

	Brent Health and Wellbeing Board 30 January 2025
	Report from Brent Integrated Care Partnership (ICP)
Winter Planning	

Wards Affected:	All Brent
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	N/A
No. of Appendices:	N/A
Background Papers	N/A
Contact Officer(s): (Name, Title, Contact Details)	Steve Vo Assistant Director of Place, NWL ICB – Brent Borough stevetruong.vo@nhs.net

1.0 Purpose of the Report

1.1 This report provides an update on the challenges and responses related to winter pressures as faced by local healthcare partners. It consolidates insights and actions from Brent Adult Social Care (ASC) and Brent Integrated Care Partnership (ICP) / Brent Borough Based Partnership Team, London North West University Healthcare NHS Trust (LNWHT), Central London Community Healthcare NHS Trust (CLCH) and Primary Care, to ensure safety for our residents whilst overcoming challenges.

2.0 Recommendation(s)

2.1 It is recommended that the group note the challenges and actions outlined in the report.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The outlined measures align with Borough Plan priorities by ensuring:

- Improved health outcomes through efficient healthcare delivery.
- Resilience of local health systems to meet increased demand during winter.

3.2 Background

3.2.1 Winter pressures place significant strain on health services, requiring coordinated responses to manage increased demand effectively. The updates below summarise the key challenges, responses, priorities, and next steps from partner organisations.

3.3 Partner Updates

3.3.1 Brent ASC and Brent ICP / Brent Borough Based Partnership

Current Challenges:

- Delays in discharges for P1 (patients are medically fit for discharge with minimal support) and P3 (patients who require additional time for care planning or support arrangement e.g. care home and domiciliary care) increased in the recent weeks possibly due to an increase in acuity and the number of patients during holiday period.
- Workforce challenges remain including lack of Social Workers, affecting overall discharge rates.
- Care homes reluctant to accept patients with complex needs, such as dementia or challenging behaviours.
- Difficulty to find temporary housing for those who require it on discharge.

Actions Taken (Based on Past Learnings):

- Offered weekend coverage for P1 discharges under the Bridging Model (transitional care approach designed to facilitate timely hospital discharges for patients who are medically fit but awaiting formal care arrangements to be finalised) with hospital Discharge Teams having direct access to care providers to facilitate discharges.
- Worked with CLCH who commissioned Harrow Health to manage patients with stoma, feeding tube and other healthcare needs for up to six weeks. However, clear pathways still need to be worked through.
- Held a meeting with Ealing colleagues in December 2024 to gain insights into their Care Homes in-reach Liaison Service (CHILS) to see how we can replicate their model in Brent.

Priority Areas of Focus:

- Completing reviews of care home pathways (e.g. Enhanced Care Home Team (ECHT)/Rapid Response/Remote Access Emergency Coordination Hub (REACH) to enhance discharge processes.

- Developing an in-reach model for care homes, modelled on the successful Ealing CHILS approach.
- Addressing discrepancies in data reporting by completing audits and working closely with the Trusts and NWL ICB Discharge Team
- Providing training for care home staff.

Next Steps:

- Finalising the care home pathway review and implementing recommendations by end of January 2025.
- Continuing enhanced support sessions for care homes by working alongside and promoting the work of CLCH ECHT.
- Repeating audits of high-usage care homes to identify trends and address common challenges.
- Collaborating with hospital hubs to standardise data input and reporting measures.

3.3.2 LNWHT

Current Challenges:

- High volume of attendances and London Ambulance Service (LAS) conveyances.
- Increased mental health cases leading to 72-hour breaches.
- Extended length of stay (LOS) for complex paediatric cases due to social reasons.
- Corridor care volumes and increasing LOS for patients with "No Criteria to Reside."
- Winter infections reducing inpatient capacity.

Actions Taken (Based on Past Learnings):

- Implemented a comprehensive Winter Plan, including additional beds, REACH, Single Point of Access (SPA), divisional flow improvement staffing, and cohorting funding.
- Opened two enhanced dual-purpose side rooms.
- Reconfigured Ealing A&E to increase trolley and chair capacity.

- Expanded Northwick Park Hospital (NPH) ED SDEC services.
- Established the LNW Flow Model, discharge lounge flow, and hospital transport flow.
- Utilised digital tools like OPTICA for improved operational efficiency.

Priority Areas of Focus:

- Resetting internal Operational Pressures Escalation Levels (OPEL) triggers and actions.
- Enhancing internal Temporary Escalation Spaces (TES) actions.
- Driving earlier discharges during the day.

Next Steps:

- Embedding new OPEL and TES processes.
- Collaborating with external partners to reduce flow delays.

3.3.3 CLCH

Current Challenges:

- Increased staff sickness rates.
- Higher DNA (Did Not Attend) rates for appointments.

Actions Taken (Based on Past Learnings):

- Implemented a system of pre-clinic calls to confirm patient attendance.
- All staff have been encouraged to take up Flu and Covid vaccine

Priority Areas of Focus:

- Reducing DNAs and appointment cancellations.
- Supporting staff health and wellbeing to mitigate sickness impacts.
- Leveraging the Trust's MSK (Musculoskeletal) offer

Next Steps:

- Monitoring the effectiveness of attendance confirmations and staff wellness initiatives.

3.3.4 Primary Care (Focus on Vaccination via Pharmacies)

Current Challenges:

- Lower uptake of flu and COVID-19 vaccinations compared to the previous year.
- Increased flu cases over Christmas and New Year, leading to additional pressures on primary care services.
- Vaccine hesitancy among vulnerable populations, increasing the risk of severe illness and hospitalisations.

Actions Taken (Based on Past Learnings):

- Delivered 9,802 flu vaccinations (6.0% of the eligible population) through pharmacies in Brent as of 3 January 2025.
- Provided 13,121 COVID-19 vaccinations via 26 community pharmacies by 12 January 2025.
- Provided a "Pharmacy First" service, with 91% of pharmacies in Brent participating to address minor illnesses and improve patient access.
- Distributed MMR vaccination resources, with two Brent-based Pathfinder sites onboarded.

Priority Areas of Focus:

- Encouraging final uptake for flu and COVID-19 vaccinations before campaign deadlines.
- Promoting the "Pharmacy First" service to alleviate pressure on general practices and facilitate faster patient care.
- Enhancing public awareness campaigns to address vaccine hesitancy and highlight available services. Continued outreach work being in Brent including supermarkets, places of worship and libraries for COVID-19/Flu.

Next Steps:

- Launching the COVID-19 Spring campaign from 1 April to 17 June 2025.
- Access via pharmacies to antiviral medications for high-risk patients to reduce severe flu cases.
- Continuing integration efforts between community pharmacies and Primary Care Networks (PCNs) to optimise care delivery.

4.0 Stakeholder and Ward Member Consultation and Engagement

4.1 This report has been developed in consultation with key stakeholders within LNWHT, CLCH, Primary Care and Adult Social Care and Brent ICP / Brent Borough Based Partnership.

5.0 Financial Considerations

5.1 There are no direct financial implications arising from this report. However, effective management of winter pressures may help reduce additional costs associated with extended LOS and emergency care.

6.0 Legal Considerations

6.1 The report complies with relevant legal and statutory requirements.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Efforts to address winter pressures ensure equitable access to healthcare services across all demographics, including vulnerable populations.

8.0 Climate Change and Environmental Considerations

8.1 No direct implications identified.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Addressing staff sickness and wellbeing is integral to maintaining operational capacity during winter pressures.

10.0 Communication Considerations

10.1 Effective communication strategies are crucial for ensuring awareness among patients and staff regarding changes and improvements during the winter period.

Report sign-off:

Rachael Crossley
Corporate Director Community Health and Wellbeing