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Brent

Brent Clinical Commissioning Group

Health and Wellbeing Board

Wednesday 30 October 2013 at 7.00 pm
Boardroom - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Membership:

Members	representing
Dr Sarah Basham	Brent CCG
Councillor George Crane	Brent Council
Christine Gilbert	Brent Council
Sue Harper	Brent Council
Councillor Krupesh Hirani	Brent Council
Dr Ethie Kong	Brent CCG
Rob Larkman	Brent CCG
Councillor Ruth Moher (Chair)	Brent Council
Ann O'Neill	Brent Health Watch
Jo Ohlson	Brent CCG
Councillor Harshadbhai Patel	Brent Council
Councillor Michael Pavey	Brent Council
Phil Porter	Brent Council
Melanie Smith	Brent Council
Sara Williams	Brent Council

For further information contact: Lisa Weaver, Democratic Services Officer
0208 937 1358

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democracy.brent.gov.uk

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item Page

1 Declarations of interests

Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.

2 Minutes of the previous meeting 1 - 6

3 Health and Wellbeing Strategy Development 7 - 20

The Health and Wellbeing Board held a development session on 11th September, where it was agreed that the Health and Wellbeing Strategy needed amending if it was to accurately set out the ambitions for the Health and Wellbeing Board. This work has started and this report updates the Board on the progress made since the development event.

Ward Affected: All Wards

Contact Officer: Andrew Davies, Policy and Performance Officer, Andrew.davies@brent.gov.uk, 020 8937 1609

4 Health and Wellbeing Board meeting plan 21 - 22

This paper sets out a broad plan for the Board's time up to and beyond April 2014.

Ward Affected: All Wards

Contact Officer: Andrew Davies, Policy and Performance Officer, Andrew.davies@brent.gov.uk, 020 8937 1609

5 Brent Clinical Commissioning Group Commissioning Intentions 2014/15 To follow

6 Matters arising

7 Any other urgent business

Notice of items to be raised under this heading must be given in writing to

the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.

Date of the next meeting: **Wednesday 11 December 2013**

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

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

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Brent

MINUTES OF THE HEALTH AND WELLBEING BOARD
Wednesday 3 July 2013 at 7.00 pm

PRESENT: Councillor R Moher (Chair), and Daksha Chauhan-Keys, Christine Gilbert, Sue HarperCouncillor Hirani, Ethie Kong, Rob Larkman, Jo Ohlson, Councillor HB Patel, Councillor Pavey and Phil Porter

Also Present: Councillors Butt, Hector, Mitchell-Murray

Apologies were received from: Councillors Crane and Sara Williams

1. **Election of Chair and Vice Chair**

RESOLVED:

(i) That Councillor R Moher be elected Chair
(ii) That Dr Ethie Kong be elected Vice Chair

2. **Declarations of interests**

None declared.

3. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 27 February 2013 be approved as an accurate record of the meeting.

4. **Matters arising**

It was clarified that Brent had not yet reached a good Ofsted rating in relation to child protection and was judged as adequate.

A update was provided on the Brent Clinical Commissioning Group draft operating plan regarding the pilot of GP practices remaining open until 9pm. Jo Olson informed the board that two expressions of interests had been approved with two competing bids needing to be determined for a third site. It was hoped that the three centres would be open until 9pm from September with suitable sites for the remaining two centres being identified shortly

5. **Health and Wellbeing Board Governance**

Andrew Davies, Policy and Performance Officer introduced the report detailing the background to the establishment of the board and its functions. He clarified that voting regulations under the Local Government Act 1972 for section 102 Committees had been suspended enabling partnership members the ability to vote.

It was further clarified that the purpose of the report was to consult the Board on the proposed governance arrangements which would be fed back to Full Council for final determination.

Rob Larkman, CCG Chief Executive was pleased that three CCG members had been given voting rights but highlighted the disproportionality in relation to the number of voting members from the Council, and hoped to see greater balance on a partnership Board. Rob Larkman noted the disproportionality in relation to quoracy and the requirement for three Councillors and only one CCG representative to be present in order for a meeting to take place.

Councillor R Moher hoped that all deliberations would end in a consensus to ensure efficient partnership working for the residents of Brent.

Councillor HB Patel highlighted that the Board was a collaboration and felt that Brent Health Watch should also be given a vote to ensure fairness. He continued to state that the Board was an equal partnership and that all attendees should have voting rights except Council Officers.

Councillor R Moher noted that there were certain regulations governing committees but reiterated that the proposals before the board were a framework in which to work, but that the Board would have failed in delivering the best services for resident's should a vote be needed.

Daksha Chauhan-Keys, representing Health Watch, echoed Councillor HB Patel's comments and highlighted that it was the discretion of the Local Authority to allocate votes and as an equal partner felt that Health Watch should not be excluded, particularly as it was a collaborative board.

Rob Larkman noted that voting arrangements were symbolic however felt that by allowing three CCG voting members, Health Watch should also be given a vote to present a clear message that it was a collaborative, partnership board. Councillor R Moher drew the Board's attention to the potential for additional members to be appointed at a later stage.

Councillor HB Patel highlighted the statutory membership and that voting rights had been expanded beyond those who were statutory members and if the membership was expanded further then voting rights could be considered. He continued to highlight that by having voting rights for all it showed a collaborative partnership arrangement for the residents.

Kathy Robinson, Senior Lawyer, reiterated that the discussion that took place would be presented to Full Council which would take a formal decision on voting arrangements at their meeting in September. She highlighted that the Health and Wellbeing Board was a Committee of the Council; although the statute provided for specific unusual arrangements, it left voting rights at the discretion of the Local Authority. The Senior Lawyer drew the Board's attention to the potential for the Board to make Executive decisions which were ordinarily voted upon by elected members of the Council. The Council's proposal was to achieve a balance of voting rights as far as possible, while preserving the Council's position on voting if required.

Councillor HB Patel noted that although the decision on voting rights was for Full Council, the Board was able to make recommendations.. Councillor R Moher informed the Board that all views would be fed back to Full Council on 9 September 2013 and details on Council's decision reported to the Board at the following meeting.

Jo Olson highlighted that CCG may wish to review the governance arrangements of the Board should Pioneer Status be granted and decisions on budget spending be delegated to the Health and Wellbeing Board. Councillor R Moher felt it was unlikely that the Board would be required to make decisions regarding the Pioneer budget. It was highlighted that the Chief Executive was a non statutory member of the Health and Wellbeing Board.

RESOLVED;

(i) That the report be noted

That the views of the Board on voting rights be reported back to Full Council to inform the decision making process.

6. **Future plans for health and social care integration - the Pioneer Bid**

Phil Porter, Interim Director of Adult Social Care, introduced the report and explained that there was a strong national drive to integrate health and social care services. The Council and CCG have previously demonstrated good health and social care integration through initiatives such as STAARS . It was explained that the Pioneer opportunity allowed for integrated working across North West London although it was planned to tailor the bid to make it more relevant to Brent. The Interim Director Adult Social Care highlighted five key elements to the bid regarding population; management of joint budgets; information sharing, identification of key integrated working and aligning care delivery at a network level around GPs.

Jo Olson highlighted that they were keen for it to be Brent led and were keen to use the triangle model which focused on early intervention and anticipating the needs of the individual before A&E treatment becomes necessary.

During discussions it was clarified that Hillingdon Council was not part of the North West London bid, but the other NWL councils and CCGs were signed up to this process. It was queried how investing £28m could save £66m. Phil Porter explained that this was based on the tri borough pilot model for budgets and through early intervention, it could prevent the need for more costly services in the future. It was noted that work was required regarding the scoping of persons suitable for early intervention, but that this would partially be carried out through exploring the population needs and ensuring people don't move from low to high risk. The Board noted the benefits of early intervention and the potential to gain economies of scale through a North West approach.

RESOLVED:

That the report be noted

7. **Winterbourne View Stocktake**

Phil Porter, Interim Director of Adult Social Care, introduced the report and circulated an executive summary of the stocktake that was required to be submitted by 5 July 2013. He highlighted that the stocktake was required to be signed by the Chair of the Health and Wellbeing Board, Chief Executive of the Council and the Chief Executive of CCG. It was explained that the Winterbourne stocktake was in response to the failings at Winterbourne View and challenged local agencies to work to ensure that the most vulnerable people with challenging needs were supported and to ensure that Winterbourne View was a unique occurrence. The executive summary covered ten key areas including partnership working, financial understanding, the current review programme, safeguarding, commissioning arrangements, development of local teams and services, understanding of the populations and service requirements, prevents and crisis response, and current future market requirements and capacity.

Phil Porter explained that there were currently 19 people who had been identified to be reviewed and would be addressed through a multi agency approach to ensure that all services they required were accessed in a co-ordinated approach. It was explained that there was a health team and a social care team that had joint meetings to share information. These two teams supported the 19 persons reviewed with a further 30 persons identified as requiring support from the teams. Jo Olsen felt that the current work could be built upon with greater integration resulting in a good piece of partnership work.

Christine Gilbert noted the work to date however requested that a copy of the full stocktake be made available prior to signing the document. The Interim Director of Adult Social Care agreed to circulate the document following the meeting with a view to receiving queries of comments by 12pm 5 July 2013 to enable any amendments to be incorporated. During discussions it was clarified that that the stocktake could be reviewed by a number of boards and committees with an annual report to be brought to the Health and Wellbeing Board for monitoring purposes as the Board had sign off responsibilities. The Adult Safeguarding Board would have ownership of the stocktake and take day to day responsibility for managing these issues.

RESOLVED:

(i) That the report be noted
(ii) That the stocktake be circulated and comments/amendments be provided by 12pm 5 July 2013 prior to sign off

8. **Adult Safeguarding Service Update**

Phil Porter, Interim Director of Adult Social Care, informed the Board that the report gave an overview of safeguarding adults as well as an operational summary, including the Brent Safeguarding Adults Board (BSBA) and a high level activity analysis. It was explained that there were four key areas for safeguarding adults; vulnerable adults where community care services are required due to mental or other disabilities to ensure they are not harmed or exploited; abuse including physical, emotional and sexual; significant harm which could be caused through ill-treatment as well as general deterioration; and mental capacity to ensure that adults are supported to make their own decisions, ensuring persons with less capacity are not restricted. It was explained that the team, which had all the

relevant expertise in one location would screen all alerts regarding safeguarding and lead an investigation if it was found to be appropriate and necessary. It was noted that multi agency audits were carried out and hoped that the service would improve following the implementation of the multiagency safeguarding hub. Phil Porter informed the board that full details of referrals, investigations taken and action arising from the investigations were detailed in the annual report which would be brought before the Board in September.

RESOLVED:

That the report be noted

9. **Shaping a Healthier Future - Implementation Update**

Rob Larkman, CCG Chief Executive provided the Board with a generic update on progress in relation to the whole programme following the decision in February to consolidate health services and hospitals to create a sustainable healthier future. He reminded Board members of the decision taken at the JCPCT and the background behind the proposals. The CCG Chief Executive drew the Board's attention to a number of issues that was preventing the programme from moving forward namely Ealing Council referring the decision to the Secretary of State and requesting an investigation by the Independent Reconfiguration Panel and the decision of Ealing Council to request a judicial review. Responses to both of these were being provided with evidence to be given shortly with the team being committed to resolve the issues quickly to enable the programme to move forward. A business case in relation to the merger of Ealing Hospital NHS Trust and North West London Hospitals NHS Trust was being drawn up with both parties fully committed with the hope to complete by April 2014. Rob Larkman concluded that the report detailed the various elements of the enabling strategy and work streams.

During discussion it was clarified that there had been no fundamental changes to the proposals although it was highlighted that Northwick Park emergency service was struggling and required investment as detailed within the programme. It was confirmed that over the past two years emergency cases have been diverted to Central Middlesex Hospital once Northwick Park had reached capacity until the A&E department was expanded. It was noted that there was concern regarding potential reduction of the ambulance service and communication with the public and the requirement to ensure that the public were aware of the proposals. Rob Larkman confirmed that there would not be cuts to the ambulance services as investment was planned in that service. In response to queries of the impact of the GP locality service providing and out of hospital teams on local A&E departments it was felt that urgent care teams were likely to be affected but would hopefully have a cascading effect by preventing issues escalating to the stage or requiring hospitalisation. During the discussion it was felt that the tone of the report could be softened with a Brent specific update being provided at a future meeting.

RESOLVED:

That the report be noted

10. **Health and Wellbeing Strategy**

Imran Choudhury Interim Director Public Health highlighted that the strategy had been seen by the Shadow Board numerous times and the focus was on developing an action plan to deliver the priorities set out in the strategy. He continued to highlight some of the key areas of the plan and the intention for multi agency workshops to be held across the summer to focus on each priority and determine actions and targets which would be fed back to the Board in September. During discussions it was noted that air pollution needed to be included although the Strategy did not need to be fully revised, just updated with current data. It was noted that the new Director of Public Health had been appointed and would be able to take forward the prioritise.

RESOLVED:

That multi agency workshops be held to produce an action plan with agreed targets

11. **Health and Wellbeing Board - Future Work Programme**

Councillor Hirani suggested that the work programme should be centred on the Health and Wellbeing Strategy action plan , with a focus on one issue being taken at each meeting. It was felt this would enable a joined up, aspirational approach to be undertaken. Councillor R Moher highlighted that workshops would be undertaken during the summer to create an action plan with smaller update items to be fed to the Health Partnerships Overview and Scrutiny Committee. It was felt that NHS England should be invited to a future meeting.

RESOLVED:

That the work plan be focussed on the action plan of the Health and Wellbeing Strategy

12. **Any other urgent business**

None.

The meeting closed at 20:50

R MOHER
Chair

Brent	**Health and Wellbeing Board** 30th October 2013 **Report from the Assistant Director of Strategy, Partnerships and Improvement**
For Action	Wards Affected: ALL

Health and Wellbeing Strategy Development

1. Summary

1.1 The Health and Wellbeing Board held a development session on 11th September, where it was agreed that the Health and Wellbeing Strategy needed amending if it was to accurately set out the ambitions for the Health and Wellbeing Board. This work has started and this report updates the Board on the progress made since the development event.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

(i). Confirm the principles for the Health and Wellbeing Strategy outlined in the report, or suggest further revisions ahead of the finalisation of the Health and Wellbeing Strategy.

(ii). Confirm the objectives for each priority in the Health and Wellbeing Strategy

(iii). Note the RAG rating for each objective and use this as the basis for future meeting plans and agenda items

(iv). Task officers with preparing a final version of the Health and Wellbeing Strategy with an action plan for the Board meeting on 11th December 2013.

3 Report

3.1 Introduction

3.2 The Health and Wellbeing Board held a development session on the 11th September 2013, focussed on how the Board will operate in the future and how the Health and Wellbeing Strategy should be taken forward and adapted to become the overarching statement of the Health and Wellbeing Board's ambitions for health improvement in the borough. Some of the issues to emerge from the development session were:

- That the strategy as it stands is not fit for purpose and that its objectives need to be refreshed and an action plan put in place

- That the strategy should guide activity for the next three years and that the Board wants to focus on achieving specific outcomes but also to take a broad approach to health improvement (quick wins and developmental activity)
- That further development work should take place before the Board meeting on the 30th October to work up in detail a more detailed plan for the strategy priorities, and to re-work the objectives for each priority where necessary
- That the strategy's priorities were correct, as they derive from the JSNA, but that a fifth priority was needed to reflect emerging local and national policy priorities. The fifth priority is – "Working together to support the most vulnerable adults in the community".

3.3 Health and Wellbeing Strategy

3.4 The Health and Wellbeing Strategy is not being rewritten following the development event, but amendments will be made to it and a final version presented to the Board in December 2013. This will also include an action plan. There is much in the original strategy that still stands – the original four overarching priorities, the articulation of the role of the Health and Wellbeing Board and the description of people and place do not need significant revision. However, there are sections that need to be reviewed based on the views of the Health and Wellbeing Board.

3.5 Principles

3.6 The current strategy conflates vision and principles. This seems unhelpful and it has been agreed that the principles are refined. Ideas around principles for the strategy have been worked up in discussions between Board members following the development event, but they need to be agreed by the Board. They include:

3.7 Principles of the Health and Wellbeing Strategy:

- *We will work together to deliver:*
- *Services and cultures which promote self care and personal responsibility*
- *A focus on disease prevention and health promotion*
- *Opportunities for individual and community empowerment*
- *A single point of contact for services users and a "joined up" approach between services which means every contact counts*
- *Safe, high quality services which respond to individuals*
- *An on-going dialogue with our communities, residents and patients*
- *Achieving more for less and making the very best use of resources*

3.8 The Health and Wellbeing Board needs to confirm that it is happy with these principles or suggests further revision ahead of the finalisation of the Health and Wellbeing Strategy.

3.9 These principles should not only apply to the Strategy, but partners should have regard to these principles in their own work on health and wellbeing.

3.10 Priorities

3.11 The original Health and Wellbeing Strategy priorities have been supplemented by a fifth priority, which will need to be worked up and formally agreed by the Board. The priorities are:

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

3.12 Board members have met since the development session to begin working up in more detail the priorities and objectives and putting together an action plan for the strategy. Some of the initial thinking on this is set out below but a significant amount of work still needs to be done.

3.13 Priority 1 – Giving every child the best start in life

3.14 This priority originally had five objectives. They were:

- Strengthening and expanding our current parenting programmes with a focus on learning from evaluation.
- Ensuring the sustainability and delivery of the Child Oral Health Strategy
- To expand partnership working with schools, nurseries, playgroups and other Early Years settings to improve the wellbeing of children.
- Improve the offer of our current interventions to prevent and manage childhood obesity
- Engage with hard-to-reach individuals and communities through the use of community champions

3.15 On reflection, officers believe that not all of the original objectives were fit for purpose. It is suggested that the rather ill defined objective around use of community champions should be replaced with a more specific objective on health visitors, ahead of the transfer of commissioning responsibilities to local government in 2015. As a result it is recommended that the objectives for this priority should be, subject to approval by the Board:

3.16 Priority 1 - *Giving every child the best start in life – Revised Objectives*

- Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources.
- Agree and deliver a Child Oral Health Plan for Brent with NHS England
- To expand partnership working with schools, nurseries, playgroups and other early years settings to improve the wellbeing of children.
- Review our approach to childhood obesity and agree a revised strategy
- Ensure that the council and partners is planning and ready for the transfer of health visitors by 2015 to deliver our priorities for young people in Brent

3.17 The Health and Wellbeing Board's role in ensuring these objectives are taken forward will vary for each. For some objectives the Board will want to be on top of the detail and will take a role in overseeing implementation. For others, it may be more

appropriate that delivery is delegated to an existing group or board, but the Health and Wellbeing Board has a legitimate role in ensuring members hold each other to account to ensure delivery.

3.18 To aid these considerations, officers have worked to RAG rate each objective in the five Health and Wellbeing Strategy priorities. The purpose of the RAG rating was to help the Board decide what it should focus on and what it should delegate to other groups. The RAG rating is an initial look at each objective and an attempt to grade them based on the knowledge officers have of the work taking place to achieve each objective. Criteria have been used to carry out the RAG rating:

- Is work already happening to achieve the objective
- Is there a co-ordinated multi-agency approach to achieving the objective
- Is there an action plan already in place to take forward the objective
- Is there a Board or Group already leading the work on the objective
- Is there a performance indicator (or indicators) used to measure success, and is the service (or services) performing well

3.19 It should be noted that this is an initial RAG rating for each objective and that this process is evolutionary. Further work is needed to determine the current position for each objective. If an objective is rated red, it doesn't mean that the service is failing or that performance is poor. It could mean that more time is needed to research the issue, work up plans and generate a consensus on an approach to tackling a particular problem. In preparing the final Strategy and action plan for December, a definitive RAG rating will be included, but not all objectives will be rated green.

3.20 The RAG rating for the objectives in Priority 1 are set out below:

Priority - Giving every child the best start in life		
Objective	**Commentary**	**RAG Rating**
Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources.		
Agree and deliver a Child Oral Health Plan for Brent with NHS England	• NHS England now commissions dentist services. Local agencies will need to build a relationship with commissioners. • An oral health plan is under development, but isn't in place yet. • Organisationally and logistically delivering a multi agency oral plan is complicated. For example to successfully deliver a fluoride outreach programme requires significant time and investment and the management of clinical risk. • There are questions around capacity within the Council to deliver in this area.	**Red**
To expand partnership working with schools, nurseries, playgroups and other early years settings to improve the wellbeing of children.	**Enhanced Healthy Schools** • Brent Enhanced Healthy Schools grant has, for 3 years, allocated money to school to promote / support health and wellbeing activities. The grant has provided a unique opportunity to work in partnership with schools and support a culture of tackling public health priorities.	**Green**

	Issue: Sources for continuation of funding needs consideration. • Healthy Schools London Award. Brent Schools are being encouraged and supported to sign up to and achieve Healthy Schools London Award as a public mark of excellence in health and wellbeing. PI – number of schools registered, number of schools achieving bronze, silver or gold awards. • Healthy Schools and Early Years Partnership Board provides an existing governance arrangement with representation from schools, health, education and voluntary sector. • Plans are being developed to work in partnership and support schools on the new 'School Food Plan' and launch of Free School Meals in September 2014. **Early Years** • Work has already happened to achieve the objective. Key outcomes to date following the first Healthy Early Years programme: - 36 Early Years Settings worked towards the award. 22 achieved the Status. - 792 children between the ages of 0-5 were targeted • There is a co-ordinated approach and action plan. The ambition is for all Early Years providers to participate in the award by April 2014. Children's Centres, Private and Voluntary Independent Settings (PVIs) and Child-minders to be targeted. Partnerships with Health specialists in place for 1. Reducing Obesity 2. Improving Oral Health 3. Promotion of breast feeding and healthy weaning 4. Promote Smoking cessation 5. Ensure Immunisation up to date • A Steering group was set up to monitor the progress of the early years settings award. The group will be refreshed and meet as of January.	
Review our approach to childhood obesity and agree a revised strategy	• Brent needs a multi agency plan for childhood obesity. • There is a need for an evidenced based intervention for young people who are already overweight or obese. • Some work is happening to address this issue in Early Years Settings however this has not impacted on KPIs.	**Red**
Ensure that the council and partners is planning and ready for the transfer of health visitors by 2015 to deliver our priorities for young people in Brent	• Need to establish dialogue with NHS England, as current commissioners of health visitors	**Red**

3.21 Priority 2 - Helping vulnerable families

3.22 The original objectives for this priority were:

- Improve the identification and assessment of all vulnerable children underpinned by robust safeguarding procedures
- Better multidisciplinary working for children with additional or complex needs
- Improve outcomes for Looked after children
- Helping families with complex needs

- Improve the health of young people through addressing risk-taking behaviour.
- Reduce the impact of poor quality housing on health and wellbeing
- Reduce the impact of unemployment on health and wellbeing

3.23 On reflection, it is recommended that the objectives around housing and employment are removed from the strategy. These are significant issues, but it is questionable that the Board, as constituted, will be able to bring to bear much influence over them. Whilst there is specific work happening around fuel poverty, which should help to improve peoples' health, more generally the council and partners are focussed on improving the quality and supply of housing in Brent, and working to help people into employment. There isn't a specific health focus to the work, although a by-product of improvements in both should improve peoples' health. This is something for the Board to consider when it agrees the objectives in each priority.

3.24 The objective "Improve the health of young people through addressing risk-taking behaviour" has been moved to priority three as this isn't just an issue for vulnerable families, but is better connected to empowering communities to take better care of themselves.

3.25 The RAG rating for the objectives in this priority are set out below:

Priority – Helping vulnerable families		
Objective	**Commentary**	**RAG Rating**
Improve the identification and assessment of all vulnerable children underpinned by robust safeguarding procedures	• Local Safeguarding Children's Board is leading this work but there is specific group leading the Brent Family Front Door (BFFD) work • Brent Family Front Door is up and running since July 2013 incorporating social care, health, police, probation and the Family Information Service • New e-CAF has been rolled out as common assessment tool, all schools are using it, plus other agencies • LSCB has multi-agency Business Plan, plus plans for BFFD • Success judged through Ofsted inspection and case audits	**Amber**
Better multidisciplinary working for children with additional or complex needs	• Multi disciplinary approach operates at the level of individual children involving social care, education, health etc. • Multi-agency working on Special Educational Needs improvements, SEN Strategy and Action Plan, with multi agency project board • Need to improve strategic approach – will be done through 0-25 disabilities project and implementation of new 'Education, Health and Care Plans' • Success judged through Ofsted inspection and case audit	**Amber**
Improve outcomes for Looked after Children	• An OFSTED/CQC inspection of Safeguarding and Looked after Children Services in Brent in October 2011 judged that the 'being healthy' standard for Looked after Children (LAC) was inadequate. A remedial action plan was agreed between the Ealing Hospitals Trust (Integrated Care Organisation Brent – *the Provider*), NHS Brent / Brent CCG and Brent Council from 1 April 2012. • Audit of LAC health files took place between April and May 2013 – 383 LAC files and a further 20 unaccompanied asylum seeking children).	**Amber**

	• All the health files audited with the exception of three, were compliant with recognised good practice and complied with professional record keeping guidance and standards. • There is an overall trajectory of improvement in health assessments, both IHA and RHAs and their resulting action plans and the quality of health assessments is being sustained most notability those completed in the last 6 months prior to this audit. • There remain issues due to a lack of information sharing across the partnership and from the lead agency, which is adversely affecting the quality of assessments. • Immunisation rates, teeth checks and health assessments for LAC have all increased over the last three years.	
Helping families with complex needs	• Working with Families Programme began in 2012 • Multi agency WwF Operational Board is in place • Brent Family Solutions team consists of key workers to work intensively with complex families, convene team around the family • JCP, substance misuse, DV and YOS workers operating as part of Family Solutions service • New plan for Phase 3 of WwF being written • Success judged through 'troubled families' 'turned around' i.e. in employment, children attending school and not offending – reported to CLG for payment by results	**Amber**

3.26 Priority 3 - Empowering communities to take better care of themselves

3.27 The original objectives for this priority were:

- Promoting independence and responsibility for our health and healthcare
- Encouraging everyone to be physically active
- Promoting healthy eating
- Strengthening our tobacco control partnership
- Strengthening partnership work around alcohol
- Increasing early diagnosis and testing for HIV and TB

3.28 In working through this priority, it is clear that one of the objectives within it, "Encouraging everyone to be physically active" is already a well developed work stream which is contained in the Borough Plan, where activities and milestones have already been identified. Additionally Brent has a Sport and Physical Activity Strategy, which sets out ambitions for Brent in this area, including themes to get more people active and to increase opportunities for young people to get involved in sport. This is a good example of an area where Health and Wellbeing Board involvement is likely to be minimal as it does not need to duplicate this work.

3.29 Thought should be given to the final objective, "Increasing early diagnosis and testing for HIV and TB". HIV and TB are both significant issues for Brent as they are for London. Work is underway to consider what the captial's response should be. Brent will actively engage, and may well invest in that work but it is suggested local initiatives on HIV and TB are not progressed until there is clarity about pan London activity.

3.30 The RAG rating for the objectives in priority three are set out below:

Priority – Empowering communities to take better care of themselves		
Objective	**Commentary**	**RAG Rating**
Promoting independence and responsibility for our health and healthcare	• Brent Clinical Commission Group is developing its self care strategy, supported by Adult Social Care and Public Health • A steering group is overseeing this work • Pump priming investment is available from the CCG for self care been	**Amber**
Encouraging everyone to be physically active	• Multi agency group in place to take forward this work (CSPAN) • The borough's Sport and Physical Activity Strategy is in place and includes a detailed action plan • There are performance indicators being used to assess service performance, which are monitored through CSPAN	**Green**
Promoting healthy eating	• Public health commissions interventions for adults in high risk groups. For example, Moving Away from Pre Diabetes programme and Weight Management schemes. • There isn't a population level approach to this issue which is required.	**Amber**
Strengthening our tobacco control partnership	• Smoking cessation service has transitioned to the council. Initial operational issues have largely been resolved. • Tobacco Control Alliance is being re-launched following the transfer • Brent has a developed tobacco strategy and specific work programmes around shisha • Work needs to be done to revisit problems associated with chewing tobacco, e.g. paan. This will require smoking cessation services involvement (to address addiction issues) and public realm involvement to deal with the anti-social nature of paan chewing.	**Amber**
Strengthening partnership work around alcohol	• Substance misuse, especially alcohol, is resulting in inappropriate A&E attendances and admissions • Stakeholder engagement on an alcohol policy has started, but achieving multi-agency buy in has been difficult	**Red**
Improve the health of young people through addressing risk-taking behaviour.	• Training programme in place for professionals working with children to identify and address risks, refer appropriately and speak to young people about substance misuse and sexual transmitted disease (STD) • Youth Offending Service have substance misuse specialist funded through MOPAC (Mayor's Office of Policing and Crime) • MOSAIC youth project targets LGBT young people • LAC steering group and LSCB support multi-agency working • LAC pregnancies monitored by Children and Families. • Public Health is to re-procure sexual health and substance misuse services for young people, so that they are more integrated and better able to meet the needs of their client group. • LSCB's Vulnerable Groups Sub-Group takes an overview of this area of work.	**Amber**

3.31 Priority 4 - Improving mental wellbeing throughout life

3.32 The objectives for this priority were:

- Mental health promotion before people become unwell
- Early identification of mothers with post-natal depression
- Helping children with low-level mental health problems in school
- Increase the provision of talking therapies
- Improving wellbeing for people with a serious mental illness
- Early identification and intervention for dementia

3.33 The original objectives for this priority have been revised following the development session and a joint council and CCG meeting involving Board members to look again at the work stream. It is recommended that two objectives are removed from the strategy. The first was to "Increase the provision of talking therapies". It was felt that this was too specific, and was perhaps a solution to help achieve an objective rather an objective in itself. The second was to increase "Early identification of mothers with post natal depression". It was felt that this should be included in the work stream on health visitors from the Giving Every Child the Best Start in Life priority and again, should not be a stand alone objective but something that is used to assess the effectiveness of services.

3.34 The remaining objectives have been revised, subject to Health and Wellbeing Board approval, so that they are clearer and more specific. They are:

- Promoting and maintaining good mental health
- Early identification and intervention for children with mental health problems
- Improved multi agency approach to mental health and substance misuse duel diagnosis
- Improving wellbeing for people with a serious mental illness
- Early identification and intervention for dementia

3.35 The RAG rating for the objectives in Priority 4 are set out below:

Priority - Improving mental wellbeing throughout life		
Objective	**Commentary**	**RAG Rating**
Promoting and maintaining good mental health	• Little evidence of a coordinated approach • Short term nature of schemes and funding can hamper work to maintain good mental health • Brent should consider adoption of New Economic Foundation approach to mental wellbeing – it has not done this to date. There is some work happening in libraries and with allotments, but this is limited in scope. • It is not clear how we would measure success.	**Red**
Early identification and intervention for children with mental health problems	• Tier 3 and 4 CAMHS services commissioned from CNWL, but is there a gap at the lower tiers? • The TaMHS project is working in 14 schools, 7 primary, 3 secondary and all 4 special schools. Since the project began, in 2009, 25 schools have been involved. TaMHS therapists support approximately 75 children/young people and families each term. Children and Families also fund Place To Be in some Brent schools. • Some outcomes which have been reported include a reduction in behavioural incidents reported at school and at home and improvements in attainment for children whose progress had stalled prior to intervention	**Amber**

	• Talking therapies for young people commissioned from the Brent Centre for Young People – this is a well regarded service • Currently no strategy or action plan guiding this work • No single group or board with overall responsibility • Council and CCG do not appear to be taking a co-ordinated approach to planning or commissioning • More attention needs to be paid to LAC service users and meeting their needs • It is unclear how success is measured currently.	
Improved multi agency approach to mental health and substance misuse duel diagnosis	• DAAT Board oversees substance misuse sector and commissioning of substance misuse services • Substance misuse strategy is in place • PIs show strong performance in substance misuse sector, among the best performing partnerships in London • Access to mental health support within the substance misuse sector is reasonable but LD and substance misuse issues can hinder access to mental health services	**Green**
Improving wellbeing for people with a serious mental illness	• Project underway to work with CNWL to demonstrate improvements in five key areas of mental health service provision. Council and CCG are working collaboratively on this project. • There isn't a single commissioning plan or strategy in place between council and CCG for mental health • Services are commissioned separately which doesn't make best use of resources at a time where both council and CCG are under significant financial pressure • It is unclear what service users would expect or understand from "wellbeing", or how we measure success. • A commitment to joint commissioning will lead to service redesign. The Board is the vehicle to drive this ambition.	**Amber**
Early identification and intervention for dementia	• A steering group oversees the dementia work taking place in Brent, ensuring that a Dementia Action Plan is implemented. • The steering group is led by Brent CCG, but the council is represented and there is a commitment to joint working in the area. • Brent CCG has recently invested an extra £800,000 into dementia services in Brent, following the commissioning intentions set out in the Dementia plan • Success is measured by monitoring the number of referrals to the Memory Clinics – at this stage, as work happens to diagnose dementia, success is measured by an increase in referrals.	**Green**

3.36 Further work is needed on these objectives, to put in place action plans for each one, agree outcome measures and clarify who will be leading on each. However, in identifying the RAG rating the Health and Wellbeing Board will be better placed to select its areas of focus in the immediate future. The biggest area of concern currently is in the identification and early intervention for children with mental health problems. Although there are some good things happening in this area, there does not appear to be a co-ordinated approach to commissioning or any shared plan between commissioners and providers guiding activity and expected outcomes. This could be the Board's area of focus in this priority, as it is an area where with concerted effort things can be put in place to give the Board more reassurance that efforts in this area are coordinated and working to shared outcomes.

3.37 Priority 5 - Working together to support the most vulnerable adults in the community

3.38 This priority was added to the Health and Wellbeing Strategy at the development event in September. Thought needs to be given to the objectives for this work stream and what they should actually be. The Board will need to agree these collectively. The priority has been informed by work that is happening to improve urgent care in Brent, and also on health and social care integration and what emerges from the Pioneer project.

3.39 Officers have discussed some principles that should inform the objectives for the work stream. Emerging ideas include:

- Increase patient expertise and capacity to manage their health
- Better support, early on to aid management of long term conditions
- Better use of technology in the delivery of service
- Health and social care working collaboratively in the best interests of patients

3.40 Brent CCG are already thinking about the scoping of projects for whole system integration, in particular how urgent primary care in hours and out of hours (24/7) and UCCs in Brent could be remodelled. Early thinking includes greater social care links with A&E departments. In terms of the outcomes that this priority will be looking to address, the following are starting points –

- Reduced A&E attendances
- Reduced hospital admissions
- Reduced delayed discharges
- Fewer people in residential care
- Customer satisfaction with management and support of long term conditions

3.41 In choosing the objective outlined above, they match the outcome metrics in the Integration Transformation Fund bid. The metrics are:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service-user experience

3.42 Other quality of life indications will also be useful measures of progress, focussing on the patient's experience of services and their relationship with service providers. However, it is acknowledged that this priority needs to properly reflect the various work steams that are in progress, such as the Pioneer Bid. The council and CCG is still to hear whether this has been successful. Once this is known, developing and agreeing objectives for this work stream should be easier. A successful Pioneer bid should help to deliver all of the objectives in this priority, and the Urgent Care Board and working group is a key part of the governance for these objectives.

3.43 The RAG rating for this priority as things stand is set out below:

Priority - Working together to support the most vulnerable adults in the community		
Objective	**Commentary**	**RAG Rating**
Reduced A&E attendances	• Brent CCG, North West London Hospitals Trust and Ealing Hospital Trust and other key partners are working together through the Urgent Care Board and working group to prevent all unnecessary admissions • The fully integrated Clinical Single Point of Access is being piloted jointly with STARRS and social care as a strategic response to avoiding unnecessary admissions • This will be evaluated by the end of 2013 • Integrated care pilot (ICP) in place for diabetes and older people. ICP has been extended to any patient a member of the multi disciplinary team believes would benefit from a care plan, but uptake is not as extensive as expected or having as much impact as planned	**Red**
Reduced hospital admissions	• STARRS is achieving reductions in hospital admissions but the ICP and CSPA are not achieving as planned. • There is a need for a shared analysis of the factors influencing unnecessary admissions	**Red**
Reduced delayed discharges	• Operationally, Brent CCG, NWLHT, EHT and other key partners are working together to get rid of barriers to effective discharge. Failure to reduce delays from 2012/13 identifies this as a high joint priority • The good operational dialogue is not the same as a fully integrated system for discharges, which 'pulls' people from hospital back into the community ensuring the right mix of support across health and social care is in place for that discharge. Although there is support for this approach, there is not a detailed plan for how to achieve it • More can be done to ensure that the incentives put in place by national policy do not undermine local working, for example, shared dataset on delays that focuses on how we as a system can improve discharges, not which agencies is at fault	**Red**
Improve support in the community to help people remain independent	• Brent Council is starting a project to deliver more supported living and more extra care (potentially 300 units over the next 3-4 years) , so people will have a more choice about where they want to live (at home, in housing that provides extra support, or is residential care). • As part of this work, Adult Social Care is focusing on assessment and care management and ensuring they are equipped to support people to identify more creative solutions than residential care that allow people to live at home in their community • Further work required to ensure that across health and social care there are no incentives in the system to push people into residential care and that everyone who supports vulnerable adults is able to support them to find	**Red**

	the right support for them	
Customer satisfaction with management and support of long term conditions	• The Integrated Care Pathway project is up and running in Brent which provides multi-agency case conferences for the most complex cases. It has also provided a productive forum for multi-agency improvement and learning • This project will be evaluated in during 2013 • Further work is required to build on this and deliver fundamental operational change with community health and social care services being built around the GP to ensure a joined up approach for all • New initiative for diabetes will be in place by April 2014. Locality hubs and GP network development intended to increase capacity for long term conditions but not yet fully in place	**Red**
Zero tolerance of abuse	• Strong Safeguarding Adults Board with good attendance from all key partners • Clear priorities identified for this financial year: pressure care, financial abuse and female genital mutilation • Improved outcomes in terms of screening SGA alerts and getting conclusive outcomes to investigations • Operational dialogue between the CCG, Brent Council and CQC to share intelligence and focus action • The Quality, Safety, Clinical Risk and Research Group reviews reports from the Adult Safeguarding Board including serious incidents and lessons learned from serious case reviews. It quality assures Brent CCG commissioned services in respect of adult safeguarding.	**Amber**

4. Conclusions

4.1 As set out earlier in the report, the RAG rating is a starting point for the Health and Wellbeing Board to begin to think about the areas it chooses to focus attention in the coming months. Further work will be done on each objective so that by the December 2013 Board meeting an action plan is in place for each, as well as impact indicators for the Board to be able to judge success.

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Brent	**Health and Wellbeing Board** 30th October 2013 **Report from the Assistant Director of Strategy, Partnerships and Improvement**
For Action	Wards Affected: ALL

Health and Wellbeing Board Meeting Plan

1. Introduction

1.1 At the Health and Wellbeing Board development event in September, members of the Board discussed ideas around making the Board meetings more vibrant and productive. Although Health and Wellbeing Boards are technically council committees, there appears to be little appetite to use the Board's meeting time to hold six formal committee meetings a year, where members passively receive and note reports.

1.2 Instead, Board members are keen to explore how it can use its time to run more interactive workshop and themed meetings, involving stakeholders, partners and members of the public to contribute to the Board's ambitions for health and wellbeing that are set out in the Health and Wellbeing Strategy. This paper sets out a broad plan for the Board's time up to and beyond April 2014.

2. Meeting Plan

2.1 The Health and Wellbeing Board is in agreement that it doesn't want to use all of its time holding formal committee style meetings. The comments to come back from the development event were that formal meetings should be used to enable the Board to do what it is statutorily expected to, but should be kept to a minimum. Time should be focussed on interactive and productive work shop or themed meetings with stakeholders aimed at achieving the priorities in the Health and Wellbeing Strategy.

2.2 The Health and Wellbeing Board has three remaining meetings set this municipal year after the 30th October –

- 11th December 2013
- 26th February 2014
- 9th April 2014

2.3 The proposal for the future is that the Health and Wellbeing Board meets formally three times a year, in July, November and April to deal with statutory items. If more frequent meetings are needed, or there is a need to bring the Board together for a particular purpose or decision, then these can be arranged as required. The other

three times it meets during the year will be for themed meetings based on the Health and Wellbeing Strategy priorities. The Board will also hold an annual health and wellbeing conference to promote health and wellbeing to a wider audience than would be possible at a regular Board meeting.

2.4 Initial ideas for the use of Board time in its themed meetings will come from discussion on the Health and Wellbeing Strategy. As requested, officers have RAG rated each of the objectives in the strategy to enable the Board to select its area of focus. Starting in December the Board's agenda will be set around an agreed theme and details made widely available. The Board wants to involve health service providers, the voluntary sector and other statutory partners more in its work, and so regardless of the theme invitations will be sent to interested parties to inform them of the meeting.

2.5 Transparency and openness are important and the Health and Wellbeing Board has to adhere to the council's commitment to these. The Board shouldn't lose sight of that fact that it is a council committee and will be expected to meet in public and be transparent about its work and decision making. In working up a meeting plan and agendas for the workshops and themed meetings, officers will ensure that these are publicised and key stakeholders invited. Inclusion has to be central to the work of the Board and unless there is good reason for not making them public meetings, the expectation will be that anybody is welcome to attend a Board workshop or themed meeting.

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