



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BR1 3UH

TELEPHONE:

020 8464 3333

CONTACT: Jo Partridge

*Joanne.Partridge@bromley.gov.uk*

DIRECT LINE:

020 8461 7694

FAX:

020 8290 0608

DATE: 16 November 2020

## ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

**Meeting to be held on Tuesday 24 NOVEMBER 2020**

- 1 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 21ST OCTOBER 2020 (Pages 3 - 14)**
- 2 ADULT SOCIAL CARE WINTER PLAN 2020 (Pages 15 - 48)**
- 3 MENTAL HEALTH AND WELLBEING STRATEGY - ACTION PLAN (Pages 49 - 64)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

**Copies of the Part 1 (Public) documents referred to above can be obtained from  
<http://cds.bromley.gov.uk/>**

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## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 21 October 2020

### **Present:**

Councillor Mary Cooke (Chairman)

Councillors Gareth Allatt, Ian Dunn, Judi Ellis,  
David Jefferys and Keith Onslow

Mina Kakaiya, Francis Poltera and Vicki Pryde

### **Also Present:**

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

## **13 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.

Apologies for absence were received from Councillor Robert Evans and Councillor Robert Mcilveen.

The Chairman informed Members that as there had been a significant and personal incident at the PRUH earlier in the day, the representatives from King's College Hospital NHS Foundation Trust had therefore sent their apologies. It had been agreed that a separate meeting could be arranged with the Trust, if required, and Members were asked to notify the clerk if there were any issues that they would like to address.

The Chairman apologised to Members as several reports had been issued late. However, it was noted that all partner organisations had kept in contact, and due to the other calls on their time, it had been agreed that these reports would be accepted.

## **14 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**15            QUESTIONS**

No questions had been received.

**16            MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 16TH JULY 2020**

**RESOLVED that the minutes of the meeting held on 16<sup>th</sup> July 2020 be agreed.**

**17            UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

The Chairman advised that questions from Members relating to the presentation could be forwarded on to the King's College Hospital NHS Foundation Trust for response.

A Member highlighted the reference to the learnings made from the first wave of the pandemic and enquired as to what the main lessons, to be used in the coming months, had been.

The Chairman noted that several services were being moved to the PRUH and asked what the plans were for Orpington Hospital.

The Chairman asked for further information regarding the NHS 111 First pilot. The Senior Commissioning Manager (Urgent and Emergency Care) – South East London Clinical Commissioning Group advised that this was a dedicated bookable appointment slot. It would be used by 111 to book someone directly into the Emergency Department and reduce the number of “walk-in” attendances. Currently, there was one appointment slot available per hour, however it was anticipated that this would be increased throughout the winter period.

**18            BROMLEY WINTER ASSURANCE PLAN 2020/21**

Clive Moss, Senior Commissioning Manager (Urgent and Emergency Care) – SEL CCG, and Jodie Adkin, Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau, provided an update on the Bromley Winter Assurance Plan 2020/21.

The Senior Commissioning Manager advised Members that last year, the Bromley System Winter Plan had 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 provided a response to the COVID-19 second wave as set out in the NHS England / Improvement, third phase NHS response letter on 31<sup>st</sup> July 2020. The Plan, and associated activity, had never been so important as the country

entered, what was likely to be, the most challenging time for the health and social care economy on record.

Alongside the Plan, which highlighted arrangements, risks, mitigations and governance, was the agreed additional funded activity through the CCG, Local Authority (LA) and King's. Furthermore, the Department of Health and Social Care (DHSC) had requested confirmation by the 31<sup>st</sup> October 2020 of a LA Winter Plan, which was being finalised locally building on the elements highlighted within the ONE Bromley System Winter Plan.

The Plan had been considered and reviewed at the Bromley A&E Delivery Board and would be submitted to the SEL Urgent and Emergency Care Board for review. This approach included coordinated planning for, and management of, winter pressures and other periods of enhanced demand on the health and care system. The Board was facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, the London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's, the London Ambulance Service and Bromley Third Sector Enterprise. The Plan was aligned with the One Bromley Recovery Plan which had been approved by the One Bromley Executive. The plans had been considered and commented on at the Bromley Health and Wellbeing Board and would receive final sign-off following challenge from the Health Scrutiny Sub-Committee. It was noted that the Plan was a "live" document and would be amended as necessary by the health and social care system, with operational oversight from the Bromley A&E Delivery Board.

A Member noted that the Bromley System Winter Plan 2020/21 was a large document and suggested that an index might make it easier to read, particularly on electronic devices. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau agreed that a contents page and Executive Summary should be added to the document.

The Committee were requested to review the ONE Bromley System Winter Plan 2020/21 and associated activity, providing scrutiny to the proposal, risks and mitigations. The Chairman highlighted that the report requested the Health Scrutiny Sub-Committee 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'. As the next meeting of the Sub-Committee was scheduled for January 2021, consideration would need to be given as to how this requirement would be fulfilled.

Members had been provided with the full draft plan, the funded Winter Resilience Schemes, and the Staying Well This Winter 2020/21 draft patient leaflet. The approach taken in the Plan highlighted the coordinated planning and management of winter pressures and other periods of enhanced demand on the system. Activity and performance analysis from previous winters and the COVID-19 pandemic had been considered to inform recommendations, which were noted in the Plan. A summary of the provider and systems robust governance arrangements and Winter Risk Register had been included, along

with details of the additional CCG and LA funded schemes. Plans outlining the flu vaccination programme had also been included, and it was noted that winter communications would be key this year. Details had been provided of how national campaigns would be aligned with local communications to patients, GP practices, pharmacies and community services. It was noted that the Staying Well This Winter leaflet would be targeted at residents living in areas that historically had a low take up of the flu vaccination. In response to a question from a Co-opted Member, the Senior Commissioning Manager advised that Public Health England had produced an 'easy read' version of the winter campaign communications, which could be circulated following the meeting.

The Chairman said that several of her constituents had indicated that they had been unable to access flu vaccinations at their GP practices, and were advised to contact their local pharmacy. The Chairman raised concerns over the availability of flu vaccinations. The Senior Commissioning Manager noted that the stock of vaccinations needed to be managed carefully as the national immunisation programme had been extended to include the 50-64 year old cohort. The vaccinations were therefore being staggered, providing them to the over 65's and vulnerable patients first, and then the 50-64 year old age group. These concerns were shared, and had been fed back to the national stock – they were in constant contact through the primary care team and flu immunisation group to ensure that local pharmacies and GP practices had as much stock available as possible.

A Co-opted Member highlighted the recommendations made for 2020/21, to 'consider an admission avoidance approach for frail and elderly patients and those with respiratory conditions to reduce pressure on hospital based care throughout winter', and asked for assurances that patients would be adequately supported with welfare calls. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau advised that admissions avoidance was part of the community respiratory pathway. This was being developed with clinicians from the CCG, Bromley Healthcare and King's College Hospital NHS Foundation Trust to avoid extremely vulnerable patients being admitted to hospital, wherever possible – ensuring these patients were clinically safe, and that all care provided in the home environment was sufficient and appropriate. If a patient did require hospital care, this would be actioned in way that did not put them at increased risk. It was noted that the clinical oversight and care was very robust and was the key driver in the development of the care pathway. In response to a further question from the Co-opted Member, the Senior Commissioning Manager advised that digital exclusion had been considered with regards to the respiratory pathway. Referrals were most likely to come from a patients GP, or a hospital, and the patient would be able to indicate their preferred method of contact, including via telephone or a face to face visit at their home.

In response to a question, the Senior Commissioning Manager said he believed there was online access to the 111 Direct service, and following the meeting he would confirm what 111 provision was available to patients who were deaf. It was highlighted that the 111 direct booking pilot was not to stop

walk-in attendances, but to help the Emergency Department to manage their flow of patients. This would stop them being “overloaded” and allow social distancing guidelines to be adhered to in the waiting rooms.

The Co-opted Member representing Experts by Experience (X by X) said they had been notified earlier in the year that some direct payment users had encountered difficulties in accessing PPE, particularly for their PA's, and asked if it would now be more readily available. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau acknowledged that this had been an issue at the time, however national guidance had now been updated making it clear that the LA was equally responsible for those people they directly funded, as well as self-funders and those receiving direct payments. Work was underway across the LA to consider how best to proactively engage with a much wider cohort, to ensure they had sufficient and robust access to PPE. It was noted the LA's PPE hub had been run very successfully and had delivered items to a variety of people and local care providers. Several CQC registered providers now accessed PPE through the national portal, which would allow the local hub to focus on the groups mentioned.

In response to a question relating to the summary of organisations assurance plans, the Senior Commissioning Manager advised that there was a South East London A&E Delivery Board, under which sat the Bromley A&E Delivery Board. The Bromley A&E Delivery Board focussed on day to day operational issues and relationships with local provider leaders, as well as providing a forum for discussions around how each plan fitted and aligned with each of the others. An example of this was providing health and care at home – each provider or organisation would look internally at what they could do, and then put forward suggestions. The Bromley A&E Delivery Board would then take the proposals to the system, allowing for comments as to how this would fit into the current services provided and check for any duplication. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau noted that the rationale behind having a single system plan was to look at themes and issues, rather than each individual organisation. The A&E Delivery Board then created multi-agency sub-groups to hold providers to account.

The Co-opted Member representing Experts by Experience (X by X) noted the reference made to a ‘focus on supporting vulnerable groups to prevent the need for hospital based care’, and said that the organisation would like to contribute to the strategic scheme, supporting local disabled people to ensure support was delivered in an empowering and accessible way. The Senior Commissioning Manager agreed that this could be discussed in further detail outside of the meeting.

The Chairman thanked the Senior Commissioning Manager and the Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau for their update on the Bromley Winter Assurance Plan 2020/21.

## 19 UPDATE FROM BROMLEY HEALTHCARE

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

The Chief Executive Officer informed Members that over the previous eight months, staff at Bromley Healthcare had been fantastic, despite the unprecedented challenges being faced. The teams had continued to put patients and their families at the heart of everything they did. During this period, they had undertaken 261,000 face to face visits and 74,000 virtual consultations, either by phone or video. At the July meeting of the Health Scrutiny Sub-Committee, it had been reported that 30% of the organisation had been repurposed, and there had been several “success stories”, including a number of colleagues who had not wanted to return from the nursing teams to their original roles, and were now retraining. The redeployment of teams and cross training of clinicians had also reduced silos within them, and a real insight had been gained into understanding what other services delivered.

The current issues for Bromley Healthcare were waiting lists and a workforce that was tired, due to grappling with both professional and personal challenges. It was not possible to continue to operate as they had previously, and the organisation would be working towards establishing self-regulated teams, the benefits of which had been highlighted during the pandemic. An example of this had been demonstrated at a meeting earlier that day, with a presentation from a team who were empowering patients through a self-care pathway as part of their transformation. Data had also been used to help support and understand the impact of interventions provided by the District Nursing team, and “bite size” training videos had been developed to support other teams.

The Chief Executive Officer highlighted the data provided to Members relating to the Single Point of Access (SPA). The SPA allowed patients to be discharged from hospital much quicker, which reduced the length of stay in both the rehab bedded unit and the home pathway unit. The length of stay in beds had decreased by an average of 2.42 days per month (-12.3%) against the same period last year, with a corresponding average increase of 5 additional patients discharged per month (+13%). The length of stay in the home pathway had decreased by an average of 5.12 days per month (-21%) against the same period last year, with a corresponding increase of 35 additional patients discharged per month (+51%).

The Bromley Community COVID Monitoring Service had been established at the beginning of the pandemic, to accept referrals from 111 and GP practices for residents in the borough with suspected COVID-19. Advice was provided to the residents, and if necessary, they would receive a daily monitoring call until they felt well enough to be discharged. Patient feedback indicated that of those who responded, 95% felt supported through this service. However, as the service was new, Bromley Healthcare wanted to gain a better understanding of patients ongoing symptoms. A snapshot of this had been

provided, and a link to the full survey would be provided to Members following the meeting. The data charted each patient's journey from referral, into the Community COVID Monitoring Service – looking at the symptoms they displayed; whether they were admitted to hospital; if they experienced any ongoing symptoms; and the advice available to them.

Bromley Healthcare's 'Restart Programme' was now in full progress, with all services "back up and running" – however there was some reduced clinic-based capacity. There were several challenges relating to the estate of the Hollybank unit and it was not yet fully operational. It was hoped that within the next two weeks, overnight stays could resume (any of which had been lost would be made up), and in the meantime day breaks were being provided for families.

The Chief Executive Officer noted that historically, the staff uptake of the flu vaccination had been quite low. However, only two weeks into the current programme, 36% of the workforce had already received their vaccinations. As these vaccinations were more important than ever this year, the patient reference group had been enlisted to provide some quotes, and share stories of why they felt healthcare professionals should get the flu jab.

Members were advised that the Bromley Healthcare 0-19 service had gone live, as planned, on the 1<sup>st</sup> October 2020. A socially distanced induction day had taken place to welcome the new team members to the organisation, all of whom had been provided with laptops and iPhones to carry out their roles.

The Chairman led Members in thanking Jacqui Scott and Janet Ettridge for the update regarding the work of Bromley Healthcare.

## **20            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"). An update was provided on how the Oxleas NHS Foundation Trust had continued to deal with COVID-19 related issues and demand post lockdown.

The Service Director highlighted the Trust's appreciation for how hard their staff had worked over this difficult period, and the extent to which they had gone to ensure the continuation of services.

The focus over the previous couple of months had been on continuing to modify plans and look at how best to run services to make them resilient throughout the winter period. As mentioned at a previous meeting of the Health Scrutiny Sub-Committee, a ward at Green Parks House had been closed at the beginning of the pandemic. A decision had been taken for it remained closed, as it allowed the staff to be redeployed to other wards and removed the need for a heavy reliance on temporary staff. This also benefitted patients as there was better continuity and quality of care. To date,

admission numbers had remained in line with the reduced capacity. In relation to digital capabilities, the Service Director noted that the Trust were seeing a broadly equal split between requests for virtual and face to face support.

It was noted that there were not currently any patients that had tested positive for COVID-19 on the Trust's wards, and staff were adhering well to the PPE guidance and keeping themselves safe. Over the last six months it had become apparent how much the staff valued regular communications and positive feedback. It had been acknowledged that this had not always happened, and special efforts were being made to keep in contact with staff via online communication and drop in visits.

The Associate Director noted that after an initial peak in staff sickness at the beginning of the COVID-19 pandemic, there had been a downward trend across the whole Trust, and the Bromley Directorate sickness had remained under the Trust trend level. In the early stages of the pandemic, it was believed that lack of clarity about the nature of the virus may have contributed to staff anxiety levels, which had caused some increase in sickness absence. It was also considered that the fall in sickness rates following this may in part be attributed to staff commitment towards maintaining NHS services in the face of a national crisis.

The Oxleas Primary Care Plus service (PCP) was the community assessment team for referrals into secondary care services. In the early stages of the COVID-19 pandemic, referral numbers had reduced significantly. This was believed to be due to a combination of both the initial lockdown and the general public anxiety regarding the potential risks of contact with services and / or people. However, since the public messaging from the Government had changed, encouraging people to return to accessing healthcare services, the referral rate had shown an upwards trend – recently hitting a 12-months high. Yet as services had not experienced high sickness absence, the Trust had been in a good position to respond to this demand.

The Oxleas Mental Health Liaison Team (MHLT) worked in the Accident and Emergency Department and wards at the Princess Royal University Hospital (PRUH). This service had also seen a reduction in the number of referrals during the early stages of the pandemic, for the same reasons previously stated. However, the referral rate had since increased steadily back up to the expected levels. The Associate Director noted that the Trust had been able to maintain low admission rates of between 15% and 25% of those referred to mental health services through the MHLT. This was attributed to the input of the Oxleas Home Treatment Team and Community Mental Health Services, supporting people to access treatment and support in their own homes.

The Service Director highlighted that an area which had seen a rise in demand over the last few months was the Early Intervention in Psychosis Service, which was a concern as these people were very unwell. Further work would need to be undertaken to look at how many of these referrals were linked to the pandemic, but it was assumed that a proportion of this was due to their experiences during this period. Additional posts had recently been

agreed to support this service. The Trust was also working hard to ensure a good uptake of the staff flu vaccinations. Around 25% of the directorate had been vaccinated – current trends showed that a significant proportion had been receiving it for the first time. All the available vaccinations had been used, and more were due to arrive. Last year, 60% of the workforce had been vaccinated, and this year they were aiming for an even higher figure.

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

## **21            UPDATE FROM HEALTHWATCH BROMLEY**

Mina Kakaiya, Operations Manager – Healthwatch Bromley (“Operations Manager”) provided an update to the Sub-Committee regarding their services during the Coronavirus pandemic, and the Healthwatch Bromley Quarter 1 Patient Engagement Report.

The Operations Manager extended thanks to her team for the work that they had undertaken during the pandemic. During this period, Healthwatch Bromley had continued to provide their signposting service via phone, email and website. The website updates had been increased, with a specific COVID-19 page added, and work had been undertaken to raise awareness and enhance the Healthwatch Bromley social media platform. Patient feedback had also continued to be gathered, adapting from the usual method of face to face engagement due to COVID-19. To address this, the online review platforms had been extended, and community engagement had taken place via Zoom.

With regards to the Healthwatch Bromley Quarter 1 Patient Engagement Report, the Operations Manager noted that the target of 600 reviews had not been met, as patient experience visits were put on hold – however, 300 views had been collated. Feedback had been received from pharmacies and social care services, such as care homes. The positive comments received had related to themes such as cleanliness, hygiene, infection control, access to services and staff attitude. The main elements of negative feedback received related to digital exclusion, lack of communication and long waiting time for prescriptions.

Members enquired if the issues highlighted were fed back directly to individual services and providers, and if any had been followed up on. The Borough Based Director – SEL CCG noted that they were aware of some of the issues mentioned, but in order for others to be addressed, they should be fed through to the Borough Based Board at the earliest opportunity. The Operations Manager said that the report was shared strategically to committees, and it was hoped that partners would then share the findings with individual services. However, this was something which could be reviewed, looking at how best to share the information received with stakeholders.

The Chairman thanked Mina Kakaiya – Operations Manager, Healthwatch Bromley for her update to the Sub-Committee.

**22 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (REPRESENTATIVES)**

Councillor Judi Ellis, Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee provided an update from the meeting held on 2<sup>nd</sup> September 2020.

Members were advised that the Committee had received an update in relation to the CCG merger, COVID-19 response and recovery planning, and a short work programme had also been created. The SEL CCG had held a number of virtual meetings, and Members were encouraged to look at the papers included in the agenda pack for the meeting.

It was noted that the next meeting of the Our Healthier South East London Joint Health Overview and Scrutiny Committee would take place between the 1<sup>st</sup> and 3<sup>rd</sup> December 2020. The Commissioning Team would be attending to present an update on issues across the Board, and the Committee would be looking to identify good practice as part of their scrutiny role.

A Member highlighted the information flow from the Our Healthier South East London Joint Health Overview and Scrutiny Committee, to the Health Scrutiny Sub-Committee – the issue of which had recently been raised at the Adult Care and Health Policy Development and Scrutiny Committee (ACH PDS). The Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee advised that since it had been formed, information relating to the Committee had been available on the Council's website, however it was suggested that a link to the agendas and minutes could be circulated to Members. The Portfolio Holder for Adult Care and Health noted that some confusion may have arisen, as previously the same Member had sat on both the ACH PDS Committee and Health Scrutiny Sub-Committee.

**23 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING**

The Chairman noted that if a special meeting was to be held with representatives from the King's College Hospital NHS Foundation Trust, items for discussion would need to be provided to the clerk within the next few days.

A Member noted the item on 'Post-winter follow up on patient flow / discharge', which was marked as 'to be scheduled', and enquired as to when this might be brought to the Committee. The Borough Based Director – SEL CCG advised that during the first phase of the pandemic, the discharge arrangements had changed completely. It was suggested that it may be helpful to deliver an update at the next meeting of the Health Scrutiny Sub-Committee, providing a view as to how the Single Point of Access (SPA) and new discharge arrangements had worked.

**24 ANY OTHER BUSINESS**

The Chairman informed members of a recent news item, which had indicated that no blood tests were being carried out across the whole country, and asked for reassurance that this was not the case. The Borough Based Director – SEL CCG responded that she had been surprised by this article, and advised that this had been conflated by two different issues.

The first issue was that due to the pandemic, hospitals across the country had removed the option of walk-in blood test, and the number of bookable appointments had been reduced – allowing the focus to be on tests for those in Inpatients and A&E. In Bromley, a drive through system had been implemented to increase the number of booked appointments at various community venues. Subsequently, hospitals had started doing blood tests – but to help with patient flow and reduce risk, all were required to be booked and additional slots had been provided in the community. In other areas of the country, this approach had not been taken with regards to alternative arrangements, and therefore some difficulties were being encountered.

The second issue was that over the last couple of months, one of the companies that supplied reagents to hospitals had changed their distribution arrangements. As a result, there had been issues getting their products from the warehouse into the hospitals. Consequently, hospitals had run short of these products. Laboratories had also written to GP practices asking them not to undertake as many blood tests and / or ask patients to delay having them carried out.

Bromley had been fortunate, as King's College Hospital NHS Foundation Trust had not ran out of any urgent supplies, however Lewisham and Greenwich were slightly more affected, and some phlebotomy services had been reduced. All staff in hospitals and the community had been asked to consider the blood tests they were ordering for patients – in Bromley there had not been a reduction, but some patients may have experienced a delay in receiving their results. It was noted that most hospitals across the country now had an adequate supply of reagents, and were content that these were adequate to resume normal services.

**RESOLVED that the issues raised be noted.**

**25 FUTURE MEETING DATES**

4.00pm, Thursday 14<sup>th</sup> January 2021  
4.00pm, Tuesday 23<sup>rd</sup> March 2021

The Meeting ended at 5.18 pm

Chairman

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# Information Item 2

Report No.  
ACH20-089

London Borough of Bromley

PART 1 Report – Information item

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<b>Decision Maker:</b>	<b>ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE</b>		
<b>Date:</b>	<b>Tuesday 24<sup>th</sup> November 2020</b>		
<b>Decision Type:</b>	Non-Urgent	Non-Executive	Non-Key
<b>Title:</b>	<b>ADULT SOCIAL CARE WINTER PLAN 2020</b>		
<b>Contact Officer:</b>	Kim Carey, Interim Director of Adult Social Care Services Kim.carey@bromley.gov.uk		
<b>Chief Officer:</b>	Kim Carey, Interim Director of Adult Social Care Services, People Department.		
<b>Ward:</b>	Borough wide		

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## 1. Reason for report

The attached documents are shared for information only, following discussion at the previous Adult Care and Health Policy Development and Scrutiny Committee

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## 2. RECOMMENDATION(S)

The Adult Care and Health Policy Development and Scrutiny Committee is asked to note the attached documents in relation to the development of an Adult Social Care Winter plan.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: The Winter Plan seeks to support all vulnerable people in Bromley over the winter period and should be read alongside the System Wide Winter Plan presented previously at the Health Sub Committee.
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## Corporate Policy

1. Policy Status: Existing Policy
  2. BBB Priority: Excellent Council Supporting Independence Healthy Bromley Regeneration
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## Financial

1. Cost of proposal: N/A
  2. Ongoing costs: N/A
  3. Budget head/performance centre: Adult Social Care Budget
  4. Total current budget for this head:
  5. Source of funding: Existing revenue budget 2020/21
- 

## Personnel

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

## Legal

1. Legal Requirement: N/A
  2. Call-in N/A
- 

## Procurement

1. Summary of Procurement Implications: N/A
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1400 users at any one time.
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## 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 Council was required to confirm to the Department of Health and Social Care that it had completed a Winter Plan by 30<sup>th</sup> October 2020. This was sent on time and is attached.
- 3.2 Also attached is the emerging Winter Plan and the Action plan to deliver this. Both documents are being delivered as part of an iterative process and will therefore develop over the winter months to ensure that they respond to the changing environment being generated by the Covid pandemic.
- 3.3 The Adult Social Care Winter Plan and the linked action plan, form a part of the overarching System Winter Plan which has previously been shared at the Health Sub Committee.

### **4 IMPACT ON VULNERABLE ADULTS AND CHILDREN**

- 4.1 The Bromley Adult Care Winter plan contributes to the wellbeing and safety of vulnerable adults in Bromley.

### **5 FINANCIAL IMPLICATIONS**

- 5.1 None identified. Actions will be delivered within existing budgets.

### **6 LEGAL IMPLICATIONS**

- 6.1 None

### **7 PROCUREMENT IMPLICATIONS**

- 7.1 There are no procurement implications in this report.

<b>Non-Applicable Sections:</b>	<b>POLICY IMPLICATIONS / PERSONNEL IMPLICATIONS</b>
Background Documents: (Access via Contact Officer)	N/A

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## Adult Services

Civic Centre, Stockwell Close, Bromley, BR1 3UH

Telephone: (020) 8464 3333

Direct Line: 020 8

Internet: [www.bromley.gov.uk](http://www.bromley.gov.uk)

Email: [kim.carey@bromley.gov.uk](mailto:kim.carey@bromley.gov.uk)

### Via e-mail to:

Department for Health and Social Care

[winterplanteam@dhsc.gov.uk](mailto:winterplanteam@dhsc.gov.uk)

30<sup>th</sup> October 2020

Dear Sirs

I am writing to confirm the development of the Bromley Adult Services Winter Plan as requested as part of DHSC guidance in relation to the Adult Social Care Winter Planning and associated guidance.

I can confirm that we are working with providers and partners locally to make contingency plans and to respond to the dual challenges of the on-going pandemic and winter pressures.

We are undertaking this work in line with guidance, in the light of the DHSC Adult Social Care Winter Plan and the recommendations from the COVID – 19 Social Care Taskforce.

This plan is aligned with and published alongside the system wide plan developed with NHS and Voluntary and Community Sector partners in Bromley.

The following provides you with an executive summary of the work in our plan:

### **Preventing and controlling the spread of infection in care settings**

Robust arrangements are in place for support in this area in relation to testing, PPE, and (in partnership with public health) infection control. Plans are in place to roll out flu vaccine programmes. Action is planned to enhance communications with unpaid carers and those in receipt of direct payments to support their access to infection control advice and guidance. New arrangements are in place for the Local Authority to distribute PPE to those not eligible for the National Portal. Barriers to access to testing have been identified and local action is in place to complement the national offer with hyper local testing, support for those in isolation and engagement regarding test and trace with voluntary and community groups.

### **Collaboration across health and care services**

The Single Point of Access (SPA) arrangements are functioning well to support the maintenance of capacity in acute hospitals. This support also addresses the planning for self-funders who are being discharged from hospital. Joint arrangements are in place to broker placements in care homes and domiciliary care packages to support timely discharge. Joint leadership is in place to manage joint health and social care action in Bromley. Good support for enhanced support in care homes is in place for those services for older people and action has been taken to enhance this support to services for people with learning disabilities and mental health support requirements. There is active involvement of VCS partners in the SPA led by Bromley Well. Data is being collected to

review the potential impact of these processes on services funded and commissioned by social care and a suite of measures has been devised to monitor the impact of winter pressures on social care services and resources. Action is in place to manage the backlog of CHC assessments arising from COVID-19 and to monitor Discharge to Assess performance over the winter and incentivise timely response from D2A providers to service requests.

### **Supporting people who receive social care, the workforce, and carers**

Public health in Bromley have been providing enhanced advice and guidance to support and care providers and this has been complemented by information and support from commissioning and quality and compliance colleagues in the directorate.

For people in receipt of direct payments the local provider of direct payment and payroll support have been active in providing advice and guidance in relation to COVID – 19 regarding both infection control and employment rights during the pandemic.

VCS partners are providing a range of enhanced support to unpaid carers in the light of COVID 19 which will continue during winter months. Action is planned improve care management oversight of support for unpaid carers.

The Council has not used Care Act Easements which means it continues to act on the full range of Care Act duties.

A range of supports are in place to help support and care providers manage workforce challenges during the pandemic including the distribution of Infection Control Grant monies, uplifts, testing arrangements and public health advice. There is excellent capacity tracking in place led by the quality and compliance team which provides live intelligence from providers.

Despite the enhanced support internally and for the market it is clear that all involved are feeling the pressure of the demands of the extended pandemic. Action is in place to distribute second tranche of infection control grant, continued enhanced support for the workforce and use of COVID-19 grants to help maintain wellbeing and capacity. The Council has a comprehensive range of wellbeing advice and guidance in place for all staff. The Directorate is working to enhance this through maintaining a local focus of staff support during the pandemic.

### **Supporting the System**

The Council has appropriate information systems, communication and processes in place to support local regional and national market oversight, work with the CQC and the management of the Infection Control Grant. Enhanced financial support and a range of related measures that were developed to support providers in the early stages of the pandemic remain in place in coming winter months.

### **Data, Resources and Measures**

This plan identifies a suite of measures that will support the Directorate to monitor the impact of both winter pressures and the pandemic on social care services and resources. These measures will enable evaluation of the impact of continuing single point of access arrangement for hospital discharge, will compare the data for winter 20/21 to previous years and also monitor issues of productivity and cost across services resulting from hospital discharge, in on-going support and care and in relation to changing working patterns for Council staff.

The plan draws from existing data to identify issues and action. In short data has shown a shift in demand and patterns of support since the beginning of the pandemic.

Initial data analysis from wave 1 of the pandemic has identified lines of enquiry relating to the impact of new hospital discharge arrangements and has highlighted shifts in demand relating to COVID-19.

All measures will involve comparison of data from winter 19 20 v winter 20 21 to highlight strategic issues for adult social care. The measures will be reported at the December, February and May Transformation Boards and will inform action to meet the dual challenges of winter pressures and COVID 19.

A SMART action plan will be linked to the system wide plan and will enable monitoring of the actions noted in this plan.

I will be presenting our detailed Winter Plan at the Adults Policy and Development Scrutiny Committee in November and following that we will post on our public Webpages so the plan will be accessible to the public and our partners.

Yours faithfully

A handwritten signature in black ink that reads "KIM CAREY". The signature is fluid and cursive, with "KIM" and "CAREY" being the most distinct parts.

**Kim Carey**  
**Interim Director**  
**Adult Care Services**

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## LONDON BOROUGH OF BROMLEY ADULT SERVICES WINTER PLAN

Version Date and Author	Comments
Draft 1, 28 <sup>th</sup> October	For review by KC and SR
Version 2, 30 <sup>th</sup> October	First full version following feedback from colleagues.
Version 3, 3 <sup>rd</sup> November	Following input from public health

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## 1. Introduction

On 18<sup>th</sup> September the DHSC produced the Adult Social Care Winter Plan<sup>1</sup>. The Document states:

*'The aim of this winter plan is to set out our approach to supporting the adult social care sector by:*

- *detailing what the government's national support will be*
- *establishing expectations of other parts of the system, including local authorities, NHS organisations, and care providers*
- *putting into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce*
- *providing a stimulus for further local winter planning and preparedness'*

In Bromley work is underway on the Bromley Whole System Winter Plan. The Adult Social Care Winter Plan (the Plan) in Bromley aligns with and is recorded as part of the system wide plan. The Plan is informed by a gap analysis prepared by the LGA<sup>2</sup> which outlines the responsibilities for Local Authorities arising from the DHSC Winter Plan and related work of the COVID 19 Taskforce.

A related Service Continuity and Care Market Review self-assessment questionnaire<sup>3</sup> was submitted on 21<sup>st</sup> October. This collated market intelligence from colleagues in the Directorate informs this plan.

The plan starts with an executive summary in Section 2 and then proceeds to audit action in relation to the gap analysis in section 3.

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<sup>1</sup> <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

<sup>2</sup> <https://www.local.gov.uk/parliament/briefings-and-responses/adult-social-care-coronavirus-winter-plan-2020-21-briefing-and>

<sup>3</sup> <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/commissioning-and-market-shaping/review>

## **2. Executive Summary<sup>4</sup>**

### **2.1. Preventing and controlling the spread of infection in care settings.**

Robust arrangements are in place for support in this area in relation to testing, PPE, and (in partnership with public health) infection control. Plans are in place to roll out flu vaccine programmes. Action is planned to enhance communications with unpaid carers and those in receipt of direct payments to support their access to infection control advice and guidance. New arrangements are in place for the Local Authority to distribute PPE to those not eligible for the National Portal. Barriers to access to testing have been identified and local action is in place to complement the national offer with hyper local testing, support for those in isolation and engagement regarding test and trace with voluntary and community groups.

### **2.2. Collaboration across health and care services**

The Single Point of Access (SPA) arrangements are functioning well to support the maintenance of capacity in acute hospitals. This support also addresses the planning for self funders who are being discharged from hospital. Joint arrangements are in place to broker placements in care homes and domiciliary care packages to support timely discharge. Joint leadership is in place to manage joint health and social care action in Bromley. Good support for enhanced support in care homes is in place for those services for older people and action has been taken to enhance this support to services for people with learning disabilities and mental health support requirements. There is active involvement of VCS partners in the SPA led by Bromley Well. Data is being collected to review the potential impact of these processes on services funded and commissioned by social care and a suite of measures has been devised to monitor the impact of winter pressures on social care services and resources. Action is in place to manage the backlog of CHC assessments arising from COVID-19 and to monitor Discharge to Assess performance over the winter and incentivise timely response from D2A providers to service requests.

### **2.3. Supporting people who receive social care, the workforce, and carers**

Public health in Bromley have been providing enhanced advice and guidance to support and care providers and this has been complemented by information and support from commissioning and quality and compliance colleagues in the directorate.

For people in receipt of direct payments the local provider of direct payment and payroll support have been active in providing advice and guidance in relation to COVID – 19 regarding both infection control and employment rights during the pandemic.

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<sup>4</sup> For inclusion in the system wide plan and the basis for communications about the Adult Services Winter Plan.

VCS partners are providing a range of enhanced support to unpaid carers in the light of COVID 19 which will continue during winter months. Action is planned improve care management oversight of support for unpaid carers.

The Council has not used Care Act Easements which means it continues to act on the full range of Care Act duties.

A range of supports are in place to help support and care providers manage workforce challenges during the pandemic including the distribution of Infection Control Grant monies, uplifts, testing arrangements and public health advice. There is excellent capacity tracking in place led by the quality and compliance team which provides live intelligence from providers.

Despite the enhanced support internally and for the market it is clear that all involved are feeling the pressure of the demands of the extended pandemic. Action is in place to distribute second tranche of infection control grant, continued enhanced support for the workforce and use of COVID-19 grants to help maintain wellbeing and capacity. The Council has a comprehensive range of wellbeing advice and guidance in place for all staff. The Directorate is working to enhance this through maintaining a local focus of staff support during the pandemic.

#### 2.4. Supporting the System

The Council has appropriate information systems, communication and processes in place to support local regional and national market oversight, work with the CQC and the management of the Infection Control Grant. Enhanced financial support and a range of related measures that were developed to support providers in the early stages of the pandemic remain in place in coming winter months..

#### 2.5. Data, Resources and Measures

This plan identifies a suite of measures that will support the Directorate to monitor the impact of both winter pressures and the pandemic on social care services and resources. These measures will enable evaluation of the impact of continuing single point of access arrangement for hospital discharge, will compare the data for winter 20/21 to previous years and also monitor issues of productivity and cost across services resulting from hospital discharge, in on-going support and care and in relation to changing working patterns for Council staff.

The plan draws from existing data to identify issues and action. In short data has shown a shift in demand and patterns of support since the beginning of the pandemic.

Initial data analysis from wave 1 of the pandemic has identified lines of enquiry relating to the impact of new hospital discharge arrangements and has highlighted shifts in demand relating to COVID-19.

All measures will involve comparison of data from winter 19/20 v winter 20/21 to highlight strategic issues for adult social care. The measures will be reported at the December, February and May Transformation Boards and will inform action to meet the dual challenges of winter pressures and COVID 19.

A SMART action plan will be linked to the system wide plan and will enable monitoring of the actions noted in this plan.

### **3. Preventing and controlling the spread of infection in care settings**

#### **3.1. Managing and Maintaining Staffing Resources.**

In partnership with Public Health, Adult Services continues to implement advice and developing guidance and to share this with partners including care and support providers. The Local Outbreak Plan<sup>5</sup> is published and is in line with the COVID – 19 contain framework<sup>6</sup>.

The first round of infection control grants were distributed in line with the guidance with some discretionary support being given to Extra Care Home provision in the Borough to support step down provision which supports hospital discharge.

Arrangements are being made for the distribution of the second round of Infection Control Grant monies. This will include support for domiciliary care agencies which helps to address some concerns expressed locally by this sector about their lack of access to the first round of funding. In both rounds the infection control grant also support providers who provide to self-funders who purchase an above average proportion of care and support in the Borough.

Public Health have been active across the Borough to support providers to manage the risks of staff movement in line with guidance<sup>7</sup>. Further support to provider to manage the challenges of maintaining staff capacity has come through the Borough's refreshed approach to Wake up to Care which has recently been extended to the domiciliary care sector as well as the original target audience of care homes. There are three pathways for people who are interested to either return to the sector, start working in the sector or to offer voluntary support.<sup>8</sup>

Enhanced communications arrangements are in place led by quality and compliance team colleagues that include advice and guidance for care and support providers on line, virtual provider forums and newsletters. Bespoke advice and guidance from public health to support providers to manage staffing infection control risks and capacity issues has been highly valued by providers<sup>9</sup>.

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<sup>5</sup> [https://www.bromley.gov.uk/downloads/download/1071/bromley\\_covid-19\\_outbreak\\_control\\_plan](https://www.bromley.gov.uk/downloads/download/1071/bromley_covid-19_outbreak_control_plan)

<sup>6</sup> <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#local-outbreak>

<sup>7</sup> <https://www.skillsforcare.org.uk/Documents/About/20200811-Guidance-for-redeployment-of-staff-and-volunteers-13.08-update-21.pdf>

<sup>8</sup>

[https://www.bromley.gov.uk/info/100008/jobs\\_andcareers/1330/wake\\_up\\_2\\_care\\_recruitment\\_initiative](https://www.bromley.gov.uk/info/100008/jobs_andcareers/1330/wake_up_2_care_recruitment_initiative)

<sup>9</sup> Care Home Support Return May 2020.

This work has been underpinned by an on-going effort to track capacity in the social care market in the Borough. Providers are supported through regular (at least 3 times a week) calls to monitor capacity and related issues. This not only enables us to report into the national monitoring of capacity but also provides live intelligence from providers about the challenges they are facing and a regular opportunity to develop and maintain supportive relationships. The comprehensive nature of capacity tracker returns from Bromley have been valued and recognised regionally as excellent.

Learning reviews involve multi agency incident management teams (IMT)<sup>10</sup> are co-ordinated by Public Health as part of the London Coronavirus Response Cell (LCRC) processes and following Standard Operating Procedures for different settings.

### **Areas to work on.**

A plan for sustaining training for both Council employees and partners and providers in the Borough.

#### **3.2. PPE**

Access to the correct Personal Protective Equipment (PPE) is vital in reducing the transmission of COVID-19. The Council began offering PPE to providers in the Borough on 25 March. All providers of care homes, domiciliary care, extra care housing and learning disability and mental health services are offered access to emergency supplies if their own supplies are running low. LBB provider services, social work and housing staff have also received supplies to support them to provide their services safely. By the end of September 2020 over 1,400,000 items of PPE equipment have been issued to providers who have visited The Bromley Central Depot to pick up supplies or received deliveries on over 400 occasions.

The procurement and distribution of PPE across the Council is managed by Adult Services with support from colleagues in emergency planning, children's services, procurement and the Transport Operations Team at the Central Depot. These LBB

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<sup>10</sup> Membership of IMT

1. PHE – Member of the LCRC
2. PH - DPH or representative
3. Health Protection Infection Prevention Lead or representative
4. ASC – Director or representatives
5. Head of Safeguarding Adults or representatives
6. Setting based representative
7. Environmental Health or representative
8. Communications Lead or representative
9. Data Lead – Data/Intelligence Analyst
10. Primary Care Lead/CCG representative – Relevant member of the CCG
11. Testing lead – Member of the Testing sub-group

resources have been augmented by community volunteers, the London Fire Brigade and Care Quality Commission Inspectors.

The Council works closely with colleagues in the CCG to co-ordinate supplies and the CCG and PPE arrangements are delivered in partnership with Public Health who lead on practice advice.

Revised arrangements are being developed to support non-registered providers of support and care in line with new guidance the creation of a National Portal for PPE support for registered providers.

### **Areas to work on**

Revised arrangements for PPE acquisition and distribution in line with refreshed guidance<sup>11</sup>

#### 3.3. COVID-19 Testing

Bromley Adult Services in partnership with Public Health and colleagues in the NHS have produced a Testing Workplan for Bromley. The following is an extract from the latest (9<sup>th</sup> October 2020) version of the plan.

#### Rationale

- Testing is a key pillar of our strategy to enhance the prevention and control of COVID-19 infections in Bromley. The national programme has aimed to ensure that all residents have access to 'swab tests' for people with symptoms to see if they have coronavirus; and
- For staff, 'antibody tests', which test for the presence of antibodies that will demonstrate whether you have had the disease<sup>12</sup>.
- London has been severely impacted by the first phase of the global COVID-19 pandemic experiencing the highest number of cases and deaths than any other region in England. Consequently, we have a significant number of Londoners who have been exposed to the virus (13-17%) however the majority of Londoners remain vulnerable to this infection.

#### Our key priorities for testing in Bromley are:

- ensure that this remains the cornerstone of our outbreak management efforts to support outbreak prevention and control;
- Identify populations most affected to understand potential inequalities as a result;
- Ensure equity of access; and support resumption of healthcare;

Testing rates in Bromley are currently 130 per 100,000 (8<sup>th</sup> October 2020).

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<sup>11</sup> <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>

<sup>12</sup> Currently limited to clinician request only.

Testing rates are likely to reflect a combination of factors including understanding of how and why to test, motivation to obtain a test, ability to access testing (car access, internet usage), and willingness to self isolate following a positive test (risk of loss of income, caring responsibilities).

- Our focus is on symptomatic testing in line with government policy but we recognise this runs the risk of missing asymptomatic cases.

### Purpose

- We are committed to keeping Bromley safe by keeping infection levels to a minimum, rapidly responding to and controlling incidents, clusters and outbreaks; and working with our diverse communities to ensure they have the knowledge and tools to help reduce transmission.
- Testing is one of our most important tools in the fight to slow and reduce the spread and impact of the virus.
- Tests allow us to identify infected individuals and enables the isolation of those infected and the tracing and quarantining of their contacts. It also informs our understanding of the pandemic and the risks it poses in different populations.
- This Bromley Testing Workplan is intended to sit alongside the Bromley Outbreak Control Plan and London Testing Strategy. It also aligns with current government testing guidance.

## Covid 19 testing in Bromley – the National Testing Programme

### Aims and Purpose of testing

- DIAGNOSIS: Confirmation of diagnosis in clinical management
- DETECTION: Identification of cases of COVID-19 for purposes of specific action to prevent viral spread
- SURVEILLANCE: to determine circulating disease levels and inform policy decisions for population health measures

### Pillar 1

NHS swab testing for those with a medical need and critical key workers

Symptomatic patients that arrive in a hospital setting; All patients admitted to hospital; Repeat testing of patients who are in hospital for more than 5 days; Staff testing of symptomatic staff and testing of asymptomatic staff in an outbreak situation; Intermittent testing of asymptomatic NHS staff as part of the PHE SIREN study; Testing patients 72 hours before they come in to hospital for planned procedures; Helping test in local communities and care homes where there is an outbreak.

### Pillar 2

Mass-swab testing. Anyone with symptoms can get a test whatever their age

5 Drive-thru Regional Test Sites; max capacity approx 10,000 swab tests per day  
15 MTUs available across London for routine testing and surge capacity deployment, plus reserve national capacity. Max capacity of 500 swab tests per day per MTU. Processes in place for prioritisation and deployment.  
Local test sites in Cottenham and Crystal Palace.  
Home test kits available via online portal. London consistently has higher rates of home test kits ordered per million than England average (3,719 per million for London vs 2,870 for England 3<sup>rd</sup>-9<sup>th</sup> Aug)

### Care Homes

#### Pillar 1

- New Care Home Outbreaks reported to PHE, all residents & asymptomatic staff are tested.
- Testing of all patients prior to discharge into residential settings
- Regular whole home asymptomatic testing; weekly for staff, every 4 weeks for residents
- Symptomatic staff can access testing via the self-referral portal.

### Pillar 3

Mass-antibody testing to help determine if people have immunity to coronavirus

- Antibody blood test use to be decided
- Prioritisation framework yet to be developed (await national strategy)

### Pillar 4

Surveillance testing to inform epidemiology and help develop new tests and treatments

- PHE serological collections
- ONS Covid-19 infection survey
- PHE paediatric surveillance studies including in school children (sKIDs)
- DHSC asymptomatic point prevalence study in high contact workers

### Considerations

- As demand for testing increases capacity may be limited by availability of reactants and lab capacity. Spreading demand across the week helps.
- Validity of PCR tests – when infection rates are very low the numbers of false positives and negatives relative to true results increases.
- Analytical validity – self- swabbing increases risk of inadequate specimens leading to void/inconclusive results
- The value of antibody tests is currently limited to answering the question of whether someone has had the virus or not, and providing data and a greater understanding on the spread of the virus.

### Opportunities

New diagnostic technologies – rapid point of care antigen tests

UK Government commitment to significantly increase daily swab test capacity

### Pillar 5

Spearheading a Diagnostics National Effort to build a mass-testing capacity at a completely new scale

## CHALLENGES WITH COVID-19 TESTING IN LONDON

Although great progress has been made with ensuring good levels of access to COVID-19 testing for all Bromley residents, there are unique factors that place London at risk of being disproportionately affected in future waves that must be mitigated. Below we describe the 5 main challenges facing COVID-19 testing in the capital.

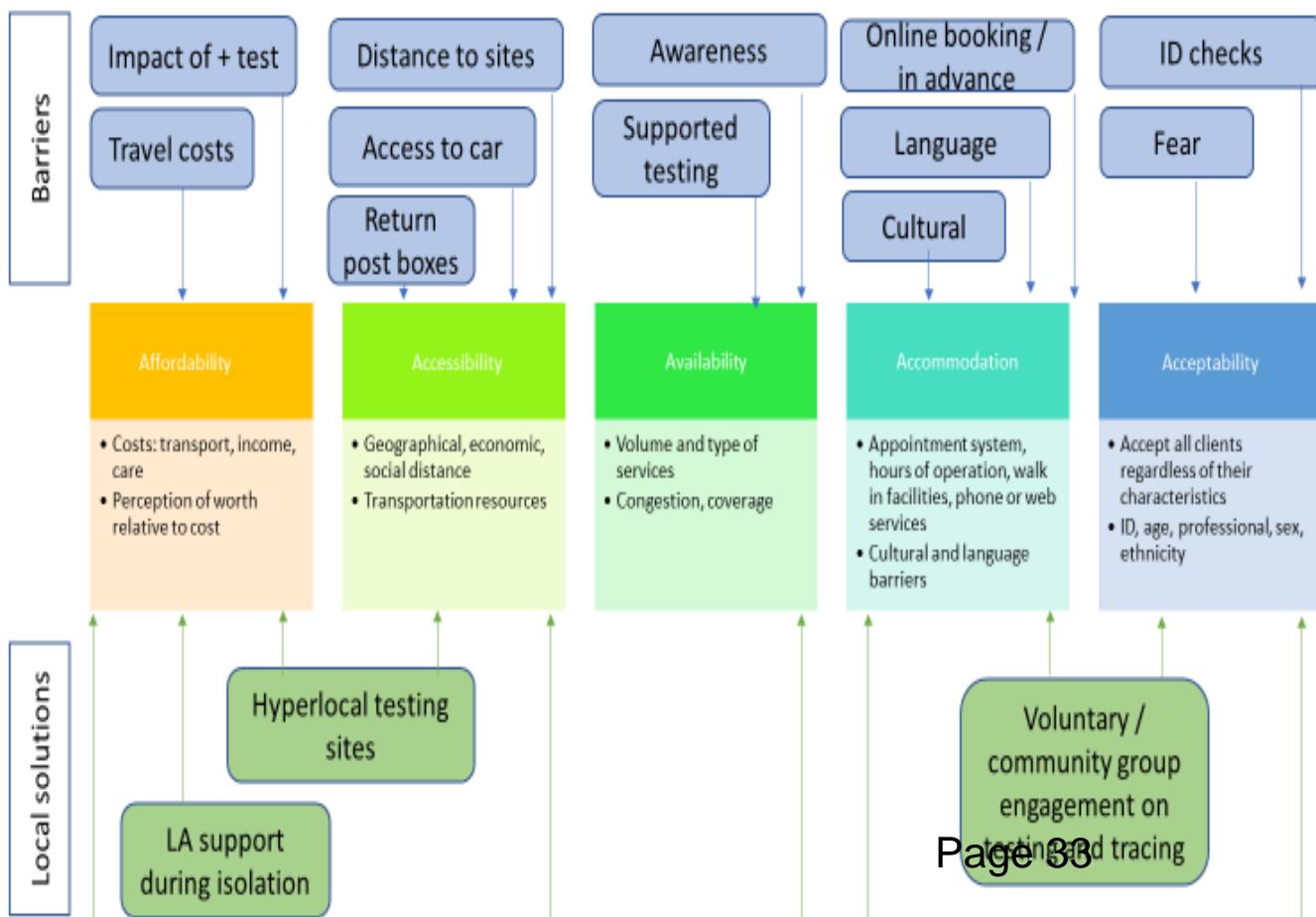
<b>Unacceptable geographic variation in testing activity</b>	<ul style="list-style-type: none"><li>• Testing rates vary across London and may not reflect underlying need.</li><li>• On average London boroughs have a 7 day testing rate of 100 per 100,000 population</li><li>• In preparation for an autumn resurgence of infection, rates across London should increase to 150 per 100,000</li></ul>
<b>Barriers to ready access to testing for Londoners</b>	<ul style="list-style-type: none"><li>• Many Londoners do not own cars so will find accessing regional test sites difficult</li><li>• Polling show that just under half of Londoners do not know how to obtain a coronavirus test</li><li>• For many residents the use of the online testing portal, not yet available in multiple languages is problematic</li><li>• Concerns have also been raised about the type of information being requested to receive a home test which may put some Londoners, especially those with unsettled status, off from requesting a test</li></ul>
<b>Delays in receiving timely test results</b>	<ul style="list-style-type: none"><li>• Turnabout times for test results vary by testing channel</li><li>• Results may take up to and beyond 48 hours with longer median turnaround times for home testing kits, which are popular in London. This delay could risk community transmission and also limits the effectiveness of contact tracing efforts</li></ul>
<b>Inconsistent testing in high risk settings</b>	<ul style="list-style-type: none"><li>• Our experience with the first phase of the pandemic confirm that certain sites can amplify community transmission of the virus including care homes, hospitals, hostels.</li><li>• While plans have been proposed for asymptomatic testing of care home residents and staff and NHS staff, there are currently no plans for more widespread asymptomatic screening in potentially high risk settings which limits our ability to get ahead of disease transmission</li></ul>
<b>Building a diversity of testing options for Londoners</b>	<ul style="list-style-type: none"><li>• Numbers and types of testing channels available to Londoners are increasing but the challenge is to keep up with demand</li><li>• A rapid scale up of innovative, easy to access, quick turnaround testing sites in all boroughs is needed to meet demand</li><li>• In addition new more acceptable diagnostic methodologies will increase return rates and reduce voids</li><li>• London is building culturally competent testing promotional assets as these are not produced nationally</li></ul>
<b>Testing capacity and ability to scale</b>	<ul style="list-style-type: none"><li>• Covid-19 has demonstrated the ability to take off quickly when introduced into communities and so our testing infrastructure must be agile, scalable, deployable and able to manage multiple concurrent outbreaks across the city</li><li>• There is an urgent need to ramp up existing and surge capacity of testing in all London boroughs to ensure preparedness and speed of response.</li></ul>

## Where are we now in Bromley?

- Pillar1 and Pillar 2 testing have been available in Bromley since March 2020
- Currently tests are carried out on over 130 per 100,000 population every week in Bromley and there continues to be a gradual increase in testing
- The current testing positivity levels in Bromley are above 4%
- There is increasing diversity of testing options available to Bromley residents through the national testing programme, including home testing, two local testing sites, testing at the PRUH under Pillar 1, a mobile testing unit in the borough every three days, as well as the regional testing hubs and walk in centres. If cases surged or there was an outbreak, then further mobile testing units would potentially be made available. In addition, there is a South East London mechanism whereby NHS labs provide additional capacity on an ad hoc basis, depending on priority, need and lab capacity (which remains limited).
- There is a good ‘integrated COVID testing pathway’ in place for our health and care providers and staff
- We currently have some capacity issues regarding the IPC training offer and PH advice
- Communications about testing need further coordination between testing leads.
- Home testing is particularly popular with Londoners with more than 30,000 tests being requested weekly
- Nevertheless, insight data from the GLA suggests that a significant proportion of Londoners still do not know how to get a coronavirus test

## **Areas To Work On**

- As cases increase we need a plan for who, when and why to test supported by evidence and data and informed by Bromley’s specific needs. This plan is to help us target those whose needs are above those of the general population. **Barriers to accessing testing and local solutions**



## **Urgent priorities for testing in London Borough of Bromley**

- Remove barriers to testing in Bromley to achieve baseline of 150 per 100,000 during September 2020.
- Increase timely access to diverse types of testing facilities suitable for Bromley residents and staff
- Support Pillar 2 testing across social care provision in Bromley to minimise risks to vulnerable service users and essential workers (adults and children).
- Maintain levels of essential service provision in Bromley by ensuring health and care workers are able to access tests in a timely way via local arrangements.
- Support to schools/ children's educational settings.
- Ensure priority access to Pillar 2 testing for LBB staff who are listed as an essential worker on the government website via the Employer Portal

### **3.4. Seasonal Flu Vaccines**

Flu Vaccine Programmes are in place in the Borough and the Local Authority and CCG are promoting this<sup>13</sup>.

## **4. Collaboration across health and care services**

### **4.1. Safe Discharge from NHS Settings and avoidable admissions.**

Adult services assessment and care management, reablement, rehabilitation and Central Placement teams all play roles in supporting the Single Point of Access (SPA) arrangements that operate in line with guidance<sup>14</sup> to support timely discharge and prevent avoidable admissions.

One Bromley partners were able to maintain capacity for the provision of support to those in discharge from hospital during wave 1.

The Central Placement Team work to arrange domiciliary care services for people being discharged from hospital and the SPA make the arrangements for care and nursing home placements.

Discharge to Assess (D2A) arrangements were re commissioned early in the 2020 calendar year to apply learning from the 19/ 20 winter period.

There is a strong voluntary and community sector contribution to the support of people being discharged from hospital delivered through the Bromley Well/ Bromley Third Sector Enterprise consortium.

### **Areas to work on**

There is limited social care assessment and care management presence in the SPA. This needs to be addressed to ensure that the skills and knowledge of social care

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<sup>13</sup> <https://selondonccg.nhs.uk/what-we-do/winter-health/> and  
[https://www.bromley.gov.uk/info/200048/health\\_and\\_wellbeing/1288/immunisation](https://www.bromley.gov.uk/info/200048/health_and_wellbeing/1288/immunisation)

<sup>14</sup> <https://www.gov.uk/government/collections/hospital-discharge-service-guidance>

and associated focus on promoting independence complements the existing arrangements in the SPA.

Analysis of wave 1 figures produced lines of enquiry relating to the outcomes for individuals and impact on social care resources. This data is being developed alongside modelling of the potential impact of a second wave of the pandemic (see below in the measures and data section of this plan).

Maintaining a focus on preventative, early intervention and proactive care and frailty pathways will support the avoidance of un-necessary admissions.

D2A arrangements require monitoring in relation on going quality concerns and outcomes for people discharged on this pathway. Work is underway to explore use of NHS funding to bring a more sustainable range of providers to this area of the market.

Plans have been agreed to manage Continuing Healthcare Assessments that are outstanding due to the pandemic.

#### 4.2. Enhanced Health in Care Homes (EHCH)

The winter planning guidance for adult social care notes that this work is led by NHS partners but that Local Authorities need to be assured that these arrangements are in place. Colleagues from the CCG have shared a detailed action plan and review which audits action against 7 domains of action from the EHCH guidance.

#### **Areas to Work On**

Action is in place to enhance the support of care homes providing for people with learning disabilities and those with mental health support requirements.

#### 4.3. Social Prescribing

Bromley Well play a key role in social prescribing in the Borough through their care navigator services. In addition there are NHS funded social prescribing resources embedded in primary care networks across the Borough. All NHS funded social prescribers have been provided with remote access and home working kit in response to the move to home working during the pandemic.

#### **Areas to work on**

A range of projects to promote targeted intervention across health and social care including mental health services have been paused during the pandemic. Work is planned to both support the development of joint work between Bromley Well and NHS funded social prescribers and to ensure a more proactive contribution from Adult Services.

### **5. Supporting people who receive social care, the workforce, and carers**

#### 5.1. Advice on visiting care homes.

Excellent advice and guidance has been and continues to be provided by Public Health Colleagues to providers of care and support in Bromley and this includes advice on visiting arrangements and restrictions. Letter sent to all care and support providers by the Director of Public Health advising on visiting arrangements.

## **Area to Work On**

Guidance as appropriate as the pandemic develops.

### **5.2. Direct Payments.**

The Direct Payments support and payroll service has recently been re tendered. The new specification has refreshed the expectations of potential providers in line with current guidance. New pre payment cards are available in Bromley to support increased ease of use of direct payments in the Borough.

Care Management colleagues have used flexibilities available to facilitate changes to support plans and the use of direct payments to respond to changing needs and access to services during the pandemic.

Vibrance who provide support and payroll services in Bromley have both supported access to PPE for direct payments users and PAs and also circulated regular fact sheets on employment during COVID – 19, keeping safe during COVID-19, Life after Lockdown and COVID-19 and Preparing for Winter in the context of COVID-19.

## **Area to work on**

Adult services in partnership with Vibrance and Public Health will arrange on-line access to infection control guidance for those in receipt of direct payments and PAs

### **5.3. Support for Unpaid Carers.**

Assessment and Care Management colleagues continue to conduct carers assessments.

A wide range of support delivered through Bromley Well is detailed below:

#### General Support

- On 26<sup>th</sup> November Bromley Well use its Facebook page to talk to carers about Carers Rights Day. The service will be sharing new materials provided by Carers UK and looking to promote the conversation about carer rights, benefits and wellbeing through that campaign.
- This will also see the Launch and distribution of the new Caring during COVID-19 information booklets, and the delivery of 2 online forums to discuss challenges noted in the booklet and build on it with more advice and support via our Facebook page on 30<sup>th</sup> Oct and 27<sup>th</sup> Nov.
- Bromley Well have also launched a new carers bulletin, with key updates and information for carers on how to support their wellbeing throughout winter and the year ahead.
- Carers are contacted by telephone and /or electronically on a regular basis to check on Physical Health

#### Mental Health Carers Support

- Bromley Well have launched a new virtual drop-in service for carers to provide a safe and confidential space to talk to their Mental Health Carers Support Advisor (poster attached). This support is to welcome new carers into the service, and to support existing carers. Clients that may benefit from more in-depth support are then referred.

- From 10<sup>th</sup> November, new workshop called “Caring Well During Winter 2020 will be delivered. This will be a 2.5-hour workshop delivered twice a week (Tuesday mornings, and Wednesday afternoons) with a volunteer who has lived experience of caring. The sessions will cover common challenges we know carers are facing during the present pandemic, thinking ahead for winter wellbeing and giving some strategies for the year ahead. The programme will run for weeks up to 2<sup>nd</sup> Dec.
- Bromley Well will continue to deliver Caring During COVID-19 CBT sessions. These involve a 4-week programme of support for carers, delivered by PWP (Psychological Welfare Practitioner) and the debriefing sessions are delivered by a volunteer with lived experience of caring.

### Adult Carers

- Online Peer support groups and workshops continue during the pandemic.
- E-bulletins and social media information briefings and raising awareness of other organisations that can be accessed for support as well as promoting any new or additional support elements from the Adult Carers service
- Bromley Well are in the process of arranging mindfulness and financial workshops and provide support to apply for carers grants
- Bromley Well maintains contact with Adult Services in relation to individual client cases and areas of concern to mitigate risk and to safeguard clients and continues to provide specialist support to clients, ensuring their needs are met within the current restrictions, along with planning and prioritisation of those in greatest need.

### Young Carers

- To deliver a broad range of services via a range of platforms, to ensure all young carers continue to be supported during this challenging time. Bromley well is planning to deliver young carer awareness sessions in local schools.

### **Area to Work on**

Bromley Well will be promoting access to flu vaccinations for carers through its services and networks.

There has been a significant reduction in numbers of carers assessments recorded in the Borough during the pandemic and this will be addressed through an advice note to all assessing staff and partners which will support a renewed focus on delivery of carers assessments.

The Borough is exploring use some of discretionary funding from the infection control grant to support unpaid carers to stay safe during the pandemic and this will include access to PPE.

Work is underway to support the re-opening of some services that offer support and respite to unpaid carers that have ceased during the pandemic. Where this is not possible care management and assessment colleagues are working to provide alternative support.

#### 5.4. End of Life Care

There is excellent support available through the One Bromley Partnership led by St Christopher's Hospice.

## **Area to Work On**

An advice note will be issued for all assessing and care management staff to update on resources and advice and guidance available for Bromley Residents.

### 5.5. Addressing health inequalities through re launch of NHS health check programme.

Work supported by public health in the Council is underway to target NHS health checks for people considered at risk<sup>15</sup> during winter months

## **Area to Work On**

Adult Services will work with Public Health to use joint networks and information to support reaching those at risk who are difficult to identify from GP registers and existing lists.

## **6. Supporting the Workforce.**

### 6.1. Care Act Easements

Bromley Adult Services have not taken the option to use Care Act Easements during the pandemic and therefore continue to work in line with Care Act Guidance and meet the full range of Care Act duties.

### 6.2. Staff Training and supporting wellbeing.

The Learning and Development Team in London Borough of Bromley have been working with all Council Directorates to provide a comprehensive range of advice and guidance, training and learning opportunities during the pandemic. The wellbeing strand of this work is growing as the pandemic extends. A return to the workplace handbook supports safe working in Council offices and there is a continuing focus on the Council's 'REAL' Values programme which seeks to build an empowering and respectful organisational culture.

As referenced throughout this plan Public Health Colleagues continue to offer general and bespoke support to support and care providers on infection control.

The Wake Up To Care<sup>16</sup> programme is led by the London Borough of Bromley. The programme promotes careers and volunteering in social care and has recently been refreshed to encompass domiciliary care as well as care homes.

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<sup>15</sup> Those who were part of the shielding programme, those in the expanded flu vaccine list from DHSC and PHE, cross referenced with learning from PHE paper, COVID-19: review of disparities in risks and outcomes at <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

<sup>16</sup>

[https://www.bromley.gov.uk/info/100008/jobs\\_andcareers/1330/wake\\_up\\_2\\_care\\_recruitment\\_initiative](https://www.bromley.gov.uk/info/100008/jobs_andcareers/1330/wake_up_2_care_recruitment_initiative)

Virtual provider forums, regular advice, access to support and weekly newsletters are examples of the range of enhanced communications with support and care providers in the Borough. Through this range of communication provider receive regular information on changing guidance, access to support and have the opportunity to voice their concerns and issues to inform action. Enhanced communications will remain in place throughout the winter months.

A corporate Council survey provided good data to inform work to support staff wellbeing during the pandemic and in the context of remote working.

A recent audit of training needs for domiciliary care providers has prompted a refreshed range of public health support and learning opportunities for staff in this sector.

### **Areas to work on**

Wellbeing support and action during the winter months.

Plans to sustain training for Council, care and support provider and VCS partners over winter months to include wider access to advice and guidance for informal carers and the wider public.

Use domiciliary care response on training needs to inform public health action and learning and development opportunities.

#### **6.3. Workforce Capacity**

A range of support is in place to support providers with the completion of capacity tracker returns. This not only provides excellent intelligence on market capacity but also serves to build supportive relationships and provide a conduit for live intelligence about challenges faced by providers.

#### **6.4. Social Work and Professional Leadership**

Work is well advanced on the Bromley Strengths and Outcomes Based Framework which will be published at the end of November. This will be followed by a range of launch events tailored for different elements of the Adult Services Directorate from January 2021.

There is effective joint working with NHS partners which includes joint safeguarding arrangements and leadership and support in relation to Deprivation of Liberty Safeguards and Mental Capacity.

The Adult Services Practice Advisory Group ensures that the voice of frontline practitioners is heard through regular forums with the Director of Adult Services and associated task and finish groups that review practice issues and advise on strategic plans.

The Council has a comprehensive corporate programme around equalities and respect. This is led by the Equality, Inclusion and Diversity Corporate Board chaired by the Director of Human Resources. Products include a wide range of Learning and & Development opportunities including unconscious bias training and a new mentoring programme for BAME colleagues.

Safeguarding systemic concerns were identified at the beginning of wave 1 in relation to access to PPE and an increase in the referrals for self-neglect and neglect by providers including concerns about some hospital discharges. These systemic concerns have been addressed by public health advice and the development of Local Authority PPE support and through multi agency meetings to act on individual concerns.

## **Areas to Work On**

Use data from forthcoming Directorate survey to refine strengths and outcomes based practice and to improve staff support.

### **7. Supporting the System**

#### **7.1. Funding**

Adult Services has distributed, reported on and published the results of the infection control grant in line with guidance.

#### **7.2. Market and Provider Sustainability**

Bromley has completed the service continuity and care market review self-assessment questionnaire (SAQ). The summary response which informs the development of the winter plan is as follows:

##### Section 1. Understanding risk.

The LBB return notes we are somewhat concerned about capacity in nursing care and notes slight concern relating to other service categories. This is based on the fact that capacity was maintained during wave 1 of COVID. The higher level of concern in nursing care relates to the fact we have yet to commission contingency beds as we have done in residential care for older people.

This section then assessed levels of risk associated with particular factors for example staffing, funding, quality and capacity. A '1' denotes high impact of these factors on the ability of the Authority to deliver on care act duties, a '2' moderate impact and a '3' a small impact. Four scores of 1 were given in relation to COVID-19 staffing in bed-based care and in relation to voids in Extra Care Housing.

##### Section 2. Contingency Planning.

This section looks at measures Bromley has in place to prepare for provider change or closure. Bromley notes that measures are in place to a great or moderate extent in relation to financial support across service categories (infection control grant and uplifts and bespoke access the range of measures e.g. those outlined in the letter from Ade 24<sup>th</sup> March to providers), contractual and other non-financial support areas such as enhanced communications and public health advice and guidance. Processes are in place to manage provider closure.

##### Section 3. Support.

This section asked us to identify three key risks and what support would be useful in response. The three risks related to a combination of sustained demand and decreased capacity, the need for the scope of re-testing to be widened and the need to find resources to pay over guide rates and enhanced oversight of providers who do not meet current quality criteria should they be needed to meet extraordinary levels of demand.

Bromley has commissioned both residential and nursing capacity which will provide options for people discharged from hospital in line with designated settings guidance<sup>17</sup>. This involves Working through designated status for 12 residential care beds at Burrows House (Goldcare Homes) and for nursing care in partnership with Lewisham local authority at Castlebar for nursing care (13-18 beds). A wide range of support was provided to the providers concerned to support with infection control measures and these have been reflected in contractual terms for the new services.

### **Areas to Work On**

Formalise procedures in response to provider closure.

Take action to seek further capacity for designated settings.

#### **7.3. CQC Support, Emergency Framework and Sharing Best Practice.**

There is close and on going liaison between the Adult Services quality and safeguarding department and CQC partners.

#### **7.4. Local, Regional and National Oversight and Support.**

This plan will be summarised in a letter to DHSC on 30<sup>th</sup> October. Peer support forums are in place to bring together Directors of Adult Services and commissioners in South East London. The system wide Winter Plan has been reviewed by governance forums in the Council and CCG and by the Joint One Bromley Executive.

Regional and National support from ADASS is valued and the Council contributes actively to regional and sub regional forums.

#### **7.5. Care Home Support Plans.**

Bromley produced an initial Care Home Support Plan in May 2020 in line with the guidance. The summary of the survey response and action to support care homes is embedded here:



COVID%20letter%20  
V9.KC.docx

### **Areas to Work On**

Refresh and review of support plans

## **8. Data, Resources and Measures.**

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<sup>17</sup> <https://www.gov.uk/government/publications/designated-premises-scheme-letter-to-directors-of-adult-social-services/winter-discharges-designated-settings>

This plan identifies a suite of measures that will support the Directorate to monitor the impact of both winter pressures and the pandemic on social care services and resources.

The plan also draws from existing data to identify issues and action. In short data has shown a shift in demand and patterns of support since the beginning of the pandemic.

Initial data analysis from wave 1 of the pandemic has identified lines of enquiry relating to the impact of new hospital discharge arrangements and has highlighted shifts in demand relating to COVID-19.

The following measures will enable evaluation of the impact of continuing single point of access arrangement for hospital discharge, seeks to compare the data for winter 20/21 to previous years and also looks at issues of productivity and cost across both services resulting from hospital discharge, in on-going support and care and in relation to changing working patterns for Council staff.

- Volume and cost of services per person both for those discharged from hospital and those in receipt of longer-term community packages.
- What happens for individuals following discharge at 6 weeks, 12 weeks, 26 weeks.
- Continuing focus on the existing Transformation KPIs
- Those still at home 90 days following discharge during winter months.
- Referrals into front door and subsequent assessments during winter months.
- On-going performance in relation to reviews referrals and assessment.
- Admission rates to nursing and residential in the Borough over winter months.
- New service starts in Domiciliary Care in winter months

All measures will involve comparison of data from winter 19/20 v winter 20/21 to highlight strategic issues for adult social care. The measures will be reported at the December, February and May Transformation Boards and will inform action to meet the dual challenges of winter pressures and COVID 19.

Winter Plan 2020/21

	A	B	C	D	E	F	G	
1								
2	<b>Theme 1: Preventing and controlling the spread of infection in care settings</b>							
3	Reference	Actions Required by Local Authorities	Requirement fully met (Yes/Partly/No)?	Actions required	By Who?	By When?	Key SR - Sean Rafferty, OA - Ola Akinlade SS - Sara Smart NF - Nick Fripp ED - Esther Dias HS-C - Heather Sinclair- Constance TW - Tricia Wennell EA - Eric Ayoola KS - Kelly Sylvester JA - Jodie Adkin AM - Agnes Marossy AO - Alex Obrien (Vibrance) JH-John Harrison DH - Dirk Holtzhausen LE - Liz Embury GA - Grainne Avis BW - Barry Waller MN - Michaela Nuttall CL - Colin Lusted	
4	1.1	Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors	Yes					
5	1.2	<a href="#">Directors of public health should work with relevant partners including Public Health England and local health protection boards to control local outbreaks and should refer to the contain framework</a>	Yes					
6	1.3	Support care homes, working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels	Yes - SOPs in place for different settings.					
7	<b>Managing staff movement</b>							
8	1.4	Distribute money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions	Partly - work on going in relation to second round of IFG	Need to decide on distribution of discretionary funding.	SR	End November 20		
9	1.5	<a href="#">Consult the guidance available on redeploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff</a>	Partly - good advice and guidance in place, new work on EHCH and review of Care Home Return Actions required	Actions on EHCH plan  Care Home Support Plan review	SS  NF	Detailed on ECHC action plan  end November 2020		
10	1.6	Continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement	Yes	For continuos review through quality and complaince and winter planning meetings				
11	1.7	Provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate	Yes					
12	1.8	Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff	Yes					
13	<b>Personal protective equipment (PPE)</b>							
14	1.9	<a href="#">Follow all relevant guidance on use of PPE, including recommendations for those providing support to people with learning disabilities or autistic people</a>	Yes	Enahnced support for people using DP's and unpaid carers being developed	NF ED OA	end November 2020		
15	1.10	<a href="#">Make use of free government-funded PPE stocks where needed and in line with COVID-19 PPE guidance. Care homes and domiciliary care providers, along with some others, are eligible to register for the PPE portal guidance and can obtain free PPE through this route. Providers ineligible to register for the portal (for example, personal assistants), should obtain PPE from their LRF (if it is continuing to distribute PPE), or their local authority</a>	Yes	New processes to be implemeted from November for those not eligible for National Portal	NF			
16	1.11	In the event of urgent need for PPE stocks, use the National Supply Disruption Response (NSDR) or contact their LRF to access free emergency supply from the LRF stockpile	Yes					

	A	B	C	D	E	F	G
17	1.12	Report shortages via Capacity Tracker and/or the CQC community care survey	Yes				
18	<b>COVID-19 testing</b>						
19	1.13	Ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and and, together with NHS organisations, provide local support for testing in adult social care, if needed	Partly	Priorities identified in testing workplan	HS-C	in testing work plan.	
20	1.14	Actively monitor their local testing data to identify and act on emerging concerns, including following up with care homes that are not undertaking regular testing, as per the guidance	Yes				
21	<b>Seasonal flu vaccines</b>						
22	1.15	Support communications campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine	Yes				
23	1.16	Direct providers to local vaccination venues	Yes				
24	1.17	Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes	Yes				
25	<b>Theme 2: Collaboration across health and care services</b>						
26	Reference	Actions Required by Local Authorities	Requirement fully met (Yes/Partly/No)?	Actions required to fill gaps	By Who?	By When?	
27	<b>Safe discharge from NHS settings and preventing avoidable admissions</b>						
28	2.1	Jointly commission care packages for those discharged (including commissioning of care home beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority	Partly	Increase social care assessment and care management presence in the SPA.  New winter pressures measures for Adult Services  Maintaining a focus on preventative, early intervention and proactive care and frailty pathways.  D2A arrangements require monitoring in relation on going quality concerns and outcomes for people discharged on this pathway.  Work is underway to explore use of NHS funding to bring a more sustainable range of providers to this area of the market.  Seek capacity to support discharge in the form of designated settings	TW  EA  TBC (discuss further with TW)  TBC discuss further with KS  TBC (discuss further with JA)  CL	End Nov 2020  December 1st Transformation Board  TBC  TBC  Nov to March 21	
29	2.2	Establish an Executive Lead for the leadership and delivery of the discharge to assess model;	Yes				
30	2.3	Establish efficient processes to manage CHC assessments in line with the guidance on the reintroduction of NHS continuing healthcare (as well as the discharge guidance), which includes extending the use of the Trusted Assessor Model and digital assessments	Yes				

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31	2.4	Secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support	Partly	Plans have been agreed to manage Continuing Healthcare Assessments that are outstanding due to the pandemic.	TW	Nov 20 to Mar 21	
32	2.5	Work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support around discharge from hospital and	Yes				
33	<b>Enhanced health in care homes</b>						
34	2.6	Actions for Health colleagues, but LAs should assure themselves arrangements are in place	Partly	As above in line with EHCH action plan			
35	<b>Technology and digital support</b>						
36	<b>Social prescribing</b>						
37	2.7	Work closely with SPLWs (social prescribing link workers) to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities and autistic people and people with learning disabilities	Partly	Meeting planned to bring together Social prescribers and Bromley Well in November to co-ordinate and align work.  Work required to develop Adult Services contribution to community based work in the Borough	AM  NF and SR	end November  January Transformation Board	
38	2.8	Ensure SPLWs have the support and equipment to work remotely and access GP IT systems	Yes for those employed within PCNs and GP practices.				
39	<b>Theme 3: Supporting people who receive social care, the workforce, and carers</b>						
40	Reference	Actions Required by Local Authorities	Requirement fully met (Yes/ No / Partly)?	Actions required to fill gaps	By Who?	By When?	
41	<b>Supporting independence and quality of life</b>						
42	3.1	Give a regular assessment of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment	Yes - letter circulated to care homes	updates as necessary	ED		
43	3.2	If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'	Yes				
44	<b>Direct payments</b>						
45	3.3	Consult the new guidance for the actions that they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter	Yes	Vibrance have been updating DP recipients and PAs and LBB website has information on line	AO		
46	3.4	Give people with direct payments the level of flexibility and control as envisaged in the Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need	Yes - assessment and care management have been using flexibilities				
47	<b>Support for unpaid carers</b>						
48	3.5	Make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help	Yes	Bromley Well have range of supports and information and guidance in place.			
49	3.6	Follow the direct payments guidance and be flexible to maximise independence	yes				
50	3.7	Ensure that assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care	Partly	Advice Note needed for Care Management staff to address drop in carers assessment levels	TW and JH	end November 2020	

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	A	B	C	D	E	F	G
51	3.8	Work with services that may have closed, over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services	Partly	Some limited opening being considered. We have also provided some managed services in lieu of closed services. Respite or short breaks	SR	Nov 20 to Mar 21	
52	3.9	Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs	Yes	Care management action			
53	<b>End-of-life care</b>						
54	3.10	Ensure that discussions and decisions on advanced care planning, including end of life, should take place between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act		An advice note will be issued for all assessing and care management staff to update on resources and advice and guidance available for Bromley Residents.	DH	end Nov 20	
55	3.11	Implement relevant guidance and circulate, promote and summarise guidance to the relevant providers. 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		An advice note will be issued for all assessing and care management staff to update on resources and advice and guidance available for Bromley Residents.	DH		
56	<b>Care Act easements - <i>Easements not used in LBB</i></b>						
57	3.12	Only apply the Care Act easements when absolutely necessary	N/A				
58	3.13	Notify DHSC of any decisions to apply the Care Act easements	N/A				
59	3.14	Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format	N/A				
60	3.15	Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights	Yes				
61	3.16	<a href="#">Follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks</a>	Yes	Advice Note needed for Care Management staff	DH	end Nov 20	
62	3.17	Work closely with local NHS CHC teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge	Yes	see above for action to address deferred assessments.			
63	<b>Supporting the workforce</b>						
64	<b>Staff training</b>						
65	3.18	Ensure providers are aware of the free induction training offer and encourage them to make use of it	Partly	Forward programme to sustain training is	ED AT		
66	3.19	Promote and summarise relevant guidance to care providers	Yes				
67	<b>Supporting the wellbeing of the workforce</b>						
68	3.20	Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic	yes				
69	3.21	Review current occupational health provision with providers in their area and highlight good practice	No	to do	LE GA BW	end Dec 20	
70	3.22	Promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Partly	Staff survey in Adult Services will add data from colleagues to inform action	NF	end Dec 20	
71	<b>Workforce capacity</b>						
72	3.23	Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter	Yes	On going incident reviews and regular comms with providers			
73	3.24	Consult the guidance available on deploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff	Yes				
74	3.25	Consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary	Yes	In partnership with Bromley Well and CLB			
75	3.26	Support providers, in their area, to complete the capacity tracker and update their adult social care workforce data set (ASCWDS) records to help ensure effective local capacity monitoring and planning	Partly	Need to check on ASCWDS	LE GA BW	end Dec 20	

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A	B	C	D	E	F	G
76	<b>Shielding and people who are clinically extremely vulnerable</b>					
77	3.27 Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for CEV people on the shielded persons list	Yes				
78	<b>Social work and other professional leadership</b>					
79	3.28 Ensure that their social work teams are applying legislative and strengths-based frameworks (including those based on duties under the Care Act and Mental Capacity Act) and support partner organisations such as the NHS to do the same	Yes				
80	3.29 Ensure social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services	Partly	Work required and data being sought relating BAME colleagues and staff in the social care workforce.	JA	end Nov 20	
81	3.30 Understand and address health inequalities across the sector and develop actions with partners, where required, taking into account the implications of higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, and people with mental health difficulties	Partly	Work underway to target groups who may be at risk as evidenced through PHE data on health inequalities. As above re BAME colleagues and wider workforce.	MN	end Dec 20	
82	3.31 Review their current quality assurance frameworks and governance oversight arrangements to ensure that winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work	TBC	TBC - discuss with Dirk	DH	TBC	
83	3.32 Develop and maintain links with professionals across the health and care system to ensure joined-up services	Partly	See above re hospital discharge.			
84	<u><a href="#">Lead local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery</a></u>	Partly	Advice Note for NHS partners re ethical framework and discharge process	DH	end Dec 20	
85	3.34 Ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict	yes	Weekly capacity and pathways meetings in place to monitor across health and social care			
86	3.35 Review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period	yes				
87	3.36 Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice	yes				
88	<b>Theme 4: Supporting the system</b>					
89	<b>Reference</b> Actions Required by Local Authorities	<b>Requirement fully met (Y/N)?</b>	<b>Actions required to fill gaps</b>	<b>By Who?</b>	<b>By When?</b>	
90	<b>Funding</b>					
91	4.1 Provide DHSC with information about how the money Infection Control Fund has been spent by 30 September 2020	yes				
92	4.2 Continue to maintain the information they have published on their websites about the financial support they have offered to their local adult social care market	yes	will require updating for next round of ICG			
93	4.3 Provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions	yes				
94	<b>Market and provider sustainability</b>					
95	4.4 Work with local partners to engage with the Service Continuity and Care Market Review, and – when requested – complete a self-assessment of the health of local market management and contingency planning leading into winter	yes				
96	4.5 Continue to work understand their local care market; and to support and develop the market	yes				
97	4.6 Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available	partly	care home support plan refresh required	NF	end Nov 20	
98	<b>CQC support: Emergency Support Framework and sharing best practice</b>					
99	4.7 Work with the CQC to promote and inform providers about monitoring processes	yes				

**Winter Plan 2020/21**

	A	B	C	D	E	F	G
100	<b>Local, regional and national oversight and support</b>						
101	4.8	Write to DHSC by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and community sector organisations where possible	yes				
102	4.9	Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops	yes				
103	4.10	Continue to champion the Capacity Tracker and the CQC community care survey and promote their importance as a source of data to local providers and commissioners	yes				
104	4.11	Establish a weekly joint communication from local directors of adult social services and directors of public health to go to all local providers of adult social care, as a matter of course, through the winter months	yes	as part of existing enhanced communications to providers	LE GA BW		
105	<b>Care home support plans</b>						
106	4.12	Whether care homes were able to implement infection prevention and control measures	Partly	As part of review of care home support plan	NF		
107	4.13	Access to support, including clinical support from primary care	partly	See EHCH action plan	SS		
108	4.14	The expanded offer of COVID-19 testing for all residents and asymptomatic staff	Partly	See Testing Work Plan	HS-C		
109	4.15	Their overall supply of medical and personal protective equipment and training to use it effectively	Yes				

## London Borough of Bromley

### PART 1 - PUBLIC

#### Briefing for Adult Care and Health PDS

## BROMLEY MENTAL HEALTH AND WELLBEING STRATEGY – ACTION PLAN 2020-22

Contact Officer: Sean Rafferty, Assistant Director of Integrated Commissioning  
Email: [sean.rafferty@bromley.gov.uk](mailto:sean.rafferty@bromley.gov.uk); Tel: 0208 313 4010

Chief Officer: Kim Carey, Director of Adult Social Care

### 1. Summary

- 1.1. The text of the Bromley Mental Health and Wellbeing Strategy (2020-25) was finalised just prior to the covid-19 lockdown. This strategy had been considered in depth by PDS and other groups in 2019/20.
- 1.2. The covid-19 pandemic has had a seismic impact on individuals' mental health and wellbeing. The impact of the pandemic has been unequal across different ages and communities. There have been changes for children and young people who have not been at school; for adults who may have had changes to their employment including the possibility of redundancy; everyone has seen restrictions to their daily living arrangements; many people have also had to deal with sickness and/or bereavement. Whatever the impact of the pandemic, it is imperative that the Council and CCG respond so that those in need are able to access help, including crucially at this time, mental health and wellbeing services.
- 1.3. Given the impact of the covid-19 pandemic, the development of an action plan to deliver the Bromley Mental Health and Wellbeing Strategy was delayed. This has allowed officers time to ensure that the wide-ranging impact of the ongoing pandemic is at the forefront of the delivery of the strategy.
- 1.4. The Bromley Mental Health and Wellbeing Strategy is unapologetically ambitious, with a corresponding action plan (2020-22) which would transform the way mental health services in Bromley operate. The delivery of the action plan will also require strong joint working with key mental health partners in Bromley across both children's and adults services

### 2. THE BRIEFING

- 2.1 An action plan (Appendix 1) to deliver the Bromley Mental Health and Wellbeing Strategy has been developed to cover the period 2020-22. This will enable Bromley Council and NHS South East London Clinical Commissioning Group (CCG), working with partners, to take forward work across priority areas to meet the outcomes of the overall strategy. In 2022, at the halfway point of the strategy, the action plan will be refreshed in order to focus on new priorities through to the conclusion of the strategy itself.
- 2.2 Whilst the action plan is detailed, there are a number of key projects which it is useful to highlight below:

#### Children and Young People's Services

- The delivery of an integrated children and young people's mental health and wellbeing service in Bromley (1.1).

- Deliver a long-term integrated model of early intervention/embedded specialist mental health support for children and young people in Bromley, ensuring short waits and a focus on prevention and early intervention (2.1).
- Provide a strong mental health offer in special schools, including in a potential new school in Bromley with a focus on social, emotional and mental health (SEMH) needs (2.1).
- Embed an early intervention offer for children and young people at risk of developing psychosis as part of the wider transformation of mental health services for this group (2.2).
- Develop an all-age Autistic Spectrum Disorder (ASD) commissioning strategy to meet the needs of individuals with these needs (2.5).
- Provide an enhanced specialist mental health assessment and review service for Bromley children looked after (CLA) and care leavers – this service would support any Bromley CLA with these needs whether they were in a service within or outside of the borough (4.1).

#### Transition from children's to adults services

- Ensure that all community and hospital mental health services provide best practice health and care to young people who are transitioning between children and adults' services, enabling a seamless transition between these services (2.3).
- Establish a strong 0-25 pathway for children and young people with mental health challenges (2.3).

#### Adults Services

- Develop a “single point of access” for community mental health services (1.3).
- Ensure that there is a mental health strong offer for people at risk of/or who have suffered from domestic abuse (1.3)
- Bring forward a mental health primary care model in Bromley that links community mental health teams with GP Practices/Primary Care Networks (PCNs), with mental health services becoming a partner in the delivery of primary care in Bromley (1.4).
- Deliver a targeted annual healthchecks programme for people in Bromley with mental health challenges, including those on the severe mental illness (SMI) register (1.5).
- Implement the Bromley Suicide Prevention Strategy (1.6).
- Improve outcomes for adults accessing Improving Access to Psychological Therapies (IAPT) services in Bromley – meeting the needs of people in need including those with long term conditions, psychosis, bipolar disorder and personality disorder (3.1).
- Review joint health and social care services for mental health to ensure that these are fit for purpose, meeting statutory requirements (3.2).
- Review the approach to proving joint “aftercare” (known as section 117) to people with mental health challenges across the NHS and Council – ensuring that individuals’ needs are at the heart of the “aftercare” offer in Bromley (5.1).
- Embed housing solutions services within the mental health recovery and rehabilitation pathway – ensuring that people with mental health challenges are able to access the right affordable housing and support for them as part of their journey to more independent living (5.1).

- Increase access to employment schemes including the Individual Placement Support (IPS) programme – supporting people with mental health challenges to gain meaningful employment, and working with local employers and JobCentre Plus to provide sustainable employment opportunities (5.2).
- Embed the delivery of personal budgets for every individual with mental health challenges who would benefit from these as part of their recovery and rehabilitation pathway – in many cases individuals will be able to access joint health and care budgets (5.3).

#### Integrated delivery

- Ensure that there is a cross-organisational and tailored mental health and wellbeing offer on those groups most in need of support including children looked after (CLA), black, asian and minority ethnic (BAME) groups, lesbian, gay, bisexual and transgender (LGBT) and other key groups to be determined from the Joint Strategic Needs Assessment (JSNA). (6.1)
- Put in place a refreshed mental health s75 agreement on mental health to be agreed across the Council and CCG in Bromley, underpinning the joint delivery of services

- 2.3 The delivery of the Bromley Mental Health and Wellbeing Strategy will require strong leadership, not only from the Council and CCG, but from a range of partner agencies across Bromley who deliver mental health and wellbeing services. The action plan is a truly collaborative approach, with input and leadership from voluntary sector and NHS organisations, the local authority and CCG.
- 2.4 It is proposed that Adult Care and Health PDS maintains strong oversight of the delivery of the action plan with regular updates throughout the course of its operation.

### **3 Comments and Clarifications**

- 3.1.1 Should members of the Committee wish to raise points for clarification on the Action Plan these can be raised by sending them to Sean Rafferty at [sean.rafferty@bromley.gov.uk](mailto:sean.rafferty@bromley.gov.uk) by 14 November 2020. A written response to all the points of clarification raised will be shared with members in advance of the committee meeting on 24 November 2020.

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## **Appendix 1 - Bromley Joint Mental Health and Wellbeing Strategy Annual Action Plan (2020-22)**

### **Action Plan for Change**

- 1.1. The Bromley Joint Mental Health and Wellbeing Strategy (2020-2025) sets out a commitment between Bromley Council and NHS South-East London Clinical Commissioning Group (CCG) to work together to improve mental health and wellbeing outcomes for the residents in the borough.
- 1.2. The two lead organisations have developed an action plan with key partners which set out details of what we need to do in order to deliver on our strategic priorities as set out in the strategy. The action plan covers the period of 2020-22 after which it will be refreshed to focus on other commitments at that stage of the strategy's lifespan.
- 1.3. The covid-19 pandemic has had a seismic impact on individuals' mental health and wellbeing. The Bromley Mental Health and Wellbeing Strategy (2020-25) is at the forefront of our common response to this. The impact of the pandemic has been unequal across different ages and communities. There have been changes for children and young people who have not been at school; for adults who may have had changes to their employment or have been made redundant; we have all seen restrictions to our daily living arrangements; many people have also had to deal with sickness or bereavement. Whatever the impact of the pandemic, it is imperative that public services respond so that those in need are able to access help, including crucially at this time, mental health and wellbeing services.
- 1.4. The actions in this plan are based on service-user feedback and service analysis set out in the Bromley Joint Mental Health and Wellbeing Strategy.
- 1.5. The Council and CCG will work with key partners in the delivery of the action plan which will be coordinated and led by the Bromley Mental Health Strategic Partnership Board (MHSPB).
- 1.6. The **Assistant Director for Integrated Commissioning** will be accountable for the delivery of the action plan as a whole, and the Director will report to the Council and CCG's Mental Health Strategic Partnership Board (MHSPB) and Integrated Commissioning Board (ICB) on progress to complete this work.
- 1.7. The strategy will be subject to a refresh by the end of 2022 to consider progress against the action plan for change at this time and to set out next steps to meet the overall strategy aims.

## Bromley Joint Mental Health and Wellbeing Strategy - Action Plan for Change (2020-22)

	Objective	Actions	Lead	Timescale
1.	<b>PREVENTION</b>			
	We will establish a strong mental health and wellbeing prevention offer across services in Bromley, placing a focus on: building resilience for individuals and communities; helping to ensure that individuals are able to access information and advice; and improve health and wellbeing outcomes for people with mental health challenges.			
1.1	Place prevention and early intervention at the heart of the mental health and wellbeing offer for children and young people.	<ul style="list-style-type: none"> <li>Build on the success of the mental health support team (MHST) pilot in Bromley schools, with a long-term solution that helps ensure the resilience of Bromley schools to manage mental health challenges, in partnership with other mental health and wellbeing services.</li> <li>Deliver an integrated children and young people's mental health and wellbeing service in Bromley, providing a long-term joint approach and "one front door" service for children and young people in the borough.</li> <li>Review the online support and advice service for children and young people with mental health challenges (working with other south-east London boroughs) in order to put in place a long-term solution post-2022.</li> <li>Develop a 0-25 pathway for children and young people's mental health services, ensuring that there is no "cliff edge" for service users as they move between services for children and adults.</li> </ul>	Bromley Wellbeing/ Education/ Public Health  Bromley Wellbeing/ Education/ Children's Social Care  Integrated Commissioning/ SEL CCG Boroughs  0-25 Transformation Programme	April 2021  April 2021  By 2022  By 2022
1.2	Place prevention and early intervention at the heart of the mental health and wellbeing offer for new mothers and, in particular, new mothers who have multiple births.	<ul style="list-style-type: none"> <li>Review the community support mental wellbeing offer for new mothers and new mothers who have had multiple births. This services includes a core support service and befriending service.</li> </ul>	Integrated Commissioning	April 2021

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
		<ul style="list-style-type: none"> <li>Put in place a total Bromley mental health offer to new mothers to ensure a strong holistic approach across health and other services for this group.</li> </ul>	Integrated Commissioning/ SEL CCG Boroughs	By 2022
1.3	Continue the development of a successful adult wellbeing hub in Bromley where people can access information, advice and services; bringing together health, social care and voluntary sector services in one place.	<ul style="list-style-type: none"> <li>Review opportunities to enhance the integrated NHS/Council adult wellbeing hub with a long-term partnership plan in place to deliver joint information, advice, prevention and wellbeing services in partnership with the voluntary sector.</li> <li>Develop a “single point of access” for community mental health services – working with Bromley Well, BLG Mind, NHS Oxleas NHS Foundation Trust and NHS Bromley Healthcare.</li> <li>Ensure that Improving Access to Psychological Therapies (IAPT) services are at the core of the “single point of access” model.</li> <li>Enable those who have a lived experience with mental health challenges to be at the heart of the commissioning of the community offer – owning and shaping their own service model.</li> <li>Embed community support services including peer support networks, crisis prevention services, debt and financial advice services and mutual aid schemes at the heart of the wellbeing hub offer.</li> <li>Ensure that there is a mental health strong offer for people at risk of/or who have suffered from domestic abuse across all mental health services.</li> </ul>	Integrated Commissioning/ Public Health/ Adult Social Care  Bromley Well/ Recovery Works/ Oxleas NHS FT/ Bromley Healthcare/ Primary Care  Bromley Healthcare  Integrated Commissioning  Bromley Well/ Recovery Works/ Oxleas NHS FT/ Bromley Healthcare/ Primary Care  Community Safety/ Safeguarding	Summer 2021  By 2022  Summer 2021  Summer 2021  By 2022

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
1.4	Develop an enhanced primary care offer for mental health in Bromley linking core mental health services with GP Practices and Primary Care Networks (PCNs); place community mental health at the heart of primary care services to end the artificial division between primary and secondary mental health care.	<ul style="list-style-type: none"> <li>Bring forward a mental health primary care model in Bromley that links community mental health teams with GP Practices/Primary Care Networks (PCNs), with mental health services becoming a partner in the delivery of primary care in Bromley.</li> <li>Pilot the new mental health primary care model in Bromley, delivering an integrated mental health/Primary Care Network offer.</li> <li>Embed the role of the Bromley wellbeing hub with the new mental health/primary care model, providing a crucial link with social prescribing and wellbeing support for individuals.</li> <li>Review the pilot in order to determine next steps.</li> </ul>	Bromley Well/ Recovery Works/ Oxleas NHS FT/ Primary Care  Bromley Well/ Recovery Works/ Oxleas NHS FT/ Primary Care  Bromley Well/ Recovery Works/ Oxleas NHS FT/ Primary Care  Integrated Commissioning	March 2021  2021/22  2021/22  2022
1.5	Improve health and wellbeing outcomes for people with mental health challenges in Bromley through a coordinated programme of prevention and early intervention	<ul style="list-style-type: none"> <li>Deliver a targeted annual healthchecks programme for people in Bromley with mental health challenges, including those on the severe mental illness (SMI) register.</li> <li>Review the outcomes of the mental health healthchecks programme across GP Practices in order to ensure improved health and wellbeing outcomes for individuals are embedded across all services.</li> </ul>	Primary Care  Primary and Community Care Transformation	2020/21  2020/21
1.6	Deliver the outcomes set out in the Bromley Suicide Prevention Strategy.	<ul style="list-style-type: none"> <li>Implement the Bromley Suicide Prevention Strategy (see also Bromley Suicide Prevention Strategy)</li> </ul>	Public Health	2021/22
2	<b>EARLY INTERVENTION</b>			

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
	<b>We will establish a strong mental health and wellbeing early intervention offer across services in Bromley, ensuring those in need are able to get the early help they need prior to reaching a crisis.</b>			
2.1	Embed specialist mental health support for children and young people within the early intervention/community offer, ensuring timely delivery of services, short waiting times and an integrated mental health/wellbeing offer across different settings.	<ul style="list-style-type: none"> <li>Review the Bromley four week waiting time pilot, which aimed to transform access to early intervention and specialist services through an integrated model across different organisations.</li> <li>Deliver a long-term integrated model of early intervention/embedded specialist mental health support for children and young people in Bromley, ensuring short waits and a focus on prevention and early intervention.</li> <li>Provide a strong mental health offer in special schools, including in a potential new school in Bromley with a focus on social, emotional and mental health (SEMH) needs.</li> </ul>	Bromley Wellbeing/ Oxleas NHS FT (CAMHS)/ Integrated Commissioning  Bromley Wellbeing/ Oxleas NHS FT (CAMHS)/ Integrated Commissioning  Education/ Integrated Commissioning	April 2021  By 2022  By 2022
2.2	Provide an early intervention community support service for children, young people and adults who are at risk of developing psychosis (or may have had their first experience of psychosis).	<ul style="list-style-type: none"> <li>Ensure that there is an increased offer of community and psychological interventions for people who have had their very first episode of psychosis, helping to prevent them from requiring ongoing mental health support at the very first point of contact.</li> <li>Embed an early intervention offer for children and young people at risk of developing psychosis as part of the wider transformation of mental health services for this group.</li> </ul>	Oxleas NHS FT  Bromley Wellbeing/ Oxleas NHS FT/ Primary Care	April 2020  Summer 2020
2.3	Ensure that, for those young people requiring ongoing support who are transitioning between support for children and adults' services, that there is a clear approach which places individual needs at the heart of delivery.	<ul style="list-style-type: none"> <li>Ensure that all community and hospital mental health services provide best practice health and care to young people (in line with NHS and social care guidance) who are transitioning between children and adults' services, enabling a seamless transition between these services.</li> </ul>	0-25 Transformation Programme	By end 2022

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
		<ul style="list-style-type: none"> <li>Establish a strong 0-25 pathway for children and young people with mental health challenges; whilst ensuring that there is practice on transitional arrangements across all relevant services to prevent a “cliff edge” at age 26 for people who require ongoing healthcare, support and help.</li> </ul>	0-25 Transformation Programme	By end 2022
2.4	Provide a tailored support service for people with mental health challenges and carers, ensuring that help is available in the right place and at the right time, prior to an individual reaching a crisis point.	<ul style="list-style-type: none"> <li>Review the early intervention offer for people and carers with mental health challenges, as part of work to improve the partnership approach across primary care, health and community services. (see also 1.3)</li> <li>Bring forward an early intervention offer for people and carers with mental health challenges, ensuring that this is embedded as part of the community hub for mental health and wellbeing in Bromley. (see also 1.3)</li> </ul>	Integrated Commissioning  Integrated Commissioning/ Integrated Commissioning/ Adult Social Care	Summer 2021  By 2022
2.5	Improve the early identification of people with Autistic Spectrum Disorder (ASD) at all ages, ensuring that there is a tailored approach to meet the ongoing needs of this group.	<ul style="list-style-type: none"> <li>Ensure that people with potential Autistic Spectrum Disorder (ASD) are identified at an early stage by mental health community and acute services.</li> <li>Improve services to diagnose people with Autistic Spectrum Disorder (ASD), reducing waiting times.</li> <li>Develop an all-age Autistic Spectrum Disorder (ASD) commissioning strategy to meet the needs of individuals with these needs – focusing not simply on identification and diagnosis but on ensuring appropriate services are commissioned to meet the needs of this group.</li> </ul>	All-Age ASD Project  All-Age ASD Project  All-Age ASD Project	Summer 2021  Summer 2021  2021/22

	<b>Objective</b>	<b>Actions</b> (see also Bromley Learning Disabilities Strategy)	<b>Lead</b>	<b>Timescale</b>
2.6	Improve the early identification of people with dementia ensuring that there is a tailored approach to meet their ongoing needs, with a focus on independence, wellbeing and early help.	<ul style="list-style-type: none"> <li>Continue to improve the early identification and diagnosis of people with dementia, including for people who live in residential care homes.</li> <li>Undertake detailed work with people with dementia to identify what more can be undertaken to support their needs – including through the provision of information and advice through the Bromley community hub, the NHS Oxleas memory service and GP surgeries.</li> <li>Review services for people who have been diagnosed with dementia in order to ensure best practice is embedded in service delivery for this group.</li> </ul>	Oxleas NHS FT/ Dementia Support Hubs/ Care Homes Project  Oxleas NHS FT/ Dementia Support Hubs/ Care Homes Project  Integrated Commissioning/ Adult Social Care	Ongoing  By 2020  By 2022
3	<b>MULTI-DISCIPLINARY APPROACH TO TREATMENT</b>			
	We will establish a strong multi-disciplinary approach to treatment for people with mental health, ensuring that those in the most urgent need are able to get the best possible treatment and care.			
3.1	Improve access to psychological therapies in Bromley (including “talking therapies”) through a partnership approach across primary care, health and community services; roll-out increased help for people with long-term conditions.	<ul style="list-style-type: none"> <li>Improve outcomes for adults accessing Improving Access to Psychological Therapies (IAPT) services in Bromley – meeting the needs of people in need including those with long term conditions, psychosis, bipolar disorder and personality disorder.</li> <li>Build on the work of the children and young people’s Improving Access to Psychological Therapies (IAPT) services in Bromley, ensuring that children and young people who require this help are able to access this important service.</li> </ul>	Bromley Healthcare/ SEL CCG IAPT Review  Bromley Wellbeing/ SEL CCG IAPT Review	Summer 2021  Summer 2021

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
3.2	Ensure that there is a common approach across health and care to treatment from the start of a patient's journey in services until the point at which they no longer requiring ongoing help.	<ul style="list-style-type: none"> <li>Building on the existing integrated health and care mental health service offer in Bromley to ensure that best practice is embedded across all services – ensuring that health needs and social care needs are delivered in partnership for people with mental health challenges.</li> <li>Ensure a joined-up approach to (i) admission into treatment (including with excellent joint working with Approved Mental Health Professionals – AMPHs) and (ii) discharge from hospital – with a common assessment and care plan to meet each individuals' ongoing needs.</li> <li>Review joint health and social care services for mental health to ensure that these are fit for purpose, meeting statutory requirements.</li> </ul>	Oxleas NHST FT Adult Social Care  Oxleas NHS FT/ Adult Social Care  Integrated Commissioning/ Adult Social Care	Sumer 2021  Summer 2021  By 2022
4	<b>COMPLEX AND LONG TERM SUPPORT</b> <b>We will establish an integrated approach across health and social care for the delivery of services for people with complex needs and for people requiring longer term support – ensuring that everyone is kept safe whilst being able to live as independently as possible</b>			
4.1	Improve support for Children Looked After (CLA) with a joint approach across health and social care to ensure that children and young people, including care leavers, are able to access the right support and help.	<ul style="list-style-type: none"> <li>Provide an enhanced specialist mental health assessment and review service for Bromley children looked after (CLA) and care leavers – this service would support any Bromley CLA with these needs whether they were in a service within or outside of the borough.</li> <li>Link adult mental health services with support for care leavers to ensure a strong offer for this cohort as they leave care.</li> </ul>	Oxleas NHST FT/ Children's Social Care  Oxleas NHS FT/ Children's Social Care	Summer 2021  Summer 2021
4.2	Reduce the overall number of people with mental health challenges requiring a long-term placement in a hospital, residential or nursing	<ul style="list-style-type: none"> <li>Embed a total-system pathway across health and social care mental health provision in which people with mental health challenges are helped</li> </ul>	Adult Social Care/ Oxleas NHS FT	Summer 2021

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
	care home setting by commissioning improved tailored community provision.	<p>to “step down” to a service that best meets their needs, whilst ensuring that they are at all times safe and able to live as independently as possible.</p> <ul style="list-style-type: none"> <li>Work with the South London Partnership (a partnership of the three large mental health NHS hospital Trusts in south London) to improve support options for individuals with complex needs and to reduce the overall number in services.</li> </ul>	Oxleas NHS FT/ Integrated Commissioning	By 2022
5	<b>RECOVERY AND REHABILITATION</b>			
	<p><b>We will establish a strong mental health and wellbeing recovery and rehabilitation offer for people with mental health challenges, placing a focus on: helping people to overcome individual challenges, building resilience; ensuring that individuals who are able to are supported to move to independent living outside of services; and improving health and wellbeing outcomes for people with mental health challenges.</b></p>			
5.1	Develop an integrated recovery and rehabilitation pathway across all health, care and support mental health community services to ensure that those who are able to are supported to move to more independent settings, including – when ready - outside of services altogether.	<ul style="list-style-type: none"> <li>Review the “total system” recovery and rehabilitation pathway in Bromley across “step down” hospital provision, residential care, supported housing and floating support in order to ensure that there are the right services in place to meet the needs of Bromley residents who require this support.</li> <li>Review the approach to proving joint “aftercare” (known as section 117) to people with mental health challenges across the NHS and Council – ensuring that individuals’ needs are at the heart of the “aftercare” offer in Bromley</li> <li>Bring forward any changes to the current approach to recovery and rehabilitation in Bromley through an Integrated Commissioning and Partner Organisations approach.</li> </ul>	Integrated Commissioning/ Adult Social Care/ Housing  Integrated Commissioning/ Adult Social Care/ Housing  Integrated Commissioning/ Supported Housing/ Floating Support	Summer 2021  Summer 2021  2021/22  2021/22

	Objective	Actions	Lead	Timescale
		<ul style="list-style-type: none"> <li>• Ensure that services for people affected by drug and alcohol misuse are at the heart of the mental health recovery and rehabilitation – ensuring a common approach to people who have both mental health challenges and who misuse drug and/or alcohol.</li> <li>• Deliver focused multi-disciplinary work to support people - who are ready to - to move safely onto more independent living through the course of the project.</li> <li>• Deliver tapered support for people after they move into their own home – reducing admissions to hospital due to a crisis, and preventing homelessness.</li> <li>• Embed housing solutions services within the mental health recovery and rehabilitation pathway – ensuring that people with mental health challenges are able to access the right affordable housing and support for them as part of their journey to more independent living.</li> </ul>	<p>Integrated Commissioning/ Public Health</p> <p>Supported Housing/ Floating Support/ Housing/ Oxleas NHS FT</p> <p>Floating Support/ Housing</p> <p>Supported Housing/ Floating Support/ Housing</p>	<p>By 2022</p> <p>By 2022</p> <p>Summer 2021</p>
5.2	Place accessing meaningful employment and the development of skills at the centre of an individuals' journey to independence, ensuring that people with mental health challenges are provided with support to sustain jobs and access education and training opportunities.	<ul style="list-style-type: none"> <li>• Ensure that accessing appropriate education, employment and training is a part of every individuals' recovery and rehabilitation pathway through mental health services.</li> <li>• Increase access to employment schemes including the Individual Placement Support (IPS) programme – supporting people with mental health challenges to gain meaningful employment, and working with local employers and JobCentre Plus to provide sustainable employment opportunities.</li> </ul>	<p>Recovery Works/ Adult Social Care/ Oxleas NHS FT</p> <p>Recovery Works/ Job Centre Plus/ Oxleas NHS FT</p>	<p>End 2021</p> <p>Summer 2021</p>

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
5.3	Ensure that all people with mental health challenges who would benefit from a personal budget are able to access personal health and/or care budgets, enabling them to direct or buy their own support services.	<ul style="list-style-type: none"> <li>Embed the delivery of personal budgets for every individual with mental health challenges who would benefit from these as part of their recovery and rehabilitation pathway – in many cases individuals will be able to access joint health and care budgets.</li> <li>Ensure that, for those people with mental health challenges who would benefit from this, that their personal budget is provided as a direct payment to that individual.</li> </ul>	Integrated Commissioning and Partner Organisations Integrated Commissioning and Partner Organisations	End 2020 By end 2021
6	<b>INTEGRATED DELIVERY</b> <b>Bromley Council and NHS Bromley Clinical Commissioning Group (CCG) will work in partnership to improve the mental health and wellbeing outcomes for the residents and patients in the borough through integrated working and the joint commissioning of services.</b>			
6.1	Ensure that people with mental health challenges are able to shape and design their own service offer – placing engagement and consultation at the core of the delivery of the Bromley Joint Mental Health and Wellbeing Strategy.	<ul style="list-style-type: none"> <li>Ensure that, whatever action is taken to deliver the Bromley Joint Mental Health and Wellbeing Strategy, that the patients and service users of Bromley lead the design of their own service offer.</li> <li>Ensure that there is a cross-organisational and tailored mental health and wellbeing offer on those groups most in need of support including children looked after (CLA), black, asian and minority ethnic (BAME) groups, lesbian, gay, bisexual and transgender (LGBT) and other key groups to be determined from the Joint Strategic Needs Assessment (JSNA).</li> </ul>	Integrated Commissioning and Partner Organisations Integrated Commissioning and Partner Organisations	Ongoing Ongoing
6.2	Help ensure that all children, young people and adults with mental health challenges in Bromley are kept safe from harm with an integrated approach to safeguarding across health, care and support services.	<ul style="list-style-type: none"> <li>Embed an integrated approach to safeguarding across all mental health services for children, young people and adults – helping to ensure this vulnerable group is kept safe from harm.</li> </ul>	Safeguarding and Partner Organisations	Ongoing

	<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
		<ul style="list-style-type: none"> <li>• Learn the lessons from all mental health services about how to help keep people with mental health challenges safe from harm – embedding best practice across all health, care and support services.</li> </ul>	Safeguarding and Partner Organisations	Ongoing
6.3	Promote a strong mental health workforce in Bromley across health, care and support services – a skilled and sustainable workforce able to deliver the best outcomes for people with mental health challenges.	<ul style="list-style-type: none"> <li>• Ensure the mental health workforce in Bromley are at the heart of shaping and designing future service provision.</li> <li>• Promote the recruitment, training and retention of local Approved Mental Health Professionals (AMPHs).</li> <li>• Develop strong and sustained networks across services in mental health as an integral part of implementing a common approach to integrated service delivery.</li> </ul>	Integrated Commissioning and Partner Organisations  Integrated Commissioning and Partner Organisations  Integrated Commissioning and Partner Organisations	Ongoing  Ongoing  Ongoing
6.4	Establish a single mental health commissioning resource across the CCG and Council to deliver the actions of the Joint Mental Health and Wellbeing Strategy.	<ul style="list-style-type: none"> <li>• Set up a single mental health commissioning resource across the CCG and Council.</li> </ul>	Integrated Commissioning	April 2021
6.5	Underpin the joint commissioning of mental health services across the Council and CCG with a s75 “joint commissioning” agreement in place, which will be overseen by Integrated Commissioning and Partner Organisations Board (ICB).	<ul style="list-style-type: none"> <li>• A refreshed mental health s75 agreement on mental health to be agreed across the Council and CCG in Bromley, underpinning the joint delivery of services.</li> </ul>	Integrated Commissioning	By 2022