Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 6 April 2021
	Report from the Director of Integrated Care (CCG/LA) and Borough Director (CCG)

Health and Care Transformation Programme Update, transition to 'Quartet' and refreshed priorities

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	None
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1.0 Purpose of the Report

1.1 To update on progress of the health and care transformation programme since October, and to provide an update on the new governance arrangements and seek comment and support for the proposed priorities for the system

2.0 Recommendation(s)

2.1 To note progress against the plan agreed in 2020/21 and the transition to new governance arrangements, and provide a strategic steer and advice to support the delivery of the updated priorities and approach

3.0 Background

3.1 In October 2020 the Board received a full progress report on the programme. In addition to an update on the delivery of agreed priorities, the report provided an update on the operational role that the team provided in support of the council and NHS's response to the Covid-19 pandemic - particularly in relation to care homes, hospital discharge and the commissioning of a new community based rehabilitation service

3.2 As a result of this, a number of the previously agreed deliverables slipped against the planned timescales. At the same time changes in the national, regional and local arrangements that were put in place during this period have had a material impact on the programme and the priority areas. The notable contextual changes are:

- The establishment of a single Hub at Northwick Park to manage all hospital discharges on behalf of Brent and Harrow patients
- National guidance that NHS partners should manage all discharges and placements from hospital into nursing homes, with funding to be provided through NHS funding steams (subject to agreement at London level)
- The realignment of services at London North West NHS Trust to provide 'hot' and 'cold' sites, resulting in 35 general rehabilitation beds at Central Middlesex hospital needing to be re-procured outside of the hospital setting
- Outbreaks of Covid-19 across care homes in Brent, requiring careful management and infection control procedures within care home settings, including additional government funding to support this, as well as support to limit physical interactions of services and staff within care home settings, requiring new ways of working to address shared priorities
- From December 2020 onward, the delivery of a Covid-19 vaccination programme by primary care, involving the setup of local clinics through Primary Care Networks
- The redeployment of a number of CCG staff to various functions related with wave 2 of the pandemic and the Covid vaccination programme (e.g. redeployment into large vaccination centres or to help PCNs with setup)
- Funding pressures across the system, resulting in a decision by Members to pause work to bring reablement provision back under council control, whilst looking at alternative approaches
- The disproportionate impact of Covid-19 on different communities in Brent, and the need for a joined up approach to health inequalities to address underlying causes

3.3 In addition, the NHS in NW London has undergone a significant restructure, with a focus on the establishment of a 'Single' CCG for NW London, and an emphasis on NHS providers taking a lead role in system leadership. This has resulted in the following notable changes impacting Brent:

- CCG Chief Operating Officer role now sits across Brent, Harrow and Hillingdon, with a new 'Borough Director' role for Brent
- Establishment of new local Borough based governance arrangements with NHS provider taking a lead role.
- All roles within the structure of the borough are now "delivery" roles rather than commissioning roles, with the majority of commissioning functions sitting at NWL level. A number of new roles have been created at NWL level, including Programme Directors for various area such as Urgent and Emergency Care, Elective services etc. The key teams within the borough team now include Primary Care Delivery, an

Integration Team and a Joint MHLDA team, including local collaboration between health and social care on areas such as mental health, learning disability and autism, children's services and complex care.
- Recommissioning of community health services into a single community health provider for Brent.

3.4 This report therefore provides an update on progress of the health and care transformation programme since October, and to provide an update on the new governance arrangements and seek comment and support for the proposed priorities for the system

4.0 Programme update

The focus of the programme has changed in response to this changing landscape and priorities of the system. In addition to the ongoing work of the team reported in October, we are able to report on the following:

4.1 Care home quality and support

4.1.1 Care Home Forum - maintaining a weekly care home forum (from monthly), to provide peer support, advice and guidance to homes as well as an opportunity for homes to share experiences and learning with peers, raise any risks or issues directly to senior representatives from across the system

4.1.2 Vaccination uptake support – the following support was provided to homes:
- Provision of information, advice and support including staff webinars to support low uptake of vaccination by staff in care homes with an increase from 32% to around 75%
- Co-ordination support to CCG and GP partners to plan the rollout of vaccines in care home, extra care and supported living settings
- Working with the commissioning team and Provider relationship officers and lead GPs to take a concerted push with homes with the lowest uptake
- Promotion of communications materials to reassure and support staff with vaccine uptake

4.1.3 Establishment of care home peer support programme – In response to the quality and safeguarding concerns during the first wave, the Forum agreed to pilot a new approach to improving quality, ensuring that more homes within Brent are CQC rated as either Good or Outstanding. This will be a peer led approach, with a registered manager supporting 6-12 homes directly. The programme has been running since November, with the following highlights:
- 4 home managers initially involved, 1 withdrew due to lack of support from the home owner
- 1 home has had its CQC inspection and has moved from 'requires improvement' to 'Good'. All 3 homes that have taken part have improved significantly across the CQC domains and are expected to improve in their CQC reports when they are undertaken.
- Work is underway to embed lessons from the programme and ensure

continued ongoing support for managers across the Borough
- A survey of managers reported very positive feedback on the nature of support and the impact it has had in a short period of time
- It is proposed that the programme will be extended by another 6 months from April to support more homes

4.1.4 The following additional activities have also been undertaken:
- Training on LGBT support in care to meet criteria for CQC regulations with a high uptake. Further 2 sessions arranged.
- LD training arranged for all care homes (this was identified as needed) 4 sessions arranged
- Review of the excess deaths in care homes being undertaken and led by CCG colleagues
- Accelerated use of digital initiatives - remote monitoring (lead by the PCN/Care Homes), provision of tablets and iPads to homes, use of repeat ordering of medication using Proxy Access

4.1.5 The impact of the support during the first wave of Covid-19 shows a positive impact for Brent. In particular:
- A relatively low infection and death rate within care homes, relative to the overall case numbers for the borough, as compared to other London boroughs, and especially considering the case rate and demographics of the borough
- Relatively high resident and staff uptake of the vaccination compared to NW London boroughs
- A short survey of care home managers following the first wave showed a unanimously positive response to Brent Council and the health and care transformation team. In particular, the extent and speed of PPE distribution, the weekly care home forum meetings, training and responsiveness of staff to live issues

4.2 Hospital discharge Hub

4.2.1 Prior to March 2020, there was an extensive programme of work to establish a single point of access, and improve hospital discharge decision making and the timeliness of discharge. This work had started to have an impact, evidenced by a measurable reduction in delayed transfers of care (DTOC) for both NHS and social care, as well as a significant increase in 'Home First' referrals.

4.2.2 During the Covid-19 first wave, NHS partners were mandated to create a single discharge hub for each major acute hospital site. Following the experiences (both positive and negative) resulting from the establishment of the Hub during the first wave of the pandemic, a small task and finish team was established across key organisations to design clear pathways and improvements to the operational implementation of the hub. The key principles for this work are as follows:
- A single point of referral for all patients within London Northwest for both Brent and Harrow

- All Brent residents located in other hospitals will be referred to the Northwick Park Hub
- The MDT process will result in decision making that shifts more people from pathways 2 and 3 into pathways 0 and 1
- Processes will be developed to ensure that social worker capacity within the trust is focused on the most complex cases requiring placement, as well as more streamlined administrative processes and governance
- There will be clear points of escalation for the system, should there be no clear agreement on any individual cases

4.2.4 This review was again paused when the full impact of the second wave hit, and the task and finish group is currently being re-established and will report progress at a future Health and Wellbeing Board

4.3 Rehabilitation and reablement

4.3.1 Rehabilitation beds re-provision – following the end of the 35 general rehabilitation beds within Central Middlesex hospital, provided by London NW Trust, a decision was made to re-provide the equivalent service within the community. This service was established and went live on 1 November 2020, providing 20 general rehabilitation beds and a dedicated clinical team of 16.5 people supporting both the beds and to support at least the equivalent of 15 beds rehab support at home.

4.3.2 Significant progress has been made in all aspects of the service, and it has provided vital additional capacity and support to hospitals in supporting hospital discharge.

4.3.3 Reablement in house service - Following a decision by councillors to bring the provision of reablement back under council control, the Health and Care Transformation Team were instructed to develop a costed model of care and deliver the new service, in line with the existing Integrated Rehabilitation and Reablement Service. A plan was developed, and scheduled for implementation on 1 October. This plan was paused and is now being re-established. The key objectives will be to:

- Improve the effectiveness of goals-oriented reablement, reducing the length of time that people need reablement, and reducing readmissions to hospital
- Improving the quality of reablement provision across the borough
- Developing clear pathways for people with wider enablement needs, including for people with mental health and learning disabilities support needs, as well as other service and support requirements
- Strengthening the oversight and processes for the integrated rehabilitation and reablement service (IRRS) and connections to rabblement providers
- Strengthening the synergies and pathways between rehabilitation and reablement in the community

4.4 Health inequalities (Brent Health Matters)

4.4.1 Significant progress has been made against the delivery of the Brent Health Matters programme. A separate report on the progress of this work has been produced as a separate discussion item. There is also a health component of this element of the work, which includes providing better and more pro-active primary care to residents in the most deprived parts of the community. For example funding additional GP appointments and by taking primary care out into communities instead of passively waiting for people to access services when they fall ill.

4.4.2 As part of the "levelling up" strategy across the ICS, whereby investment in community care is to be increased in those geographical areas where it has historically been lower, the CCG is receiving an additional £1.9 million recurrently to invest in better diabetes care. A working group has been set up to redesign services across tiers 1, 2 and 3 of diabetes care, which is likely to include diabetes hubs that will support primary and acute care in managing more complex patients. Brent has one of the highest prevalences of diabetes in the UK and our aim is both to improve health outcomes, reduce inequalities in outcomes and to more proactively manage diabetes in the community, reducing dependence on acute care. Working closely with the Public Health department, we also aim to prevent people who are pre-diabetic to avoid progressing into having diabetes through improvements in lifestyle. The service scope and specification is being worked up during Q1 and intended to come into effect from Q2.

4.5 Better Care Fund and Winter pressures

4.5.1 Prior to the publication of national guidance, the high level BCF Plan for 2020/21 was agreed in the October Health and Wellbeing Board, subject to agreement of finances. The full BCF Plan was submitted in November subject to formal ratification by the Board. The approach was in line with previous years, including the new schemes that were developed and delivered last year in response to Winter pressures. In addition there is an inflationary uplift in the BCF values.

4.5.2 The BCF plan for 2020/21 is included under AOB.

5.0 Establishment of the Quartet

5.1 To date, the joint work of the health and care transformation team has reported to the Health and Care Transformation Board (HCTB), chaired by the Managing Director of the CCG and Strategic Director for Community Wellbeing at the council. This Board was an executive group of the Health and Wellbeing Board.

5.2 Following the restructure within the NHS at a NW London level, a new Board (the 'Quartet') is proposed, building on the existing Health and Care Transformation Board. The terms of reference will remain similar with the following proposed changes:

- Co chaired by Strategic Director, Community Wellbeing and the Chief Operating Officer of CNWL MH Trust (in this
- Membership to include CLCH NHS Trust and Brent CCG Chair
- Frequency of meeting - monthly

5.3 It is proposed that the Quartet focus on four key priorities, through the lens of a 'system recovery' in response to Covid-19, as follows:

a) Priority 1: Reduce health inequalities and improve uptake of Covid vaccinations
   - Increase take up of vaccination and testing amongst BAME and disadvantaged communities
   - Increase engagement, utilisation and awareness of services in communities
   - Reduce variation of impact from long term conditions between communities

b) Priority 2: PCN Development and reduction in practice variation
   - Support to GP practices and PCNs to expand capacity to reduce health inequalities, making stronger connections with voluntary, NHS and council partners
   - Provide system leadership support to PCN Directors

c) Priority 3: Improve community and intermediate health and care services
   - Evaluate impact of Covid-19 on community health and intermediate care services, and establish joint programme of work to improve services and pathways in response
   - Establish clear role for ICP service as the interface between PCNs, community NHS provider and council services
   - Improve hospital discharge pathways into community
   - Monitor and support the re-establishment of elective care

d) Priority 4: Improve mental health and wellbeing
   - Develop improved awareness and access to services for people in BAME and disadvantaged communities
   - Improve utilisation and referrals to council and VCS wellbeing, employment and housing support

5.4 An Executive sub group is proposed to be established for each of the priority workstreams

5.5 In addition to the 'Quartet', a 'Septet' has been established involving the council Chief Executive and Lead members, which will meet quarterly

5.6 We are seeking agreement from the Board to the proposed changes to governance and the refreshed priorities as set out above

6.0 Legislative Reforms

6.1 The Committee may be aware of recently announced changes for legislative reform of the NHS, which includes the proposed abolition of CCGs and the creation of Integrated Care Systems (ICS's) on a statutory basis. The ICS is already functioning, of course in shadow form and many of the structures that have been set up under the single CCG arrangements will prepare the system well for the anticipated legislative changes. The ICS is likely to be coterminous with the North West London borough boundaries currently in existence. New operational guidance was issued on 25th March 2021 and confirms the priorities of the ICS to be (1) improving outcomes in population health and healthcare (2) Tackling inequalities in outcomes, experience and access (3) Enhancing productivity and value for money and (4) Helping the NHS to support broader social and economic development. The ICS is expected to come into force in a statutory sense by April 2022. However, systems are expected to start formally preparing during Q1 of 21/22 to establish the arrangements for the changed system, including for example running a process to appoint an ICS Chair, accountable officer and chief financial officer.

6.2 **CCG functions** will be subsumed into the ICS NHS body and some NHS England and Improvement **direct commissioning functions** will be transferred or delegated to ICSs.

6.3 Staff below board level who are directly affected will have an **employment commitment** and local NHS administrative **running costs** will not be cut as a consequence of the organisational changes.

6.4 Through strong place-based partnerships, NHS organisations will continue to forge deep **relationships with local government** and communities to join up health and social care and tackle the wider social and economic determinants of health. To enable this, ICS boundaries will align with upper-tier local authority boundaries by April 2022, unless otherwise agreed by exception. Joint working with local government will be further supported by the **health and care partnership** at ICS level.

7.0 Financial Implications

7.1 None directly.

8.0 Legal Implications

8.1 None

9.0 Equality Implications

9.1 None directly

10.0 Consultation with Ward Members and Stakeholders

10.1 Ongoing

11.0 Human Resources/Property Implications (if appropriate)

11.1 None

Report sign off:

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