy

Staff attitudes

Out of a total of **54** reviews received about the theme Quality of service, **67%** were positive.

" I was served by a helpful lady today. I was the customer who ended up causing a small queue while they searched the storage room for a hair trimmer I picked out. She is really friendly, engaging and positive. She was Juggling customers while she sorted me out at the same time. Given the Pandemic we are in, we need more people like this. I did not catch her name sadly but thank you! Great service."

Pharmacy

" I urgently needed some tablets which were in the pharmacy. As a disabled person, I could not collect them. A staff member kindly delivered them to me on her way home. Very kind gesture."

Pharmacy



GP Services

Quality of care

Out of total of **40** reviews received about the **Quality of care theme**, **63%** were positive.

" I am currently 'shielding' and I cannot praise the service I have received from Dysart surgery highly enough."
Dysart Surgery

" I am a clinician myself. I was anxious about a particular health matter and I was consulted by the doctor. I understand the difficulties of managing patient expectations, being pragmatic and empathetic at the same time. The doctor demonstrated all of these qualities and resolved my medical problems in a timely manner. I am very happy with the service received at Southview Surgery during the time of the COVID-19 pandemic."
Southview Surgery

" I would like to thank the practice for helping me and my family. I came to the surgery as a worried mum, I was dealt with sympathetically and my daughter was treated appropriately and efficiently. When I was ill myself, I was very happy by the service provided by the Physician's Assistant who had a lovely manner. One receptionist in particular is always so kind to my kids. It is a great practice."
Knoll Medical Centre

Access to services

Out of total of **20** reviews received about **Access to services** theme, **90%** were positive.

" Contacted the surgery at 8.40am today by email and after having an email and then a text message, had a message from the pharmacy to say my prescription was ready for collection. Amazing, thank you so much."
Knoll Medical Centre

We have used the surgery 4 times in the last 2 months and have been totally impressed with the doctors, nurses and reception staff we have interacted with. They have in short, been brilliant. My husband has attended twice, after receiving an animal bite, and the nurses were efficient and knowledgeable. Twice we received telephone consultations after submitting photographs. All treatments were extremely quickly dealt with. The receptionists have been welcoming. It makes such a difference in these difficult times when you can have so much confidence in your local GP's surgery."
Elm House Surgery



Social care

Out of a total of **79** reviews received about local social care services, **75** were positive.

" Mum was discharged for community end of life care under St Christopher's but with daily care support under NHS continuing care from Bridges Healthcare who were wonderful. Sue came to meet us in the hospital and was incredibly kind, considerate and caring at a difficult time. All the carers who came were respectful and truly caring, always addressing Mum directly and being sensitive to her needs and symptoms. Whenever there were staffing difficulties (completely to be expected at the start of the Coronavirus outbreak) a manager would step in and come to provide care. Very grateful to the wonderful team from Bridges."

Bridges Healthcare Limited

" During the lockdown, the staff at Homefield have done a great job of keeping my nan's spirits up. Nan sees one of us 5-days a week so we knew she would find lockdown hard but the staff have kept her happy, busy and helped her understand why she can't see her family. The video calls have been a great comfort to us in this hard time, as being able to speak to her and see how she is getting on has made things a little easier. Thank you to everyone at Homefield, you have done a good job."

Homefield Care Home

" My parents have been residents for a number of years, and the care and support received during the current Covid pandemic has shown yet again how caring and fantastic the whole team are at Elmstead. It has been very difficult not being able to visit my parents since early March, and I really worried about how they would cope not being able to have visitors or go out. Elmstead has done a great job keeping everyone safe and happy though. They have facilitated contact by arranging video calls, printing off emails, showing pictures and video messages that I have sent in from the family. I can't praise or thank them enough for all they are doing in these unprecedented times, and that goes right across the board including housekeeping, catering, entertainment, carers and management."

Elmstead Care Home

" I am happy with the way that the home is being run, especially in light of the coronavirus situation. The efforts made by management and staff to protect the residents have been heartening."

Glebe Court Home

Negative Reviews: Themes/Trends

During this quarter, we noticed that the number of negative reviews is significantly lower than positive reviews. This may be due to the public reluctance to give negative feedback to services that are coping with the pandemic. Also, during the pandemic, the uptake of NHS services was low. Therefore, many people did not face the issues that they used to highlight (such as long waiting times at hospitals).

However, there are some issues captured through our community zoom meetings that need to be highlighted:

- **Digital exclusion**: Clients with mental health issues from BLG Mind highlighted the issue lack of access to digital technology and isolation due to lack of access to android phones, tablets and PC/ laptops and skill sets. Some residents do not have access to the internet and the inability to pay utility bills online leading to anxiety. Specific groups with no online access experiencing difficulties accessing specific goods, services, treatment and support.
- **Access to podiatry and blood tests**: Patients reported a lack of clear information from Primary care services.
- **Digital and online care**: For some residents, remote access did not meet their communication and care needs. E.g. Lack of communication between GP and hospital, appointment cancellation, changes in prescription and long waiting time for prescriptions.
- **Community care**: One elderly wheelchair bound patient continued to pay for occupational therapy rehabilitation service although it was not received during COVID-19.
- **Staff attitudes**: Some patients reported poor customer services concerning some GPs and pharmacies.

Conclusion

Unfortunately, due to COVID-19, we were unable to do a face to face visit to collect the patient experience. Most of our reviews were collected online using different platforms, such as NHS.UK, Care Opinion and a few other websites. As we were not able to conduct an interview with the patients/service users some of the information might be incomplete as we only rely on the information that they have left in their comment.

This quarter, **300** patient experiences were collected, which is less than our quarterly target of **600**. This is due to COVID-19, we were unable to do any outreach. The number of positive reviews (**233**) overcount the number of negative reviews (**62**). Overall, patients were satisfied with the way health and social care workers have stepped to the challenge.

In this report, specific positive and negative themes stand out:

Positive

Cleanliness, Hygiene and Infection Control in pharmacies.
Access to services at GP practices.
Staff attitudes in Social Care services.

Negative

Digital exclusion: some patients faced difficulties to access online services.
For GPs, lack of communication with hospitals, appointment cancellation, changes in prescription and long waiting time for prescriptions.

Actions, impact and next steps

This report identifies areas of good practice and areas for improvement across different services. Healthwatch Bromley will use this report in its meetings with commissioners and providers, sharing the themes identified from the patient voice to identify how services could or should be improved. As additional reports are published, these themes and importantly, any trends, will be followed up in more detail with relevant partners. We will work with partners to develop appropriate actions to address the issues identified.

The Healthwatch Bromley Patient Experience Report (Q1) will be shared and presented at a number of different levels, and to different audiences, including the:

- Bromley Place Based Board and South East London Governing Body Structure
- South East London CCG Healthwatch Regional Director
- Bromley CCG Public and Patient Engagement Group
- Bromley Communications and Engagement Network
- Bromley's Health and Wellbeing Board
- Bromley Health Scrutiny Committee
- Kings College NHS Foundation Trust Patient Experience Committee (PEC)

We are working closely with the CCG and a variety of partners to identify how this intelligence can meaningfully feed into existing commissioning and monitoring mechanisms. Healthwatch Bromley is keen to explore how Healthwatch data can best be integrated into existing patient experience monitoring and reporting mechanisms, ensuring triangulation of patient experience intelligence within existing structures across the borough.

Actions, impact and next steps

In terms of next steps for our Patient Experience programme, Healthwatch Bromley aims to continue to engage in innovative ways during the COVID-19 social distancing measures. We will continue to collect reviews from external online review platforms and develop our social media platforms to raise awareness of our service and seek feedback from local people. In addition, we will be working with key partners to distribute our feedback form through foodbank parcels; pharmacy prescriptions; volunteer community support programmes (for example). We will be aiming to fully reinstate or move substantially closer to our Patient Experience targets this quarter through carrying out telephone interviews with residents to collect patient experience feedback.

i. Feedback Form

Leave feedback

How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

How do you rate your overall experience of this service?*



Summary of your experience* (max 45 characters)

Give a brief description of your experience, or highlight a key observation

Tell us more about your experience*

Expand on your experience here. Why was your experience a good / bad one? List any reasons or specific detail that might help explain

Where do you live? (town/city)

e.g. Biggin Hill, Chislehurst and Orpington

Which department did you visit?

Department ▼

Your ratings (select if applicable)

Cleanliness



Staff Attitude



Waiting Time



Treatment explanation



Quality of care/treatment



Quality of food



Access to appointments



Quality of Service



Communication



In relation to your comments are you a:

Select one

When did this happen?

Where did you hear about us?

Select one

Would you like information about other local services? *

No Yes

Do you want to know more about how to make an official complaint?*

No Yes

About you

Name

Leave feedback anonymously?

Email* (Your email will be kept private and you will not be sent any marketing material)

I accept the [Terms and conditions](#)

I consent to being contacted regarding my feedback by Healthwatch*

Yes No

I confirm I am over the age of 16*

Yes No

Subscribe to the newsletter?

If you are willing to provide us with some monitoring information please [click here](#).

Please note: Monitoring information helps us identify trends and gaps in our information gathering, enabling us to provide more detailed evidence to service providers and commissioners about your health and social care services.

[Submit feedback >](#)

Only your overall rating, comment and name (if disclosed) will be visible online.

ii. Taxonomy

Main themes	Sub themes
Access to services	Access for those with a physical disability
	Access for those with a sensory disability
	Access for those with learning disabilities
	Access for those with mental health problems
	Access to Community Health services
	Access to Dentistry services
	Access to GPs
	Access to Hospital services
	Access to Mental health services
	Access to Opticians
	Access to Pharmacy services
	Access to Social Care services
Administration	
Admission	
Appointments	Booking Appointments
	Cancellation
	Length of appointments
	Quality of appointments
Buildings/Facilities	
Car Parking	Car Parking Access
	Car Parking Changes
Cleanliness, Hygiene and Infection Control	
Communication	Health Promotion
	Internal communication
	Lack of communication
	Treatment explanation
Complaints Procedure	
Consent to care and treatment	
Cost of services	
Décor	
Diagnosis	
Dignity	
Discharge	
Equality	Stigma
Food/Nutrition	
Health and safety	
Health inequalities	
Interpreters	Access to interpreters
	Quality of interpreters
Medication	Prescriptions
Patient choice	
Patient records	
Patient Transport	
Prevention	
Procurement/Commissioning	
Quality of care/treatment	
Referrals	24
Safeguarding	
Service co-ordination	
Service Closure	
Staff Attitudes	
Staff Levels	
Staff Training	
Suitability of provider/staff	
Waiting times	Waiting lists for treatment
	Waiting times to be seen at appointment

Report No.
CSD20104

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Wednesday 21st October 2020

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2020/21

Contact Officer: Jo Partridge, Democratic Services Officer
Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2020/21.

2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is requested to:

- 1) Consider matters outstanding from previous meetings; and,
- 2) Review its work programme, indicating any issues that it wishes to cover at forthcoming meetings.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Excellent Council:
-

Financial

1. Cost of proposal: No Cost: Further Details
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £ 359k
 5. Source of funding: 2020/21 revenue budget
-

Personnel

1. Number of staff (current and additional): 7 posts (6.67fte)
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: This report does not require an executive decision.
-

Procurement

1. Summary of Procurement Implications: None
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Sub-Committee to use in planning their on-going work.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 The Health Scrutiny Sub-Committee's matters outstanding table is attached at [Appendix 1](#).
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2020/21 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 11th February 2020 are as follows:
- 4.00pm, Monday 6th July 2020
 - 4.00pm, Wednesday 21st October 2020
 - 4.00pm, Thursday 14th January 2021
 - 4.00pm, Tuesday 23rd March 2021
- 3.4 The work programme is set out in [Appendix 2](#) below.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Policy, Financial, Legal, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 25 28th January 2020 Update from King's College Hospital NHS Foundation Trust	The Governance Action Plan (Dermatology) to be shared with the Sub-Committee.	Director of Operations – PRUH and South Sites		In progress
	Information on the number of ED attenders with waiting times over 8 and 11 hours to be provided to the Sub-Committee.	Director of Operations – PRUH and South Sites		In progress
	A walk-through to provide feedback to the PRUH, related to signage, to be conducted by Healthwatch Bromley.	Director of Operations – PRUH and South Sites / Healthwatch Bromley	Healthwatch had run a couple of hub sessions prior to lockdown, and the initiative was currently on hold.	In progress
	Attendance and performance figures for the PRUH's ED and UCC to be produced on a monthly basis, and provided to the clerk for circulation to Members of the Sub-Committee.	Director of Operations – PRUH and South Sites	To be restarted following the July 2020 meeting.	In progress
	If approved, information on the phases of the car park deck to be provided to the Sub-Committee.	Director of Operations – PRUH and South Sites	The project was currently on hold.	In progress
Minute 5 16th July 2020 Update from King's College Hospital NHS Foundation Trust	Members to be provided with the date on which PHE guidance on swabbing patients on discharge from hospital had changed.	Site Chief Executive – PRUH and South Sites		

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

21st October 2020
Update from King's College Hospital NHS Foundation Trust
CCG Winter Schemes 2020/21
Oxleas COVID-19 Update
Bromley Healthcare COVID-19 Update
Patient Engagement Report Q1- Healthwatch Bromley (Verbal Update)
Healthwatch Bromley COVID-19 Update
Joint Health Scrutiny Committee Verbal Update (Representatives)
14th January 2021
Update from King's College Hospital NHS Foundation Trust
Presentation from The Chartwell Cancer Trust
Full Oxleas Mental Health Services Update
An Update on the CAT Car (Oxleas)
Service User Engagement - Healthwatch Bromley (Verbal Update)
General Update – Bromley Healthcare (to include: Evaluation of the Remote Patient Review Service and Update on the Stock Hill Pilot)
Bromley 0-19 Service (Bromley Healthcare)
Joint Health Scrutiny Committee Verbal Update (Representatives)
23rd March 2021
Update from King's College Hospital NHS Foundation Trust
Joint Health Scrutiny Committee Verbal Update (Representatives)
To be scheduled (TBC)
A post-winter follow up on patient flow / discharge (King's / CCG) (TBC)
A presentation on the Severe Heart Failure End of Life Pathway (King's / CCG) (TBC)
To be scheduled (carried over from 2019-20)
King's College Hospital NHS Foundation Trust – Financial Summary (Chief Finance Officer)

This page is left intentionally blank