



Brent
Clinical Commissioning Group



Health and Wellbeing Board 9 October 2018

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

Brent Health and Care Transformation Programme Review

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Tom Shakespeare Director of Integrated Care Email: tom.shakespeare@brent.gov.uk Tel: 020 8937 3968

1.0 Purpose of the Report

- 1.1 The purpose of the report is to seek comment and endorsement from the Board regarding proposed changes to the joint programme of work across health and social care under the Health and Care Transformation Board (formerly Sustainability and Transformation Plan (STP) Board), to maximise benefit to residents and the system.

2.0 Recommendations

- 2.1 Re-name the STP Board to Health and Care Transformation Board, reflecting the focus on shared priorities across Brent (including Brent Health and Care Plan and the Better Care Fund)
- 2.2 Re-focus priorities of the programme into three key areas for 18/19 (Older people's pathway; Integrated commissioning and market management, and; enhanced care in care homes. Scoping three further priorities for further development (Self care, dementia and integration development)
- 2.3 Develop a model of distributed leadership across multiple programmes of work to ensure sustained transformation across the breadth of activity across the NHS and local government

3.0 Detail

- 3.1 The 2017/18 Brent Health and Care Plan and BCF plan includes the following priorities:
- a) Prevention and self care
 - b) New models of care – including the development of Primary Care Home model
 - c) Improving outcomes for older people
 - d) Whole systems integrated care (WSIC)
 - e) Effective hospital discharge
 - f) Enhanced care in care homes
 - g) Improving outcomes for people with mental health
 - h) Transforming care for people with learning disabilities
 - i) Development of a Hub at Central Middlesex Hospital
- 3.2 There has been some good progress against these areas during 17/18, including:
- a) Piloting Home First as a new model to improve hospital discharge and undertake assessments in people's own homes
 - b) Establishment of an integrated brokerage function, based within the council, to improve market management of social care and NHS continuing healthcare placements in nursing and residential homes
 - c) Commissioning of support and training to support staff in care homes, to reduce hospital admissions and reduce delayed transfers of care
 - d) Piloting a new hub site at Central Middlesex Hospital to provide information, advice and support to people with health or wider needs in the community
- 3.3 However, following a review against the plan in July, the Board concluded:
- a) That despite good progress on a number of areas, the scale of progress and transformation on key priority areas could go further and faster
 - b) That in order to enable transformation to occur at the scale required, there needs to be a model of distributed leadership. The HCT board cannot be the sole deliverer of Integration - it is the tip of the iceberg. It is critical that front line staff, managers and individual organisations make specific connections to deliver better care to people on the front line
 - c) The Board also needs to focus more on key programme indicators (finance and outcomes linked to key LA and CCG drivers) and system wide impact in order to track progress against key objectives
 - d) That health and social care integration should be about impact for Brent residents, not structures
 - e) The Board and its groups need new title that cuts through all the different national titles, and explains what they are in Brent, so it is proposed we call this the Health and Care Transformation Board
- 3.4 The Board agreed the following criteria to focus its work and so the rest of the system understands its role. These criteria were:
- a) Deliver a significant impact on key performance indicators for the system
 - b) Make a significant contribution to the savings targets of system partners
 - c) Require system wide transformation, impact significantly on at least 2 partners.
 - d) Improvements to outcomes to patients/service users

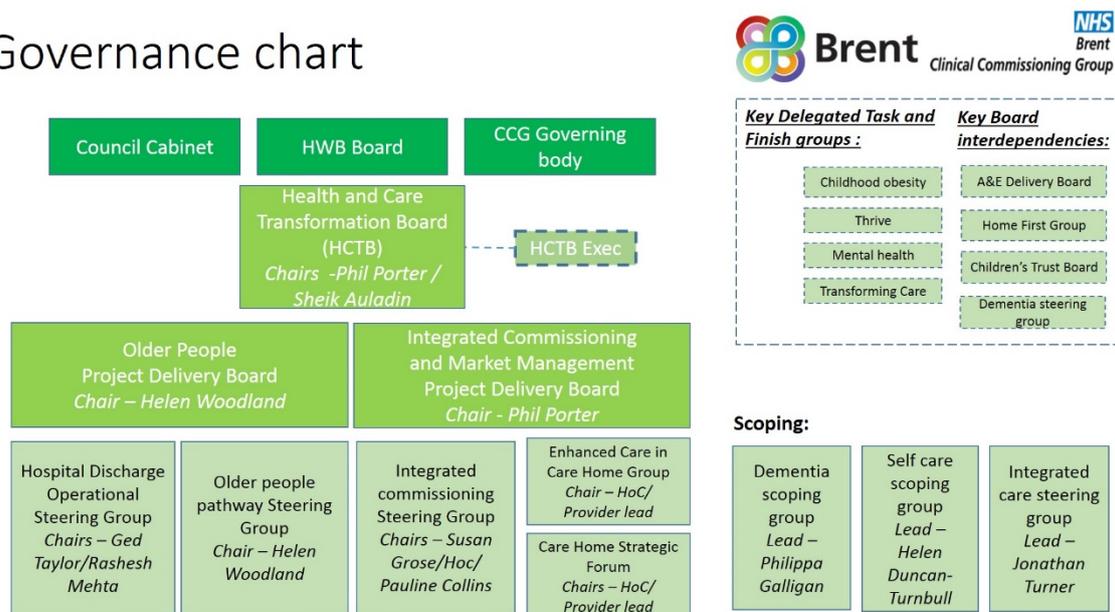
- 3.6 In light of this review, the Board concluded that it should focus on a smaller number of high priority areas. It is proposed that by April 2019 the aim will be that the Board will have overseen the delivery of:
- a) A patient centred older people's care pathway, reducing delays in hospital discharge and improving patient experience. This includes:
 - Development and implementation of a system resilience plan and operational working group to reduce delayed transfers of care
 - Development and implementation of a plan to sustain Home First at scale, reducing handoffs, inefficiencies and duplication within the existing pathway
 - b) A joint commissioning and brokerage function for nursing, residential and home care, reducing delays and duplication and creating a catalyst for the development of a fully integrated care system. This includes delivery of the following objectives:
 - Harmonisation of price paid in and out of borough for spot purchases for equivalent levels of care
 - Reduce DTOC due to nursing and residential placements and CHC assessment
 - Reduction in funding disputes between CHC and social care
 - 'One system' approach to market management with care homes to improve quality and value
 - Improved service user experience
 - c) A joint market management approach, including care home networks and training and development support. This includes delivery of the following objectives:
 - Development of a shared approach with the care home market to respond to the big strategic challenges and opportunities facing the system
 - Prioritisation of support that will have the biggest impact on key system performance indicators across the system (LAS callouts/non conveyances, NEL, DTOC etc)
 - A focussed approach to working directly with individual care homes where there are the biggest performance challenges, working closely with the integrated commissioning and market management programme

3.5 In addition, by April 2020 the Board will have overseen:

- a) Development of our integrated care system, building on integrated commissioning, to take a whole system approach to incentives, investment and benefit realisation, enabling a greater focus on prevention and community services to keep people well and in their own homes
- b) Development of new approaches to promote prevention and self care in the community
- c) An integrated service or support for people with dementia

3.6 To support these revised priorities, the following governance, reporting to the Health and Wellbeing Board, will be put in place to support delivery:

Governance chart



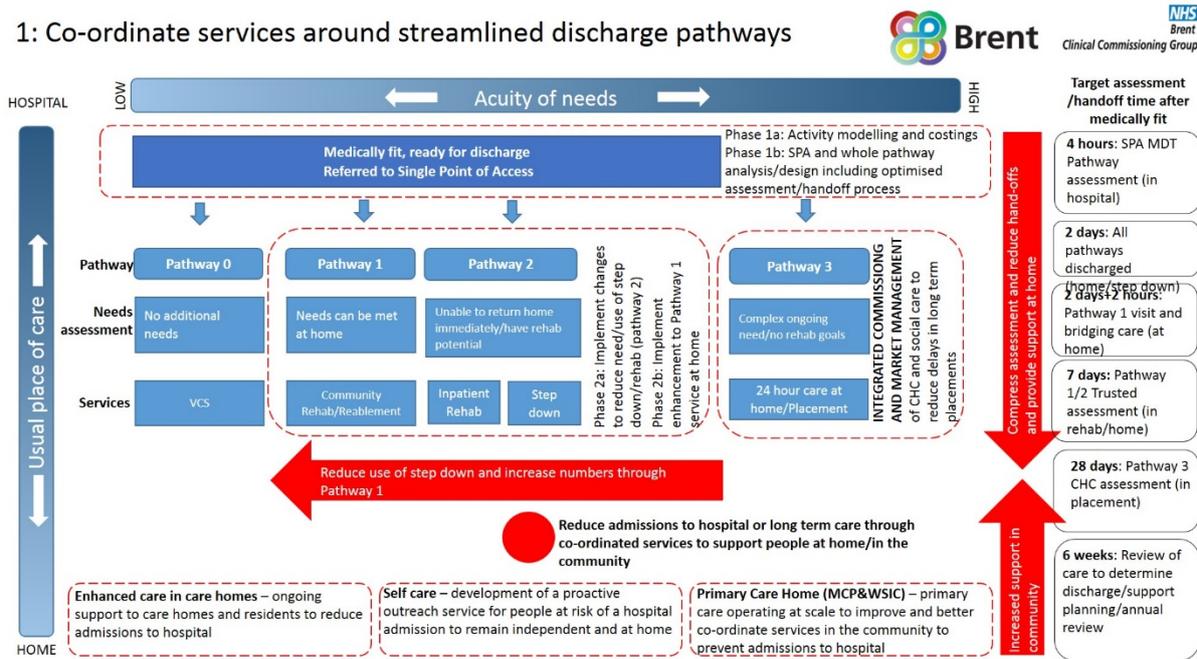
3.7 Through its new model of distributed leadership, the Board will continue to support an ambitious programme of work through the new model of delegated leadership, including:

- Thrive – led by Melanie Smith, Director of Public Health
- Mental health training and place of sanctuary – Led by Helen Duncan Turnbull, Head of Adult services, complex care and Philippa Galligan
- Development of health and care hubs, including on the Central Middlesex Hospital site – Led by Sadie East, Change manager, Brent Council and Ralph Elias, Head of Planning, London North West Trust

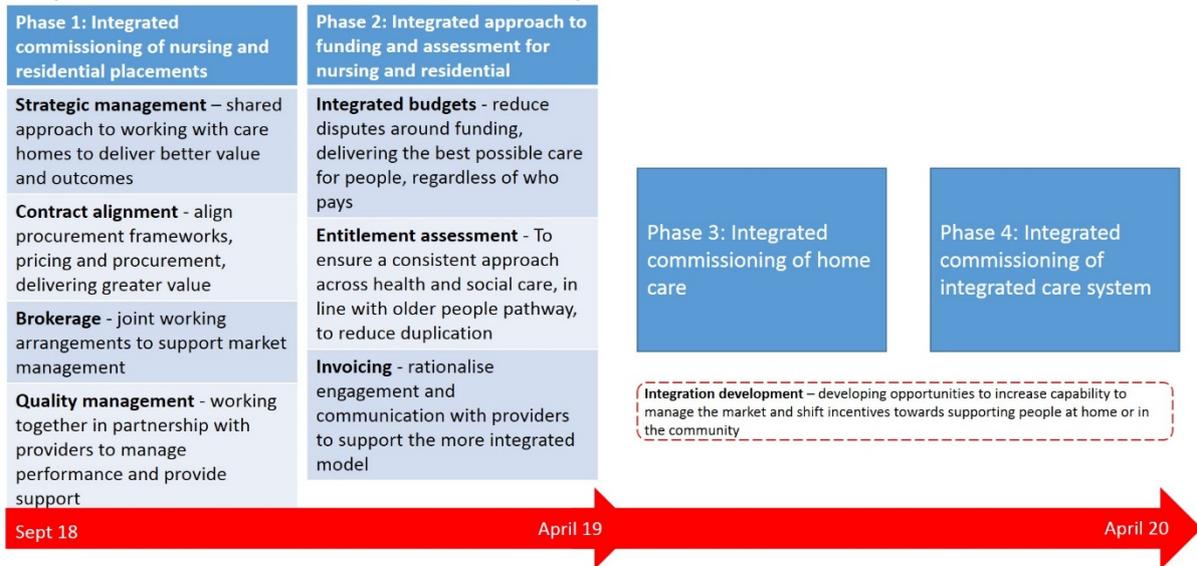
3.8 The Board also proposed an overarching ambition statement to support the overall delivery of this revised plan: “Brent’s ambition is to achieve system sustainability in order to be a national exemplar for delivering patient centred care for people through practical front line working, supported by integration and effective joint operational and strategic leadership”

3.9 The programme and ambition for an integrated system can be summarised visually as follows:

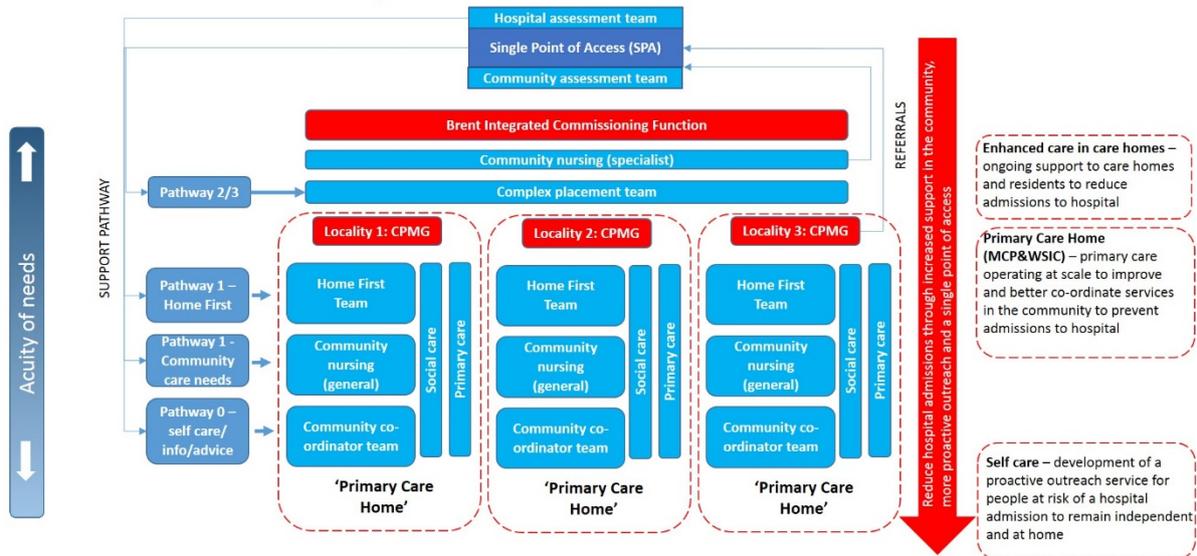
1: Co-ordinate services around streamlined discharge pathways



2. Establish Integrated commissioning to oversee improved outcomes and value to the system



3: Establish 'Primary Care Home' to integrate and sustain investment in community services



4.0 Financial Implications

4.1 Continue to review.

5.0 Legal Implications

5.1 None.

6.0 Equality Implications

6.1 None directly.

7.0 Consultation with Ward Members and Stakeholders

7.1 Ongoing.

8.0 Human Resources/Property Implications (if appropriate)

8.1 Continue to review.

Report sign off:

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