

Wiltshire Council



**Bath and North East Somerset
Swindon and Wiltshire**
Clinical Commissioning Group

Health & Wellbeing Board Up-date

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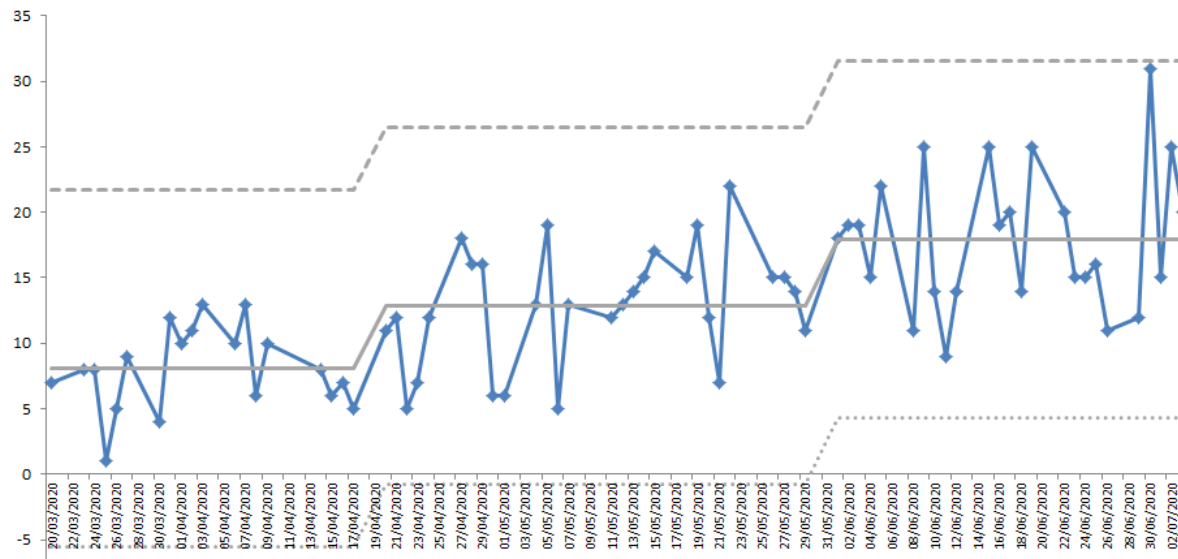
Content:

- . Strategic direction (delivery) and development of the Wiltshire Alliance**
- . Impact of COVID-19 on the health and care system: service changes and improvements to retain**
- . An update on BSW response to NHS Phase 3 Planning (recovery and restart)**
- . Winter Planning up-date**
- . System challenges**

Strategic Direction (delivery)

Wiltshire partners will continue to collaborate through the Alliance way of working to maintain and enhance benefits seen during Covid-19 response, and in promoting four areas for improvement to support our winter plans.

Promoting Home – Embedding discharge to assess approach to discharge so that support individuals return home after any admission. Fewer long term plans made in hospital. Referrals on Pathway 1 from hospital have increased significantly from May 2020.



Strategic Direction (delivery)

Bed Capacity Planning:

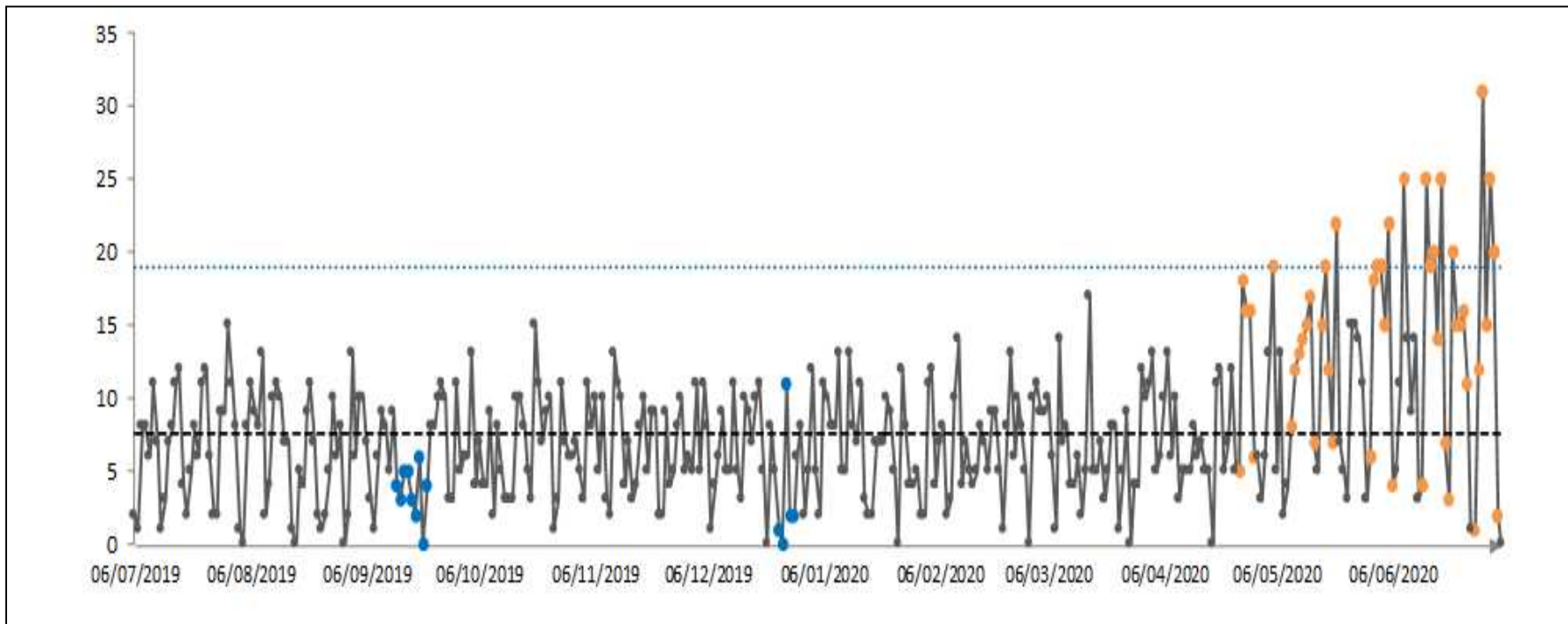
Need to work to ensure bed closures for social distancing are appropriate (high in RUH currently) and then mitigate with out of hospital capacity

Reduce length of stay in acute hospitals and ensure minimal number of long term planning take place on the ward.

Pathway 3 referrals increasing after C19 response period. Need to maximise use of D2A beds, reduce length of stay and move to permanent placement

Strategic Direction (delivery)

7 Day Working – system approach to all services available 7 days



Resilient Mental Health, LD & ASD services

Proactive primary care and use of population health data

Health & Care Changes as a result of COVID-19

Wiltshire Alliance Working being maintained via weekly delivery calls across health and social care

Discharge Service Process Changes

In June and July a review was completed, we jointly agreed to retain the following elements of the joint discharge service:

Integrated Brokerage service

All discharge referrals managed via a single integrated Patient flow hub Flow Hub (WHC Managed)

Aligned rehabilitation/reablement staffing capacity from WHC and Wiltshire Council to reduce handovers and simplify pathway via 3 localities across Wiltshire – North South and West

We are now working to implement the changes and also to understand the impact of the new National Guidance issued at the end of August:

6 weeks funding post discharge from NHS C19 funding remains in-place until 31 March 2021

Delayed Transfer of Care reporting remains suspended

Restart of Continuing Health Care (CHC) processes

Health & Care Changes as a result of COVID-19

Impact from Infection control and social distancing measures

Key impacts are detailed below, all health & care services are reviewing as part of restore and recovery plan

Area	Plans
U Chippenham open and Trowbridge to open Oct 2020	Appointments to be booked via NHS 111, promoting the plan to shift services to a 'Talk before you walk' mode
Primary Care routine work	All requests for appointments are now triaged, GP surgeries continue with 'Hot and Cold' sites
Care Home Support	Council Care Home support team to remain in-place, Public Health Local Outbreak Plans and Virtual ward rounds being tested
Reduction in hospitals (acute and community)	Locality planning on capacity to support in care homes (additional 41 beds) and additional Home First / Reablement capacity to be maintained
Mental Health services (all age)	IAPT services fully resumed, will continue via telephone. 24/7 helplines will remain in-place until March 2021 p to then move to a fully developed Crisis Model.
Learning Disability	Health checks for everyone with LD fell significantly now a focus to improve with primary care and limited national funding received (50% target)
Increased social work capacity in the community	In line with national guidance social care staff have been redeployed from the acute hospitals and now supporting a discharge to assess approach
Expand short term live in care support to avoid placements being made	Opportunity to provide overnight care for a limited period to support a discharge home therefore avoiding placement if not needed in the long term
Use of virtual methods of communication with individuals, families and care providers	Development of virtual wards to support care homes. Increasing options for practitioners to undertake assessments using digital technology

NHS Phase 3 Planning – up-date on BSW response

1st submission of our narrative plan, supported by activity, performance, and finance templates submitted on 1st September

Focus on recovery of elective activity in hospitals including cancer services, primary & community care, mental health

System wide process involving all partners, this is continuing, it will be a system plan

At 1st stage submission demand and capacity planning not fully completed for winter and hot off the press for elective – [modelling will be agreed for Wiltshire via the weekly alliance calls and will include Covid-19 scenarios](#)

Increase focus on health inequalities

More work for final plan will confirm and provide additional assurance in relation to Elective Care and Winter Planning, **deadline 21st September to NHSI/E**

NHS Phase 3 Summary of Risk & Constraints

Risk	Mitigation
<p>Workforce - Our workforce plans identify additional staffing requirements to support the plan. Particular risks relate to recruitment to key roles e.g. Home First Expansion and NHS 111 First , primary care resilience and ability to recruit from overseas. 7 day working within social care currently dependent on goodwill of staff</p>	<p>Redeployment of staff & shared recruitment initiatives between partners More flexible use of national monies for additional roles re-imbursment scheme would be beneficial Review of travel bans nationally</p>
<p>Capacity Shortfalls – reduced bedded capacity in Acute & Community Services compared to 19/21 levels Demand - exceeds 19/20 historic levels due to latent built up demand</p>	<p>Community non bedded alternatives including Discharge Support Beds and Home First Expansion Implementation of NHS 111 First and alternative pathways e.g. GP FIT testing</p>
<p>Funding – additional funds will be required to mitigate against losses in capacity across Acute & Community care due to social isolation measures and to support Adopt and Adapt approaches to restoring elective care</p>	<p>Review of BCF Fund expenditure and scope of Hospital Discharge Scheme (6 weeks funding post discharge NHS) Urgent publication of Financial Regime for Phase 3 – still pending</p>
<p>Second wave of COVID or significant local community outbreaks and/or flu outbreaks</p>	<p>Robust COVID LOMPs with Public Health and LA partners. Further scenario planning to be Included within demand and capacity planning Robust system plan for flu</p>
<p>Building work and equipment provision – may be delayed and impact on capacity and start dates.</p>	<p>Tight project management</p>
<p>Fragility of key providers – key providers such as Hospices, Care Sector & some voluntary sector partners are financially challenged and may need to reduce historic service provision & support</p>	<p>Work with service providers to assess risks and opportunities for system support</p>
<p>Public do not engage with COVID-19 measures; Think NHS 111 First etc.</p>	<p>Comprehensive communications campaign working with community partners Support with managing Choice requested</p>

Winter Planning up-date

Overlaps with Phase 3 planning and the work already done in Wiltshire on out of hospital demand and capacity planning

All age planning has been led by the BSW Urgent Care & Flow Board with all system partners. (18 partner organisations represented including acute Trusts, Local Authority, Community partners, Mental Health LD & ASD)

Clear message that BSW will not receive any additional winter funding – providers under Covid-19 are funded to winter levels and discharge service funding (6 weeks) will then support system

Final Plan will be shared when completed

BSW have agreed priority plans – next slides details these and Wiltshire's primary and community services response

Winter Planning up-date

2021 BSW 10 Priorities	Wiltshire Plans
Out of Hospital Capacity plan to support system C19 bed reductions <ul style="list-style-type: none"> Beds – care homes and adult community Home - Home first re-ablement – therapy capacity out of hospital 	Already agreed a plan with system partners – 105 beds, 60 Intensive Rehab, 40 D2A and 5 Delirium. 41 additional beds from previous re-C19 levels Maintain joint health and social care team working. Plans to sustain increased domiciliary care provision and agree longer term plan. SFT plan on therapy.
Think 111 Mobilisation	Mobilisation Group established and dedicated project support
Discharge service (7 day support) – maintaining national standards	Sustain discharge service changes – 7 day Flow Hub and Single Brokerage
Virtual frailty wards	Care Home support team in Council to continue, Care Home advisory Group in place, Starting virtual frailty ward pilots in Care Homes in Wiltshire, linked to plan to improve Re-ablement / Home First capacity which can then be used to provide this enhanced offer
A&E Capital bids (+acute critical care capacity)	RUH & SFT have received capital funding to change A&E to allow for the management of social distancing and to reduce ambulance handover delays
Mental Health, LD and ASD – crisis support and escalation (mental health transport) Demand and capacity planning completed – plan for 30% increase in activity	24/7 Help Lines, Focus on LD Health Checks, in Wiltshire Capital Bid for funding for ‘Crisis Pads’ possibly 3 in Wiltshire, Suicide prevention with funding for Assertive sign-posting element by AWP and Person Safety Planning (3 rd Sector), Dedicated support for personality disorder (new), Enhanced acute in-reach teams
BSW System Wide Escalation Response Plan (use of SHREWD)	Work to develop Wiltshire escalation response and link to BSW new escalation approach. Community partners; WHC and social care have adopted SHREWD
Primary care resilience – maintaining C19 Hot Hubs	Robust plan in-place for primary care, funding for 2020/21 agreed to give primary care certainty on which to plan
Public Engagement and communication planning	Wiltshire specific communications on Flu plan and CCG, LA and Providers to agree joint plans
Flu vaccination plan	Plan in-place to commence as soon as vaccine available.

Summary of Care Home Bed Plan

Transitioning from the beds used for COVID-19 response was required, changing need and to plan for winter

Completed an out of hospital modelling exercise on demand and capacity in June and July

The new model has been agreed through alliance discussions with all partners and taking the learning from COVID-19. Continue with some Discharge to Assess beds (40 beds), look to develop Intensive Rehabilitation beds (60 beds) in a fewer number of homes and keep some beds for delirium beds (5 beds)

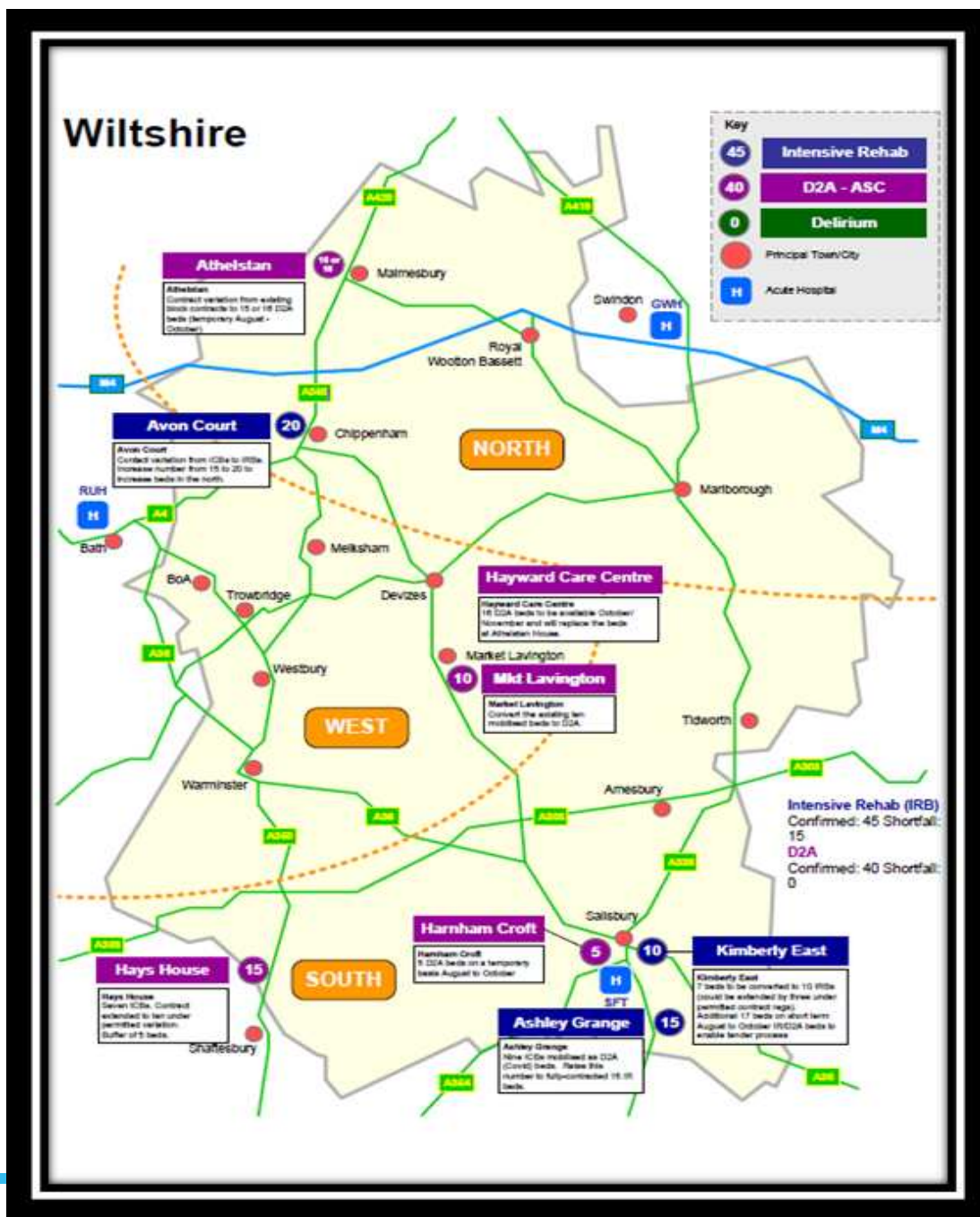
Plan to have Intensive Rehabilitation beds in fewer homes as a result of care home infection risk e.g. limiting professional in reach

This has required council decommissioning of extended contracts and working with the care homes who were awarded the Intermediate Care contract in April 2020 to achieve the new model and CCG review of Clinical Cover arrangements

Location of Care Home Bed Plan (4)

15 IR beds are currently out to tender – to go live November 1st

5 delirium beds are currently out to tender –to go live November 1st



Continuing System Challenges

Capacity within dom care and other community providers to deliver required capacity and/or recruit additional workforce

Risk of increasing infection rates within care homes (care home and visiting staff testing) and for primary care

Significant culture change required to deliver discharge to assess model including restart of CHC and other assessment processes

Changing funding models e.g. Hospital Discharge Programme (6 weeks)

Health capacity restrictions acute, primary care and community as a result of social distancing

Backlog of demand within all health and social care services

Flu vaccination plan for 2020/21, readiness for mass vaccination