



Health and Wellbeing Board – supplementary agenda

Tuesday 26 January 2016 at 7.00 pm
Boardroom 3/4 - Brent Civic Centre, Engineers Way,
Wembley HA9 0FJ

Membership:

Members

Councillor Butt (Chair)	Brent Council
Councillor Carr	Brent Council
Councillor Pavey	Brent Council
Councillor Hirani	Brent Council
Councillor Moher	Brent Council
Carolyn Downs	Brent Council
Phil Porter	Brent Council
Dr Melanie Smith	Brent Council
Gail Tolley	Brent Council
Dr Sarah Basham	Brent CCG
Rob Larkman	Brent CCG
Dr Ethie Kong	Brent CCG
Sarah Mansuralli	Brent CCG
Ian Niven	Healthwatch Brent

Substitute Members

Councillors:
Denselow, Mashari, McLennan
and Southwood

For further information contact: Peter Goss, Democratic Services Manager
0208 937 1353 peter.goss@brent.gov.uk

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democracy.brent.gov.uk

The press and public are welcome to attend this meeting

Supplementary Agenda

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The purpose of this report is to provide the Health and Wellbeing Board with an overview of the findings of the Ofsted inspection of Brent services for children in need of help and protection, children looked after and care leavers, which was published on 30 November, with particular reference to the 'Leadership, management and governance' section, and its relevance to the working of the Health and Wellbeing Board and the Children's Trust.

Ward Affected:
All Wards

Contact Officer: Gail Tolley, Strategic Director,
Children and Young People
Tel: 020 8937 6422
gail.tolley@brent.gov.uk

10 Updates on Health and Wellbeing priorities

a) Giving every child the best start in life	13 - 16
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Attached

b) Helping vulnerable families	17 - 18
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Attached

Date of the next meeting: Tuesday 22 March 2016



Please remember to switch your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.



MINUTES OF THE HEALTH AND WELLBEING BOARD Tuesday 10 November 2015 at 7.00 pm

PRESENT: Councillor Butt (Chair), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Carolyn Downs (Chief Executive, Brent Council), Councillor Carr (Brent Council), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups), Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Moher (Lead Member for Children and Young People, Brent Council), Ian Niven (Director, Healthwatch Brent), Councillor Pavey (Deputy Leader, Brent Council), Phil Porter Strategic Director, Adults), Dr Melanie Smith (Director of Public Health, Brent Council) and Gail Tolley (Strategic Director, Children and Young People, Brent Council)

Apologies were received from: Dr Ethie Kong (Chair, Brent Clinical Commissioning Group)

1. **Declarations of interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 2 June 2015 be approved as an accurate record of the meeting.

3. **Matters arising**

Primary Care Co-commissioning arrangements in North West London.

Rob Larkman clarified that the proposed committee would be Brent specific and would be established soon.

4. **Living with dementia in today's community**

Danny Maher introduced Matt Gott, who was supporting the work of the project and Dianne Campbell, a local resident and peer support worker at Kensington & Chelsea and Westminster Memory Service. With reference to a presentation they outlined the work of the project and the outcomes from the conference held on 23 October. The Board heard from Dianne Campbell on her experience as a young person in Westminster being diagnosed with dementia. She stated that there had been no support on offer in Brent but now she worked in the borough to inform people about dealing with young people diagnosed with the disease. The Chair thanked Danny Maher, Matt Gott and Dianne Campbell for their presentation and acknowledged the work needed to put support and help in place within Brent.

Members of the Board discussed the issues raised. It was suggested that early education about the disease was needed. More data could be provided on the profile of sufferers of the disease and it was noted that the majority of sufferers were in the early to mid stage and so would benefit from the provision of support. It was agreed that the issues needed to be raised within the appropriate parts of the Council and NHS with reference to the full conference report which could be found at www.brent.gov.uk/dementia. It was necessary to identify how services could be used to support the themes identified by the conference. The point was made that there remained a significant number of people who were yet to be diagnosed with the disease. GPs and health care professionals already raised with people whether they wanted to be tested for signs of dementia and this might show a higher number of people suffering with the disease.

Community Action on Dementia had set a target to work up the different prototypes identified by the end of the year and the outcome of this work could be reported back to the Board. At the same time each constituent organisation could report back on how it was addressing the recommendations arising from the research project.

RESOLVED:

- (i) that the work of Community Action on Dementia (CAD) be endorsed and supported, acknowledging the important contribution of the community researchers and the research participants;
- (ii) that using similar approaches to tackling other complex issues relating to health and wellbeing in the Borough be considered;
- (iii) that the benefits of co-production be recognised and consideration be given to how procurement processes could change the culture, systems and processes that support such an approach.
- (iv) that progress on the work being undertaken to support people diagnosed with dementia be reported back to the Board in due course.

5. **Like Minded - North West London Mental Health and Wellbeing Strategy - Case for Change**

Jane Wheeler, Acting Deputy Director (NWL) introduced the briefing paper, which attached a summary of the Case for Change and expressed the hope that the Board would endorse the update of the North West London Mental Health and Wellbeing strategy case for change as part of the Like Minded programme. In light of the discussion on the previous item before the Board, she pointed out that co-production had been a theme of the work undertaken.

The issue of the nine recorded murders in the borough during 2015 with all but one involving mental health issues was raised. The Police were concerned that front line officers were exposed to this without being trained on mental health issues. Whilst noting the strategy included the issues of self harm and suicide, it was felt that homicide should be included. It was reported that the CNWL and Police met

regularly but that this issue was not picked up. There needed to be a complete review of how people with mental health issues were being managed at this level.

RESOLVED:

that the Like Minded Case for Change be endorsed and the Director of Adult Social Care establish a group of concerned officers to consider the involvement of the police in dealing with people with mental health issues.

6. **Brent Winter Plan and Better Care Fund report**

The Board received the report which provided a summary of the work underway across the Brent health and social care economy to ensure year round services for patients. This included the winter plan for 2015/16. It was pointed out that services came under pressure during the winter of 2014/15 and the same was expected for the forthcoming winter but it was emphasised that this area was now more resilient to such pressures. Collaborative working would ensure capacity would be created at Northwick Park Hospital, although there were still problems with patients with difficult and complex needs. It was generally felt that the resilience planning was working but it was recognised that some aspects still needed developing such as working with the housing service and dealing with people who did not meet the criteria for housing.

Reference was made to the work underway at a regional level to implement changes to the way patients were discharged from hospital and how pressure needed to be maintained on the West London Alliance to work up a proposal.

RESOLVED:

- (i) that the overall approach to delivering local health and care systems be approved;
- (ii) the plans in place to support NHS resilience over the winter so that patients get swift access to safe services in line with the NHS constitution be received with assurance;
- (iii) that the issues arising, particularly in the housing area, be raised outside meetings of the Board.

7. **Brent CCG Commissioning Intentions 2016/17**

Jonathan Turner, Assistant Director QIPP & Planning (Brent CCG) introduced the report and pointed out that the CCG was obliged to engage the Health and Wellbeing Board in the development of the Commissioning intentions and the Board was required to give its opinion. Jonathan Turner referred to the presentation attached to the report, profiling the local resident and GP population and outlining the vision and strategic priorities behind the Commissioning intentions for 2016-17.

Sheik Auladin, Deputy Chief Operating Officer (Brent CCG), continued running through the presentation outlining the strategic priorities.

Gail Tolley, Strategic Director for Children and Young People, warned of relying too much on the percentage increase in key age groups given the age profile of the borough which showed a high proportion of young people. This could undermine the direction of funding to young people.

Sarah Mansuralli added a comment about the work required to integrate all emergency services to provide a higher standard of service.

In answer to a question about attracting new GPs to replace those retiring, it was explained that the intention was to enable more doctors to work together to improve capacity and increase standards. The aim was that doctors would be attracted by the improved shared arrangements in place. It was also mentioned that Dr Ethie Kong was involved in running a young doctors forum. Ian Niven commented that it was important to share this vision with patients so that they recognised the benefits. Rob Larkman stated that the approach was not just about doctors but about providing multi disciplinary teams offering a package of care.

RESOLVED:

that a statement be prepared in support of the CCG's Commissioning Intentions for 2016/17.

8. **Adding Value - Health and wellbeing priorities and ways of working**

Phil Porter, Strategic Director for Adults, submitted a presentation to the Board which outlined the following five priorities for health and wellbeing. Each priority was supported by acknowledging the gaps in meeting needs and an outline of the ambition to improve:

- Giving every child the best start in life
- Helping vulnerable families
- Improving mental wellbeing throughout life
- Working together to support the most vulnerable adults in the community
- Empowering communities to take better care of themselves

He explained that this was the beginning of a piece of work to develop future ways of working.

Dr Sarah Basham (Brent CCG) elaborated on the priority regarding children as did Gayle Tolley (Director, Children and Young People) who also commented on helping vulnerable families and improving mental wellbeing, Phil Porter (Director, Adults) commented on vulnerable adults and Dr Melanie Smith (Director of Public Health) on empowering communities. There was recognition that gaps existed around supporting people with mental health issues that needed addressing. It was agreed that an additional area of activity around alcohol and substance misuse needed to be imbedded within one of the five priority areas.

RESOLVED:

that reports be submitted to future meetings of the Board on the health and wellbeing priorities and ways of working and further work be undertaken on taking forward the mental health and wellbeing priority.

9. **Pharmaceutical Needs Assessment update**

The Board received the report updating it on how the Pharmaceutical Needs Assessment (PNA) had been kept up to date since its publication in March 2015.

RESOLVED:

to note:

- that no revision of the Brent PNA has been required in the six months since its publication,
- the publication of the Supplementary Statements on the Council's website.

10. **Any other urgent business**

None.

11. **Fiona Kivett**

Members thanked Fiona Kivett, Brent Council Senior Policy Officer, for her work in supporting the Board and wished her well in the new job she was moving to within the Council.

The meeting closed at 9.15 pm

M BUTT
Chair

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Brent Health and Wellbeing Board 26 January 2016

Report from the Strategic Director Children and Young People for Brent Council

Wards affected:
ALL

Health and Wellbeing Board and Children's Trust – Learning from OFSTED SIF Inspection of Children's Services

1.0 Summary

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of the findings of the Ofsted inspection of Brent services for children in need of help and protection, children looked after and care leavers, which was published on 30 November, with particular reference to the 'Leadership, management and governance' section, and its relevance to the working of the Health and Wellbeing Board and the Children's Trust.

2.0 Recommendation

- 2.1 The Health and Wellbeing Board consider and advise on the next steps.

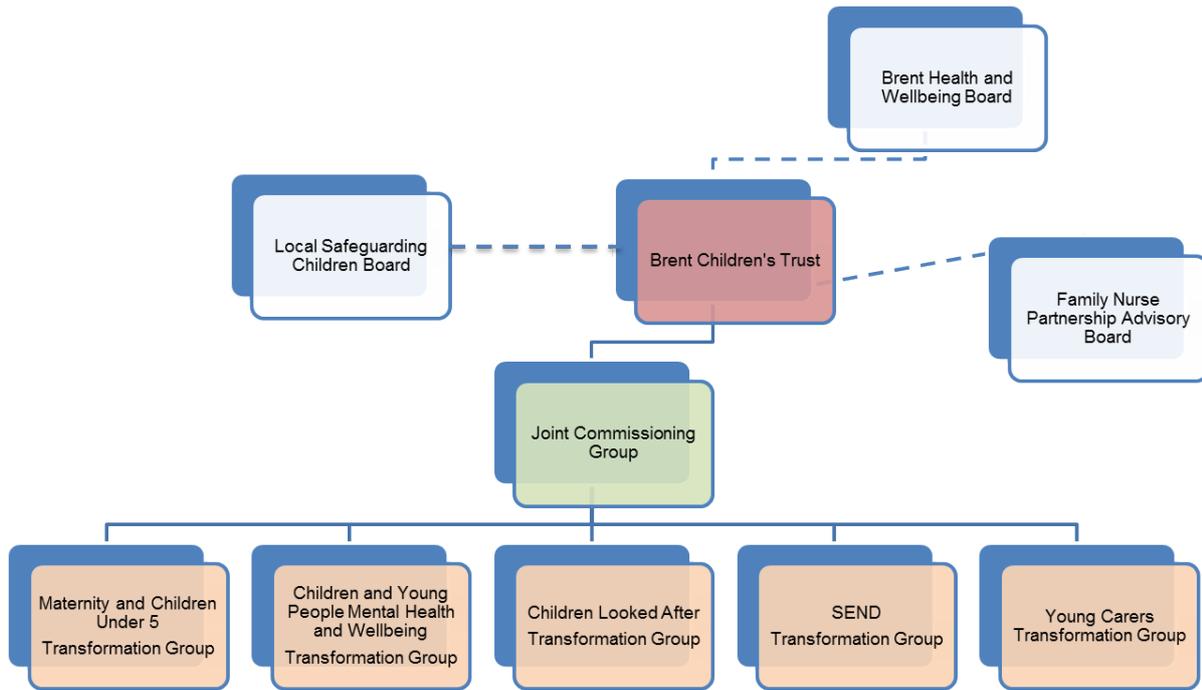
3.0 Detail

Background - Children's Trust arrangements in Brent

- 3.1 Brent Children's Trust (BCT) is a local partnership. The primary functions relate to developing a joint vision and strategy for improving outcomes and commissioning, and joint planning and collaborative working in ensuring that resources are allocated and utilised to deliver the maximum benefits for children and young people.
- 3.2 The trust has developed a clear framework for strategic planning and commissioning which is being delivered through five transformational groups for the following priority areas:

- Maternity and Children under 5
- Children and Young People’s Mental Health and Wellbeing
- Children Looked After
- Children and Young People with SEND
- Young Carers

Children’s Trust governance arrangements:



Overview of Ofsted inspection 2015

3.3 The headline finding of the Ofsted inspection report is that Children’s services in Brent require improvement to be ‘Good’. This conclusion is based on the combined ratings of the following areas:

1. Children who need help and protection	Requires improvement
2. Children looked after and achieving permanence	Requires improvement
2.1. Adoption performance	Good

	2.2. Experiences and progress of care leavers	Requires improvement
	3. Leadership, management and governance	Requires improvement

3.4 The report noted that although strong and focussed leadership had led to the achievement of a number of important improvements in the quality of services, Brent is not yet delivering consistently good services for children and young people.

3.5 In paragraph 96 of the 'Leadership, management and governance' section Ofsted commented that:

'The joint strategic needs assessment (JSNA) lacks a strong enough focus on the social care needs of children. The Health and Wellbeing Board has suffered from poor attendance over the last year and has been described as having, 'lost its way'. There is no current shared plan that sets out how agencies will provide services or against which agencies can measure the collective difference they are making for children. The Health and Wellbeing Board held a workshop event in June this year to bring greater clarity and drive to its work and the leader of the council has recently taken over as the chair of the board. These are positive developments but are too new to have had an impact. Similarly, the new Brent Children's Trust, although developing fast and increasingly providing a real focus for agencies to discuss and plan services, is also at too early a stage to have had a significant impact. For example, discussions at the trust about establishing shared commissioning arrangements across agencies are detailed and thorough but are yet to be put into practice.'

3.6 The report stated that there is a lack of strategic cohesion in the way that agencies work together to provide services for children, and highlighted a lack of strong focus on the social care needs of children in the joint strategic needs assessment (JSNA).

3.7 The report found that the Health and Wellbeing Board has not provided effective coordination and that there is no current shared plan or framework that sets out how agencies will provide services against agreed principles or how impact will be measured. However, it was recognised that recent steps to bring greater clarity and drive to its work had been taken (such as the appointment of the leader as Chair), but that these are still too new to demonstrate an impact.

3.8 With regards to the Children's Trust the report acknowledged that, although it was developing fast and increasingly providing a focus for agencies to discuss services for children and young people, at the time of the inspection it was still at too early a stage to have had a significant impact on improving the targeting, coordination and effectiveness for children, young people and their families. The report went on to specifically cite the Joint Commissioning

Framework as an example of thorough work that had been developed by the Children's Trust but not yet fully implemented.

- 3.9 The report found that linkage between the LSCB and other strategic bodies has been weak but is now improving. It stated that there has been a recent improvement in the relationship between the LSCB and HWBB, but that the LSCB has too little influence over the priorities of the HWBB, and specifically recommended that LSCB strengthen its links with HWBB. It was also noted that the LSCB is beginning to clarify its role in relation to the Children's Trust.

Response

- 3.10 The Ofsted inspection was carried out from 14 September – 8 October 2015 before being published on 30 November 2015. As noted in the report, at the time of inspection steps were already being taken to make improvements around leadership, management and governance at a strategic level in Brent. A continuation of these steps included an item at the 10 November HWBB, titled 'Adding Value – Health and wellbeing priorities and ways of working', which outlined the primary forums and delivery actions for HWBB priorities. A key example included the identification of the Brent Children's Trust and its five transformation groups as the vehicle for delivering HWBB priorities for children.

- 3.11 The subsequent publication of the Ofsted report and consideration of its findings at the 12 January 2016 Children's Trust meeting has influenced the following actions:

- Increased connectivity across boards including HWBB, Children's Trust, LSCB, Safer Brent Partnership and Adult's Safeguarding Board needs to be established to ensure strategic alignment. To develop the next steps for appropriate protocols and reporting arrangements it is recommended that a summit of the Chairs of each board is scheduled.
- The Joint Commissioning Framework continues to be implemented by the Children's Trust's five Transformation Groups, which have now all had their first meetings at which TORs and reporting protocols between the groups and the Children's Trust were agreed. The next steps for joint working in this area include an audit of commissioning arrangements across the areas covered by each group, understanding and responding to the refreshed JSNA in relation to children, and the development of action plans for each group to identify opportunities for joint commissioning.

- 3.12 Ofsted did not include addressing these issues as one of the eleven recommendations requiring an action plan from Brent, however, in order to continue to progress to 'Good' consideration needs to be given to how best to do this.

- 3.13 A more recent Ofsted SIF inspection of another LA commented '*There are effective working relationships with partners on strategic boards, including the LSCB, the Children and Young Peoples' Strategic Partnership Board and the Health and Wellbeing Board. Children's needs are duly considered and*

priorities across boards are appropriate and well aligned. Brent is well placed to achieve this through an increased focus on clarity and connectivity at a strategic level.

4.0 Financial Implications

4.1 Not applicable

5.0 Legal Implications

5.1 Not applicable

6.0 Diversity implications

6.1 Not applicable

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 To be confirmed.

Contact Officers

Jon Cartwright - Senior Policy Officer, 020 8937 1742
Jon.cartwright@brent.gov.uk

Gail Tolley, Strategic Director, Children and Young People

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**Health and Wellbeing Board
Update on Priorities
January 2016**

<p>Title of Priority Giving every child the best start in life</p> <p>Responsible officers Gail Tolley and Dr Sarah Basham</p>	
<p>Summary of objectives</p> <p>The following objectives are outlined in the Brent Health and Wellbeing Strategy 2015-17:</p> <ol style="list-style-type: none"> 1. Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources. 2. Agree and deliver a Child Oral Health Plan for Brent and NHS England. 3. To expand partnership working with schools, nurseries, playgroups and other early years settings to improve the wellbeing of children 4. Review our approach to childhood obesity and agree a revised strategy 5. Ensure that the council and partners is planning and ready for the transfer of health visitors and the Family Nurse partnership by 2015 to deliver our priorities for young people in Brent. <p>In addition to the objectives outlined in the Strategy, the Children's Trust are focusing on the following priority groups:</p> <ul style="list-style-type: none"> • Children under 5 • Children and young people with mental health problems • Children looked after • Children and young people with special educational needs and disability • Young Carers 	<p>Summary of key outcomes</p> <ul style="list-style-type: none"> • Families are enabled to support their children in having the best start in life through a 50 per cent increase in the number of parent champions • Outcomes across early years are above the London average
<p>Progress achieved to date</p> <ul style="list-style-type: none"> • Transformation groups established to deliver priorities set out in the Joint Commissioning Framework focusing on the 5 priority groups (<i>children under 5, children and young people with mental health problems, children looked after, children and young people with special educational needs and disability, and Young Carers</i>) 	

- Annual 2015 Public Health Report heard and noted at the 20 January Brent Cabinet meeting. Childhood obesity, tooth decay and vitamin D deficiency were identified as key concerns, but the report also detailed the following areas of progress:
 - The teenage pregnancy rate in Brent has fallen dramatically over the last seven years and has been consistently below that of London and England since 2006.
 - The numbers of women in Brent who are smoking at the time of delivery (3.2%) are very low in comparison to both London and England.
 - The uptake of childhood Immunisation in Brent is higher than London as a whole. (But still not high enough.)
 - In Brent the vast majority of women (88.8%) start breastfeeding their babies.
 - The numbers of infant deaths in Brent are small. The rate is higher than London and England but in the most recent data the difference is not statistically significant.

The report also highlighted case studies advocating successes in the following projects and ongoing work:

- Parent Champions
 - Healthy Smiles
 - Lullaby Trust
 - Smoking Cessation – ‘*Very Brief Advice*’ model
 - North West London Health Protection Team
- Healthy Weight event held in November 2015. The event was a first step in looking at the issues of obesity in the borough and develop a more strategic approach to prevention and intervention.
 - We are participating in a London Association of Directors of Public Health (LADPH) review of Obesity, which has an agreement to concentrate on Childhood Obesity.
 - A well attended Health Visitors event to review different models for 0-5 children public health identified a range of model options for consideration.
 - Joint SEND commissioning action plan agreed by Children’s Trust. Actions underway.
 - New model for children’s centres is now in place securing Brent Children’s Centres. We are now working in partnership with Barnado’s.
 - Roll out of Parent Champion role across the borough.

Planned actions for next quarter

- Set up working group of key delivery stakeholders (therapists, schools nursing, health visiting and early support workers, social care and school staff) to :- document and agree a co-ordinated pathway for the delivery of commissioned services (OT, SALT, PHYSIO, school nursing and community nursing) for CYP age 0-25 in all settings (nurseries and children’s centres, across all schools, units and FE providers).
- Complete mapping of pathways for 0 – 5 and 19 – 25.
- Agree clear protocols between health professionals (therapists and community nursing), school professionals (therapists and learning support assistant) and social care (0-13 CWD and Transitions) in delivering provision to children and young people with SEND.
- Establish links with Adult Health Commissioning.
- To scope and publish currently commissioned services between CCG, public

health, education and social care with timescales of contract renewal to enable planning for future joint commissioning of SEND.

- Development of a commissioning plan for children and young people, focusing on the five priority groups.
- Commence development of obesity strategy.
- Early Years and Family Support will be providing additional sessional support to support the emotional well-being of the most vulnerable
- Parent Champion training will continue to roll out in the next quarter with an emphasis on providing volunteers with structured opportunities to provide outreach in community settings moving towards increasingly independent outreach in the community.

Risks and mitigating actions

A newly formed Joint Commissioning Group will monitor risks and issues across commissioning priorities for children and young people.

Insufficient capacity in commissioning has been identified as a risk, but commissioning priorities for 2106/17 have been agreed with CYP and CCG.

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**Health and Wellbeing Board
Update on Priorities
January 2016**

Title of Priority	Helping vulnerable families	
Responsible officers	Gail Tolley and Dr Sarah Basham	
Summary of objectives		Summary of key outcomes
<p>The following objectives are outlined in the Brent Health and Wellbeing Strategy 2015-17:</p> <ol style="list-style-type: none"> 1. Improve the identification and assessment of all vulnerable children underpinned by robust safeguarding procedures 2. Improve multi-disciplinary working for children with additional complex needs 3. Improve outcomes for Looked After Children 4. Helping families with complex needs 5. Reduce the impact of poor quality housing on health and wellbeing <p>In addition to the objectives outlined in the Strategy, the Children's Trust are focusing on the following priority groups:</p> <ul style="list-style-type: none"> • Children under 5 • Children and young people with mental health problems • Children looked after • Children and young people with special educational needs and disability • Young Carers 		<ul style="list-style-type: none"> • Improve outcomes by providing help to 3,300 troubled families during the expanded programme • Reduce inequalities in quality of life outcomes for our most vulnerable children, young people and families in the borough
Progress achieved to date	<ul style="list-style-type: none"> • During the first Troubled Families Programme Brent worked with 810 of the borough's most vulnerable families. • Brent's position on the national ranking of local authorities' ability to achieve sustainable employment for families was very high. Brent was second highest in London and fifth place nationally. • Brent Council joined the Expanded Programme as an "Early Starter" in January 2015 ahead of the national launch in April 2015. Brent committed to identifying and working with 731 families by March 2016. We successfully met this target in January 2016, which is ahead of time. • Agreement of TORs for Looked After Children (LAC) Transformation group. • A workshop was held to develop the LAC group's priorities; the focus will be on 	

improving outcomes across a range of areas – education/training, placements, health participation as well as preventing the need for children becoming looked after.

Planned actions for next quarter:

- To start the early identification and registration of more families into the Troubled Families Programme in order to meet 2017 targets
- Development of a commissioning plan for children and young people, focusing on the five priority groups
- A LAC plan of activity will be produced within one month.
- The LAC transformation group will complete an audit of its current commissioning activity within CYP.

Risks and mitigating actions

Risk: Failure to identify families.

Mitigation: Clear referral pathways have been established and a programme of continuous training is rolled out to ensure staff are kept up to date on the process. Also key service areas are given targets to achieve and progress is monitored.

Risk: Failure of key stakeholders to engage with the programme and meet service specific targets.

Mitigation: Performance is closely monitoring by a Data Team and regular reporting is fed back to an Operational Group and Strategic Board to ensure informed decisions and actions can be taken.

A newly formed Joint Commissioning Group will monitor risks and issues across commissioning priorities for children and young people.