



Brent

NHS
Brent
Clinical Commissioning Group

Health and Wellbeing Board

14 June 2017

Report from the Chief Operating Officer of Brent Clinical Commissioning Group and the Strategic Director of Adults and Community Well Being Brent Council

For information / decision/ noting

Wards Affected:
ALL

Update on the Brent Health and Care Plan

1.0. Summary

- 1.1. The purpose of this report is to provide the Health and Wellbeing Board (HWB) with a further update on the progress of the delivery of the Brent Health and Care Plan following the first update report in January 2017.
- 1.2 In Brent the delivery of the Health and Care Plan is overseen by the STP delivery board, co-chaired by the Strategic Director Community Wellbeing Brent Council and Chief Operating Officer Brent CCG and membership include all Brent STP work stream leads from the health and care system.
- 1.3 The STP delivery board has the key responsibility of overseeing delivery of the six Health and Care plan work streams which are the Brent big ticket items. It provides strategic and operational direction and ensures appropriate links to NWL STP delivery areas.
- 1.4 The STP delivery board is accountable to HWB, and provides regular updates to the HWBB and seeks steer on the direction of travel. Going forward, the aim is to focus in detail on one specific work stream at each meeting with a summary overview of the remaining work streams. This report details the progress on big ticket item five, Transforming Care – Supporting People with learning disabilities in sections 3.26 to 3.30.

2.0. Recommendations

- 2.1 The Health and Wellbeing Board are requested to note the progress report on delivery of the Brent Health and Care plan.

3.0. Detail

STP Governance

- 3.1 In order to deliver a plan as ambitious as the STP, it is essential that robust governance arrangements are in place to drive delivery. An STP Delivery Board in Brent has been established and mirrors the successful Children's Trust model of governance.
- 3.2 The board reports to HWB and oversees six subgroups responsible for delivery of the Health and Care plan work streams and aligning with the five NWL Delivery Boards as required.
- 3.3 The STP delivery board meets every two months and has representation from the Council, CCG, NHS provider organisations, Brent CVS, and HealthWatch Brent. It also includes representation from the Council and CCG communications and engagement leads to facilitate ongoing communications and engagement throughout the delivery of the Health and Care plan.

Health and Care Plan Programme Management

- 3.4 The six Health and Care plan work streams have designated Senior Responsible Officers (SROs) with responsibility for the delivery of the work streams.
- 3.5 The work streams are being supported by a joint CCG and Council Health and Care Plan Programme Team which currently consists of the Director of Integration and two interim senior programme managers supporting the SROs across the six work streams. In addition there are two interim project managers in place to lead on the operational delivery of Better Care Fund projects under the Frailty work stream.
- 3.6 The Health and Care plan programme team is overseen by the STP Executive Group providing strategic steer to the Health and Care plan work streams, and influencing the delivery of the work streams

Health and Care Plan Leadership Development

- 3.7 There is a strong commitment from leaders in Brent Health and Care system to implement the Health and Care plan including support of the HWB. However there is widespread acknowledgement that delivering the Health and Care plan is highly complex and requires system collaboration and leadership at different levels and across range of organisations. It is recognised nationally that this will require a different set of skills, resources and approaches by local leaders.
- 3.8 Similar to other footprints, in Brent and NWL the focus until late last year has been on planning, moving into the delivery phase over the last few months has identified a shared concern about the system's ability to implement the plans. It is becoming apparent meaningful delivery of the Health and Care plan will require us as leaders and organisations to work together in different ways.

3.9 At the NWL sector level there is recognition that to achieve the ambitious objectives set out in our STP and have a sustainable legacy, the development of effective system leadership across health and care organisations needs to be accelerated. NWL Strategy and Transformation team have commissioned leadership and change management programmes under the Change Academy umbrella at three levels:

- a) **Systems leadership programme** aimed at STP leadership team, e.g. the NWL Joint Health and Care Transformation Board, Delivery Area 1-5 programme boards and Provider Board. This is an initial programme based on the evidence that collaborative system leaders who broker meaningful partnership and relinquish the rights over parts of their territory, deliver sustainable change. The Systems leadership programme aims: to improve collaborative working and partnership behaviours across health and care through board observation-based diagnostics and practical support; and facilitate systems leaders to lead networks instead of individual organisations which requires a different mind-set and leadership behaviour. This is being led by Prof Rebecca Malby from London Southbank University. Prof Malby has a track record in systems innovation, organisational change and leadership development in UK.
- b) **Joint Commissioning for outcomes across health, social care working with service users to define “value”**. This is aimed at lead commissioning managers and operational managers to get to grips with new ways of working and break down barriers between different commissioners and ultimately between commissioners and providers in line with the STP ambition to move towards accountable care. This means moving away from the current provider/commissioner divide and the development of services based purely on volume and activity to deliver care based on outcomes. COBIC and Optimedis who have significant experience of delivering this elsewhere have been engaged as delivery partners.
- c) **The High Performing Care Programme (HPCP) and Senior System team development (SSTD)-**
HPCP – aimed at team managers it will deliver system change through high performing teams across health, social care and voluntary sector with carers/service users, using improvement methodology underpinned by data.
SSTD – to enable change to occur across the whole system, the senior leaders who line manage/sponsor the HPCP team members will need to improve collaborative working and address challenges in a boundary-less fashion. The programme includes coaching and action learning with access to leadership events. This programme is being facilitated by GE Finnamore.

3.10 Brent STP Executive Group have been proactive in submitting expressions of interest to participate in all the three programmes:

We have negotiated with NWL team to engage Prof Malby to facilitate a bespoke systems leadership development programme for Brent STP Delivery Board. The first session on 08 June has been scheduled to co-design a workshop focused on securing a shared approach to change within Brent Health and Care plan. This will initiate a process of addressing accountability and governance processes for networked systems change.

Brent STP team has also been successful in being recruited to the first cohort of Commissioning for Outcomes Programme. Key commissioner and provider leads and clinical lead are committed to participate and focus will be on mental health system. This programme will provide practical support for the mental health work stream members to start the process of developing network of care.

Finally, recognising the importance of supporting our health and care teams to lead on integrated care, we put forward two teams to participate in High Performing Care Programmes related to Delivery Area 3 – which is our newly formed integrated reablement and rehabilitation service and the second related to Delivery Area 4, the learning disability health and care teams which are not integrated but plan to be an integrated team by October 18. This will give a much needed focus to our front line teams and their sponsors to facilitate integration, develop the skills and capacity to deliver sustainable change.

STP Delivery Board Update

- 3.11 The STP delivery board with its newly constituted membership and terms of reference focused on delivery has met a few times since transitioning from planning to delivery phase.
- 3.12 The focus of the board in the last quarter of 16/17 has been to ensure that the scope, outcomes and deliverables of the six work streams are fully agreed across partner organisations and reflect the outcomes of various engagement events that were held in September and October 2016. All the six work streams have completed scoping documents which articulate key deliverables and outcomes.
- 3.13 The STP delivery board chairs have since had focused meetings with all the work stream SROs and lead commissioners to agree implementation plan for each of the work stream and key milestones to achieve the key deliverables articulated in the scoping documents.

Health and Care plan work streams update

- 3.14 All the six work streams are now established and regular meetings are held to ensure oversight of the work programme and ensure key stakeholder engagement. Regular updates on the programme of work, risks and

challenges are discussed and milestones are agreed at work stream meetings.

Work stream 1 Prevention

- 3.14 This work stream has now been set up with key stakeholders and continues to build on the existing initiatives on workplace based health and wellbeing initiatives and making every contact count.
- 3.15 The main focus of this work stream has been to align with Delivery Area 1 priority of reducing alcohol related A&E admissions. A key priority across NWL has been to agree and develop an acute based service model. Brent has been leading on this with NWL team with the objective of being an early implementer site for Northwick Park Hospital and subsequently at Ealing Hospital. The service model has been agreed with A&E operational and clinical leads. In addition, robust work on data analysis and setting a clear baseline has been completed to enable measuring of impact and return on investment. The next steps are to complete a joint business case for Brent and Harrow for investing in the service. The business case will propose the development of an alcohol care team to be based at A&E for the acute LNWH site at Northwick Park with cover offered to the Urgent Care Centre at Central Middlesex Hospital. The service will be measured on reduction in admissions and re-admissions. It is expected that the team will be in place by October subject to successful investment decision.
- 3.16 This work stream is also progressing the development of social prescription service. The objective is to use social prescription as a means to reduce social isolation and reduce inappropriate use of health services e.g. A&E admissions, ambulance call outs, GP appointments and statutory services. A business case that includes demonstrable outcomes and return on investment is being developed. The next steps entail building an operational model for service delivery that will incorporate the Care Navigator service and Social Isolation Brent Initiative.
- 3.17 The smoking cessation project is in early stages. As is the case nationally, the numbers of people accessing smoking cessation are falling in Brent as smoking prevalence falls and e-products are widely available. A review is being undertaken of existing smoking cessation services. This will include lessons from CNWL going smoke free as part of the business case development. Engagement to be agreed to enable implementation of CO4 initiative.

Work stream 2 New Models of Care

- 3.18 This work stream has been in development over a number of years and builds on Whole Systems Integrated Care (WISC). Providers and commissioners co designed the first phase of WISC in 2015 as a precursor to an Accountable Care Partnership delivery model. However, this work is largely commissioner led in view of the need to develop the provider landscape to respond to the challenge of delivering care in this manner.

- 3.19 This work stream now moving to the phase of being a key enabler to the other Health and Care plan work streams in particular older people, mental health and transforming care. As these work streams progress, it is becoming apparent that services across health and care system are operating in silos, driven by disjointed commissioning and perverse contractual incentives. The Models of Care work stream therefore needs to leverage existing Brent Health and Care plan programmes and address the common barriers to integrated working. This work stream will essentially be a vehicle to enable a care partnership jointly accountable to achieve common system wide outcomes, supported by single commissioning arrangements within an agreed pooled budget.
- 3.20 The next steps are to identify existing programmes that can be developed as a network of care around specified client groups, such as Older People's care network, Mental Health care network and Learning Disability care network. Further details and programme of work to implement this will be brought to future HWBB meeting.

Work stream 3 Frailty

- 3.21 This work stream is aligned with Delivery Area 3 and has two distinct but interlinked elements – acute frailty model and out of hospital community provision. The out of hospital element is being developed and implemented through the Better Care Fund (BCF) Plan. The plan has three interlinked schemes that incorporate admission avoidance initiatives; effective hospital discharge delivered by integrated health and care teams with a strong focus on reablement and a fundamental cultural shift to implement Discharge to Assess (D2A); and Enhanced health care in care homes and joint commissioning. The next steps on this work stream are detailed in a separate report to the HWBB.

Work stream 4 Mental Health and Wellbeing

- 3.25. This work stream is well established with monthly meetings scheduled and consists of three interlinked projects:
- Crisis Response:** developing a crisis response that recognises and prevents escalation of crisis in order to decrease the number of people who are submitted to an in-patient setting. A baseline has been determined regarding current crisis activity and in-patients admissions data, to understand the client cohort who has in-patient admissions due to crisis. The next stage is to agree a system wide operating model that can recognise and effectively respond to escalating crisis, particularly for people in mainstream accommodation.
- Community support with a recovery focus:** A stocktake has been completed regarding the commissioned and directly provided services supporting people with mental health needs. This has demonstrated that there are in excess of 30 different types of services commissioned from a range of providers. It is a highly complex system to navigate, and although there are links and collaborative relationships, the system needs to be joined up and

integrated. The next stage is to develop an operational delivery model aligned with whole Systems Integrated Care that can be commissioned to achieve systems outcomes for people with mental health needs and develop a network of care. The Commissioning for Outcomes programme will enable the commissioners and provider leads to start this process.

Primary Care: Brent CCG have undertaken a capacity and capability assurance of the preferred primary care provider, Brent Care Ltd to confirm that they can deliver the required service and expected outcomes for complex but managed mental health needs, which includes a DEPOT and non-complex Dementia service. Brent Care Ltd are partnering with secondary mental health provider CNWL to deliver the service and Local Medical Council has been engaged to support Brent care Ltd to ensure that its GP members are not committing to deliver a service for which they do not have capabilities. Although the Depot and Dementia service is currently provided by CNWL, the intention is for services to transfer to Brent care Ltd from 01 October 2017.

Transforming Care Programme (TCP)

Supporting People with Learning Disabilities

3.26. The work stream is aligned to NWL TCP and has four interlinked programmes of work.

Individuals in placements: securing suitable support closer to home for people with learning disabilities who are in in-patient settings.

Integrated Health and Social Care team: bring together the health and care teams to form a single integrated team to support people with learning disabilities.

Market management: developing a joint commissioning action plan to increase the range, scope and quality of support available in the community for adults with learning disability and/or autism.

Transitions: Developing an all age offer in order to decrease the impact of transition between childhood and adulthood for people with learning disabilities.

The progress in each of these four areas is detailed below.

3.27. Individual in placements

This work area is well established with the NHS continuing health care team co-ordinating Care and Treatment Reviews for adults with Learning disability in in-patient settings.

There is a monthly multi-stakeholder meeting that oversees progress of individuals in in-patient settings.

Currently there are three Brent Commissioned people in in-patient settings and eight people whose care is commissioned by NHS England as specialist commissioner. In line with the TCP requirements, all the 11 individuals have either had their Care and Treatment review or have been scheduled. The objective of these reviews is have a comprehensive assessment of individual care and treatment needs including discharge planning if appropriate. Of the

three individuals who have had reviews, two of them are being supported to be discharged into community settings.

3.28. Integrated Learning Disability Team

The STP steering group agreed that creating an integrated health and social care team would improve outcomes for people with learning disabilities, reduce handoffs and optimise use of resources.

A task group has been established to identify and implement the operational changes required to create an integrated team that works collaboratively and innovatively with people who have a learning disability to increase their independence and decrease their reliance on formal organized services.

The operational task group successfully applied to the Change Academy programme to support this transformation process and attended the first workshop on 10 and 11 May. The group will receive coaching support and attend further workshops for six months.

A commissioner task group has been established to consider the current contracting arrangements and resource allocation for existing services and the NWL service specification for Learning disability services. The lead CCG commissioner has undertaken a pricing review with CNWL and established the current staffing resource that could be allocated to a ring-fenced Brent integrated LD service.

The Council has applied to the NWL data warehouse to gain access to the Whole System Integrated Care (WSIC) data in order to conduct a needs assessment of people with Learning disabilities in Brent. Analysis of this data will be used to inform the overall system resource required to provide support that improves the outcomes for people with LD, whilst optimising use of resource across the Brent system.

Commissioning options have been reviewed to inform the structure of an integrated LD team. Integrated and lead commissioning arrangements of the team will enable a single commissioning function to meet statutory responsibilities. However, a pooled placements expenditure and service delivery budget has the potential to generate transformational system sustainability as resources can then be allocated based on client need, rather than funding source. Agreement from the Council and CCG will be required to pursue such a commissioning arrangement. If agreed, the commissioning arrangement will need to be supported by risk and benefit arrangements.

The next step is to develop system wide outcome measures and options for lead commissioning and pooled funding arrangements to achieve joint health and social care ambitions. These joint outcome measures will also be the basis of developing a learning disability network of care.

3.29. Market Management

A joint health and social care strategy for people with LD and/or Autism is being finalised. The strategy describes a joint health and social care aim to improve co-ordination and quality of services for people with learning disabilities and/or autism with challenging behaviour. The strategy aims to facilitate system wide change that enables more people to live in the community, with the right support, closer to home.

A task group has met to consider the general accommodation needs of people with learning disability and/or autism and is now mapping the existing provision in order to identify the gaps in the market and the market management actions required to address these gaps.

The next step will be to consider the wider support needs of people with Learning disability and/or autism in order to identify the gaps in provision. This will form the basis of the joint health and social care commissioning action plan.

3.30. Transitions

An ideas paper on Transitions has been discussed and agreed in principle by Brent Council. Changes to the Children and Young people with Disability services and the Transitions service have been considered. These changes are intended to improve operational processes in order to create greater equity, effectiveness and consistent practice for children and adults with Learning Disability.

There is council agreement to align with the Education, Health and Care (EHC) process and greater integration with health services would facilitate joined up planning, assessment and delivery of care. This will make best use of resources.

The next stage will be to form a combined health and social care task group to consider the benefits of integrated health and social care service delivery and the necessary changes required to achieve this.

3.31. Central Middlesex Hospital Hub Plus

This work stream identifies Central Middlesex Hospital (CMH) site as a major place-based opportunity, with the potential to accelerate integration and joint working for the benefit of local residents. Potential benefits span across all five delivery areas of the NWL STP.

It has two broad strands of work; the first is estates-focused aimed at realising location and facility related opportunities and the second concentrates on service and service user driven opportunities, including the employment creation, learning opportunities as well as integrated models of support and care.

The work stream is led by LNWHT and supported by STP team. An initial project plan has been developed to focus on three main deliverables in the short term:

Identify opportunities, to leverage the Park Royal location to address health, social care or drivers of health and well-being. This will be done through engaging a consultant in early July to assess the current site usage and potential opportunities

A strategic vision for the Park Royal site following stakeholder engagement

Prototype, a community hub at CMH (following Brent council's successful Harlesden Hub model) over the summer period.

4.0 Finance Implications

4.1 There are no specific strategic financial implications in this update report.

5.0 Legal Implications

5.1 Whilst this document is an update on the on-going project, from an adult social care perspective, it is important to ensure that throughout the project, the requirements of the Care Act 2014 in terms of promoting wellbeing, preventing, reducing or delaying needs are complied with, as well as the recently released 2017-19 Integration and Better Care Fund Policy Framework prepared by the Department of Health and the Department for Communities and Local Government so that we continue to meet our statutory obligations so that our actions do not leave the local authority open to legal challenge.

6.0 Diversity Implications

6.1 The STP aims to address the whole health and care system to enable a rebalancing towards prevention, early intervention; supporting independence and wellbeing. It aims to engage and empower the diverse communities of Brent and the wider health economy across NW London to improve health and wellbeing outcomes and patient experiences.

6.2 Detailed Equality Assessments will be undertaken for each of the work stream plans to ensure that equalities issues are addressed or mitigated as part of the implementation process.

7.0 Staffing / Accommodation Implications (if appropriate)

N/A

Background papers

a) Brent Health and Care Plan accessed via

<https://www.brent.gov.uk/media/16405520/16-07-13-brent-stp-chapter-draft.pdf>

b) The North West London Sustainability & Transformation Plan accessed via

<https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps>

c) The NHS Five Year Forward View, accessed via <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

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