



Brent



Health and Wellbeing Board

Tuesday 23 April 2019 at 6.00 pm

Boardrooms 3 & 4 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Councillor Farah (Chair)
Dr MC Patel (Vice-Chair)
Councillor Hirani
Councillor Kansagra
Councillor McLennan
Councillor M Patel
Sheikh Auladin
Dr Ketana Halai
Julie Pal
Carolyn Downs
Phil Porter
Dr Melanie Smith
Gail Tolley
Simon Crawford
Dr David Finch
Claire Murdoch

Mark Bird

Brent Council
Brent CCG
Brent Council
Brent Council
Brent Council
Brent Council
Brent CCG
Brent CCG
Healthwatch Brent
Brent Council - Non Voting
Brent Council - Non Voting
Brent Council - Non-Voting
Brent Council - Non-Voting
London North West Healthcare NHS Trust
NHS England
Central and North West London NHS Foundation Trust
Brent Nursing and Residential Care Sector

Substitute Members (Brent Councillors)

Councillors: Agha, Miller, Krupa Sheth and Tatler

Councillors: Maurice

For further information contact: James Kinsella, Governance Manager Tel: 020 8937 2063; Email: james.kinsella@brent.gov.uk

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The press and public are welcome to attend this meeting

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 significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then 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 of 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 or trade union).
- (b) The interests 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 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 is the subject of a registrable personal interest.
-

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
For Members of the Board to note any apologies for absence.	
2 Declarations of Interest	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Minutes of the previous meeting	1 - 8
To approve the minutes of the previous meeting held on Tuesday 22 January 2019 as a correct record.	
4 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
5 NHS Long Term Plan	Report To Follow
To receive a report setting out the NHS Long Term Plan.	
6 Brent Children's Trust Update - April 2019	9 - 14
The Brent Children's Trust (BCT) is a strategic partnership body made up of commissioners and key partners. This report provides an update on the BCT work programme from October 2018 and outlines the priority areas of focus from April 2019 – March 2020.	
7 Health and Care Transformation Programme Review	15 - 20
To provide the Board with an update regarding progress on key activities in relation to the Joint Health and Care Transformation programme during 2018/19, and seeking comment and endorsement of the priorities for 2019/20.	

8 Public Mental Wellbeing Strategy and Suicide Prevention Plan

**Report To
Follow**

To receive a report introducing the Brent Public Mental Wellbeing Strategy and Suicide Prevention Plan.

9 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60.

10 Date of next meeting

The provisional date scheduled for the next meeting of the Health and Wellbeing Board is Monday 15 July 2019



Please remember to set your mobile phone to silent 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.



MINUTES OF THE HEALTH AND WELLBEING BOARD **Held on Tuesday 22 January 2019 at 6.00 pm**

PRESENT:

Councillor Farah (Chair) and Councillors Hirani, Maurice (substituting for Councillor Kansagra) McLennan and M.Patel.

Dr MC Patel (Vice-Chair of the Health and Wellbeing Board; Chair, Brent Clinical Commissioning Group - CCG), Sheikh Auladin (Managing Director, Brent CCG) and Dr Ketana Halai (Clinical Director –Brent CCG).

Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council) and Phil Porter (Strategic Director – Community Wellbeing, Brent Council).

Julie Pal (Chief Executive Officer, Healthwatch Brent).

Mark Bird (Representing Brent Nursing and Residential Care Sector)

Also Present: Helen Duncan-Turnbull (Head of Service, Complex Care, Brent Council), Meenara Islam (Strategic Partnerships Manager, Brent Council), Paul Lewin (Team Leader Planning Policy, Brent Council), Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) and Helen Woodland (Operational Director, Social Care)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from:

- Councillor Kansagra (with Councillor Maurice substituting)
- Carolyn Downs (Chief Executive, Brent Council)
- Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) and

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: that the minutes of the previous meeting held on 9 October 2018 be approved as an accurate record of the meeting.

4. Matters arising (if any)

There were no matters arising.

5. Order of Business

RESOLVED: that the order of business be amended as set out below.

6. Update on Transforming Care: Learning Disabilities

Helen Duncan-Turnbull (Head of Service, Complex Care) introduced the report updating the committee on the progress achieved with respect to the delivery of the transforming care plan (TCP). It was explained that the TCP aimed to reduce inpatient admissions for people with learning disabilities, ensuring that there was sufficient support available in community settings, with the ultimate aim of improving quality of care and quality of life. Update reports detailing progress against key milestones were presented to the Health and Wellbeing Board annually, with the last update having been presented in October 2017.

To achieve the national TCP, Brent had four work streams in place: Market Development; Reduction in the number of NHSE and CCG in-patients; Integration of the Health and Social Care Learning Disability teams; and, Transitions. Drawing the Board's attention to the progress made against the key milestones for each of these priorities, Helen Duncan-Turnbull advised that almost all of these had been met. It was highlighted that the Learning Disability Team had been integrated into the Health and Social Care Team. The 0-25 Disabilities Team was also now in place under Children's Services, and was very much involved in the Transforming Care programme. With regard to key milestones for reducing admissions, the Board heard that there was currently 13 people in inpatient settings, seven in secure provision for whom weekly updates were provided. Six of those individuals were too unwell to be discharged. It was highlighted that a key challenge in this area was the degree and nature of support required to enable patients to be discharged and difficulties around commissioning specialist provision. The local authority and the CCG were both working with providers to address specialist skills gaps in the workforce. Intelligence was also being gathered on anticipated future workforce needs.

In concluding her introduction, Helen Duncan-Turnbull highlighted next steps and priorities for the coming year, which included: the establishment of an Autism Board; further development of specialist accommodation via the New Accommodation for Independent Living Project; a Community Learning Disability Team service review to determine whether the team contained the right mix of skills; and, the establishment of systematic learning processes for Learning Disabilities Mortality Review Programme (LeDeR) outcomes.

In considering the update report, the Board discussed the following issues:

- i) Highlighting the challenge identified in the report regarding funding for individuals in in-patient settings who did not qualify for the NHSE funding only available for those who had been in such settings for five years or more, Councillor Hirani (Lead Member for Public Health, Culture and Leisure) questioned how this could be addressed with the NHSE. Helen Duncan-Turnbull advised that the matter would be raised at the North West London Transforming Care Board which included NHSE representatives.

- ii) Dr MC Patel (Vice Chair) noted the importance of sharing the learning from the eight learning disabilities mortality reviews that had been conducted with GPs as well as the wider system. Dr Ketana Halai (Brent CCG) advised that she had requested more information on the reviews completed thus far and would feedback as appropriate. The Board noted that the establishment of systematic learning processes for Learning Disabilities Mortality Review Programme (LeDeR) outcomes had been identified as a priority for the coming year.
- iii) A discussion was held on the dynamic risk register and whether this was shared with the GPs with whom those individuals were registered. It was agreed that this could be explored further.

It was subsequently AGREED:

- i) To note the measures in place to support the TCP cohort in the borough;
- ii) To note the further actions planned as part of the TCP programme;
- iii) To note the progress made against key milestones;
- iv) To note the areas that required further development as identified in the report from the Strategic Director, Community Wellbeing.

7. Brent Local Plan Preferred Options Consultation

Paul Lewin (Team Leader Planning Policy) introduced the report on the Draft Local Plan to 2041 on which public consultation had recently closed. The Brent Local Plan set out the planning policies for the development for Brent and when adopted, would form part of the Development Plan, the policy document against which planning applications would be determined. An easy read version of the Plan was attached at Appendix A to the report. It was highlighted that the contents and policies of the Local Plan had the potential for wide ranging health impacts through their shaping of the physical and social environment, health infrastructure, housing provision and employment opportunities. It was anticipated that the Local Plan would be formally adopted by the end of 2019.

In the subsequent discussion the Board noted the following matters:

- a) Feedback from the consultation had largely been positive about development and what it could bring for the borough, with many people very impressed with the regeneration that had already taken place. A large proportion had wanted more affordable homes built and were supportive of creating additional jobs in the borough. Broadly, there was a recognition that industrial areas needed to be improved and their use intensified. Concerns were expressed about population growth and the impact on healthcare and school places. The council had sought to engage as widely as possible and every household in the borough had received a leaflet. There had been a good response to the consultation but this equated to only approximately 300

individuals and organisations – Brent CCG and other healthcare organisations were included amongst this number.

- b) There was a strategic target in both the Local Plan and the London Plan that 50 per cent of new housing should be affordable housing. This target was difficult to achieve, particularly due to restrictions around funding for housing organisations, which in the past had been the predominant provider of affordable housing. The council currently achieved about 30 per cent affordable housing through negotiations with private developers. The council had a target to deliver approximately 1k new affordable homes over the next three years comprising, in broadly equal parts, shared ownership homes, those let at the London Housing Allowance rate and those let at London Affordable Rent which was set by the Mayor of London's Office.
- c) In the short to medium term there was deemed sufficient capacity in early years and primary school places. Additional capacity would be required in secondary school provision in the next five years. There was currently one new secondary school planned for the Chancel House site in Church End and the council was in discussion with secondary schools to provide six additional classes. The local authority did not have the power to directly establish new schools. The Strategic Director, Children and Young People, noted that this was the first time that school sites had been featured in the Local Plan, a development that was very welcome.
- d) Sheikh Auladin (Brent CCG) highlighted that the provision of new sites for health facilities could be too costly for the CCG, explaining that it was significantly cheaper to extend existing GP practices.
- e) There was a focus on delivering mixed use areas, allowing housing to subsidise the provision of work and leisure spaces. The intensification of land use would be a feature across London and there would continue to be further development in the borough, bringing with it more employment opportunities.
- f) Dr Melanie Smith (Director of Public Health) commended the work undertaken by the Planning Team in promoting public health in the Local Plan and particularly welcomed the inclusion of the Healthy Highstreets approach.
- g) The next stage was to modify the Local Plan as needed to take account of the feedback received from consultation and then publish a final version of the Plan for statutory consultation. Comment at that stage would be sought with respect to the soundness of the Plan in terms of Planning Law. It was anticipated that the Local Plan would be considered by the Cabinet in August.

It was AGREED to note the report from the Strategic Director, Regeneration and Environment, on the Brent Local Plan Preferred Options Consultation.

8. Brent Children's Trust Update April – September 2018

Gail Tolley (Strategic Director, Children and Young People) introduced the Brent Children's Trust (BCT) six-monthly update report, covering the period April to September 2018. The BCT was a partnership body comprising commissioners and key partners, which focussed on commissioning, joint planning and collaborative working to ensure resources were utilised to deliver maximum benefits for children and young people in Brent.

Gail Tolley highlighted that Ofsted had undertaken an inspection of Brent children's social care services in May 2018, from which Brent achieved a 'Good' Ofsted judgement, the best outcome that the council had received. In July 2018, the BCT considered the areas for improvement identified by Ofsted and offered a number suggested partnership actions for the established working group to consider taking forward, all of which had subsequently been completed. The Board's attention was drawn to each of the key areas of work focussed upon by the BCT during the reporting period including, childhood obesity, Special Educational Needs and Disabilities (SEND) Strategy implementation and the Children and Young People's Mental Health and Wellbeing Local Transformation Plan.

In the subsequent discussion the Board noted that the Daily Mile and Marathon Kids were both evidence based, Public Health initiatives promoted to schools. There had been initial bursts of enthusiasm with these programmes but it had been difficult to get schools to sign up. These initiatives were highlighted in the fortnightly bulletin sent to Head Teacher colleagues. The council would continue to raise the profile of such initiatives and could also raise the matter at termly meetings with Chairs and Vice Chairs of schools governing bodies. It was noted however, that children aged 5 to 16 years old spend only 15 per cent of their time in school and schools could not therefore be expected to tackle this issue in isolation. The council had recently submitted a bid for funding to undertake research into parental attitudes and engagement regarding childhood obesity to a government trailblazer initiative.

It was RESOLVED that

- i) Councillors M Patel and Agha be recommended to liaise with any councillors acting as school governors to promote proactive action by schools to help address childhood obesity.
- ii) The Board noted the update report from the Brent Children's Trust for the period April to September 2018.

9. Older People's pathway, Winter planning and performance

Tom Shakespeare (Director of Integrated Care) introduced the report updating the Board on the progress made with respect to the Older People's pathway. This was one of three core priorities previously agreed for the health and care transformation programme by the Board. There were two key components to the priority, both of which were supported by a steering group and overseen by the Older People's Pathway Programme Group. The two groups were: the operational hospital discharge steering group – overseeing day to day operational issues around hospital discharge and Home First, oversight and delivery of the joint Winter plan; and, the strategic older people's steering group – overseeing the review of the integrated discharge pathway.

In considering the report the Board noted:

- that consultants, Newton Europe, had been commissioned to provide specialist knowledge and support to redesign and deliver the integrated discharge pathway.
- the proposals to expand the Home First from January 2019.
- additional funding of £1.3m to be allocated to Brent council had been announced by the Department of Health. This funding was non-recurrent and was to be used to support improvements to timely and safe discharges from hospital - a plan had been jointly agreed to provide additional capacity to the system to improve patient flow. The initiatives contained within this plan included:
 - the implementation of a pilot 'Placement Premium' scheme, which would provide additional payments to care homes that provide timely assessment and placement of patients;
 - the provision of additional social worker, OT and co-ordinator capacity to scale up the Home First initiative to additional hospital sites (Imperial, Royal Free, Willesden, Central Middlesex). A target had been established of 30 people, per week being discharged through this pathway.
- System performance from June 2018 had been quite challenging, particularly in relation to delayed transfers of care (DTC). The atypically poor performance from June had been largely due to a high degree of staff sickness and annual leave. However, the team was now fully staffed and there has been a significant improvement in performance in December.
- With regard to DTC, the principal reason for delay remained the availability of placements. A West London Alliance analysis had revealed that 40% of all placements made in homes in Brent were made by boroughs other than Brent, and almost always at higher prices than Brent pays. Further work was therefore needed to understand what could be done with regard to market controls and joint or integrated commissioning between the council and Brent CCG.

In concluding his introduction, Tom Shakespeare welcomed Mark Bird's attendance at the meeting noting that work with care homes spanned all three of the key delivery areas of the transformation programme.

The Chair thanked Tom Shakespeare for the report and invited comments and questions from the Board. The Board subsequently discussed the following matters:

- a) A diagram capturing the older person's pathway had been created to assist colleagues across the system in understanding the pathway; however, it was recognised that the pathway contained a number of complexities. Previously there had been at least 44 ways of being discharged, now there were only three and work to refine how this model was communicated would continue.
- b) With reference to the proportion of care home placements being taken up by other boroughs, further detail was sought regarding the work taking place to 'free-up' beds for Brent's residents. Mark Bird advised that the matter largely came down to fees, noting that a care home could expect circa £1300 for a private resident and around £600 for a local authority referred resident. Furthermore, it was often the case that local authority referred residents

could have greater care complexities. Phil Porter (Strategic Director, Community Wellbeing) advised that the principle of integrated commissioning was to move away from market based competition and to emphasise the role of care homes as system managers. Mark Bird added that a strand of this work would be educating care homes about the services they could access.

- c) It was noted that as part of the New Accommodation for Independent Living (NAIL) provision there were 12 'step down' flats to accommodate people coming out of hospital.
- d) It was confirmed that the council was required to offer families three choices appropriate to their circumstances with respect to care home provision. If a private care home resident's funding were to deplete, the council would balance the available resources against what could be negotiated with the existing care home and the impact of a potential move on that individual. Whilst there were specialist faith care homes in Brent, most were encouraged to be multi-faith facilities.

Tom Shakespeare advised that the outcome of the work with Newton Europe would be reported to a future meeting of the Health and Wellbeing Board for consideration.

It was AGREED:

- i) To note the continued expansion of the rollout of Home First to an estimated 30 patients per week (an increase from 5 per week) following 'Pathway 1 – low needs care packages'. This will be across all hospital sites, not confined to Northwick Park Hospital.
- ii) To note the appointment of Newton Europe and the commencement of work to review the systems, processes and teams involved in discharge across all partners, and to come up with recommendations regarding a more integrated, more efficient discharge process by April 2019.
- iii) To note and agree the potential further expansion of the Home First programme to include other pathways (2 and 3) following recommendations coming to the Board as a result of the Newton Europe review to ensure Home First is sustainable.
- iv) To note the agreed winter pressure additional funding plan and note progress against it.
- v) To note that the joint review of delayed transfers of care data is ongoing to ensure there is a clear shared

10. Any other urgent business



None.

11. Date of next meeting

The Board noted that the next meeting was scheduled for 19 March 2019.

The meeting was declared closed at 7.35 pm

COUNCILLOR FARAH
Chair

  Brent Clinical Commissioning Group	<p align="center">Health and Wellbeing Board 23 April 2019</p> <hr/> <p align="center">Report from the Chair of Brent Children's Trust</p>
<p align="center">Brent Children's Trust supplementary update - April 2019</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Gail Tolley, Strategic Director Children and Young People Gail.tolley@brent.gov.uk 020 8937 6422 Wendy Proctor, Strategic Partnerships Lead wendy.proctor@brent.gov.uk 020 8937 4237

1.0 Purpose of the Report

- 1.1. The Brent Children's Trust (BCT) is a strategic partnership body made up of commissioners and key partners. The primary functions of the BCT include commissioning, joint planning and collaborative working to ensure that resources are allocated and utilised to deliver maximum benefits for children and young people in Brent.
- 1.2. The BCT has been reporting to the Brent Health and Wellbeing Board (HWB) by providing an update paper every six months. The last report, covering April 2018 – September 2018 was presented to the HWB in January 2019.
- 1.3. To strengthen the HWB oversight and remit, the BCT will now provide the HWB with an annual priorities report at the start of each municipal year plus one additional six monthly update report per year.

- 1.4. This paper provides a supplementary update of the BCT work programme from October 2018 and also outlines the priority areas of focus for the Brent Children's Trust from April 2019 to March 2020.

2.0 Recommendations

- 2.1. The Health and Wellbeing Board is asked to note the priority areas of focus for the Brent Children's Trust from April 2019 to March 2020.

3.0 Detail

- 3.1 The BCT meets every two months to review progress against the priority areas of focus and address any emerging local and national issues. From October 2018 the BCT met three times on 13 November 2018, 22 January 2019 and 12 March 2019.
- 3.2 The BCT, through its Joint Commissioning Group (JCG), oversees five groups tasked with implementing specific priorities across the partnership.
- 3.3 The BCT, JCG and transformation groups have consistent attendance with representation from Brent Council and Brent Clinical Commissioning Group (CCG). Other key stakeholders also attend the JCG which includes three school head teachers who have been active members since September 2017.
- 3.4 Since October 2018 the BCT has examined three main strategic themes: Early Help, 0-25 Service for Children with Disabilities and Special Educational Needs and Disabilities (SEND).

Early Help

- 3.4.1 The BCT is assured that significant progress has been made against the Early Help Framework.
- 3.4.2 This progress has been steered by the development of a delivery plan, led by the Working with Families Strategic Board, which reports into the BCT
- 3.4.3 The BCT noted the following key areas of progress:
- delivery of an extensive training programme aimed to embed the 'Lead Worker' and 'Whole Family Assessment' approach.
 - predicting future vulnerability
 - supporting parents to build the skills, knowledge and confidence to be confident, good parents
 - extending whole family working (Brent Family Front Door now only accept whole family early help assessments for referrals)
 - the 80% Troubled Families caseload target has been met
- 3.4.4 The BCT also accepted further progress is planned on the following priority areas:

- launch of the Early Help Assessment Portal
- completing Information Sharing Agreements
- ensuring new commissioning arrangements and future roles reflect the commitment to whole family working.

3.4.5 The BCT recognised the need to focus on the needs of local children and families in the context of diminishing resources specifically:

- The national Troubled Families Grant used to fund Early Help offer will cease in 2020.
- The requirement for Brent Council to make significant savings over the next four years.

3.4.6 In view of the pressures and needs outlined, a significant review of the Early Help offer is underway to identify a model fit for purpose from 2020 onwards.

3.4.7 The BCT has inputted into shaping this work, specifically into the proposals to develop Family Hubs

0-25 Service for Children with Disabilities (CwD)

3.4.8 The BCT supports the integration of the following existing services into Brent Council's Children and Young People Localities service:

- the 0-13 CwD team
- the Transitions team (previously located within Adult Social Care)
- the Ade Adepitan Short Break Centre

3.4.9 The remit of these teams has been changed to cover the 0-25 age range and there are direct links with the Transforming Care agenda.

3.4.10 The BCT will receive a joint (Brent Council and CCG) update report regarding the Stage 2 health partner integration proposals in June 2019.

SEND

3.4.11 The BCT continues to provide direction and support to implementing the Brent SEND implementation plan.

3.4.12 The SEND implementation plan is structured under 5 priority headings. All priorities resulted from work streams established within the Written Statement of Action (WSOA), resulting from the Ofsted/CQC inspection in May 2017.

3.4.13 In November 2018 the Department of Education (DfE) published a new framework for Local Area SEND inspections following the issuing of a WSOA. Any Local Authority that receives a WSOA will now have a re-

visit from the DfE within 18 months of the WSOA being declared fit for purpose.

3.4.15 The BCT are monitoring the preparation that has begun jointly between the Brent Council, Brent CCG and other partners to develop an evidence base of the impact of improvements made to services since May 2017.

3.5 Priority Areas of Focus for 2019/20

3.5.1 The BCT have identified the following priority areas of focus for April 2019 to March 2020:

- Childhood Obesity
- SEND
- Children and Young People's Mental Health and Wellbeing
- 0-25 Service - Children with Disabilities (Stage 2)
- Maternal Early Childhood Sustained Home-visiting (MECSH) service
- Transitional safeguarding between CYP and Adult Services
- Early Help and Family Hubs

3.5.2 The BCT have agreed to consider other areas of focus which may arise over the course of the year, including:

- any legislation changes relating to the functions of the BCT
- the introduction of new children's services
- the redevelopment of existing local services
- any appropriate newly identified commissioning arrangements

4.0 Financial Implications

4.1 There are no financial implications as a result of this report.

5.0 Legal Implications

5.1 There are no legal implications as a result of this report.

6.0 Equality Implications

6.1 There are no equality implications as a result of this report.

7.0 Consultation with Ward Members and Stakeholders



7.1 Brent Council and Brent CCG are members of the BCT and its sub groups and have contributed to this report.

Report sign off:

Gail Tolley

Strategic Director Children and Young People

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  <i>Clinical Commissioning Group</i>	Health and Wellbeing Board 23 April 2019
	Report from the Director of Integrated Care
Health and Care Transformation Programme Review	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Tom Shakespeare, Director of Integrated Care, tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To provide an update to the Board regarding progress of key activities of the joint Health and Care Transformation programme during 2018/19, and to seek comment and endorsement for the priorities for 2019/20.

2.0 Recommendation(s)

- 2.1 To note progress against the plan during 2018/19, and to provide comment and advice in relation to priority areas where progress has been slower.
- 2.2 To comment on and endorse the proposed additional priorities for 2019/20

3.0 Background

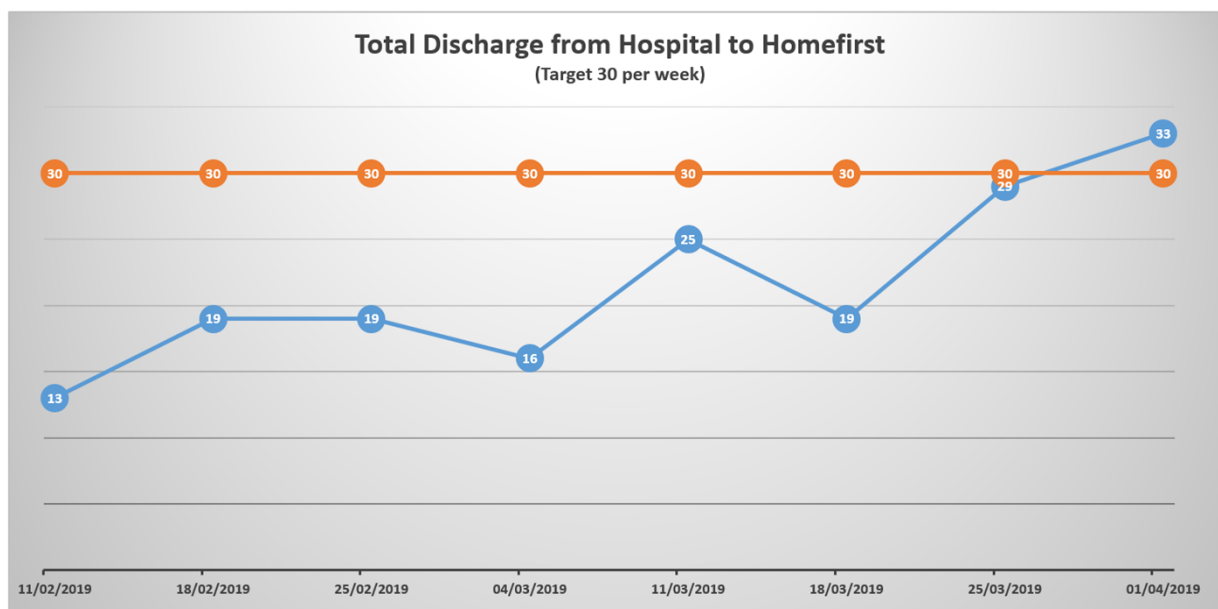
- 3.1 In October 2018 the Board agreed to a revised set of priorities for health and care transformation, with three core priorities for implementation, and three areas for scoping and development. These areas were as follows:
- 3.2 A patient centred older people's care pathway, reducing delays in hospital discharge and improving patient experience. This includes:
- Development and implementation of a system resilience plan and operational working group to reduce delayed transfers of care
 - Development and implementation of a plan to sustain Home First at scale, reducing handoffs, inefficiencies and duplication within the existing pathway
- 3.3 A joint commissioning and brokerage function for nursing, residential and home care, reducing delays and duplication and creating a catalyst for the development of a fully integrated care system. This includes delivery of the following objectives:

- Harmonisation of price paid in and out of borough for spot purchases for equivalent levels of care
 - Reduce DTOC due to nursing and residential placements and CHC assessment
 - Reduction in funding disputes between CHC and social care
 - 'One system' approach to market management with care homes to improve quality and value
 - Improved service user experience
- 3.4 A joint market management approach, including care home networks and training and development support. This includes delivery of the following objectives:
- Development of a shared approach with the care home market to respond to the big strategic challenges and opportunities facing the system
 - Prioritisation of support that will have the biggest impact on key system performance indicators across the system (LAS callouts/non conveyances, NEL, DTOC etc)
 - A focussed approach to working directly with individual care homes where there are the biggest performance challenges, working closely with the integrated commissioning and market management programme
- 3.5 In addition, by April 2020 the Board will have overseen:
- Development of our integrated care system, building on integrated commissioning, to take a whole system approach to incentives, investment and benefit realisation, enabling a greater focus on prevention and community services to keep people well and in their own homes
 - Development of new approaches to promote prevention and self care in the community
 - An integrated service or support for people with dementia

4.0 **Progress to date**

4.1 **Older people's pathway**

- 4.1.1 Integrated discharge pathway – Consultants, Newton Europe, were commissioned at the end of 2018 to provide specialist knowledge and support to redesign and deliver the integrated discharge pathway. The aim of this work is to streamline the discharge process through the Discharge to Assess (D2A) framework. The analysis is now nearing completion, and work is moving into the design phase, with system workshops. Implementation will start from May 2019, and a full report will be brought to the next Health and Wellbeing Board.
- 4.1.2 Home First – In January 2019 Brent's existing model of Home First (discharge home to assess) was expanded to Imperial and Royal Free Trusts, and re-launched at Willesden and Central Middlesex Hospitals. The refreshed model includes assessment at home, and relies on Trusts to push referrals. It is currently focussed on simple discharges (pathway 1), but there is an opportunity to expand to more complex patients (pathway 2 and 3) as part of the integrated discharge pathway work. The current target for accepted referrals is 30 people per week, and numbers have increased steadily since launch towards this target, as shown below:



4.1.3 Step down and short term beds – Brent has 19 step down beds in addition to extra care facilities to support timely discharge out of hospital. Work has been completed to tighten step down criteria, improve throughput and secure commitment from the CHC team to complete assessment out of hospital within 15 days

4.1.4 System resilience plan – In late 2019, partners worked together to develop a plan across health and social care for use of £1.3m non-recurrent funding over the Winter period. The plan included Home First expansion, a handyman service, a placement premium pilot and additional short term bedded placements. All aspects of the plan are now operational, and the plan was highlighted as an exemplar plan at the A&E Delivery Board

4.2 Integrated commissioning and market management

4.2.1 Placement Premium – the pilot scheme was launched in February 2019 to incentivize timely assessment and placement by care homes, with the aim of reducing delayed transfers of care from hospital. The model works on the basis that care homes receive £50 for assessment completed within 24hrs of referral, and an additional £50 if this results in a placement within 48hrs. The evaluation is to be completed in April, but initial indications suggest that there has been an impact on the speed of assessment, but it is early days to know whether there is any significant impact on the increased timeliness of placements

4.2.2 Integrated brokerage (and commissioning) – it was agreed that a CHC broker be co-located with adult social care brokers for nursing and residential care homes from 2018, following recommendations by consultants Ernst and Young in late 2017. The integrated brokerage function went live in June 2018, and the feedback from brokerage staff involved was positive, and fostered joint working and a shared understanding of the market and prices paid. Unfortunately work has since paused due to numerous staffing issues within Brent, Harrow and Hillingdon CHC team. At this point there does not seem to be a sustainable resolution to this issue. This is causing significant delay to the delivery of this priority area

4.2.3 Aligned pricing strategy – an analysis has been commissioned to inform market management opportunities across health and social care, recognizing that there are a significant number of complex placements across both health and social care. The output from this work will inform integrated commissioning priorities

for 19/20, and provide a clear pricing strategy for integrated brokerage.

4.3 Enhanced health in care homes

- 4.3.1 Care Home Forum – Forum established with provider chair (Mark Bird, Birchwood Grange Care Home), with a re-focussed agenda based on delivery and joint ownership of shared system priorities. Attendance and feedback significantly improved, and the input and leadership has enabled significant progress on key priorities, including the development of the Placement Premium.
- 4.3.2 Training – four focussed training programmes to support care home staff including ‘My Home Life’ training programme. There has been positive feedback from homes. Wave 2 from April 2019 with 3-4 Brent care homes and 7 homecare providers.
- 4.3.3 Red bag – this is a scheme to ensure key information follows a patient between hospital and home. It was launched in Brent but beset by operational issues. The opportunity for 2019/20 is to tie into Older People’s pathway redesign
- 4.3.4 GP Enhanced Care – provides MDT link through primary care into care homes 8-8, 7 days a week. This service has been well received by homes
- 4.3.5 NHS 111 *6 – 24/7 assessment and advice line to reduce hospital admissions from homes. IT has been well received but beset with operational issues, which now appear to be stabilising. Review to be completed through Care Home Forum in 2019/20
- 4.3.6 Medicines optimisation – pharmacist team supporting homes and providing training to optimise medicines

4.4 Scoping priorities

- 4.4.1 Self care – improved referral pathway developed to align Brent’s Social Isolation in Brent Initiative (SIBI) service (now part of Gateway) to the care navigators and care co-ordinators, based within primary care.
- 4.4.2 Integrated care system development – development of proposed new model to establish primary care networks and increase support to people who are at medium-high risk of hospital admission through enhanced focused support in the community. Work ongoing to link together with social care and with the new referral pathway for self care
- 4.4.3 Dementia and challenging behaviours – completed analysis of key causes of delay discharging patients home, and work is ongoing through to 2019/20 to establish support to homes to keep people at home and as independent as possible.

5.0 Proposed priorities for 2019/20

- 5.1 It is proposed that the priorities remain the same for 2019/20, with the following additions and changes:
 - 5.1.1 Enhanced health in care homes – review of priorities based on discussions with local system partners, care homes and resourcing and guidance from national

and NW London partners. Will include addition of support to care homes for people with dementia and challenging behaviours

- 5.1.2 Integrated commissioning and market management – fully integrate operational teams for continuing health care and adult social care nursing and residential placements, with an aligned pricing strategy and shared operating guidance for teams. (NB subject to resolution to current operational issues)
- 5.1.3 Older people's pathway – implementation of recommendations from consultancy report. Will include enhanced offer to homecare and reablement service to enable timely discharge of more complex patients.
- 5.1.4 Self care – implementation of new referral pathways between health and social care
- 5.1.5 Assistive technology – development of strategy to support cost-effective assistive technology solutions in people's homes and extra care to keep people independent and at home for as long as possible
- 5.1.6 Integrated care development – work directly with health networks to support increased alignment between social care and health

6.0 Financial Implications

- 6.1 Continue to review

7.0 Legal Implications

- 7.1 None

8.0 Equality Implications

- 8.1 None directly

9.0 Consultation with Ward Members and Stakeholders

- 9.1 Ongoing

8.0 Human Resources/Property Implications (if appropriate)

- 10.1 Continue to review

Report sign off:

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