



**Health and Wellbeing Board**  
30<sup>th</sup> October 2013

**Report from the Assistant Director of  
Strategy, Partnerships and Improvement**

For Action

Wards Affected:  
ALL

**Health and Wellbeing Strategy Development**

**1. Summary**

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

**2. Recommendations**

- 2.1 The Health and Wellbeing Board is recommended to:
- (i). Confirm the principles for the Health and Wellbeing Strategy outlined in the report, or suggest further revisions ahead of the finalisation of the Health and Wellbeing Strategy.
  - (ii). Confirm the objectives for each priority in the Health and Wellbeing Strategy
  - (iii). Note the RAG rating for each objective and use this as the basis for future meeting plans and agenda items
  - (iv). Task officers with preparing a final version of the Health and Wellbeing Strategy with an action plan for the Board meeting on 11<sup>th</sup> December 2013.

**3 Report**

**3.1 Introduction**

- 3.2 The Health and Wellbeing Board held a development session on the 11<sup>th</sup> September 2013, focussed on how the Board will operate in the future and how the Health and Wellbeing Strategy should be taken forward and adapted to become the overarching statement of the Health and Wellbeing Board's ambitions for health improvement in the borough. Some of the issues to emerge from the development session were:
- That the strategy as it stands is not fit for purpose and that its objectives need to be refreshed and an action plan put in place

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

### **3.3 Health and Wellbeing Strategy**

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

### **3.5 Principles**

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

3.7 Principles of the Health and Wellbeing Strategy:

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

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

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

### **3.10 Priorities**

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

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

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

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

3.14 This priority originally had five objectives. They were:

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

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

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

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

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

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

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

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

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

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

<b>Priority - Giving every child the best start in life</b>		
<b>Objective</b>	<b>Commentary</b>	<b>RAG Rating</b>
Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources.		
Agree and deliver a Child Oral Health Plan for Brent with NHS England	<ul style="list-style-type: none"> <li>• NHS England now commissions dentist services. Local agencies will need to build a relationship with commissioners.</li> <li>• An oral health plan is under development, but isn't in place yet.</li> <li>• Organisationally and logistically delivering a multi agency oral plan is complicated. For example to successfully deliver a fluoride outreach programme requires significant time and investment and the management of clinical risk.</li> <li>• There are questions around capacity within the Council to deliver in this area.</li> </ul>	<b>Red</b>
To expand partnership working with schools, nurseries, playgroups and other early years settings to improve the wellbeing of children.	<p><b>Enhanced Healthy Schools</b></p> <ul style="list-style-type: none"> <li>• Brent Enhanced Healthy Schools grant has, for 3 years, allocated money to school to promote / support health and wellbeing activities. The grant has provided a unique opportunity to work in partnership with schools and support a culture of tackling public health priorities.</li> </ul>	<b>Green</b>

	<p>Issue: Sources for continuation of funding needs consideration.</p> <ul style="list-style-type: none"> <li>• Healthy Schools London Award. Brent Schools are being encouraged and supported to sign up to and achieve Healthy Schools London Award as a public mark of excellence in health and wellbeing. PI – number of schools registered, number of schools achieving bronze, silver or gold awards.</li> <li>• Healthy Schools and Early Years Partnership Board provides an existing governance arrangement with representation from schools, health, education and voluntary sector.</li> <li>• Plans are being developed to work in partnership and support schools on the new 'School Food Plan' and launch of Free School Meals in September 2014.</li> </ul> <p><b>Early Years</b></p> <ul style="list-style-type: none"> <li>• Work has already happened to achieve the objective. Key outcomes to date following the first Healthy Early Years programme: <ul style="list-style-type: none"> <li>- 36 Early Years Settings worked towards the award. 22 achieved the Status.</li> <li>- 792 children between the ages of 0-5 were targeted</li> </ul> </li> <li>• There is a co-ordinated approach and action plan. The ambition is for all Early Years providers to participate in the award by April 2014. Children's Centres, Private and Voluntary Independent Settings (PVI) and Child-minders to be targeted. Partnerships with Health specialists in place for <ol style="list-style-type: none"> <li>1. Reducing Obesity</li> <li>2. Improving Oral Health</li> <li>3. Promotion of breast feeding and healthy weaning</li> <li>4. Promote Smoking cessation</li> <li>5. Ensure Immunisation up to date</li> </ol> </li> <li>• A Steering group was set up to monitor the progress of the early years settings award. The group will be refreshed and meet as of January.</li> </ul>	
Review our approach to childhood obesity and agree a revised strategy	<ul style="list-style-type: none"> <li>• Brent needs a multi agency plan for childhood obesity.</li> <li>• There is a need for an evidenced based intervention for young people who are already overweight or obese.</li> <li>• Some work is happening to address this issue in Early Years Settings however this has not impacted on KPIs.</li> </ul>	<b>Red</b>
Ensure that the council and partners is planning and ready for the transfer of health visitors by 2015 to deliver our priorities for young people in Brent	<ul style="list-style-type: none"> <li>• Need to establish dialogue with NHS England, as current commissioners of health visitors</li> </ul>	<b>Red</b>

### 3.21 Priority 2 - Helping vulnerable families

3.22 The original objectives for this priority were:

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

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

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

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

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

Priority – Helping vulnerable families		
Objective	Commentary	RAG Rating
Improve the identification and assessment of all vulnerable children underpinned by robust safeguarding procedures	<ul style="list-style-type: none"> <li>• Local Safeguarding Children's Board is leading this work but there is specific group leading the Brent Family Front Door (BFFD) work</li> <li>• Brent Family Front Door is up and running since July 2013 incorporating social care, health, police, probation and the Family Information Service</li> <li>• New e-CAF has been rolled out as common assessment tool, all schools are using it, plus other agencies</li> <li>• LSCB has multi-agency Business Plan, plus plans for BFFD</li> <li>• Success judged through Ofsted inspection and case audits</li> </ul>	Amber
Better multidisciplinary working for children with additional or complex needs	<ul style="list-style-type: none"> <li>• Multi disciplinary approach operates at the level of individual children involving social care, education, health etc.</li> <li>• Multi-agency working on Special Educational Needs improvements, SEN Strategy and Action Plan, with multi agency project board</li> <li>• Need to improve strategic approach – will be done through 0-25 disabilities project and implementation of new 'Education, Health and Care Plans'</li> <li>• Success judged through Ofsted inspection and case audit</li> </ul>	Amber
Improve outcomes for Looked after Children	<ul style="list-style-type: none"> <li>• An OFSTED/CQC inspection of Safeguarding and Looked after Children Services in Brent in October 2011 judged that the 'being healthy' standard for Looked after Children (LAC) was inadequate. A remedial action plan was agreed between the Ealing Hospitals Trust (Integrated Care Organisation Brent – <i>the Provider</i>), NHS Brent / Brent CCG and Brent Council from 1 April 2012.</li> <li>• Audit of LAC health files took place between April and May 2013 – 383 LAC files and a further 20 unaccompanied asylum seeking children).</li> </ul>	Amber

	<ul style="list-style-type: none"> <li>• All the health files audited with the exception of three, were compliant with recognised good practice and complied with professional record keeping guidance and standards.</li> <li>• There is an overall trajectory of improvement in health assessments, both IHA and RHAs and their resulting action plans and the quality of health assessments is being sustained most notably those completed in the last 6 months prior to this audit.</li> <li>• There remain issues due to a lack of information sharing across the partnership and from the lead agency, which is adversely affecting the quality of assessments.</li> <li>• Immunisation rates, teeth checks and health assessments for LAC have all increased over the last three years.</li> </ul>	
Helping families with complex needs	<ul style="list-style-type: none"> <li>• Working with Families Programme began in 2012</li> <li>• Multi agency WwF Operational Board is in place</li> <li>• Brent Family Solutions team consists of key workers to work intensively with complex families, convene team around the family</li> <li>• JCP, substance misuse, DV and YOS workers operating as part of Family Solutions service</li> <li>• New plan for Phase 3 of WwF being written</li> <li>• Success judged through 'troubled families' 'turned around' i.e. in employment, children attending school and not offending – reported to CLG for payment by results</li> </ul>	Amber

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

3.27 The original objectives for this priority were:

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

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

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

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

<b>Priority – Empowering communities to take better care of themselves</b>		
<b>Objective</b>	<b>Commentary</b>	<b>RAG Rating</b>
Promoting independence and responsibility for our health and healthcare	<ul style="list-style-type: none"> <li>Brent Clinical Commission Group is developing its self care strategy, supported by Adult Social Care and Public Health</li> <li>A steering group is overseeing this work</li> <li>Pump priming investment is available from the CCG for self care been</li> </ul>	<b>Amber</b>
Encouraging everyone to be physically active	<ul style="list-style-type: none"> <li>Multi agency group in place to take forward this work (CSPAN)</li> <li>The borough's Sport and Physical Activity Strategy is in place and includes a detailed action plan</li> <li>There are performance indicators being used to assess service performance, which are monitored through CSPAN</li> </ul>	<b>Green</b>
Promoting healthy eating	<ul style="list-style-type: none"> <li>Public health commissions interventions for adults in high risk groups. For example, Moving Away from Pre Diabetes programme and Weight Management schemes.</li> <li>There isn't a population level approach to this issue which is required.</li> </ul>	<b>Amber</b>
Strengthening our tobacco control partnership	<ul style="list-style-type: none"> <li>Smoking cessation service has transitioned to the council. Initial operational issues have largely been resolved.</li> <li>Tobacco Control Alliance is being re-launched following the transfer</li> <li>Brent has a developed tobacco strategy and specific work programmes around shisha</li> <li>Work needs to be done to revisit problems associated with chewing tobacco, e.g. paan. This will require smoking cessation services involvement (to address addiction issues) and public realm involvement to deal with the anti-social nature of paan chewing.</li> </ul>	<b>Amber</b>
Strengthening partnership work around alcohol	<ul style="list-style-type: none"> <li>Substance misuse, especially alcohol, is resulting in inappropriate A&amp;E attendances and admissions</li> <li>Stakeholder engagement on an alcohol policy has started, but achieving multi-agency buy in has been difficult</li> </ul>	<b>Red</b>
Improve the health of young people through addressing risk-taking behaviour.	<ul style="list-style-type: none"> <li>Training programme in place for professionals working with children to identify and address risks, refer appropriately and speak to young people about substance misuse and sexual transmitted disease (STD)</li> <li>Youth Offending Service have substance misuse specialist funded through MOPAC (Mayor's Office of Policing and Crime)</li> <li>MOSAIC youth project targets LGBT young people</li> <li>LAC steering group and LSCB support multi-agency working</li> <li>LAC pregnancies monitored by Children and Families.</li> <li>Public Health is to re-procure sexual health and substance misuse services for young people, so that they are more integrated and better able to meet the needs of their client group.</li> <li>LSCB's Vulnerable Groups Sub-Group takes an overview of this area of work.</li> </ul>	<b>Amber</b>

3.31 **Priority 4 - Improving mental wellbeing throughout life**

3.32 The objectives for this priority were:

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

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

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

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

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

<b>Priority - Improving mental wellbeing throughout life</b>		
<b>Objective</b>	<b>Commentary</b>	<b>RAG Rating</b>
Promoting and maintaining good mental health	<ul style="list-style-type: none"> <li>• Little evidence of a coordinated approach</li> <li>• Short term nature of schemes and funding can hamper work to maintain good mental health</li> <li>• Brent should consider adoption of New Economic Foundation approach to mental wellbeing – it has not done this to date. There is some work happening in libraries and with allotments, but this is limited in scope.</li> <li>• It is not clear how we would measure success.</li> </ul>	<b>Red</b>
Early identification and intervention for children with mental health problems	<ul style="list-style-type: none"> <li>• Tier 3 and 4 CAMHS services commissioned from CNWL, but is there a gap at the lower tiers?</li> <li>• The TaMHS project is working in 14 schools, 7 primary, 3 secondary and all 4 special schools. Since the project began, in 2009, 25 schools have been involved. TaMHS therapists support approximately 75 children/young people and families each term. Children and Families also fund Place To Be in some Brent schools.</li> <li>• Some outcomes which have been reported include a reduction in behavioural incidents reported at school and at home and improvements in attainment for children whose progress had stalled prior to intervention</li> </ul>	<b>Amber</b>

	<ul style="list-style-type: none"> <li>• Talking therapies for young people commissioned from the Brent Centre for Young People – this is a well regarded service</li> <li>• Currently no strategy or action plan guiding this work</li> <li>• No single group or board with overall responsibility</li> <li>• Council and CCG do not appear to be taking a co-ordinated approach to planning or commissioning</li> <li>• More attention needs to be paid to LAC service users and meeting their needs</li> <li>• It is unclear how success is measured currently.</li> </ul>	
Improved multi agency approach to mental health and substance misuse dual diagnosis	<ul style="list-style-type: none"> <li>• DAAT Board oversees substance misuse sector and commissioning of substance misuse services</li> <li>• Substance misuse strategy is in place</li> <li>• PIs show strong performance in substance misuse sector, among the best performing partnerships in London</li> <li>• Access to mental health support within the substance misuse sector is reasonable but LD and substance misuse issues can hinder access to mental health services</li> </ul>	Green
Improving wellbeing for people with a serious mental illness	<ul style="list-style-type: none"> <li>• Project underway to work with CNWL to demonstrate improvements in five key areas of mental health service provision. Council and CCG are working collaboratively on this project.</li> <li>• There isn't a single commissioning plan or strategy in place between council and CCG for mental health</li> <li>• Services are commissioned separately which doesn't make best use of resources at a time where both council and CCG are under significant financial pressure</li> <li>• It is unclear what service users would expect or understand from "wellbeing", or how we measure success.</li> <li>• A commitment to joint commissioning will lead to service redesign. The Board is the vehicle to drive this ambition.</li> </ul>	Amber
Early identification and intervention for dementia	<ul style="list-style-type: none"> <li>• A steering group oversees the dementia work taking place in Brent, ensuring that a Dementia Action Plan is implemented.</li> <li>• The steering group is led by Brent CCG, but the council is represented and there is a commitment to joint working in the area.</li> <li>• Brent CCG has recently invested an extra £800,000 into dementia services in Brent, following the commissioning intentions set out in the Dementia plan</li> <li>• Success is measured by monitoring the number of referrals to the Memory Clinics – at this stage, as work happens to diagnose dementia, success is measured by an increase in referrals.</li> </ul>	Green

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

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

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

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

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

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

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

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

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

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

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

<b>Priority - Working together to support the most vulnerable adults in the community</b>		
<b>Objective</b>	<b>Commentary</b>	<b>RAG Rating</b>
Reduced A&E attendances	<ul style="list-style-type: none"> <li>Brent CCG, North West London Hospitals Trust and Ealing Hospital Trust and other key partners are working together through the Urgent Care Board and working group to prevent all unnecessary admissions</li> <li>The fully integrated Clinical Single Point of Access is being piloted jointly with STARRS and social care as a strategic response to avoiding unnecessary admissions</li> <li>This will be evaluated by the end of 2013</li> <li>Integrated care pilot (ICP) in place for diabetes and older people. ICP has been extended to any patient a member of the multi disciplinary team believes would benefit from a care plan, but uptake is not as extensive as expected or having as much impact as planned</li> </ul>	<b>Red</b>
Reduced hospital admissions	<ul style="list-style-type: none"> <li>STARRS is achieving reductions in hospital admissions but the ICP and CSPA are not achieving as planned.</li> <li>There is a need for a shared analysis of the factors influencing unnecessary admissions</li> </ul>	<b>Red</b>
Reduced delayed discharges	<ul style="list-style-type: none"> <li>Operationally, Brent CCG, NWLHT, EHT and other key partners are working together to get rid of barriers to effective discharge. Failure to reduce delays from 2012/13 identifies this as a high joint priority</li> <li>The good operational dialogue is not the same as a fully integrated system for discharges, which 'pulls' people from hospital back into the community ensuring the right mix of support across health and social care is in place for that discharge. Although there is support for this approach, there is not a detailed plan for how to achieve it</li> <li>More can be done to ensure that the incentives put in place by national policy do not undermine local working, for example, shared dataset on delays that focuses on how we as a system can improve discharges, not which agencies is at fault</li> </ul>	<b>Red</b>
Improve support in the community to help people remain independent	<ul style="list-style-type: none"> <li>Brent Council is starting a project to deliver more supported living and more extra care (potentially 300 units over the next 3-4 years) , so people will have a more choice about where they want to live (at home, in housing that provides extra support, or is residential care).</li> <li>As part of this work, Adult Social Care is focusing on assessment and care management and ensuring they are equipped to support people to identify more creative solutions than residential care that allow people to live at home in their community</li> <li>Further work required to ensure that across health and social care there are no incentives in the system to push people into residential care and that everyone who supports vulnerable adults is able to support them to find</li> </ul>	<b>Red</b>

	the right support for them	
Customer satisfaction with management and support of long term conditions	<ul style="list-style-type: none"> <li>• The Integrated Care Pathway project is up and running in Brent which provides multi-agency case conferences for the most complex cases. It has also provided a productive forum for multi-agency improvement and learning</li> <li>• This project will be evaluated in during 2013</li> <li>• Further work is required to build on this and deliver fundamental operational change with community health and social care services being built around the GP to ensure a joined up approach for all</li> <li>• New initiative for diabetes will be in place by April 2014. Locality hubs and GP network development intended to increase capacity for long term conditions but not yet fully in place</li> </ul>	<b>Red</b>
Zero tolerance of abuse	<ul style="list-style-type: none"> <li>• Strong Safeguarding Adults Board with good attendance from all key partners</li> <li>• Clear priorities identified for this financial year: pressure care, financial abuse and female genital mutilation</li> <li>• Improved outcomes in terms of screening SGA alerts and getting conclusive outcomes to investigations</li> <li>• Operational dialogue between the CCG, Brent Council and CQC to share intelligence and focus action</li> <li>• The Quality, Safety, Clinical Risk and Research Group reviews reports from the Adult Safeguarding Board including serious incidents and lessons learned from serious case reviews. It quality assures Brent CCG commissioned services in respect of adult safeguarding.</li> </ul>	<b>Amber</b>

#### 4. Conclusions

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

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