DRAFT

BSW Winter Plan – 2024/25

Initial overview for BaNES Health and Wellbeing Board (5th September 2024)

V0.02 – (see last slide for version control)

24/25 Planning approach

Bath and North East Somerset, Swindon and Wiltshire Together

- The 24/25 priorities and operational planning guidance to set out the key objectives and the priorities for our Integrated Care system throughout the year including the Winter Period.
- From an UEC perspective, the key objectives are to improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24 to deliver the following key performance outcomes:
  - Improving A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4hours in March 2025
  - Improve Category 2 response times to an average of 30 minutes across 2024/25
- Partners worked collaboratively to develop our system operational plan for 2024/25 and these were submitted in May 2024 which covers the whole of the financial year and not specific to Winter period (Oct 24 to Mar 25).
- In UEC system partners utilised the work of the demand and capacity to develop our local annual plans to support out of hospital capacity and the investment needed to support out of hospital pathways which underpins the planned Urgent Care and Flow Delivery Group 24/25 work plan under 'Localities'. This involved joint working across the ICB and local authorities to ensure that capacity meets projected demand a supported by the additional investment in the 2024/25 discharge funds and assured through BCF assurance process.
- In addition, 3 key transformational work programmes (Care Coordination, Virtual Wards and Intermediate Care (now referred to Flow programme) and a number of improvement programmes that have been identified to support delivery of the key metrics.
- The plan is monitored monthly by Urgent Care and Flow delivery group and reported directly to the ICB board and System Planning and Delivery Exec meetings to review progress and identify actions to support recover.
- Partners are reviewing internal plans for Winter and the Demand and Capacity group is overseeing a refresh of our current operational plans against activity and outcomes year to date to support identification of further actions required to be assured capacity to support flow over Winter and maintain/improve patient safety and experience.
- Specific system groups have also initiated meetings to work collectively to develop specific plans for example IP&C group.

BSW Urgent Care and Flow Delivery Group 24/25 Plan

Urgent Care and Flow Delivery Group

Focus areas

Virtual Wards
Additional system capacity, national guidance statues requirement to provide additionality to acute trust beds in the system

System Care Coordination
Attendance and admission avoidance through diverting ambulances / attendances away from acute trusts

Process Improvements
Opportunity to delivery improvements in LOS & improve alternatives in acute trust flow, timely interventions for patients by senior clinical decision makers

Locality Plans
Out of hospital capacity to support out of hospital discharges to support delivery of NCTR

Activities / Opportunities

Virtual Wards
- BSW Integrated model (step up and step down)

Care Coordination
- Falls
- UCR
- Community Services

Acute
- Flow
- SDEC
- Ward Processes

Community
- Referral pathways P1-P3
- Intermediate Care
- Streaming and Redirection

Locality Plans
- Capacity
- NCTR

Outcomes & Measures (24/25 Impact)

Virtual Wards
- Increase utilisation of VW beds
- Reduce acute trust occupancy
- Reduce attendance and admission
- Reduce LOS of complex frail patients

System Care Coordination
- Reduce ambulance conveyance
- Reduce attendances and admissions
- Reduce LOS
- Reduce overcrowding in ED and associated harms
- Decrease in handover delays

Process Improvements
- Reduction time between DRD and discharge date
- Increase productivity
- Reduce LOS and NCTR nos
- Increase <1 day LOS
- Improve 4 performance & Cat 2 response

Locality Plans
- Reduce LOS in acutes and community pathways
- Reduce NCTR nos
- Achieve JB% in line with national guidance
- Reduce acute escalation capacity and associated costs

Reductions in activity expected in 24/25

Virtual Ward 24/25
- Step up = 120-300 NELs per month / 22-55 acute beds
- Step down = 12-29 acute beds

System Care Coordination
- 11 admission per month,
- 2 acute beds,
- 25 ED attendances per month. 33 ambulance conveyances per month

Process Improvement
- Handover delay reduction
- ED performance to 81.3%
- Reduction in bed occupancy to 96%
- NCTR 9%

Locality
- New NCTR target of 9% agreed across system

Forecasted Savings %

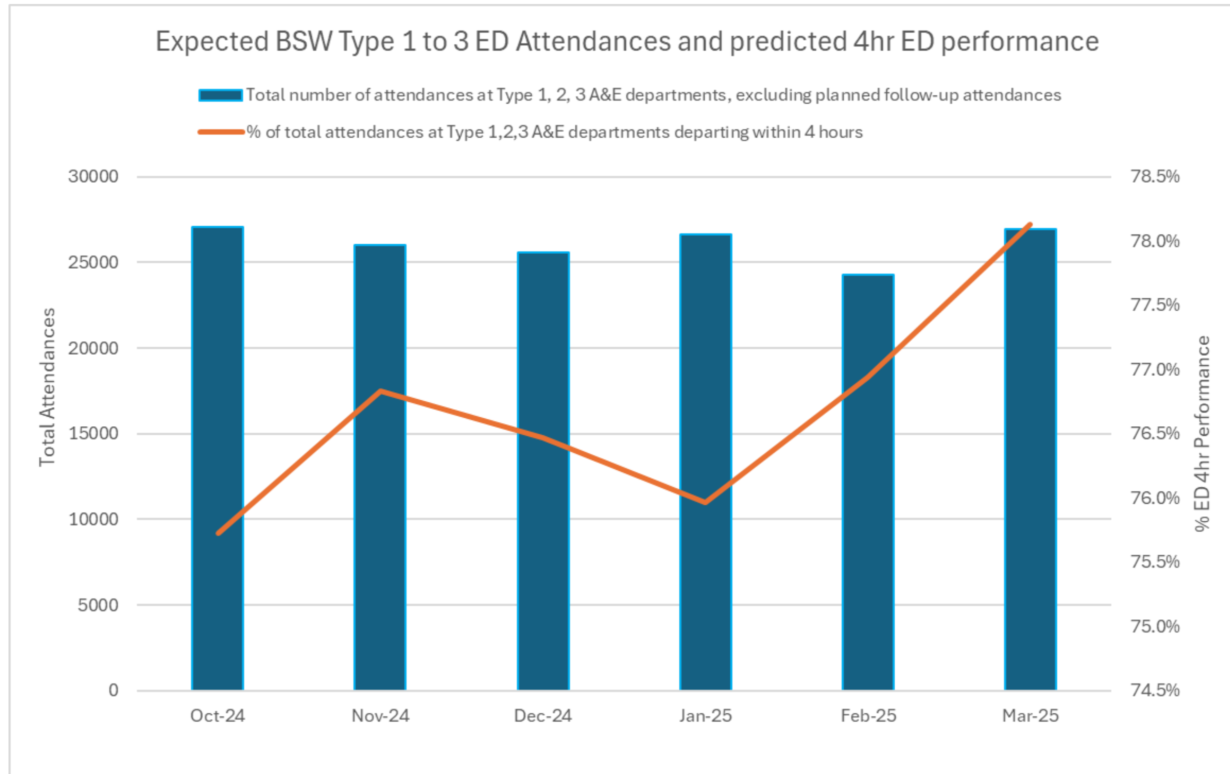
RUH
- Bed Occupancy – 92%
- Discharge lounge occupancy – 40pts per day (70% by 10 am and 100% by midday)
- % discharged by 12 midday – 33%
- Zero P0 delays > 24hrs post EDD
- < 1 day LOS (SDEC) – 45% of admissions
- > 7 day LOS – less than 188 patients
- >14 day LOS – less than 96 patients
- NCTR numbers – reduction to 55 patients

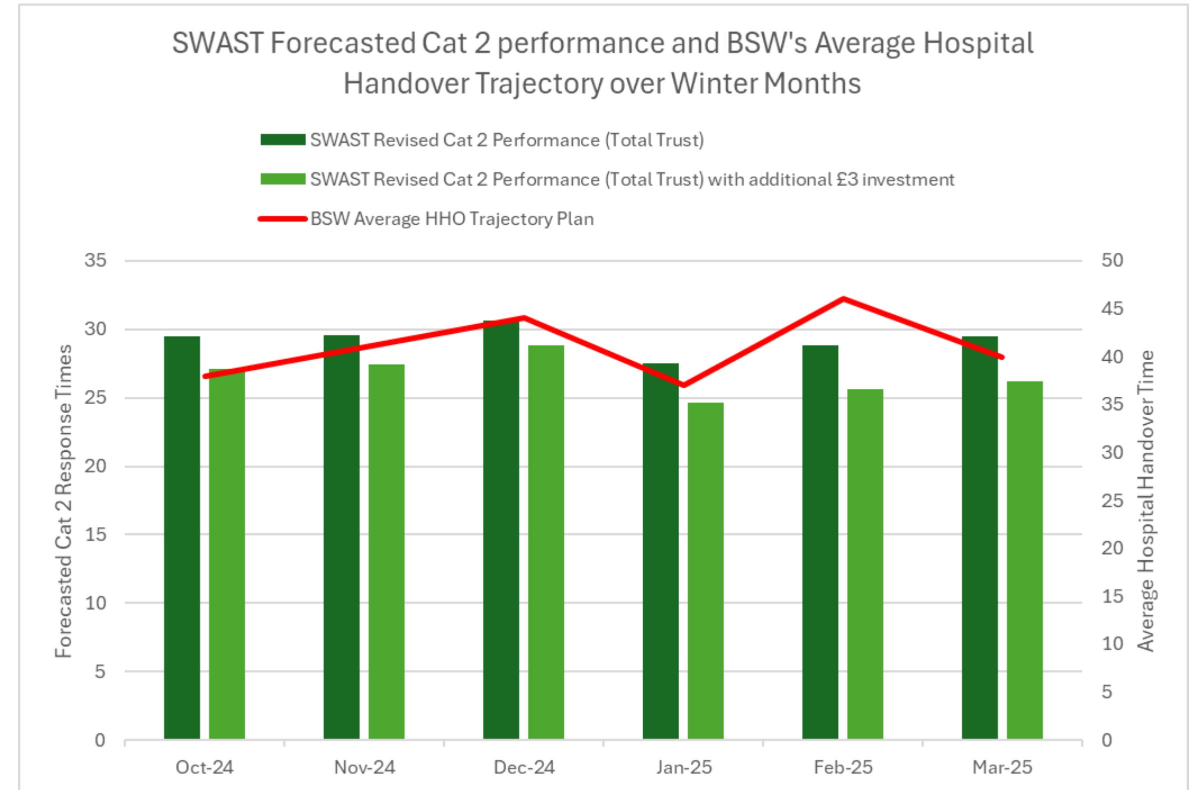
GWH
- Reducing daily UTC breaches by c50% (+5 breaches mitigated oer day) including Mar 2025 to improve Type 3 performance to 95+% consistency (92% in Mar 24)
- Rapid assessment and treatment model for majors chairs, improving ED non-admitted performance c1-2% and mitigates safety risk
- Further improvements identified that have not yet been quantified

SFT
- Establishing a formal CDU (pathway on SSEU with ring-fencing of 4 spaces. Trial in Mar 24 demonstrated the ability to avoid 8 breaches daily. – 3.6% estimated improvement*
- Establishing a booked minors clinic (6 slots) to send appropriate patients home overnight to reattend a booked appointment the next day – 2.6% estimated improvement*
- Removal of all expected patients attending ED and awaiting review (Av 3.3 per day). – 1.5% improvement*
- Improvement in bed occ to enable better flow

Our current assumptions

- Based on our operational plans, we were expecting the following activity and performance over the winter months.





- However, activity has been above plan in the initial months of 24/25 and performance lower than anticipated.
- The demand and capacity group are reviewing our assumptions in August to test what further actions and mitigations are required to recovery performance back to our original plan. Updated expected to be shared in September UCFDG.

Overview of BaNES Programme

Key	BSW wide priorities	BaNES locality priorities

Home is Best
Transformation Programme

Vision: Embedding a **culture of "Home is best"** to reduce our reliance on bed based care and preventing de-conditioning to improve patient experience and reduce patient harm.

Attendance & Admission Avoidance

1 (BSW) **NHS@HOME (VIRTUAL WARD)**
Working towards the integrated model across BSW

2 (BSW) **URGENT TREATMENT CENTRES & MIUS**
Streaming and redirection to most appropriate setting

3 PROACTIVE CARE
Community Pharmacy, Primary Care, Integrated Neighbourhoods, Social Prescribing, Targeted Personalisation

4 URGENT COMMUNITY RESPONSE
Increase engagement & alignment in BSW & Respond to Fall Car ceasing

5 CARE COORDINATION
Continue to develop local offer, working with BSW Care Co

Home with no formal support P0

6 CARE JOURNEY MANAGEMENT
Review the Care Journey Coordinator role within CCC Promoting independence & maximising well-being & supporting MADE events

7 PREVENTING DECONDITIONING
Promoting movement and activity in hospital to prevent deconditioning

8 COMMUNICATION
Empowering people to access and engage with care through personalisation, information and direct access

9 EQUIPMENT PROVISION
Standardising equipment provision across all services to only provide necessary enabling equipment and optimise returns of equipment after use.

Home with additional support P1

10 HOME FIRST & REABLEMENT
Align provision into one service in line with Intermediate Care guidance

11 INTERMEDIATE HOMECARE
Oversee the intermediate home care provision

12 SELF FUNDING TEAM & BROKERAGE
Reduce delays in self-funding and brokerage packages of care

13 SOCIAL CARE
Reduce delays for Adult Social Care Assessments by improving shared working and optimising assessment processes

Bedded Care P2

14 (BSW) **DEMENTIA PATHWAY**
Create a defined pathway for patients with dementia which includes all available services and give guidance on appropriate spend associated with trial periods.

15 DELIRIUM PATHWAY
Pilot and imbed a complex discharge pathway to support delirium patients to go home

16 MANAGE BEDBASE
Review of pathway demand and dependencies to understand needs of cohort, and model bed base to suit population. Working together to trial new (old) ward and new ways of working.

17 DISCHARGE HUB
Imbedding the use of the transfer of care hub throughout the wards

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18 COMMUNITY WELL BEING HUB @RUH & @Community - Consolidate voluntary sector support to discharges and prevention and embed in the discharge lounge

19 (BSW) **TECHNOLOGY ENABLED WELLBEING -** Innovative use of technology enabled services for patients & carers, to transform the way people engage in & control their own healthcare. Ensuring 24/7 monitoring of TEW data.

20 (BSW) **MENTAL HEALTH, DRUG & ALCOHOL, HOMELESSNESS –** Optimise pathways for patients affected by these issues to ensure they are receiving the right help in the right place.

21 HEALTH INEQUALITIES – Throughout all projects ensuring we have specific focus on those affected by health inequalities.

BaNES Locality funded schemes 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

Plan	Funding/ Source	Delivery against scheme / Q1 Review Summary	NCTR	LOS	Admission avoidance	ED / Ambo Avoidance
Community recovery homecare	£1.600k (ADF-ICB)	• All interim homecare currently spot purchased. 31% of budget utilised – average of 1250hrs per week. • Issues relating to engagement between providers and reablement to support quality care, sourcing and adjustments				
30 Care home beds (D2A)	£2.184k (ADF-ICB)	• Swift reduction in use of D2A beds over last year has now been stabilised at an average of 29 beds (to July 24). • This provision supports the positive impact on those discharged to their usual place of residence and has reduced residential admission in comparison to peaks in this last year, however identification of discharge pathways means 78% of P2 discharges have ended in long term placements (74% 23/24) .Community hospitals used for P2 and stroke rehabilitation with social work involvement for ongoing packages and placements. Care Home D2A beds which are used mainly for P3 discharges average length of stay increased to 70 days due to some complex longer term cases requiring resolution across services. 50% of current cases have an average LoS of 21 days, and 17 cases an average of 76 days.				
GP Cover for D2A Care Home Beds	£0.050k (ADF-ICB)					
Dorothy House EOL Discharge support (flow lead)	£0.025k (ADF-ICB)	• In Q1 24/25 managed 104 referrals and 58% of those (n=60) supported into DH EOL pathway (this is an increase of 3% c.f. 23/24), 14 to H@H. • The majority of referred patients are referred to Dorothy House hospice at home services, and small number to the inpatient unit at the hospice. Sometimes large packages of care cannot be accommodated by the hospice. Support is provided to patients who go to other locations, including nursing homes.				

BaNES Locality funded schemes 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

Plan	Funding/ Source	Delivery against scheme / Q1 Review Summary	NCTR	LOS	Admission avoidance	ED / Ambo Avoidance
Art Plus RUH reablement	£0.4k (ADF-ICB)	• Funded until end of Dec 24. • Closure of scheme in progress	TBC			
PUSH Paediatric Community clinics (RSI) BEMs	£0.099k UEC	• Not yet started, planning in progress. Due to start in November 2024			Nov 24 start date	
Individual Hospital Discharge Fund	£0.025k (ADF-ICB)	• 8% Utilisation to date. The service continues to have a positive impact on the system and for individuals experience. • Benefits realised include improving flow for individuals 'stuck' and unable to be discharged for unusual reasons not covered but support elsewhere however budget is unlikely to be fully utilised by year end. • Some issues identified with mitigations being put in place.				
Bath Mind ED role	£0.055k (ADF-ICB)	• Awaiting formal approval, agreed reporting and Bath MIND Q1 feedback			TBC	
Community Discharge Equipment	£0.157k (ADF-ICB and Council)	• Not reported (funding backstop)	TBC			

An evaluation of the schemes at the end of Q1 has been undertaken by the community and B&NES place team to understand progress and impact so far, which will be triangulated with the latest demand and capacity predictions for Winter in September 2024.

BaNES Locality Weekly Update

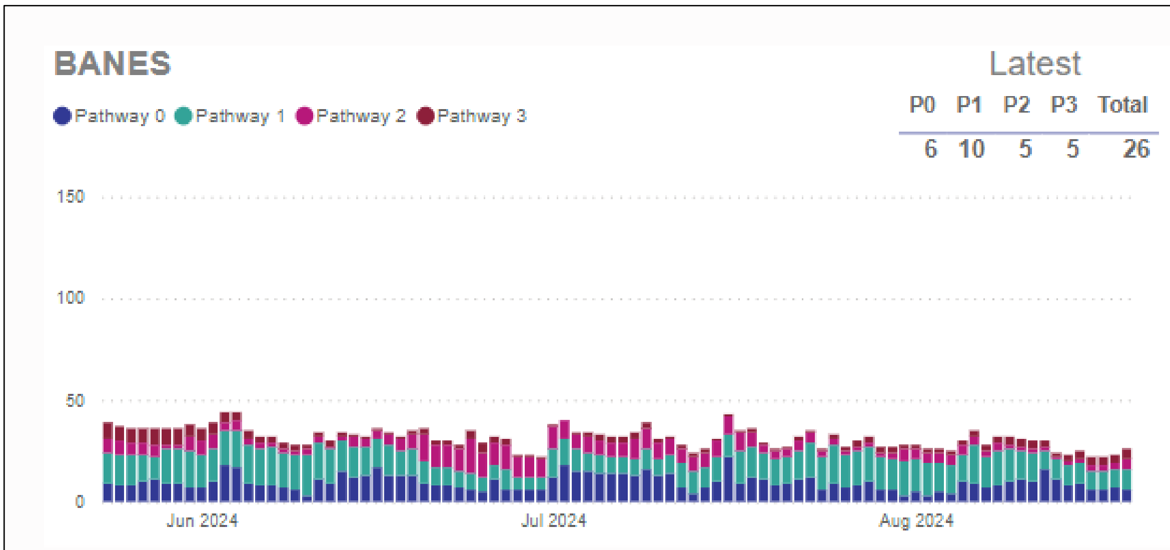
Criteria	No. / RAG rating	As at (date)	Against target of (if appropriate)	+/- last report
RUH OPEL status	**OPEL 2**	15 Aug		**-1**
RUH NCTR BaNES P1-3	16	15 Aug	Target: 20	**-8**
RUH ED attendances	267	14 Aug	NB: RUH does not RAG rate ED attendances	**+20**
HCRG OPEL status	**OPEL 2**	14 Aug		**=**
Community Hospital NCTR	15	14 Aug	Target TBC	**-3**
Paulton MIU attendances	34	14 Aug	Target TBC	**-3**
Patients awaiting social care allocation		As at 31 July, there were a total of 60 patients awaiting CAAs: 14 in D2A beds, and 46 awaiting CAAs for Reablement/CJC Interim		
Care Home capacity: any challenges?	Y	14 Aug	Ongoing challenges around sourcing affordable residential and nursing dementia beds.	
Primary Care GPAS status	**Amber 2**	9 Aug		**=**
Primary Care OPEL status	**OPEL 3**	9 Aug		**=**
Community Wellbeing Hub referrals: **RUH total** (weekly)	51	8 Aug	Target TBC	
Community Wellbeing Hub referrals: **ALL** (monthly)	Monthly referrals to CWH from all sources in June totalled 755 for 373 services users, compared to 799 for 348 service users in May. Referrals from RUH for June totalled 233 for 76 service users, compared to 284 for 89 service users in May.			
Orchard House capacity	1	15 Aug	NB: total bedded capacity = 4	

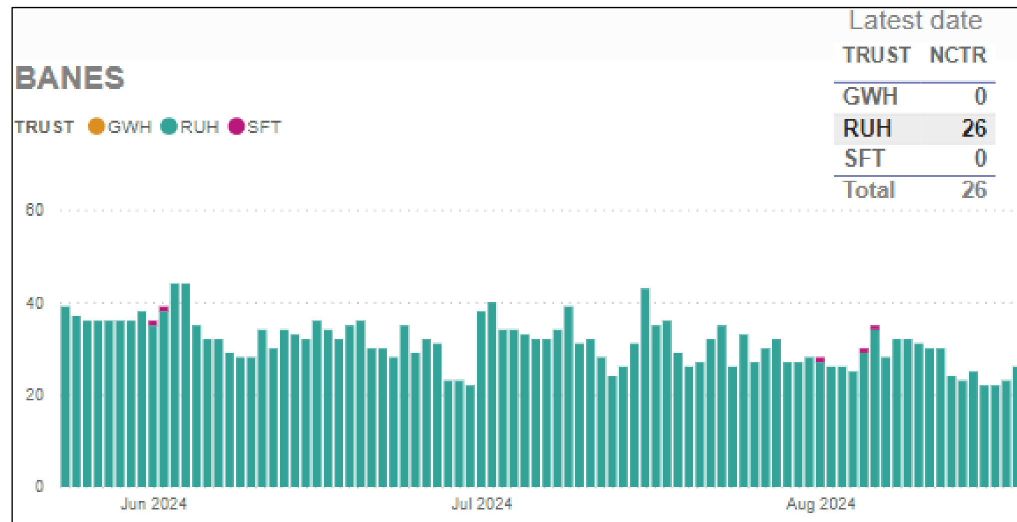
Report for w/c: 12/08/2024

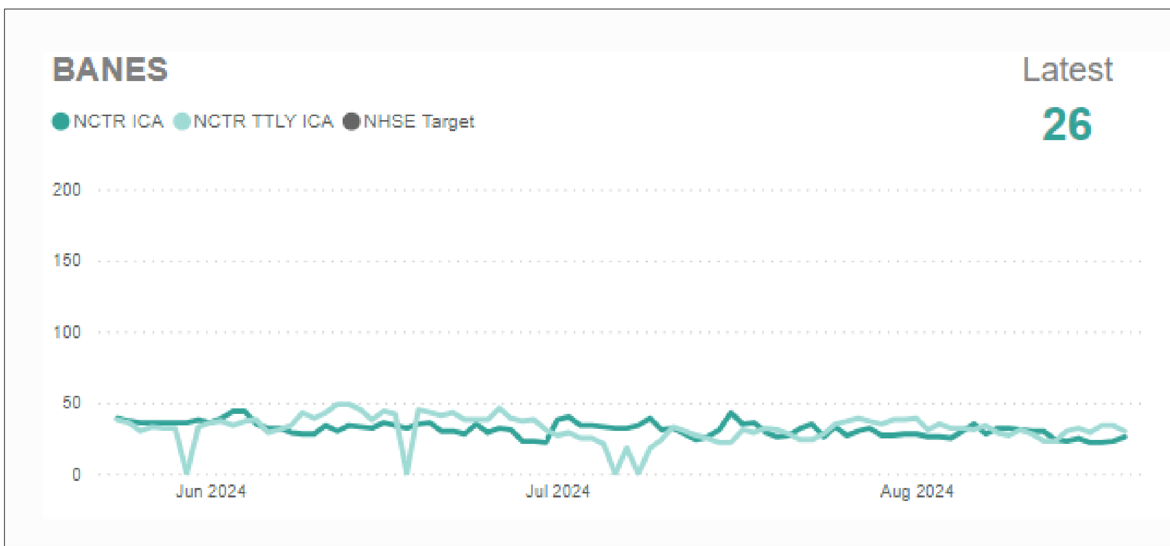
Any anticipated risks to delivery in coming week?	
Anticipated risk	Mitigations
• Increasing number of P1 referrals • Flow through DTA beds	Working closely with community and Reablement to maintain flow

Key upcoming events from ICA calendar	
Event	Date
• None noted	

Weekly NCTR and Length of Stay Monitoring







Avg LoS

ICA	BaNES			
Week	P0 LoS	P1 LoS	P2 LoS	P3 LoS
12/08/2024	3	5	7	7
05/08/2024	4	5	6	4
29/07/2024	5	6	5	6
22/07/2024	2	7	12	2
15/07/2024	2	6	12	4
08/07/2024	5	5	9	5
01/07/2024	3	5	11	2
24/06/2024	5	6	7	3
Total	3	6	9	4

D&C Update (expected Sep 24)

Anticipating outputs to show

- 24/25 Operational Plan trajectory
- 24/25 monthly actual
- Forward project for actual, in 3 scenarios (best, worst, middle)

Example – (Name of Service Line) Winter overview

Insert a visual overview of predicted winter activity on a weekly basis – ideally showing:

- previous year(s) as a line comparison
- 24/25 planned activity / performance
- expected activity (e.g. based on current projections / worst case/ best case depending on service intel)

Text box to be deleted post completion of table below which requires narrative around expected activity, identification of any risks or challenges and what mitigations being put in place to address

Activity predictions / forecast
• X • X • X • X
Risks / Challenges
• X • X • X • X
Mitigations
• X • X • X • X

Additional capacity plans over Winter

Bath and North East Somerset, Swindon and Wiltshire Together

- **Hospital at Home (Virtual Wards) and Care Coordination**
  - Both programmes have been asked to consider what additional capacity /actions they can take over Winter using in-year slippage funding from their allocated budgets.
  - Proposals are being reviewed in the August 2024 Steering Groups and will be shared with UCFDG in September.
- **Children respiratory clinics (locality plans)**
  - Localities have secured funding to operate Children respiratory clinics in primary care for Winter based on the previous Winter which have increased primary care capacity. In B&NES this was provided by BEMS with 1,600 children and young people being seen with targeted clinics in known areas of deprivation
  - Final plans are being drawn up by the One Place and Children and Young People to rollout for 24/25. The plan in B&NES is for a BEMS service taking any learning from last year.
- **Other plans - tbc**
  - There are no other current plans at present, but opportunities will be explored as they arise, and the team will utilise a UEC prioritisation tool that has been developed to test attractiveness and achievability.

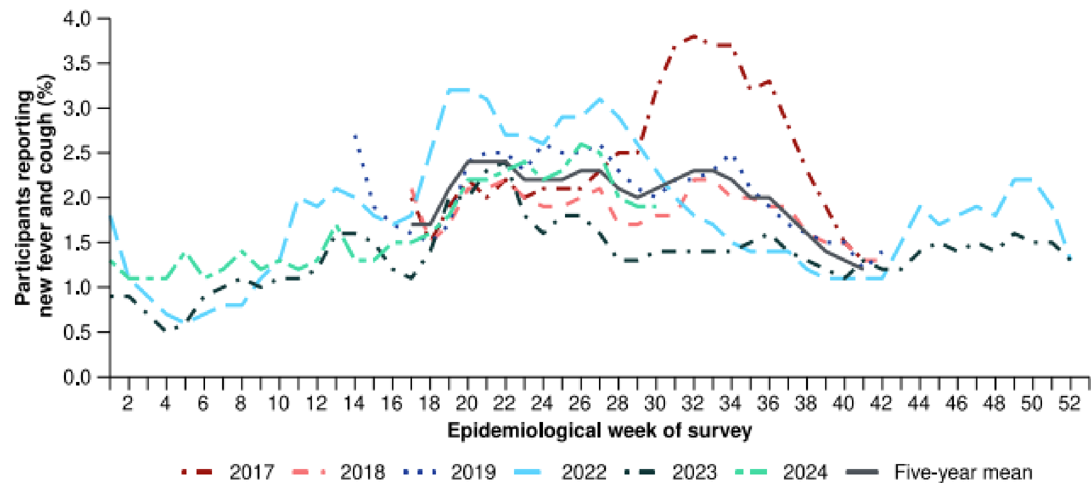
Specific areas of focus

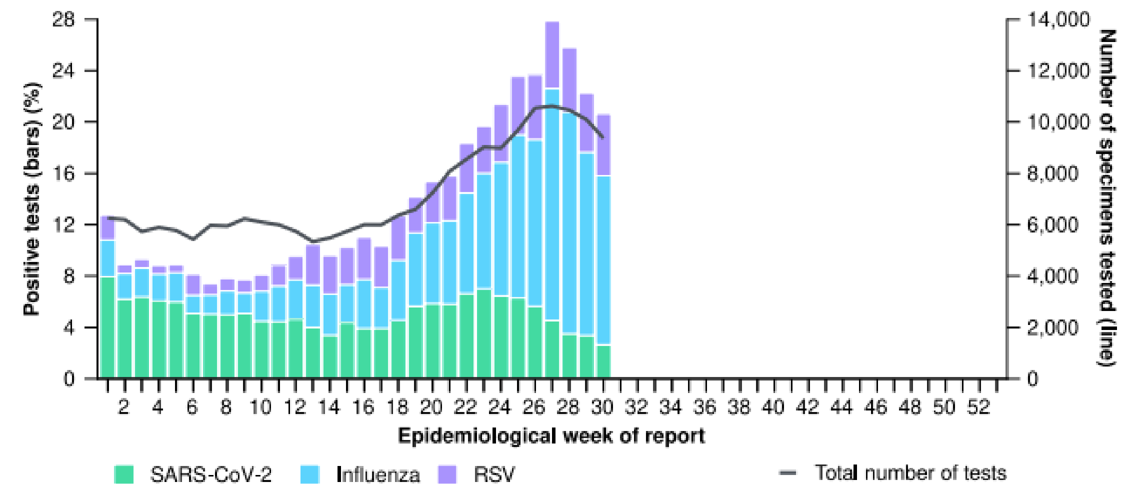
Bath and North East Somerset, Swindon and Wiltshire Together

- The final version of the winter plan will provide assurance on our plans in the following areas:
  - Infection prevention and control
  - Vaccination plans
  - Care homes
  - Mental health
  - Children and Young people
  - Primary care services
  - Elective capacity plans
  - Workforce and Wellbeing
  - EPRR Winter Preparedness
  - Communication and Engagement

IP&C Winter Planning

System group is meeting regularly to review plans for 24/25. This group also monitoring the latest intelligence from the Australian Respiratory Surveillance Report 9 – 15 July to 28 July 2024 (health.gov.au)





Vaccination Programme Update Operational Group Priorities

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- Covid programme to start from **3rd October** in line with Flu season
  - (exception : Flu 2-3yr olds starts 1st week September)
- **Eligibility:** JCVI recommendations *(08.08.24 awaiting operational note)*
  - adults aged 65 years and over
  - all residents in a Care homes (includes older adults and non- older adults care homes as per table 3 of the Green Book)
  - persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book)'
  - ***Awaiting clarification on Frontline Health and Social Care Workers***
- **Priority Groups**
  - **Care Homes residents, Severely Immunosuppressed, Housebound patients and Children aged 6 months to 4 years in the clinical risk group**

New Adult RSV (respiratory syncytial virus) vaccination programme

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- Adults turning 75 yrs old on or after 1st Sept eligible
- Offered single RSV dose on or after 75th birthday
- One off catch up for those already 75-79 to be completed at earliest opportunity, majority prior to 31st August 2025
- Recall oldest first so they don't miss the opportunity (eligible until the day before 80th birthday)
- Catch up ideally during Sept / Oct 2024 to give maximum clinical protection from winter virus
- Ideally NOT given at same appointment or same day as covid and/or flu (reduced effectiveness of RSV)

New Maternity RSV programme

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- Year round programme
- All pregnant women to be offered from week 28
- Licensed up to week 36 but can be given off label until delivery
- Protection within 2 weeks
- Women who give birth within 2 weeks still pass on protective antibodies to babies
- Can be given at same time as covid and flu if eligible
- Pertussis usually given at 20 week scan appt
- If pertussis not received and presents at 28 weeks when due for RSV, can and **should** be given together to provide protection
    - Give at separate sites (different arms)

Bath and North East Somerset,
Swindon and Wiltshire Together

Winter planning
Communications approach and priorities

August 2024

Our new communications approach

We are working differently. We're proactively collaborating with our regional SW ICB communications teams to share resources, coordinate planned activities and introduce a 'once and well' approach where possible. We continue to work closely with our system partners.

Our focus for 2024/25

- **BSW Vaccination Programme collaboration** to help promote availability of vaccinations for adults and children and increase uptake amongst target cohorts, including flu, covid, RSV, whooping cough.
  - Winter vaccination communications and engagement activities will be branded by the NHS national campaign – Get Vaccinated, Get Winter Strong.

- **BSW System collaboration** to focus on campaign activities to help reduce unnecessary pressure on local health and care services, specifically by talking about, **self-care, availability of health and care services and when to use them and preventative actions.**
  - Coordinated communications and engagement activities will be branded Help Us Help You.

- **Regional collaboration** with South West ICBs on agreed population health management priorities, specifically **hypertension and smoking cessation**.
  - Coordinated communications and engagement activities will be branded NHS South West.

Help Us Help You
#helpushelpyou

BSW Vaccination programme

Get vaccinated, get winter strong!

- Flu
- Covid
- RSV
- Whooping cough
- Measles
- All childhood immunisations
- Vaccine accelerator project will focus separately on raising awareness of the lifecycle of required vaccinations for children and adolescents.

  A new vaccination information portal will be developed and will house resources in different languages and formats (eg easy read).

BSW Together [system]

Self-care

- Healthy living and exercise.
- Good mental health.
- Hand hygiene.
- Keeping a well-stocked medicine. cabinet at home to treat minor illnesses and injuries.

Right service, right time

- NHS App
- NHS 111
- Pharmacy First
- Primary Care
- Urgent Care
- Emergency Care
- Community services

Preventative actions

- Not visiting hospital or a health care setting if you are unwell.
- Cancelling an appointment if you are not able to make it.
- Act FAST- Stroke symptom awareness

NHS South West [region]

Population Health Management priorities

Hypertension
Helping to identify and 'treat to target' people with high blood pressure.

c.11,500 people in BSW need to be found to reach the national target of 77%.

Know Your Numbers! – check your blood pressure events – September.

Outreach events – October / November

Smoking cessation
Helping people to quit smoking for good.

- Stoptober

Further planning meeting with region on 13 August.

Communications development in progress for each campaign burst, using data and insights to determine objectives, audiences, deliverables, outreach opportunities and measurements. This plan will also include reactive activity as required and further planned activities – to be confirmed.

Campaign plan – local and national

	September	October	November	December	January	February	March
Vaccination programme	RSV Flu / Covid Whooping cough	All eligible	All eligible	All eligible	All eligible	All eligible	All eligible
BSW Together [Help Us Help You national plan below]	Act FAST (Stroke symptom awareness)	Pharmacy First	Self Care Week	Bank Holiday preparations	Mental health campaign	Talking Therapies	
NHS SW [Population Health Management priorities]	Know your numbers week 1-8 September. Outreach events	Blood pressure checking events Stoptober	Blood pressure checking events		Smoking cessation		

Accelerator project development and outputs>>>>>>>>>>>>>>>>>>>>>>>

	Q1			Q2			Q3			Q4		
	Apr 24	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 25	Feb	Mar

Help Us, Help You

- NHS App
- Cancer barriers
- Symptoms (abdo / urological)
- Stroke
- GP Access
- Pharmacy
- NHS 111
- Symptoms (OG)
- Mental Health (TT)
- Cancer screening – TBC

Governance and oversight

ICB Board
(Bi-Monthly)

ICB Risk Management Group

ICB Executive Management
(Monthly)

Quality and Outcomes Committee
(Bi-Monthly)

Planning and Delivery Exec
(Fortnightly)

Urgent Care and Flow Delivery Group
(Monthly)

Other system delivery groups
(Monthly)

UEC Operational group
(Weekly)

System Coordination Centre
(Daily)

Assurance Process key dates 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

Committee/Board	Aug 24	Sep 24	Oct 24	Nov 24
Urgent Care and Flow Delivery Group	14th Aug 24 (9th Aug)	11th Sep 24 (4th Sep)	9th Oct 24 (2nd Oct)	13th Nov 24 (6th Nov)
ICB Executive Management Meeting	21st Aug 24 (12th Aug)	18th Sep (9th Sep)	16th Oct 24 (7th Oct)	
ICB Quality and Outcomes Committee		3rd Sep 24 (23rd Aug)		5th Nov 24 (7th Nov)
ICB Board		19th Sep 24 (5th Sep) **Initial Assurance**		21st Nov 24 (7th Nov) **Final Assurance**
BaNES Health and Wellbeing Board		5th Sep 24 (16th / 27th Aug)		

(Red dates) = Dates papers due for boards / committees

Version control

Bath and North East Somerset, Swindon and Wiltshire Together

Version number	Date	Initiating author	Updates / Changes made
V0.1	14/08/24	Emma Smith	Selection of BSW Slides for BaNES H&W board from the Master BSW Winter plan
V0.2	21/08/24	Emma Smith	Inclusion of Home is Best, BaNES monitoring and NCTR monitoring examples
V1.0	21/08/24	Emma Smith	BaNES locality weekly update