



Barking and Dagenham Place Based Partnership 2023/2024 Winter Plan (Draft v 1)

Barking and Dagenham Place Winter Plan

<u>Key Principles for the development the Barking and Dagenham</u> Winter Plan

Plan ahead and start early

Agree our priorities

- What can we do now?
- How do we make every contact count?
- How can we strengthen our communication, engagement and marketing over winter?

Develop a pipeline of new projects that could be brought in at short notice

Priority Groups

There are a number of programmes that are in place e.g. flu/COVID vaccinations, carers action plan. It is proposed that the partnership focuses on three that may need target additional support this winter.

- Children (0-4) and families
- People with respiratory disease (adults and children)
- People with multi-morbidities accessing integrated case management

Plans will ensure a focus in reducing health inequalities in these groups.

How the plan has been developed:

On the 9th August the Place Partnership came together to develop the priorities, areas of concern and key actions for the winter plan. The workshop included representation from Adults and Children Services, Local Authority, NELFT, BHRUT, Barts Health, Voluntary Sector and Primary Care. The workshop was focussed on three core goals:

- 1. Engaging in proactive population health management to keep people well in the community. (Prevention)
- 2. Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance (Hospital Avoidance)
- 3. Optimising flow through Acute and Mental Health trust sites. (Discharge)

Children and Young People workstream

The key areas of focus for Children and Young People was for us to better understand the increase in children attending Emergency Care and what we need to focus on and have in place during winter to ensure appropriate community support is in place.

| Barking and Dagenham Place Priorities | System Priorities | | | | | |
|--|---|--|--|--|--|--|
| Prevention | | | | | | |
| Better use of public health intelligence to prepare for community infections | Commission Pharmacy First Scheme | | | | | |
| Optimise uptake of the MMR and flu vaccines | Explore commissioning of respiratory hubs | | | | | |
| Proactive care for children and young people with asthma | Minor ailments scheme | | | | | |
| Parent information pack to ensure consistent messaging | | | | | | |
| Training for community pharmacists | | | | | | |
| Asthma and allergy friendly school co-ordinator | | | | | | |
| Development of integrated care pilot for children and young people | | | | | | |
| Hospital Avoidance | | | | | | |
| | Virtual ward: Hospital at home service (longer term) | | | | | |
| | Increase access to paediatric expertise through further roll out of NHS111 Paediatric Clinical Advisory Service | | | | | |
| Discharge | | | | | | |
| | Better support for discharge through clear pathways and escalations including for people who live out of area | | | | | |

Adults workstream

The adults workstream have focussed on the impact of the cost of living crisis on physical and mental health wellbeing, maximising the update of flu and COVID vaccinations ensuring we have a "every contact counts" approach, targeting attendance and admission avoidance schemes to particular resident groups and ensure that we maximise the effectiveness and outcomes of existing pathways such as proactive care. Ensuring that we consider and support the needs of carers during winter as a key partner in our system.

| Barking and Dagenham Place Priorities | System Priorities | | | | |
|---|---|--|--|--|--|
| Prevention | | | | | |
| Optimise uptake of flu, COVID and pneumococcal vaccinations | Respiratory hubs | | | | |
| Informal carers identification and support | Minor ailments scheme | | | | |
| Pre-winter checks for people with respiratory disease/cardiac disease - | | | | | |
| health and care | | | | | |
| Review access to integrated care management service and relaunch service | | | | | |
| Promote falls prevention services | | | | | |
| Develop community catheter service | | | | | |
| Support for people with financial pressures through Cost of Living Alliance | | | | | |
| and debt and health proactive outreach | | | | | |
| Hospital Avoidance | | | | | |
| Community urgent care 2 hour response | High intensity users | | | | |
| Anticipatory care for end of life | Virtual wards - frailty, catheter | | | | |
| Enhanced heath to care homes | Ensure access to 24/7 liaison mental health teams | | | | |
| Unscheduled Primary Care Hubs, supporting primary care with same day appointments | Ensure direct access to urgent mental health support through NHS 111 'option 2' | | | | |

Discharge

The Barking and Dagenham system is unique in that it does not have an acute hospital within its footprint with residents, depending on where they live in the borough, will mainly access Queens Hospital in Romford or Newham University Hospital in Newham. Due to this arrangement the understanding of why Barking and Dagenham residents are not swiftly discharged from hospital is not well understood. To ensure that the system is as responsive as possible we are planning to undertake a deep dive of reasons for delays and the impact of these on our residents during September and October, the outcome will inform a improvement plan. The deep dive will also support us to deliver against national priorties on:

- Intermediate Care and Reablement
- 2. Home First Discharge Principles
- 3. Discharge to Assess

| Barking and Dagenham Place Priorities | System Priorities |
|---|--|
| Deep dive of the reasons for discharge delays in B&D (physical and mental health) | Agree plan for early discharge planning |
| Implement BD Collective/Care City discharge support pilot | Christmas plan to avoid late discharge of complex patients |
| Reablement pilot | Provide a befriending/take home and settle service |
| Commission extra care beds | |
| Strengthen discharge to assess pathway (residential and home) | |

2023/24 Funding

New additional funding has not been announced to support winter however there are existing funding sources available to support the system. These include the Adult Social Care Discharge Funding, which for Barking and Dagenham is £2.3m, which is used to support adult social care discharge pathways during the year. The other source is non-recurrent Demand and Capacity Funding, which is comprised of three pots, £1.1m for BHR Places where services are delivered across the three boroughs, £1.4m for BHRUT and £600k for Barking and Dagenham place. The demand and capacity funding planned schemes, for out of hospital, is detailed below:

BHR Schemes

| Schemes | Provider | Period covered | Cost | Objective | |
|-----------------------------------|-----------|---|------------|--|--|
| Additional rehab beds for winter | NELFT | 1/11/23-31/3/24 | £240,392 | 4 additional IPR beds | |
| Intensive Rehab Service expansion | NELFT | 28/11/23-31/3/24 £340,645 To increase capacity to meet de | | To increase capacity to meet demand and reduce waiting list | |
| Key safe stock - held by BHRUT | BHRUT | JT 14/11/23-31/3/24 £1,000 30 key safes to support disch | | 30 key safes to support discharge | |
| Home first transport | | 01/7/23-31/3/24 | £156,000 | Support discharge for patients on the Home First pathway | |
| Key safe fitting/ furniture moves | Age UK | 14/11/23-31/3/24 | £11,000 | Equipment and furniture moves to support discharge and reduce LOS | |
| Extension of ED social workers | LBH | 1/1/24-31/3/24 | £47,931 | 2 SWs in frailty units/ ED | |
| Red cross - discharge support | Red Cross | 28/11/22-31/3/23 | £52,203 | Support 60 users per month for discharge from CTT in ED or community | |
| TOTAL | | | £849,171 | | |
| Allocation | | | £1,188,811 | | |
| Unallocated | | | £339,640 | | |

Barking and Dagenham Place Schemes

| Description of the scheme | Key partners | Benefits expected from the scheme | Time period | Allocated Funding |
|--|-----------------------|---|--|-------------------|
| 2x Social Workers in the community / hospital; 1 x social worker for | BHRUT, NELFT, | Faster social work assessments, Faster POC starts, Faster ED | November 2022 - 31 March 2023 | £76,182 |
| MH support | providers | discharge, Social Workers in Acute setting / Hospital | November 2022 - 31 March 2023 | |
| Occupational Thorany Canacity /2 OTAs) | DUDUT | Reduce OT waiting lists in the community and support quicker | November 2022 - 31 March 2023 | £50 700 |
| Occupational Therapy Capacity (2 OTAs) | BHRUT. | discharge where a community OT assessment | November 2022 - 31 March 2023 | £50,788 |
| e | BHRUT, Med equip, vol | Quicker discharges were equipment is required same or next | Name and Additional Control Co | (202.152 |
| Equipment and care technology | sec organisation | day. | November 2022 - 31 March 2023 | £203,152 |
| | | 2 flats to be ring-fenced to support discharge with short term | November 2022 - 31 March 2023 | |
| Discharge flats (extra care) - | BHRUT, Housing | accommodation and care , where inpatient rehab or D2A is | | £42,323 |
| | | not required. | | |
| Housing Support with voluntary sector organisation | DUDUT LDDD Haveing | Quicker discharge where there maybe housing issues delaying | No. 2002 24 March 2021 | C1C 020 |
| | BHRIII IBBII HOIISING | the return to the community. | November 2022 - 31 March 2023 | £16,929 |
| Unfunded Winter pressures: residential, nursing and homecare. | | Reduce admissions by providing enhanced capacity in | | |
| Additional packages/placements in this area required to mitigate | BHRUT, NELFT, | supported living, residential, nursing, crisis intervention and | November 2022 - 31 March 2023 | £211,617 |
| pressures. | providers | homecare | | |
| | | | | £600,991 |
| | | | | |



'Finding the right NHS help' campaign

Author: Jackie McMillan, Head of Communications & Engagement

Date: August 2023

Campaign objectives

The reasons why people attend A&E unnecessarily are complex and cannot be solved through communications alone. What our campaign aims to do is to:

- Help people understand how and when to access primary and urgent care.
- Address the common reasons why people might attend A&E for non-urgent reasons and signpost to the right support.
- Work with our borough partnerships to pilot new approaches and deliver targeted outreach to help vulnerable groups stay well over winter.
- Target those more likely to attend A&E with low acuity issues (18-40s, parents of young children and people with lower income) focussing on these key themes:
 - How to access GP services, covering:
 - Types of appointments
 - Booking appointments out of hours
 - The range of health professionals you can be seen by
 - How and why you should register with a GP practice
 - Support from your local pharmacy and self-care
 - Children's health
 - **NHS 111**
 - Mental health crisis support services









What to do if your child is unwell A guide for parents

Talk to your pharmacht about other sensels

Campaign strategy for 2023/24

Halo campaign

Targeted

interventions

Parents of young children

WHO:

Parents with children under 5 across north east London.

HOW:

Digital advertising targeting parents with child health content. Parent leaflets at key touch points / children's services etc.

Finding the right NHS help "always on" content

PURPOSE: Building awareness, understanding and confidence in primary care in NEL. Broken down into key themed strands: GP access, pharmacy, urgent help, staggered over 12 months

WHO: Digital campaign targeting all key audiences – 18-40, low economic groups, geography upweight in BHR, targeting those in close proximity to A&E and particular wards

HOW: Paid search advertising, paid social advertising, organic social, press, partner channels

Vulnerable groups

WHO:

Over 65s, social care recipients, unpaid carers, other vulnerable groups.

HOW:

Joint partnership Winter Wellness information pack targeting vulnerable demographics.

Trialling a mail drop in Havering and B&D to test effectiveness. Booklet will include information on accessing NHS services, vaccinations, warm hubs, cost of living support etc.

Hyper local geo-targeted activity

WHO:

Targeting GP practices / postcodes / individuals which are driving the most unnecessary attendances.

HOW:

Winter Wellness events in B&D and Havering, comms at practice level. Push notifications, local out of home advertising, budget and data depending.

Responding to local need

Pressure Points

Boost halo messages in response to pressure in the system i.e. strikes, A&E closures, OPEL pressures

This could be via targeted direct text messaging, boosted social media advertising.

Halo campaign strands

The overarching campaign will start in September / October and run for 12 months, focusing on the following themes:

GPs and GP access

- · Registrations
- The range of professionals you can be seen by
- Different ways to access your GP including online consultation forms
- The NHS app
- Convenient OOH appointments
- Fuller Review transformation

Pharmacy

- Support with minor ailments
- Emergency medicine
- Many pharmacies are open until late and at weekends.
 You do not need an appointment.
- CPCS
- Fuller Review expansion of prescriptions

Minor conditions and child health

- Minor condition focussed content directing people to pharmacy
- Parent focussed content directing people to pharmacy
- Long term condition management via GP

Urgent help

- Out of hours urgent GP appointments.
- NHS 111
- A&E for emergencies only
- Hierarchy of help 'route' to help from self-care to A&E
- Mental health crisis support

Things we're doing differently this year

1.
"Always on" approach. Activity planned over 12 months, upweighted in winter.

More data means we can target our audiences better.
Bespoke marketing aimed at vulnerable groups and parents of young children.

Hyper local partnership activity in B&D and Havering where there is greatest pressure.

Joint winter wellness events and marketing planned.

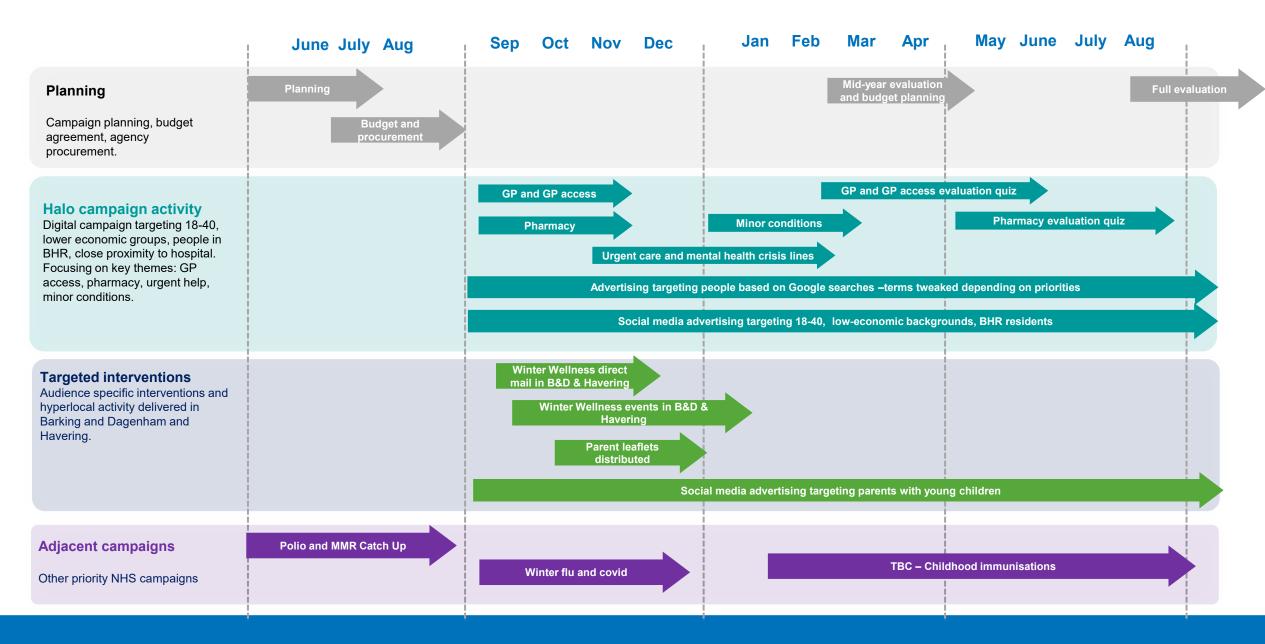
Ongoing content development with local clinicians, providers, faith groups, case studies and communities.

Extensive communications toolkit updated and shared weekly with over 700 stakeholders in north east London.

6. Improved methods of evaluation to show the impact of our digital and offline activity.

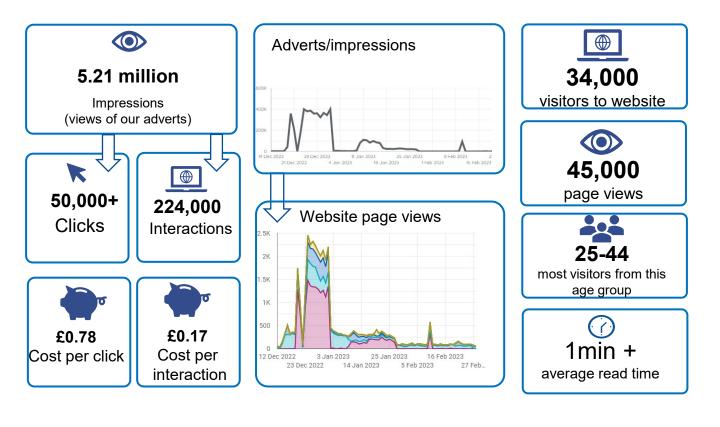
7.
Budget agreed sooner so campaign will begin ahead of winter in Sept/October instead of December.

Indicative Timeline



Appendix: Last year's campaign summary for 2022/23

Phase 1 – Winter (December to March)

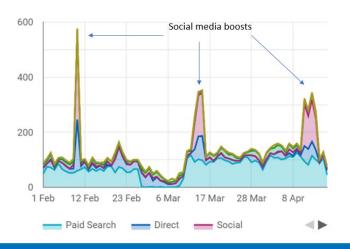


Phase 2 – Strikes (March onwards)

We carried the campaign on past March into April and May with 'always on' google search routing and paid for social media boosts around strike days.

This drove a significant increase in traffic to our Urgent Care campaign pages on strike days (see below).

Around **2,750** visits to our campaign pages during those three periods of strike action. It proved very cost-effective – we had a consistently good cost per click rate on all strike days



Appendix: Last year's campaign summary for 2022/23

Content



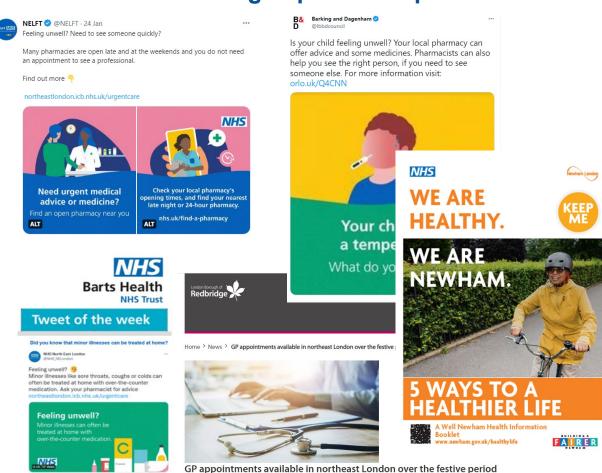


- 100+ different assets (posters, screens, animations, social media ads) in different formats
- 5 x English language primary care videos
- 8 x community language videos
- Posters, leaflets including on child health
- Easy reads in 11 x community languages
- 5 x webpages updated with digital content
- · Strikes video
- Monthly GP appointments infographic
- Press notices
- 7 x GP columns
- · Toolkit for all partners

You can watch a 2 minute show reel of the materials we developed for the campaign here (copy into Chrome):

https://youtu.be/e ApSbtlYUM

Working in partnership



Outcome and Next Steps

There is further work to be undertaken on the detail behind the priorities and the expected impact of those priorities. The xxxxxxx Board is asked to:

- 1. Note the contents of this report and the progress made in the development of the Winter Plan.
- 2. Confirm that they are supportive of the priorities identified.

The next stages for development of the Winter Plan include:

- 1. For the Children and Adults Workstreams to develop a high level delivery plan against the priorities identified
- 2. Development of key performance and outcome measures to track progress against the Winter Plan.
- 3. Develop a prioritised list of schemes which can support during Winter if further funding is made available.