

Response: what we did for the first wave and what we learnt

- Providers, Public Health and Local Authority active partners in **local gold/silver calls**
- Supporting VCS response via RBKC/CCG **Community resilience** forum
- Public Health leadership of **care home interface** supported by primary care community standardised offer
- Early development of additional bed capacity to support **discharge/system flow** with discharge hub at core
- Strong PCN leadership to primary care working at scale supporting **resilience** – eg ‘total triage’, joint visiting service, daily best practice tasks and topic specific webinars
- Most services **virtual first** – including mental health and community – with a corresponding reduction in demand for same day urgent access to services
- Local **testing capability** established – for staff and patients services have been commissioned to support those impacted by the **Grenfell Tower Fire**
- Built on MCMW to support **targeted care/MDT** approach for those who are vulnerable (working with the RBKC hub to signpost and agree health messages for shielded)
- Services quickly **stood down/adapted** to different ways of working - with clear system communications to partners.

Rebalance: what we need to sustain and/or do differently for second wave and other services

- Build on offer re **mental resilience and good emotional wellbeing** for those who don't need to access more specialist services, through community and voluntary sector responses
- Local GP practices have staffed and opted into a collaborative approach to the **'hot hub' for COVID patients** and a universal visiting service with a supporting SPA working with CLCH/CNWL.
- Maintain PCN/primary care focus on **Long Term Conditions** and increasingly benefit from **Advice and Guidance** from secondary care.
- Widen **shielded/vulnerable offer** to ensure ‘all age’ support using a population health management/segmentation approach – continuing RBKC partnership. Seek to ensure we focus on those who are **most impacted by COVID** in our communities are working with partners
- Continue to **support all staff-** with testing/antibody testing, risk assessment and appropriate infection prevention and control measures
- As **services step back up** take the opportunity to confirm different ways of working/access/changes.
- Refocus on **End of Life Care** to ensure consistent and clear pathway from primary care, community and specialist care
- Build **segregated pathways** to support safety across services

What we need to think about for the future

- PCN Development to include systematic utilisation of the WSIC dashboard to **support patient segmentation** and design of appropriate interventions.
- Embed **'digital first'** ensuring we engage with communities to understand impact on 'digitally excluded'.
- Work with partners to take into account **flow across the system** and how to ramp up/down capacity and resource as we have done during COVID – enabled by a Continuous improvement approach
- Ensure a comprehensive health and care offer **for all vulnerable cohorts** building out from MCMW, CLW and work on the shielded. Ensure Mental Health and Learning Disability needs are reflected in all approaches.
- Ensure **Care Home support** is further standardised (including funding) for homes 'facing' ChelWest and ICHT and working with community teams/primary care alongside PCN DES development.
- Work with RBKC/WCC to ensure **Childrens offer** that has further developed during the pandemic works with our hubs and supports urgent/planned/ and mental health needs.
- Refocus on **joining up infrastructure with partners**– eg IT systems, co-location and estates review and workforce development.

...safety first	Support patients, providers and all staff to be seen in or work in settings that are appropriately segmented and enable top quality infection control – alongside ongoing risk assessment and PPE usage. Continue to promote psychological support for staff offered by CNWL
...with and through communities	Step up our engagement approach – building on good work prior to and during the pandemic and reflecting concerns about service changes that have happened at pace not being discussed. Have resilience at the heart of how we work.
...one team approach	Ways of working where team members have worked across organisations, and change has happened at pace need to be maintained as we work as a single integrated team
...Digital and data driven	Build on new ways of working with public health and a focus on personalisation to shape our service offer and ensure digital works for all people and needs
...tackling inequalities	Ensure that alongside COVID specific services we have a clear focus on unmet need and support for mental health and resilience during a recovery period – taking a participatory approach with our community and learning from good work in the Grenfell Tower fire recovery. Support local COVID-19 board