Public Document Pack

Brent

Brent Clinical Commissioning Group

Health and Wellbeing Board

Tuesday 28 March 2017 at 7.00 pm
Boardrooms 7&8 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Members		Substitute Members
Councillor Hirani (Chair)	Brent Council	Labour Councillors:
Councillor Butt	Brent Council	Denselow, Southwood and Tatler
Councillor Colwill	Brent Council	
Councillor McLennan		
Councillor M Patel	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	
Sarah Mansuralli	Brent CCG	
Julie Pal	Healthwatch Brent	

For further information contact: Tom Welsh, Governance Officer
020 8937 6607 tom.welsh@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **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 Apologies for Absence and Substitutions (where applicable)

To receive any apologies for absence and substitutions from Members.

2 Declarations of Interests

In accordance with the Members' Code of Conduct, Councillors are invited to declare any disclosable pecuniary interests, or other interest, and the nature of it, in relation to any item on the agenda.

3 Minutes of the Previous Meeting 1 - 8

To confirm as a correct record, the attached minutes of the meeting of the Health and Wellbeing Board, held on 24 January 2017.

4 Matters Arising (If Any)

To address any matters arising (if any).

5 Brent Health and Care Plan Update 9 - 24

The purpose of this report is to provide an update on the "Brent Health and Care Plan" and ensure endorsement from Health and Wellbeing Board.

Ward Affected:
All Wards

Contact Officer*:* Phil Porter, Strategic Director, Community Well-being
Tel: 020 8937 5937
phil.porter@brent.gov.uk

6 Brent Health and Care Plan: Older People's Services Update 25 - 34

The purpose of the report is to provide the Health and Wellbeing Board (HWB) with an update on the development of the Brent Health and Care Plan (the Brent Plan), with a specific focus on Older People's services. It also makes reference to the sector level development for Older People Services through Delivery Area 3 of the North West London Sustainable Transformation Plan (NWL STP).

Ward Affected: All Wards

Contact Officer: Helen Woodland, Operational Director, Adult Social Care
Tel: 020 8937 6168
helen.woodland@brent.gov.uk

7 PMS Review 35 - 46

The paper updates the Brent Health and Wellbeing Board on the Personal Medical Services (PMS) Contract Review. This is a review of one of three types of GP contracts. The paper outlines the background to the review and its objectives, work to date and proposed timelines for completion.

8 Children's Trust Update 47 - 52

The Brent Children's Trust (BCT) is a strategic body that encompasses a local partnership of key partners. The BCT provides the Brent Health and Wellbeing Board with an update paper every six months, with the previous report being at the October 2016 meeting. This paper provides a broad summary of the BCT work programme and actions of the JCG from October 2016 to March 2017.

Ward Affected: All Wards

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

9 Review of Healthwatch Brent Enter and View Reports 53 - 58

The national Healthwatch network was established through the Health and Social Care Act of 2012. Through this, each Healthwatch has the legislative right to undertake announced and unannounced visits to health and social care settings for adults.

This report summarises the Enter and View visits undertaken by Healthwatch Brent from September 2015 to March 2016. These are presented to the Health and Wellbeing Board for information and for any further actions that the Board considers that Healthwatch Brent or other agencies should take forward.

10 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: Date Not Specified

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.

***Contact Officer**:* FIELD_AUTHORD
FIELD_AUTHOR_TELD
FIELD_AUTHOR_EMAILD

***Contact Officer**:* FIELD_AUTHORD
FIELD_AUTHOR_TELD
FIELD_AUTHOR_EMAILD

***Contact Officer**:* FIELD_AUTHORD
FIELD_AUTHOR_TELD
FIELD_AUTHOR_EMAILD

***Contact Officer**:* FIELD_AUTHORD
FIELD_AUTHOR_TELD
FIELD_AUTHOR_EMAILD

Brent

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Tuesday 24 January 2017 at 7.00 pm

PRESENT:

Councillor Hirani (Chair), Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups), Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group), Julie Pal (Chief Executive, Healthwatch Brent), Councillor M Patel, Phil Porter (Strategic Director of Community Wellbeing, Brent Council), Councillor Southwood (substituting for Councillor Butt), Dr Melanie Smith (Director of Public Health, Brent Council)

Also Present: Councillor Mahmood

1. **Apologies for Absence and Substitutions (where applicable)**

   Apologies for absence were received from Councillor Butt, Councillor McLennan, Dr Ethie Kong (Vice Chair; Co-Clinical Director, Brent Clinical Commissioning Group) and Gail Tolley (the Council's Strategic Director of Children and Young People).

2. **Declarations of Interests**

   There were no declarations of interest from Members.

3. **Minutes of the Previous Meeting**

   RESOLVED that the minutes of the previous meeting held on 6 October 2016 be approved as an accurate record of the meeting and signed by the Chair.

4. **Matters Arising (If Any)**

   There were no matters arising.

5. **Sustainability and Transformation Plan (STP) Update**

   Phil Porter (the Council's Strategic Director of Community Wellbeing) introduced the report which provided an update on key STP related developments in Brent since the last meeting of the Board. He outlined that the governance structure for the STP in Brent was now in place and that the Delivery Board had been established. This structure, he said, had successfully mirrored the Children's Trust Model of Governance. He also drew the Board's attention to the System Leadership Development Programme, which had been commissioned by the Delivery Board for its members. He noted that the nature of delivering the STP meant that individuals involved had taken on new challenging roles, which bridged both health and social care and it was important for the sector in the long-term to support them in developing leadership skills. Mr Porter concluded by updating the Board on each of the six STP work streams as specified within the agenda pack.

Members commented on the distinctions and separations between both the local and regional aspects that informed the STP. It was noted that it would be very important to continue to find the balance between key priorities of the North West London (NWL) wide STP and the local Brent plan. The Chair mentioned that the need to look at Brent's unique local needs meant that sometimes the health and social care outcomes that the Borough wanted to deliver would not necessarily match the NWL wide plans. Members acknowledged this and stated that it was vitally important that the two elements complemented each other. It was noted that it was positive that there were elements to the NWL STP which had been directly informed by Brent's Local Plan. A Member commented that the structure of the Local Plan had helped to create an interface and forum from which health and care priorities could be taken from the ground up to help shape the wider regional plans.

The Healthwatch representatives present welcomed both the Council and the Clinical Commissioning Group (CCG) having built resident voices in to the strategic planning for the delivery of the Local Plan. The resident engagement events across the Borough, which had been mentioned at the last meeting of the Board were praised as being a very positive step. The Chair welcomed this and outlined that it was essential to continue to engage with residents to understand what their priorities were before planning to tackle these issues both locally and at NWL level. It was noted that, sometimes, residents can found it difficult to relate to what the STP is and that the local work had often been referred to as the 'Brent Health and Care Plan' to make it more accessible and understandable.

RESOLVED that the progress on the delivery of the NWL Sustainability and Transformation Plan and the Local Plan in Brent be noted.

6. **Sustainability and Transformation Plan (STP): Update on Delivery Area One - Prevention**

Dr Melanie Smith (the Council's Director of Public Health) introduced the report, which provided the Board with an update on prevention, as one of six work streams of the Brent Local Plan. Dr Smith stated that it was important there continued to be a focus on areas that the Board could collectively influence to enable it to make an impact in reducing the number of people having to use expensive clinical services. She noted the successful seminar for Board Members which had taken place in December 2016 to consider the challenges and opportunities for the Local prevention priorities of alcohol abuse, tobacco use and social isolation. The Board heard that a business case for seven day alcohol care teams in acute care settings (such as hospitals) had been submitted to the NWL STP programme, which had been identified by Public Health England as an effective method of improving the pathway to alcohol treatment services from health and social care. It was noted that this had also incorporated the need to measure the impact of investment in alcohol prevention given the current pressures on acute care. Dr Smith commented that it was pleasing that analytical aspects had not being overlooked and were also being considered as part of the proposal.

With regard to prevention of smoking, a Member of the Board questioned how successful prospective Public Health England (PHE) apps (technological applications downloaded to mobile phones), that encouraged people to stop smoking, were likely to be. Dr Smith responded that it was well established that

people used apps to assist behaviour change. She stated that early studies on the PHE app had suggested that it was effective at maintaining cessation rather than just being effective at getting people to stop smoking in the short-term. It was also noted that the Brent Local Plan included a broader focus on other uses of tobacco (such as shisha and chewing tobacco) which had been positive and expanded further on the cessation work being done at NWL level. It was felt that Brent was one of few public sector organisations looking at these wider concerns rather than just being focused on tobacco smoking.

A Member also questioned whether any of the work on prevention had caused a fall in diabetes rates in the Borough. Dr Smith outlined that diabetes levels had not reduced and said that there was a more widespread problem in Brent of diabetes going undiagnosed, and that would need to be addressed first. She noted that this was a long term issue and therefore it was more likely that in the near future diabetes diagnoses would actually rise before falling as more people are identified and diagnosed to receive the care they need.

RESOLVED that the developments in the prevention priority of the Brent Local Plan be noted.

7. **Clinical Commissioning Group (CCG) GP Member Practices - Option to Move to Delegated Commissioning Arrangement**

Sarah McDonnell (Assistant Director of Primary Care, NHS Brent CCG) introduced the report, which provided the Board with an overview of the ongoing consultation between NWL CCGs and GP Member Practices on expanding the scope of CCG commissioning arrangements. She explained that GP Member Practices had moved to Level 2, joint commissioning arrangements, in recent years and had now been asked to vote on whether to move to Level 3, delegated commissioning arrangements. The vote was specified to take place between 30 January and 13 February, with the result announced to be on 17 February 2017.

The Board heard that if the GP Member Practices voted in favour of a move to delegated commissioning arrangements, this would mean that CCGs would be newly responsible for functions previously carried out by NHS England (NHSE) and therefore would take on the accompanying statutory duties. Ms McDonnell ran through the separation of functions between the CCG and NHSE, which would take place (specified in paragraph 1.2 of the report) and noted that around half the CCGs in England had already taken up Level 3 commissioning and that NWL CCGs had begun a process of due diligence to plan accordingly, centred on three specific workstreams (governance; workforce; finance and legal) should the Member practices vote in favour. Ms McDonnell explained the benefits and risks to the move, which had been considered (outlined in paragraphs 3.9 and 3.10 of the report) and noted that a key risk identified was the CCG's capacity in terms of staff and resources, and that a transition plan would have to be drawn up to accommodate this.

Members of the Board discussed the potential problem of a lack of capacity at NWL CCGs to be able to enable this change and whether there had been any additional resources earmarked to address this in the near future. Sarah Mansuralli (Chief Operating Officer, NHS Brent CCG) responded that it was unlikely that there would

be any additional resources specifically for NWL CCGs and that this problem would still be prominent in 2018/19 which informed the need for a transitional plan.

There were additional questions arising on whether Brent CCG would be championing the Level 3 arrangements if the capacity issues were not as prevalent and whether it was felt likely that the Members Practices would vote in favour of delegating commissioning at this stage. Both Sarah McDonnell and Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups) emphasised that it was incumbent on the CCG to remain impartial and merely lay out the benefits and risks clearly, allowing Members to vote without a steer one way or the other. Sarah Mansuralli added that it was also essential that the CCG retained its good relationship with GP practices and managed the results regardless of which way the vote went.

It was thought that NHSE's expectation had been that all CCGs would implement delegated commissioning functions within the next few years. It was questioned whether this would be a future source of frustration for Members Practices if they chose to vote against a proposal on Level 3 delegated commissioning for it to be implemented at a later stage regardless. Sarah Mansuralli acknowledged this point and stated that the CCG was supportive of Members Practices taking a view on this. She stated that either way it would manage and act accordingly to ensure there were no adverse effects on the relationship between the CCG and Members Practices.

RESOLVED that the upcoming consultation of GP Member Practices on whether to move to level 3 delegated commissioning arrangements from 1 April 2017 be noted.

8. **NHS Brent Clinical Commissioning Group (CCG) Commissioning Intentions 2017-19**

Jonathan Turner (Assistant Director of Planned Care and Service Transformation, Brent CCG) introduced the report which provided the Board with an overview of the Commissioning Intentions for NHS Brent CCG for the financial years 2017/18 and 2018/19.

Mr Turner explained that the Commissioning Intentions had now been structured in a way which reflected the STP and specified how projects were taken forward locally under the STP's key delivery areas. He noted that the Appendix within the agenda pack was the final version which had been approved by the CCG's Governing Body on 11 January 2017 having incorporated all additional comments from Board Members. Mr Turner outlined that the Commissioning Intentions were designed to assist addressing the triple aim of closing the gaps associated with health and wellbeing; care and quality gap; and funding and efficiency as proposed in the NHS' Five-Year Forward View. He drew Members' attention to the need for the CCG to deliver approximately £12 million of savings each year over the next five years, as this would shape how services were being commissioned and designed in order to keep up with rising patient demand. He also described how the Commissioning Intentions aligned with the five STP delivery areas themes, which underpinned activity across the delivery areas and the bespoke engagement events which had been undertaken in forming the Commissioning Intentions (detailed in paragraphs 3.7 to 3.10 of the covering report).

Members commented that the Commissioning Intentions were very positive and it was good to see how they reflected the overall priorities within the STP. A Member of the Board questioned why the detail on Children's Acute and Community Services had come under the Commissioning Intentions for Delivery Area 1 of the STP (Radically upgrading prevention and wellbeing). Sarah Mansuralli said that it was a priority for the CCG to ensure that its integrated services to reduce health and care inequalities from childhood. A Member commented on focus being placed on parenting programmes and how there had been a vast number of different parenting programmes seemingly working independently of each other. It was felt that there needed to be a focus on drawing these different programmes together to improve health outcomes. Sarah Mansuralli agreed and stated that she understood that the Children's Trust was due to address this.

Sarah Mansuralli thanked all of the colleagues present who had taken time to comment on the initial draft version.

RESOLVED that:

(i) The changes made to the CCG's Commissioning Intentions, which had been approved by the CCG's Governing Body on 11 January, be noted; and

(ii) The final Commissioning Intentions for Brent, which included health and care priorities for service development, be endorsed.

9. **Local Services Strategy**

Tom Shakespeare (Head of Health and Wellbeing, West London Alliance) introduced the report, which provided the Board with an update on the Local Services and Out of Hospital Strategy, which had been developed at North West London level. He noted that the Strategy had been developed particularly around Delivery Area 3 ('achieving better outcomes and experiences with a focus on older people') of the NWL STP Plan. The aim was to build on previous work to design an integrated pathway of care, which spanned the entire health and social care system. Social care was specified as being fundamental to the Strategy being successful and that a new social care model had been developed as a crucial element to this. Mr Shakespeare concluded by outlining that the Strategy had been recommended for approval by the Joint Health and Care Transformation Group and that business cases were currently being developed in order to bid for resources to put the Strategy into action.

Members agreed that the Local Services Strategy was an integral part of the wider STP Plan and was the essential next step on the pathway after improved hospital care. It was felt that if the different elements of primary care, secondary care, intermediate care and care in community settings could successfully be brought together under this model, then it would provide a strong basis to deliver the STP Plan. The creation of different 'hubs' within the model was discussed as a means to give patients easier access to additional community services and ensure that personalised care would be delivered. An example included the proposed 'Harlesden Hub', which aimed to bring together community and Council services, a key element of which was housing for vulnerable people. Members agreed that it

was important to draw out the next level of detail to attain what was achievable from the Strategy.

RESOLVED that:

(i) The draft Out of Hospital and Local Services Strategy be noted; and

(ii) Support for the strategic direction of the Local Services Strategy, be endorsed.

10. **Healthwatch Brent - Community Chest Update**

The Chair invited Julie Pal (Chief Executive, Healthwatch Brent) to introduce the report. Julie Pal first thanked the Chair and the Board for their tribute to her colleague Nicola Mills at the start of the meeting. She outlined to Members that Healthwatch Brent had created a £20,000 Community Chest to provide grants to local groups and organisations for a range of different activities and projects, which aimed to engage with some of Brent's most vulnerable and marginalised communities. This had helped to gather a broad range of resident experience in using different health and social care services and it was felt that this would be valuable in helping to shape service design in these areas to ensure it was accessible for all in the future.

In welcoming the report, a question was asked on the scope of the activities which had received grants and whether they had all promoted health and wellbeing. Ian Niven (Head of Healthwatch Brent) stated that on the whole they did, and that each organisation had presented their request for funding with a positive vision for the residents in their area. He added that a key element to the chest was to have encouraged applications from an array of different types of community group to try and reach groups of people who did not usually engage with organisations such as Healthwatch. The work being done alongside Central and East European organisations regarding the use of urgent care services was specifically welcomed as these had been two of the fastest growing demographics in the Borough.

Further discussions were had on how the outcomes from the projects, which benefited from grants from the Community Chest, could be aligned with priorities within the STP. It was felt that these projects could potentially contribute to the development of the local policy landscape, particularly relating to programmes which improved community care and encouraged self-care.

Members felt that it would be valuable for Healthwatch Brent to continue to keep the Board updated on how these projects progressed and whether there were any potential opportunities for closer partnership working between different organisations.

RESOLVED that the progress of the Healthwatch Brent Community Chest programme be noted.

11. **Any Other Urgent Business**

There was no other urgent business to be transacted.

The meeting was declared closed at 8.22 pm

COUNCILLOR KRUPESH HIRANI
Chair

This page is intentionally left blank

Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 28 March 2017 **Report from Strategic Director Community Wellbeing Brent Council and Chief Operating Officer Brent CCG**
For information	Wards affected: ALL
Brent Health and Care Plan	

1.0 Summary

1.1 The purpose of this report is to provide an update on the "Brent Health and Care Plan" and ensure endorsement from Health and Wellbeing Board.

2.0 Recommendation

2.1 The Health and Wellbeing Board are requested to provide comments on the plan, and give its endorsement.

3.0 Detail

3.1 The Brent Health and Care Plan has been jointly developed across the health and care system and with our residents. It is a public facing document for Brent residents details the rationale and our work stream priorities for achieving health and care integration over next four years. The plan aligns with the work led at North West London through the Sustainable Transformation Plan, but focuses on addressing local Brent needs and priorities.

3.2 The Brent Health and Care Plan is attached as **Appendix 1.**

4.0 Financial Implications

4.1 There are no direct financial implications produced by this paper. However, the Brent Health and Care Plan presents the financial challenge across the Health and Social Care system.

5.0 Legal Implications

5.1 N/A

6.0 Equality Implications

6.1 N/A

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 Further detail to be presented on these in due course.

Contact Officers:

a) Phil Porter - Strategic Director of Adults and Community Wellbeing, Brent Council: Phil.Porter@brent.gov.uk

b) Sarah Mansuralli - Chief Operating Officer, NHS Brent Clinical Commissioning Group: Sarah.Mansuralli@nhs.net

Background Papers

Local Services Strategy

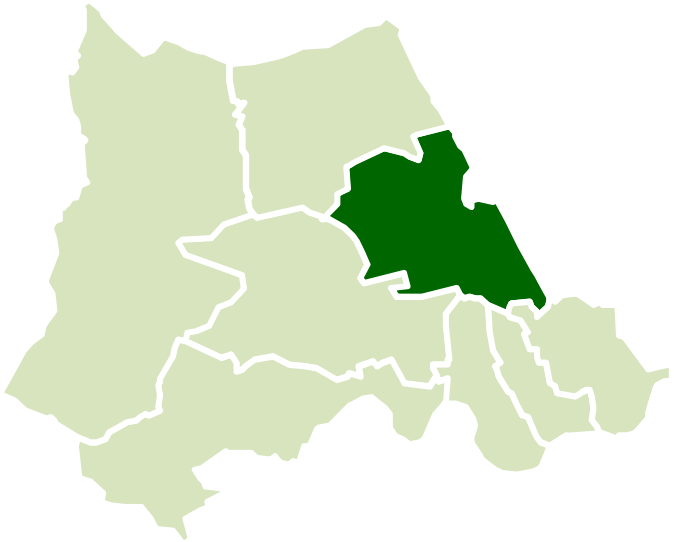
Contact Officers

Tom Shakespeare
Head of Health and Wellbeing, West London Alliance
07988 669641
shakespearet@ealing.gov.uk

Brent

NHS
Brent
Clinical Commissioning Group

Brent Health and Care Plan



Our five year plan for

Brent residents to be well and live well

Brent

NHS
Brent
Clinical Commissioning Group

CONTENTS

Brent

NHS Brent Clinical Commissioning Group

Introduction

NHS England has published the Five Year Forward View (FYFV) setting out a vision for the future of the NHS. Local areas have been asked to develop a Sustainability and Transformation Plan (STP). This plan will help local organisations to deliver better health and care that will improve people's health and well being and the quality of care which people receive. It will also help local areas to reduce the gap between available funding and actual cost of meeting demand. **This is a new approach across health and social care to ensure that over the next 5 years the focus is on the needs of the place where people live, rather than individual organisations.**

Brent is part of the North West London STP, which has nine priority areas. In Brent we have also developed our own proposals called the Brent Health and Care plan, which takes into account the priority areas of the North West London, but also takes into account the needs of Brent residents. The Brent plan offers a 5-year action plan that will address the **triple aims of**:

1. Improving health and wellbeing
2. Improving quality of services
3. Meeting financial challenges

The local picture in Brent

The Brent Health and Care plan aims to bring together providers and commissioners of care (both Council and NHS), our vibrant voluntary and community sector, private sector to deliver a genuine plan for Brent through ongoing engagement with our residents.

328, 568 Brent residents[1]

369,166 GP-registered population[2]

£406,569k - 2016/17 CCG allocation[3]

66 GP Practices

14 Nursing Homes

Key Provider Trusts:

- London Northwest Healthcare NHS Trust
- Central and North West London NHS Foundation Trust
- Brent Community & Voluntary Sector

[1]: GLA Population Estimate 2016
[2]: HSCIC, April 2016
[3]: Excludes running costs and carry forward surplus from 15/16

BRENT Health & Care Plan builds on evidence and expertise set out in the following plans

- NWL STP
- Brent Health & Well-Being Strategy (2015-2017)
- Brent Better Care Fund Plan (2016/17)
- Brent Joint Strategic Needs Assessment
- Brent CCG Portfolio Roadmap (16/17 – 18/19)
- Public Health Service

Plans

- Brent Children & Young People Mental Health Transformation Plan
- Brent Children's Trust programme
- Brent Council Outcomes-Based Reviews (Employment and Housing)

Our residents deserve health and care services that are designed to meet their needs.
Engagement with Brent residents and partners has been central to development of Health and Care Plan. We will continue to engage with local people on how services are commissioned and delivered.

The financial situation in Brent

Approximately **£12m** of net savings are required **each year** to close the CCG financial gap over the next five years.

Council will have a **£17m gap by 2020** without applying the Council tax precept and **£9m** if Brent applied the precept year on year up to 2020.

London North West Healthcare Trust (LNWHT) provides services to three key CCGs, and therefore only a proportion of its 'gap' is directly associated with Brent; similarly with CNWL (Central & North West London Trust).

Brent's financial gap by NHS organisation

Organisation	'Do nothing' (including no 16/17 savings) by 2020/21	16/17 savings plans (CIP/QIPP)	Remaining financial challenge
LNWHT	£191.8m	£34.4m	£157.4m
CNWL	£52.9m	£14m	£38.9m
Brent CCG	£58.6m	£9.3m	£49.3m

Understanding our population – the health and wellbeing of Brent

A Health and Wellbeing Strategy only works if it is based on a proper understanding of people's needs. Thanks to an effective partnership between Brent Council and Clinical Commissioning Group and a comprehensive needs assessment, we know for example, that:

- Pressures relating to housing or employment have a negative impact on mental health;
- Level of childhood obesity in Brent is higher than the national average;
- Less than half of our residents are getting enough exercise;
- Use of tobacco is still too high despite many people being aware of the risks;
- Age-related mental illness is increasing;
- People with long term and serious mental health conditions have lower life expectancies, than they should be;
- Social isolation and loneliness is having a detrimental effect on health and well-being;
- Too many people feel isolated;
- Type 2 diabetes is on the rise;
- Lack of widespread and enough support for people to manage Long-Term Conditions

Improve Mental Well-Being

- The percentage of people with depression, learning difficulties, mental health issues or other nervous disorders in employment is **23%** - lower than the England rate (36%)

Address Childhood Obesity

- **38%** of children aged 10-11 are classified as overweight or obese

Reduce Smoking Prevalence (tbc)

- The estimated smoking prevalence in Brent is **17%** or **13.6%** smoking prevalence amongst 18+

Increase Physical Activity

- Over half the adult population in Brent (52.8%) take part in no moderate intensity sport or physical activity for at least 30 minutes duration a week

Help Improve People's Mental Health

- The prevalence of severe and enduring mental illness in Brent is **1.1%** of the population
- In 2014, an estimated 33,959 people aged 18 to 64 years were thought to have a common mental health disorder

Reduce Social Isolation

- In 2013/14, only **39%** of adult social care users in Brent reported that they have as much social contact as they would like

Address Incidence of Diabetes

- By 2030, it is estimated that nearly **15%** of people aged 16 or over in Brent will have diabetes compared to the predicted England average of about 9%

Support to Manage LTCs

- Only 56% of people with a long-term condition feel supported to manage their condition

5

What to expect by 2021 for Brent

Over the next five years we will ensure:

Health & Wellbeing

- Wellbeing is seen in its widest sense. It is not just about healthcare but wider factors such as employment, housing, and lifestyle. Brent will be a Dementia-Friendly Borough.
- Mental and physical health are given equal importance and will be considered holistically at the point of care.
- Early intervention and prevention are central to everything we do.
- People are better able to self-care and make decisions for themselves concerning their health and wellbeing.
- Services people need are as joined up as possible

Care & Quality

- There is a highly skilled workforce that continues to promote local employment. The workforce is joined up across health and care. Our staff will have the tools and support they need to deliver the coordinated care that people deserve.
- Providers are jointly accountable for quality and outcomes of care. The quality and outcomes of care for people with multiple long term conditions will improve.
- Higher clinical standards and more efficient delivery of care are being achieved. Central Middlesex Hospital for example has huge potential and we propose to redesign it as a centre of acute care excellence.
- Provision of early interventions is prioritised for people with mental health problems and reliance on inpatient care is reduced.
- An increasingly integrated approach is being taken to commissioning (and providing) services locally, including nursing care homes, which will improve quality.
- The services older residents depend on are harmonised and unified. They will get high quality of care and support as and when they need it and will help them to remain active and independent as long as possible.

Finance & Efficiency

- Providers will be working more efficiently and effectively to meet the growing demand on services. National and international best practice is used to reduce the financial gap.
- Reduced demand for acute and residential care through a range of initiatives. We will do this through early intervention and prevention; effective case management of people with complex needs; reduced variation in the management of Long Term Conditions (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models; and achieving a unified Frailty and Older People's Care model.
- Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of Central Middlesex Hospital, reductions in length of stay and reduced reliance on agency staff.
- A strong delivery focus to implement the Brent annual priorities on time.

What we are doing this year (16/17) and in 2017/18 onwards for the NW London priorities

Conversations are ongoing about post 16/17 plans against the 9 priorities – plans are currently being developed with partners

Prevention	**1. Helping people STAY well, in mind and body.**	We're helping people take better care of themselves. We're making sure that every encounter residents have with healthcare services is a positive and effective experience. We're also getting serious about prevention – this includes tackling social isolation; reducing the number of people taking up smoking; helping those who already smoke to quit; and, encouraging people to drink less alcohol.
	2. Helping those disproportionately affected by cancer, heart disease and respiratory illness	We're working with partners across the capital to take forward the London-wide five year commissioning strategy and the 2016/17 North West London improvement plan for cancer services. We're also helping residents get active and are working with partners to develop an air quality action plan.
	3. Making the management of long term conditions far more consistent	We're working to get more people on to Personal Health Budgets. We're giving people with conditions such as diabetes, muscular skeletal disorders, cancer, and respiratory problems, confidence that they have access to consistently high quality services.
Integration	**4. Making sure residents can access the services they need at a place and time that best suits them**	We're transforming Central Middlesex Hospital into a 21st century centre of excellence. We're making sure that triage and assessments are clinician-led, and are getting to work implementing agreed plans to improve primary care facilities.
	5. Helping those in the latter stages of their lives live with dignity	We're putting 'lead providers' in place and have them taking responsibility for the delivery of all services across the care pathway. We're providing a far better standard of care and quality of service for people approaching the end of their lives.
	6. Improve life expectancy for those with serious and long term mental health needs	We're getting proactive and are making sure that those in need have the care and support necessary for a full and swift recovery. We're completing the implementation of our mental health road map, as well as the North West London 'Like Minded' strategy. We need to do much better for people with mental health illness. We have to reduce reliance on inpatient care. We have to improve support for older people with serious mental health illnesses. And we're working to include mental health needs in the Individual Funding Request Process.
	7. Protect the mental and physical health and wellbeing of children and young people across the borough	We're implementing our Child Obesity Strategy. And we'll continue to implement the Brent Children's Trust transformation programme.
Technology & Innovation	**8. Universal access to a consistently high standard of care**	We're working toward government plans for a nation-wide 7 Day hospital service . We're carrying out a proper evaluation of our social care provision. And are designing and implementation a single discharge process across health and social care services for the whole of the West London Alliance (WLA). We're also trying to ensure far better coordination with local police and provide them with 24/7 access to essential services such as those for mental health.
	9. Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed.	• Achieve 7 day hospital services with same standards of care, seven days a week over next two years • Evaluate impact of existing 7 day social care provision across the WLA and across health and social care • Design single discharge process across the WLA and across health and social care • Improve 24/7 single point of access and rapid response for Mental Health through new links to police

Brent Health and Care Plan Big Ticket Items 2016/17 and 17/18

Agreed by the Health and Wellbeing Board.
There are six Big Ticket Items that will have the biggest impact locally on the triple aims.
The Big Ticket Items can only be achieved as a partnership among all agencies responsible for health in Brent working together.

Big Ticket Item 1	Description	Impact
Joined-up services helping residents get well and stay well- prevention	We will help people get well and stay well. We will also offer advice on staying well in the first place. We need to make sure that these services are working together and on the same page. That way, we can offer the high quality that residents expect and deserve, and get even better value for money, which is increasingly essential in the face of on going government cuts.	• Improve outcomes by developing and targeting services that prevent identified ill-health issues in Brent • Reducing alcohol-related admissions • Supporting people to maintain and improve their health and wellbeing through social isolation initiative, reducing admissions and ambulance call outs • Offer those at high risk of diabetes intensive support to reduce their modifiable risk (primarily through increased physical activity and improved nutrition). • The above initiatives have demonstrable savings and can evidence improved wellbeing, the details of which will be developed through the prevention work stream

Brent Big Ticket Items – 16/17 and 17/18

Big Ticket Item 2	Description	Impact
New Models of Care- Greater access to more effective services	We're going to make it easier for people to get an appointment with their GP. This will mean that the patient and their GP can focus on working together to get well and stay well. To make this work, we'll need to help our GP practices build better partnerships with one another. We'll also need to support this kind of coordinated cooperation across the spectrum of healthcare service providers. By supporting this kind of enhanced integration, patients can expect far better continuity of care and will find that the services they need are better equipped to properly understand and address their needs. As well as reducing unnecessary hospital visits and admissions this will greatly improve the 'resident's experience' and, most importantly, help make people feel genuinely better.	• Proactive care through planning, prevention and integrated care; • Continuity of care through relationships between the patient their carers and their own GP • Care at appropriate time and in the appropriate setting - out of hospital where possible • Reduce inappropriate hospital admissions for people with long term conditions • Improved well being and service user satisfaction

Brent Big Ticket Items – 16/17 and 17/18

Big Ticket Item 3	Description	Impact
Joining up Older People's services	We're going to help our older residents live more active, engaged, and independent lives, with dignity guaranteed. As we get older, we need more support to stay healthy. We want to make sure that the whole of Brent's healthcare system is geared up to provide the best possible care as soon as a need arises. We want to give our residents the peace of mind of knowing that Brent's hospitals and clinics are the best in the world. But we also want to help people stay healthy in order to keep visits or admissions to an absolute minimum. As well as reducing pressure on services such as A&E, this approach will help keep many of our elderly residents happier and healthier for longer.	• Reduction in A&E conversion rate (Emergency admission/A&E attendance) • Reduction in hospital admissions >48 hours length of stay (LoS) for people over 65 • Reduced LoS for people over 65 in hospitals • Reduction in readmissions to hospital for people over 65 • Reduction in A&E attendances for people over 65 • Reduction in delayed transfers of care (DTOCs) • A reduction in adult social care and CHC spend on care packages • Increased staff satisfaction • Improved experience of people over 65 using non elective services

Brent Big Ticket Items – 16/17 and 17/18

Big Ticket Item 4	Description	Impact
Improve outcomes for people with mental health illness	We need to better support the needs of children, young people and adults in Brent who are struggling with their mental health and wellbeing and do better for those of our older residents who are at risk of, or suffering with, degenerative conditions such as dementia. We also need to promote a far higher societal understanding and awareness of mental health issues, challenging stigma and confronting prejudicial behaviour. We have to transform all of these services. We have to get better at identifying needs sooner and then be ready to intervene as quickly as possible. As well as being unfair on the patient, relying on inpatient or crisis-related care is nowhere near as effective as early intervention. This is an area where we can and must do better. It'll take a team effort, pulling together every resource at the disposal of everyone involved which, in addition to the council and healthcare providers, also includes our schools, local police teams, and the wealth of community groups that we're fortunate to have in Brent.	• Reduction in inpatient and residential care placements • Reduce length of stay for acute mental health beds • Increase provision of health checks • Increased independent living and people with mental health needs supported into education and employment • Reduction in tier 4 placements • Wider access to peer support and self referral services by children and young people

Brent Big Ticket Items – 16/17 and 17/18

Big Ticket Item 5	Description	Impact
Transforming Care – Supporting People with learning disability	We're going to make sure that the services and support that people with learning disabilities rely upon are better coordinated, more fully integrated with one another and with other health and social care services, and of a higher, more consistent quality across the borough. We will continue to implement the recommendations of the Transforming Care and Commissioning Steering Group's 2014 report on the Winterbourne View scandal. We'll help more people get the most out of Personal Health Budgets and direct payments. And we'll help reduce the need for acute and inpatient care and make sure that they can get as much of the support they need from their GP and in the community. This will result in a better standard of care, greater opportunities for more independent living, including increased access to employment and educational opportunities, and reduce pressure on more complex and expensive services.	• Reduce the number of people in inpatient units and move people into supported living and or mainstream housing as appropriate • Reducing care management budget through supporting people in community settings • Enhanced take up of personal budgets • Increase access to employment and education opportunities • Improved quality of care and wellbeing

Brent Big Ticket Items – 16/17 and 17/18

Big Ticket Item 6	Description	Impact
Central Middlesex Hospital (CMH) a centre of excellence	We're going to transform Central Middlesex Hospital into a 21st century centre of excellence, dedicated to improving the health and wellbeing of Brent's residents. The CMH of the future will focus on early intervention and prevention. It will take a holistic view as the best course of care and support, giving contributory factors such as employment and housing the consideration they deserve. We also want to make sure that local people have the chance to build and develop the skills and experience needed to secure good quality jobs in Brent's health and care economy.	• To improve wider determinants of health and well-being, including employment • To increase dementia-friendliness of sites, services and support • To enable holistic approaches to care and support • To have a significant impact on health prevention, health promotion, self-care and the beneficial effect of the not-for-profit sector • To encourage flexible skills development and deployment, with a focus on local Brent residents • To develop a centre of excellence • To expand provision of early interventions for people with mental health problems • To support unified frailty and older people's care, and • To reduce acute and residential care demand.

Conclusion

The Brent Health and Care Plan is our plan for Brent residents to be well and live well.

It represents Brent's overarching five year strategy and implementation plans to improve the health and well-being of Brent residents, the quality of services and care provided, and to address financial challenges to meet the growing demand.

The Brent Health and Care Plan builds on existing plans, plus new initiatives where gaps in existing plans have been identified. New initiatives will be subject to further engagement with Brent residents.

The Brent Health and Care Plan provides:

- A clear shared view of the big priorities for the next five years, particularly the Brent 'big ticket' items
- A mechanism for the CCG and Council to track the delivery of Brent's key programmes
- A foundation for developing plans for future years beyond 17/18

Health and Wellbeing Board

28th March 2017

Report from Operational Director Adult Social Care and Deputy Chief Operating Officer London North West Healthcare NHS Trust

For information

Wards Affected: ALL

Brent Health and Care Plan: Older People's Services Update

1.0. Summary

1.1. The purpose of this report is to provide the Health and Wellbeing Board (HWB) with an update on the development of the Brent Health and Care Plan (the Brent Plan), with a specific focus on Older People's services. It also makes reference to the sector level development for Older People Services through Delivery Area 3 of the North West London Sustainable Transformation Plan (NWL STP).

2.0. Recommendations

2.1 The Health and Wellbeing Board is invited to comment on the programme of work and note progress in the Older People's Services work stream of the Brent Health and Care Plan.

3.0 Background

3.1 Sustainable Transformation Plans (STP) are being developed on geographic "footprints" which bring together a number of CCGs, local authorities and NHS providers (mental health, acute and community). Brent is part of the North West London (NWL) STP footprint. Brent HWB members are actively involved in the NWL STP, but the board has also recognised the need for a local Brent focus. The Brent Health and Care Plan, which localises the NWL STP, has therefore been developed.

3.2 At its October meeting, the HWB endorsed six "big ticket items" for the Brent Plan, and the establishment of a local STP delivery board to oversee its delivery.

3.3 Improving outcomes for Older People is one of the six big ticket item and a key priority of the Brent Plan, and also one of the five Delivery Areas of the NWL STP.

3.4 The priorities for the Older People's services work stream of the NWL STP are being developed by the DA3 board and informed by the needs and gaps identified by local systems including Brent. The Brent Older People's work stream, whilst aligned to the DA3 priorities, has a very strong local focus and builds on the existing pathways and services available for Older People.

4.0 Developments in the Brent Older People's Services Work stream

4.1 The Brent Older People's work streams main objectives is to join up the existing services across the health and care system, identify the gaps and build a proactive, preventative service pathway that enables Older People to enhance their independence and wellbeing, maintain their dignity and access support closer to home, and wherever possible to support older people to remain in their own communities.

4.2 This work stream entails a complex programme of work across a continuum of settings including; primary and community care, social care and acute services.

It aims to develop and support the operational processes and services, working with both out of hospital care and improving patient flow within a hospital setting to deliver better outcomes and more admission avoidances.

It also incorporates the schemes under the Better Care Fund (BCF) programme which aim to reduce emergency hospital admissions, reduce delays in discharges from health services, and reduce residential and nursing care placements.

4.3 A diagram on Brent Older People Services Pathway attached as Appendix 1 depicts the existing service provision and pathways and the areas for further development to be progressed through this work stream.

4.4 The programme of work has several components but can be categorised into three main areas of work:

- Community (out of hospital) services;
- Acute services and
- Pathway development to link the existing services together to build an integrated, holistic service pathway for older people.

4.5 The main developments so far in 16/17 have been related to out of hospital services and delivering on the BCF schemes. A summary of achievements so far is listed below:

4.5.1 Whole Systems Integrated Care – this builds on existing work to integrate health and social care in Brent through proactive identification of need, risk

and instability. Multi-disciplinary working led by GPs with other services and involvement of patients, carers and the voluntary and community sector is now in place. Since September 2016, Adult Social Care staff are also part of the multi-disciplinary care planning process and information and data sharing protocols are in place. This initiative is a major step towards providing proactive, integrated care to people with long term conditions and supporting them to better manage their own conditions (self-care) and reduce unnecessary admissions to hospital. During the period of April 16 to Jan 17 133 non-elective admissions have been avoided, delivering savings of £316,378.

4.5.2 Integrated Reablement and Rehabilitation Service (IRRS)- This scheme brought together the reablement team from Adult Social Care and the rehabilitation team from London North West Healthcare NHS Trust (LNWHT) to form one assessment and therapy service. The integrated service, which went live in Oct 2016, is a multi-disciplinary team of lead professionals including occupational and physiotherapists, social workers, and other support staff who work with service users to set and help achieve their independence goals. This team works in partnership with private sector home care providers who provide reablement workers for day to day support to users under the guidance of lead professional.

The service is hosted by LNWHT and the integration of health and care teams is enabled through section 75 agreement between LNWHT and Brent Council (Adult Social Care). IRRS is yet another progressive step towards our vision of providing a joined up front line service. The service has so far delivered £436,913 of avoidable costs, supported 226 people to remain at home rather than in a residential or nursing home setting and 88% people who are still at home 91 days after discharge from hospital.

4.5.3 Effective Hospital Discharge – this scheme aims to improve patient flow from hospital into the community and contribute to reducing delayed transfer of care, improve the quality and speed of hospital discharges, and developing greater staff understanding and better communications through colocation and collaborative working.

These objectives are being achieved through various initiatives, both in the community and within the hospital:

Joint commissioning of community residential and nursing step down beds and reablement beds to support Delayed Transfer of Care of patients once medically fit. These beds have allowed for 57 discharges from hospital where patients would otherwise have needed to be discharged into residential or nursing care, and have contributed to reduced averaged length of stay in hospital.

A highly effective multidisciplinary team is in place to ensure effective flow and discharge through the step down beds. This team have considerably improved the through put in the step down beds, supporting 27 people (between Oct 16 – JaN17) people thereby reducing the number of delayed discharges considerably for this winter.

Agreement to the design and implementation of a discharge to assess (D2A) model- to support people to be discharged home with appropriate wrap around health and social care support to assess for longer term care needs. Brent is an early adopter of this model, and in conjunction with ECIP an outline model and pathways have already been co-produced by a wide range of health and social care partners, as well as with the support of the voluntary and community sector and our provider market, ready to be piloted. The pilot is intended to be implemented by April 17.

- West London Alliance (WLA) integrated discharge initiative – Brent is now the lead local authority for Northwick Park hospital, meaning that Brent ASC staff carry out all discharges for Hounslow, Tri-borough and Ealing residents. Reciprocal arrangements are being developed with other boroughs in WLA to support discharge for Brent residents in other hospital trusts. The Brent Hospital Discharge Team (HDT) are now co-located with the discharge team at Northwick Park Hospital, and having a presence on site within the hospital has already facilitated better communication and joint working between hospital and social care staff. 7 day working – ASC have implemented 7 day working, meaning HDT staff are available to support discharges at weekends. This scheme was implemented in April 16 and between April 16 to Dec 16 has supported 93 patients to be discharged on weekends.

  Housing Worker support – a jointly funded housing support worker is now working with the HDT team to review and provide advice for patients approaching discharge and to identify pathways out of hospital for those patients who do not meet the criteria for homelessness legislation and who do not have any social care needs. This post has already achieved a reduction of 214 bed days in the period Oct/Nov/Dec 2016 (compared to the same period last year) and there has been a steady decline in the number of housing related delays across Brent for those patients not covered by the Care Act with 265 delays in the winter of 2015 reducing to 50 in 2016 (Oct to Dec).

5.0 Future Work Programme

5.1 The work programme for Older People services for 17-18 will build on the existing pathways and successes as detailed below.

5.2. Interface with Whole Systems Integrated Care – this work strand will map the clinical and operational pathway(s) linking WSIC to other existing/developing out of hospital pathways and acute pathways. By joining up different services

the system will be more effective in preventing people from reaching crisis and attending A&E. Better pathways will also allow for more effective support for people once discharged from hospital. Better joined up services and pathways will also decrease length of stay, improve and facilitate discharge into community and increase the number of people supported through reablement and self-care routes.

5.3 Care Homes Project – This work is aligned to DA3 Enhanced Care and aims to bring together various initiatives already in place into a single, coherent offer for care homes in Brent. A project board is being set up which will oversee a work programme that focuses on models of care, training needs and workforce development, market management, achieving consistency in quality and pricing and building the capacity of the market to support people with complex needs. The main objective is to improve the quality of care in care homes, reduce London Ambulance Conveyances, reduce emergency admissions and improve the capacity of the market to meet the needs of older people.

5.4 Front door admission avoidance and Acute Frailty Model – aligned with the DA3 work stream, Response in times of crisis, this work stream addresses the current gap in the Brent acute frailty "response in times of crisis" service pathway. This will involve designing a model that will make better use of existing resources to manage older people who are attending A&E more proactively. For older people who do have to attend hospital, a more comprehensive consultant lead, multi-disciplinary assessment and management service at the 'front door' will support older people to be assessed more quickly and to be supported back home or to an out of hospital care setting more quickly, thus reducing the average length of stay. The model is likely to be based around an expansion of existing services, for example, the STARRS service or IRRS and will include developing operational links to community support such as, WSIC, Early Supported Discharge and step down beds. The objective of this work strand is to reduce the conversion rate of A&E attendances to admissions through the acute medical assessment unit and short stay wards and to reduce the length of stay in older people's wards.

5.5 IRRS and hospital discharge –aligns with DA3 Care at Home and WLA Integrated Discharge initiative. This work strand involves building on the work done to develop an integrated reablement and rehabilitation service. It aims to build a comprehensive operational service model to create an integrated discharge response for people who are medically fit to leave the acute setting. The objective of this work strand is to enable a comprehensive integrated response to discharge, enable more people to be supported through the

reablement and rehabilitation service, reduce long term care provision and reduce permanent placements to care homes.

5.6 Discharge to Assess (D2A) – aligns with DA3 Discharge to Assess.

This work strand supports the national direction of travel endorsed by Nice Guidelines (Dec 15) of supporting patients to have assessments for longer term needs outside the acute setting.

The main focus will be to enable a cultural and operational shift in the acute and community service pathway to discharge patients safely home with the necessary health, care and wellbeing wrap around support, following which their longer term needs can be assessed in an environment more conducive to gathering a holistic picture of the person and their wants and needs. Brent is developing a business case for implementing this model and a six month pilot to establish learning and assess outcomes.

The main objective of this work strand is to improve outcomes for people, facilitate appropriate discharge, and enable people to regain independence and an opportunity to assess needs outside the acute settings. It will reduce length of stay and reduce long term packages of care for Adult Social Care and Continuing Healthcare, as well as delivering better outcomes for older people.

5.7 All of the planned work streams as set out above are interdependent, and a key aim of the Older People's programme will be to identify, map and improve the pathways and interdependencies between the various services. This will ensure that Brent has a coherent, efficient, proactive and seamless pathway for older people.

6.0 Finance Implications

6.1 Each of the work strand as set out above will require a detailed business case to identify the costs and benefits to the health and care economy. These will be developed by each of the lead as work progresses.

7.0 Legal Implications

7.1 Whilst this document is an update for information purposes only, from and Adult Social Care perspective, it is important to ensure that throughout the project, the requirements of the Care Act 2014, in terms of promoting wellbeing, preventing, reducing or delaying needs are complied with so that we continue to meet our statutory obligations so that our actions do not leave the local authority open to legal challenge.

8.0 Diversity Implications

8.1 The Brent and Health Care plan aims to address the whole health and care system to enable a rebalancing towards prevention, early intervention, supporting independence and wellbeing. It aims to engage and empower the

diverse communities of Brent to improve health and wellbeing outcomes and patient experience.

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

9.0 Staffing / Accommodation Implications (if appropriate)

9.1 Each work stand will need to identify the staffing and accommodation implications for that particular scheme as part of the business case development.

Contact Officers

a) Phil Porter - Strategic Director of Adults and Community Wellbeing, Brent Council

b) Sarah Mansuralli - Chief Operating Officer, NHS Brent Clinical Commissioning Group

This page is intentionally left blank

BRENT Older People's Service Pathway

Community support (prevention)

- WSIC – Primary care, social care, care navigators, IRRS
- SIBI
- Social prescription
- IRRS and hospital discharge team (BCF 2)
- Community rehab beds (step up)
- Community nursing
- Virtual ward (STARRS)
- Enhanced care in care homes (BCF 4)

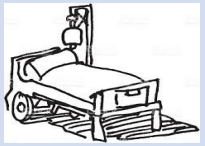
up pathway

A&E

- General A&E
- Prevent admissions (STARRS)

AMU

- Acute medical team
- Reduce length of stay (OPALS)



Long stay ward

- Early supported discharge team
- Discharge to assess (BCF 3)
- IRRS and hospital discharge work team (BCF 2)

Unavoidable attendances

Ambulatory care and hot clinics

- Acute medicine
- Outpatient specialities

Step down pathway

Community support (Out of hospital)

- WSIC – Primary care, social care, care navigators, IRRS
- SIBI
- Social prescriptio
- IRRS and hospital discharge team (BCF
- Community rehab beds (step down)
- Community nursing
- Virtual ward (STARRS)
- Enhanced care in care homes (BCF 4

Planned care | Unplanned Care | Planned care

Existing | Frailty STP

This page is intentionally left blank

Brent Clinical Commissioning Group (NHS Brent)	**Health and Wellbeing Board** 28 March 2017 Report from NHS Brent Clinical Commissioning Group
For information	
Primary Care - Personal Medical Services (PMS) Contract Review	

1.0 Summary

1.1 This paper updates the Brent Health and Wellbeing Board on the Personal Medical Services (PMS) Contract Review. This is a review of one of three types of GP contract. The paper outlines the background to the review and its objectives, work to date and proposed timelines for completion.

1.2 Three types of contract for GP services exist nationally:

- **General Medical Services (GMS)** – contract for the running of essential GP services. Practices may also choose to provide services against the QOF (Quality Outcomes Framework) and a national list of Enhanced Services. The GMS contract is the foundation and is nationally negotiated by NHS Employers with the General Practitioners Committee (GPC) which is part of the British Medical Association (BMA). It includes the Minimum Practice Income Guarantee (MPIG).

- **Personal Medical Services (PMS)** – builds on GMS to include provision for enhanced services which are locally agreed and aim to support innovation or address particular local need. The additional funding provided for this is known as 'premium funding'.

- **Alternate Provider Medical Services (APMS)** – time limited contract (5 years + 5 years), open to contract signature by other providers including voluntary and commercial organisations. Contract value and KPIs are set and agreed at the point of contracting.

1.3 There are 11 PMS practices in Brent (of a total 62 practices) holding £1.25m in Premium funding between them.

1.4 The PMS Review was initiated by NHS England (NHSE) and originally led by NHSE Area Teams. These teams are currently responsible for the commissioning and contract management of primary medical services (GP services) in England. The review commenced nationally in February 2014 after national guidance was issued.

1.5 The initial requirement was for completion of the review end March 2016; however at this point the review was 'paused' due to incomplete negotiations and the need for further engagement with the Local Medical Committees (LMCs), who represent the interests of NHS GPs.

1.6 The PMS Review in London re-commenced 09 November 2016 with the issuing of a joint letter by NHSE and Londonwide LMCs. In a change to the former arrangement this letter instructed London CCGs to complete the review locally. The commencement date set for implementation of renegotiated contracts is 01 October 2017.

1.7 NHS Brent CCG has commenced work and this paper provides an overview of the requirements, approach, work to date and timelines.

2.0 Recommendation

2.1 The Health and Wellbeing Board is asked to note the review is in progress and comment on the extent to which the approach being taken will achieve the objectives of the review.

3.0 Detail

3.1 PMS contracts were introduced in 1998 alongside a 'Premium' which incentivised practices to move from their existing GMS contract. 'Premium' funding was intended to provide for an additional GP or Nurse to support delivery of services above and beyond the GMS contract. PMS objectives included:

- Testing out innovative ideas for delivery of medical services
- Meeting unmet local need i.e. targeted delivery of services based on local population
- Introduction of proactive management of long term conditions
- Opportunity for nurse-led services and employment of more salaried GPs
- Introduction of more specific targets/KPIs for delivery of services

3.2 Since then there has also been the introduction of QOF and national Directed Enhanced Services (DES) – practice participation is optional but these provide reimbursement for key services and outcomes. The view is this created some overlap with services commissioned / provided under the PMS contract.

3.3 The number of PMS practices in each area, PMS practices as a percentage of all practices locally and the amount of money represented by the 'premium' pot varies significantly nationally. Even in NWL there is significant variation. This is demonstrated in table 1 below. Brent has a relatively low proportion of PMS practices, with Harrow having the greatest proportion:

Table 1: PMS practices in NWL

CCG	PMS Practices	GMS & APMS Practices	Proportion of all local practices which are PMS
H & F	1	27	4%
Ealing	7	66	9%
Hillingdon	9	35	20%
Brent	11	51	18%
Hounslow	12	34	26%
Central	14	19	42%
Harrow	19	14	57%
West	20	25	45%
NWL Total	95	271	26%

3.4 The review was initiated nationally to equalise funding to each GP provider and to ensure services provided to patients are consistent and equitable regardless of which GP practice a patient is registered at. The national objective is equity of funding across all medical services contracts by 2021/22. This should enable all practices to deliver services to the same standard, reduce variation and improve outcomes.

3.5 NHS Brent CCG are (and will remain for 2017/18) joint co-commissioners of GP primary medical services alongside NHSE. Despite this, the CCG has been delegated full responsibility for leading the PMS review to a successful conclusion.

3.6 Key principles for the review have been agreed at Brent and NWL levels. These reflect the original principles developed nationally. The NWL principles are shown at appendix 1. The Brent principles are shown below in table 2:

Table 2: Principles guiding the PMS review

PMS Key Principals – *Brent*
Commissioning Intentions (CI's) agreed locally reflect strategic plans for primary care
Commissioning Intentions (CI's) agreed locally secure services or outcomes that go beyond expectations of core general practice
Commissioning Intentions (CI's) agreed locally help reduce health inequalities by reducing variation between practices
Commissioning Intentions (CI's) agreed locally offer equality of opportunity for GP practices (i.e. all practices are offered an opportunity to deliver extended range of services or meet enhanced quality requirements)
Funding changes will be managed in a way that reduces and mitigated any risk of destabilising practices. Specific steps to achieve this: • PMS Premium funding released as a result of the review should be reinvested in general practice • Reinvestment remains within the CCG area (unless CCGs agree otherwise) • The process should be implemented in a phased way to allow practices to adjust to new funding levels
Services provided currently should remain in place unless the consequence of doing so is an overall reduction in quality and/or destabilisation of the practice.

3.7 The review includes review of the services being provided, the development of a local transition plan that reduces the 'premium' invested in each practice in a managed way over time and the reinvestment of monies released back into practices in line with a set of locally agreed commissioning intentions.

3.8 To introduce some standardisation and equity of approach, the eight CCGs in the North West London (NWL) STP footprint are working together. A NWL PMS Steering Group has been established. The group has no decision making powers but will provide a steer, exploring where a single approach across NWL is desirable, and where a local approach is required. Each CCG maintains sovereignty over key decisions.

3.9 The Brent PMS Steering Group has also been established. Membership includes a Lay Chair, representatives of local GP practices (PMS and GMS), CCG Clinical Directors, Director of Public Health, CCG Officers (senior managers from Primary Care and Finance), NHSE officers and representatives of Brent and Londonwide LMCs. This group has no decision making powers but will provide a steer and make recommendations to the Brent CoCommissioning Committee who will approve key decisions.

3.10 There are a number of key tasks to be completed as part of this review. They include:

- **Review of the PMS baseline contract values** – this differs for each PMS provider and is based on a complex formula. Currently set centrally and managed by NHSE these premiums need to be reviewed and sense checked with individual practices;

- **Mapping of services currently provided** – the services provided by each practice were developed at practice level and each practice has a different definition of what they provide in exchange for the premium. It is important to understand this and to reflect it in impact assessments, contract negotiations and commissioning intentions;

- **Development of the transitional funding model** – transitional funding will be provided to PMS practices for up to four years to enable PMS practices to plan for the change in income and ensure the stability of the practice. Transitional funding will come from the premium released. The amount received and length of the transition will be determined by the overall reduction in practice income.

- **Development of local commissioning intentions** – identification of high impact indicators that align to local need and could be signed up to by each GP practice. Funding released from the review (less transition costs) will be reinvested across GMS and PMS practices where they sign up to these commissioning intentions. Commissioning intentions will span a four year period, in line with the transition plan.

- **Development of the contracting model** – this will be either a variation to the existing contract or a new contract

- **Engagement of stakeholders** – ongoing from the start of the review. Key stakeholders include GP practices (PMS and GMS), LMCs, Public Health and local authority colleagues, Healthwatch and patient groups, others.

3.11 The plan and timeline for the review is shown at appendix 2. To enable equalisation of funding to occur by 2021/22 it is necessary to have implemented the review by 01 October 2017. NWL CCGs are currently working towards this date.

3.12 Progress has already been made in key areas. Work to date includes:

- The CCG has begun to map the number of practices likely to come under each transition path and has begun to meet with local practices and stakeholders.

- The transition model has been developed and reviewed across NWL and we are now seeking final agreement to progress using this financial framework. Transitional funding will be offered to PMS practices over a maximum period of 4 years. The amount received will be dependent on the current PMS Premium received by the practice and the distance to travel to a broadly equal position with other practices. This is shown below in table 3. The transition % shows the % of the premium that would be reinvested each year per practice for the duration of the transition:

Table 3: Proposed transitional funding model

Framework for transition funding	*Forecast change to practice income*
2 Year Transition % Year 1: 90% Year 2: 55%	5% to 10% premium reduction
3 Year Transition % Year 1: 90% Year 2: 70% Year 3: 40%	10% to 15% premium reduction
4 Year Transition % Year 1: 90% Year 2: 70% Year 3: 40% Year 4: 20%	Over 15% premium reduction

- The transition path for the 11 PMS practices in Brent (assuming the transition framework above is adopted) has been identified. Two practices will experience a total change to their PMS premium funding of less than 5% and therefore will not be in receipt of transition support with this change taking effect from October 01 2017. One practice is in line to transition over 2 years. Eight practices are in line to receive transitional funding over four years:

Table 4: Transition path for Brent practices

Change in income – 2016/17 data	Number of practices	No of transitional years	Income changes
Change in income of less than 5%	2	0	3.5- 4.5%
Change in income between 10 – 15%	1	2	8.2%
Change in income over 15%	8	4	17% – 35.1%

- Commissioning intentions and associated KPIs will need to be deliverable and achievable for all Brent practices. We have reviewed the JSNA and local data on variation from the Right Care programme. We have also commenced discussions with Public Health to identify any key areas of need that might be addressed through this review. We refer also to local plans for primary care including for delivery of the GP Forward View and London Strategic Commissioning Framework, the Local Services Strategy and our Sustainability and Transformation Plan (STP). A long list of KPIs has been developed and the Brent Steering Group are reviewing these in the first instance and developing some of the detail (key activities/outputs, outcomes and KPI thresholds). The outline is shown below in table 5:

Table 5: Draft commissioning intentions

Commissioning Intentions	Rationale
Increase Child Immunisation rates for under 1 Year olds to 90%	Reducing variation in primary care for immunisation rates and improve uptake as highlighted in JSNA. Increasing immunisation rate to be introduced on a gradual scale.
Increased uptake for Flu immunisation (over 65 and at risk patients)	Aimed at reducing Excess Winter Deaths as highlighted in the JSNA. Reduce variation and improve uptake across Brent
Increased uptake for Pneumococcal Immunisation rates	Prevent complications from Pneumonia especially in elderly and at risk population
Increase uptake of cancer screening	This supports the CCGs program of work in early detection and treatment of cancers
Improving patient satisfaction with delivery of primary care services	Brent is rated worse than national average for patient satisfaction with primary care services. This commissioning intention would involve collection of data against a small number of patient satisfaction questions which are meaningful locally, with practices working to review feedback from patients, use it to shape services and ultimately to improve satisfaction.
Mainstream existing Local Incentive Schemes (LIS)	Some of the services currently commissioned from practices by the CCG as LIS schemes could be mainstreamed into the core contract and funded from PMS Premium. These are longstanding services and funding through the PMS by October 2017 could release the LIS funding for reinvestment in local priorities as they are developed.

- Further work is being done to consider key areas of the STP including alcohol, tobacco consumption, homelessness and support for carers. The intervention at practice level that would need to be reflected in the commissioning intentions is being scoped.
- The CCG and its partners are considering the steps that might be taken to support practices. There are a number of initiatives progressing locally for all practices. these are:
    - **Provider Development & Resilience** – one of four Primary Care workstreams in Brent. This involves work with individual practices and the Networks / Federation to stabilise and transform general practice locally. PMS practices will be prioritised as this programme can support business planning and financial planning to secure immediate viability and long term sustainability. It can also support new ways of working including partnership / 'at scale' working to deliver new services and alleviate pressure where possible e.g. by rationalising processes and/or costs.

- **CCG Out of Hospital commissioning** - commissioning Out of Hospital schemes to support shift of activity from secondary to primary care. This provides opportunities for practices to increase their income - but it requires creation of capacity to take forward this work for example through reducing administrative burden on GP practices and making better use of technology.
- **Strengthening the workforce and making greater use of a wider primary care team** – we are working with practices to consider the composition of practice teams, the shortage of key roles such as GPs and Nurses and the part that can be played through introduction of a new skill mix and multi-disciplinary working. Roles being considered and developed/trained locally include Medical Assistants, Practice Care Navigators, Health Care Assistants and Clinical Pharmacists. The CCG is supporting introduction of all these roles.

- We are also considering the ways in which we might communicate the review to residents and engage local patient representatives. We welcome patient input into the review to ensure we achieve key objectives around a reduction in health inequalities and improved equity in the service offer across Brent. We have commenced discussion with Healthwatch and will take a steer on how best we communicate and engage from them. Routes for engagement are set out below:

    - **NWL PMS Steering Group** – engaging with the seven other areas in NWL, NHSE and Londonwide LMCs

    - **Brent PMS Steering Group** – engaging local practice representatives, public health and local and londonwide LMCs

    - **Individual practice meetings** - offered by the Brent Primary Care team to all local PMS practices, these meetings (currently underway) are individual visits designed to provide opportunity for a practice level discussion covering:
        - Individual practice update on the review
        - Opportunity to review financial data and proposed transition model
        - Identification/confirmation of services provided in exchange for premium funding practice by practice
        - Practice plan and likely need for/desire for further support
        - Opportunity for the practice to raise questions/comments and feed into the Brent Steering Group

    - **Locality Meetings** - monthly Locality meetings with practices provide a forum for updates on the PMS review and feedback to the CCG. This can also come via clinical directors and clinical leads who chair the localities.

    - **Health and Wellbeing Board** – opportunities for members of the Board to shape and steer the review and to raise any risks or issues for collective mitigation.

4.0 Financial and Legal Implications

4.1 The financial implications of this proposal are still work in progress and will be informed by the final transition path and the associated calculation of reinvestment.

- There are financial implications for the individual practices as outlined in table 4. The net change will be different once commissioning intentions are factored in and we know which practices are signing up to these.

- There should be no cost pressure to the CCG as the funding for the new commissioning intentions should be derived from the released premium however this is not confirmed at this stage and the CCG Finance officer is monitoring this.

4.2 There are some legal implications – at a minimum this will be the legal implications of the contracting process. The approach to contract negotiation and the contracting model is being reviewed at NWL level with expert opinion being sought.

5.0 Equality Implications

5.1 A potential benefit of the PMS Contract Review is improved equity in service offer and service delivery across Brent which should over time serve to narrow health inequalities. However there may be an impact from any associated change to the current service offer. This will be assessed once the transition model and commissioning intentions are confirmed and we have had conversations with each practice about their forward plans.

Contact Officers

a) FANA HUSSAIN Head of Primary Care Delivery, NHS Brent CCG, Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ, Tel: 020 8900 5402 Email: fana.hussain@nhs.net

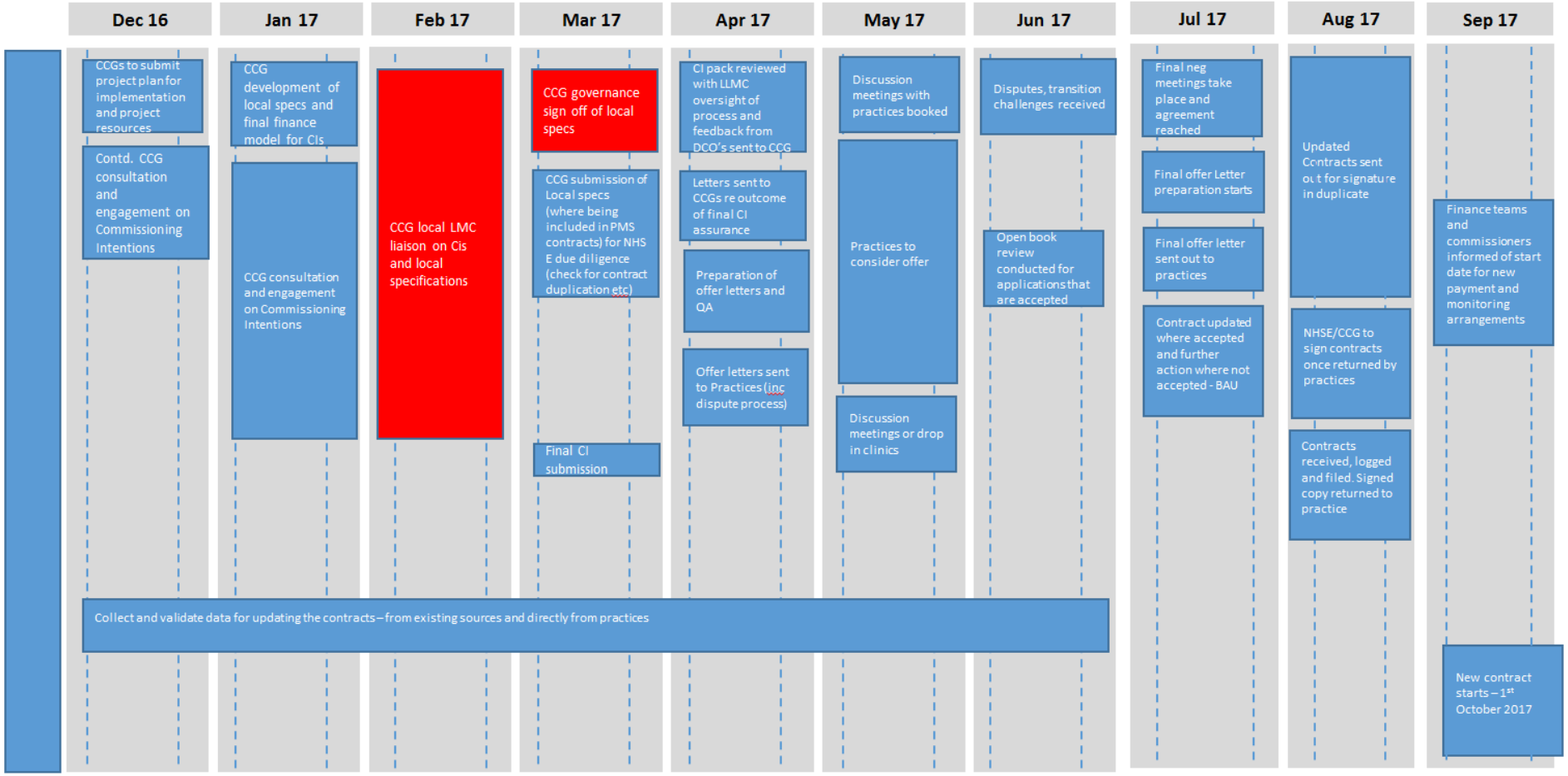
b) SARAH MANSURALLI, Chief Operating Officer, NHS Brent CCG, Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ, Tel: 020 8900 5367 Email: Sarah.Mansuralli@nhs.net

Appendix 1 NWL principles

No.	Topic	Description
1	NWL VISION	NWL CCGs have agreed a common vision for primary care in NWL incorporating the London Strategic Commissioning Framework.
2	PACE – NWL alignment	There will be agreement at the NWL level about what aspects need to be completed in unison in order to ensure sufficient alignment.
3	PACE – local determination	n setting this vision, we recognise that CCGs start in different places and will make progress towards this at different rates, reflecting local circumstances and affordability.
4	REINVESTMENT IN PRIMARY CARE	Any money released as an outcome of the review will be reinvested into primary care services within the respective CCG.
5	REINVESTMENT IN PRIMARY CARE - RECOMMISS- IONING (EX-PMS) SERVICES	CCGs will review any extra services currently provided by PMS practices and may decide to re-commission some or all of these to reflect the needs of local populations. Such re-commissioning will be linked to OOH services in CWHHE.
6	OOH ALIGNMENT	Similarity between local enhanced services and PMS service specifications will be promoted as a route to achieving 100% population coverage – for CWHHE CCGs this is in reference to the CWHHE out of hospital contract.
7	LOCAL PRICING	When setting local prices, a minimum consistent offer will be promoted across GMS and PMS practices.
8	GMS EQUALISATION	All services offered to PMS practices as part of the premium contract should also be offered to GMS practices
9	PRIMARY CARE TRANSFORM- ATION	Across NWL, we will aim to increase the average NHSE/NWL practice payment level and this is reflected in our approach to the PMS review.

10	TRANSITION SUPPORT	Where practices suffer a loss of income as a result of the review, transitional support will be made available, so that the loss is phased in over an agreed period of time.
11	VALUE FOR MONEY	Each CCG will have a rationale for current and future investments into primary care which considers value for money.
12	QUALITY AND EQUITY	NWL and individual CCG will assess the impact of decommissioning and re-commissioning services in adherence to their statutory duties.
13	TRANSPARENCY	CCGs will promote transparent engagement with their local practices noting that NHSE will lead on the practice negotiations.

Appendix 2 – Plan and timeline



Brent	**Health and Wellbeing Board** 28 March 2017 **Strategic Director of Children and Young People**
For information	Wards Affected: ALL
Update Paper: Brent Children's Trust	

1. Introduction

1.1. The Brent Children's Trust (BCT) is a strategic body that encompasses a local partnership of key partners. The primary functions of the BCT relate to collaborative working, commissioning and joint planning, in ensuring that resources are allocated and utilised to deliver the maximum benefits for local children and young people.

1.2. The BCT has a strong relationship with the Brent Health and Wellbeing Board and Local Safeguarding Children Board. Through the Children's Joint Commissioning Group (JCG), the BCT is linked to five transformation groups tasked with taking forward specific priorities at a more operational level. This structure is outlined in the diagram at 3.1.

1.3. The BCT provides the Brent Health and Wellbeing Board with an update paper every six months, with the previous report being at the October 2016 meeting. This paper provides a broad summary of the BCT work programme and actions of the JCG from October 2016 to March 2017.

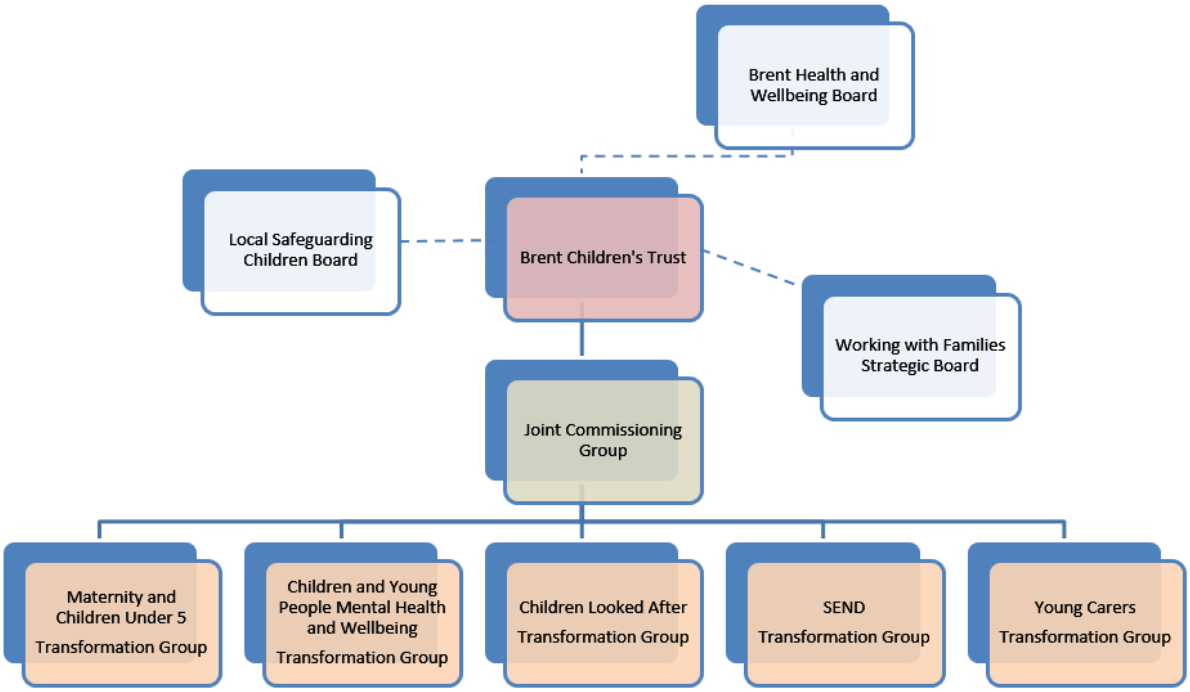
2. Recommendations

2.1. The Health and Wellbeing Board is asked to:

- Note the work of the Children's Trust from October 2016 – March 2017.

3. Structure

3.1 The diagram below provides an overview of the governance structure of the BCT, JCG and five Transformation Groups.



3.2 The Working with Families Strategic Board has recently been included within this structure as it now provides the BCT with an update report every six months. Details of the first report submitted under these new arrangements are included below.

4. BCT Work Programme

4.1 A 2016/17 BCT work programme was agreed in March 2016. BCT meetings are held on alternate months to progress the work programme, which remains flexible throughout the year to ensure oversight of and address challenges in the children and young people's landscape. All BCT agendas also include standing items to receive feedback from and provide steer to the JCG. A summary of the work of the JCG and its sub-groups is provided from 5.1.

4.2 Since October 2016 the BCT work programme has covered the following areas:

CAMHS and CCG commissioning intentions (linked with STP)

- The BCT continues to be a key forum to share, discuss and inform CCG commissioning intentions; providing support for relevant consultations and linking to the CCG led CYP Mental Health and Wellbeing Transformation Plan.
- The BCT remains sighted on the North West London STP (the driving force for commissioning across health and social care) in relation to Children - noting its strongest links to Mental Health as well as other areas including Prevention, Long-term Conditions and STP Delivery Area 5 (focussing on Central Middlesex Hospital, paediatrics and maternity), and cascading this through BCT networks.

- The BCT have tasked members to link with the Transforming Care Partnership Board to inform collaboration in developing services for individuals with learning disabilities, autism and/or mental health conditions.
- A strategic discussion on Children's Mental Health and Wellbeing has helped to promote understanding of CAMHS at a Scrutiny level and shape the topic of a forthcoming task and finish group to ensure greatest impact.
- The BCT have maintained oversight of the Anna Freud *Children and young people's mental health and well-being system review* (CYP Mental Health and Wellbeing Transformation Plan Priority 1) - completed October 2016 - and are collaborating in the development of its delivery plan via the JCG and sub-groups.

National Childhood Obesity Plan

- The BCT has considered the implications of the Government's Childhood Obesity Action Plan. The BCT has promoted training for health and early years professionals funded by Health Education England North West London (HEE NWL). Public health have launched the Daily Mile to Brent primary schools.
- The BCT welcomed the Council's new planning policy restricting new fast food outlets opening near schools.
- Brent Children's Centres and health visiting service have achieved level 1 UNICEF Baby Friendly Accreditation. (The maternity service at Northwick Park has level 3 accreditation).

Local area OFSTED SEND inspection planning

- In preparation for an anticipated SEND inspection the BCT have continued to oversee and provide steer to activities including:
    - Ongoing development of Self Evaluation Form (SEF) documents and stakeholder map;
    - Delivery of a successful SEND workshop (29/09/16), resulting in refreshed SEF;
    - Briefing notes circulated to all potential attendees of SEND inspection meetings;
    - Evidencing impact of improvements; and
    - Development of clear rationales for areas to improve.

Collaborative working and information sharing

- The BCT has continued to work collaboratively with other strategic Boards, including the Brent LSCB, as well as key partners such as Healthwatch Brent.
- The LSCB Annual report and Section 11 audit were presented at consecutive BCT meetings, providing opportunities to progress shared priorities and areas for joint working.
- The development of the LSCB Dashboard has been advanced with a clearer understanding of what data should be included and, crucially, what is missing. The goal of this work is to build a model that accurately illustrates what a range of data means for children in Brent.
- Healthwatch Brent presented the BCT with two reports titled 'A mental health needs assessment of young Irish travellers at Lynton Close Brent' and 'Young People's Perception, Awareness and Use of Mental Health Services'. The first was an example of work completed following award of a Healthwatch

Community Chest large grant; which are awarded to provide clear evidence to support good practice or the needs of a service group. BCT members have discussed the findings of both reports with Healthwatch representatives and are identifying and progressing links in their individual areas. Upcoming Healthwatch reports with close links to children and young people are being scheduled for future BCT meetings.

Looked After Children (LAC) Demand Management Project

- The BCT has supported a Brent Council led review of the LAC system in Brent.

  Several BCT members have provided input and insight for the review through semi-structured partner interviews.
- The BCT has assisted in the development of the review's online partner survey and, through its network, has promoted responses from various services and professionals that refer into the MASH.
- The review confirmed the strong position from which to build and make improvements. The final report was discussed at the BCT meeting in March, where partnership actions to support next steps were also agreed.

Working with Families (Troubled Families Programme)

- The BCT has established closer links and governance with Working with Families (WWF) Brent partnership work and now receives update papers from the WWF Board every six months to oversee delivery of the five year programme in Brent.
- Progress is being monitored against challenging targets of 1,609 families identified to be worked with over the next three years.
- The BCT have remained sighted on the additional Troubled Families Phase 2 desired outcomes and ensured alignment of the whole family approach (which attempts to ensure clients access the right service at the right time) with the Brent 2020 vision.
- Further opportunities to link this work to the STP, in particular Delivery Area 1C (Helping children to get the best start in life), are being considered.

CYP Participation Strategy Impact Monitoring

- The BCT continues to provide strategic input to ensure the successful roll-out of the CYP Participation Strategy following its launch in autumn 2016.
- In supporting co-design and co-production of services the BCT has helped to link the Young Advisors strand of the strategy with areas including Youth Services and CAMHS, which will enable children and young people to shape the future delivery of these services.
- The BCT is progressing opportunities to access CAMHS transformation funds for joint work in this area.
- The BCT is working to ensure that a key aim of the strategy – that all future strategies go through and receive feedback from young people before sign-off – is achieved before 2019 through raised awareness and increased capacity.

Young Carers

- Young Carers remain a priority area for the BCT as it provides direction for Brent's ongoing awareness raising campaign, which has included input from young carers in the design and selection of publicity and has increased its engagement activities to reach a wider range of stakeholders.
- The Young Carers Transformation Group is developing metrics to monitor the impact of awareness raising in increasing the number of registered young carers in Brent.
- In January 2017 there were 316 young carers registered at the Brent Carers Centre. Updates on these figures and related data will be included in future Children's Trust to Health and Wellbeing Board update papers.

4.3 The initial 2017 – 2018 BCT work programme was drafted at the March 2017 BCT meeting. Items agreed include the following:

- CAMHS monitoring data;
- Transitions to Adulthood strategic discussion;
- Joint Targeted Area Inspection (JTAI) 'neglect' theme; and
- Annual exclusions report for Brent Schools.

Updates on these items will be included in future BCT to Health and Wellbeing Board papers.

5. Children's Joint Commissioning Group and Transformation Groups

5.1 As a standing item the BCT receives updates from and provides a steer to the Children's JCG; which meets every two months to progress the Joint Commissioning Framework and consists of the Chairs of the five Transformation Groups, Brent CCG Children's Commissioner, Brent Council Children's Commissioner, and other key stakeholders.

5.2 Since October 2016 the JCG has devoted significant time to reviewing the findings of the Anna Freud *Children and young people's mental health and well-being system review* report, helping to decide and prioritise which recommendations to progress. The JCG is now informing the ongoing development of its delivery plan with a key focus on recommendations around integration and colocation, which will include accessing funding for a single integrated workforce approach for training. Additional work in developing ideas for what the right team, training programme and multi-agency model for increased cohesiveness and connectivity looks like has been completed and fed into CAMHS Transformation Delivery Workshop 1 on 02 February 2017. A core component of CAMHS transformation – the Front Door – may be implemented as early as 17/18.

5.3 The JCG has been developing the JSNA as a forward-looking, live document for use by all Transformation groups and is in the process of collating data from a range of other sources, including CCG monitoring data and datasets from the Anna Freud Needs Assessment, for best use in informing service planning across all priority areas. The last eight months of CCG performance dashboards

have been analysed and driven discussions around improvements for services for eating disorders and LAC and the location/accessibility of CAMHS services. More comprehensive/granular CCG data has subsequently been developed which was used at the CAMHS Transformation Delivery Workshop – the latest iteration of this data is scheduled for analysis at the next JCG meeting.

5.4 These datasets have been used in conjunction with planning tools developed by each Transformation Group and collated by the JCG and have identified Speech and Language Therapy services as a key area for joint service delivery. Work around understanding the risks, unique attributes and areas of alignment of existing, separate contracts across the LA and CCG for Speech and Language is progressing and will inform joint commissioning decisions in this area when current contracts expire.

5.5 The BCT agreed a preferred service model for children's public health services. The Council, with the support of the CCG, has completed the procurement of a new 0-19 years service incorporating tier 2 weight management services and targeted support for vulnerable families through the Maternal Early Childhood Sustained Home-Visiting (MESCH) model.

Contact Officer:

Jon Cartwright
Senior Policy Officer
02089371742
Jon.Cartwright@brent.gov.uk
Brent Council

Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 28 March 2017 **Report from the Chief Executive Officer, Healthwatch Brent/ Community Barnet**
	Wards affected: ALL
Review of Healthwatch Brent Enter and View Reports	

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.

1.3. The contract commenced from 1 July 2015 for an initial period of 12 months and then extended for a further 12 months.

1.4. This report summarises the Enter and View visits undertaken by Healthwatch Brent from September 2015 to March 2016. These are presented to the Health and Wellbeing Board for information and for any further actions that the Board considers that Healthwatch Brent or other agencies should take forward.

2.0 Recommendations

2.1 That the Health and Wellbeing Board notes the report and recommends any further action to be undertaken by Healthwatch Brent or other agencies.

2.2 That the Health and Wellbeing Board considers establishing a central portal where all Brent inspections can be accessed publicly (including Enter and View, CQC reports, annual Brent Council customer feedback reports etc.).

3.0 Detail

Background

The national Healthwatch network was established through the Health and Social Care Act of 2012. Through this, each Healthwatch has the legislative right to undertake announced and unannounced visits to health and social care settings for adults.

These visits are carried out by staff and volunteer lay-people and review the quality of care for patients/residents and their friends and relatives. All Enter and View representatives have current DBS checks and receive training for this their role. As in accordance with the Healthwatch network, settings to visit are identified through meetings and guidance from the CQC. The care homes covered by this report were a mixture of types of services and large and smaller homes.

The most important aspect of Enter and View is that it is intended to add value; the representatives review services from a lay-person's/potential users' point of view and work in collaboration with service providers, residents, relatives, carers and those commissioning services. As such, the visits do not apply CQC or other standards to their review and checks, rather it is an opportunity to reflect on what the setting may be like for a potential resident/patient with an emphasis on gathering feedback on areas that can significantly affect quality of life, such as activities, engagement, food and the levels and approach of staff.

The Enter and View reports are written by the Enter and View team and sent to the care provider to check for factual accuracy and to respond to the report recommendations. The Reports are reviewed and authorised at each stage by Healthwatch senior staff, and once finalised are uploaded to the Healthwatch Brent website.

The reports are then sent to Healthwatch CQC Liaison Officer, who has expressed the team's appreciation for the additional insight that the reports provide.

Overview

During this period, Healthwatch Brent visited five residential homes through announced visits. A summary of the reports is below. The majority of the recommendations relate to activities and engagement of residents and relatives. This is sometimes overlooked, but in our view, a key aspect that helps achieve a good quality of life, stimulation and continued wellbeing for the residents.

Healthwatch Brent Summary of Reports

Location	Service	Main Conclusion and Recommendations	Response
Ogilvy Court Wembley Park, HA9 Sept 15	Nursing care and including for people with learning disabilities and those with dementia.	"A well run residential care home with a warm and friendly atmosphere" • Increase dedicated time spent with residents individually and as a group. [This was based on feedback from 1 staff member, 2 residents and observation of the visit of a resident with dementia.] • Monitor fluid intake as one resident said s/he fills the water jug with water from the room (not kitchenette).	The Home provided further clarification that • Resident-staff ratios are above the Royal College of Nursing recommendations. • Clifton Assessment Procedure for the Elderly (CAPE) assessed weekly for staff levels and care. • Staff levels are discussed at team meetings. • Activity Co-ordinator meets with residents regularly to gather feedback. • Each resident has a key worker for key activities, care and appointments. • Regular reviews of needs so that increased funding can be assessed if necessary. • Staff speak the residents' community languages. • Staff will clarify that water is available from the kitchenette.
Edinburgh House Wembley HA9. Dec 2015		"Clearly a well-run and very caring home". • Ensure regular meetings take place of the Residents' and the Relatives' Forums.	• No response.
Kenbrook House Wembley HA9. Feb 2016	Nursing care, including for people with dementia.	"Caring and friendly with both residents and families giving praise. The range of activities … were impressive." • No recommendations.	
Middlesex Manor Nursing Centre Wembley, HA9	Nursing care, nursing for people with dementia and care and nursing for young adults with	"Centre appeared to be well-run proving care in a holistic and person-centred context." • Review staffing levels	As a result of the report, the Home:

Mar 2016	physical disabilities.	and provide feedback. [There seemed to be limited activities on the day of the visit.] • Reflect on meal-times, including staggered seating times so residents do not have to wait for their meals.	• Employed 2 activity workers to provide 75 hours of activity per week. • Revised the meal times so they are now scheduled to provide two service times.
Franklyn Lodge Care Home Wembley, HA9 Mar 2016	For adults with sensory impairment, learning and physical disabilities.	"Staff interact with residents warmly and compassionately." • The home is in need of refurbishment, the furniture being dated, untidy and the rooms are dark.	• The Home clarified that the approach and forecourt is due to building work in this area. • The Home noted that the rooms have dark, heavy curtains to prevent excess heat and cold during the seasons. • However, the home welcomes the feedback and will take on board the recommendation.

Findings and recommendations

We found that the overall standard of care was appropriate and the homes had in places processes for key care requirements, such as Care Plans, staff training, relative and resident engagement.

We are pleased to see the majority of homes responded positively to our recommendations, as detailed below.

Number of care homes visited	5	Number of homes that responded to our recommendations	4

Number of recommendations made overall		6
Type of recommendation	**Number of times recommendation made**	**Number of positive responses from care home.**
Day to day activity and staff engagement	2	1 (1 home clarified this was already in place).
Gathering structured and regular feedback from residents and relatives engagement	1	0
Scheduling of meal-times	1	1

Access to water	1	1
Refurbishment	1	1

A link to all the Enter Reports can be found by clicking on Healthwatch Brent Enter and View Reports

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 Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers so that our authorised representatives can observe matters relating to health and social care services.

5.3 From 1 July 2015 its services have been delivered as an arms-length department of Community Barnet (CB) a charity and company limited by guarantee.

5.4 Financial and contract accountability remains with CommUNITY Barnet's Board of Trustees and delegated through the Chief Executive Officer to the Head of Healthwatch.

5.5 The contract is expected to run until 30 June 2017.

6.0 Equality Implications

6.1 The reports presented reflect Healthwatch Brent's commitment to equalities and believes that they support Brent Council in meeting its Public Sector Equality Duty as defined in Section 148 of the Equality Act 2010.

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 There are no staffing or accommodation implications.

Background Papers
N/A

Contact Officers
Julie Pal, Chief Executive Community Barnet/Healthwatch Brent.

Rutherford Way, Wembley, London, HA9 0BP

Tel 020 8912 5831
Email: Julie.Pal@communitybarnet.org.uk