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Brent

NHS
Brent Clinical Commissioning Group

Health and Wellbeing Board

Tuesday 27 March 2018 at 7.00 pm
Boardrooms 3&4 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Councillor Hirani (Chair)	Brent Council
Dr Ethie Kong (Vice-Chair)	Brent CCG
Councillor Butt	Brent Council
Councillor Colwill	Brent Council
Councillor McLennan	Brent Council
Councillor M Patel	Brent Council
Sheikh Auladin	Brent CCG
Dr Sarah Basham	Brent CCG
Rob Larkman	Brent CCG
Julie Pal	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Dr Melanie Smith	Brent Council - Non-Voting
Gail Tolley	Brent Council - Non-Voting

Substitute Members (Brent Councillors)
Labour Councillors:

Farah, Miller, Southwood and Tatler

Conservative Councillors:

Kansagra

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

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The press and public are welcome to attend this meeting

recycle for Brent

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also a Prejudicial Interest (i.e. it affects a financial position or relates to determining of any approval, consent, licence, permission, or registration) then (unless an exception at 14(2) of the Members Code applies), after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.
(b) **Sponsorship -** Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
(d) **Land -** Any beneficial interest in land which is within the council's area.
(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.
(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:
- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision, the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who employs or has appointed any of these or in whom they have a beneficial interest in a class of securities exceeding the nominal value of £25,000, or any firm in which they are a partner, or any company of which they are a director
- any body of a type described in (a) above

Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for Absence and Clarification of Substitute Members** For Members of the Board to note any apologies for absence and any substitute Members present.	
2	**Declarations of Interest** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Minutes of the Previous Meeting** To approve the attached minutes of the previous meeting on 24 January 2018 as a correct record.	1 - 6
4	**Matters Arising (If Any)** To note any matters arising from the previous minutes, if any.	
5	**Deputations (if any)** To hear any deputations received from members of the public which comply with the Council's Standing Orders.	
6	**Health and Wellbeing Board Public Engagement Roadshow - Themes** This report will follow as a supplement.	**To follow**
7	**Inspection of Local Authority Children's Services (ILACS)** This reports provides Health and Wellbeing Board with an overview of the new framework for the Inspection of Local Authority Children's Services (ILACS), Brent's progress since the previous inspection and preparation for the new arrangements. The Board is asked to note this report and comment on partnership contributions to preparation.	7 - 32

8 Update on Frailty Workstream **To follow**

This report will follow as a supplement.

9 Publication of the Pharmaceutical Needs Assessment 33 - 36

At the June 2017 meeting the Board agreed to establish a PNA Steering Group to which it delegated the task of overseeing the conduct, consultation and publication of the revised Brent Pharmaceutical Needs Assessment (PNA). The report informs the Health and Wellbeing Board on progress with the Brent PNA.

10 Date of Next Meeting

The date of the next Health and Wellbeing Board meeting will be confirmed upon the publication and agreement of the Council's municipal calendar for 2018/19 at the Council's Annual General Meeting on 14 May 2018.

11 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 60.

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

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.

Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Wednesday 24 January 2018 at 7.00 pm

MEMBERS PRESENT:

Councillor Hirani (Chair), Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent Clinical Commissioning Group), Sheikh Auladin (Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Julie Pal (Chief Executive, Healthwatch Brent), Councillor M Patel, Phil Porter (Strategic Director of Community Wellbeing, Brent Council), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council)

Also Present: Zac Arif (Director of Integration, Brent Council/Brent Clinical Commissioning Group), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust), Fana Hussein (Assistant Director of Primary Care, Brent Clinical Commissioning Group), Meenara Islam (Strategic Partnerships Manager, Brent Council), Shafeeq Tejani (Assistant Director, Integrated Urgent Care and Long Term Conditions, Brent Clinical Commissioning Group)

1. **Apologies for Absence and Clarification of Alternate Members**

Apologies for absence were received from Councillor Butt and Dr Sarah Basham.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minutes of the Previous Meeting**

Subject to the following amendment within paragraph three of agenda item 12:

(i) "However the Board heard that, regrettably, the local area ~~Council~~ had been asked to write a written statement of action due to a number of concerns identified..."

It was **RESOLVED** that the minutes of the previous meeting held on 5 October 2017 be approved as an accurate record of the meeting.

(Councillor Colwill joined the meeting at 7.04pm)

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

There were no matters arising.

5. **Focus on New Models of Care - Integrated Commissioning**

Phil Porter (Strategic Director of Community Wellbeing, Brent Council) introduced the item and flagged to Members of the Board that there had been a number of changes to the executive summary of the Ernst and Young (EY) report since the agenda pack had been published (addendum viewable here).

He explained that the Council had commissioned EY to develop a framework in order to bring together strategic commissioning functions of both the Council and Clinical Commissioning Group (CCG). EY's work had an initial focus on two specific areas: residential/nursing placements and children's therapies. He outlined that both organisations shared the same vision of improved outcomes for residents via integrated commissioning, but that a joint language and approach for this was required. He highlighted that that there were an array of complexities to be addressed across North West London but that the report began to set out how these could be managed - beginning at a local level. He emphasised the significant level of overlap identified between the Council and CCG when services were commissioned and that this could often be problematic in sending competing messages to market service providers. He also specified some of the practical formative proposals for the integrated commissioning model and the benefits that these could bring going forward.

Gail Tolley (Strategic Director of Children and Young People, Brent Council) added that joint commissioning formed part of the discussion on the local area's Written Statement of Action (WSOA) to Ofsted/CQC at the last meeting and this had contributed in part to children's therapies being one of EY's focus areas. She mentioned that this topic had also been discussed further at a meeting of Brent Children's Trust (BCT) on 23 January 2018 and that positive discussions were ongoing about the arrangements and vision for integrating commissioning. Sheikh Auladin (Chief Operating Officer, Brent CCG) agreed that there had been a lot of progress on the WSOA and it was felt that the aims within the report would be achievable with time and effort. He spoke about instances where integrated teams between the CCG had Council had worked closely together in urgent care scenarios and felt that a similar proactive, joined-up approach would be needed to successfully drive integrated commissioning across the board.

It was questioned whether there would be any risk of cutting across the alignment of CCGs in North West London and whether there was potential for further engagement with additional local authorities and CCGs on establishing joint commissioning arrangements. Members agreed that this was a priority area across North West London and it was pleasing that Brent had been leading the way in working collaboratively to integrate commissioning functions. It was noted that the accountable care model had been mandated by NHS England and that CCGs would need to plan locally accordingly to move forward within this model. It was emphasised that the report was a starting point for the local area, but noted that Phil Porter had also undertaken work with Diane Jones (Director of Quality & Safety - NHS Brent, NHS Harrow, NHS Hillingdon CCGs) and Dr Tim Spicer (Chair of NHS Hammersmith and Fulham CCG) to also look at commissioning and contract alignment across London in the future.

It was **RESOLVED** that the report and proposals for the integration of commissioning between the Council and CCG be noted.

6. **Brent Health and Care Plan Update: Focus on Prevention**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report which provided the Health and Wellbeing Board with an update on the prevention work stream within Brent's Local Health and Care Plan. She outlined that there were five priority areas within this work stream and highlighted the work being undertaken to address two of these areas (reducing A&E attendances and hospital admissions due to alcohol; and halting the increase of childhood obesity).

Firstly, Dr Smith explained that the model which had been drawn up to reduce alcohol related admissions had had clinical input and insight from service users. She noted that London North West University Healthcare NHS Trust (LNWHT) had planned to change how their alcohol related admissions were recorded (taking effect in August 2018) to address the problem of under-recording in this area. Work was also underway to develop a seven-day acute care team for this type of admission. Secondly, she outlined that increased childhood obesity remained a problem in Brent and that the focus had now shifted to obesity prevention in early years settings as a fifth of children in Brent began primary school overweight. She referred Members to the seven key actions contained within paragraph 3.6 of the report and added that the *'declaration on sugar reduction and healthier food'* would be brought back to enable a discussion with partners at a future meeting of the Health and Wellbeing Board.

Members welcomed the work which addressed childhood obesity and it was recognised that this remained a serious problem across the borough. Questions arose on whether further initiatives could be pursued within schools to tackle the issue. It was suggested that it could be beneficial to have focused teaching on childhood obesity during Personal, Social and Health Education (PHSE) lessons, to teach young people the risks before they also had children themselves later in life. It was also mentioned that some schools no longer had Food Technology classes due to curriculum changes. Gail Tolley mentioned that there had been a discussion on childhood obesity at a recent BCT meeting and one of the public health consultants present had outlined proposals for joint working between the Schools Effectiveness and Public Health teams to enable a joined-up approach to this issue.

A question was asked on whether there was segmented data available on childhood obesity in order to better understand any behavioural challenges across Brent's diverse communities. Dr Smith stated that there was a useful amount of data on childhood obesity as children in Brent were weighed and measured children in both reception and year six. She said that there had been a strong correlation between childhood obesity and deprivation and that this was a key challenge for the local area to address. The Board also heard that the commissioning of a healthy weight service formed part of the new 0-19 year's public health contract. It was also felt that integrated commissioning could improve health outcomes in this area and that statutory documents such as the Joint Strategic Needs Assessment and annual report from the Director of Public Health could also be utilised to highlight the challenge further.

Discussions moved to an additional priority within the prevention work stream which addressed tobacco use and it was noted that an increased usage of e-products within the borough could have caused smoking prevalence and access to cessation services to fall. Dr Smith stated that there was not yet enough data available to be

able to draw firm conclusions on this. She outlined that the initial data from the London Smoking Cessation Transformation programme suggested that people were intrigued by the alternatives to smoking but chose to take up e-cigarettes as opposed to quitting nicotine. Carolyn Downs mentioned an example whereby Essex County Council had been working to encourage people to give up nicotine altogether through a close liaison between vape shops and their Trading Standards team.

There were additional discussions on: Health and Wellbeing Board Members and relevant partners undertaking another public engagement exercise to raise awareness of childhood obesity before the pre-election period began in March; and that the work to address childhood obesity could also be linked with the ongoing work to improve children's oral health across the borough.

It was **RESOLVED** that progress report on the prevention work stream within the Brent Local Health and Care Plan be noted.

7. **Integrated Urgent and Emergency Care Developments**

Shafeeq Tejani (Assistant Director, Integrated Urgent Care and Long Term Conditions, Brent CCG) introduced the item which updated the Health and Wellbeing Board on the latest developments of Integrated Urgent Care (IUC) within Brent and more widely across North West London.

Mr Tejani explained that there was now a mandated national model for the provision of urgent care and that in September 2017 North West London CCGs had approved a two year direct award pilot for an integrated service. This service combined: NHS 111; 'wrap-around' Clinical Assessment Services (CAS); GP out-of-hours (OOH) services); and provided a directory of different services. He noted that the two main urgent treatment centres within the borough were situated at Central Middlesex Hospital and Northwick Park Hospital, and that it was planned for five GP Access Hubs across the borough. He said that the two year pilot period provided flexibility and would allow Brent to analyse resident demand within the different access areas. It was highlighted that Brent patients contacted NHS 111 approximately 50,500 times annually and that it was expected that this number would increase in the next year.

Questions arose on clarity of the arrangements for the proposed CAS aspect and whether this was envisaged to be focused at a local level or North West London level. Mr Tejani stated that the original planning had been focused as locally as possible, with Brent and Harrow CCGs at the forefront of service delivery. He also stated that there would be expectations on both the workforce and patients to follow the NHS' *'Talk before you walk'* policy which encouraged patients to call NHS 111 for advice on the most appropriate treatment before attending a health setting in person. It was recognised that this would signify a considerable culture change and could be challenging, but that there had been examples in Midlands where similar models had begun to work effectively. Sheikh Auladin added that the enhanced CAS model could ultimately help to improve integration across health and care settings.

Discussions continued and the Chair mentioned that the NHS' *'Health Help Now'* app could also feed into the *'Talk before you walk'* digital channel shift. Dr Ethie

Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent Clinical Commissioning Group) agreed and also informed Board Members that the app would be launched in the week after the meeting at the Health Partners Forum with practical advice on how residents could download the app and its utilise its functionality.

It was **RESOLVED** that the content of the report be noted.

8. **Improving the GP Extended Access Offer in Brent**

Fana Hussein (Assistant Director of Primary Care, Brent Clinical Commissioning Group) introduced the item which provided the Board with an update on the review of extended GP access in Brent.

She explained that the contracts for both Brent Access Hubs and Access Centres were due to expire on 31 March 2018 and that this had provided the ideal time to review and improve how services were offered to the local population. She noted that there had been a period of extensive engagement with all key stakeholders and that the proposals going forward were for five strategic access sites across the borough. Members heard that the number of sites being condensed would enable longer and more consistent opening hours which responded to the needs of the local population and that the existing GP Access Centre would be converted into a pre-bookable stand-alone Hub which would be open 8-8/7 days a week. She specified that patients could attend any of the hub sites, which provided more equitable access to residents across Brent.

Sheikh Auladin outlined that the scrutiny of the proposals from stakeholders had been welcome and had helped to inform the design of the new service model. He emphasised that the planned change to the number of sites was not aimed to reduce appointments but responded to the under-utilisation of a number of the sites at present and would be a sustainable model for the future. He gave further detail on the engagement period and noted that the business case had been presented at the CCG's governing body on 10 January 2018. He also noted that two of the site locations were still be decided, but that appropriate locations would be located in both the north and south of the borough. Dr Ethie Kong added it would be important to emphasise, through communication with residents that they could access any of the hubs, not just their nearest site, and this was designed to improve service access for them.

A question was asked on the level of engagement with the public, and whether the engagement had solely come through Brent Patient Voice. Fana Hussein outlined that 2000 surveys had been handed out to members of the public across various locations such as tube stations and supermarkets. The Chair reminded Members that access to GPs and opening times had been the topic raised most frequently during the public engagement exercises last year on the Local Health and Care Plan.

It was also questioned when the locations of the two strategic sites was likely to be known. Sheikh Auladin outlined the next formal steps for the contract procurement process and outlined that a team on the ground would be assessing sites, with the locations likely to be identified by February or March 2018. He noted that the it was envisaged to have one contract and provider covering all five hubs.

It was **RESOLVED** that the content of the report be noted.

9. **Any Other Urgent Business**

There was no other urgent business.

10. **Date of Next Meeting**

The date of the next meeting was noted as being 27 March 2018.

The meeting was declared closed at 8.17 pm

COUNCILLOR KRUPESH HIRANI
Chair

Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 27 March 2018
	Report from the Strategic Director, Children and Young People

Inspection of Local Authority Children's Services (ILACS)

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	One
Background Papers:	None
Contact Officers:	Brian Grady Operational Director, Safeguarding, Partnerships and Strategy Tel: 020 8937 4173 Brian.grady@brent.gov.uk Nigel Chapman Operational Director, Integration and Improved Outcomes Tel: 0208 937 4387 Nigel.chapman@brent.gov.uk

1.0 Purpose of the Report

1.1. This reports provides Health and Wellbeing Board with an overview of the new framework for the Inspection of Local Authority Children's Services (ILACS), Brent's progress since the previous inspection and preparation for the new arrangements.

2.0 Recommendation(s)

2.1 That the Board note this report and comment on partnership contributions to preparation.

3.0 Detail

3.1. ILACS focuses on the effectiveness of local authority services and arrangements:

- to help and protect children;
- to assess the experiences and progress of children in care wherever they live, including those children who return home;
- for permanence for children who are looked after, including adoption;
- to assess the experiences and progress of care leavers;
- to judge how effective leadership of the local authority is in creating an environment where social work can flourish.

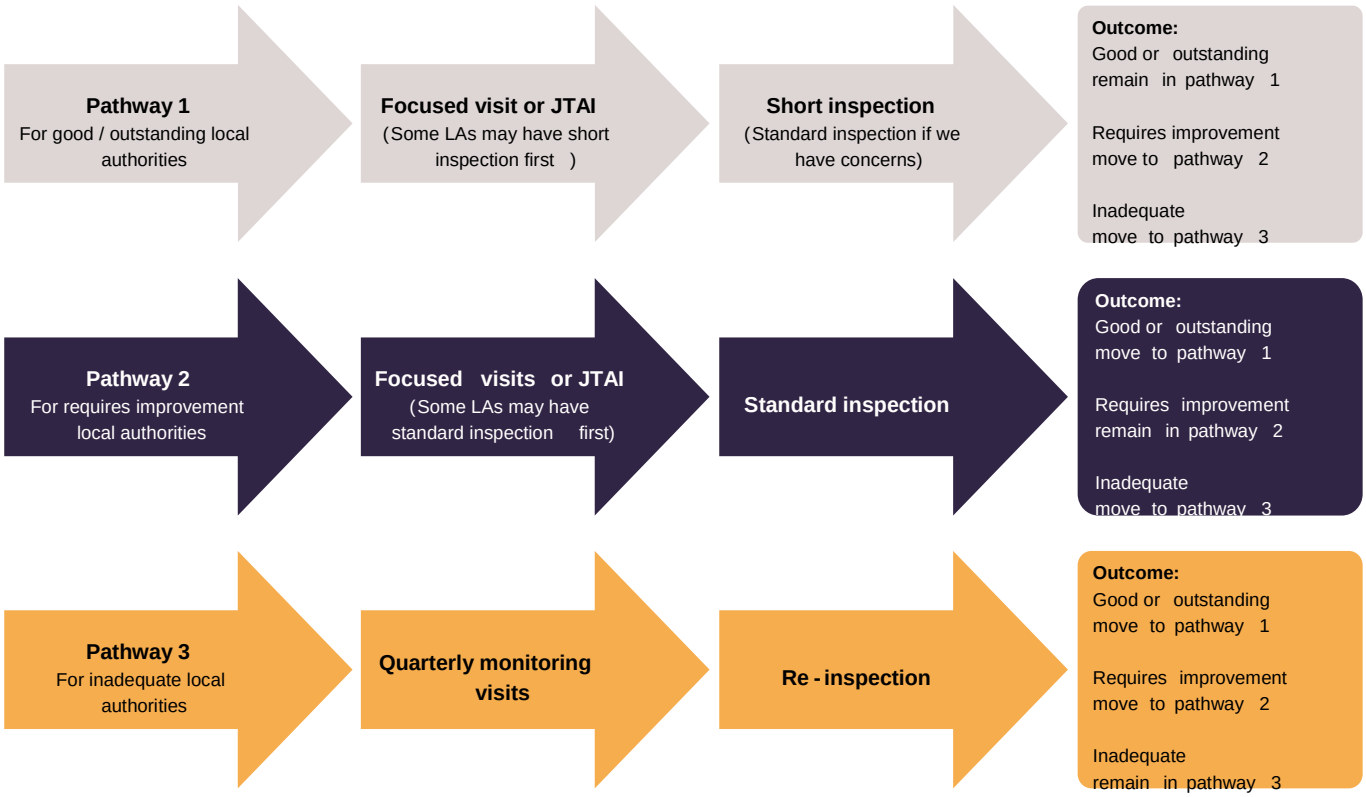
The new framework is primarily focused on social work and the quality of professional practice, but will also evaluate the effectiveness of leaders and managers and the impact they have on the lives of children and young people.

3.2. ILACS establishes an inspection 'system', aimed at making inspection risk-based and proportionate through more frequent contact tailored to each local authority. It comprises:

- an annual engagement meeting between the local authority and an Ofsted regional representative to reflect on what is happening in the local authority and to inform future engagement.
- standard inspections (usually for local authorities judged requires improvement to be good).
- short inspections (for local authorities judged good or outstanding).
- focused visits that look at a specific area of service or cohort of children
- monitoring visits.
- Joint Targeted Area Inspections (JTAI).

Local authorities are also encouraged to participate in activity outside inspection, such as sharing a self-evaluation for discussion at the annual engagement meeting.

3.3. The following diagram summarises the three inspection pathways in the ILACS framework. Brent will follow Pathway 2 based on the previous Single Inspection Framework judgement of November 2015 that the authority requires improvement to be judged good. It is likely that Brent will be inspected at some point during 2018 as standard inspections are to be carried out within six months of the three-year anniversary of the previous inspection.



3.4. A standard inspection team will consist of four social care inspectors, with a social care regulatory inspector on site for up to two days and a schools inspector for one day. Inspectors will be on site for two weeks, but Ofsted will spend time engaging off site with local authorities in the first week following notification on the Monday, gathering information and intelligence to inform key lines of enquiry for the two weeks on site.

3.5. The focus of standard inspections is social workers' direct practice with families and the impact on outcomes for children. There is an emphasis on observing practice and staff will need to be prepared for this approach. Social workers will be asked about a range of issues, including the quality and impact of supervision and management oversight, how they are helped to strengthen families and minimise risk, workloads and training and development opportunities.

3.6 The inspection will involve reading case files and supporting documentation (including evaluating individual children's records that have already been audited by the local authority), meeting with children, parents or carers, relevant staff and stakeholders and observing multi-agency meetings. The inspection will use case examples to test the effectiveness of Council wide and partnership working in identifying and responding to vulnerable children and families. Leadership will be judged by how well an environment is created in which social work can flourish, with planned action viewed as a strength.

Brent's preparation for ILACS

3.7. Brent was judged as requiring improvement to be good in its last inspection. Ofsted noted that while strong and focused leadership had led to a number of important improvements in the quality of services, the local authority was not yet delivering consistently good services for children and young people. Progress since 2015 regarding the recommendations include:

- Governance arrangements have improved, with Scrutiny Committee's priorities refocused around children and young people's service priorities. The Committee has received training to ensure it provides robust challenge that contributes to service improvement.

- A senior management reorganisation in April 2016 led by the Strategic Director, Children and Young People supported a strengthening of management accountability and the delivery of services for children through an integration of child facing services and a department wide focus on performance management and quality assurance.

- Performance management and quality assurance mechanisms, such as the audit programme, are now better aligned. CYP has developed tools used locally to monitor performance including a monthly dashboard of key performance indicators and monthly and weekly data reports that are used by senior officers and frontline managers to drive improvements. A MASH

dashboard has been developed that supports daily tracking of cases. Senior leaders routinely review performance information and complex case studies at monthly Senior Leadership Team meetings to identify lessons learned and develop new cross-service approaches.

- A range of activities has led to improvements in the quality and consistency of children and family assessments and plans. The Quality Assurance Framework (established in April 2017) sets clear standards and expectations. A whole family approach is now embedded in assessments and action plans from the Brent Family Front Door to case closure. The Brent Children's Trust Early Help Assessment (EHA) is more consistently used across partner agencies. BFFD effectively triages referrals to determine threshold before signposting to the appropriate service with timely responses depending on urgency.

- Improvements in the quality and timeliness of assessments and child protection plans as well as revisions to reflect changing circumstances have been achieved through further embedding the Signs of Safety approach. This supports families to develop a plan with professionals, drawing on their strengths and resources. Participation in the England Innovation Programme phase 2, launched in September 2017 for two years until September 2019, is strengthening this further. Management oversight of these assessments and plans is well-established through tracking systems that assess outcomes and impact. An increased understanding at all levels of how practice needs to improve is being driven by a refreshed audit programme that is using appreciative inquiry techniques.

- To strengthen how social workers consider the culture, religion and language of children and their families and other factors that reflect the diverse nature of Brent, training on cultural competency has been delivered. This has been a focus of audit activity and is embedded in the new Practice Framework, launched in November 2017. The development of specialised FGM services evidences a shift in approach. The turnover of social worker staff, however, makes it a challenge to embed best practice in this area. This should improve once a current realignment of social care has been completed, resulting in greater stability in the workforce.

- Work to protect vulnerable adolescents has strengthened (including children and young people missing from home or education, children and young people attending alternative provision such as Brent River College, children and young people at risk of offending or gang exploitation or at risk of CSE) through a whole family multi-agency approach tailored to the family's needs. The strategic, multi-agency Vulnerable Adolescents Panel established in December 2016 is driving greater understanding of risks between CSE, missing, gangs and other vulnerabilities and is informing a partnership response to keep young people safe. Further work is planned around predictive modelling and data analysis. A daily Integrated Risk Management meeting has been established from January 2017 that

focuses on vulnerable adolescents and promotes a timely and proactive multi-agency response. Brent now has some strong practice around the understanding of gang and CSE related risk, with the MASE panel driving strong interventions and tracking of both individual situations and trends.

- Outcomes for looked after children and care leavers are improving. Personal Education Plans (PEPs) have been developed to reflect individual SMART targets. Tighter monitoring of PEP targets and targeted programmes and interventions, such as the LEXIA literacy programme, have had a positive impact on educational progress at Key Stages 1 and 2. A range of strategies are being implemented to improve attendance and engagement at KS3 and KS4 and to help children and young people overcome barriers to learning. This includes bespoke mentoring and counselling, training to schools/education provisions and close working with YOS and social workers to ensure individual histories and needs inform intervention planning. From autumn 2016, the Virtual School has been providing support to post-16 LAC to ensure that Year 11 school leavers have destination places and to support transition into FE/sixth form places.

- A new team dedicated to Care Leavers has been established from January 2017, which is supporting more robust pathway planning and progress for young people. This team is working closely with training providers and careers advice and guidance workers to increase care leaver progression into further education, apprenticeships and other vocational further education. The newly designed Local Offer will provide more opportunities and support for care leavers.

3.8. A number of challenges remain. Whilst 80% of front line social workers are now permanent, recruitment (in particular to senior social worker and first line management roles) remains a challenge. Meeting the needs of vulnerable adolescents and thereby reducing the number of late entrants into the care system and, for those who do enter, evidencing tangible improvements in their outcomes is a further challenge. The realignment of social work services, introduced from January 2018 will help the department meet both these challenges, as smaller teams have been created, with more opportunity for practice reflection supporting child-focused decision making and interventions as well as enhanced career development.

3.9. Over the next 6 to 12 months, CYP will be continuing to embed consistent good practice through;

- embedding the Practice Framework.
- completing a realignment of social work teams to secure stability of the work force and ensure that first line managers are skilled and trained to be able to challenge and support their staff.
- continuing to drive a learning culture through robust performance management and thematic audit activity, capturing both best practice and areas to improve.
- delivering the EiP2 action plan to fully embed Signs of Safety.

3.10. Brent Children and Young People department has undertaken the following actions to prepare for the new inspection system;

- building on existing departmental improvement activity, a self-evaluation is being prepared to share with Ofsted.
- regular dry runs of child level data required following notification of inspection in the offsite information gathering week, including the data analysis tool that Ofsted will use to assess performance.
- briefing CMT, PCG and Children's Trust partners on the new inspection framework.
- established an evidence library of required documents.
- drafted a logistics plan for the 3 week inspection period with supporting documents.

4.0 Financial Implications

4.1. There are no financial implications linked to the content of this report.

5.0 Legal Implications

5.1. The Local Authority has statutory duties under the Children Act 1989 and the Children Act 2004 to safeguard the welfare of children in the borough with the involvement of other statutory agencies.

6.0 Equality Implications

6.1. This report covers services for children and families in need of help and protection including looked after children and care leavers.

7.0 Consultation with Ward Members and Stakeholders

7.1 Children's Trust members have received a previous version of this report.

8.0 Human Resources/Property Implications (if appropriate)

8.1 There are no Human Resources implications for this report.

Report sign off:

GAIL TOLLEY
Strategic Director Children and Young People

Inspection of local authority children's services (ILACS)

Lisa Pascoe

Deputy director, social care policy

A system, not a programme of inspections

Includes:

- annual self-evaluation of social work practice
- an annual conversation with each local authority (LA)
- focused visits on a potential area of improvement or strength
- standard or short inspection of each LA, depending on what we know (once in a three-year period)
- inadequate LAs continue to receive quarterly monitoring and a re-inspection through the single inspection framework (SIF)

ILACS: An inspection system

- ILACS is a system, with each feature informing how the other works
- This means more frequent engagement between Ofsted inspectors and LAs (not always as part of an inspection)
- We want to help 'catch LAs before they fall' – we want to help LAs avoid becoming inadequate
- We don't want to wait until inspection to find this has happened
- More frequent contact also helps us to make inspection more efficient and less burdensome

Local authority contact with Ofsted

Inadequate local authority	Requires improvement to be good local authority	Good or outstanding local authority
Quarterly monitoring visits	Standard inspection (once in a three year period)	Short inspection (once in a three year period)
SIF or post-monitoring SIF	Up to two focused visits in between inspections	Up to two focused visits in between inspections
Annual conversation	Possible JTAI (would replace a focused visit)	Possible JTAI (would replace a focused visit)
Shared self-evaluation	Annual conversation	Annual conversation
	Shared self-evaluation	Shared self-evaluation

Activities outside of inspection

Self-evaluation and annual engagement

Benefits

- Support a more proportionate approach to inspection:
  - help Ofsted to make sure that focused visits look at the things that are most useful, for us and the LA
  - help inspectors create relevant lines of enquiry for inspections
  - help Ofsted decide the best time for a visit/inspections
- Provide Ofsted with evidence that leaders have a grip on social work practice
- If an LA identifies weaknesses and we can see credible, clear, appropriate plans for action, this will be seen as a strength in leadership, not a weakness.

Self-evaluation

- We have worked with the ADCS, SOLACE and LGA to develop guidance
- No set format, but should be brief and answer three questions:
  - What do you know about the quality and impact of social work practice with children and families in your authority?
  - How do you know it?
  - What are your plans to maintain or improve practice?
- Should draw on existing documents and activities
- Should reflect business as usual, not created for inspection

Annual engagement meeting

- We will discuss self-evaluation, data and intelligence.
- Will be an honest and open conversation
- Help us consider any future focused visit and how this might support the LA's improvement plans
- Will not have a published 'outcome' – Ofsted will write to the DCS summarising the discussion
- Will ideally be linked to self-evaluation – this does not have to be the same time each year.
- May be part of another meeting, but should allow sufficient time to discuss children's social care

Focused visits

Focused visit scope

- Will be of a particular area of service or cohort of children
- We will usually have discussed the scope and information request with the LA at their annual engagement meeting
- The criteria and information requested will be a 'sub-set' of what appears in the framework
- We may adjust the criteria or information request to reflect local context and the specific scope
- We will use focused visits to evaluate and highlight good practice and areas of concern

Judgements and report

- No graded judgments
- Narrative letter, which will highlight:
  - Strengths
  - Areas for improvement
- If we identify serious concerns, we will give unequivocal areas for priority action
- Will inform our decision about when to inspect and whether to use a standard or short inspection

Standard and short inspections

Inspector deployment

- Small teams of inspectors working closely together inspect more efficiently:
  - they spend less time reporting their findings to one another
  - all inspectors know and understand findings from across the inspection
  - they can challenge one another more effectively, closing lines of enquiry and arriving at robust judgements quickly

Onsite activity

- Inspectors will spend most of their time looking at case files with social workers
- They will talk to managers if their findings indicate a strength or concern that they need to triangulate further
- They will hold regular keep-in-touch (KIT) meetings with the DCS. However…
- …they may ask the DCS to meet inspectors at the office where they are inspecting that day

Managing expectations

- To make a proportionate programme work, inspectors must target their activity carefully
- They will not be able to speak with everyone. They will focus on key lines of enquiry and where the emerging findings take them
- Onsite activity will not routinely include set-piece meetings with the same list of people that happens on a SIF
- Inspectors will prioritise activities that tell them about the quality of social work practice with children and families

Difference between a standard and a short inspection

- A short inspection is not a standard squeezed into less time
- Short inspections happen where an LA is good or outstanding and we have no reason to believe they have declined
- There is an assumption the LA remains at least good
- Inspectors will look at whether:
  - The quality of practice has improved, been maintained or deteriorated
  - The authority's self-evaluation is accurate and can be relied on

Inspection judgements

Overall judgement		
Key judgement: The impact of leadership on social work practice with children and families	**Key judgement:** The experiences and progress of children in need of help and protection	**Key judgement:** The experiences and progress of children in care and care leavers
Narrative: How good leaders are at creating an environment where social work can flourish	**Narrative** Early help Children in need Children on a child protection plan	**Narrative** How well permanence is achieved (including adoption) Care leavers Making good decisions

- Overall and key judgements made on our four-point scale: outstanding, good requires improvement to be good, inadequate

Next steps

Next:

- Starting to contact LAs about self-evaluation and annual engagement opportunities
- By end of November – publish the framework and guidance
- January – 'launch' events for LAs. Details tbc, but probably:
  - Mon 15 January (pm) and Friday 19 January (am) in Leeds
  - Mon 22 January (pm) and Friday 26 January (am) in London
- January – first inspections announced

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 27 March 2018
	Report from Director of Public Health

Pharmaceutical Needs Assessment

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer:	Dr Melanie Smith Director of Public Health Tel: 020 937 6227 Melanie.smith@brent.gov.uk

1.0 Purpose of the Report

1.1 The report informs the Health and Wellbeing Board on progress with the Brent Pharmaceutical Needs Assessment (PNA).

2.0 Recommendation(s)

2.1 The Board is asked to

- Note that the Brent PNA has been published in draft form and consulted upon
- Note that the Brent PNA Steering Group intend to publish the final Brent PNA before 1 April 2018
- Note the roles of NHS England, the CCG and Brent Council in maintaining the PNA
- Agree the process for keeping the Brent PNA up to date by:
    - Delegating to the Director of Public Health ("DPH"), or the DPH's nominee, the decision as to whether a revision of the PNA is required
    - Delegating to the DPH, or the DPH's nominee, the publication of

3.0 Detail

3.1 The Health and Social Care Act 2012 conferred the duty for publishing and keeping up to date a statement of the population needs for pharmaceutical services in their area, referred to as a Pharmaceutical Needs Assessment (PNA) onto Health and WellBeing Boards. The Brent Health and Wellbeing Board published its first PNA by

April 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the Regulations). The Regulations stipulate that HWBs need to publish a revised assessment within three years, which is by 1st April 2018.

3.2 At the June 2017 meeting the Board agreed to establish a PNA Steering Group to which it delegated the task of overseeing the conduct, consultation and publication of the revised Brent PNA.

3.3 PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. PNAs are also used in decisions as to whether new pharmacies are needed in response to applications by businesses. NHS England has the responsibility to commission pharmaceutical services making decisions based upon PNAs.

3.4 The Council engaged the pharmaceutical consultancy Soar Beyond through a competitive tender to undertake the development of the PNA and thereafter to support the Health and Wellbeing Board in keeping the PNA up to date.

3.5 The PNA Steering Group, chaired by the DPH with input from the CCG, LPC and Healthwatch, agreed a draft PNA in 2017. This was consulted upon according to the regulations. The Steering Group have considered responses to consultation and agreed revisions to the text of the PNA. The final PNA will be published on the Brent Council Website in advance of the 1st April 2018 and in accordance the Regulations.

3.6 The Regulations require PNAs to be reviewed following publication to take into account any significant events / changes that impact on the need for pharmaceutical services in the Brent area. These changes may be such as to require a revision of the PNA sooner than the standard three years; for example as a result of demographic change, or if the current provision of pharmaceutical services change by closure of a pharmacy closes. However a full revision of the PNA is only required should this be a proportionate response to those changes.

3.7 Changes in pharmaceutical services may result from a pharmacy changing its opening hours, ownership or location. Such changes would be agreed by NHS England and should be notified to the HWB. Changes may also result from commissioning decisions by the CCG, the local authority or NHS England.

3.8 If a change in the provision of pharmaceutical services occurs which is not deemed to merit a full revision of the PNA, the HWB may publish a Supplementary Statement, pending the publication of statement of revised PNA

3.9 In order that the PNA is kept up to date the arrangements referred to in paragraphs 3.10 – 3.12 below will be put into place.

3.10 NHS England will provide information on a monthly basis on any changes to the pharmaceutical list for Brent. NHS England, Brent CCG and Brent Council public health will provide information on any changes to their commissioning that may result in a change in the need for pharmaceutical services.

3.11 The DPH or the DPH's nominee will determine if a revision of the PNA should be considered or if the publication of a Supplementary Statement will suffice. If the former, the PNA Steering Group will be reconvened. If the latter, the Supplementary Statement will be published on the Brent Council Website

3.12 The JSNA process will be used to determine if there is a significant change to the need for pharmaceutical services. In this event, Brent Council will reconvene the PNA Steering Group.

4.0 Financial Implications

4.1 The cost of revising and maintaining the PNA is met by the Council's public health grant with contributions from the LPC and CCG in kind.

5.0 Legal Implications

5.1 The development and updating of PNAs is subject to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/ ("the Regulations").

6.0 Equality Implications

6.1 The PNA includes an equality impact assessment.

7.0 Consultation with Ward Members and Stakeholders

7.1 Sixty days consultation was carried out in accordance with the Regulations and the PNA amended to take account of consultation responses.

8.0 Human Resources/Property Implications (if appropriate)

8.1 There are no HR or property implications of this report.

Report sign off:

MELANIE SMITH
Director of Public Health, Brent Council

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