



North East London

# Tower Hamlets winter plan 2023/24

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# Winter planning overview

- The ICB took a decision to start planning for winter early this year in recognition of the challenges of winter 2022/2023 and the continuing high demand throughout the year, particularly for urgent and emergency care services. The ICB engaged a third party to support the development of a system resilience plan in spring 2023, reporting to our system UEC Executive.
- The process to develop the plan was hugely collaborative, reaching out across all parts of our system including the NHS (community, mental health, ambulance, primary and secondary care), local authorities (children and young people, adult services, public health, community provision), the VCSE (across our geography from small to larger organisations) and local people through a process of information capture and ideas development to build on best practice and to share awareness of existing and emerging interventions.
- Over the same period, we have been finetuning our UEC improvement plans at place and hospital footprint in response to Tier 1 Improvement requirements, working across system partners in the NHS, local authorities and the VCSE to ensure we support interventions from keeping people well at home to enabling sustained discharge.
- We have also developed individual place based winter plans through our seven place based partnerships working with specific hospital sites, which have focused on delivery of those interventions requiring more attention in specific places, again working with system partners at a local place level (primarily NHS, local authority and VCSE).
- The winter plan for the NEL system is focused on the following approach:
  - The ICB will lead on the following high impact interventions encompassing intermediate care demand and capacity, virtual ward occupancy, urgent community response, single point of access and the delivery of a system coordination centre (SCC).
  - Acute and specialist trusts will lead on same day emergency care, frailty, inpatient flow and length of stay, community bed productivity and flow.
  - There are a number of defined responsibilities and roles for partners in developing collaboratively the winter operating plan. These include: Primary care, children and young people, community trust and integrated care providers, ambulance trusts, mental health providers and local authorities/social care.

# Setting the context for winter planning

## Critical winter plan areas

- Three critical areas that all ICBs have been asked to focus on:
  1. The delivery of **capacity plans across all services**
  2. The delivery of **agreed winter priorities**
  3. The implementation of a **robust UEC operating model** drawing on best practice across the country
- **What is our focus this winter?**
  - Focus on our high-risk populations including respiratory and frailty
  - Clear, accessible and direct pathway into NEL services
  - Increasing understanding and awareness of our services
  - Enhancing our collaboration
- **What is happening to ensure collaboration across NEL?**
  - Events bringing together key stakeholders and leaders across the system to strengthen collaboration, partnership working and meeting the challenges on service delivery over the winter period
  - Using these events to assess and test the current state of placed based and system winter plans in terms of readiness and robustness for the winter challenges

# Tower Hamlets winter planning

Focus on engaging in proactive population health management to keep people well in the community. Optimising flow through Acute, Mental Health and Community trust sites. Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance

What's in the plan?

- Health & Social Care scheme
- High impact change interventions

Funding available?

- NHS - identified funding £200k. No new funding allocated
- DHSC – Tier 1 funding approved.

# High impact interventions



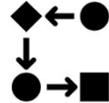
Same Day  
Emergency Care  
(SDEC)



Frailty



Intermediate Care  
demand and  
capacity



In patient flow  
(Discharge)

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

The outcome is that four areas have been identified for rapid transformation and identified champions will be taking part in the NHS England Programme to develop our High Impact Changes.

The High Impact Changes will form part of the winter plan and delivery will be via the UCWG and its sub groups. The four priority areas report into sub-groups of the Urgent Care Working Group shown below:

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

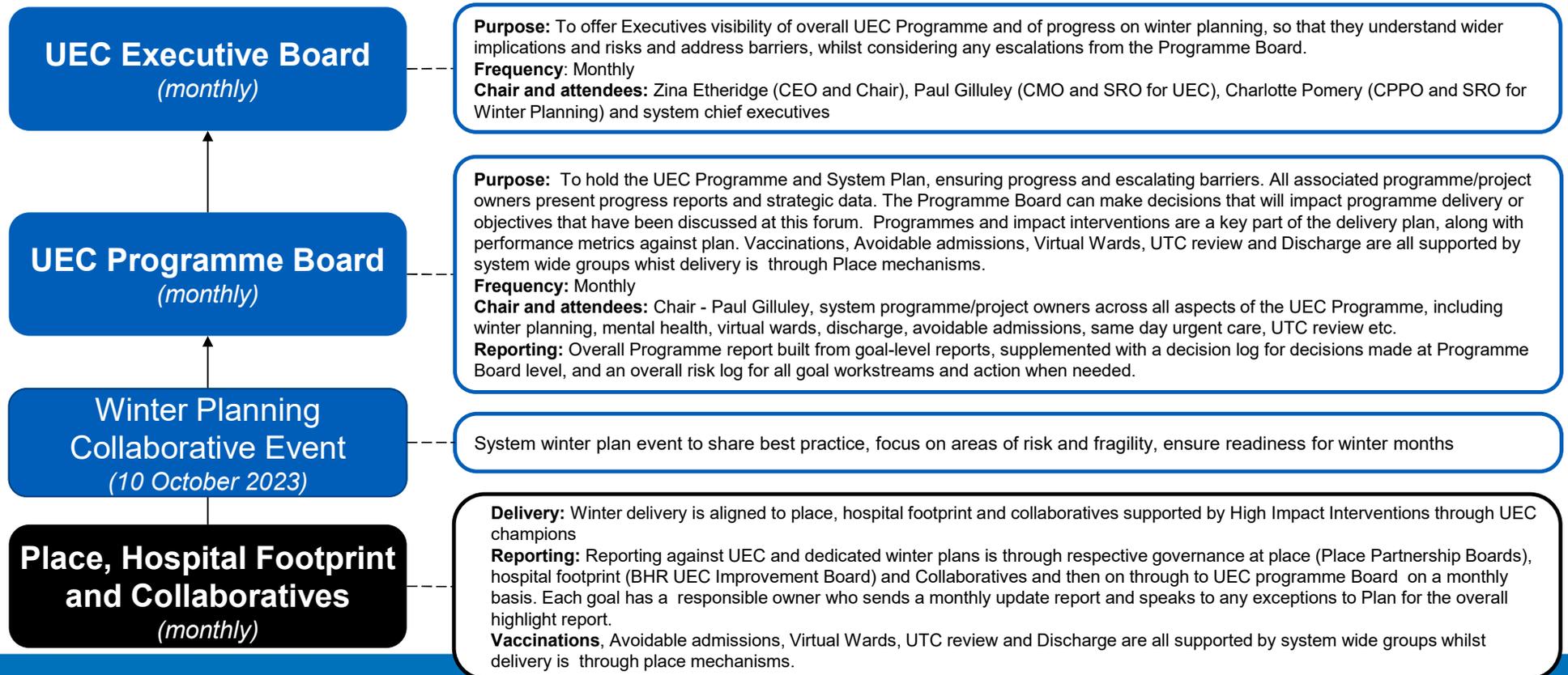


# Governance

# Winter planning governance and monitoring approach

Winter planning sits as part of our comprehensive UEC system programme and utilises our well established Urgent and Emergency Care governance, complemented by new supporting groups at a system and local level to ensure our system leaders are informed on progress and risks, support opportunities as required and make key and timely decisions to drive the direction of the programme.

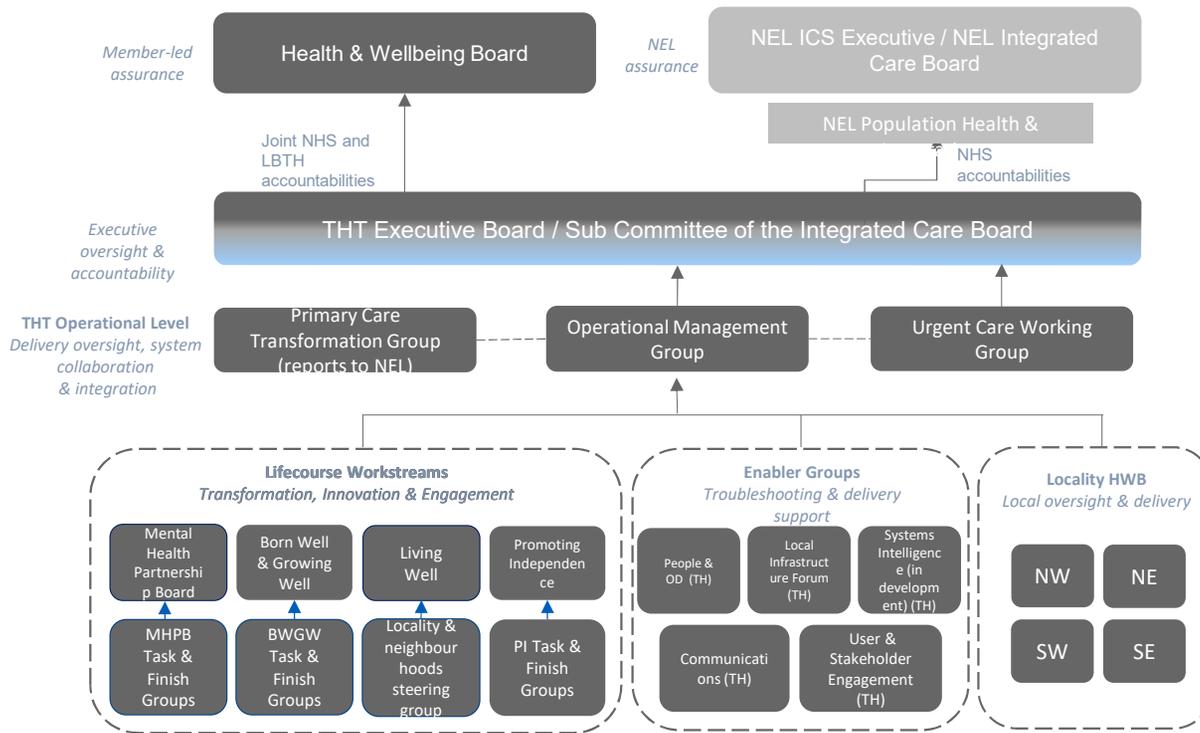
The UEC programme governance reflects the importance of Place, Collaborative, Hospital Footprint and System working seamlessly together to ensure both oversight and delivery, with a problem solving approach being adopted at all levels. Tier 1 reporting is aligned through this governance structure.



# Governance

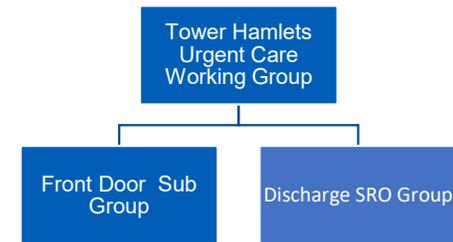


## Borough partnerships: Tower Hamlets



## Urgent Care Working Group sub groups

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





North East London

# 23/24 Winter Schemes

**Winter Schemes** Business as usual provided by Tower Hamlets place system partners.

Engaging in proactive population health management to keep people well in the community	Optimising flow through Acute, Mental Health and Community trust sites.	Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance
Flu/COVID vaccination campaign for eligible people	Transfer of Care Hub	Rapid Response Teams
LBTH education offer (in particular, 0-19 service, Health Visitors to advise and support with young children)	Step-down provision - Gloria House - Leggett Road - East Ham Care Centre	Physician Response Unit (PRU)
LBTH leisure offer, health and wellbeing		Geriatric MDT led service
Tower Hamlets Connect		Community MDT
Social prescribing		Advance care planning
LBTH community spaces/warm rooms programme		REACH support with pathways before ED
LBTH winter preparedness public comms campaign		SDEC/admission avoidance/alternative care pathways
Community pharmacy		Mental health crisis response/crisis café/crisis line
Idea store/Mosques - familiar, trusted spaces accessed by TH residents		Neighbourhood mental health teams—information needed on how people can self-refer.
Support to homelessness		

## Winter Schemes : Initiatives to support delivery that do not require funding

Goal	Activities
Engaging in proactive population health management to keep people well in the community.	Winter Communications
	Clear around pathways where people are more likely to use services e.g. children's asthma
	Using data understand which cohorts in the population are most impacted during winter and how we target them to help us use our resources
Optimising flow through Acute, Mental Health and Community trust sites.	Think about the wider socio-economic issues and how those lead to people being in hospital, when they don't need to be. What do we do/need to support people to move back into the community
	Recruit to ward discharge coordinator role(s)
	Ongoing changes to RLH transfer of care hub
Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	Early referral arrangement for pathways 1, 2, 3. BH needs to implement electronic referral form in Cerner
	Strengthen mental health home treatment team at crisis pathways—piloting in next six months.
	Frailty virtual ward doing admission avoidance through a SPA with REACH
	Launch of the Respiratory Virtual Ward
	Streamaway appointments in Primary care hubs
	Develop direct access to SDEC for primary care
	Primary Care access to advice and guidance from specialist services
	Advance care planning—awareness/education with LAS and colleagues
	Nursing homes and care homes in TH.
	- Work with dedicated GP and named rapid response for these homes
	- Identify a designated contact point for queries
- Comms for nursing station (in-hours/OOH) with contact details for rapid response, St Joseph's, GP OOH	

**Winter Schemes** – new initiatives funded through NHS Winter and Department of Health & Social Care (DHSC) tier 1 grant

Goal	Scheme Nos.	Activities	Lead	Funding source
<b>Engaging in proactive population health management to keep people well in the community.</b>	<b>1</b>	Produce simple, one-page comms for staff particularly those services visiting patients in their home – adopt a make every contact count (MECC) approach - on what's available so they can advise residents	NEL ICB	To be determined
	<b>2</b>	Simple one pager showing different pathways and placing in ED and other spaces	NEL ICB	To be determined
<b>Optimising flow through Acute, Mental Health and Community trust sites.</b>	<b>3</b>	OOB Social worker - Inequity in provision across boroughs, different processes, difficulty in engagement	LBTH ASC	DHSC Tier 1 Funding
	<b>4</b>	Strengthen mental health home treatment team at crisis pathways—piloting in next six months.	LBTH ASC	DHSC Tier 1 Funding
	<b>5</b>	Increase SW in A&E/admission avoidance provision to facilitate early discharge	LBTH ASC	DHSC Tier 1 Funding
	<b>6</b>	Additional capacity in brokerage to process requests during out of hours and weekend	LBTH ASC	DHSC Tier 1 Funding
	<b>7</b>	Increased capacity within initial assessment service supporting both admission avoidance and discharge process	LBTH ASC	DHSC Tier 1 Funding
	<b>8</b>	Reablement therapy resource enabling prompt discharge and D2A into the community on a rehabilitation pathway	LBTH ASC	DHSC Tier 1 Funding
	<b>9</b>	Additional capacity in Take Home & Settle hospital scheme	LBTH ASC	DHSC Tier 1 Funding
	<b>10</b>	Additional winter beds	LBTH ASC	DHSC Tier 1 Funding
	<b>11</b>	Pilot D2A early follow-up	LBTH ASC	DHSC Tier 1 Funding
	<b>12</b>	Waiting list management - reducing wait time	LBTH ASC	DHSC Tier 1 Funding
	<b>13</b>	Support mental health residents to access supported accommodation upon hospital discharge	LBTH ASC	DHSC Tier 1 Funding
	<b>14</b>	RLH Inpatient inreach Front Door Acute Therapies. Further to this, last year we showed a reduction in LoS for patients seen by acute therapies teams in ED from 13 days to 6, and whereas this perhaps can be multi-factorial, this evidence alongside readily available national best practice clearly demonstrates the impact that therapists can have at reducing admissions and improving outcomes.	Barts Health	To be determined
	<b>15</b>	RLH TTA Pharmacy Hub	Barts Health	To be determined
	<b>16</b>	RLH Medical Outliers/ED Team 1 Reg and 2 SHOs 9-5 x 7 vs 5 days (6months)	Barts Health	To be determined
<b>Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance</b>	<b>17</b>		Barts Health	To be determined
	<b>18</b>	Home Treatment Team – Mental Health	ELFT	To be determined
	<b>19</b>	Crisis Alternatives - Mental health	ELFT	NHS Winter Fund
	<b>20</b>	ED support - Mental health	ELFT	To be determined
	<b>21</b>	Discharge Team - Mental health	ELFT	To be determined
	<b>22</b>	Discharge/Step Down	ELFT	To be determined
	<b>23</b>	Step down P1	ELFT	NHS Winter Fund



# Next steps

# Next steps

- Develop programme plan, populate the plan with leads, activities, metrics, status
- Identify alternative funding streams for unfunded schemes.
- Operationalise schemes
- Monitor and evaluate impact