

 	<p align="center">Community and Wellbeing Scrutiny Committee 24 January 2022</p>
	<p align="center">Report from the Borough Director NWL CCG Brent Borough</p>
<p align="center">Transfer of Community Services from LNWHUT to CLCH</p>	

Wards Affected:	All
Key or Non-Key Decision:	For Information
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:	Appendix 1 - List of Community Services transferred to a new provider
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Steve Vo, Assistant Director Integration & Delivery - NWL CCG Brent Borough Steve.vo@nhs.net

1. Purpose of the Report

1.1 The purpose of this report is to update the Community and Wellbeing Scrutiny Committee on the transfer of the Brent community services from London North West University Hospital Trust (LNWHUT) to Central London Community Healthcare NHS Trust (CLCH) with effect from 1 August 2021.

2. Recommendation

2.2 The Community and Wellbeing Scrutiny Committee is asked to note the transfer was successfully completed on 1 August 2021 and the update report on the mobilisation and transformation programme.

3. Details and Background

3.1 LNWHUT provided community services in Brent. Although the Harrow community contract for adult services were with CLCH, some paediatric community health services were provided by LNWHUT for Harrow.

3.2 LNWHUT served Brent CCG contract notice for some community services provided to Brent residents, which took effect from 1 April 2021. The CCG, working collaboratively with stakeholders including both Brent and Harrow Local Authorities, agreed to align all community services to one provider. This approach supported the integration agenda and consolidated the number of community services providers in North West London.

3.3 Brent CCG Governing Body considered the option of 'internal competition only between established NHS community services providers in North West London', which it was approved on 16 December 2020¹. This option would achieve a balance between meeting the service requirements to transfer services rapidly and safely within an on-going Covid pandemic.

3.4 A final selection process was concluded on 13 January 2021, and CLCH was announced as the preferred provider for Brent community services on 15 January 2021. Harrow subsequently announced Central North West London NHS Foundation Trust (CNWL) as the preferred provider for their paediatric community services. The selection panel comprised of Brent & Harrow CCGs Accountable Officer & Clinical Chairs, Brent Local Authority Chief Executive, Harrow Local Authority Deputy Chief Executive and NWL ICS Chief Financial Officer.

3.5 For the purposes of market transparency, the CCG published Contract Award Notice (CAN) to ensure compliance with the lawful obligation for market transparency of the contract award decision. The CAN was published in the Find a Tender Services (FTS) for a 30-day period which ended on 11 March 2021. The CCG did not receive any notification of challenges to the decision to award the contract to CLCH.

4. Mobilisation of the Community Services and Arrangements

4.1 There were 2 phases to the mobilisation:

- Phase 1: Lifting and shifting of existing services from LNWHUT to CLCH with a go live date as 1 April 2021. Subsequently all providers agreed that the 1 April did not allow sufficient time to safely mobilise the services and proposed a revised go live date of 1 August 2021, which was approved by the ICS Executive.
- Phase 2: Transformation of community services.

4.2 A Joint Steering Group was established on 27 January 2021 to oversee the transfer of Brent Community Services from LNWH to CNWL (Harrow Children's Services) and CLCH (all other services), with membership including senior representatives from the 3 provider organisations and Brent and Harrow CCGs. The services transferred to a new provider are listed in *Appendix 1*.

4.3 The Joint Mobilisation Steering Group was responsible for ensuring the development and agreement of a project plan and ensuring safe service transfer. It provided executive oversight and support to the mobilisation programme as well as the post go live period of transition.

4.4 The mobilisation started the first week of February 2021. The Steering Group reported into the NWL ICS Executive which provided scrutiny and oversight of the mobilisation process, ensuring gateways were delivered within agreed timelines.

4.5 All three provider organisations worked together through the work stream leads to obtain the due diligence required. The process included a strong focus on the quality and safe transfer of the services underpinned by an agreed process for gathering and sharing information. The CCGs worked with LNWHUT to ensure timely responses to CLCH information requests for the whole process to run on time.

4.6 As part of the mobilisation process, the CCG engaged with CLCH and LNWHUT to plan progression toward contract signature following completion of due diligence.

- 4.7 As there is no significant service change to the specifications and delivery of services, the transfer from one NWL NHS provider to another NWL NHS provider does not trigger any engagement or consultation obligations, since it is only a 'lift and shift' of services and a change in the identity of the service provider. Websites and communications were updated to ensure transparency.
- 4.8 This transfer would enable CLCH to work collaboratively with Brent and Harrow Boroughs to achieve health needs for our local population.

5. Post Go-Live Date

- 5.1 The transfer of Brent and Harrow Community Healthcare Services from LNWHUT to CLCH and CNWL was successfully completed on 1 August 2021. CLCH is expected to deliver services as currently configured from the go live date.
- 5.2 All members of staff have moved to their new organisations and continue delivering services, ensuring a smooth transition of service provision to patients, service users and carers.
- 5.3 The process demonstrated collaborative working in practice across all system partners involved. It is a testament to the all the teams involved in the delivering this programme in a very short timescale whilst supporting the Covid vaccination efforts.
- 5.4 The Joint Mobilisation Group held a touch point meeting on 4 August with provider colleagues. Whilst there were some clarification areas that required review, patients, service users and carers generally saw no difference to the care and support they were receiving. The last meeting was held on 11 August 2021 to close down the actions/risk log to enable sign off and closure meeting.
- 5.5 Since the transfer of service, CLCH has offered Covid vaccination to housebound Brent patients who were previously not on the district nursing caseload. Since this was the first time our GPs received this level of support, the service was much welcomed by our GPs.

6. Transformation of Community Services

- 6.1 Community services have entered into the transformation phase with collaborative working of the CCG, CLCH, PCNs, LNWHUT and Local Authority colleagues and other stakeholders. Our aim is to work collaboratively to transform services that are fit for purpose for Brent residents.
- 6.2 The Task and Finish Groups for Diabetes, Heart Failure, Respiratory, and Rehab and Reablement have been established with colleagues from key organisations meeting monthly to develop new integrated pathways for service users.
- 6.3 Our community service priorities are to be aligned with the North West London ICS intentions for Integrated care and strengthen community services through transformation to deliver a borough based partnership.
- 6.4 The Community Services Executive, one of the four Executive Groups accountable to the Brent ICP Exec, oversees the integration of the health, social care and voluntary sectors services to improve quality of care and to improve access to services. The group, chaired by Deputy Chief Executive from LNWHUT and Director of Operations from CLCH, also provides senior operational oversight over key programmes relating to joint programmes

of work between the Council and NHS partners. The group provides strategic and operational steering to programme proposals, issues, risks and dependencies.

6.5 Community and intermediate care services are one of the key strategic priorities for the Community Services Committee. The agreed priorities for this group are:

6.5.1 Planned care – The development of multi-disciplinary locality based teams aligned to Primary Care Networks (PCNs), as well as improved end of life care.

6.5.2 Unplanned care – The delivery of enhanced care in care homes, working alongside PCNs.

6.5.3 Hospital discharge and community bedded units – The development of hospital discharge hubs, and a new enhanced community based integrated rehabilitation and reablement service.

6.5.4 Children's services – linking in with the priorities of the Children's Trust Board.

Work has commenced on the development of scope for work to improve respiratory, heart failure and diabetes services as priorities in the Borough. Moreover, task and finish groups have been set up and recently met to agree on the proposed phasing of priorities and new models of care and pathways for these services.

7. CLCH Community Services - Outer North West Division Structure

7.1 As the Trust moves to delivering all services at place, this has meant that they have created two divisions (Outer North West London and Inner North West London). This will allow CLCH to work more consistently with services users and local partners.

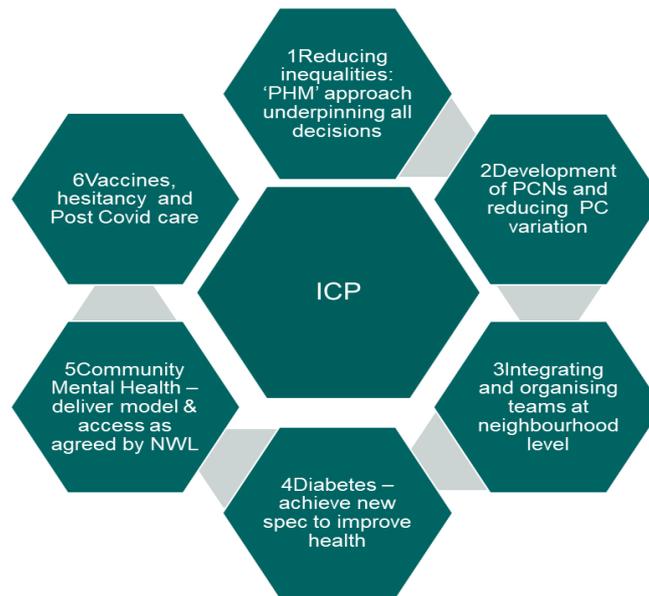
7.2 The new Division (Outer North West London) that encompasses services in Harrow, Ealing and Brent will be led by, Director of Operations and supported by the Deputy Director of Operations. Each Division will hold the children and adult services within their area. The new Divisional structures has become operational and has been formally introduced to all GP practices in Brent, CCG and stakeholders.

8. Ageing Well Funding Overview

8.1 Ageing Well Funds have been made available to NHS community services to provide services to support increasing needs within our communities. This year's guidance sets out the funding arrangements for community health services. It confirmed that access to additional non-demographic funding would be available through Aging Well funding for transforming community services, including accelerating the rollout of the two-hour crisis community health response at home.

8.2 The Ageing Well Funds have been allocated for FYE 2021/2022. It is proposed additional investment in future years will aim to address health inequalities and meet needs of our local population. Please see further detail regarding the proposals for utilising the funding in Section 9 below.

8.3 The proposals put forward relate to the ICP priorities, which support local transformational work streams such as Diabetes and Reducing Health Inequalities.



- CLCH has focused on the following areas for the current Financial Year:
 - Long/hidden community waiting lists as part of recovery programme.
 - Areas where impact on elective recovery: MSK, rehabilitation, diabetes and LTC. Baseline and metrics TBA. Current waits in excess of 20 weeks in some boroughs.
 - Community response to Post Covid: Breathlessness, IAPT, reablement etc. Baseline and objectives, borough specific plans in development. Current gaps in services with waiting times of over 3 months for some pathways.
- Discharge to Assess to ensure capacity to support great discharge numbers – additional team members.
- Agreed actions on Rapid Response: In line with Operating Plan, once an action plan agree direct funding is requested to ensure breadth of clinical support.

9. Aging Well Funding Proposals

9.1 Diabetes - Enhanced Community Multidisciplinary Team: Expansion and on-going funding of a Tier 2/3 Community Diabetes Team which will support patients living with Diabetes. The primary focus of this team will be to ensure patients reach their optimum level of health and diabetes control, preventing associated complications which could result in admissions to acute care. The Community Diabetes Team will include Consultant Diabetologist, GPWSI, Diabetes Nurses, Dieticians, Diabetes Education Educators and Diabetes Podiatrist. Some of the posts are development posts to enhance the resilience of the team.

The expected outcomes of the team will be to reduce acute admissions associated with Diabetes.

The team will be driven by and align to PCNs to support and deliver the primary care diabetes enhanced services. Alignment will be on the basis on diabetes prevalence in the PCNs.

9.2 Care Home - Brent currently has a Care Home support team in place, which is funded by the CCG through the contract with CLCH. The team have demonstrated considerable added value into Brent Care homes through the pandemic, as well as evidence of unplanned admissions avoided. The team currently consists of 3 Band 8a advanced nurse practitioners with GP support.

It is proposed that the additional funding allows its expansion that will include:

- Physiotherapist (this post has been made 1WTE)
- Occupational therapist
- Clinical support worker support with therapy
- Remote monitoring platform is explored further with the team.
- It is proposed that the team works closely with the PCN ARRS pharmacists to deliver medication reviews of care home residents.

9.3 Anticipatory Care - It was proposed that this funding would be used to support the expansion of the St Luke's 7-day service and promotion of the PALs 24/7.

Additional investment has been made to support with the mental health element of those patients with LTC and residents within the care homes.

9.4 Fair Share of the Remainder -

Increase clinical capacity within the community cardiology team with clinical nurse lead. This will allow closer working with the Acute Consultants and team to progress a more robust service focused on the community and diagnostics within the community. The nurse Consultant will be working for both Brent and Harrow.

It has also been identified that this team requires further development and staffing to ensure sustainability. Therefore, support worker and development post funding was allocated.

Further funding was allocated to the Respiratory Team as a Nurse Consultant so that all LTC services maintain the equal clinical leadership.

10. Strategy & Drivers

10.1 Brent and CLCH's vision for community health services for adults is that care will be delivered, wherever possible:

- ✓ At the right time - ensuring that an appropriate level of support is given, enabling early intervention and averting the risk of escalation.
- ✓ In the right place - within the community/locality where the child or young person lives
- ✓ Using the right approach - applying the latest evidence of best practice and within legislative guidelines
- ✓ By the right service - with specialist services supporting universal services to deliver care, wherever possible.

11. Financial implications

11.1 There are no financial implications arising from this report.

12. Legal implications

12.1 There are no financial implications arising from this report.

13. Equality implications

13.1 Brent CCG undertook a review of a number of service specifications for their community services to ensure they are in line with new NHS England standards and are inclusive of quality and safety developments. The expectation is that the new provider will be able to deliver the services as specified. The CCG and CLCH will work with stakeholders to develop and agree a service development plan that will seek to ensure continuous improvement in outcomes for our patients.

13.2 The provider will be required to provide holistic and integrated care that empowers people to be in control of their healthcare outcomes, working seamlessly with the local authority, primary, mental health, acute care services and the voluntary sector.

Report sign off:

**Fana Hussain – Borough Director NWL CCG
Brent Borough**