

**Decision Maker:**

**Portfolio Holder for Adult Care & Health  
With pre-decision scrutiny from Adult Care & Health Policy  
Development & Scrutiny Committee**

**Date:** 9 September 2021

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

**Title:** Health and Care Winter Planning 2021/2022

**Contact Officer:** Sean Rafferty, Assistant Director for Integrated Commissioning  
Tel: 020 8313 4301 E-mail: sean.rafferty@bromley.gov.uk

**Chief Officer:** Kim Carey, Interim Director for Adult Social Care

**Ward:** ALL

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1. Reason for report

- 1.1 The One Bromley System Winter Plan brings together a single view of how the local health and social care system will proactively manage additional demands felt throughout winter. This year, in addition to the usual Winter pressures, the Plan also provides a response to the likely continuing impact of Covid-19 on the local community and health and care arrangements. The Plan and its associated actions is important as we enter, what is likely to be further challenging times for the health and social care system in Bromley.
- 1.2 The Winter planning work for Bromley is led by the South East London Clinical Commissioning Group (CCG) Bromley team who are working towards a deadline of 13 September 2021 to complete local Winter plan assurance and funding arrangements across Bromley health and care agencies. A draft of the Winter Plan will therefore not be complete in time for this Committee's 1 September despatch date. What will be a penultimate draft of the Winter Plan will be despatched to Committee Members during the week beginning 30<sup>th</sup> August.
- 1.3 This report provides a summary impact review of the Winter Plans for 2020/21 and gives details of the priorities and emerging plans for the Winter Plan 2021/2022 with full details to follow.
- 1.4 The report also includes proposals on making the ONE Bromley Discharge Partnership (previously known as the Single Point of Access or SPA) a permanent service.

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2. **RECOMMENDATION(S)**

- 2.1 The Committee are requested to review the ONE Bromley System Winter Plan 2020/21 and associated activity providing scrutiny to the proposal, risks and mitigations
- 2.2 Throughout winter, the Health Sub-Committee are requested to support and challenge the local system to ensure the elements included in the Plan are delivered and the local system works together to respond to the challenging seasonal demand.
- 2.3 The Portfolio Holder is asked to agree that the ONE Bromley Discharge Partnership be made a permanent feature of local hospital discharge arrangements with the input of Council services and jointly commissioned with the SELCCG.

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Winter Plan arrangements seek to reduce hospital admissions for vulnerable adults and children with targeted programmes to prevent admissions and to enable supported hospital discharge.
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### Corporate Policy

1. Policy Status: Not Applicable:
  2. BBB Priority: Excellent Council Supporting Independence Healthy Bromley:
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### Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: Adult Social Care
  4. Total current budget for this head: £72.2m
  5. Source of funding: 2021/22 Revenue budget
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### Personnel

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

### Legal

1. Legal Requirement: Non-Statutory - Government Guidance(anticipated), though the arrangements under the "Winter Plan" will facilitate the performance/discharge of statutory duties to vulnerable residents and those in need of care and support.
  2. Call-in: Not Applicable:
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### Procurement

1. Summary of Procurement Implications:
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### Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
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### Ward Councillor Views

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

### **3. COMMENTARY**

- 3.1 The One Bromley System Winter Plan brings together a single view of how the local health and social care system will proactively manage additional demands felt throughout winter. This year, in addition to the usual Winter pressures, the Plan also provides a response to the likely continuing impact of Covid-19 on the local community and health and care arrangements.
- 3.2 The Winter planning work for Bromley is led by the South East London Clinical Commissioning Group (CCG) Bromley team who are working towards a deadline of 13 September 2021 to complete local Winter plan assurance and funding arrangements across Bromley health and care agencies. A final draft of the Winter Plan will therefore not be complete in time for this Committee's despatch date. What will be a penultimate draft of the Winter Plan will be despatched to Committee Members during the week beginning 30<sup>th</sup> August and in time for the Committee meeting.

### **4. REVIEW OF WINTER PLAN 2020/2021**

- 4.1 Winter 20/21 was a unique year with seasonal pressures coinciding with the second wave of the Covid-19 pandemic. Many changes had been made to the health and care system at Wave 1 of the pandemic with large number of services paused and resources redirected. Significant national investment and was received locally and with new national policy paved the way to changes in services and pathways.
- 4.2 Presentations to urgent and unplanned care services reduced against activities in the previous years with Urgent Treatment Centre (UTC) presentations dropping by 20% from October to March 20/21, with around 34% less in January and February 2021 against the previous year. Type 1 (consultant led with full resuscitation facilities) attendances followed a similar pattern with a 14% reduction throughout the period which followed through into hospital discharge with an average of 707 discharges in winter against an average of 735 in all other months of the year.
- 4.3 However, there was an increase in community health referrals with a 62.8% increase in District Nurse referrals due to an increase in Clinically Extremely Vulnerable (CEV) and therefore housebound patients, as well as an increase in home based and bed-based rehab activity which followed the year-on-year increase that peaked in winter 20/21. Urgent community services Rapid Response (RR) and Rapid Access Therapies (RATT) were used flexibly throughout the period which resulted in several admissions being avoided and post discharge support offered where needs had changed and were seen as key services in responding flexibly to escalating need.
- 4.4 Adult social care referrals from hospital also reduced in line with the reduction in admissions and discharges. However, the activity replicates previous years with a peak in January. In addition, the cost of care increased in December, again in line with previous years, with more clients requiring larger than average Packages of Care (POC) with a particular increase in double handed care being required at the point of discharge in December. In addition, enhanced payments across the Christmas and new year also impact on average cost of care reported in December. Mortality rates increased for older and frail residents in the health and care system with an increase in demand for End of Life Services such as St Christopher's Hospice services.
- 4.5 CCG and LBB winter investment aligned with previous years to enhance capacity and provision across community health and social care services to meet demand. In addition, specific Covid-19 funds were used to further support increased capacity in areas directly impacted by Covid-19, e.g. community Covid Management Services and enhanced care in care homes. All packages of care and placements for people being discharged from hospital to enable a period of recovery were funded by the NHS over the winter months.
- 4.6 Key structural changes were also introduced including the Bromley Single Point of Access (SPA) facilitating all hospital discharges and post discharge care and support, the introduction of virtual assessments as well as Designated Settings (specialist provision for covid+ care home residents to complete their isolation before returning to their care home) and interim placements. In addition, new escalation and governance arrangements were introduced which provided day to day management, oversight and problem solving of issues as they emerged.
- 4.7 As a result of the winter 20/21 activity:

- The Bromley Single Point of Access was mobilised rapidly and is a beacon of best practice on delivering safe, high quality and efficient patient discharge.
- There was a 25% reduction in length of stay for patients on supported discharge pathway saving 11,730 saved bed days (April 20 – Feb 21).
- 80% of patients on a supported discharge pathway discharged on the day they became medically fit
- Rapid access to assisted technology reduced the need for care and promoted independence with the expansion of an assisted technology offer showing positive results in supporting a more robust Home First model.
- A post discharge multi-disciplinary team approach for residents with enhanced care or interim placements resulted in >80% remaining at home and >75% of those in interim placements returning home.
- Dedicated transport for supported discharges reduced the number of failed discharges and improved timeliness especially for residents returning to a care home
- Reduced Length of Stay in Bromley rehabilitation pathways – performing as one of the highest in the country.
- 284 additional GP hours provided by Bromley GP Alliance including additional costs for Xmas Day and New Year maintained full capacity throughout the period.
- Referrals into Rapid Access to Therapy (RATT) steadily increased from Oct '20 and during Winter 20/21 (Oct to Feb) - 1323 patients were referred to the RATT team for urgent therapy assessment.
- Community Respiratory pathway mobilised enabling vulnerable respiratory patients to remain at home
- The Winter Demand and Capacity meeting identified and actioned over 50 process, system or capacity issues throughout the period, most of which were resolved in less than 2 weeks

## 5. WINTER PLAN 2021/22

5.1 The 2021/22 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas to further strengthen the offer and respond to new emerging needs and system changes. The plan is being built on five pillars as follows:

### 5.2 Increasing system capacity

Through:

- **Additional Workforce** including Rapid Response Advance Nurse Practitioners (ANPs,) Rapid Access to Therapy therapists, adult social care managers, brokerage and Moving and Handling Risk Assessors
- **Additional Service Capacity including** primary care hub appointments and UTC Christmas and new year cover, short term enhanced domiciliary care at home offer, block funded domiciliary care through January and access to rapid assisted technology fitting.

### 5.3 Data Sharing and escalation

Maintaining and building upon governance and escalations processes including the use of ONE Bromley Executive to provide system leadership and the Weekly Demand and Capacity meeting identifying and problem-solving emerging challenges. The Primary Care Network meetings will also have an enhanced role on winter pressures delivery and interface with the Weekly Demand and Capacity Meeting on problem solving. Further work is to be done to develop a demand and capacity dashboard to give oversight to service capacity and access to live data on presenting pressure and reason for Emergency Department attendances.

### 5.4 Single Point of Access and Discharge Arrangements

The following new services introduced in 2020 have been mainstreamed since last winter and will play a key role in responding to the 21/22 winter challenges:

- Bromley Discharge Partnership (formerly known as the Single Point of Access (SPA). See further details in section 6 below.
- Bromley Rapid Access to Therapies
- Paediatric Hospital @Home for children and young people
- Bromley community respiratory offer

Ensuring sufficient capacity and resilience across this provision will be forecast ahead of winter and monitored throughout by the Weekly Demand and Capacity Meeting

In addition to continuing the mainstreamed activity from 20/21, opportunities to reduce Length of Stay (LOS) through community-based interventions including enhancing or expanding the current community IVAB (intravenous antibiotics) offer and delivering access to enhanced care in care homes as per the Covid-19 bundles offer will also be developed.

## 5.5 Admissions Avoidance

Through:

- Mobilising the Bromley Clinical and Professional Advisory Group to ensuring robust clinical response to the forecast increase in viruses including RSV in children which has already started to present locally. The working group will consider opportunities to share learning, connect clinicians around key issues and deliver proactive training where required.
- Working with Primary Care Networks to identify localised pressure and response through the deployment of winter resources.
- Clearly communicating an admissions avoidance offer for key conditions, e.g. frailty/falls and respiratory illnesses including considering further opportunities to develop more community-based care for avoidable admissions.

## 5.6 Communication and Engagement

Delivering on community engagement and communications around winter campaigns including flu vaccinations and Covid-19 boosters as well as delivering admissions avoidance advice including an updated winter services directory and advice to care homes and other care settings.

## 6. THE ONE BROMLEY DISCHARGE PARTNERSHIP (PREVIOUSLY KNOWN AS THE SINGLE POINT OF ACCESS)

- 6.1 A key part of the local Winter Plan arrangements for 2020/21 was the Single Point of Access service or SPA, now known as the ONE Bromley Discharge Partnership.
- 6.2 Prior to the Covid-19 pandemic, there was a strong integrated care services model developing with discharge services co located under a Transfer of Care Bureau. However, referral pathways and services were still working in a siloed way. Referral pathways could be time consuming, led to duplication across the system and were sometimes reactive and slow to respond to changing needs.
- 6.3 At Wave 1 of the Covid-19 pandemic all local health and care systems were required to put in place a Single Point of Access (SPA) arrangement to enable the timely discharge of patients and to avoid hospitals becoming overwhelmed.
- 6.4 Building on the existing work of the Transfer of Care Bureau, the One Bromley health and care partnership put in place a SPA infrastructure made up of:
- A multi-agency clinical triage system, and
  - Integrated pathways that supported people being discharged to home and or care homes with rehab and therapies support
- 6.5 This system has allowed the integration of discharge services beyond a co-location and enabled a single patient/resident focus rather than a service focused pathway. The arrangements maximise

independence and give first priority to helping people to be discharged to their home with appropriate personalised support.

- 6.6 An impact analysis of the SPA conducted by the CCG and LBB, in consultation with stakeholders, has found that this model has provided timely and effective support for residents in their transition home.
- 6.7 Between March 2020 – March 2021; 3,047 residents were discharged in a timely fashion and into the community and, equally as important, with the support that was right for them. On average each resident required two community services with 27% of referral activity relating to onward social care services.
- 6.8 In the same period the PRUH saw a 25% reduction in length of stays (equating to an average 5 day reduction for supported discharges and 11,730 saved bed days) and a reduction in readmissions month on month, up to as much as 50%.
- 6.9 Following the success of the model, formal commissioning of the Single Point of Access (SPA) to secure the arrangements was agreed by ONE Bromley Executive and the Borough Based Board week in May 2021. The following decisions were agreed:
- Make permanent the SPA and hospital discharge staffing resources developed throughout Covid19. In staffing terms this equates to full time equivalent (FTE) resourcing requirements for each of the SPA agencies as follows: LBB 3FTE, Bromley Healthcare 3.25FTE, Kings College Hospital NHS Trust 3FTE and CCG 5.87FTE)
  - Formalising and collocating the reorganised clinical triage staff from all organisations into a permanent SPA arrangement
  - Updating Bromley Healthcare contractual arrangements to reflect the new delivery model
  - Re-directing acute resources in response to the impact the SPA and discharge pathways has on reducing acute bed days – further enhancing the model
- 6.10 The model will co locate resources to provide clinical triage and a multi-disciplinary approach to post discharge management, formulating accountability, organisational governance and mitigating financial risk to partners.
- 6.11 Under these arrangements the Hospital Care Management team will remain in the community with oversight of hospital discharge decision-making made through Care Management staff located in the SPA (2FTE) triaging referrals and the review of long term care and support needs in a more appropriate community-based setting as outline in figure 6.1.

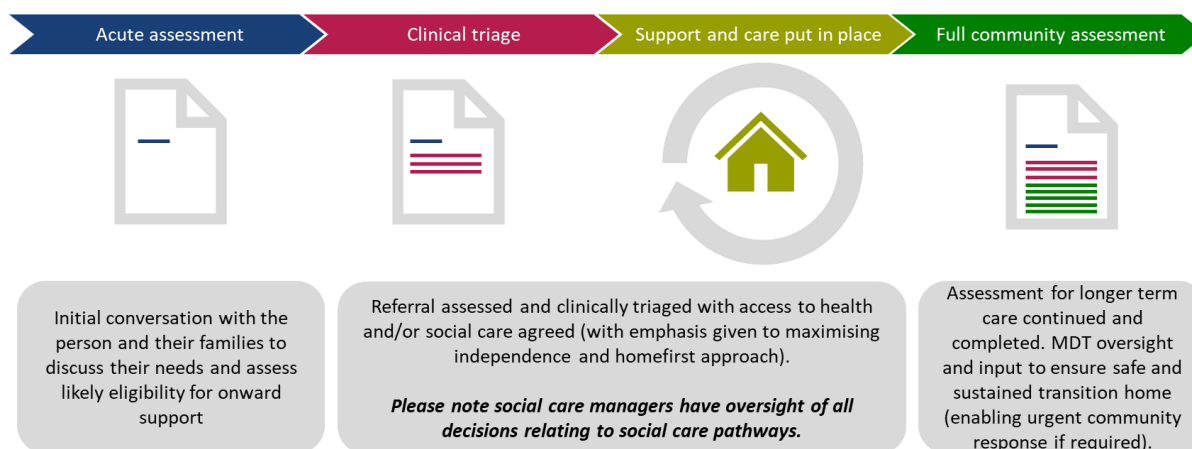


Figure 6.1 Discharge pathway

- 6.12 These arrangements are to be supported by formal governance arrangements and memorandum of understanding between Bromley health and care agencies which is currently in development.

- 6.13 Subject to further agreement at its board, the model will be further enhanced by a £500k investment from King's College Hospital NHS Foundation Trust which is currently in development. This investment will be used to add additional specialist and urgent response capacity.
- 6.14 The ONE Bromley Discharge Partnership arrangements have reached the finals of the Municipal Journal Awards in the Care and Health Integration category. The winners of this prestigious local government and health services award will be announced on 17 September.

## 7. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 7.2 These Winter planning arrangements will have a significant impact on vulnerable adults and children in Bromley through the targeting vulnerable adults and children for the purposes seeking to avoid hospital admissions and through supported discharge to vulnerable children and adults leaving hospital. The plan and service arrangements make specific provision for vulnerable groups including older frail adults, people requiring mental health support and a range of adults and children with poor health conditions.

## 8. POLICY IMPLICATIONS

- 8.1 There are no policy implications arising directly from this report. Any policy implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

## 9. FINANCIAL IMPLICATIONS

- 9.1 To date, hospital discharge packages made during the COVID-19 pandemic have been funded by NHS England via the CCG for the first 6 weeks of care, which reduced to 4 weeks from July 2021, with costs recharged as set out below:

	<b>Apr- Jun 20</b>	<b>Jul- Sep 20</b>	<b>Oct- Dec 20</b>	<b>Jan- Mar 21</b>	<b>Apr- Jun 21</b>	<b>Jul 21</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Care Homes	0	98	372	688	685	176	<b>2,019</b>
Domiciliary Care	369	465	527	528	509	166	<b>2,564</b>
Temporary accommodation	9	9	9	9	9	3	<b>48</b>
Other (adaptations etc)	82	8	17	11	5	2	<b>125</b>
	<b>460</b>	<b>580</b>	<b>925</b>	<b>1,236</b>	<b>1,208</b>	<b>347</b>	<b>4,756</b>

- 9.2 Although a national bid is being prepared to request the Treasury continues this funding for the rest of the financial year, at present it is due to cease at the end of September 2021. If the the level of hospital discharge packages continues at a high level then it is unlikely this will be contained within existing Adult Social Care budgets, and a request to agree BCF funding and/or drawdown from Central Contingency may be required.

## 10 PERSONNEL IMPLICATIONS

- 10.1 The report including the proposal to make permanent the SPA arrangements following a successful temporary arrangement has no adverse impact on Bromley staff. The report is being shared with the unions for information purposes in line with good HR practice

## 11. LEGAL IMPLICATIONS

- 11.1 The current partnership agreement in place under S75 of the National Health Services Act 2006, may need to be reviewed to facilitate the Winter plan.

- 11.2 Also need to ensure an up to date Data Protection Impact Assessment and Data Sharing agreement in place across LBB and CCG.



## 12. PROCUREMENT IMPLICATIONS

- 13.1 There are no procurement implications arising directly from this report. Any procurement implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately

<b>Non-Applicable Sections:</b>	Policy Implications, Procurement Implications
Background Documents: (Access via Contact Officer)	Bromley Winter Assurance Plan 2021/22