



NHS
Brent
Clinical Commissioning Group

Health and Wellbeing Board

7 June 2016

Report from Duncan Harper

For information

Wards Affected: ALL

- **Health & Social Care Integration Prioritise for 2016/17**
- **The Brent Better Care Fund (BCF) submission for 2016/17**

1.0. Summary

We have now completed our first year using the Better Care Fund administered by NHS England. This paper presents a summary of recent submissions to NHS England for year 2 of our Better Care Fund work. It also presents a high level summary of the BCF schemes we believe will have the biggest impact in 2016/17.

BCF remains a key mechanism to drive integration between health and social care services. It is done through a single pooled budget. Alignment with other plans, such as the Strategy and Transformation Plan, New Models of Care (from NHS England's Five Year Forward View) and the drive to deliver 7 day services, continues to remain a focus.

The checkpoint 3 submission of the BCF plans for 2016/17 was completed on 3rd May with formal feedback expected on 6th June. If needed the checkpoint 4 submission deadline is 15th June.

Building on the successes from the 2015/16 BCF programme we have focussed our attention on further developing the schemes that will have the greatest impact for Brent in 2016/17. Taken together these schemes will reduce A&E attendances, emergency admissions, improve patient experiences and reduce the length of time that patients stay in hospital. This will be done by improving services available outside the hospital, through joined up working and by reducing the delays that occur on discharge.

2.0. Recommendations

The Brent Health and Wellbeing Board is asked to

- note the contents of this report
- continue to endorse the 16/17 priority areas for health and social care integration

3.0. Detailed update

In the previous financial year the BCF programme focussed on:

1. Keeping the most vulnerable well in the community
2. Avoiding unnecessary hospital admissions
3. Effective multi agency hospital discharge
4. Mental Health Improvement

Given the progress made the schemes that have been selected for this year were the ones we believe will have the greatest impact in 2016/17. What follows is a description of each scheme, the key things it plans to do, the impact it will have, the current status and key next steps.

Scheme	BCF1: Whole systems integrated care
What the scheme is about	<ul style="list-style-type: none"> • Developing a new model of care, where key patients are supported through multidisciplinary teams, self care tools, and through case management. • Developing provider partnerships to optimise the care on an individual level for key patients. • Improving the operating model, to make more efficient, and to ensure the information staff need to support individuals is available to them
What it plans to do	<ul style="list-style-type: none"> • Building on the work done in the 2015/16 BCF scheme we are in the implementation phase in 2016/17. • The main focus will be on building capacity; capability; productivity; efficiency and efficacy to deliver this new service.
Key Impacts it will have	<ul style="list-style-type: none"> • Reduction in non-elective admissions • Reduced costs to the system • Maintained/ improved patient experience and outcomes • Professionals experiencing an integrated environment
The status and key next steps	<ul style="list-style-type: none"> • End June 16: Contracting and Mobilisation of model of care & self-care pilot • July 16: Contract signing, alignment of Adult Social Care and the District Nursing teams • April 16-March 17: Oversight and monitoring of performance against plan
Scheme	BCF2: Integrated rehabilitation & reablement service
What the scheme is about	A single combined rehabilitation and reablement service with a single point of access and supported by a re-commissioned area-based system of homecare providers.
What it plans to do	It plans to merge the health and Adult Social Care rehabilitation and reablement teams into a single rehabilitation and reablement, assessment and therapy service that will be jointly provided by the Council and the London NW Hospital NHS Trust (LNWHT)
Key Impacts it will have	Improved service user and carer experience and satisfaction plus a reduction in: <ul style="list-style-type: none"> • Hospital admissions and re-admissions, and therefore system cost • The length of time people stay in the hospital • The use of long term social care provision (home care and residential care), enabling people to remain healthy and independent in the community
The status and key next steps	<ul style="list-style-type: none"> • An intensive review between local government, the CCG and LNWHT has taken place to further scope out this scheme • The decision was taken to go ahead on a cost neutral basis, supported by a project manager funded through the BCF programme budget • Adult Social Care will discuss directly with LWNHT to locally agree whatever approach to backfill is needed to ensure ASC services are maintained • July 16: Mobilisation and implementation starts • July 16: Staff consultation on the proposed integration initiated

Scheme	BCF3: More effective hospital discharges
What the scheme is about	Through a collection of initiatives we aim to improve how patients are transferred from hospital into the community and reduce the number of delayed transfers of care. This will improve patient experience during the more intensive 2016/17 winter period.
What it plans to do	The interventions that took place in 2015/16 that are being considered are: <ul style="list-style-type: none"> • Step Down Beds • 7 day social care service • Brent housing advice worker support • Placement Additional purchasing capacity • WLA integrated discharge Additional interventions being considered for 2016/17 include <ul style="list-style-type: none"> • A Night sitting service (to support patients at home) • A Home from hospital service
Key Impacts it will have	<ul style="list-style-type: none"> • Reduced delays in the hospital when it is appropriate for the patient to move to their next setting (home, step down beds etc) • A common approach for social service assessments across NW London (part of the 8-council West London Alliance work)
The status and key next steps	<ul style="list-style-type: none"> • Currently it is in the planning stage. • A review to understand the effectiveness of the 2015/16 interventions has been initiated, with results expected by the end of June • Following this we will refocus our interventions to maximise their impact on winter 2016/17
Scheme	BCF4: Nursing Care Home Market changes
What the scheme is about	The Nursing Care home market does not currently deliver what is required locally in Brent to meet current needs in relation to capability, quality, capacity and price. Consequently there is a need for health and social care to jointly develop this market and develop new models of nursing care in the community to address these issues.
What it plans to do	This scheme is currently in the scoping and planning stage, however initial thoughts being considered include: <ul style="list-style-type: none"> • Assistive technology Strategy • Integrated Brokerage Service • Extra care nursing model • Integrated QA programme • Integrated Commissioning model • A review of how to improve nursing capacity in Brent
Key Impacts it will have	<ul style="list-style-type: none"> • Reduced A&E attendances and hospital admissions from Nursing care homes • Improved the quality of care in local Nursing Home provision (workforce development) • Increased local capacity of nursing care provision • Reduce DTOC – where destination is a nursing home placement • Local Nursing care homes that can support patients with greater/more complex health needs/dementia
The status and key next steps	<ul style="list-style-type: none"> • Initial planning has taken place. Further review is now planned to focus on the key interventions that will have the greatest impact in improving our nursing care home market

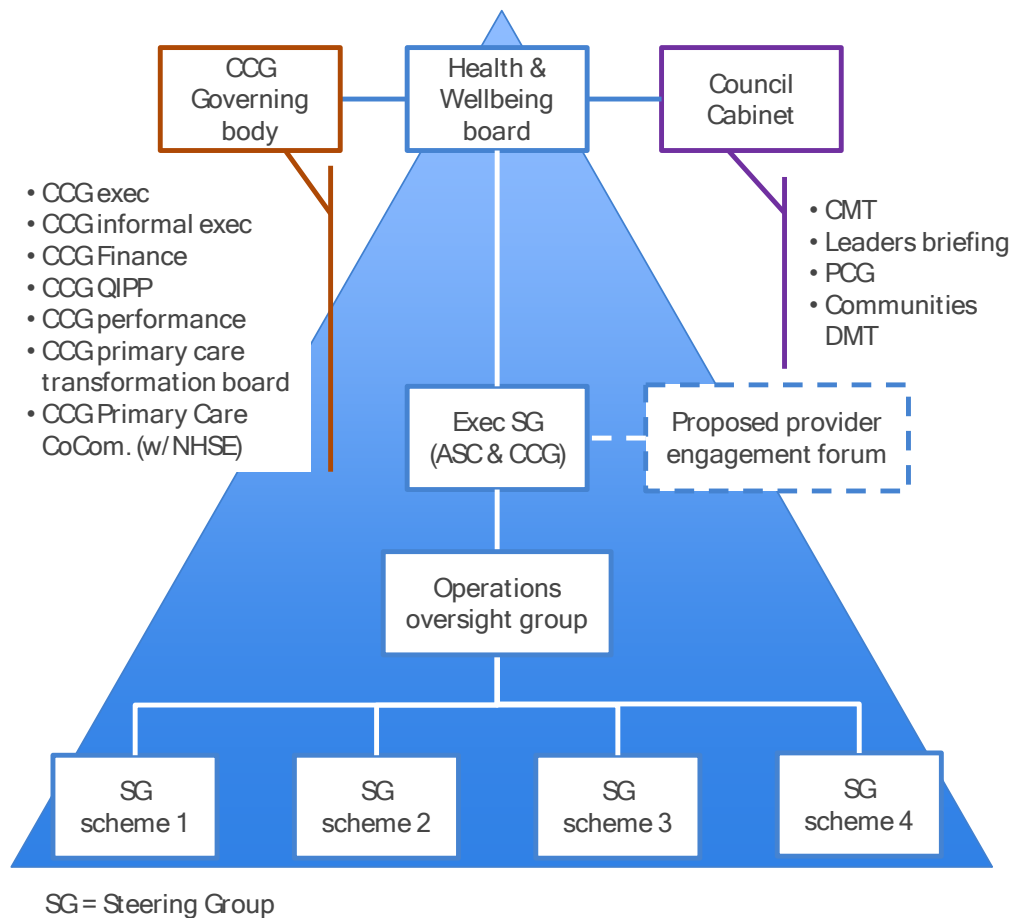
3.1. Approach to governance

The H&WB board will oversee the BCF programme in a similar way to 2015/16. Engagement with providers will occur at a senior level through the proposed provider engagement forum (name and terms of reference to be confirmed), and also at a scheme level through the steering group for each scheme.

Executive oversight will take place at the BCF Exec Steering Group, to which an Operations Oversight Group will report. These groups will meet monthly to ensure the right level of assurance takes place.

At a scheme level we plan to have a joint project manager able to cover each BCF scheme, with Senior Responsible Officers (SROs) from both Adult Social Care and from the CCG to oversee the detail. The Operations Oversight Group will review progress from the project managers and SROs.

The current proposed governance model is included in the following figure.



The scheme level SROs will liaise with planned Clinical Responsible Officers (CROs) to assure the schemes have an appropriate level of clinical oversight to them.

3.2. Recap of BCF submissions and the subsequent checkpoint 3 submission

We are required to provide a BCF submission of our plans with key metrics each year. This year Brent had submitted two draft versions of the BCF Plan to date, and the draft assurance rating from NHS England is 'Approved with Support'.

Feedback from the checkpoint 2 submission asked for a stronger case for change, further evidence of provider engagement and sign-up to the plans, clarity on how the

adult social care provision will be maintained, and demonstrate our agreement to invest in out of hospital services.

To respond to their request we updated the overall narrative and scheme names, scope and descriptions within Brent's 2016/17 BCF Plan. In addition an updated BCF Planning Return Template was auto-populated with non-elective admission reductions in activity as per the Brent Operating Plan, and the expenditure at a scheme level was also updated by Finance.

Scheme level Senior Responsible Officers (SROs), project managers, Information leads and Finance leads across Council and the CCG have all contributed to the updated final Brent BCF Plan, in advance of the 3rd May submission

3.3. Immediate feedback and response regarding the checkpoint 3 submission

Initial feedback on this checkpoint 3 BCF submission asked more information relating to the CCG and Adult Social Care risk management policies and on how risk would be managed for each of the key metrics identified in the BCF Planning Return Template.

This was provided before the internal assurance meeting being held by NHS England. Formal feedback from NHS England on our submission for 2016/17 is expected on 6th June with the submission date for any revised BCF plans being 15th June.

3.4. Conclusion and key next steps

In summary we have focused the BCF plans for this year into four schemes that will have the greatest impact in 2016/17. It is aligned with other plans and will support the improvement of health & wellbeing in Brent within the financial envelope available.

- [Whole System Integrated Care](#) is moving into implementation this year.
- [Integrated Rehab and Reablement](#) is mobilising, with a staff consultation on the integration of services due to start.
- [More effective hospital discharges](#) is in the planning stage to identify the interventions that will have the greatest impact this winter, and is linking up with the System Resilience Group to ensure these plans are targeted appropriately.
- [Nursing care home market changes](#) will be further developed, to pinpoint those interventions that will have the greatest impact on our nursing care homes

In addition we plan to refresh the BCF HWB dashboard to reflect the 2016/17 activities

4.0. **Financial Implications**

The pooled budget for 2016/17 will be £23,699,929, made up from the local authority contribution (£3,599,000) and the CCG contribution (£20,100,929).

5.0. Legal Implications

A refreshed Section 75 agreement will need to be in place between Brent CCG and Brent Council, and a Section 75 agreement will need to be in place between LNWHT and the Council to enable the merging of health and social care rehabilitation and reablement teams.

6.0. Diversity Implications

N/A

7.0. Staffing / Accommodation Implications (if appropriate)

N/A

Other

Background papers are available on request.

Contact Officers

- Duncan Harper (Duncan.Harper@ge.com), interim Integration Director
- Sheik Auladin (sauladin@nhs.net), Deputy COO, Brent CCG
- Helen Woodland (Helen.Woodland@brent.gov.uk), Operational Director, Adult Social Care, Brent Local Authority