

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 16<sup>th</sup> May 2019

**Title:** Bromley Winter Assurance Plan Update

**Contact Officer:** Clive Moss, Urgent Care Lead  
Integrated Commissioning, Bromley CCG  
Tel: 07864969693 E-mail: clive.moss@nhs.net

**Ward:** All

---

1. Summary

The report provides an overview of the schemes delivered throughout winter 2018/19 from Bromley CCG and London Borough of Bromley winter pressures monies funded through the Better Care Fund (BCF). These schemes were identified by the Bromley A&E Delivery Board and are presented for the Board's information. Funding for this year's Winter Resilience Schemes was £646k for Bromley CCG and £1,027k for London Borough of Bromley and were delivered under budget.

The winter resilience funding was allocated across the health system to ensure there is additional capacity in the system to ensure patients are seen in the appropriate care setting. This includes schemes to support patients and clients in secondary, community and primary care. The report firstly looks at the utilisation and impact of the CCG schemes and the London Borough of Bromley schemes which will inform future planning for Winter 2019/20. The report also provides a brief update from King's College Hospital for information.

---

2. Reason for Report going to Health and Wellbeing Board

The Winter Assurance Plan update is being presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process. This report reviews the CCG and Local Authority's 2018/19 winter pressures schemes' successes and challenges in order to plan for the next winter.

The Health and Wellbeing Board are requested to support and challenge the local system to ensure the elements included in the report are delivered and reviewed so the local system works together to plan for next winter's potentially challenging seasonal demand.

---

### **3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

The Plan included input from all Bromley partners. Specific individuals and organisations are identified throughout for their role in delivering the Plan. The A&E Delivery board has oversight of the activity delivered under the Plan

#### Health & Wellbeing Strategy

1. Related priority: Related priority: Not Applicable

---

#### Financial

1. Cost of proposal: 2,647,000: £646k (CCG) £1,027k (LBB), £992k (King's)

2. Ongoing costs: No Cost

3. Total savings: Not Applicable

4. Budget host organisation: : Bromley CCG, London Borough of Bromley and King's College

5. Source of funding: Better Care Fund

6. Beneficiary/beneficiaries of any savings: Not Applicable

---

#### Supporting Public Health Outcome Indicator(s)

Indicators supported:

4.11 - Emergency readmissions within 30 days of discharge from hospital

4.13 - Health related quality of life for older people

4.15iii - Excess winter deaths index (3 years, all ages)

4.15iii - Excess winter deaths index (3 years, over 85)

---

## 4. COMMENTARY

### 4.1 Performance Update:

Despite the PRUH A&E 4 hour target performance worsening this winter, all Type A&E attendances have decreased slightly when compared to the previous year. Both surgical and medical admissions are comparable to the previous years winter period. Although difficult to ascertain a sole attributable reason for this, as well as the mild weather, the significant added capacity to the system to support people in the community will have contributed to the lower attendances.

Positively, there was a notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year. Compared with 2016/17, winter 2018/19 has seen a 82% reduction of reported DToC's. This has led to a reduction of 416 (75%) lost hospital bed days compared to the previous year. Bromley is now ranked 7th best performing Borough in London out of 32.

Focus on Discharge to Assess Pathway and community Continuing Healthcare assessments has increased the number of patients leaving the hospital earlier with temporary packages of care whilst the full assessment is done in the community. Over the past two financial quarters, Bromley CCG CHC have consistently met and surpassed the NHS England target of 85% of full Decision Support Tool (DST) assessments in the community.

Although all winter schemes offered were in the majority well utilised and showed positive impact, significant numbers of people still required hospital based care, especially those with complex health and social care situations. Due to the complexity and demographic of patients further work is required to provide a more integrated response to admission and attendance avoidance.

### 4.2 Bromley CCG Winter Resilience Schemes Review

For the full review of the Bromley CCG Winter Resilience schemes please see **Appendix 1**

For Winter 2018/19, Bromley CCG commissioned several Resilience Schemes aiming to provide additional capacity across a range of community services. This included increased primary care capacity through additional GP appointments, an advanced nurse practitioner home visiting service and a multidisciplinary Bromley @Home Team was piloted to prevent avoidable admissions from the community and facilitate earlier discharges from the hospital. An additional nurse post was implemented for Extra Care Housing units to support proactive and clinical management of patients to reduce LAS call outs. There was also increased capacity commissioned across urgent care centres and a performance matron post within the hospital to support patient flow.

#### OUTLINE OF BROMLEY CCG WINTER PRESSURE SCHEMES AND SPEND

Bromley CCG Winter Schemes (Total Budget £646k)			
Lead Organisation	Scheme Title	Scheme Description	Cost
Bromley Healthcare	Bromley @Home Service	Integration of existing health and social care admission avoidance provision with enhances primary care, end of life and mental health cover to provide a hospital @ home model of care to prevent escalation of need and avoid admission/attendance	£205,788

Bromley Healthcare	Nursing Support for ECH	Providing proactive support and clinical management to providers with the highest LAS call out rate	£46,969
Greenbrooks	Additional HCAs	Additional HCA cover in both UTC sites to improve productivity and increase capacity	£32,928
Greenbrooks	Christmas / New Year GP Rota Fill	Provide enhanced rates for hard to fill and last minute sessions to match other local sessional work available.	£16,000
Greenbrooks	Patient Champion extended to 7 days per week	Extend existing 5 day per week patient champion roll to 7 day service	£18,702
CCG CHC	Enhanced community support for temporary health conditions	Providing additional resource to support more people to be discharged with temporary health conditions that do not meet the threshold for CHC funding	£100,000
BGPA	Additional hub appointments	Providing additional hub appointments during key pressure times	£51,243
BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and and New Year period where previous years' there had been an surge in demand.	£13,838
BHC	Home visiting service	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call out	£128,411
KCH	Performance Matron	Responsible for the management of the patient pathways, supporting the clinical site manager and clinical staff to optimise patient flow.	£23,776
CCG	Winter Communications	Flu Advertising Campaign - Digital and Leaflets	£1,012
<b>Total Spend</b>			<b>£638,666</b>

#### Learning and recommendations for next winter:

- Where funding commitments and strategic priorities permit, it is preferable to plan for winter resilience additionally sufficiently in advance (by August latest) so that additional staff known to the organisation can be recruited via the bank. In addition, a more realistic approach needs to be taken by commissioner and provider with regard to staff recruitment requirements.
- The principle of increasing capacity within existing services to support smooth implementation and higher 'uptake' has been shown to be sensible.
- Further pathway clarity needed and links to other Bromley Healthcare home visit services – As well as the existing Rapid Response Service (urgent home visits within two hours), the Hospital@Home service also started in autumn 2018. Therefore there were three home visit services operating over winter. In some ways, it has been helpful to have a single point of access to all three services via the Rapid Response call centre, but there has been some confusion about which service to refer patients to with consequent data coding errors, and GPs referring to the service of 'least resistance'.
- Mobilisation and monitoring of GP Hubs service is relatively quick and easy, which is somewhat balanced against the relatively high cost of appointments. However, a long lead-in time is required to fill GP rotas –ideally two months.
- Further develop an integrated urgent and emergency care system in the community providing a single point of access to a range of community services able to provide brief

acute level interventions to support more people at home, preventing the need for hospital based care and support. A multiagency workshop has been planned for 30<sup>th</sup> April to consider these issues and agree next steps

#### 4.3 London Borough of Bromley Winter Resilience Update:

For full review the London Borough of Bromley Winter Resilience schemes please see **Appendix 2**.

Broadly the areas of spend were appropriate and provided much needed capacity to the system during the winter months.

Intensive Personal Care has been over utilised (122% spend) whilst Fast Response Personal Care has been under utilised (6% of spend). FPRC most likely underutilised due to increase in utilisation of D2A. Dependent on D2A evaluation it may be better use of spend to focus on Intensive Personal Care to support more intensive need for patients wanting to go home, but needing intensive support at home to manage for a short period of time after discharge.

There is further work to do with ECH providers on ensuring minimal delay in accessing assisted technologies and ensuring people are able to return to ECH for their on-going needs to be assessed, with temporary enhanced care if needed.

There has been a notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year.

#### 4.4 King's College Hospital Update

Highlights include:

- Ambulatory care is has been extended to an 8am to 8pm service, 7 days a week in line with winter plans.
- The Discharge Lounge has moved and expended to accommodate 3x stretchers and 15 chairs. Through winter the Discharge Lounge has been staffed and open 7 days a week, including on the weekends 08:00 to 17:00.
- To improve the Ambulatory Medical Unit resilience, resource has been used to provide an on-site consultant as part of a multi-disciplinary team reviewing and discharging patients over the weekend.
- Progress has been made on delivery of Rapid Assessment and Treatment (RATing) which is open from 12:00 to 17:00 Monday to Friday, and expanded with shifts out to team to extend from 17:00 to 22:00 weekdays and 5 hours Saturday and Sunday. Data collection on impact and work with NHS Improvement ECIST team under way.

#### 4.5 Other Joint Partnership Working

##### One Bromley Urgent and Emergency Care Workshop

In late April an inaugural One Bromley Urgent and Emergency Care Workshop was facilitated by Bromley CCG in which external providers and stakeholders were invited to review winter and agree out key priorities for the Bromley Urgent and Emergency Care system in the next year.

An action tracker was formulated from the workshop that will be further refined at the Bromley A&E Delivery Board. This will form the project plan for both 19/20 winter planning and more long term proactive system planning.

#### PRUH Multi Agency Discharge Events (MADE) and 'Perfect Week'

Due to the operational pressures developing during the Christmas Holiday period and predicted challenges during the New Year and further into January, it was agreed with NHSi that both Denmark Hill (DH) and Princess Royal University Hospital (PRUH) would run a MMADE event on 31 December 2018. MADE was run in parallel at Orpington Hospital as part of the PRUH event. External support was provided by Healthy London Partnership (HLP), Lambeth and Southwark CCG, Bromley CCG, Bromley Healthcare and members of the Transfer of Care Bureau (TOCB).

The site started the day in a challenged position with a small number of predicted discharges and a number of potential patients with delays in A&E. By the end of the day, the multidisciplinary teams had managed to enable 76 discharges (compared to an average of 33 discharges for the previous 7 days). Another has taken place on 17 January which resulted in 82 discharges from the PRUH.

#### NHS Improvement Emergency Care Intensive Support Team

Further to the above, ECIST is working with the PRUH team to maximise flow through the hospital. This includes ensuring robust challenge is happening at ward board rounds to ensure every patient has in place the plan for the next steps for their treatment and discharge. This is a key part of the nationally recognised work to ensure "red days" where no progress is made on a given day for the patient is changed to a "green day" where they make progress on their pathway. ECIST are also working closely with the PRUH to systematically review every patient with a long length of stay (over 21 days) and ensure blocks to discharge, including wider system impediments, are escalated and resolved.

#### Hunter Consultancy Support

Working with NHS Improvement, King's College University Hospitals NHS Trust has appointed Hunter Consultancy to support the rapid improvement of key parts of the emergency care pathway. A dedicated three person team is allocated to the PRUH as part of this work. The team will focus at the PRUH on emergency department flow, maximising the opportunity provided through ambulatory care, the frailty service and overall discharge flow. Hunter are working with the hospital's teams, and relevant partners, until May 2019.

## **5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

The Plan ensures the system are held to account in their role in ensuring Bromley residents have access to timely, high quality health and social care when they need it preventing. In particular the plan ensures there is appropriate resource for frail and elderly residents who are particularly vulnerable to seasonal illness. Click

## **6. FINANCIAL IMPLICATIONS**

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

## **7. LEGAL IMPLICATIONS**

There are no legal implications

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

The Bromley A&E Delivery Board is responsible for the oversight and management of the Bromley System Winter Plan

**9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION**

The winter schemes are essential in providing additional capacity in the system so all partners are able to support the acute hospital so very sick patients that need hospital based care are able to be seen in a timely way. For the first time Bromley developed a truly integrated plan focussing on how the whole system will work together to manage the significant additional pressures that we see throughout winter months. There were successes and challenges outlined in this paper that will need to be taken into account as we start the planning for Winter 2019/20.

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