

Health and Wellbeing Board

6 October 2016

Report from the Chief Operating Officer of Brent Clinical Commissioning Group and the Strategic Director of Adults and Community Well Being Brent Council

For information / decision/ noting

Wards Affected:
ALL

Sustainability and Transformation Plan update

1.0. Summary

- 1.1. The purpose of this report is to provide the Health and Wellbeing Board with update on the progress of the development of the Sustainability and Transformation (STP) at North West London level and locally in Brent. The report further details the five main delivery areas for Brent which translates into five big ticket items, i.e. deliverables that will have the greatest impact in addressing the health and care triple aim described in the Five Year Forward View.
- 1.2. The Brent STP represents Brent's overarching 5-year strategy and implementation plans to improve health and well-being, the quality of services provided and achieves financial sustainability. It is a triangulation of existing plans, plus new initiatives where gaps in existing plans have been identified and where we believe a different approach to joint working can make a real difference to people in Brent.
- 1.3. It is proposed that the Brent STP will be the overarching strategic plan for Brent. The STP has to reflect and respond to three gaps: Health and Wellbeing, Care and Quality and Finance and Efficiency. Therefore, it makes sense that these sections reflect updated health and wellbeing priorities and Better Care Fund (primarily focused on Care and Quality) priorities. However, it is important to note that this is an evolving process and will be further informed by future engagement and consultations with our communities and key stakeholders.
- 1.4. There are tangible benefits for areas with good STPs, ambitious STPs will attract transformation funding from NHS England.

2.0. Recommendations

2.1.1 The Health and Wellbeing Board is requested:

- i) To note the progress on the development of the NW London and Brent Sustainability and Transformation Plans.
- ii) To endorse the five big ticket items as below for Brent whilst acknowledging that this is an evolving process and will be further adapted to reflect the outcomes of our engagement and consultation process.

- Self- care and Prevention
- New Models of Care
- Joining up frailty services
- Improving outcomes and wellbeing for children and adults with mental health needs and
- Improving Acute Services and Quality of life - Central Middlesex Hospital

3.0. Detail

3.1. Principles and approach

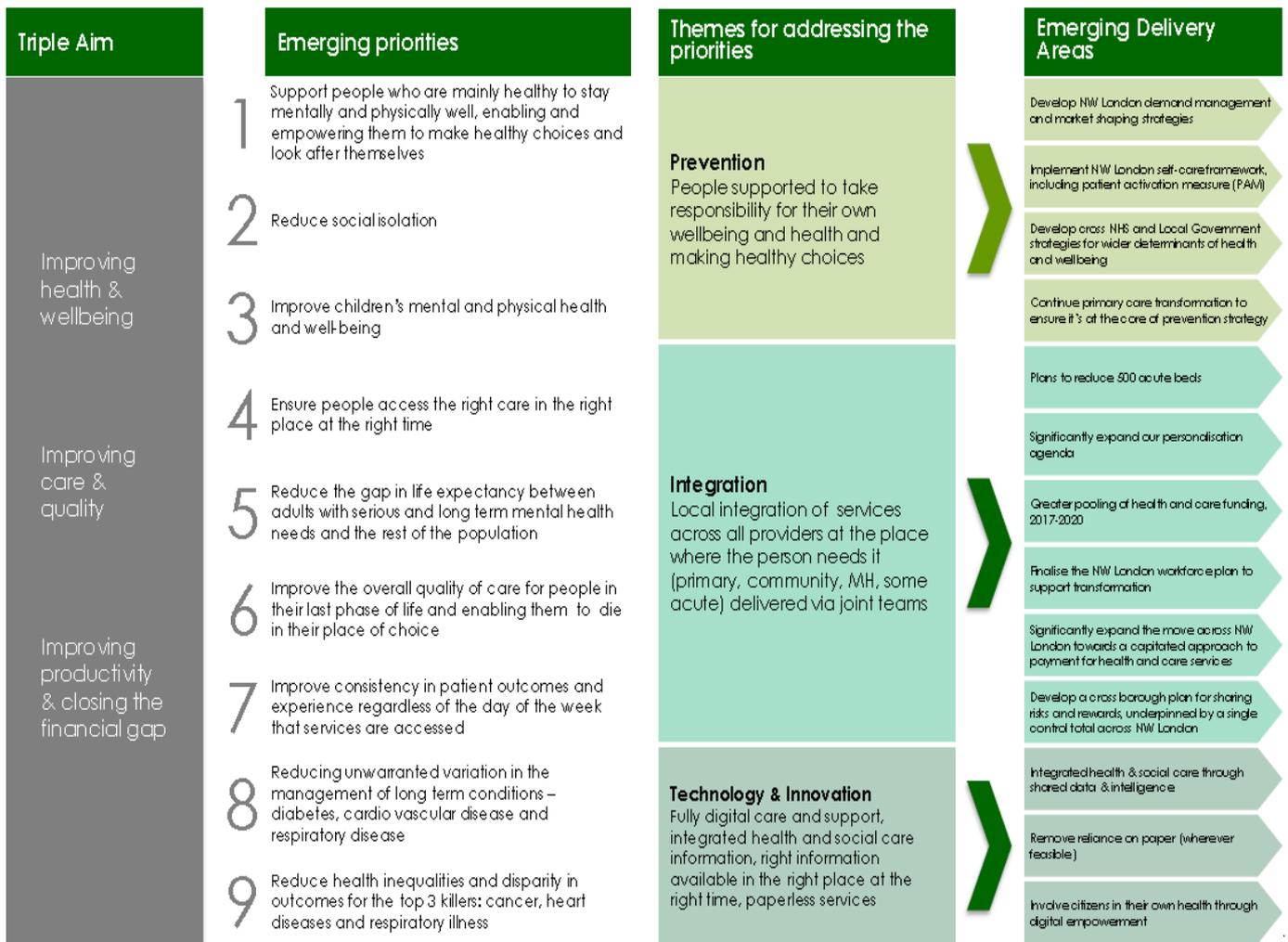
3.1.1 In order to support the development of a plan as ambitious as the STP, it is critical to some key principles are agreed so that everyone involved works together in the same way. In addition to those adopted by NW London, Brent included:

- make decisions based on a population or whole NW London system view (rather than an individual organisation or area view);
- maintain trust and transparency, and raise any issues that may be encountered;
- recognise that Brent has both local deliverables and as part of the NW London footprint;
- recognise that work will go on between meetings in order to progress within timescales and commit to making best efforts to attend all meetings; and
- each member is responsible both for representing their respective organisation view and for cascading back outcomes from the Planning Group

3.1.2 The NW London STP takes a population segmentation approach to understand the changing needs of our population. This approach is at the core of how we intend to collectively design services and implement strategies around these needs.

3.2 NW London Emerging Priorities and Delivery Areas

3.2.1 The emerging NW London priorities are a consolidation of local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. They seek to address the challenges described by the 'as-is' picture and deliver the vision and 'to-be' ambitious using an evidence-based, population segmentation approach.



3.2.2 The emerging NW London priorities are designed to address the triple aim of the Five Year Forward View. These priorities map to the core themes for addressing the challenges across the NW London system and emerging delivery areas. have been influenced by Brent priorities, which have been derived from our Health and Wellbeing Strategy and our Joint Strategic Needs Assessment. This local intelligence highlights the changing needs, challenges and issues facing our population.

3.3 Brent's Priorities and Deliverables

3.3.1 The Brent Plan has five delivery areas these being:

- DA1 – Radically upgrading prevention and wellbeing
- DA2 – Eliminating unwarranted variation and improving Long Term Condition (LTC) management
- DA3 - Achieving better outcomes and experiences for older people
- DA4 – Achieving better outcomes for children and adults with mental health needs
- DA5 – Ensuring we have safe, high quality sustainable acute services

Two Councils (Hammersmith & Fulham and Ealing) oppose the delivery of Area 5 because of the direct impact of the changes in their boroughs. All Councils, at the time of writing, support all other delivery areas.

3.3.2 It should be noted that the draft plan includes a commitment to close the social care funding gap (£17m in Brent by 2020) and also to invest £110m in prevention. These two financial commitments are to be strongly welcomed.

3.3.3 The Brent specific health and well-being gaps have been identified as:

- Common mental health disorders (CMD): large numbers and projected to increase - in 2014, an estimated 33,959 people aged 18 to 64 years were thought to have a CMD
- Severe and enduring mental illness: affects 1.1% of the population
- Mental well-being: the percentage of people with depression, mental health issues or other nervous disorders in employment is 23% also lower than both the England rate (36%)
- Significant and growing challenges to provide housing which potentially further undermine mental wellbeing
- Childhood obesity: Brent is in the worst quartile nationally in terms of the % of children aged 10-11 classified as overweight or obese – 38%
- Diabetes: by 2030 it is predicted 15% of adults in Brent will have diabetes
- Long Term Conditions: 20% of people have a long term condition
- Dementia: prevalence of dementia in people aged 65 years and over is 2,225 (2016) (and 80% of prevalence is diagnosed)
- STIs/HIV: 1,404 STIs per 100,000 population compared to 829 in England
- Health-related behaviour: physical inactivity: worst in West London; nutrition: 47% get 5 a day; tobacco use; alcohol; take up of immunisations

3.3.4 Brent's priorities are based on our understanding of changing needs and our vision for care and support in 2020. We will work to achieve this vision and address the triple aims through the following:

Health & Wellbeing

- Wellbeing is seen in its widest sense. It is not just about healthcare but wider factors such as employment, housing, and lifestyle. Brent will be a Dementia-Friendly Borough.
- Mental and physical health is given equal importance and will be considered holistically at the point of care.
- A significantly strengthened approach to prevention will improve the health status of Brent on a medium to long-term basis.
- Joining up health promotion, self-care and non-statutory support across the continuum enables people, including those with LTCS, to make decisions, take actions & manage a broad range of factors that contribute to their health & wellbeing on a day-to day basis.

Care & Quality

- An integrated workforce plan is in place to develop skills, enable flexible use of staff across settings of care, improve workforce planning, and support local recruitment and retention, including of local Brent residents.
- Primary care providers are better equipped through a new federation and model of care to provide more care in the community.
- An Accountable Care Partnership will be accountable for the end-to-end care and outcomes of a population group, i.e. people aged 18 or over with one or more long term conditions who are at risk, in need or unstable.
- There will be a concentration of acute hospital services to develop centres of excellence. These will achieve higher clinical standards and more efficient care delivery. Central Middlesex will be redesigned as a H&WB Centre, including urgent care.
- Expanded provision of early interventions for people with mental health problems and reduced reliance on inpatient care.
- An integrated approach to commissioning (and providing) services locally, including Nursing Care Homes, improving quality.
- A unified Frailty and Older People's Care model will stitch together existing services and models into a single pathway that ensure older people receive high quality and timely acute care and active support to maintain independence.

- Brent CCG and Council will minimise the impact of changing demographics through the cumulative impact of the initiatives outlined in the Brent STP, and ensuring that best practice is achieved across all service areas in Brent.
- Reduced acute and residential care demand will be achieved through a range of initiatives, including: new EOLC pathways; effective case management of people with complex needs; reduced variation in the management of LTCs (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models as part of the WLA integrated discharge initiative; and implementation of a unified Frailty and Older People's Care model.
- Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of CMH, reductions in Length of Stay, reduced reliance on agency staff, and Carter Review recommendations.
- A strong delivery focus will be required to ensure the Brent STP is fully implemented on time.

3.3.5 From the above the local STP Group has identified **five 'big ticket' items**. e.g. those that will have the greatest impact on closing the gaps and that can be only be delivered fully from working as a collective. These are described below:

l) **Prevention and Self-Care**, which reflects the need for a step change in behaviour across the system to manage demand, which includes building on current initiatives:

- making Every Contact Count (MECC) – i.e. use every opportunity to achieve health and wellbeing, and involve systematic promotion of benefits of healthy living;
- workplace based Health Promotion programme - i.e. adapted version of London Healthy Workplace Charter for small businesses in Brent; contracts issued with workplace health and wellbeing as a 'social value' requirement;
- widen the scope of SIBI - SIBI currently delivers a 2nd tier service, but the service can be re-aligned to support 1st (signposting and advice, with links to existing services) and 3rd tier patients (intensive support for short periods (6weeks to 3 months) using multi-agency approach;
- self-Care as part of Whole Systems Integrated Care and

In addition it is proposed to focus on

- Alcohol
- Smoking and tobacco
- Self-care: PAM (Patient activation measure) and DPP (diabetes prevention programme)

The levels of alcohol related admissions in Brent are significantly above the national average. However there are few referrals to alcohol treatment services from health care professionals (the majority of people entering the treatment system are self or family referred). A priority will be to improve the pathway to treatment from health and social care. An outline business case has been submitted to the NWL STP programme for seven day alcohol care teams in Northwick Park, for an increase in assertive outreach and to support a step change in screening and brief interventions (to address the very large numbers of people who while not dependent on alcohol, are drinking at levels which risk harming them). The outcome of this is awaited.

The London Clinical Senate has recently called clinical services to increase their efforts to address smoking through their CO4 initiative. NWL public health teams have supported an outline business case to NWL STP programme to support the implementation of this, for example through routine monitoring of exhaled carbon monoxide (CO) by clinicians ("would you like to know your level?"). Particular emphasis will be placed upon improving the smoking cessation offer for mental health service users who are more likely to smoke and on encouraging clinicians in Brent to ask about the use of tobacco generally to reflect the use of shisha and chewing tobacco.

'Patient activation' describes the knowledge, skills and confidence a person has in managing their own health and health care. NHSE is promoting the use of patient activation measures (PAM) as a means of tailoring health services support to enable patients to self care. In Brent the use of PAMs will be introduced into WSIC.

NHSE has commissioned a pilot diabetes prevention programme which offers those at high risk of diabetes intensive support to reduce their modifiable risk (primarily through increased physical activity and improved nutrition). With Harrow and Hillingdon, the CCGs and public health teams are preparing a bid to access this service.

- II) **New Models of care**, which reflects the need to eliminate unwarranted variation and improving LTC management which includes:

Re-confirming the original vision for Whole Systems Integrated Care (WSIC) building on the work done with primary care to fully integrated Primary Care Transformation plus community based acute prevention and discharge services, social care, housing and voluntary services into a single pathway.

The focus for 16/17 is to move to New Models of care to improve quality, experience and outcomes for patients with LTCs and their carers whilst reducing the costs to the system. The plan is to improve the productivity and efficacy of health and care teams, increase the capacity and capability within multidisciplinary teams, embed new interventions and roles, and overcome barriers to integrated working between different professionals, teams and services.

This will be through a “New Provider Model” – delivery and performance led and managed by a partnership of providers who form an Accountable Care Partnership (ACP). The ACP will be responsible for planning and managing care with a defined budget and set of outcomes for which they are jointly accountable.

The scheme has the following objectives:

- move from reactive care to proactive care through better planning, prevention and management;
- move from fragmented care to coordinated and integrated care;
- moving from professionally led care to a model of support to self-care and self-management – with personal goal based care plans;
- achieve continuity of care through the relationship between the patient, their carers(s) and their own GP; and
- deliver care at the appropriate time and in the appropriate setting – out of hospital wherever possible.

III) **Joining Up Frailty Services** – which reflects the need to have in place a proactive and integrated community and hospital based solutions to support discharge and maintain or reduce the overall number of Delayed Transfer of Cares (DTCs) in Brent. This includes a range of 16/17 Better Care local schemes including:

- integrated rehabilitation and reablement service;
- joint commissioning of step down residential and nursing beds;
- single point of access to community provision across London Northwest Health NHS Trust;
- West London Alliance level hospital discharge project, where a single local authority will be the lead for each hospital. (e.g. Brent Council would be the lead local authority for Northwick Park Hospital and take on all discharges for Hounslow, Tri-borough and Ealing residents before the end of this winter)
- Targeted support from housing;
- 7 day working by social care to support discharges at weekends (live from Dec 15)

- improve the quality of care in local nursing home provision – including development of the workforce and
- increase capacity locally of nursing care provision

IV) **Improving outcomes and wellbeing for children and adults with mental health needs** – recognising that mental health and wellbeing has the same focus as physical health and wellbeing.

Build on the work done to integrate health and social care mental health teams – implement a recovery focused care management approach through integrating health, social care, housing and employment pathways with a strong peer support focus so people can live independent lives including the following work streams:

- community map and navigation to reduce social isolation
- day service hub for people with specialist mental health interventions with peer led daily activity programmes that promote recovery and independence;
- extended GP appointments and primary care mental health services; crisis care
- alternative to inpatient care and post discharge support services – reducing no. of people in inpatients units and residential care and moving into independent housing with support as required and
- build on the work done to improve diagnosis, assessment and support for People with Dementia, community solutions for people with Dementia, e.g. specialised Dementia Care and make Brent a Dementia friendly borough.

Promote, protect and improve our children and young people’s mental health and wellbeing through a Comprehensive Children and Young People’s transformation plan underpinned by objectives of resilience, prevention and early intervention, a system without tiers and care for the most vulnerable, work force development. These objectives will be achieved through dedicated children and young people work streams

V) **Improving Acute Services and Quality of life - Central Middlesex Hospital** – recognise the significant impact we could have by working together in a one public sector estate model and deliver an exemplar of the approach at Central Middlesex Hospital:

- redevelop the Central Middlesex Hospital (CMH) site into a Brent Health & Well-Being Centre providing a range of local services (including the Urgent Care Care)

- broaden the scope of existing discussions to take in the wider CMH site, to include the new nursing home and extra care facility opposite in order to do two things: 1) focus on the place shaping opportunity to make this a better place to live and work, and 2) make very strong links between the acute and primary services at CMH and the social care facilities to ensure high quality services.

3.3.6 It is to be noted that the big ticket areas for Brent are still evolving and will need to be further updated as greater focus and clarity is obtained following future consultation and engagement events.

3.3.7 The STP for Brent will be supported through three key enabler work streams Estates IT and Workforce development.

3.4 NHS England Feedback

3.4.1 Following submission of the draft STP on 30th June, representatives from NW London met with NHS England on Thursday 14 July where the draft document was well received. We have recently received feedback to support the October submission. Overall NHSE were “very impressed” by our commitment to system-wide working and noted that our proposals have great potential to deliver the Five Year Forward View and provide a route to sustainably improved services for patients. While impressed by our vision, NHSE did identify that delivering our vision at scale and pace will be challenging.

3.4.2 NHSE identified a number of areas for us to focus on to develop the final plan, these areas include:

- further detail on our plans for primary and wider community services and how these will impact on hospital based activity
- further detail on our plans for engagement with local communities, clinicians and staff and a clear narrative which articulates the benefits for proposed changes to the public
- further detail on our provide productivity proposals
- updated plans for mental health following the publication of the Forward View for Mental Health
- year on year financial trajectories
- finalise the development of the Business Case for submission to NHSE Investment Committee (IC)
- finalise the proposal to implement the new model of care at Ealing Hospital including an affordable capital proposal for approval by the IC
- a clearer articulation of the impact on quality of care as a result of our plans
- making links with neighbouring STPs that could provide opportunities or obstacles to your planning

3.5 STP Governance and Monitoring

- 3.5.1 Going forward, in order for us to work together across the system to deliver the transformation set out in the STP, we need to develop an effective governance approach at the NWL level and in Brent.
- 3.5.2 At the NWL level, the process this far has been overseen by The Strategic Planning Group (SPG) which is a forum for a wide range of system leaders (primarily senior managers and lay partners) from across the system. This is spearheaded by a Leadership Group comprising Dr Mohini Parmar (Chair), Claire Parker, Rob Larkman (both CCG accountable officers), Tracey Batten (CEX Imperial) and Carolyn Downs (CEX, LB Brent). The NW London programme has established a Joint Health and Care Transformation Group which will have representation from across local government and health, including commissioners, providers and lay representatives. The purpose of this group will be to oversee the development of the STP and its delivery, and its first meeting was scheduled for 22 September. The purpose and membership of this group was discussed at the NW London Strategic Planning Group (SPG) in July resulting in an agreement that a smaller representative group was required to provide oversight. There will be governance groups established at NW London level to oversee the mobilisation and delivery of the 5 Delivery Areas. There will be four councillors on the joint board and four council officers, these being Cllr Sachlin Shah (Vice Chair), Cllr P Copthorne (Hillingdon), Cllr R Robotham (Westminster), Cllr S Curran (Hounslow), Carolyn Downs (CEX Brent), Michael Lockwood (CEX Harrow), Charlie Parker (CEX Westminster), Liz Bruce (DASS Tri-Borough).
- 3.5.3 In Brent the STP will be overseen by a Delivery Board which will report in to the Health and Wellbeing board. A detailed paper on the Brent STP governance structure is being presented separately at this meeting.
- 3.5.4 The STP challenge is significant, and the NW London and Brent governance structures relatively new, and so there remains a commitment to review and improve structures as the full NW London STP is finalised, whilst ensuring we keep a clear focus on implementing Brent specific priorities aligned to the NW London STP. The degree to which these structures can continue to deliver a shared perspective on the challenges, co-production of the solutions, clear accountability and effective monitoring of progress and impact will be a crucial test as STP develops.

3.6 Engagement

Beyond the involvement of lay partners in the core groups, the programme has also undertaken a number of patient and public engagement activities,

including hosting 22 face to face engagement events across all eight boroughs to help co-design the local plans. These events have included workshops, seminars and public meetings and have been very popular with providers, patients, clinicians, Healthwatch, lay partners, carers and their families.

In Brent three street events have been planned over September and early October to reach out to different sections of the community and engage with them on our big ticket areas.

3.7 Next Steps

- 3.7.1 NW London is required by NHS England to submit our final plan on 21st October (although this date is still provisional). Feedback from NHS England, local governance boards and from the public and staff engagement described above is being incorporated to help develop and shape the final plan. The submission will include a chapter on Brent STP.
- 3.7.2 Our intention is to receive and incorporate feedback in September to enable final plan by organisations in early October ahead of the final submission. Between now and the October submission there will be a number of engagements with NHSE London as plans are finalised.
- 3.7.3 NW London has already committed to delivering a series of outputs for 2016/17 through the draft STP. The programme teams have been proactive in identifying opportunities to accelerate delivery to ensure that we meet the ambitions set out in the draft plan, and the STP programme team will continue to measure and support this.
- 3.7.4 In addition, the programme is finalising 17/18 deliverables and benefits, and aligning these deliverables to the 17/18-18/19 planning round and two year contracts.
- 3.7.5 Brent will continue to build and strengthen local relationships, throughout the STP development process, supported by a shared understanding of strengths and challenges faced as well as a clear ambition for 2020, and a set of concrete steps to get there.
- 3.7.6 Progress has commenced on the establishment of local working groups to progress key STP work streams. The governance underpinning delivery will be formalised at this meeting of Health and Well Being Board.
- 3.7.7 Detailed review and analysis of the suggested financial opportunities in the Brent context are being used to inform project initiation documents to be agreed across partners
- 3.7.8 There will need to be ongoing collaboration and input to the NW London SPG and Delivery Boards to ensure alignment and opportunities are maximised.

4.0. Financial Implications

- 4.1. Approximately £12m of net savings are required each year to close the CCG financial gap over the next five years. The Council will have a £17m gap by 2020 without applying the Council tax precept and £9m if Brent applied the precept year on year up to 2020. LNWHT provides services to three key commissioners, and therefore only a proportion of its 'gap' is directly associated with Brent; similarly with CNWL. This signals a significant finance and efficiency gap which needs to be addressed through quality, innovation, productivity and prevention initiatives across the system rather than within individual organisations.
- 4.2 The transformation required to close the Health & Well-Being and Care & Quality gap in Brent will enable closing the Finance & Efficiency gap. The STP provides the opportunity to think and work fundamentally differently across local government, the NHS and the wider public and voluntary and community sector. The aim being to respond to the significant financial challenges by working collectively to develop new integrated models of prevention and care which can transform the way services are delivered, reduce duplication, and minimise infrastructure costs. In summary, Brent will close the finance and efficiency gap over the next five years by:
- Brent CCG and Council will minimise the impact of changing demographics through the cumulative impact of the initiatives outlined in the Brent STP, and ensuring that best practice is achieved across all service areas in Brent.
 - Reduced acute and residential care demand will be achieved through a range of initiatives, including: new End of Life Care pathways; effective case management of people with complex needs; reduced variation in the management of Long Term Conditions (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models as part of the WLA integrated discharge initiative; and implementation of a unified Frailty and Older People's Care model.
 - Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of CMH, reductions in Length of Stay, reduced reliance on agency staff, and Carter Review recommendations.
 - A strong delivery focus to ensure the Brent STP is fully implemented on time.
- 4.3 The STP and associated funding to support local, regional and sub-regional transformation is critical to the health and care economy. Without collective agreement and a plan to address the finance and efficiency gap both health and quality of care will continue to deteriorate. There remain residual gaps for

both CCG and Council, and therefore (a) existing opportunities must be maximised, and (b) further opportunities will be required in order to ensure that the CCG and Council continue to provide high quality services to a growing Brent population.

- 4.4 New care models will be enabled by a new provider model. In 2014 Brent developed an ambition for a health and care system where delivery and performance is led and managed by a partnership of providers who form an Accountable Care Partnership (ACP). Providers work together to plan and manage care, ensuring funding flows to where it is needed most by working within a defined budget to achieve a shared set of priorities and outcomes. This was known as an Accountable Care Partnership (ACP), reflecting the need to break down barriers between health and care and reshape provision around patient, service user and carer needs.
- 4.5 The Five Year Forward View (FYFV) and new contracting frameworks provide real opportunity to progress. Brent plans for an ACP align well to the Multi-speciality Community Provider (MCP) model from the FYFV and this is the model we will pursue. We have already made good progress and are facilitating partnerships between Primary Care, Community, Mental Health, Social Care, Acute, the voluntary sector and others.
- 4.6 Brent GP Networks have recently developed a joint venture meaning they can mobilise to provide services at scale and in common and work together to continuously improve quality and make decisions on resource allocation and performance as a partnership. This provides the foundation on which partnerships with other at scale providers can be built. As an MCP the providers would be commissioned to deliver end to end care with functions and governance focused on outcomes and on clinical and financial accountability.

5.0. Legal Implications

The provisions of the Care Act 2014, accompanying Regulations and Guidance must also be born in mind in the development of the proposed Sustainability and Transformation Plan.

6.0. Diversity Implications

The STP aims to address the whole health and care system to enable a rebalancing towards prevention, early intervention; supporting independence and wellbeing. It aims to engage and empower the diverse communities of Brent and the wider health economy across NW London to deliver clinical outcomes and patient experiences.

7.0. Staffing / Accommodation Implications (if appropriate)

N/A

Background Papers

Background papers are available on request.

STP Submission 30th June

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