



Health and Wellbeing Board

Tuesday 7 June 2016 at 7.00 pm

Boardrooms 5-6 - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillor Hirani (Chair)	Brent Council
Councillor Butt	Brent Council
Councillor Colwill	Brent Council
Councillor McLennan	Brent Council
Councillor W Mitchell Murray	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 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

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 personal and prejudicial interests and discloseable pecuniary interests in any matter to be considered at this meeting.	
2 Minutes of the previous meeting	1 - 6
3 Matters arising (if any)	
4 Sustainability and Transformation Plan	7 - 28
Brent Council and CCG are working in partnership with other stakeholders to drive a genuine and sustainable transformation in patient and resident experience and health outcomes over the next five years.	
5 Health and Social Care Integration Prioritise for 2016/17 / The Brent Better Care Fund (BCF) submission for 2016/17	29 - 34
The report presents a summary of recent submissions to NHS England for year 2 of the Better Care Fund work. It also presents a high level summary of the BCF schemes it is believed will have the biggest impact in 2016/17.	
6 Health and Wellbeing Board stocktake	35 - 46
The report reflects the changes that have happened over the last 12 months, seeks to clarify and confirm changes, and make suggestions for improving how the Health and Wellbeing Board continues to work towards this aim.	
7 Children's Trust update:	
Updates on the following priorities.	
a) Giving every child the best start in life	47 - 48

- b) Helping vulnerable families 49 - 50
- 8 Healthwatch report - plan for year and annual report or highlights for last year 51 - 72**

Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services. CommUNITY Barnet is commissioned by the London Borough of Brent to deliver the local Healthwatch contract. The contract commenced from 1 July 2015. This report summarises the progress to date and sets out plans for the year. The Annual Report is attached at Appendix 1 for reference.

9 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.

Date of the next meeting: Thursday 6 October 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.

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MINUTES OF THE HEALTH AND WELLBEING BOARD Tuesday 22 March 2016 at 7.00 pm

PRESENT: Councillor Butt (Chair), Dr Ethie Kong (Vice Chair), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Carolyn Downs (Chief Executive, Brent Council), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), Councillor Moher (Lead Member for Children and Young People, Brent Council), Ian Niven (Director, Healthwatch Brent), Phil Porter (Strategic Director, Community and Wellbeing), Dr Melanie Smith (Director of Public Health, Brent Council) and Gail Tolley (Strategic Director, Children and Young People, Brent Council)

Also Present: Simon Crawford, Executive Director of Strategy, London North West Hospitals Trust

Apologies were received from: Councillors Carr, Pavey, Larkman and Mansuralli

1. Declarations of interests

None declared.

2. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 26 January 2016 be approved as an accurate record of the meeting.

3. Matters arising

None.

4. Sustainability and Transformation Plan 2016-20

Board members had before them the submitted report which provided information on the requirements and timelines for producing the Sustainability and Transformation Plan (STP) as set out in the Shared Planning Guidance (December 2015). The report further set out the approach to developing the Sustainability and Transformation Plan in partnership across health and care organisations in North West London and locally in Brent.

The Strategic Director, Community Wellbeing introduced the report with the aid of a presentation. He explained what the purpose behind the plan was and how the requirements for it had been interpreted locally. There was a need to ensure that beyond the plan action was taken where necessary to improve the system. Although the STP had to be submitted by 30 June 2016 there would be ongoing engagement and development of it.

Attention was drawn to the key questions set out in paragraph 3.3 of the report submitted. Reference was made to the importance of factoring in children and young people as well as making explicit reference to the areas of CAMHS and childhood obesity. The point was made that the financial gap in social care that would exist by 2020 needed to be identified and what radical action was needed to close the gap through integrated service transformation. It was recognised that addressing workforce issues needed to be strongly reflected in the plan. This would need separate discussions to understand the issues confronting workforce integration.

RESOLVED:

- (i) that the requirements and timescales for producing the Sustainability and Transformation Plan be noted;
- (ii) that the approach to developing the plan at a local and North West London level in conjunction with health and care partners be endorsed.

5. Better Care Fund priorities

The Board considered the submitted report which explained the importance of The Better Care Fund (BCF) as a vehicle for driving forward health and social care integration at pace and scale. A local single pooled budget would incentivise the NHS and local government to transform services and provide people with the right care, at the right place, sensitive to their specific needs and delivered in partnership to the highest standards.

Helen Woodland was introduced to the meeting as the newly appointed Operational Director for Adult Social Care. With the aid of a presentation she took board members through the report.

Ian Niven (Director, Healthwatch Brent) sought assurance that the engagement of the community was recognised within the workstreams. The potential for the District Nursing service operating joint care packages was raised. The issue creating single points of access was discussed. The value for money aspect of the Winter Plan was questioned and it was acknowledged that this needed to be addressed because it had not made best use of the available resources. It was suggested this matter should be picked up by the Systems Resilience Group.

RESOLVED:

- (i) that the progress Brent has made on health and social care integration be noted;
- (ii) that the recommended 2016/17 priority areas for health and social care integration be endorsed;
- (iii) that the Brent CCG Chief Operating Officer and the Brent Strategic Director of Community Wellbeing be delegated authority to sign off final plans and the s75 agreement;

- (iv) that the proposed programme approach to successful delivery be endorsed;
- (v) that the proposed assurance sign off of Brent's Better Care Fund submission for 2016/17 be agreed.

6. **Children and Young People's Mental Health and Wellbeing Transformation Plan implementation**

The originally published report had been amended by:

- (i) replacing reference to Better Care Fund submission with CYP-LTP in the third bullet point under paragraph 2.0 Recommendations,
- (ii) showing Dr Sarah Basham and Gail Tolley as named lead officers with Duncan Ambrose and Graham Genoni as contact officers
- (ii) removing the watermark on the report marking it as a draft.

Duncan Ambrose, Assistant Director, NHS Brent CCG introduced the report which outlined Brent's Children and Young People's Mental Health and Wellbeing Local Transformation Plan (CYP-LTP) which would be used to review existing arrangements with the intention of reshaping and improving the use of resources.

RESOLVED:

- (i) that the progress to date on delivering the Children and Young People's Mental Health and Wellbeing Local Transformation Plan (CYP-LTP) be noted;
- (ii) that the principle that the additional funding from NHS England should be additional to the existing funding identified in the CYP-LTP be endorsed;
- (iii) that the proposed assurance sign off of the CYP-LTP submission for 2016/17 be agreed.

7. **Primary Care Transformation**

The Board received the submitted report which provided an update on the local work to deliver the objectives of Primary Care Transformation - a portfolio of work to develop effective and sustainable Primary Care in Brent.

Responding to questions regarding what the future held for GP practices, it was explained that it was not the intention to reduce the number of GPs but that some practices would be supported to provide some specialised services to share with other practices. Lessons would be learnt from different models of provision from around the country as GP practices around the country went through a period of transition. Board members asked questions around GP and patient engagement and it was acknowledged that the priority for patients was to get an appointment with their doctor. Patient engagement was critical in order to get across the changes taking place and the reasons for them. A view was put that there remained a disconnection with the public who did not know what the role of the CCG was and with those that did not have a doctor. A greater level of engagement was needed.

RESOLVED:

that the report and comments of Board members be noted and an update be presented to the Board in due course.

8. 2015/16 revision of the Joint Strategic Needs Assessment (JSNA)

The Board was presented with an updated Joint Strategic Needs Assessment of health and social care needs. It was explained that this would feed into the STP process discussed under minute 4 above and impact on the outcome based reviews.

The transience of the local population was noted and the importance of understanding the changing demographics so that informed commissioning took place was noted. It was submitted that a dynamic JSNA allowed the issues to be identified and addressed.

RESOLVED:

- (i) that the publication of the JSNA Overview Document attached to the report submitted be agreed;
- (ii) that the plans for the dissemination of the JSNA within the CCG, the Council and HealthWatch members be noted;
- (iii) that for the purposes of future planning the JSNA be incorporated within the STP process.

9. Any other urgent business

See below.

10. Request from Brent Patient Voice for representation on the Health and Wellbeing Board

The Board considered a report that had been separately circulated which dealt with a request from Brent Patient Voice to be represented on the Health and Wellbeing Board as a co-opted member.

RESOLVED:

that the request from Brent Patient Voice be declined on the basis that the views of residents and patients were represented through the statutory board membership of Healthwatch Brent.

The meeting closed at 8.40 pm

M BUTT
Chair

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 Brent  Brent <i>Clinical Commissioning Group</i>	<p style="text-align: center;">Health and Wellbeing Board 7 June 2016</p> <p style="text-align: center;">Report from Kate Lawrence, Brent STP Project Manager</p>
For noting	Wards Affected: ALL
Sustainability and Transformation Plan	

1.0. Summary

Brent Council and CCG are working in partnership with other stakeholders to drive a genuine and sustainable transformation in patient and resident experience and health outcomes over the next five years.

1.1. Background:

- a. Planning Guidance released in December 2015 set out the requirement to develop a shared five-year plan, a Sustainability and Transformation (STP) Plan.
- b. The Brent STP will be developed at the level of the NW London footprint.
- c. There will be tangible benefits for areas with good STPs through the newly established Sustainability and Transformation Fund.
- d. An early checkpoint submission was due on 15th April 2016 (see Appendix 1 for a summary of this), and the final STP is scheduled for submission on 30th June 2016 (although most recent NHS England guidance now states that the 30th June submission will be a work in progress to form the basis for conversations with the NHS leadership in July).

1.2 Approach:

- e. At the NW London level, the Strategic Planning Group (SPG) has responsibility for developing joint proposals and planning at the system level, and bringing together local plans into the Sustainability and Transformation Plan for NW London.
- f. At the Brent 'place' level, a local Brent STP Planning Group has been established, including Council, CCG, providers, Healthwatch and Brent CVS.

1.3 Progress to date:

- g. The local Brent STP Planning Group identified a set of local priorities against the Health & Well-Being and Care & Quality gaps, and submitted these to the NW London STP team in March.
- h. Nine Emerging Priorities for NW London were submitted as part of the base case submission to NHS England on 15th April.
- i. On 16th May, the Brent STP Planning Group submitted a return to the NW London STP PMO against all of the emerging and local priorities, including:
 - i. Local activities
 - ii. Key plans for 2016/17
 - iii. Gaps (between priorities vs local programmes)
 - iv. Actions to resolve gaps

1.4 Next steps – NW London STP:

- j. Now that Brent's key contribution to the overall NW London STP is complete, the next step is to develop Brent's local STP, as well as the Brent STP Delivery Plan.
- k. It should be noted that the NW London STP continues to represent Brent's formal submission to NHS England, and Brent will be asked to contribute to and sign off on the completion of the full NW London STP through the SPG process.
- l. At the NW London level there are also discussions to reach agreement with all of the Local Authorities on a number of key issues - depending on the outcome of these discussions there may be different implications for Brent.

1.5 Next steps – Brent STP:

- m. Brent has identified that development of its local STP will energise stakeholders and the public, and drive a genuine and sustainable transformation in patient and resident experience and health outcomes over the next five years.
- n. The Brent STP & Delivery Plan will provide:
 - i. A clear shared view of the 3 - 5 big shared priorities for the next five years
 - ii. A mechanism for the CCG and Council to track the delivery of Brent's key programmes
- o. The Brent STP & Delivery Plan will be:
 - i. Ambitious and inspiring
 - ii. Concrete and implementable

- iii. Lead to action that fundamentally improves the quality of Brent's services and its financial position
- p. It is proposed that the Brent STP will be the overarching strategic plan for Brent. A number of sections within it could become the updated Brent Health & Well-Being Strategy (for 2017), while other priorities reflect the Brent BCF Plan and other sections/priorities link directly to other governance structures/workstreams.
- q. The Brent STP and Delivery Plan are scheduled for completion by the end of June 2016, although work will be ongoing in terms of implementation and monitoring.

1.6 Challenges:

- r. Challenges in the STP development process include defining the core requirements for the STP in terms of content, identifying the top solutions to address Brent's challenges, and ensuring that the STP supports robust implementation of agreed plans.

1.7 Engagement:

- s. The Brent STP Planning Group intends to engage widely on the Brent STP.

2.0. Recommendations

- The Brent Health & Well-Being Board is asked to note the progress made to date at a Brent and NW London level in terms of developing the NW London Sustainability and Transformation Plan (STP), as well as anticipated next steps with regards to developing the Brent STP and STP Delivery Plan.
- The Brent Health & Well-Being Board is specifically asked to note:
 - The NW London and Brent emerging priorities for the next five years
 - The proposed local Brent STP and Delivery Plan content and focus
 - The proposed status of the final Brent Local STP and Delivery Plan as the overarching strategic plan for Brent

3.0. Detail

Brent Council and CCG are working in partnership with other stakeholders to drive a genuine and sustainable transformation in patient and resident experience and health outcomes over the next five years.

3.1 Background:

- Planning Guidance released in December 2015 set the requirement to develop a shared five-year plan, a Sustainability and Transformation (STP) Plan. This

should describe how areas will locally deliver the requirements of the Five Year Forward View (5YFV). Boroughs in NW London will need to collaborate as 'place based systems' across health and local government to address the ambition set out in the FYFV.

- The formal Brent STP will be developed at the level of the NW London footprint, and will describe plans at different levels of 'place' – across the whole system in North West London, from the local to the sub-regional, as appropriate. Local plans will form the building blocks of the STP.
- Expectations include:
 - Bring system leadership together to tackle the significant challenge to meet the improvement in care standards for people in NW London.
 - Collaborate through strategic partnerships to reduce demand for services through effective early intervention, taking into account the interplay of broader socio-economic factors such as housing, employment, and the built environment (e.g. air quality), on the health outcomes for the people of NW London.
 - Co-produce a consolidated Sustainability and Transformation Plan (STP) for NW London that responds to identified challenges across the health and care economy and which reflects the local operating plans agreed in local communities in line with NHS England planning guidance.
- STPs are not an end in themselves, but a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there.
- The STP will be an umbrella plan and will bring together local place-based plans to address the health and care triple aim or 'gaps' described in the Five Year Forward View:
 - Health and well-being gap
 - Care and quality gap
 - Finance and efficiency gap
- There will be tangible benefits for areas with good STPs through the newly established Sustainability and Transformation Fund.
- An early checkpoint submission was due on 15th April 2016 (see Appendix 1 for a summary of this), and the draft final NW London STP is scheduled for submission on 30th June 2016.

3.2 Approach:

- At the NW London level, the Strategic Planning Group (SPG) has responsibility for developing joint proposals and planning at the system level, and bringing together local plans into the Sustainability and Transformation Plan for NW

London. The SPG is supported by the STP Project Management Office based in NW London (15 Marylebone Rd).

- At the Brent 'place' level, a local Brent STP Planning Group has been established, co-chaired by Sarah Mansuralli and Phil Porter (SROs for the Brent STP), with representation invited from the Council (including Public Health, Adult Social Care, Housing, and Children & Young People), CCG, HealthWatch, CVS Brent, London Northwest Healthcare NHS Trust (LNWHT), and Central and North West London NHS Mental Health Trust (CNWL).
- The Group is meeting on a fortnightly basis through to the end of June – meetings to date have covered:
 1. Identification of Brent's local priorities
 2. Identification of key gaps in Brent's existing Health & Well-Being plans
 3. Workshop-style completion of the NWL STP Local Planning Tool template
 4. Definition of requirements for Brent's local STP Chapter and Delivery Plan to ensure they provide the most value for Brent
- The Brent STP Planning Group is supported by a local STP Project Manager, who also links into the NW London team.

3.3 Progress to date:

- The local Brent STP Planning Group identified a set of local priorities against the Health & Well-Being Gap and the Care & Quality Gap, and submitted these to the NW London team as part of the 15th April early checkpoint submission process.
- The nine Emerging Priorities for NW London as submitted to NHS England on 15th April, based on those provided from each of the eight boroughs, are:
 1. **Prevention:** support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves (*and the people they care for*)
 2. **Social isolation:** reduce social isolation
 3. **Children:** improve children's mental and physical health and well-being
 4. **Access and appropriateness:** ensure people have access to the right care in the right place at the right time (including primary, community and social care)
 5. **Serious and long-term mental health needs:** reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population
 6. **EOLC:** improve the overall quality of care for people in their last phase of life and enable them to die in their place of choice
 7. **7 Day Services:** improve consistency in service user outcomes and experience regardless of the day of the week that services are accessed

- 8. **LTC management:** reduce unwarranted variation in the management of long-term conditions - diabetes, cardiovascular disease and respiratory disease
- 9. **Cancer:** reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart disease and respiratory illness
- Additional local Brent priorities, as identified by the Brent STP Planning Group, are:
 - 10. **Mental well-being:** employment and housing to underpin mental well-being, including Brent to be a Dementia friendly borough
 - 11. **Integrated care:** keep vulnerable people well in the community
 - 12. **Urgent and emergency care:** improve urgent and emergency care, including rapid response services and integrated rehab & reablement
 - 13. **Length of stay:** reduce unnecessary time in hospital
 - 14. **Nursing homes:** improve the quality of nursing home care
- On 16th May, the Brent STP Planning Group submitted a return to the NW London STP PMO against all of the NW London and Brent priorities, including:
 - Local activities
 - Key plans for 2016/17
 - Gaps (between priorities vs local programmes)
 - Actions to resolve gaps

3.4 Next steps – NW London STP:

- Now that Brent's key contribution to the overall NW London STP is complete, the next step is to develop Brent's local STP and the STP Delivery Plan.
- However, it should be noted that the NW London STP continues to represent Brent's formal submission to NHS England and Brent will be asked to contribute to and sign off on the completion of the full NW London STP through the SPG process (of which both Phil Porter and Sarah Mansuralli are members).
- New guidance published on 20th May indicated that STP plans submitted on 30th June will form the basis for a face to face personal conversation with the national leadership in the NHS throughout July. These submissions will therefore be works in progress, and as such NHS England does not anticipate the requirement for formal approval from boards and/or consultation at this stage. NHS England does, however, wish to be assured that the plans reflect a shared view from the leadership team, and of a robust plan to engage more formally with board and partners following the July conversations.
- A NW London STP Governance paper and a NW London STP Communications and Engagement Strategy are being developed by the NW London STP team, and should be available for circulation by the end of May.

- At the NW London level there are also discussions to reach agreement with all of the Local Authorities on a number of key issues, including acute reconfiguration, addressing the Adult Social Care budget gap, and setting up a NW London Health and Well-Being Board. The outcome of these discussions may lead to further considerations for Brent.

3.5 Next steps – Brent local STP and Delivery Plan:

- There are no specific requirements in terms of what the local STP Chapters and Delivery Plans should look like as these are optional documents (although the majority of the NW London Boroughs are developing their own STP Chapters in order to support their strategic aims).
- Brent has identified that development of its local STP will energise stakeholders and the public, and drive a genuine and sustainable transformation in patient and resident experience and health outcomes over the next five years.
- The Brent STP & Delivery Plan will provide:
 - A clear shared view of the 3 - 5 big shared priorities for the next five years
 - A mechanism for the CCG and Council to track the delivery of Brent's key programmes
- The Brent STP & Delivery Plan will be:
 - Ambitious and inspiring
 - Concrete and implementable
 - Lead to action that fundamentally improves the quality of Brent's services and its financial position
- The Brent STP is anticipated to include:
 - Brent's 5 year vision
 - High-level clear narrative on how to tackle the three gaps
 - 3 – 5 key critical decisions or big ticket changes that will have the greatest impact in Brent
 - Five core shared outcome indicators by which progress against gaps is measured
 - Description of Brent's plans against all priority areas
 - Explanation of how Brent will address the '10 big questions' articulated by NHS England
- The Brent STP Delivery Plan is anticipated to include:
 - Delivery Plan for all key CCG and joint or related CCG/Council workstreams required to deliver the priorities and close the gaps, including planned activities & milestones, timescales, outcome indicators (including baseline position and targets where possible), and governance.

- It is proposed that the Brent STP will be the overarching strategic plan for Brent. A number of sections within it could become the updated Brent Health & Well-Being Strategy (for 2017), while other priorities reflect the Brent BCF Plan, and other sections/priorities link directly to other governance structures/workstreams. Confirming this relationship between sections of the STP and Delivery Plan to existing and/or new workstreams will form part of the Brent STP development process.
- The Brent STP and Delivery Plan are scheduled for completion by the end of June 2016, although work will be ongoing in terms of implementation and monitoring.

3.5 Challenges:

- Challenges in the STP development process include:
 - Balancing NHS England, NW London and Brent priorities and requirements
 - Ensuring that the final Brent STP and Delivery Plan move all Brent partners forward together in their planning for the next five years and will effectively meet the challenges faced, i.e. not just ‘tinkering at the edges’
 - Ensuring that the final Brent STP and Delivery Plan then lead to robust implementation of all existing and newly identified programmes of work

3.6 Engagement:

- The Brent STP Planning Group intends to engage widely on the Brent STP, including through the following mechanisms:
 - Membership within the STP Group – one of the agreed local principles is that each member is responsible both for representing their respective organisation view and for cascading back outcomes from the Planning Group.
 - Brent Health Partners Forum - on 27th April, Brent CCG and Council hosted a Health Partners Forum event (95 members of the public attended), which asked attendees to feedback on Brent’s proposed Health & Well-being and Care & Quality priorities.
 - Building on existing STP partner engagement events – an STP engagement schedule and standard presentation are in development.

4.0. Financial Implications

- The NW London STP submission will form the basis for future Sustainability and Transformation Fund allocations from 2017/18 onwards.
- A Finance, Activity and Workforce template will be completed as part of the 30th June NW London submission, led by the NWL STP Finance Group.

- The Brent STP will include a section on how Brent will achieve and maintain financial balance.

5.0. Legal Implications

- A STP Governance paper is being developed by the NW London STP team.

6.0. Diversity Implications

- N/a

7.0. Staffing / Accommodation Implications (if appropriate)

- N/a

Background Papers

Background papers are available on request.

Contact Officers – Council:

- Phil Porter, Strategic Director, Community Wellbeing
- Helen Woodland, Operational Director, Adult Social Care

Contact Officers – CCG:

- Sarah Mansuralli, Chief Operating Officer, Brent CCG
- Sheik Auladin, Deputy Chief Operating Officer, Brent CCG

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NW London Sustainability and Transformation Plan

Our plan for North West Londoners to be well and live well

Summary of the 15 April 2016 submission to NHS England

DRAFT, NOT FINAL
Created May 2016

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North West London – proud to be London



The North West London Footprint

Over 2 million people

Over £4bn annual health and care spend

8 local boroughs

8 CCGs and Local Authorities

Over 400 GP practices

10 acute and specialist hospital trusts

2 mental health trusts

2 community health trusts

North West London is proud to be part of one of the most vibrant, multicultural and historic capital cities in the world. Over two million people live in the eight boroughs stretching from the Thames to Watford, which include landmarks such as Big Ben, Oxford Street, Heathrow Airport and Wembley Stadium.

It is important to us – the local National Health Service (NHS), Local Government and the people we serve in North West London (NW London) – that everyone living, working and visiting here has the opportunity to **be well and live well** – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country.

In common with the NHS Five Year Forward View we face big challenges in realising this ambition over the next five years:

- There is a 17-year difference in the life expectancy between the wealthiest and poorest parts of our boroughs
- 21% of the population is classed as having complex health needs
- NW London's 16-64 employment rate of 71.5% was lower than the London or England average
- If we do nothing, there will be a £1bn financial gap in our health and social care system and potential market failure in some sectors

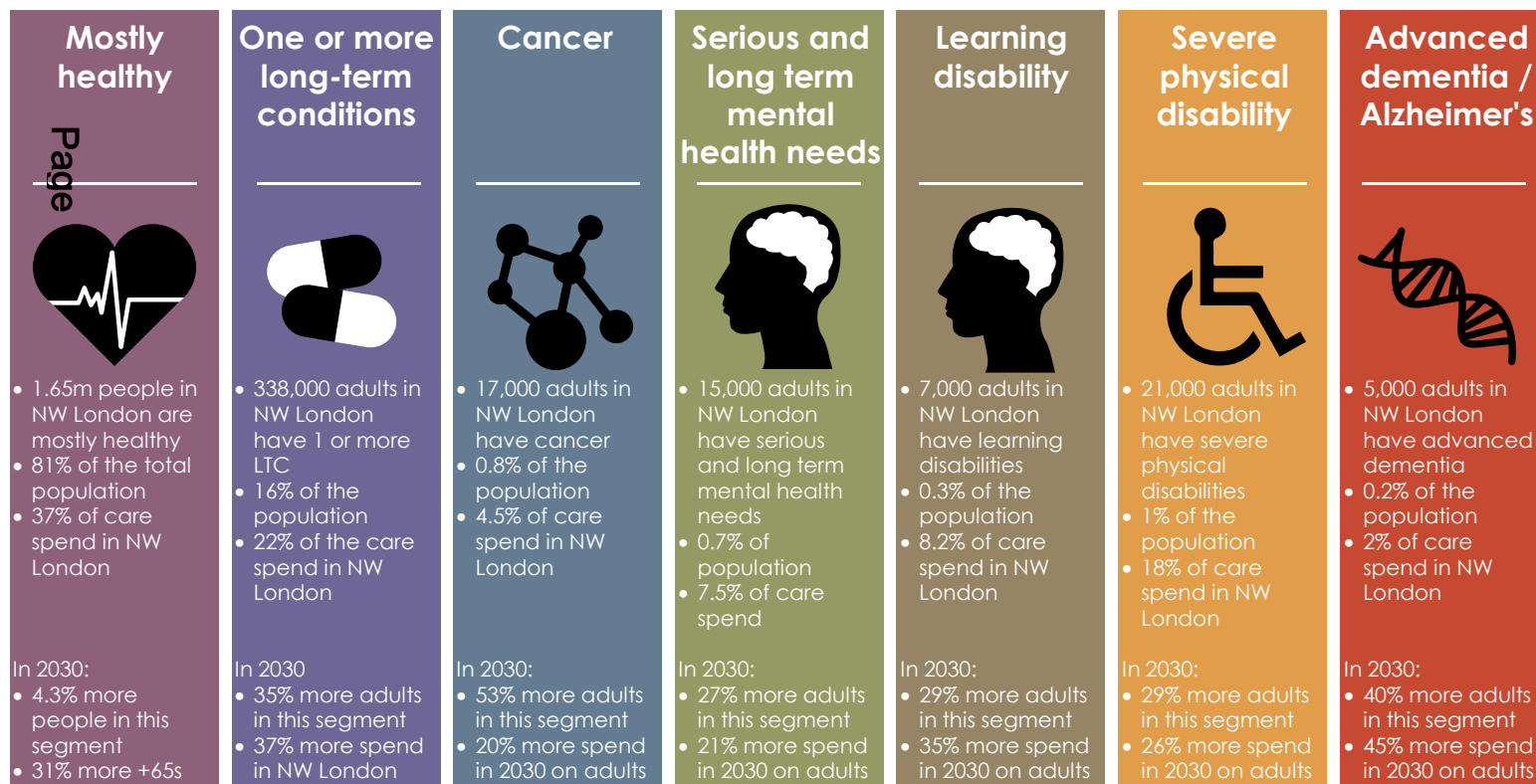
The challenges we face require bold new thinking and ambitious solutions, which we believe include improving the broader determinants of health and wellbeing such as housing and employment, people supported to take greater responsibility for their wellbeing and health, prevention embedded in everything we do, integration in all areas and creating a truly digital, information enabled service.

We have a **strong sense of place in NW London, across and within our boroughs**. In the following pages of our Sustainability and Transformation Plan (STP) we set out our case for change, our ambitions for the future of our places and how we will focus our efforts on a number of high impact initiatives to address the three national challenges of 'health and wellbeing', 'care and quality', and 'finance and productivity'.

Understanding our population – the health and wellbeing of NW London

In NW London we have taken a population segmentation approach to understand the changing needs of our population. This approach is at the core of how we collectively design services and implement strategies around these needs. NW London has:

- 2.1 million residents and 2.3 million registered patients in 8 local authorities
- Significant **variation in wealth**
- Substantial **daytime population** of workers and tourists, particularly in Westminster and Kensington & Chelsea
- A high proportion of people were **not in born in UK** (above 50% in some wards)
- A **diverse ethnicity**, with 53% White, 27% Asian, 10% Black, 5% Mixed, with a higher prevalence of diabetes
- A high working age population aged 20-39 compared with England
- High proportions living in **poverty and overcrowded households**
- **Low vaccination coverage** for children and **high rates of tooth decay** in children aged 5 (50% higher than England average)
- High rates of **poor quality air** across different boroughs
- **Only half** of our population are **physically active**
- **Nearly half of our 65+ population are living alone** increasing the potential for social isolation
- **Over 60%** of our adult social care users **wanting more social contact**
- State primary school **children with high levels of obesity**
- **19% of our population are unhealthy**



The NW London segmentation framework was coproduced by the sector, including lay partners, based on common need, and a regression analysis of cost based on a variety of factors i.e. age. Validation was carried out on a linked data set from H&F. These factors drive considerable need for services and rising costs.

Our ambitions for NW London – helping people to be well and live well

We want people in NW London to **be well and live well**, enabled to live as healthy and full a part of London life as possible. We want to create a truly sustainable health and care system, paying its way as part of the London economic powerhouse. We are on a journey to achieve this, as described below, but realise there is more to do.

This STP is part of our continuing journey of collaboration and transformation		Improvements delivered
2011	NHS in NW London agreed its ' Case for Change ', describing how care, quality and financial sustainability within the NHS could be transformed.	<ul style="list-style-type: none">• Pilot established for multi disciplinary teams in managing the care of selected over 65s, implemented care planning and recruited care navigators.• Integrated delivery teams for community care.• 1.9m have access to weekend primary care appointments, supported by Prime Minister's Challenge Fund.• 280,000 patients have access to web-based consultations.• Primary Care is working at scale. All eight CCGs have federation population coverage of above 75%.
2013	Local NHS sub-regional NW London Programme Board agrees <i>Shaping a Healthier Future</i> (SaHF) Decision Making Business Case clinical strategy setting out a vision to localise, centralise and integrate care and reconfigure acute services – endorsed by Secretary of State. Eight clinical commissioning groups form NW London Collaborative.	
Page 20 2014	'Whole Systems Integrated Care' strategy setting out vision for person centered, proactive and coordinated care agreed by NW London Partnership Board of NW London Collaborative and local government – publishes ' the toolkit '. NW London becomes a National Pioneer in Integrated Care with ten Early Adopters implementing new models of care.	
	Better Care Fund established across all Boroughs with pooled budgets to support local joint commissioning. In 2015/16 pooled budgets across eight boroughs is £168m Healthcare Commission publishes 'Better Health for London', ten priorities supported by all stakeholders in NW London.	
2015	NW London Programme Board oversees implementation of first phase SaHF service changes: A&E and maternity improvements, plans for pediatric improvements. NW London becomes a Seven Day Services Early Adopter.	
2016	NW London agrees ' Like Minded ' mental health and wellbeing Case for Change and vision. NW London agrees to be part of 'London Health and Care Collaboration Agreement' and forms Strategic Planning Group of 31 organisations. First established accountable care partnership	<ul style="list-style-type: none">• Improved maternity pathway including 100 extra midwives.• Increased maternity consultant cover from 108 to 122 hours per week.• Paediatric Assessment Units in all major hospitals by end of 2016/17.• Single points of access for urgent care and mental health crisis.• Psychiatric liaison in all A&Es and UCCs in NW London.• New eating disorder services and perinatal mental health services.• Single hospital discharge process across health and social care will be piloted across NW London.• Working together, all of our local organisations published borough-level health and wellbeing strategies.• Pooled BCF budget of £168m in 15/16, with increased focus on nursing care, rehabilitation and reablement and third sector commissioning.• Significant social care efficiencies made to protect social care budgets through working at scale across NW London boroughs.• One emergent Accountable Care Provider in Hillingdon, building on the work of the WSIC Pioneer programme.

Shaping a Healthier Future sets out how we could improve quality of care, save 130 lives a year and address a growing financial challenge through a significant shift of activity into the community from hospital settings and the reconfiguration of acute services to attain the London quality standards. In addition there are a wide range of other areas where we are working closely together to improve care and health in the areas set out in the planning guidance.

We see the STP as an opportunity to create a transformational step change in areas such as prevention, integration and digitisation, and to align our shared objectives and priorities as we collaboratively develop a delivery-focused plan that addresses the big challenges for people in NW London.

Whilst SaHF does not address the full set of challenges described in the Five Year Forward View, and there is not full support for reconfiguration plans, we intend to work together on areas where there is joint agreement and to move forward locally in delivering a health and care system that improves health and wellbeing, care and quality and closes the productivity and financial gap for the whole system.

Building on our strong history of joint working, and as part of the transformational step change set out in our STP plan, we believe that we are well placed to take on additional responsibilities at a local level through a Devolution Deal for NW London. The specific areas of focus that we will be seeking to devolve will be further refined in the final plan.

Working together to address a new challenge

To enable people to be well and live well, we need to be clear about our collective responsibilities. As a system we have a responsibility for the health and well-being of our population but people are also responsible for looking after themselves. Our future plans are dependent upon acceptance of shared responsibilities:



To support these responsibilities, we have a series of underlying principles which underpin all that we do and provide us with a common platform.

- Principles underpinning our work**
- Focus on prevention and early detection
 - Individual empowerment to direct own personalised care and support
 - People engaged in their own health and wellbeing and enabled to self care
 - Support and care will be delivered in the least acute setting appropriate for the patient's need
 - Care will be delivered outside of hospitals or other institutions where appropriate
 - Services will be integrated
 - Subsidiarity – where things can be decided and done locally they will be
 - Care professionals will work in an integrated way
 - Care and services will be co-produced with patients and residents
 - We will focus on people and place, not organisations
 - Innovation will be maximised
 - We will accelerate the use of digital technology and technological advances

Leadership and collaboration

NW London has meaningful leadership and robust governance to drive transformational change

There is a history of collaboration at a sub-regional level in NW London across both health and local authorities. To help us work most effectively we have in place a robust governance structure and leadership arrangements.

NW London has one of the most established whole system partnerships in the country, with a strong history of pan-borough working through the long-established West London Alliance, NHS NW London and individual commissioners and providers as well as academic and workforce institutions. Lay partners are represented across the system and leadership.

With the development of the STP, we have strengthened our ways of working. We will use the Strategic Planning Group as the initial governance forums for the plan's development. The pan-NW London governance structure will be set up to mirror the local governance arrangements. Local governance will retain sovereignty over decisions in line with the London Devolution Deal.

STP Leadership Team

The STP is led by the appointed STP System Leadership Team, which meets weekly and includes representation from all of the key stakeholder groups in our system:		
Dr Mohini Parmar <i>System Leader</i> (Ealing CCG Chair)	Carolyn Downs <i>Local Authority Lead</i> (Chief Executive, Brent Council)	Clare Parker <i>Joint NHS Commissioner SRO</i> (Chief Officer CWHHE CCGs)
Dr Tracey Batten <i>Provider Lead</i> (Chief Executive, Imperial College Healthcare Trust)	Rob Larkman <i>Joint NHS Commissioner SRO</i> (Chief Officer BHH CCGs)	Matt Hannant <i>STP Programme Director</i> (CCG Director of Strategy & Transformation)

Underpinning all leadership and governance is our partnership with our service users and our workforce

We continue to ensure that people's voices drive our decision-making:

In NW London we collaborate with people, service users and patients at all stages of the commissioning, mobilisation and delivery cycle; **co-production with service users is fundamental to our culture** and we have been recognised for our 130 strong Lay Partner Forum and its approach to co-production, which includes significant engagement with other patient groups including Healthwatch and Patient and Public Participation Groups. The NW London Self-Care Task and Finish Group, whose membership includes voluntary and community group members, lay members, service users, commissioners and providers, has co-developed and continues to support the embedding of the self-care commissioning framework. The Triborough's Community Champion Programme uses a dynamic community engagement process to co-produce local health campaigns and neighbourhood services.

To date we have engaged extensively as we developed our Health and Wellbeing Strategies, Shaping a Healthier Future, and Like Minded. We will be continuing these conversations with people in NW London during the development of the STP, and during its implementation.

We are investing in our workforce and ensuring they are supported throughout all changes:

We have great people working in support, care and health organisations in NW London and a clear vision for change developed with those people. We also understand that the people who live in NW London are a huge part of the 'informal workforce' and also need support.

To deliver our vision we need to make sure that **all our professionals are engaged in the process of change, own that change and then receive the training and development they need to implement those changes.**

Understanding people's needs

Understanding our people's needs is vital for planning local and NW London wide services and initiatives. Our segmentation approach supports the development of new models of care

- **Hillingdon** has the second largest area of London's 32 boroughs
- By 2021, the overall population in Hillingdon is expected to grow by 8.6% to 320,000
- Rates of diabetes, hospital admissions for alcohol-related harm and tuberculosis are all higher than the England average
- There is an expected rise in the over-75-year-old population over the next 10 years and it is expected that there will be an increase in rates of conditions such as dementia

- **Ealing** is London's third largest borough
- It is estimated that by 2020, there will be a 19.5% rise in the number of people over 65 years of age, and a 48% rise in the number of people over 85
- BME communities, including individuals of mixed ethnicity, made up 46% of the Ealing's total population in 2012
- The main causes of death are cardiovascular disease accounting for 31% of all deaths
- The mortality rate from respiratory disease is 45% higher in Ealing than the NW London average

- **Hounslow** serves a diverse population of 262,000 people, the fifth fastest growing population in the country
- Hounslow's population is expected to rise by 12% between 2012 and 2020
- Hounslow has significantly more deaths from heart disease and stroke than the England average
- Due to a growing ageing population and the improved awareness and diagnosis of individuals, diagnosis of dementia is expected to increase between 2012 and 2020 by 23.5%
- The volume of younger adults with learning disabilities is also due to increase by 3.6%

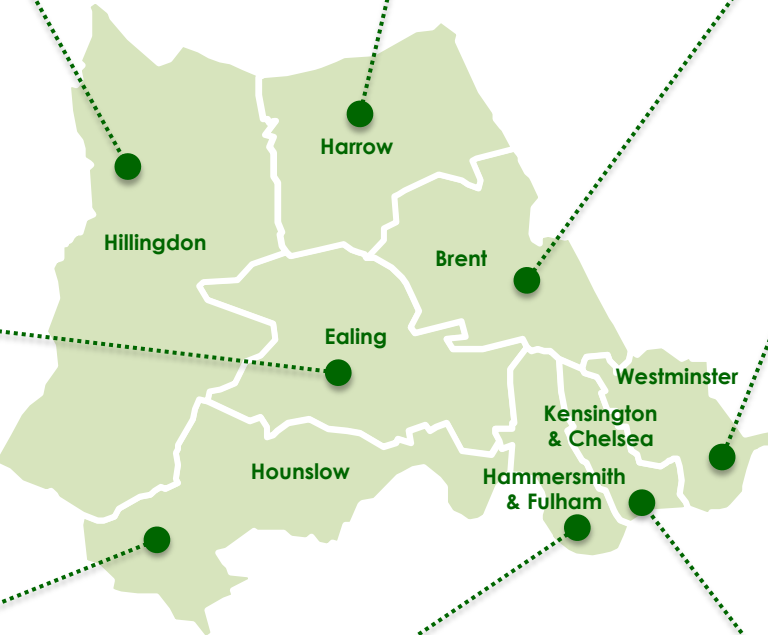
- **Harrow** has one of the highest proportions of those aged 65 and over compared to the other boroughs in NW London
- More than 50% of Harrow's population is from black and minority ethnic (BME) groups
- Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease

- **Brent**, the most densely populated London Borough, is ranked amongst the top 15% most-deprived areas in the country
- Between 2011 and 2021 the population aged 85+ is expected to grow by 72%
- Brent is ethnically diverse with 65% from BME groups
- There was a 38% increase in the prevalence of diabetes between 2008/09 and 2012/13
- Brent children have worse than average levels of obesity – 11% of children aged 4-5, 24% of children aged 10-11 years

- **Westminster** has a daytime population three times the size of the resident population
- The principal cause of premature death in Westminster is cancer, followed by cardiovascular disease
- In 2012, Westminster had the seventh highest reported acute Sexually Transmitted Infections (STI) rate in England
- Westminster also has one of the highest rates of homelessness and rough sleeping in the country

- **Kensington & Chelsea** has a very large working age population and a small proportion of children (the second smallest in London)
- Half the area's population were born abroad
- The principle cause of premature death in the area is cancer
- There are very high rates of people with serious and long term mental health needs in the area

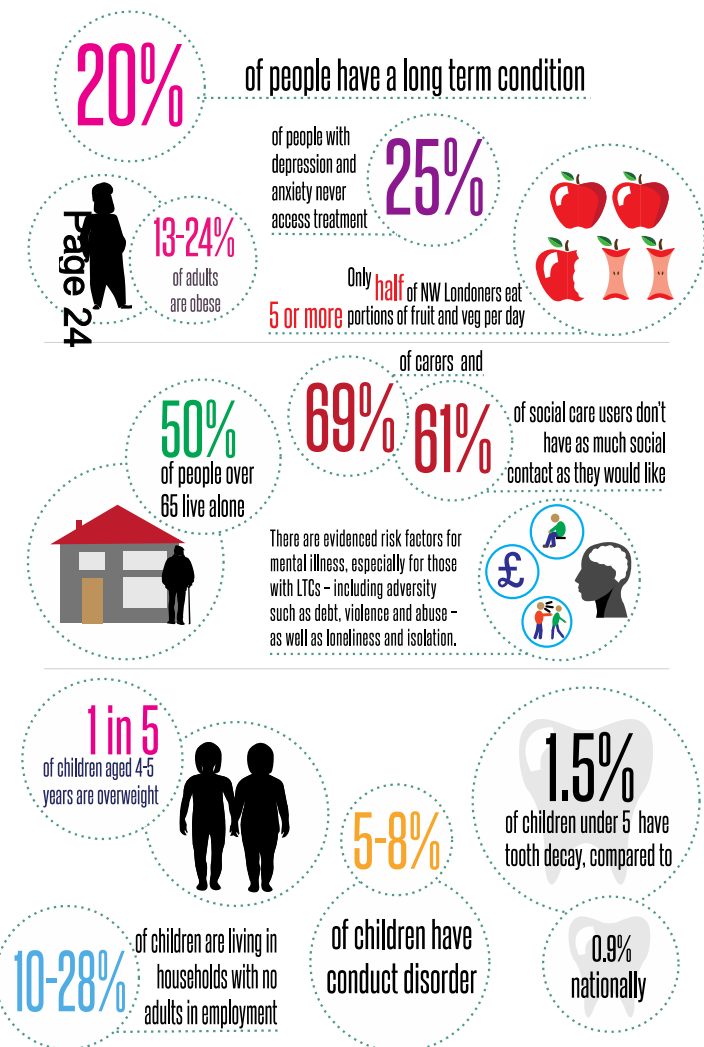
- **Hammersmith & Fulham** is a small, but a densely populated borough with 179,000 resident with one in four born abroad
- More than 90% of contacts with the health service take place in the community, involving general practice, pharmacy and community services
- The principle cause of premature and avoidable death in Hammersmith and Fulham is cancer, followed by CVD
- Mental health is the most common reason for long term sickness absence



We will improve the health and wellbeing of people in our area

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

Our as-is...



Our to-be...

People live healthy lives and are supported to maintain their independence and wellbeing with increased levels of activation, through targeted patient communications – reducing hospital admissions and reducing demand on care and support services

People are empowered and supported to lead full lives as active participants in their communities – reducing falls and incidents of mental ill health

Children and young people have a healthy start to life and their parents or carers are supported – reducing admissions to hospital and demands on wider local services

Our Emerging Priorities

1

Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves

2

Reduce social isolation

3

Improve children's mental and physical health and well-being

Our vision for health and wellbeing:

“My life is important, I am part of my community and I have opportunity, choice and control

“As soon as I am struggling, appropriate and timely help is available

“The care and support I receive is joined-up, sensitive to my own needs, my personal beliefs, and delivered at the place that's right for me and the people that matter to me

“My wellbeing and happiness is valued and I am supported to stay well and thrive

“I am seen as a whole person – professionals understand the impact of my housing situation, my networks, employment and income on my health and wellbeing

We will improve care and quality

Our as-is...

Over 30% of patients in an acute hospital bed right now do not need to be there.

3% of admissions are using a third of acute hospital beds.

People with serious and long term mental health needs have a life expectancy 20 years less than the average and the number of people in this group in NW London is double the national average.

Over 80% patients indicated a preference to die at home but 22% actually did.

Mortality is between 4-14% higher at weekends than weekdays.

People with long term conditions use 75% of all healthcare resources.

1500 people under 75 die each year from cancer, heart diseases and respiratory illness.
If we were to reach the national average of outcomes, we could save 200 people per year.

Our to-be...

GP, community and social care is high quality and easily accessible, including through NHS 111, and in line with the National Urgent Care Strategy.

People in this group are treated holistically according to their full range of mental, physical and social needs in line with The Five Year Forward View For Mental Health.

People are supported with compassion in their last phase of life according to their preferences.

People receive equally high quality and safe care on any day of the week, we save 130 lives per year.

Care for people with long term conditions is proactive and coordinated and people are supported to care for themselves.

People with cancer, heart disease or respiratory illness consistently experience high quality care with great clinical outcomes, in line with Achieving World-Class Cancer Outcomes.

Our Emerging Priorities

4

Ensure people access the right care in the right place at the right time.

5

Reduce the gap in life expectancy between adults with serious and long-term mental health needs and the rest of the population.

6

Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice.

7

Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed.

8

Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease.

9

Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness.

Our vision for care and quality:

Personalised



Personalised, enabling people to manage their own needs themselves and to offer the best services to them. This ensures their support and care is **unique**.

Localised



Localised where possible, allowing for a wider variety of services closer to home. This ensures services, support and care is **convenient**.

Coordinated



Delivering services that consider all the aspects of a person's health and wellbeing and is coordinated across all the services involved. This ensures services are **efficient**.

Specialised



Centralising services where necessary for specific conditions ensuring greater access to specialist support. This ensures services are **better**.

Our emerging priorities and areas of focus

The table below summarises the emerging priorities identified in Section 2 and addresses the three gaps in the Five Year Forward View. These priorities map to our core themes for addressing the challenges in NW London. Further work will be done on these before the end of June.



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Triple Aim	Emerging priorities	Themes for addressing the priorities
Improving health & wellbeing	1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	Prevention People supported to take responsibility for their own wellbeing and health and making healthy choices
	2 Reduce social isolation	
	3 Improve children's mental and physical health and well-being	
Improving care & quality	4 Ensure people access the right care in the right place at the right time	Integration Local integration of services across all providers at the place where the person needs it (primary, community, MH, some acute) delivered via joint teams
	5 Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population	
	6 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice	
Improving productivity & closing the financial gap	7 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed	Technology & Innovation Fully digital care and support, integrated health and social care information, right information available in the right place at the right time, paperless services
	8 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease	
	9 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness	

Appendix 1: Partnership organisations with the NW London STP Footprint



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 Brent  Brent <i>Clinical Commissioning Group</i>	<p>Health and Wellbeing Board 7 June 2016</p> <p>Report from Duncan Harper</p>
For information	Wards Affected: ALL
<ul style="list-style-type: none">• Health & Social Care Integration Prioritise for 2016/17• The Brent Better Care Fund (BCF) submission for 2016/17	

1.0. Summary

We have now completed our first year using the Better Care Fund administered by NHS England. This paper presents a summary of recent submissions to NHS England for year 2 of our Better Care Fund work. It also presents a high level summary of the BCF schemes we believe will have the biggest impact in 2016/17.

BCF remains a key mechanism to drive integration between health and social care services. It is done through a single pooled budget. Alignment with other plans, such as the Strategy and Transformation Plan, New Models of Care (from NHS England's Five Year Forward View) and the drive to deliver 7 day services, continues to remain a focus.

The checkpoint 3 submission of the BCF plans for 2016/17 was completed on 3rd May with formal feedback expected on 6th June. If needed the checkpoint 4 submission deadline is 15th June.

Building on the successes from the 2015/16 BCF programme we have focussed our attention on further developing the schemes that will have the greatest impact for Brent in 2016/17. Taken together these schemes will reduce A&E attendances, emergency admissions, improve patient experiences and reduce the length of time that patients stay in hospital. This will be done by improving services available outside the hospital, through joined up working and by reducing the delays that occur on discharge.

2.0. Recommendations

The Brent Health and Wellbeing Board is asked to

- note the contents of this report
- continue to endorse the 16/17 priority areas for health and social care integration

3.0. Detailed update

In the previous financial year the BCF programme focussed on:

1. Keeping the most vulnerable well in the community
2. Avoiding unnecessary hospital admissions
3. Effective multi agency hospital discharge
4. Mental Health Improvement

Given the progress made the schemes that have been selected for this year were the ones we believe will have the greatest impact in 2016/17. What follows is a description of each scheme, the key things it plans to do, the impact it will have, the current status and key next steps.

Scheme	BCF1: Whole systems integrated care
What the scheme is about	<ul style="list-style-type: none"> Developing a new model of care, where key patients are supported through multidisciplinary teams, self care tools, and through case management. Developing provider partnerships to optimise the care on an individual level for key patients. Improving the operating model, to make more efficient, and to ensure the information staff need to support individuals is available to them
What it plans to do	<ul style="list-style-type: none"> Building on the work done in the 2015/16 BCF scheme we are in the implementation phase in 2016/17. The main focus will be on building capacity; capability; productivity; efficiency and efficacy to deliver this new service.
Key Impacts it will have	<ul style="list-style-type: none"> Reduction in non-elective admissions Reduced costs to the system Maintained/ improved patient experience and outcomes Professionals experiencing an integrated environment
The status and key next steps	<ul style="list-style-type: none"> End June 16: Contracting and Mobilisation of model of care & self-care pilot July 16: Contract signing, alignment of Adult Social Care and the District Nursing teams April 16-March 17: Oversight and monitoring of performance against plan
Scheme	BCF2: Integrated rehabilitation & reablement service
What the scheme is about	A single combined rehabilitation and reablement service with a single point of access and supported by a re-commissioned area-based system of homecare providers.
What it plans to do	It plans to merge the health and Adult Social Care rehabilitation and reablement teams into a single rehabilitation and reablement, assessment and therapy service that will be jointly provided by the Council and the London NW Hospital NHS Trust (LNWHT)
Key Impacts it will have	<p>Improved service user and carer experience and satisfaction plus a reduction in:</p> <ul style="list-style-type: none"> Hospital admissions and re-admissions, and therefore system cost The length of time people stay in the hospital The use of long term social care provision (home care and residential care), enabling people to remain healthy and independent in the community
The status and key next steps	<ul style="list-style-type: none"> An intensive review between local government, the CCG and LNWHT has taken place to further scope out this scheme The decision was taken to go ahead on a cost neutral basis, supported by a project manager funded through the BCF programme budget Adult Social Care will discuss directly with LWNHT to locally agree whatever approach to backfill is needed to ensure ASC services are maintained July 16: Mobilisation and implementation starts July 16: Staff consultation on the proposed integration initiated

Scheme	BCF3: More effective hospital discharges
What the scheme is about	Through a collection of initiatives we aim to improve how patients are transferred from hospital into the community and reduce the number of delayed transfers of care. This will improve patient experience during the more intensive 2016/17 winter period.
What it plans to do	<p>The interventions that took place in 2015/16 that are being considered are:</p> <ul style="list-style-type: none"> • Step Down Beds • 7 day social care service • Brent housing advice worker support • Placement Additional purchasing capacity • WLA integrated discharge <p>Additional interventions being considered for 2016/17 include</p> <ul style="list-style-type: none"> • A Night sitting service (to support patients at home) • A Home from hospital service
Key Impacts it will have	<ul style="list-style-type: none"> • Reduced delays in the hospital when it is appropriate for the patient to move to their next setting (home, step down beds etc) • A common approach for social service assessments across NW London (part of the 8-council West London Alliance work)
The status and key next steps	<ul style="list-style-type: none"> • Currently it is in the planning stage. • A review to understand the effectiveness of the 2015/16 interventions has been initiated, with results expected by the end of June • Following this we will refocus our interventions to maximise their impact on winter 2016/17
Scheme	BCF4: Nursing Care Home Market changes
What the scheme is about	The Nursing Care home market does not currently deliver what is required locally in Brent to meet current needs in relation to capability, quality, capacity and price. Consequently there is a need for health and social care to jointly develop this market and develop new models of nursing care in the community to address these issues.
What it plans to do	<p>This scheme is currently in the scoping and planning stage, however initial thoughts being considered include:</p> <ul style="list-style-type: none"> • Assistive technology Strategy • Integrated Brokerage Service • Extra care nursing model • Integrated QA programme • Integrated Commissioning model • A review of how to improve nursing capacity in Brent
Key Impacts it will have	<ul style="list-style-type: none"> • Reduced A&E attendances and hospital admissions from Nursing care homes • Improved the quality of care in local Nursing Home provision (workforce development) • Increased local capacity of nursing care provision • Reduce DTOC – where destination is a nursing home placement • Local Nursing care homes that can support patients with greater/more complex health needs/dementia
The status and key next steps	<ul style="list-style-type: none"> • Initial planning has taken place. Further review is now planned to focus on the key interventions that will have the greatest impact in improving our nursing care home market

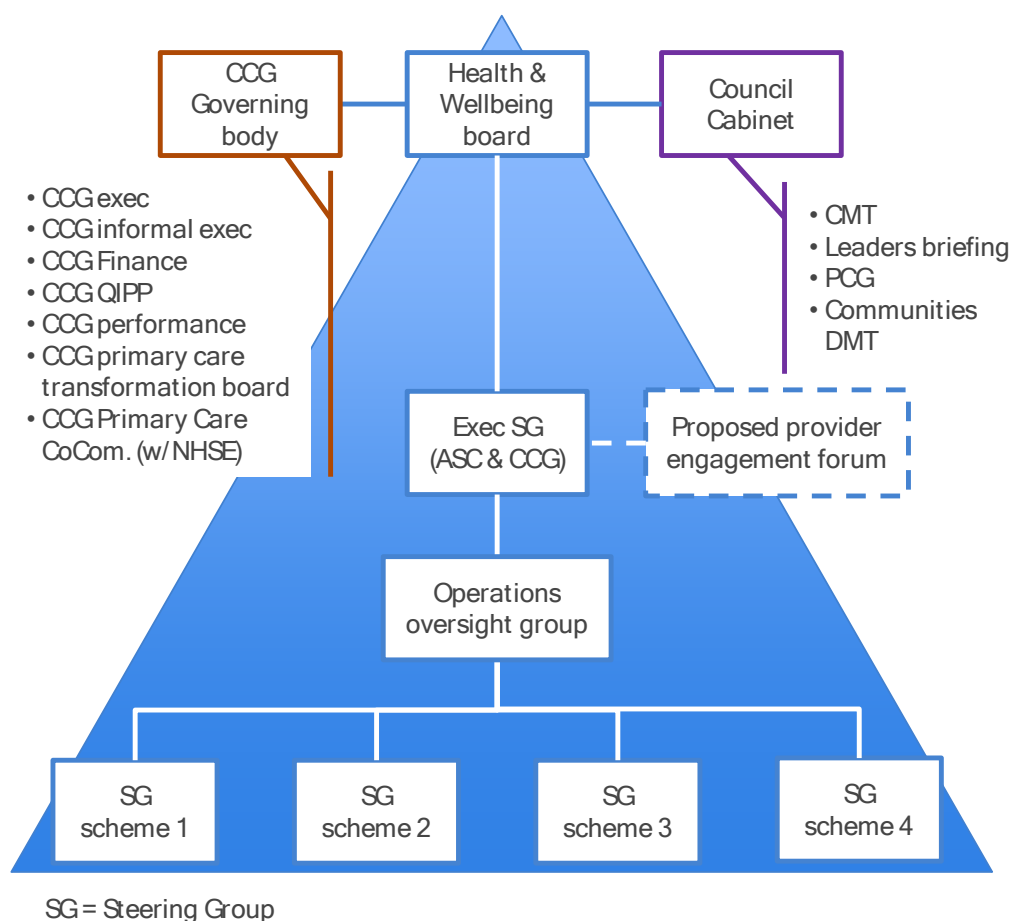
3.1. Approach to governance

The H&WB board will oversee the BCF programme in a similar way to 2015/16. Engagement with providers will occur at a senior level through the proposed provider engagement forum (name and terms of reference to be confirmed), and also at a scheme level through the steering group for each scheme.

Executive oversight will take place at the BCF Exec Steering Group, to which an Operations Oversight Group will report. These groups will meet monthly to ensure the right level of assurance takes place.

At a scheme level we plan to have a joint project manager able to cover each BCF scheme, with Senior Responsible Officers (SROs) from both Adult Social Care and from the CCG to oversee the detail. The Operations Oversight Group will review progress from the project managers and SROs.

The current proposed governance model is included in the following figure.



The scheme level SROs will liaise with planned Clinical Responsible Officers (CROs) to assure the schemes have an appropriate level of clinical oversight to them.

3.2. Recap of BCF submissions and the subsequent checkpoint 3 submission

We are required to provide a BCF submission of our plans with key metrics each year. This year Brent had submitted two draft versions of the BCF Plan to date, and the draft assurance rating from NHS England is 'Approved with Support'.

Feedback from the checkpoint 2 submission asked for a stronger case for change, further evidence of provider engagement and sign-up to the plans, clarity on how the

adult social care provision will be maintained, and demonstrate our agreement to invest in out of hospital services.

To respond to their request we updated the overall narrative and scheme names, scope and descriptions within Brent's 2016/17 BCF Plan. In addition an updated BCF Planning Return Template was auto-populated with non-elective admission reductions in activity as per the Brent Operating Plan, and the expenditure at a scheme level was also updated by Finance.

Scheme level Senior Responsible Officers (SROs), project managers, Information leads and Finance leads across Council and the CCG have all contributed to the updated final Brent BCF Plan, in advance of the 3rd May submission

3.3. Immediate feedback and response regarding the checkpoint 3 submission

Initial feedback on this checkpoint 3 BCF submission asked more information relating to the CCG and Adult Social Care risk management policies and on how risk would be managed for each of the key metrics identified in the BCF Planning Return Template.

This was provided before the internal assurance meeting being held by NHS England. Formal feedback from NHS England on our submission for 2016/17 is expected on 6th June with the submission date for any revised BCF plans being 15th June.

3.4. Conclusion and key next steps

In summary we have focused the BCF plans for this year into four schemes that will have the greatest impact in 2016/17. It is aligned with other plans and will support the improvement of health & wellbeing in Brent within the financial envelope available.

- [Whole System Integrated Care](#) is moving into implementation this year.
- [Integrated Rehab and Reablement](#) is mobilising, with a staff consultation on the integration of services due to start.
- [More effective hospital discharges](#) is in the planning stage to identify the interventions that will have the greatest impact this winter, and is linking up with the System Resilience Group to ensure these plans are targeted appropriately.
- [Nursing care home market changes](#) will be further developed, to pinpoint those interventions that will have the greatest impact on our nursing care homes

In addition we plan to refresh the BCF HWB dashboard to reflect the 2016/17 activities

4.0. Financial Implications

The pooled budget for 2016/17 will be £23,699,929, made up from the local authority contribution (£3,599,000) and the CCG contribution (£20,100,929).

5.0. Legal Implications

A refreshed Section 75 agreement will need to be in place between Brent CCG and Brent Council, and a Section 75 agreement will need to be in place between LNWHT and the Council to enable the merging of health and social care rehabilitation and reablement teams.

6.0. Diversity Implications

N/A

7.0. Staffing / Accommodation Implications (if appropriate)



N/A

Other

Background papers are available on request.

Contact Officers

- Duncan Harper (Duncan.Harper@ge.com), interim Integration Director
- Sheik Auladin (sauladin@nhs.net), Deputy COO, Brent CCG
- Helen Woodland (Helen.Woodland@brent.gov.uk), Operational Director, Adult Social Care, Brent Local Authority

 Brent  Brent <i>Clinical Commissioning Group</i>	<p style="text-align: center;">Health and Wellbeing Board 07 June 2016</p> <p style="text-align: center;">Report from Phil Porter, Director of Adult Social Services, and Sarah Mansuralli, Chief Operating Officer NHS Brent CCG</p>
<p>For decision</p>	<p style="text-align: right;">Wards Affected: ALL</p>
<p>Health and Wellbeing Board: Stocktake</p>	

1.0 Summary

- 1.1 The Health and Wellbeing Board's main aim is to improve health and wellbeing across Brent and to reduce the health inequalities that exist in the borough. The Board is functioning well, but is always seeking to clarify and improve. This paper reflects the changes that have happened over the last 12 months; seeks to clarify and confirm changes, and make suggestions for improving how the Health and Wellbeing Board continues to work towards this aim. These are set out across a number of themes: governance (role and sub-groups, format, membership) and strategy and priorities.

2.0 Recommendations

- 2.1 To enable the Board to follow up effectively on public engagement, events should be reduced to one a year, focusing on the Board's current priority. Quarterly formal board meetings, and if required, a further development meeting, will follow up the work from the public engagement as well as meet other board requirements.
- 2.2 That the Health and Wellbeing Board agree to the revised membership as set out in section six.
- 2.3 That the Health and Wellbeing Board should agree a firm proposal for the Strategy at the next Board meeting.

3.0 Background

- 3.1 Brent set up its Health and Wellbeing Board in February 2011 in response to the government's coming Health and Social Care Act 2012. The Board had to meet in shadow form until April 2013 where it took up its statutory duties, which include producing a Joint Health and Wellbeing Strategy, an annual

Joint Strategic Needs Assessment (JSNA), the Pharmaceutical Needs Assessment (PNA), and approving a number of strategic documents.

3.2 Without its own set budget, the Health and Wellbeing board works together to provide strategic direction for the member organisations. Some of the original functions of the board, stated by the department of health were:

- have strategic influence over commissioning
- strengthen democratic legitimacy
- develop a shared understanding of the health and wellbeing needs of the community
- drive local commissioning of healthcare, social care and public health and create a more effective and responsive local health and care system
- address other issues that impact on health and wellbeing such as housing and education provision.

3.3 Brent's Health and Wellbeing Board has evolved from a voting board to a partnership forum, following one of the driving principles behind Health and Wellbeing Boards: shared ownership of the Board, and parity between Board members.

4.0 Board role and relationships

4.1 The Health and Wellbeing Board oversees a number of Boards. It also sets up sub-groups which deliver the priorities and objectives for the Board. The Board sets the direction and values for these and holds them to account, both for what they do, and how they do it. The work delivering the vision of the Board, should embody the ethos and principles of the Board. These principles, set out in the Health and Wellbeing Strategy, are:

- We will work together to deliver improved services
- We will provide safe, high quality services which respond to individuals
- We will work together to make sure every contact with service users counts
- We will promote a culture of self care and personal responsibility
- We will focus on disease prevention and health promotion
- We will engage in an on-going dialogue with our communities, residents and patients
- We will provide opportunities for individual and community empowerment

- We will achieve more for less, making the very best use of resources
- 4.2 The Board influences the CCG's Commissioning Plans. The CCG decide their Commissioning Plans for the year, taking into account the Joint Health and Wellbeing Strategy. The Board is then consulted to advise the CCG whether it considers the Commissioning Plan has taken proper account of the Joint Health and Wellbeing Strategy.
- 4.3 The governance structure in appendix one shows how the Board relates to other Boards and groups. There are a number of statutory multi-agency boards that have partnership relations with the Health and Wellbeing Board, including the Local Safeguarding Vulnerable Adults Board, Local Safeguarding Children's Board, and the Safer Brent Partnership. The Health and Wellbeing Board oversees the Children's Trust; Brent Better Care Fund Implementation Board; the Sustainability and Transformation Plan Working Group, and Brent Mental Wellbeing Board.
- 4.4 In September 2015, Children's Services were inspected by Ofsted. The following Ofsted report made some recommendations about how the Health and Wellbeing Board could be more effective. It advised that the Board should have a stronger role in Children's services. The Health and Wellbeing Board has developed much since the Ofsted inspection, but can still consider its areas for development and strengthen the way it works with both the Boards it oversees and the ones it works in partnership with.
- 4.5 It has previously been agreed that the Children's Trust lead and deliver the Health and Wellbeing Board's work for its priorities about children, *giving every child the best start in life*, and *helping vulnerable families*. The role of the Health and Wellbeing Board in this work is to provide strategic direction and oversight. As such, it would be appropriate for the Children's Trust to update the Board quarterly on its work around these priorities.
- 4.6 Brent is part of the Sustainability and Transformation Plan (STP) for North West London. This has both North West London and local priorities. There is a recently set up working group for Brent, which has only met three times. It has an inclusive membership including commissioners, providers, Healthwatch, and CVS, but it needs to engage more widely. The STP will link to the Health and Wellbeing Board, but the official format has not yet been decided. It is likely that the working group will continue to oversee delivery of the plan, and will report to the Health and Wellbeing Board.
- 4.7 The Better Care Fund Implementation Board has a similar membership to the STP, and reports to the Health and Wellbeing Board. Its remit is to oversee health and social care integration. Over the last two years, the Better Care Fund has brought an agenda item to all but two meetings of the Health and Wellbeing Board. This high level of interaction should continue.

- 4.8 The Health and Wellbeing Board agreed that a new Board, Brent Mental Wellbeing Board, should be set up. The Board will report to the Health and Wellbeing Board. As this year's Health and Wellbeing priority is *improving mental wellbeing throughout life*, once underway, the Brent Mental Wellbeing Board should provide quarterly updates to the Board on its work around this priority.
- 4.9 The Health and Wellbeing Board has parallel relationships with other statutory boards, namely Local Safeguarding Adults Board; Local Safeguarding Children's Board; and the Safer Brent Partnership. It should maintain strong partnership relationships with these Boards, ensuring that their priorities are taken into account when setting its own priorities.
- 4.10 Partners for Brent is the borough's Local Strategic Partnership. It is a multi-agency partnership bringing together different parts of the public, private, and community and voluntary sectors, sharing members with the Health and Wellbeing Board. The overarching aim is to improve the quality of life of Brent's residents, and develop or align programmes, and initiatives as appropriate. The Health and Wellbeing Board should strengthen links with Partners for Brent to stop duplicate working, and to make the most of opportunities to engage with public and other bodies.

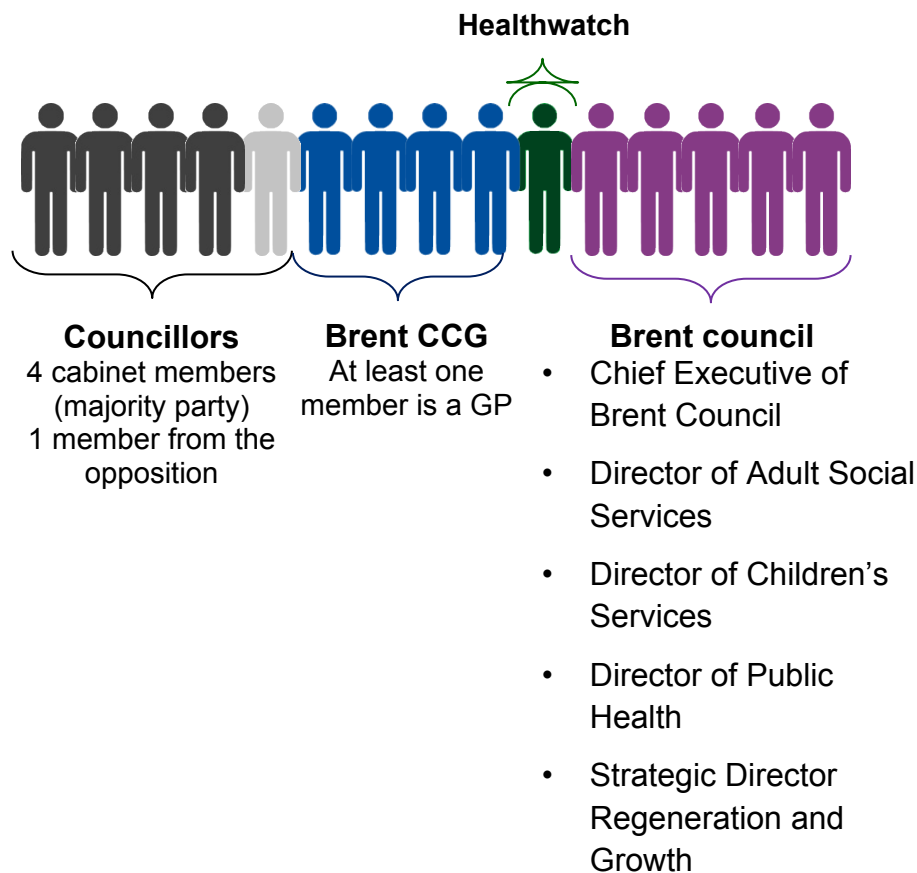
5.0 Format

- 5.1 The Board currently meets six times a year. This increased in November 2014 from four times. That month also saw the Board try a new format to increase public engagement. The six meetings that followed were split into two parts: the first part was a public engagement event, followed by a more formal and shorter board meeting. The last meeting following this format was held in November 2015. The public engagement events raised the profile of the Health and Wellbeing Board and successfully engaged the public. Although they were felt to add value, there were too many, too close together to follow up effectively. The meetings have since reverted to longer, formal board meetings.
- 5.2 Over the past two years the Health and Wellbeing Board has worked together with each other and external partners in a number of different areas. Each of the following had representation from the CCG and the local authority as well as a variety of external partners, specific to each topic.
- 5.3 In November 2014, a workshop about dementia was held. This resulted in Community Action Dementia – a working group specifically for dementia. It has representation from the CCG and the local authority as well as other external partners. One of its aims is to make Brent a dementia friendly borough.

- 5.4 In 2015, in January, a workshop looking at healthy early years was held. This resulted in the parent champions programme being extended, and also went to the Children's Trust to take forward.
- 5.5 In March of 2015, the workshop was mental wellbeing across the lifecourse. This fed into the Children's Trust, into the scoping of a strategy. The Board also signed off the Better Care Fund which went on to deliver four schemes through health and social care integration:
- Whole systems integrated care – keeping the most vulnerable well in the community
 - Avoiding unnecessary hospital admissions in line with out of hospital strategy (rapid response/rehab and reablement)
 - The Brent winter plan for 15/16 (efficient multi-agency winter resilience and reductions in delayed transfers of care)
 - Improving the mental health urgent care pathway.
- 5.6 In June 2015, social isolation was the topic of the workshop. The feedback from this session informed a social isolation project that is jointly funded by the CCG, and local authority, and hosted by the Community Voluntary Sector.
- 5.7 The final workshop was held in November 2015. This workshop was about obesity and healthy eating. A follow-up session was held in March 2016 which resulted in a multi-agency-steering group being set up.
- 5.8 The Board has run many engagement sessions over the past two years, setting the tone for the importance of public engagement. The Board should now decrease its involvement in the sessions, delegating engagement to relevant boards, so it can focus more on its strategic role.

6.0 Board membership

- 6.1 Board membership is set out in Brent Council's Constitution. It states that the membership consists of:
- five Councillors to be nominated by the leader of the council (four from the majority party and one from the opposition);
 - four representatives from Brent CCG (at least one of which is a GP)
 - one representative from Healthwatch
 - five Brent Council Officers (Chief Executive of Brent Council, Director of Adult Social Services; Director of Children's Services; Director of Public Health; and Strategic Director of Regeneration and Growth).



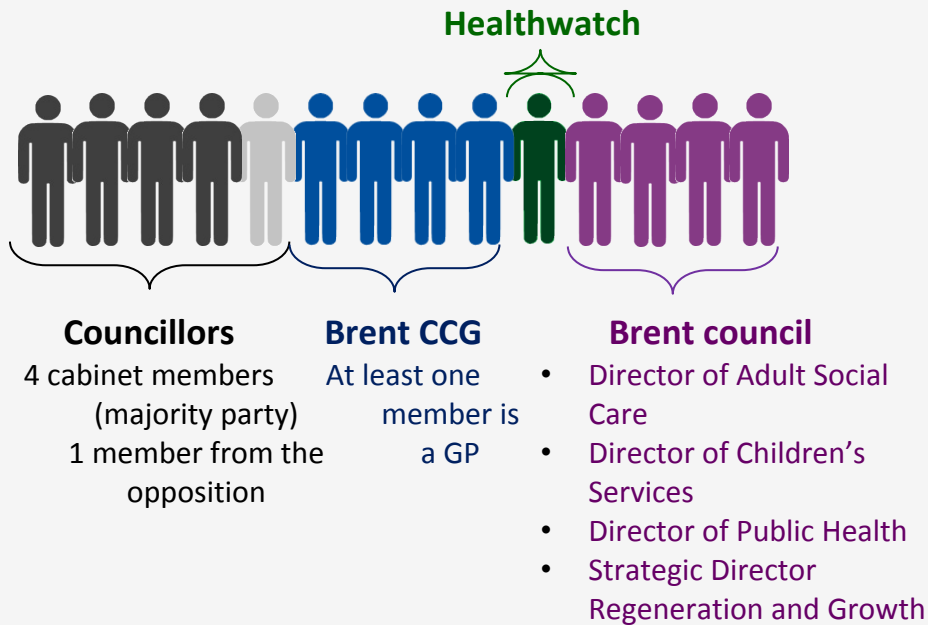
Apart from the Council Officers, all members are voting members.

- 6.2 The constitution underlines the importance of the Board's strategic influence, as the Board is chaired by an elected Councillor. The Leader of the Council has chosen himself and the Deputy Leader, as well as the Cabinet Member for Community Wellbeing to sit on the board. The Leader is currently the chair of the board.
- 6.3 The CCG members on the board are:
- Chair of the CCG, Dr Ethie Kong (Vice Chair of the Health and Wellbeing Board);
 - Vice chair of the CCG, Dr Sarah Basham;
 - Chief Operating Officer, Sarah Mansuralli;
 - Chief Officer, Rob Larkman
- 6.4 The Healthwatch representative is currently the Head of Healthwatch Brent. Healthwatch represents the views of patients, patient groups, and other community and voluntary sector organisations, and ensures they are taken into consideration by the rest of the Board. These views influence all the work

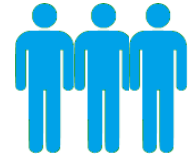
done by the Board, and specifically, the Joint Strategic Needs Assessment, and the Joint Health and Wellbeing Strategy. Healthwatch is the only statutory member of the Board that is not represented by the Chief Executive of the organisation.

- 6.5 Council Officers are non-voting members of the Board. They are the strategic leaders of the council and are in a position to ensure the implementation of the council's role in the Joint Health and Wellbeing Strategy. One of the council posts on the Board is the Strategic Director of Regeneration and Growth. This is not a statutory role and this post no longer exists in Brent Council and can therefore be deleted from the constitution.
- 6.6 As well as the members in stated in the constitution, there are a number of non-voting organisations which have attended the board. Currently, London North West Healthcare NHS Trust (LNWHT) provide acute care for Brent and many procured community services for both Brent CCG, and Brent Council. The trust regularly attends the Board and is recognised as an important partner. As such, it is proposed that they are invited to formally join the board as a non-voting member.
- 6.7 Central and North West London NHS Trust (CNWL) provides mental health services in Brent. The priority for the Health and Wellbeing Board this year is improving mental wellbeing throughout life. As the mental health service provider, CNWL should be invited to attend all Board meetings this year.
- 6.8 There is also a significant gap in terms of social care providers. Finding representatives is not easy as the market is more fragmented than the health market. If the Board agrees that it would benefit from social care provider representation, Adult Social Care can work with its provider forum in July to propose a solution.
- 6.9 NHS England are a strategic influence in healthcare in Brent. They are responsible for a number of health services and, as such, should attend the Board.

Current membership:
(in the constitution)



Other
members



Health providers
London North West
Healthcare NHS Trust
Central and North West
London NHS Trust
NHS England

6.10 The Health and Wellbeing Board is currently chaired by the Leader of the Council. The leader has proposed that Cllr Hirani chairs the Health and Wellbeing Board to reflect the core business of the Board being health and wellbeing. Dr Ethie Kong, chair of the CCG is vice-chair of the Health and Wellbeing Board.

7.0 Priorities for this year

7.1 The Board has five priorities, set out in the Joint Health and Wellbeing Strategy. These 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.
- This year, the Board has chosen to focus specifically on improving mental wellbeing throughout life.

7.2 The Health and Wellbeing Board recognises the importance of promoting positive mental wellbeing as well as addressing mental ill health. The picture of mental health services we have been working towards is one where people are more able to maintain their mental health, and to rapidly get specialist advice and help at times when they may become mentally ill. We recognise the need for joined up, but discrete responses across common mental illness, severe and enduring, and dementia. Housing and employment are fundamental building blocks of mental wellbeing, and our aim is to make both more accessible. Our key themes are:

- Children's mental wellbeing
- Adults' mental wellbeing
- Improving access to psychological therapies;
- Emergency mental health care;
- Crisis prevention;
- Early intervention;
- Reducing reliance on inpatient care;
- Improving access to employment;
- Housing;
- Dementia.

8.0 Strategy

8.1 The Joint Health and Wellbeing Strategy aims to improve health and wellbeing, and reduce health inequalities. These aims are included in both the local authority Borough Plan and the CCG constitution. It is important that we develop strategic thinking and not just more strategies.

8.2 There are three Outcome Based Reviews (OBR) currently underway with potential synergies to the work of the Health and Wellbeing Board, looking at regeneration; housing vulnerable people; and employment and welfare reform. There are specific work streams within these OBRs with a clear emphasis on improving health and wellbeing. The housing vulnerable people OBR is looking at adaptations to maintain independence and wellbeing. Part of the employment and welfare reform OBR is finding the best way to support people with mental health conditions to sustainable employment.

8.3 The current Health and Wellbeing Strategy identifies a number of health issues in Brent. These fall into the five priority areas

- 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

- 8.4 The JSNA describes for health and social care needs for Brent, the determinants of these, and how needs may differ between different groups. Since health and social care needs are not static, there is an ongoing process of refreshing the JSNA. The current JSNA was approved by the Board in March 2016. It comprises two products: a series of information sheets which focus on specific areas ranging from specific client groups, such as older people, to particular diseases, for example diabetes, to the wider influences on health for instance housing. The second product is an overview JSNA which brings together the main messages from each information sheet into one document.
- 8.5 While the refreshed JSNA includes updated information and has a broader scope than previous versions, it continues to support the priorities identified by the Board. The JSNA recognises the critical importance of the early years and the family in determining future health and wellbeing and highlights some of the particular challenges in Brent, for example oral health and childhood obesity. The importance of supporting positive choices about health is underlined by data in the JSNA on the gap between healthy life expectancy and life expectancy (15 years for men and 21 years for women). Information in the JSNA shows Brent to have higher rates of severe mental illness than England and highlights the poor physical health of many people living with mental illness. The JSNA predicts increases in the numbers of people in Brent living with dementia and with disabilities supporting the Board's identification of need to work together to support the most vulnerable adults as a priority.
- 8.6 The local Brent Sustainability and Transformation Plan (STP) has three core sections, based on priorities identified by the local Brent STP Planning Group from gaps in health and wellbeing, and care and quality. One of the sections addresses the health and wellbeing gap. This creates a clear interface with the Health and Wellbeing Strategy. The Health and Wellbeing Strategy is the overarching strategy for the Health and Wellbeing Board and all its sub-groups. It currently runs until 2017. Work and plans that affect the strategy, the new STP with implications that are not fully understood, and ongoing work from the OBRs, make it logical to postpone any decisions about the Strategy. The Board should agree a firm proposal for the Strategy at the next Board meeting.

9.0 Background Papers

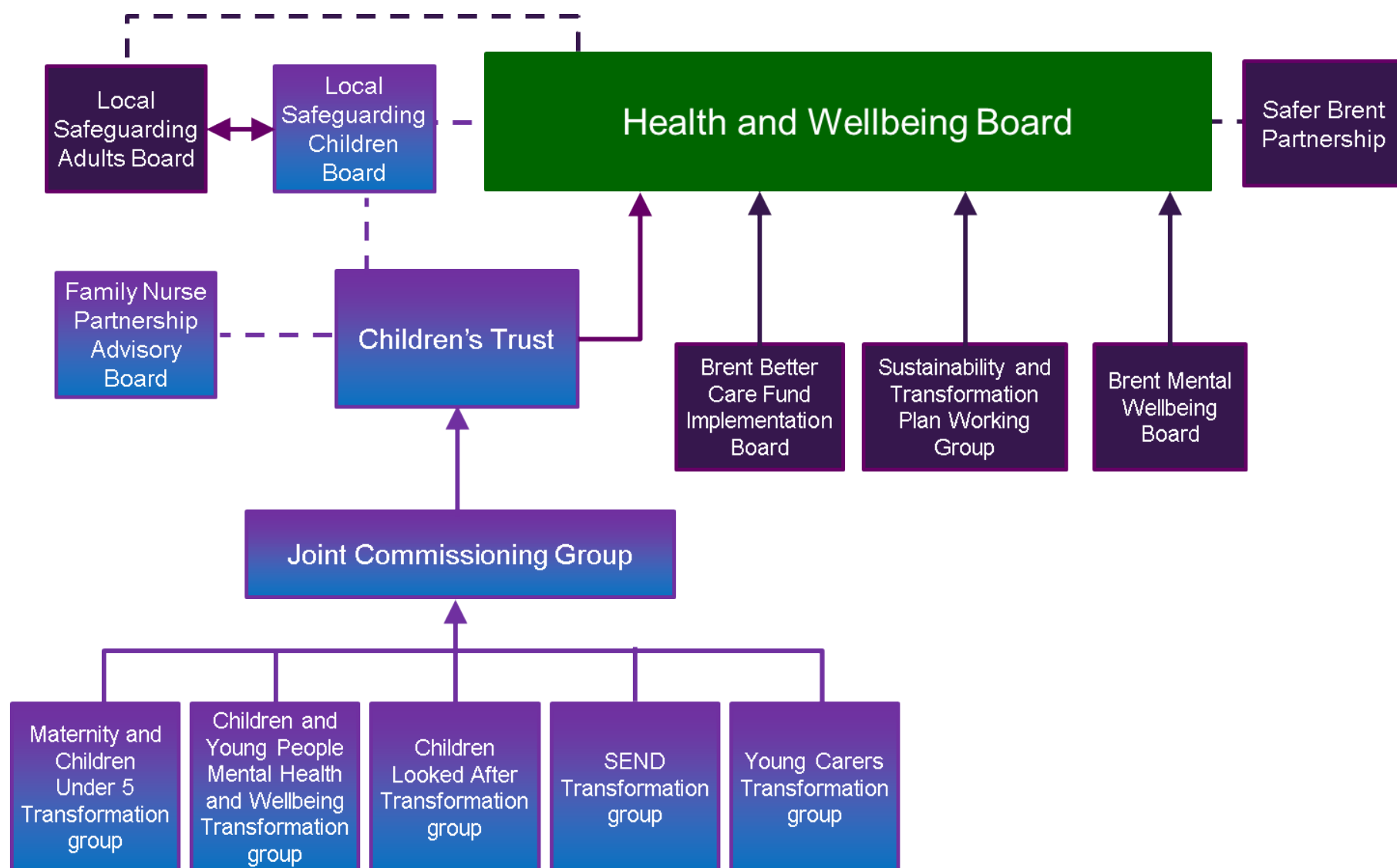
Background papers are available on request.

10.0 Contact Officers

Phil Porter, phil.porter@brent.gov.uk

Sarah Mansuralli, sarah.mansuralli@nhs.net

Appendix one: Board relationships



Health and Wellbeing Board Update on Priorities June 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 and Children's Joint Commissioning Group (JCG) 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"> • We have achieved a 50% increase in the number of Parent Champions recruited since the last quarter. • Our early years outcomes continue to rise with 88% of PVIs being Good or 	

<p>Outstanding and 86% of childminders being Good or Outstanding.</p> <ul style="list-style-type: none"> • Work with Barnardo's in children's centres is developing and good progress is being made. • The Early Help service has increased the numbers of family support sessions in children's centres. • Parenting programmes are increasing, involving more multi-agency facilitators and parent volunteer delivery of programmes.
<p>Planned actions for next quarter</p> <ul style="list-style-type: none"> • Specific parenting programmes for parents of children with disabilities; and online training modules. • Parent Champions are expected to participate in 3-6 outreach events per month. • We have commenced the next round of Parent Champion training. • Barnardo's are introducing further work around vulnerable families e.g. money management for young parents. • The Young Carers Transformation Group will launch its awareness raising strategy. • Local area SEND inspection framework will help to inform the work of Children and young people with special educational needs and disability Transformation group.
<p>Risks and mitigating actions</p> <p>Risks – lack of take up on parenting programmes</p> <p>Mitigation – there is extensive promotion taking place throughout the borough for programmes and links developed with schools, and other partners to encourage ongoing take up.</p>

Health and Wellbeing Board Update on Priorities June 2016

<p>Title of Priority Helping vulnerable families</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. 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 and Children's Joint Commissioning Group (JCG) 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"> • 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
<p>Progress achieved to date</p> <ul style="list-style-type: none"> • The planned actions for Troubled Families registration have been achieved. We have exceed the target number of families for this period. Stakeholders are more involved and multi-agency links are improving. • Further developed the Children with Disabilities and Children in Need funded respite nursery places. Now fully utilised. Panel is multi-agency and join work progresses well. • Members of the Joint Commissioning Group (JCG) have attended the Commissioning Academy and developed a '100 Day Plan', which will help deliver a wider commissioning framework for the new corporate Commissioning and 	

Procurement Board.

- Transformation groups for Children and young people with mental health problems, Children looked after and Young Carers have each developed a 'Plan on a Page' – documents providing high-level overviews of objectives and outcomes for each area, which are being used to identify links and opportunities between groups.

Planned actions for next quarter:

- Additional SEND training and support to all Private, Voluntary, or Independent (PVI) childcare providers.
- Continue to increase number of vulnerable families identified and worked with as part of Troubled Families programme.
- New referrals process (and related training) for Early Help Assessment (EHA) (CAF replacement). Continue try to resolve IT issues so as to implement electronic version ASAP.
- JCG membership will expand to include representation from CVS Brent to begin scoping actions required to increase the capacity of local community and voluntary organisations, with a view to them bidding for and delivering services in future.
- JCG will complete a contracts map providing details of:
 - What all transformation groups / areas are commissioning
 - For how long, with contract start and end dates
 - What the notice periods of each contract are
 - An overview of each contracts specifications and key outcomesThis will be used to help identify gaps in provision and commissioning opportunities.
- £30K funding has been received by the CCG from NHS England for a part-time post for a joint CYP mental health and wellbeing commissioning role between CCG and LA – role specification will be developed.

Risks and mitigating actions

Risk: Failure to identify troubled 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 partners to train and take on lead worker role now that team is at capacity.

Mitigation: More training, flexible individual contracts with service managers and operations group and strategic board taking lead re this.

Risk: IT issues prevent electronic EHA

Mitigation: Operational Director taking up with IT Director.

 Brent  <i>Clinical Commissioning Group</i>	Health and Wellbeing Board 7 June 2016 Report from Healthwatch Brent
Wards Affected: ALL	
Healthwatch Brent – Delivering through partnerships; July 2015 – March 2016	

1.0. Summary

- 1.1. Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.
- 1.2. CommUNITY Barnet is commissioned by the London Borough of Brent to deliver the local Healthwatch contract.
- 1.2. The contract commenced from 1 July 2015. This report summarises the progress to date and sets out our plans for the year.
- 1.4. Our public report is attached at Appendix 1 for reference.

2.0. Recommendations

- 2.1. The Health and Wellbeing Board is asked to:
 - Note the progress Healthwatch Brent has made in delivering the contract
 - Endorse the principles informing the 2016/17 priorities for Healthwatch Brent

3.0. Achievements to date

- 3.1. Healthwatch Brent works with 11 of Brent's charity, voluntary and community organisations.

3.2. It is delivered by a Brent-based central core team, a partnership of Brent based voluntary and community organisations and a team of volunteers.

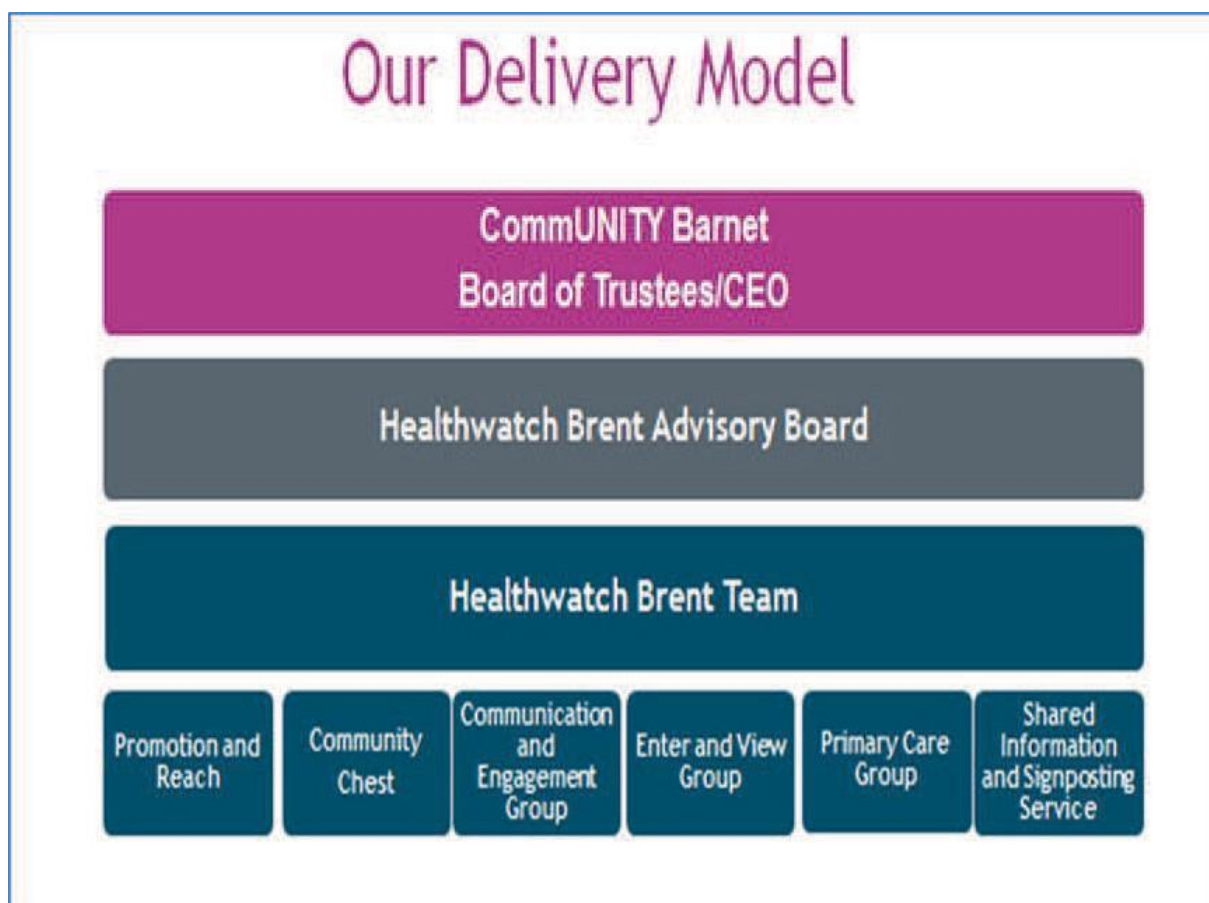
3.3. The work programme of Healthwatch Brent aligns to all five priorities of the

Brent Health and Wellbeing board namely:

- 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

3.4. Our delivery model is set out in Slide 1.

Slide 1



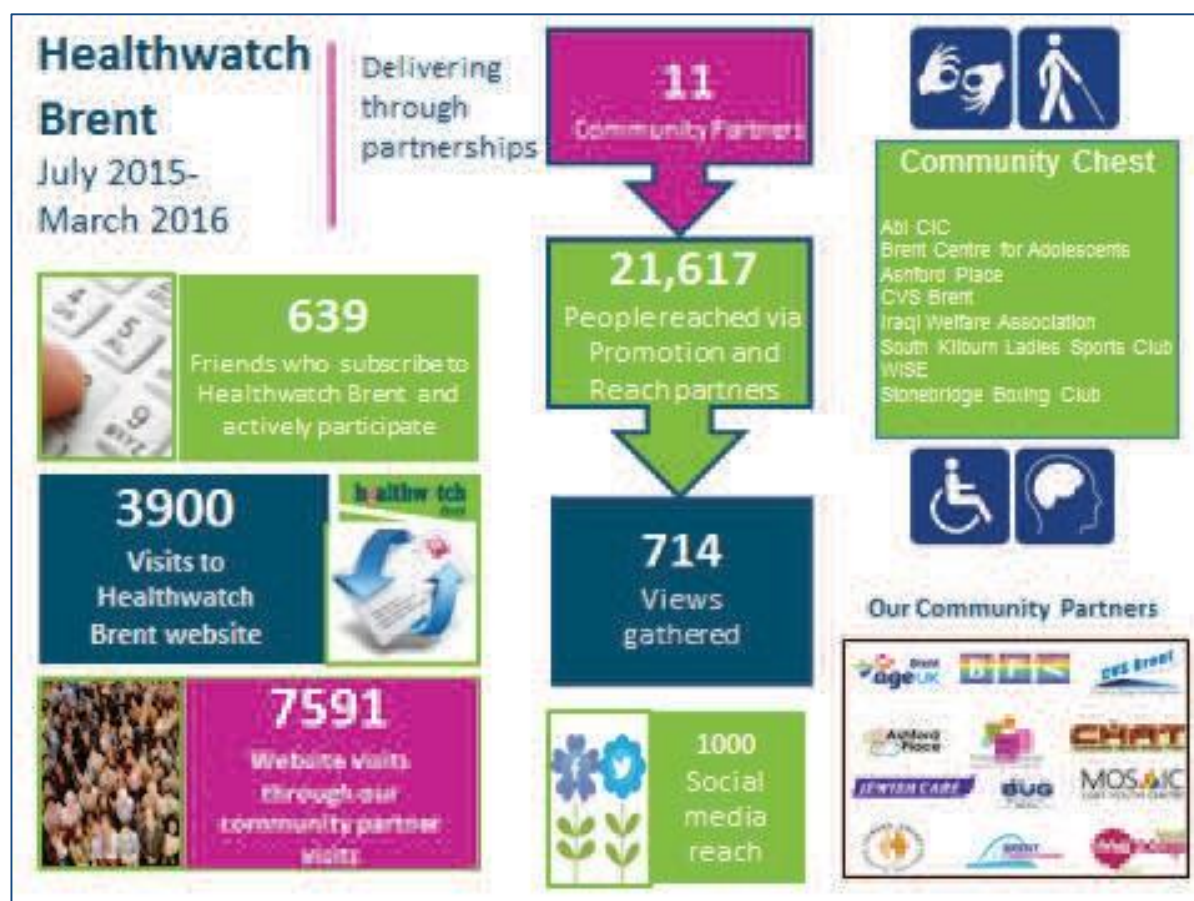
3.5. Healthwatch Brent is delivered on a Hub and Spoke model. The Hub is the first point of public access and delivered by the core team located in Wembley. The Spokes consist of two groups – the Healthwatch Brent Advisory Board whose role is to support the core team and shape the work programme around the needs of Brent residents. Membership of the Healthwatch Brent Advisory Board includes Age UK Brent, Brent User Group; Brent Patient Voice, Mosaic LGBT Young People's Group; Community Health Action Trust.

3.6. The Promotion and Reach Partners with their strong and vibrant networks are able to cascade messages from Healthwatch Brent to local residents. The partners include: Ashford Place, Brent Carers' Centre, Elders' Voice, Jewish Care, Brent Mencap.

3.7. Key achievements over the past nine months include: Bringing together the dispersed local team into a single Brent office with a newly defined Head of Service;

- Establishing the Brent Advisory Board
- Creating the Promotion and Reach Group
- Designing a new work programme
- Refreshing our Enter and View Programme
- Recruiting more volunteers
- Promoting Healthwatch Brent to Brent residents
- Setting up a Community Chest

Slide 2 summarises our key achievements over the past nine months



3.5 Our strategic priorities for Healthwatch Brent include:

- Encouraging greater participation in health and social care
- Collecting evidence of increasing engagement with those residents from under-represented communities
- Demonstrating that Brent residents feel more able to express their views and to report what they listened to

- Showing how Healthwatch Brent has been able to make a constructive contribution to support and enable informed decision making through the representation of the authentic voice
- Healthwatch Brent offers value for money
- That Healthwatch Brent service offers added value

3.6 Our operational priorities for Brent for 2015/16 included:

- Delivering Healthwatch statutory functions
- Phlebotomy (blood tests) – charting the patient experience
- Mental health – maintaining good mental health in the community
- Female Genital Mutilation – an area of great concern for Brent
- Joint patient communication with Brent CCG and Brent Council
- Enter and View visits to care homes and acute hospitals

3.7 Our operational priorities for Brent for 2016/17 are currently under development but are informed by the refreshed Joint Strategic Needs Assessment (JSNA) 2016. We will use the information to enable Healthwatch Brent to have a greater focus on local issues pertinent to the Health and Wellbeing Board which support integration and collaboration between service providers and communities. We believe that by combining the evidence presented in the JSNA with the views gathered from health and social care users resident in Brent will provide a richer insight into both the needs and potential responses that both commissioners and providers can develop together.

3.8 Healthwatch Brent has identified the following as key issues in Brent:

- Population transience
- Ethnic mix of the population
- Lifestyle choice
- Poverty
- Social Isolation

3.9 Healthwatch Brent believes the data provided within the JSNA refresh provides ample evidence to identify solutions which focus on prevention to reduce escalation of clinical conditions and to promote the creation of statutory and community partnerships. It will use these principles to develop its 2016/17 work programme in consultation and agreement with the London Borough of Brent commissioners.

4.0. Financial Implications

4.1. There are no financial implications as all costs are within the current agreed contract.

5.0 Legal Implications

5.1 Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care a powerful voice both locally and nationally and formally launched in 2013 as an independent charity.

- 5.2 From 1 July 2015 its services are delivered as an arm's length department of Community Barnet (CB) a charity and company limited by guarantee (Slide 1).
- 5.3 Financial and contract accountability remains with CommUNITY Barnet's Board of Trustees and delegated through the Chief Executive Officer to the Head of Healthwatch Brent.
- 5.4 The previous contract was held by the Healthwatch Brent Community Interest Company (CIC). The CIC appears to be dormant and has not actively participated in the wider health and social care landscape in Brent since July 2015.
- 5.5 The current contract has been issued to CommUNITY Barnet for 12 months until 30 June 2016. The contract is expected to be extended for one year to 30 June 2017 as per the contract.

6.0 Staffing / Accommodation Implications

- 6.1 Healthwatch Brent operates from the community hub managed by Brent CVS.
- 6.2 Following the award of contract all the staff were transferred across to CommUNITY Barnet as part of the "Transfer of Undertakings and Protection of Employment Regulations"
- 6.3 14 volunteers transferred to CommUNITY Barnet under the Healthwatch contract to deliver the Healthwatch Brent contract.

Background Papers

Background papers are available on request.

Appendix 1 Healthwatch Brent – Delivering through partnerships; July 2015 – March 2016

Contact Officers: Julie Pal - CEO CommUNITY Barnet:
julie.pal@communitybarnet.org.uk

Ian Niven – Head of Healthwatch Brent – Ian.Niven@healthwatchbrent.co.uk

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Delivering through partnerships

July 2015 - March 2016 Report

**Working together for
Brent residents**



What a packed 9 months it has been for Healthwatch Brent.

When CommUNITY Barnet was awarded the contract to deliver the local healthwatch contract we welcomed the chance to be working with residents and services in our neighbouring borough. Over the past 9 months we have concentrated on:

- Bringing together the dispersed local team into a single Brent office with a newly defined Head of Service
- Establishing the Brent Advisory Board
- Creating the Promotion and Reach Group
- Designing a new work programme
- Refreshing our Enter and View Programme
- Recruiting more volunteers
- Promoting Healthwatch Brent to Brent residents
- Setting up a Community Chest
- Delivering the views and experiences of Brent residents of health and social care services through the single voice of Healthwatch Brent on the Health and Wellbeing Board and the CCG Governing Body.

None of this would have been possible with the continued support of Ian Niven, Claudia Felder, Nicola Mills and Elaine Fletcher and the active participation of our volunteers.

We must extend our thanks to Ann O'Neill from Brent Mencap for her generous support during mobilisation and transition and of course to Brent Council commissioners for believing in our model and to our Board of Trustees without whom none of this could have been achieved.

We formulated our priorities in discussion with residents, partners and commissioners and we are delighted with the success we have achieved in such a short period of time.

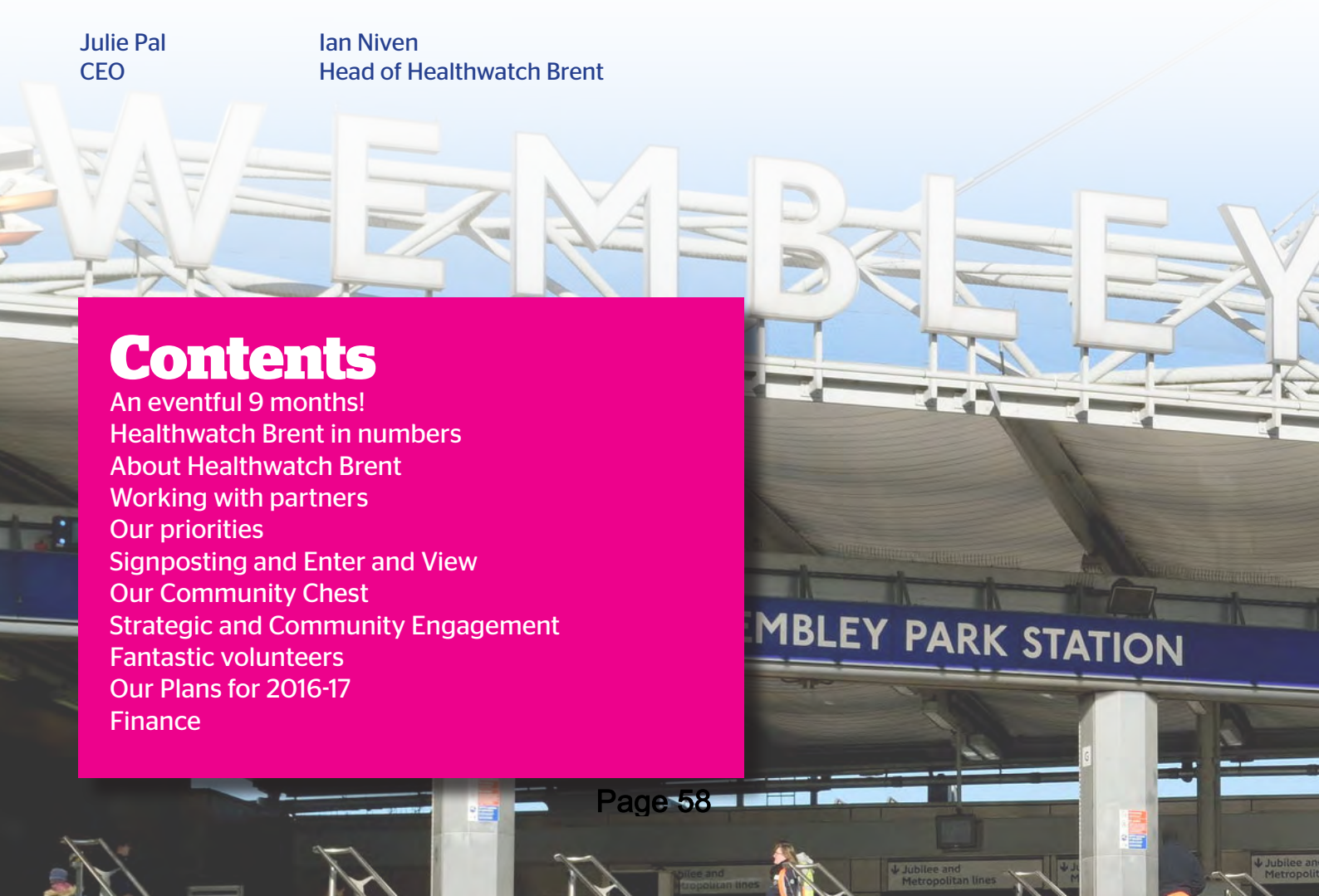
This report summarises what we have achieved in the first nine months of the contract. However, we still need to hear about your experiences of health and social care services at any time.

Julie Pal
CEO

Ian Niven
Head of Healthwatch Brent

Contents

An eventful 9 months!
Healthwatch Brent in numbers
About Healthwatch Brent
Working with partners
Our priorities
Signposting and Enter and View
Our Community Chest
Strategic and Community Engagement
Fantastic volunteers
Our Plans for 2016-17
Finance



in numbers

11 Community
Partners

21,617 People
Reached

3,900 Website
Visits

714 Views
Gathered

7,591 Website visits
through partners



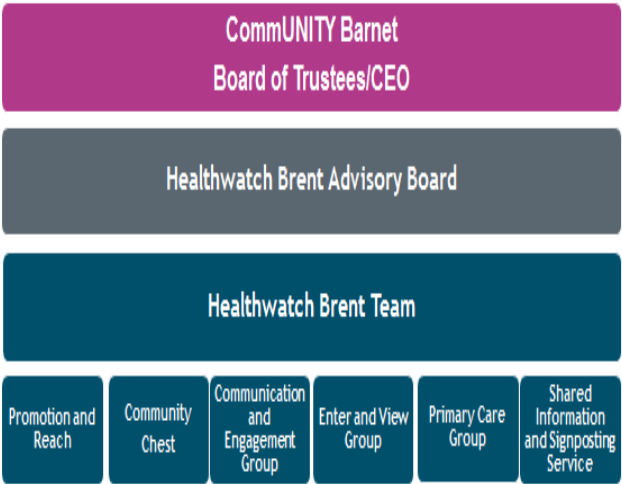
An independent voice for Brent residents

Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.

It is delivered by a Brent-based central core team, a partnership of Brent based voluntary and community organisations and a team of capable volunteers. Healthwatch Brent is an independent entity and an arms length department of CommUNITY Barnet a charity and company limited by guarantee - see diagram below:

Healthwatch Brent is delivered on a Hub and Spoke model. The Hub is the first point of public access and delivered by the core team located in Wembley. The Spokes consist of two groups - the Healthwatch Brent Advisory Board whose role is to support the core team and shape the work programme around the needs of Brent residents; the Promotion and Reach Partners with their strong and vibrant networks through which the messages of Healthwatch Brent can be promoted to local residents.

Our Delivery Model



A vision for the future

Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care services a powerful voice both locally and nationally.

Healthwatch Brent was established in 2013 and is part of a national network led by Healthwatch England. We have a seat on the Brent Health and Wellbeing Group and the Brent CCG Governing Board.

We are the independent voice for residents of Brent who use health and social care services. Our vision is of a thriving and active community of Brent people who want to influence and contribute to the development and delivery of quality health and social care in the borough.

To achieve this, Healthwatch Brent must:

- Have a powerful relationship with residents, volunteers and service users to gather their views and experiences, capturing and presenting the voices of under-represented communities
- Promote and support the involvement of people in the monitoring, commissioning and provision of local care services
- Signpost individuals to available advice and information to help them make informed choices about their health and social care



Creating
Healthwatch Brent
Advisory Board

Establishing the
Healthwatch Brent
Community Chest

Creating a consortium of
charity partners to capture
reach data

Working in partnership

Healthwatch Brent is leading one of the largest charity partnerships in Brent. It works with 11 of Brent's charity, voluntary and community organisations which have been instrumental in helping us to succeed. We would like to thank them for their support in promoting and disseminating information about Healthwatch Brent and for their work in liaising with some of Brent's key communities. We would also like to thank our delivery partners and the residents and partners involved in the Health Partners Forum who have supported Healthwatch Brent over the past nine months.

Healthwatch Brent Advisory Board

The Advisory Board role is to support Healthwatch Brent to:

- Identify key areas of work
- Develop and deliver activities
- Provide guidance and support to project teams
- Offer expertise, experience and knowledge which will promote and support Healthwatch Brent activities

Membership is drawn from:

- Brent-based organisation representatives
- Active residents involved in influencing health and social care policy

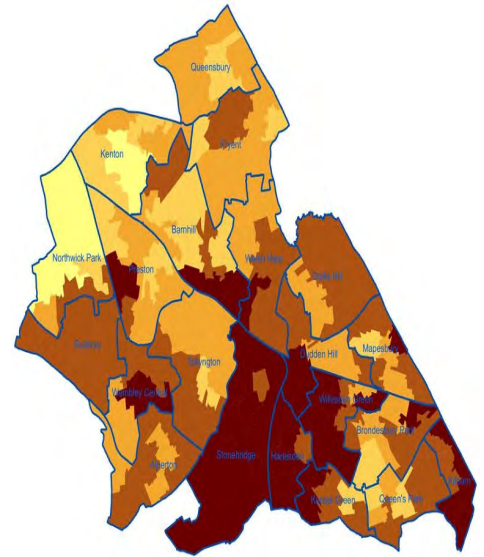
Members are recruited through an open and transparent process.

The composition and objectives of the Advisory Board are determined and/or influenced by consultation on priorities and needs, challenges and emerging needs, set out in key strategic documents and resident feedback.

Arrangements are in accordance with the requirements set out by the Department of Health, Healthwatch England and the Care Quality Commission.

Accountability

The advisory Board is accountable to COMMUNITY Barnet's Chief Executive Officer.



Our strategic priorities for Brent

- To encourage greater participation in health and social care
- To collect evidence of increasing engagement with those residents from under-represented communities
- To demonstrate that Brent residents feel more able to express their views and report they are listened to
- To show how Healthwatch Brent has been able to make a constructive contribution to support and enable informed decision-making through the representation of the authentic voice
- Healthwatch Brent offers value for money
- The Healthwatch Brent Service offers added value

Our strategic priorities for Brent

- Delivering Healthwatch statutory functions
- Phlebotomy (blood tests) - charting the patient experience
- Mental Health - maintaining good health in the community
- Female Genital Mutilation - an area of great concern in Brent
- Joint patient communication with CCG and Council
- Enter and View visits



“Our role is to amplify those voices so they are clearly heard across the Borough”

Information and signposting



Helping people get what they need from local health and social care services

Finding out what is available in terms of health and social care services can be difficult. We recognise this and want to be able to provide accurate information directly to Brent residents so that they feel supported.

Healthwatch Brent provides a dedicated information line about local health and social care services, signposting members of the public to the services they need.

People can get in touch with us by:

Telephone: 0203 598 6414

Email: info@healthwatchbrent.co.uk

Website: healthwatchbrent.co.uk



Enter & View

Over the past 9 months we have worked hard to improve our Enter and View Programme.

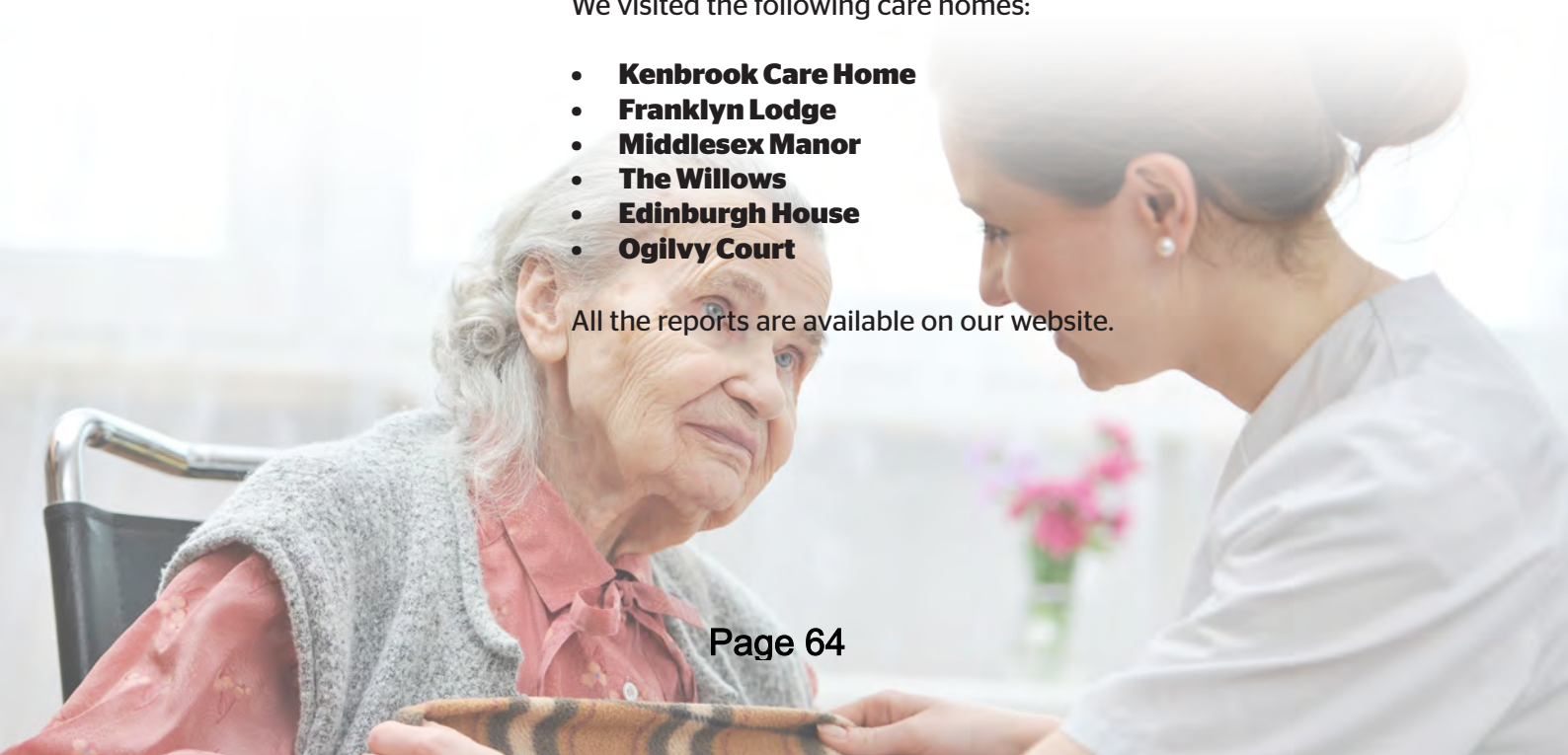
We refreshed our volunteer pool and recruited some more local volunteers to help us to deliver our Enter and View programme. At the time of publication we have 20 dedicated Enter and View volunteers.

All of them have been trained on their statutory functions as well as safeguarding, Mental Capacity Act and Deprivation of Liberty Standards.

We visited the following care homes:

- **Kenbrook Care Home**
- **Franklyn Lodge**
- **Middlesex Manor**
- **The Willows**
- **Edinburgh House**
- **Ogilvy Court**

All the reports are available on our website.



Our partners



Healthwatch Brent

Community Chest

As part of our delivery, Healthwatch Brent committed £20,000 to establish a Community Chest which aimed to increase the capacity of local organisations to provide evidence based reports from less heard communities, increasing public awareness of Healthwatch Brent and increasing the number and range of views we gather. We created two grant programmes.

Large Grant Programme (maximum £3,000) to fund activities to support good practice or identify the needs of a service group. These applications must provide clear evidence and are approved by the Advisory Board.

Small Grants Programme (maximum £600) will raise awareness of the role of Healthwatch Brent. Applications are approved by the Healthwatch Brent team.

To date we have committed £13,800 of the allocation.

Iraqi Welfare Association

Contribution towards 1 day health event on breast cancer awareness

Match funding provided to deliver a dual language health awareness programme in Arabic and English explaining facts about Breast Cancer awareness.

In addition the organisation agreed to encourage a minimum of 30 attendees of the event to register as friends of Healthwatch Brent and to collect and submit their views

WISE Social Care and Education Project

Wellbeing Care

To provide a free walk-in monthly check for older people/carers and raise awareness for good wellbeing care by purchasing a blood pressure monitor, a blood glucose monitoring machine and a height and weight measuring machine.

Service users come to socialise, use the centre gym and participate in the keep-fit sessions. With this additional monitoring it is hoped the project will enable people to keep well and independent.

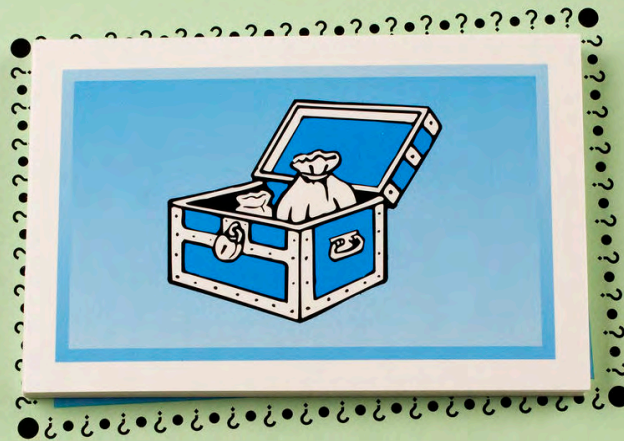
Stonebridge Boxing Club

Stonebridge Boxfit Community Show

Stonebridge Boxing Club (SBC) will organise a community event which will feature young people who have improved their health and fitness at the club.

Previously, the participants were physically unfit and did not live healthy lifestyles.

The funding will support 40 young people to become health ambassadors and reach 200 people to inform them of healthy lifestyles.



INDIANA
AVENUE

CHANCE

COMMUNITY
CHEST



TENNESSEE
AVENUE

ABI Associates

Identifying and reporting the 'stories' of health and social care service users in Brent

The project will canvas interviews with 25 residents and service users and record their experience of health and social care in Brent.

It will present these 'stories' in a format suitable to inform the commissioning process, complementing other evidence.

Brent Adolescent Centre

Undertaking a Mental Health needs assessment of young people aged 11-21 years olds at the Lynton Close Irish travellers site in Brent

The aim is to better understand the prevalence of mental health needs within the Irish Traveller community through targeted discussion.

The project will Increase the visibility of the mental health needs of this community and ensure inclusion in the next Joint Strategic Assessment.

Ashford Place

Dementia Partnership

The 'Dementia Partnership' project will help people living with dementia and their families/carers to influence the design and commissioning of support services in Brent.

We want to create a different way of commissioning that is based on partnership working between clients and commissioners.

The report will contain details of at least 50 'user voices' representing the wider memory-loss community and empower them to be equal partners with commissioners.

Strategic and community engagement

Over the past nine months Healthwatch Brent has established constructive and open relationships with health and social care commissioners, providers, the Health and Wellbeing Board and Brent CCG Governing Body.

Through our regular contributions to meetings we have become recognised as an important partner by statutory stakeholders.

As a result we were able to initiate a joint CCG, local authority and Health and Wellbeing Board response to scrutiny recommendations for better public information about primary care service resulting in two published articles in the local media.

Other examples include our response to residents' requests for information on the Better Care Fund and raising the need for public engagement with the STP in line with the '6 Principles of Engagement' from the 5 Year Forward Plan.

We also participated in the CCG's 360° annual Stakeholder Survey.

To increase our reach and engagement in the community we designed the following four point engagement plan:

Large scale community engagement events at:

- **Central Middlesex Hospital**
- **Brent Urgent Care Centre**
- **Northwick Park Hospital**
- **BAPS Shri Swaminarayan Mandir**
- **Kilburn High Road Market**
- **Wembley Sunday Market**

Survey on maternity services at Northwick Park delivered through Mumnset

Experience Survey through Facebook

A focussed Twitter campaign in Brent encouraging people to feedback their views



Plans for 2016/17

Our plans for 2016-17 are informed on the intelligence we are gathering from across the borough.

We are using a number of ways to help us to identify our future priorities in Brent. Through our revised approach to community engagement events we will be actively seeking and gathering views of local people and to find out what is important to them in relation to health and social care. Our strengthening relationships with community and charity organisations across the borough will further feed into our decisions.

We also have established feedback mechanisms which allow residents to tell us about their experiences via telephone, email and our online feedback forms. We also hand out hundreds of freepost response leaflets which enable people to send us back details of their experiences which we can record and analyse.

Our local Healthwatch network, charity partners and volunteers provide us with even more high quality insight and intelligence.

We welcomed the opportunity by the Health and Wellbeing Board to present our analysis of the refreshed Joint Strategic Needs Assessment 2016 and its impact on the work programme of Healthwatch Brent and how it supports the work of the Brent Health and Wellbeing Board and Brent Clinical Commissioning Group Governing Board.



Working together for Brent



Our excellent volunteers

Volunteering with Healthwatch Brent is about being actively involved in making health and social care services better for local residents by increasing local knowledge about people's experience of services. We have a trained and committed team of volunteers making visits to Brent care homes. They bring a range of skills and life experience, from a former councillor to a carer. They bring the perspective of the ordinary person on the street asking "would I want my family and friends to use this service?" They have found a big variation in the quality of residents' daily activity, ranging from the excellent in homely environments to very limited and institutional. We also have volunteers going out to speak to local groups to find out about their experiences of health and social care services - others attending local meetings - and one who is developing her office skills in preparation for work.

Some of our highlights

Our Brent Network

Our network of local partners allowed us to provide evidence from Mosaic LGBT Youth to encourage NHS Brent CCG to publish new NHS guidance for Brent GPs in their support of young Transgender residents.

Newsletter

Our monthly newsletter provides a wide range of information. It has facilitated a two way flow of information. For example, some people helped us to make connections for our work on FGM. It also helped a professional from the council to link their work with that of the mental health trust.

Information and Signposting

We have made it possible for Brent residents and health professionals to contact us - and we have provided essential information to resolve these concerns. This has included concerns about a specific nurse, a query about what dentists must provide, questions about patient choice and Power of Attorney.

Enter and View

We have found a big variation in the quality of meaningful activity in Brent Care Homes and are in the process of sharing the good practice we have seen with those homes where we recommended improvement.

Healthwatch Network concern

We share intelligence with the Healthwatch Network. Through this we became aware of a concern about community outings from a Brent care home. We asked the home to investigate this which resulted in improvements being made to their practice.

Care Quality Commission (CQC) liaison

We share information with the local CQC inspection teams about what learn about local services. In this way we are adding to the knowledge that CQC has as the regulator of services. This work was used as a case study of good practice to encourage other local Healthwatch and CQC inspections teams to work more closely together.

Financial Information

Healthwatch Brent is funded to carry out statutory activities.
Funding is provided by the London Borough of Brent.

Income

Funding received from local authority to deliver local Healthwatch statutory activities	£111,833
Additional Income	-
Total Income	£111,833

Expenditure

Establishment costs	£ 21,375
Staffing costs	£ 49,689
Direct Delivery costs	£ 30,492
Project Management costs	£ 5,000
Total Expenditure	£106,556



CommUNITY Barnet is a registered charity and company limited by guarantee registered both with the Charity Commission and Companies House. We are governed by a Board of Trustees. Our Memorandum of Association will allow us to operate in this way.

Healthwatch Brent is a genuine borough-wide service working in collaboration with committed and passionate Brent-focused organisations who have local knowledge, are experienced and trusted. The partnership is the eyes and ears in the community and can effectively act on complaints or concerns because it has direct access to seldom-heard and under-represented members of the community. Through existing channels the partnership will engage these communities with the Healthwatch agenda.

CommUNITY Barnet's Board of trustees will be the decision-making body responsible for approving the action plan throughout the life of the contract. It will review performance, oversee risk and contribute to the promotion of the Healthwatch agenda.

CommUNITY Barnet's Board of Trustees are:

Tony Vardy, Adam Goldstein, Chris Cormie, Andrew Harper, Antony Jacobson, Jyoti Shah, Marley Obi.

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