

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 03/12/20

Title: One Bromley Winter Assurance Plan Update

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Ward: All

4.1 Summary

The report provides an overview and update on the overarching One Bromley Winter Plan and the delivery of the NHS SEL CCG (Bromley), London Borough of Bromley Winter Schemes 2020/21 (funded from the Better Care Fund (BCF)). All schemes/funding lines will be evaluated at the end of the period and reported as part of the Winter Evaluation.

This plan has been considered and reviewed at the Bromley A&E Delivery Board. The Board is facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's and London Ambulance Service and Bromley Third Sector Enterprise. It has also been discussed and inputted into previously by the Bromley Health and Wellbeing Board, Bromley Health Scrutiny Sub Committee, Bromley Borough Based Board and has formed part of the assurance on Winter Plans to NHSE/I.

The Plan includes reference to the Bromley Adult Social Services Winter Plan (the local authority template sent out for completion by the Department of Health and Social Care) that sets out the approach to be taken around care and support sufficiency and quality of care services for residents supported in the community.

4.2 Reason for Report going to Health and Wellbeing Board

The Plan update report is presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process. This report provides an update on mobilisation of the CCG and Local Authority's 2020/21 winter schemes which the Board are asked to note and comment on.

4.3 ----- **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

The Health and Wellbeing Board are also requested to support and challenge the local system plan and help to ensure the schemes included in the report are delivered to manage the additional winter pressures. The schemes will be evaluated at the end of winter so the local system can utilise the learning and plan for the following winter.

1. Related priority: N/A

Financial

1. Cost of proposal: Estimated Cost BCF - £662k (CCG) £1,047k (LBB)

Non BCF - £992k (King's – non BCF) 2. Ongoing costs:

2. Ongoing costs: Estimated Cost No Cost Not Applicable: Further Details

3. Total savings: Not Applicable:

4. Budget host organisation: LBB/ CCG/ King's

5. Source of funding: BCF funding for LBB/CCG spend only.

6. Beneficiary/beneficiaries of any savings: N/A

Supporting Public Health Outcome Indicator(s)

Yes

4.11 - Emergency readmissions within 30 days of discharge from hospital

4.13 - Health related quality of life for older people

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

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

4.4 COMMENTARY

4.1. Winter Plan Summary

The final version (draft version went to the previous Health and Wellbeing Board for comment) of the One Bromley Winter Plan is included in Appendix 1A for information and is summarised below. This summary is supported by the CCG and LBB Winter Resilience Schemes summary included in section 4.2 below. Appendix 1B is the *Staying Well This Winter 2020/21* finalised patient leaflet which is being delivered this month to targeted areas where there has been historic low flu vaccination uptake.

The overall aim of the plan is to provide an overview of how the Bromley system will respond to seasonal demand and a potential second wave of Covid-19 at both a tactical and strategic level. Furthermore, the plan will support the local health and social care system to effectively manage winter pressures, for example with hospital discharge pressures or supporting patients in the community through robust care and support offers to help them remain independent in their own home.

The plan sets out in detail:

1. A review of activity and performance both of previous winters and the Covid19 pandemic response, with recommendations taken from the learning for this winter and Covid-19 Phase 2.
2. Robust governance and escalation processes are in places to manage system surge, capacity and risk. Also it sets out how Bromley will proactively be managing the system and market risk in line with statutory responsibilities.
3. How system will enhance capacity to mitigate winter pressures, through winter schemes budgeted from the Better Care Fund or King's internal schemes funded via their core contract.
4. How the system plans to manage pressures in the acute, both physical and mental health sites.
5. How the system plans to manage pressures in the community. This includes local authority winter planning arrangements, primary and community health services and the voluntary sector.
6. How service delivery will be maintained specifically to support the most vulnerable. This includes unpaid carers, BAME staff and residents/patients, shielding resident/patients, those with long term conditions etc.
7. Plans to prevent and control the spread of infection through measures such as Infection Prevention and Control Policy, utilisation of PPE and access locally and NHS Test and Trace.
8. Delivery of an effective flu vaccination programme that covers both Bromley patients but also staff across the Bromley System.
9. The alignment of winter communications with SEL CCG and robust patient engagement in planning winter services (see Appendix 1B)

4.2. Winter Scheme updates:

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

that support delivery of the strategic priorities of the winter plan. Those strategic priorities are as follows:

- Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure
- Focus on supporting vulnerable groups to prevent the need for hospital based care.
- Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1.
- Flu vaccinations for staff at provider organisations (including Local Authority and Bromley Third Sector Enterprise staff) and patients via primary care, community and pharmacies.
- Alignment of winter communications with SEL CCG and robust patient engagement in planning winter services.

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

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

A) Additional capacity to support Bromley SPA

The SPA for Hospital Discharge was formed in March 2020 as part of a mandated response to the COVID-19 Pandemic to support appropriate and effective hospital discharges. The Bromley SPA has been hugely successful and recognised in SEL as a model of good practice. The SPA provides acute referrers with clinician-to-clinician triage directly into bed and home-based rehab including re-ablement, district nursing, rapid access to therapy and the range of social service packages to ensure hospital discharges limit pressure on general practice.

Faced with potential additional demand, the CCG have ensured the SPA has additional therapy and nursing staff in place over winter to triage the patients and support safe and timely hospital discharge. The patients are then provided a welfare check within 24-48 hours (dependent on need) to ensure they have the appropriate care and equipment in place which also supports a reduction in hospital readmissions.

B) Additional capacity to support the Urgent Treatment Centre

Additional staffing has been put in place to support weekly evening attendance surges and also to support implementation of 111 direct booking pilot across PRUH and Beckenham Beacon sites. A Floor Coordinator has been put in place on the PRUH site, who supports clinical shift leads in the busy periods and helps manage the flow and siting of patients, especially important with social distancing requirements. The role also plays a valuable one in patient liaison and dealing with simple patient concerns and being a good information flow to patients. The role will also support the shift lead in being a conduit between the service, ED and patients and can carry out admin tasks, freeing up shift leads for more clinical oversight.

The funding agreed also will extend the shift time of the Health Care Assistants (HCAs) to finish at midnight rather than 9pm during winter, 7 days a week. The HCA role is an excellent support role to clinical teams and reduces pressures on the shift lead and streaming function. It would also support the fact that capacity within all departments remains an ongoing risk over winter with current covid-19 levels, HCAs can step in to complete some tasks normally completed by trained staff, i.e. plastering, suturing etc. during periods of staff absence/isolation.

There is also infrastructure funding to support an additional clinic room at Beckenham Beacon to manage any potential winter increase in activity. This is due to be in place by mid-December.

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

Additional capacity will be put in place for GP Out of Hours and GPs within the Urgent Treatment Centre services over Christmas and New Year period where previous years there have been an surge in demand.

D) Additional capacity into Primary Care Access Hubs:

Additional consultation appointment slots will be made available for patients on days of the week that are currently seeing high demand. Additional slots will run from early December to the end of March 2021.

E) Additional Adult Social Care Capacity

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

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

A) Community Respiratory Management Service (Pilot)

COPD and respiratory presentations are the highest reason for attendance during winter months, whilst also being particularly vulnerable to Covid19. The objective of this scheme will be to reduce emergency admissions in the hospital with management of patients in the community. This scheme is an extension to the existing Bromley Healthcare Community Respiratory Service which will provide additional capacity to provide an extended hours provision to manage acute exacerbation of chronic respiratory conditions. The service will include consultant oversight from the PRUH.

Once accepted by the service, the respiratory team will triage and visit patients at home as required. In addition to this, telehealth will be used to provide some ongoing monitoring. If the patient is triaged as being able to and is mobile, the patient may be booked into appointments at the GP Access Respiratory Hub. The service will run 8am to 6pm Monday to Friday and 8am to 4pm Saturday and Sunday. The service will accept patients with existing chronic respiratory conditions where an exacerbation of the condition requires additional treatment or therapy. The service will also see those patients that require more support, not just medication or therapy.

B) GP Access Respiratory Hub

Bromley GP Alliance is opening a new GP Access Respiratory Hub in the Beckenham Clinic as of 1st December 2020. The hub will be open daily and available for same day booking of registered patients who have a previously diagnosed respiratory condition, and, after a clinical assessment, are assessed as having an acute exacerbation of the condition or a new respiratory illness requiring urgent attention. This includes respiratory patients with a confirmed or suspected Covid-19 diagnosis.

C) Urgent response support in community therapy and rapid response teams for patients in crisis

Additional capacity has been put in the Rapid Access Therapy and Rapid Response Teams, to treat patients who require a two hour and same day responses in their own homes. The services mainly support primary care in the community to avoid admissions, but can also support patients who have attended ED but could avoid being admitted with rapid access to therapy in their own home. Bromley Healthcare are deploying additional staff in their Rapid Response Team to bolster this urgent home visit service by over 30%. It is expected that additional capacity will be in place from 7th December for 12 weeks and will end on the 1st March.

D) Frailty Care Navigators

Care navigation support for frail patients to ensure that they are supported through the health and social care system. This will involve expanding capacity in Bromley Well services that support social care e.g. frailty navigator, handy man, care navigators and emergency shopping.

E) Rapid access: Assisted technology, home repairs, deep cleans and declutters

Vulnerable patients may need support post discharge to return home. This may be due to frailty/falls risk and would benefit from pendant alarms or sensors so LBB will commission an external agency to provide urgent hardwiring in a timely manner. Also LBB will commission significant repairs and deep cleans to allow clients to receive care in their own home preventing admission or supporting hospital discharge.

3. Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1.

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

In line with national legislation, these units are used predominately for Covid-19 patients to complete their isolation period required following an acute admission. However there is an option for the capacity to also be used as interim assessment beds should the demand for Covid-19 beds decrease. The plan is for most patients to return to their existing placement at the end of their isolation period, however for new patients requiring a change of setting or a review of their existing levels of support, an assessment of their long term care and support needs (Care Act Assessment) will take place while the client is in the units so they are discharged to their long term care setting i.e home, Extra Care Housing or long term placement. The Residential Isolation Unit was opened at Burrows House, and the Nursing Unit is being jointly commissioned with Lewisham.

B) Jointly commissioned discharge support including care home capacity and domiciliary care

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

4. Flu vaccinations for staff at provider organisations (organisations (including Local Authority and Bromley Third Sector Enterprise staff)) and patients via primary care and pharmacies.

A) Flu Vaccinations for Staff

Each provider organisation member of the Bromley A&E Delivery Board has submitted their staff flu vaccination plans and are monitoring uptake. London Borough of Bromley Staff and NHS SEL CCG staff are being asked to get their flu vaccinations via their local pharmacy which can then be expensed. The CCG is also providing funding so that Bromley Third Sector Enterprise staff can similarly get free flu vaccinations as these are staff who wouldn't ordinarily qualify for a flu vaccination via the national flu immunisation programme 2020/21.

B) Flu Vaccinations for Patients (including additional cohort of 50-64 year olds)

Funding is available for Bromley GP Alignment with national guidance and support local PCNs in delivery of flu vaccinations for patients 50-64 i.e. estates, equipment costs etc. Bromley GP Alliance are providing flu vaccinations for all care home staff and residents. Bromley Healthcare have been delivering flu vaccinations for all housebound patients.

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

CCG has co-designed with stakeholders a *Staying Well This Winter* leaflet (see appendix 1B) for residents, letting them know how to seek advice via 111, how to access GP services during the evenings and weekends, where to access voluntary sector services support and where to get the flu vaccination and other immunisations. This will be targeted to areas where there was low flu vaccination take up last year, to ensure the most vulnerable are protected.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

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

7. LEGAL IMPLICATIONS

There are no legal implications

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

The Bromley A&E Delivery Board is responsible for the oversight and management of the Bromley System Winter Plan and the winter schemes. The plan sets out a Bromley Winter Risk Register on how it will mitigate against key risks arising over this winter by programme. This includes the key risks around preparing the Health and Care system for winter and any potential further outbreak of Covid-19

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

A strong multi-disciplinary approach to the management of urgent care pressures took place last winter with additional capacity provided in primary care, community services and social care, as well as increased capacity in the hospital and urgent treatment centres. This has continued this winter with much of the planning undertaken through the integrated system working via One Bromley. This joint up approach, which has been consistent throughout the Covid19 pandemic has put Bromley in a good position going into winter where there is an unprecedented challenge to the Health and Social Care economy as it faces additional seasonal demand and the Covid19 second wave.

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