



Community and Wellbeing Scrutiny Committee

20 September 2016

Report from the Chief Executive of Brent Council and Chief Officer of Brent Clinical Commissioning Group

For information

Wards affected: ALL

Sustainability and Transformation Plan

1.0 Summary

- 1.1 NHS England has published the Five Year Forward View, setting out a vision for the future of the NHS. Planning guidance released in December 2015 set out the requirement for local areas to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the Five Year Forward View's 'Triple Aims' of improving people's health and wellbeing, address the quality of care which people receive and to address the financial gap. This is a new approach across health and social care to ensure that health and care services are planned over the next 5 years and focus on the needs of the place where people live, rather than individual organisations.
- 1.2 There are tangible benefits for areas with good STPs through the newly established Sustainability and Transformation Fund (STF). Planning guidance suggests that ambitious STPs will be attract an early STF allocation.
- 1.3 At the North West London level, the Strategic Planning Group has been responsible for developing the joint proposals and planning at the system level. This has included bringing together local plans into the Sustainability and Transformation Plan for North West London. The STP describes plans at different levels of 'place' – across the whole system in North West London, from the local to the sub-regional, as appropriate.
- 1.4 In parallel to the NW London SPG, a local Brent STP Planning Group was established, comprising the Council, Brent CCG, acute, community and mental health provider, Health watch and Brent CVS representatives to develop a local STP. Brent continues to evolve and contribute to the completion of the full NW London STP whilst working to implement Brent specific priorities aligned to the NW London STP.

- 1.5 The local version of the STP focusses on how Brent will achieve the triple aim locally. The Brent STP therefore represents Brent's overarching 5-year strategy and implementation plans to improve health and well-being, the quality of services provided, and achieves financial sustainability. It is a triangulation of existing plans, plus new initiatives where gaps in existing plans have been identified, and where we believe a different approach to joint working can make a real difference to people in Brent.
- 1.6 It is proposed that the Brent STP will be the overarching strategic plan for Brent. The STP has to reflect and respond to three gaps: Health and Wellbeing, Care and Quality and Finance and Efficiency. Therefore, it makes sense that these sections reflect updated health and wellbeing priorities and Better Care Fund (primarily focused on Care and Quality) priorities. However, it is important to note that this is an evolving process. The NW London and Brent STP priorities are designed to accelerate the pace of integration through strengthening collaboration between commissioners, providers and partners to address the triple aims of the Five Year Forward View.
- 1.7 The partnership nature of STP requires that the responsibility for overseeing the development and implementation of the STP priorities and deliverables is through the Brent Health and Well Being Board locally. To this end, the Health and Wellbeing Board has recently reviewed and extended its membership to include key partners such as London North West Hospitals Trust and Central and North West London Foundation Trust to ensure effective governance arrangements underpinning the STP.
- 1.8 This report sets out the North West London STP priorities, how they align with the Brent STP priorities, the approach to delivering these and the financial implications associated with the proposals.

2.0 Recommendations

- 2.1 The Overview and Scrutiny Committee is requested to note the progress in developing the NW London and Brent STP.
- 2.2 The Committee is requested to comment on and provide into the North West London and Brent STP priorities.
- 2.3 The Committee is requested to endorse the proposed 'big ticket' items which are designed to accelerate integration and closer collaboration between partners, providers and commissioners for the benefit of local residents.
- 2.4 The Committee should ensure its views are reported to Cabinet on 23rd October 2017.

3.0 Background

- 3.1 Planning Guidance released in December 2015 set the requirement to develop a shared five-year plan, a Sustainability and Transformation (STP) Plan. This should describe how areas will locally deliver the requirements of the Five Year Forward View. Boroughs in NW London are required collaborate as 'place based systems' across health and local government to address the ambition set out in the FYFV.

- 3.2 The formal Brent STP will be developed at the level of the NW London footprint, and will describe plans at different levels of ‘place’– across the whole system in North West London, from the local to the sub-regional, as appropriate. Local plans will form the building blocks of the STP. Expectations include:
- Bring system leadership together to tackle the significant challenge to meet the improvement in care standards for people in NW London.
 - Collaborate through strategic partnerships to reduce demand for services through effective early intervention, taking into account the interplay of broader socio-economic factors such as housing, employment, and the built environment (e.g. air quality), on the health outcomes for the people of NW London.
 - Co-produce a consolidated Sustainability and Transformation Plan (STP) for NW London that responds to identified challenges across the health and care economy and which reflects the local operating plans agreed in local communities in line with NHS England planning guidance.
- 3.3 STPs are not an end in themselves, but a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there. There will be tangible benefits for areas with good STPs through the newly established Sustainability and Transformation Fund.
- 3.4 The STP will be an umbrella plan and will bring together local place-based plans to address the health and care triple aim or ‘gaps’ described in the Five Year Forward View:
- Health and well-being gap
 - Care and quality gap
 - Finance and efficiency gap
- 3.5 An early checkpoint submission was made to NHS England on 15th April 2016 and a further draft on 30th June 2016.

4.0 Detail

PRINCIPLES AND APPROACH

- 4.1 In order to support the development of a plan as ambitious as the STP, it is critical to lay out some key principles so that everyone involved works together in the same way. In addition to those adopted by North West London, Brent included:
- Make decisions based on a population or whole NWL system view (rather than an individual organisation or area view)
 - Maintain trust and transparency, and raise any issues that may be encountered
 - Recognise that Brent has both Brent deliverables and as part of the NWL footprint
 - Recognise that work will go on between meetings in order to progress within timescales, and commit to making best efforts to attend all meetings

- Each member is responsible both for representing their respective organisation view and for cascading back outcomes from the Planning Group

4.2 The NW London STP takes a population segmentation approach to understand the changing needs of our population. This approach is at the core of how we intend to collectively design services and implement strategies around these needs.

NW LONDON EMERGING PRIORITIES AND DELIVERY AREAS

4.3 The emerging NW London priorities are a consolidation of local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. They seek to address the challenges described by the 'as-is' picture and deliver the vision and 'to-be' ambitions using an evidence-based, population segmentation approach.



4.4 The emerging NW London priorities designed to address the triple aim of the Five Year Forward View. These priorities map to the core themes for addressing the challenges across the NW London system and emerging delivery areas. These priorities have been influenced by Brent priorities, which have been derived from our Health and Wellbeing Strategy and our Joint Strategic Needs Assessment. This local intelligence highlights the changing needs, challenges and issues facing our population. The plan submitted to NHSE is in the process of being updated but is linked here - [Sustainability and Transformation Plan \(STP\) | Brent Council](https://www.brent.gov.uk/services-for-residents/health-and-social-care/sustainability-and-transformation-plan-stp/) or at <https://www.brent.gov.uk/services-for-residents/health-and-social-care/sustainability-and-transformation-plan-stp/>

BRENT'S PRIORITIES AND DELIVERABLES

- 4.5 Five of the eight councils who are impacted by the plan have commissioned Ernst Young to test the assumptions in the plan specifically related to the cost of additional out of hospital care to social care as a result of any proposed changes to acute services. The Terms of Reference are attached at Appendix 1.
- 4.6 The plan has five delivery areas these being:
- DA1 – Radically upgrading prevention and wellbeing
 - DA2 – Eliminating unwarranted variation and improving LTC management
 - DA3 – Achieving better outcomes and experiences for older people
 - DA4 - Achieving better outcomes for children and adults with mental health needs
 - DA5 – Ensuring we have safe, high quality sustainable acute services

Two Councils (Hammersmith & Fulham and Ealing) oppose the delivery of Area 5 because of the direct impact of the changes in their Boroughs. All Councils, at the time of writing, support all other delivery areas.

- 4.7 It should be noted that the draft plan includes a commitment to close the social care funding gap (£17m in Brent by 2020) and also to invest £110m in prevention. These two financial commitments are to be strongly welcomed.
- 4.8 The Brent specific health and well-being gaps have been identified as:
- Common mental health disorders (CMD): large numbers and projected to increase - in 2014, an estimated 33,959 people aged 18 to 64 years were thought to have a CMD
 - Severe and enduring mental illness: affects 1.1% of the population
 - Mental well-being: the percentage of people with depression, mental health issues or other nervous disorders in employment is 23% also lower than both the England rate (36%)
 - Significant and growing challenges to provide housing which potentially further undermine mental wellbeing
 - Childhood obesity: Brent is in the worst quartile nationally in terms of the % of children aged 10-11 classified as overweight or obese – 38%
 - Diabetes: by 2030 it is predicted 15% of adults in Brent will have diabetes
 - Long Term Conditions: 20% of people have a long term condition
 - Dementia: prevalence of dementia in people aged 65 years and over is 2,225 (2016) (and 80% of prevalence is diagnosed)
 - STIs/HIV: 1,404 STIs per 100,000 population compared to 829 in England
 - Health-related behaviour: physical inactivity: worst in West London; nutrition: 47% get 5 a day; tobacco use; alcohol; take up of immunisations
- 4.9 The Brent specific care and quality gaps have been identified as:
- Caring for an ageing population: 35% of all emergency admissions in Brent are for those aged 65 and over; once admitted this group stays in hospital longer, using 55% of all bed days.
 - End of Life Care: Brent has one of the highest percentages of deaths taking place in hospital in the country

- Primary care: wide variation in clinical performance; Brent is in the worst quartile nationally for patient experience of GP services.
- Long Term Condition management: Brent is in the worst quartile nationally in terms of people with a long-term condition feeling supported to manage their condition.
- Cancer: Brent is in the second lowest quartile nationally in terms of GP referral to treatment for cancer and worst quartile in terms of cancer patient experience.
- Serious and long-term mental health needs: people with serious and long term mental health needs have a life expectancy 20 years less than the average.

4.10 Brent's priorities are based on our understanding of changing needs and our vision for care and support in 2020. We will work to achieve this vision and address the triple aims through the following:

Health & Wellbeing

- Wellbeing is seen in its widest sense. It is not just about healthcare but wider factors such as employment, housing, and lifestyle. Brent will be a Dementia-Friendly Borough.
- Mental and physical health is given equal importance and will be considered holistically at the point of care.
- A significantly strengthened approach to prevention will improve the health status of Brent on a medium to long-term basis.
- Joining up health promotion, self-care and non-statutory support across the continuum enables people, including those with LTCS, to make decisions, take actions & manage a broad range of factors that contribute to their health & wellbeing on a day-to day basis.

Care & Quality

- An integrated workforce plan is in place to develop skills, enable flexible use of staff across settings of care, improve workforce planning, and support local recruitment and retention, including of local Brent residents.
- Primary care providers are better equipped through a new federation and model of care to provide more care in the community.
- An Accountable Care Partnership will be accountable for the end-to-end care and outcomes of a population group, i.e. people aged 18 or over with one or more long term conditions who are at risk, in need or unstable.
- There will be a concentration of acute hospital services to develop centres of excellence. These will achieve higher clinical standards and more efficient care delivery. Central Middlesex will be redesigned as a H&WB Centre, including urgent care.
- Expanded provision of early interventions for people with mental health problems and reduced reliance on inpatient care.
- An integrated approach to commissioning (and providing) services locally, including Nursing Care Homes, improving quality.
- A unified Frailty and Older People's Care model will stitch together existing services and models into a single pathway that ensure older people receive high quality and timely acute care and active support to maintain independence.

- Brent CCG and Council will minimise the impact of changing demographics through the cumulative impact of the initiatives outlined in the Brent STP, and ensuring that best practice is achieved across all service areas in Brent.
- Reduced acute and residential care demand will be achieved through a range of initiatives, including: new EOLC pathways; effective case management of people with complex needs; reduced variation in the management of LTCs (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models as part of the WLA integrated discharge initiative; and implementation of a unified Frailty and Older People's Care model.
- Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of CMH, reductions in Length of Stay, reduced reliance on agency staff, and Carter Review recommendations.
- A strong delivery focus will be required to ensure the Brent STP is fully implemented on time.

4.11 From the above, the local STP Group has identified five 'big ticket' items, e.g. those that will have the greatest impact on closing the gaps and that can only be delivered fully from working as a collective. These are described below:

- I) Prevention and Self-Care, which reflects the need for a step change in behaviour across the system to manage demand, which will include:
 - Making Every Contact Count (MECC) – i.e. use every opportunity to achieve health and wellbeing, and involve systematic promotion of benefits of healthy living
 - Workplace based Health Promotion programme - i.e. adapted version of London Healthy Workplace Charter for small businesses in Brent; contracts issued with workplace health and wellbeing as a 'social value' requirement
 - Widen the scope of SIBI - SIBI currently delivers a 2nd tier service, but the service can be re-aligned to support 1st (signposting and advice, with links to existing services) and 3rd tier patients (intensive support for short periods (6weeks to 3 months) using multi-agency approach
 - Self-Care as part of Whole Systems Integrated Care

- II) Renew the ambition and focus in Brent's Better Care Fund schemes to ensure we are tackling the care and quality gap, which will include:
 - A renewed focus on Nursing and Care Home Provision, this will build on the current Better Care Fund scheme 3 and link to the NWL market management ambition of jointly commissioning all out of hospital care jointly
 - Lead the way in the implementation of the West London Alliance integrated discharge pilot, which proposes to cut through the complexities of cross borough provision with one Borough discharging all social care placements for west London
 - Develop a Frailty Model in tandem with CMH development, responding to changing needs of local demography, to include the services and pathways that address the needs of this cohort which

will enable a focus of resources on this cohort of population with the highest demand through

- Re-confirm the original vision for Whole Systems Integrated Care (WSIC) building on the work done with primary care to full integrate Primary Care Transformation + community based acute prevention and discharge services, social care, housing and voluntary services in to a single pathway.
- III) Recognise the significant impact we could have by working together in a OnePublic estate model, and deliver an exemplar of the approach – Central Middlesex Hospital:
- Redevelop the Central Middlesex Hospital (CMH) site into a Brent Health & Well-Being Centre providing a range of local services (including the Urgent Care Care)
 - Broaden the scope of existing discussions to take in the wider CMH site, to include the new nursing home and extra care facility opposite in order to do two things: 1) focus on the place shaping opportunity to make this a better place to live and work, and 2) make very strong links between the acute and primary services at CMH and the social care facilities to ensure high quality services.
- IV) Ensure that mental health and wellbeing has the same focus as physical health and wellbeing:
- Start from the principle that housing, and for people of working age employment, underpin mental health and wellbeing and therefore, this needs to be fully integrated into the current health and care models
 - We need a different system wide response to improve and sustain discharge from secondary mental health services so people can live independent lives
 - Ensure we work across primary care and employment and housing services to support people with common mental illness
 - Make Brent a Dementia-Friendly Borough.
- V) Integrated Workforce and Organisational Development, which underpins all of the above:
- Shared intelligence and understanding of the workforce, based on joint modelling using the Healthy London Partnership workforce model, which fully integrates assumptions across health and social care and allows integrated workforce planning and career paths
 - Through Making Every Contact Count ensure that there is accountability to the customer, not the service, in everything we do
 - Define the roles, and train the people needed to deliver the new models of integrated
 - Find ways to develop a multi-disciplinary workforce and teams, for example, in mental health, which focus not only health, but also on housing and employment
 - Work together to define and tackle the growing challenge we have to find key workers essential to success – homecare, residential and nursing workers, nurses and doctors.

- 4.12 Following submission of the draft STP on 30th June, representatives from NW London met with NHS England on Thursday 14 July where the draft document was well received. We have recently received feedback to support the October submission. Overall NHSE were “very impressed” by our commitment to system-wide working and noted that our proposals have great potential to deliver the Five Year Forward View and provide a route to sustainably improved services for patients. While impressed by our vision, NHSE did identify that delivering our vision at scale and pace will be challenging.
- 4.13 NHSE identified a number of areas for us to focus on to develop the final plan, these areas include:
- Further detail on our plans for primary and wider community services and how these will impact on hospital based activity
 - Further detail on our plans for engagement with local communities, clinicians and staff and a clear narrative which articulates the benefits for proposed changes to the public
 - Further detail on our provide productivity proposals
 - Updated plans for mental health following the publication of the Forward View for Mental Health
 - Year on year financial trajectories
 - Finalise the development of the Business Case for submission to NHSE Investment Committee (IC)
 - Finalise the proposal to implement the new model of care at Ealing Hospital including an affordable capital proposal for approval by the IC
 - A clearer articulation of the impact on quality of care as a result of our plans
 - Making links with neighbouring STPs that could provide opportunities or obstacles to your planning

GOVERNANCE AND MONITORING

- 4.14 Going forward, in order for us to work together across the system to deliver the transformation set out in the STP, we need to develop an effective governance approach at the NWL level and in Brent.
- 4.15 At the NWL level, the process this far has been overseen by The Strategic Planning Group (SPG) which is a forum for a wide range of system leaders (primarily senior managers and lay partners) from across the system. This is spearheaded by a Leadership Group comprising Dr Mohini Parmar (Chair), Claire Parker, Rob Larkman (both CCG accountable officers), Tracey Batten (CEX Imperial) and Carolyn Downs (CEX, LB Brent). The NW London programme is establishing a Joint Health and Care Transformation Group which will have representation from across local government and health, including commissioners, providers and lay representatives. The purpose of this group will be to oversee the development of the STP and its delivery, and its first meeting is scheduled for 22 September. The purpose and membership of this group has been discussed at the NW London Strategic Planning Group (SPG) in July which agreed that a smaller representative group was required to provide oversight. There will be governance groups established at NW London level to oversee the mobilisation and delivery of the 5 Delivery Areas. There will be four councillors on the joint board and four council officers, these being Cllr Sachlin Shah (Vice Chair), Cllr P Copthorne (Hillingdon), Cllr R Robotham (Westminster), Cllr S Curran (Hounslow), Carolyn Downs (CEX Brent), Michael

Lockwood (CEX Harrow), Charlie Parker (CEX Westminster), Liz Bruce (DASS Tri-Borough).

- 4.16 In Brent, the development and implementation of the Brent work stream priorities to address the gaps will be overseen by the Health and Well Being Board. The Brent Health and Well Being Board has recently reviewed and extended its membership to include key partners such as London North West Hospitals Trust and Central and North West London Foundation Trust to ensure effective governance arrangements underpinning the STP. A task and finish local Brent STP Planning Group was established in April, comprising Council, CCG, acute, community and mental health provider, Health watch and Brent CVS representatives to develop the local STP. A proposal will go to the Health and Wellbeing Board in October, which seeks to streamline existing adults governance (and align with the children's structures that reports to the Health and Wellbeing Board) bringing together the existing boards such as the Better Care Fund Board with the task and finish STP group to create a clear focus and accountability going forward.
- 4.17 The STP challenge is significant, and the NWL and Brent response relatively new, and so there remains a commitment to review and improve structures as the full NW London STP is finalised, whilst ensuring we keep and clear focus on implementing Brent specific priorities aligned to the NW London STP. The degree to which these structures can continue to deliver a shared perspective on the challenges, co-production of the solutions, clear accountability and effective monitoring of progress and impact will be a crucial test as STP develops.

ENGAGEMENT

- 4.18 Beyond the involvement of lay partners in the core groups, the programme has also undertaken a number of patient and public engagement activities, including hosting 22 face to face engagement events across all eight boroughs to help co-design the local plans. These events have included workshops, seminars and public meetings and have been very popular with providers, patients, clinicians, Healthwatch, lay partners, carers and their families.
- 4.19 At a NW London level we have identified the key audiences that we will be engaging with over the next four months. A core narrative covering our health and social care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities has also been developed and distributed across the organisations within the STP footprint. Over the next four months, the programme will be engaging with stakeholders in four main ways:
- a. With partners – we have held, and will continue to hold, market stall events to showcase the range of work which is happening across NW London. In addition to these events, we have also designed a programme of more deliberative-style events which look to bring together different groups of individuals from across the sector to think creatively about the challenges and opportunities in the STP, and thus more directly shape the development and implementation of our plan.
 - b. With staff – We regularly send internal communications across organisations and update progress through newsletters, bulletins and regular updates from

Chief Executives and Chief Operating Officers. More detailed engagement plans are being developed across all organisations and locations. These plans will include workshops with clinicians and local government officers.

- c. With patients and residents – We have developed a programme of traditional town hall style meetings and other face to face events across the eight boroughs. In addition to these local meetings, we will also be holding a pan NW London event, with at least one being held in the inner boroughs and one in the outer boroughs.
- d. Online – We have developed an online engagement tool allowing us to target specific audiences with tailored messages. The development of our online engagement approach is essential in order to reach residents who won't attend face to face events.

4.20 In Brent, discussion of the STP has been integrated into core engagement events through this process wherever possible, for example, the Health Partners event in April was focused on STP and had the usual good attendance. A focused STP event is planned for 26th September at the Civic Centre, which aims not only to consult on the current content of the STP, but also how we continue to improve engagement through as the STP develops. A crucial part of this will be building engagement plans for each of Brent's big ticket items, which will need to reflect the specific nature of the proposals to ensure that we deliver a customer focused, design led approach to developing the detail of these individual projects through meaningful engagement with the public and other stakeholders.

5.0 Financial Implications

5.1 Approximately £12m of net savings are required each year to close the CCG financial gap over the next five years. The Council will have a £17m gap by 2020 without applying the Council tax precept and £9m if Brent applied the precept year on year up to 2020. LNWHHT provides services to three key commissioners, and therefore only a proportion of its 'gap' is directly associated with Brent; similarly with CNWL. This signals a significant finance and efficiency gap which needs to be addressed through quality, innovation, productivity and prevention initiatives across the system rather than within individual organisations.

5.2 The transformation required to close the Health & Well-Being and Care & Quality gap in Brent will enable closing the Finance & Efficiency gap. The STP provides the opportunity to think and work fundamentally differently across local government, the NHS and the wider public and voluntary and community sector. The aim being to respond to the significant financial challenges by working collectively to develop new integrated models of prevention and care which can transform the way services are delivered, reduce duplication, and minimise infrastructure costs. In summary, Brent will close the finance and efficiency gap over the next five years by:

- Brent CCG and Council will minimise the impact of changing demographics through the cumulative impact of the initiatives outlined in the Brent STP, and ensuring that best practice is achieved across all service areas in Brent.

- Reduced acute and residential care demand will be achieved through a range of initiatives, including: new End of Life Care pathways; effective case management of people with complex needs; reduced variation in the management of Long Term Conditions (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models as part of the WLA integrated discharge initiative; and implementation of a unified Frailty and Older People's Care model.
- Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of CMH, reductions in Length of Stay, reduced reliance on agency staff, and Carter Review recommendations.
- A strong delivery focus to ensure the Brent STP is fully implemented on time.

5.3 The STP and associated funding to support local, regional and sub-regional transformation is critical to the health and care economy. Without collective agreement and a plan to address the finance and efficiency gap both health and quality of care will continue to deteriorate. There remain residual gaps for both CCG and Council, and therefore (a) existing opportunities must be maximised, and (b) further opportunities will be required in order to ensure that the CCG and Council continue to provide high quality services to a growing Brent population.

5.4 New care models will be enabled by a new provider model. In 2014 Brent developed an ambition for a health and care system where delivery and performance is led and managed by a partnership of providers who form an Accountable Care Partnership (ACP). Providers work together to plan and manage care, ensuring funding flows to where it is needed most by working within a defined budget to achieve a shared set of priorities and outcomes. This was known as an Accountable Care Partnership (ACP), reflecting the need to break down barriers between health and care and reshape provision around patient, service user and carer needs.

5.5 The Five Year Forward View (FYFV) and new contracting frameworks provide real opportunity to progress. Brent plans for an ACP align well to the Multi-speciality Community Provider (MCP) model from the FYFV and this is the model we will pursue. We have already made good progress and are facilitating partnerships between Primary Care, Community, Mental Health, Social Care, Acute, the voluntary sector and others.

5.6 Brent GP Networks have recently developed a joint venture meaning they can mobilise to provide services at scale and in common and work together to continuously improve quality and make decisions on resource allocation and performance as a partnership. This provides the foundation on which partnerships with other at scale providers can be built. As an MCP the providers would be commissioned to deliver end to end care with functions and governance focused on outcomes and on clinical and financial accountability.

6.0 Next steps

- 6.1 NW London is required by NHS England to submit our final plan on 21st October (although this date is still provisional). Feedback from NHS England, local governance boards and from the public and staff engagement described above is being incorporated to help develop and shape the final plan.
- 6.2 Our intention is to receive and incorporate feedback in September to enable sign-off of the final plan by organisations in early October ahead of the final submission. Between now and the October submission we will there will be a number of engagements with NHSE London as plans are finalised.
- 6.3 NW London has already committed to delivering a series of outputs for 2016/17 through the draft STP. The programme teams have been proactive in identifying opportunities to accelerate delivery to ensure that we meet the ambitions set out in the draft plan, and the STP programme team will continue to measure and support this.
- 6.4 In addition, the programme is finalising 17/18 deliverables and benefits, and aligning these deliverables to the 17/18-18/19 planning round and two year contracts.

BRENT STP GROUP

- 6.5 Brent will continue to build and strengthen local relationships, throughout the STP development process, supported by a shared understanding of strengths and challenges faced as well as a clear ambition for 2020, and a set of concrete steps to get there.
- 6.6 Progress has commenced on the establishment of local working groups to progress key STP work streams. The governance underpinning delivery will be formalised at the Health and Well Being Board in October.
- 6.7 Detailed review and analysis of the suggested financial opportunities in the Brent context are being used to inform project initiation documents to be agreed across partners
- 6.8 There will need to be ongoing collaboration and input to the NW London SPG and Delivery Boards to ensure alignment and opportunities are maximised.
- 6.9 Finally, we will continue the journey of 'Horizontal integration' of Primary Care as the foundation on which alignment between primary care and other providers can be built from 16/17 onwards. We will commence specific and detailed conversations with providers about the next steps to achieve this looking at the entire pathway from home to hospital and back again.

6.0 Legal Implications

- 6.1 N/A

7.0 Diversity Implications

- 7.1 N/A

Contact Officers

1. Carolyn Downs, Chief Executive – Brent Council
2. Rob Larkman, Chief Officer – Brent, Harrow and Hillingdon CCGs

Appendix

1. The Brief - Independent review of assumptions underpinning hospital and out of hospital changes in Northwest London (NWL)

Appendix 1 – The Brief

Independent review of assumptions underpinning hospital and out of hospital changes in Northwest London (NWL)

1. Summary

West London boroughs are seeking to commission an independent review of the assumptions and data, including in out of hospital care, that should be used to inform how and when significant changes to acute services and investment in out of hospital services should take place in Northwest London. This analysis will primarily test the existing assumptions, establish a current baseline position and trajectory, and develop the criteria and assumptions that should be used to inform a review of delivery in 2018, before any substantive changes to acute services are made.

2. Background

The STP plan stated that:

“All STP partners will review the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical quality and safety concerns and expected demand pressures”

“There will be no substantial changes to A&E in Ealing or Hammersmith & Fulham, until such time as any reduced acute capacity has been adequately replaced by out of hospital provision to enable patient demand to be met. NHS partners will review with local authority STP partners the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and will work jointly with local communities and councils to agree a model of acute provision that addresses clinical safety concerns and expected demand pressures.”

Appendix A also committed partners to work jointly to:

- develop an agreed approach to the delivery of the commitments , following the 30 June checkpoint
- develop an acceptable set of review criteria for any changes
- strengthen the supporting data and evidence base, and understand the financial risks and benefits and overall business case across health and care by October 2016
- agree a ‘review point’ in 2018 to review the agreed criteria
- co-produce the final plan with leaders, clinicians and the public from June through to October 2016

In addition, partners in Northwest London are agreed that:

- There needs to be a substantial investment in GP and out-of hospital services to meet the additional demands of more vulnerable patients, and a recruitment drive for additional GPs and primary care staff.

- There needs to be a sub-regional out-of-hospital strategy produced, with clear metrics and targets setting out at what level such services will be considered sufficiently successful to allow for further reconfiguration, and
- Levels of spending on social care in North West London and elsewhere have been hit by both central government policies and demand pressures, requiring social care budgets to be increased and protected to maintain patient flows from hospital to domiciliary and residential care.

The proposed work is intended to support the delivery of the commitments in the STP and the areas listed above.

3. Conditions for the independent analysis

It is clear that in order for the work to achieve joint agreement, there are a number of shared principles that must underpin the work:

- a) The review must be set within the context of the commitments and plans within the STP, and the impact on the whole health and care system. The outcome of the review must not be pre-determined by existing positions or previous or current work, although it can and should be informed by it.
- b) Both NHS and LG partners commit to taking an open book approach to data, and all parties will work to provide this access in a timely and supportive manner
- c) The work must be genuinely whole system, focussing on what is in the best interest of patients and service users with the limited resources available across the system. This should include considerations of safety and quality, and also the extent to which additional out of hospital capacity is reducing demand
- d) That it does not undermine efforts to secure additional capital funding through the IMBC, recognising that any changes to acute services and out of hospital services will be underpinned by the joint commitments within the STP, including the outcome of the analysis
- e) That the analysis is independent, and endorsement of the conclusions is not assumed by any party engaged or involved in the work

4. Scope of work

The proposed scope of the work will therefore be to:

- a) Based on consultation with all partners, outline the top priority areas of focus in relation to proposed changes to acute services and out of hospital care
- b) Based on consultation with partners, provide advice about which metrics and assumptions should be used to inform the baseline position, trajectory and review point before changes to such services should proceed. This should include:
 - the population (both total and high risk/need cohorts, and current and projected)
 - activity levels across the system, including A&E and out of hospital care
 - capacity in the system, actual and required
 - criteria for assessing safety and quality
 - indicative resources allocated to the respective parts of the system

- capital and investment assumptions and high level summary of requirements
 - finance and activity modelling for social care to show what demand looks like in a 'do nothing' scenario, and then assuming the out of hospital shifts have taken place based on current plans and evidence
- c) Using these agreed metrics, determine an appropriate baseline and trajectory upon which such measures and assumptions should be used for the review point in 2018 before changes are made
 - d) The work should also provide a high level analysis of Estates issues including the potential opportunities for better use of assets, retention of receipts locally and access to capital across Local Government and Health, to ensure that the out of hospital infrastructure is adequate to meet the needs of the population, given the constraints around additional capital investment through the STP.
 - e) Produce a report with full independent advice on the assumptions and data on the current baseline and trajectory
 - f) Develop draft criteria to be used for the future review checkpoint in 2018

5. Timescales

The indicative milestones for the project, to align with key STP milestones are:

- 8th August: invitation to tender issued
- 17th August: work commences
- 2nd September: consultation and data collection complete
- 9th September: first draft of report for consultation with partners
- 16th September: amended draft of report for approval/final amendments
- 23rd September: final draft of report
- 7th October: conclusion of additional ad hoc support /engagement and alignment

The final STP will be submitted at the end of October, and will need to reflect the outcomes of this work as appropriate. Work is expected to start immediately upon award of the contract

6. Governance

- The work will be managed by WLA with oversight from individual borough chief executives.
- A full list of people will be drawn up from across the NHS and boroughs as part of the consultation to ensure the full spectrum of evidence is reflected

7. Conflicts of interest

Bidders are asked to declare any potential conflicts of interest

8. Evaluation Criteria

- 8.1 The mini competition process will be conducted to ensure that proposals are evaluated fairly to ascertain the most economically advantageous tender. The evaluation will be based on the contents of the written document submitted (Attachment 2) in accordance with the scoring

guidelines attached. Tenderers may be contacted to clarify the content and meaning of details within their response.

8.2 Responses to the Authority's requirements will be evaluated under the following:

- Track record and experience (20%)
- Understanding of the tasks and objectives (20%)
- Robustness of delivery profile (20%)
- Capacity to undertake the work (10%)
- Finance (30%)

8.3 After the initial scoring process, the Authority may produce a short list of the highest-scoring tenders and may invite a presentation from each short-listed organisation, or take up references.

9.0 Instruction to Tenderers on their Response

9.1 Tenderers should respond to this opportunity by completing:

9.1.1 Attachment 3 – The Proposal

9.1.2 Attachment 4 – Form of Tender

9.2 The closing date for the submissions is **Tuesday 16th August at 12:00 hrs.** Tenders must be submitted electronically using the London Borough of Ealing's e tendering system from where this tender was obtained. Please allow yourself sufficient time to upload documents to the tender portal as no submissions after this date/time will be accepted.

10.0 Relevant Appendices and Links

STP Draft Submission