

 	Health and Wellbeing Board October 2021
	Report from Chairs of Integrated Care Partnership Executive
Integrated Care Partnership (ICP) – Community Services update report	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	0
Background Papers:	0
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Janet Lewis, Director CLCH NHS Trust Simon Crawford, Deputy Chief Executive LNW Trust Tom Shakespeare, Director of Integrated Care Tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To update the board on the setup and progress of community health services in the Borough as part of the new Integrated Care Partnership (ICP)

2.0 Recommendations

- 2.1 Note and provide comment upon the overall approach to community services as part of the Integrated Care Partnership (ICP) Exec
- 2.2 Note and provide comment upon the shared priorities and work programme as well as progress against these priorities

3.0 Summary of ICP Community Services Executive priorities

- 3.1 Following the Government's legislative changes in February 2021 requiring the establishment of Integrated Care System (ICS) at a NW London level, and the expectation about establishing 'place' based Integrated Care Partnership (ICP) arrangements, Brent has established a ICP Executive Committee made

up of key system partners across the council and NHS to drive change. The Committee is co-chaired by the Strategic Director of Community Wellbeing and the Chief Operating officer of CNWL NHS Trust. The ICP Executive reports locally to the Health and Wellbeing Board. Full details on the governance arrangements were set out in the papers for the July meeting of the Health and Wellbeing Board.

- 3.2 Community and intermediate care services are one of the key strategic priorities for the Committee, along with Health inequalities and vaccination, Primary Care Network (PCN) Development and GP practice variation and mental health and wellbeing. Each of these strategic priorities has an established Executive subgroup, which are co-chaired by core members of the ICP Executive.
- 3.3 The proposed priorities for the Community Services Exec are:
 - 3.3.1 Planned care – including the development of multi-disciplinary locality based teams aligned to Primary Care Networks (PCNs), as well as improved end of life care
 - 3.3.2 Unplanned care – including the delivery of enhanced care in care homes, working alongside PCNs
 - 3.3.3 Hospital discharge and community bedded units – including the development of hospital discharge hubs, and a new enhanced community based integrated rehabilitation and reablement service
 - 3.3.4 Children’s services – linking in with the priorities of the Children’s Trust Board
- 3.4 These priorities areas reflect whole system priorities and does not include all work within partner organisations. There are significant interdependencies between all four Executive subgroups work priorities which are managed at the ICP Executive level
- 3.5 This report sets out key developments and progress against these shared priorities. As a number of these programmes are new, work is currently underway to further define the scope and develop detailed delivery and resource plans for these work areas. Following confirmation from the Board that these priorities are supported, further progress will be reported at a future Health and Wellbeing Board on the detailed plans and implementation.

4.0 NHS Community Services Transfer

- 4.1 As part of changes to the NHS structures and the move to a single CCG across NW London, it was determined that community health services would shift to a new community health provider (CLCH NHS Trust) from the existing acute and community health provider (LNW NHS Trust). This has taken significant time and capacity to achieve, and this has undoubtedly meant that delivery against

priorities areas has been somewhat delayed. The following changes have taken place, and services have, as of 1 August, transferred, enabling a greater focus now on transformation.

4.2 Governance

A Joint Mobilisation Steering Group including representatives from CLCH, CNWL, LNWUHT and Brent and Harrow NWL CCGs has been responsible for ensuring the development and agreement of a project plan and ensuring safe community services transfer. It provided executive oversight and support to the mobilisation programme as well as the post go live period of transition.

The Steering Group reported into the NWL ICS Executive which provides scrutiny and oversight of the mobilisation process ensuring that gateways are delivered within agreed timelines.

4.3 Due diligence & business service transfer planning

CLCH has provided a list of due diligence information requirement to LNWHUT covering the following domains; finance details, estates, medical devices, workforce, quality, infection prevention, clinical systems, communications, medicines management and information management and technology.

All 3 provider organisations have work extremely well together through the work stream leads to obtain the due diligence required. The process includes a strong focus on the quality and safe transfer of the services underpinned by an agreed process for gathering and sharing information.

4.4 Contract award decision and market transparency

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

4.5 Communications

As there is no significant service change to the specifications and delivery of services, the transfer from one NWL NHS provider to another NWL NHS provider does not trigger any engagement or consultation obligations, since it is only a change in the identity of the service provider. However, websites and paperwork has been updated so that patients understand which service provider they are receiving services from and how to make/raise issues about the services, who they can complain to etc.

4.6 Engagement with Stakeholders on Transformation

There will be on-going engagement events with stakeholders affected by the transfer of community services to the new provider. The CCG is working with partners such as LA and VCS to develop detailed engagement plan, largely looking at further service improvement / transformation to reflect the ICS

journey localised within the needs of our population (place-based) in the London Borough of Brent.

5.0 Rehabilitation and reablement update

- 5.1 The main aim of the ICP rehab and reablement programme is to improve the effectiveness of pathways from hospital and increase the support from home; to help people to recover quickly from serious illness and injury and regain or build skills and function so they can live as independently as possible and get on with their lives.
- 5.2 This will be achieved by reviewing the way rehab and reablement services work together. The work programme will identify and tackle the issues so services are much more joined up and have the necessary skills and capabilities to deliver effective support in people's homes and enable them to achieve the best possible outcomes. Delivering responsive and joined up rehab and reablement in the right place and at the right time will reduce or avoid the need for acute hospital stays and ongoing social service care.
- 5.3 Joint project governance arrangements are now in place and delivery teams have been set up and are working together to confirm priorities, produce a transformation roadmap and detailed delivery plans. Work is already underway to review operational processes following the recent transfer of community services from LNWH and plans are being implemented to bring reablement services back under local authority control from April 2022. This work is opening up opportunities to develop and try out different ways of working and alternative models of care.

6.0 Hospital discharge

- 6.1 Brent partners have been working jointly with partners to drive service transformation and deliver seamless transfer of care for Brent residents from hospital to community setting through a Discharge to Assess (D2A) approach, led by NW London CCG, working collaboratively across Brent and Harrow with LNWH Trust. This builds on the locally led work to implement the Integrated Discharge Hub, working jointly with key stakeholders; London North West NHS Trust and Brent CCG. This included the development of a single referral form and standard operating procedures.
- 6.2 London North West has been working to develop standard operating procedures with all stakeholders (inc. Local Authorities, CHC and third sector) and a joint referral form for all stakeholders has been progressed.
- 6.3 There is an established Social Work –MDT input at the integrated discharge hub in screening and triaging. Brent LA social care staff attend screening calls with acute trust colleagues, managers attend the escalation calls.

- 6.4 There are plans to establish joint appointment for lead practitioners to support the hub; - with a proposal to appoint 1.5 x FTE Social Workers between Brent and Harrow, which is yet to be implemented.
- 6.5 Brent continues to have adequate home care capacity to support Home First discharges (for simple cases) still above the target of 30 per week. There has been a slight improvement in the number of cancelled discharges to about 12% in August and 14% in September.
- 6.6 Following the outbreak of covid-19 the NHS Continuing Healthcare (CHC) team took responsibility for all nursing placements. Additionally, there was a national suspension on the reporting of delayed transfers of care (DToC).
- 6.7 Brent council is looking to develop a rotational OT role with London North West to support integration and promote collaborative practice between the acute and community therapy service; though a joint Service Level Agreement that is in currently being discussed.

7.0 Care homes

- 7.1 Covid19 Vaccination Programme: To date Resident uptake for the 1st dose is 94% and the 2nd dose is 92%. Staff uptake for permanent staff is 95% and Agency Bank Staff is 98%. Mandatory vaccine for Care Home staff comes into effect on 11th November 2021. The Booster vaccination is currently being rolled out by Primary Care Networks (PCN's).
- 7.2 Brent Care Home Forum is held on a monthly basis with good engagement From Care Homes and Key Stakeholders. A new Chair has been in role since August 2020- Basu Lamichhane (Manager at Victoria Care Centre). There is good partnership working in place between Health and Local Authority colleagues to support the Care Homes to move forward the initiatives including the Enhanced Health in Care Homes Framework
- 7.3 Enhanced Health in Care Homes - DES implementation in Brent Care Homes: A Stakeholder meeting was held in August to review progress and delivery across Brent. Outcomes of the meeting where; to conduct a survey for both Care Home Managers and PCN Clinical Directors to identify gaps & training needs in the delivery of the DES requirements, to develop a Terms of Reference for the Multidisciplinary Team meetings. A further meeting is planned for early November.
- 7.4 The Peer Programme started in November 2020 and is facilitated by Mark Bird (previously manager at Birchwood Grange care home). The programme engages with Care Home Managers/Providers who have agreed to be part of the programme and runs for 8-12 weeks. To date 8 homes have participated on the programme, and two homes that were inspected by CQC improved their CQC rating to Good. There are 57 Care Homes in Brent, 9 of which received a CQC rating of Requires Improvement. Of these 9 Care Homes, to

date 3 have participated on the Peer Programme and are awaiting their next CQC Inspection. One declined to participate.

- 7.5 Training in care homes continues to be a priority in supporting our Care Homes, and over the past year there has been a number of training sessions via Microsoft Teams to support the care homes in improving their quality of care. These include Meeting Care Quality Commission Standards for Older LGBT+ People Training for Care Homes in Brent, Improving Medication Safety in Care Homes (one of the Brent Care Homes received national recognition for the work they have done in achieving good medication practices. Ogilvy Care Home participated in a project with Imperial College to reduce medication errors and were recognised for their initiative demonstrated, creativity and determination to achieve their goal in two months. Other training offered included Oral Health Care, Safeguarding, Mental Capacity Assessment & Deprivation of Liberty Safeguards, Dementia- Managing challenging behaviour, Briefing on Infection Control & Personal Care (for Care Home Settings), Verification of Death training, Positive Behaviour, Diabetes Management, Advanced Care Planning, CNWL Training to LD/MH for Care Homes and Care Planning Training facilitated by Managers who participated on the Peer Program.
- 7.6 Data Protection Security Toolkit (DSPT) has been promoted at the Care Home Forum for all Care Homes to be Data Protection compliant. At present Brent is 92% of care homes compliant. Brent was commended for the quick progression of Care Homes becoming compliant moving from 23% to 62% in 2 weeks. We are currently the highest in the NWL Boroughs

8.0 Winter planning

- 8.1 The winter plan enumerates the schemes that are currently funded and unfunded that supports / will support our resilience in the coming winter months. Largely, the scheme/s aims to:
- 8.1.1 Reduce avoidable unplanned admissions to hospitals and other UEC services
 - 8.1.2 Improve pro-active and re-active care
 - 8.1.3 Improve access to community (out of hospital) services
 - 8.1.4 Promote self-care & well-being
- 8.2 As with previous years, there will be significant enhanced support from the council and partners to the hospital discharge and Home First Teams, as well as provision of step down beds to support hospital flow.
- 8.3 A detailed plan has been developed which has been agreed at the A&E Delivery Board and will be reviewed subject to agreement in detail at the next ICP Executive. As yet no funding has been allocated to NHS systems to support the delivery of these plans. As with previous years, the winter pressures allocation for adult social care are subsumed into Better Care Fund Plans

- 8.4 Key proposed key changes/additions for this year will include:
- Work with individual GP practices to improve GP access
 - Better remote monitoring through digital tools and platforms
 - Additional capacity to primary care, especially in relation to flu vaccination, enhanced care in care homes
 - 'Ageing Well' funding to CLCH to support diabetes, care homes, palliative care and community rehab
 - Additional B&B capacity to support step down discharges, additional support for handyman service, and voluntary sector support

9.0 Legal Implications

9.1 None

10.0 Equality Implications

10.1 None

11.0 Consultation with Ward Members and Stakeholders

11.1 None

11.0 Human Resources/Property Implications (if appropriate)

11.1 None.

Report sign off:

Phil Porter
Strategic Director Community Wellbeing, Brent Council

Robyn Doran
Chief Operating Officer, CNWL