

INFORMAL HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 5.00 pm on 5 July 2022

Present:

Councillor David Jefferys (Chairman)
Councillor Dr Sunil Gupta FRCP FRCPATH (Vice-Chairman)
Councillors Mark Brock, Will Connolly, Robert Evans,
Simon Jeal, Tony McPartlan and Alison Stammers

Julia Eke, Vicki Pryde and Rona Topaz

Also Present:

Councillor Aisha Cuthbert,
Councillor Diane Smith, Portfolio Holder for Adult Care and
Health and Katie Barratt

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Members to the informal meeting of the Health Scrutiny Sub-Committee, which was held virtually via Webex.

Apologies for absence were received from Charlotte Bradford – Healthwatch Bromley and Julia Eke – Healthwatch Bromley attended as substitute.

Apologies for absence were also received from Councillor Thomas Turrell and Roger Chant.

Apologies for lateness were received from Councillor Dr Sunil Gupta, Councillor Simon Jeal and Jonathan Lofthouse (Site Chief Executive – PRUH and South Sites: King's College Hospital NHS Foundation Trust).

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 7TH OCTOBER 2021

RESOLVED that the minutes of the meeting held on 7th October 2021 be agreed.

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

This item was moved for consideration later in the agenda to await the arrival of the King's College Hospital NHS Trust representatives. In the event, because of an urgent matter, the representatives were not able to join the virtual meeting and therefore the Chairman advised that this item, including the update on scrutiny of maternity services, would be deferred to the next meeting of the Health Scrutiny Sub-Committee. It was requested that King's College Hospital NHS Foundation Trust provide a short report to Members, particularly in relation to recovery and performance of the Princess Royal University Hospital (PRUH).

A Member noted the reference made at the last meeting to several of the wards at the PRUH being classed as 'dementia friendly' and asked for an update as to whether this was now the case for all wards.

The Chairman informed Members that Charles Alexander had been appointed as the new Joint Chairman for Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts, and would take up the role from December 2022. It was suggested that a letter be sent on behalf of the Health Scrutiny Sub-Committee to welcome Mr Alexander into the role.

6 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the Bromley Healthcare CQC Action Plan.

The LBB Assistant Director for Integrated Commissioning advised that commissioner assurance arrangements had been presented to Members of the Adult Care and Health and Children, Education and Families Policy Development and Scrutiny Committees in March 2022, following a Care Quality Commission (CQC) inspection which had rated Bromley Healthcare overall as 'Requiring Improvement'. The Integrated Commissioning Board had oversight of the assurance arrangements and were supporting Bromley Healthcare with their improvements. It was noted that Bromley Healthcare's services were commissioned by a number of other Local Authorities, and that these authorities were taking part in the assurance arrangements. Meetings were held bi-monthly to receive updates in relation to the assurance arrangements. It was highlighted that, to date, the Integrated Commissioning Board were satisfied with the work being undertaken by Bromley Healthcare.

The Chief Executive Officer advised that Bromley Healthcare had regular engagement meetings with the CQC. The last meeting was held on 5th April 2022, during which Bromley Healthcare had provided an update on the work being undertaken and the CQC had been content with the progress being made. It was noted that the second engagement meeting, scheduled to take place that week, had been postponed until 24th August 2022.

The Chief Executive Officer advised that three Divisions had been established – Adults, Children and Young People and Urgent Community Response. Within each Division, the Divisional Directors were accountable for delivering performance targets, whilst the triumvirate of the Divisional Directors, Clinical Directors and Head of Nursing / Head of AHP were responsible for Divisional Governance. A cycle of assurance meetings had been established and the Executive Oversight Committee provided an opportunity for deep dives to be undertaken into areas for further review. In terms of recruitment, applicants for the Medical Director post had been shortlisted, and interviews would take place the following week.

The Bromley Healthcare Programme Management Office (PMO) system was the central repository for all projects and programmes within the organisation. All CQC related projects were identified within the tool – internally, these were monitored weekly, and monthly via the CQC Sub-Committee. Progress at a programme, project and task level was visible and transparent, along with all project risks and issues. The tool worked on a linear basis, tracking percentage completion against target deadlines at a task level – any tasks potentially at risk were flagged early so that remedial action could be taken if required. Members were advised that an area currently not on track was around the reporting to the CQC – as Bromley Healthcare was a social enterprise it had a different reporting mechanism to that used by NHS Trusts. This had been raised at a meeting with the CQC and was included on Bromley Healthcare's risk register – guidance was currently awaited from the CQC. It was highlighted that all other tasks were currently on track in terms of progress.

In response to a question, the Chief Executive Officer advised that the priority ratings were produced by the PMO system – each task had a deadline date, which were all on track to be met. During the internal Sub-Committee meetings, which the LBB Director of Children's Services attended to provide assurance, deep dives were undertaken into each project to show the actions and work undertaken. The Portfolio Holder for Adult Care and Health noted concerns regarding the reporting process into the CQC, as they were the regulatory body, and asked what was being done to address this issue. The Chief Executive Officer advised that there were two areas for which they were required to report to the CQC. The reporting process around pressure ulcers had been put in place immediately, but the other required information to be entered on to the system in order for it to be progressed, which they were currently unable to do. This concern had been raised with the CQC, as well as SEL ICS who were providing this feedback to their engagement meetings. A further update could be provided once guidance was received.

The Chief Executive Officer informed Members that, as part of its long-term strategy, Bromley Healthcare had refreshed its values, which had involved gathering feedback from a staff survey; values focus groups; Employee Experience Collaboration Group; team meetings and leadership team meetings. The four new key values were Belonging; Health and Wellbeing; Continuous Learning and Compassion, and a formal launch would be completed shortly.

Members were advised that there were two levels of audit within Bromley Healthcare – an internal programme conducted by the quality team, and an external programme conducted by KPMG to provide additional assurance. Since the last report, three audits had been completed by KPMG – risk management; HR business processes; and estates health and safety. There was an internal programme of 50 planned audits, plus further spot checks relating to records and compliance with standard operating policies and procedures. The following KPMG audits were planned for 2022/23: Accessible Information Standards; Record Keeping Audit Hotspots; previous recommendations reaudit; review of governance and divisional structure; and deferred visit audit.

A Member enquired if improvements were being seen by patients following the recommendations made by the CQC inspection report. The Chief Executive Officer advised that the key area highlighted during the CQC inspection related to the timeliness and quality of record keeping. Both of these had been strengthened and underpinned some of the other issues raised. The organisation was readying itself for patients to view their own records – they wanted them to be of a standard that they would be happy to receive, and external assurance was also provided by KPMG. It was noted that with regards to record keeping in the District Nursing Services, the response rate to the survey had been very low. However, since the introduction of roving iPads, the number of responses had improved as well as the richness of the information fed back from patients, which would be used to improve services. The Place Based Director noted that a key focus of the CQC was to look at quality and the processes of how things were undertaken, rather than outcomes which were for the commissioners to consider. The CQC wanted assurance around what was being done well and that the right policies and procedures were in place. Outcomes in any service were crucial – if the right processes and procedures were in place this would lead to improved outcomes. The Chairman asked the Place Based Director if she was reassured by the progress being made by Bromley Healthcare. The Place Based Director confirmed that she was, and noted that they had been monitoring performance. The LBB Assistant Director for Integrated Commissioning oversaw the performance management framework for all contract providers. During the pandemic a number of the usual contract monitoring and performance mechanisms were stood down to enable a focus on addressing the response to the pandemic. However during this time a close eye had been kept on outcomes – including friends and family test to gather feedback following the implementation of the Single Point of Access (SPA), and monitoring admissions to hospital.

The Chairman thanked the Chief Executive Officer and LBB Assistant Director for Integrated Commissioning for their update to the Sub-Committee. It was highlighted that careful attention was being paid to the recommendations made in the CQC inspection report, particularly around the audit process and recruitment, and work was being taken forward in a thorough manner.

RESOLVED that the update be noted.

**7 REVIEW OF WINTER 2021-22 AND PLANS FOR NEXT WINTER
2022-23 - SEL CCG**

Report CSD22088

The Senior Commissioning Manager – Urgent & Emergency Care, SEL CCG (Bromley) (“Senior Commissioning Manager”) provided an update on the One Bromley review of winter 2021-22, including recommendations for the Urgent and Emergency Care Transformation workstreams and winter 2022-23 planning. A summary of the review of winter 2021/22 and planning for next winter 2022/23 was presented and is attached at Appendix A.

The Senior Commissioning Manager advised that during winter 2021/22, the system had been under considerable pressure, managing a fourth wave of COVID-19 alongside the usual seasonal pressures having a significant impact on the workforce as well as demand for services. The whole system had continued to run at full capacity for the whole of the winter period. The Better Care Fund (BCF) winter funding provided to the London Borough of Bromley (LBB) £1,069,000 and SEL CCG (Bromley) £669,000 was used to support the system to respond to winter demands across the five key pillars of the 2021/22 Winter Plan. These were:

1. Increasing system capacity
2. Data sharing and escalation
3. Single Point of Access and discharge arrangements
4. Admissions avoidance
5. Communication and engagement

Members were advised that 75% (£808,520) of the Local Authority budget was used to fund additional workforce capacity and Extra Care Housing step down flats all year round, whilst 25% of this budget was utilised to provide:

- additional therapy and brokerage capacity;
- 7-day working and social admission avoidance resource;
- mitigate increased financial impact due to the need to undertake increased number of post discharge assessments within 4-weeks national discharge arrangements; and,
- project management to respond and manage the seasonal pressures.

In response to a question, the Senior Commissioning Manager advised that the Extra Care Housing step down flats were included as they were funded through the BCF winter schemes, however they were provided all year round.

The LBB Assistant Director for Integrated Commissioning confirmed that it was normal practice for the funding to be spent in this way.

The SEL CCG (Bromley) funds were allocated in line with what worked and learning from previous years. This included:

- increasing primary care capacity through additional primary care access hubs appointment slot for Bromley patients;
- utilising additional NHS England/Improvement funding to set up GP Virtual Assessment Hubs (VAHs) to support with 111 demand and COVID-19 calls – this reduced inappropriate referrals to the urgent treatment centres with, on average, 8.5 patients per day redirected into their own practice or GP Hub appointments, rather than having to attend an urgent treatment centre;
- additional capacity in admission avoidance teams including Rapid Response (RR) and Rapid Access Therapies Team (RATT);
- additional palliative care support in care homes;
- additional clinical capacity across primary care, GP out of hours service and urgent treatment centres during the festive period; and,
- allocation to support a winter communications and engagement campaigns aimed at both the public and the workforce.

Members noted that proactive public engagement would be key to the success of the scheme and enquired about the allocated spend on winter communications and engagement. The Senior Commissioning Manager advised that more funding had been allocated to winter communications during 2021/22 than ever before, and similar was planned this year. A patient leaflet had been sent to residents to provide information on the health and social care services available and how they could be accessed. A winter branding campaign had also been developed across partners, and a directory of services was produced to help hospital staff identify patients for referral into the community. The Senior Commissioning Manager confirmed that the recommendations related to 2022/23 and agreed that a revised version of the report, including the allocated spend on communications and engagement, could be circulated to Members following the meeting.

The One Bromley Winter Review Workshop had been held on 10th May 2022, and was attended by the majority of One Bromley partners, including colleagues from King's College Hospital – Princess Royal University Hospital (PRUH); London Ambulance Service (LAS); London Borough of Bromley – Adult Social Care; SEL CCG – Bromley; Oxleas NHS Foundation Trust; Bromley Healthcare; Bromley GP Alliance; Bromley Third Sector Enterprise; Greenbrook Healthcare and the High Intensity User Service. The workshop focussed on three main themes:

1. Demand and capacity planning
2. Unpredicted issues and actions to mitigate future pressures
3. Recommendations for summer and next winter planning

From the workshop, system partners had formulated an initial set of recommendations. These were categorised into Urgent and Emergency Care (UEC) system transformation recommendations and winter planning

recommendations, and had been taken to the Bromley A&E Delivery Board in June 2022. Within the UEC system transformation recommendations there were three workstreams – capacity and recruitment; hospital discharge / community wrap around services; and UTC / Emergency Department attendance and admissions. In terms of recommendations for winter planning 2022/23, the five key pillars from 2021/22 had been refined further to focus on:

1. Increasing system capacity
2. Meeting seasonal demands
3. Data and escalation

The Senior Commissioning Manager highlighted that the key point taken from last year was early agreement of the scheme, and discussions were underway with partners at the One Bromley A&E Delivery Board regarding the scheme spend. A draft would be presented at the meeting in August, and would be fully signed-off by September 2022 – the final draft would then be presented to the relevant governance bodies. It was noted that a winter intelligence hub had been launched the previous year, which would be further developed to include a winter dashboard and daily intelligence on demand and capacity. If there were surges in the system, they intended to improve the early identification of pressures and actions to mitigate this.

In response to a question from the Chairman, the Place Based Director (Bromley) – SEL CCG (“Place Based Director”) confirmed that the winter pressures had not abated in recent months, as would usually be expected, and both GPs and the A+E Department had continued to experience pressures. To help address this, they had looked to increase capacity, such as locating a GP in the outpatient departments over the Easter period. Data was being shared to enable flexibility in terms of how the increase in the number of patients was managed. In addition to the winter schemes, there were a number of strategic discussions around expanding the virtual ward approach, and work in the community, to reduce the reliance on hospitals. Part of this would also be dependent on how the Primary Care Networks responded to the ‘enhancing access to General Practice’ initiative. It was highlighted that communication with residents was essential and there was also a need for engagement in terms of self-management, where appropriate.

A Member asked for clarification in relation to the proposed scheme ‘front door admission avoidance – social care element’ and the impact tracking statement that the ‘posts recruited to 0 social admissions throughout the period’. The Senior Commissioning Manager said that this related to a Social Care Manager being located within the Emergency Department to assist with admissions avoidance and facilitate discharge where possible. The LBB Assistant Director for Integrated Commissioning advised that this post had been recruited to part time, rather than full time, over the winter period – for the coming winter something similar would be provided through Bromley Well, with signposting and advice provided on alternatives to entering the hospital.

A Member noted that ensuring a high uptake of the flu vaccination in the community could help towards mitigating winter pressures and asked what

plans were in place. The Place Based Director highlighted that the uptake of the flu vaccination in the borough was particularly good – for several years Bromley had recorded the highest uptake across London for the 65+ cohort, and was also one of the top boroughs for uptake by the under 65 at risk cohort. The importance of the flu vaccination was recognised – it was noted that there were some alarming reports in the media regarding an earlier, and more severe, outbreak of flu in Australia during the winter period. They were therefore keen to ensure that practices were prepared to vaccinate care home residents as early as possible this year. Bromley Healthcare and the Bromley GP Alliance also supported practices in the delivery of flu vaccinations to housebound patients. The Place Based Director advised that GP practices would also be asked to deliver COVID-19 vaccinations alongside flu vaccinations, and it was hoped that the mass vaccination centre, which would move from the Civic Centre to The Glades, would do the same. As part of the COVID-19 vaccination programme they would be stepping up previous sites, such as the Orpington Health and Wellbeing Centre. This year, all practices had been asked to place their orders of the flu vaccination earlier, as in previous years there had been delays in receiving the vaccines.

In response to questions, the Senior Commissioning Manager said that, as mentioned, traditionally there was a dip in activity during summer, and a rise in winter – however this summer activity had stayed in line with last winter, which had put the whole system under pressure. It was noted that there were differences in activity, including more focus on respiratory issues, and therefore the planning of the flu and COVID-19 vaccination programmes would be key. The Place Based Director advised that COVID-19 was more than a respiratory illness and a specialist COVID-19 services had been established. With regards to the cost of living crisis, no analysis had been undertaken to see if this was impacting the increased activity. The Place Based Director advised that last winter an increase in flu cases had been anticipated, and there had been an increase in childhood infections of bronchiolitis, which had been included in the modelling for the upcoming winter period. It was noted that it would not be possible to measure the impact of the cost of living crisis on discharges from hospital. The Place Based Director highlighted that this was a system responsibility, and not entirely a health issue – a careful assessment of a patients' home environment was undertaken before discharge from hospital and follow up calls made. They would continue to monitor what was happening across the system, and how the needs of the population were changing, and would collectively do their best to mitigate and manage changes.

A Member noted that residents had raised issues about being unable to get timely GP appointments and enquired if there was any information on demand and average waiting times. The Place Based Director said that the number of GP appointments had increased significantly over the last couple of years, compared to pre-pandemic levels, due to additional virtual appointments. It was noted that face to face appointments were also back to pre-pandemic levels, however some residents were still finding it difficult to get an appointment with their GP. Work was underway with GPs in Bromley to improve their telephony systems, and ensure that those patients wanting to

have a face to face appointment were able to do so. The Chairman requested that an update on GP Access be provided to the next meeting of the Health Scrutiny Sub-Committee.

The Chairman thanked the Senior Commissioning Manager and Place Based Director for their update to the Sub-Committee.

RESOLVED that the Committee noted:

- i.) **the actions and activity undertaken by the One Bromley System Partnership during 2021/22 winter to mitigate system pressures against the five pillars of the One Bromley Winter Plan; and,**
- ii.) **the outcome of the Winter Review Workshop in May 2022 that identified:**
 - **recommendations for system resilience / improvement and recovery throughout the summer; and,**
 - **recommendations for 2022/23 winter's planning.**

8 SEL ICS/ICB UPDATE

The Place Based Director advised that the South East London Integrated Care Board (SEL ICB) was established on 1st July 2022, and had held its first meeting in public that day to agree governance arrangements, including the overall structure, policies and procedures. There had also been discussions regarding the operating plan and a presentation had been received on children and young people's mental health services, and the work to be undertaken across the system to increase capacity.

The One Bromley Local Care Partnership had met earlier that day, and it was agreed that a copy of the draft Terms of Reference could be circulated to Members of the Sub-Committee following the meeting. It was noted that the draft Terms of Reference would be reviewed in six months' time to ensure that they were "fit for purpose". The Place Based Director advised that a deep dive approach to reporting had been agreed and a system for sharing consolidated financial and performance information would be developed.

The Chairman requested that an update on the SEL ICS/ICB be added as a standing item for future meetings of the Health Scrutiny Sub-Committee.

RESOLVED that the update be noted.

9 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT

Julia Eke, Project Officer – Healthwatch Bromley ("Project Officer") provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 4 2021-2022 Patient Engagement Report.

The Project Officer informed Members that over 602 reviews had been collated during the Quarter 4 period (January to March 2022). It was noted that during this period 602 reviews were collected. Overall, based on the star ratings received, 68% of responses received from patients had been positive, 4% neutral and 28% had been negative.

GP services were the most reviewed service during Quarter 4, with positive feedback received covering themes such as staff attitudes and high standards of professionalism from reception staff, nurses and GPs. The areas highlighted for improvement related to administration and booking appointments. With regards to hospital services, a high percentage of the positive reviews had related to appointments and cleanliness, hygiene and infection control. The negative reviews received had related to food and nutrition, however the reasons for this needed to be looked into further. Another area which received a high percentage of positive reviews was dentistry. A Member noted that negative reviews of hospital food and nutrition may relate to portion sizes, or that when feeling unwell, patients may not want to eat the food on offer.

One of the areas highlighted as an issue by patients related to the length of GP appointments and the requirement to only present one symptom, which meant that they were not receiving an overall review of their health.

It was agreed that questions would be collated and provided to the Operations Co-Ordinator – Healthwatch Bromley for response following the meeting.

RESOLVED that the update be noted.

10 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING

Report CSD22086

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

As suggested during the meeting, the following items would be added to the work programme:

- ICB/ICS Update (standing item)
- King's – scrutiny of maternity services (11th October 2022)
- GP Access (11th October 2022)
- Winter Planning (11th October 2022)
- Update from the London Ambulance Service (17th January 2023)

In response to questions, the Chairman noted that any updates on the immunisation programme and the performance of preventative services would be provided to the Health and Wellbeing Board, and could be shared with Members of the Health Scrutiny Sub-Committee.

In response to a question regarding the update on Children and Young People's – SEND, Members were advised that this was likely to be led by the Children, Education and Families Portfolio and would need to be presented to the Children, Education and Families Policy Development and Scrutiny Committee before being reported to the Health Scrutiny Sub-Committee.

Members were asked to notify the Clerk if there were any further items that they would like added to the work programme.

RESOLVED that the update be noted.

11 ANY OTHER BUSINESS

Following a brief discussion it was agreed that the October 2022 meeting of the Health Scrutiny Sub-Committee would be held at 4.00pm, as agreed by the General Purposes and Licensing Committee and endorsed by Full Council. It was proposed that during the October meeting, the timings for the remaining meetings of the 2022-23 municipal year could then be reviewed.

RESOLVED that the issues raised be noted.

12 FUTURE MEETING DATES

4.00pm, Tuesday 11th October 2022
4.00pm, Tuesday 17th January 2023
4.00pm, Thursday 20th April 2023

The Meeting ended at 6.59 pm

Chairman

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Review of Winter 21/22 and planning for next Winter 22/23



Winter 2021/2022

The **Better Care Funding (BCF)** winter funding provided to the London Borough of Bromley (LBB) £1,069,000 and SEL CCG (Bromley) £669,000 was used to support the system to respond to winter demands across the **5 key pillars** of the 2021/22 Winter Plan. These were:

- 1. Increasing system capacity**
- 2. Data sharing and escalation**
- 3. Single Point of Access and discharge arrangements**
- 4. Admissions Avoidance**
- 5. Communication and Engagement**

Summary

London Borough of Bromley

- **75%** (£808,520) of the LA budget was used to fund additional workforce capacity and Extra Care housing Step down flats all year round.
- **25%** of the LA budget was utilised to provide:
 - Additional therapy and brokerage capacity
 - 7 day working and social admission avoidance resource
 - Mitigate increased financial impact due to need to undertake increased no. of undertake post discharge assessments within 4 weeks national discharge arrangements.
 - Project management to respond and manage the seasonal pressures

Summary cont.

SEL CCG (Bromley Borough)

Funds were allocated in line with the recommendations from previous years.

This included :

- **Increasing primary care capacity** through additional Primary Care access hubs appointment slot for Bromley patients
- Utilising additional NHSE/I funding to set up **GP Virtual Assessment Hubs (VAHs)** to support with 111 demand and Covid calls
- **Additional capacity in admission avoidance teams** including Rapid Response (RR) and Rapid Access Therapies (RATT)
- **Additional palliative care support in care homes**
- **Additional clinical capacity** across primary care, GP out of hours service and **urgent treatment centres** during the festive period
- Allocation to support a **winter communications and engagement campaigns** aimed at both the public and the workforce.

The 2021/22 Winter Plan Review Workshop

The **One Bromley Winter Review Workshop** was held on 10th May

The workshop focussed on **three main themes**:

- 1. Demand and Capacity Planning*
- 2. Unpredicted issues and actions to mitigate future pressures*
- 3. Recommendations for summer and next winter planning*

- From the workshop, system partners formulated an initial set of recommendations.
- The recommendations were separated into **UEC system transformation recommendations** and **winter planning recommendations**.
- These recommendations have been taken to the Bromley A&E Delivery Board in June 2022.

One Bromley Urgent & Emergency Care System Transformation Recommendations

Capacity and recruitment:	
Weekend Working and discharges	<ul style="list-style-type: none"> ➤ Putting in place a sufficient 7 day staffing model with clear plans specifically for weekend working within the hospital ➤ Focused drive to support timely discharges for patients not requiring formal input from health or social care needed once home (including patients who return home with no change in their care needs).
Increasing capacity in adult social care pathways	<ul style="list-style-type: none"> ➤ Delivering sufficient domiciliary care and care home capacity resource across 7 days.
Hospital Discharge / Community wrap around services:	
Interface between Acute and Primary Care	<ul style="list-style-type: none"> ➤ Launch a programme of primary and secondary care education and networking sessions around key themes i.e. EDNs, Diabetes, readmissions, acute / secondary care information sharing opportunities from EPIC APOLLO migration etc. ➤ Continue to drive improvements around quality of discharge via PRUH Integrated Flow Board
Mobilising the Hospital Discharge Guidance	<ul style="list-style-type: none"> ➤ Delivering a robust, integrated hospital discharge model for Bromley patients including sufficient step down and hospital discharge pathway capacity
UTC / Emergency Department Attendance and Admissions:	
Front Door' Activity workstream	<ul style="list-style-type: none"> ➤ Focusing on reasons for increase in patient activity to Bromley Urgent Treatment Centres and Emergency Department and the mitigating actions the system can take to ensure patients are able to access the appropriate level of care in all parts of the system.
MH interface and alternative ED models for MH patients	<ul style="list-style-type: none"> ➤ Continue to drive improvements to patient journey, governance and processes within the Mental Health and PRUH Emergency Department and Urgent Treatment Centre

One Bromley UEC System transformation recommendations cont.

<p>Acute Medical Unit / Ambulatory (Same Day Emergency Care) Transformation</p>	<ul style="list-style-type: none"> ➤ SDEC vision at the PRUH and current service re-design to support an integrated front door ambition. ➤ The SDEC services aim to reduce duplication of processes though the current ED pathways while also reducing congestion at the front door. ➤ Move towards a 'decision to admit' model as opposed to 'admit to decide'
<p>High Intensity User Service expansion</p>	<p>Expand service so able to support frequent attenders of A&E for social / mental health and other reasons get the support they require and reduce inappropriate attendances and call outs to London Ambulance Service.</p>
<p>Urgent Community Response and @Home Service Development</p>	<ul style="list-style-type: none"> ➤ To enable Bromley residents to receive care within their own home where appropriate. Meeting patients' urgent care needs at home is key in improving patient outcomes, preventing avoidable hospital admissions and delivering NHS strategic priorities. ➤ Includes review of Lot 3 Service Specifications and alignment to UCR gold standard national requirements where possible.
<p>CYP Urgent & Emergency Transformation</p>	<p>Further development of the Children's Hospital @Home service and strategic review with system partners to set out the priorities for delivering excellent urgent and emergency care for children and young people and their families.</p>

Winter Planning 22/23 recommendations

1. Increasing system capacity	
Early agreement of CCG/LBB Winter Funding Schemes	<ul style="list-style-type: none"> ➤ Ensuring additional capacity is put in place for the winter period to respond to the increased pressure in the system supporting admission avoidance and hospital discharge during times of increased pressure. ➤ This includes plans for early recruitment to posts to mitigate resource gaps.
Christmas and NY Planning	<ul style="list-style-type: none"> ➤ A clear model for Christmas and New Year capacity planning utilising lessons learnt from Easter and Jubilee Bank Holiday planning.
2. Meeting Seasonal Demands	
Respiratory Conditions	<ul style="list-style-type: none"> ➤ Specific focus on exacerbation of respiration conditions, typical in winter, and support pathways for both children and adults.
Winter Communication and Engagement	<ul style="list-style-type: none"> ➤ Relaunch of the winter communications campaign to ensure effective sharing of information across the professional network and the community. ➤ Develop a strong user voice to drive planning, management and evaluating winter
3. Data and Escalation	
Winter Intelligence Hub	<ul style="list-style-type: none"> ➤ Relaunch an effective activity / data tracking and monitoring - build upon the winter intelligence hub and develop a system wide winter dashboard that provides daily intelligence on demand, capacity, and system performance at service level.
System Escalation	<ul style="list-style-type: none"> ➤ Reviewing system escalation processes to reflect system maturity including early identification of pressure/ surges or IT failure etc. and proactive actions to mitigate. ➤ Redefining capacity offer in times of surge and hospital pressures