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Health and Wellbeing Board

Thursday 5 October 2017 at 7.00 pm
Board Rooms 3, 4 & 5 - Brent Civic Centre

Membership:

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

Substitute Members (Brent Councillors)
Labour Councillors:

Farah, Miller, Southwood and Tatler

Conservative Councillors:

Kansagra

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

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The press and public are welcome to attend part of this meeting

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

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

or

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

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

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for Absence

For Members of the Board to note any apologies for absence.

2 Declarations of Interests

Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda and to specify the item(s) to which they relate.

3 Minutes of the Previous Meeting 1 - 4

To approve the attached minutes of the previous meeting on 14 June 2017 as a correct record.

4 Matters Arising (If Any)

To address any relevant matters arising from the minutes.

5 Brent Health and Care Plan - Learning Disabilities Update - Transforming Care 5 - 42

This report provides an update to the Board regarding progress against the Transforming Care priorities within Brent's Health and Care Plan both at a local and sector level. The Board are asked to note and comment on progress and identify any areas where the Board would require further development.

6 Brent Children's Trust Update 43 - 50

The BCT provides the Brent Health and Wellbeing Board with an update paper every six months, with the previous report having been presented at the March 2017 meeting. This paper provides a broad summary of the BCT work programme and actions of the JCG from April 2017 to September 2017.

7	**Overview and Scrutiny Task Group Report: Brent's Child and Adolescent Mental Health Services** This report sets out the recommendations developed by members of a task group set up to review Child and Adolescent Mental Health Services (CAMHS).	51 - 82
8	**Brent Child Death Overview Panel Annual Report: 01 April 2016 - 31 March 2017** This annual report is provided by the Child Death Overview Panel (CDOP) for the Brent Local Safeguarding Children Board (LSCB). The report analyses Sudden Unexpected Deaths in Infancy since the commencement of the CDOP process in 2008. The importance of safe sleeping practices is highlighted.	83 - 104
9	**Healthwatch Brent - From words to action - 2016-2017 Annual Report** Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services. CommUNITY Barnet is commissioned by the London Borough of Brent to deliver the local Healthwatch contract.The contract commenced from 01 July 2015. This report summarises our activity during the financial year 2016-2017.	105 - 124
10	**Health Inequalities Strategy - Mayor of London Consultation** This paper notes the launch of the consultation on the Mayor's Health Inequalities Strategy and provides an account of its aims, objectives and the Mayoral ambitions. It then suggests a response by the Health and Wellbeing Board to the consultation.	125 - 134
11	**Better Care Fund: 2017-2019 Plan** The BCF remains a key mechanism to drive integration between health and social care services. The BCF plan aligns with the priorities contained both in the North West London Sustainability and Transformation Plan (NWL STP) and the Brent Health and Care Plan. The plan has been approved by the Health and Wellbeing Board approved the plan on Tuesday 22 August 2017, and has subsequently been submitted to NHS England.	135 - 162
12	**Approval of draft written statement of action in response to the Ofsted/CQC joint local area Special Educational Needs and Disabilities (SEND) inspection** Report to follow. Please note that the appendix to the report contains	**Covering report to follow.**

exempt information (as detailed under item 13) and may need to be discussed in a closed session of the meeting.

13 Exclusion of Press and Public

The following items are not for publication as they relate to the following category of exempt information as specified in Schedule 12A of the Local Government Act 1972, namely paragraph 3: *"Information relating to the financial or business affairs of any particular person (including the authority holding that information)."*

- Agenda item 12 - Approval of draft written statement of action in response to the Ofsted/CQC joint local area Special Educational Needs and Disabilities (SEND) inspection – **Appendix 1**

14 Date of Next Meeting

The next scheduled meeting of the Health and Wellbeing Board is on 24 January 2018.

15 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.

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

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

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Brent

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Wednesday 14 June 2017 at 7.00 pm

MEMBERS PRESENT:

Councillor Hirani (Chair), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Councillor Butt, Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Councillor Farah, Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group), Julie Pal (Chief Executive, Healthwatch Brent), Councillor M Patel, Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director, Children and Young People)

Also Present: Sheikh Auladin (Deputy Chief Operating Officer, Brent Clinical Commissioning Group), Philippa Galligan (Borough Director, Central and North West London NHS Foundation Trust), Meenara Islam (Strategic Partnership Manager, Brent Council), Councillor Perrin, Shafeeq Tejani (Assistant Commissioning Director, Long Term Conditions and Urgent Brent, Brent Clinical Commissioning Group), James Walters (Divisional General Manager, London North West Healthcare NHS Trust), Helen Woodland (Operational Director for Social Care, Brent Council)

1. **Apologies for Absence**

Apologies for absence were received from:

(i) Councillor McLennan with Councillor Farah substituting on her behalf;

(ii) Dr Ethie Kong (Vice Chair of the Health and Wellbeing Board; Co-Clinical Director, Brent Clinical Commissioning Group) with Sheikh Auladin attending on her behalf;

(iii) Phil Porter (Strategic Director, Community Wellbeing, Brent Council), with Helen Woodland (Operational Director, Social Care, Brent Council) attending on his behalf; and

(iv) Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups).

2. **Declarations of Interests**

There were no declarations of interest from Members.

3. **Minutes of the Previous Meeting**

It was **RESOLVED** that the minutes of the previous meeting held on 28 March 2017 be approved as an accurate record of the meeting.

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

There were no matters arising.

5. **Brent Health and Care Plan Update**

Helen Woodland (the Council's Operational Director, Social Care) introduced the report which provided the Health and Wellbeing Board with a progress update on the delivery of the Brent Health and Care Plan. She ran through the detail of what underpinned the delivery of the plan, including: the governance arrangements; the ongoing systems development work; and the need for effective systems leadership across both health and social care organisations. She directed Members' attention to the leadership and change management programmes which had been commissioned under the Change Academy umbrella (paragraph 3.9 of the report) and noted that Professor Rebecca Malby (London Southbank University) had been leading on these. The Board heard that two other change management programmes had also been applied to in order to assist delivery of the plan. She concluded by offering some brief updates on the progress of each of the six big ticket items, as specified within the report.

Dr Melanie Smith commented that it was positive that Brent's localised plan was making progress under the wider NWL STP umbrella. She noted that there had been a clear alignment at both the local and regional level in particular on prevention of alcohol related A&E admissions and that Brent had been leading on a pilot with London North West Healthcare aimed specifically at reducing this type of admission.

It was **RESOLVED** that the progress report on the delivery of the Brent Health and Care Plan be noted.

6. **Frailty Integrated Service**

Helen Woodland introduced the report which provided Members with an update on the United Frailty Pathway and progress on the Older People's Acute Liaison Service (OPALS) business case for Northwick Park Hospital, which had been discussed at the last meeting of the Board. She noted that this formed part of the extensive 'Older People's Services' work stream within Brent's Health and Care Plan.

James Walters (Divisional General Manager, London North West Healthcare NHS Trust) explained that the first part of the report detailed the systems approach to preventing unnecessary admissions and maintaining care outside of the hospital setting. He noted that admissions numbers had been rising for older age groups and that frailty often exacerbated existing health conditions, which in turn had the unwanted consequence of seeing people stay in hospital for longer periods. The Board heard that the aim of OPALS was to provide a model of care which sought to address frail patients once they had entered the emergency department in order to substantially reduce any potential length of stay in hospital. Mr Walters mentioned how OPALS linked with the Short-Term Assessment Rehabilitation and Reablement Service (STARRS) programme once the patient had been moved to a community setting. He concluded by detailing the proposals within the business case and the

potential for significant savings if the patient had a reduced length of stay in an acute setting.

Members asked for clarification on the proposed timeline for putting OPALS into operation. Helen Woodland outlined that the aim was to ultimately have the full frailty pathway in place in Brent by 2020/2021, however there were aspects of the pathway within this that were already operational. Members commented that there was a need to be clear on the incremental steps which needed to be taken and which of these had been making progress.

A Member of the Board questioned whether OPALS would provide a community ophthalmology service to deal with any eye-related emergencies. James Walters agreed to arrange a briefing to Members on what specific services were provided in this area and how they linked to the OPALS model.

Questions also arose on the working arrangements with other neighbouring boroughs and whether there had been any collaborative working on the proposals. James Walters responded that there was a willingness to have this service operate effectively across boroughs. He noted that there had been positive in-depth conversations with the London Borough of Harrow on moving ahead with this model and on what each borough could specifically do to support the concept. It was also mentioned that OPALS built on the hospital discharge project work being undertaken by the West London Alliance and that there were also plans for a similar model to be undertaken on an appropriate site in Ealing.

Discussions moved to the proposed finance arrangements for the model and which budget the plans were being derived from. Members heard that that there was a need to work out what was proportionate for each Clinical Commissioning Group which would be involved via the Northwick Park base and that the OPALS evaluation from 2015/2016 had been funded by money made available for winter pressures. It was mentioned that the resource implications were still being monitored but that the evaluation had suggested that the model could ensure a reduced length of stay and better outcomes for patients. It was also discussed that the A&E performance trajectory was agreed system wide by both NHS England and NHS Improvement, and therefore each of the boroughs involved would ultimately benefit from finding resources for this service model as each would be working to meet the same targets. James Walters added that an additional incentive for the different boroughs was that OPALS and STARRS were deemed to be models of best practice in this area and were being supported accordingly by the NHS' Emergency Care Improvement Programme.

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

7. **Pharmaceutical Needs Assessment (PNA)**

Dr Melanie Smith (the Council's Director of Public Health) introduced the report which detailed the statutory duty for Health and Wellbeing Boards to update and publish a Pharmaceutical Needs Assessment (PNA) for the local area, and proposals on how this responsibility should be discharged. She stated that the Board published its first PNA in April 2015 and was required to publish a revised assessment by 1 April 2018. She noted that the process for drawing up the PNA remained the same from the previous publication. Members heard that PNAs were

a very particular type of assessment and focused on what should be dispensed at community pharmacies to meet the needs of the local population.

The Board agreed that the process had worked well for the previous PNA publication and that there was no need to differ from this approach.

It was **RESOLVED** that:

(i) The establishment of a task and finish PNA Steering Group be agreed;

(ii) The terms of reference for the PNA Steering Group, attached as appendix 1 to the report, be agreed; and

(iii) That the task of overseeing the conduct, consultation and publication of the revised Brent PNA be delegated to the PNA Steering Group.

8. **Date of Next Meeting**

The date of the next meeting was noted as being 5 October 2017.

9. **Any Other Urgent Business**

There was no other urgent business to be transacted.

The meeting was declared closed at 7.33 pm

COUNCILLOR KRUPESH HIRANI
Chair

Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 5 October 2017 **Report from the Strategic Director of Community Wellbeing**
	Wards affected: ALL
Brent Health and Care Plan – Learning Disabilities Update - Transforming Care	

1.0 Summary

1.1 This report provides an update to the Board regarding progress against the Transforming Care priorities within Brent's Health and Care Plan both at a local and sector level. The Board are asked to note and comment on progress and identify any areas where the Board would require further development.

2.0 Recommendation(s)

2.1 That the Board note progress and identify any additional priorities;

2.2 That the Board note progress and identify any additional information required;

2.3 That the Board confirm agreement with the direction of travel.

3.0 Detail

3.1 The Transforming Care Programme (TCP) is based on the assumption that children, young people and adults with a learning disability and/or autism, with behaviours described as challenging, have the right to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need for a life that is healthy, safe and rewarding.

3.2 The programme includes people of all ages with a learning disability and those with autism who do not have a learning disability, as well as those with both a learning disability and autism. There are approximately 2,600 people nationally in this group who are inpatients and an estimated 24,000 people in the community who are at risk of being admitted to hospital without the right support. In Brent there are currently 11 people with a learning disability who are

in-patients; work is currently underway to identify individuals who may be at risk of admission in the future.

The challenge for local health and social care commissioners is as much about preventing new admissions to inpatient care, by providing alternative care and support in the community (with a focus on early intervention and prevention), as it is about discharging those individuals currently in hospital.

3.3 The TCP focusses on addressing long-standing issues to ensure sustainable change that will see:

- More choice for people and their families, and more say in their care;
- Providing more care in the community, with personalised support provided by multi-disciplinary health and care teams ;
- More innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;
- Providing early more intensive support for those who need it, so that people can stay in the community, close to home;
- But for those that do need in-patient care, ensuring it is only for as long as they need it

3.4 There is activity, both at a North West London Level, with a NWL TCP Board overseeing progress across the 8 CCG's and 8 LAs and leading on cross borough initiatives, and at Brent level as a 'big ticket item' under the Brent Health and Care Plan.

At NWL level the key areas of focus are:

- Setting the format and process for Dynamic Risk Registers
- Commissioning forensic reviews of all NHSE patients to determine forensic support needs across eight CCG/eight LAs – to inform capacity modelling for in-patient and forensic services in the future
- Discussions with NHSE regarding Specialised Commissioning Funding Agreement arrangements
- Financial modelling
- Development of a Community Learning Disability and In-patient service specifications
- Cross borough housing needs assessments
- Workforce development – commissioning of Person Centred Planning and Positive Behavioural Support for providers

3.5 There are four workstreams under the Brent TCP programme. All workstreams have a task group with key stakeholders from health and social care and have adopted an integrated approach to delivery; with user and carer engagement an integral part of each project.

Work stream	Lead	Outcome
Delivery Area 4 Senior Responsible Officer (SRO) for TCP	Duncan Ambrose Assistant Director CCG	Planning services to support people with a learning disability and/or autism and their carers. Building local capacity and a joint strategic approach to develop the market
Individuals currently in hospital placements	Nicky Yiasoumi Head of Continuing Health Care and Complex Care	Reduce the number of individuals in in-patient settings and increase the number of individuals who are supported in the community
Market Management	Jenny Beasley/Sarah Nyandoro Commissioning and Change Manager (LA)/Head of LD and MH (CCG)	Developing the provider market so that there is a full range of local services, with the required workforce skills, to enable people to remain with, or close to, their families and communities
Learning Disability Team Integration	Helen Duncan-Turnbull/Jo Carroll Head of Complex Care (LA)/Head of LD Services (CNWL)	To develop an operating model for an integrated health and social care team to support individuals with a learning disability in Brent; to increase their independence and reduce their reliance on formally organised support services
Transitions	Helen Duncan-Turnbull/Sandra Bingham Head of Complex Care (Adults)/Head of Inclusion (Children)	To ensure greater alignment with the Education, Health and Care processes. Creating greater equity and consistency for 0-25's through joined up planning, assessment and delivery of support, making best use of resources

4.0 Progress to date and future key milestones

4.1 Individuals currently in hospital placements

- Eight people have already been successfully discharged back to the community with joint health and social care plans and funding put in place. The CCG and Local Authority have (and are) attending all Community Treatment Reviews for the remaining people and working together to agree discharge plans and agree timescales. It is worth noting that some discharges are dependent on the Ministry of Justice agreeing discharge and discharge destination.
- Blue light protocol has been implemented so that there is integrated planning and support for individuals identified as at risk of admission
- Risk register established by the CCG in partnership with the LA and CNWL's LD services

Key milestones

- Incorporation of children and individuals with Autism on the Dynamic Risk Register - Nov 2018
- Discharge of two individuals during the next quarter (plans in place) - Dec 2017

- Confirmation of proposed discharge dates from in-patient units for the remaining nine individuals – Jan 2018
- Confirmation from NHSE regarding Brent's Specialised Commissioning Funding for eligible in-patients – not known

4.2 Market management

- Learning Disability and Autism Strategy for 2017-2020 drafted (see Appendix One), in consultation with users and carers, and presented at the Learning Disability Partnership Board, setting out the priorities for action over the next three years.
- Two new supported living services developed specifically for people with a learning disability as part of the New Accommodation for Independent Living (NAIL) project.
- Support given to a number of residential establishments to de-register and provide supported living

Deregistrations; 4(Kinch) +7(Kings Lodge) +12 (Chichester) = 23 – completed
New developments = 7+ 6= 13 (Wembley Park Drive proposals) – proposed for the next six/nine months
Salmon Street = 6 - opened in April
Hub and Spoke = 24 – opening in April 18 – but staggered
Peel Close = 11 – due for completion Nov 2017
Clement Close= 12 – due for opening Jan 2018
Clock Cottage = 15 – Potential scheme – planning is in place but some challenges to be resolved regarding the site – discussions are ongoing.

TOTAL= 104 new placements (including de-registration)

Key milestones

- LD and Autism strategy to be formally signed off by LA and CCG – Oct 2017
- Market management priorities and action plan with timescales to be finalised Oct 2017
- Autism Board to be established by April 2018

4.3 Learning Disability Team Integration

- Joint commissioning intentions have been agreed by the LA/CCG
- Commissioning intentions have been shared with CNWL and the current operational service managers
- A set of outcomes have been drafted and are currently being further developed in consultation with service users and carers, with a focus on physical health and mental health and wellbeing.
- Core operational task group convened to develop the integrated model
- Operational team leaders being supported by the Change Academy (commissioned by NWL) around change management.
- Draft service specification completed identifying proposed outcomes

Key milestones

- Commissioning plan to be developed that sets out future commissioning arrangements for the LD team e.g. S75 – April 2018
- Outcomes based service specification to be ratified – Jan 2018
- Operational delivery model identified and agreed – June 2018
- Integrated team operating in shadow form – Sept 2018
- Integrated team fully operational – April 2019

4.4 In-Patient Specification

- A new specification is being developed for Kingswood Centre for Learning Disabilities. Kingswood Centre is located in the Borough of Brent and provides CCGs across the North West London area with inpatient services for adults with a learning disability.
- This provision will be remodelled and re-specified to ensure quality of care, clinical effectiveness, improved outcomes, patient safety and patient experience.
- The work around these specifications is being led by the NWL Strategy and Transformation Team (Like Minded)

Key Milestones

- Re-specify the specialist assessment and treatment inpatient unit for adults with a Learning Disability diagnosis and Mental Disorder and/or challenging behaviour – March 2018

4.5 Transitions

- Strategic Inclusion Board agreed workstreams to progress SEND reform improvements following OFSTED inspection; preparing for adulthood pathway, joint commissioning, Education, Health and Care plans, development of a 0-25 team, Local Offer
- 0-25 stocktake complete
- Task groups established
- Agreement to progress to 0-25 disabilities team confirmed

Key milestones (for TCP programme)

- Develop options appraisal for team changes – Oct 2017
- 0-25 team operational - March 2018
- Develop Preparing for Adulthood pathway – March 2018

5.0 Financial Implications

5.1 There are potential financial pressures depending on the NHSE award for the resettlement of current in-patients. Once this settlement is known any implications will be modelled and discussed with finance as part of the Brent Health and Care Plan governance.

5.0 Legal Implications

5.1 None.

6.0 Equality Implications

6.1 The proposals in this report have been reviewed and found to have a neutral or positive impact on equality in relation to all of the protected characteristics.

Contact Officers

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PHIL PORTER
Strategic Director of Community Wellbeing

Appendix One Learning Disability and Autism Strategy 2017-2020

Brent Learning Disability Strategy 2017-2020

Introduction

This is Brent Adult Social Care's (14+) Learning Disability Plan for 2017-2020. The aim of this plan is to meet the vision agreed by Brent Council's Learning Disability Partnership Board:

To improve the lives of people with a learning disability by helping people to be independent, have healthier lives and have choice and control.

People with learning disabilities in general have much poorer health outcomes, shorter life expectancy and a greater risk of early death. People who have a learning disability are more likely to have other physical health problems such as respiratory disease, and epilepsy. Trends also show that there are higher levels of mental health problems such as schizophrenia, other psychiatric disorders and dementia experienced by people who have learning disabilities.

There are also widely reported issues surrounding poor diet and nutrition, obesity and a lack of physical activity. People with learning disabilities – especially those with mild or moderate learning disabilities – will more likely be exposed to poverty, poor housing conditions, unemployment, social isolation and discrimination. Bullying within school and overt discrimination in adulthood both contribute to people with learning disabilities having a poorer health status than people without learning disabilities.

National research shows that despite their increased chances of health problems and issues, people with learning disabilities are less likely to receive regular health checks and are less likely to take up health promotion or screening activities such as routine dental care or cervical smear tests.

Greater collaboration is needed between GPs, primary health care teams and specialist services for people with learning disabilities, with organisations working in partnership in Brent to enable this to happen.

We need to make sure that people with complex support needs are receiving treatment and/or support in the most suitable place. We must make sure that people live as close as possible to their circle of support. The support they need to do this should be provided by all those involved in their life and the wider community working together.

This strategy has been developed following engagement with Local Authority officers, Clinical Commissioning Group representatives, Central and North West London NHS Foundation Trust including doctors, nurses, therapists from The Kingswood Centre, MENCAP, The Advocacy Project, Toucan, Transport, Employment & Enterprise and representatives of the local learning disability community.

Through this engagement, key priority areas for action forming the basis of the Strategy are:

- Access to health and Better Health outcomes

- Greater opportunities to access education and employment
- Increased accommodation locally, that meet people's needs
- Safeguarding and keeping safe
- Truly holistic, person centred support planning
- Supporting and maximising independence

What do we know about people with a Learning Disability living in the London Borough of Brent?

Nationally, **2.2%** of the population have a learning disability. In Brent, this equates to approximately **7,000** people when applied to current population estimates. Approximately 3,300 adults are registered as diagnosed with a learning disability with Brent CCG and 640 are known to Brent Council as users of statutory funded services to meet their Care Act eligible needs.

Between 2014 and 2030, the number of people in Brent with a Learning Disability is expected to rise by 8%

Public Health data informs that the prevalence of adults with learning disabilities aged 18-64 is predicted to increase by 8% over the next 15 years and the prevalence of adults with learning disabilities aged 65+ is expected to increase by 52%. We know that this is a growing population with varied and often complex needs.

Adults who have a learning disability are a diverse group who have a wide breadth of needs which may require support. Support needs may range from reasonable adjustments to ensure that services, the workplace and the wider community is accessible, to around the clock support with all aspects of daily living.

Learning Disabilities Partnership Board

Brent has a well-established Learning Disabilities Partnership Board (BLDPB), which is co-chaired by the Head of Commissioning (Local Authority) and a learning disability service users' representative. The membership is representative of the local economy with representation from the LA, CCG, NHS provider services, employment, education, Brent CVS and an established membership of people with learning disabilities (these members are supported by the LA by a designated Engagement Officer to prepare for the board, set the agenda, feedback on consultation and practically support reps to attend board meetings) and carers of people who have a learning disability.
The board partners are responsible for setting priorities and ensuring actions are agreed and undertaken.

This board will oversee delivery of this strategy and the development of an action plan to support it.

Legislation and Policy

Brent is guided by its statutory obligations to people who have a learning disability as stipulated in the following pieces of legislation:

The Care Act 2014

We need to make sure that:

- People have the right information and advice so they understand what support they can get and how to get it.
- People's wellbeing is promoted with focus on prevention and health promotion.
- We provide early intervention services which will prevent, delay or reduce people's need for care and support.
- We work together with partner organisations to improve people's health and well-being.
- We provide an assessment of need where it appears an adult may have needs for care and support in line with The Care Act 2014 eligibility criteria
- We work with the individual and their circle of support to create a plan which meets their needs where assessment determines eligible care and support needs.
- We are supporting children with disabilities and their families to manage the transition to adulthood.

Carer's of people who have a learning disability are able to access an assessment of their needs.

The Children and Families Act 2014 The Children and Families Act 2014 changed the system for children and young people with special educational needs and disabilities from September 2014.Changes include:

- Replacing old statements of educational needs with a new Education, Health and Care (EHC) Plan for people aged from birth (0) to 25.
- Local authorities and health commissioners have to commission services together for children and young people with special educational needs and disabilities.
- Families will be offered personal budgets to pay for support which are on their child's EHC plan.

We need to work together with partner agencies to make sure that we have plans in place to support young people to have a good transition. We need to plan for future opportunities that will result in more choices for people, so that they can live a fulfilled life.

National policies are also driving improvements to support people with learning disabilities. These include:

- Sustainability and Transformation Plan (STP) requirements: STP areas are required to consider the wider needs of people with a learning disability and those with autism; how they can be supported as citizens with rights to lead active independent lives in the community, in a home they can call their own.

The aim is to improve participation in society, improve health and wellbeing, decrease avoidable hospital admissions and decrease premature mortality.

- Better Care Fund Requirements: The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

A Local Response to Winterbourne View Hospital and Transforming Care Plan

In May 2011, the BBC's Panorama programme showed abuse of patients by staff at Winterbourne View Hospital near Bristol. Winterbourne View was a privately run assessment and treatment hospital for adults with learning disabilities, autism, complex needs and behaviours that challenge. Many of the people staying there were detained under section of the Mental Health Act 1983.The Department of Health report 'Transforming care: A national response to Winterbourne View Hospital' (December 2012) included a number of actions for commissioners to ensure this does not happen again, focusing on early intervention and the need to develop person centred approaches.

A Concordat (an agreement) was published which says how to change services for people with learning disabilities and mental health conditions or behaviours that challenge. NHS Brent CCG and the Brent Council are working as part of the North West London Transforming Care Plan to redesign and improve inpatient and community care support for people of all ages with a learning disability. The Transforming Care Plan (TCP) is designed to address the needs of people with learning disabilities, and/or autism who display behaviour which challenges to include models of care and how we deliver best outcomes for people who have a learning disability, their families and carers.

The transforming care agenda is a fundamental theme across our priority areas, which involve developing appropriate accommodation, community care and support services, and building capacity in the community so that people only go into hospital when they need treatment and not because their support in the community has broken down.

Overarching Strategy Commitments

- We will continue to promote people with a learning disability being encouraged and supported to be as independent as they can be so intervention from statutory services is reduced or not required.
- We will maximise the impact of existing resources by ensuring efficient and effective support which promotes prevention, independence and enablement.

We will ensure holistic services and support which are customised to individuals.

- We will continue to work in partnership with all agencies and across the wider community to ensure coordinated and collaborative approaches to meeting needs and promote joined up pathways.
- We will encourage sustainability of provision though effective commissioning, contractual opportunities and robust monitoring.
- We will facilitate the change required to across the learning disability market sector including the community and voluntary sector to deliver models of support which focus on outcomes, prevention, independence, enablement, capacity building and social enterprise.

Expected Strategy Outcomes

Key areas of focus for the duration of the strategy include:

- Better accessibility to good quality information, advice and guidance on local services, tailored to people with a learning disability and their carers.
- Better integrated care pathways
- Improved in-patient provision
- Improved health and social care outcomes for people with a learning disability Self-Care Management
- Having choice & control – transitions from children to adults, education, training, job opportunities, voluntary sector organisations for activities / information
- Greater access to appropriate accommodation to meet individual needs, along with tailored care and support services
- Increased access to Personal health budgets and Self-Direct Support
- People with a Learning Disability to be part of the community with increased opportunities to access Education, training and employment
- Access to specialist enablement to support development of independent living skills

Strategy Overarching Objective

Aim: The Objective is to transform care in order to improve co-ordination and quality of services for people with learning disabilities and/or autism who have behaviour which challenges, facilitating system wide change and enabling more people to live in the community, with the right support, close to home.

What we have now:

There is a specific Transforming Care programme which focusses on three distinct work streams to build on and integrate existing areas including, but not limited to accommodation, employment, training, education, community support, meaningful activities and healthcare. Brent is part of the North West London Transforming Care Partnership, and is taking forward work aligned to transforming care locally within our Health and Care agenda.

What we are developing:

There are four work streams tasked with taking forward the transforming care agenda in Brent. These are:

Learning Disability Team Integration:

We intend to develop an integrated health and social care team to support people with learning disability in Brent to increase their independence and reduce their reliance on statutory support services. This will require the team to:

- Work with all partners, understanding their capabilities and capacity to support people with LD
- Work innovatively to support the development of skills and capabilities of the team and its partners.
- Support the development of congruent projects such as STP market management and NWL TCP to continually develop the infrastructure to support people with learning disabilities.

Market Development:

- Brent has fewer than 10 individuals who are currently admitted to specialist hospital beds commissioned by NHS England. Brent CCG and Council are working together to review these individuals, plan their discharge and build the right support for them in the community to ensure they have a successful and sustainable transition to community life.
- In order to accommodate these individuals and decrease future admissions to institutionalised care for people with learning disabilities, complex needs and/or autism there is the need to develop a market of providers who work in partnership with health, social care, voluntary services, local business and the community to support people with complex needs.
- Universal services such as GPs, A&E, police and other front door community based services are upskilled to understand, manage and appropriately meet the needs of people who have a learning disability including those who have complex needs and/or autism.

In order to achieve this, we need to develop:

The Change Academy 2017

The High Performing Care programme is now underway. This programme is part of the North West London new Change Academy which is an innovative transformational change and leadership development programme. It has been created to support people working in health and social care to develop and apply knowledge and practical skills to deliver real change to embed integrated care across North West London:

- Within and across organisations so that people who have LD are well supported in the community (complex needs, autism and multiple Learning Disorder) and are able to access and optimise the rich resources available in the local area.

- Mechanisms to identify people who have LD who are reaching a crisis and responses to support these people within their usual environment in the least restrictive way.
- Greater partnership working and collaboration between formal and third sector organisations to support people in a holistic way.

Community Support including Community Forensic Support:

In order to enable people with LD to live full and rich lives in the least restrictive environment, we need to optimise access to and the availability of community support.

To achieve this we need to:

- Use care and treatment reviews for people with complex or forensic needs to identify how customised support can support individuals.
- Develop ways of working and models of support that can respond to individual's holistic needs in the least restrictive manner.
- Build partnerships and relationships that facilitate innovative ways of supporting people with complex and/or forensic needs.
- Facilitate the development of universal services and community support models which focus on early identification, prevention and enablement.

Transitions:

We aim to achieve equity of decision-making between childhood and adulthood for people with learning disabilities and/or autism thereby facilitating a positive experience or transition from childhood to adulthood for people with learning disability and/or autism. In order to achieve this we need to:

- Commission services locally.
- Develop a 0-25 all age offer using information provided from the education, health and care planning processes.
- Identify what needs to be commissioning jointly with local commissioning partners wherever possible.

Facilitate development of services with the skills required to support people to be as independent as possible.

Enabler One to achieve overarching objective: Accommodation

Aim: For people to remain in their own home, maximising and retaining their independence reducing admission to in-patient, residential or nursing care environments.

What we have now:

Out of the 640 individuals known to Adult Social Care who have a learning disability, 190 are living in a residential care setting and 123 are currently living in supported living accommodation.

We are in the process of mapping our accommodation based services for people who have a learning disability. We know that in Brent there are 34 residential care homes

for people who have a learning disability including the Council run provision Tudor Gardens. These services deliver in total residential care for to up to 188 people. We have identified 22 supported living schemes providing shared accommodation enabling people to have their own home through provision of a tenancy.

We also have Brent Shared Lives, a scheme which offers alternative support to care homes for adults who have a range of disabilities including learning disability and autism by placing them in the home of suitable carers in or on the border of Brent.

What we are developing:

The borough has a good history with a number of local long term residential providers who have made changes to their services over recent years and developed or deregistered to supported living accommodation. These new services have all been within shared houses which has limits in meeting the needs and wishes of some of Brent's residents who have a learning disability.

Moving forward we are developing a greater number of supported accommodation where residents will have their own tenancies and front doors. When added to the current range of services it will provide greater choice and better meet the needs and wishes of our residents.

The New Accommodation for Independent Living programme continues to work towards ambitious targets of creating new homes for people with care and support needs in Brent. There are a number of schemes in development for people who have LD which are due to commence throughout 2017 and 2018:

- Peel Road -11 flats with communal spaces and a garden
- Clement Close - 12 flats with communal space and a garden
- Salmon St - a 6 bed (all with en suites) supported living scheme
- Clock Cottage - 14 unit scheme one being a three bed flat (all with en suites) and a mix of one bed and studios

We are also increasing the choice for people with a learning disability over 50 years of age by ensuring all our extra care schemes in development will also be available to this group.

We will be working with the learning disability accommodation market to facilitate the shift in emphasis towards support delivery which focusses on active support and enablement, supporting people to learn new skills and to do things themselves to maximise their independence, to access community and universal services to meet their needs, particularly needs arising from social isolation. We will be working with this market to quality check services, support models and delivery through robust monitoring.

We aim to ensure there is a spectrum of support for people that encourages independence through support to manage tenancies and life skills such as shopping, cooking, budgeting and pursuing routes to employment.

Enabler two to achieve overarching objective: Employment, Training and Education

Aim: For people with learning disabilities to have access to education and training, to be able to obtain and remain in paid employment in Brent. For the workforce delivering services to people who have a learning disability to have the right skills to deliver our vision.

What we have now:
There are only 3.2% of people with a learning disability in Brent in paid employment. This is significantly below both the national and London averages.
Toucan Employment provides a small allotment project for service users with a learning disability at Lyons Park near Neasden tube station based on a supported employment programme.

22% of students attending the College of North West London have a learning disability.

What we are developing:
There are several developments moving forward for people who have a learning disability wishing to access employment.

Brent Start offers workshops to help residents develop their skills further and gain new qualifications. Courses include beauty, health and social care, business and ICT and languages. They also provide free job search support and employability training. Brent Start also offers a pre-apprenticeship training programme for 19 to 24 years old Brent residents with little or no work experience who are interested in a career in childcare, construction, audit, social care and/or business administration.

The college of North West London is completing a hospital internship initiative for students who have a learning disability. The internship supported 12 students, they are placed in various posts in a hospital setting locally to gain work experience and skills with appropriate support which can lead to employment. This is a 1-year programme which started in September 2016. The previous initiative delivered the successful outcome of a 70% job retention rate. We will be reviewing the success of this initiative and continuing to work with our partners in college of NW London and CNWL to continue to programme.

The Council commissions Brent Mencap to support 15 individuals into work over the course of a year. We will continue to work with Mencap to assess the success of this programme, and how we can support employers to benefit from offering work to people who have a learning disability.

Additionally, work is being progressed to ensure that the health and social care workforce is appropriately configured and resourced to meet people's needs with a focus on:

- Staff and professionals within mainstream services have the knowledge and skills to meet people's needs.
- Specialist support staff are skilled in a range of approaches such as Positive Behaviour Support planning, to effectively support people who challenge.
- Professionals and other staff are able to identify opportunities to use assistive technology and daily living equipment.

- Enhanced flexibility of current workforce and new roles that respond to the need of future demand.
- Effective recruitment and retention of staff to meet current and future identified needs.
- The principles of personalisation are embedded across the workforce.
- That the workforce has the right values, culture and diversity to support people to live within their local communities.

Quality Assurance will be measured through a range of processes including;

- Training being delivered via accredited providers.
- Staff and Patient/User satisfaction surveys and feedback.
- Compliance with Skills for Care, Health Education England, NICE guidelines

The High Performing Care programme is now underway. This programme is part of the North West London new Change Academy which is an innovative transformational change and leadership development programme. It has been created to support people across health and social care to develop and apply knowledge and practical skills to deliver real change to embed integrated care for people who have learning disabilities into North West London.

Enabler Three to achieve overarching objective: Community Support and Meaningful Activities

Aim: To have a range of community support that encourages people with learning disabilities to lead full and active lives in Brent.

What we have now:

We are committed to developing the community and care and support market for people who have a learning disability which maximises independence, choice and control and to building a community which offers the reasonable adjustments so that the community is accessible to people who have a learning disability.

We currently have a wide range of statutory support services available to people with learning disabilities who meet the eligibility criteria for support in Brent. The focus of these services is to support people to be as independent as they can be, to reach their potential. These services include:

John Billam Resource Centre

John Billam Resource Centre is a Brent Council purpose built facility for adults aged 18 to 65 with learning disabilities and/or autism. The centre provides a modern, efficient and light environment that supports the development of independent living skills. This service also provides specialist support to people with autism which is accredited by the National Autistic Society.

The Centre provides an IT suite, dining area(s), sensory rooms, a gym, a life skills kitchen, social areas and multi-purpose areas. In addition the building includes access to an enclosed courtyard, sensory garden, allotments, outdoor ball court and sports field.
The vision for the service is to offer a personalised approach to support that focuses on respecting individual needs whilst promoting independence. In the coming years the aim is to increasingly work with parents and carers to arm our service users with the necessary skills to fully integrate into the local community and undertake roles that are both challenging and rewarding.

There are a range of services both on-site and within the community which the centre supports people to access including:

- art therapy
- swimming
- bowling
- basketball
- food technology
- social skills building
- travel training
- horticulture
- massage
- communication
- health and wellbeing
- dance therapy
- vocational and academic courses

The New Millennium Day Centre

This centre currently provides day service provision for approximately 50 adults with disabilities, the first location to embrace working with both physical and learning disabilities under one roof.

They provide a range of activities and therapies to allow service users to express themselves physically and emotionally as well as focussing on developing independent living skills and linking people into their wider community moving away from reliance on building based provision.

Tudor Gardens Residential Care Home

Tudor Gardens is a care home registered for 15 people with learning disabilities situated in Kingsbury. It provides accommodation for people who require personal care. The service is managed by Brent Council. The home is divided into three self-contained units or flats with each of them accommodating five or four people in rooms with en suite facilities.

Health Services

The Kingswood Centre

c8Bl1zVKjGOWYThe Kingswood Centre in Brent specialises in assessing and treating people with learning difficulties who have mental health needs, complex or challenging behavior and/or forensic needs.

Set in a therapeutic green environment in Kingsbury, the centre has two inpatient units to assess, treat and rehabilitate people with a diagnosis of learning disabilities aged over 18, who require support in a specialist hospital setting.

The Centre's multi-disciplinary community team includes highly trained nurses, psychiatrists, speech and language therapists, occupational therapists and other health professionals who have many years' experience of dealing with learning disabilities and mental health issues. Services include:

- Behaviour support team who supports individuals with learning disabilities and their families in the community to look at their behaviours and how to manage them.
- Psychosexual assessment for people aged over 16
- Specific advice and training for colleges who teach pupils with SEND i.e. positioning, daily muscle strength, exercises, etc.
- A dedicated epilepsy nurse

All inpatient referrals to the Kingswood Centre must be made by a professional, usually a doctor, psychiatrist, care manager, college or care coordinator.

Community Health Services

Health services including specialist forensic hospitals, GP surgeries, Mental Health Services and Sexual Health services all offer specialist support to people with learning disabilities.

The Kingswood Centre has a community behaviour support service which works to meet the needs of adults with learning disabilities in the community who have significant mental illness and/ or behaviour that challenges which require intensive in-put using a person-centred approach. The fundamental/ overarching aim is to improve the quality of life for people whose behaviours challenge others.

The Behaviour Support Service works collaboratively using a multi-disciplinary approach to assess behaviour that challenges, formulate a hypothesis, and propose a therapeutic intervention within the context of Positive Behaviour Support.
A fundamental part of the Behaviour Support Service is to complete a comprehensive risk assessment and management plan

Service Goals:

- Reduction in level of planned and emergency hospital admission
- Reduction in delayed discharges, where placements have been identified and funded

- Reduction in number of bed days for all service users referred to The Behavioural Support Team
- Reduction in number of reported risk episodes
- Reduction in number of placement breakdowns for people with 'complex needs'

Advocacy

There are a number of organisations providing independent advocacy in Brent to both service users and carers.

Health Passports

Health Passports are a good practice resource tool used for any health care appointment or pre admission or during a hospital stay as well as other health appointments, including dentist, doctor etc. In Brent Health Passports are used by people with learning disabilities, their families and carers. They help care professionals understand the individual and make reasonable adjustments to the care and support they provide to individuals with learning disabilities.

Health Passports contain information about the individual person's everyday needs, including communication, medication, and eating and drinking to enable care staff to offer the right support to the person. They are used in conjunction with other personal records such as Health Action Plans, Person Centred Plans, and Transition Plans etc. These are intended to help staff from care services to be able to offer the right help at the point of contact and provide the necessary care and treatment needed by the individual as a snap shot of the person at the time. They include:

Red Alert: i.e. name, date of birth, Next of Kin, NHS Number, contact details, GP details; main carer/key worker; medicines, allergies; medical conditions; communication, behaviour; religion, consent; a presumption of capacity and significant people who should be involved in any 'best interest decision'.

Amber Alert: i.e. risk/safety; seeing and hearing, eating and drinking; taking of medications; going to the toilet; moving around/positioning; managing pain; comfort; sleeping; personal care; level of support required from staff and carers.

Green Alert: i.e. the things that will make the person's care and treatment better and those that will make their care and treatment worse; Health Passports will continue to be reviewed and updated to ensure that they remain a valuable and useable resource for individuals with learning disabilities and their carers.

Learning Disabilities Nurse Service at Northwick Park (London North West Hospital Trust)

Brent also commissions a Learning Disabilities specialist nurse based at the local hospital site. This service is designed to support individuals with a learning disability to have a positive experience when coming into hospital. The Nurse works closely with other hospital staff to help make sure that the individual's needs are quickly identified, so that the right arrangements can be provided to people with learning disabilities and their families/carers. The nurse also plays a crucial role in raising the profile and status of people who attend the hospital who have a learning disability.

They work directly with patients and their families/carers to assist them with admission to hospital, and to liaise with specialist teams and hospital staff to support and enable acute services to make reasonable adjustments to the way the care for an individual with learning disabilities is delivered. They also actively promote the needs and rights of people with a learning disabilities including issues of consent, right to treatment and mental capacity. This service also acts as an advocate for patients/carers and their families, working closely with colleagues in community and primary care settings to help patients with pre-admission and discharge planning, desensitisation planning, communication advice and advice and support on reasonable adjustments for people with learning disabilities when accessing the local hospital services.

What we are developing:

Moving forward it is key that services offered to people living with and affected by a learning disability support the aim of ensuring they have the opportunity to live well, enjoy the same rights, responsibilities, choice and control as anyone else to reach their potential.
We will be seeking to work with, develop, modernise the learning disability care and support market to assist with achieving this aim. This will include a focus on developing supported living services which offer security of tenure combined with a personalised, enablement approach to support people to link into their community rather than residential care.

It is important that community services are available, accessible to and accessed by people who have a learning disability. Mainstream community services such as gyms and exercise classes, leisure establishments and classes, libraries, community groups should be available, accessible and tapped into as a resource which can meet the needs of people who have a learning disability reducing reliance upon statutory or specialist services.

We need to effectively manage our learning disability market to ensure they are delivering to our vision, particularly day services where we want to see a greater move towards support which facilitates people to further develop their skills and independence and access non-specialist and non-statutory services where this is achievable and appropriate.

Brent Council, Brent CCG and partners across Northwest London are working in partnership as part of the Transforming Care Partnership to develop health and social care services and the wider community to better meet the needs of the people of Brent living with or affected by a learning disability and/or autism who have mental health needs and experience behaviours which challenge to reduce the number and length of in-patient admissions and inappropriately restrictive packages of care and support in the community.

Currently 22.5% of people with a learning disability known to the council are choosing to use a direct payment to choose and purchase their support. The Council is committed to continuing to offer this option and to increase the number of people that

choose to uptake this option to enable them to purchase appropriate support options and meaningful activities.

There is also the intention to create more opportunities for people with learning disabilities to be able to access personal health budgets throughout the duration of the strategy.

Blue Light Tool Protocol

Brent has developed a Blue Light Protocol to support individuals assessed and considered to be at risk of inpatient admission and ensure that there are arrangements in place to provide urgent interventions to support them stay in the community and prevent admissions. This early identification and intervention protocol has been designed to support individuals experiencing deterioration in their presentations.

The 'Blue Light' protocol provides commissioners with a set of prompts and questions to prevent people with learning disabilities being admitted unnecessarily into inpatient learning disability and mental health hospital beds. It also helps to identify barriers to supporting the individual/s to remain in the community and to make clear and constructive recommendations as to how these could be overcome by working together & using resources creatively.

This protocol will works in conjunction with Care and Treatment Reviews (CTR) and a Care Programme Approach (CPA) that maybe already in place for an individual and their health and social care professionals. It operate as a practical guide for health and social care practitioners to escalate those cases where an individual with a learning disability has continually challenging behaviours or is at risk of inpatient admission or has been previously admitted and ensures that an urgent meeting is arranged to agree and put in place a support plan that allows the individual to receive the required support to enable them to remain in the community.

Green Light Tool Kit

Brent is also progressing the work around the Green Light Tool kit to audit and improve mental health services so that these are effective in supporting people with autism and people with learning disabilities. This includes ensuring reasonable adjustments are made by services to support people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The guidance says that:
"Everyone should expect mainstream mental health services to regularly audit how effective they are at meeting the needs of people with a learning disability and/or autism."
The Green Light Toolkit is used to both evaluate services and agree local actions and includes:-

Physical health -In addition to supporting people to access routine health screening our local MH service is taking action to encourage healthy lifestyles and engage with people with autism and learning disabilities. There is a systematic approach to supporting People with autism or LD to ensure eligibility and access to mental health

service. This work also addresses secure settings with targeted work to address offending and challenging behaviour in a manner that is relevant and effective for people with any combination of mental health, autism and learning disabilities needs.

The Green light tool kit works to audit and address assessments, safeguarding issues, equalities, personalisation, staff attitudes and values as well as accessible information for people with Learning disabilities and autism

We will continue to work to improve services and ensure that people with autism or learning disabilities alongside a mental health need receive bespoke services, designed around their circumstances that avoid institutional responses, but use universal community facilities wherever possible.

Enabler 4 to achieve overarching objective: Partnership working and co-ordinated support.
(Includes End of Life and preventing premature death)

Aim: To optimise people with LD's independence, health and social care outcomes and reduce the health inequalities of people with learning disabilities in Brent.

What we have now:
The Brent Health and Care Plan includes people with learning disabilities and is aligned with the North West London STP Delivery Area 4. As part of this plan, there is a specific work stream focussing on people with Learning Disabilities and End of Life.

Our local End of Life Care strategy for individuals with a learning disability includes a Macmillan GP in primary care leading on the delivery of End of life care (EOLC), Co-ordinate My Care (CMC) record system and training arrangements for end of life care for clinical and non-clinical staff across. We work with key providers to realign and better integrate services to support people with learning disabilities towards the end of their life including terminal care. We will continue to work to maximise the dignity of the individual with learning disabilities at end of life as well as relieve as much as is possible the stress for them and their carers and/or family. Our aim is to ensure that people with learning disabilities at end of life are able to be cared for and die in their preferred place as well as to ensure that they are only admitted to hospital where this is clinically necessary or where a hospital is their preferred place of care or death.

What we are developing:

We are working towards developing an integrated health and social care learning disability team which will facilitate better partnership working and co-ordinated support for people who have a learning disability.

We are developing appropriate support levels across all spectrums of need with joint assessments and holistic care provision as key. We will continue to ensure that providers work collaboratively to reduce assessment requirements and that there is on-going training among professionals. People's life expectancy is increasing and support is provided by mainstream and specialist services for all individuals including those with learning disabilities and autism.

We have developed a Single Point of Access (SPA) for End of life care to provide a more responsive 24/7 care service with better coordination between different teams to meet patients' needs. The SPA facilitates greater collaboration to achieve some of the key aims set out in the Partnership for Excellence in Palliative Support (PEPS) model. The aims and objectives of this service are to:

- Improve the organisation and coordination of packages of care to benefit the discharge process, having an impact on length of stay and reduction in hospital admissions
- Provide a central point of communication about care packages to professionals, patients and their families/carers
- Provide a single point of access for patients who have been assessed as being within the last 12 months of life
- Facilitate integrated working through effective and timely communication between services aimed at providing a coordinated, seamless and equitable service to meet the needs of the patient/carer allowing people genuine choice to be cared for and die in the place of their choice.
- Reduce the risk of unnecessary hospital admissions and facilitate rapid discharge to preferred place of care
- Improve community nursing links with residential and care homes linking with the new integrated model of care

Recognising gaps in services

Various meetings have been conducted in the form of 'Subgroups' which have helped to build this Strategy. These groups consisted of local Brent professionals working in various areas such as Health, Police, Education, Employment, Allied Health Professions, Libraries, Sports and Leisure, Transportation; as well as colleagues within Brent Council and Brent Clinical Commissioning Group and service users and carers.

The following have been identified as areas and actions for development in these areas:

Police and safety

Developing and implementing training programmes for the Community Safety Unit and front-line PC's on recognising and identifying when someone may have a learning disability and/or autism. To support this we have developed/are developing:

- Leaflet for recognising learning disability

- A helpline locally or nationally for people who have a learning disability who are arrested or need to access legal advice.

The Appropriate Adult Service provides support for vulnerable adults and young people in custody held under the Police and Criminal Evidence Act. This service is being retendered in 2017 as part of wider advocacy support available in Brent.

Health

- Specialised training programmes for all GPs.
- Work to standardise Health passports
- Work to ensure all practices offer an annual health check
- Ensure GP's have knowledge of local Learning disabilities provisions including the local Kingswood in-patient service and the Behavioural Support Team.
- Develop a standardised criteria for Child and Adult Risk Registers across the NWL sector linked to the local Blue light tool
- Ensuring that there are robust Autism diagnostic and assessment arrangements in place and associated self-management self-care training for individuals diagnosed with autism disorder
- LD Champions at the workplace and community. Provide training for champions once a year to include trouble shooting and providing networking opportunities.
- Clear and concise information regarding sexual health and the GUM clinic.
- Accessible Information within the community.
- Induction documents for health staff
- Closer working relationships with local hospitals particularly A&E departments.
- Easier access to information on those repeated attendees who are continually admitted to A&E.
- Further support for families and guardians.

The law says that all health services must think about people with disabilities. They have to ask 'What extra things do we need to do to so people with learning disabilities can get health services as good as other people?' This might be:

- Making sure that information on health services is accessible to people with learning disabilities
- Nurses with specialist skills to look after people
- Giving people more time with doctors and nurses
- Making sure that annual health checks happen for everyone and that health problems are treated.

These are called reasonable adjustments. There is guidance for clinicians and others to follow around reasonable adjustments and this continues to be a priority in Brent.

Autism

The Council and CCG are working together to ensure that we effectively implement the national strategy for autism to realise the vision locally whereby:
"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents."
Fulfilling and Rewarding Lives, 2010-the National Strategy for Autism.

191 adults with autism are known to Adult Social Care, of these 133 also have a learning disability. The Council is required to submit a self-assessment framework each year to report how we are progressing against the implementation of the national strategy at a local level.

To mark and celebrate Autism Awareness Week 2017 Brent Council held Autism Awareness training sessions open to all Council staff, particularly focussed towards those working in customer facing roles to ensure that all service areas can identify the signs that someone may have autism, to be mindful of the needs people with autism may have and to offer and make reasonable adjustments to meet their needs. Due to the success of these sessions, further training sessions have been commissioned throughout the year.

John Billam Resources Centre offers day service to adults who have autism which is accredited by National Autistic Society. The plan of support offered will be bespoke to the individual, and may involve centre based activities which are delivered tailored to their needs including those arising from autism, or a plan which is targeted at accessing the community and supporting people who have autism. .

There is a commissioning plan for adults with autism in Brent and an autism steering group is being established to oversee delivery of the plan year on year. We identified a number of areas for development over 2017-18 within Brent's Commissioning Plan for Autism, these have been themed into priorities which align with the national strategy and this strategy.

Priority 1: Awareness Raising, Training and Workforce Development

- Ensuring our health and social care statutory workforce has received training in autism awareness, particularly those completing assessments.
    - Brent Adult Social Care offers autism awareness training to all staff and an advanced session for those who require more in depth knowledge and understanding of best practice when working with adults who have autism.

Priority 2: Local Planning and Leadership

- Ensuring that our Joint Strategic Needs Assessment includes analysis of the health and social care situation of the people of Brent who have autism, and that we have accurate records and systems for capturing the number of people who have autism in Brent, so we can effectively plan to meet their needs now and in the future.
- Ensuring there is an identified commissioner for whom strategic planning for people with autism sits so there is accountability for the needs of this cohort being prioritised and met. At present the lead commissioner for autism in Brent Council is the Head of Commissioning and Quality.
- Establishing an autism partnership board who will oversee the implementation of this plan, and the development of future plans.

Priority 2: Market Analysis, Engagement and Development

- To ensure that Brent develops a diverse marketplace of support that offers a range of services and choice to people with autism now and in the future.
- To ensure we understand the wider marketplace of services beyond statutory services to support shaping them to meet the needs of and make reasonable adjustments for people who have autism.

Priority 4: Identification & Diagnosis of Autism in Adults-Diagnostic Pathway

- Ensuring all adults who believe they may have autism are able to access a timely assessment for diagnosis.
- Ensuring all adults who receive a diagnosis of autism are referred for a social care assessment.
- Ensuring that all carers of an adult are able to access a carer's assessment.
- Ensuring there is a clear pathway of post diagnostic support available.

Priority 5: Signposting and Reasonable Adjustments

- To ensure that all adults with autism are able to access local services, and any issues are managed at their first presentation to reduce the potential for statutory needs developing.

Please see Brent's Autism Commissioning Plan as contained in appendix 2.

Appendix 2

BRENT ADULT SOCIAL CARE COMMISSIONING PLAN FOR ADULTS WITH AUTISM 2017-18

This commissioning plan has been developed to ensure the vision of the National Strategy for Autism 'Fulfilling and Rewarding Lives' (2010) is implemented locally in Brent so that: *"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents."*

The National Strategy outlined areas local authorities and health bodies such as Brent CCG must be implementing to achieve this vision. The National Strategy was updated in 2014 with 'Think Autism' which built upon rather than replaced the 2010 strategy, the accompanying statutory guidance released in 2015 outlined the following priority areas for local authorities and NHS Bodies:

1. **Training of staff who provide services to adults with autism**

- Local Authorities must:
    - Ensure that any person carrying out a needs assessment under the Care Act 2014 has the skills, knowledge and competence to carry out the assessment
- NHS Bodies must:
    - Ensure they are involved in the development of local workforce planning, and GPs and primary care practitioners are engaged in the training agenda in relation to autism.

2. **Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services**

- Local Authority, NHS bodies and NHS Foundation Trusts should: Ensure the prompt sharing of information between diagnostic services and adult social care services about adults diagnosed. Ensure people have timely formal notification of their entitlement to an assessment of needs and, where relevant, a carer's assessment.
- Local Authorities should: Ensure that people with autism are aware of the right to access a needs assessment (for the adult) and a carer's assessment (for the carer). The process of obtaining one should align with the diagnosis process and be offered at the diagnosis stage and a referral made if needed.
- NHS Bodies and NHS Foundation Trusts should:
    - Contact the adult with autism and any registered carers to inform them about their right to a needs assessment (for the adult) and a carer's assessment (for the carer) if they may have such needs.
    - When an adult is diagnosed with autism, the NHS body or NHS Foundation Trust providing healthcare services to the adult informs, with

the individual's consent, the relevant local authority adult social services department promptly to ensure that a care and support assessment can be carried out within a reasonable time period if the individual wants such an assessment.

3. **Planning in relation to the provision of services to people with autism as they move from being children to adults**

- Local Authorities and CCG's must: Ensure that the duties Under the Children and Families Act 2014 are applied where relevant to children and young people with autism and their families.
- Local Authorities must: Ensure that duties under The Care Act 2014 are applied where relevant at the transition to adulthood for all young people who have autism not only those who have an EHC plan.

4. **Local planning and leadership in relation to the provision of services for adults with autism**

- Local Authorities should:
    - Ensure that there is a local autism partnership arrangement that brings together different organisations, services and stakeholders locally, including the CCG, and people with autism, and sets a clear direction for improved services.
    - Allocate responsibility to a named joint commissioner/senior manager to lead commissioning of care and support services for adults with autism in the area, known as the autism lead
    - Bring partners together, for example through Health and Wellbeing Boards, to ensure information sharing protocols are in place and that all necessary information for service planning is available
    - Ensure that there are appropriate arrangements in place to ensure senior level sign off for responses to the national autism self-assessment exercises and other appropriate developments around the delivery of the local autism strategy.
- Local Authorities, NHS bodies with commissioning responsibility should jointly:
    - Consider and include the number of people with autism in their area as part of the JSNA.
    - Gather information locally about: The number of adults known to have autism, the range of need for support to live independently, the age profile of people with autism in the area – to enable local partners to predict how need and numbers will change over time (including children and young people, over 65s as well as working age).

5. **Preventative support and safeguarding in line with the Care Act 2014**

- Local Authorities must:
    - Implement their duties under The Care Act 2014 to identify and develop resources that will prevent or delay the development of care and support

needs of adults with autism and their carers, identify the local care and support needs of people with autism and the gaps in service provision and implement the Safeguarding duties as enshrined in the 2014 Act.

- NHS Bodies and NHS Foundation Trusts should:
    - Ensure that people with autism have equal access to local psychological therapy services, such as Improving Access to Psychological Therapies (IAPT)

6. **Reasonable Adjustments and Equality**

- Local authorities and health bodies must comply with the duties of The Equality Act 2010.

7. **Supporting people with complex needs, whose behaviour may challenge or who may lack capacity**

- Local authorities and health bodies must be working together to implement the Transforming Care Programme.

8. **Employment for adults with autism**

- Local authorities must:
    - Ensure that the assessment and care planning process for adult needs for care and support considers participation in employment as a key outcome, if appropriate.

9. **Working with the criminal justice system**

- NHS Bodies and NHS Foundation Trusts should:
    - Ensure that in commissioning health services for persons in prison and other forms of detention prisoners are able to access autism diagnosis in a timely way
    - Ensure that Liaison and Diversion services have in place a clear process to communicate the needs of an offender with autism to the relevant prison or probation provider

The priority areas outlined in the national strategy have been themed into our local plan, with accountable and timely actions set to achieve the overarching objectives. It is to be noted that work to meet priorities 3, 7 and 9 are presently is delivered within the North West London Transforming Care Partnership Plan of which Brent is an active partner. The WLA TCP is answerable to NHS England and the Department of Health. In addition, there is a dedicated TCP work stream which covers these two priorities under Brent CCG and Council's Sustainability and Transformation plan, of which implementation and delivery is overseen by the local STP board. To avoid duplication this priority sits within that dedicated work steam rather than this commissioning plan.

Key to ensuring our success in delivering the vision and duties of the national strategy is ensuring that people with autism, their carers and circle of support are involved in overseeing the implementation of this plan, and developing future plans. This will be

achieved by ensuring that we have structures in place which deliver this function: a multi-disciplinary autism partnership board who will monitor and oversee the plan, and an advocacy group for people with autism and their carers who will nominate representatives to attend the partnership board. ensuring the voice of those who experience and are affected by autism are key to holding the delivery of this plan to account, the development of future plans and of shaping our strategic direction in the future.

PRIORITY 1: AWARENESS RAISING, TRAINING AND WORKFORCE DEVELOPMENT				
OBJECTIVE	**ACTION**	**OUTCOME**	**LEAD**	**TIMELINE**
To ensure that front line staff completing assessments and reviews are skilled and trained to take into account an individual's needs arising from autism.	<u>Profile of Training Needs</u> Training needs analysis for front line staff autism training to be completed.	Understanding what staff have received training, and what the content of any training commissioned should cover to ensure training need of staff is met.	Brent Commissioning & Development (C&D) Team Lead.	Completed
	<u>Scoping Training</u> Brent CCG and ASC to review training commissioning processes to identify the cross-organisational training need profile and potential for joint commissioning of training.	Consistent, effective and cost effective commissioning of training for health and social care practitioners.	Brent C&D & Brent CCG.	2017-18
	<u>Training Delivery</u> Autism awareness training to be commissioned and delivered on a rolling basis throughout 2017-18 targeting adult social care staff who complete assessments need and care package reviews. 75% of front line staff to be trained in autism awareness by close of 2017-18 commissioning plan. Review of uptake to be ongoing, and service areas to be targeted where uptake is limited.	A workforce appropriately skilled to undertake social care assessments that take account of an individual's needs arising from autism to make appropriate recommendations. A workforce that can make and suggest reasonable adjustments as required for assessment and support planning. Green rag status rating on the autism self-assessment framework submission.	Brent Commissioning & Development Team Lead.	Training to be commissioned & rolled out in 1st quarter of 2017. Review throughout 2017-18.

	<u>Wider Training Delivery</u> Corporate training for customer facing staff in Brent Council to be scoped, commissioned and rolled out so staff in customer facing roles are able to identify the signs of autism and make reasonable adjustments to meet their needs. Review success and application of training in practice to identify if ongoing commissioning is required or beneficial.	Brent Council's customer facing workforce will be able to identify, respond to and make reasonable adjustments for people with autism.	Brent C&C and Brent Equalities Team.	Completed. Ongoing.
PRIORITY 2: LOCAL PLANNING & LEADERSHIP				
OBJECTIVE	**ACTION**	**OUTCOME**	**LEAD**	**TIMELINE**
Data and information for people with autism is accurately captured, readily available to provide a clear profile of our population to inform direction of service planning and commissioning intentions.	<u>Joint Strategic Needs Assessment (JSNA)</u> The JSNA will be updated to include a separate information sheet for people with autism, including children and young people, older adults and women.	Accurate population data for this cohort readily available to facilitate statutory and non-statutory strategic planning.	Brent Public Health & Commissioning & Change Team (C&C).	2017-18.

	<u>Data Collection</u> Review of our data collection mechanism for people who have autism on Brent ASC data system Mosaic. Ensure all ASC staff are aware of how to enter onto the system for autism. Training programme to be considered via team meetings to ensure this is updated as required. CCG to be engaged to identify their mechanisms for capturing autism diagnosis, and any gaps in data.	Accurate and time specific number of adults in borough accessing or known to adult social care can be determined to inform service planning. Accurate and time specific number of adults in borough diagnosed with autism known to health services can be determined to inform service planning.	Brent Care Act Team Brent CCG-lead to be nominated.	First quarter of 2017.
Strategic and operational planning and implementation is well lead and accountable.	<u>Lead Commissioner</u> The identified lead commissioner for adults with autism across health and social care is The Head of Service for Commissioning and Quality. They are responsible for the operational and strategic development of services for this cohort, as specified within this plan. Should there be a change to the identified lead commissioner in the future, this needs to be clearly updated to partners and approved via the Autism Partnership Board.	Objectives identified within this plan to be achieved within the proposed timeframe through effective leadership and oversight.	Head of Service for Commissioning and Quality, Brent ASC.	Ongoing

People who have autism and their carers co-produce local service planning.	<u>Autism Partnership Board</u> Multi-disciplinary board established to oversee implementation of the national strategy, commissioning plan and to assist with development and agreement of future commissioning plans. To include representatives from housing, employment and criminal justice services.	To ensure there is accountability for delivery of this plan, and development and delivery of future commissioning plans. To ensure future commissioning plans are co-produced with relevant stakeholders in Brent, and that those stakeholders are accountable for delivery of actions through the board.	Brent C&C and Brent CCG.	Board to be established within first quarter of 2017.
	<u>Service User Engagement</u> Service user or self-advocacy group to be established to feed into steering group and gain real life stories for service and strategic development.	To ensure that people who have autism are able to co-produce plans and influence services.	Brent Engagement Officer and Advocacy Project Officer (CCG)	Group to be established in first quarter of 2017 and operational by September 2017.
PRIORITY 3: MARKET ANALYSIS, ENGAGEMENT AND DEVELOPMENT				
OBJECTIVE	**ACTION**	**OUTCOME**	**LEAD**	**TIMELINE**
To ensure that we have a diverse marketplace of care that offers a range of services and choice to people with autism now and in the future.	<u>Provider Engagement</u> Provider engagement event to be held specific to those who provide services to people who have autism. Regular engagement to be completed via our contract monitoring and commissioning processes.	To gain insight into good practice, issues faced locally and gaps in service provision. To ensure marketplace is delivering quality care.	Brent C&C Lead. Brent Contracts & Relationships and C&C Teams.	Annual Provider Summit July 2017 Further events as required.

	<u>Local Provision Landscape Mapping</u> A map of local services to be created covering: Accommodation based services, day services, respite services, voluntary sector services, and community and hospital health services.	Understanding of the current landscape services available to our population of people who have autism.	Brent C&C Lead & Brent CCG Lead.	Data to be completed within 1st quarter of 2017-18.
	Anticipated population data to be mapped within age range profile from children to 65+ against current service capacity to inform next phase of commissioning priorities.	Understanding of what future need and demand is anticipated to be against current supply, to formulation our future commissioning intentions and market position to ensure future demand can be adequately met.	Brent C&C Lead & Brent CCG Lead.	Mapping to be completed in second quarter of 2017-18.
To ensure all services can make reasonable adjustments to meet the needs of adults with autism.	<u>Community Landscape Mapping</u> Review the profile of preventative and voluntary services commissioned across health and social care, and their capability and capacity to meet the needs of people referred who have autism, including services which support people into employment.	To ensure that preventative services are available and accessible to all adults who have autism and may benefit from them. To identify gaps in preventative services which may inform future commissioning intentions.	Brent C&C Lead & Brent CCG Lead.	Mapping to be completed within second quarter of 2017-18.
PRIORITY 4: IDENTIFICATION & DIAGNOSIS OF AUTISM IN ADULTS-DIAGNOSTIC PATHWAY				
OBJECTIVE	**ACTION**	**OUTCOME**	**LEAD**	**TIMELINE**
To ensure that people receive timely and consistent assessments and support at the right time, when they need it.	<u>Referral for Assessment</u> Clarify the diagnosis pathway from point of referral to assessment for adults who may have autism. Process map for diagnosis to be developed and disseminated to key partners.	Meeting The National Strategy and NICE guidelines. All adults where there is reason to believe they may have autism are able to access a diagnostic assessment.	Brent CCG	First quarter of 2017

	<u>Post Diagnosis Trigger for Care Act Assessment</u> Development of a clear referral pathway from point of diagnosis for social care assessment so those diagnosed with Autism are referred for assessment and receive an assessment. Ensure that staff at Brent Customer Services are trained to be aware that when an individual identified themselves as having autism at the point of contact they are to be fast tracked for assessment, and do not require screening processes.	Meeting the National Strategy duty. All adults with autism are offered and referred for a social care assessment should they wish to receive one.	Brent Care Act Team.	By second quarter of 2017.
	<u>Post Diagnosis Trigger for a Carer's Assessment</u> Development of a clear pathway for the carer of an adult who has been diagnosed with autism to be referred for a carer's assessment of their needs and receive the assessment	Meeting the National Strategy duty. All carer's of an adult with autism are offered, referred for and receive a carer's assessment should they wish to receive one.	Brent Care Act Team.	By second quarter of 2017.
PRIORITY 5: SIGNPOSTING & REASONABLE ADJUSTMENTS				
OBJECTIVE	**ACTION**	**OUTCOME**	**LEAD**	**TIMELINE**
To ensure that all adults with autism are able to access local services, and issues are managed at first presentation to reduce potential for statutory needs developing.	<u>Autism Friendly Signposting</u> To scope the potential for autism friendly signposting and information through exploring the potential for an autism friendly drop in or clinic lead by those with particular skills to communicate and support people with autism, such as The Carer's Centre or John Billam Resources Centre.	To ensure all adults with autism are able to be appropriately signposted to services which can meet preventative needs, or receive one off support which mitigates the risk of issues developing.	Brent C&C	2017-18

	<u>Autism Awareness & Developing Service Capability</u> Corporate training to be commissioned to be delivered to customer facing Brent Council staff so that the wider Council is aware of the needs of those who have autism, able to identify the signs of autism and how to make reasonable adjustments including staff from housing, employment and enterprise, libraries and cafes.	To ensure all adults with autism are able to access and use all Council services.	Brent Equality, C&C & HR.	2017-18
	<u>Equality Policy</u> Brent Equality Policy to take account of the needs of people with autism.	To ensure our local policies are compliant with the National Strategy and Equality Act 2010	Brent Equalities Lead.	Completed.

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 5 October 2017 **Report from Strategic Director of Children and Young People**
	Wards affected: ALL
Brent Children's Trust Update	

1.0 Summary

1.1. The Brent Children's Trust (BCT) is a strategic body that encompasses a local partnership of commissioners and key partners. The primary function of the BCT relates to commissioning, joint planning and collaborative working, in ensuring that resources are allocated and utilised to deliver the maximum benefits for children and young people.

1.2. The BCT has strong relationships with the Brent Health and Wellbeing Board (HWB) and Brent Local Safeguarding Children Board (LSCB). Through its Joint Commissioning Group (JCG), the BCT oversees five groups tasked with implementing specific priorities operationally across the partnership. This structure is set out in section 3.1.

1.3. The BCT provides the Brent Health and Wellbeing Board with an update paper every six months, with the previous report having been presented at the March 2017 meeting. This paper provides a broad summary of the BCT work programme and actions of the JCG from April 2017 to September 2017.

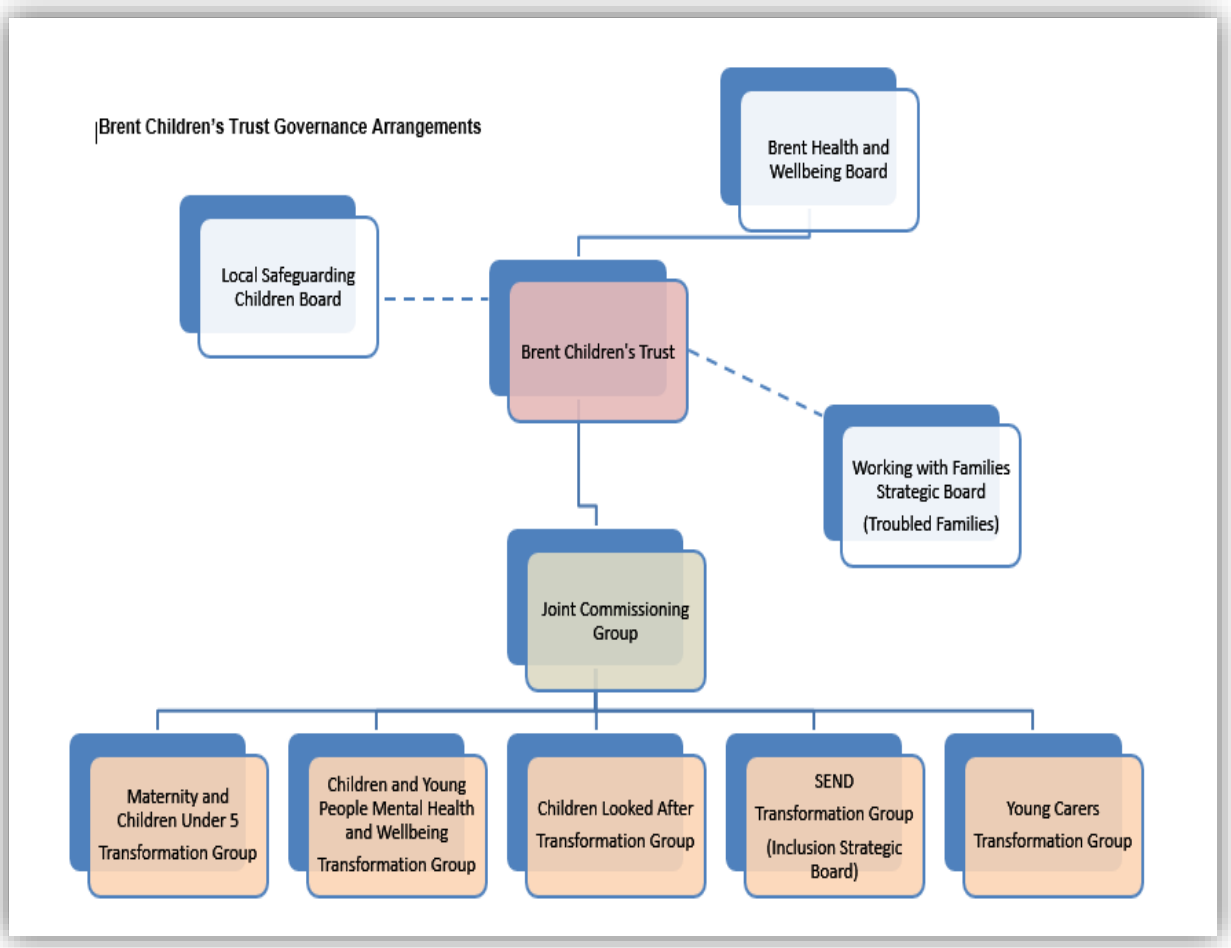
2.0 Recommendation(s)

2.1. The Health and Wellbeing Board is asked to note the work of the Brent Children's Trust for the period April 2017 to September 2017.

3.0 Detail

Structure

3.1. The diagram below provides an overview of the governance structure of the BCT, JCG and five Transformation Groups.



BCT work programme

3.2. The BCT meets six times a year to review progress of its work programme and address emerging issues locally and nationally. It steers the JCG and the transformation groups. Between April 2017 and September 2017 the BCT met three times on 17 May 2017, 11 July 2017 and 12 September 2017.

3.3. During this period the BCT examined:

- issues relating to transitions from childhood to adulthood which resulted in the BCT recommending that the Special Educational Needs and Disability (SEND) transformation group (also known as the Inclusion Strategic Board) initiate a task and finish group to deliver a multi-agency transitions protocol
- an update on the Joint Targeted Area Inspection (JTAI) theme “neglect”, the BCT will provide strategic oversight to the partnership work being

undertaken to understand the impact of support for children living with neglect and will also contribute to the development of a neglect strategy
- the Brent schools exclusions annual report and agreed to explore opportunities for sharing joint strategic oversight with the LSCB on partnership working that supports children at risk of exclusion/ excluded and their families

3.4. Since March 2017 the BCT's work programme has covered the following areas:

Collaborative working and information sharing with Brent LSCB

- The BCT continues to work collaboratively with the Brent LSCB. The LSCB Chair is a standing member of the Children's Trust which allows the two boards to develop shared priorities and identify areas for joint working.
- A new Strategic Partnerships team was created at the Council in May 2017 to provide consistent support to key Brent partnerships and further strengthen the links between BCT and other key strategic partnerships.

Oral health

- The BCT considered the implications of NHS England's London-wide re-tendering of Community Dental Services (CDS). The BCT welcomed Brent Council's associate commissioner status to the new CDS contracts which enables it to influence the service specification, contribute to the oral health promotion work programme and participate in contract management.
- The BCT identified Harlesden as the area with the highest tooth extraction rates in the borough and agreed that oral health services should be prioritised in this area.
- The BCT also recommended that oral health be considered by the Community and Wellbeing Scrutiny Committee.

Healthy Child Programme 0-19 Service: health visitor and school nurse commissioning

- Following the BCT involvement in the procurement process of the agreed service model for children's public health services (0-19 service), the new service contract was awarded to Central London Community Healthcare (CLCH) NHS Trust. This service came into effect on 01 June 2017.
- As part of this new service the Maternal Early Childhood Sustained Home-Visiting (MESCH) model was endorsed by the BCT and members of the Board sit on the newly established multi-agency MECSH strategy group.

Maternity services

- Significant numbers of Brent women give birth at hospitals outside Brent. Public Health are now meeting regularly with midwives at Imperial and the Royal Free as well as at Northwick Park.
- The BCT recognises that these relationships have strengthened the public health offer from maternity services and improved the linkages between midwives and health visitors. Of particular note is

the work towards Unicef baby friendly accreditation and the offer by maternity units of flu and pertussis (whooping cough) immunisation.

Child and Adolescent Mental Health Services (CAMHS) transformation

- The BCT continues to be a key forum to share, discuss and inform the Brent CCG led Children and Young People Mental Health and Wellbeing Transformation Plan. A comprehensive needs assessment has been produced with multi-agency involvement.
- The BCT remains sighted on the CAMHS service redesign project and the development of monthly monitoring data. Waiting times and numbers of children waiting have fallen significantly.
- CAMHS pathway redesign workshops have been held with stakeholders including Central North West London Mental Health Trust (CNWL), Brent Council and Brent Centre for Young People. The recommendations from these workshops will be shared with the BCT for review and comment as part of an updated transformation plan.
- Further exploration is being undertaken to establish an integrated multi-agency approach to transformation. Existing effective models of working with schools and families will be scaled-up.
- The BCT has begun to evidence impact of partnership working activity. For example, wider referral pathways into services have been established and schools are now able to make referrals direct to CAMHS.
- Brent CCG performance dashboards have been analysed and driven discussions around improvements to the location and accessibility of CAMHS services for eating disorders and Looked After Children (LAC). More comprehensive CCG data has subsequently been developed which was used at the CAMHS Transformation Delivery Workshop and updated data will be reviewed by the JCG in September 2017.
- The Brent Council Community and Wellbeing Scrutiny Committee established a task group to evaluate CAMHS and progress on joint commissioning. Their findings were reported in July 2017 to the Community and Wellbeing Scrutiny Committee and reviewed by the BCT in September 2017. Recommendations from the committee will be taken forward through the BCT.

Looked After Children (LAC)

- The BCT has supported a Brent Council led review of the LAC system and continues to oversee the progress of areas of work including LAC health, education, accommodation and overall outcomes for LAC and care leavers.
- The BCT recognises that care planning for vulnerable adolescents remains an area of challenge due to the complex needs of young people such as missing from care, child sexual exploitation (CSE) and gang-related activities.
- Some focused work has been undertaken on improving outcomes for those children and young people that are not in education, employment, or training (NEET). This includes the development of a NEET tracking

panel which tracks the progress of and develops a tailor package of support plan for each NEET young person (both LAC and care leavers).
- A proposed accredited independent life skills programme is being developed with the view to support care leavers with aspects of independent living including; education, employment, housing, relationships and health and wellbeing.
- The BCT is overseeing the development of a new local offer for Brent's care leavers as per legislative requirements under the new Children and Social Work Act 2017.
- The BCT has enabled LAC to be engaged in joint commissioning processes through the Care In Action Group's involvement in the Children Looked After transformation group.

Outcome Based Reviews (OBR)
- The BCT received a briefing on the OBRs that are led by Brent Council and all members of the BCT have attended OBR workshops contributing their expertise.
- The Chair of the BCT is leading the Gangs OBR.

Brent Health and Care Plan
- The BCT have agreed that appropriate representatives feed in and contribute to the Brent Health and Care Plan working groups.

Working with Families (Troubled Families Programme)
- The Working with Families Brent partnership work is now under the governance of the BCT. It receives updates from the Working with Families Transformation Group every six months to oversee delivery of the five year Expanded Troubled Families programme in Brent.
- The BCT continues to oversee the Troubled Families Programme (Phase 2) to ensure alignment of the whole family approach (which attempts to ensure clients access the right service at the right time) with the Brent 2020 vision.
- The BCT welcomed the spot check visit from the Department for Communities and Local Government (DCLG) earlier this year. The feedback from the visit on the Brent programme was positive, with DCLG commenting on the high quality work that Brent is carrying out with families.
- The BCT agreed the importance of capturing the business case benefits to support long term sustainability and endorsed the work that is underway in Brent Council to develop case studies demonstrating partnership cost-benefits of the programme.
- The BCT is exploring opportunities to reconfigure the Maternity and Children Under Five Transformation group to focus on early help and link to the Working with Families Board.

Young Carers
- Young Carers remain a priority area for the BCT and it continues to be sighted on the work led by the Brent Early Help service to raise awareness of Young Carers across Brent.

- The BCT considered a case study focused on the partnership support and response to a Young Carer and their family. The BCT identified that the implementation of the CAMHS THRIVE model (part of the joint emotional health and wellbeing strategy) will support families like this to experience good outcomes and therefore limit their need for high cost acute professional services.
- Members of the BCT were directly involved in organising briefing sessions to raise awareness of Young Carers and strengthen working relationships. These sessions have targeted a range of professionals and forums across Brent including schools, GPs, Addaction, CAMHS, Early Help Service, Brent CCG and Brent Libraries.
- The BCT have influenced the expansion of the LSCB multi-agency training offer to include a regular briefing session on Young Carers.
- The BCT have endorsed a Young Carer self-assessment and identification model has been piloted through a series of workshops in Brent schools (Chalkhill Primary School, John Keble C of E Primary School and Salusbury Primary School) which helped to identify a number of Young Carers.
- The BCT supported National Carers Week (12-18 June) and members contributed to events that took place over the course the week.

Joint local area Special Educational Needs and Disabilities (SEND) inspection in Brent

3.5. The BCT led the preparation for the joint SEND inspection and provided a steer on a range of activities including refreshing the Self Evaluation Form (SEF), developing clear rationales and evidencing impact of improvement.

3.6. In May 2017, Ofsted and the CQC conducted a joint inspection of Brent to gauge how effectively the borough is delivering the improvements within the Special Educational Needs and Disabilities (SEND) reforms contained within the Children and Families Act 2014.

3.7. During the period, inspectors met with children and young people who have special educational needs and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They also visited a range of providers and spoke to members of the BCT, leaders, staff and governors about how the SEND reforms are being implemented in Brent.

3.8. Ofsted and the CQC identified a number of strengths in the Local Authority's provision for children and young people with SEND, one of which was the;

"Strong commitment from senior leaders across Brent local authority is improving outcomes and services for children and young people. The local children's trust board is chaired by the director of children's services who ensures that improving education and care outcomes for children and young people remains at the heart of their work."

3.9. Although the education and care aspects of our inspection were very positive and some health aspects were commended, a Written Statement of Action (WSoA) was requested primarily due to health provision concerns raised in

the report. The BCT have submitted the draft WSoA to the Health and Wellbeing Board for approval.

3.10. The full report was published on Ofsted's website on 20 July 2017.

3.11. Following the inspection, a number of actions have been initiated to take forward improvements. One key area for development was the involvement of parents and carers in the design and delivery of service. The Inclusion Strategic Board has established four work streams and each has parent representatives participating in the group. The four work streams will focus on:

- The local offer and short break activities to ensure there is wider publicity and information for parents/carers and children and young people with SEND.
- The ongoing development and quality assurance of Education, Health and Care Plans and the systems and processes ensuring there is co-production with parents.
- Joint commissioning of paediatric therapy services – developing the specifications for Speech and Language Therapy, Occupational Therapy and Physiotherapy to deliver a seamless service for children and young people with SEND.
- Developing pathways and protocols for good transition to adulthood.

Children's Joint Commissioning Group (JCG) and Transformation Groups

3.12. The BCT has oversight of the JCG. This group meets every two months to progress the Joint Commissioning Framework and consists of the Chairs of the five Transformation Groups, Brent CCG Children's Commissioner, Brent Council Children's Commissioner, and other key stakeholders.

3.13. Attendance from members is consistent and has representation from Brent Council and Brent CCG. School representatives will be attending as standing members of the JCG from September 2017.

3.14. The BCT recognises that the progress of joint commissioning has been slower than expected and the gaps between services and providers supporting Brent children and families require resolution with senior leadership sponsorship and commitment to increasing capacity.

3.15. The JCG identified four priorities that have outstanding actions which require resolution in 2017/18:

- Shared implementation of joint emotional health and wellbeing strategy
- Integrated monitoring and assurance dashboard on joint commissioning priorities
- Integrated commissioning of therapies
- School Nursing support in Special Schools

3.16. The JCG is now monitoring the ongoing development of its delivery plan with a key focus on recommendations around integration and co-location.

3.17. The JCG has been developing the JSNA as a forward-looking, live document and is in the process of collating data from a range of sources including Brent CCG and the Anna Freud Needs Assessment.

3.18. Assurance dashboards are being introduced from September 2017 and will be available for the next update to Health and Wellbeing Board.

4.0 Financial Implications

4.1 There are no financial implications.

5.0 Legal Implications

5.1 There are no legal implications.

6.0 Equality Implications

6.1 There are no equality implications.

7.0 Staffing/Accommodation Implications

7.1 There are no staffing/accommodation implications.

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Chair of Brent Children's Trust,
Strategic Director of Children and Young People

Health and Wellbeing Board
5 October 2017

Report from the Director of Policy, Performance and Partnerships

Wards affected:
ALL

Overview and Scrutiny Task Group Report: Brent's Child and Adolescent Mental Health Services

1.0 Summary

1.1 This report sets out the recommendations developed by members of a task group set up to review Child and Adolescent Mental Health Services (CAMHS).

2.0 Recommendations

2.1 Members of the Health and Wellbeing Board to note the recommendations and contents of the task group's report.

3.0 Background

3.1 The Community and Wellbeing Committee agreed in its work plan for 2016/17 to set up a number of task groups to review important areas of policy, including a task group to evaluate the provision and development of CAMHS in Brent.

3.2 The scope was set out in the scoping paper agreed by committee on 1 February 2017. In essence, the purpose of the scrutiny task group was to review the effectiveness of the CAMHS model in providing support to young people in Brent at present, and how the model could be adapted to better meet needs in the future. This included looking at the transformation plans being developed.

3.3 The focus of the task group in gathering evidence was on qualitative evidence from face-to-face discussions with NHS and health providers, Brent Clinical Commissioning Group (CCG), school and further education representatives, and community representatives.

3.4 The chair of task group was Councillor Ahmad Shahzad OBE, the other members were Councillor Ruth Moher, Councillor Neil Nerva and Dr Jeff Levison, a co-opted committee member. Hamza King was co-opted to represent Brent Youth Parliament.

3.5 In March 2015, the government published Future in Mind – a strategy for promoting and improving young people's mental health – which also offered

additional funding for Child and Adolescent Mental Health Services (CAMHS). In response, a Local Transformation Plan for CAMHS was developed across north-west London with a dedicated plan and objectives for Brent.

3.6 The transformation plan, which was developed with young people's involvement, is implementing improvements across CAMHS services. The plan was approved by NHS England in December 2015. An update on progress with the plan was given to Brent's Health and Wellbeing Board on 22 March 2016.

3.7 Brent has a disproportionately large number of young people in social groups who may be at high-risk of developing poor mental health. Based on national projections, it's thought that one in ten school-age children in Brent has a diagnosable mental health condition which equates to an estimated 4,575 children and young people.

4.0 Detail

4.1 In total, the task group developed five recommendations in its report which were discussed and agreed at committee on 19 July 2017. In the report, the task group said that four of the recommendations were for Brent CCG and one was a joint recommendation to be implemented by Brent CCG and Brent Council.

4.2 In attendance at Scrutiny and Wellbeing Scrutiny Committee on 19 July to discuss the report, which was presented by the task group chair, was the Strategic Director for Children and Young People, the Cabinet Member for Children and Young People as well as the Assistant Director of the CCG, the Chief Operating Officer and Vice-Chair of the CCG.

4.3 Brent CCG gave their response to the report and its recommendations at the meeting. While they agreed with the recommendations, the CCG requested that recommendation four should also be a joint recommendation for the council and CCG. However, after discussion, members of the committee said all the five recommendations should be as they stand in the report.

4.4 The chair of the task group Cllr Shahzad presented the report to Brent Council's Cabinet on 11 September 2017 at which members of the Cabinet discussed the contents of the report and the recommendations.

4.5 The recommendations are as follows.

Brent Clinical Commissioning Group

1. Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.

2. Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.

3. Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.

4. Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

Brent Clinical Commissioning Group and Brent Council

5. Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

4.6 As stated in the task group report, an external body or local authority executive is not compelled to act on a recommendation; however, an executive must respond within two months. NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a local authority's scrutiny committee. Again, they are not legally compelled to act on a scrutiny committee's recommendation.

5.0 Financial Implications

5.1 Increased CCG investment with the aim of increasing the number of schools accessing services will need thorough scoping and planning. This needs to ensure that the combined resources of the council, schools and the CCG results in an increase in capacity so that more children can access mental health services.

5.2 The other recommendations have no significant financial implications with the cost of organising the one-off community event to be managed from existing budgets.

6.0 Legal Implications

Local authorities, CCGs, NHS England and Public Health England must work together to commission health services for all children in their area'. The Statutory guidance for local authorities, clinical commissioning groups (CCG) and NHS England, March 2015. Section 75 of the National Health Service Act 2006 permits CCG and Local Authorities to commission services jointly.

7.0 Diversity Implications

7.1 There are no immediate equalities implications arising from this report for the local authority. However, if the proposed recommendations are implemented,

e.g. increased investment for school-based projects, greater peer support and a community-based scheme, it is anticipated that they would help to reduce wider health inequalities in the borough, particularly for White British, Black Caribbean and Black African adolescents who are currently over-represented in CAMHS. The proposals also aim to tackle stigma and negative perceptions around mental health experienced by certain BAME communities, and to proactively support adolescents who are considered to be more vulnerable due to their family circumstances (e.g. living in poverty and deprivation).

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Child and Adolescent Mental Health Services in Brent

A Scrutiny Task Group Report

Chair, Cllr Ahmad Shahzad OBE

Community and Wellbeing Scrutiny Committee

July 2017

Task group membership

Councillor Ahmad Shahzad OBE, task group chair

Councillor Ruth Moher,

Councillor Neil Nerva

Dr Jeff Levison, co-opted member

Hamza King, Brent Youth Parliament representative, co-opted member

The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 1 February 2017.

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Chair's Foreword

Many of today's young people are growing up in an environment of unprecedented pressure and stress as a result of social media, exams, and in too many households, unstable housing and low incomes. This is straining the mental health and emotional wellbeing of many young people. These pressures are far greater than those which mine and other generations experienced. However, we know that probably only one in three of those with a diagnosable mental health condition will access any support. That's why as members we set up a scrutiny task group to review how Child and Adolescent Mental Health Services (CAMHS) are meeting these challenges in Brent.

Young people's mental health has proved to be a very timely subject for a scrutiny task group. In Brent, services are undergoing a transformation, and nationally the issue of mental health is now far higher up the political agenda. I hope this report and recommendations can contribute to this discussion and to improving these important services even further.

I would like to thank all those hard-working professionals who gave up their time to meet with me and the other members of the task group while we carried out our work. We were fortunate to be able to meet and talk with a number of community representatives. Again, I would like to thank them for giving up their time to speak with us. Finally, I would like to say a special thank you to Dr Jeff Levison, a former co-opted member of the Community and Wellbeing Scrutiny Committee, and Hamza King who represented Brent Youth Parliament, for their work as members of the task group. I would also like to thank Cllr Ruth Moher and Cllr Neil Nerva for their valuable input and suggestions, and the scrutiny team for its work.

Councillor Ahmad Shahzad OBE

Chair, Scrutiny task group

Executive Summary

The scrutiny task group has reviewed Child and Adolescent Mental Health Services (CAMHS) to evaluate the existing model and its effectiveness in delivering services. CAMHS in the borough is presently going through a period of transformation set out in the Local Transformation Plan.

An important part of the plan is incorporating a new approach and thinking into CAMHS, which is known as the THRIVE model. [1] The plan sets out how to move away from the existing tiered model around which services have been organised towards this new approach, and members of the task group looked at how well existing or proposed services would meet the requirements of the THRIVE model.

The task group was supportive of the THRIVE model and the way it is being incorporated in the Local Transformation Plan and the development of services, and welcomes this way of thinking about services for young people in a wider social context and local community. The task group believes that the development of initiatives such as peer support and community champions would complement this new approach and way of working.

The task group also set out to evaluate the existing referral system for parents, the local authority, schools, voluntary organisations and other organisations, and how any proposed changes might work in practice. Members of the task group believe that changes which now allow schools to make referrals to CAMHS services are particularly welcome.

Particular projects which work in schools to promote positive mental health and emotional wellbeing were considered as part of the task group and found to be well-regarded and viewed positively by schools. However, not all schools in the borough are at present accessing these projects.

Finally, the task group looked at co-ordination, planning and co-operation between different organisations and agencies in the provision of services and believes that more partnership working in this area should be supported and encouraged in the borough.

[1] A full explanation of the THRIVE model is set out on p9 of the report.

Recommendations:

Brent Clinical Commissioning Group

1. Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.

2. Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.

3. Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.

4. Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

Brent Clinical Commissioning Group and Brent Council

5. Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

Methodology

The task group gathered qualitative and quantitative evidence to complete the report and develop its recommendations. In particular, the task group carried out face-to-face discussions with those involved in child and adolescent mental health services (CAMHS) or work with young people. A list of those who took part is in Appendix A.

Members of the task group took part in three themed meetings in which they discussed issues facing CAMHS with the invited participants. The themes of the meetings were:

- Schools and other youth settings
- Specialist services
- Working with communities

However, as was set out in the original scoping paper, the task group decided not to consider the entire scope of CAMHS, but limited its focus to a key areas as set out in the scoping paper agreed by the Community and Wellbeing Scrutiny Committee on 1 February 2017. These were:

- children and young people in Brent aged 12 to 18
- existing referral and discharge pathways
- examples of good practice
- existing identification at tiers 1 to 3
- awareness in schools and other settings for children and young people.
- how well existing or proposed services would meet requirements of National Institute of Clinical Excellence (NICE) guidance and the THRIVE model.

As well as the themed meetings, the task group also requested data and quantitative information. All data was anonymised so there was no risk of identification, and there was no discussion of a particular case or young person.

Recommendations were developed according to existing legislation for local authority scrutiny. The task group notes that an external body or local authority executive is not compelled to act on a recommendation; however, an executive must respond within two months, and NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a scrutiny committee. [2]

[2] 'Local Authority Health Scrutiny' Department of Health (June 2014), pp.21-22

Chapter 1 Child and Adolescent Mental Health Services

Background

1. Since the 1990s, mental health services for young people have been referred to as Child and Adolescent Mental Health Services (CAMHS). The framework was set out in two key documents, 'A Handbook on Child and Adolescent Mental Health' and 'Together We Stand', published in 1995, which set out the development of CAMHS within a four-tiered framework for planning, commissioning and delivery. In 2000, the NHS Plan required health and local authorities work together to produce a local CAMHS strategy according to local needs and priorities. [3]

2. CAMHS bridges the NHS and local government. This means that two separate organisations with their own workforces, systems of administration, corporate objectives and different organisational cultures have to work together to co-ordinate and provide these services according to the needs of the population in a defined area.

3. Traditionally, the framework for services has been a four-tiered model which escalates in severity from tier 1 up to tier 4. This is largely a medical model focusing on a diagnosable mental illness. Tier 1 are universal services; tier 2 delivers targeted services while tier 3 encompasses specialist community CAMHS. The highest degree of severity is tier 4, which are highly specialised services and delivered to a very small number of young people. Since 2013, commissioning of tier 4 services has been the responsibility of NHS England.

4. Children and young people experiencing mental health difficulties are usually first identified as needing tier 1 services, for example, by a teacher or health visitor. Tier 1 can include self-instruction, peer mentoring, and parents' training to promote emotional wellbeing. Tier 2 are professional specialist services and community-based services delivered by mental health practitioners such as psychotherapists and counsellors working in GP practices, schools and youth settings. They identify needs requiring more specialist intervention or treatment. [4] Tier 3 are specialist services provided to children with complex or severe or needs.

[3] www.youngminds.org.uk/training_services/policy/policy_in_the_uk/camhs_policy_in_england
[4] www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx

5. For many years, CAMHS was largely driven by practitioners and local administrators rather than national policy. Yet, this is not the case today. [5] Since 2013, more national attention has been placed on CAMHS. In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve young people's mental health care and services, which culminated in the 'Future in Mind' report, published in March 2015, which set out a case for change and improvement, and offered extra funding.

6. The evolution of CAMHS has happened in parallel to a considerable re-organisation of NHS services and changes in local government. Locally, there was the creation of the Brent Clinical Commissioning Group from 1 April 2013 as a result of the 2012 Health and Social Care Act. In local government, resources have decreased considerably. For example, in Brent the 2016/17 gross expenditure for Children and Young People's Department was £46million compared with a gross expenditure of £57.5million in 2013/14. These figures exclude the council's separate ring-fenced budget for expenditure on schools. [6]

7. In recent years, practitioners have developed a new model called THRIVE which is a shift away from the 'escalator' model of increasing severity or complexity based on tiers. Instead, this new model outlines four groups of children and young people and the sort of support which they may need to achieve better emotional wellbeing and be 'thriving'. These categories are those who are: getting advice, getting help, getting risk support, and getting more help. THRIVE distinguishes between treatment and support, and attempts to shift thinking away from a medical model to one which places support in the social context of a community.

8. The THRIVE model recognises the residual strengths which exist in wider community such as peer support and engagement in organisations and youth settings which can be preventative or promote the wellbeing and coping skills of a child or young person. It also has an emphasis on different cultural perspectives on mental illness and lifestyle risk factors. [7]

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[5] Richard Williams and Michael Kerfoot, (eds), *Child and Adolescent Mental Health Services: Strategy, Planning, Delivery and Evaluation*, (Oxford, 2005), pp.15-23

[6] Brent Council 'Brent Council Spending 2016-17' April 2016, pp.6-7; 'Brent Council Spending 2015-16' April 2015, p6; 'Brent Council Spending 2014-15' April 2014, p6

[7] Miranda Wolpert et al, THRIVE – The AFC-Tavistock Model for CAMHS, 2016, pp.7-10. A number of different models use the term Thrive in their title – the authors of this model use it to describe provision which is Timely, Helpful, Respectful, Innovative, Values-based and Efficient (THRIVE).

CAMHS in Brent

9. In response to 'Future in Mind', the Young People's Mental Health and Wellbeing Local Transformation Plan was developed across north-west London with its own dedicated plan and objectives for Brent. This was developed by the NHS in partnership with the local authority, and was agreed by the Chair of Brent Clinical Commissioning Group (CCG) and the Leader of Brent Council. There was also involvement from young people. The transformation plan was approved by NHS England in December 2015, and a refreshed plan was submitted to NHS England in October 2016. It is now expected that there will be a re-commissioning of CAMHS services in 2018.

10. In December 2015, NHS England provided an additional £573,052 to Brent CCG after the transformation plan was agreed. This was for the financial years 2015/16, 2016/17 and 2017/18 and 2018/19. [8]

11. Spending on CAMHS in Brent consisted of £2,471,000 by Brent CCG and £403,629 by NHS England In 2015/16. Brent Council's Public Health gave a one-off grant of £30,000 towards funding training for school staff. [9] Brent's spending on CAMHS is slightly below the median average for London boroughs. [10]

12. An update on the transformation plan was given to Brent Council's Scrutiny Committee in February 2016 and Brent's Health and Wellbeing Board on 22 March 2016. The Local Transformation Plan has identified eight priorities, including: needs assessment, supporting co-production, workforce development and training, the specialist community eating disorder service, redesigning pathways and a tier-free system, enhanced support for learning disabilities and neurodevelopmental disorders, crisis and urgent care pathways, and embedding 'Future in Mind'. [11]

13. In Brent the implementation of the transformation plan is led by a subgroup of the Children's Trust, which is chaired by Brent Clinical Commissioning Group's Assistant Director. The subgroup oversees delivery and a joined-up approach with other areas

[8] 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan Implementation' Brent Health and Wellbeing Board, 2016, pp.1-5; Brent Children and Young People's Mental Health and Wellbeing Local Transformation Plan, Briefing for members, March 2017, p1
[9] Brent CCG, report to Scrutiny Committee 9 February 2016, p3
[10] 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11
[11] 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, pp.1-2; 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan', Brent Health and Wellbeing Board 22 March 2016

of commissioning for children's services, which is a shared responsibility between the local authority and Brent CCG. Services are commissioned in line with an agreed CAMHS plan, and are done on a needs-based approach. There is also oversight of the plan by the Brent Health and Wellbeing Board. To improve joint commissioning, an interim CAMHS commissioner has been appointed. [12] The Local Transformation Plan has been informed by a needs analysis done by University College London Partner, and a report in 2016 by the Anna Freud Centre. [13]

14. An overview of CAMHS services in Brent at present is set out in Appendix B, including the commissioners and providers. Among the largest provision is specialist services which are provided by Central and North West London NHS Foundation Trust (CNWL), for which the commissioner is Brent CCG. Services commissioned are tier 2 and 3, and are based at the Brent Child and Family Clinic in Dollis Hill. These specialist community services work with young people up until the age of 18.

15. These tier 3 services are for children who reach a threshold of complex emotional and behavioural problems including, but not limited to, anxiety and depression, eating disorders, hyperactivity or poor concentration, sleeping problems, mental health needs related to learning difficulties or a disability.

16. Community specialist services at tier 3 operate with multi-disciplinary teams of practitioners including psychologists, psychiatrists, and therapists and offer treatment such as cognitive behavioural therapy (CBT), family therapy and individual and group psychotherapy. Medication is used when appropriate and monitored by a GP. [14]

Targeted Mental Health in Schools (TaMHS)

17. Brent's Targeted Mental Health in Schools (TaMHS) Service offers tier 2 services for schoolchildren aged 5 to 16. It is a partnership between Brent Council, Central and North West London NHS Foundation Trust (CNWL) and schools. It is overseen by

[12] 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan Implementation' Brent Health and Wellbeing Board, 2016, p5

[13] 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016; 'North West London CCGs Children and Young People's Mental Health and Wellbeing System Review, Anna Freud National Centre for Children and Families, May 2016

[14] www.cnwl.nhs.uk/services/mental-health-services/child-and-adolescent-mental-health-services/childrens-community-services/

professionals from these services and a project manager in the local authority. On 27 April 2017, the local authority extended the contract with CNWL to provide TaMHS for a further 12 months. The total value of the contract for 2016/17 is £237,548, of which £167,000 is paid from schools' budgets. It is currently used by 19 schools in Brent, and had operated in the borough since 2009. [15]

18. TaMHS brings CAMHS practitioners into schools each week to support children and families who have mental health issues. A therapist goes into a school for a day or half a day each week of the term and offers sessions for families, therapy, parent training and workshops, classroom observations, as well as advice and training for school on mental health identification and support. The therapist will also liaise with agencies and professionals involved with a family or child to ensure a joined-up approach. If TaMHS is based at a school then a referral to tier 3 CAMHS services can be made.

19. Brent's schools have the freedom within their own delegated school budgets to decide on commissioning their own mental health support for pupils, parents and staff. It's known that a number of primary and secondary schools in the borough independently commission Place2Be – a leading national mental health charity – to provide services. [16]

Public Health and Voluntary Sector

20. Although it is not part of CAMHS, the task group notes that as part of the Healthy Child Programme, the local authority's Public Health team makes available to all children in Brent a universal service of health assessments at different life stages. This includes health visitors screening women for postnatal depression at six to eight weeks, positive parental and infant mental health and parenting skills, and enabling good health and well-being including emotional health and wellbeing. [17]

21. Brent's voluntary sector also provides mental health support to children and young people. The borough has one of the leading voluntary sector organisations working in this area, the Brent Centre for Young People which was founded in 1967 by mental

[15] 'Contract for the Provision of Targeted Mental Health in Schools', Brent Council Cabinet Report 24 April 2017
[16] www.place2be.org.uk/what-we-do/where-we-work.aspx
[17] Brent Council Public Health Team, 22 March 2017

health practitioners working with children and young people. The centre was one of the first in the UK to cater specifically to adolescents and its work continues today. It is based in Kilburn. [18] Brent Centre for Young People is commissioned by Brent CCG to provide psychotherapy services in the borough. [19]

22. The contract provides adolescent exploratory therapy, family work and a small amount of psychotherapy, to over 70 young people aged between 14-21 years at its centre. It also does outreach work. The centre offers evidence-based psychoanalytic psychotherapies, both short-term and long-term.

Demand

23. According to estimates based on national projections, it's thought that one in ten school-age children in Brent have a diagnosable mental health condition which equates to an estimated 4,575 children and young people in Brent. However, while early intervention can prevent crisis and the development of long-term conditions in later life, it's thought that only one in three of those with diagnosable conditions will access any form of mental health support. [20]

24. At present, CAMHS in Brent spans universal services from tier 1 for every child and family to tier 4 specialist services for smaller numbers of children and young people. It's thought that at tier 2 an estimated 4,575 children and young people will require support, 1,370 children at tier 3, and 60 at tier 4. [21] These are based on trends in national data.

25. Data from Brent CCG gives an insight into the actual demand for services. In boys, the peak age of demand for services is 10, but in girls the peak age is 15.

26. Among the top diagnosis categories for those receiving specialist CAMHS are hyperkinetic disorders, development disorders, depression, emotional disorders and anxiety. Indicative data from CNWL shows that by ethnic heritage, the numerically

[18] www.brentcentre.org.uk/who-we-are/our-foundations-and-experience
[19] 'Child & Adolescent Mental Health Services in Brent: Current provision and future developments', Report to Brent Council Scrutiny Committee 9 February 2016, p3
[20] 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, p1; 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p8
[21] Ibid pp.8-9

largest groups receiving specialist services are White British, Black Caribbean and Black African. [22]

27. Older data provided by Brent CCG and CNWL gives an indication of the extent of demand for specialist services. In 2014/15 there was an admission rate of 9.0 per 10,000 children, in Brent and 1,548 referrals for specialist CAMHS services at tier 3, or a referral rate of 211 per 10,000 children. The specialist community CAMHS caseload in January 2016 was 802. This service was extended in 2014/15 to accept children with learning disabilities and Looked After Children following changes by Brent Council.

28. In the past, concerns were raised about timely access to general CAMHS inpatient services. Brent Council's Scrutiny Committee heard in February 2016 that since April 2015 there had been four occasions when a Brent child in crisis could not be placed in a CAMHS inpatient bed. These inpatient services are commissioned by NHS England. [23]

Brent's young people

29. There are an estimated 78,777 children and young people aged 18 and under in the borough which at present represents 24.3% of the total population for the London Borough of Brent. Of that 18 and under age group approximately 50,142 are school-aged children. [24]

30. Brent is one of the most ethnically and religiously diverse local authority areas in the UK. In the borough's primary schools 68.7% of children have English as an additional language; the figure in secondary schools is 55.2%. [25] The largest minority ethnic groups of children and young people in the borough are Asian/Asian British and Black African. About 75% of all under 18s are from minority ethnic groups.

31. The proportion of primary school children eligible for free school meals is 13% and at secondary schools in the borough, 12.5% of pupils are entitled to free school meals.

[22] Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, p1
[23] Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, pp.3-5
[24] Children and Young People Department, census mid-year estimate 2016
[25] Brent Council, Children and Young People Department, 3 December 2016

The Index of Multiple Deprivation ranks Brent 55 out of 326 local authority areas in England measured by the number of neighbourhoods in the most deprived top 10%. Therefore, a significant number of children and young people live in households affected by poverty.

Chapter 2: Task Group Findings

Access and referrals

32. Only one in three of children and young people with a diagnosable mental health condition will get support, so one of the issues the task group looked at was how young people have been accessing Child and Adolescent Mental Health Services. At present, CAMHS is largely organised around the model of escalating tiers which for the higher tiers is based on a process of referral, diagnosis and treatment. However, the task group recognises that the Local Transformation Plan is trying to move CAMHS away from this four-tier model towards greater use of THRIVE in the provision of services in Brent.

33. CAMHS is complex and there are multiple points to access services. As the task group has noted, CAMHS bridges local government and the health service, and access can be through many different organisations. At the same time, there can be different barriers to accessing services.

34. Schools are one of the most important ways for accessing the system at tiers 1 and 2. The task group felt this was particularly important to look at because of the preventative effects of early intervention and support and promotion of positive mental health and wellbeing. A school can also have a role in providing information, guidance and support and encouraging positive behaviours. The task group also wanted to clarify the role of a school in working with CAMHS professionals at other tiers.

35. Schools and further education colleges are clearly doing a lot of work in this area, particularly around identification. At the College of North West London the teaching staff are trained to recognise if a student is experiencing mental health problems. [26]

36. Schools are key to identification of problems with emotional wellbeing and mental health among children and young people. Teachers can gain a first-hand knowledge of a young person's emotional health, and will know from speaking to pupils about their worries and concerns. Schools also conduct surveys about children's emotional wellbeing.

37. School are sensitive in picking up on stresses on children's emotional health. They are clearly aware of the developing issue of social media which is now threaded into the lives of many young people. One head teacher described to the task group the

[26] Task group meeting 28 March 2017

effect on children of negative behaviour online which children can experience through their smartphones. A primary school in Brent found that children as young as five years old were often worried about what was happening to their families abroad (if they were from another country) and high levels of crime. Schools were also aware of the emotional pressures children experience from growing up in households which are affected by shift work. [27]

38. As noted, schools have the freedom within their own delegated budgets to commission their own mental health support for pupils, parents and staff. Targeted Mental Health in Schools (TaMHS) was very well-regarded by the head teachers the task group spoke to. Head teachers were positive about the services it offers and the support it provides to children and young people in their schools. It runs a workforce development programme helping professionals to identify mental health issues through pastoral systems. However, the task group notes that TaMHS is only in 19 schools in Brent.

39. The TaMHS service is currently oversubscribed, with additional schools having requested the service last year but only a small number of them were able to access the project due to capacity and funding issues. During the academic year 2015/16, 378 children and their families were supported in 16 schools. Of these, 27% were assessed as experiencing severe difficulties. During the same academic year, 1077 one-to-one sessions were held with children and families, 302 group sessions and 64 young people were referred to tier 3 CAMHS for further assessment and treatment. [28]

40. A number of other schools offered support through Place2Be, but at the moment there is no CCG funding of school-based support in this area. This appears to be different in some other boroughs in which Place2Be is partly funded by the CCG. [29] Again, Place2Be is well-regarded by schools, and currently works with 16 primary and secondary schools in the borough. The Place2Be model is to work in partnership with schools to offer counselling and therapeutic support for children as well as information, guidance and support to parents and teaching staff. [30]

[27] Task group meeting 28 March 2017
[28] 'Contract for the Provision of Targeted Mental Health in Schools', Brent Council Cabinet Report 24 April 2017
[29] Task group meeting 28 March 2017
[30] www.place2be.org.uk/what-we-do/where-we-work.aspx; www.place2be.org.uk/what-we-do/supporting-schools/our-model.aspx

41. Yet, this leaves a gap. There are some schools who are not accessing this type of support through TaMHS or Place2Be. Furthermore, members of the task group are aware of the pressures on school funding and budgets and anticipated changes which could affect budgets in the future.

42. The schools the task group spoke to are highly motivated and proactive in this area. However, it is likely that for some schools, mental health and emotional wellbeing are further down the agenda especially when they are faced with significant demands on their time as resulting from school improvement and performance.

43. The task group's view is that this type of support either from TaMHS or Place2Be or another similar project should be accessible to all of Brent's schoolchildren rather than have a variation between the borough's schools. This could be a cornerstone of improving young people's mental health and emotional wellbeing, and clearly help with identification of problems with mental health at an early stage. As members, we believe there would be a social return on investment, and it would offer value for money by increasing preventative support in dealing with mental health issues. On this basis, the task group has made a recommendation to Brent Clinical Commissioning Group.

44. Recommendation 1: Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.

45. The Local Transformation Plan has clearly taken steps to improve access. As well as a Youth Offending Service (YOS) commissioned worker, it needs to be acknowledged that access improved with the new community eating disorder service as well. There have been other initiatives to improve access. At the moment, CNWL is running an out-of-hours pilot scheme at the moment at four A&Es, which is seeing children for the first time in crisis who have not had contact with services before. [31]

46. There is now also Brent IAPT (Improving Access to Psychological Therapies) which is offering support for mental health conditions such as anxiety and depression. This service is used by adults as well as children and young people. IAPT offers talking therapies or counselling services for people with problems such as feelings of low

[31] Task group meeting 4 April 2017

mood, anxiety, particular fears or problems coping with daily life and relationships. [32] However, IAPT offers access to self-help which may be more suitable for adolescent children.

47. For many young people, a GP will be an important way to access the system. They are well-placed to offer initial advice on how to deal with any symptoms and talk to about available treatments and support services in an area.

48. There has been outside Brent the development of online support. For example, in Berkshire there has been the development of SHaRON [Support Hope and Recovery Online Network for Young People], which offers peer support for young women, and creates a place to get support or advice online. Brent CCG has also promoted apps such as Wud U?, which has been developed by Barnado's. [33] However, while welcoming more online development the task group acknowledges the point made by Healthwatch during our meetings that young people can be wary of online services because of concerns about security and confidentiality. [34]

49. As well as the out of hours access at A&E, we would like to reiterate that the Local Transformation Plan has also put in place a specialist mental health worker in the Youth Offending Service, which is commissioned by the CCG. This gives greater access to this high-risk group. As part of the Local Transformation Plan there has also been the development of a new community eating disorder service which has around five referrals a month.[35]

50. At the moment, Brent has the highest number of referrals in the central and north-west London area. Brent CAMHS specialist services received 2,182 referrals from April 2016 – March 2017. There is a seasonality to these numbers with a dip outside of school terms. [36]

51. There is a target by Central and North West London NHS Mental health Trust of an upper waiting time target of 18 weeks for 85% or referrals by 1 April 2017.

52. The average waiting time from assessment to treatment is now five weeks. The task group recognises the progress which has been made in reducing waiting times

[32] www.brentccg.nhs.uk/mental-health
[33] Task group meeting 11 April 2017
[34] Task group meeting 11 April 2017
[35] Task group meeting 11 April 2017
[36] Task group meeting 4 April 2017

for specialist tier 3 services. Brent did have very long waiting times for CAMHS (this issue was reviewed by Scrutiny Committee in February 2016) but this is no longer the case. [37] The task group notes what CNWL have said about workforce recruitment and retention problems and a scarcity of certain key professionals as well as problems of key worker housing and the impact those issues will have on services.

53. However, there has been an issue with schools in Brent being able to refer to Child and Adolescent Mental Health Services (CAMHS). Some of the head teachers the task group spoke to clearly stated a view that they cannot make referrals directly to CAMHS. [38]

54. Brent CCG explained to the task group that this system of referrals to CAMHS only through a GP was the case before 2014, but has now changed. It's now part of the CCG's specification that schools have an equal weighting with GPs in their ability to refer. The CCG said it introduced the before GP system before 2014 because of the number of unsuitable referrals. However, a school which had TaMHS was still able to make a direct referral in this period, which could be done by a health professional. [39]

55. Nonetheless, from what the task group heard, there clearly has been a perception that schools cannot make referrals to CAMHS. It is clear to the task group that a revision of the GP-only system has not been properly communicated to schools. Therefore, we have made a recommendation to Brent Clinical Commissioning Group.

56. Recommendation 2: Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.

57. A head teacher also made the point that schools could be brought in or involved when a parent and child is going for a CAMHS appointment because they already often have a good relationship with the family and it would help to reduce missed appointments. [40]

[37] Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, pp.3-5
[38] Task group meeting 28 March 2017
[39] Task group meeting 28 March, 4 April 2017
[40] Task group meeting 28 March 2017

58. CNWL are developing a new structure for referrals which will mean a central referral point for CAMHS, and create a common route for referrals from the first point of contact whether a referral is from a school or a GP. The task group welcomes any development which will make referrals easier. [41]

59. At the moment TaMHS does peer mentor training in the schools in which it operates. When at the lower level of mental health need, peer mentoring can be effective as adults and a lot of benefits can arise from it. [42] Again, the task group would like to see this extended so that more children can benefit from access to peer mentoring.

60. Brent CCG was of the view that a rolling programme of peer support has worked well in different health areas such as dementia.[43] In Brent there is now a peer support project to support those with dementia and their carers, which is provided by the voluntary organisation Community Action on Dementia Brent. The project connects 'peer supporters' who have dementia to those recently diagnosed with dementia. They share their occupational and life skills, and experience of coping with dementia. [44]

61. A similar peer support programme in schools could help to tackle stigmas around accessing mental health support. Healthwatch pointed out that young people can feel it becomes too obvious if someone is seeing a counsellor – it's noticed if they miss a lesson. Young people are very positive about raising awareness in schools, but "seeing a counsellor" can be off-putting for the above reason. They also like support in a more informal setting. [45] The task group has made another recommendation in this area.

62. Recommendation 3: Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.

Communities

[41] Task group meeting 4 April 2017
[42] Task group meeting 28 March 2017
[43] Task group meeting 11 April 2017
[44] www.cad-brent.org.uk/?page_id=21
[45] Task group meeting 11 April 2017

63. The task group recognises that schools have a wide-range of responsibilities, and that young people only spend a very small minority of their time in school. Therefore, there has to be a consideration of the wider community in which a young person lives. Furthermore, the THRIVE model recognises the importance of a wider social network and community in offering support and promoting better mental health.

64. As members, we are extremely aware of Brent's diverse population and the many different religious, linguistic and cultural backgrounds which the borough's children and young people have. It's worth restating the fact that about 75% of all under 18s are from minority ethnic groups. With that in mind, we looked at the context of Brent's communities in the transformation of Child and Adolescent Mental Health Services (CAMHS).

65. Strong communities are an asset and an important part of the borough's social fabric. If a young person is supported in a wider community, especially when they are under stress or pressure, then they are more likely to have better mental health and emotional wellbeing because there is a 'net' to support them. From the evidence the task group heard, it appears that despite experiencing higher environmental risk factors such as high rates of poverty and deprivation than many other boroughs, children and young people are less likely in Brent to end up in acute crisis settings than might be expected. So it can be argued that there is clearly something our communities are doing which is protective and strengthening mental health. [46]

66. However, understanding of mental health is relative and communities understand it differently. Also there are differences in the extent to which different communities will talk about mental health openly. In many newly emerging communities there can be a significant difference between the first generation and a second generation of younger people who have grown up locally and are generally more willing to talk about mental health concerns. Healthwatch emphasised the importance of remembering different cultural perspectives when we discussed communities. Cultural norms or family norms are different. For example, in extended families it is more the norm that information is shared between those members than in nuclear families. [47]

[46] Task group meeting 11 April 2017
[47] Task group meeting 11 April 2017

67. The Assistant Director of Brent CCG made an important point that while a community's values needs to be respected, they may also need to be challenged if they are not appropriate and reinforce stigma and discrimination against people with a mental illness. [48]

68. Different communities face different mental health challenges. Some will be at a higher risk of developing psychosis, depression or anxiety. The relative understanding of mental health can mean there can be a lack of identification and diagnosis. This might be to do with the ongoing issues around stigma. [49]

69. As noted, the Local Transformation Plan has been informed by a report from the Anna Freud Centre. One of the recommendations from the report was to incorporate mental health needs co-ordinator (MHenCOs) roles in schools, nurseries and other settings. [50] During the task group Brent CCG expressed the view that they would want to set up a similar programme. The task group is strongly supportive of this idea as a way of improving access.

70. Initiatives around mental health have emerged from communities. A member of the task group highlighted the example of a charity called Jami which was set up as an initiative by members of the London Jewish community to provide support for those in the community affected by mental health issues. [51]

71. The task group's view is that we would like to see a strengthening of the community 'net' to support people by the setting up of a scheme of local champions who can promote good mental health in their community. [52] On this basis, have made another recommendation to the CCG.

72. Recommendation 4: Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

Parents

[48] Task group meeting 11 April 2017

[49] Task group meeting 11 April 2017

[50] 'North West London CCGs Children and Young People's Mental Health and Wellbeing System Review, Brent CCG Anna Freud National Centre for Children and Families, May 2016, p4

[51] www.jamiuk.org/what-we-do/

[52] Task group meeting 11 April 2017

73. There is a link between a parent's mental health and a child's emotional wellbeing. Therefore, the task group wanted to consider and speak to the head teachers, professionals and community representatives about how parents and carers are presently involved in CAMHS at present.

74. Some parents have access to support because TaMHS works with parents in particular schools. Similarly, other parents will be receiving support through Place2Be. Schools were positive about the support for parents provided by TaMHS, which has an emphasis on parental support and offers a variety of parenting programmes. [53]

75. One of the community representatives said she felt it would be better if more parents had guidance so they were able to identify symptoms earlier on. This would mean parents getting advice and support early rather than waiting to access a specialist. However, this needs to be done in a way which parents understand and can respond to.[54] A head teacher pointed out that there are some parents who are very unwilling to engage because mental health has a negative label and a stigma.

76. As mentioned, there can be also a 'generational gap' between the willingness of younger people and parents to talk about and address mental health issues or concerns. [55]

77. Brent CCG is doing a lot of engagement through its Health Partners' Forum, which is held twice a year, and targeted outreach which will involve a number of parents. They also made clear that they would be doing a number of one-off engagement events as part of the Local Transformation Plan. The CCG has also run an anti-stigma campaign involving young people and worked with CVS Brent on the issue; the campaign has worked with youth clubs to run events and raise awareness. [56]

78. The task group heard that the CCG is keen to extend joint-working and trying to engage with more residents and parents. As members we felt that to improve partnership work it would be better if a jointly organised event took place aimed at parents as a targeted piece of work. This could be modelled on the It's Time to Talk events which the council has organised which allow residents to talk about sensitive

[53] Task group meeting 28 March 2017
[54] Task group meeting 11 April 2017
[55] Task group meeting 11 April 2017
[56] Task group meeting 11 April 2017

issues which may be concerning them. [57] This should also involve the voluntary sector, including organisations such as the Brent Centre for Young People.

79. We welcome the work done by Brent CCG, but feel there is an opportunity for more partnership work involving the local authority and voluntary sector which is aimed at the borough's parents to help them address young people's mental health and emotional wellbeing. We know young people will experience levels of stress at particular times such as in the approach to exam time, and a piece of partnership work might be more useful if it takes place at such a time when it can help to address those issues. On this basis we have made a final recommendation, which is for Brent Council and Brent CCG to implement.

80. Recommendation 5: Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

[57] www.brent.gov.uk/your-community/time-to-talk/

APPENDICES

APPENDIX A

Participants

The task group would like to thank the following members of staff who contributed to the report, took part in the themed discussion or advised it on policy:

Duncan Ambrose, Assistant Director, Brent Clinical Commissioning Group

Dr Sarah Basham, vice-chair Brent Clinical Commissioning Group

Judith Enright, Headteacher, Queens Park Community School

Brian Grady, Operational Director, Safeguarding, Performance and Strategy Brent Council

Marc Jordan, Assistant Principal, College of North West London

Michelle Johnson, Head of Engagement, Brent Clinical Commissioning Group

Theresa Landreth, Headteacher, Mitchellbrook Primary School

Councillor Mili Patel, Cabinet Member Children and Young People, Brent Council

Selina Rodrigues, Healthwatch Brent

Sarah Fielding, Specialist Mental Health Worker, Brent Centre for Young People

Jackie Shaw, Service Director, Central and North West London NHS Trust

Gail Tolley, Strategic Director, Children and Young People, Brent Council

And other members of staff in Brent Council's Children and Young People's department and Brent Clinical Commissioning Group as well as two members of the Community Reference Group of the Brent Local Safeguarding Children Board.

APPENDIX B

Overview of CAMHS Services in Brent

CAMHS Service	Commissioner	Provider
Access to psychiatric inpatient services for under 18s	NHS England	Provided outside Brent by various providers
Out-of-hours psychiatric assessment services	Out-of-hours psychiatric assessment services	Central and North West London NHS Foundation Trust (CNWL)
Specialist community CAMHS	Brent CCG	Central and North West London NHS Foundation Trust (CNWL)
Targeted Mental Health in Schools (TaMHS)	Brent Council	Central and North West London NHS Foundation Trust (CNWL)
Additional psychotherapy services	Brent CCG	Brent Centre for Young People
Services for children Looked After by the Local Authority	Brent Council	West London Mental Health NHS Trust
Clinical Input to the Inclusion and Support Team	Brent Council	Anna Freud Centre

Source: Child & Adolescent Mental Health Services in Brent: Current provision and future developments', Report to Brent Council Scrutiny Committee 9 February 2016, p3

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Brent

NHS Brent Clinical Commissioning Group

Health and Wellbeing Board
5 October 2017

Report from the Director of Public Health and the Designated Doctor for Unexpected Child Deaths

Wards Affected:
ALL

Brent Child Death Overview Panel Annual Report – 01 April 2016 – 31 March 2017

1.0. Summary

1.1 This annual report is provided by the Child Death Overview Panel (CDOP) for the Brent Local Safeguarding Children Board (LSCB).

1.2 This is the ninth annual report. The CDOP reviews all child deaths of residents in the London Borough of Brent.

1.3 The CDOP is a subgroup of Brent LSCB as set out in Regulation six (SI No 2006/90) of the Children Act 2004. The Child Death review process is a statutory requirement as outlined in Chapter five of the Working Together to Safeguard Children 2015, (previously Chapter seven of Working Together to Safeguard Children 2006, reviewed in March 2010 and 2015). The Panel's terms of reference have been agreed and revised to include the latest guidance.

1.4 The process for management for unexpected child deaths is revised regularly and the current arrangements are published on the Brent LSCB website on the Child Death Overview Panel page.

1.5 This report was presented to the Brent LSCB in June 2017.

1.6 The report analyses Sudden Unexpected Deaths in Infancy since the commencement of the CDOP process in 2008. The importance of safe sleeping practices is highlighted.

1.7 A total of 26 deaths were notified to CDOP. A total of 30 deaths were reviewed, seven of which were aged under one month.

1.8 No deaths were referred for serious reviews.

2.0 Recommendations

2.1 The Health and Wellbeing Board is asked to consider the 2016/17 CDOP report.

2.2 Partners are asked to consider how they can contribute the promotion of messages about safe sleeping and accident prevention.

3.0 Financial Implications

3.1 There are no financial implications.

4.0 Legal Implications

4.1 There are no legal implications.

5.0 Equality Implications

5.1 There are no equality implications.

6.0 Staffing/Accommodation Implications

6.1 There are no staffing/accommodation implications.

Contact officers

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CHILD DEATH OVERVIEW PANEL

ANNUAL REPORT

1st APRIL 2016 – 31st March 2017

Dr Melanie Smith -– Director of Public Health
Dr Arlene Boroda -– Designated Doctor for Unexpected Child Deaths
Oosman Tegally -– Child Death Overview Panel Coordinator

Brent Local Safeguarding Children Board
Child Death Overview Panel
Annual Report for 01/04/2016 – 31/03/2017

1. OVERVIEW

This annual report is provided by the Child Death Overview Panel (CDOP) for the Brent Local Safeguarding Children Board (LSCB). The CDOP is a subgroup of Brent LSCB as set out in Regulation 6 (SI No 2006/90) of the Children Act 2004. The Child Death review process is a statutory requirement as outlined in Chapter 5 of the Working Together to Safeguard Children 2015, (previously Chapter 7 of Working Together to Safeguard Children 2006, reviewed in March 2010 and March 2013).

The process for management for unexpected child deaths is revised regularly and uploaded on the LSCB website.
http://www.brentlscb.org.uk/main/article.php?tag=cdop&name=role&sector=home

The CDOP are notified of all deaths of children who are resident within the London Borough of Brent and continue the child review process for these deaths.

The total number of reported deaths for the year 01/04/2016 – 31/03/2017 is **26.**
Deaths reported in the previous years:
38 deaths in 2008 – 2009 (this was the year in which CDOPs were established).
26 in 2009 – 2010
38 in 2010 – 2011.
41 in 2011 – 2012.
43 in 2012 – 2013
30 in 2013 – 2014
24 in 2014 – 2015
23 in 2015 – 2016.
26 in 2016 – 2017.

Deaths	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016- 17
Expected	21	15	28	26	30	14	18	13	20
Un expected	17	9	10	15	13	16	6[1]	10	6
Total	38	26	38	41	43	30	24	23	26

Table 1: Total Number of Reported Child Deaths in Brent - 01/04/2008_31/03/2017

[1] One of these deaths initially classified as 'unexpected' was later determined by the CDOP paediatrician to be 'expected'

The age range of the reported deaths for the year are as listed below:

Age range of deaths	Unexpected	Expected	TOTAL
Neonatal deaths (<4wks)	**1**	**9**	**10**
Infant death (4wks – 1yr)	**4**	**5**	**9**
Children between 1-4 years of age		**2**	**2**
Children between 5-9 years of age		**2**	**2**
Children between 10– 14 years of age		**1**	**1**
Young people between 15 – 18 years of age	**1**	**1**	**2**
Total	**6**	**20**	**26**

Table 2: Age range of child deaths for the year 2016-2017

2. STAFFING

The Chair is the Director of Public Health from the Brent Local Authority and the Vice Chair is the Designated Paediatrician for Unexpected Deaths in Childhood.

The child death co-ordinator commenced in May 2009 as a fixed term, part time post-holder, taking over from a locum independent consultant. The post became permanent part–time in 2012 and is managed by the Designated Doctor (see structure chart - Appendix A).

The Designated Paediatrician for Unexpected Deaths in Childhood is also the Designated Doctor for Safeguarding Children. The Designated Doctor can provide the Rapid Response home visits for unexpected child deaths.

3. OFFICE ACCOMMODATION

The Designated Single Point of Contact (SPOC), who is also the Child Death Overview Panel (CDOP) coordinator, is based at Wembley Centre for Health and Care in NHS Brent CCG. This arrangement provides good access to specialist health advice and access to the Safeguarding Children Team (who undertake the rapid response).

4. CDOP PANEL MEETINGS

There have been regular meetings to discuss and review the Child Death cases. There has been good attendance from key partner agencies. All CDOP panel meetings have taken place at the Wembley Centre for Health and Care. Attendance for 2015/16 has been summarised in Appendix B. The Child Death Overview Panel meets quarterly, or more often, depending on the number of child death cases that are ready for review.

Meetings were held on the:
(27/04/2016 – **5** cases discussed**,** 28/09/2016 – **6** cases discussed**,** 16/11/2016- **12** cases discussed , 18/01/2017 – **4** cases discussed and 29/03/2017– **3** cases discussed).

The CDOP reviewed **30** child deaths cases in the year 2016- 2017.

5. RAPID RESPONSE

The current arrangements for the on call rota in NHS Brent are in line with Working Together to Safeguard Children 2015, covering 9am–5pm, Monday to Friday, weekends and bank holidays. Three health professionals have completed the Warwickshire University Advanced Child Death training programme and also nurses and social workers.

There were rapid response child death strategy meetings to share information regarding the death and to agree what processes will be followed to ascertain the cause of the child's death.

Of the 6 (plus one 1**) **unexpected child deaths**, there were 6 (plus one 1**) rapid response meetings which were attended by a number of professionals.
One child was placed in Brent by another Borough (1**) and representatives from the relevant authority attended the rapid response meeting held in Brent. Their borough agreed to review the case as per their CDOP procedures. The death will NOT be included in the Brent CDOP figures as Brent will not be reviewing this death.
The rapid response meetings facilitated good information at the outset.
(see attendance table - Appendix C).

6. ANALYSIS

Child Deaths are categorised into four groups:

- **Neonatal –** under 28 days old in hospital
- **SUDI –** sudden unexpected death of an infant under 2 years.
- **Unexpected –** death of a child under 18 years
  Death not expected in the previous 24 hours.
- **Expected -** death of a child under 18 years **(natural causes).**

The panel reviews every death of a child irrespective of the category it falls under, to ensure the appropriate involvement and response from the statutory agencies. The Panel considers the time period before, at and following the child's death and may include the antenatal period.

In some of the cases the reviews were delayed until all the information was made available from the Coroners' investigations which took extended time.

7. SUMMARY OF FINDINGS

Between1st April 2016 and 31st March 2017, **26** (plus one 1**) child deaths were notified to the CDOP for children who were **resident** within the Brent LSCB area at the time of their deaths.

This number is not the same as the **number of deaths reviewed.** There can be a delay in obtaining information particularly when inquests need to be completed so cases may not be considered for review in the same year as they are notified.

The number of Brent child deaths reported from 01/03/2008 – 31/03/2017 is outlined in the table1.

- **Number of deaths each month**

The range in number of deaths each month over 2016 – 2017 **has varied** from **1 to 5 and is illustrated below.**

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2016-2017	**0**	**1 (+1**)**	**0**	**3**	**4**	**3**	**4**	**0**	**1**	**5**	**2**	**3**
2015-2016	**3**	**0**	**0**	**4 (+1**)**	**3**	**1**	**1**	**3**	**2**	**1**	**3**	**2**
2014-2015	**2**	**2**	**3**	**3**	**3**	**4**	**0**	**0**	**2**	**4**	**0**	**1**

Table 3: Monthly figures of child deaths 2014 - 2015, 2015 – 2016 & 2016-2017

A monthly comparison of the last two years, figures demonstrates that there is no emerging pattern in the number of deaths, or when they occur. This year there were no reported deaths in June and November but in 2015-2016 there were no deaths reported in May and June and in 2014-2015, there were no death reported in October, November 2014 and February 2015.

- **Gender**

The 26 deaths (2016-2017) comprised a total of 14 males and 11 females

Gender of child deaths	
Males	**Females**
14	**12**

Table 4: Gender of child deaths.

- **Child Deaths by Locality**

Willesden - 4
Kingsbury - 1
Harlesden - 6
Kilburn - 3
Wembley - 12

- **Postcode of family home at time of child death**

Area	NW2	NW6	NW9	NW10	HA0	HA3	HA9	HA8
Number	4	3	1	6	5	3	3	1

Table 5: Postcode of family home of child deaths

- **Place of Death**

The child deaths in hospital were recorded at one of six hospitals. The number of deaths in each hospital ranged from 1 to 11.
25 of the deaths occurred in a hospital setting and 1 at home. On one we have insufficient information.

The locations of the recorded deaths are as follows:
Northwick Park Hospital **5** deaths, St. Mary's Hospital **11** deaths, Chelsea and Westminster Hospital **1**, Queen Charolotte Hospital **3**, Great Ormond Street Hospital **3**, UCLH **1** and The Royal Brompton Hospital **1**.
One death was recorded in the home- this was abroad and recorded as 'outside the UK'.

Northwick Park Hospital	St. Mary's Hospital.	Chelsea and Westminster Hospital	Q.C.C.H.	GOSH	The Royal Brompton Hospital	UCLH	Home/ Outside UK
5	11	1	3	3	1	1	1

Table 6: Hospitals/ Locations of Child deaths

- **Ethnicity**

Ethnicity data is collected for all child deaths and linked into research about Child Deaths not only within London but nationwide. This provides valuable information especially within Brent due to its ethnically diverse population

Table 7: Ethnicity of child deaths from 1st April 2016 – 31st March 2017.

White British	1
White: Irish	1
White - Polish	2
White - Romanian	4
White - Kosovan	1
White: Any Other White background- Nepalese	1
Mixed: White & Asian	1
Asian or Asian British: Indian	2
Asian or Asian British: Pakistani	3
Asian or Asian British: Bangladesh	1
Asian or British Asian	1
Black: Caribbean	2
Black: African	1
Black African: Somali	1
Black British	1
Any other Black/African/Caribbean background	1
Potuguese/Brazilian	1
Other – British Filipino	1
TOTAL	**26**

REVIEWS:

8.0 CHILD DEATH OVERVIEW PANEL MEETINGS APRIL 2016 – MARCH 2017.

The panel completed reviews on a total of **30** child deaths during 2016 - 2017.
1 – from year 2013 – 2014.
1 – from year 2014 – 2015.
10 – from year 2015 – 2016 and
18 – for the year 2016 – 2017.

The table below shows the time span in which the child death cases were brought to panel and completed (from date of death to the date the review was completed).

No. of deaths reviewed within the following time periods.	Deaths reviewed with Modifiable Factors	Deaths reviewed with No Modifiable Factors
Under 6 months	2	19
6 - 7 months		2
8 - 9 months	1	
10 - 11 months		
12 months	3	
Over 12 months	3	
Total	**9**	**21**

Table 8: Time span of Child Death review

9.0 DEMOGRAPHICS

Table 9. Age ranges for child deaths reviewed for April 2016 - March 2017.

Reviews Age Range:

Age range of deaths	**Unexpected**	**Expected**	**TOTAL**
Age range of deaths	**Unexpected**	**Expected**	**TOTAL**
Neonatal deaths (<4wks)		**7**	**7**
Infant death (4wks – 1yr)	**4**	**8**	**12**
Children between 1-4 years of age	**3**	**2**	**5**
Children between 5-9 years of age	**1**	**3**	**4**
Children between 10– 14 years of age			
Young people between 15 – 18 years of age	**2**		**2**
Total	**10**	**20**	**30**

- **Gender of Reviewed cases.**

From the **30** children reviewed at panel**,** 1 April 2016 – 31 March 2017**,** their gender was:

Gender of reviewed cases	
Males	**Females**
16	14

Table 10: Age ranges for child deaths Reviewed for April 2016- March 2017.

Table 11: Ethnicity of 16 child deaths reviewed from 1st April 2016 – 31st March 2017

White: English/Welsh/Scottish/Northern Irish/British	1
White: Irish	1
White: European – Romanian	4
White: European – Kosovan	1
White: Other European	2
White: Any Other White background - Nepalese	1
Mixed: White & Asian	1
Mixed: Any other mixed/ ethnic background	1
Asian or Asian British: Indian	1
Asian or Asian British: Bangladeshi	1
Asian or Asian British: Pakistani	3
Asian or Asian British: Any other Asian background	1
Black: British	2
Black: Caribbean	4
Black: African (Somali)	2
Black: African	1
Any other Black/African/Caribbean background	
Any other – Portuguese/ Brazilian	1
Other: Any other (British – Filipino)	1
Other - Arab	1
TOTAL	**30**

10.0 CATEGORIES OF DEATH

The panel reviews cases and agrees with the category the death should be classified within. There are two categories into which each death is classified: Modifiable Factors (Preventable) and No Modifiable Factors (Not Preventable)

Modifiable Factors Identified. The panel have identified one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths

No Modifiable Factors Identified. The panel have not identified any potentially modifiable factors in relation to this death.

It is important to recognise that this categorisation is to inform efforts to reduce childhood deaths, it does not in itself carry any implication of blame on any individual party, but simply acknowledges where factors are identified which, had they been different, may have resulted in the death being prevented.

Table 12: Breakdown of categories for the 30 deaths reviewed 2016-2017:

	Expected	Unexpected
Expected death from natural causes: Chromosomal, genetic and congenital anomalies Perinatal/neonatal event Malignancy	 14 4 1	
Unexpected deaths – these include SUDI / SIDS Chronic medical condition Infection Trauma following - Road traffic collision - Drowning Deliberate Inflicted Injury - Homicide	 1	 3 1 2 2 1 1
Total	**20**	**10**

Unexpected deaths:
Modifiable Factors: The panel found that there were modifiable, or possible modifiable factors, in 10 of the cases reviewed.

Modifiable Factors Identified.

There were 3 SUDIs reviewed.

- In two cases co-sleeping was identified where it was noted that the parents had taken the baby into the parental bed.
- In one case the baby was placed in the parental bed and propped up on the sides with pillows.

Recommendations are to promote safer sleep awareness for babies

Three cases of Trauma: two following road traffic collision:.

- One young person fell off a hoverboard in a public road and was run over by a bus.
- One child was hit by a car in a car park open to the public following reckless driving

- There was one case where a child died from drowning whilst left unattended in a bath.

Deliberate Inflicted Injury – Homicide.
- One young person died following a knife incident in a public place.

Infection:
Vaccines can prevent infections. One child death related to absence of immunisations. Early detection and management is key especially in vulnerable patients.

Audit of Brent SUDI's from 2008-2017: There have been 23 cases.

Year	No. of SUDI	Issues identified
2008-09	1	Found at end of cot
2009-10	2	One case of co-sleeping
2010-11	4	All four cases reported to be co-sleeping
2011-12	1	Limited information.
2012-13	4	Three cases reported to be co-sleeping
2013-14	4	2 cases of children lying prone, face down, one was an ex-premature baby and one co-sleeping.
2014-15	2	One child was supported by a wedge in cot and one reported to be co-sleeping.
2015-2016	1	Nil
2016-2017	4	All co-sleeping
TOTAL	23	

There were 13 cases of co-sleeping; three infants were reported to be sleeping on their front (prone postion). One infant was found at the end of his cot wrapped in a blanket.
Two infants were ex-premature babies
One infant was placed on his side with a wedged pillow in his cot.
One was a twin

There were no factors identified in the four other cases.

Brent SUDIs from 2008- 2017 - Postal codes						
NW10	NW6	NW9	NW2	W10	HA0	HA9
9	3	3	2	1	4	1

Brent SUDIs from 2008- 2017 - Ethnicity			
White British	4	Mixed White/Black	1
White Irish	1	British Asian - Pakistani	1
White Other	3	Other - Filipino	1
Black British	3	Other - Arab	1
Black Caribbean	2	Asian British	3
Black African	3	TOTAL	23

Hospital attending to SUDI babies	Numbers
Northwick Park Hospital	9
St. Mary's Hospital	10
Royal Free Hospital	2
Hammersmith & Fulham Hospital	1
Overseas	1

11.0 THE CHILD DEATH REVIEW PROCESS

The process for the review of child deaths has followed the London Child Protection procedures and Working Together to Safeguard Children 2015 happened. Notifications of deaths to the SPOC have improved as London-wide partner agencies are now more aware of the need to ensure effective communication. The professionals working in this field are increasingly aware of the need to ensure effective, timely and comprehensive referrals.

12.0 SERIOUS CASE REVIEWS (SCR) AND LSCB.

The CDOP also identifies other issues and links with other processes such as serious case reviews (SCR) and significant incidences (SI).

a) Serious Case Reviews SCRs
There were no cases declared as SCRs.

b) Significant Incident reviews and NHS.
CDOP links with the NHS Significant incident processes. Reports are reveiwed by the Desiganted Professionals for safeguarding children and key messages highlighted at the CDOP case reviews.

Cases reviewed covered three SI reviews. In two other cases the SI reports are not complete.

13.0 LINKING UP WITH LONDON CDOP

The Paediatrician for Child Deaths has attended three of the London Safeguarding Children Board CDOP Chairs network meetings. The Chair and the Paediatrcian attended a London Workshop to review the roles and data processes for CDOP.

Healthy London Partnership work

Brent CDOP and Brent LSCB has promoted the work of the Lullaby Trust and supported their safe sleeping week
https://www.lullabytrust.org.uk/safer-sleep-week

Safer Sleep Week is The Lullaby Trust's national awareness campaign targeting anyone looking after a young baby.
From the 13-19 March 2017 The Lullaby Trust and partners aim to make sure parents in the UK know the importance of safer sleep and are aware of how to reduce the chance of Sudden Infant Death Syndrome (SIDS).

Brent LSCB promotes their work via links on the LSCB website, e-mailing messages across the partners and staff, placing poster displays in health settings and via a

briefing in Kilburn Times on 14/03/2017.
http://www.kilburntimes.co.uk/news/health/brent-council-working-to-raise-awareness-of-cot-death-1-4930237

14. INFANT MORTALITY RATES IN BRENT:
Information suppied by Public Health team in Brent Local Authority

Chart 1 shows the comparison of the Brent infant mortality rate with its statistical neighbours, London and England for 2011-13, 2012-14 and 2013-15. The infant mortality rate refers to the rate of deaths in infants aged under 1 year per 1,000 live births
Brent started the period 2011-13 with a rate of 5.1 per 1000. At that time Brent had the highest infant mortality rate of compared to its neighbours and the regional and national comparator. Infant mortality is one of the general indicators of the health of the population
During the period in question there has been a year on year decline in the infant mortality rate. By the end of the period in question 2013- 15 Brent's infant mortality rate was very similar to the London average and comparable with its statistical neighbours.

Chart 1:
Brent Infant Mortality Rates compared to statistical neighbours 2011-13 and 2012-14
Source: Public Health England Child Health Profiles

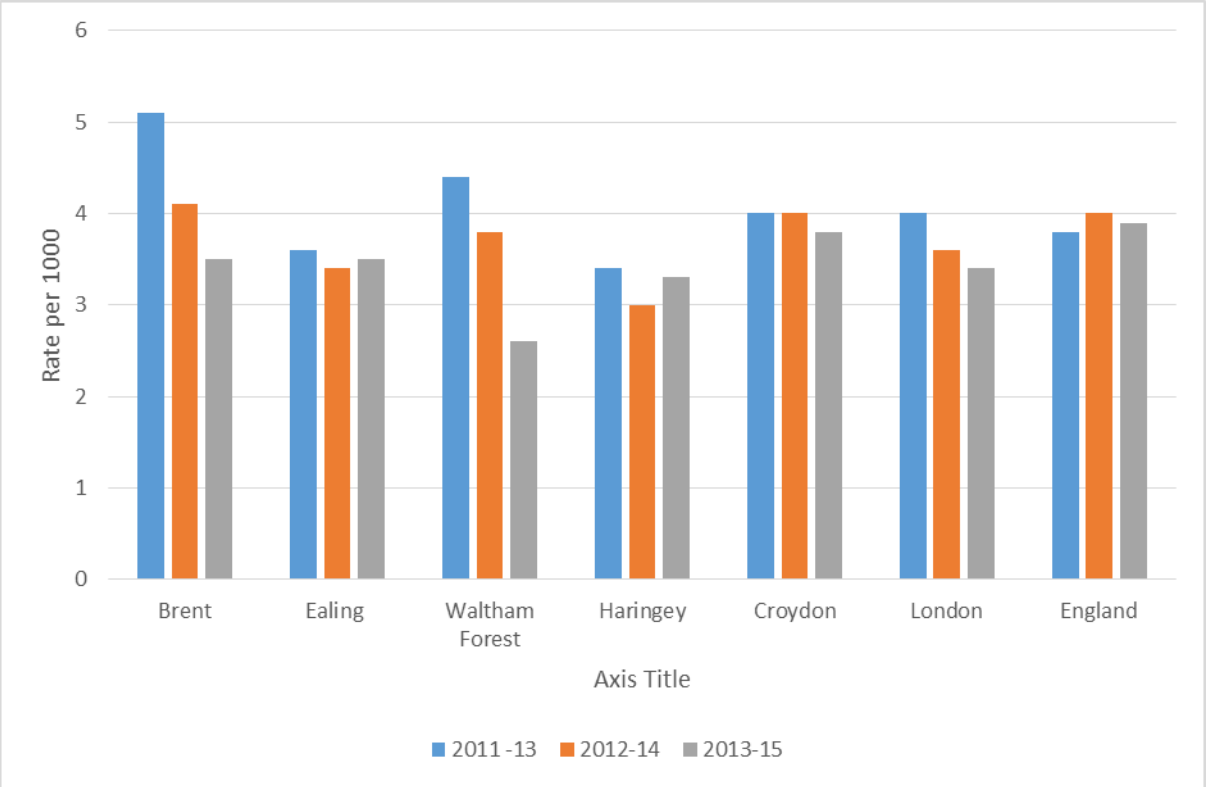
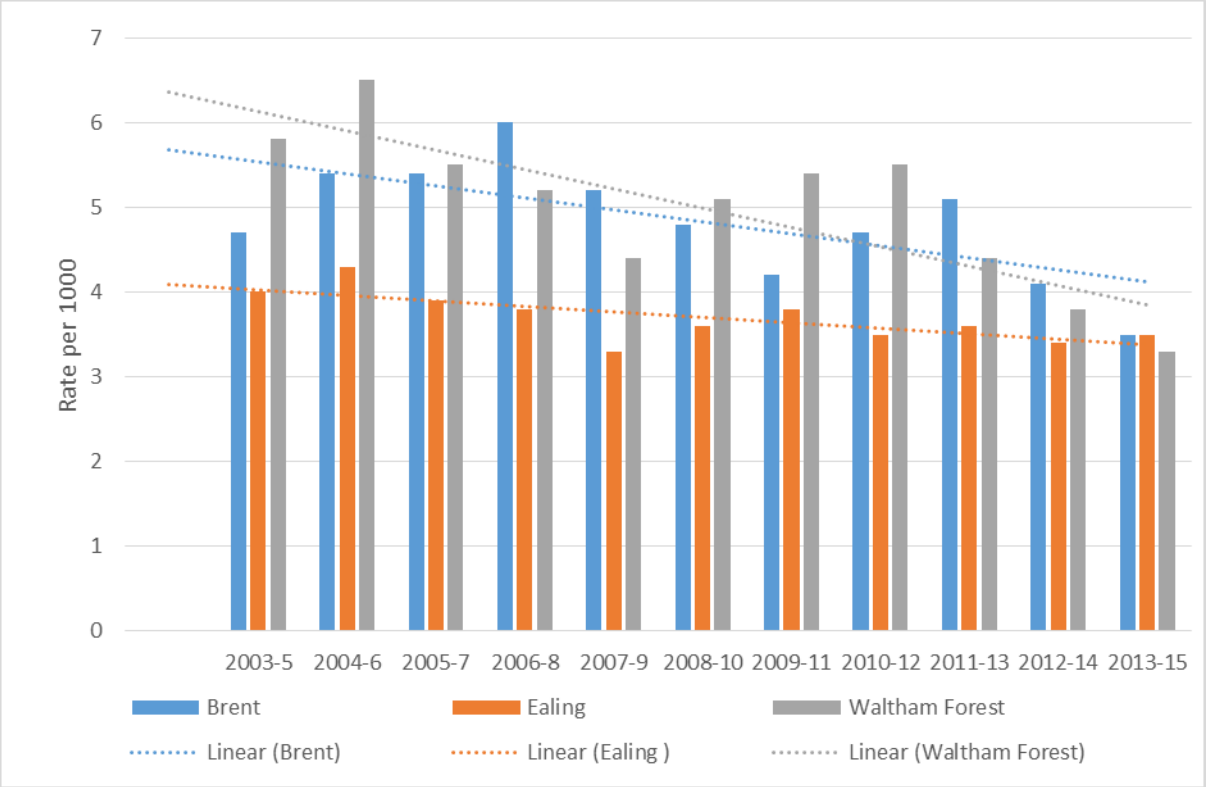


Chart 2 shows the longer term variation in infant mortality over the past decade from 2003-5 until 2013-15. In addition to infant mortality being a general health indicator it also reflects the relationship between specific causes of infant mortality and the wider determinants of health. Over the period in question despite some fluctuation, there has been a downward trend in Brent. This has also been reflected in the comparator

boroughs Ealing and Waltham Forest. The variation between the boroughs has also decreased over time and the rates are now quite similar.

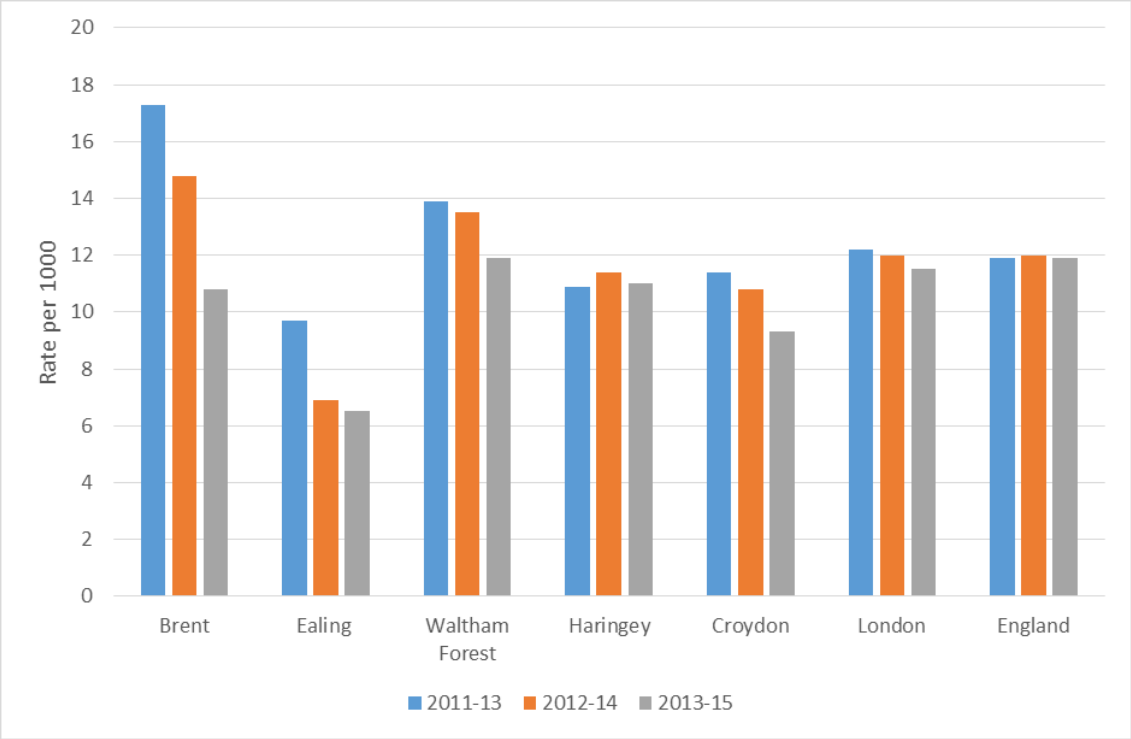
Chart 2.
Brent Infant Mortality Rate compared to statistical neighbours from 2003-05 to 2013-15
Source: Public Health England Child Health Profiles



Child mortality rates in Brent

Chart 3 shows the comparison of the child mortality rates of Brent with its Statistical neighbours, London and England for 2011-13, 2012-14 and 2013-15. The child mortality rate refers to the directly standardised rate of death due to all causes in persons aged 1-17 years. Brent started the period in question with a higher infant mortality 17.3 per 1000 than its statistical neighbours as well as London and England. During the period on question the child mortality rate has fallen rapidly. It is now 10.8 per 1000 and comparable to its statistical neighbours. It is also now less than London and England.

Chart 3
Brent child mortality rates (1-17) compared to its statistical neighbours.
Source: Public Health England Child Health Profiles



15.0 ISSUES:

Child deaths have been reviewed by the Coroner before coming to the CDOP. In some cases there are inherent delays due to further investigations and information required at the Coroner's inquest hearing or investigation. Communication with the Coroners' offices is via Coroners officers.
Accessing information from health providers has been difficult in some cases.

Information about the Child Death Review process and other relevant information including bereavement care and counselling is shared with parents at the hospitals.
A representative from the charity The Lullaby Trust (formerly FSID) attends the CDOP meeting and is a representative of the parents.

The panel communicates the final CDOP decisions with the parents and universal staff including GPs that had contact with the children.

16.0 LESSONS LEARNT:

Significant Incidents SIs involving Brent child deaths during this period have covered the following:

- A child with a chronic condition required the first responders LAS at a critical time. LAS conducted an SI review in response to concerns by the parent covering the screening of the telephone calls for help and the timescales of the response. This was shared with the parent.

- A baby passed away from an irremediable condition but the level of maternal/baby care was reviewed as requiring improvement. This report was shared with the parents.
- An unvaccinated toddler died from (vaccine preventable) septicaemia having been seen by health professionals in the few days prior to the death. The health provider completed an SI and made changes to their pathways for under 5s including easier acceptance of cases from GPs , development of further patient triage guidelines and improving the interface between their Urgent Treatment Centre UTC and the paediatric Accident and Emergency.

The coroner issued Rule 28s during this period:

i. *Unvaccinated toddler and pneumococcal septicaemia: Rule 28*
A concern that there was a lower threshold for admission for paediatric doctors in the Emergency Department and the Urgent Care Centre doctors.
A concern that CCG (commissioning UTC) should review, in partnership with local Paediatricians and providers of local emergency care, the safety of local paediatric pathways'.

Following a review of the referral pathway to paediatric services a new process has been agreed to be implemented whereby a child under the age of 5 years that presents to the Urgent Care Centre having already accessed healthcare services on 2 or more occasions over a 5 day period will instigate a referral for paediatric review.

ii. SUDI /SIDS – cases.

In one case after extensive investigation and a detailed inquest hearing with many expert witnesses, the Coroner gave a narrative ruling and issued a Rule 28.

SIDS: Rule 28 from Coroner to DOH and Yellow Card Scheme:
"Posters and forms detailing the Yellow Card Scheme are not routinely available in a GP Surgery".
(… concerns raised at the inquest that the death was connected with the use of the MMR vaccine and that the Yellow Card Scheme should be more widely publicised. It was suggested that a poster and forms might be helpful in GP waiting rooms").

Key points:
- A complex decision involving disagreements between parents and professionals in end- of -life care cases may need a high court involvement as decision makers
- A child died from drowning whilst left unattended in a bath: Children under the age of 5 must not be left unattended in a bath.
- An early presentation to health services may have had a different outcome especially in the neuro-disabled children.
- In SUDIs joint home visits between police and health professionals is beneficial.
- One young person died following a knife incident in a public place. Knife crime is a significant problem in London.
- Road traffic collision due to careless driving can have fatal outcome.

- The first fatality linked to a hoverboard in a road traffic collision was in Brent.

- Co-sleeping is a risk factor for SUDI.

- When a foetal abnormality is diagnosed at antenatal clinics, parents are given advice and genetic counselling to enable them to make informed of choices.

- End of life care plans should be in place for all people with life limiting conditions (NICE standard guidelines).

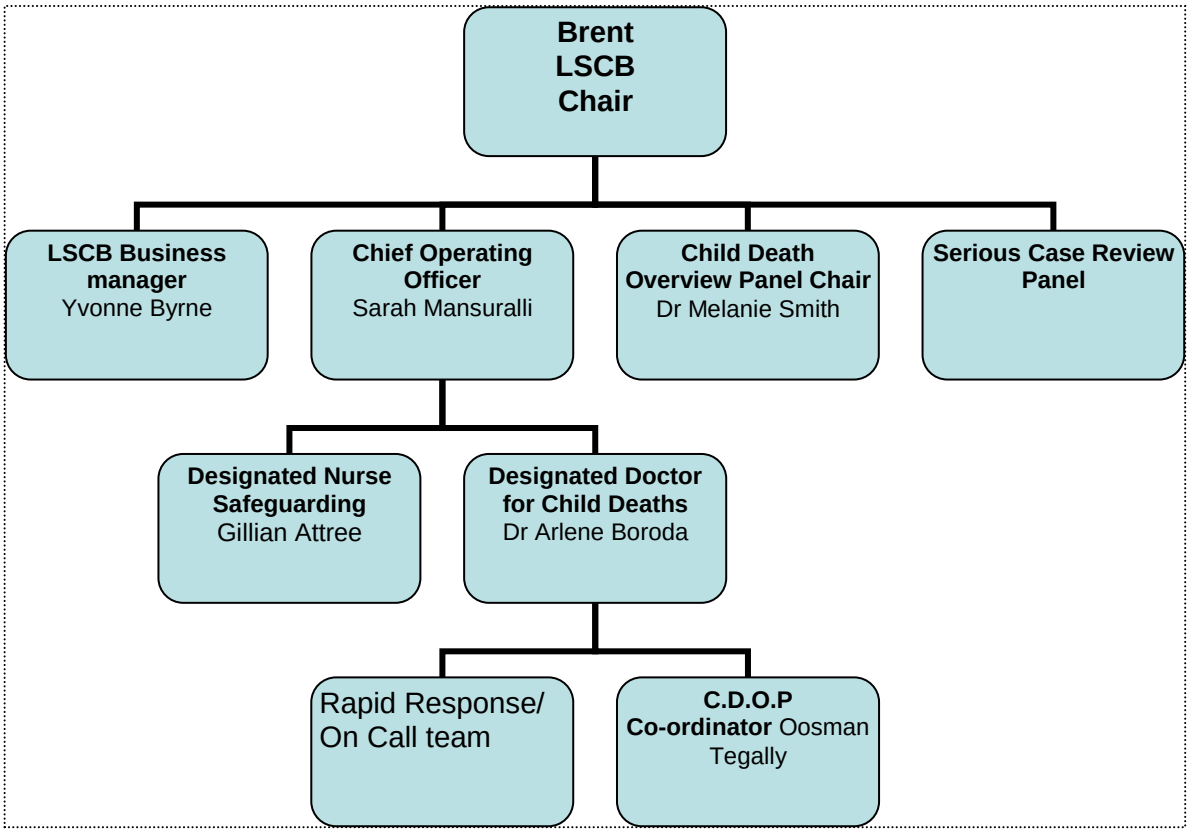
17.0 ENGAGING PARENTS IN CDOP PROCESSES:

An information leaflet about the Brent CDOP review process has been sent out to bereaved parents since March 2016 inviting them to contact CDOP to share any information which may help the review processes. So far three families have linked with the CDOP. This has facilitated the communication parents' views with service providers to the children.

Appendix A

Postholders

Executive Lead for Safeguarding Children- Sarah Mansuralli
Public Health Consultant –Dr Melanie Smith
Designated Doctor for Unexpected Child Deaths - Dr Arlene Boroda
CDOP Co-ordinator- Oosman Tegally
Designated Nurse for Safeguarding Children NHS Brent CCG- Gillian Attree
Rapid response on call – Dr Arlene Boroda
Head of Safeguarding (Social Care) – Sonya Kalyniak/Lavinia Moore
Brent and Harrow Metropolitan Police CAIT – DI Jason Dawson


Brent
LSCB
Chair
LSCB Business manager
Yvonne Byrne
Chief Operating Officer
Sarah Mansuralli
Child Death Overview Panel Chair
Dr Melanie Smith
Serious Case Review Panel
Designated Nurse Safeguarding
Gillian Attree
Designated Doctor for Child Deaths
Dr Arlene Boroda
Rapid Response/
On Call team
C.D.O.P
Co-ordinator Oosman
Tegally

Appendix B:

CHILD DEATH OVERVIEW PANEL MEMBERSHIP ATTENDANCE 2016-2017

	27/04/2016	28/09/2016	16/11/2016	18/01/2017	29/03/2017
Public Health Consultant	Present - Chair	Present - Chair	Present - Chair	Present - Chair	Present Chair
Designated Doctor for Child Deaths for NHS Brent CCG	Present	Present	Present	Present	Present
CDOP Co-ordinator	Present	Present	Present	Present	Present
Designated Nurse for Safeguarding Children NHS Brent CCG	Present	Apologies	Present	Apologies	Present
Police/CAIT	Present	Present	Present	Present	Present
Social Care - Head of Safeguarding Children - representative	Nil	Present	Present	Present	Present
Bereavement midwife LNWC Trust	Nil	Nil	Nil	Nil	Present
The Lullaby Trust (FSID) - parents	Present	Apologies	Present	Present	Present

Appendix C – Rapid Response meeting Attendances.

Case Number	QK 02/04/2016	QK 05/07/2016	QK 06/08/2016	QK 08/08/2016	QK 18/01/2017	QK 20/01/2017	QK 25/03/2017
Date of meeting:-	16/05/2016	03/08/2016	30/08/2016	07/09/2016	13/01/2017	27/02/2017	08/03/2017
Attendees at meetings							
Designated Consultant for Unexpected Deaths	Y	Y	Y	Y	Y	Y	Y
Consultant Paediatrician	Y- 2		Y	Y	Y	Y	Y- trauma
CDOP Co-ordinator		Y					
Paediatrics Registrar				Y		Y	Y
GP		Y					Nil
Children social care	OT-y		Y		Y	Y	Y
Designated Nurse Safeguarding Children		Y	Y				
Clinical Leads/ HVs – CSB/SN	Y	Y	Y		Y	Y	Y SN
Police	Y	Y	Y	Y	Y	Y	Y
London Ambulance Service	Y	Y	Y	Y		Y	Y
Hospital Nursing/Midwifery	Y		Y	Y	Y	Y	Y
Other Professionals Family Liaison Nurse/ OT/ Risk manager leads.	Y		Y	Y	Y	Y	Y
School							Y

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 5 October 2017 **Report from Healthwatch Brent**
For endorsement	Wards Affected: ALL

Healthwatch Brent – From words to action – 2016-2017 Annual Report

1.0. Summary

1.1. Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.

1.2. CommUNITY Barnet is commissioned by the London Borough of Brent to deliver the local Healthwatch contract.

1.3. The contract commenced from 01 July 2015. This report summarises our activity during the financial year 2016-2017.

1.4. Our public report is attached at Appendix 1 for reference.

2.0. Recommendations

2.1. The Health and Wellbeing Board is asked to:

- Note the progress Healthwatch Brent has made in delivering the contract

3.0. Achievements to date

3.1. Healthwatch Brent works with 11 of Brent's charity, voluntary and community organisations.

3.2. It is delivered by a Brent-based central core team, a partnership of Brent based voluntary and community organisations and a team of volunteers.

3.3. The work programme of Healthwatch Brent aligns to all five priorities of the Brent Health and Wellbeing board namely:

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

3.4. Healthwatch Brent is delivered on a Hub and Spoke model. The Hub is the first point of public access and delivered by the core team located in

Wembley. The Spokes consist of two groups – the Healthwatch Brent Advisory Board whose role is to support the core team and shape the work programme around the needs of Brent residents. Membership of the Healthwatch Brent Advisory Board includes Age UK Brent, Brent User Group; Brent Patient Voice, Mosaic LGBT Young People's Group; Community Health Action Trust.

3.5. The Promotion and Reach Partners with their strong and vibrant networks are able to cascade messages from Healthwatch Brent to local residents. The partners include: Ashford Place, Brent Carers' Centre, Elders' Voice, Jewish Care, Brent Mencap.

3.6. Key achievements over the past financial year include:

- Increasing our friends from 404 to over 700
- Increasing the number of twitter followers from 905 to over 1200
- Reaching 12000 residents through our consortium of charity partners compared to 21,617 in the previous 9 months of delivery
- Speaking directly with 2000 residents
- Presenting over 1000 views to statutory partners
- Presented ten reports to a combination of the Health and Wellbeing Board, Brent Clinical Commissioning Board and the Children's Trust
- Our Community Chest was used to resource a number of community research projects including the experience of hospital discharge; listening to the views of Irish young Travellers accessing statutory services and understanding the experiences of Eastern and Central European communities of using urgent care services
- Capturing the meal time experience in hospitals through our Enter and View programme

3.7 Our strategic priorities for Healthwatch Brent include:

- Encouraging greater participation in health and social care
- Collecting evidence of increasing engagement with those residents from under-represented communities
- Demonstrating that Brent residents feel more able to express their views and to report they are listened to
- Demonstrating how Healthwatch Brent has been able to make a constructive contribution to support and enable informed decision making through the representation of the authentic voice
- Healthwatch Brent offers value for money
- That Healthwatch Brent service offers added value

3.8 Our operational priorities for Brent for 2016/17 were:

- To publish a Guide to setting up Patient Participation Groups
- Capturing the patient experience of maternity services at Northwick Park Hospital
- FGM – working with men and mosques

- Capturing the hospital discharge experience
- Capturing the views of children and young people using health and social care services with a focus on mental health
- Exploring with Adult Safeguarding Partners, ways to capture the user experience of Adult Safeguarding
- To invite applications to the Community Chest from east European organisations on their use of urgent care services
- Invite applications on the experience of carers and users of mental health services
- Looking at the mealtime experience in hospitals with a focus on meeting dietary and cultural needs
- Continue to work with NHS Brent CCG to increase awareness of and access to community services.

3.9 Our operational priorities for Brent for 2016/17 are informed by the Joint Strategic Needs Assessment (JSNA) 2016, the Improving Health and Care in Brent priorities, annual reports by the Director of Public Health and the Better Care Fund. We believe that by combining this evidence with the views gathered from health and social care users resident in Brent will provide a richer insight into both the needs and potential responses that both commissioners and providers can develop together.

3.10 Healthwatch Brent has identified the following as key issues in Brent for 2017/18:

- Accessible Information Standards
- Dental hygiene
- Mental health services
- Adult safeguarding
- Hospital discharge

4.0. Financial Implications

4.1. There are no financial implications as all costs are within the current agreed contract.

5.0 Legal Implications

5.1 Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care a powerful voice both locally and nationally and formally launched in 2013 as an independent charity.

5.2 From 01 July 2015 its services are delivered as an arms-length department of Community Barnet (CB) a charity and company limited by guarantee (Slide 1).

5.3 Financial and contract accountability remains with CommUNITY Barnet's Board of Trustees and delegated through the Chief Executive Officer to the Head of Healthwatch and the Healthwatch Brent Manager.

5.4 The current contract has been issued to CommUNITY Barnet until 31 March 2018.

6.0 Staffing / Accommodation Implications (if appropriate)

6.1 Healthwatch Brent operates from the community hub managed by Brent CVS.

Background Papers

Appendix 1 Healthwatch Brent – From words to action – 2016-2017 Annual Report

Contact Officers:

Julie Pal - CEO CommUNITY Barnet
julie.pal@communitybarnet.org.uk

Ian Niven – Head of Healthwatch Brent
Ian.Niven@healthwatchbrent.co.uk

healthwatch Brent

From Words to Action

2016 - 2017 Annual Report

Introduction

The last 12 months have been really busy and exciting for us at Healthwatch Brent. Our Community Chest small grants funds has enabled groups to promote Healthwatch and healthy lifestyles. The larger grants have funded organisations to engage with under-represented communities to better understand how they access, use and experience health and social care services.

Our Enter and View Programme has visited care homes, hospital wards and points of care. We have presented qualitative reports on a range of services including maternity, phlebotomy and fracture services. We are delighted that our Hub and Spoke partners produced reports which were presented to the Health and Wellbeing Board, Clinical Commissioning Group and Children's Trust for information and consideration.

These achievements reflect our focus over the past 12 months which has been to:

- Increase the profile of Healthwatch Brent to residents
- Focus our engagement with communities who are under-represented in statutory consultations
- Present the views of residents through our growing volunteer base
- Increase our social media and printed literature presence
- Present reports to both Brent Clinical Commissioning Group Governing Body and Brent Health and Wellbeing Board on the resident, patient and service user experience of health and social care services
- Deliver our statutory functions as defined by the Health and Social Care Act 2012

To achieve this was dependent on the dedication and hard work of Ian Niven, Claudia Feldner and Elaine Fletcher, Meena Thakur, supported by John Gribbon, Amani Fairak, Mike Rich, and Julie Pal who oversaw the team during a time of change.

Special thanks must be extended to Nicola Mills who set up the successful Community Chest, Advisory Board and Promotion and Reach Groups. This report is dedicated to the late Nicola Mills in recognition of her passionate support for Brent's under-represented communities.

Julie Pal
CEO
Community Barnet

Selina Rodrigues
Head of Healthwatch
(Feb 2017 – Present)

Mike Rich
Head of Healthwatch
(May 2015–Jan 2017)

Ian Niven
Manager
Healthwatch Brent

CONTENTS

In numbers

9
Enter and View visits

700+
friends

1,200+
twitter followers

12,000
reached through network of partners

2,000
people reached through public events

1,000
views presented to statutory partners

10
reports presented to Health & Wellbeing Board, Brent CCG Governing Board and the Children's Trust

An independent voice for Brent residents

Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.

It is delivered by a Brent-based staff team, a partnership of Brent based voluntary and community organisations and a team of capable volunteers.

Healthwatch Brent is an arms-length department of CommUNITY Barnet, an independent legal entity and a registered charity and company limited by guarantee.

A vision for the future

Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care services a powerful voice both locally and nationally.

Healthwatch Brent was established in 2013 and is part of a national network led by Healthwatch England. We have a seat on the Brent Health and Wellbeing Board and the Brent Clinical Commissioning (CCG) Governing Board.

We are the independent voice for residents of Brent who use health and social care services. Our vision is of a thriving and active community of Brent people who want to influence and contribute to the development and delivery of quality health and social care in the borough.

To achieve this, Healthwatch Brent:

- has a powerful relationship with residents, volunteers and service users to gather their views and experiences, capturing and presenting the voices of under-represented communities
- promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services
- signposts individuals to available advice and information to help them make informed choices about their health and social care

Working in partnership

Healthwatch Brent is leading one of the largest charity partnerships in Brent. It works with eighteen of Brent's charity, voluntary and community organisations who have been instrumental in helping us to succeed.

ABi Your business. Our passion

Albahdja
South Kilburn
Women's health group

Ashford Place

BAC Brent Advocacy Concerns

Brent age UK

BRENT CARERS CENTRE

Brent Centre for Young People
"Healthy minds, brighter futures"

local mencap Brent

BUG Brent Mental Health User Group

BPK

CHAT Community Health Action Trust

ELDERS VOICE Supporting Older People

HSF HELP SOMALIA FOUNDATION

جمعية رعاية العراقيين
Charity No 1058672
www.iraqiwelfare.org

JEWISH CARE

MOSAIC LGBT YOUTH CENTRE
Support - Educate - Inspire

SBC STONEBRIDGE BOXING CLUB

We would like to thank them for their support in promoting and disseminating information about Healthwatch Brent and for their work in liaising with some of Brent's key communities. All of our partners have a seat on our Advisory Board.

Our priorities in 2016/2017

- To produce a guide to setting up Patient Participation Groups in Brent GP surgeries
- Capturing the patient experience of maternity services at Northwick Park Hospital
- Engaging with Black and Asian communities on sensitive areas of health and social care
- Consulting with patients and carers about their hospital discharge experience
- Consulting with children and young people using health and social care with a focus on mental health
- Exploring the user experiences of Adult Safeguarding

Promotion and Reach

- Through our network of charity partners, we have reached over 12,000 Brent residents to inform them of health and social care services
- Healthwatch Brent is a member of Brent's Sustainability and Transformation Plan Steering Group and works with Brent Council and Brent CCG to promote Brent's big ticket items

Community Chest

- Understand the experience of Eastern European Communities using urgent care services
- Understand the experience of Irish young travellers accessing statutory services
- Identifying young carers living in households where parents misuse substances

Enter and View

- Capturing the mealtime experience in hospitals focusing on dietary and cultural needs

Our resources

Have you been to our website recently? We have recently updated our Resources pages, you will find lots of useful information available.

How we used your voi

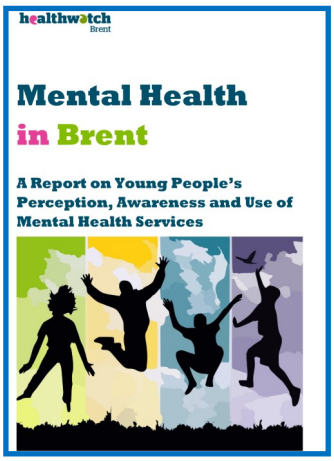
Much of this year has been spent capturing the voice of Brent residents in a syster commissioners and to place the patient and resident voice at the heart of decision making

We are delighted that the Chair of the Health and Wellbeing Board wants to set in place r into the relevant health and social care plans.

We are also working closely with other partners and providers of health and social care an

A guide to setting up Patient Participation Groups (PPG)

Patient experience of maternity services at Northwick Park Hospital



Consulting children and young people views on mental health

The experien carers and u mental healt

Engaging with Central and Eastern European organisations on their experience of Urgent Care Centres

We had received two concerns from Health Commissioners about the high number of people using the Urgent Care Centre (UCC) at Northwick Park Hospital:

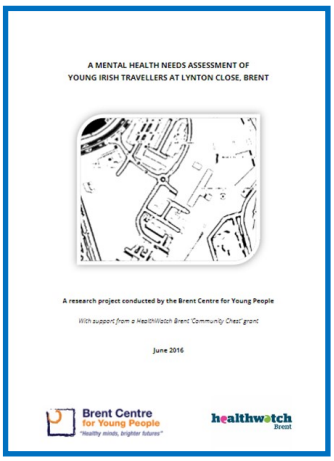
- the high numbers put pressure on waiting times at this service,
- that new and emerging communities were using the UCC rather than going to see a GP.

Our volunteers and Dr Brian Dear visited Northwick Park and collected 307 responses from people using this service. Their primary finding was that it was new and emerging communities who were over reliant on the UCC because they had not yet registered with their general practices. Longer established communities were familiar with the primary and emergency access systems and were already registered with local GP surgeries. The information will be presented to the Health and Wellbeing Board to enable elected members to better understand the behaviour and preferences of some of Brent's emerging communities.

Patient experience case studies

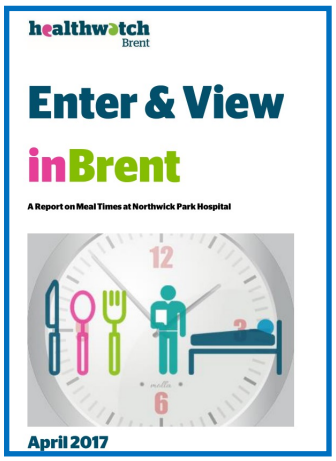
We collected 50 detailed case studies from local residents about their experiences of services. This became part of a new Toolkit for NHS Brent CCG Commissioners to refer to when redesigning services. The Toolkit is part of the work of the NHS Brent CCG Engagement, Equality and Self Care group (BEES).

All of our reports are shared with Healthwatch England and the Care Quality Commission (CQC) so that your voice becomes part of a larger body of evidence.



Mental health needs assessment of young Irish travellers

Phlebotomy—Blood tests



Consulting patients on mealtime experiences in hospital

Capturing out-patient experiences at Northwick Park and Central Middlesex Hospitals

We visited six out-patient departments to listen to patients' and carers' experiences, including the referral process, waiting times, being treated with respect. We are just awaiting the responses to our findings and recommendations from the following hospital departments: Physiotherapy, Orthopaedics, Gastroenterology, Diabetes, and Phlebotomy.

Young People's Awareness and Use of Mental Health Services

We spoke to young people in youth centres and to young carers. Young people told us they were aware of mental health conditions, but not always sure where to go for help or treatment.

They said some school staff needed more training and they were concerned about confidentiality in school. Therapists were not always aware of cultural issues. We presented our report to the Children's Board and the Scrutiny Task Group, which were particularly interested in our recommendations to improve support in schools.

Consulting with patients on the hospital discharge experience

Brent Mencap engaged with 75 patients about their discharge experience from Northwick Park Hospital. The findings are currently being reviewed with Brent CCG and our ambition is that these findings will inform some of the service re-design as part of the Better Care Fund initiative.

All reports can be found on our website: www.healthwatchbrent.co.uk /reports

Enter and View

The national Healthwatch network was established through the Health and Social Care Act of 2012. Through this, each Healthwatch has the legislative right to undertake announced and unannounced visits to health and social care settings for adults.

These visits are carried out by staff and volunteer lay-people and review the quality of care for patients/residents and their friends and relatives. All Enter and View representatives have current DBS checks and receive training for this as part of their role. As in accordance with the Healthwatch network, settings to visit are identified through meetings and guidance from the CQC.

The most important aspect of Enter and View is that it is intended to add value; the representatives review services from a lay-person's/potential users' point of view and work in collaboration with service providers, residents, relatives, carers and those commissioning services. As such, the visits do not apply CQC or other standards to their review and checks, rather it is an opportunity to reflect on what the setting may be like for a potential resident/patient with an emphasis on gathering feedback on areas that can significantly affect quality of life, such as activities, engagement, food and the levels and approach of staff.

The Enter and View reports are written by the Enter and View team and sent to the care provider to check for factual accuracy and to respond to the report recommendations. The Reports are reviewed and authorised at each stage by Healthwatch senior staff, and once finalised are uploaded to the Healthwatch Brent website.

The reports are then sent to Healthwatch CQC Liaison Officer, who has expressed the team's appreciation for the additional insight that the reports provide. Healthwatch visited a number of care homes, primary care settings and acute and mental health trusts. The report "Enter and View in Brent—A summary report on meal times at Northwick Park Hospital" summarises the Enter and View visit to Northwick Park hospital to observe mealtimes. This report was presented to Brent CCG's Governing Body for information and noting and was well received by all. This report can be downloaded at www.healthwatchbrent.co.uk/meal-times-reports

Our volunteers

I found the experience rewarding as the visits contributed towards improvements in local health and social care services in Brent and I feel that I am contributing back to the community that I live in. I enjoy my role as a volunteer at Healthwatch Brent because my time is usefully spent, I meet other volunteers from a range of different backgrounds and also I feel supported by Healthwatch Brent staff.

Enter and View volunteer

We have a fantastic group of volunteers without whom we could not deliver our Healthwatch responsibilities.

Their enthusiasm, commitment and passion to improving the experience of health and social care users and capturing and presenting their voices to strategic decision makers has enabled Healthwatch Brent to become a trusted voice for local residents.

We would like to thank all our volunteers who freely give their time, commitment and expertise to help local Brent residents experience better health and social care services.

Community engagement

Our engagement team, volunteers and partners attended 70 events this year, raising awareness of Healthwatch Barnet to over 2,000 local residents, and listening to their experiences of health and social care services. We visited services to speak to patients about hospital discharge, blood testing, maternity, food on wards and Urgent Care.

We heard from over 1,000 local people through Enter and View visits, our Information and Signposting service, events, visiting groups, calls and emails to the office, specific surveys for reports, our website, and public meetings.

We attended strategic meetings with local key partners to make sure that your voice is represented.

Healthwatch Brent has a seat on:

- Health and Wellbeing Board
- NHS Brent CCG Governing Body
- Safeguarding Adults Board
- Brent Health and Social Care Plan/Sustainability and Transformation Plan.

We also regularly meet and liaise with key local partners including:

- **Brent CCG** Engagement, Equality Self-care group
- **Brent CCG** Primary Care Co-commissioning Committee
- **London North West Healthcare Trust** (Northwick Park Hospital and Central Middlesex Hospital), Patient Experience Committee
- **Care Quality Commission**. Our Brent liaison meetings were named as a good practice example to encourage other local Healthwatch and CQC teams to work more closely.
- The **Mental Health Trust** Director (Central North West London). The Director is keen that patients have the opportunity to speak to us as an independent organisation and has welcomed us to their services
- The Urgent Care provider at **Northwick Park Hospital** worked with us on our survey to find out who uses the service and why.
- We worked closely with **Brent CCG** Head of Patient and Public Engagement to encourage commissioners to consider the needs of protected groups when they access services
- We also work closely with the **Brent Council** Engagement Officer and are working towards better liaison with Council Commissioners
- We consult with NHS **Brent CCG** commissioners when conducting studies so that we can all be sure that such work is effective in bringing the patient experience to the redesign of services

We have attended 16 formal meetings with key local partners each quarter of 2016-17 in addition to a further 14 quarterly liaison meetings. Healthwatch Brent provided responses to:

- NHS Brent CCG Public Sector Equality Duty
- Brent Joint Strategic Needs Assessment
- CNWL Quality Accounts
- LNWHT that operate Northwick Park and Central Middlesex hospitals.
- Imperial College NHS Healthcare Trust

Community Chest

Healthwatch Brent committed £20,000 to establish a Community Chest to increase the capacity of local organisations to provide evidence based reports from under-represented communities whose voices are not heard enough. We awarded funds to these communities to increase public awareness of Healthwatch Brent, and increase the number and range of views we gather.

We run two funding programmes:

- A large grants programme where we can provide up to £3,000 to provide evidence based reports on issues of specific interest or importance to Brent communities
- A small grants programme where organisations can apply for up to £600 to support wellbeing events, raise awareness of Healthwatch and gather the experiences of a range of local people

Over the past 12 months:

- Through the reports, the Community Chest has relayed the experiences of 291 Brent residents to key Brent forums such as the Health and Wellbeing Board
- The role and activities of HWB have been presented to 550 new people, including how they can use HWB as a route to having their experiences heard by key decision makers
- 550 people have directly benefited from the wellbeing work of our partner organisations.
- The capacity of 14 local organisations was increased to enable them to use their specialist knowledge of different sections of Brent's diverse communities

A report summarising the Community Chest programme was presented to the Health and Wellbeing Board in March 2017.

Advisory Board

The Advisory Board is made up of a network of Brent charities to support Healthwatch Brent to:

- Identify key areas of work
- Develop and deliver activities
- Provide guidance and support to project teams
- Offer expertise, experience and knowledge which will promote and support Healthwatch Brent activities

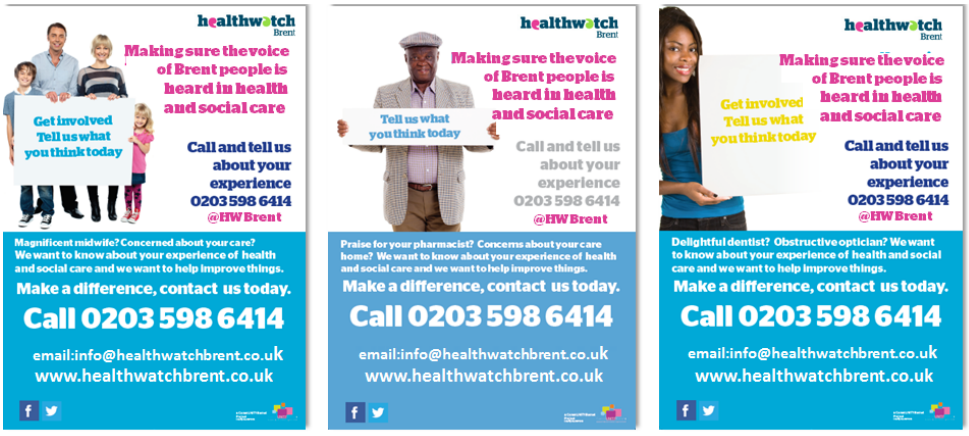
Membership is drawn from:

- Brent-based organisation representatives
- Active residents involved in influencing health and social care policy

Members are recruited from a range of Brent Communities. The composition and objectives of the Advisory Board are determined and/or influenced by consultation on priorities and needs, challenges and emerging needs, set out in key strategic documents and resident feedback. Arrangements are in accordance with the requirements set out by the Department of Health, Healthwatch England and the Care Quality Commission.

Information and signposting

We want to hear your views on Brent health and social care, contact us by email or on the information and signposting line:



If you would like a copy of our current literature above, please call us on 020 3598 6414

You can download this publication from www.healthwatchbrent.co.uk/annual-report

Financial information

Healthwatch Brent is funded to carry out statutory activities.
Funding is provided by the London Borough of Brent.

Income

Funding received from local authority to deliver local Healthwatch statutory activities	**£149,110**
Additional Income	**£0**
Total Income	**£149,110**

Expenditure

Office costs	**£24,500**
Staff costs	**£62,095**
Direct delivery costs	**£38,290**
Project management costs	**£4,000**
Total Expenditure	**£128,885**

CommUNITY Barnet
supporting community organisations

CommUNITY Barnet is a registered charity and company limited by guarantee registered both with the Charity Commission and Companies House. We are governed by a Board of Trustees. Our Memorandum of Association allows us to operate in this way.

Healthwatch Brent is a borough-wide service working in collaboration with committed and passionate Brent-focused organisations who have local knowledge, are experienced and trusted. The partnership is the eyes and ears in the community and can effectively act on complaints or concerns because it has direct access to seldom -heard and under-represented members of the community. Through existing channels the partnership engages these communities with the Healthwatch agenda.

CommUNITY Barnet's Board of Trustees reviews performance, oversees risk and contributes to the promotion of the Healthwatch agenda. It is the decision-making body responsible for approving the action plan throughout the life of the contract.

CommUNITY Barnet's Board of Trustees are: Tony Vardy, Adam Goldstein, Chris Cormie, Andrew Harper, Antony Jacobson, Jyoti Shah and Marley Obi.

Registered Charity No. 1071035
Company limited by guarantee 3554508

CommUNITY Barnet
supporting community organisations

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 5 October 2017 **Report from the Director of Public Health**
For Decision	

Mayor of London's Health Inequalities Strategy Consultation

1.0 Summary

1.1 This paper notes the launch of the consultation on the Mayor's Health Inequalities Strategy and provides an account of its aims, objectives and the Mayoral ambitions. It then suggests a response by the Health and Wellbeing Board to the consultation.

2.0 Recommendations

2.1 To consider the Mayor's Health Inequality Strategy and agree a response to the consultation along the lines of Section 7.

3.0 Background

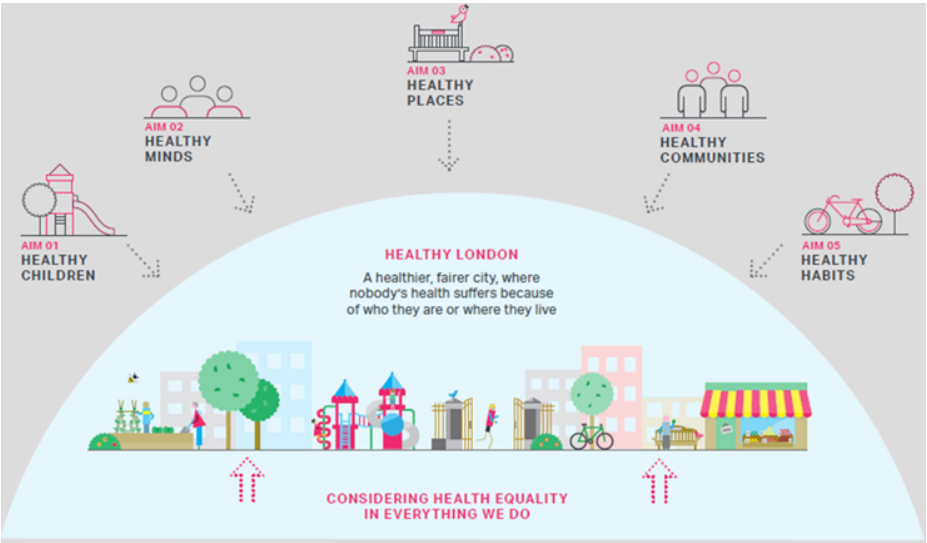
3.1 The Mayor's Health Inequalities Strategy consultation launched on 23 August 2017 for a period of 3 months to November 30th. The health inequalities strategy is one of seven strategies that the Mayor of London is mandated by Parliament to develop. In developing these strategies, the Mayor must meet a set of specific statutory requirements to consider their impact on health, health inequalities, climate change and sustainable development, as well as meeting the public sector equality duty which applies to all of the GLA's functions.

3.2 London has the widest health inequalities in England. The Mayor's Strategy draws attention to the fact that how long Londoners can expect to live in good health varies enormously across the Capital according to deprivation. The overarching aim of the strategy is to end this unfair inequality whilst also improving the overall health of all Londoners.Within Brent the difference in healthy life expectancy between the most and least deprived areas is 8.7 years for males and 7.5 years for females[1].

[1] Public Health Outcomes Framework

4.0 Strategy themes

4.1 The consultation document proposes five key themes: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits. These areas were agreed through a process of early engagement in consultation with a wide range of stakeholders. An overview of the aims and draft objectives is provided in Annex 1.



5.0 Implications for Health and Wellbeing Boards

5.1 Meeting the challenges set out in the strategy will require more than any one organisation can achieve in isolation. The strategy therefore goes beyond the statutory duty of the Mayor and provides an opportunity for London to combine offers to strengthen what we can do together to reduce health inequalities.

6.0 Consultation process

6.1 The deadline for the formal consultation period is 30 November. During this time (and beyond) the GLA and partners invite responses from partners and the public to the mayoral strategy in a number of ways:

- Public engagement: e.g. through Talk London and a London.gov poll
- Feedback via an online consultation
- Engagement with statutory consultees
- Stakeholder engagement through attending existing meetings or bespoke workshops/events
- Working with partners to develop a set of indicators for monitoring progress.

6.2 The strategy aligns with the other mayoral strategies' ambitions where there are topics that are cross cutting such as air quality. The GLA team will work closely with the respective policy leads to ensure close coordination of the strategic stakeholder consultation and ensure indicators/ metrics are aligned where appropriate.

6.3 The strategy consultation asks the following questions of Londoners and partners:

- Are the ambitions right?
- Is there more that the Mayor can do to reduce health inequalities in London?
- What can we do together that would reduce health inequalities in London?
- What support would you & your members need to do this?
- Are there any gaps in the strategy?
- Consider what are the particular high priorities for their local communities.
-

6.4 Next steps for the consultation

1) The consultation closes at the end of November 2017
2) Following analysis of the consultation responses the Mayor will publish a final health inequalities strategy and delivery plan
3) A governance system will be established
4) A core set of health inequality indicators will be developed
5) Any offers for action in support of the strategy will be collated.

7.0 Responding to the consultation

7.1 The Health and Wellbeing Board is asked to consider the following response to Consultation:

7.2 Brent Health and Wellbeing Board (Brent HWB) welcomes the ambition and scope of *Better Health for all Londoners*. We agree that the health inequalities which exist across the capital, and which are mirrored within Brent, are unfair and avoidable and that this should be a priority for action. The focus on reducing the gap in *healthy* life expectancy while improving overall health is one we would support. The financial resources we have available to us locally have dramatically decreased in the last seven years under the Coalition Government and the current Government meaning that we have had to fundamentally change the way we deliver services to address these issues. Nonetheless, we remain determined to tackle health inequalities using the resources we have and improve the lives of all our residents.

7.3 The Mayor's recognition of his three roles around reducing inequalities – ensuring all the Mayor's work contributes; championing work across the capital; and directing support from City Hall – is welcome. However, the Mayor clearly cannot address health inequalities on his own and Brent HWB members individually and collectively recognise that we have a role to play.

7.4 Brent HWB agrees with the identification of the five draft aims of the Strategy.

Healthy Children

7.5 Brent HWB recognises that health inequalities may originate in childhood circumstances and we welcome the identification of healthy children as one of the Strategy's five aims.

7.6 Unfortunately London lags behind the rest of the country in the take up of screening and childhood immunisations. The launch by the NHS of the Child Health Digital Hub, supported by the Mayor, is welcome but of itself is unlikely

to be sufficient to address these causes of inequalities. The Mayor could play a role in championing these critical preventive services and ensuring Londoners can make informed decisions about easily accessible services.

7.7 Brent is working towards Unicef Baby Friendly accreditation at level 2 in order to support more women to breastfeed. We would welcome a commitment by the Mayor and partners for London to become a Baby Friendly City.

7.8 The ambition to develop a new health programme in London's early years settings aligned to the existing Healthy Schools London programme is welcome. We have run a HEY (healthy early years) programme in Brent for 4 years, with 104 settings successfully accredited. It will be critical that any Mayoral scheme is not only accessible and appropriate for Children's Centres and larger nurseries but also to childminders; in Brent 29 of the recipients of the HEY award are childminders.

Healthy Minds

7.9 Brent HWB applauds the inclusion of mental health in a health inequalities strategy. Improving outcomes for people mental illness is one of five "big ticket" items in our Brent Health and Care Plan and we are working towards parity of esteem. To achieve this we know we must address the stigma associated with mental ill health. Brent HWB therefore strongly supports the inclusion of this objective in London Health Inequalities Strategy

7.10 We welcome the Mayor's political leadership of Thrive LDN, the city-wide movement aiming to educate, equip and empower all Londoners to lead healthier, happier lives. However while Thrive LDN describes the need to address the concerning rates of mental ill-health and distress amongst London's children and young people, this is not reflected in *Better Health for all Londoners*. We would welcome more explicit attention to children and young people within the Healthy Minds theme.

7.11 Better Health for all Londoners highlights the high rates of smoking amongst adults with a serious mental illness (twice the general population). Central & North West London NHS Foundation Trust (CNWL) has been smoke free at its Park Royal Centre for Mental Health, which includes secure provision, since April 2016; despite 85% of staff believing in advance that to implement a total smoking ban would be 'difficult' or 'very difficult'. The Mayor may wish to highlight such success stories to counter the view that that tackling smoking rates in users of secondary mental health services cannot be achieved.

Healthy Places

7.12 Brent HWB welcomes the emphasis given by the Mayor to action on the impact of society, environment and economy on health. The Mayor's powers in these areas provide credible opportunities to address health inequalities. However we believe that London Boroughs can, and should, also take action to secure healthy places. Brent's Development Management Policies Plan restricts the density of takeaways, shisha cafés and betting shops in town centres and sets a 400-metre exclusion zone for new takeaways and shisha cafes around secondary schools and further educational colleges.

7.13 Brent HWB shares the Mayor's concerns about air quality; poor air is estimated to cause around 200 premature deaths each year in Brent. We recognise that those in the lowest socio-economic groups are more likely to

be exposed to poor air quality and the impact on their health is likely to be greater. Care must therefore be taken to avoid "victim blaming", but we wonder if the strategy could say more about action which individuals and communities could take to reduce their contribution or exposure to air pollution?

7.14 *Better Health for all Londoners* recognises the importance of healthy, well paid and secure jobs as a means of tackling health inequalities. Brent HWB welcomes the Mayor's aspiration for London to become a 'Living Wage City'. Brent Council has the London Healthy Workplace Charter at 'achievement' level and the CCG has secured 'commitment' level.

7.15 Brent HWB welcomes the Mayor's recognition of the negative impact of poverty on health. However we would suggest that a wider focus addressing not only fuel poverty but also financial exclusion and the poverty premium would be justified. Brent Council has recently implemented a Financial Inclusion Strategy whose aims included health improvement. The strategy led to the development of a digital money management tool, online financial advice, funding for local financial advice services, a debt advice specialist service based within customer services and an ongoing awareness campaign

Healthy Communities

7.16 Brent HWB welcomes the identification of the importance of participation in community life and of opportunities to participate in sports, culture and decision making as routes to health improvement. We firmly believe that better services can be created by involving service users. For example, our drug and alcohol sector includes services commissioned from and delivered by B3, a service user led organisation. In recognition of the power of self-care and the need to address social isolation, the Council and the CCG are bringing together the successful pilots by the CCG of Care Navigators and by the Council of SIBI (social isolation in Brent initiative).

7.17 *Better Health for all Londoners* highlights London boroughs' successful HIV Prevention Programme, Do It London. This programme has demonstrated the power of collaboration to address city-wide issues and the Mayor's support and promotion of Do It London is welcomed.

Healthy Habits

7.18 *Better Health for all Londoners* includes proposals to address childhood obesity. Childhood obesity is perhaps the most worrying aspect of children's health in Brent and in London. However, including this under Healthy Habits may unhelpfully focus discussion on individual 'lifestyle choices'. The Great Weight Debate revealed Londoners' awareness of the impact of an obesogenic environment and an enthusiasm for this to be addressed. It would be a pity if the health inequalities strategy did not capitalise on this enthusiasm.

7.19 Smoking is arguably one of the most preventable causes of health inequalities. Much progress has been made and estimated smoking prevalence in Brent has reduced from 16.7% in 2012 to 12.8% in 2016. However, alongside this reduction in overall smoking, the numbers quitting through 'traditional' smoking cessation services are falling locally, as

elsewhere. A new approach to smoking cessation and tobacco control is needed which reflects the changing patterns of tobacco use. In Brent this includes shisha and chewing tobacco. Brent public health are participating in the London Smoking Cessation Transformation Programme, a partnership between DsPH and University College London.

7.20 Brent HWB strongly supports the ambition of Better Health for All Londoners and looks forward to a time when Londoners experience good health irrespective of background, upbringing or financial circumstances.

Background Papers
https://www.london.gov.uk/health-strategy

Contact Officers
Melanie Smith
Director of Public Health
Email: melanie.smith@brent.gov.uk

Annex 1: Overview of strategy aims

AIM 1, healthy children: every London child has a healthy start in life
Draft objectives:

- London's babies have the best start to their life
- Early years settings and schools support children and young people's health and wellbeing.

Key Mayoral ambition:

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop.

AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world
Draft objectives:

- Mental health becomes everybody's business across London
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases
- London's workplaces are mentally healthy
- Londoners can talk about suicide and find out where they can get help.

Key Mayoral ambition:

- To inspire more Londoners to have mental health first aid training, and more London employers to support it.

AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health
Draft objectives:

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to high quality green space and make London greener
- Address poverty and income inequality
- More Londoners are supported into healthy, well paid and secure jobs
- Housing quality and affordability improves
- Homelessness and rough sleeping is addressed.

Key Mayoral ambition:

- To work towards London having the best air quality of any major global city.

AIM 4, healthy communities: London's diverse communities are healthy and thriving
Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced

- London’s communities feel safe and are united against hatred.

Key Mayoral ambition:

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing.

AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners

Draft objectives:

- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people.

Key Mayoral ambition:

- To work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 5 October 2017 **Report from the Operational Director of Social Care**
For information	Wards affected: ALL

Better Care Fund 2017-19 Plan

1.0 Summary

1.1 The BCF remains a key mechanism to drive integration between health and social care services. The BCF plan aligns with the priorities contained both in the North West London Sustainability and Transformation Plan (NWL STP) and the Brent Health and Care Plan.

1.2 The plan has been approved by the Health and Wellbeing Board approved the plan on Tuesday 22 August 2017, and has subsequently been submitted to NHS England.

1.3 The three identified schemes are based on work that has been undertaken in previous years, and has established governance and delivery arrangements in place. They are:

- Whole Systems Integrated Care
- Effective Hospital Discharges
- Care home market changes

2.0 Recommendation

2.1 The Health and Wellbeing Board is asked to:

- Note the submitted plan.

3.0 Financial Implications

3.1 Included within the plan

4.0 Legal Implications

4.1 N/A

5.0 Equality Implications

5.1 N/A

Background Papers

Better Care Fund 2017-19 Plan

Contact Officers

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Brent Better Care Fund Plan 2017-2019

BRENT COUNCIL AND NHS BRENT CCG (V1.0 FINAL)

Contents

Brent Better Care Fund Plan 2017-19

1. Introduction

The Better Care Fund (BCF) is an important change vehicle for driving forward health and social care integration at pace and scale. It creates a local single pooled budget to incentivise the NHS and local government to transform services and provide people with the right care, at the right place, first time and to deliver care that is sensitive to people's specific needs and delivered in partnership to the highest standards. As such it is an important part of the NHS and local government's present and future plans.

The following document is the joint 2017-19 Better Care Fund Plan for the London Borough of Brent (LBB) and NHS Brent Clinical Commissioning Group (CCG).

Local Authority	London Borough of Brent
Clinical Commissioning Group (CCG)	NHS Brent CCG
Value of BCF pooled budget: 2017/18	£31.4m
Date submitted to HWBB	22nd August 2017
Date submitted to NHS England	11th September 2017

2. Case for Change

The refreshed local Joint Strategic Needs Assessment (JSNA), provides a clear evidence base for the prioritisation of schemes under our local BCF programme.

Brent's population is young, with 35.1% aged between 20 and 39; the 65 and over population makes up 11% of the population. Brent is ethnically diverse: 66.4% of the population is Black, Asian or other minority ethnicity (BAME). This has increased since 2011, when BAME groups made up 63.7% of the population. The Indian ethnic group currently make up the highest proportion of BAME (19% of the population), followed by Other Asian (12%). The White group make up 33%.

Nationally, Brent ranks 39 out of 326 local authorities in England (where 1 is the most deprived) on the 2015 Indices of Deprivation. However, the overall ranking masks some of the very high levels of deprivation that exist in parts of the borough. In 2012, 24.8% of children and young people (aged less than 16 years) live in poverty - this is worse than the England (19.2%) and London averages (23.7%).

In Brent, life expectancy for females born between 2011 and 2013 is 84.9 years. This is higher than the male life expectancy, which is 80 years. In Brent, healthy life expectancy for males in 2011 - 13 was 64.8 years. This was similar to the England average which was 63.3 years. It is noted the life expectancy has increased in Brent from previous JSNA assessments.

Key facts	**Local Providers**
• 328, 600 Brent residents • 369,166 GP registered population • 14 Nursing Homes	• London Northwest Healthcare NHS Trust • Central and North West London NHS Foundation Trust (community & acute) • Imperial College Healthcare Trust • Royal Free Hospital Trust

	• 62 GP Practices • 3 GP Networks forming 1 GP Federation • London Ambulance Service • Brent Community and Voluntary Sector • Nursing and Care Home sector

Five-Year Forward View

NHS England (NHSE) published (2015) the Five Year Forward View setting out a national requirement for all local health and care systems to be integrated by 2020. In December 2015 it was announced that local areas would need to deliver this vision through local Sustainability and Transformation Plans (STPs). This plan will help local organisations to deliver better, joined up care which will help improve people's health and wellbeing and the quality of care people receive. In addition, it will help Brent to reduce the gap between available funding and the actual costs of meeting increasing demand. Fundamentally it is about focussing on the needs of people at or in the place they live rather than individual organisations.

Sustainability and Transformation Plans

The NWL STP (October 2016) sets out five delivery areas:

1. Radically upgrading prevention and wellbeing.
2. Eliminating unwarranted variation and improving long term condition management.
3. Achieving better outcomes and experiences for older people.
4. Improving outcomes for children and adults with mental health needs.
5. Ensuring we have safe, high quality and sustainable acute services.

Brent has developed local delivery plans contained in the Brent Health and Care Plan, which take into account these priorities with the triple aim of:

- Improving health and wellbeing
- Improving quality of services
- Meeting the financial challenges.

In Brent – and across North West London (NWL) - there are significant pressures (including financial pressures) on the whole system. NHS Brent CCG will have to find approximately £17.5m net savings in 2017/18 and the requirement is expected to increase slightly each year in order to close the gap over the next five years. Brent Council will have a £17m gap without applying the Council tax precept and £9m if precept is applied each year up to 2020. Both the NHS and local government need to find ways of providing care for an ageing population, and managing increasing demand, with fewer resources. So, we need a clear understanding of the needs of the local community, a clear plan for integrating service provision where possible, and a commitment to reducing overlaps and inefficiencies in the local system. We are seeking a

health and care system that is highly productive and able to support the growing needs of our population, whilst improving patient experience and outcomes.

Meeting local needs - challenges and opportunities

There is collective understanding between the CCG and Council of the shared challenges we need to address to meet the needs of our local population.

Need	Description
Improve Mental Health & Wellbeing	• 1.1% of population have severe or enduring mental illness • 34,000 (2014) thought to have common mental health disorder • Pressures relating to housing and or employment can have negative impact on people's mental health and wellbeing
Tackle childhood obesity	• 38% of children 10-11 classified as overweight / obese
Reduce Smoking	• 17% smoking prevalence with 14% amongst 18+
Increase exercise	• 53% of population do not take part in moderate or intensive exercise
Reduce Social Isolation	• Only 39% (2013-14) of adult social care users report that they have as much social contact as they would like
Tackle Diabetes	• 15% of the Brent population will have Diabetes by 2030 (England average 9%)
Support people to better manage their long term conditions	• Only 56% of those with an LTC feel supported to manage their own condition

These challenges are significant, but there are also real opportunities to tackle them in a more integrated way. Service inefficiencies can mean patients often have less than ideal experiences, people's own time and ability to manage their own health and care is not always valued and services can be overly focused on

treatment and helping people get well, rather than preventing them from becoming ill or vulnerable in the first place or enabling individuals to be in control of their own wellbeing.

The STP and Brent Health and Care Plan are focused on meaningful change so by 2020 we will have in place:

- Improved health and wellbeing – including health, employment, housing and lifestyle.
- Improved care and quality – through a joined up workforce with the right tools and support to deliver better care.
- Improved efficiency and use of finances – to help reduce the financial gaps

3. Brent's vision for health and care

Brent CCG and the Council will continue to work towards increased integration and better-coordinated care for the communities of Brent. All participating organisations in Brent's BCF Plan are committed to our local vision for and are prepared to adapt and play a proactive role to facilitate local change.

Our **vision** is:

"We want to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community"

4. Better Care Fund and the Improved Better Care Fund

The strategic plans for Brent will be delivered through the Better Care Fund (BCF) to provide better and more integrated health and social care. The BCF is an ambitious programme to encourage integration where CCGs and the Council enter into pooled budget arrangements, (s.75 of the NHS Act 2006) which supports an integrated spending plan.

In 2016/17, £23.7m was pooled in the BCF. A number of joint initiatives have and are continuing to be implemented across Brent and are described in this plan. These have started to deliver real improvements through collaborative working and have highlighted further areas of work to better align with the priorities in both the STP and Brent Health and Care Plan.

From 2017/18 a new funding element has been added to the Better Care Fund - the Improved BCF (IBCF). This new funding has been paid directly to Brent as a local authority grant and is part of the IBCF. The allocation for Brent is £6.9m for the 2017/18 financial year.

The funding is granted on the condition that it is pooled under the BCF and can only be used for purposes of:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;

- Ensuring that the local social care provider market is supported.

The Government has made clear that part of this funding is intended to enable councils to provide stability and additional capacity in the local care system. Councils will therefore be able to spend the grant, including on the commissioning of care, provided the conditions set are met and spend has been locally agreed with the CCG in line with the BCF plan.

The IBCF also recognises the pressures on the NHS and the investment will contribute to meeting the goal to reduce delayed transfers of care to occupying no more than 3.5% of hospital bed days by September 2017 (in the 2017-18 NHS England Mandate for NHS organisations). The BCF in Brent has been running for two years and evidence (July 2017) shows that we have started to meet these targets; however we are not complacent and will continue to manage and monitor the situation in line with expectations.

Funding can be allocated across any or all of the purposes outlined above and the Council and CCG will jointly determine how they will manage local pressures. The IBCF is subject to a joint NHS England and local government assurance process and a time table has been set, including submission of the Brent BCF Plan by 11th September 2017.

IBCF investment

In Brent the IBCF funding through the BCF Plan will enable us to invest in transformation of our system to deliver integrated care. Specific areas where we will invest to support this strategic objective include:

- **Home First (Discharge to Assess)** – investment in the hospital discharge team and expansion of the Home First programme currently being piloted.
- **Provider market stability** – including block purchasing of nursing/EMI/residential beds across Brent to provide additional capacity, commissioning of home care on a patch basis to increase capacity and responsiveness and implementation of key elements of the Enhanced Care Home model.
- **Preventative programmes** – joint investment in prevention and demand management programmes (Self Care, SIBI and assistive technology) and early discharge planning such as continuance of the step down beds, investment in reablement provision and increase in Occupational Therapy staffing.
- **Increased capacity for hospital discharge** – through investment in multiagency teams (OPALS, STARRS, WSIC teams, OT capacity), and a performance and brokerage post to support timely monitoring of patient flow and activity.
- **Increase capacity in the market place** – through block purchasing of reablement provision to support discharge to asses and provision of same day packages at home and provision of extra care sheltered housing as an alternative to residential and nursing care to be used for reablement provision.

These strategic work areas will be incorporated as part of the scheme work plans described later.

Funding Summary	£m's	
	2017/18	2018/19
Scheme 1: Whole system integrated care	3.188	3.247
Scheme 2: Effective Hospital Discharge	9.983	10.090
Scheme 3: Enhanced Health in Care Homes and Joint Commissioning	6.691	6.912
IBCF	6.973	9.440
Disability Facilities grant	3.971	4.343
BCF and STP Project Management	0.600	0.600
Total BCF pooled budget	**31.406**	**34.632**

5. BCF 2016-17 programme progress and plans for 2017-19

Three main schemes have been running since 2015-16 which collectively support more effective joined up acute, community, primary and social care working, supported by a vibrant voluntary, community and provider market. Furthermore, these schemes support the wider STP programme such as Home First, implementation of the frailty model, SIBI, transforming care and Like Minded initiatives. As such it is an enabler for the whole Brent Health and Care Plan. In this section progress made to date and plans for 2017-19 are described.

Scheme 1: Whole System Integrated Care (WSIC)

The WSIC model of care and provider model (Appendix 1) has been in place for the last two years. Its development continues as it is the flagship model for integrated and multidisciplinary out of hospital care in Brent. The scheme supports adults with one or more long term condition (LTC) and a range of bio-psycho-social needs. The overarching objective is to empower patients to self-care and self-manage and – where required - to provide timely intervention in primary and community settings to manage down levels of complexity, need and risk.

It seeks to achieve the following key outcomes:

- People will be empowered to direct their care and support and to receive the care they need in their homes and local community.
- GPs will be at the centre of organising and coordinating peoples care – which will be coordinated around the individual and delivered in the most appropriate setting
- Our systems will enable (and not hinder) the provision of integrated care and funding will flow to where it is needed most
- Patients and communities will be recognised as assets.

Progress to date

In 2016/17 the model took a number of major steps forward with the development of a WSIC Data Warehouse containing integrated health and social care data, the addition of voluntary sector Care Navigators to the multidisciplinary teams, and a new provider and operating model to bring more consistency to the offer to patient and patient pathways and an independent review to identify and close remaining design and delivery gaps and to maximise the impact of the WSIC model. The model has significant potential and is a platform for care planning, complex case management and self-care. It is an integral part of our 2017/19 plans.

High quality Care Plans include a focus on proactive planning, optimised support, crisis planning (including information that services can access in the case of exacerbation), development of self-care goals and objectives and a review of all aspects of health and wellbeing (social and psychological as well as the medical). As such it is an integral feature of WSIC where patients and carers come together with their GP to make decisions about how best to manage their LTC.

In 2016/17 a consistent Care Plan template was rolled out for all Brent Practices/Network to use. The template also included the Patient Activation Measure (PAM) score and trend – the tool we are using to identify the level of knowledge, skills and confidence an individual has to manage their own conditions. In 16/17 approximately 7,500 patients were invited to develop a Care Plan with their GP. This has enabled a direct reduction in non-elective admission to the hospitals as shown in the table below.

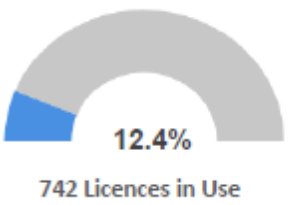
2016/17

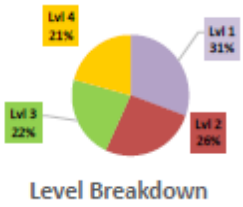
Baseline Cost (15/16)	Actual Cost (16/17)	Savings Cost	Baseline Activity	Actual Activity	Non-elective admissions
£7,573,686	£6,989,372	£584,314	2712	2446	-266

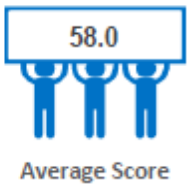
- A **Complex Patient Management Group (CPMG)** meets weekly and reviews the complex cases of individuals who are referred for Case Management support by their GP. They focus on caseload management and the development of a delivery plan for Case Managed patients scheduled over that quarter (0-12 weeks). Tasks are allocated to members of the Core Team – initially there was an increase in number of patients referred and managed at CPMG but this number has fallen recently with patients instead being managed at practice level. The CPMG team also refers complex patients from residential and nursing homes. Data shows that there was an improvement in the number of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services.

- Monthly **Multi-disciplinary Group (MDG)** meetings are hosted by the GP Network that meets with the Network Core Team, with additional representation from individual GP practices, partners and specialists as required. This group reviews exceptionally complex cases, sharing skills and best practice, training and development needs and also sharing information on services available to Brent patients and carers. Both CPMG and MDGs are multi agency in their membership.

- **Patient Activation Measures (PAM)** were introduced in 2016 to improve the confidence of patients to self-care, and in partnership with our voluntary sector five care navigators were recruited to support patients and carers to set goals and access support in the community. PAM enables moving patients from being passive recipients to a more collaborative relationship where they are active partners in their own health and wellbeing. Now that PAM is established, there will be a drive to increase the uptake of the licenses in 2017/18. As at quarter 1, 598 (10%) of the 6000 licenses applied for have been used.



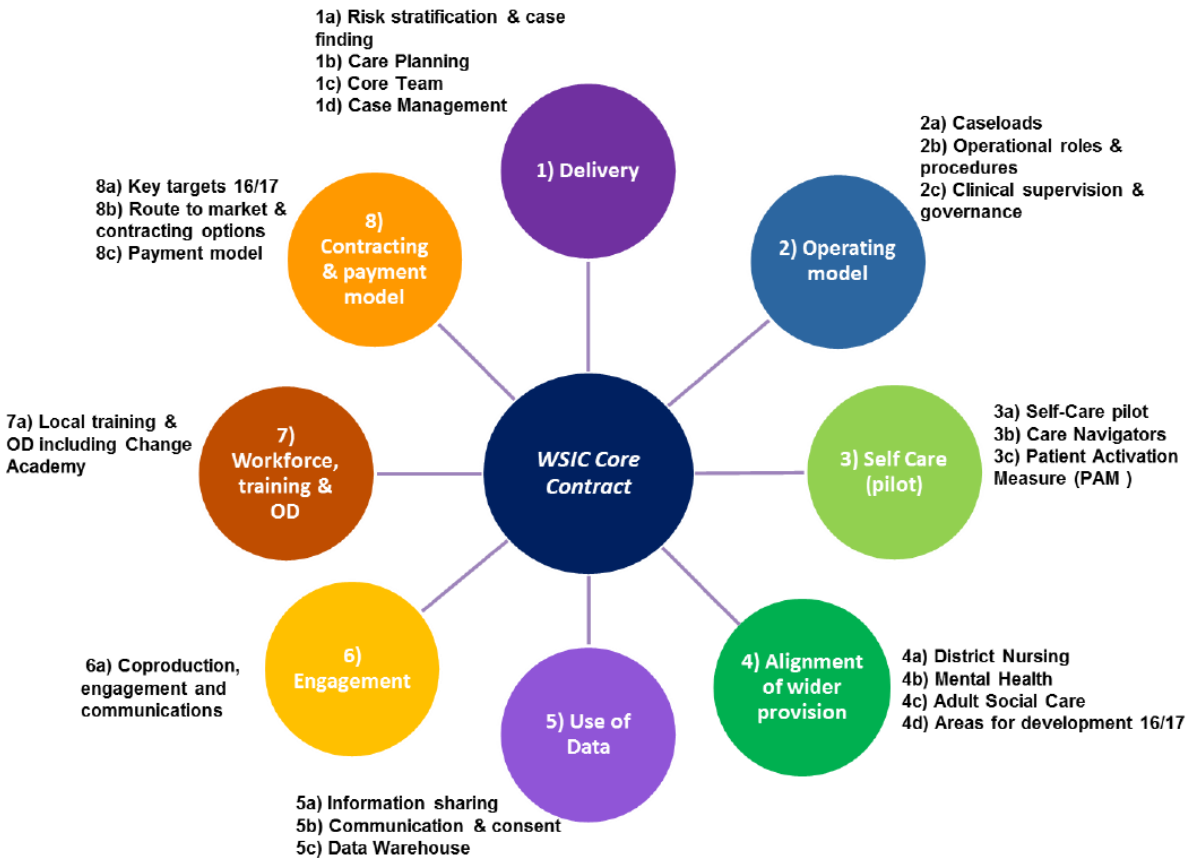




PAM 2016/17 activity

- **Care Navigators** support other professionals in the Core Team (working with patients requiring further support through Case Management) to develop individual Care Plans that capture an individual's ability to manage their own health and care. Input from the Care navigators are valued by the professionals and feedback received shows that there has been a positive impact on patients in enabling them to self-care and self-manage their condition in the community.

WSIC focus for 2016/17



Plans for 2017/19

WSIC is now embedded in Brent and as such provides further opportunities to develop the Integrated Operating Model by focussing on specific areas such as hospital discharges and care homes. There are plans

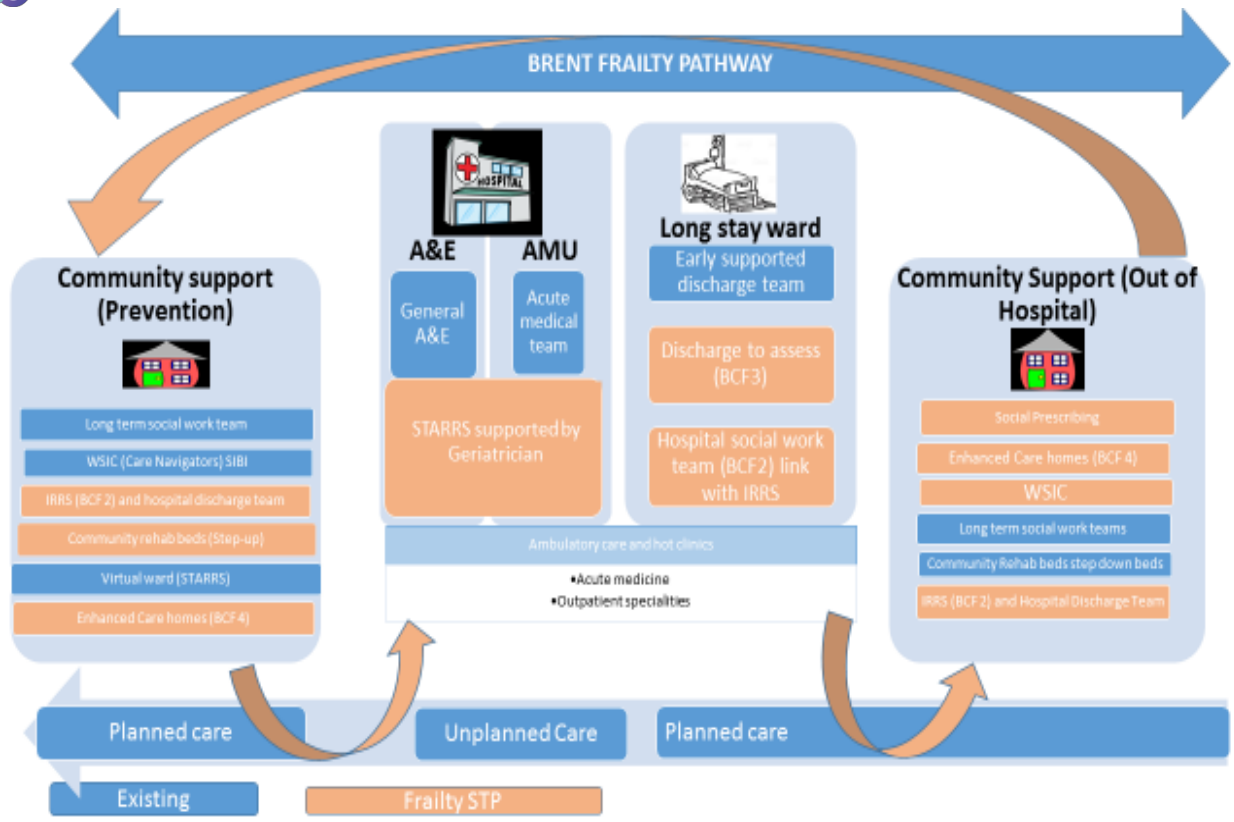
to work towards establishing integrated pathways and processes across all providers and aligning these with the priorities contained within the STP and Brent Health and Care Plan. To enable this we will specifically focus on a number of areas to further develop this ambition.

We will:

- Align and strengthen the Integrated Operating Model by developing integrated care pathways for elective discharge planning and integrate this into existing discharge processes and pathways working closely with the CPMG / GP Network and multi-disciplinary teams.
- Explore Community Matron role in GP Networks to follow patients in and out of hospitals, link admission avoidance and discharge to GP Networks with access to "step up" services.
- Improve data intelligence capacity by reviewing health and social care data over the past two years to ensure that networks are aligned to need rather than just registered population, and work towards shared performance indicators utilising existing system dashboards.
- Further integrating and aligning social work staff and community nursing with the localities model to provide improved access and working of the MDGs.
- Extend and enhance integrated working through the work of the newly established Provider Forum.
- Improve the case finding and care planning process to ensure that the case finding process identifies people who have the highest needs.
- Agree the most effective way of providing a holistic social prescription service that targets social isolation and reduces inappropriate use of primary care, statutory social care services, A&E and LAS, and one that supports carers and those who might otherwise slip into dependence.
- Development and implement the Older People's Assessment and Liaison Service at A&E (Northwick Park Hospital) to assess and decide quickly the most appropriate pathway for health and care.
- Extend the role of the Care Navigators to support the SIBI programme.
- Further strengthen the assurance model across the system by reviewing the programme governance structure and updating the performance management criteria.
- Explore accountable care models to enable better alignment of incentives across care providers to develop a stronger outcomes focus enabling and sustaining service transformation.

Scheme 2: Effective Hospital Discharges

Our 2016/17 BCF plan placed an emphasis on improving discharges and accompanying processes from the acute hospitals, which resulted in successfully bringing together disparate teams from partner organisations and removing structural barriers to effective collaborative working towards a single goal, that of enabling patients to return back to their home or place of residence as soon as is possible. This programme of work forms an essential part of the Brent Frailty Pathway (below) providing a co-ordinated approach to return people back home from hospital. This approach will continue into 2017/19.



Brent Frailty Pathway

The **objectives of this scheme** are to:

- Support more integrated, effective and streamlined hospital discharge arrangements based on a discharge to assess model (D2A) for Brent residents.
- Deliver hospital discharge as part of the continuum of care as set out in Brent's Frailty Pathway with clear pathways in and out of Brent's WSIC model as described above.
- Deliver discharge pathways that are organised around the person, focusing on individual need and empowering independence wherever possible.
- Work towards developing fully integrated health and social care services which support effective hospital discharge.

Progress to date

This scheme builds on the 2016/17 BCF scheme 2 and the scheme formerly known as Scheme 2.5. Through these schemes, we **successfully integrated the reablement team** from Adult Social Care and the STARRS community rehabilitation team from London North West Healthcare NHS Trust (LNWHT) to form an Integrated Rehab and Reablement service. It is a multi-disciplinary team made up of lead professionals including occupational therapists and physiotherapists, social workers, care assessors and other support staff who work with service users to set and help achieve their independence goals. The team works in partnership with private sector home care providers who provide reablement home care packages to service users under the guidance of the lead professional. The scheme has streamlined the services clients receive when exiting hospital and / or while being supported within a community setting.

Through scheme 3, in 2016-17 we implemented a range of community and hospital based initiatives to facilitate effective hospital discharge as detailed below:

- A **discharge to asses** (**D2A) pilot Home First,** has been established at LNWHT (April 2017). At the time of writing, a total of 83 appropriate referrals for the Brent Home first team have been received. These are medically fit patients who have facilitated discharges safely home with the team often responding within the day. At present 5-7 patients are being discharged earlier per week as part of the pilot phase saving a total of 166 bed days. A six month risk and benefit report will be produced and planning is well underway to ramp up the complexity and number of patients in preparation for the seasonal increase in activity and demand with the team aiming to achieve 13 discharges a week through this process by the end of September 2017.
- **Joint commissioning of community residential and nursing step down beds and reablement beds** to facilitate timely transfer of care of patients once ready for discharge. These beds, supported by a highly effective multidisciplinary team, ensures effective flow and discharge through the step down beds. The team has considerably improved the throughput in the step down beds, thereby reducing the number of delayed discharges for the 2016 winter.
- **West London Alliance (WLA) integrated discharge initiative** where Brent is now the lead local authority for Northwick Park hospital, which enables Brent Adult Social Care (ASC) staff to carry out all discharges for Hounslow, Tri-borough and Ealing residents. Reciprocal arrangements are being developed with other boroughs in WLA to support discharge for Brent residents in other hospital trusts. This reduces areas of overlap and improves access for patients to professional staff.
- We **co-located our Adult Social Care Hospital Discharge Team (HDT) with the acute discharge team at Northwick Park Hospital**, and having a presence on site within the hospital has already facilitated better communication and joint working between social care and hospital staff with many issues being dealt with speedily through joint working and has facilitated joint learning of each other's roles.
- **Implementation of 7 day working**, HDT staff being available to support discharges at weekends. A dedicated housing support worker, to work with the HDT team to review and provide advice for patients approaching discharge and to identify pathways out of hospital for those patients who do not meet the criteria for homelessness legislation and who do not have any social care needs. This has resulted in substantial reduction of housing related delays in 2016/17 (from 265 in Oct – Dec 2015 to 50 in Oct – Dec 2016).

Plans for 2017/19

Going forward our plan is to build on the work done to date, extending or developing more integrated teams and services, and ensuring discharge pathways support people seamlessly.

We will:

- Design a comprehensive service model building on work done to date in integrating the rehab and reablement service, which will enable more people to be supported through the service, reduce long term provision and reduce permanent placements to care homes.
- The service would also look to model a rapid response service and integrate with the existing health rapid response service. This would enable rapid and holistic assessment of a person's needs and allow intervention at an earlier point, possibly keeping individuals at home longer.
- Enhance the model through offering tele-health and telecare which will both support and facilitate discharge home from hospital but also prevent hospital admissions. Whilst this is already in place through Brent's Integrated Community Equipment Service the intention is to work towards ensuring

that Social Care staff and LNWHT therapists are able to effectively assess and prescribe the necessary equipment required thereby further reducing unnecessary delays.

- Explore earlier housing and voluntary service input into admission avoidance and discharge planning processes for signposting/advice and guidance around housing (including adaptations and repairs, access to Telecare services), support with benefits, and connecting people with universal services to reduce risks of re-attendance.
- Make the *Home First* initiative the default pathway by September 2017, and develop a programme plan to increase the complexity and number of patients (13 per week) receiving a facilitated discharge in support of the DTOC target. This will enable a cultural and operational shift in the acute and community service pathway to discharge patients safely home within an integrated service and pathway led by professionals, where the assessment of clients' needs is undertaken in their home environment. This is more conducive to gathering a more holistic picture of needs and then facilitating the timely provision of health and social care support and or reablement services.
- Develop an Integrated Complex Discharge Team bringing together health, social care, housing and the voluntary sector with in-reach from community services such as community nursing and GP networks to improve the handover of patient's information across community and hospital services.
- Look at ideas to develop a voluntary led service to support vulnerable patients where there may be no statutory requirement on Adult Social Care to provide services but without support there is the risk of deteriorating health and social resilience and readmission to hospital.
- Review 7 day working and identify benefits and actions required to streamline further.
- Establish a clear D2A model in Brent linked to the work of the MDGs, a key priority across the NWL STP footprint.
- Identify development and training needs to enable cross sector learning through the Change Academy.

Scheme 3: Care home market changes

This work is aligned to STP DA3 Enhanced Care in Care Homes and aims to bring together various initiatives already in place into a single, coherent offer for care homes in Brent.

The **objectives of this scheme** are to:

- Develop the care home market capacity to meet on-going and future demand.
- Reduce London Ambulance Service call outs and emergency admissions from poorer performing homes through supporting enhanced care in Care Homes.
- Improve the process for complex discharges from hospitals to support the market and thereby reducing delayed discharge.
- Ensure residents in these settings of care receive an integrated core and enhanced service offer from primary care and other community based services.
- Ensure that care received in care homes is of the highest quality and supports residents to be as independent as possible.

Progress to date

In 2016/17 a **stakeholder project board** focusing solely on care homes in Brent was established. The board

has focused on programmes in support of joint information and intelligence sharing, models of care, training needs and workforce development, market management achieving consistency in quality and pricing and building the capacity of the market to support people with complex needs.

To date the board has overseen and supported the achievement of:

- **Joint Intelligence & Performance Monitoring** – agreement on terms of reference to establish a joint intelligence & performance group for Brent. Bringing together relevant provider representatives across health and social care to review data on activity and quality to address quality and safety and capacity within the care home market.
- **Integrated training** – a training framework offering needs identification and integrated health and social care training in support of mandatory and recommended training to meet CQC standards and local monitoring requirements.

Plans for 2017/19

We will:

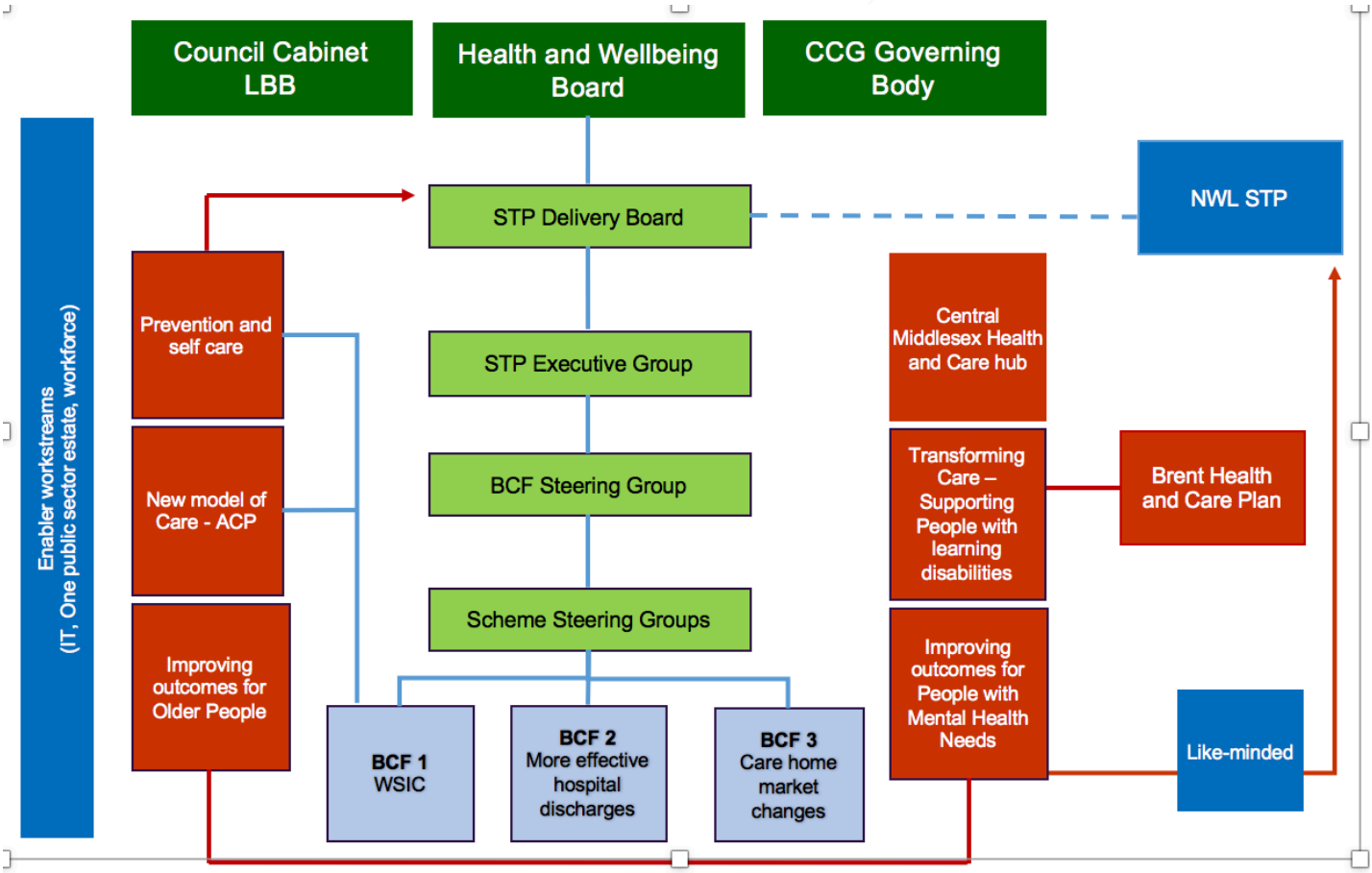
- Working with the local care homes forum, develop an enhanced model of health and social care to support frail elderly patients and those with multiple complex long term conditions in a planned, proactive and preventative way. A series of initiatives to support this include;
  - Develop a comprehensive medicines optimisation programme working with the CCG medicines management team (a part of the primary care team) to ensure patients have access to medication review and optimisation advice, are supported to take medications appropriately and avoid unnecessary polypharmacy.
  - Introduce impartial trusted assessors to carry out assessments of elderly patients in hospital on behalf of multiple homes. This will assist in improving the quality and speeding up the two way transition between discharges from the hospital and the care home.
  - Explore development of a Brent Early Intervention Vehicle where a dedicated community based ambulance staffed by a Paramedic or Emergency Care Practitioner and Health and Social care professional respond to triaged 999 calls to prevent avoidable A&E attendances.
  - Implement the "Red Bag" in Brent which helps to keep important information about a care home resident's health medication which is easily accessible to ambulance and hospital staff to help determine the treatment a resident needs quickly.
  - Further develop the enhanced service provided by the local GP Networks which provides a multidisciplinary support to nursing, residential and housebound patients from 8am-8pm over 7 days. The service provides proactive care through care planning, case management, ‘ward rounds’ and medicines management and reactive care with the homes and patients able to contact the service when they need access to a GP.
- Develop a complex care quality and development framework to help shift the focus towards prevention and early intervention, to reduce, or delay, people becoming frail or developing complex needs. This includes identifying appropriate training as well as explore incentives for enhanced rates paid to those homes who can offer quality care for complex patients.
- Appoint a joint commissioner for nursing and residential care to aid joint or reciprocal

commissioning and contracting with care homes and to reduce inefficiency and make better use of resources.

- To develop a joint Quality Improvement Team to take a proactive approach to improving quality of care in care homes. This team will work with homes to support them to improve the quality of care, supporting them to develop and deliver improvement plans and providing training and support across the sector.
- To develop a single brokerage and placements function across the CCG and Local Authority for all people requiring residential, nursing or community care, regardless of whether they are council or CCG funded.
- Use the intelligence provided by the Care Analytics annual review of nursing and care homes and the WSIC Data Warehouse and incorporate this with learning from vanguard sites to inform and refine our planned actions.

6. Delivery and Governance structure

The BCF plan overall is accountable to the Health and Wellbeing Board through the STP Delivery Board and the following diagram illustrates the reporting and governance structure.



Roles and responsibilities of each body within the delivery structure is described further below:

Health and Well-Being Board sets the strategy for Brent Health and Care Plan and delegate's authority to the STP Delivery Board. Approves the BCF plan and section 75 agreements and remains accountable for

integration.

STP Delivery Board provides system wide leadership for the delivery of STP work streams in Brent. It is made up of commissioner and provider strategic leaders who are accountable for the delivery of STP work streams in Brent. The board will provide strategic oversight, both support and challenge to the delivery of the six work streams including the three BCF schemes. Members will act as the Integration champion within their host organisations to help manage and resolve issues and risks (both political and clinical). They will make strategic links to other transformation activities impacting the Health and Social Care Economy in Brent, monitoring interdependencies. They will report progress against the STP work streams and other integration initiatives to the Health and Well Being. The Board is co-chaired by the Strategic Director of Community Wellbeing Brent Council and the Chief Operating Officer Brent CCG and supported by the Director of Integration.

STP Executive Group is made up of the CCG and Council leads who are responsible for providing senior operational oversight, financial scrutiny, and validation. This includes financial management of s75 and supporting financial decision making for the implementation of integration.

BCF Steering Group is responsible for development of the BCF plan and implementation of individual schemes. The group is made up of the project managers and scheme SROs from both the CCG and Council who are responsible for analysis, planning, coordination and realisation of benefits from integration in Brent. The meeting is chaired by Operational Director Adult Social Care, Brent Council and Deputy Chief Operating Officer Brent CCG and supported by Director of Integration.

Scheme Steering Groups are made up of appropriate commissioner and wider provider representatives responsible for operational viability and operational delivery of the changes necessary to achieve the integration outcomes. The scheme Steering Groups are responsible for developing models of care, standard operating processes, KPIs to measure success / performance and working with providers through commissioning processes to ensure reconfiguration of existing services in line with plans. This also includes engagement, communication, risk & issue management, and dependency management. Joint Chaired by Health Scheme SRO & Council Scheme SRO; supported by Project Managers; and attended by Director of Integration as required.

BCF Programme Management

The BCF steering groups will ensure operational delivery of the 2017/19 BCF plan, including establishing appropriate scheme resourcing to deliver the scale of change within the required timescales.

The Interim Director of Integration is responsible for ensuring that the overall plan for BCF is delivered and that scheme steering groups deliver outputs, escalating issues and collating risks and issues relating to scheme delivery.

A high level BCF implementation plan incorporating all the actions from other related pieces of work such as actions arising from the high impact change models self-assessment, STP plans and specific BCF scheme plans are being developed and will be in place by October 2017. This will include scheme specific dashboards and a benefits realisation plan to enable local monitoring. A risk and issues log for each scheme will be further refined and monitored through a central BCF PMO function. This will help to ensure that all actions identified in various work streams are collated and centralised to enable effective management of all projects. Regular communications with all stakeholders on progress being made will also continue using existing channels.

It is recognised that these are cultural change projects and there will be a need to establish learning networks and workshops where issues can be tackled and resolved. This includes actively taking part in established NWL learning networks but also developing relationships with other specialist forums and organisations to ensure sharing and learning across the BCF family.

Project management arrangements for BCF are currently being reviewed to ensure that adequate support is provided to scheme leads and management of work plans.

Brent Integration Programme Risk Log

The Brent Integration Programme risk log is used to manage risks at scheme and programme level and to ensure they are regularly reviewed and escalated as appropriate.

In addition, a scheme risk register will be maintained and updated by each Scheme Steering Group. Reports will be presented to the STP Executive Group, STP Delivery Board and ultimately to the Health and Wellbeing Board. This will enable risks at each level to be highlighted and managed.

The **main high level programme level risks** include:

- Shifting resources to fund new joint schemes may destabilise existing providers in the acute sector.
- Absence of robust baseline data and the need to make decisions based on assumptions may result in unachievable financial and performance targets for 2017/18.
- Operational pressures restricting the ability of the workforce to deliver the vision may reduce the rate of change (or the scale of change).
- Any possible misalignment between the Council and the CCG may reduce the focus on delivery, as these differences are resolved.

However, there is confidence amongst partners that any risks to the programme can be identified and dealt with in a timely manner.

Effective joint working arrangements in place

There is a good history of collaboration in Brent. We recognise the value in working together both across NWL and locally to deliver our collective aims of achieving improvements in health and wellbeing, care and quality, and finance and sustainability. NW London has one of the most established whole system partnerships in the country, with a strong history of pan-borough working through the long-established West London Alliance, NHS NW London and individual commissioners and providers as well as academic and workforce institutions. Lay partners are represented across the system and leadership. We are working together on a number of work streams both at a strategic and operational level such as, STP, BCF, mental health, transforming learning disability services and discharge to asses.

At each level within the BCF governance arrangements both Council and CCG staff are matched with their equivalent counterpart, i.e. each BCF scheme has two SROs, one from the Council and one from the CCG as well as membership drawn from a wider group of partners ensuring a multi-agency approach. There is a jointly appointed project manager, acting on behalf of both SROs. These SROs meet monthly to review progress at Steering Group meetings and ultimately report into the STP Delivery Board.

We have also embedded the BCF in the work of the local A&E Delivery Board to ensure operational and strategic alignment. The Board is chaired by the Brent, Harrow and Hillingdon CCGs Accountable Officer and CEO of the LNWHT and includes membership from the Brent COO, and Brent Director of Adult Services. The six work stream areas include;

- Care Homes
- 111 & LAS Diversion
- Intermediate Care & Rapid Response
- ED Improvements
- Frailty Pathways
- Discharge to Assess (D2A).

Brent leads from the CCG and Council provide regular updates on progress of BCF schemes and on performance outcomes.

7. Meeting National Conditions

BCF plans will need to be formally submitted by 11th September 2017. The plans will need to respond to the priorities of all the BCF partners as well as meet four core national conditions:

1. Plan is jointly agreed between the Local Authority and CCG;
2. NHS contribution to social care maintained in line with inflation;
3. Plan contains agreement to invest in NHS commissioned out-of-hospital services;
4. High Impact Change Model for Managing Transfers of Care is implemented.

National condition 1: Plan to be jointly agreed

Brent CCG and Council CCG have worked jointly and have actively engaged providers in the development of the BCF plan since January 2017 both at an operational and scheme level within the Steering Groups, and at senior leadership level through the Brent Steering Group and STP Older People's work stream. The Older People's work stream is jointly led by the Adult Social Care Operation Director, Brent Council and Deputy Chief Operating Officer, London North West Healthcare NHS Trust. The direction of travel for this work stream was agreed at the March Health and Wellbeing Board meeting.

Local acute providers recognise the service change consequences of the BCF Plan, i.e. on activity and income, as these, particularly the targeted reduction in Non-Elective Admissions (NEL), have been discussed as part of local contract negotiations for 2017/18. BCF metrics also align with those within the Brent CCG Operating Plan for 2017/18.

In addition, community and voluntary sector providers have been actively engaged in shaping the schemes and their outcomes.

With Scheme 1, Whole Systems Integrated Care (WSIC), the key providers are GP provider networks. They continue to work collaboratively to be in a position to assure the CCG of their ability to bid for and hold the

contract delivering the outcomes and benefits of integrated care to their patient populations. In addition, it is now established practice that the team leader /deputy team leader from Adult Social Care is in attendance at weekly Complex Patient Management Group meetings to support multi-disciplinary case management. Initial discussions have commenced with the Council's housing service to involve them in the care planning process to enable supporting people with housing related needs.

The Voluntary and Community Sector are also actively engaged in the Care Navigator initiative and host the care navigators, who support people with case management and link them into a wide range of community services.

LNWHT is one of the providers participating in the newly established integrated rehab and reablement teams to be implemented as part of Scheme 2, and is actively involved in the development of the individual initiatives within Scheme 3, *More Effective Hospital Discharge*, including the local DTOC action plan. Any fundamental changes agreed in how nursing homes operate as part of Scheme 3 will be reflected in changed contractual terms and conditions where appropriate. Key messages have been shared with the Nursing Home Market (PIV – Private, Independent and Voluntary providers) at a broad level around the work we wish to do to support them to improve quality, build the right capacity, and manage a fair price for care. As this scheme moves into the design phase, much more detailed planning will be shared with providers and we will fully engage providers at various levels via forums, working groups and implementation of pilots alongside our usual forms of engagement. Any fundamental changes agreed to how other social care providers, including home care providers, operate, will be shared and communicated through the appropriate scheme as we move into the design phase, although voluntary and community sector providers have been consistently engaged in STP governance processes and have a good level of understanding and involvement. This will continue to increase going forward.

The STP Delivery Board chair from the Council is the Strategic Director for Community Wellbeing – this role includes oversight of housing, public health and adult social care, ensuring a joined up approach to improving outcomes across health, social care and housing. This is particularly reflected in the initiatives established through Scheme 3. For example, targeted support from housing colleagues at weekly housing surgery at Northwick Park and Willesden Community Hospital has been live since December 2015, in order to review pipeline of patients approaching discharge and identify pathways out of hospital for those patients who do not meet the criteria for homelessness legislation and who do not have any social care needs.

Disability Facilities Grant

The Disability Facilities Grant (DFG) is available from Local Authorities to pay for essential housing adaptations to help disabled people stay in their own homes. The DFG will continue to be allocated through the BCF and is one of the three main sources of funding for the BCF. For Brent the grant equates to £3.971 for 2017/18 and £4.343 for 2018/19.

Use of this grant will assist work streams to look at use of assistive technologies and home adaptations to support people to live independently in their own homes for as long as is possible. In year, there are plans to develop a Handy Person Service primarily supporting BCF Scheme 2. This will enable faster and appropriate discharges from the hospital back to the persons own place of residence. In addition, the means testing applied for those who are not eligible or are self-funders, will be reviewed to enable faster discharges.

Stakeholder engagement

Effective engagement is something we take seriously. For example, with the STP engagement events with members of the public were held at a number of locations across Brent (Central Middlesex Hospital, Kingsbury tube station and Asda Wembley). Representatives from Healthwatch, NHS Brent CCG and Brent Council, shared the plans and explained what they meant for Brent. Based on our experience we will continue to look at the most appropriate way of ensuring effective engagement about the BCF Plan.

In addition, there are opportunities to do the same with regular attendance and discussions at:

- Health and Wellbeing Board
- CCG Governing Body
- Health Partner Forum
- Provider Forums
- Outreach events with local community groups
- Partnership Boards.
- Carers Forum
- STP work streams
- BCF work streams

These are useful forums and provide an opportunity to share and test BCF implementation, monitoring and review of the Brent BCF Plan.

National condition 2: NHS contribution to adult social care is maintained in line with inflation

Maintaining provision of social care services in Brent means ensuring that those in need continue to receive the support they need, in a time of growing demand and budgetary pressures. Our primary focus is on developing new forms of joined-up care which help ensure that individuals remain healthy and well, and have maximum independence, with benefits to both themselves and their communities, and to the local health and care economy as a whole. By proactively intervening to support people at the earliest opportunity and ensuring that they remain well, are engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focussing on the supply of services.

Funding currently allocated under the Social Care to Benefit Health grant has been used to enable the Local Authority to sustain the current level of eligibility criteria and to provide timely assessment, care management and review and commissioned services to clients who have substantial or critical needs and information and signposting to those who are not eligible. This will be sustained, within the funding allocations for 2017/18 and beyond if this level of offer is to be maintained.

The Care Act element within the Better Care Fund is linked to a range of duties for local authorities in 2017/18. This should provide for duties included in the Care Act that commenced in 2015/16, focussing on support for carers. The funding also includes provision for Independent Mental Health Advocacy and the disregard for Guaranteed Income Payments for veterans, and money to offset financial pressures on the care and support system that may be created by changes to the pensions and benefit systems.

It is proposed that additional resources via the IBCF will be invested in social care to deliver the discharge to assess pathway which will help reduce delayed discharges and admissions to residential and nursing home care.

This national condition will be met through the funding allocated for the protection of adult social care services. The level of protection for social care has increased to reflect demographic pressures and ensure that the system is not destabilised.

Description	2016/17 (£000)	2017/18 (£000)
RNF for Social Care	£6.200	£6.374
Care Act	£0.786	£0.800

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care

The Brent strategy is to use its IBCF resources to invest in out of hospital care. A number of specific areas have already been identified such as Home First (discharge to asses), looking at practical ways of providing greater market stability in the purchasing of nursing and residential beds, joint investment in preventative programmes and increasing capacity for both hospital discharge and increasing capacity through block purchasing reablement provision. The BCF provides an opportunity to work across the different programmes to help reduce pressure on the local system.

Risk share and contingency arrangements:

Brent reviewed the potential for agreeing a local risk sharing arrangement, supported by analysis of the likely risk of unplanned activity. However, it was agreed that a risk sharing arrangement was not appropriate for 2017/18, as the CCG and Council work very well together and a risk sharing agreement was not perceived to add any additional value to the effectiveness of this collaboration or to increase the likelihood of a positive impact from the implementation of the BCF plans.

The programmes within the BCF are enablers to reduce secondary care admissions and costs. The acute and mental health inpatient contracts are not held in the BCF.

There are also a number of non-financial risks (operational and quality risks) associated with not meeting BCF targets in 2017/18, including increased pressure on acute providers and further challenge to meeting NHS constitutional standards. Non-financial risk sharing arrangements include ensuring that everyone involved in the BCF Plans (including the providers who will help deliver them) have a shared view of the risks to the plan, that key indicators are in place to highlight when an identified risk is becoming more likely (as part of the wider BCF KPI framework), and regular monitoring and communication with all parties so that any emerging problems can be dealt with.

Long term trend in admissions and the success of schemes implemented to date

Brent has been reasonably successful in preventing any growth in non-elective admissions over the past six years, particularly since 2013/14, from when admission levels have decreased year on year in real terms given projections based on demographic and non-demographic growth. The figure below illustrates this trend in non-elective general and acute admissions over time – over the entire period from 2009/10 to 2015/16 there has been an increase in 7% in NEL admissions. There has been slight over performance in the first three quarter of 2016-17 because of unplanned short stay beds implemented by one of the major acute trust.

Non–elective General and Acute admissions over time

Year	Admissions	Change
2009/10	25,896	
2010/11	25,335	5.6%
2011/12	26,590	-2.7%
2012/13	26,793	0.8%
2013/14	27,346	2.1%
2014/15	26,992	-1.3%

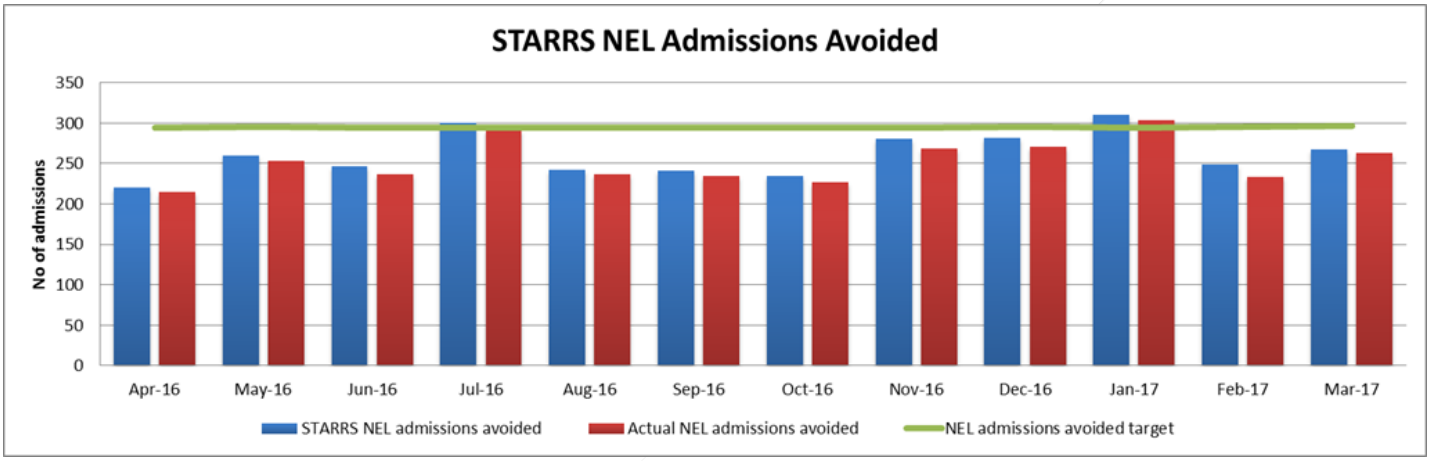
2015/16	27,019	0.1%
2016/17	26,994	- 0.1%

Source: Brent CCG Information team/SUS, BHH CCGs

Brent's success in maintaining stable NEL activity levels, despite growth, is attributed in part to the effectiveness of BCF schemes in previous years, particularly Scheme 1 (i.e. WSIC, GP-based case management for adults with long-term conditions) and Scheme 2 (which in previous years focused on the expansion of the 'STARRS' rapid response and admission avoidance service).

For example, the figure below illustrates both avoided admissions reported by the STARRS service (blue bars) and avoided admissions validated against SUS data (red bar), both of which show that the STARRS service was effective in avoiding NEL admissions in 2016/17.

STARRS NEL Admissions Avoided – 2016/17



Source: Brent CCG Information Team

With regards to WSIC, 2015/16 was a transition year and performance was complex: while non- elective activity reduced against baseline for the population group, the cost of these non-elective admissions increased. Potential reasons for this have been analysed and reviewed. Investment for 2016/17 therefore does present a risk should the contract fail to perform from a financial perspective. The model of care, commissioning framework and payment model for 2016/17 seek to mitigate this risk to commissioners.

Brent is continuing to commission out-of-hospital services in 2016/17 to support the reduction of non-elective admissions, including Rapid Response services ('STARRS') and Whole Systems Integrated Care (Scheme 1).

Managing Transfers of Care

Brent Council, Brent CCG and local acute partners have actively been working together to reduce levels of Delayed Transfers of Care (DTOC) in the system. A system wide response has been developed in relation to the high impact changes to manage transfer of care. A plan consisting of a number of schemes has been in place to reduce the negative impacts of winter during 2016/17, and the scheme Steering Group has been building on this to plan for the 2017/18 schemes. The BCF Scheme 2 focuses on effective hospital discharge and improving pathways and services to support safe and timely discharges and prevent readmissions.

The overall reduction target for DTOC is based on the national trajectory as shown in the table below. There

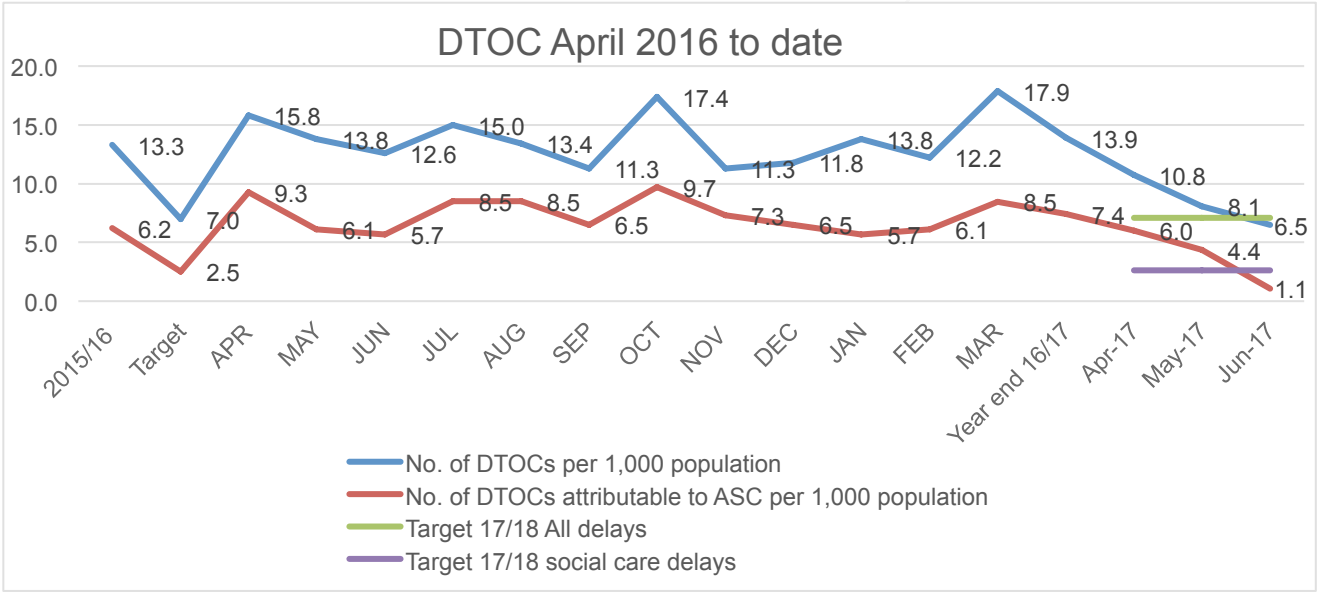
is a requirement for the NHS to reduce DTOCs to achieve fewer daily delays by the end of September 2017 by reducing both NHS and social care attributable delays. The Government has set out indicative expectations for reductions in daily delays on a local authority footprint. These included expectations for total, NHS and social care attributable delays. This would deliver an equal share of the required reduction in daily delays from the NHS and social care. Local Authority performance by November will help inform consideration of a review in that month of 2018-19 funding.

Performance to date

Each area had to submit agreed DTOC targets by 21 July 2017, showing at Local Authority level the planned reduction in social care-attributable delays, and at individual CCG level, the planned reduction in NHS-attributable delays that will be achieved.

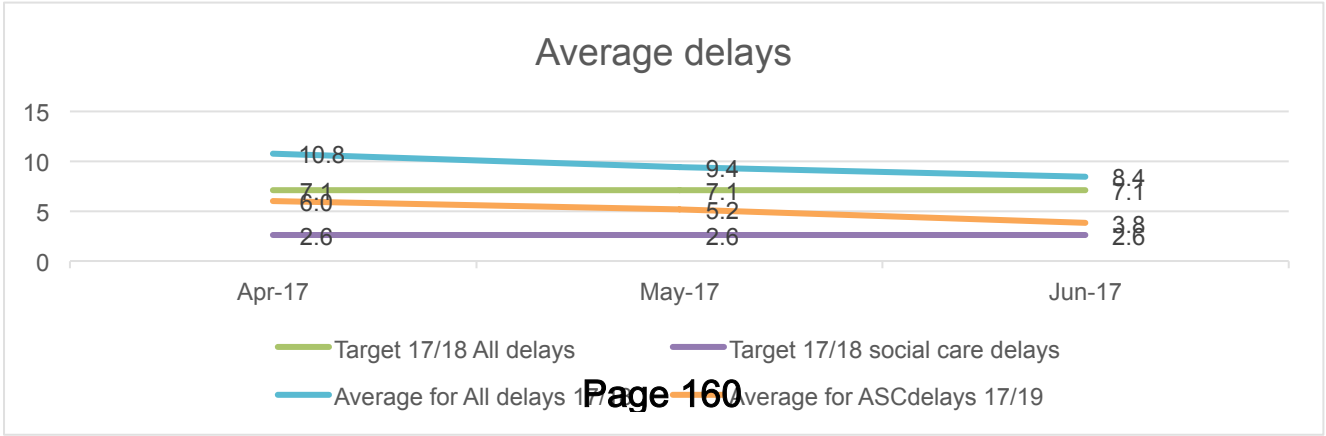
The Brent monthly DTOC has continued its improvements since April 2017 and the target was achieved in June for All and Social care delays. The **outturn for June 2017** was:

- 6.5 for all delays (NHS, ASC & Both) against the target of 7.1 – Brent ranked 10th out of 33 London Boroughs (previously it was 32nd).
- 1.1 for ASC related delays against the target of 2.6 – Brent ranked 8th out of 33 London Boroughs



At the **end of quarter 1** our average *(April to June)* DTOC statistics are:

- 8.4 for all delays – Brent ranked 16th out of 33 London Boroughs
- 1.1 for ASC delays against the target of 2.6 – Brent ranked 17th out of 33 London Boroughs



National condition 4: Alignment of the BCF Plan with high impact changes and A&E board governance structure

The high impact change model is a practical approach to supporting local health and care systems to manage patient flow and discharge. The model identifies eight system changes which can have the greatest impact on reducing delayed discharge and includes:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

Brent has used this model to self-assess itself against how care and health systems are working now, and to reflect on, and plan for action that can be taken to reduce delays throughout the year. The BCF Plan incorporates a number of actions arising out of the self-assessment and some have been included to develop further by the relevant BCF scheme. An overall and integrated implementation approach will be used by scheme Steering Groups and presented for sign off by the STP Executive Group and the STP Delivery Board.

8. Appendices

Appendix 1 – Brent co-designed model of care – adults with LTCs.

Appendix 2 – BCF Scheme 1 - Whole Systems Integrated Care (working papers).

Appendix 3 – BCF Scheme 2 - Effective Hospital Discharge (working papers).

Appendix 4 – BCF Scheme 3 - Care Home Market Changes (working papers).

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