



North East London

Tower Hamlets winter plan 2024/25

05 November 2024

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Context - National guidance – Winter and H2 priorities

NHS England published their Winter letter to ICB Chairs and Chief executives on 16 September 2024. It builds on the asks of systems set out in year two of the national UEC recovery plan, which were:

Ambition:

- improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
- improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25
- Reduce 12 hour waits from time of arrival in EDs

Specific areas of focus for ICBS to consider in Winter are as follows:

- Support people to stay well by maximising the Winter vaccination campaign
- Proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter
- Provide alternatives to hospital attendance and admission
- Work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow
- Assure at board level that a robust winter plan is in place
- Make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system

Review the 10 high-impact interventions for UEC published last year to ensure progress has been made. The letter also asks systems to continue to work through H2 agreed 2024/25 plans. **There is no indication of additional funding for systems contained in the Winter letter.**

Winter letter available via following link: <https://www.england.nhs.uk/long-read/winter-and-h2-priorities/>

High impact interventions (H2) 24/25

A self-assessment was conducted at place in July 2023 against a national maturity matrix.

Four areas were identified for rapid transformation in 23/24, and leads were invited to participate in the NHS England Programme to develop our High Impact Changes:

- Same Day Emergency Care – Front door sub-group
- Frailty – Front door sub-group
- Intermediate Care – Group to be confirmed
- Inpatient flow – Discharge sub-group

A review of the interventions was undertaken November 23 and an exercise to reassess progress conducted August 24. The aim was to provide reasons why the targets were not achieved and what measures are required to improve on the scores.

The results are contained in slides 5 & 6.

Physical Capacity Funds 2024/25

The ICB has received non recurrent funding for 2024/25. The amount has been allocated based on the agreed formula used for the Adult Social Care Discharge Grant.

The allocation is non-recurrent and split into

- In hospital : £2.84m for additional General & Acute Beds
- Out of hospital : £723k

A 10% top-slice is required to support the ICB financial position. Any underspend this year will be held by the ICB to support the financial position and cannot be included in S75 or passed to other organisations.

The allocation has been earmarked to schemes that address NEL UEC and local priorities, specifically:

- admission avoidance
- discharge
- reducing length of stay

Several schemes have been proposed and these require sign-off through at the November Urgent Care Working Group & Tower Hamlets Together Board. The proposed schemes are listed on slides 12 & 13.

Schemes badged against this allocation are also going through the ICB triple lock process,

TO UPDATE: Priority HII Is this one of the 4 HIIs you have chosen to prioritise locally? <i>This field is pre- populated with priorities as submitted in July 2023, but you may edit if incorrect or if your local priorities</i>	Place	Care Transfer Hub name (Care Transfer Hubs only)	LA (Care Transfer Hubs only)	High-impact intervention (HII)	Maturity Scores (All HIIs excluding CTH, as per July'23 returns)	Updated Maturity Scores (4 priority HIIs in each ICB only, as per Nov'23 returns)	Projected Maturity Scores for June 24 (4 priority HIIs in each ICB only (as per Nov '23 returns)	May 24 score (Care Transfer Hubs only)	May 24 Reason for score (Care Transfer Hubs only)	TO UPDATE: Maturity Scores (as of Aug '24)	TO UPDATE: If no progress, what have been the top three constraints	TO UPDATE: How could this score be improved?
	Barts Health NHS Trust	Integrated Discharge (NEL Process)	Boroughs of Hackney, Newham, Tower Hamlets, and Waltham Forest	Care Transfer Hubs				5	Integrated discharge process across boroughs, planning to align more capacity.	5	<ol style="list-style-type: none"> 1. Responsiveness of system partners to manage outputs from CTH 2. Lack of clear escalation processes to resolve longstanding patient / capacity based issues. 3. Lack of overall responsibility for managing poor performing providers / other borough hubs 	<ol style="list-style-type: none"> 1. Definitive governance structure for how CTH's operate, escalate. 2. Clear KPIs for management at pathway level 3. Improved ownership of processes at ICB level
Yes	Tower Hamlets			Frailty	3	4	5			5	<ol style="list-style-type: none"> 1. No increase in investment to expand staffing model 2. Significant turnover in medical staff - including consultants 	<ol style="list-style-type: none"> 1. Establish better integrated models with social care to prevent admissions - that are staffed 7 days per week.
Yes	Tower Hamlets			Inpatient Flow	2	3	5			4	<ol style="list-style-type: none"> 1. Increase in use of outlier and escalation areas has resulted in lack of timely senior review for some areas 2. Home first approach is not being taken consistently - in particular involving patients 	<ol style="list-style-type: none"> 1. Continued rollout of bed board bundle and transition to command centre
Yes	Tower Hamlets			Intermediate care	3	4	5			7	<ol style="list-style-type: none"> 1. Sitrep information is shared, however information is not used in an integrated way to resolve delays. Capacity planning is not done on a system level 2. Access to more step down provision 	<ol style="list-style-type: none"> 1. Implement recommendations from the NHSE workforce pilot - . Implement shared IT systems.
Yes	Tower Hamlets			SDEC	4	5	6			7	<ol style="list-style-type: none"> 1. Increased capacity would allow full delivery of additional pathways - including sickle cell and surgical / gynae 	<ol style="list-style-type: none"> 2. Access to more step down provision

TO UPDATE: Priority Hill Is this one of the 4 Hills you have chosen to prioritise locally? <i>This field is pre-populated with priorities as submitted in July 2023, but you may edit if incorrect or if your local priorities</i>	Place	Care Transfer Hub name (Care Transfer Hubs only)	LA (Care Transfer Hubs only)	High-impact intervention (HII)	Maturity Scores (All Hills excluding CTH, as per July'23 returns)	Updated Maturity Scores (4 priority Hills in each ICB only, as per Nov'23 returns)	Projected Maturity Scores for June 24 (4 priority Hills in each ICB only (as per Nov '23 returns)	May 24 score (Care Transfer Hubs only)	May 24 Reason for score (Care Transfer Hubs only)	TO UPDATE: Maturity Scores (as of Aug '24)	TO UPDATE: If no progress, what have been the top three constraints	TO UPDATE: How could this score be improved?
No	Tower Hamlets			ARI	service not provided					Service not provided	1. Investment not available to fund ARI Hubs. 2. Established same day access schemes focussed on providing access to all types of unplanned primary care demand including ARI cohort and avoid duplicate service.	
No	Tower Hamlets			Community beds	service not provided					Service not provided		
No	Tower Hamlets			SPOA	6					3	1. Elements of SPOA in the community. Service included in the transformation of Community Health Service (CHS) 2. Review SPOA statements with REACH in mind	
No	Tower Hamlets			UCR	5					7		1. Gather system level data to identify areas for improvement. 2. Proactively working with nursing homes to engage UCR to manage specific concerns i.e Catheters.
No	Tower Hamlets			Virtual Wards	7					8	1. The virtual wards are providing a good standard of care and receiving good feedback from patients and staff. 2. Variable digital processes and time to make changes. 3. Other boroughs following tower hamlet virtual wards model	1. Await external review and evaluation of services provided to support benchmarking 2. Further digital development (virtual encounters, MDT template, electronic referral) access to community services across the virtual wards. 3. Sustainable Training and development for a workforce that is designed to look after sick patients

Winter Planning arrangements 24/25

Schemes listed in the table are already in place to support residents in Tower Hamlets. These are offered through commissioned services.

Goal	Scheme
Proactive population health management to keep people well in the community.	Flu/COVID vaccination campaign for eligible people RSV vaccination for 75 to 79 year olds and pregnant women LBTH education offer (in particular, 0-19 service, Health Visitors to advise and support with young children) LBTH leisure offer, health and wellbeing Tower Hamlets Connect Social prescribing LBTH community spaces/warm rooms programme LBTH winter preparedness public comms campaign Community pharmacy Idea store/Mosques - familiar, trusted spaces accessed by TH residents Support to homelessness
Optimising hospital flow through Acute, Mental Health and Community trust sites.	Transfer of Care Hub Step-down provision - Gloria House - Leggett Road - East Ham Care Centre - Ainslie Rehab Unit
Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	Rapid Response Teams incorporating falls pick-up service Physician Response Unit (PRU) Geriatric MDT led service Community MDT Advance care planning REACH support with pathways before ED SDEC/admission avoidance/alternative care pathways Direct referral to SDEC from primary Mental health crisis response/crisis café/crisis line Pharmacy Neighbourhood mental health teams

Schemes	Provider	Date	Funding Source	Outcome
PRU Access to LAS Stack (pilot)	Royal London Hospital		Quick Win –no additional funding required.	
Additional Band 6 OPAT Nurse to provide 7-day service Provide potential for early discharge from acute hospital (RLH) for TH residents requiring intravenous anti-microbial therapy which operates seven days a week	East London Foundation Trust	October 24 – March 25	Physical Capacity Funding	Support discharge and provide care in the community
Virtual Ward step up pathway will be embedded during winter 24/25	Royal London Hospital	Live – March 25	No additional funding required	
Discharge to Assess Increase capacity for Mental health discharge to placements through the provision of stepdown beds for clinically ready patients that do not need to be in a acute mental health bed.	East London Foundation Trust & London Borough of Tower Hamlets	October 24 – March 25	Physical Capacity	Bed days saved, Increased referrals reduced admissions
High Intensity User Programme			No additional funding required	Reduce admissions
Crisis Assessment Team - Senior Psychiatrist 5pm to 10pm Monday to Sunday based in the NEL 111 Crisis Hub and respond to 4-hour emergency response referrals made to the Crisis Assessment Team. This includes both office-based assessment and offering community-based assessments for those who would usually call emergency services leading to an ED attendance. This team also take referrals from City & Hackney and Newham overnight, starting at 8pm. The Senior Psychiatrist can also provide medical/psychiatric advice to people calling the crisis line with medication queries and complex presentations	East London Foundation Trust	October 24 – March 25	Physical Capacity	Reduce activity to ED for mental health and non-life threatening presentations

Schemes	Provider	Date	Funding Source	Outcome
Resettlement Scheme	East London Foundation Trust London Borough of Tower Hamlets	October 24 – March 25	Physical Capacity Funding	Mental health in ED & mental health flow - Reduction in out of area placements
Step-down beds x 4	London Borough of Tower Hamlets	October 24 – March 25	Physical Capacity Funding	Reduce delayed discharge
Virtual Ward step up pathway will be embedded during winter 24/25	Royal London Hospital	Live – March 25	No additional funding required	
In-reach Pharmacy team consisting of 1x WTE Band 8a Pharmacist and 1x WTE Band 6 Pharmacy Technician. The proposed provision provides early intervention and ongoing post discharge medicines support for vulnerable, complex and house-bound patients in the community through medicines optimisation. The aim is keeping patients well for longer in the community by reducing the burden of prescribed medication errors.	East London Foundation Trust	October 24 – March 25	Physical Capacity Funding	Early Discharge
Discharge to Assess Increase capacity for Mental health discharge to placements through the provision of stepdown beds for clinically ready patients that do not need to be in a acute mental health bed.	East London Foundation Trust & London Borough of Tower Hamlets	October 24 – March 25	Physical Capacity Funding	Bed days saved, Increased referrals reduced admissions



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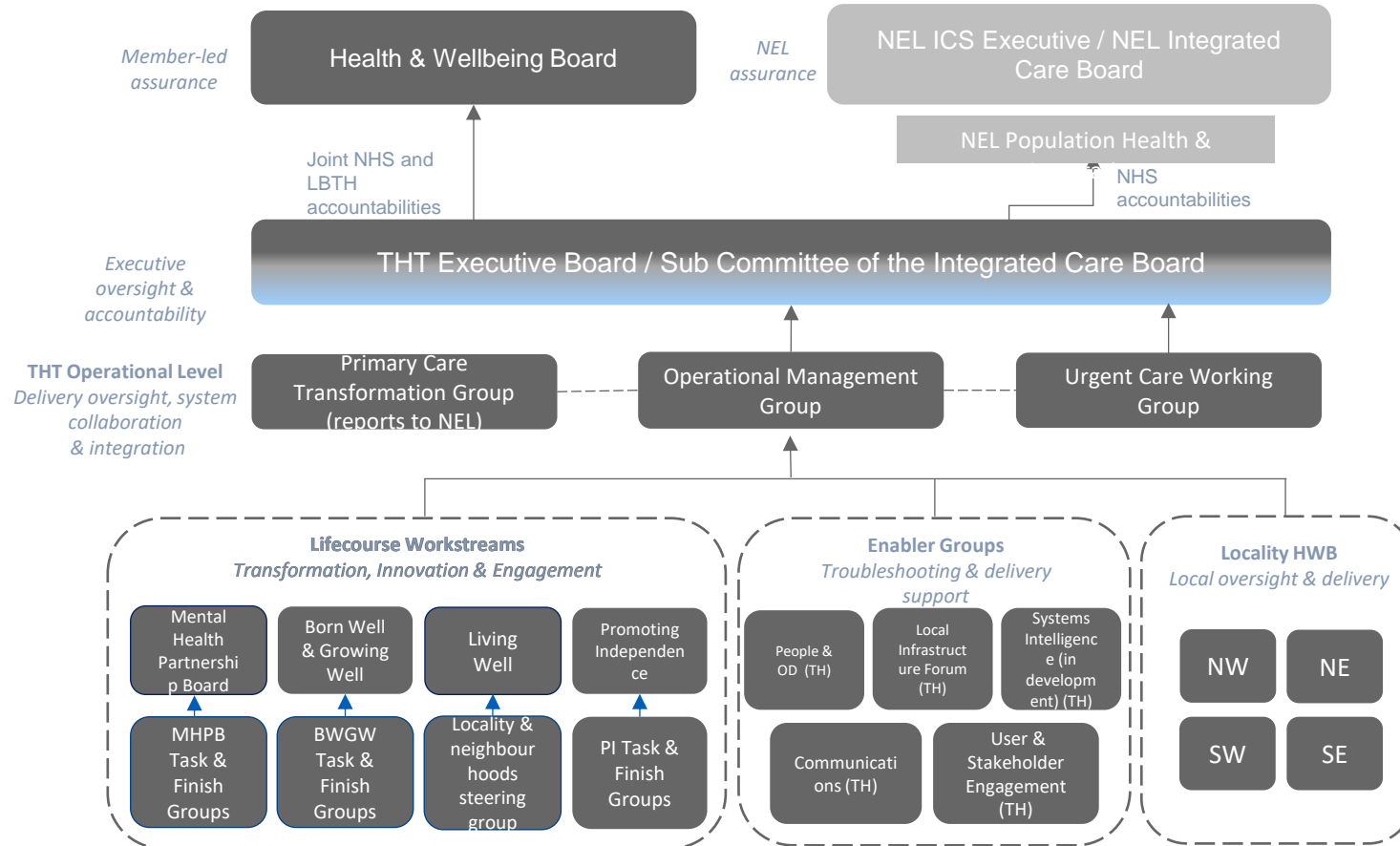
Governance

Governance

Tower Hamlets

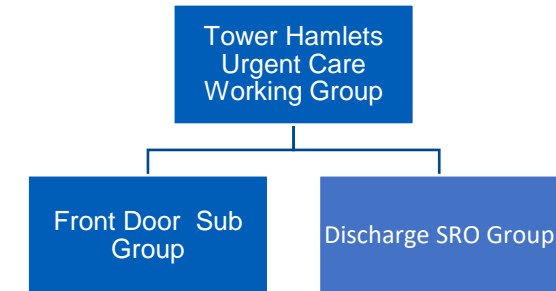
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Borough partnerships: Tower Hamlets



Urgent Care Working Group sub groups

Proposed governance within Tower Hamlets place for delivery and monitoring of winter planning schemes.





North East London

Risks & Issues

Potential Risk	Caused by	Impact	Risk Owner	AIM (Accept, Ignore, Mitigate)	Local Action
Risk to workforce/staffing challenges	<ul style="list-style-type: none"> GP collective action Severe weather impacts systems ability to deliver care, collection medication, attend appointment Increased demand for GP appointments caused by winter pressures Patients attending with respiratory like symptoms similar/suspected Covid-19/Flu/RSV Staffing and workforce challenges due to sickness 	<ul style="list-style-type: none"> Patients unable to attend their GP Practice then attend A&E Workforce challenges Waiting rooms unable to accommodate patients due to social distancing measures 	Tower Hamlets Place	A/M	<ul style="list-style-type: none"> Working with LMCs to understand local actions Acute Respiratory Infection (ARI) managed in Same Day Access Hubs Primary Care ability to access clinical advic via REACH Virtual Wards Alternative to ED 1 pager for primary care Flexing of staff to meet demand Trust Winter Plans/SCC support to the system Providers initiate business continuity plans
Inability to discharge patients into the community	Increased demand with reduced flow through available community beds Nursing Care delays caused by lack of local capacity	MfD patients in hospital causing a rise bed occupancy LA no longer be able to meet the needs of discharged patients in a timely manner	Tower Hamlets Place	M	<ul style="list-style-type: none"> Ensuring the resources of step-down flats and hospital discharge housing worker is maximised to full potential to reduce delays Secure additional step-down beds Agree spot purchase beds in Mildmay
Capacity and access to Mental Health	Winter pressures Increase number of Mental Health assessments requested in ED. Mental Health patient breaches	Mental Health patients delayed in ED adding to congestion Poor patient experience and accessing appropriate level of care	Tower Hamlets Place	A/M	<ul style="list-style-type: none"> Mental Health local plan within ED summit actions

There is a risk that...	Caused by...	Leads to...	Risk Owner	AIM (Accept, Ignore, Mitigate)	Local Action
Challenges to the delivery of Flu vaccination programme	Vaccine stock issues No clear comms on where to go to get vaccinated	Shortage of stock Poor patient uptake of the vaccine	Tower Hamlets Place	A/M	<ul style="list-style-type: none"> • Local flu action plan • Flu vaccination programme in place (includes comms strategy)
Physical Capacity funding is not approved for out of hospital schemes	May not meet requirements to go through NEL ICB triple lock process	Schemes being cancelled or funded at risk	Tower Hamlets Place	A/M	<ul style="list-style-type: none"> • Reassess schemes and agree course of action