



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



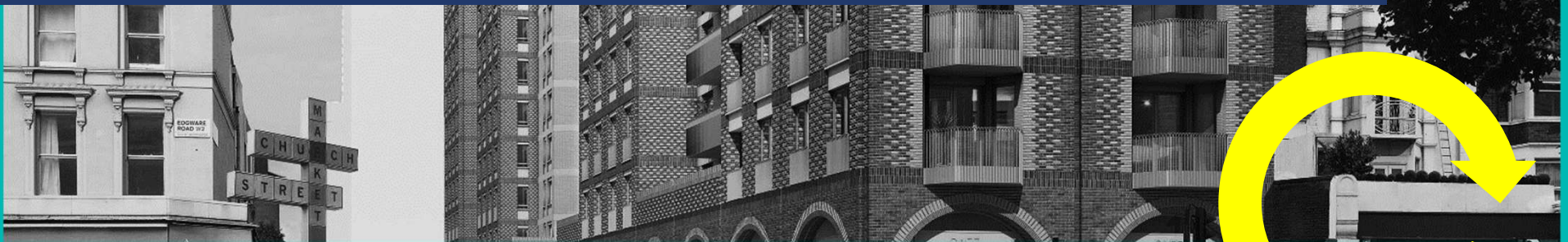
North West London
Integrated Care System



Staying Well this Winter, *and Keeping Each Other Safe*

Bi-Borough Planning Outline

02 September 2021



What our residents are telling us (so far) about their urgent care use?

	Some emerging themes of 'excess' UTC and A&E utilisation	Potential co-production solutions
1	Lack of Clarity about the role of pharmacies and 'I don't like to bother the GP too much'	Q&A Sessions similar to Vaccine Q&As in neighbourhoods (PCNs) with local GPs, Pharmacists, Social Prescribers, Community champions, Neighbourhood Officers, A&E reps etc..
2	An explanation of the point on the paper about why the data shows that South Asian groups use A&E less than other groups is due to the fact that many South Asians live in multi-generational households, therefore you have access to reassurance and support at home, access to natural remedies for colds etc.. reassurance if you are a new mother who might be worried about a child with a temperature or unsure about what to do etc..	Role of community champions and connectors to do neighbourhood based to provide support and activities as well as awareness sessions especially for those who do not have extended family support
3	Being new to the country e.g. one participant explained that as a new mother she kept going to A&E and to her GP every time she was worried that her new baby might be sick. After a while her GP sat with her gave her information about what to do if her baby has a temperature, gave her a leaflet and where to get Calpol, she was reassured and that meant no more unnecessary visits to the GP and A&E	Greater availability of social prescribers and health and care assistants in GP practices to sign post to local services
4	Losing friends, families and neighbours to COVID and being isolated while trying to manage anxiety, depression and not having anyone to speak to or access to support, loss of job and income	Deliver faith based and community support, social events and peer led mental health and wellbeing activities in the community, provide low-cost lunches and social events



Early findings from 20 residents suggest community-led interventions can be effective as part of our 'winter toolbox'. More insights to come!

What is our Bi-Borough plan for this winter? What do we want to work on collectively as one team?

Community Led

- Adopting **public health and communities** approach
- **Generating insights** across community (e.g. residents, community groups, housing, etc) to inform our plan
- Clarify top **2-3 messages** we can further amplify through our community networks
- Working with **our Community resources** (e.g. Champions, Pharmacy, Groups) to help facilitate and support
- **Adopting preventive interventions** (e.g. *Falls Prevention*)
- **Making every contact count** – across both community and practitioner groups



System Resilience

- Improving our integrated **'Same Day' care** – e.g. Soho & St Charles Hubs
- **Mental Health** – preventing and supporting crisis (e.g. AMPs)
- **MDT Working** – developing a targeted & personalised Long Covid offer
- **Step-Down (2 Hour, 2 Day Offer)** – clarity of offer to support admissions and enable discharge from hospital (e.g. assessment, reablement, home care)
- **High Intensity population** – improving social prescribing and psycho-social approaches



Health & Care Workforce

- Understanding **current qualified 'as-is' workforce** position – e.g. ARRS, Ageing Well, Vacancies
- Clarity on development and recruitment of both **Qualified vs. Non-qualified** roles – supporting local jobs for local residents campaign
- **Supporting and developing our current workforce** – coaching, mental wellbeing, and sustainable working and retention



Ensuring our plan address **all ages** – targeted interventions for vulnerable groups, 0-17, 18-64, 65+

Workplan (1/2) – working through the detailed options for sign-off

Task/Action	Description	Lead	Output & Deadline
Public Health Interventions	<ul style="list-style-type: none"> • 2-3 key public health and community messages – informing our wider comms activities – boosting your immunity, flu/vax, NHS is open – needs to be on keeping well agenda and ‘call to action’ • Making Every Contact Count – using it the delivery mechanism (e.g. community champions, primary care, etc) 	Sarah Crouch & Jeff Lake	Draft Proposal & Options, High Delivery Plan – Fri, 10 th Sep
Community Insights	<ul style="list-style-type: none"> • Organise sets of forums to generate cross-section of community insights to inform, iterate and co-delivery plan 	Samira Ben-Omar	Draft insight report & recommendations – Fri 10 th Sep
Launch 3 rd Sector ICP Group	<ul style="list-style-type: none"> • Support this work and other ICP priorities – further work through key messages, 3rd sector, interventions • Leverage existing KCW group – and volunteers programme 	Jenny Greenfields, Jackie Rosenberg & Ruth Davoll	Confirm First Meeting by w/c Mon, 13 Sep
HIU	<ul style="list-style-type: none"> • Development of HIU proposal for winter – consultation with existing 3rd sector, LA and NHS partners • Focus on primary care high intensity group 	Andrew McCall & Samira Ben-Omar, Ruth Davoll	Revised proposal – Wed, 15 th Sep
Step Down (2 Hour, 4 Hour)	<ul style="list-style-type: none"> • Community resources – maximising and optimising existing resources – CIS, Reablement, Community Teams, Social Care. Understand collective demands – and how we can work together differently • Spot Purchasing (home care & bedded care)– i.e. reablement & homecare providers to support • Developing realistic solutions within existing resources 	Ruth Davoll & Grant Aitken	Partner Meeting – decide 7 th Sep meeting Short Term Proposal- Fri 24 th Sep
St Charles & West London Hub	<ul style="list-style-type: none"> • GP & ChelWest Senior Clinical Decision Support • Restart of St Charles same day offer 	Lizzy Bovill & Joe McGale	Live - complete

Workplan (2/2) – focusing on both resident, population and staff wellbeing

Task/Action	Description	Lead	Output & Deadline
Soho Hub	<ul style="list-style-type: none"> Revised Soho 'same-day' offer – further alignment and integration of Covid, urgent, homelessness resources within hub 	K Isaac & Taneisha Scanlon	Revised business & estates proposal – Fri, 10 th Sep Go-Live – Oct (TBC)
Post Covid	<ul style="list-style-type: none"> Bringing together outline proposal for Bi-Borough personalised Long Covid model – bringing together existing resources from primary care, community, acute and 3rd sector Looking at maximising social prescribing and 3rd sector support 	Rachel Krausz & Cameron Hill	Revised proposal – Fri 17 th Sep
Mental Health	<ul style="list-style-type: none"> Scoping additional crisis support via Hestia (existing Safe Haven provider) 	Faye Rice	Revised proposal – Fri 10 th Sep
Workforce	<ul style="list-style-type: none"> Baseline of qualified staff – vacancies & recruitment plans (e.g. ARRS & Ageing Well) Joint recruitment of Qualified & Non Qualified Staff – building on vaccination recruitment Holistic emotional wellbeing and employment support for health and care staff 	Ivan Okyere-Boakye & Grant Aitken	Baseline Request – Fri 10 th Sep Workforce Wellbeing Proposal - TBC Existing Recruitment Offer – TBC
Population Health management	<ul style="list-style-type: none"> Alignment the local Population Health Management pilots (as part of ICS programme) 	Joe Nguyen	Pilot Launch– Fri, 24 th Sep
Measurements	<ul style="list-style-type: none"> Identifying key baseline measure and KPI for each area – to understand impact of key schemes – building on current ICP work 	Tom Harte	Draft List – Fri, 24 th Sep