ONE BROMLEY

One Bromley Recovery Plan Overview

DRAFT v3 September 2020

1. Introduction and approach

Covid-19 has affected nearly every aspect of our daily lives. Never before have our health and care services faced such an overwhelming challenge, or had to respond and adapt so quickly.

With a growing population of over 330,000 Bromley is the largest of all the London boroughs, home to an older population and a high number of care and residential homes. We are also a diverse community, with 19% of residents coming from Black, Asian and Minority Ethnic (BAME) backgrounds, which is reflected in our health and care workforce.

Over recent years our health and social care services have been working together with our voluntary sector to provide more joined-up and improved care for all of our residents and communities.

In responding to the challenges of Covid-19, we have worked as One Bromley to support local people stay healthy and well.

One Bromley is the name of our local care partnership which brings together King's College Hospital, Oxleas, Bromley Healthcare, Bromley GP Alliance, St Christopher's, Bromley Third Sector Enterprise, Bromley Council and NHS.

During the pandemic, we have sped up implementation of our improvement plans to ensure local people could continue to access the care and support they need, with a One Bromley "control centre" co-ordinating our response.

This plan describes how as One Bromley we will continue to restart those services paused in the pandemic, take steps to reduce the risk and manage any "second wave" of Covid-19, and apply the lessons from the response so far to our long-term ambitions for health and care in Bromley. This includes:

- **Supporting and empowering our residents to have healthier and more independent lives.**
- **Giving every child in Bromley the best possible start in life.**
- **Reducing health inequalities.**
- **Providing personalised and proactive care to our most vulnerable residents.**
- **Ensuring mental health conditions are given the same priority as physical health.**
- **Enabling partners and services in Bromley to work as a single system to deliver integrated care.**
- **Reducing duplication and enabling more people to be cared for in the community.**

2. Our priorities for recovery

Improving the health & wellbeing of our communities
including addressing health inequalities

Urgent Care	**Frailty**	**Mental Health**	**Elective Care**	**Children & Young People (& SEND)**	**Long Term Conditions**	**Care Homes**	**Medicines**	**End of Life Care**	**Ageing Well Accelerator Site**
planning for winter and any future Covid-19 "spikes", developing our Single Point of Access those being discharged with future care needs.	supporting early identification and proactive support to those at risk, across our hospital and community-based services.	delivering our commitment to better mental health and wellbeing, early intervention, rehabilitation and recovery in the community.	ensuring patients are informed around the services now available and working with them to prioritise next steps for our improve-ment.	improving access to support, including via digital, and ensuring safe, effective and proactive care across all local settings.	joining up care including with our Primary Care Networks and tackling key factors in long-term ill-health in Bromley such as diabetes.	applying the learning of Covid-19 and working together as a health and care partnership to support those in our care homes.	ensuring safe access to effective medicine for higher risk patients and providing more pharmacists working closely with GP services.	working in partnership with St Christopher's to ensure care for at the end of their life is co-ordinated and respects their wishes.	An exemplar site to deliver urgent community response standards supported by demand and capacity modelling

Working with communities to safeguard our population
managing any second wave of COVID-19 and providing support to vulnerable or at risk residents.

Delivering the enablers our "One Bromley" approach
including management of capacity and demand, estates, digital, contracts & procurement, workforce, and leadership.

ONE BROMLEY

3. Key lessons from Covid-19

The Covid-19 pandemic has highlighted a number of important themes for the way we work, our priorities and plans. We have identified 10 key messages that we will build upon as the foundation how we work jointly to improve the health and wellbeing of Bromley residents.

1. **Collaboration:** a strong history of collaboration has been a key element to us providing an effective response to Covid. We will continue to strengthen our collaboration moving forward through recovery and as we build on our long-term ambitions for health and wellbeing in Bromley.
2. **Addressing Inequalities:** the effect of inequalities on peoples health and wellbeing has been a long-standing priority, however the pandemic has brought into sharp focus the devastating effects inequalities are still having. We are committed to deepening support aiming to reduce inequalities across Bromley.
3. **Applying local intelligence:** teams across Bromley and South East London have been working closely in the sharing of information and best practice. Doing this will be crucial to improving the wellbeing of our residents and achieving our priorities over the next 18 months.
4. **Communications and engagement:** communicating effectively with patients, residents, and staff has been central to our Covid response. Moving forward, our recovery plan will continue to prioritise engagement across the full spectrum of local people and communities.
5. **Promoting staff Health & Wellbeing:** support for our staff (and local carers) to enable them to work safely and to ensure their physical and mental wellbeing will continue to be a key priority across all One Bromley.
6. **Developing new ways of working:** we have seen positive changes accelerated in response to the pandemic, across services and settings. This includes the Single Point of Access, Community Covid management service, and Care Home liaison which will be built upon as we develop our recovery plans.
7. **Applying local leadership:** effective and decisive leadership was an important element of the Covid response in Bromley, supporting planning, data gathering, communications and decision-making. We recognise we will need to continue to apply the same dynamism to the coming 18 months, whilst ensuring there is appropriate engagement and scrutiny at each stage.
8. **Delivering organisational change:** the collaboration and shared leadership shown during Covid-19 will be embedded in all of our 'business as usual'.
9. **Enabling innovation:** services, planning and organisations have had to adapt quickly and efficiently during the Covid crisis. This has led to new ways of working which will be harnessed and expanded as we improve how we deliver services and provide access to care.
10. **Recognising the role of the voluntary sector:** the well-established Bromley Third Sector Enterprise (BTSE), representing the major voluntary organisations in the Borough, has been a significant factor in One Bromley response to the Covid and is key to our future recovery plans.

4. Addressing Inequalities

Covid-19 has further exposed existing health and wider inequalities across our society. The virus has had a disproportionate impact on sections of our population, including those living in the most deprived neighbourhoods, people from Black, Asian and Minority Ethnic communities, older men, those suffering from obesity, who have long term health conditions, and work in specific occupations. It is essential that our recovery is planned in a way that is inclusive and supports those in greatest need. As an area with a diverse population and a diverse workforce, we recognise our shared responsibility to address emerging disparities in risks and outcomes in both our immediate and future plans. Our approach to tackling inequalities is summarised in the table below.

Age and Gender	Deprivation	Ethnicity	Occupation	Health factors
• **Working together to support to those who have been shielding**, both through recovery and in the event of a second wave. • **Development of Covid-19 "protected" and "risk-managed" pathways**, co-ordinated through our local Primary Care Networks • **Improving the management of Long Term Conditions**, including enabling people to self- manage.	• **Addressing the wider socio-economic determinants** of health and wellbeing, including by improved housing, reducing overcrowding, and improving nutrition. • **Targeted investment in prevention** to support population health and wellbeing (including building on the use of social prescribing to provide non-medical support to people in need of assistance).	• **Working with our BAME communities** to co-ordinate improvements across mental and physical health services. • **Effective communication and engagement** with all of our neighbourhoods and communities to ensure that equal access to advice, guidance, services and support.	• **A joined up focus on staff mental and physical heath and wellbeing** across NHS, local authority and VCSE organisations. • **Ensuring ongoing availability of PPE and testing**, and effective "zoning" of areas for safe diagnosis and treatment, and management of patients and service users across all care settings in Bromley.	• **Providing support to smokers** to quit. • **Improving healthy weight** across our communities and ensuring everyone has access to good nutrition. • **Improving support for people living with multiple Long Term Conditions** at or close to their homes. • **Ensuring joined up support to those living our residential and care** homes.

5. Our priorities in practice

Urgent Care
- Preparing for winter and any further outbreaks of COVID-19.
- Further developing the single point of access for health and care professionals to use when discharging patients, who need further community support once they leave hospital.
- Booking an appointment through NHS 111 for emergency care.
- Improved check-in processes across the hospital sites using kiosks and new computer software.

Frailty
- Enable more patients to receive personalised care which will keep them out of hospital and supports them to live independently and well.

Mental Health
- Provide more mental health care in GP surgeries.
- Provide early mental health support in community settings.
- Develop an integrated recovery and rehabilitation service.
- Expand and improve mental health services and services for people with learning disabilities and / or autism

Elective Care
- Improve and transform elective care services, using digital methods to book and attend
- All outpatient care at the hospital will be by appointment only.
- Re-starting all of our cancer services.
- Open up all our diagnostic services following strict infection control guidelines.
- Provide every patient whose planned care was disrupted with information about how they will be looked after.

Care Homes
- Build on the collaborative work and support to care homes during Covid-19.

End of Life Care
- Increase the use of 'coordinate my care' to support joined up care and patient wishes, for those nearing the end of their life.

Primary Care
- Work in primary care networks to further transform GP services and provide personalised care which meets the needs of local communities, by face to face and virtual methods.
- Respond to the physical and mental impact of Covid-19 on patients.
- Increase rates of immunisation and screening.

Children and young people
- Develop a hospital at home service so children can stay at home whilst being cared for by a hospital team.
- More video and online appointments to improve access, where appropriate.

Children and young people (SEND)
- Delivery of education and health care service for children and young people with special educational needs and disabilities (SEND).
- To work with children and young people and families to ensure the effective delivery of education health and care plans (EHCPs)

Medicines
- Ensure safe access to effective medicine for higher risk patients.
- Provide more pharmacists working closely with GP services within practices.

Long Term Conditions
- Provide online access to diabetes education programmes.
- Review the impact of Covid-19 on people with diabetes.
- Introduce a Diabetes Clinic at the Princess Royal University Hospital.
- Walk in blood testing services will move to appointment only, available through an online booking system from September 2020.
- Changes to the location of some services, so we can meet social distancing guidelines.

Accelerator Bid
- As part of the South East London wide NHS England Ageing Well accelerator site for Urgent Community Response
- Introduction of 2 hr access standard to crisis support and 2 day for intermediate care.
- Develop operating model supported by demand and capacity modelling

6. Working with our communities to safeguard the most vulnerable among us (1/2)

Safeguarding vulnerable residents

In order to safeguard our most vulnerable residents, we mobilised new ways of working and had to be prepared to respond to the crisis as it unfolded, including:

- Mobilising a large number of local volunteers to support shielding and vulnerable residents. Communication to retain this additional capacity in the voluntary sector
- Setting up an assistance hotline to respond quickly to requests for help.
- Ensuring appropriate ongoing care was provided in the community for when vulnerable patients were discharged.
- Monitoring and managing demand for hospital services, community health and social care support to ensure availability when required.
- Maintaining access to routine health and care services via telephone, online and video consultations.
- Providing additional beds in a Bromley residential home, to care for those discharged from hospital after treatment for Covid-19. This would enable them to complete their isolation period and be assessed for any long term care and support needs.
- 1500 residents are receiving support from the Council through a volunteering programme.
- Over 12,000 residents have been shielding with 1,700 receiving support from government in the form of a weekly food parcel or support with obtaining medicines. Of those shielded, requiring urgent support, 400 required some form of additional support from the council.
- Shielding residents requiring urgent support from the government will be written to by Bromley Council before the support from government ceases on 31st July, to signpost them to an assistance line for supermarket slots, volunteers or food bank referrals as appropriate.
- A newsletter has been distributed to all households to keep them informed of the council's COVID-19 response and to advise all residents of how to seek support and access a range of services

"Wave 2" Preparation & Response

Our recovery plan is a key part of our response to any potential second wave of the Covid-19 pandemic in Bromley. We will:

- Work collaboratively to gather more intelligence on local inequalities.
- Develop a robust and flexible demand & capacity model.
- Continue to build and deliver on our 'planning for recovery' priorities: Focusing on winter planning with urgent care providers, Focusing on flexing the workforce to support the frail and elderly, Focusing on flexing the workforce to support end of life services, Retaining resilience in Primary Care for a second wave
- Strengthen and embed our 10 'key messages' (please see section 3 for more details).

6. Working with our communities to safeguard the most vulnerable among us (2/2)

Below are some examples of successful new ways of working, put in place to respond to Covid-19. We are seeking views from those who have used these services to help refine and improve what is provided.

Discharge from hospital

A new single point of access (SPA) was set up to support timely and safe discharges from hospital for those people who need more community support once they get home.

So far, over 2,000 discharges have been co-ordinated using the SPA. Once discharged, patients are helped with their recovery and assessed for any long term care and support needs.

The SPA runs seven days a week and is well connected to the Bromley volunteers' programme which is providing a comprehensive suite of services to vulnerable patients coming out of hospital.

Caring for patients with Covid-19 in the community

The Bromley Covid-19 Community Management Service was set up to care for people with mild symptoms of Covid-19 who are high risk, and those who need a clinical assessment. The service links closely with the hospital in case people need to be admitted.

A range of care is provided, including telephone advice and video consultations for those with mild symptoms; a respiratory hub has been set up to see those who need a physical assessment and home visits to those who could not travel to the hub or be seen by their own GP practice.

There is dedicated support to vulnerable groups, those shielding and anyone suffering the longer term impact of having the virus. The service means more people can be cared for at home and in the community rather than going into hospital.

Care Homes

Bromley has a high number of care homes, with residents at higher risk of Covid-19.

Care homes are being well supported by a multi-agency professional network which is providing proactive and reactive support to ensure residents are managed safely and confidently.

This includes infection control measures, end of life care planning, ensuring PPE is available and clinical advice.

The Bromley Care Practice (a GP service for care homes) has been working closely with care homes to ensure they are supported to manage the video consultations replacing ward rounds; enabled direct access to the hospital consultant on call, end of life care consultant and the Elderly Care Team; had discussions with staff and families regarding treatment options and have been training staff in use of vital equipment.

7. Enablers

"Whole system" demand and capacity planning

We are working in Bromley and with partners across South East London to model demand and capacity, support the restoration of routine services, and ensure we are able to manage any potential second wave. This will align with a One Bromley demand and capacity model to assess developments on a more local basis.

Workforce

Our priorities of valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing are more critical than ever. This includes supporting staff physical and mental health and wellbeing, clear risk assessments and support for BAME staff, and building multi-disciplinary teams to enable integrated working including the development of the broader workforce and volunteering models.

Digital

We are building on progress during Covid-19 in using digital technologies to improve access and health outcomes, including in our ability to securely share information and data and match services to needs, whilst ensuring that we continue to provide an inclusive set of services which support our overall goal of tackling inequality and do not create new barriers to accessing care.

Market development

We are working closely with providers to oversee and manage improvements in services and health outcomes for local people within their collective budget.

Estates

We will be using estates as an enabler in order to deliver high quality care closer to home whilst improving quality and reducing variation.