

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