Integrated commissioning in Brent

EY report

December 2017

Building a better working world

Contents

Executive summary

Scope and aims of this work

During the summer of 2017, Brent Council and Brent CCG undertook a review of the potential for integrated commissioning of health and care services in Brent. Further to the results of this review, the Council commissioned EY to work with the Council and the CCG to:

- Develop a high-level framework for integrating commissioning functions
- Identify options for integrating commissioning in two deep-dive areas:
  - Nursing and residential placements
  - Children's therapies.

This work was overseen by a project board consisting of senior officers from both the Council and the CCG. To guide this work, the board agreed a high-level goal for each area, along with a set of suggested measures of progress. This work was completed over a six-week period during November and December 2017.

Vision for integrated commissioning in Brent

There is a strong commitment within both the Council and CCG to integrate commissioning functions, with a view to achieving better outcomes for the citizens of Brent, albeit without a clear view of what this might ultimately mean for the two organisations concerned.

There are some differences as to whether and how to integrate governance structures, roles/teams and budgets, and also different views on the pace of integration. The complexity of commissioning and procurement arrangements across NW London is also a factor that needs further consideration.

This high-level framework is intended to allow progress to made in parallel with further work to address these factors and to make progress with deeper integration in the longer-term.

Executive summary

Vision for integrated commissioning in Brent, continued

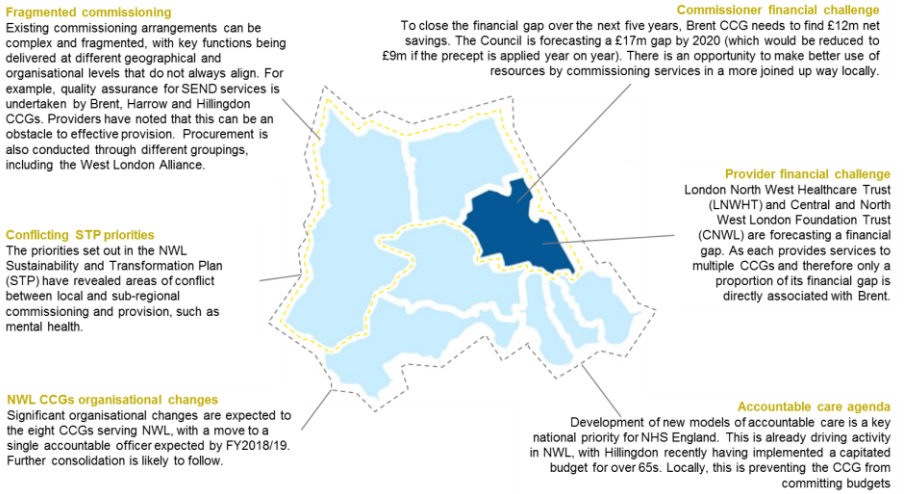
The high-level framework recognises that deeper integration of commissioning will need to take into account the complexities of both NW London and local considerations, in addition to responding to the priorities set out in the Brent Health and Care Plan.

There are barriers to achieving this, however, and the end-state for integrated commissioning is unclear.

A jointly commissioned, population-based model of care has the potential to drive behaviours that will overcome obstacles to better care which are inherent in current arrangements. The features of this model include a single budget allocated by commissioners (which could be aligned or pooled), a single provider or group of providers who collaborate to meet the needs of the defined population and a contract which specifies the outcomes and other objectives that should be achieved.

Such an arrangement would act as a catalyst for closer integration of commissioning. There would be flexibility as to which areas of commissioning such an arrangement would apply, and the pace with which it is implemented.

Complexities to be addressed across NWL



Priorities in the Brent Health and Care Plan

Your key priorities by 20/21		Risks to these priorities identified in our work	Mitigations
Health and wellbeing	**Holistic approach to wellbeing, services as joined up as possible**	• Current fragmented commissioning arrangements sometimes translate to fragmented services – as highlighted recently by LNWHT in a letter to commissioners.	• Stronger commissioner focus on patient-centrered models of care is needed deliver a step change in holistic provision of health and social care
	Focus on early intervention and prevention	• With the current commissioning approach providers are not incentivised to deliver proactive, joined up care	• Commissioners must encourage closer provider collaboration and communication to support more preventative and proactive care
Care and quality	**Highly skilled workforce working together across health and social care, increasingly integrated approach to commissioning**	• There are cultural differences between the Council and CCG which threaten further successful collaboration • Stakeholders have expressed views that gaps in competency may pose a risk to successful delivery under new structures	• Organisational development work is needed to support change • Competency mapping should be used to ensure new structures are supported by the right skill mix
	Provider joint accountability for quality and outcomes	• The existing commissioning approach does not support joint accountability amongst providers	• Alignment of provider contracts would increase joint accountability
Finance and efficiency	**Providers working together more efficiently and maintaining financial balance**	• The commissioning approach does not adequately encourage collaboration between providers to make the best use of resources and interventions	• Commissioners must incentivise providers to improve outcomes and efficiency
	Reduced demand for acute and residential care through better management of patients with complex needs	• A lack of a patient-centred approach reduces the effectiveness of care, particularly for those with complex needs	• Commissioners need to support increased focus on the patient in the design of future delivery models

Executive summary

Vision for integrated commissioning in Brent, continued

There are different approaches to delivering accountable care. A "multi-specialty community provider" (MCP) approach brings together primary, community, mental health and social care services. This approach is already being considered by Brent CCG, as part of the national direction of travel being set by NHS England. To implement an MCP model, a number of factors would need to be considered, including:

- The outcomes to be achieved
- Patient/service user groups
- Services to be included
- Duration of the contract
- Procurement approach
- Governance structure to be employed
- Payment and contracting mechanisms, including risk and reward.

Brent Council and CCG will explore the potential application of this approach further in the coming months. Notwithstanding the approach to be followed, a potential road-map for further integration is emerging further to this work:

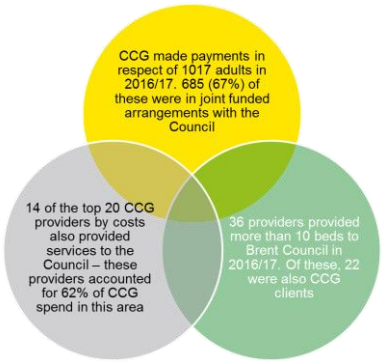
2017/18	2018/19	2020/21
• Steps towards integrated commissioning of residential and nursing and children's therapies services set out in implementation plan • Agree cohorts for next Wave 2 of expansion of integrated commissioning in adult social care which could include Community Mental Health, Learning Disabilities and frail elderly • Work to agree plans for further integration of commissioning for broader children's services and other areas • Assess models for new approaches to care and undertake organisational development review	• New integrated structures for CHC and SEND services effective April 2018 (Wave 1 areas) • Progress with wave 2 areas in adults and children's • Act on Organisational Development review • Progress towards models for new approaches to care	• Wave 3: Begin planning for multi-specialty community provider arrangements • Increasingly, provision of acute services at NWL level

Executive summary

Residential and nursing placements

Current state

Brent Council and CCG commission nursing and placement services separately, with different organisational structures and contractual frameworks. Nonetheless, there are significant overlaps in the population supported and the providers of services to this population. Combined Council and CCG spending on nursing and residential placements is £48.8m, with this budget facing significant funding pressure.



Across the two organisations, residential and nursing placements consists of seven core functions:

1. Strategic management
2. Contract alignment
3. Brokerage
4. Quality management
5. Budgets
6. Assessment of entitlement
7. Invoicing

Across these, there is a lack of alignment between the two organisations, with major differences in the contracting frameworks used, processes, systems and performance management of providers.

Proposals were developed for how to improve alignment across functions 1 to 4. Functions 5 to 7 (which are most closely related to funding) were out of scope of this review.

Executive summary

Residential and nursing placements, continued

Future state

For functions 1 to 4 the following proposals have been agreed between the Council and the CCG:

1. **Strategic management:** the Council and CCG will develop and take forward a shared strategic approach for the commissioning of nursing and residential care in line with the vision to improve outcomes through the greater alignment of commissioning in Brent
2. **Contract alignment:** the Council and the CCG will commission more services through contractual frameworks which support greater consistency in care provision, ideally through greater use of the AQP framework
3. **Brokerage:** the Council and the CCG will integrate the brokerage, invoicing and contract management function under the management of the Council
4. **Quality management:** the Council and the CCG will create two additional posts under the Better Care Fund to help improve the quality of care provided in care homes and to link them to wider care pathways.

Care will be taken to ensure that effective links remain to those functions that are out-of-scope. There remains the possibility that budgets could be pooled at a later date. A potential road-map for further development was also agreed and is set out below:

2017/18	2018/19	2020/21
• Creation of integrated CHC brokerage team, effective from April 2018 • Establishment of BCF 3 working group • Recruitment to new quality posts	• New ACP framework comes on stream • Alignment of contracts with integrated brokerage team deploying both AQP and DPS frameworks as appropriate • Move to shared database • Supply and demand analysis carried out at a West London level • Develop proposals for integration of services other areas (e.g. learning disabilities, Mental health and frail elderly) • Integrate nursing and residential providers into integrated care pathways	• Potential roll-out of integrated services to frail elderly population cohort

Executive summary

Children's therapies

Current state

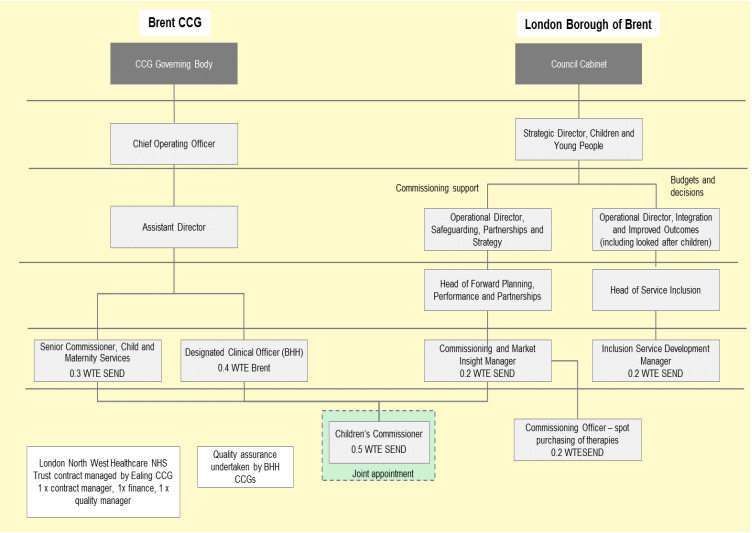
The commissioning of children's therapies was selected as a deep-dive area further to the CQC/Ofsted inspection and the subsequent Written Statement of Action (WSOA), dated 20 October 2017, which sets out a number of intentions regarding integrated commissioning arrangements.

The Children's Trust provides a joint governance arrangement for this work and shared goals have been set out in the WSOA. Formal processes are in place to involve NHS staff in the development of Education, Health and Care Plans.

Children's therapy services are commissioned via a small number of block contracts with London North West Healthcare NHS Trust and Central and North West London NHS Trust. There is some spot purchasing of support for out-of-area children.

Although the commissioning of these services is conducted by both the Council and the CCG, these services are commissioned separately at present, although there is one joint appointment between the two teams.

Current state commissioning structures



Executive summary

Children's therapies, continued

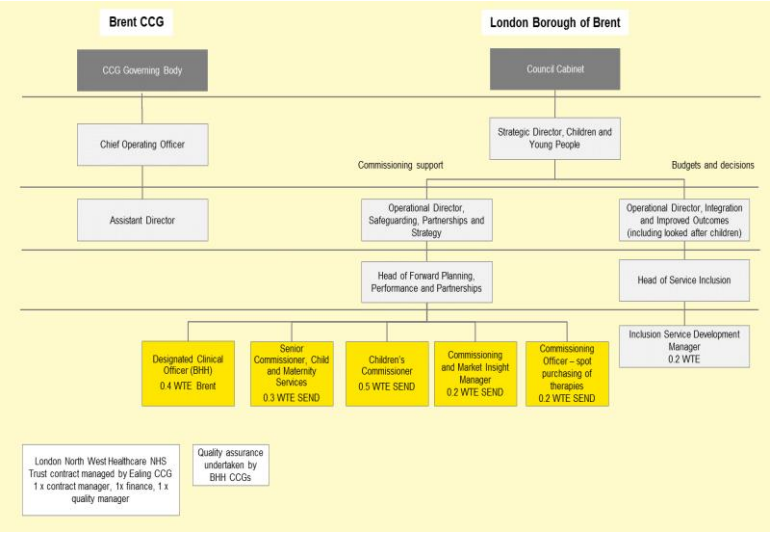
Future state

The Council and the CCG have agreed to a single integrated children's therapies team led by the Council. The Strategic Director for Children and Young People would be responsible for the performance of the team, would report periodically to the CCG and would be engaged in CCG Board discussions on relevant issues.

The integrated structure focuses on children's therapies in Brent, with child and adolescent mental health services (CAMHS) and other children's commissioning not included in the scope. This means that team members will spend some time as part of the integrated team and some time on other duties.

A memorandum of understanding would set out what will be commissioned under the different contracts for children's therapies to ensure alignment. The Council and the CCG are committed to closer alignment of commissioning of children's services, and have agreed to the development of a three-year plan to achieve this.

Future state commissioning structures



2017/18	2018/19	2020/21

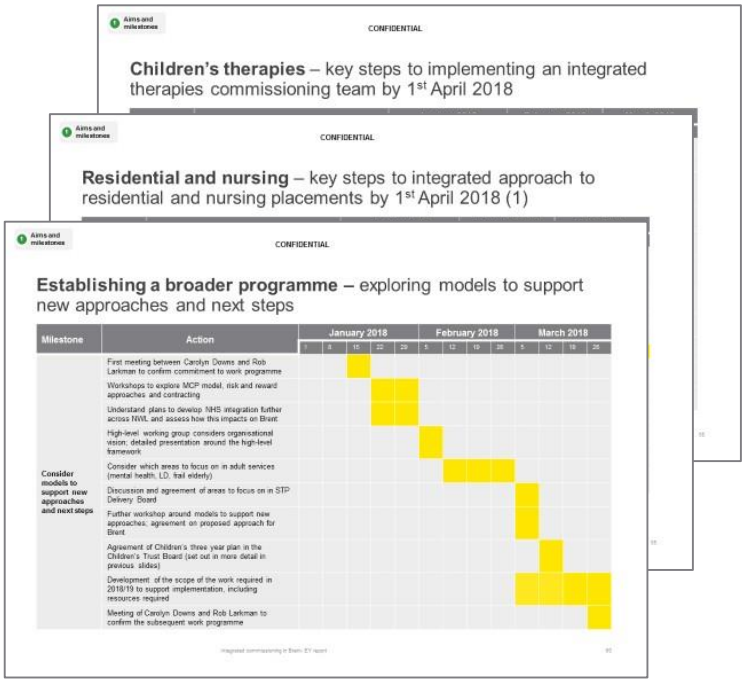
• Preparation for integrated children's therapies team:
  • Information governance training
  • Internal and external workshops on how the integrated team can be effective, linked to specific goals
• Development of three year plan, agreed in the Children's Trust Board
	• Consultation and engagement on the three year plan from April to August 2018
	• CCG gives commissioning intentions to providers by 30th September 2018
	• Disaggregation of children's therapies contract from CCG block contract with London North West by November/ December 2018
	• NWL-wide children's health commissioner network newly established, and Brent participation is expected. This will look as ASD, SEND, and CAMHS.
		• New commissioning arrangements come into place on 1st April 2019 in the new financial year

Executive summary

Establishing your integration plan

In order to maintain momentum with your work to integrate commissioning, proposals have been made for the following four key areas of implementation planning:

1. **Aims and milestones:** with supporting high-level plans, for the:
   - Implementation of the deep-dives by 1st April 2018
   - Development of a broader programme of integration during 2018/19 and beyond.
2. **Governance structures:** for the implementation of the deep-dives and the broader programme of integration
3. **Capacity and capability:** requirements for January to March 2018
4. **Risks and mitigations:** identified through this work, with potential mitigations to be carried out as part of the immediate next steps.



A major theme identified was the need to ensure greater cultural alignment between the Council and the CCG. To address this and support work around the above areas the project board agreed the following actions to be completed in January 2018:

1. Decision by both the Council and CCG to proceed with implementation of deep-dive recommendations
2. Meeting between chief executives of the Council and CCG to establish shared commitment to a broader work programme
3. Initial meetings between key Council and CCG senior managers to agree how to support integration in key areas – HR, IM&T and Finance

Section 1

Scope and aims

We have completed a six week engagement on integrated commissioning in Brent

Our work has focused on: i) the development of a high-level framework for integrated commissioning in Brent and ii) deep-dive analysis of integrated commissioning for residential and nursing placements and children's therapies. This version of the draft deliverable contains a new section on establishing your integration programme.

Week commencing	6th November	13th November	20th November	27th November	4th December	11th December
Governance/ Board meetings	Confirm scope	★		★ *Postponed as deep-dives taken forward in bilateral discussions*		★ ★
High-level framework	Develop and agree design criteria Develop draft high-level framework		Refine and agree high-level framework			
Deep-dives into SEND and CHC/ Placements	Draw together current state analysis		Develop options and carry out a clear process to identify the preferred option		Implementation planning and final handover	

Through discussion with key leads, we set the following goals and measures to guide this work

Overall goal: to make improvements to outcomes through the greater alignment of commissioning in Brent

How this could be measured:

- Improved outcomes achieved by commissioned services
- Greater alignment of services
- Improved value for money
- Improved satisfaction of service users/ patients and relatives
- More effective overall commissioning function

Children's therapies – to improve the quality of service co-ordination for children and parents

How this could be measured (taken from the Written Statement of Action):

- All children and young people with SEND including vulnerable groups receive timely support and access to services that help them maximise their potential
- Professionals feel more confident in identifying SEND, have the skills to assess need and develop SMART outcomes for children and young people
- Parents/carers are meaningfully participating in the design and delivery of services- 'do nothing about us without us'
- All parents/carers are actively engaged in the co-production of EHC Plans and agreeing outcomes for their child/ young person.
- More young people with SEND have access to employment and community activities to support them to lead independent lives
- The Council and the CCG jointly commission services for children and young people with SEND to ensure that the right provision is in place and children and young people have access to the services they need
- Children and young people with SEND make appropriate progress and outcomes are improved
- Waiting times for access to services are reduced in line with national guidelines
- Education Health and Care Plans are holistic in setting out all the needs of the child/young person, and are completed within required timescales
- Parents/Carers have access to support and services through the Local Offer, including a range of short breaks
- Parents/Carers report improved satisfaction with services that are better co-ordinated and reduce duplication – 'tell the story once'

Residential and Nursing – to improve the quality of care and the efficiency/ effectiveness of the commissioning process

How this could be measured:

- Improve quality of care for residents in care and nursing homes
  - Reduction in unplanned hospital admissions
  - Reduction in Delayed Transfers of Care
  - Reduction in incidents and subsequent inquiries
- Provide best value for money in Nursing and Residential commissioning

Section 2

Vision for integrated commissioning in Brent

Brent Council and CCG are committed to integrating commissioning functions but need to develop a programme of broader integration

There is a strong commitment by both the Council and CCG to integrate commissioning functions, with a view to achieving better outcomes for the citizens of Brent, albeit without a clear view of the what this might ultimately mean for the two organisations.

There are some differences as to whether and how to integrate governance structures, people/teams and budgets, and also different views on the pace of integration. The broader complexity of commissioning and procurement arrangements across NW London is also a factor that needs further consideration.

This high-level framework is intended to allow progress to made in parallel with further work to address these factors and to make progress with deeper integration in the longer-term.

As a starting point for this progress, it is essential to have a vision for integrated commissioning that sets out:

- The outcomes that the Council and CCG are seeking to achieve
- The broader context within which this work is taking place
- A road-map setting out the steps that can be taken in the next two years
- A basis for agreeing what the ultimate end-point is for the two organisations.

The deep-dives provide a basis for moving things forward in the short-term, and a basis for identifying some of the issues that will be faced in pursuing deeper and more extensive integration.

Deeper integration will need to take account of the complexities of NW London in addition to local considerations

Fragmented commissioning

Existing commissioning arrangements can be complex and fragmented, with key functions being delivered at different geographical and organisational levels that do not always align. For example, quality assurance for SEND services is undertaken by Brent, Harrow and Hillingdon CCGs. Providers have noted that this can be an obstacle to effective provision. Procurement is also conducted through different groupings, including the West London Alliance.

Conflicting STP priorities

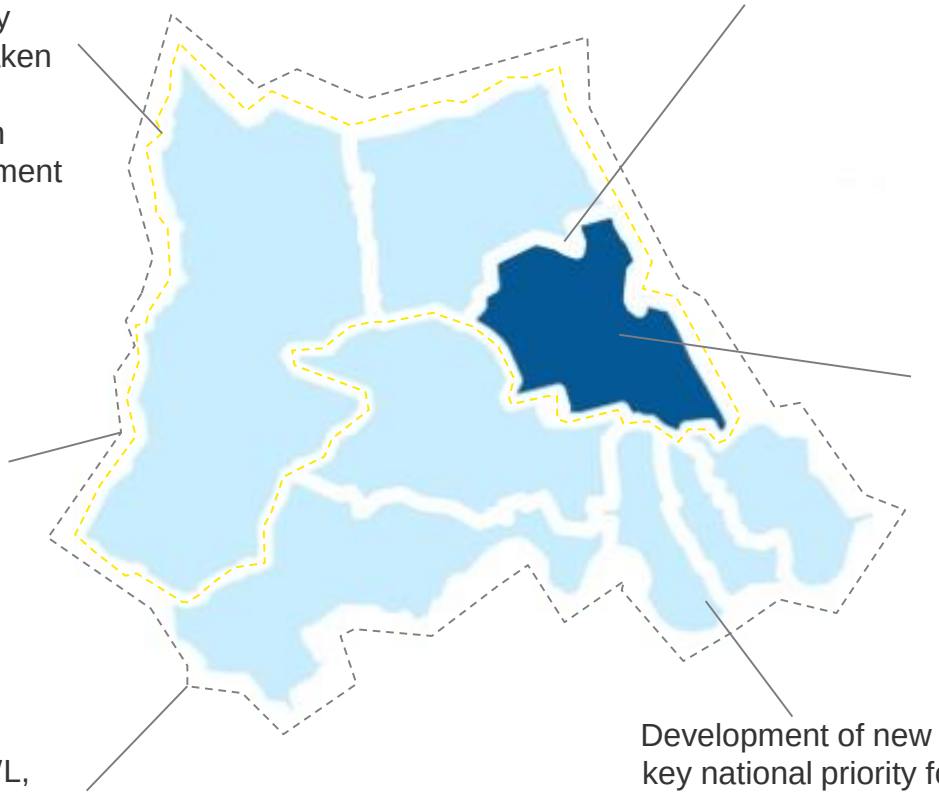
The priorities set out in the NWL Sustainability and Transformation Plan (STP) have revealed areas of conflict between local and sub-regional commissioning and provision, such as provision of mental health services.

NWL CCGs organisational changes

Significant organisational changes are expected to the eight CCGs serving NWL, with a move to a single accountable officer expected by FY2018/19. Further consolidation is likely to follow.

Commissioner financial challenge

To close the financial gap over the next five years, Brent CCG needs to find £12m net savings. The Council is forecasting a £17m gap by 2020 (which would be reduced to £9m if the precept is applied year on year). There is an opportunity to make better use of resources by commissioning services in a more joined up way locally.



Provider financial challenge

London North West Healthcare NHS Trust (LNWHT) and Central and North West London NHS Foundation Trust (CNWL) are forecasting a financial gap. Each provides services to multiple CCGs and therefore only a proportion of its financial gap is directly associated with Brent.

Accountable care agenda

Development of new models of accountable care is a key national priority for NHS England. This is already driving activity in NWL, with Hillingdon recently having implemented a capitated budget for over 65s. Locally, this is preventing the CCG from committing budgets

Integrated commissioning must respond to the priorities set out in the Brent health and care plan – but there are barriers to overcome

Your key priorities by 20/21		Risks to these priorities identified in our work in Brent	Mitigations
Health and wellbeing	**Holistic approach to wellbeing, services as joined up as possible**	• Fragmented commissioning arrangements sometimes translate to fragmented services – as highlighted recently by LNWHT in a letter to commissioners.	• Stronger commissioner focus on patient-centrered models of care is needed deliver a step change in holistic provision of health and social care
	Focus on early intervention and prevention	• With the current commissioning approach providers are not incentivised to deliver proactive, joined up care	• Closer provider collaboration and communication should be encouraged to support more preventative and proactive approaches to care
Care and quality	**Highly skilled workforce working together across health and social care, increasingly integrated approach to commissioning**	• Cultural differences between the Council and CCG threaten further successful collaboration • Stakeholders have expressed views that gaps in competency may pose a risk to successful delivery under new structures	• Organisational development work is needed to support change • Competency mapping should be used to ensure new structures are supported by the right skill mix
	Provider joint accountability for quality and outcomes	• The existing commissioning approach does not support joint accountability amongst providers	• Provider contracts should be aligned to support collective accountability for quality and outcomes
Finance and efficiency	**Providers working together more efficiently and maintaining financial balance**	• Brent commissioners do not adequately encourage collaboration between providers to make the best use of resources and interventions	• Commissioners must incentivise providers to collaborate more effectively to improve outcomes and efficiency
	Reduced demand for acute and residential care through better management of patients with complex needs	• A lack of a patient-centred approach reduces the effectiveness of care, particularly for those with complex needs	• Commissioners need to encourage increased focus on the patient in the design of future delivery models

A jointly commissioned, ‘population-based’ model of care could overcome obstacles to better care inherent in current arrangements

The current focus on closer commissioning of children’s therapies’ and residential and nursing placements demonstrates a clear intent to deliver high quality, joined up services to Brent residents.

However, as outlined on the previous slide, current commissioning arrangements present serious barriers – not only to achievement of the shared vision, but to delivery of high quality care now. A population-based model has the potential to address many of these by driving:

- Patient-centred care driving holistic provision
- Better use of the full range of local assets to serve the population
- Shared accountability and incentivisation driving providers to work together more effectively and efficiently

In addition, a move towards a population-based model would be in line with the national direction of travel, particularly from a health perspective, and would enable commissioners in Brent to strike the right balance between a local and sub-regional focus.

This would mean delivering local, patient-centred care to meet the unique needs of Brent residents while making the most of opportunities to deliver aspects of care across a broader footprint, ensuring high quality services and allowing commissioners to make the most of opportunities to realise economies of scale and leverage collective buying power.

Core components of a population-based care model

A population based model has three core characteristics:

1. **A single budget (aligned or pooled) allocated by commissioners to deliver a range of services to the defined population**
2. **A single provider or group of providers (accountable care organisation) that collaborates to meet the needs of a defined population**
3. **A contract specifying the outcomes and other objectives providers are required to achieve within the given budget**

There is no single structural model for an accountable care organisation (ACO). The two most well known models are:

- **multi-specialty, community based provider (MCP)** which provides primary, community, mental health and social care services
- **primary and acute care model (PACS)** which, in addition to the above services, provides most or all hospital services.

Adoption of population-based models of care is a key national priority for health and Brent CCG is being stewarded towards implementation of population based models in the short to medium term.

In Brent, the expectation is that the MCP model will be used, due to the increasingly sub-regional focus of acute services.

There is an opportunity for the Council to engage with this work now, working closely with the CCG to commission new MCP models for selected cohorts.

A move towards a population-based model could be implemented taking an incremental approach

There is recognition that the commissioners are in different places in terms of readiness to embrace an MCP model. There is also a reluctance locally, at this stage, to pursue further pooling of budgets.

There is no one size fits all approach of accountable care and areas are taking different approaches in line with their willingness and readiness to embrace change – we have included some examples below. Population-based models can be implemented on a cohort by cohort basis, by age group, condition and by age and condition. Commissioning budgets can also be aligned, rather than pooled.

The current focus in Brent on closer alignment of commissioning for residential and nursing placements and children's therapies is a strong foundation upon which to build towards a more ambitious model at the scale and pace that feels right locally.

Hillingdon accountable care partnership for over 65s

- In Hillingdon, the CCG and Council have jointly commissioned an Accountable Care Partnership (ACP) with a capitated budget to serve older people over the age of 65 in the borough
- Providers have pooled selected budgets in FY17/18 and the expectation is that a full capitated budget will be implemented by FY18/19

Wakefield multi-speciality community provider vanguard

- The Wakefield Vanguard is providing a wide range of health and social care services to people in their homes and communities with a focus on moving specialist care out of hospitals and redesigning care around the health of the population
- From April 2017, building on the successful pilot phase which started in 2015, Wakefield has started the process of rolling out a district-wide MCP model of care

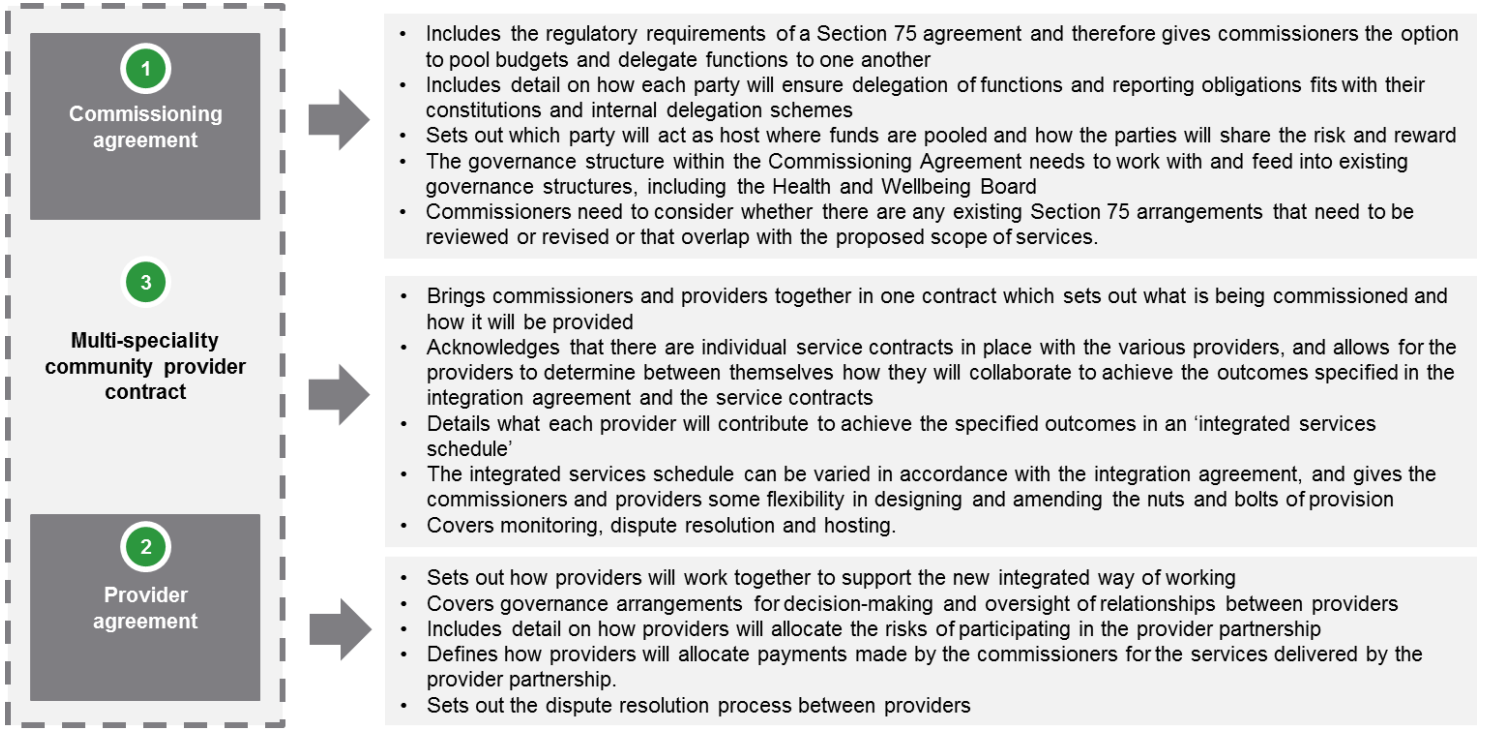
Doncaster ACS and integrated commissioning unit

- In Doncaster, the Council and CCG are working closely, together with local providers, to progress work towards an accountable care system.
- The work is starting with two focus areas, 'Complex Lives' and intermediate care, with a phased plan to upscale to strategic areas in 2018
- As part of the this work the Council and CCG plan to move to a single integrated commissioning unit

A framework of key agreements would be needed to support an accountable care model

Three types of agreement are needed to support a population-based accountable care model:

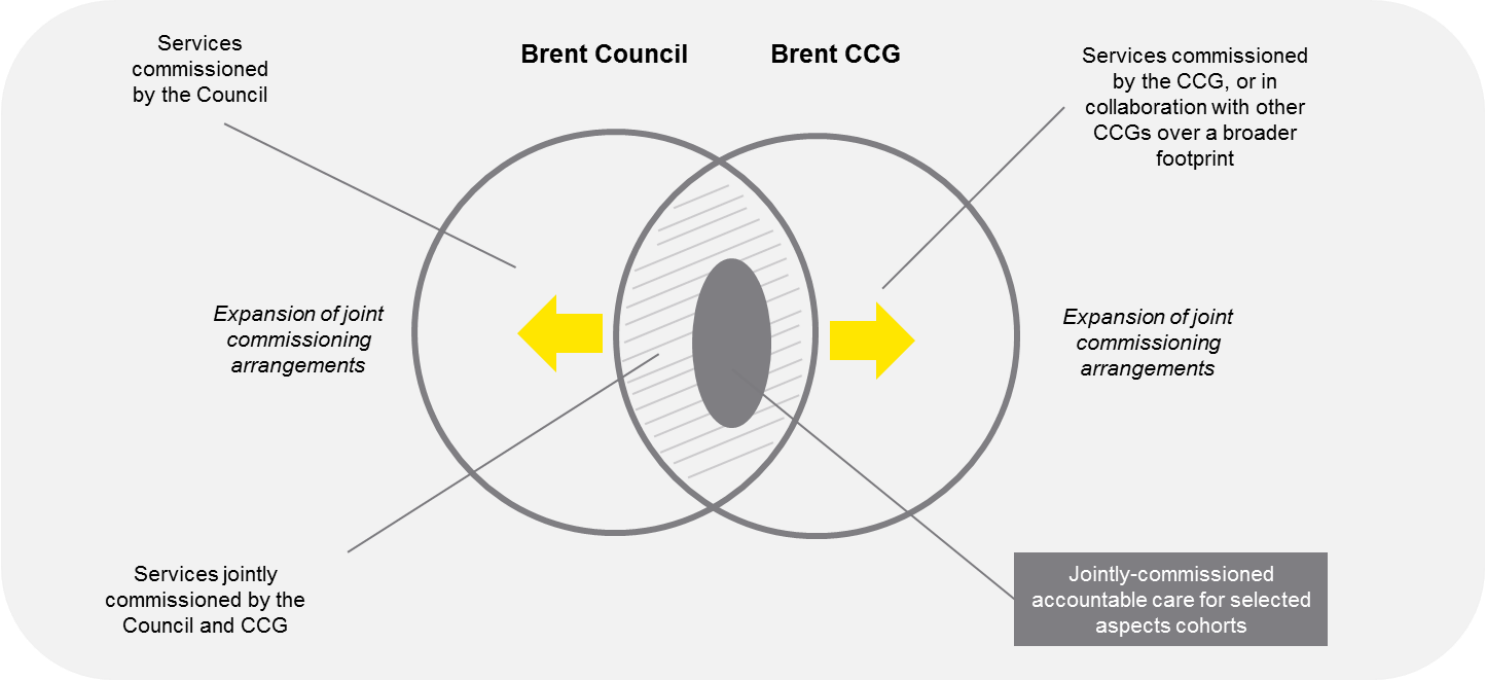
- an agreement between commissioners
- an agreement between providers
- an agreement between commissioners and providers.



An accountable model of care would act as a catalyst for closer integration of commissioning

By developing an accountable care model Brent commissioners could build on existing joint commissioning plans and further strengthen collaboration between the Council and CCG.

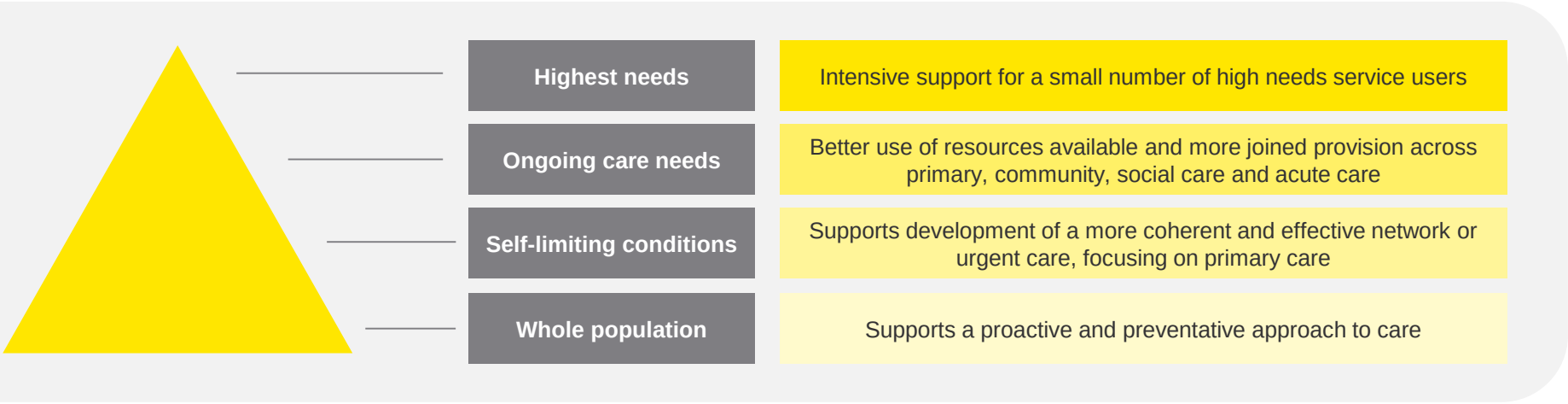
Accountable care would not necessarily apply to all jointly commissioned areas. This is illustrated in the diagram below, where accountable care cohorts sit within the shaded area which represents the full range of jointly commissioned services.



A multi-specialty, community based provider (MCP) model would be at the heart of a patient-centred, outcomes based strategy

An MCP is a relatively new provider structure to deliver place-based care, which can combine primary and community healthcare with social care and incorporate a range of specialists to best serve the designated population. This can include hospital services such as outpatients and day surgery and can also include mental health as well as physical health services.

An MCP is built around a hub or multiple hubs of integrated teams, depending on the size of the population it serves (typically, a hub will serve 30,000 – 50,000 people). In it's purest form an MCP holds a single budget for all the services it provides and has sufficient autotomy and incentivisation to reshape care to deliver the best possible outcomes for patients.



Based on our work, a roadmap is emerging for further integration over the next two years

2017/18

- Steps towards integrated commissioning of Residential and Nursing and children's therapies services as set out in the separate implementation plan
- Agree cohorts for next Wave 2 of expansion of integrated commissioning in adult social care which could include Community Mental Health, Learning Disabilities and frail elderly
- Work to agree plans for further integration of commissioning for broader Children's Services and other areas
- Assess models for new approaches to care and carry out Organisational Development review

2018/19

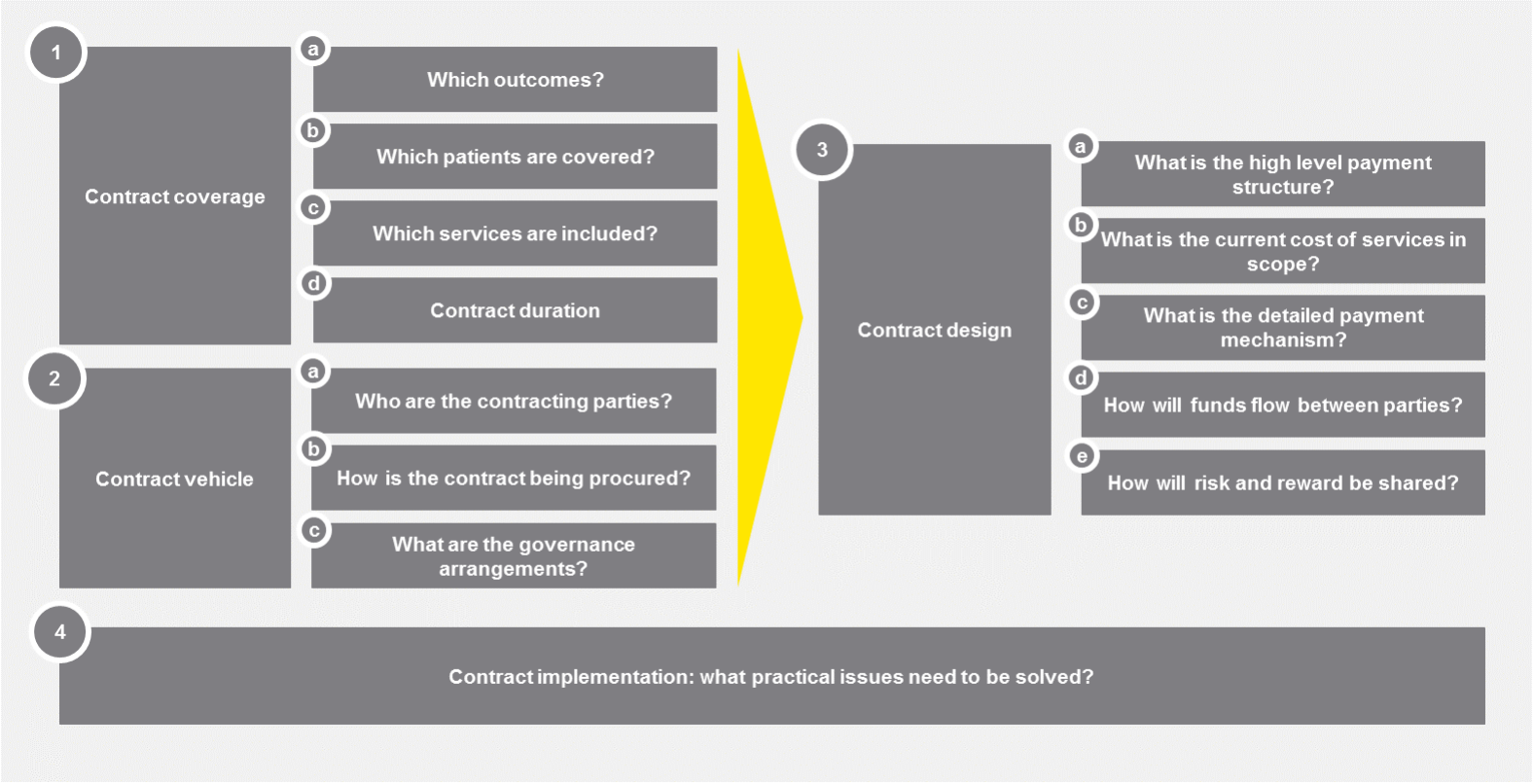
- New integrated structures for CHC and SEND services effective April 2018 (Wave 1 areas)
- Progress with wave 2 areas in adults and children's
- Act on Organisational Development review
- Progress towards models for new approaches to care

2019/20

- Wave 3: Begin planning for multi-specialty community provider arrangements
- Increasingly, provision of acute services at NWL level

Key steps towards contracting for an outcomes based model of care

The framework below sets out the key contracting steps towards an accountable care model. The Council and CCG would need to follow this process for each new cohort identified for a shift to accountable care. Further detail on each step is included in the following slides.



Key steps towards contracting for an outcomes based model of care (1 of 5)

Key question	Considerations
1a. Which outcomes do commissioners want to achieve as part of the contract?	► The outcomes framework is a key part of the overall contract structure and will be the main tool that commissioners use to hold the providers to account for delivery of quality for patients. ► Agreeing the outcomes to be delivered up-front is key. Each outcome will need to be supported by a metric (allowing commissioners to measure whether progress has been made) and a mutually agreed target (considered achievable by commissioners and providers).
1b. Which patients/service users will be covered by the contract?	► Deciding which patients will be covered by the contract needs to be one of the first steps in the contractual process. There are a number of different ways of segmenting the population. ► The contract will need to specify which segment is included in the contract and how those patients are defined. In the case of an age-segmented contract patients will be defined by age group, e.g. over-65s. ► Other options include identifying disease-specific cohorts such as cancer or other long term conditions. It is also possible to define a cohort by age and condition – for example, over 65s with one long term condition. Providers and commissioners need to ensure that the population is specified, unambiguous and identifiable. Some Vanguards are seeking to adopt a whole population budget.

Key steps towards contracting for an outcomes based model of care (2 of 5)

Key question	Considerations
1c. Which services are included in the contract?	► Defining which services the providers are responsible for delivering under the contract must be undertaken at an early stage so providers understand which of their current contractual flows will be absorbed into the new contract. This also allows providers to begin planning their service model for future care delivery. ► This will become particularly important when valuing the contract and paying providers to ensure that services are not paid for twice (i.e. once through the capitated payment and again through a payment for a specific service or treatment). Included services should be specified at as granular level a level of detail as possible (e.g. by HRG for acute providers). Other services are included in the contract by way of variation, over the course of the contract term.
1d. What is the duration of the contract?	► A longer contract length offers security of income for providers. This has the benefit of giving the providers greater certainty about future revenue streams for a longer period of time. This enables the providers to invest resources in activities that might improve outcomes for patients or reduce costs in serving the patient cohort over a longer payback period. ► However, a longer contract length locks the providers and the commissioners into greater financial risk. The pros and cons of this approach (for both commissioners and providers) should be considered and agreed up-front. Typically, contract durations are likely to be a minimum of 3 years and can extend to 7 or 8 years.

Key steps towards contracting for an outcomes based model of care (3 of 5)

Key question	Considerations
2a. Who are the contracting parties?	► Whilst new members may join the MCP over time, initial parties to the agreement will need to be agreed early on so that progress can be made with deciding relevant contractual issues.
2b. How is the contract being procured?	► Commissioners will need to decide on a procurement route, taking into account relevant NHS and EU procurement law.
2c. What are the governance arrangements?	► The governance arrangements must allow a provider partnership to run effectively, enable parties to be clear on their roles and responsibilities and allow decisions to be taken and disputes resolved. ► The governance arrangements, to a large extent, will be informed by the proposed legal form of the collaboration between organisations.

Key steps towards contracting for an outcomes based model of care (4 of 5)

Key question	Considerations
3a. What is the high level payment structure?	▸ There are a number of payment mechanisms to select from such as capitated budgets, block payments, PbR etc. ▸ The commissioners should determine whether a proportion of the contract value will be paid on achievement of outcomes. While the amount that should be linked to outcomes will need to be considered carefully, it is clear that it needs to be sufficiently material to ensure that it is impacts on the behaviour of the providers. In particular, it should be sufficiently high to counteract any potentially perverse incentives (for example to reduce cost at the expense of patient outcomes) that a block payment alone might create.
3b. What is the contract value?	▸ The contract value will be negotiated between the providers and the commissioners. The historical cost of included services can be used as a starting point, but other considerations must also be taken into account. For example, costs might be expected to increase over the course of the contract due to standard inflationary pressures or for epidemiological reasons anticipated with that specific cohort of the population. ▸ Equally, offsetting efficiency gains might be expected. Furthermore, a new model of delivery might be expected to reduce the overall costs of serving the population and, under certain circumstances, it might be deemed appropriate to claw back some of the cost saving over the duration of the contract itself.

Key steps towards contracting for an outcomes based model of care (5 of 5)

Key question	Considerations
3c. What is the detailed payment mechanism?	► The detailed payment mechanism will describe the full mechanics of payment flows under the contract under a range of different outcomes. For a capitated payment this needs to include how the outcomes element of the payment will be determined e.g. how is the outcomes payment element calculated? Are payments made for individual outcomes or for achievement of all outcomes? Is achievement greater than the outcomes target financially rewarded?
3d. How will funds flow between the MCP members, and any sub-contractors?	► This question relates to how the contract payment is shared between parties within the MCP. Although it is likely to vary on a case-by-case basis, a working assumption is that the overall payment structure (between the commissioner and the MCP) should, as far as possible, be replicated between the MCP members and also between the MCP and any subcontractors so as to ensure that all parties are equally signed up to the overall risks of the contract.
3e. How will risks and gains be shared?	► Agreeing and documenting how risks and gains will be shared is vital to the success of the agreement. This includes risk share between commissioners and providers and between providers within the MCP.
4. Contract implementation: what practical issues need to be solved?	► As well as the issues set out above, there will be a number of other points of detail that commissioners and providers will need to ensure are set out and documented before contract go-live. This typically includes: ► Ensuring that the new contractual arrangements operate effectively with other contracts that are already in place. In particular, it will be important that there are no gaps or overlaps with other contracts to mitigate against the risk of non or overpayment ► Ensuring that data capture protocols are in place to capture data for both activity and outcomes as this will feed into the payment and monitoring process for the contract ► Developing a framework to evaluate the effectiveness of the contract ► Defining performance thresholds that provide “step in” rights for the CCGs or some providers in the case of poor performance.

To support a longer term move to an accountable care strategy strong leadership would be needed to tackle cultural issues

- There are cultural differences between the Council and CCG. At a senior level there is a lack of alignment on the longer term direction of travel. It is also clear from interviews we have held that there is some mistrust between the two organisations.

- To address these issues we would suggest a programme of work with the leadership of both commissioning organisations to strengthen alignment on the future direction and to encourage the right behaviours.

Section 3

Residential and nursing care

Brent Council and Brent CCG commission residential and nursing care separately

The Council and CCG have statutory duties to commission residential and nursing care:

- The Council commissions support for people who require it under the terms of the 2014 Care Act. The 2014 Care Act sets out criteria for living independently, such as maintaining personal hygiene and being adequately clothed.
- The CCG commissions Continuing Health Care, where a patient requires 24/ 7 nursing provision and so a provider delivers that care on behalf of the NHS. In addition, the CCG pays for "Funded Nursing Care" in care homes and joint funds care packages with the Council.

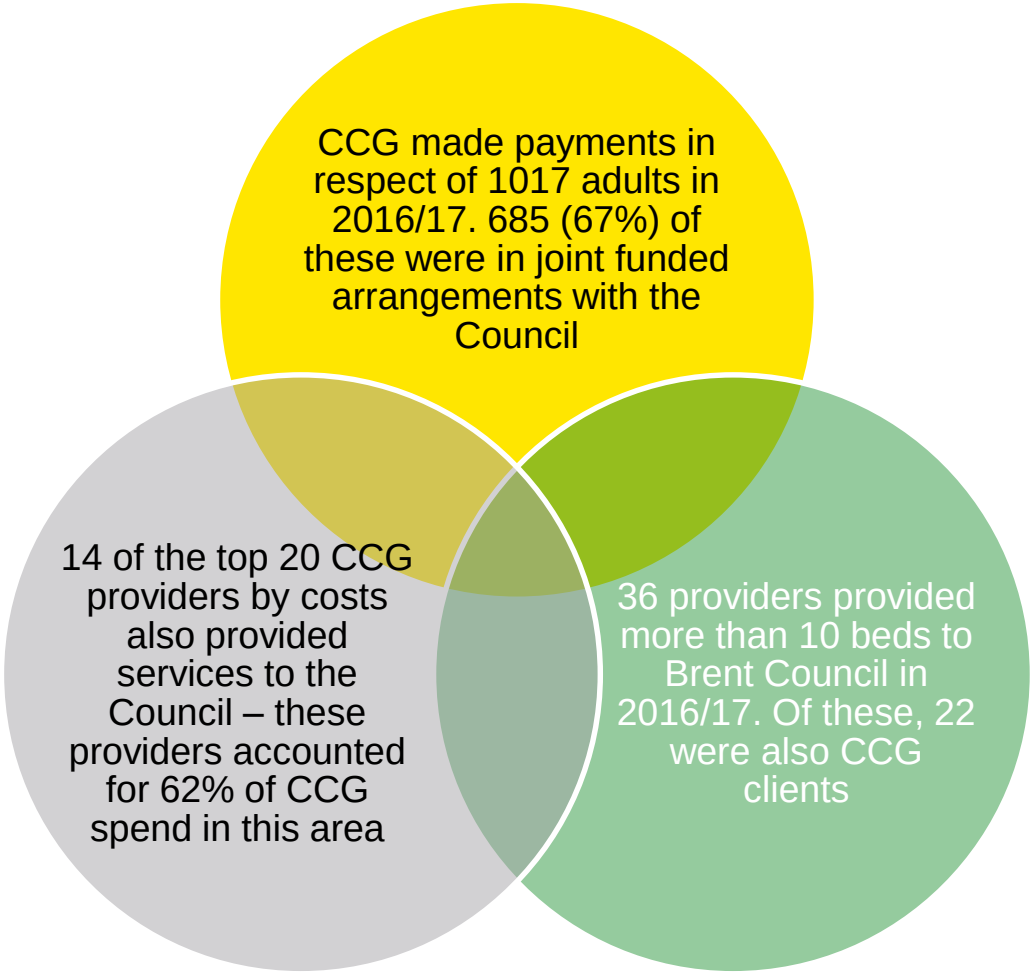
Different organisational approaches

- In organising its commissioning of CHC and placements, the CCG has joined together with Harrow CCG and Hillingdon CCG to create a shared BHH function. This function covers adults, including people with learning disabilities, and children. The services include nursing assessment of entitlement, brokerage and invoicing. The service is part of the BHH Quality and Safety Directorate. This Directorate has the broader remit to monitor the quality of all commissioned services, including residential and nursing care.
- Brent Council commissions residential and nursing support separately for adults and children, reflecting this conventional split in the organisation of Council services. Within adult social care, the Council is moving to new structures that commission at different levels of need; so a residential and nursing team, a supported living team and a community and preventative team.

Different frameworks

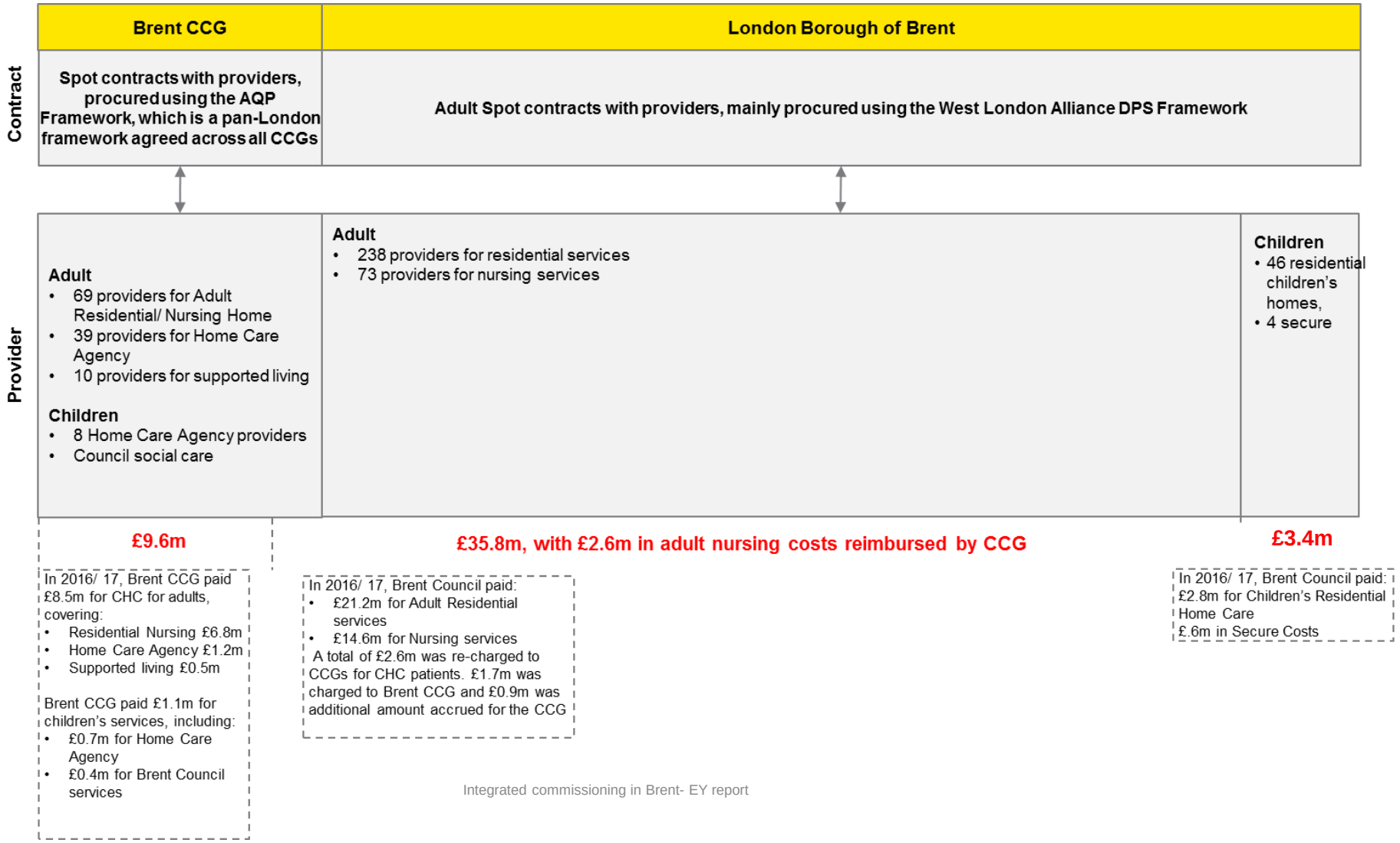
- BHH commissions CHC services through the pan-London AQP framework. All 32 CCGs are signatories. The framework sets out detailed quality criteria and a standard payment rate of £820 a week. BHH does not have frameworks in place specifically for nursing care outside CHC.
- Brent Council commissions residential care and supported living through the West London Alliance's DPS framework. The seven member boroughs of the West London Alliance are Barnet, Brent, Ealing, Hammersmith and Fulham, Harrow, Hounslow and Hillingdon. The West London Alliance is not coterminous with the North West London CCG collaborative who together have developed a Sustainability and Transformation Plan. The DPS framework sets out two categories of support for residential care and two categories of support for supported living.
- The DPS has identified Brent and Ealing as a distinct "Broad Market Area". The "Broad Market Area" rates for Brent and Ealing are lower than for most of the other boroughs but higher than Hillingdon.

There are significant overlaps in the population supported and the providers commissioned to provide services to them



Between them, Brent CCG and Council pay £48.8m for residential and nursing placements

Brent CCG commissions support through 24/ 7 nursing care (CHC), joint funding with the Council and funded nursing care provided in a home. The Council provides support to people in need as defined in the 2014 Care Act. This support is means-tested.



Looking ahead, there are significant funding pressures on the residential and nursing agenda

Changing demography in Brent means that demand for residential and nursing support is projected to increase significantly in the coming years.

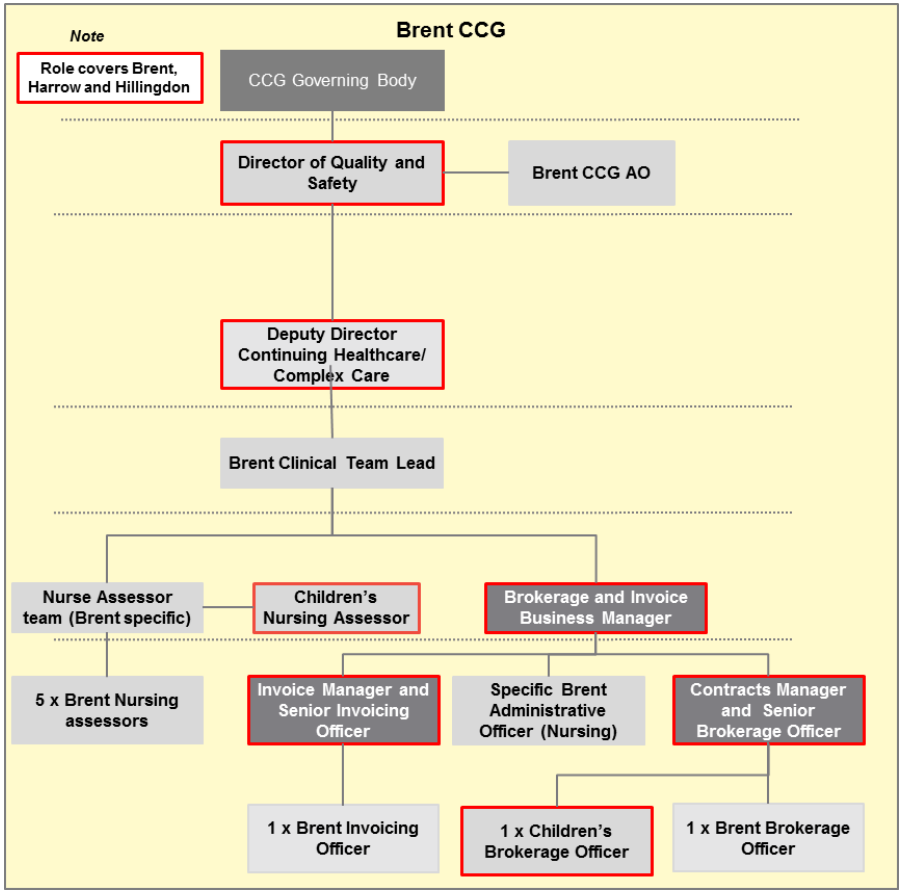
The Brent Joint Strategic Needs Assessment in 2015 projected that the population aged 65 and above will rise from 36,000 in 2015 to 52,900 in 2030, an increase of 47%. This population will have increasingly complex health needs. Between 2014 and 2030, the population of Brent estimated to have dementia is projected to increase from 2,369 to 3,857, an increase of 63% over the period. This will represent a significant demand on social care. The number of people over 65 living in Brent with or without nursing is projected to increase from 746 in 2015 to 1,189 in 2030, which represents an increase of nearly 60%.

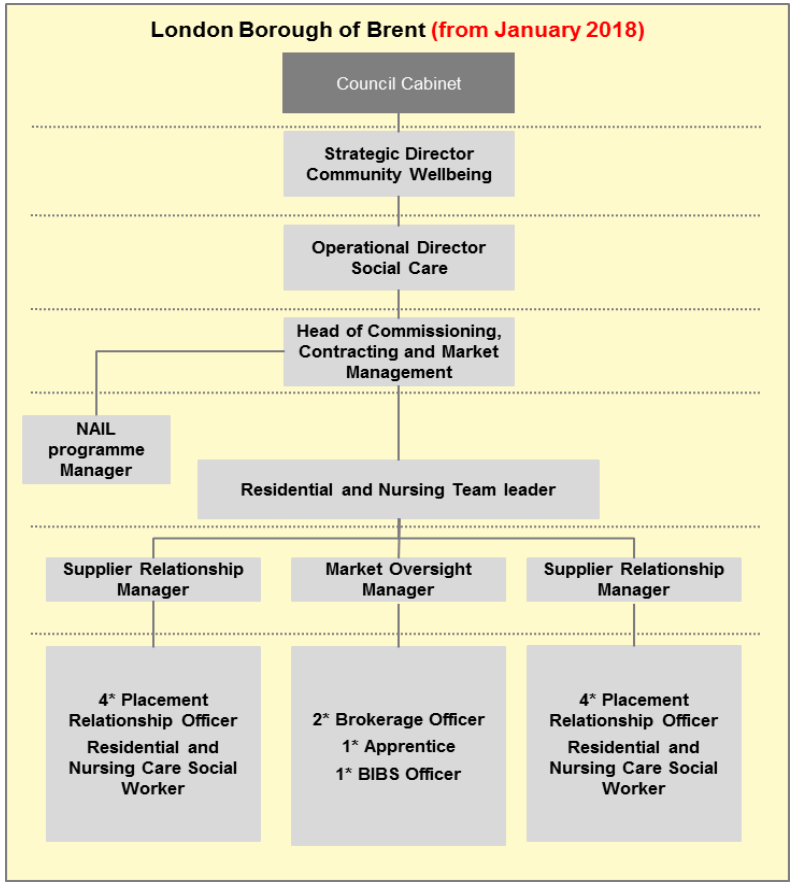
This increase in demand will be a significant cost pressure for Brent Council and the CCG. Between them, they paid £48.8m for residential and nursing care in 2016/17. Applying a crude measure of 60% increase in demand this would suggest that there is a potential £30m cost pressure. Further pressures include a lack of capacity in the residential and nursing home market, and this is beginning to have the impact of driving prices up. The West London Alliance has proposed a supply and demand analysis across West London. Providers are themselves under pressure, and one potential impact of Brexit is greater difficulty in recruiting and retaining appropriately qualified staff. In a constrained market, it is also essential that commissioners continue to set high expectations for providers so that vulnerable older people are not the victims of substandard care.

Brent Council and Brent Council recognise the strategic importance of this agenda, which is also highlighted in the North West London Sustainability and Transformation Plan.

- The North West London STP identifies a delivery area theme of achieving better outcomes and experience of care for older people. The actions include single seven day discharge approach across health, moving towards fully integrated health and social care discharge and training and support to care homes to manage people in their last phase of life.
- The Brent Health and Care Plan identifies joined-up services for older people as a big ticket item for 2016/ 17 and 2017/ 18.
- The Brent Better Care Fund has identified care home market changes as a priority.

Staffing structures CCG commissions across BHH and the Council is moving to a new structure





1. Brent CCG is part of an integrated team with Hillingdon and Harrow CCGs. There are three main tiers of provision; 24/ 7 nursing care (CHC), shared care funded with the Council and funded nursing care. The CCGs commission CHC using the pan-London AQP framework. Assessments are carried out by qualified nurses. The total cost of BHH continuing care staff is £1.8m p.a. (per annum). Brent CCG's share is £671k.
2. The Council commissions residential and nursing services through the West London Alliance DPS framework. The Council is developing a framework for supported living services. The cost of the team in the organigram, from the Head of Commissioning, Contracting and market management down, is £1.3m p.a.
3. Both organisations maintain separate brokerage and invoicing functions.

The two organisations operate essentially independently in commissioning residential and nursing care

Our work on the current state reviewed current activity against seven core functions:

Strategic functions

1

Strategic management

- BCF Steering Group brings together senior organisational leaders, but does not currently include BHH leaders who are responsible for CHC commissioning
- Care Homes identified as BCF shared priority but no integrated strategic view at present

2

Contract alignment

- Council commissions residential care through West London DPS Framework
- BHH CCGs commissions residential care through pan-London framework
- The main providers to both the Council and the CCG are on both frameworks

Provider management functions

3

Brokerage

- BHH CCGs has brokerage team which covers all CHC and nursing placements
- Council has brokerage teams and is moving to organise these around types of service being commissioned

4

Quality management

- BHH has distinct Quality and Safety Directorate which record quality information
- Council has separate performance monitoring system
- Providers complain that they have multiple contacts around similar information

Financial accountability

5

Budgets

- Complete separation of budgets for CHC/ Placements, bar pooling resource for some BCF roles
- Spending is triggered by assessment of entitlement against nationally defined criteria

6

Assessment of entitlement

- BHH CCGs have nurse assessors in place
- Council has distinct assessment procedures, including means testing
- Processes in place to work together

7

Invoicing

- BHH CCGs provide invoicing services for the CCG. Council has separate invoicing service
- Frequent links between the two teams where the cost of provision is shared

An assessment against the standard operating model framework identifies further issues around a lack of alignment

The following boxes set out an analysis of the current situation against a standard operating model framework. The provider market could be managed more effectively if the Council and CCG were to work together as aligned organisations.

Governance and Risk Management

- No structured arrangement in place to share intelligence and manage providers effectively
- Distinct CCG CHC Review Panel and Council Placement Review Panel in place. These are statutory bodies
- Individual CHC case assessments have social worker present
- Council present at Ratification Panel

Process

- At present, the two main framework contracts (AQP and DPS) operate independently
- Monthly meetings between Nicky Yiasoumi and Helen Duncan-Turnbull
- Existing Provider Forum, but providers approached separately by CCGs and LA and this causes duplication and confusion

Performance measurement

- Separate performance monitoring of providers through different contractual frameworks

Data and technology

- LA uses Mosaic system for brokerage and CCG uses Care Plan system
- Systems are incompatible
- Information Governance issues prevent sharing of data

Organisation

- Lack of resource put into effective scrutiny and challenge of providers and to integrate providers into broader care pathways

People

- Brent CCG commissions CHC as part of integrated team with Harrow CCG and Hillingdon CCG (BHH)
- Brent Council moving to new structures that place a greater emphasis on market management

Brent Council and CCG will share a strategic approach and manage providers together but financial accountability remains separate

Brent Council and Brent CCG recognise the need to work together to manage the residential and nursing market effectively. They will develop a strategic approach to managing nursing and residential care provision. They will share a brokerage function and pool resource to work with providers to improve the quality of care provided. However, we have had a firm steer that the organisations' financial management remains separate. Budgets will not be pooled and entitlement will be assessed separately.

Shared Strategy

1

- **Strategic management:** Develop new governance forum to oversee shared approach, via a re-scoped BCF group. Agree shared performance indicators

2

- **Contract alignment:** Commitment to programme of work to align contracts

Integrated Provider Management functions

3

- **Brokerage:** Move to an integrated brokerage team, commissioning across health and social care. Migrate to shared brokerage data system

4

- **Quality management:** Joint funding of a new member of staff with the specific remit to work with care homes to improve quality and link to broader pathways

Financial Accountability- out of scope

5

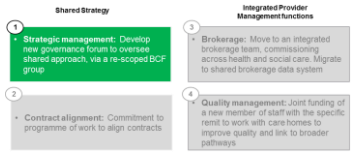
- **Pooled budgets:** Brent CCG provided a clear steer that budgets would not be pooled

6

Assessment of entitlement: Separate teams to remain in place, albeit working together closely and with joint scrutiny. Distinct CHC and Council approval bodies are in place to authorise spending

7

- **Invoicing:** BHH proposed that distinct NHS and Council invoicing functions be retained, supporting accountability of spending



Brent Council and CCG will align around a shared strategy for commissioning residential and nursing care

Aspiration:

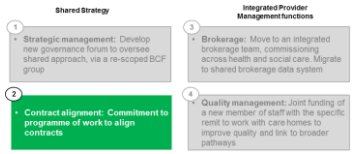
To develop and take forward a shared strategic approach for the commissioning of nursing and residential care in line with the vision to improve outcomes through the greater alignment of commissioning in Brent

Key Actions:

- Create a specific BCF 3 (Care home market) working group which will meet monthly from January 2018 and report to the BCF Steering Group. The working group will have the specific remit to:
  - Develop consistent messaging to the Brent Provider Forum from February 2018 onwards. At present, there is inconsistent messaging
  - Approve a shared approach to market management by March 2018; for example considering the development of block contracts to hold defined numbers of beds and hours of nursing for Brent. BHH are carrying out market analysis across NWL with CHC Delivery Group. The two organisations will also work with North West London CCGs and the West London Alliance. The West London Alliance is proposing a supply and demand analysis across West London, which will be an important input to a shared strategy moving forward.
  - Develop and agree clear indicators for performance of contracting residential and nursing provision by March 2018, as part of the shared approach to market management. This will take the form of a dashboard which integrates current indicators and agrees new indicators that reflect better shared priorities. Slide 40 sets out some initial proposals which could be developed further.
  - Oversee the work programme proposed in this package

Impact:

- More strategic and less ad hoc approach to market management
- Clear messaging to providers
- Common view of provider performance



Council and CCG will align contractual frameworks to improve consistency in market management

Aspiration:

To commission more services through contractual frameworks which support greater consistency in care provision

Key Actions

- There should be alignment between the terms of the AQP framework and the DPS framework; this initial analysis should be complete by January 2018
- BHH and the Council would like to explore whether the Council could use the AQP framework for its more complex cases; this will be decided by March 2018 as the framework goes live on 1st April 2018
- BHH and the Council should make a concerted effort to ensure that all providers align to the AQP and DPS frameworks; this will be a focus in February and March 2018 as both organisations set out their intentions for the next financial year
- Brent Council is developing a framework contract for domiciliary care and has invited Brent CCG to subscribe. The framework will be introduced through a staggered approach in 2019.

This work programme will be led by Nicky Yiasoumi of BHH CCGs and by Jenny Beasley of Brent Council.

Impact:

- More services procured on a framework basis
- Better value for money and quality of service offered by provider through framework

The Council and CCG have committed to the development of an integrated Brent brokerage team

Aspiration:

- To provide a seamless and integrated Council and CCG brokerage service
- To integrate brokerage more effectively with related Council and CCG services

Key Actions:

- The Council would take on brokerage, invoicing and contract management for Brent CCG within its residential and nursing team from April 2018. The senior Council officers in the structure would have responsibility for managing relationships with Council and health providers. **This implies a transfer of the specific Brent brokerage officer to the Council's residential and nursing team.** This brokerage officer will also commission homecare nursing support which aligns to the Council's supported living team
- There are two options for moving to the new structures:
  - The staff member will be transferred under TUPE to the Council. This would necessitate a 28 day consultation process launched by the end of January 2018.
  - A pilot for a period of six months where the staff work alongside the Council team but remain NHS employees. This is the approach being taken in Hillingdon.
- Our proposal would be to transfer the staff to the Council, as it would represent a clear statement of intent.
- Key performance indicators would be agreed between the Council and CCG for Council delivery of CCG brokerage services by March 2018 before go-live on 1st April 2018. These would be subject to a quarterly stocktake review between Nicky Yiasoumi and Jenny Beasley.

The Council and CCG have committed to the development of an integrated Brent brokerage team

- Brent CCG and Hillingdon CCG are moving to integrated brokerage arrangements with their local authorities. This then raises a question about the viability of the BHH brokerage manager (Band 6). Brent CCG's contribution to this roles equates to £17k per annum. This is a potential efficiency saving.
- The Council intends to develop a shared database for residential and nursing care. At present, BHH CCGs use the Care Plan system and Brent Council uses the Mosaic system. The CCG and Council will explore whether it is possible to migrate to a single system. This is a longer-term piece of work and would be complete by October 2018.
- Brent CCG commissions children's CHC provision as part of an integrated BHH Team, with one officer supporting all three CCGs. BHH would retain this discharge officer.

Impact:

- Greater consistency in placing Brent residents in CHC/ Placements
- Greater alignment between brokerage and related Council/ CCG services, so bringing both sets of organisational relationships into the new integrated team

Quality management will be addressed in the short-term via the BCF

Aspiration:

- Improve the quality of CHC/ Placement care provided to Brent residents

Key Actions:

- Two posts will be created under the Better Care Fund to help improve the quality of care provided in care homes and to link them to broader care pathways:
  - A Programme Manager will be appointed to lead and co-ordinate the planning, delivery and monitoring of the BCF 3 work stream to enable delivery of the specific objectives contained in the BCF 17-19 Plan. He or she will have a key role in developing the proposed BCF 3 working group. An interim will be appointed in January 2018.
  - A supporting project manager will work with a small number of care homes to identify potential barriers and issues faced by the homes in relation to health and social care and then to develop practical ideas and plans which can be implemented quickly leading to tangible improvements. An interim will be appointed in January 2018.
- In parallel, BHH CCGs are considering a proposal to recruit a Senior Accountable Nurse as part of its quality and safety directorate who would challenge poor quality provider performance from a clinical perspective. The job remit would cover all care provided, but with care home provision as an integral part. He or she would have a BHH remit, so operating across Harrow and Hillingdon. If approved, the Quality and Safety Directorate would aim to have the postholder in place by the end of April 2018.
- The potential introduction of three new roles represents a significant opportunity to work with providers to improve the quality of nursing and residential provision. It will be important to integrate the postholders into a broader team, working effectively with the BHH Quality and Satety Directorate, the BHH Nursing Assessors and the integrated brokerage team.

Impact:

- Providers improve quality of care or alternative providers identified where this is not possible

These changes have broader implications for the CHC/ Residential and nursing care operating model

The following boxes set out the description of the operating model following the proposed implementation of the changes. The actions in the box are intended to drive a collective change of culture to embed joint working between the Council and the CCG.

Governance and Risk Management

- Establishment of BCF 3 working group. Emphasis will be on bringing key actors together to drive through progress not as a governance consultation group
- BHH CCGs hold Council to account for delivery of brokerage service; Council to be explicit in its role as provider of service to CCG

Process

- Alignment of contracts
- Resolution on whether the Council can use the AQP framework
- Council and CCG to work together on Supported Living framework contract
- New integrated processes developed around quality assurance

Performance measurement

- Agree clear and consistent CCG/ Council performance measures for providers
- Benchmark performance and set improvement trajectories with action owners
- Monitor progress in the BCF3 working group

Data and technology

- Move to an integrated software system that enables brokerage officers to access both NHS and Council systems
- Resolve Information Governance issues relating to patient data

Organisation

- Commitment through BCF3 group to develop aligned team working across totality of BHH and Council commissioning
- Integrated brokerage team to make connections through both health and Council services
- Work programme to link care home providers to primary care to improve broader pathways of care

People

- Create integrated brokerage team where team members can manage both NHS and Council cases
- Set out broader matrix of how BHH, Brent CCG and Council staff contribute to integrated approach

It will be important to safeguard effective links between the integrated commissioning team and residual BHH functions

Financial accountability has remained out of scope with the clear need identified to retain separate budgets. Were the Council and CCG to pool budgets as part of a move to a new accountable care approach, then this would bring the potential to re-design services on a risk-reward basis. It will be important to ensure that a new separation does not develop between CCG assessment and invoicing teams on one side and the Council-based integrated brokerage team on the other.

Financial Accountability- out of scope

5

- **Pooled budgets:** Brent CCG provided a clear steer that budgets would not be pooled

Pooled budgets would be an area to consider if the CCG and Council moved to new models of care on a shared risk and reward basis. This additional step has the potential to drive radical changes in service provision but would need to be carefully worked through

6

Assessment of entitlement: Separate teams to remain in place, albeit working together closely and with joint scrutiny. Distinct CHC and Council approval bodies are in place to authorise spending

Formal processes are in place to work together on assessing entitlement, although separate accountability arrangements are in place . It will be important to maintain strong links between the BHH nurse assessor team and the integrated brokerage team based at the Council to ensure that patient needs are met effectively.

7

- **Invoicing:** BHH proposed that distinct NHS and Council invoicing functions be retained, supporting accountability of spending

Integrating invoicing would have the potential to streamline arrangements and is part of the overall relationship between the commissioners and providers. Effective communication between the integrated commissioning teams will be important

The changes would improve the quality and cost of care but action also needs to be taken to support people in their homes

The proposed initiatives focus on the effective and coordinated management of provider relationships. The proposals impact in two areas

Quality of care	RAG	Value for money	RAG
Service user and family satisfaction		Benchmarking costs to neighbouring Councils and CCGs This indicator can be developed to greater sophistication through focusing on particular service user or patient groups, for example the 20% most complex Council service users The impact will be in cost avoidance rather than reductions in programme spending	
Number of serious incidents			
Essential elimination of “never events” such as assault of care home residents			
Fewer delayed transfers of care			
Reduced emergency admissions			
Reduced number of deaths in hospital where a DNR order is in place			

The next stage in developing these indicators is to confirm what is currently being measured and by whom. The Council and CCG would then agree an objective view of baseline performance. A specific set of actions would then drive performance against those indicators. Progress would be reported to the proposed BCF 3 working group which will report to the BCF Steering Group.

Based on our work, a roadmap is emerging for further integration over the next two years

2017/18

- Creation of integrated CHC brokerage team, effective from April 2018
- Establishment of BCF 3 working group
- Recruitment to new quality posts

2018/19

- New ACP framework comes on stream
- Alignment of contracts with integrated brokerage team deploying both AQP and DPS frameworks as appropriate
- Move to shared database
- Supply and demand analysis carried out at a West London level
- Develop proposals for integration of services other areas (e.g. learning disabilities, Mental health and frail elderly)
- Integrate nursing and residential providers into integrated care pathways

2019/20

- Potential roll-out of integrated services to frail elderly population cohort

Section 4

Children’s therapies

SEND has been identified as a first focus for integrated commissioning in children's services

Brent is managing a significant growth in the number of young people. The 2015 Brent Borough Plan reported that the under five population increased by 37% between 2005 and 2015 and that the population aged five to 19 increased by 8 % over the same time frame. Council and CCG share a deep commitment to giving all its children and young people the best possible start in life.

SEND commissioning has been identified as a first focus for integrated commissioning. In May 2017, Ofsted and the CQC conducted a joint inspection of the local area of Brent. The report praised the strong commitment from senior leaders across Brent Council but noted that leadership of the SEN reforms within the CCG has been compromised by the lack of capacity at a senior level. It also noted that: "the joint commissioning of services is at an early stage of development. The local area does not have a cohesive strategy to ensure that all children and young people who have special educational needs and/ or disabilities and who need therapy services are assessed quickly and access treatment."

In response, the Written Statement of Action contains a number of actions specific to integrated commissioning of therapies.

- Brent Council and Brent CCG will align existing contracts with revised joint specifications in community paediatric therapies to address known gaps, particularly in speech and language therapy, in commissioned services and deliver a seamless service by 01 December 2017.
- Brent Council and CCG will implement a process for joint contract management by 31st December 2017. Brent Council and Brent CCG will also formally establish joint commissioning arrangements for integrated paediatric therapy services (Speech and Language Therapy, Occupational Therapy, Physiotherapy) and specialist nursing services from April 2018.
- Brent CCG will confirm the disaggregation of children's therapies' costs from current community paediatric contracts, in accordance with national contracting timeframes. The CCG Governing Body on 10th January 2018 will meet in public to take assurance and confirm the joint contracting arrangements necessary to jointly commission integrated SEND services from 1st September 2018.

Analysis against the operating model framework supports the CQC and Ofsted findings

This slide sets out analysis against the standard Operating Model framework. CCG and Council commission paediatric therapies separately. The Children's Trust provides a joint governance arrangement and shared goals have been set out in the Written Statement of Action. Formal processes are in place to involve NHS staff in the development of Education, Health and Care Plans.

Governance and Risk Management

- Children's Trust provides integrated governance with supporting working groups

Process

- Council has commissioned SaLT provision and has employed two Occupational Therapists
- CCG procures paediatric therapies services as part of a framework contract with London North West Healthcare
- Formal process agreed and in place for CCG to be part of development of Education, Health and Care Plans

Performance measurement

- Council and CCG have committed to clear goals in the Written Statement of Action
- Monitoring dashboard reviewed bimonthly by CT and six monthly by HWBB

Data and technology

- Commissioning staff work independently on CCG or Council systems

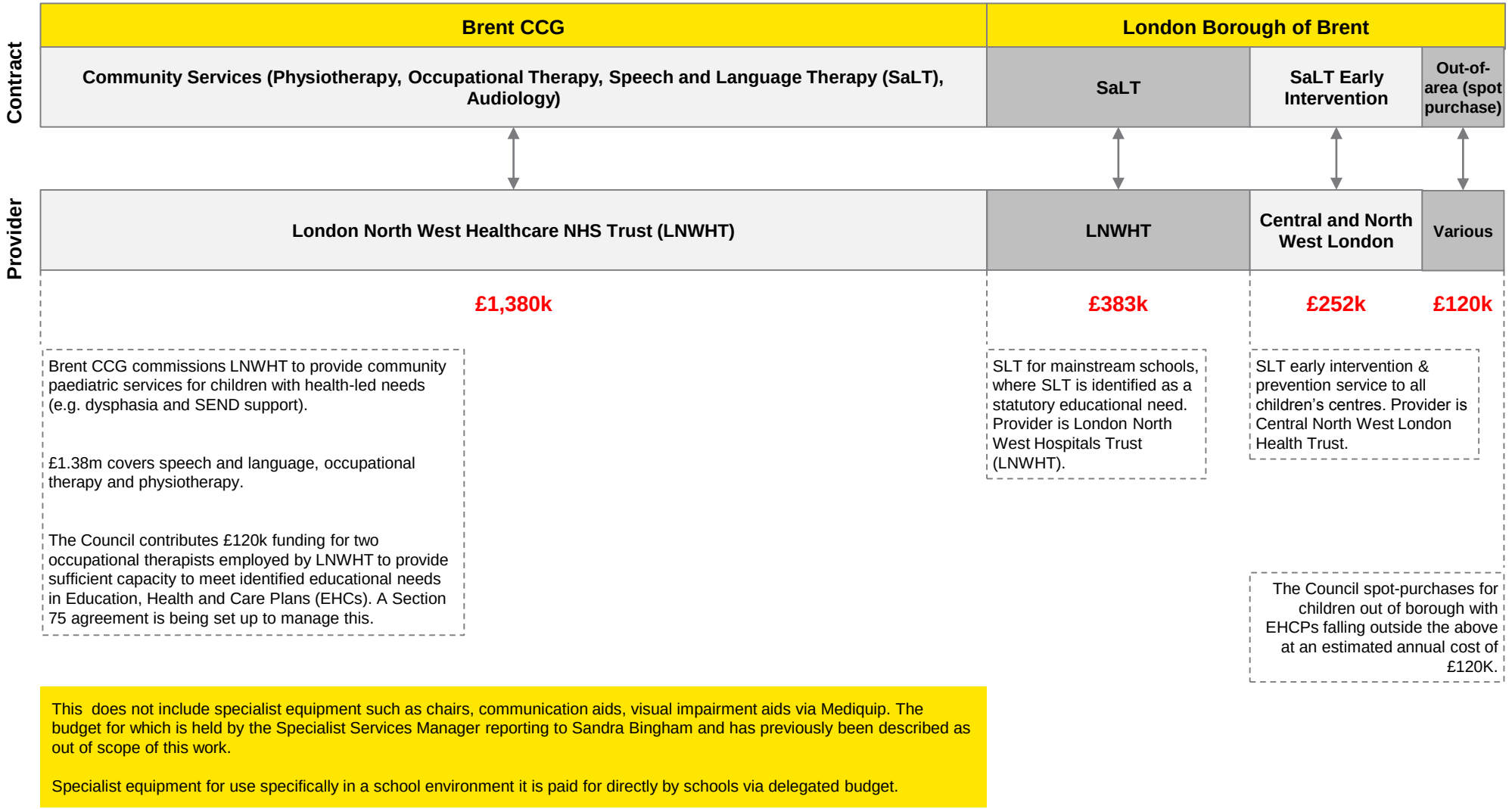
Organisation

- Commissioning team in Council links to the team which develops Education, Health and Care Plans
- CCG has specific Senior Children's Commissioner role whose remit covers all children's services

People

- Separate commissioning teams in place at CCG and in Council, commissioning related services from the same provider
- CCG has recruited Designated Children's Clinical Officer, working across BHH
- Joint CCG/ Council appointment of children's commissioner

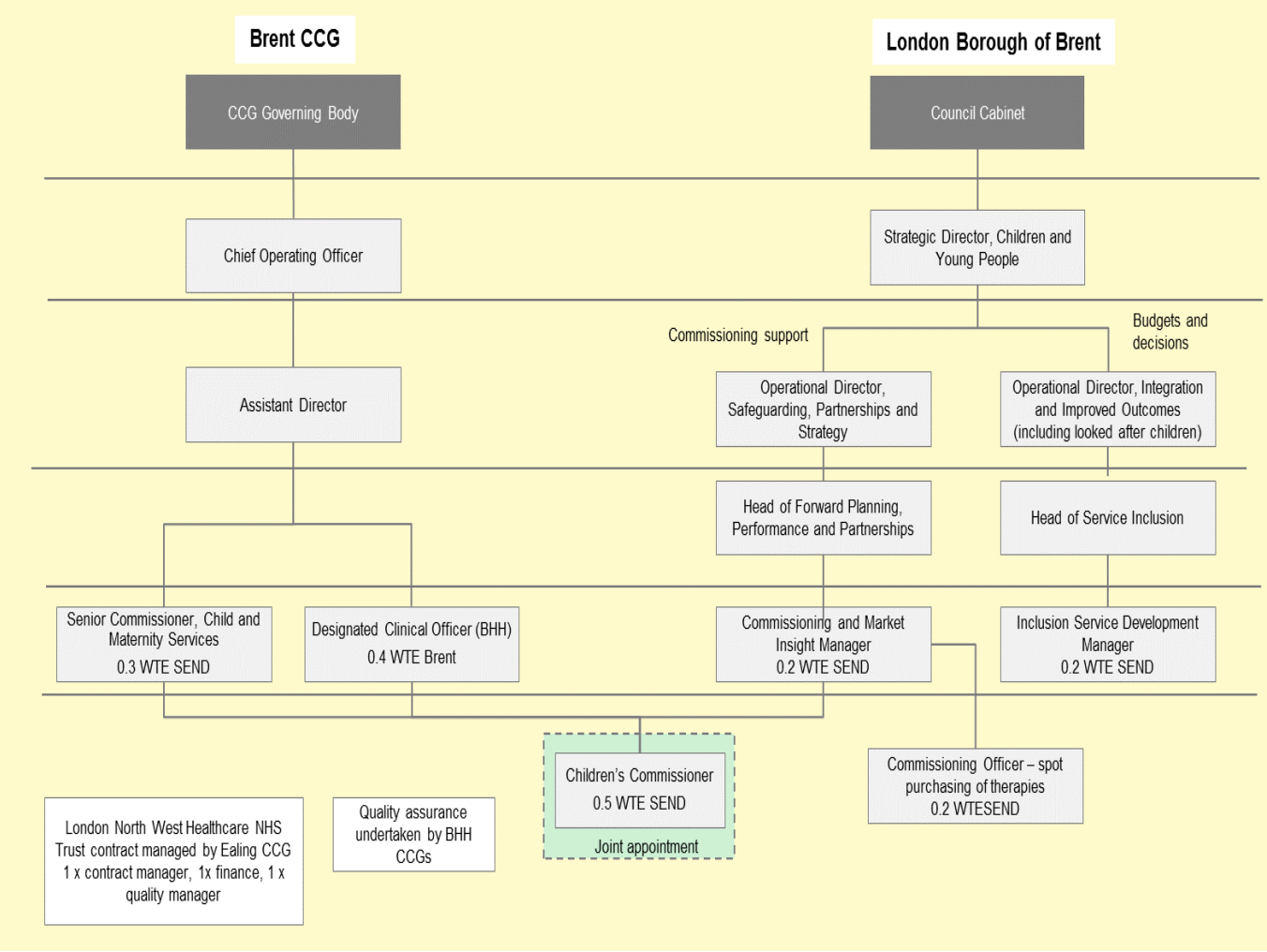
Brent CCG and Brent Council commission children's therapies support through block-contracts



This does not include specialist equipment such as chairs, communication aids, visual impairment aids via Mediquip. The budget for which is held by the Specialist Services Manager reporting to Sandra Bingham and has previously been described as out of scope of this work.

Specialist equipment for use specifically in a school environment it is paid for directly by schools via delegated budget.

In the current arrangements the CCG and Council commission activity children's therapies support separately



Under the current structure commissioning for SEND is shared by the Council and CCG.

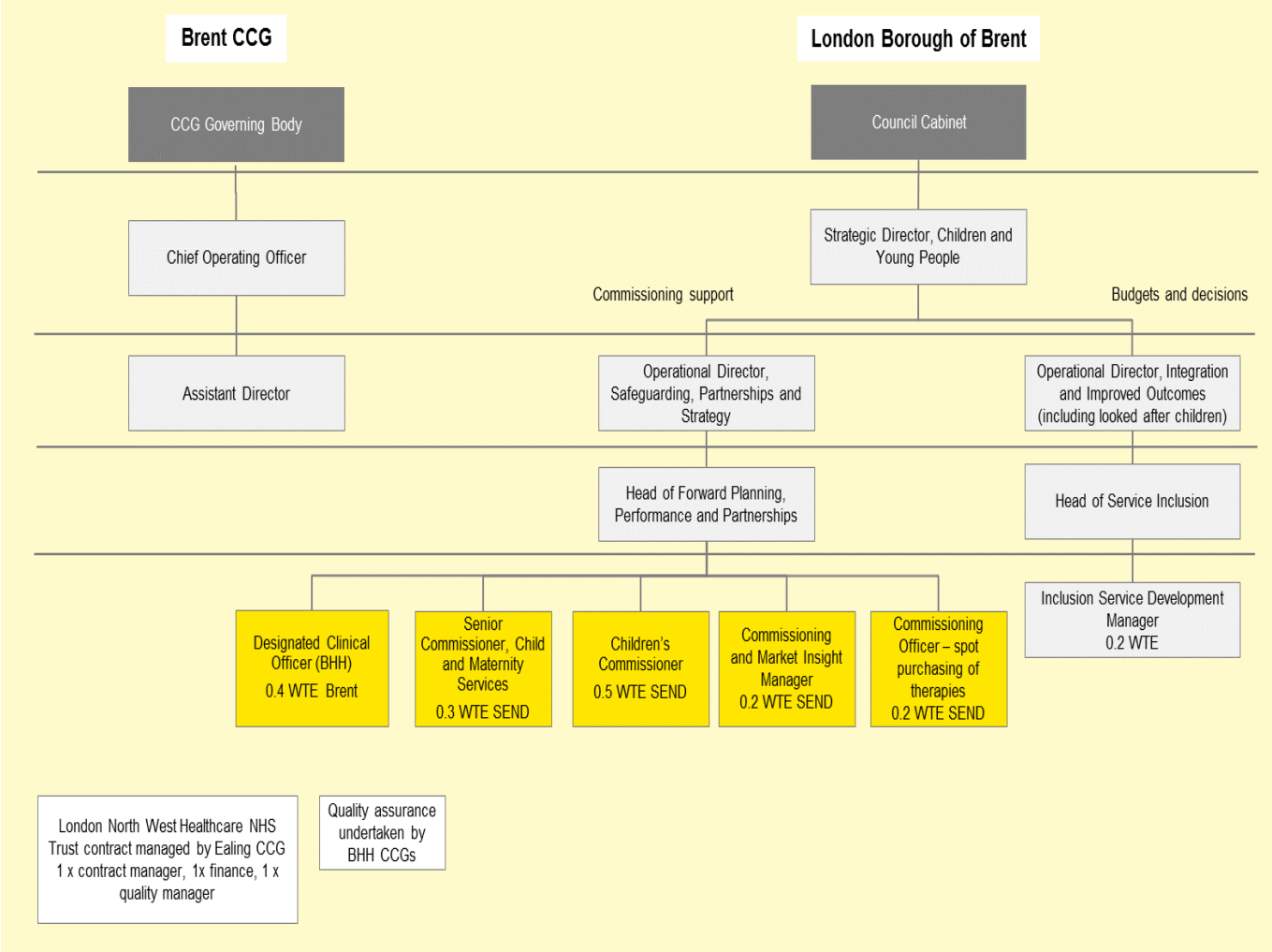
The Chief Operating Officer of the CCG has statutory responsibility to the CCG Governing Body for health.

The recently jointly-appointed Children's Commissioner reports to the Senior Commissioner of Child and Maternity Services at the CCG and Commissioning and Market Insight Manager at the Council.

A BHH Designated Clinical Officer spends two days a week at Brent.

Contracting, finance and quality assurance for provision by London North West Healthcare Trust is managed by BHH CCGs and Ealing CCG.

A integrated child therapy commissioning team will be established at the Council supported by a Memorandum of Understanding



In this proposed structure, a single integrated children's therapies team would be led from the Council.

The Strategic Director for Children and Young People would be responsible for the day-to-day performance of the integrated commissioning team. The Strategic Director would report to the CCG Governing Body at least every six months and would be engaged in CCG Board discussions on issues affecting children and young people.

The integrated structure focuses on children's therapies in Brent, with CAMHS and other children's commissioning not included in the scope. Some team members will spend time as part of the integrated team and some time on other duties.

In parallel, the CCG and Council will develop a memorandum of understanding. The memorandum of understanding will set out clearly what will be commissioned under the different contracts for children's therapies to ensure alignment.

Building on children's therapies, the Council and CCG commit to alignment of commissioning across children's services

The proposed changes will respond to the Ofsted and CQC inspection finding that integrated commissioning between Brent Council and Brent CCG should be strengthened. The Council and CCG agree this is but a first step in integrating children's commissioning.

The Council and CCG's senior leadership could work on a shared three-year plan agreed by the Children's Trust Board. This three-year plan would:

- confirm existing priorities based on the analysis of Brent children and families
- consider the totality of resources
- identify where there is a need to change services to improve outcomes for children and families
- draw out the timeline for reviewing contracts, for example the potential establishment of a single children's therapies contract once the CCG has disaggregated these elements from its block contract with London North West Healthcare

As the plan is developed, it supports broader discussions around the appropriate way to commission particular services, including:

- Health visitors and school nurses, provided by Central London Community Healthcare Trust (CLCH)
- CAMHS, where there is overlap between school and broader NHS commissioning. CAMHS covers ASD, LD commissioning and acute tier 4 specialist provision, (which would remain at a regional level)
- Troubled families initiatives, where there are overlaps between social care and NHS services
- While it may be appropriate to commission some aspects of children's services at a local i.e. Brent level, in other aspect it will be appropriate to commission health provision at a North West London level.

The commissioning discussion supports broader discussion around organisational form, including a specific Brent children's MCP.

While the integrated children's therapies team is a significant step forward, further progress can be made in aligning commissioning

The creation of the integrated children's therapies team is a first step in broader integration of children's commissioning. CCG members of the integrated team will have split roles, working on other tasks some of their time, so the commissioning of children's services will remain fractured to some degree.

Governance and Risk Management

- Integrated children's therapies team will report on progress to the Children's Trust Board
- Children's Trust Board will oversee development of medium-term plan

Process

- Memorandum of Understanding will set out what is to be delivered under the respective contracts to support alignment
- Separate contracting arrangements remain in place, although the CCG has given notice to London North West of its intention to disaggregate children's therapies from the block contract

Performance measurement

- Progress against the goals in the Written Statement of Action should be measured
- Current baseline needs to be established and then actions taken to show impact of integrated commissioning team

Data and technology

- Council will arrange for CCG staff in integrated team to have access to Council systems

Organisation

- Need for the integrated team to support improved care pathways for this group in line with the Written Statement of Action and to feed into Education, Health and Care Plans

People

- Integrated team around commissioning children's therapies
- Individuals in the team will spend some of their time working on children's therapies and some on other duties relating to children's services
- Some fracturing of commissioning children's services therefore remains and this will be addressed in the broader plan

The proposed changes will improve commissioning for children with SEND and be the first step in a broader transformation

The proposed changes will respond to some of the criticisms in the Ofsted/ CQC report. Integrated commissioning will prevent children from slipping between the gaps and improve parents' experience in accessing support. The Memorandum of Understanding will support a clear identification of the services that are being commissioned so that gaps in service provision are filled. This will contribute to the successful achievement of the objectives set out in the Written Statement of Action, particularly that:

- All children and young people with SEND including vulnerable groups receive timely support and access to services that help them maximise their potential.
- Children and young people with SEND make appropriate progress and outcomes are improved.

The development of specific goals to show the difference made by the integrated team will be part of the implementation of the new arrangements

Although limited in scope, the introduction of the integrated children's therapies team and the Memorandum of Understanding will be the first stage of a broader transformation.

The proposed three year plan would review existing commissioning of children's services in Brent and align objectives to these.

Based on our work, a roadmap is emerging for further integration over the next two years

2017/18

- Preparation for integrated children's therapies team:
  - Information governance training
  - Internal and external workshops on how the integrated team can be effective, linked to specific goals
- Development of three year plan, agreed in the Children's Trust Board

2018/19

- Consultation and engagement on the three year plan from April to August 2018
- CCG gives commissioning intentions to providers by 30th September 2018
- Disaggregation of children's therapies contract from CCG block contract with London North West by November/ December 2018
- NWL-wide children's health commissioner network newly established, and Brent participation is expected. This will look as ASD, SEND, and CAMHS.

2019/20

- New commissioning arrangements come into place on 1st April 2019 in the new financial year

Section 5

Establishing your implementation programme

Our suggestions for next steps cover four key areas of implementation planning, as agreed with the programme board

In order to take forward the recommendations in this report, we set out in this section our suggestions with regard to the following key areas of implementation, as agreed with the programme board on 11th December:

1. **Aims and milestones**
   - Confirming what you are seeking to achieve and by when
   - Key milestones to implement by 1st April 2018 the residential and nursing and children's therapies proposals

2. **Programme governance**
   - Confirming how you will maintain oversight of the work, and identifying those groups that need to take decisions on key next steps

3. **Capacity and capability**
   - A high-level view of the resources required to take this work further

4. **Risks and mitigations**
   - An overview of the risks identified in this work and how these may be mitigated in your next steps.

We conclude this section with our recommendations for key decisions that need to be taken in January in order to maintain momentum.

The **aims and milestones** provide a basis for implementing the deep-dives and establishing a programme of broader integration

In developing the aims and milestones, we have focused on what needs to be done between January and March 2018 to implement the deep-dives to drive further progress across the two organisations.

	January to March		*Output*
Implementing the deep-dives by 1st April 2018	**Adults residential and nursing** • Agree shared approach to market management, with supporting indicators • Align contractual frameworks • Create integrated brokerage team • Implement new approach to quality management	 **pp62-4**	**Integrated teams in place**
	Children's therapies • Create integrated children's therapies team • Agree MoU that will draw out what therapy services are provided on which contract	 **p65**	
Agree further deep-dive areas	**Adults** • Confirm next deep-dives, potentially mental health, learning disabilities and frail elderly • Further work is needed in January to develop the steps required to do this	***Covered as part of High-level Framework***	**Next wave of integration projects**
	Children's services three-year plan • Agree three year plan for children's commissioning further to discussions during this phase of work	 **p66**	
Establishing a programme of broader integration	**High-level Framework – organisational forms and ways of working** • Begin to progress discussions on risk/reward and contract mechanisms • Align proposals for Brent with NHS proposals for North West London • OD review, looking at capability gaps, organisational culture and governance • Developed approaches on workforce and information governance • What are the implications for new care model approaches?	 **pp67-8**	**Shared commitment a broader programme**

Residential and nursing – key steps to integrated approach to residential and nursing placements by 1st April 2018 (1)

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Completion of approvals	CCG Governing Body to confirm approval for work programme													
	STP Delivery Board confirms approach													
	STP Execs confirm SLA for brokerage services and proposed market strategy													
	CCG Governing Body confirms SLA													
Shared strategy agreed	Establish BCF3 working group													
	Fortnightly BCF3 meetings to drive implementation													
	Confirm key information for market management approach and baseline current performance indicators													
	Gain input to market management strategy from Provider Group													
	Develop proposed market strategy and indicators													
Alignment of contracts completed	Analyse scope for alignment between AQP and DPS frameworks													
	BHH to confirm whether the Council can apply the AQP framework for more complex cases													
	Development of approach to frameworks to feed into market management approach													

Residential and nursing – key steps to integrated approach to residential and nursing placements by 1st April 2018 (2)

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Integrated brokerage team in place	Prepare decision about whether to transfer BHH brokerage staff member (Brent specific role) on permanent basis or as a secondment on a pilot basis. Confirm in BCF3 group													
	HR to develop arrangements for transfer setting precedents for future changes. Issues will include salary, pension rights and changes to place of work **(in parallel with children's therapies)**													
	28 day consultation if transferring across													
	Resolve data security issues around access to personal data on NHS and Council systems **(in parallel with children's therapies)**													
	Confirm training needs around use of those systems by NHS and Council staff													
	Establish IT implementation needs; email addresses, laptops etc.													
	Resolve financial accounting issues with creation of integrated team **(in parallel with children's therapies)**													
	Develop Service Level Agreement between Council and CCG for brokerage team													
	Joint adult/ children's session on how integrated teams can work effectively													

Residential and nursing – key steps to integrated approach to residential and nursing placements by 1st April 2018 (3)

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Integrated brokerage team in place	Training of Council brokerage staff on brokering NHS services													
	Develop Service Level Agreement between Council and CCG for brokerage team													
	External workshop on how to make the integrated brokerage team work effectively **(in parallel with residential and nursing, potential joint session)**													
	Internal workshop on how to make the integrated brokerage team work effectively **(in parallel with residential and nursing, potential joint session)**													
	Detailed logistics around security pass, IT training etc for new joiner													
Quality functions aligned	Interim Council Programme and Project Manager in place													
	BHH approval for recruitment of Senior Accountable Nurse- postholder to be in place from April													
	Introduce new postholders to the Provider group and secure provider input to new quality approach													
	Develop and agree new approach to working with care home providers to improve quality, confirming in BCF3 group. This should be an input to the overall market management strategy													

Children's therapies – key steps to implementing an integrated therapies commissioning team by 1st April 2018

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Completion of approvals	CCG Governing Body confirms agreement to proceed													
	Children's Trust Board confirms approach													
	CCG Governing Body approves MoU on contract alignment and agrees reporting approach with Gail Tolley													
Integrated therapies team in place	Confirm approach with team members who will be remaining on current employment terms													
	Develop HR approach to issues, developing precedents **(in parallel with residential and nursing)**													
	Confirm IT arrangements for CCG team members; data security, email addresses, access to systems **(in parallel with residential and nursing)**													
	Resolve any financial accountancy issues **(in parallel with residential and nursing)**													
	Develop Memoranda of Understanding for each of the CCG staff who will join integrated team													
	Develop proposals for reporting arrangements between Gail Tolley and CCG Governing Body													
	Develop Memorandum of Understanding around the scope of the different contracts													
	Joint adult/ children's workshop on how the integrated teams can work together effectively													

Children's therapies – key steps for developing a three-year plan for further integration

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Integrated therapies team in place	External workshop on how the integrated team be connect effectively across NHS and Council services **(in parallel with residential and nursing, potential joint session)**													
	Internal workshop on how integrated team can work effectively **(in parallel with residential and nursing, potential joint session)**													
	Detailed logistics around security pass, IT training etc for CCG staff													
Three-year children's plan agreed	Develop outline structure, confirm information requirements for the plan and prepare documents for Children's Trust Board													
	Children's Trust Board acts as a workshop to confirm the orientations for the three year children's plan													
	Development of detailed proposals													
	Discussion and iteration with senior stakeholders													
	Agreement in Children's Trust Board													

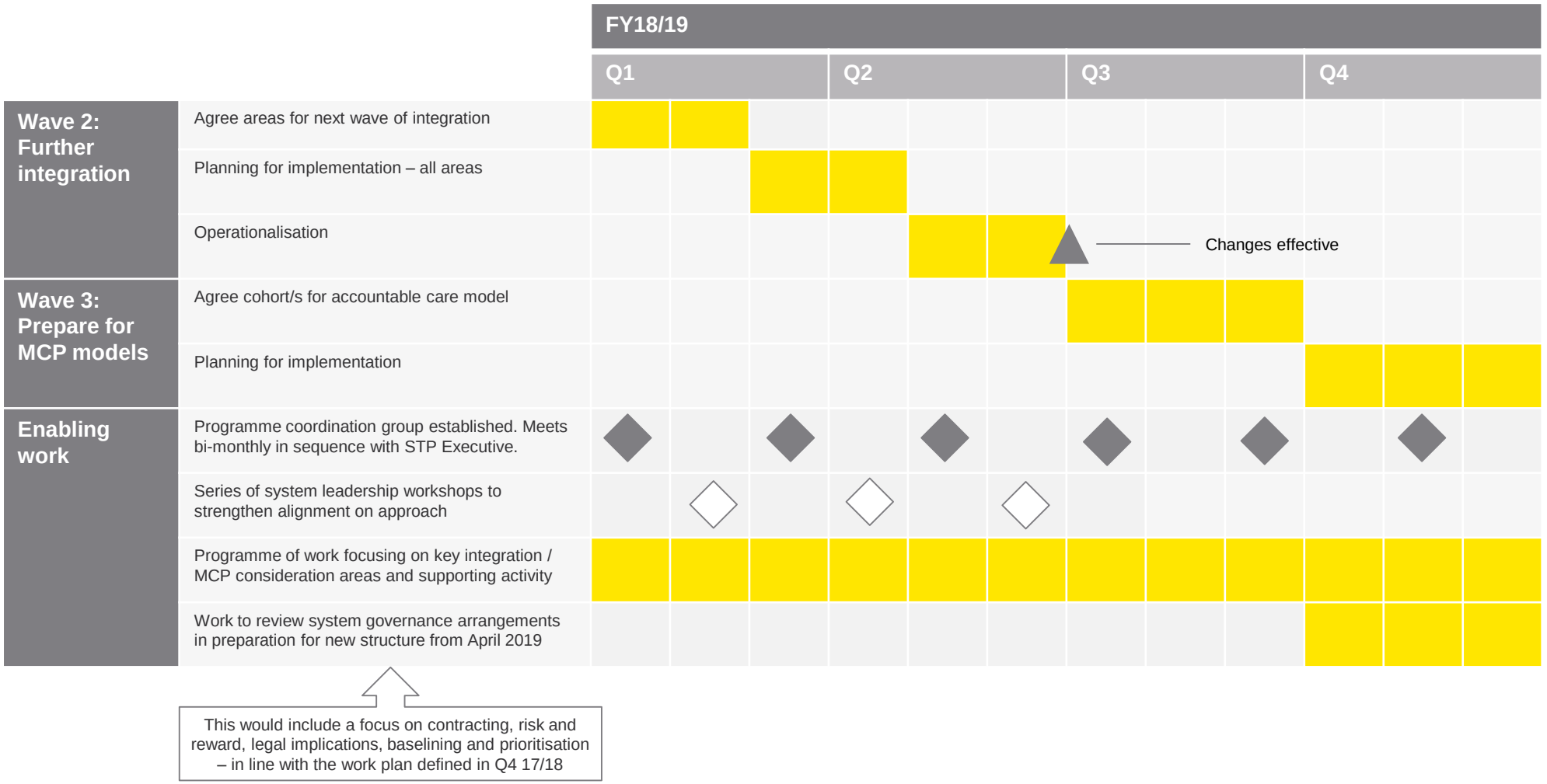
Establishing a broader programme – exploring models to support new approaches and next steps

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Consider models to support new approaches and next steps	First meeting between Carolyn Downs and Rob Larkman to confirm commitment to work programme													
	Workshops to explore MCP model, risk and reward approaches and contracting													
	Understand plans to develop NHS integration further across NWL and assess how this impacts on Brent													
	High-level working group considers organisational vision; detailed presentation around the high-level framework													
	Consider which areas to focus on in adult services (mental health, LD, frail elderly)													
	Discussion and agreement of areas to focus on in STP Delivery Board													
	Further workshop around models to support new approaches; agreement on proposed approach for Brent													
	Agreement of Children's three year plan in the Children's Trust Board (set out in more detail in previous slides)													
	Development of the scope of the work required in 2018/19 to support implementation, including resources required													
	Meeting of Carolyn Downs and Rob Larkman to confirm the subsequent work programme													

Establishing a broader programme – organisational development to support the Council and CCG in working together more effectively

Milestone	Action	January 2018					February 2018				March 2018			
		1	8	15	22	29	5	12	19	26	5	12	19	26
Organisational development	Develop shared HR policies around transfer of staff, using deep dives as case-study options													
	Confirm approaches to IT issues; data security, email addresses, access to systems													
	Interviews with key stakeholders on ways of working between Council and CCG, looking at culture													
	Review of lessons learned from implementing deep dives around residential and nursing and children's therapies													
	Review of governance against the planned next steps													
	High-level group considers Organisational Development approach and changes to ways of working													

Longer-term implementation – April 2018 to March 2019



In the short-term, implementation of the deep-dive proposals can be made through existing governance arrangements

Children's Therapies

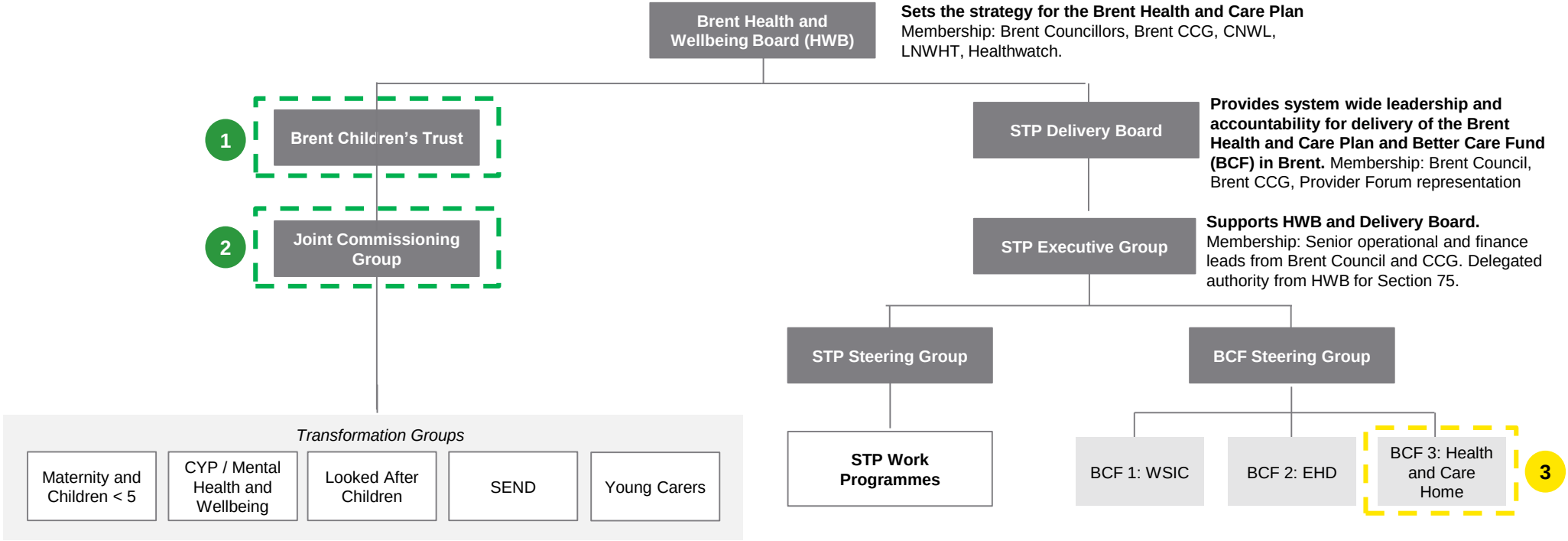
1. The Brent Children's Trust has been suggested as an appropriate forum to progress further detailed design work needed for Children's Therapies and the intention is to use the meeting on 23 January as a workshop to focus on this
2. Subsequently, the Joint Commissioning Group has been identified as a suitable forum to drive the work forward to operationalisation of changes in April 2018

Residential and nursing

3. The BCF3 sub-group, which has a remit covering the whole health and care home framework, would likely be an appropriate forum to drive the work around residential and nursing. BCF3 is not currently operational and the expectation is that this group will be up and running by the end of January (though at this stage a date has not been set). To prevent delay to the work we would strongly suggest expediting the first date. The scope and remit of the group would need to be reviewed to ensure that it can oversee this work and its BCF commitments..`

Broader programme

⚠ Within current governance arrangements there is no appropriate vehicle to take forward work set out in the broader vision for integration or to make the most of potential opportunities / manage risk



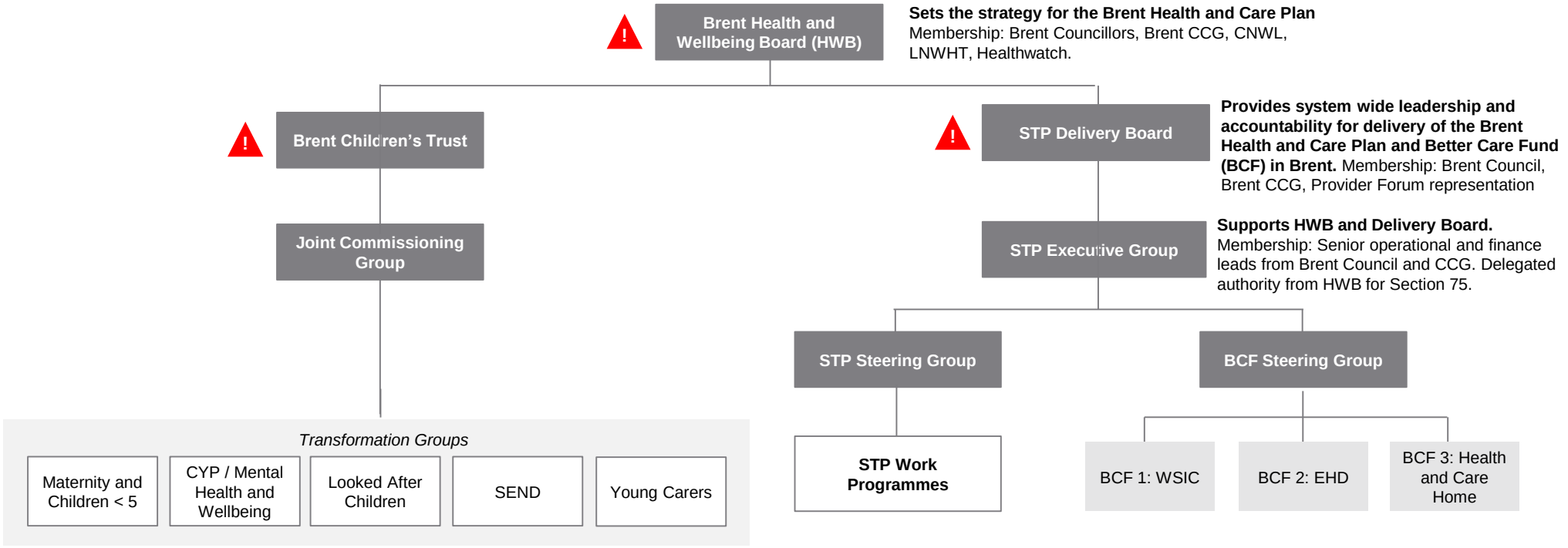
In the longer-term, the Council and CCG will need to consider whether existing governance structures are suitable

While existing governance structures can support the swift implementation of the proposals for residential and nursing placements and children's therapies, further integration of commissioning would require oversight of a much broader and deeper range of factors. It is not clear that existing structures could satisfactorily ensure that further integration in children's and adults' services do not diverge in material and unhelpful ways.

The Children's Trust does not report into the STP Executive or Delivery Board, creating a risk of isolation from broader work programme

Existing governance structures do not allow for the consideration of key enablers of integration, e.g. alignment of performance management, policies and support services and may have insufficient capacity

The Council and CCG may prefer to develop some proposals in groups that do not contain providers, before these are channelled into existing structures. We need to consider the things commissioners need to do, providers need to do, and commissioners and providers and commissioners need to do together.



We propose a broader review of governance in order to realise the longer-term vision for integrated commissioning

Immediate proposed changes in the deep dive areas can likely adequately be progressed within existing governance arrangements. However, the deep dive areas sit within a much broader vision for closer alignment and integration of commissioning which will include important work to:

- Agree cohorts for closer alignment of commissioning
- Identify opportunities to realise wider synergies: HR, systems, finance
- Develop thinking around risk and reward and other key areas of consideration linked to further alignment and integration
- Review organisational structures more broadly
- System leadership – work to ensure there is adequate alignment between stakeholder organisations
- Navigate and manage developments and interdependencies at sub-regional level
- Oversight of broader delivery of the strategy

We would suggest a review of current arrangements in Q4 2017/18 to ensure the planned work is adequately supported going forward, with a focus on:

- Bringing all health and social care together, reporting into one forum
- Providing increased perspective across the work programme
- Accountable care: dedicated resource to work through key areas and get to grips with the technicalities (work should start now)
- Stronger links into sub-regional governance and decision making
- Reducing duplication

The two high-level options for future governance are adapt existing structures or create a new one

1

Adapt the existing governance structure
Under this option, an existing group, most likely the Brent Health and Social Care Executive Group, would have oversight of the broader integration programme. This group also has delegated responsibility for Section 75 decisions.

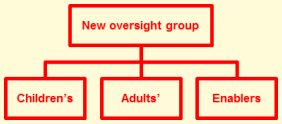
- ✓ This approach would minimise potential disruption
- — Terms of reference of this group would need to be amended to allow for oversight of enabling work (e.g. OD, HR, etc.)
- ✗ May not have the capacity required for a broader integration programme

2

Create a new governance structure
With existing governance structures likely to require considerable changes to existing terms of reference, it may be desirable to create a new structure.

- ✓ This would allow for better consideration of enabling activities and a broader integration programme.
- ✓ This would present an additional call on the time of key managers who are already involved in several other governance groups, and add complexity to the management of the existing structure.
- ✗ Stakeholders at the Council and CCG have clearly expressed that they are not ready for this level of change in the short term

- Stakeholders at the CCG and Council have clearly expressed an intention to pursue a phased approach to development of governance to support the programme of work:

To April 2018	April 2018 – March 2019	April 2019
• Work within existing arrangements to deliver planned changes to residential and care homes and children's therapies	• Transitional arrangements: establish new programme coordination group, reporting into the STP Executive, to have sight of all of children's and adults' work plus enablers and make/recommend key decisions such as those relating to broader integration such as future areas for increased integration and  • Full review of system governance	• New structure: implement new system governance arrangements informed by review undertaken in 2018/19

High-level overview of capacity and capability required

	Children's Therapies	Residential and nursing	Broader programme of integration
Scope	Implementation of integrated children's therapies commissioning team. Supporting MoU to align contracts. Development of three year children's commissioning plan	Implementation of integrated brokerage team. Recruitment of two roles to work with providers on quality of care. Work programme to align contracts and shared strategic approach	Further exploration of population-based commissioning approaches, focusing on multi-specialty community provider model. OD programme to look at ways of working, culture and underlying governance
Time required from existing teams and senior management	► Regular meetings between CCG Assistant Director, Council Operational Director (Safeguarding, Partnerships and Strategy) and Senior Commissioner for Child and Maternity Services ► Oversight from Council Operational Director (Safeguarding, Partnerships and Strategy) ► Sponsorship from Strategic Director for Children and Young People, plus involvement in workshop on 23 January. Brent CCG COO to attend Children's Trust meetings in January and March 2018 ► Input from Council and CCG finance, HR and IM&T teams	► Regular meetings and oversight from CCG Head of Commissioning, Contracting and Market Management and Council Deputy Director of Quality & Safety (Head of CHC/ Complex Care) via BCF3 Group ► Sponsorship: Strategic Director of Community and Wellbeing, BHH (Brent, Harrow, Hillingdon) Director of Quality and Safety ► Regular reporting to BCF Steering Group ► Input from Council and CCG finance, HR and IM&T teams	► Senior leadership including BHH Accountable Officer and Brent Council CE agree on approach and timescale. ► Sponsorship and oversight from senior leaders Council Strategic Directors and Brent COO ► Regular workshops to work through issues and share practice and input into work to develop thinking around key consideration areas (e.g. risk/reward) ► Leaders of children's therapies and residential and nursing workstreams to contribute through lessons learned in practice ► Input from Council and CCG finance, HR and IM&T teams
Project management support required	► Project manager to support the development of the three-year plan. Could also support drafting of MoU on children's therapies contract alignment ► Current management to oversee move to integrated children's therapies team ► Ongoing management of project plan to April 2018	► Interim programme manager x 1 and interim project manager x 1 to drive the work forward already in recruitment process, with specific focus on quality agenda ► Potential need for PMO during initiation phase ► Additional project management support would be needed for further integration areas	► Project management support to design and manage the work programme, e.g. 1 x programme manager to scope and lead the work to develop the broader programme ► OD programme focused on system leadership / cultural alignment – series of Executive-level workshops ► Financial modelling support
Key knowledge/ skills required	► Commissioning expertise ► Finance, HR, IT	► Project management ► Finance, HR, IT	► Expert advice on key integration areas (e.g. payment models) ► Organisational development ► Finance, HR, IT ► Facilitation

We have identified a number of risks, and how these could be mitigated in your next steps (1)

We have identified a number of risks through our work, and categorised these using the operating model framework, in addition to a category on strategic or system-wide risks. For each, we propose mitigations that link to the implementation planning above.

Category	Risk	Description	How could the next steps mitigate this?
Strategic/system-wide risks	**Agreement of aims, structure and approach for integrated commissioning in the long-term**	There is no clear, agreed view of how integrated commissioning should be structured in Brent. Without this, there is a risk that individual functions will be integrated in a piecemeal and sub-optimal way, and without alignment of key supporting services and processes, e.g. those relating to HR and IT.	► Executive-level workshops in January to debate potential forms for integrated commissioning ► Establish a programme to identify and scope the requirements for successful integration (work plan for January to March 2018)
	Cultural alignment of the Council and CCG	The two organisations have very different cultures, which stem from long-standing differences in ways of working. This lack of cultural alignment inhibits joint working	► Executive-level meetings in January to agree shared vision and values for commissioning ► Focus on distributed leadership, alignment in other boroughs / areas and understanding the key factors driving behaviours locally ► Make commitment to look at harmonising structures and ways of working
Governance and risk management	**Alignment of existing governance structures**	Well-established governance structures are already in place for children's commissioning, while the STP has structures for a broad range of other services.	► Review governance structure during January to March 2018 and scope requirements for broader implementation ► Identify areas where existing structures may not be suitable (e.g. owing to scope or provider involvement)
Process	**Processes are based on organisational requirements**	Risk that long-established processes will inhibit integrated commissioning. These need to be re-designed with a system-wide focus in mind.	► Review and align processes as part of the deep-dive implementation in January to March 2018, and share lessons learned with other functional areas
Performance measurement	**Different performance management approaches and measures**	Performance management approaches and measures need to be aligned to support integrated commissioning. Need to encourage a system-wide focus	As part of deep-dive implementation in January to March: ► Agree shared market approach in residential and nursing ► Agree performance indicators to be used ► Assess whether current commissioning delivers objectives in three-year children's plan ► Establish HR group to explore alignment of policies, measures and approaches

We have identified a number of risks, and how these could be mitigated in your next steps (2)

Category	Risk	Description	How could the next steps mitigate this?
Data and technology	**The Council and CCG have different information, HR and finance systems**	Information sharing between the two organisations is inhibited by different information systems	▸ Establish an IM&T group to look at future information sharing, in accordance with the high-level framework, during January to March 2018 ▸ Use case-studies of brokerage and children's therapies teams to develop proposals ▸ Assess opportunities/benefits of linking in with interoperability work across WLA/BHH/ sub-regional footprint
Organisation	**Organisational structures**	Differences in structures will inhibit integrated commissioning	▸ As part of the work during January to March to identify further deep-dives, consideration to be given to harmonising structures. ▸ Groups to be established during January to March to look at broader organisational synergies, e.g. HR, finance and IM&T
	Support services	Misalignment of support services, e.g. HR, finance and IMT, will inhibit integrated commissioning – and we have heard from stakeholders we have interviewed that poor alignment of back office services has a negative impact on service delivery now	▸ Groups to be established during January to March to look at broader organisational synergies, and to help ensure that commissioners make the most of opportunities to deliver support services in a more joined-up way
People	**Cultural alignment and ways of working**	How to ensure cultural alignment on the ground – will require fundamental changes to ways of working	▸ Agree in January to establish a programme of OD support at Executive level to help drive constructive behaviours throughout stakeholder organisations
	Reporting structures for specific professionals	How to ensure continuity of professional reporting for certain groups	▸ As part of planning during January to March for further deep-dives during, review organisational reporting structures to ensure continuity of professional reporting

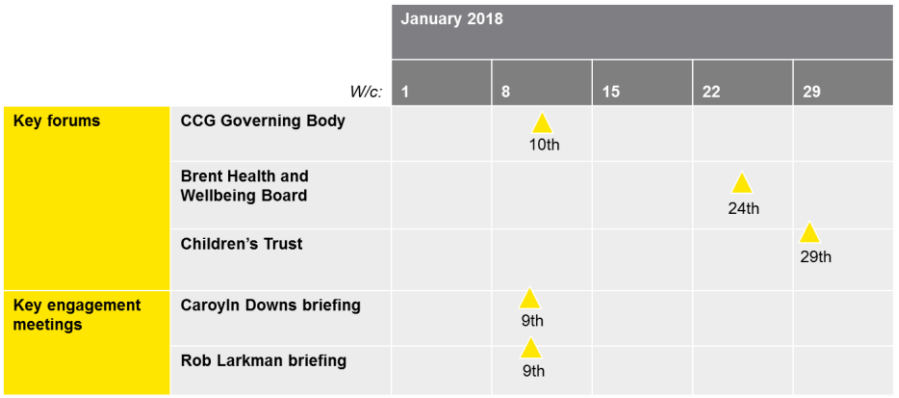
To maintain momentum, we recommend that the following decisions and actions are completed in January

1. Decision by both the Council and CCG to proceed with implementation of deep-dive recommendations:
   - Integrated brokerage team and aligned contractual frameworks for nursing and residential placements
   - Integrated children's therapies team and three-year plan for further integration

2. Meeting between chief executives of the Council and CCG to establish shared commitment to a broader work programme around:
   - Vision and aims for further integration
   - Exploration of a multi-specialty community provider (MCP) approach
   - Alignment of plans for North West London NHS integration with Council/ CCG integration in Brent
   - Review of governance structure for work post-April
   - Development of an organisational development plan to support deeper integration
   - Extended workshop in March to draw together these themes

3. Initial meetings between key Council and CCG senior managers to agree how to support integration in key areas – HR, IM&T and Finance

Planned engagement in January



To support your agreement of next steps during January, we will provide:

- *A briefing to each Chief Executive on the findings from this phase of the work;*
- *A workshop on the characteristics and implications for integration commissioning of the MCP model.*

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