

	Health and Wellbeing Board 13 January 2022
	Report from Chairs of Integrated Care Partnership Executive
Winter pressures and system response	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	0
Background Papers:	0
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1.0 Purpose of the Report

- 1.1 To provide the Board an update regarding winter pressures on the health and care system, as well as the system response

2.0 Recommendation(s)

- 2.1 To note system-wide response to winter pressures, and provide comment upon the overall approach.

3.0 Detail

3.1 Summary

- 3.1.1 Plans to mitigate Winter pressures on the health and care system remain a top priority for the ICP Exec. All partner organisations have co-developed plans to mitigate the impact on their individual organisations, and these plans have been shared and refined and overseen by ICP Exec.

- 3.1.2 In addition there are daily and weekly system calls at both a local ICP and NW London level, including DASS and NHS system calls to compare approaches and ensure a whole system rapid response to rapidly changing circumstances.

- 3.1.3 The new Omicron Covid-19 variant has provided a new unknown variable to the previous year's winter pressures. So far, significant increases in infection across London have not translated into large increases in hospitalisations. This is thought to be as a combined result of vaccination rates and / or past infection in the population. However, this situation remains under constant review, and the ICP Exec will respond swiftly and appropriately should this situation change.
- 3.1.4 Workforce absences due to self-isolation from Covid-19 have become the largest pressure for the system across all NHS and care providers. NHS Trusts have re-prioritised their services to ensure no disruption to core and essential services. Care providers have been allocated over £900,000 in workforce capacity funding to support recruitment and retention of staff within the independent sector. The situation remains challenging, but will be kept under constant review should additional measures be required

3.2 Adult Social Care and Hospital Discharge

- 3.2.1 As with previous years, pressures on the hospital system are already starting to increase – both in terms of admissions and backlog in discharges
- 3.2.2 Brent has sufficient capacity to meet any increased demands for placements and packages of care at home, resulting from the increased pressures
- 3.2.3 The NHS has made available significant additional funding to support hospital flow, and the NHS system has asked the council to make additional beds and packages of care available, as well as to operate 7 days including weekends, which has now been mobilised. Other schemes mobilised by adult social care this year include:
- a) Reablement – additional packages
 - b) 7 day services – 1 deputy team manager, 4 social workers, overnight care packages
 - c) Pathway 3 (nursing and residential care) – additional social workers and advanced care practitioners. Additional 15 beds, plus 4 extra care units for Covid+ discharges
 - d) Pathway 1 (Home First) – additional social worker
 - e) Pathway 0 (Home) – voluntary sector support commissioned to aid settlement, and provide food parcels
 - f) Mental health – 1.5 posts for mental health workers to support rough sleeping
 - g) Positive behavioural support – new pilot service to support care providers with positive behavioural management of patients discharged from hospital
- 3.2.4 In Brent, we know that a significant cause for delayed discharges is due to the complex needs of a small minority of patients being discharged, and so significant focus is being made to address this alongside the requests from NHS partners
- 3.2.5 This winter pressure support is in addition to a number of other high priority transformation priorities across the system, including but not limited to: step down capacity in nursing, residential and supported living settings (including for Covid+ patients); 20 general rehab beds in Aster unit for pathway 2; adaptations within hospital trusts to enable management of Covid+ patients; enhancement

of hospital front door triage arrangements to support management of health and care needs in the community, and to minimise admissions; distribution of workforce capacity funding to care providers and a home first and hospital discharge service to support timely discharge to a range of community or home based settings

3.3 Primary Care Winter capacity plans

GP appointments

3.3.1 The increase in demand for GP appointments over the Winter period is a known factor and plans have developed to provide additional capacity at registered GP practices. An innovative project has been piloted which commissions GP practices to provide an additional 2.5 additional appointments per 1,000 patients, capped to maximum of 30 appointments per week. For a practice list size of 10,000 patients this equates to 25 additional appointments per week. For the borough of Brent this equates to 946 additional appointments per week. 15,134 appointments from 13 December to 3 April 2022. Patients are therefore able to access additional appointments at their own practice. All practices have signed up to offer the service, with most practices recruiting additional GPs to meet this requirement.

Online consultations

3.3.2 All practices continue to offer on line consultations. This service enables patients to obtain advice, guidance and submit medical enquiries to their practices. E-consultations continue to provide access to a patients GP practices and is particularly welcomed by those patients who may not be able to access their surgeries during opening hours or who prefer this mode of consultation. With 2,108 e-consults submitted in a week period commencing 27 December 2021. It is also recognised that advancements in on-line consultations also provides an opportunity to review the market and re-procurement of the on line consultation services which are more user friendlier and focused on meeting needs of the wider patient population. This procurement will commence in early 2022 with the aim of completion by March 2022. It is certainly recognised that on-line consultations improve access to primary medical services for those patients who value this mode of consultation. The table below shows on line consultation activity for one PCN.

Visits 1820	Unique visitors 1039	Self-help visits 46
Pharmacy self-help visits 42	Call service provider visits 2	eConsults submitted 517

GP access hub

3.3.3 The Hubs have provided extended access to GP appointments in weekdays, weekends and on Bank Holidays. Access Hub appointments have been extended to provide access during core hours (core hours being Mon- Fri: 8.00am to 6.30pm). The additional capacity is aimed at supporting:

- on the day demand for GP appointments
- support increase demand at Urgent Treatment Centres (UTC) and NHS 111, with Access Hub accepting re-direction from UTC and 111 providers
- provide resilience to GP practices where GP practices experience workforce issues as result of sickness absences

Urgent Treatment Centre

3.3.4 Increase in patient attendance at Urgent Treatment Centres (UTC) during the Winter period can result in increase pressure on finite resources at these centres and within A&E departments. To support colleagues in acute settings, an innovative pilot has been established between Harrow and Brent NHS Borough teams, the UTC team and LNWUT (London North West University Trust), which aims to ensure patients with primary care conditions are managed by a Nurse and GP lead. Patients are assessed for those suitable for management by the on-site GP or those that require access to a face to face appointment at a nearby Hub. The success of the pilot has resulted in those patients that require a UTC appointment are seen more quickly and efficiently, while patients with primary care condition receive the required intervention.

Community pharmacy

3.3.5 Influenza (flu) vaccinations have offered by community pharmacies since September 2015, recently the delivery of Covid vaccinations have also been offered by certain pharmacies in Brent. The additional capacity for Covid and Flu immunisations have been welcomed and encouraged. The accessibility and static opening hours of community pharmacies enable patients to receive vaccinations at more local facilities and at a time which is convenient.

3.3.6 The table below shows the current pharmacies providing Covid vaccination, along with numbers vaccinated at each site (total cumulative vaccination) and numbers of patients vaccinated on one particular day (on 19th Dec 21). Community pharmacies are particularly effective in encouraging uptake of first and second doses.

		Numbers on Footway to 19/12/2021			
Health borough	Site Name	Total cumulative Vaccinations 19/12/2021	Vaccinated 19/12/2021	Uploaded 19/12/2021	Backlog entered 19/12/2021
Brent	Clockwork Pharmacy - Neasden	1,260	335	335	0
	JADE PHARMACY (ALPERTON)	11,961	88	90	2
	JADE PHARMACY (KINGSBURY)	11,637	86	86	0
	Judds (Chemists) - Kingsbury	984	0	0	0
	Leigh Pharmacy - Kingsbury	3,626	61	61	0
	OPTIPHARM PHARMACY	835	31	31	0
	TESCO - Brent Park (Wembley)				
	UNP Pharmacy - Kingsbury	278	0	0	0

3.3.7 Niks Pharmacy is yet to go live with the vaccine programme and Tesco Pharmacy (near IKEA) has withdrawn their application. A further community pharmacy in South Kilburn is currently undergoing the assurance process.

3.3.8 In addition to vaccinations, Community pharmacies have also been commissioned to provide a Minor Ailment service. GP practices and community pharmacies are developing process to enable suitable patients to receive timely care at a community pharmacy setting. The NHS Community Pharmacist Consultation Service (CPCS)¹ will aim to create additional capacity for patients to receive the necessary advice, guidance and medication for suitable conditions.

Workforce

3.3.9 Increase prevalence of Covid virus circulations has resulted in workforce issues within GP practices, with staff members testing positive and requiring to self-isolate. A daily sit rep captures data on staff absence and resilience of practices. To date four practices have reported issues with workforce capacity, however local support structures have enabled services to continue without interruption. To protect primary care staff, measures to limit patient numbers attending practices is currently in place, in line with national guidance. Brent GP practices continue to deliver a near normal service to local patient populations.

3.4 London Northwest NHS Trust

3.4.1 LNWH planned its response to winter over the summer months, in conjunction with the local A&E Delivery Board, which Brent Council are members of. The plan consisted of a range of additional capacity, which has delivered additional beds as well as patient flow improvements, designed to reduce delays in hospital and improve care outcomes for patients.

3.4.2 The LNWH winter plan included now well-tested adjustments to respond to a further surge in cases of Covid-19 over the winter period. This included additional infection prevention and control measures, supplies of PPE protection, lateral flow tests, flu and booster jabs, system partnership on discharge arrangements and enhanced staff support.

3.4.3 The plan has now been fully delivered, but challenges with workforce absence (due to the prevalence of the Omicron variant) continue to challenge staffing levels. Plans have since been adjusted and strengthened to manage this impact, both locally and within the NHS North West London Sector, via mutual aid between NHS providers. The majority of elective services are still being maintained, but there has been some elective care that has unfortunately had to be re-arranged. Central Middlesex Hospital remains a 'green' Covid-19 protected site, to help facilitate as much elective care as possible, away from the pressures of the Trusts A&E departments. All hospitals continue to maximise on-line options for patient appointments, where this is safer to do so and if the patient is able to access their care in this way. Whilst the hospital A&E, Urgent Treatment Centre and wards remain exceptionally busy, the Trust has not yet had to exceed its winter planning provision. Enhanced Partnership

¹ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/community-pharmacist-consultation-service/>

working through the Brent Integrated Care System is part of supporting this achievement.

Managing Winter & Covid-19 Update

- 3.4.4 The current number of patients being admitted with Covid-19 as their primary diagnosis remains high. However, this has proved to be below what was anticipated and prepared for by the trust, and as such, whilst these patients certainly bring extra site pressure, a reduced number of extra capacity beds are now thought to be required. Twenty additional beds have been opened at Northwick Park, the Trust has converted its Private Patients facility to NHS care facilitating a further nineteen beds. This is in addition to planned further beds at Central Middlesex Hospital and extra beds at Ealing, which remain on standby. Furthermore, approximately forty to fifty percent of Covid admissions are those who have 'incidental Covid' or Covid-19 as a secondary diagnosis. These patients would likely have been admitted anyway so this cohort has not led to a large increase in 'extra' admissions. However, it is important to caveat that they do create logistical challenges including a need for more Covid wards/capacity and they can have an extended stay due to discharge complications associated with having Covid. Currently four wards at Northwick Park Hospital have been converted to fully Covid wards, with additional Covid-19 care provision in both adult critical care and the Trust's high dependency care facilities.
- 3.4.5 Similar to all NHS Hospitals, staffing levels have been problematic over the last month, due to the rapid spread of the Omicron variant. Additional staffing safety huddles take place every day and throughout the day, 7 days a week. These are used to move workforce to where it's required and to directly support areas with higher absence rates. Extra shifts have been enhanced and some staff have voluntarily worked additional hours or come in on their days off.
- 3.4.6 Planning the Trust's workforce capacity against a further impact of Covid-19 was a key consideration over the summer months. This year's plans reduced the number of physical beds usually opened over the winter period in favour of supporting two key initiatives: Expansion of the Trust's Same Day Emergency Care Facility and Patient Flow Improvement's. These initiatives meant that the required workforce for winter was much wider than just nurses and doctors, this year it also included additional:
- Therapy Support
 - Pharmacy Support
 - Radiology Support
 - Phlebotomy Support
 - Discharge Co-ordinator Support
 - Urgent Treatment Centre queue triage and streaming support roles
 - Single Point of Access Support (supporting GP's with advice and guidance on same day emergency care and other hospital based urgent care pathways)
 - Discharge Lounge Support
 - Weekend ward cover
 - Paediatric higher dependency care & rapid assessment support

- Mental Health support roles to co-ordinate care
 - Pathology expansion for Covid and Flu testing
 - Volunteers working with young people in A&E and end of life care support
- Whilst workforce absence remains high at 7% (as per the date of this report), this approach to spread the workforce and improve patient flow has assisted the Trusts position.

3.4.7 Patient flow has also been improved by the enhanced partnership working with Brent Council. Specific examples include the way joint delivery of the vaccine effort has been conducted, additional Social Worker capacity at weekends and the Brent Discharge Hub; which facilitates care planning and on-going care for patients who require this to return home. As a result of these and other initiatives, delays for patients leaving hospital or patients remaining in hospital for longer than 21 days have been reduced.

Continuing to address Elective Care Recovery

3.4.8 The elective recovery programme continued to progress despite the current wave of the pandemic. The Trust is working in partnership with the North West London Sector to align recovery across all in sector providers. This process is supporting:

- Increasing virtual / digital solutions to clinic appointments to maintain the national requirement for >25% of outpatient activity delivered virtually
- Prioritisation of admitted waiting lists to support waiting list management
- Tracking activity against pre Covid baselines
- Mutual aid for admitted and non-admitted pathways to transfer waiting lists across the sector where clinically suitable and agreed by the patient
- Reducing long waiting patients monitoring patients waiting over 52 and 104 weeks
- Operating Central Middlesex Hospital as a non-Covid site to maintain elective flow
- Maximising capacity using independent sector partnerships for outpatient, diagnostics, and theatre capacity
- Aligning the Trust's internal recovery plan to national benchmarking published via the Model Hospital (NHS Improvement).

3.5 Central London Community Healthcare

3.5.1 CLCH winter plan along with partners through the local A and E delivery board, the focus of the plan is to ensure continued support for hospital discharges through provision of community beds and core community nursing services. Prevention of hospital admission is also a critical factor via the rapid Response service.

3.5.2 Challenges to the winter plan over December have largely been through COVID outbreaks both on the Robertson ward but also at the Aster Unit where CLCH provide the in reach therapy team. Following daily review of the Robertson COVID outbreak the unit has now been open to admissions to support flow within the NW London system.

3.5.3 Sickness within the workforce has also been a challenge through December and into January sitting around 6% however staff have also had to work increasingly from home due to the need to isolate with household outbreaks. These staffing shortages have forced CLCH to implement its Business Continuity Plans and the redeployment of staff to ensure core service delivery is maintained.

3.5.4 There are daily COVID calls both at trust and divisional level to ensure that service monitoring, resolution of issues and actions from the NW system Gold command can be enacted at speed.

3.6 CNWL NHS Trust

Inpatient position

3.6.1 Ward closures during December 2021 to January 2022 due to Covid outbreak are:

Ward	Outbreak dates	Number of patients in total	Number of staff in total
Caspian	Ward closed from 15/12/2021-26/12/2021	12 of 13 were positive – all out of isolation	Total of 6 staff tested positive during outbreak
Pond	Ward closed to admissions – potential reopening 13/01/2022	8 of 18 are positive	1 positive staff, 2 isolating
Pine	Ward closed to admissions – potential reopening 13/01/2022	7 of 20 – in total during outbreak; currently 2 positive in isolation	6 staff in total during outbreak currently only 1 positive
Shore	No recent outbreak	2 positive patients who tested positive on admission, therefore not an outbreak. Isolation now finished.	5 staff Dec/Jan with 2 currently positive
Ellington (older adult beds)	Ward closed to admission – reopens 12/01/2022	10 of 18 come out of isolation early next week	

3.6.2 All wards have experienced staff shortages due to a mixture of COVID, planned leave and general absence. All ward managers have tested positive for COVID which impacts on leadership. Bank/agency tend to cancel shifts when they find out COVID outbreak on ward. All shifts are overbooked to try and prevent staff shortages.

Bed Pressures

3.6.3 Brent has been overusing its allocated bed base since 25 November 2021. Currently we +25, this means Brent has 25 more people in acute psychiatric beds above the Brent allocated bed base. Within this we have 11 ECRs, 1 in NHS bed the others in the private sector.

3.6.4 A number of factors have caused bed pressures, including:

- The ward closures don't help as we cannot admit to our local beds but this in itself does not drive the bed pressures.
- Length of stay on the wards is much higher than it would normally be and this is driven by predominantly mental state of patient's and complexity of cohort on the ward.
- We currently have 4 beds blocked by patients waiting for forensic units. We currently have no social care delays but we do have patients with significant social care needs.
- The front door i.e. the patients pending for potential admission each morning has gradually risen from mid-November, it has been greater than 5 peaking at 12 just before Christmas. This list is what is generating the demand for beds. Currently there are 8 waiting. Each day this list is reviewed and alternatives to admission discussed and sought where appropriate.
- At the front door we are seeing a significant number of patients presenting with suicidality linked to social issues predominantly housing. These patients take significant amount of work to divert if we are able.
- The HTT caseload remains high during this period.

Community position

3.6.5 There has been minimal impact on community mental health services and learning disability services, with very low numbers of staff reporting absence due to COVID. Services have continued to operate as usual. The HBPOS has been closed on several occasions due to staff shortage but this was not COVID related. IAPT has experienced the greatest impact with 12 staff off during this period, causing cancellations to appointments in December and January.

CAMHS position

3.6.7 CAMHS continue to have a large waiting list of 300+ children and young people. With the introduction of weekend clinics and some subcontracting to support Neurodiversity assessments, wait times are projected to drop below 18 weeks by end of January 2022.

4.0 Financial Implications

4.1 No immediate financial implications

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 Ongoing

8.0 Human Resources/Property Implications (if appropriate)

8.1 None

Report sign off:

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