Public Document Pack

Brent

Brent Clinical Commissioning Group

Health and Wellbeing Board

Tuesday 10 November 2015 at 7.00 pm
Boardrooms 5-6 - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Membership:

Members		Substitute Members
Councillor Butt (Chair)	Brent Council	Councillors:
Councillor Carr	Brent Council	Denselow, Mashari, McLennan and Southwood
Councillor Pavey	Brent Council	
Councillor Hirani	Brent Council	
Councillor Moher	Brent Council	
Carolyn Downs	Brent Council	
Phil Porter	Brent Council	
Dr Melanie Smith	Brent Council	
Gail Tolley	Brent Council	
Andrew Donald	Brent Council	
Dr Sarah Basham	Brent CCG	
Rob Larkman	Brent CCG	
Sarah Mansuralli	Brent CCG	
Ian Niven	Healthwatch Brent	

For further information contact: Peter Goss, Democratic Services Manager
0208 937 1353 peter.goss@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:
democracy.brent.gov.uk

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item Page

1 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 - 4

3 Matters arising (if any)

4 Living with dementia in today's community 5 - 12

Ward Affected: All Wards

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

5 Like Minded - North West London Mental Health and Wellbeing Strategy - Case for Change 13 - 30

6 Brent Winter Plan and Better Care Fund report 31 - 36

Ward Affected: All Wards

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

7 Brent CCG Commissioning Intentions 2016/17 37 - 56

8 Adding Value - Health and wellbeing priorities and ways of working

The Board will receive a presentation.

Ward Affected: All Wards

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

9 Pharmaceutical Needs Assessment update 57 - 60

Ward Affected: ***Contact Officer**:* Dr Melanie Smith, Director

All Wards		Public Health Tel: 0208 937 6227 melanie.smith@brent.gov.uk

10 Any other urgent business

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

Date of the next meeting: Tuesday 26 January 2016

Please remember to switch your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.

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Brent

MINUTES OF THE HEALTH AND WELLBEING BOARD
Tuesday 2 June 2015 at 7.00 pm

PRESENT: Councillor Butt (Chair and Leader of Brent Council), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group, Christine Gilbert (Chief Executive, Brent Council), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), Dr Ethie Kong (Chair, Brent Clinical Commissioning Group), Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups), Sarah Mansuralli (Interim Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Moher (Lead Member for Children and Young People, Brent Council), Ann O'Neil (Director, Healthwatch Brent), Councillor Pavey (Deputy Leader of Brent Council), Phil Porter (Strategic Director, Adults, Brent Council) and Dr Melanie Smith (Director of Public Health, Brent Council),)

Also Present: Councillor Filson

Apologies were received from: Gail Tolley (Strategic Director, Children and Young People, Brent Council).

PART A

For the first part of the meeting, members of the board took part in a facilitated workshop on Social Isolation.

The board then briefly adjourned and reconvened to consider the remaining business on the agenda.

PART B

1. **Declarations of interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 19 March 2015 be approved as an accurate record of the meeting subject to the following amendments:

- Sarah Mansuralli's job title to be amended to read 'Interim Chief Operating Officer, Brent Clinical Commissioning Group' consistently throughout the minutes;

- In the fourth sentence of the second paragraph under the heading Better Care Fund Update, the reference to 'clinical care' be replaced with 'institutional care'.

3. **Matters arising**

Sarah Mansuralli (Interim Chief Operating Officer, Brent CCG) provided an update on co-commissioning, advising that at a meeting on 21 May discussion centred on the establishment of the committee, how it would work and the seeking of further nominations from Health and Wellbeing Boards. Members were advised that the Brent HWB should consider a nomination for submission to the North West London Joint Co-Commissioning Committee. It was highlighted that the meetings of the committee would be open to the public to observe.

RESOLVED:

That Councillor Hirani as Lead Member for Adults and Health and Wellbeing be nominated as the Brent Health and Wellbeing Board representative for the North West London Joint Co-Commissioning Committee.

4. **NHS Brent CCG: Quality Premium 2015/2016**

Sarah Mansuralli (Interim Chief Operating Officer, Brent CCG) introduced a report seeking the Board's approval of the proposed Quality Premium measures for 2015/16. It was explained that the Quality Premium for 2015/16 would be paid to CCGs in 2016/17 to reflect the quality of health services commissioned in 2015/16 and any associated improvements achieved with respect to health outcomes and reductions in inequalities. The Quality Premium measures comprised national measures and two local measures, the latter of which were required to be based on local priorities such as those identified in the joint health and wellbeing strategies.

Sarah Mansuralli drew members' attention to the proposed measures set out in the report which had been agreed by the CCG and submitted to NHS England. These included the following local measures: 'people with diabetes diagnosed less than a year that are referred to structured education'; and, 'estimated diagnosis rate for people with dementia'. It was highlighted that both conditions were still prevalent in Brent's communities. There had been significant investment the previous year in diabetes education programmes via the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) programme. It was also estimated that a dementia diagnosis rate of approximately 80 per cent had been achieved and it was important to retain a focus on this work.

In the subsequent discussion the Board sought further details regarding the DESMOND programme, the process for choosing measures, how such measures related to the health outcomes framework and highlighted the importance of ensuring that information and reports produced by the CCGs used language accessible to members of the public.

In response to the queries raised, Sarah Mansuralli advised that the DESMOND programme was tried and tested and helped people to manage their condition, minimising the need for medication. It was confirmed that the measures chosen under the headings of 'urgent and emergency care' and 'mental health' were drawn

from a menu of measures provided. These menus would be circulated to members of the Board for their information. It was noted that the health outcomes framework established different measures against which the performance of Brent CCG was benchmarked, though it was necessary to meet these standards in addition to those defined under the Quality Premium to avoid any reduction of the payment made.

RESOLVED:

That the Quality Premium measures for 2015/16 as detailed in the report from NHS Brent CCG be agreed.

5. **Brent CCG London Ambulance Service (LAS) - performance diagnostic and transformation business case**

Bernard Quinn (Director Delivery and Performance, Brent Clinical Commissioning Group) introduced a report to the Board on the London Ambulance Service (LAS) performance diagnostic and transformation business case. It was explained that Brent CCG was the co-ordinating commissioner across the LAS. Due to a struggling performance for the LAS, an action plan had previously been put in place; however this had failed to increase performance to the required levels and so greater targeted intervention had commenced. An external diagnostic review undertaken by McKinsey had shown that there was greater numbers of staff leaving the organisation than those joining, reflecting a national shortage in paramedics. This declining workforce was having to cope with an increasing workload, leading to comparatively high levels of ambulance utilisation of 90 per cent. It was emphasised that to achieve accepted standards of performance an average utilisation of 67 per cent was optimal. A range of schemes across staffing, vehicle capacity, training and productivity had been identified which had supported four options for improving LAS performance.. In explaining the preferred option, Bernard Quinn advised that this aimed to deliver a target utilisation of 67 percent with a measured transition programme that provided a medium to high confidence level of achieving accepted performance standards in 2015/16 and a very high confidence level in doing so the following year, with required investment of 33.6m and 20.9m for the respective years. The investment case had been agreed by the 32 CCGs across London in March 2015 and it was noted that performance had improved over the last quarter. The Board was asked to note the increased investment into LAS services.

The Board discussed the report and in response to queries raised, Bernard Quinn explained that a full report on the options explored for improving performance provided further detail and focus on the outcomes expected to be achieved and the associated risks. The Board was further advised that as per the agreed investment case, the LAS could face financial penalties if the performance plan was not met.

RESOLVED:

That the increased investment into LAS services to improve performance be noted.

6. **Progress update on workshop outcomes**

Dr Melanie Smith (Director of Public Health) provided an update on the workshop-held in March regarding mental wellbeing; which included discussion groups

focusing on both adults and children and young peoples mental health. The Children and Young People department were leading on the development of a Mental Health Wellbeing Strategy for Children and Young People. There was a consensus that the strategy should reflect a broader focus on mental wellbeing including promoting resilience. A revised specification of the strategy was due to be considered by the Children's Trust Board.

Sarah Mansuralli (Interim Chief Operating Officer, Brent CCG) explained that within the discussion groups focused on adults there had been lots of discussion regarding how services should be provided in the future and how to ensure that the voices of carers and patients formed part of the early planning of mental health services. This would be incorporated into the patient and public health engagement strategy. Another key issue that had arisen in the workshop was providing support to people in crisis. It was recognised that it was important to ensure support was accessible, including online support and self-referral via the IAPT service. There was a commitment towards improving the training and awareness of frontline staff about the impact of mental health and inputting into the North West London Mental Health and Wellbeing Strategy.

The Board noted the update.

7. **Health Visiting Transfer (verbal update)**

Dr Melanie Smith (Director of Public Health) provided an update on the transfer of 0-5 public health commissioning, including health visitors, from the NHSE to the local authority. The Board heard that the numbers of health visitors employed would not change and the council would receive an additional allocation for commissioning the service, though the allocation for Brent had not yet been finalised by the Department for Health. The current focus of activity was to ensure safe transfer, particularly in light of growing needs and numbers of the 0-5 cohort. The council was considering the potential advantages of the services being commissioned by the local authority and were for example working with Children's Centres. In response to a query, Dr Melanie Smith advised that the funding for these services was currently ringfenced as part of the Public Health Grant.

8. **Any other urgent business**

None.

The meeting closed at 21:20

M Butt
Chair

Brent Health and Wellbeing Board

10 November 2015

Report from Danny Maher - Community Action on Dementia (CAD) Brent

For information / discussion

Wards affected: ALL

Living with dementia in today's community

1.0 Summary

1.1 The paper provides a summary of a programme of work carried out by CAD Brent, including a summary of findings from an ethnographic research project looking into the lives of people in Brent living with dementia.

2.0 Recommendations

2.1 The Health and Wellbeing Board endorse and support the work of CAD in helping to make Brent a dementia friendly borough. The Board acknowledge the important contribution of the community researchers and the research participants.

2.2 The Health and Wellbeing Board consider how it might use similar approaches to tackling other complex issues relating to health and wellbeing in the Borough.

2.3 The Health and Wellbeing Board recognise the benefits of co-production and consider what the necessary changes to culture, systems and processes to support this approach might be.

3.0 Detail

3.1 Community Action on Dementia (CAD) Brent has the ambition to create a dementia-friendly community where those with dementia are empowered to live well.

3.2 As of March 2015, there were 1,771 people in Brent with a dementia diagnosis, with an expected overall prevalence of 2,513 (a dementia diagnosis rate of 70.4%). The majority of those diagnosed live in the community (84%). Over half (55.1%) of cases were classified as having mild dementia, with 32.7% classified as having moderate dementia, and 12.2% classified as having severe dementia.

3.3 The team recognised that the path to a dementia-friendly Brent was not certain; nor was there broad agreement between people living with dementia, their families and carers or local stakeholders, as to the nature of the issues that needed to be addressed. Consequently the CAD Brent steering group sought to adopt a systems leadership approach which is committed to experimenting with new ideas, prototyping new products, connecting the system to more of itself and addressing power differentials by focussing on partnerships.

3.4 This project is the start of CAD's overarching journey to create a dementia-friendly borough. To date, there have been four main phases of the project:

1. Ethnographic research carried out with people living with dementia and their carers. Both professional researchers and community researchers carried out this research

2. A data mapping exercise to help provide greater context to the issue of dementia in Brent

3. A horizon scan of ideas from across the world where community initiatives have been used to help tackle complex social issues

4. A prototype design conference on 23rd October involving 100 delegates, whereby findings from the research were reported to a wide audience, including people with dementia and their carers, commissioners, NHS, local authority and voluntary sector representatives, minority ethnic groups and faith communities, sports clubs, peer supporters, volunteers and interested individuals. During the conference, delegates came up with a number of community initiatives to prototype.

3.5 The research into the lives of people with dementia has highlighted the lack of awareness about dementia in the community. It was clear that people with memory problems, struggled with everyday life as they actively tried to maintain normality and independence. They identified that greater understanding of dementia was needed to ensure that the public were confident to help with simple tasks if they looked confused or appeared lost. People with dementia were conscious of feeling a burden to their families and others and felt guilty about their dependence. However, while they understood their families desire to protect them, this could be claustrophobic and limiting

to their independence. They often restricted their own activities because of fear of getting lost, being a nuisance or embarrassing their families.

3.6 People with dementia were critical of the absence of support following a diagnosis of dementia. A number were grateful for the support of voluntary groups or faith communities and described them as a lifeline. However, they were not well publicised or able to do more than they already did. Although people needed professional help, health services were largely unaware of community groups and what they could offer and there was little communication between them. However there was a very clear call for a space where people with dementia could share anxieties, seek advice from those further along the dementia journey. A young person with dementia, who is also a peer supporter spoke about the value of peer support and others reiterated the importance of befrienders, dementia cafes and their faith groups in improving their quality of life.

3.7 The delegates were then guided through a series of exercises to identify how the social movement which is CAD Brent could begin to meet the needs of people with dementia and their carers by making Brent more dementia friendly. They developed 12 initial prototype ideas for community-led initiatives, and CAD are now in the stage of prioritising these, and helping to assist the community in making some of these ideas come to fruition.

Appendices

A summary of the research findings, including executive summary, key findings and recommendations is provided with this pack.

Background Papers

Weblink to the full report: www.brent.gov.uk/dementia

Contact Officers

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Will Harrison – william.harrison@brent.gov.uk

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Executive Summary

Community Action on Dementia (CAD) Brent has the ambition to create a dementia-friendly community where those with dementia are empowered to live well. To do this, CAD has adopted a systems leadership approach to facilitate transformation of public services to address the complex social issue of dementia.

This paper summarises the main findings from a research project carried out throughout June and July 2015, which aimed to obtain an in-depth understanding of what day-to-day life looks like for people with dementia. This consisted of sixteen ethnographies undertaken by professional and community researchers, providing unique insights into the lives of people with dementia and those who care for them. In addition, the project also looked at examples of best practice from around the world where community initiatives have been used to help deal with health problems.

Thematic analysis revealed findings under seven themes which afford challenges and opportunities for CAD. These include: awareness and understanding; isolation and loneliness; cultural and religious issues; balancing risk; maintaining abilities; best practice in Brent; and improving services.

The findings have been synthesised and six key actionable recommendations are prioritised. Each recommendation is supported by examples of innovative international best practise. These include:

1. Wide-reaching community dementia training to increase awareness and acceptance
2. Creation of a holistic care co-ordinator care role
3. Peer support service available to all at time of and after diagnosis
4. Creation of accessible information to help overcome stigma and cultural misunderstanding
5. Establishing a network by which statutory services and community groups work together to extend the care and support provided to people living with dementia
6. Use cultural hubs or faith communities to advocate and support people with dementia and facilitate education

Main conclusions from the research

This research primarily sought to produce insightful in-depth stories of those living with dementia in Brent; to understand their challenges and to highlight opportunities which could solve these challenges and help those with dementia live better in Brent. Through the ethnographies produced by both the community researchers and the professional researchers, the key findings can be synthesised.

1. Unmet needs of those with dementia

Those with dementia have needs which are currently not being met by the services they access and the care they receive. Emotional support is typically lacking for participants in the study, some are depressed and fearful of the condition, yet are desperate to express their feelings to someone who understands and will not judge them.

Participants expressed frustration at their lack of independence as they have to rely on others for simple day-to-day tasks, reducing their sense of self-efficacy. This in turn has negative effects on participants' perceived ability to retain and share skills and abilities.

Participants with dementia want to remain independent and to be able to contribute to society in order to help them maintain a sense of purpose. However, opportunities to do so are perceived to be limited.

2. Challenges for living well with dementia

The neurological and behavioural changes associated with dementia cause participants to face challenges in almost every aspect of their daily lives. Understanding of dementia is low and stigma exists across UK society but particularly among some minority ethnic cultures or religions. This can mean that people with dementia or their families are reluctant to access services, which could help them live well with dementia.

The fear of becoming confused, getting lost or being a problem to their families or other people caused some participants not to trust themselves. Instead they often limit their own autonomy while still able, albeit needing some simple help. In a similar vein, some families have become over-protective which negatively impacts upon the freedom and ability of the person with dementia to make choices. Striking a balance which protects the person with dementia whilst still nurturing their existing abilities is a challenge in a risk averse society. It is evident that participants are not passive recipients of the condition and the majority are actively coping and negotiating ways to live better.

3. Opportunities to stimulate societal change

There are a wealth of opportunities available in Brent to help people with dementia live well within an inclusive supportive community. However there is considerable scope to enhance what already exists and how it is provided. Building upon existing initiatives which already add considerable value to participants lives is crucial. Key examples of this include peer support programmes, community groups such as the Raunchy Rockers, dementia cafes and initiatives offered by various faith groups and minority ethnic organisations.

Understanding the challenges faced by people with dementia when they are out and about enables us to identify aspects of service which would most benefit users if improved. There are examples of individual businesses ensuring people with dementia can still do the things they enjoy – such as barmen monitoring someone with dementia's spending and booking a taxi to ensure they get home safely.

Such initiatives are successful because they are based on a user-focussed approach. By considering the needs of people with dementia, services can tailor their offerings and stimulate positive change in peoples' lives.

Understanding the challenges faced by people with dementia within the health care system enables us identify how the maximum benefit could be achieved by service improvements. There is a need for dementia awareness at community level to address fear and stigma, understand symptoms and to create social spaces where dementia is understood and accepted. Families would appreciate information about the condition, what to expect and how to support a person with dementia. Existing services need to be publicised and through a network, work collaboratively to support carers. Health and social care providers, business and service industries should consider how their systems disadvantage people with dementia and train staff to be dementia friendly.

Recommendations for Brent

1. Facilitate community wide dementia awareness to enhance knowledge and understanding: This is imperative to improve understanding of the condition and should be especially targeted at the public, businesses and services. Training for staff in public services, health and social care could be provided at differing levels depending on their role. Children and youth should also be targeted to eliminate stigma from the bottom up.

2. Create the role within the care system of 'holistic care co-ordinator':

The professional care received by those with dementia is fragmented and only adequate enough to meet their most basic needs.

For individuals to live well with dementia, they need access to a professional who can co-ordinate their care and ensure that their social, emotional and cultural needs are met. This person will liaise with and capture the expertise of local community organisations to ensure person centred, culturally appropriate care and support.

3. Peer support available to all at the time of and after diagnosis:

It is imperative that those who receive a diagnosis have the opportunity to come to terms with it. Through peer support people recently diagnosed with dementia can meet others with the condition, express their emotional distress in a confidential environment and learn about their diagnosis from people who really understand dementia. Peer support provides a sense of purpose for those already diagnosed and further along the dementia journey.

4. Create accessible information to help overcome stigma and cultural misunderstanding about dementia:

Creating an informed community will help to reduce fear associated with dementia and in turn, equip the public with skills, knowledge and confidence to support people with living with dementia. Information needs to reach out to the wider community and take account of culture, literacy, language and sensory impairments whilst utilising a range of media to convey the message.

5. Establish a network by which statutory services and community groups work together to extend the care and support provided to people living with dementia:

Busy statutory providers are often unaware of what voluntary and community services, dementia friendly environments and businesses can do to enable those with dementia to live independently and comfortably for as long as possible. Fostering collaborative links between health services, community organisations, public and private services can lead would ensure a holistic and cost effective approach to care.

6. Use cultural hubs or faith communities to advocate and support people with dementia and facilitate education:

Cultural groups, community organisations and faith communities are best suited to support people with early stage dementia (as well as families who care for them), and educate their respective constituencies. Commissioners should support existing groups to develop their capacity to promote understanding of dementia, encourage early diagnosis and help those with dementia remain active and independent within their culturally appropriate service of choice. This offers a sustainable solution.

A full version of the report can be found at: **www.brent.gov.uk/dementia**

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BRIEFING PAPER FOR BRENT HEALTH AND WELLBEING BOARD
Like Minded – NWL Mental Health and Wellbeing Strategy – Case for Change
Tuesday 10th November 2015

Date: 30th October 2015	**Presenter(s):** Sarah Basham, GP Commissioner, Brent CCG; Jane Wheeler, Acting Deputy Director, Mental Health
Author: Jane Wheeler, Acting Deputy Director, Mental Health, Strategy & Transformation, NWL	
Supporting Documents: Improving mental health and wellbeing in North West London Case for Change – a summary	

Purpose:	**Action Required:**
This report sets out the background to the development of the North West London Mental Health and Wellbeing Strategy Case for Change, as part of the Like Minded Programme. The Case for Change describes a shared understanding of the issues the sector faces in relation to Mental Health and Wellbeing and the shared ambitions for change. The Case for Change is included as an appendix to this report – 'Improving mental health and wellbeing in North West London Case for Change – a summary'.	The Health and Wellbeing Board is requested to endorse the Like Minded Case for Change The HWBB is asked to provide feedback on how the Like Minded team can work locally to build on local efforts to transform mental health and wellbeing

Report

The Like Minded programme was set up to take a Whole Systems approach to improving the outcomes for our population and patients. Whole systems means a number of things:

- Considering all our population – those who are mostly healthy to those who are most unwell, as well as all ages
- Considering the services and funding across health, social care, voluntary sector and wider statutory services (employment, housing, leisure and education for example)
- Considering the specific local needs of each of the NWL boroughs – but also where working at scale across NWL can add benefit

We are presenting the Like Minded Case for Change for endorsement today to trigger a discussion on how we deliver on these whole systems aims – how the local teams and HWBB members can remain sighted on the NWL work –and how we can work fruitfully to deliver on shared ambitions .

The Case for Change highlights a number of priorities for North West London and we know we need to work closely with you and your teams to translate these priorities into changes which can be implemented locally for Brent residents.

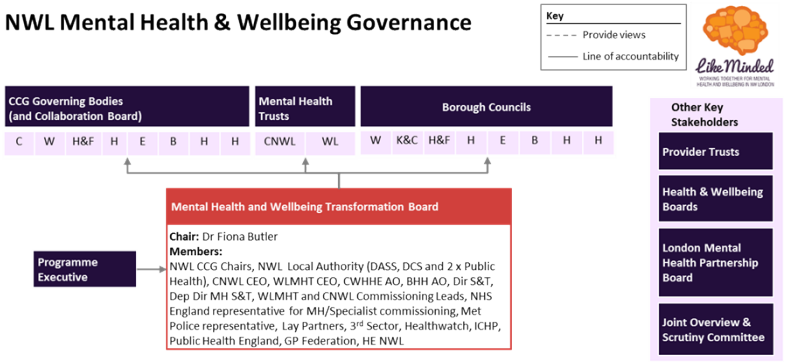
1. Background

In June 2014 the NWL Collaboration Board (across the 8 CCGs) agreed to build on the previous mental health strategy (called 'Shaping Healthier Lives', 2012-15) and initiate the North West London-wide mental health and wellbeing programme, called 'Like Minded' (2015-2020).

The governance of the programme is through the NWL Mental Health and Wellbeing Transformation Board. The Board was formed in May 2015 and has representation from CCGs, Local Authorities, both Mental Health Trusts in

NWL, other stakeholders and service users (see governance chart below). The Board oversees and supports the development and implementation of Like Minded; their role is to identify the most appropriate priorities and solutions for the programme and ensure delivery. It will manage the interdependencies with other related programmes and transformation work across the eight boroughs as well as from our service user groups.

The first phase of the Like Minded programme focused on the development of a 'Case for Change', which describes the eight major issues identified across North West London relating to mental health and wellbeing, and the ambitions to improve outcomes and experiences (see section 3 below). The Case for Change built on a wide range of data, people's experiences, best practice and a structured approach to prioritisation, to agree a number of shared priority workstreams.



2 Priority Areas

The Case for Change development was led by the North West London Mental Health and Wellbeing Transformation Board. It has also received input from practitioners, commissioners, voluntary sector service users and carers, some of whom are represented on the Transformation Board through the National Survivor User Network and West London Collaborative.

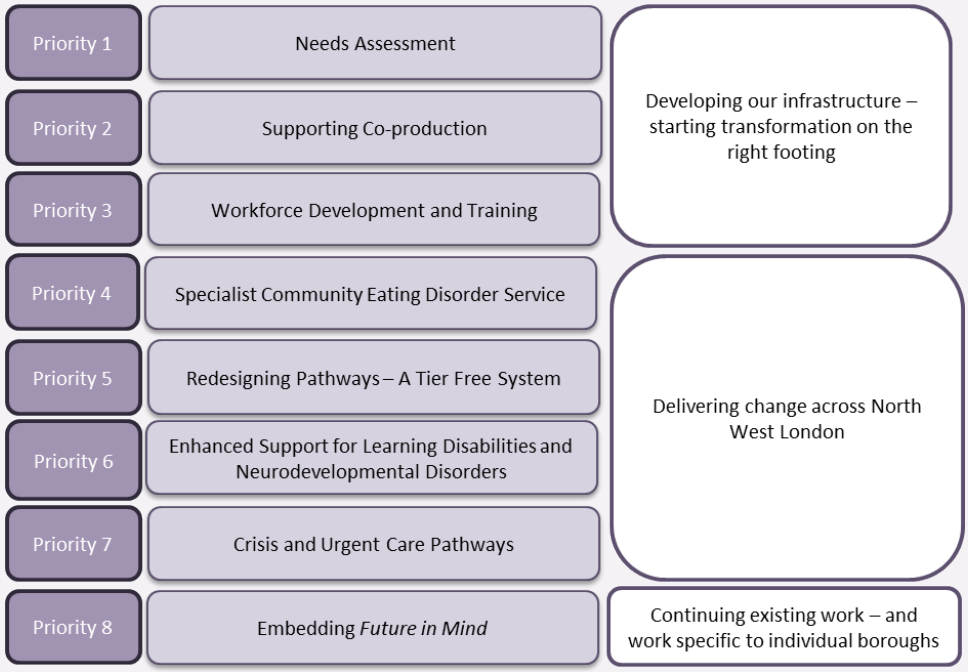
The Like Minded team have developed a longer narrative Case for Change document, with a supporting short summary. The short summary is presented today for your endorsement, and the longer document is available for download here: http://www.healthiernorthwestlondon.nhs.uk/mental-health.

Mental health is a priority for all stakeholders across North West London – and Brent is no exception with Mental health highlighted as one of the HWBB's priority areas.

To address shared issues we formed a number of workstreams the next steps for each of these workstreams are set out below:

Workstream	Key update/next steps
1) Wellbeing and prevention	The NHS is one of the largest employers in NWL (and with the addition of Council teams is together health and social care form the largest workforce). As we seek to focus on prevention and early intervention the evidence base is strong for the qualitative and economic drivers for addressing mental ill health in the workplace. In addition whilst there is good local work in some boroughs on parenting and in Brent through approaches such as *Strengthening Families, Strengthening Communities*, we

	know that there is potential scope for greater early intervention. Workstreams and workplans have been developed for workplace wellbeing interventions and prevention of conduct disorder, led by Public Health and with input from Frontier Economics. Draft 'Call for Action' papers will be presented to the 18 November NWL Mental Health & Wellbeing Transformation Board.
2) Serious and Long Term mental health needs	This term was chosen by our service users who reject the 'Serious Mental Illness' classification. The term also reflects a choice to focus on needs and not diagnosis. This workstream builds on local work in each borough – including work in Brent between social care and CNWL teams. A draft Model of Care and Support was endorsed at the 23 October NWL Mental Health and Wellbeing Transformation Board to provide an overarching framework for defining how we can work locally to implement best practice. It also provides the basis for modelling the impact of change across the system. The model seeks to define the impact across the system – and make reference to new work supporting employment opportunities, coordinated approaches to housing and primary care development
3) Common mental health needs	This population is better defined as a number of sub-populations. National data suggests that up to 80% of people with a common mental health need (for example depression) do not access any services (and the majority do not have a diagnosis). However their illness can have a significant impact on their personal life, education, job and ability to live full lives in their community. We also know that for small numbers of people there are disastrous outcomes – such as self harm and suicide. We are at an early stage of scoping the breadth of this work. A detailed review of the data will follow to understand the current 'as is' state for people with common mental health needs.
4) Children and Young people	Our work on Children and Young People has focused on responding to the new national strategy Future in Mind – and submitting a Transformation Plan to secure £573,052 for Brent (as part of a NWL £3.8m). Whilst the new funding is a large boost for Children and Young People's mental health there is also significant learning we can take from the development of the Transformation Plans which were submitted to NHS England to access this funding. At Like Minded we recognise that more could have been done early on to ensure colleagues from Brent council were round the table – both inputting to the plans, but also understanding the process and opportunity. The priority areas which will be funded are:



The Chair of Brent HWBB, Cllr Muhammed Butt, signed the plan on 14 October. Next steps are to secure NHSE sign-off (informal feedback has been positive) and develop implementation plans with the right local governance and multi-agency input.

In addition to the Like Minded workstreams described above the NWL Mental Health programme supports delivering, implementation and evaluation of a number of other cross-cutting workstreams.
- implementation of the new Urgent Care and Assessment pathway – including the CNWL SPA which goes live on 3rd November (accessible via 0800 0234 650 and cnw-tr.SPA@nhs.net)
- perinatal service redesign
- Learning Disabilities – focusing on response to Winterbourne View and the services at Kingswood Centre

Underpinning this work are a number of enabling workstreams which bring together some of the supporting infrastructure and other enablers of change

- Contracting and mental health tariff
- Estates
- Finance and modelling
- Communication and engagement
- Primary Care development and shifting settings of care
- Workforce

3. Stakeholder engagement

To date, we have presented the Like Minded programme at the following Boards in Brent:

Forum	Date	Discussion
Brent CCG	14 January 2015 19 August 2015 2 September 2015	Programme Initiation Document discussed at Executive Committee Case for Change discussed at Executive Committee Case for Change endorsed at Governing Body
Brent HWBB	19 March 2015	Presented at Brent Health and Wellbeing Board workshop on

		Improving Mental Health and Wellbeing

In addition, we:

- Ran a workshop on the Children and Young People workstream at the Sattavis Patidar Centre in Wembley (14 May 2015);
- Held a meeting to discuss the Children and Young People workstream with the Brent Centre for Young People (20 July 2015);
- Provided a programme update at the Brent Mental Health Integration meeting (23 September 2015);
- Participated in a Brent CCG Health Debate Event on post-traumatic stress disorder (27 October 2015);
- Participated in a Brent CCG Health Debate Event on adult mental health (29 October 2015).

4. What this means for Brent

The workstreams within the strategy each have a different focus, but are likely to impact on a number of services delivered within Brent:

- Primary care services;
- Community mental health services;
- Inpatient mental health services;
- Public Health services;
- Children & Young People's services (see the NWL Transformation Plan in response to Future in Mind for more information).

Over the coming months the impact will be more clearly defined, through the development of models of care and support with North West London stakeholders, including members of Brent HWBB. We will provide an update on the draft models of care and support to the Health and Wellbeing Board as they are developed.

We welcome the plans in Brent to bring together different agencies into a locally focussed forum for mental health transformation – Like Minded is committed to supporting change at a local level.

5. How we can work with Brent to deliver a joint approach

Each workstream within the Like Minded strategy has the potential to impact on services delivered by Local Authorities, therefore input from Brent Council to each workstream is important now and as the programme progresses. We are keen to build on the Whole Systems Integrated Care approach, working closely with all key stakeholders across North West London to develop models of care and scope options for delivery.

6. Role of the Health and Wellbeing Board in delivering this strategy

We ask for endorsement of the Case for Change at this stage. When we next present at the Health & Wellbeing Board we will have more detail on the role of stakeholders within Brent, including members of the HWBB, in delivering the strategy.

We ask the HWBB members to continue to involve our team in local work to ensure we are joined up and are clear what work happens at a local level and what happens across North West London.

Recommendation

It is recommended that Health and Wellbeing Board members endorse the Like Minded Case for Change. We welcome and value your ongoing input into this programme of work, through future Health & Wellbeing Board meetings.

Responsible Officers:
Matthew Hannant, Interim Senior Responsible Officer, Director of Strategy & Transformation (Acting), NWL Collaboration of CCGs; **Fiona Butler**, Clinical Responsible Officer, Chair of NWL Mental Health and Wellbeing Transformation Board, West London CCG Chair.

Like Minded
WORKING TOGETHER FOR MENTAL HEALTH AND WELLBEING IN NW LONDON

August 2015

Improving mental health and wellbeing in North West London

Case for Change - a summary

What this paper is about

We are setting out the vision for improving mental health and wellbeing across North West (NW) London. We don't say how we are going to do this – that's next – but it is an important step in bringing people together and agreeing a common goal for what the improvements need to be.

Why mental health and wellbeing is important to us all

We all have mental health – for some of us it's great and for some of us it is a real struggle. For many of us, it will be an issue at some stage either personally or for a friend or family member. Mental health needs can affect any of us, although we know there are certain things which makes us more at risk such as family history, abuse, debt, drugs, unemployment and loneliness.

Too many of us think it won't affect us, but it could. Mental illness affects more of us than cancer. It affects more of us than heart disease or stroke. It affects more of us than diabetes.

Over the course of a year, almost one in four people will have a diagnosable mental illness… Perhaps the person in the queue with us at the checkout. Three of the children in the class with our child. Thirteen people on the bus with us in the morning; maybe a hundred on the same tube train.

We want to help people improve their personal mental wellbeing, to know how to look after themselves and keep well. But we also want to make sure that if you do need help, that it is there for you.

There is some excellent care and support but we need to do more

In many places across NW London, the NHS, councils and charities are already working together to provide critical support for those in need. However, many of us still don't get the help we deserve and we want to change that.

25% of people with mental health problems receive treatment, compared to **75%** of those with heart disease and **92%** of people with diabetes.

For example, only a quarter of people with anxiety and depression receive treatment compared to more than 90% of people with diabetes.

How we want everyone to feel

- My wellbeing and happiness is valued
- I am supported to stay well
- My care is delivered at the place that is right for me
- The care and support I receive is joined up
- As soon as I am struggling, help is available

The issues and our ambitions

The goal is to promote wellbeing and to improve the mental health care and support we receive if we need it.

We have identified eight major issues that we currently face in NW London and the ambitions that we must all sign up to if we are to improve things.

1 Too many people face mental health needs alone

The issue:

- Mental health needs are experienced by many of us but only a minority receive treatment.
- Depression and anxiety are by far the most common issues, affecting around 1 in 6 of the adult population in London.
- In NW London we estimate that 2 out of 3 people living with mental health needs are not known to health services.
- Too many people face their issues alone, afraid of the stigma or don't know where to get help.

Our ambition:

We will ensure that mental health needs are better understood and more openly talked about and we will improve the range of services for people with mental illness in NW London

The issues and our ambitions

2 Not enough people know how to keep mentally well

The issue:

- Mental wellbeing is about how happy we are and how satisfied we feel with our life.
- What makes us feel good is different for everyone but will often include things like relationships, work, housing, exercise, money and friendships.
- Whilst we don't always know exactly what causes mental illness, we know that certain things can put us at risk and looking after our personal wellbeing can help that.

Our ambition:

We will improve wellbeing and resilience, and prevent mental health needs where possible, by:

- **supporting people in the workplace,**
- **giving children and young people the skills to cope with different situations and**
- **reducing loneliness for older people.**

3 We need to improve the quality of care for those with serious and long term mental health needs

The issue:

- Serious long term mental health needs can have a devastating impact on our lives from our relationships, jobs and friends.
- Around 23,000 people in NW London have been diagnosed with schizophrenia, bipolar and/or psychosis, which is double the national average. Around 60% of these people are supported in the community.
- The demand on existing services means sometimes people wait too long to receive routine care.
- Between 13% and 52% of people accessing mental health care are also accessing substance misuse services.

Our ambition:

For people with serious and long-term mental health needs we will:

- **make their care journey simpler and easy to understand.**
- **develop new, high-quality, services in the community.**
- **focus care on community based support rather than just in-patient care so people can stay closer to home.**

The issues and our ambitions

4 Too many people experience common mental illnesses, such as depression and anxiety, in silence

The issue:

- Common mental health needs – such as depression, anxiety, Obsessive Compulsive Disorder and Post Traumatic Stress Disorder – are experienced by nearly a quarter of million people in NW London.
- The impact on lives is significant with women typically unwell for 7 years and men for 10 years.
- The suicide rate amongst this group is 20 times higher than average.
- Too many people do not seek help and when people do, often the mental illness is missed.
- This means that two-thirds of people not receiving any care.
- For those who do receive care, the quality of community based services are not always good enough.

Our ambition:

For those people experiencing depression and anxiety we will:

- **Improve how quickly we identify, especially when people are not currently receiving other healthcare.**
- **Improve the quality and quantity of therapy that doesn't require medicines.**

The issues and our ambitions

5 3 in 4 of lifetime mental health disorders start before you are 18

The issue:

- The mental health needs of children and young people have been neglected for too long.
- Around half of all mental health needs in adults emerges by the age of 14, and three-quarters of lifetime mental health disorders have their first onset before the age of 18.
- However less than 10% of CCG mental health spend is invested in care for young people.
- The national Children and Young People's Mental Health and Wellbeing Taskforce identified the problems which stop us from providing excellent mental health care.
- The publication of the *Future in Mind* report is enabling people working with children to look at how they can improve experiences for young people.

Our ambition:

We will ensure that implementation of the national strategy for children and young people responds to our local needs.

Around **50%** of mental health needs start before the age of **14**

The issues and our ambitions

6 New mothers, those with learning disabilities, the homeless and people with dementia do not get the right mental health care when they need it

The issue:

- Depression affects many thousands of new mothers across NW London and tragically, suicide remains a leading cause of death for expecting and new mothers.
- 25-40% of people with learning disabilities have mental health needs and the prevalence of schizophrenia in this groups is three times that of the general population.
- People who are homeless often have both physical and mental health needs as well as substance misuse needs. Their situation means they often cannot manage their own condition.
- Dementia is a rising challenge for NW London and many people remain undiagnosed.

Our ambition:

We will improve the care for specific groups in our community and support available to those who don't always get the mental health care they need within existing services.

7 Too many people with long term physical health conditions do not have their mental health taken into account... and vice versa

The issue:

- People with mental health needs are at higher risk of developing significant, preventable physical health conditions such as respiratory disease.
- People with Schizophrenia are twice as likely to die from cardiovascular disease.
- Similarly, too many people with long-term conditions do not have their mental health needs properly taken into account despite being two to three times more likely to have a mental health need than the general population.

Our ambition:

We will make sure that physical health and mental health are supported for people with existing physical or mental long term conditions, learning from other work in NW London around the importance of joining up care.

The issues and our ambitions

8 Our systems often get in the way of being able to provide high quality care

The issue:

- We must make sure we have the right number of staff and that their skills are developed.
- We must ensure more people - including nurses, social workers, police, housing officers, and teachers - have awareness of mental health issues.
- We need better data and information sharing to know where we are successful and where we are not.
- We need better buildings in which to provide the care for those needing mental health support.

Our ambition:

Make sure that our systems help, rather than hinder, joined up care.

Next steps

In developing our understanding of the challenges we have listened to our residents, professionals and other interested parties. We have been heartened to hear great examples of sensitive care where our teams go the extra mile. But our plans described here are based on the examples we heard where we can do better.

We will continue to listen to feedback to make sure that we have identified that right issues and ambitions to be able to improve mental health care and support in NW London.

Once we have agreement, we will continue to work with patients and organisations across NW London to develop the plan on how to achieve our ambitions.

MENTAL HEALTH AND WELLBEING IN NORTH WEST LONDON

2 million

The total population of North West London.

£460 million

Mental health accounted for almost 12.5% of **£460 million** of the total NHS spend across NW London in 2012/13. West London has the 4th highest rate of SMI (serious mental illness) in the country (1.46%) Rates of SMI are estimated to be 1.08% across NWL (compared with 0.84% in England).

250,000

people with MH conditions including.

30,000

people with SMI.

16,000

people with Dementia.

What is Like Minded?

Like Minded is a project which brings together service users, carers, the workforce, third sector and other experts to co-design the strategy to improve mental health and wellbeing across North West London.

Contact: LikeMinded@nw.londonnhs.uk

Brent

NHS Brent Clinical Commissioning Group

Brent Health and Wellbeing Board
10 November 2015

Report from the CCG Chief Operating Officer and Strategic Director Adults

For approval

Wards affected: ALL

Brent Winter Plan and Better Care Fund Report

1.0. Summary

1.1. Every winter across the UK we see an increase in demand, particularly in our hospitals. The resulting winter pressures place an increased strain on every part of the health and social care economy. This winter, we are predicting similar spikes in demand, however the changes being driven by the Better Care Fund (BCF) are designed to reduce some of the strain across the health and social care economy for winter 15/16 and winter 16/17.

1.2. Bringing together both elements of Health and Social Care within one planning process underlines the importance of whole- system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients.

1.3. Whilst winter is clearly a period of increased pressure, establishing sustainable year-round delivery requires capacity planning to be ongoing and robust. This will put the NHS, working with its partners in local authorities, in a position to move away from a reactive approach to managing operational problems, and towards a proactive system of year round operational resilience.

1.4. The following paper provides a summary of the work underway across the Brent health and social care economy.

2.0 Recommendations

2.1. The Brent Health and Well Board are asked to:

- approve the overall approach; and

- receive assurance that plans are in place to support NHS resilience over the winter so that patients get swift access to safe services in line with the NHS constitution.

3.0 Brent Winter Plan 15/16

3.1. We also understand that the scale of change required for our Winter Plan will not happen without significant and joined-up investment between health and social care. Our BCF plans explicitly build upon progress to-date and we have already agreed to pool our resources across the identified BCF areas joining together under a section 75 agreement. By working together across traditional public sector boundaries, keeping people well, and supporting their recovery after periods of illness, we know we can improve individual quality of life whilst also reducing demands upon local services.

3.2. The success of these changes will, from 2015/16 onwards, help drive reductions in emergency admissions to hospital, and the demand for nursing and residential home care, with benefits for individuals, the local authority and the CCG alike. This is about working together and working better, to put our health and social care systems on a steady footing, translating improved outcomes for individuals into long-term, sustainable support for our communities as a whole. Examples of these change program are highlighted below:

3.2.1. Colocation of hospital discharge teams and new ways of working for this winter

We will co-locate the LNWHT Complex Discharge Team and Brent Council's Hospital Discharge Team in November 2015, supporting joint working and streamlining of the discharge process. Initially 4 x social workers will move out of the Brent Civic center and be based within the hospital setting (once space is made available by LNWHT we expect an additional 10 x social workers to join them). Some of the agreed changes to the ways of working include social workers allocated to specific wards, attending MDTs, earlier involvement in discharge planning, educating ward staff on appropriate social care referrals (reducing the current 40% inappropriate referral rate). We anticipate these changes will result in patients experiencing a more coordinated service, able to leave hospital in a more timely way with the right services in place, while reducing both DTOC and nursing/residential care admissions.

3.2.2. Joint commissioning of community residential and nursing step-down beds

Brent BCF plans set out how we will secure increased capacity in the care home market through joint commissioning beds to support more effective and more timely 'step down' from the acute hospital setting. In order to achieve significant improvement on DTOCs and improve the flow in and out of the beds in the system, we are proposing to secure this bed capacity in the community through the volume purchasing of beds for a period of 12 months. By taking this planned, strategic approach we will reduce crisis spot purchasing of beds which commend a significantly higher rate. The access criteria has been agreed and signed off by all partners to ensure there is confidence that the commissioned community provision will deliver the required reduction of DTOCs and deliver the proposed improvements to previous systems. The beds will be supported by a small team (social worker

and nurse) to manage access and exit from the beds and ensure quality standards are being adhered to. Based on demand analysis we have established that 25 beds needed to be commissioned within the community to meet demand in 2015/16.

3.2.3 Dealing with Housing Issues

Delays as a result of Housing issues in 15/16 will be supported by a housing officer for 2 days a week. This officer would attend a weekly surgery at Northwick Park Hospital and Willesden Community Hospital to review the pipeline of patients approaching discharge- identify any housing issues and deal with them before the actual date of discharge. This dedicated input from the housing team would also identify pathways out of the hospital for those patients who do not meet the criteria for homelessness legislation and do not have any social care needs.

3.2.4 West London Alliance hospital discharge proposal

The current hospital discharge system is for each local authority to be responsible for the discharge of their residents irrespective of whether the hospital is within the borough boundary. The result is confusion for hospitals to discharge via multiple borough procedures and difficulty for Brent council to resource discharge across a significant number of hospitals. The aspiration of the West London Alliance is for a single local authority to be the lead for each hospital (for example Brent Council would be the lead local authority for Northwick Park and take on all discharges for Hounslow, Tri-borough and Ealing residents before the end of this winter) and follow a discharge to assess model. The discharge to assess model would mean hospitals only have to follow one procedure and each Borough minimises its risk as they get involved as soon as the person is out of hospital to put them into longer term care.

3.2.5 Mechanisms in place for managing the health and social care system this winter

3.2.5.1. Daily call: Starting in September 2015, a Brent and Harrow system wide conference call was established. All local stakeholders take part in this call and if/when necessary this call will take place multiple times per day when the system is under pressure as per the surge and escalation process. Each provider within the system has their own operational escalation policies, which include alert status triggers related to bed capacity. Within individual escalation policies there are actions identified alongside alert levels specific to the providers concerned. Managing Directors (through their designated leads) will manage all winter pressures in their respective CCG and Local Authority areas. In the event that further escalation may be necessary, i.e. support from other areas may be needed, the CCGs will escalate issues to NHS England / Area Teams via established communication routes both in and out of hours.

3.2.5.2 Systems Resilience Group (SRG): Strategic planning group across Brent and Harrow, made up of leaders from across health and social care, who meet on a regular basis to identify and manage pressures across the system. Their particular focus is managing the pathway in and out of hospital, including reducing unnecessary admissions and improving hospital discharges. The SRG had developed a comprehensive action plan.

3.5.2.3 Brent Integration Board: Senior representatives for those organizations directly involved in the integration of health and social care in Brent.

Responsible for oversight and issue resolution in relation to the Brent Better Care Fund plans to integrated health and social care.

4.0. Brent Winter Plan for 16/17

4.1. The Better Care Fund (BCF) is a government sponsored initiative driving the integration of health and social care to deliver more effective, preventative, community services which reduce pressures on hospital and other institutional care settings. Through the pooling of budgets and joining up commissioning activity across health (Brent CCG) and social are (Brent Council), Brent's Better Care Fund Programme is supporting the SRG with their objectives across Brent; facilitating effective hospital discharge; reducing the number of DTOCs; supporting the early discharge of medically fit people from an acute setting.

The Brent BCF Change Programme is responsible for implementation of the long term changes necessary to achieve health and social care integration. The schemes are outlined below;

4.2. *Effective multi-agency discharge - Integrated Hospital Discharge*

There is work underway at a regional level (lead by WLA and NWL) to implement changes to the way we discharge patients from hospital. Some of these changes include developing a single discharge process, simplifying paperwork, improving the single point of access (SPA) model, and arranging for a lead local authority to assess and commission all packages of care irrespective of where the patient lives.

We recognize the benefit this work will bring to Brent; however these changes are unlikely to be place for this winter. In order to realize some benefits in time for this winter, the decision was taken by the Brent Integration Board in July 2015 to proceed with a phased approach towards an integrated hospital discharge service.

This decision was considered the most pragmatic option to progress towards an integrated model, while achieving some benefits this winter. The coordination of this change will be managed by the Brent BCF Programme.

4.3. *Market shaping of our community bed based offer in specialist rehabilitation and nursing care*

In 16/17 we will look to manage Brent's bed based market to deliver an improved nursing care and rehabilitation bed offer. We acknowledge that the needs of people in Brent are increasing, with more residents requiring CHC support in nursing homes and other complex nursing input such as IVs or specialist 1:1 support to manage behaviour. This work will establish a strategic, long term approach to managing all health and social care placements in the residential and nursing care market.

In order to develop the current care home market to be able to deliver the service models we need, for access by winter 2016/17, planning and development work needs to begin now. Market testing and development take time to ensure it is successful and allows engagement with current providers to develop services and to establish the support mechanisms required to deliver these service models in the community.

The aim of these beds will be to further extend the early discharging of medically fit people from hospital to enable the market to manage more complex nursing needs in a more homely environment. The complex needs continue to be a challenge for hospital discharge and through health and social care joint commissioning we want to support the system to develop the nursing home market to enable them to meet this growing need.

4.4. *Sustaining independence in the community - Integrated Rehabilitation and Reablement*

In April 2016 we will go live with an integrated rehab and reablement service designed to maximize independence and self care in the community and prevent both readmission into hospital and nursing/residential care admissions. This has been jointly commissioned by Brent CCG and Brent Council. The multi-disciplinary team consists of physiotherapists, occupational therapists, social workers, speech and language therapists, dieticians, psychologists, and rehab assistants who will support patients to achieve independence in daily living skills and rehab goals in their own home.

The staff will change the way they work, following a lead professional / trusted assessor model and will aim to work closely with the rehab and re ablement home care providers. We have successfully completed workforce modelling and will focus the rest of 15/16 on moving staff from the Council into Trust, training staff in the new ways of working, developing the home care market to support both rehab and reablement, and ensuring the IT, estates, funding arrangements are in place to support successful go live in April of 16/17. We expect to see benefits from these changes over winter 2016/17.

5.0. Financial Implications

5.1 Core funding for services underpins everything, but additional demand needs to be resourced and this additional demand can only be predicted to a degree. The Winter pressures funding has now been mainstreamed into the CCG budgets. If further monies become available the mechanisms outlined in section 3.5 of this paper will determine where and how best to spend any additional funding.

6.0. Legal Implications

6.1. The legal obligations on the Council changed with the passing of the Health and Social Care Act 2012 ("the Act"), which gave the Council new duties to:

- Improve the health of the people in its area; and
- Take steps to ensure that plan are in place to protect the health of the population.

6.2. The proposed approach of increased integration in relation to winter planning is in line with the Council's legal responsibilities, in particular in relation to public health. The role of promoting integration and joint working in health and social care services across Brent is delegated to the Health & Wellbeing Board and the Integration Board.

7.0. Diversity implications

7.1. All those identified as member organisations for the SRG have committed to ensuring all decisions and actions in response to winter issues are respectful and considerate of the diverse needs of the community. The Brent Winter

Plan and BCF supports the SRG and the H&WB Board to deliver in a fair and equitable way to the community.

Contact Officers:

Phil Porter - Strategic Director of Adults
Brent Council

Sarah Mansuralli - COO
NHS Brent CCG

Sheik Auladin - Deputy COO
NHS Brent CCG

Sean Girty
Programme Director Better Care Fund
Brent Council and NHS Brent CCG

Brent

NHS Brent Clinical Commissioning Group

Health and Wellbeing Board
10 November 2015

Report from Brent CCG

For information and comment

Wards Affected: ALL

Brent CCG Commissioning Intentions 2016/17

1.0. Summary

All Clinical Commissioning Groups (CCGs) develop and publish their commissioning intentions on an annual basis. Brent CCG has taken a proactive and inclusive approach to the development of its commissioning intentions for 2016/17, with a number of different consultation events having taken place over the last 2 months, including the Health Partners Forum held at the Sattavis Centre on 7th October 2015.

Following agreement of the CCG Governing Body to these commissioning intentions, the CCG teams will then move into the contracting cycle to embed these intentions within service contracts and contract monitoring during the course of the 2016/17 year.

The Health & Wellbeing Board should comment and provide a statement to the CCG on the Commissioning Intentions.

2.0. Recommendation

It is recommended that the HWB provide comments to the CCG on the Commissioning Intentions which can be included as a statement in the Commissioning Intentions document.

3.0. Detail

The CCG's vision for commissioning and contracting for services in 2016/17 has been set out in the attached document, covering:

1. Introduction
2. Contents
3. Review of Strategic Context
4. Brent CCG Commissioning Principles/ Health and Wellbeing Board Priorities
5. Brent's Health Landscape & Challenges
6. Progress against Operating Plan Domains
7. Progress and Achievements Over the Last 12 Months
8. Commissioning Vision – Our Shared Vision Across North West London
9. Summary of Brent CCG Commissioning Priorities
10. Brent CCG Commissioning Intentions by grouping
    - Unplanned Care
    - Planned Care
    - IT Interoperability
    - Integration of Health & Social Care
    - Enabling Functions
    - Children's Services
    - Mental Health
    - Carers

Following agreement of the CCG Governing Body to these commissioning intentions, the CCG teams will then move into the contracting cycle to embed these intentions within service contracts and contract monitoring during the course of the 2016/17 year.

4.0. Financial Implications

The detailed financial implications to the CCG and its providers will be worked through as part of the contracting negotiations for the financial year 2016/17. The commissioning intentions are a high level plan only. Due to the CCG's tight financial constraints, it is unlikely that any additional investment will be available for 2016/17.

5.0. Legal Implications

The CCG is obliged under the Health and Social Care Act 2012 to engage the Health and Wellbeing Board in the development of the Commissioning Intentions. CCGs must provide the HWB with a draft of the commissioning intentions and the Health and Wellbeing Board must give its opinion, which must be published in the CCG's commissioning intentions.

6.0. Diversity Implications

Individual proposals within the Commissioning Intentions impact on patients with the intention of improving patient care, making it more co-ordinated around the patient and maximising capacity within the system to improve referral to treatment times and waiting times for appointments.

7.0. Staffing / Accommodation Implications (if appropriate)

Depending on the outcome of individual service reviews, any procurement exercises that are undertaken as a result of the service review may impact on a limited number of healthcare staff working within those services commissioned by the CCG.

Background Papers
The full CCG Commissioning Intentions document has been circulated with this paper.

Contact Officers
Sheik Auladin – Deputy Chief Operating Officer – Brent CCG
Jonathan Turner – Assistant Director QIPP & Planning – Brent CCG

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Brent CCG

Commissioning Intentions

Brent Health & Wellbeing Board

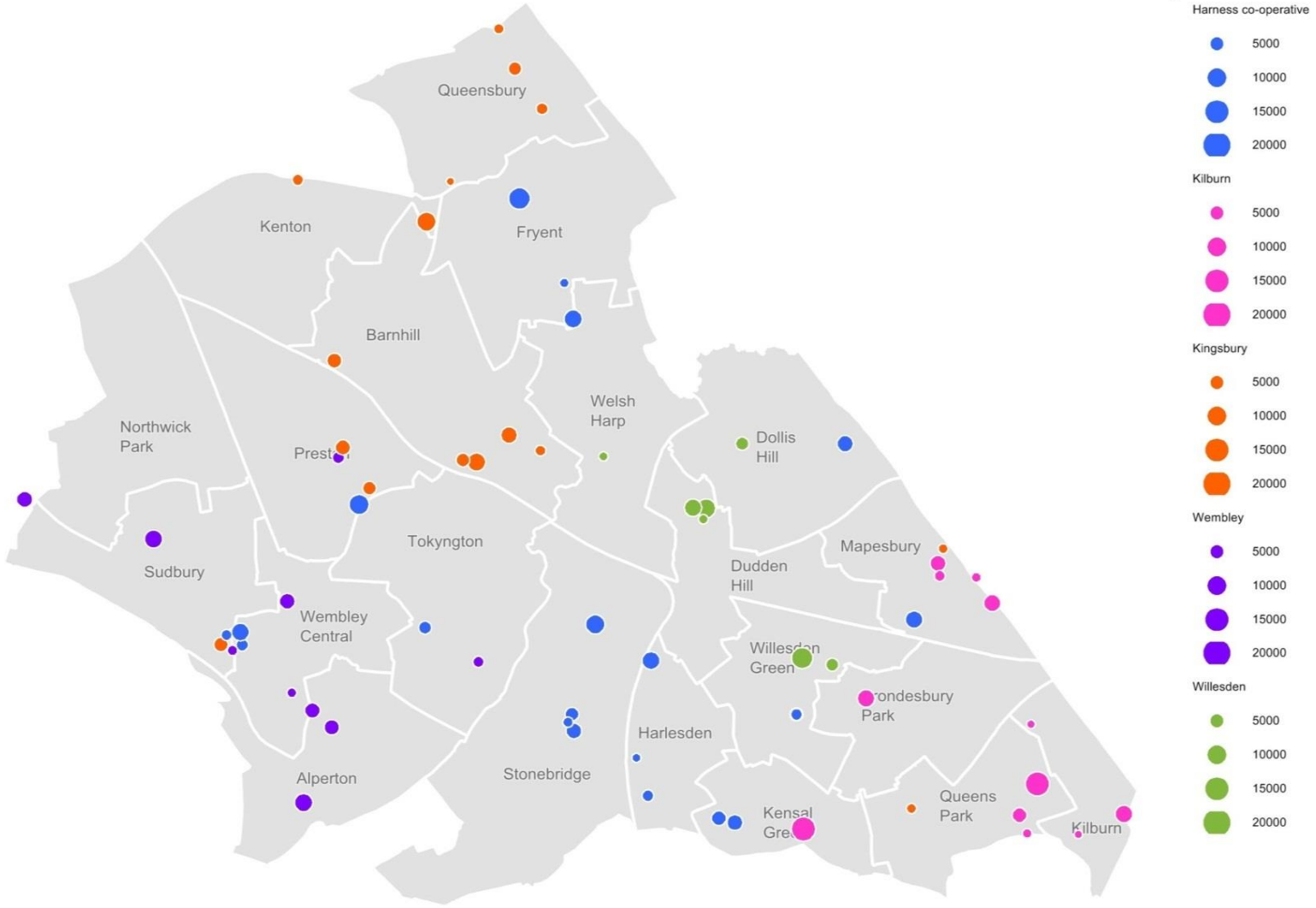
10th November 2015

Sheik Auladin & Jonathan Turner

NHS Brent GP Practices and Localities

NHS Brent Clinical Commissioning Group

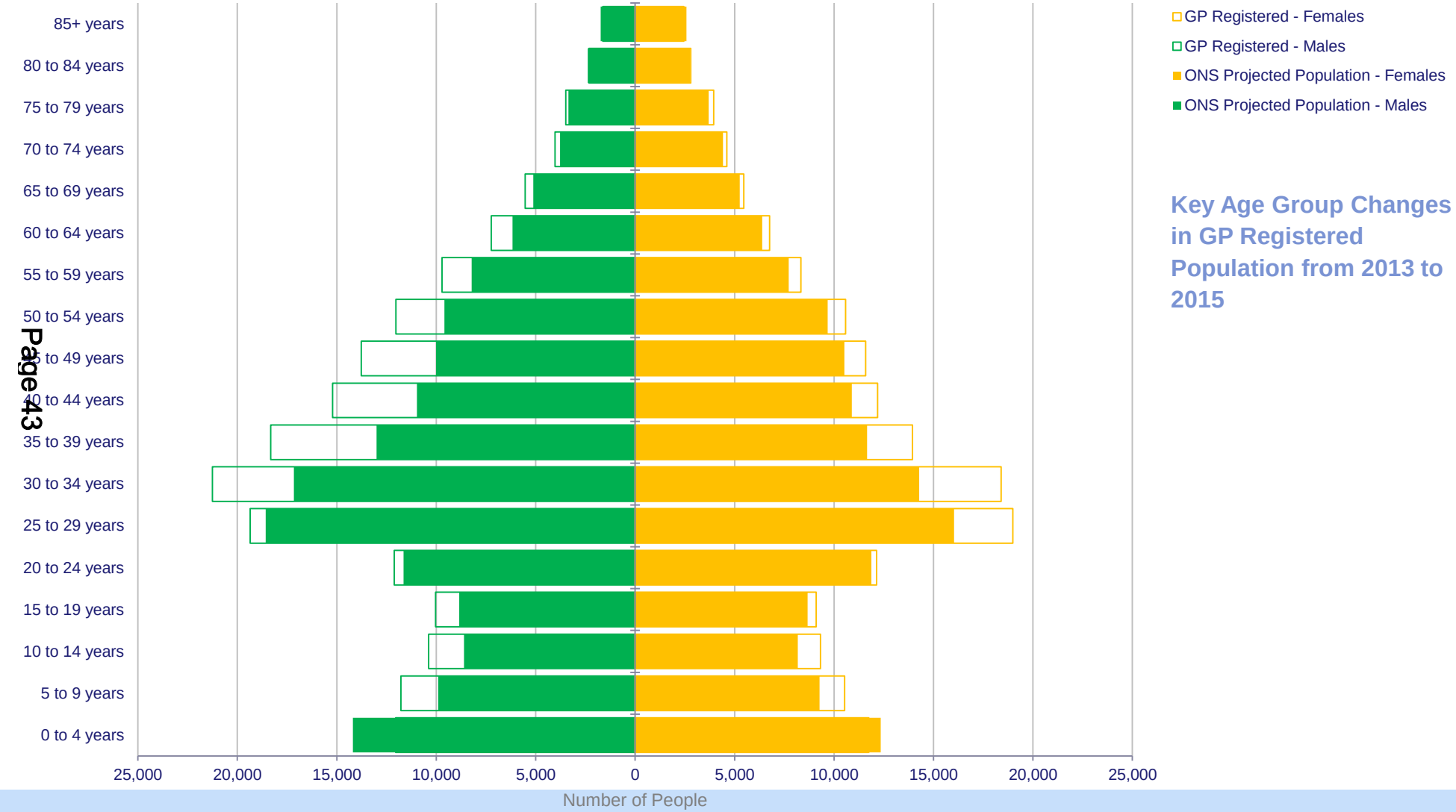
Brent is an outer London borough in north-west London (figure 1). It has a population of 321,009 and is the most densely populated outer London borough Brent has 65 member practices which are all aligned to one of five locality based groups. Each have a Clinical Director. 18 practices have a registered list of fewer than 3,000 patients and 5 practices have a registered list of greater than 10,000 patients.



Brent's Resident and GP Population Profile

NHS Brent Clinical Commissioning Group

As of July 2015, there were 367,589 patients registered with Brent GPs. This is 15% higher than Brent's projected resident population of 321,009 in 2015.



Key Age Group Changes in GP Registered Population from 2013 to 2015

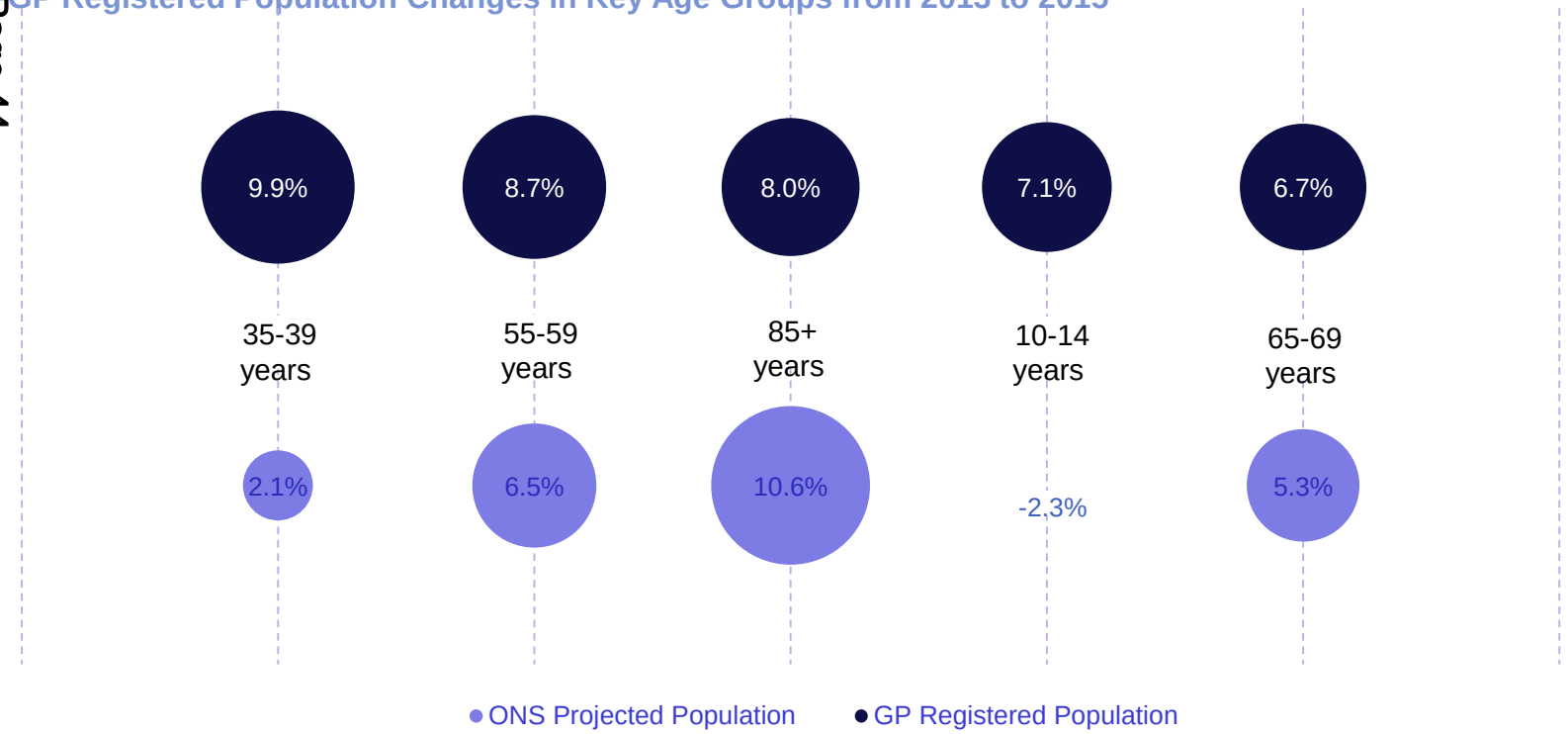
Source: ONS Subnational Population Projections & HSCIC GP Practice List Sizes

Brent's Resident and GP Population Profile

NHS Brent Clinical Commissioning Group

The diagram below shows that there has been a significant increase in the population groups who are most likely to use healthcare services in Brent. It compares the GP registered population with the ONS figures. Both sets of figures confirm that there is a significant increase in the older age groups (55-85+) which will drive increasing demand for healthcare services. The biggest percentage increase is for patients aged 85+ (10.6%).

GP Registered Population Changes in Key Age Groups from 2013 to 2015



Source: ONS Subnational Population Projections & HSCIC GP Practice List Sizes

Commissioning Intentions 2016 – 2017

Our thinking so far …..

Our Shared Vision Across North West London

DRAFT

NHS Brent Clinical Commissioning Group

Our vision is centred on the needs of the NWL population (across 8 CCGs), developed from the patient views on their requirements of healthcare. These views then formed as the ambitions of our strategy and vision for the healthcare transformation in North West London.

Personalised

"I know how to lead a healthy lifestyle and can manage my own care"

"I feel in control over my care because decisions are taken with me and consider my lifestyle and individual choices"

Localised

"My care is now more convenient because the services closer to my home are more accessible"

"I know I will be provided with a wider range of high quality care within my community for all of my health and wellbeing needs"

Our vision allows us to achieve patient-centred care in all our care settings, across North West London, ensuring reduced inequality of care outcomes and delivery of services that are bespoke to the needs of the local population.

"I'm not treated 'in parts', but as a whole person in a coordinated way"

"Whoever I see, knows me and my preferences, and I no longer have to repeat my details each time"

Integrated

"I have a positive experience in a great hospital environment which helps me feel confident in the quality of care provided to me"

"I am in hospital no longer than I need to be, and am able to receive effective care sooner rather than later"

Centralised

Strategic Priorities

NHS Brent Clinical Commissioning Group

- Reducing variation in clinical standards of primary care

- Developing GP networks to deliver more out of hospital care and enhancing GP access

- Shaping a Healthier Future - a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes;

- Developing integrated care through the Better Care Fund

Shaping a Healthier Future

NHS Brent Clinical Commissioning Group

Acute Reconfiguration aims to deliver:

- A major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes;

- The concentration of acute hospital services in order to develop centres of excellence which are able to achieve higher clinical standards and provide a more economic approach to the delivery of care.

In 16/17 the focus will be to:

- Deliver a revised Implementation Business Case for approval by the NHS and HM Government, allowing for capital investments to be made to transform NHS estates in NWL;

- Improving the quality of healthcare in North West London

- Developing CMH as a local elective hospital to include:

  - A 24/7 urgent care centre
  - Outpatient services
  - Diagnostics
  - Planned operations
  - Primary care (GP practice)

STARRS

NHS Brent Clinical Commissioning Group

- Extend the rapid response element of STARRS to enable GPs and the STARRS team to care for more patients in the community without the need to an acute hospital admission via A&E

- The CCG and Council also wish to commission an integrated rehabilitation and re-ablement service to reduce duplication and provide enhanced re-ablement services for people to regain independence (through BCF)

- Analysis suggests that STARRS could do more to support a reversal of the current trend for increasing admissions through the Emergency Department particularly for the frail elderly

We will jointly review the activity plan for the service to ensure that it reflects the underlying demand for rapid response.

We will work with LNWHT to revise the service specification and associated KPIs, as well as the contractual form and payment mechanism that is associated with this variation

Primary Care Led Urgent Care & 111

NHS Brent Clinical Commissioning Group

- Provide a GP-led and driven service, working in partnership with other provider to achieve improved long-term outcomes, reducing ED demand

- Review existing community-based service model to achieve a more integrated service and co-ordinated pathways for the benefit of patients

- Procure a safe, high quality NHS 111 service integrated with the Out of Hours Service, Urgent Care Provision and Emergency Care

- The new NHS 111 service will support our vision to deliver care closer to home, provide for a single point of access and allow for special patient notes & summary care records to be up to date.

Planned Care

NHS Brent Clinical Commissioning Group

- Improve the quality, responsiveness and cost effectiveness of community outpatient services to enable more patients with chronic and/or long-term conditions to be care for in community services

- Review of physiotherapy services to be undertaken – maximise clinical capacity, improve waiting times and value for money

- Stock take of community ophthalmology and cardiology contracts to understand potential to realise benefits and improve contractual performance

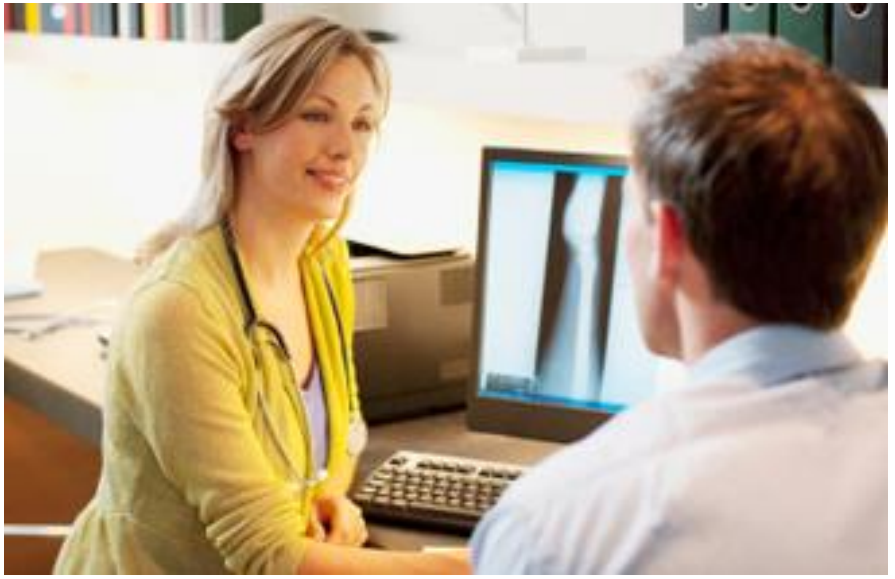
- Teledermatology pilot, providing rapid diagnosis for a range of dermatological conditions in GP practices by qualified specialists viewing high quality photographic images via a remote secure system.

- New DMARD care pathways for gastro patients, those with abnormal liver function tests and for those patients requiring an endoscopy.

Developing GP networks and access

NHS Brent Clinical Commissioning Group

Access to extended GP services and primary care in Brent- A Scrutiny Task Group Report recommended:-



- NHS England, Brent CCG and local GP networks carry out a review of current GP opening hours across the borough and consider additional ways of accessing GP services, including Skype, telephone and email consultations where appropriate and within Information Governance principles.
- Brent CCG carries out a detailed review of GP Access Hubs following the initial six months and first full year of operation against the new service specification, providing a detailed evaluation on the level of take up, impact on patient satisfaction regarding access and impact on A&E and UCC attendances. Review includes public engagement to assess the extent to which the model reaches and benefits all residents in the borough.
- More services to be commissioned via GP networks e.g. Care Home & High Risk Housebound patient service

Better Care Fund

NHS Brent Clinical Commissioning Group

The Better Care Fund is a redesign programme delivered in partnership with organisations from across the Brent Health and Social Care economy. The objective is to bring together health and social care in order to transform local services, providing people with the right care, at the right place, at the right time tailored to their individual needs and to the highest possible standards. The schemes are described below:

BCF Scheme 1 – Keeping the most vulnerable well in the community (Whole Systems Integration)

BCF Scheme 2 – Avoiding unnecessary hospital admissions.

BCF Scheme 2.5 - Integrated rehabilitation and reablement.

BCF Scheme 3 – Efficient multi-agency hospital discharge and community bed provision.

BCF Scheme 4 – Improving Recovery From Mental Health Conditions

Outcome Measures

- Reduction in permanent residential care admissions
- Reduction in readmissions to hospital following period of reablement
- Reduction in delayed transfers of care
- Reduction in non-elective hospital admissions (general + acute)
- Improved patient experience and satisfaction

Mental Health

NHS Brent Clinical Commissioning Group

SELF-CARE: Move from 'opt in' to 'opt out' for attendance at the 'recovery college' for post-discharge advice and education about mental illness. This would reduce rates of relapse, and provide support to carers.

Primary care – Reshape peer support and specialist mental health nursing support to share learning in the recovery college, help people develop personal recovery plans, support social inclusion.

Community care – Continue development of crisis response at home, in the community, as well as in A&E. Establish a new model of community mental health teams with shorter waiting times, and fewer internal waiting lists. Increase the care available for post-traumatic stress disorder and personality disorder.

Crisis houses – Develop options for single-sex, short-stay accommodation, offered as an alternative to inpatient admission when treatment cannot be offered at home. Provide less medicalised care for people who would otherwise be admitted to a ward.

Inpatient care - Improve use of patient-rated clinical outcome measures in care-planning. Continued effort on improving the patient experience of care, ensuring the safety of the ward community. Reduce lengths of stay and readmission rates.

Questions

NHS Brent Clinical Commissioning Group

- Any questions?

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Brent	**Health and Wellbeing Board** 10 November 2015 **Report from the Director of Public Health**
For information	Wards Affected: ALL

Update on the Pharmaceutical Needs Assessment

1.0. Summary

1.1. The Health and Social Care Act 2012 conferred the duty for publishing and keeping up to date a statement of the population needs for pharmaceutical services in their area, referred to as a Pharmaceutical Needs Assessment (PNA), onto Health and Wellbeing Boards (HWBs).

1.2. The Brent HWB delegated to a PNA Steering Group the authority to conduct, consult on and publish a revised Brent PNA. At its March 2015 meeting the HWB noted that this had been carried out.

1.3 The Brent PNA was published on the Brent Council Website in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).

1.4 The Regulations require that HWBs produce a statement of its revised assessment within three years of its previous publication of a PNA, or sooner should the HWB determine there has been a significant change in pharmaceutical needs in the area. At its March 2015 meeting, the HWB agreed the process for keeping the PNA up to date and delegated to the Director of Public Health (DPH), or the DPH's nominee, the decision as to whether a revision of the PNA is required before April 2018.

1.5 In the absence of a need to revise the PNA, it is still necessary that the published PNA is kept up to date and reflects any change to pharmaceutical services in Brent. This is done through the publication of Supplementary Statements to the PNA. At its March 2015 meeting the HWB delegated to the DPH, or the DPH's nominee, the publication of Supplementary Statements to the PNA

1.6 This paper provides an update to the HWB on how the PNA has been kept up to date since its publication in March 2015.

1.7 The DPH has determined that there has been no significant change to the need for pharmaceutical services or to the provision of pharmaceutical services in Brent since March 2015 and that a revision of the PNA has therefore not been required.

1.8 The DPH has published two Supplementary Statements on the Council website. The statements were issued in August 2015 and October 2015. The statements reflect changes to the opening hours of a pharmacy and changes to an appliance contractor's address. The supplementary statements and further details of the above changes can be found at:

https://www.brent.gov.uk/your-council/partnerships/health-and-wellbeing-board/

2.0. Recommendations

The Board is asked to

- Note that no revision of the Brent PNA has been required in the six months since its publication
- Note the publication of Supplementary Statements on the Council website

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Director

Melanie Smith

Director Public Health

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Appendix One

Extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Part 2 Regulation 6: Subsequent assessments

6. (1) After it has published its first pharmaceutical needs assessment; each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to:

(a) the number of people in its area who require pharmaceutical services;
(b) the demography of its area; and
(c) the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where:

(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
(b) the HWB
(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
(ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

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