

Integrated commissioning in Brent

EY report

December 2017

Executive summary

Background

Brent CCG and Brent Council have stated that integrated commissioning is fundamental to the successful delivery of the Brent Health and Care Plan. 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. There is a clear shared ambition across the council and CCG around a) better integration of strategic commissioning functions and b) bringing together operational commissioning teams to deliver efficiencies and other improvements. There are some good existing examples of joint working, for example improved DTOC performance is attributed to aligned system incentives and co-ordination through the health and well-being board. There is also widespread recognition of the potential for integrated commissioning to improve patient/ user experience and outcomes and a longer term ambition to support new care models through integrated commissioning. The initial review as well as highlighting areas of synergy, also outlined a number of areas that would require more detailed planning for example fully pooled, as opposed to aligned, commissioning budgets.

Scope and aims

Based on the shared ambition to progress integrated commissioning, the initial work undertaken identified some priority areas for the Council and CCG to take forward.

- ▶ Based on the appetite to integrate the majority of commissioning functions over the next 2 years, work was undertaken to develop a high-level framework for taking this forward, setting out an implementation plan that the two organisations could work through
- ▶ To generate pace and prove the concept of integrated commissioning, two areas were reviewed in more detail to identify the first steps towards a broader integration of functions :
 - 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.

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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.

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
- ▶ Streamlined commissioning function

In addition to streamlining the approach to commissioning, integrating key commissioning functions will also maintain and optimise local commissioning capacity. This will ensure a local focus on the outcomes delivered by community, and some acute services, remains at the heart of the approach in Brent. An ethos both the CCG and the Council are committed to.

The discussions on integrated commissioning are at an early stage between the two organisations. There is a need to find a common language for describing different working arrangements and the details on how to integrate governance structures, roles/teams and budgets, will need to be worked through. The focus on practical operational changes that will have a positive impact on outcomes for different population based services will address this. The complexity of commissioning and procurement arrangements across NW London is also a factor that needs further consideration but one which catalyses the need to have strong local arrangements in place.

Complexities to be addressed across NWL

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.

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.

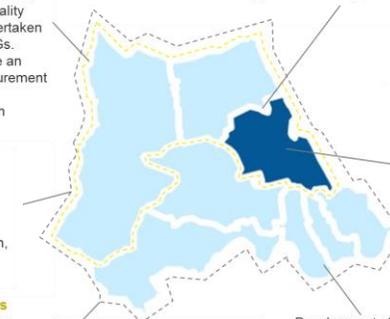
Commissioner financial challenge

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.

New models of 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



Priorities in the Brent Health and Care Plan

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	<ul style="list-style-type: none"> Fragmented commissioning arrangements sometimes translate to fragmented services – as highlighted recently by LNWHT in a letter to commissioners. 	<ul style="list-style-type: none"> Integrated strategic commissioning functions to drive a stronger focus on patient-centred models of care.
	Focus on early intervention and prevention	<ul style="list-style-type: none"> With the current commissioning approach providers are not incentivised to deliver proactive, joined up care 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Organisational development work is needed to support change Competency mapping should be used to ensure new structures are supported by the right skill mix Root cause and impact of operational challenges so they can be addressed as part of an integration of functions
	Provider joint accountability for quality and outcomes	<ul style="list-style-type: none"> The existing commissioning approach does not support joint accountability amongst providers 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Brent commissioners do not adequately encourage collaboration between providers to make the best use of resources and interventions 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> A lack of a patient-centred approach reduces the effectiveness of care, particularly for those with complex needs 	<ul style="list-style-type: none"> Commissioners need to encourage increased focus on the patient in the design of future delivery models

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Delivering integrated commissioning

This high-level framework is intended to allow progress to be made in parallel with further work to address these factors and to make progress with deeper integration in the longer-term. It 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 exact 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. This model could begin with an integrated 'strategic commissioning function', which looks to set out shared outcomes, priorities, aligned incentives and a streamlined governance and operational process. This would be supported by 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.

In response to the integrated strategic commissioning function, we would expect to see a closer working relationship between the current providers in response to this. Enabled by the streamlined governance and engagement approach the integrated commissioning function drives. To respond to integrated local commissioning and in the context of the NHSE direction of travel, Brent CCG have been exploring a "multi-specialty community provider" (MCP) approach, which brings together primary, community, mental health and social care services. There are potential implications of this model for commissioning at an operational level, for example the hosting arrangement of some integrated operational commissioning, including a level of budget responsibility and control of supply chain. The detailed arrangements for operational commissioning needs to be further developed through the framework implementation. The need to find a common language for describing the integrated commissioning functions remains key to move forward on areas such as pooled budgets, functional responsibilities and hosting.

Feb – April 18

- First step of 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 (Community Mental Health and Learning Disabilities operating models)
- 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

• 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: Review readiness for multi-specialty community provider arrangements
- Increasingly, provision of acute services at NWL level

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In tandem with the development of the high level framework, two areas were prioritised for integrating commissioning functions as a proof of concept. These are discrete practical areas of work that will allow further integration to be built out from at pace. A focus on the two areas selected, Residential and Nursing placements and Children's Therapies, will drive better quality and cost management across a total combined spend of c£51m.

Residential and nursing placements

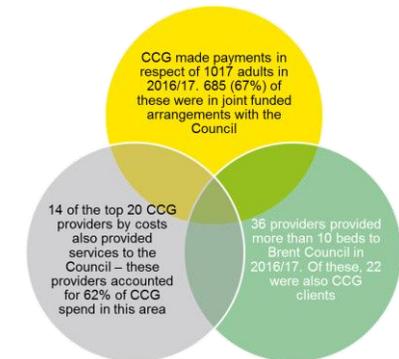
Current state

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:

Strategic management; Contract alignment; Brokerage; Quality management; Budgets; Assessment of entitlement and; 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.



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Residential and nursing placements, continued

Future state

To improve quality (improved pathway management and service provision standards) and value for money for c1000 people with the highest needs, the agreed changes for functions 1 to 4 are:

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	2019/20
<ul style="list-style-type: none"> • Creation of integrated CHC brokerage team, effective from April 2018 • Establishment of BCF 3 working group • Recruitment to new quality posts 	<ul style="list-style-type: none"> • New AQP 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 and mental health placements) • Integrate nursing and residential providers into integrated care pathways 	<ul style="list-style-type: none"> • Potential roll-out of integrated services to frail elderly population cohort

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Children's therapies

Current state

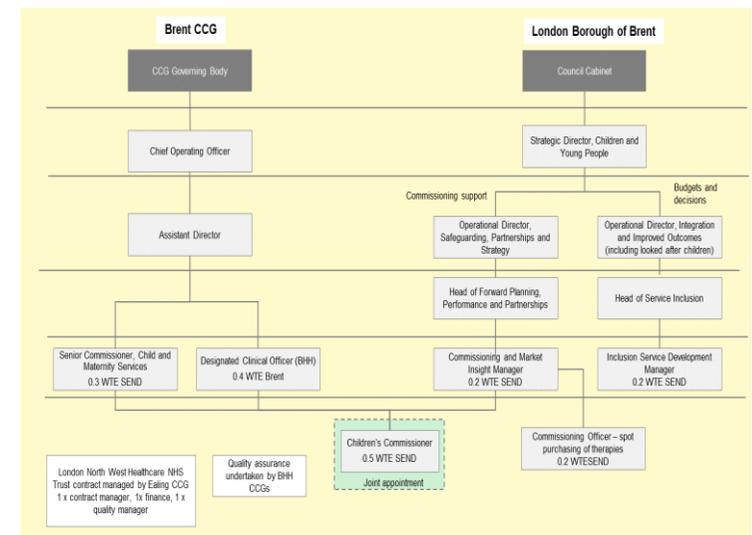
The commissioning of children's therapies was selected as a deep-dive area further to the CQC/Ofsted inspection and the subsequent Written Statement of Action (WSOA), dated 20 October 2017, which sets out a number of intentions regarding integrated commissioning arrangements.

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



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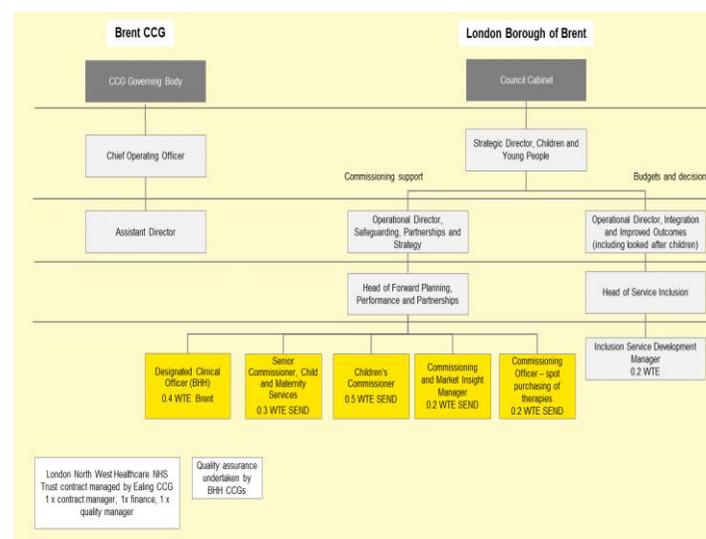
Children’s therapies, continued

Future state

To ensure more effective, holistic provision that meets the needs and outcomes of Children and Young People with SEND, improved waiting times and deliver more seamless support 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



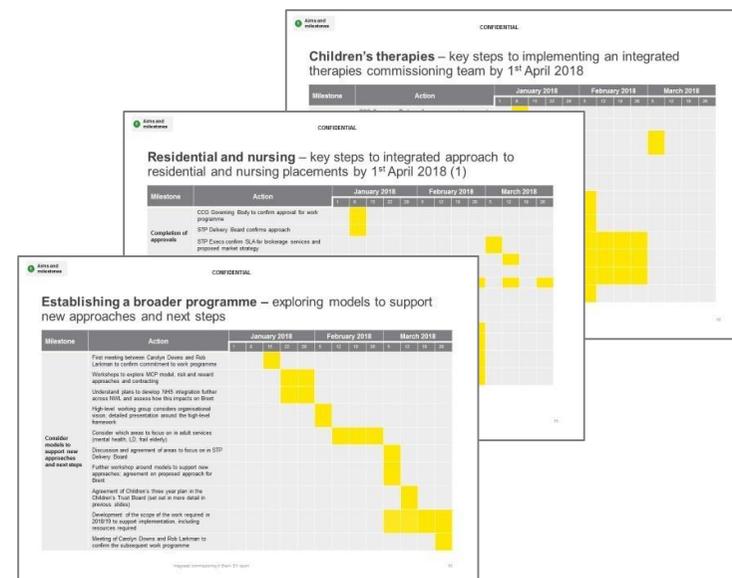
2017/18	2018/19	2019/20
<ul style="list-style-type: none"> Preparation for integrated children’s therapies team: <ul style="list-style-type: none"> Information governance training Internal and external workshops on how the integrated team can be effective, linked to specific goals Development of three year plan, agreed in the Children’s Trust Board 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> New commissioning arrangements come into place on 1st April 2019 in the new financial year

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Establishing your integration plan

The two priority areas are the first step on a journey towards integrated commissioning. Further waves of population based services or functions should be reviewed at pace to continue the proof of concept. 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
4. Initiate work to develop the operating model for integrated commissioning and map dependencies with any proposed provider reconfiguration – initiated through a HWWB working session in February

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