

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Winter Planning 2021/2022

Bromley Borough Based Board

2 September 2021

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Winter 2020/21

Impact, outcomes and recommendations

Winter 21/22 review: Content

1. Context
2. Performance and Activity
3. CCG and LBB winter investment
4. Summary and Recommendations



1. Context: Winter 20/21 and Covid19 Second wave

The delivery context for winter 20/21 was significantly impacted by Covid19 in many ways – the reduced activity levels throughout winter are not seen to be reflective of future trends and the delivery context, including the significant national investment, will also not be in place in future years.

However this context did provide an opportunity to make sustainable changes to the local system and learn lessons from working in different ways



The second wave of the pandemic hit at the same times as 'winter'



Substantial national funding across health and social care received into the system

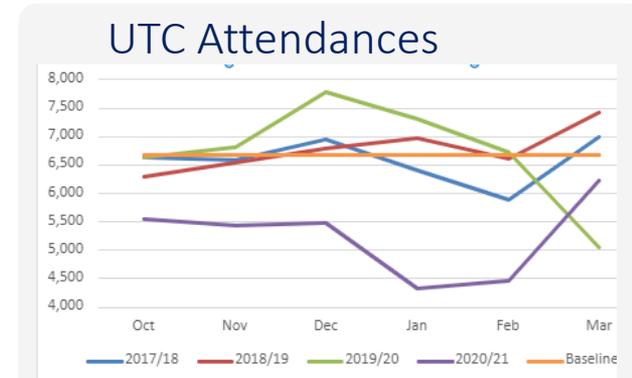


New National Guidance including Hospital Discharge, testing, designated Settings Guidance was introduced significantly changing the local service landscape

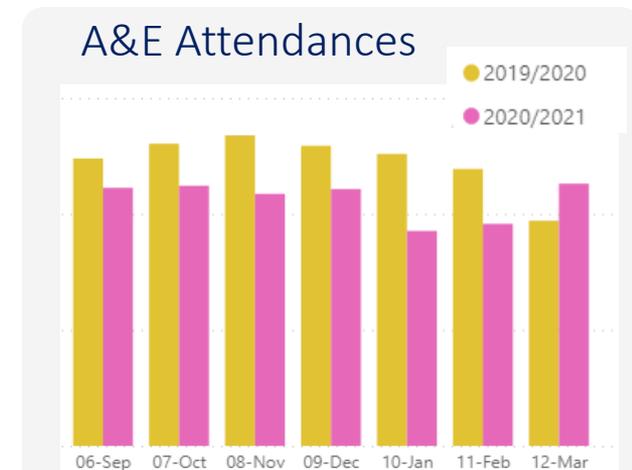
2. Performance & Activity: UEC

As a direct impact of Covid19, demand across the **urgent and unplanned care** system was **lower** than previous winters

- Urgent Treatment Centre attendances were down by an average of 20% and as low as 34% lower in January and February
- A&E attendances were down by an average of 14% from the previous years



20% less, 34% in Jan and Feb



14% reduction in attendances



2. Performance & Activity: Community Services

Referrals for **hospital discharge** provision was also slightly **lower**

- The Single Point of Access (SPA) during winter were slightly lower than earlier in the year with an average of 707 referrals per month against the yearly average of 735
- Referrals to Adult Social Care from the hospital decreased by 37% from previous winters

However **community activity was higher** than in previous years

- District Nursing saw an increase in referrals of 62.8%
- There was a considerable increase in patients accessing bedded (45 pm) and home based rehab/reab (102pm) year on year with highest demand being seen during winter months
- Rapid Response, saw a decrease in referrals of 7.9% - NB, rapid response capacity was used more flexibly with RATT seeing a significant increase to 50 referrals per month

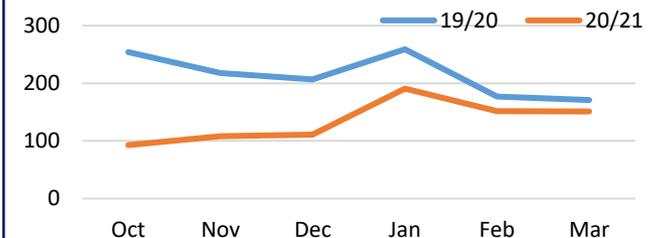
Although activity was lower throughout the peaks of the pandemic, including winter 20/21, this has subsequently turned into higher demands over the Summer. It is predicted that the pressure will continue throughout the winter resulting in higher than normal activity in winter 21/22

Hospital Discharge



Reduction to 707 from average 735

Referrals to ASC



37% reduction in referrals throughout the period

3. CCG Winter Funding

- Funding was not required for Flu vaccinations as workplace clinics were not ran (due to most staff working from home) with an underspend in UTC as additional capacity was not required based on previous years – reflective of the covid trends
- Remaining schemes were successfully mobilised
- Underspent funds repurposed to support additional staffing in hospital discharge pathways during high pressure periods

	Budget per CCG Schemes	Budget	Actual	Difference	Comment
1	Additional capacity for Bromley Hospital Discharge Single Point of Access (Bromley SPA)	£212,492	£212,492	£0	1.78 FTE therapist 1.78 nurse
2	Urgent response capacity within community therapy and rapid response teams	£114,895	£114,895	£0	1 FEE ANP 1 FTE physio and OT
3	Community Respiratory Management Pilot	£249,000	£249,000		Community acute physician sessions Community respiratory hot hub (BGPA)
4	Additional capacity to support Bromley Urgent Treatment Centres	£57,000	£35,692	£-21,308	Shifts created were not fully utilised funding repurposed to mobilisation of the modular building
5	Flu Vaccinations for Staff	£10,000	£0	£-10,000	All staff accessed via the national scheme – no local clinics ran due to home working
6	GP OOH over Christmas and New Year GP OOH resilience	£19,000	£19,000	£0	Fully utilised by BGPA. Funded just for Winter



3. LBB Winter Funding

- Annual commitment for increased staffing has provided a more stable workforce throughout this winter
- Repairs, deep cleans and declutters were funded through Covid monies with the Moving and Handling risk Assessor post unsuccessful in recruiting on several attempts (reflective of general workforce issues during covid19)

	LBB Schemes	Budget	Actual	Difference	Comment
1	Staffing	£626,520	£626,520		Annual commitment
2	ECH step down schemes	£182,000	£182,000		Annual commitment for 8 assessment flats
3	Intensive Personal Care Service	£19,597	£19,597		Funded under Covid19 discharge
4	MHRA	£30,000	0.00	-30,000	Post vacant after unsuccessful recruitment
5	Project manager	£50,000	£50,000		Project manager in post 8/12/20
6	Rapid Access: assisted technology	£3,000	£3,000		
7	Frailty and Care navigator capacity	£50,000	£50,000		Bromley Well allocated funds and recruiting
8	Admin	£18,060	£18,060		Potentially redeployed from other services
9	Repairs, deep cleans, declutters	£15,000	£652	£14,348	More complex cleans not covered under the Covid19 repurposed DFG provision
10	Six-week contingency	£69,823	£69,823		Full budget required to contribute to the significant financial pressures as a result of national D2A funding



3. Impact of winter investment

- 13.5 permanent social care workforce considerably reduced the recruitment burden and turn over of staff
- The Bromley SPA was mobilised rapidly and is a beacon of best practice on delivering safe, high quality and efficient patient discharge Reducing LOS for patients on supported discharge by 25% saving 11,730 saved bed days (April 20 – Feb 21)
- The dedicated project manager provided much needed capacity to support teams to respond to seasonal demands whilst continuing to deliver BAU, providing oversight of performance and addressing challenges
- Rapid access to assisted technology reduces the need for care and promotes independence.
- Dedicated transport for patients on a supported discharge pathway improved the timeliness of discharge with a focus on those returning to a placement (Covid funded)
- Block funded dom care capacity throughout January provided market capacity in the most challenged period of the year.
- The Winter Demand and Capacity Meeting provided an essential forum for identifying and responding to issues as they arose – this meeting should be re-started as soon as winter pressures began to be felt in the system, including representation from Oxleas
- Effective MDT approach to supporting those with enhanced care and those in interim placements resulted in >80% remaining at home and >75% of those in interim placements returning home
- Improved performance around length of stay for rehab pathways – performing as one of the highest in the country
- 284 additional hours provided by GP Alliance during the period including additional costs for Xmas Day and New Year maintained full capacity throughout the period
- During Winter 20/21 (Oct to Feb) - 1323 patients were referred to the Rapid Access Therapy Team for urgent therapy assessment.
- Community Respiratory pathway mobilised enabling respiratory patients to remain at home as well as stepping down from acute for care in the community preventing the need for admission



4. Summary and Recommendations

- Due to the context of winter 20/21 it is not suggested that the reduction in UEC pressures is symbolic of future trends
- CCG and LBB investment was successful in providing system resilience to respond to seasonal demand – 21/22 should continue to focus on the areas presented to maintain this activity
- Mainstreaming the SPA and discharge pathways should be a priority ahead of winter 2021/22 as well as building on admission avoidance activity developed through Covid19
- Mobilising the Clinical Professional Advisory Group to work alongside the Demand and Capacity meeting providing the space to join up acute and community clinicians to review and respond to presenting clinical pressures throughout the period supported by effective flows of information, use of data and intelligence to identify and respond to system challenges as they emerge will further strengthen the systems management of seasonal demand



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Winter 2021/22

Preparation and Planning

Winter planning update

- Preparation for winter planning has focused on engagement with system partners in the review of Winter 20/21 with further consultation facilitated through One Bromley Executive, Bromley A&E Delivery Board, and other forums.
- 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:
 1. **Increasing system capacity**
 2. **Data Sharing and escalation**
 3. **Single Point of Access and Discharge Arrangements**
 4. **Admissions Avoidance**
 5. **Communication and Engagement**



1. Increasing System Capacity

Increase system capacity through LBB and CCG investment focused on:

- **Additional Workforce** including Rapid Response Advance Nurse Practitioners (ANPs,) Rapid Access to Therapy therapists, adult social care 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.



2. Data Sharing and escalation

- Currently, the SEL CCG Surge and System Resilience team host daily meetings with local UEC stakeholders to collate and disseminate data on ED (Type 1) and UTC (Type 3) performance including levels of attendances, admissions, discharges, and breaches.
- The national Operational Pressures Escalation Levels framework (OPEL) advises that when a UEC system is at OPEL 2 or above the local delivery board should alert system partners and coordinate appropriate and timely actions to reduce pressures.
- The Demand and Capacity Meeting will maintain system oversight of pathways and capacity ensuring sufficient access to resources throughout the period

In addition to manage winter this year we will:

- seek to embed a routine and reasonable method of communicating UEC pressures, trends or emerging themes to primary and community care in order to inform or trigger a system response e.g. Clinical & Professional Advisory Group (CPAG) review of an increase in a particular clinical presentation or a pathway review – this should be a two way communication with primary and community care pressures being also shared and responded to accordingly
- Review current data on presentations to UEC as well as projected trends on increase in clinical presentation e.g. ‘mega wave of virus’s’ reported by Public Health to identify clinical diagnosis that would benefit from CPAG consideration or service development activity ahead of winter



3. 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).**
- **Bromley Rapid Access to Therapies**
- **CYP Hospital @Home for children and young people**
- **Bromley community respiratory pathway (and long covid)**

In this year's winter plan we aim to build upon the experience of the PRUH and community partners working together on the ONE Bromley respiratory pathway and try to move forward with previous discussions on delivering hospital treatment at home:

- **Enhanced community IV/AB offer**
- **Children's Hospital @ Home**
- **and virtual covid wards (where necessary)**



4. Admissions Avoidance

- As with previous years, it is central to the winter plan to ensure that key services dedicated to urgent community response, Rapid Response (2 hr) and Rapid Access to Therapies (RATT), are resourced and resilient to peaks in demand.
- A new consideration for this winter is the Public Health modelling that suggests we anticipate surges in viruses among the adult and children population, including RSV in children that has already started to present locally.
- Reviewing the health offer in care homes building on the successful integrated working of community and acute clinicians during the pandemic to enable care home residents to access specialist treatment when hospital admission is not in their best interest



5. Communication and Engagement

- Delivering on community engagement and communications around winter campaigns including flu vaccinations and Covid-19 boosters.
- Delivering admissions avoidance advice to system partners including an updated '**Winter Services Directory**'
- Localising national campaigns and public facing information and advice on what services to use when
- Continuing advice to care homes and other care settings in responding to emerging themes and supporting adult social care to care for their clients/residents throughout the winter period (the CCG care home newsletter introduced last year was received well).
- Also note the communication flows between UEC and primary and community care (See data sharing section)



Winter Plan 21/22 timeline

26 th July	Integrated Commissioning Board Review of 21/22 CCG and LBB investment
26 th July	LBB Adult Services Leadership Team review of adult social care management of winter and impact of LBB investment
2 nd August	Special ONE Bromley and A&E Delivery Board Winter planning Workshop
17 th August	LBB Adult Services Leadership Team development of LBB winter funding proposals for 21/22
24 th August	CCG Clinical and Professional Advisory Group (CPAG) consideration for clinical trends and areas of consideration for CCG investment
2 nd September	Borough Based Board (BBB) review of overarching 2021/22 Winter Plan against the 5 pillars
W/E 3 rd September	1 st Draft of winter plan for consultation
9 th September	Draft Winter Plan to PDS
16 th September	Draft for comment and sign-off at One Bromley Executive
7 th October	Final draft of Winter Plan (inc. SPA review) to Health Sub Committee
25 th November	Health and Wellbeing Board for information



System Partner Preparation



King's Winter Preparation

System development

- Formalise ED – UTC mutual aid approach to meeting demand
- Review Acute medical model and Medical Ambulatory pathways
- Decompressing ED
 - Opening of frailty assessment unit
 - Opening of MH Assessment unit
- Repurposing a surgical ward to a medical ward
- Opening Québec on the Orpington Hospital site, for orthopaedic rehabilitation
- Developing SOP with LAS to improve ambulance handover times

Areas of investment

- Senior nursing support to ED sub-acute area
- Appointment of Head of Site to support discharge and flow
- Review of twilight medical cover to further augment

