



Health and Wellbeing Board

Wednesday 11 December 2013 at 7.00 pm
Boardroom - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

:
Dr Sarah Basham
Councillor George Crane
Christine Gilbert
Sue Harper
Councillor Krupesh Hirani
Dr Ethie Kong
Rob Larkman
Councillor Ruth Moher (Chair)
Ann O'Neill
Jo Ohlson
Councillor Harshadbhai Patel
Councillor Michael Pavey
Phil Porter
Melanie Smith
Sara Williams

representing

Brent CCG
Brent Council
Brent Council
Brent Council
Brent Council
Brent CCG
Brent CCG
Brent Council
Brent Health Watch
Brent CCG
Brent Council
Brent Council
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Brent Council

For further information contact: Lisa Weaver, Democratic Services Officer
0208 937 1358

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democracy.brent.gov.uk

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item **Page**

1 Declarations of interests

Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.

2 Minutes of the previous meeting 1 - 6

3 Matters arising

4 Health and Wellbeing Strategy and Action Plan 7 - 10

The Health and Wellbeing Board has asked Board members to develop an action plan for the Health and Wellbeing Strategy and amend the strategy document to take account of the changes agreed at the development session in September and the Board's previous meeting at the end of October.

Ward Affected:
All Wards

Contact Officer: Andrew Davies
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andrew.davies@brent.gov.uk

a) Health and Wellbeing Strategy 11 - 28

b) Strategy Action Plan To Follow

5 Health and Social Care Integration To Follow

6 Any other urgent business

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

Date of the next meeting: Wednesday 26 February 2014



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

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MINUTES OF THE HEALTH AND WELLBEING BOARD Wednesday 30 October 2013 at 7.00 pm

PRESENT: Councillor R Moher (Chair), Dr Sarah Basham, Councillor Crane, Christine Gilbert, Sue Harper, Councillor Hirani, Rob Larkman, Ann O'Neill, Councillor Pavey, Melanie Smith and Sara Williams

Also Present: Councillors Butt and Harrison, Katrina Anderson (Brent CCG) David Finch (NHS England),

Apologies were received from: Dr Ethie Kong, Jo Ohlson and Phil Porter

1. **Declarations of interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

That the minutes of the previous meeting held on 3 July 2013 be approved as an accurate record of the meeting.

3. **Matters arising**

Item 4, Matters arising

It was confirmed that the adequate Ofsted rating referred to a joint inspection of LAC and safeguarding.

Item 5, Health and Wellbeing Board Governance

The Chair informed the Board that a report would be received by Full Council in two weeks time to confirm the governance arrangements of the Board. The report intended to recommend all members of the Board being allocated voting rights except Council officers.

Item 9, Shaping a Healthier Future, - Implementation Update

Rob Larkman informed the Board that the Secretary of State for Health had confirmed his support for the Independent Reconfiguration Panel's recommendations on Shaping a Healthier Future. Work was still to be done to confirm the services retained at Ealing and Charing Cross Hospitals. Changes at Central Middlesex Hospital, such as the closure of A&E, would take place as soon as it was safe to proceed.

4. **Health and Wellbeing Strategy Development**

Andrew Davies, Policy and Performance Officer explained following the development session held in September 2013 the Board had agreed that the Health and Wellbeing Strategy needed a refresh. The report asked the Board to confirm the principles for the Strategy, objectives for each priority, a RAG rating for each objective and to task officers with preparing a final Health and Wellbeing Strategy with an action plan for the next meeting. In response to agreeing the principles, the Board queried how they would be delivered and how it linked to the CCG clinical commissioning intentions. It was clarified that the objectives within each priority would enable the delivery of each principle, with an action plan being developed to facilitate delivery. Rob Larkman explained that similar principles underpinned the CCGs clinical commissioning intentions and it was intended that they would fit together to support wider health ambitions. Members of the Board queried the term 'single point of access' highlighting that terminology needed to be meaningful to residents and it was agreed that a form of wording would be developed.

Andrew Davies drew the Board's attention to the rationale behind the RAG rating, highlighting that a red action did not necessarily mean that no work had been undertaken or that a service was failing in some way. Sara Williams explained that parenting programmes were currently being evaluated and the RAG rating and should be set at amber with further work to be undertaken. The Policy and Performance Officer acknowledged there were gaps in relation to the current position and that further information would be required for the action plan to ensure that actions carried out would add value. The Board noted concerns regarding poor dental health in children as well as obesity in children and noted the need to work collaboratively on an education programme to address issues proactively.

Andrew Davies highlighted the removal of objectives in priority two surrounding employment and housing however on reflection felt that the objective regarding employment should be made specific and achievable. Councillor Hirani felt that the objective concerning housing should remain, but focus on issues such as energy solutions and minor adaptations to improve health. It was noted that any work in relation to housing would need to be consistent with the housing strategy.

The Board noted the changes to priority three, endorsing the focus on tobacco control and were pleased to learn a declaration had been signed by Brent Council confirming its commitment to tobacco control. The Policy and Performance Officer drew the Board's attention to changes within priority four and noted that the New Economic Foundation approach to good mental health had not yet been adopted although Bristol City Council had undertaken the approach successfully. The approach looked at reframing activities rather than commissioning new services to improve mental wellbeing. The Board provided information relating to each objective including issues surrounding dual diagnosis, gaps in services and the requirement for a joined up approach to meet individuals various needs. Concern was expressed regarding the wide scope of the strategy and it was acknowledged that an in-depth review on each objective could not take place within the three year span of the strategy with the production of an action plan enabling a focused, but phased approach.

Andrew Davies informed the Board that the fifth priority was a new priority and although the ratings were red, it was hoped these would advance once Pioneer commenced. It was explained that a pilot was currently taking place to evaluate the most vulnerable in the district and the services they accessed and how best to

coordinate their needs to ensure improved services as well as potential savings and efficiencies through a holistic approach. The Board expressed concern that they may end up undertaking a monitoring role rather than working creatively on the actions. It was clarified that once the strategy was agreed, actions could be devised to ensure a proactive work programme is put in place.

RESOLVED:

The Health and Wellbeing Board agreed the following recommendations subject to the discussed amendments:

(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 11th December 2013

5. Health and Wellbeing Board meeting plan

Andrew Davies, Policy and Performance Officer echoed the intentions of the Board following the development session to be an interactive Board, working proactively and productively around set themes. It was felt that this would be best achieved through an informal setting although it was recognised that some aspects of the Board's statutory duties would required a formal meeting.

RESOLVED:

That an informal meeting approach be undertaken where appropriate.

6. Brent Clinical Commissioning Group Commissioning Intentions 2014/15

Rob Larkman, Chief Executive CCG, informed the Board of the work that had been undertaken to date and the future timetable of the CCG's clinical commissioning intentions. He noted that the principles underpinning the intentions were similar to those in the Health and Wellbeing Strategy and intended to improve preventative services, working with partners to reduce inappropriate A&E attendance. Rob Larkman continued to explain that there would be numerous challenges such as meeting an increasing demand with lower resources, meeting and exceeding performance standards such as the 18 week referral to treatment targets as well as the impending merger of acute and community care providers. Additionally the demographics of Brent were highlighted as a challenging factor due to the high levels of deprivation as well as a high level of young and elderly persons living in the borough. Rob Larkman drew the Board's attention to the QIPP requirements whilst commissioning and highlighted that although the CCG were currently in a stable financial position, it was anticipated that annual savings of 4% would be required to meet changes in funding.

In response to queries regarding the level of consultation and discussion with patients on the commissioning intentions, Rob Larkman explained that in principle it was articulated within the document although recognised it needed to be made explicitly clear.

Rob Larkman drew the Board's attention to the various areas that required commissioning including; acute care, community health services, mental health, children's services and developing primary care. He continued to explain the intention to improve each pathway of care with the hope to reduce unnecessary emergency admissions and to ensure that the appropriate care was received in a community setting. It was hoped that the commissioning of urgent services would help deliver the CareUK model as well as improving the 18 week target and improve integration of care to provide a seamless service.

During discussion, the rationale behind the commissioning intentions was queried. Rob Larkman explained that although financial challenges were a factor in the decision to commission services, service improvement was the main driver behind plans for new services. . It was noted that there were few savings that could be achieved through realigning back office support, with services being commissioned through balancing QIPP and ensuring quality for patients. The Board queried the level of joined up working and whether opportunities to offer support in numerous venues such as children centres were being explored. Rob Larkman acknowledged that a greater integrated approach was required to release efficiencies and to avoid duplication of resources. The Board queried whether the extension of GP hour's pilot had been commissioned. It was clarified that it had been on a pilot basis from practices in each of the five locality areas. Some were already operating extended hours, whilst others would be starting soon.

In response to queries regarding the need to re-commission Local Enhance Services, the CCG explained that the LES contract could not be used from April 2014 and so the CCG was required to re-commission these services. LES services were delivered as an enhanced service at GP surgeries, but to ensure competitors did not feel blocked or restricted, the CCG will need to consider how it approaches re-commissioning to ensure continuity, but also to abide by requirements such as Any Qualified Provider. The CCG explained it was important that decisions on LES contracts would need to reduce the risk of challenge whilst retaining services in the best interests of patients. David Finch, NHSE, highlighted that due to contractual barriers regarding commissioning primary care services, he felt that more could be done, with the need to reshape the delivery of primary care being a large challenge.

During discussion it was queried how the CCG intended to engage the public during consultation. Rob Larkman acknowledged that consultation varied across PCTs' but recognised a need to develop a meaningful dialogue with residents. Rob Larkman explained the CCG had a commitment to engaging the public and patients and felt that if the current perception was that consultation was not sufficient then alternative methods of engagement would need to be explored. He continued to explain that the CCG would be looking to consult formally on a new service design and model of care. Sarah Basham highlighted that as well as a wider consultation, specific groups should be targeted, whilst ensuring the statutory consultation duty was fulfilled through a variety of engagement methods to ensure a diverse consultation. Following queries regarding how results would be measured and

communicated, it was felt that a communication strategy was required with an emphasis on executive summaries that were accessible for all being produced.

RESOLVED:

The Board noted the report.

7. **Any other urgent business**

None.

The meeting closed at 8.50 pm

R MOHER
Chair

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 Brent	<p style="text-align: center;">Health and Wellbeing Board 11 December 2013</p> <p style="text-align: center;">Report from the Assistant Chief Executive</p>
For Action	Wards Affected: ALL
Health and Wellbeing Strategy and Action Plan	

1. Summary

- 1.1 The Health and Wellbeing Board has asked Board members to develop an action plan for the Health and Wellbeing Strategy and amend the strategy document to take account of the changes agreed at the development session in September and the Board's previous meeting at the end of October. The strategy document and draft action plan are included as appendices to this report. The Health and Wellbeing Board is asked to comment on and approve both documents.

2. Recommendations

- 2.1 The Health and Wellbeing Board is recommended to:
- (i). Approve the Health and Wellbeing Strategy Document
 - (ii). Comment on and approve the Health and Wellbeing Strategy Action Plan
 - (iii). Agree the Board's focus for the coming year to enable officers to plan themed meetings and workshops

3 Report

- 3.1 The Health and Wellbeing Board has spent time at its development session and meeting at the end of October discussing and amending the Health and Wellbeing Strategy. The focus of the Board's attention has been on agreeing the objectives that sit beneath each of the five priorities for the Board. The Board has also agreed a new set of principles for the Health and Wellbeing Strategy, which should influence the work of each partner as they carry out their day to day business.
- 3.2 Assuming the Board agrees, the revised principles for the Health and Wellbeing Strategy are:
- We will work together to deliver improved services
 - We will provide safe, high quality services which respond to individuals
 - We will work together to make sure every contact with service users counts

- We will promote a culture of self care and personal responsibility
 - We will focus on disease prevention and health promotion
 - We will engage in an on-going dialogue with our communities, residents and patients
 - We will provide opportunities for individual and community empowerment
 - We will achieve more for less and make the very best use of resources
- 3.3 The amendments to the strategy document that the Health and Wellbeing Board had requested have been done, and a revised version is included as appendix 1 to this report. The most significant change is that the fifth priority, “Working together to support the most vulnerable adults in the community” has been added into the strategy, along with the objectives agreed by the Board. It has also been updated to include more current information where it is available. But, as the Board has agreed, much of the original strategy remained relevant and changes are minimal.
- 3.4 Board members have also been working on a Health and Wellbeing Strategy Action Plan. This was one of the Board’s requests from its meeting in October. A draft action plan is included at appendix 2 to this report. The Board is asked to comment on and approve the action plan, which will be used to monitor progress against each of the strategy objectives.
- 3.5 In developing the action plan it has been made clear that the Board’s expectation was that it should guide activity for the next three years. As a result, milestones up to 205/16 have been include in the plan to give Board members a sense of the longer term activity that will be taking place within each priority. The Board also wanted to focus on achieving specific outcomes and “quick wins” as well as longer term health improvement activity. The action plan attempts to balance these demands for the Board.
- 3.6 It is important the Health and Wellbeing Board has ownership of the action plan and uses it to guide its focus over the coming months. The Board should take the time to review each of the priorities in the action plan to ensure that the progress milestones and outcomes against each priority are significantly robust to inform members on the progress being made in achieving each of the objectives.
- 3.7 Assuming the Board approves the action plan, it will be revised and updated at regular intervals and presented to the Board to enable members to monitor progress. This can be done on an exception basis, or focussed on one priority at a time. But at least once a year the Board should be devoting time to a general update on the implementation of the Health and Wellbeing Strategy.

4. Conclusions

- 4.1 The Health and Wellbeing Board should consider the final strategy document and action plan that are appended to this report and confirm whether they are happy with both, or wish to make further amendments. Assuming the Board approves the Action Plan, thought should be given to the areas where the Board wishes to focus initially so that officers can work to plan themed meetings and work shops on the priority areas.

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The Brent Health and Wellbeing Strategy

2014 – 2017 (Draft)

The role of the Health and Wellbeing Board

Brent's Health and Wellbeing Board brings together senior representatives from Brent Council, Brent Clinical Commissioning Group (CCG) and Brent HealthWatch to work in partnership to improve the health of the population of Brent. The key functions of the Board include:

- To coordinate the development of the Joint Strategic Needs Assessment (JSNA) which articulates the health and wellbeing needs of the residents of Brent.
- To determine the priorities for, and prepare a Joint Health and Wellbeing Strategy for Brent.
- To promote joint commissioning and integrated provision between the NHS, public health and social care.
- To consider Clinical Commissioning Plans and Social Care Commissioning Plans and ensure that they are in line with the Health and Wellbeing Strategy.

What we hope to achieve

Through the development of the Health and Wellbeing Strategy, the Board aims to improve health and wellbeing across Brent and to reduce the health inequalities that exist within our borough.

This strategy is not a comprehensive collection of all future commissioning intentions across health, public health and social care; that can be found in other key documents such as the commissioning intentions of the CCG. It is also worth noting that just because something isn't explicitly mentioned in the strategy it is not important or that work on it won't continue. Rather this strategy focuses on the key priorities for this Board rather than other partnerships in Brent, where working together can bring real added value to health and wellbeing across Brent over the next three years.

How we developed our strategy

The bedrock of this new strategy is our Joint Strategic Needs Assessment which articulates the challenges which need to be addressed to improve the health of our population.

This strategy reflects existing commissioning plans and strategies such as the CCG Commissioning intentions and the Children's Partnership Plan. It also takes particular note of the CCG Out of Hospital Care Strategy which outlines the ambition to provide better integrated services closer to patients' homes within community and primary care settings.

How we developed our strategy (continued)

The other crucial element to develop this strategy has been stakeholder engagement throughout both the development of our JSNA and on the key priorities for this strategy.

The Health and Wellbeing Board has considered all of these three elements in drawing up its list of key priorities. This document lays out the vision and principles of the Health and Wellbeing Board including the five key priorities for our strategy:

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- 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**

For each of these priority areas, key strategic objectives have been defined with clear actions, milestones and outcomes to enable us to monitor overall progress over the next three years. These are set out in this document and the Health and Wellbeing Strategy Action Plan.

People and place

Brent is a place of contrasts. Home of the iconic Wembley Stadium, Wembley Arena and the spectacular Swaminarayan Hindu Temple, our borough is the destination for thousands of British and international visitors every year.

Brent is served by some of the best road and rail transport links in London and the area is accustomed to the successful staging of major events such as the Olympic Games events in 2012 and Champions League Final in 2013.

Our population is young, dynamic and growing (311,200 according to the 2011 census). Our long history of ethnic and cultural diversity has created a place that is truly unique and valued by those who live and work here.

Despite these strengths Brent is ranked amongst the top 15% most-deprived areas of the country. This deprivation is characterised by high levels of long-term unemployment, low average incomes and supported through benefits and social housing. Children and young people are particularly affected with a third of children in Brent living in a low income household and a fifth in a single-adult household. The proportion of our young people living in acute deprivation is rising.

Key challenges

Living in poverty generally contributes to poorer health, wellbeing and social isolation. The statistics show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life. While overall life expectancy is in line with the rest of London there are significant health inequalities within the borough. For example the gap in life expectancy for men between the most affluent and the most deprived parts of the borough is 8.8 years.

Our diversity is a great strength and our various communities are valuable assets to bring about real change for families and individuals. But at the same time, many new communities are still not accessing the information and services available to help them improve their health and wellbeing.

Community engagement is a cross-cutting theme which runs throughout this strategy. Only by working together with our communities and the voluntary sector will we be able to improve health and wellbeing for all of our population.

There are enormous organisational changes occurring and proposed within the wider NHS including the reconfiguration of commissioning organisations and hospital providers, and the replacement of many

Key challenges (continued)

non-acute services in hospitals with better integrated services based closer to patients in the community and within primary care.

These organisational and service changes could bring about real improvements in the quality of care received by many patients. But at the same time there is a risk that organisational change will distract partners from much of the prevention work required to promote health and wellbeing more widely in our communities.

Our JSNA highlights a number of key health and wellbeing challenges which this strategy will aim to address including:

- Low rates of readiness for school amongst under-fives
- Poor oral health amongst children
- Rising levels of obesity – 11% of under 5s and 24% of 12 year olds are obese. Over 21% of adults in Brent are estimated to be obese
- Low levels of participation in physical exercise – almost half our adults do not achieve recommended levels of physical activity
- Increasing rates of alcohol-related hospital admissions

- Mental health remains the single largest cause of morbidity within Brent affecting one quarter of all adults at some time in their lives.
- Cardiovascular disease, chronic respiratory disease and cancers are the biggest killers in Brent and account for much of the inequalities in life expectancy within the borough.
- High levels of many long-term chronic conditions which are often related to our poor lifestyles, relative deprivation and in some cases our ethnic make-up. Diabetes is a good example of such a condition and we currently have 18,000 registered diabetic patients in Brent with numbers likely to grow in the future. We need to improve outcomes for these patients by helping more patients take a more active approach to their own care as well as improving the quality of our services in the community.
- The need to increase access to, and to expand, key prevention and screening programmes
- Rising levels of dementia amongst older adults

The Health and Wellbeing Board wants to create an environment in Brent that enables individuals and families to lead healthy lives, and where health and wellbeing is at the heart of service delivery. This will require a commitment from both individuals and a range of local organisations to take more responsibility for our health and wellbeing. By focussing on our key priority areas, we believe that we can add value to existing commissioning plans and make real inroads into reducing health inequalities across the borough.

Giving every child the best start in life

Giving each child in Brent the best start in life and preparing them for school is one of the strategy's priority areas. The first years of life are crucial for the physical, intellectual and emotional development of individuals and have lifelong effects on many aspects of health and wellbeing. We intend to divert much of our energy to improving the quality of life for our youngest residents, focussing on key areas such as parenting programmes, improving access to services for hard-to-reach groups; and encouraging healthy behaviours through a range of settings including children's centres and nurseries.

Helping vulnerable families

Helping vulnerable families to thrive is crucial to tackling the health inequalities that currently exist

within Brent. We will do more to help specific groups including families with complex social needs.

More widely, we recognise our responsibility to address the socio-economic factors which have the greatest impact on many of our families, such as unemployment and a lack of good quality housing. There are no quick solutions to these problems, but they will be a major focus of the Health and Wellbeing Board's work over the coming years, helping to ensure that partner organisations in Brent are working to help address the key social determinants of health.

Empowering communities to take better care of themselves

Given the rise in local demand for health and social care, the NHS in Brent will only thrive if local people develop greater capacity to manage their own health and health care. The NHS in Brent will play a full role in working with local people to improve self management and will achieve this by commissioning much better self management of care for people with long term conditions. We will also commission health improvement services that will work with communities to help them take better care of themselves. We will work with our diverse resourceful communities to improve their capacity to take better care of themselves. This is vital across all aspects of health care, but is especially so for improving mental health.

Improving mental wellbeing

Mental health is a key priority for this strategy and we recognise the need to promote mental wellbeing in our communities and to address the stigma and lack of awareness around mental illness. This will involve us actively working with our communities, voluntary and faith groups to actively promote mental wellbeing and increase levels of awareness.

We are keen to ensure that Brent commissions a comprehensive, recovery focused, mental health service which will provide care in an integrated and coordinated manner. This will build on our commitment to expand the provision of early interventions for people with mental health problems and to improve the quality of care for individuals with serious mental illness; which includes the need to provide people recovering from illness with meaningful employment and secure housing.

Working together to support the most vulnerable adults in the community

The priority has been informed by work that is happening to improve urgent care in Brent, and integrate health and social care services. Both the local authority and CCG have a shared interest in increasing patient expertise and capacity to manage their health in the community, to provide better support to aid the management of long term conditions and the better use of technology to deliver services. Brent CCG is working on whole system integration, in particular how urgent primary care in hours and out of hours (24/7) and Urgent Care Centres in Brent could be remodelled. Possible changes include greater social care links with A&E departments to help reduce admissions and to identify vulnerable adults.

Overview of our strategy

Aims:

Improve health and wellbeing

Reduce health inequalities

Principles:

We will work together to deliver improved services

We will provide safe, high quality services which respond to individuals

We will work together to make sure every contact with service users counts

We will promote a culture of self care and personal responsibility

We will focus on disease prevention and health promotion

We will engage in an on-going dialogue with our communities, residents and patients

We will provide opportunities for individual and community empowerment

We will achieve more for less, making the very best use of resources

Priorities:

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

What are our key issues?

Brent has seen an improvement across a number of child health outcomes in recent years including immunisation and breastfeeding rates. However oral health and childhood obesity remain two areas of real concern. More than 11% of local children are already obese in their reception year, this is a significantly higher rate than the rest of London. Similarly we have the highest rates of dental decay in young children (44% of our under-5s).

The first few years of life have a crucial impact on the future development of children. Positive and supportive parenting is key to this and there is good evidence of the beneficial impact of parenting programmes. In Brent we have a range of parenting programmes, however the drop-out rate from local programmes is high and we need to examine how we can better tailor our services to meet the needs of our communities.

We are committed to supporting the early development of healthy behaviours and fostering a supportive community and accessible services for parents and families. There are a whole range of teams who contribute to this including midwives, health visitors, children's centres, primary care teams and specialist services. However we need to do more to ensure that

all communities have access to the same information and services. And we need to increase engagement with black and minority ethnic groups who have not traditionally accessed our local services.

Readiness for school is a key marker of future life chances. In Brent only 57% of 5-year olds reach a good level of development at age 5 (compared to 59% across London). In addition to the support that is given to families by Children's and health services, we are keen to expand on work with schools and nurseries to improve the wellbeing of children in their early years.

Key objectives:

Our key objectives to deliver progress on this priority are:

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

What are our key issues:

The importance of working with vulnerable families to tackle health and social problems cannot be overstated. A whole family approach is being developed to help break the cycle of poverty, unemployment, crime, substance abuse and poor educational attainment that affect some families in Brent. We are developing an initiative to work intensively with 300 such families initially and this number will eventually rise to 800.

There are a number of drivers behind the Health and Wellbeing Board's decision to prioritise helping vulnerable families, not least the Ofsted Inspection of Safeguarding and Looked After Children in 2011. This inspection identified key areas for improvement that are being taken forward. The importance of this work is understood and recognised by the Board and is a central component to this part of the strategy.

Brent's unemployment rate is higher than the London and national average. Similarly, average incomes in Brent are below London and national averages, which makes much of the borough unaffordable to live in for people on low incomes.

There are currently 18,000 people on the Housing Register in Brent (11,000 who have an identified housing need), but only 871 lettings to social housing were made in 2011/12. New changes to the benefit system may result in even more overcrowding within the private and social housing sectors and the accompanying detrimental impacts on physical and mental health.

Reducing the impacts of poor quality housing and low income on health and wellbeing is one of our key objectives. And the Health and Wellbeing Board is determined that it does all that it can to enable all families in Brent to thrive.

Key objectives:

Our key objectives to deliver progress on this priority are:

1. Improve the identification and assessment of all vulnerable children underpinned by robust safeguarding procedures
2. Improve multidisciplinary working for children with additional or complex needs
3. Improve outcomes for Looked after Children
4. Helping families with complex needs
5. Reduce the impact of poor quality housing on health and wellbeing

What are our key issues?

Far too many of us in Brent are not living well and are storing up health problems for the future. We have a relatively young population and yet we have the third lowest levels of physical activity in England. Sedentary lifestyles, poor diets and stress are leading to a large proportion of our population developing long-term chronic diseases such as diabetes, heart disease, high blood pressure and chronic bronchitis.

Worryingly, local people who do develop these long-term conditions often have poor outcomes in terms of complications and deaths. There are a multitude of reasons for this, which include the need to improve the quality of some community and primary care services.

However at the same time we need to ensure that communities are able to promote more independence and responsibility for their health and healthcare needs. This includes encouraging individuals to seek appropriate help earlier, as good treatment started early can prevent many future complications.

In addition, patients need to become more engaged with and more knowledgeable about their care, so that they feel happy to engage with and agree with the long-term treatment plans which are needed to control

their disease(s) over the years. Too often we find that many patients simply do not understand their treatment and unilaterally stop taking their medicines, which often has serious adverse consequences.

If we want primary and community services to be more pro-active and prevent more future disease, than we need to ensure that we use our resources more wisely. In these difficult economic times we need to maximise the impact of our doctors and nurses by reducing the number of inappropriate visits which could have been dealt with at home or by the pharmacist; for example common coughs and colds.

The reported use of drugs, alcohol and smoking amongst young people remains a high priority and given our dynamic demographic make-up we need to remain focused and build on existing work to further reduce risk-taking behaviour amongst adolescents.

We need to reach out to all people in Brent and promote healthier lifestyles, better preventative services and a more responsible use of our healthcare resources. And once people do develop a chronic condition, we need to work with communities to help ensure that patients are engaged with, and better understand their health and social care package.

Key objectives:

Our key objectives to deliver progress on this priority are:

- 1. Promoting independence and responsibility for our health and healthcare**
- 2. Encouraging everyone to be physically active**
- 3. Promoting healthy eating**
- 4. Strengthening our tobacco control partnership**
- 5. Strengthening partnership work around alcohol**
- 6. Improve the health of young people through addressing risk-taking behaviour.**

Mental ill health is the single most common cause of morbidity in Brent. It will affect around one in four of all adults and one in ten children.

Promoting mental wellbeing and intervening early to help children and adults before they develop serious mental health conditions is the most effective approach to tackle these conditions. This approach needs to be taken throughout the life course whether it is helping; new mothers with post-natal depression, children who are finding it hard to adjust to school, or adults who are struggling with mild anxiety or depression.

We have made some progress to-date but need to continue to expand our service offer. For example we have some very good programmes which work with children with low-level conduct disorders in schools. Family group-therapy is an excellent intervention which can benefit children, families and schools and overall this is one of the most cost-effective mental health interventions. However at the moment this service is only provided to a limited number of Brent schools.

In 2010/11 there were over 16,000 Brent adults who were on a GP practice register for depression. We have recently made large increases in the provision of psychological therapies which can help many

individuals with anxiety disorders or depression. However we still need to do more to match the growing needs of our population.

During the JSNA consultation many individuals and organisations raised concerns over the quality of services for people with a serious mental illness. Our rates of in-patient admission for individuals with a serious mental illness are high. And we are aware that we need to improve the general health and wellbeing of these patients, rather than simply focusing on medical treatments alone. This includes the need to help individuals find meaningful employment and secure housing following recovery.

Finally as our population ages, older people's mental health will becoming an increasing priority with the need for better early intervention to reduce the impact of dementia on patients and families.

Key objectives:

Our key objectives to deliver progress on this priority are:

1. Promoting and maintaining good mental health
2. Early identification and intervention for children with mental health problems
3. Improved multi agency approach to dual diagnosis for mental health and substance misuse and mental health and learning disabilities
4. Improving wellbeing for people with a serious mental illness
5. Early identification and intervention for dementia

There is significant work happening in Brent to bring together, or integrate, health and social care services. This is a shared ambition of the council and CCG. Both are facing increasing demand for services, but are having to respond to these challenges with fewer resources. There is an acceptance that continuing to provide services as they are currently is not an option if services are to improve and be affordable. Health and social care services have to integrate and work collaboratively in the best interests of patients

Central to this is the desire to increase patient expertise and capacity to manage their health, providing better support early on to aid management of long term conditions and better use of technology in the delivery of services.

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 and a focus on preventing unnecessary admissions.

There is already a range of services in place working to support people in the community, such as the STARRS service, which is to be evaluated at the end of 2013/14, and the Integrated Care Pilot. This priority will ensure that the Health and Wellbeing Board follows up on service developments and challenges organisations to implement and deliver services that are known to provide positive outcomes for residents.

Despite the service innovation that is already happening there are significant issues that need to be addressed, such as reducing delayed discharges and better assessment and care management, to support people to live in the community through the development of innovative social care solutions. The objectives that relate to this priority will help the Health and Wellbeing Board assess whether partners have been successful in meeting the challenges the borough is facing in supporting our vulnerable residents to live productively and healthily in the community.

Key objectives:

Our key objectives to deliver progress on this priority are:

- 1. Reduced A&E attendances**
- 2. Reduced hospital admissions**
- 3. Reduced delayed discharges**
- 4. Improve support in the community to help people remain independent**
- 5. Customer satisfaction with management and support of long term conditions**
- 6. Zero tolerance of abuse**