



Brent Integrated Care Partnership

Key themes and recommendations from 1-2-1
stakeholder interviews and proposed next steps

DRAFT FOR DISCUSSION

9th March 2022

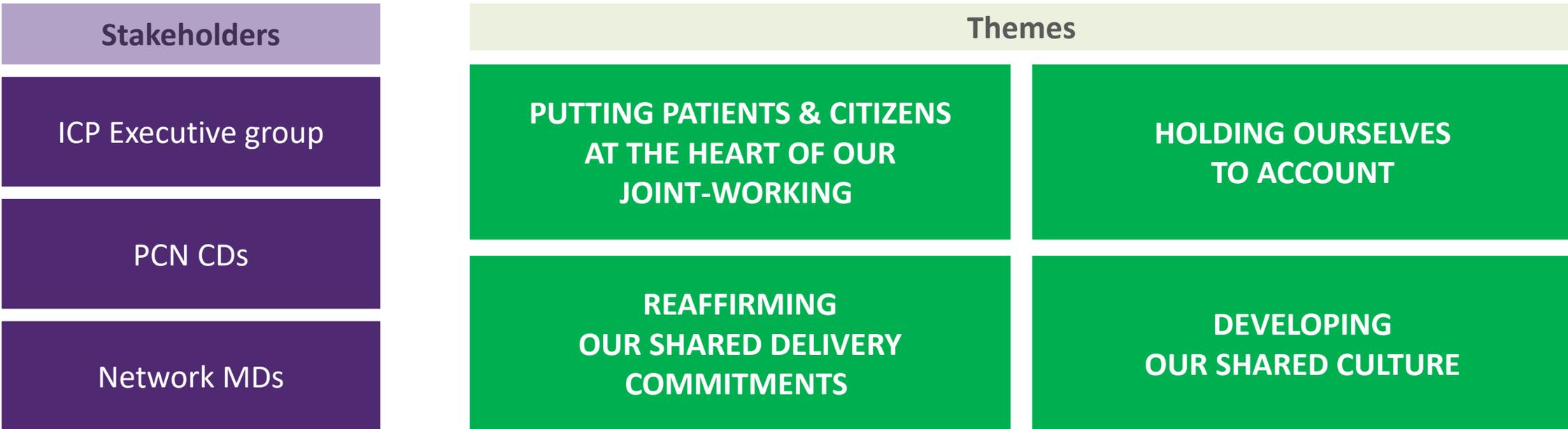
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Approach



We explored stakeholders' perspectives around key themes related to Brent's development as a partnership

The following document outlines the key themes identified through a series of "Chatham House rules" interviews with stakeholders across the Brent Borough Based Partnership. These included:



Participants in the initial review



	Stakeholder name	Role	Organisation
1	Dr Ajit Shah	Clinical Director	North K&W PCN
2	Dr Candice Lim	Clinical Director	Kilburn PCN
3	Caroline Kerby	Network Managing Director	Harness Network
4	Dr Chi Chung	Clinical Director	Kilburn PCN
5	Fana Hussain	Brent Interim Borough Director	NWL CCG
6	Germaine Brand	Network Managing Director	Kilburn Network
7	Janet Lewis	Director of Operations	Central London Community Healthcare NHS Trust
8	Dr Madhukar C Patel	Borough Clinical Lead	NWL CCG
9	Dr Mahima Gattani	Clinical Director	Harness North PCN
10	Dr Melanie Smith	Director of Public Health	Brent Council
11	Dr Mohammad Haidar	Clinical Director	West K&W PCN
12	Dr Mousumi Mukherjee	Clinical Director	Harness South PCN
13	Dr Nigel De Kare-Silver	Clinical Director	South K&W PCN
14	Phil Porter	Strategic Director of Community Wellbeing	Brent Council
15	Robyn Doran	Chief Operating Officer & ICP Director	Central and North West London NHS Foundation Trust
16	Simon Crawford	Deputy Chief Executive	London North West University Healthcare NHS Trust
17	Tom Shakespeare	Director of Integration	Brent Council & NWL CCG

High-level findings



We have summarised stakeholders' perspectives across our four areas of enquiry:



PATIENTS & CITIZENS AT THE HEART OF JOINT-WORKING

- All contributors recognised the **benefit of working in partnership**.
- There is a shared focus on delivering core ambitions of the partnership to **improve outcomes and reduce health inequalities**.
- This does not always translate to a shared prioritisation of specific outcomes; there is a need to **move population health management from concept to action**.
- There is a desire to do more to **close the gap on health inequalities** in Brent and to engage individuals and communities in this work.



REAFFIRMING OUR SHARED DELIVERY COMMITMENTS

- All **four priorities resonated with contributors** but there were different levels of understanding about what is happening in relation to these and in what should be prioritised within each area.
- There was felt to be no **systematic approach to securing collective input** into plans and ensuring all of the right people are involved in delivery.
- There is a need to better utilise **data to develop insights and inform change** across the partnership.



HOLDING OURSELVES TO ACCOUNT

- There is a need for greater **transparency and confidence-building** around place-based working.
- There is a need to ensure that **everyone understands their role** within decision-making and delivery, including how this relates to the NW London ICS and local neighbourhood working.
- There are specific challenges in **the representation of primary care and VCSE partners** within current structures and a lack of clarity around how things are changing.



DEVELOPING A SHARED CULTURE

- There is an opportunity broaden communication and engagement **building shared understanding and engagement**.
- There is an opportunity to refresh the **shared identity and narrative** around not just what the partnership is trying to achieve but how this is being taken forward.
- There is a need to build **opportunities for staff to connect and share learning** across professional and organisational boundaries.

Putting patients & citizens at the heart of joint-working



Where we are

Limited perspectives

We are focussed on the individual patients / service users in our areas of responsibility. Whilst this focus is understandable in relation to optimising specific episodes of care, there is a danger we are missing the wider context and failing to address shared opportunities and challenges, including around improving overall population health and tackling inequalities.

Information and data

There are different levels of understanding and visibility around data and metrics in Brent. There is a need to draw together a range of data sources to inform our strategy, plans and actions.

Capacity challenges

Services are currently “fire-fighting”, exacerbated by issues of recruitment, retention, resourcing and service reductions. This creates a significant challenge in developing more holistic and person-centred approaches. *There is a need to work smarter and in partnership to tackle this, but what does this mean in practice?*

What we would like to continue

Partnership working

The majority of partners agree that the partnership in Brent is fundamental to being able to respond to long-standing local challenges, including addressing health inequalities.

A shared mission

The tone and culture around place-based partnership working has improved as a result of the COVID-19 response, in part due to having very specific, clear and shared goals. This way-of-working needs to be maintained beyond the pandemic.

Investing in community engagement

There are programmes and projects in Brent which are recognised as beginning to engage communities more effectively. This has been particularly true in the response to COVID-19 but also referenced in relation to other key areas for development such as diabetes and Brent Health Matters. *How do we do this across the system given the capacity issues highlighted?*

Where we would like to be

A shared system-wide and person-centred vision

The partnership needs to secure broader buy-in to its vision and priorities. This can be supported through increased use of co-production (engaging not only different professionals and patients, carers and service user) as well as investing in shared organisational development, language and narratives.

Supporting a better today

There is a need to recognise the pressures people are under and to ensure workstreams are clearly aiding people in responding to pressures now, not just a better future in the years to come.

Community and resident engagement

Involving local people in shaping and driving the partnership’s work at every level, including previously seldom-heard voices.

Ensuring time and resources to deliver

In order for the partnership to achieve what it needs to achieve, resourcing needs to be committed explicitly to strategic priorities including around prevention and early intervention, with clarity around roles, responsibilities, metrics, funding and accountability.

Re-affirming our shared delivery commitments



Where we are

Lack of awareness of shared priorities

There is a clear set of high-level priorities, but this was felt to be not always understood outside the Exec, particularly at an operational level and in primary care.

Lack of action behind key focus areas

It is unclear of who is responsible for delivering the priorities, especially with some roles lacking basic job descriptions. There are clear areas of partnership focus, however, this does not always translate in delivery.

Lack of time and capacity for engagement

Due to limited time and capacity, the system is not always able to engage the right people, which means that key stakeholders (e.g. the voluntary sector) are not involved to the extent we need them to be.

Having the right people in the room

Currently there is a challenge in balancing having effective decision-making and ensuring that individuals and groups who need to be represented are part of the conversation.

What we would like to continue

A shared mission

The Covid vaccination programme was highlighted as an example of a partnership activity that made staff feel empowered to make decisions, work flexibly and with collective management of Brent's resources to deliver for local people.

Collaborative working

The diabetes programme was another example that was raised a number of times as an area where partners are effectively working together.

The four strategic priorities

There is an opportunity to continue to build energy and momentum for partnership working around these areas, if Brent can effect a broader understanding of the related programmes and "model of change".

Where we would like to be

Clearer, more detailed plans

Co-developed with local partners to support the delivery of Brent's shared commitments, including "quick wins", short medium and longer-term changes.

Deepened partnership working

This includes working with communities and the voluntary and community sector. There is also a need to create greater connections between parts of the system (e.g. primary care, public health and the private sector) to deliver on broader population health objectives. While the exec regularly come together we want middle managers and front-line staff to come together as a single team more often.

"Bottom-up" change and delivery

Establishing greater ownership of the plan across our teams, creating a model of change and delivery that is led from the frontline. Clear methodologies to transformation, change and delivery to ensure a consistent and effective approach across the system.

Holding ourselves to account



Where we are

Clarity around decision-making

Whilst there is an established governance and understanding across the Brent Executive, this is not shared by all. The ongoing development of the NWL ICS has also created the risk of a lack of clarity about the specific roles and responsibilities of the Place Based Partnership in relation to the System. There is a multiplicity of meetings and a sense that it is not clear how these fit together or where decision-making authority is vested.

Clarity around funding

There is a lack of understanding, particularly across Primary Care, regarding funding decisions and a broader concern regarding equity of resources. This was seen to be exacerbated by potential inequity of services and funding for Brent compared with other areas in NW London.

Managing shared resources

There is a need to address the challenge of moving money and resources around the system and a perceived need to align funding and resources to levels of activity and need.

What we would like to continue

Good leadership relationships

There was seen to be good working relationships across the Exec, meetings are well attended and there is joint discussion and decision making taking place. The Exec meetings are now well-established and working to bring together senior decision makers across the majority of partners.

Shared accountability

Exemplified by Brent's pandemic response, which has brought a sense of shared empowerment across multiple parts and levels of the Brent health and care system.

Where we would like to be

Embedding governance

Clear roles and responsibilities defined for local groups within the system governance; communicated and understood across all partners and local stakeholders, and directly linked to supporting delivery.

System-wide approach to funding

Agreed principles regarding collective funding and an agreed system control total for Brent; moving away from organisational budgets in recognition of the challenges that Brent faces, and that the system will thrive or fail together. Process and governance around future resourcing decisions clearly communicated and understood by those impacted by these decisions.

A better-defined relationship with NWL

Clearly defined roles and responsibilities between the borough-based partnership and ICS, starting with a clear "ask" from Brent as to what needs to be delegated locally vs. what is managed on a NW London level.

Objectivity in decision making

Analysing challenges and opportunities in partnership, making informed and evidence-based decisions on how to best use collective resources for Brent.

Developing our shared culture



Where we are

Lacking a sense of shared purpose and language

Despite progress in a number of areas, there is not yet a common language or buy-in to what we are trying to achieve across all of Brent.

Capacity challenges

It has been a real challenge for partners to work together differently and to find time to build relationships in the context of current pressures; conversely, problems with delivery were seen as at risk of undermining those relationships.

Inconsistency

Differences in how teams work across the partnership still exist. This is particularly true in Primary Care where the practices (51) and networks (3) are the organisational identities staff recognise, not the broader Brent partnership. In general, partnership working is currently engaging and impacting some groups in Brent much more than others.

What we would like to continue

Commitment to working in partnership

People are committed to doing whatever they can to improve outcomes of local people and to address the inequalities highlighted and exacerbated during the COVID-19 pandemic.

Building links

At a project and hyper-local level partnership working is becoming more common and strong relationships are being built.

This hasn't yet tackled the 'us' and 'them' culture within the system. It is instead creating bigger groups of 'us' but the historic perceptions of 'them' still exist.

Where we would like to be

A genuine shared identity

People working as "one team", working for Brent not for their individual organisations.

Support for shared culture

There is a need to develop the enablers to support people in building relationships across the partnership. This includes the need to identify and adopt tools to enable effective communication, share the purpose of the partnership and what this means for everyone (a shared narrative for Brent).

Effective knowledge-sharing

Create ways of listening to and learning from people's experiences of working in an integrated way. Investment in integrated education and training provides one way of helping to bring together teams on the ground, building relationships and trust.

Interim recommendations (1/2)



PUTTING PATIENTS & CITIZENS AT THE HEART OF OUR JOINT-WORKING

REAFFIRMING OUR SHARED DELIVERY COMMITMENTS

- 1. Rapid, joint review of current workstreams including through an inequalities lens**, involving direct engagement from local communities, VCSE groups and public health and primary care colleagues in understanding progress to-date, helping to define next steps and who is responsible for what.
- 2. Establishing a detailed and resourced roadmap** for delivering on partnership priorities in 2022/23, including prioritisation within and across associated workstreams to ensure that key areas are effectively prioritised and funded.
- 3. Building a clear system-wide vision and shared narrative** for the partnership in 2022/23 to support leadership, staff and patient engagement, including what people in Brent can expect in terms of immediate / imminent changes, and how programme workstreams are contributing to longer-term population health.
- 4. Developing a clear framework for shared benefits management** enabling regular monitoring and communication of the impact of partnership interventions on activity and outcomes across physical and mental health.

Interim recommendations (2/2)



HOLDING OURSELVES TO ACCOUNT

DEVELOPING OUR SHARED CULTURE

- 5. Working towards a re-launch of local governance structures by April 2022** including understanding the roles, responsibilities and membership looking at the Exec and the role of GPs, VCSEs, clinical, professional, patient and service user leadership.
- 6. Broader engagement with Primary Care Networks** to ensure clarity around roles, responsibilities and support primary care across Brent.
- 7. Reviewing local partnership agreements** in relation to local developments and broader changes across NW London, including establishing a clear Brent “ask” of the ICS in relation to budgets and decision-making authority.
- 8. Establishment of a clear and shared partnership development plan** including ensuring that people working and engaged in health and care across Brent are appropriately engaged in the vision, mission and purpose of the partnership. Developing a clear and resourced plan to support regular joint communications, events and visible system leadership.
- 9. Developing programmes of integrated education and training** based around the broadening and deepening of integrated neighbourhood teams, building on sharing learning and existing good practice.

Brent Borough-Based Partnership A Proposed Development Framework



Putting patients and citizens at the heart of our joint working

A clear system-wide vision and narrative for 2022/23

Our framework for achieving and sharing benefits

Reaffirming our shared delivery commitments

Reviewing workstreams including through an inequalities lens

Establishing our roadmap for delivery in 2022/23

Holding ourselves to account

Delivering broader engagement with primary care

Reviewing our local partnership agreements

Re-launching our shared governance structures by April 2022

Developing our shared culture

Establishment of a clear and shared partnership development plan

Developing our programme of integrated education and training

Key areas over the next 3 - 4 months



Month	Mar	Apr	May	June
Putting patients at the heart of our joint working	Co-developing our vision and narrative for change	Developing our outcomes-focussed framework for tracking and managing benefits	Establishing broader engagement across Brent, working with all of our communities	
Holding ourselves to account	Enhancing our governance and partnership models, applying lessons learnt to-date	Testing and refining new ways of working through moving forward our shared, priority areas		
Reaffirming our shared delivery commitments	Reviewing and updating all of our current programmes, including through an inequalities lens	Re-committing to our shared delivery priorities for 2022-23	Implementing a shared approach, resources and infrastructure	
Developing our shared culture		Bringing our people together through dedicated partnership learning and events	Agreeing our broader system and partnership development plans	Creating “champions” to help support positive change