



***Clinical Commissioning Group***

## **Brent Health and Wellbeing Board**

26 January 2016

### **Report from Chief Operating Officer, Brent Clinical Commissioning Group and Strategic Director Community Wellbeing, Brent Council**

Wards affected:  
ALL

### **Update on winter pressures**

#### **1. Summary**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on the actions implemented in response to additional winter pressures; the longer term approach to managing these additional pressures; the mechanisms that underpin joint working; and the impact of this as far as it can be measured at this point, half way through winter.

#### **2.0 Recommendations**

- 2.1 The Health and Wellbeing Board is requested to:

- Note the report, receive assurance that plans and governance mechanisms are in place to support NHS resilience over the winter so that patients get swift access to safe services
- Comment on the strategic direction ahead of a full paper being brought to the March Health and Wellbeing Board as part of the sign off of the 2016/17 Better Care Fund plan.

### **3. Introduction**

- 3.1 In November 2015, the Health and Wellbeing Board received a report highlighting increased demand in hospitals in winter, and the increased strain this puts on all parts of the health and social care economy. The report stressed the importance of partnership working, where there is not full integration, to system resilience. In other words, the importance of working together across health and social care organisations to support Brent residents.
- 3.2 Partnership working is even more important when you consider the fact that:
- A substantial proportion of Brent residents that go to hospital attend a London Northwest Hospital Trust hospital, but significant number also attend other Trusts including the Royal Free and Imperial (St Mary's).
  - London North West Hospital Trust provides healthcare for people from a range of boroughs other than Brent, most notably Harrow and Ealing, with each borough having its own policies and services across health and social care, creating particular challenges for the hospital.
- 3.3 Although it has been a mild winter so far, and we haven't yet experienced a significant spike in demand, we are only half way through the winter period, which means there is no room for complacency. Moreover, while winter is clearly a period of particular pressure on the system, the increasing demographic pressures in the system mean that responding to winter this year is a fundamental part of establishing sustainable year-round delivery for the future.

### **4. Update on actions for Winter 2015/16**

- 4.1 The response to winter is based on core health (acute and community), social care and housing services. An overview of the additional initiatives in place or being planned for immediate implementation are attached at Appendix 1.
- 4.2 It is worth noting a number of particularly important initiatives:
- The 22 residential and nursing beds jointly commissioned by Brent Council and Brent CCG. The beds are specifically commissioned, based on analysis of last winter and predicted demand for this winter, to meet the needs of the hospital discharge pathway, including access 7 days a week and streamlined assessment processes in the care home to ensure easy access. The beds were live for the start of winter, and after some teething issues we are currently fully operational
  - 7 day social care working commenced in January 2016 with social workers in London NorthWest Hospital Trust to facilitate social care discharges 7 days a week. The social workers have access to specifically commissioned homecare provision to ensure social workers can assess

and discharge. The numbers being discharged at the weekend are currently relatively low and this will need close monitoring and evaluation of the pilot to determine effectiveness.

- 4 of the 16 hospital discharge social workers are now based at Northwick Park, to facilitate ward based working
- There is now some dedicated housing support to London NorthWest Hospital Trust. This has been in place since the end of November to help discharges where the person funds themselves homeless whether that meets the Council's statutory threshold or not.

4.3 The Council and CCG are jointly funding these additional initiatives in order to test 'what works'. As part of this approach we have also invested in additional analytical capacity to compile health and social care datasets and provide better analysis for long term planning.

4.4 While a number of key initiatives are in place, there is still more to do this winter:

- Additional work stations are being sought for a further 10 social workers to be based at Northwick Park Hospitals and discussions have started about providing similar access at other Trusts ahead of the West London Alliance pilot commencing.
- There is still a need to test 'trusted assessor' social care hospital discharges as proposed in the West London Alliance pilot. The pilot would allow the borough the hospital is located in, to discharge all patients for other Boroughs, overcoming some of the issues hospitals face when trying to support people home to a number of London boroughs.
- The Emergency Care Improvement Programme, an NHS led initiative to improve health and social care system performance, is currently working with LNWHT and system partners. A focus of this work is on processes relating to discharge arrangements and data sharing improvements. For example, they are aiming to reduce the 40% inappropriate referrals that are currently made which would increase existing capacity.

## **5.0 Current strategic direction for 2016/17**

5.1 The current BCF schemes have all been delivered or are close to the point of delivery. While there will clearly be a need to monitor and potentially review these new services to ensure they make the impact they are planned to make, the focus is inevitably shifting to new priorities, particularly because as a system we need to develop:

- The Brent Better Care Fund (BCF) plan for 2016/17 – submission April 2016, and;

- Aligned to the Five Year Forward View, a System Transformation Plan (STP) – submission June 2016.
- 5.2 A joint Adult Social Care / CCG departmental team workshop has started this process of defining the new priorities, and the process will continue over the next 2 months before coming back to the Health and Wellbeing Board for sign off in March 2016.
- 5.3 As part of this work, there will be a number of key proposals. The first will be to align:
- the original ambition from the 2015/16 BCF priorities: to design and implement a fully integrated hospital discharge function which includes Trust, social care, CCG and housing discharge related staff, and
  - the full implementation of the WLA proposal – which means that this integrated discharge team discharges all patients from the hospital whichever borough they live in.
- 5.4 In addition, to integrating the discharge teams, we will need to ensure the services in the community are able to respond effectively. The Integrated Rehabilitation and Reablement Service, which will go live in April 2016 is an example of a service designed to respond to a new approach to discharges with its clear focus on ensuring easy access to individually tailored support to help people to go back and live in their own home or place of residence. However, as part of the BCF planning, we will also need to identify and prioritise the other services that need to respond more effectively to this new approach to discharge, including community nursing, GP services and for those who are not able to live at home residential and nursing care homes.
- 5.5 Finally, it is important to note the work of the Outcome Based Review – Housing for Vulnerable People, and how it must align to the BCF planning. This OBR is being led by the Council with the involvement of the CCG to ensure that it addresses housing issues that have been identified as barriers within the health and social care system. The OBR will not report until after the deadline for 2016/17 Better Care Fund plans, but this is not expected to be a barrier to delivering significant change if it is required.

## **6. Mechanisms in place for joint working / dialogue**

- 6.1 Given the pressures on the system, the complexities of the system, and the need to drive continuous improvement at the same time as designing transformational change, governance is crucial. The mechanisms set out below do not replace the core decision making processes in the individual partner agencies, but they provide the forums to tackle operational and strategic challenges. They range from:

- Daily Call - Brent and Harrow system wide conference call to deal with day to day operational pressures, and agree and escalate individual issues within and across organisations
- System Resilience Operational Group (SROG) – Brent and Harrow system wide weekly meeting of senior operational managers to oversee delivery of core services in line with operating procedures
- Systems Resilience Group (SRG) – Brent and Harrow system wide monthly meeting (national guidance requires every system to have an SRG) of strategic senior managers to manage system (pressures)
- Brent Integration Board - senior strategic Brent managers with a focus on long term transformation of services for Brent residents. It is responsible for developing and delivering the Brent Better Care Fund plan, and reports to the Brent HWBB.

6.2 There is a strong commitment across all key agencies to these meetings as the mechanism for managing the system. The strengths of this approach lie in the operational accountability it delivers. The area for improvement in this approach is ensuring there is sufficient focus on long term transformation. However, the increased focus on this agenda by the Health and Well Being Board and the process for setting the 2016/17 priorities offer a clear opportunity to address this.

6.3 The aim is to use an evidenced based approach to anticipate how and where in the system increased demand is likely to be present, and inform the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function.

## **7.0 Impact of winter pressure actions / current system position**

7.1 These initiatives are starting to show some early signs of impact but there is a degree of caution given that it has been a relatively mild winter to date and winter is only half way through. Accident and Emergency performance at Northwick Park Hospital (LNWHT) has been improving in terms of 4 hour breaches and is currently above the same period last year. The focus on Delayed Transfers of Care has seen a 60% reduction in delays at LNWHT. At the end of December, the number of delays was 35 with only 2 being attributed to Brent and Harrow. These are positive improvements so far.

7.2 The performance of winter resilience initiatives are monitored monthly by the Brent and Harrow System Resilience Group. This enables early system responses to identified issues across partners within the health and care economy.

7.3 As illustrated above, there are cautious and early signs of the constructive and effective partnership working between LNWHT, Brent CCG and Brent Council, despite difficult and contentious issues that have to be resolved. The partnership operates effectively and will ensure collective learning from a range of joint initiatives in place this winter (as described above) will inform

16/17 winter plans thereby ensuring that we have a proactive rather than reactive approach to winter planning going forward.

## **8. Financial Implications**

- 8.1. This paper is an overview of the system and changes, which seek to meet individual need more appropriately, individual implications to be confirmed through individual service changes.

## **9. Legal Implications**

- 9.1. This paper is an overview of the system and changes, which seek to meet individual need more appropriately, individual implications to be confirmed through individual service changes.

## **10. Diversity implications**

- 10.1. This paper is an overview of the system and changes, which seek to meet individual need more appropriately, individual implications to be confirmed through individual service changes.

## **11. Staffing/Accommodation Implications**

- 11.1. This paper is an overview of the system and changes, which seek to meet individual need more appropriately, individual staffing implications to be confirmed through individual service changes.

## **Appendix**

Overview of winter pressure initiatives

## **Background Papers**

Brent Winter Plan and Better Care Fund Report – November 2015 HWBB

## **Contact Officers**

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