

Bromley Covid19 Wave 1

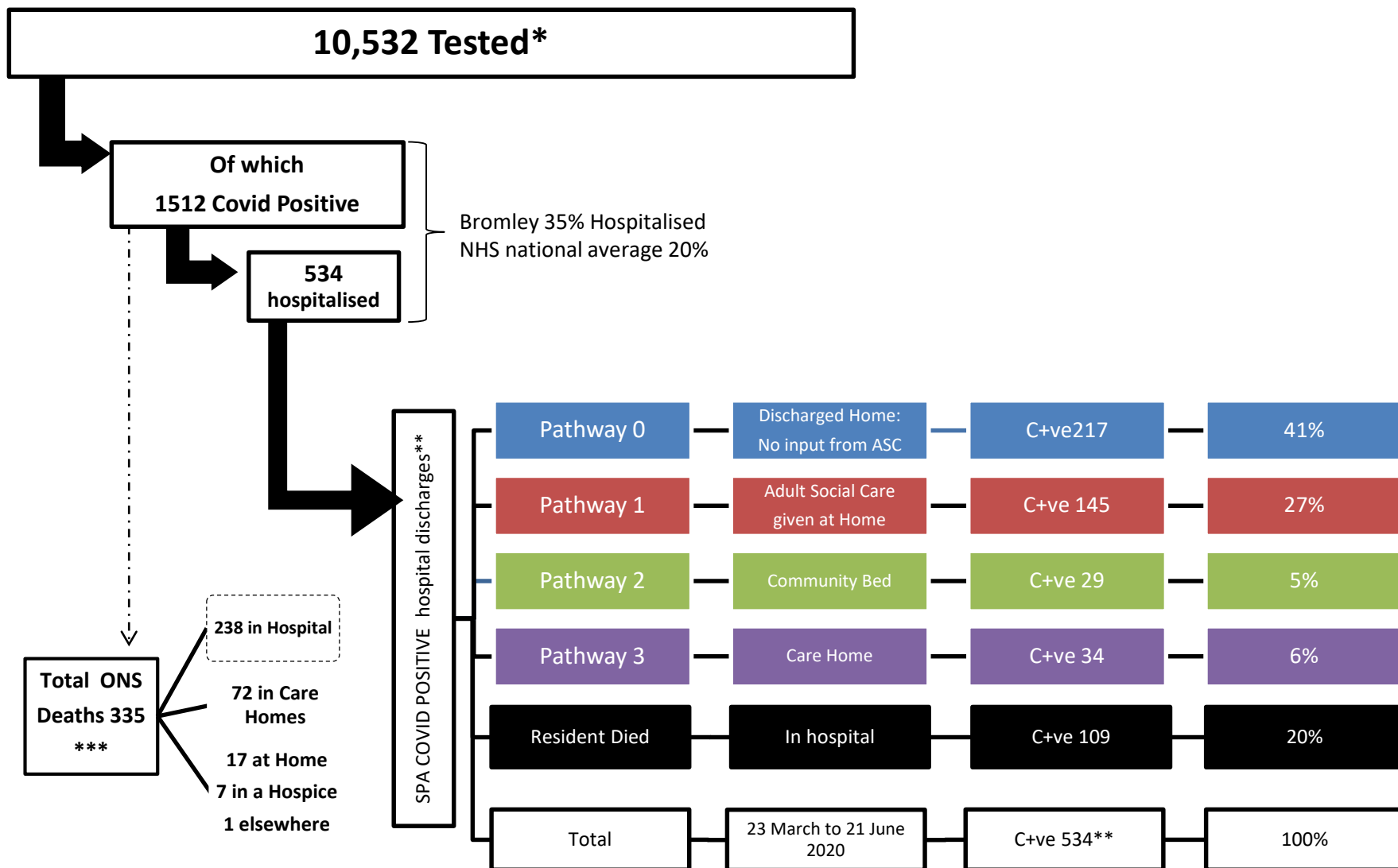
Hospital discharge pathways impact on Adult Social Care

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The overview



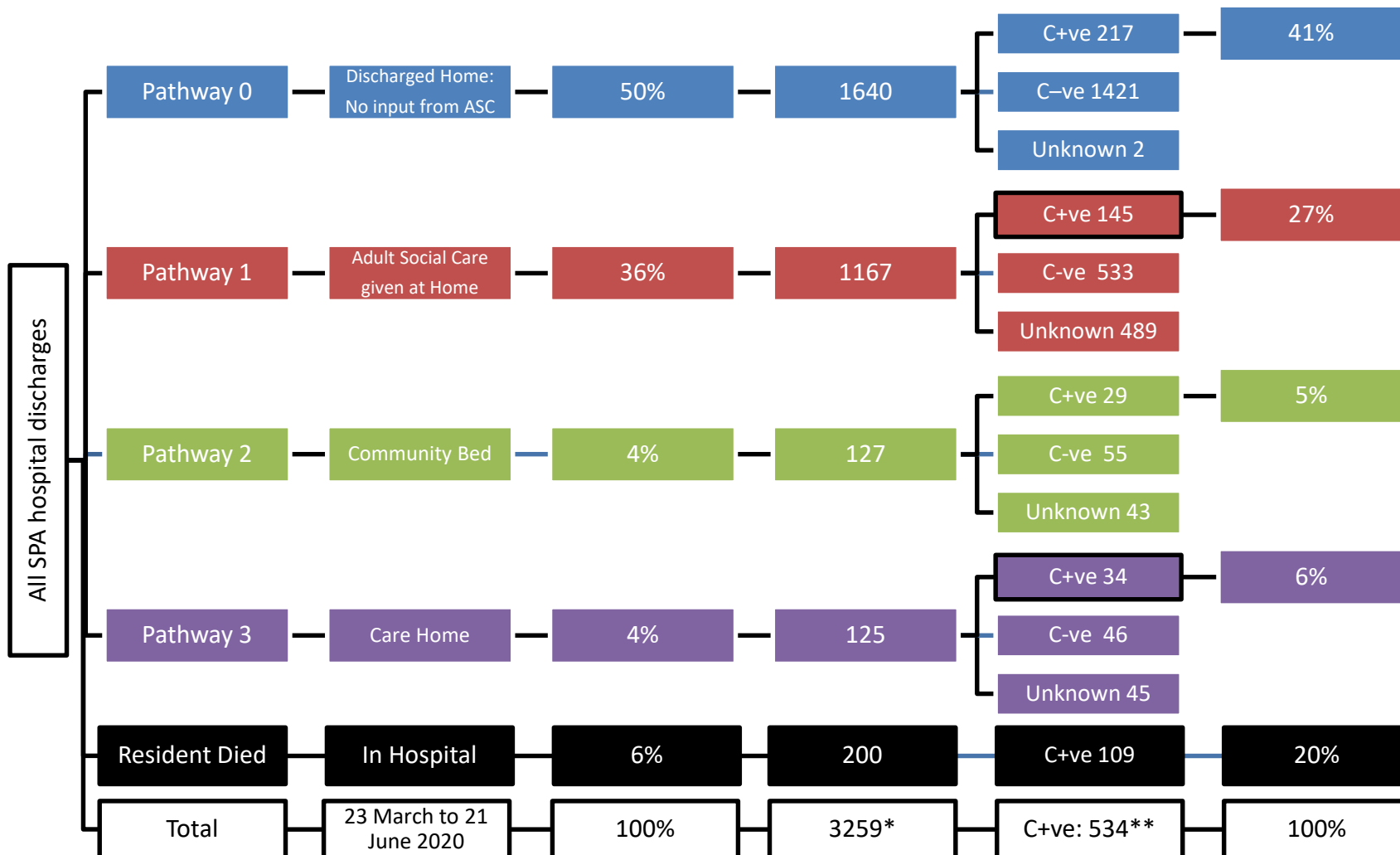
*Bromley residents Tested as at 30 June 2020

**Testing result maybe a underrepresentation, comprehensive testing was not place consistently through the first wave

***Provisional count of deaths registered involving Covid19 up to 19th June as reported by ONS

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Hospital discharge pathways – April to July 2020



*3259 SPA 'referrals' received where resident also had a Pathway attributed between 23 March and 21 June 2020

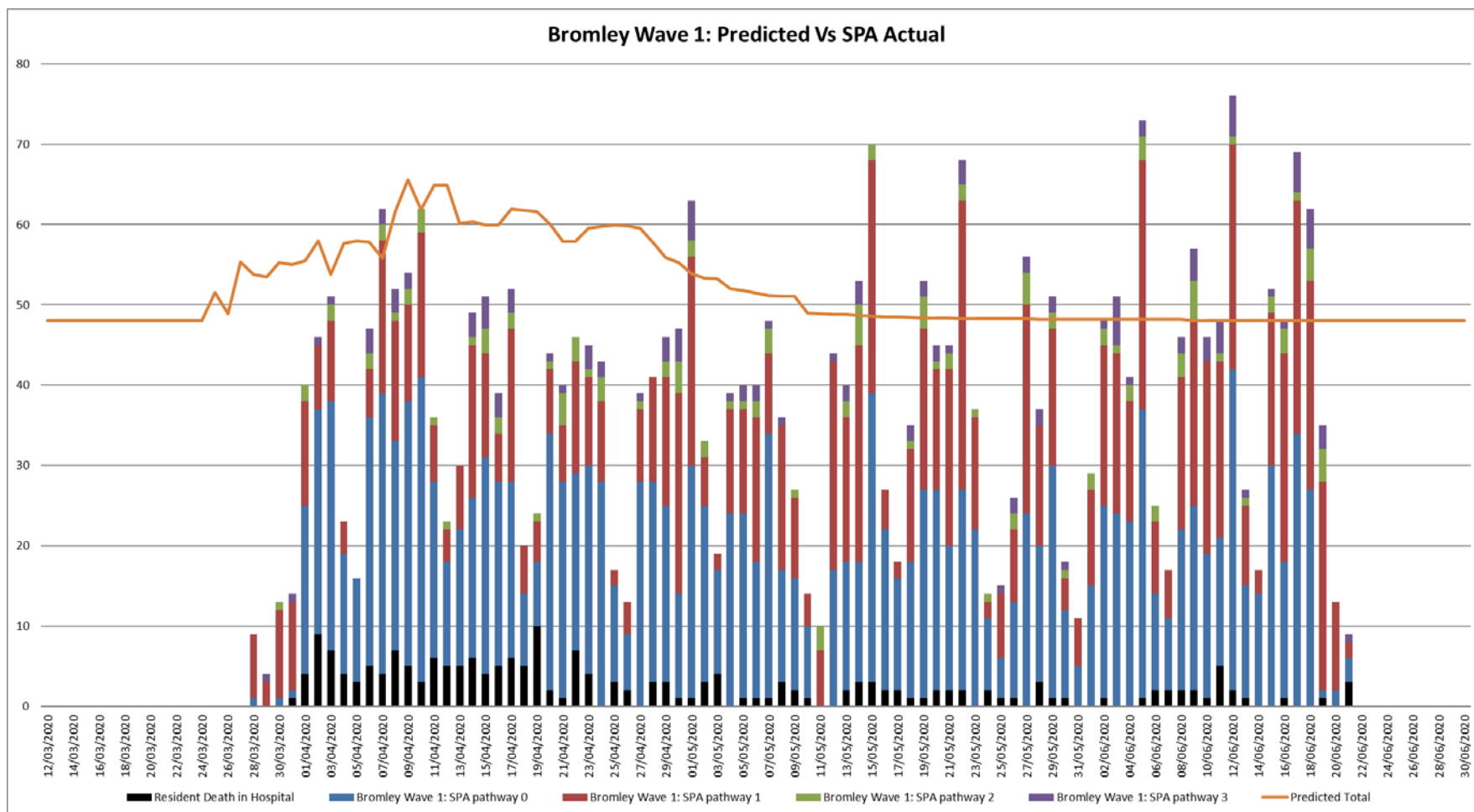
** testing result maybe a underrepresentation, as comprehensive testing was not place consistently through the first wave.

Period presented as April to July (actual 28 March to 21 June 2020)

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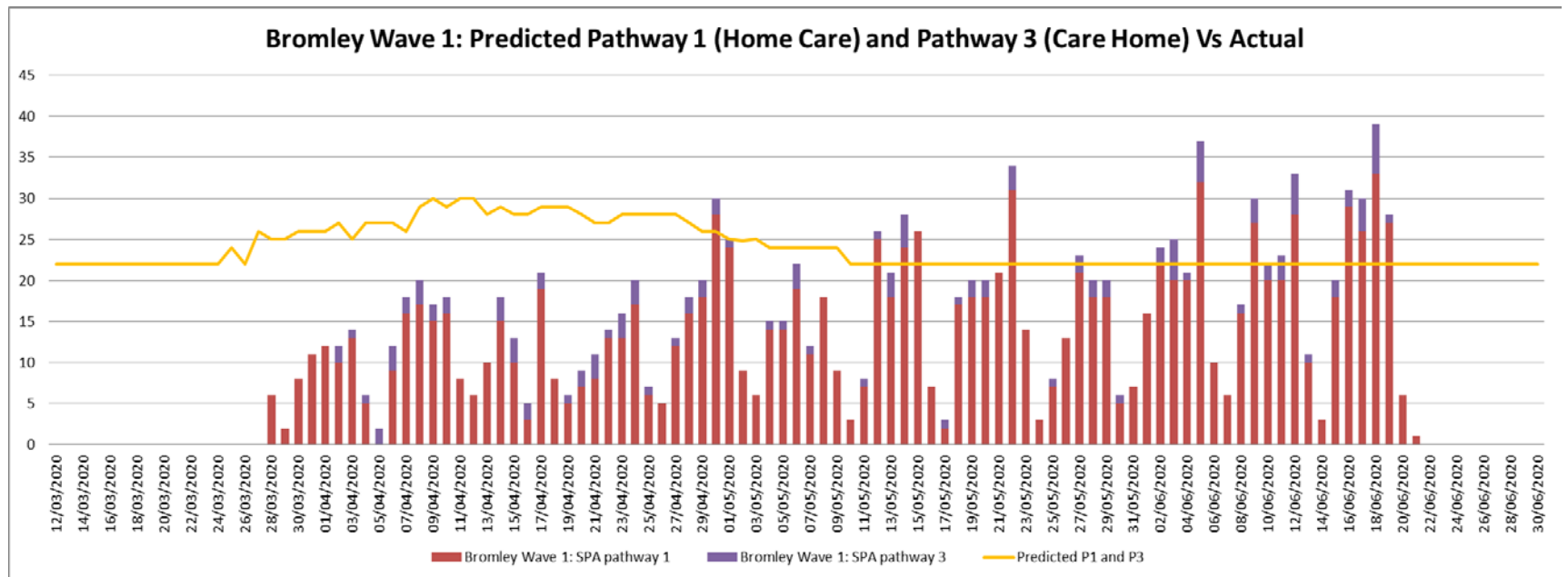
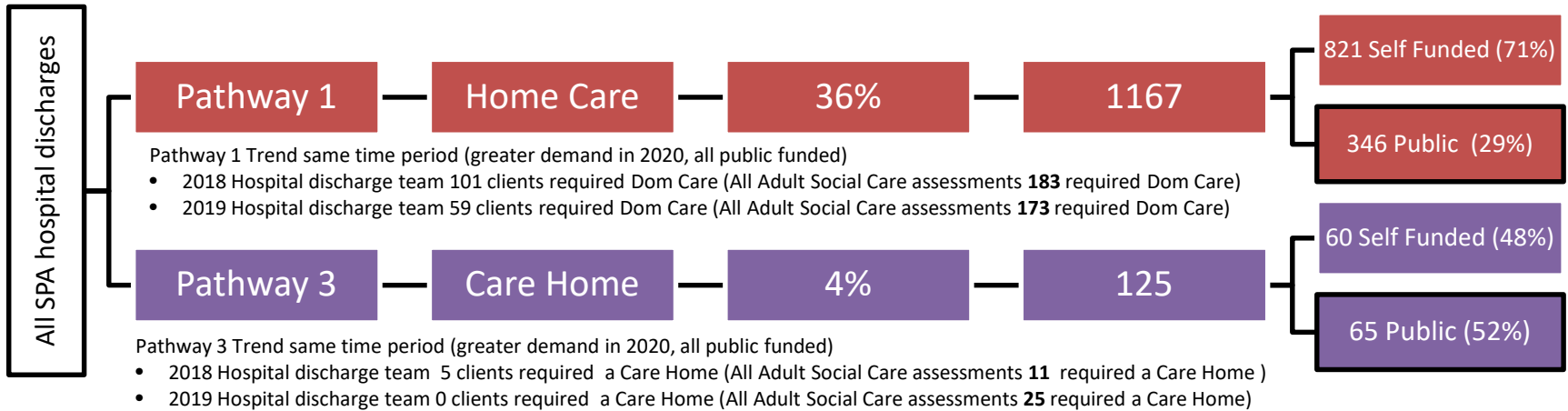
Predicted Vs Actual Hospital discharge pathways

Hospital discharge volumes were lower than predicted possibly due to significantly lower volumes of “normal” discharge activity. Predictive modelling anticipated a 5 week spike in discharges, in reality this lasted 11 weeks and is ongoing.



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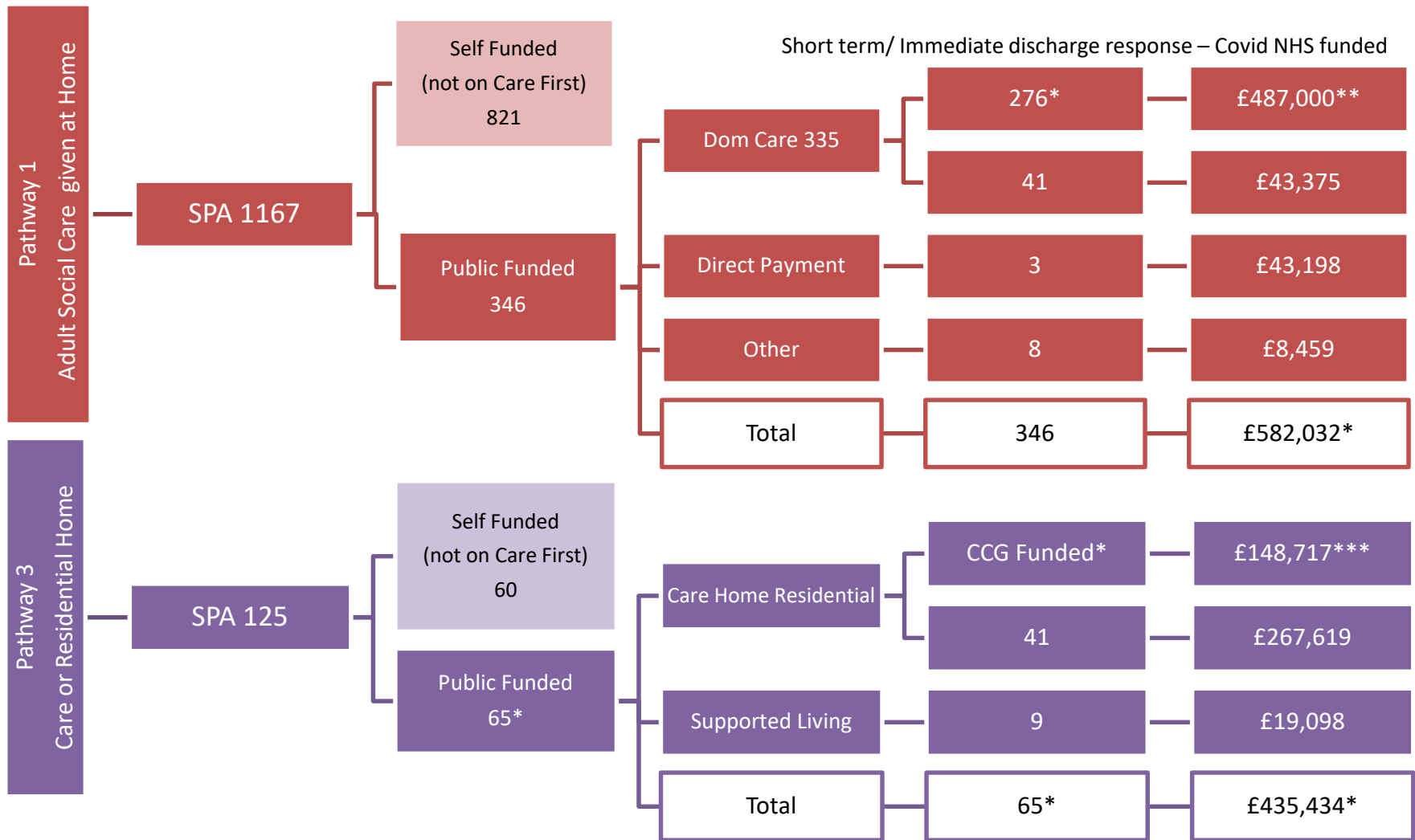
Pathway 1 and 3 Public and Self Funded – April to July 2020



*Self Funders assumed as residual of SPA discharge which is not publicly funded

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Pathway 1 and Pathway 3 public expenditure



*true cost and numbers of residents not recorded on Care First

**April to June inclusive, CCG Dom Care recharge £487k (anticipated LBB income £406k (less £27k x 3months usual costs £81k)

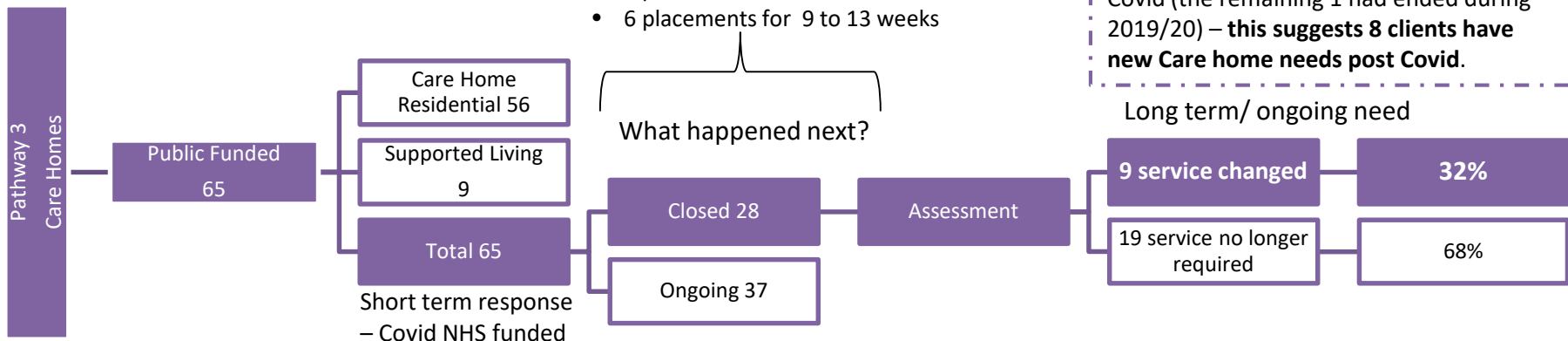
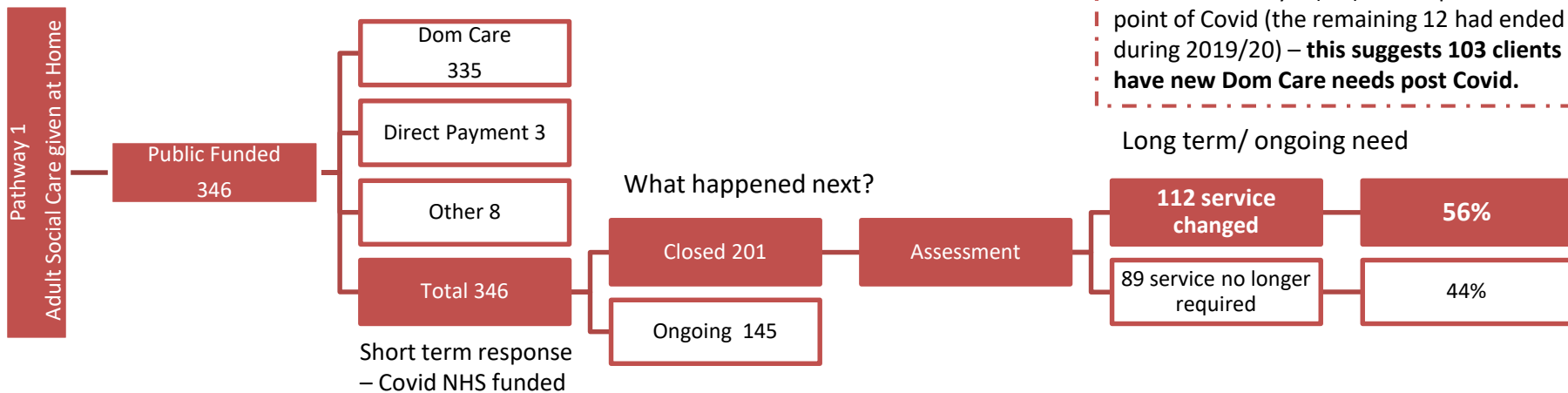
*** CCG Care Home costs SEL COVID-19 costs capture - 2020/21 spreadsheet (no of clients differs from Care first)

**** Anticipated actual total cost

£1,017,466

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Pathway 1 and Pathway 3 – what happened next?



All things being equal? Unlikely....Anticipating Wave 2

Decisions likely to impact volume and distribution of pathways during a second wave.

National variables

- a) A full lock down?
- b) Clinically vulnerable – operation shielding a second time?
- c) Effective social distancing? Numbers of positive and those hospitalised? Base level needs and severity of those hospitalised?

Local variables and decisions

- a) Second wave - a second pebble in a pond which already has ripples. Hospital and ASC capacity to respond?
- b) Continuity of SPA, pathway distribution impact?
- c) Hospital discharge funding arrangement change to approach from Wave 1?
- d) Level of 'normal' acute activity (Pathway 2) – demand and capacity to respond use of Community Beds – or not?

***Anticipated range of discharge pathway distribution** – range presented between known Covid positive and all discharges Wave 1

- Population hospitalised likely to be different from Wave 1, namely fewer more frail residents from care homes, pathway distribution likely also therefore to be different.

