



Community and Wellbeing Scrutiny Committee

Wednesday 28 February 2018 at 7.00 pm

Boardrooms 3-5 - Brent Civic Centre, Engineers Way,
Wembley HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Conneely
Hector
Hoda-Benn
Jones
Nerva
Shahzad

Substitute Members

Councillors:

Aden, Colacicco, Crane, Ezeajughi, Kelcher, Mashari
and Stopp

Councillors:

Davidson and Ms Shaw

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese Schools
Helen Askwith, Church of England Schools
Iram Yaqub, Parent Governor Representative (Primary)
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Jai Patel, Brent Youth Parliament
Siofra Healy, Brent Youth Parliament
Priya Bharadia, Brent Youth Parliament
Samira Monteleone, Brent Youth Parliament
Aleena Majeed, Brent Youth Parliament
Najib Rahman, Brent Youth Parliament

For further information contact: Nikolay Manov, Governance Officer
Tel: 020 8937 1348; Email: nikolay.manov@brent.gov.uk

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The press and public are welcome to attend this meeting.

Notes for Members - Declarations of Interest:

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

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

If the Personal Interest is also 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 or 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 and clarification of alternate members 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.	
2 Declarations of interests Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.	
3 Deputations (if any) To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting To approve the minutes of the previous meeting as a correct record.	1 - 8
5 Matters arising (if any)	
6 Tuberculosis: Prevalence in Brent (verbal update) Ward Affected: All Wards Contact Officer: Dr Melanie Smith Director of Public Health Email: melanie.smith@brent.gov.uk Tel: 020 8937 6227	
7 Home Care Overview and Scrutiny Task Group <i>To follow</i> Ward Affected: All Wards Contact Officer: Peter Gadsdon Director of Performance, Policy and Partnerships Email: peter.gadsdon@brent.gov.uk Tel: 020 8937 6095	

8 Life Chances of Adults with a Learning Disability in Brent 9 - 76

The report addresses how the local authority and its partners are helping to improve outcomes across social care, health, education and employment for adults with learning disabilities living in the Borough.

Ward Affected:
All Wards

Contact Officer: Helen Duncan-Turnbull
Head of Service, Complex Care
Email: helen.duncan-turnbull@brent.gov.uk
Tel: 020 8937 6169

9 Childhood Obesity 77 - 88

The report describes the pattern of childhood obesity in Brent and action being taken to address the high levels.

Ward Affected:
All Wards

Contact Officer: Marie McLoughlin
Consultant in Public Health
Email: marie.mcloughlin@brent.gov.uk
Tel: 020 8937 6214

10 Community and Wellbeing Scrutiny Committee Work Programme 2017-18 Update 89 - 100

The report updates Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its meetings.

Ward Affected:
All Wards

Contact Officer: James Diamond
Policy and Scrutiny Officer
Email: james.diamond@brent.gov.uk
Tel: 020 8937 1068

11 Any other urgent business

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

Date of the next meeting: Wednesday 28 March 2018



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

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Held on Wednesday 31 January 2018 at 7.00 pm**

PRESENT: Councillors Ketan Sheth (Chair), Hector, Jones, Nerva and Shahzad

Co-opted Member Ms Askwith

Appointed observers Ms Roberts, Mr Patel and Ms Monteleone

Also Present: Councillors Hirani, McLennan and M Patel

Absent: Co-opted Members Ms Yaqub and Mr Milani, and Appointed observer Ms Michael

The Chair asked everyone to introduce themselves. Ms Jenny Cooper (Brent NEU) was present at the meeting as Ms Gouldborne had sent her apologies.

1. Apologies for absence and clarification of alternate members

The following apologies for absence were received:

- Councillor Hoda Benn
- Alloysius Frederick (Co-opted Member)
- Simon Goulden (Co-opted Member)
- Lesley Gouldbourne (Observer).

2. Declarations of interests

Councillor Ketan Sheth declared that he was a former governor at Woodfield School.

Councillor Colwill declared that he was a governor at St Gregory's Catholic Science College and that his wife was a governor at Brent River College.

Ms Cooper declared that she worked at The Village School.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

RESOLVED:

- (i) The minutes of the previous meeting, held on 22 November 2017, be approved as an accurate record; and
- (ii) The minutes of the special meeting, held on 6 December 2017, be approved as an accurate record.

5. **Matters arising (if any)**

None.

6. **Order of Business**

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

7. **Any other urgent business**

Councillor Nerva explained that he had asked the Committee to consider the impact of academisation on the Special Education Needs and Disabilities (SEND) provision in the Borough. He referred to the potential conversion of The Village School into an academy and said that it was important to ensure that academisation did not have a negative impact on the delivery of SEND education plans. Jenny Cooper (Brent NEU) clarified that the consultation on the proposed academisation of The Village School would end on 9 February 2018 and governors would vote on the proposal on 28 February 2018. She said that part of the consultation provided information that if the proposal was to be approved, resources such as therapy teams would be joined with Woodfield School as part of a Multi-Academy Trust (MAT). Ms Cooper expressed concern that this would have a negative impact on provision. Furthermore, she said that schools which had converted to academies experienced recruitment and retention problems and noted that The Village School had a good mix of staff with various level of experience. A Member of the Committee commented that The Village School had a support network that had been set up with United Colleges Group (formerly The College of North West London) and said that it could be jeopardised if the school was converted to an academy.

Councillor Mili Patel (Lead Member for Children and Young People) thanked Councillor Nerva for bringing the issue of SEND provision to the attention of the Committee and invited Gail Tolley (the Council's Strategic Director of Children and Young People) to comment on the issues raised. Ms Tolley said that there were four special schools in Brent, two of which were academies and two of which were maintained by the local authority. She spoke about Manor School which had become an academy on 1 April 2017 following a consultation which had taken place in the autumn of 2016. Ms Tolley stressed that there had not been a negative impact on SEND provision as a result of this decision and noted that the SEND offer would be developed further as a new special school (The Avenue) opened later in the year led by the Manor School. Addressing Ms Cooper's point about recruitment and retention, Ms Tolley highlighted that Woodfield School had maintained the terms and conditions and the pay of staff after it had converted to an academy.

Ms Tolley summarised that there had not been any experience to demonstrate that academisation had had a negative impact on the local SEND provision. However, as Members commented that there were concerns which may require further investigation, the Chair recommended that these could be discussed at a separate meeting with Ms Tolley and Councillor Mili Patel.

RESOLVED that:

- (i) The comments made in relation to the impact of academisation on the local SEND provision, be noted;
- (ii) Councillor Nerva and other interested Members of the Committee be encouraged to meet with Councillor Mili Patel and Gail Tolley to identify specific issues that may require further investigation.

Ms Jenny Cooper left the meeting at 7:18 pm

8. Complaints Annual Report 2016-2017

Councillor Margaret McLennan (Deputy Leader of the Council) introduced the report which provided information about complains performance in the Community and Wellbeing Department, the Adult Social Care Directorate, the Culture Service and the Children and Young People Department. She said that the number of stage 1 complaints had been decreasing and the time it had taken to respond to complains had improved vastly over the last three years. However, more cases had been escalated to stage 2 of the process, but fewer of them had been upheld. Service delay / failure had been the most common cause for complains in 2016-17 (same as in previous years). The Council's Management Team (CMT) and Cabinet received reports on a quarterly basis and complaints were part of the regular discussions between Cabinet Members and lead officers. Irene Bremang (the Council's Head of Performance and Improvement) added that although a high number of cases had been escalated to the Ombudsman, almost half of the complaints had been returned back without further consideration – for example, in 2016-2017, only 25 out of 170 cases had been upheld. Councillor McLennan said that responding to complaints had been a key priority for all departments and responses were strictly monitored to ensure the number of cases escalated to stage 2 and the Ombudsman was reduced. She noted that the number of complaints in the areas that fell under the remit of the Community and Wellbeing Scrutiny Committee had gone down.

Members of the Committee asked questions that related to the organisation's attitude towards complains and the key lessons learned. Ms Bremang explained that there could be number of reasons for a complaint to be escalated to stage 2. She said that although a fair decision could have been made, residents had the right to request a review at the second stage and often decisions made at the first stage had been confirmed. Furthermore, some stage 2 complains were related to specific services, such as housing management, and action had been taken to address unsatisfactory performance, e.g. the service had been brought back in house. Ms Bremang added that lessons learned had been identified and included in the Complaints Action Plan, which had been agreed by Cabinet. Monitoring reports presented to CMT contained information about root causes and types of complaints as these could be related to processes, policies or service delivery. This allowed to identify issues to be addressed and enabled services to identify patters. Furthermore, Helen Woodland (the Council's Operational Director, Social Care) referred to the services Brent had commissioned and said that sometimes complaints were related to providers, and, therefore, information from these was used to improve the commissioning process.

Ms Bremang explained that sometimes complaints could be a result of a decision that had been made and the way it had been communicated. In response to a request to provide a specific example, Gail Tolley (the Council's Strategic Director of Children and Young People) said that a potential source of complaints against the Children and Young People Department was the fact that Children Social Services had to act in the interest of children which sometimes led to disagreements with parents. She spoke of a case when a child and family assessment had been sent to the parent who had been living with the child, which resulted in the other parent filing a complaint as they had not been notified. As a result, procedures had been changed to ensure that assessments were sent to all interested parties. In addition, as social workers made interventions in the best interest of the child, parents often described their dissatisfaction with the decision as bad staff attitude. Ms Woodland supported this view by saying that in cases related to the Adult Social Care Directorate, complainants often disagreed with a decision that had been made on a care package, i.e. people often thought that they should have received more than what they had been given under the statutory levels of provision. In contrast, there would be different underlying reasons for complaints against members of staff working in frontline services – for example, staff working at the Library Service often had to deal with challenging behaviours.

A Member of the Committee enquired how members of staff were allowed to suggest improvements to services and what extra training had been put in place. Helen Woodland (the Council's Operational Director, Social Care) explained that managers took complaints very seriously and used some of them as case studies to be discussed at team meetings, with staff being encouraged to propose measures that would improve services and prevent problems. Ms Bremang pointed out that improvements would depend on the nature of the complaint and directed Members' attention to Appendix A to the report which contained examples of specific complaints and measures that had been taken to prevent similar cases in the future. Councillor McLennan added that CMT had put an emphasis on improving the culture of the organisation and this had been reflected in corporate induction and the Forward Together sessions.

A Co-opted Member of the Committee commended Ms Bremang's team on the report and asked if data on changes on annual basis could be provided as part of the root cause analysis so it could be demonstrated that problems had been addressed. They also commented on the small number of complaints, including the ones related to staff attitude, and noted that training must have been embedded well across the organisation. However, it was noted that it would be helpful the next annual report to include more information on what constituted service delivery and failure to deliver a service.

Members discussed benchmarking with neighbouring local authorities. Ms Bremang said that this would be one of the issues that would be addressed by her team. She highlighted that it had been difficult to obtain comparable data, but she said that she expected benchmarking to be included in future reports. Furthermore, the Committee heard that it was not compulsory to collect ethnicity and equalities data. However, for certain types of complaints customers were willing to provide such information and a breakdown of data was available in Appendix A to the report (page 37 to the Agenda pack), but it had not been possible to identify any patterns from it.

Members raised issues related to the IT system and the long waiting times experienced by residents who had tried to contact the Council by telephone. Councillor McLennan said that the local authority was aware of the problem and Cabinet had approved £5 million to be spent on upgrading the IT facilities, including the telephony services, of the Council. Dr Melanie Smith (the Council's Director of Public Health) said that as a short term measure, the IT provision in libraries would be transferred to another server which was expected to improve access. However, it was pointed out that contacting the Council was part of the Customer Access Strategy which was managed by Brent Customer Services and it might be appropriate to examine it as part of a cross-committee task and finish group.

As part of the Complaints Action Plan, compensation arrangements had been reviewed to ensure that the Council's corrective actions and compensations were in line with Ombudsman's guidance. It was expected that this step would minimise the number of cases escalated to the Ombudsman.

Councillor Krupesh Hirani (Lead Member for Community Wellbeing) commented that the Council had to encourage feedback on services as often residents had not been given the opportunity to compliment the service they had received. However, it had to be acknowledged that by concentrating on receiving feedback, the number of compliments could increase.

RESOLVED that:

- (i) The contents of the Complaints Annual Report 2016-2017 report, be noted;
- (ii) The eight specific recommendations agreed by Cabinet on 23 October 2017 and set out as an Action Plan in Appendix D to the report, be noted;
- (iii) The fact that Brent Housing Partnership (BHP) data was reported as a separate organisation to Cabinet in the annual report for 2016/17, be noted;
- (iv) Future annual reports to reflect the change in BHP being brought back into Brent Council in October 2017 as the Housing Management Service within the CWB Department;
- (v) The Community and Wellbeing Department, the Adult Social Care Directorate, the Culture Services, and the Children and Young People Department performance in managing and resolving complaints be noted;
- (vi) Data on benchmarking of complaints against other local authorities be included in future annual complaints reports; and
- (vii) Establishing a task and finish group with other overview and scrutiny committees to examine the Customer Access Strategy be considered.

Councillor Hirani entered the meeting at 7:23 pm during consideration of the above item.

Appointed Observer Ms Monteleone entered the meeting 7:55 pm during consideration of the above item.

Councillors Colwill, Hirani and Mili Patel left the meeting at 7:57 pm.

The meeting was adjourned between 7:57 pm and 7:59 pm for a comfort break.

9. Patient Led Assessments of the Care Environment (PLACE) Scores 2015-2017

Yvonne Smith (Head of Facilities at London North West Healthcare National Health Service (NHS) Trust) introduced herself and provided background information about the Patient Led Assessments of the Care Environment (PLACE) (page 79 to the Agenda pack).

Ms Smith said that assessments were carried on an annual basis between February and June. They were unannounced with the Trust, apart from the assessment team members, and were overseen by NHS Digital. It was important to note that each assessment concentrated on the care environment and did not look at staff behaviours or clinical care provision, with decisions being based entirely on the observations made at the actual time of the assessment. The Committee heard that the 2018 process was due to start on 1 February and recruitment of patient assessors was ongoing.

Members referred to section 2 of the report (page 81 to the Agenda pack), which provided an overview of scores in 2015, 2016 and 2017, and asked questions related to the Trust's attitude towards cleanliness, standards and patient food at hospitals as well as actions taken by its leadership to address issues. Simon Crawford (Director of Strategy at London North West Healthcare NHS Trust) said that the Trust took patient experience very seriously and leadership had been disappointed with the food scoring at Northwick Park Hospital. Mr Crawford said that the low score could be due to the fact that not all patients liked the food choices available on wards and there were issues around meal times which had been addressed by the introduction of a Patient Protected Mealtimes and Beverages Policy, 'weight-day weekends' and the standardisation of the nutritional screening tool and food charts. In addition, a Trust Nutrition and Hydration Study Day would be held annually, following a successful pilot in September 2017 and external reviews related to nutrition and hydration had been undertaken by Healthwatch Brent. Ms Smith reassured the Committee that patient concerns had been addressed – in addition to the Patient Protected Mealtimes and Beverages Policy, a letter had gone out to consultant teams to encourage them to organise visits and diagnostic tests outside the protected times and patients who may need additional support would be identified.

The Committee noted that the hospital cleaning service had been outsourced to Compass Group and enquired if the Trust communicated with other hospitals using the same provider. Ms Smith responded that the service provided by Compass Group would be specific to London North West Healthcare NHS Trust as outlined in the contract between the two parties. However, monthly performance meetings took place and these were attended by representatives from Infection Control and Corporate Nursing. In addition, a Director at Compass Group attended a meeting every quarter and the Managing Director for healthcare attended a meeting annually. Ms Smith considered the contract to deliver good value for money and acknowledged that Compass Group had inherited a number of challenges which it had managed to overcome via regular training and support provided to staff. Mr Crawford added that an essential part of achieving a good value for money was

holding the provider to account. For instance, a system which allowed issues at ward levels to be escalated to Ms Smith's team and the monthly meetings with Compass Group had been put in place.

The Chair invited Julie Pal (Healthwatch Brent) to comment on the report. Ms Pal said that despite the fact that Healthwatch Brent had been pleased to be involved with the Trust, there were a number of issues that required attention. She noted that the report was high level and did not provide segmented data to enable readers to understand the experience of Brent patients and learn more about the way they use various facilities. Ms Pal highlighted that Healthwatch Brent was disappointed by the low score for food provision. She informed the Committee that Healthwatch Brent had conducted a visit and had produced a report which had been presented to the Brent Clinical Commissioning Group in March 2017. Some of the key recommendations of that report included:

- Identifying patients who needed assistance at meal times;
- The provision of red trays for vulnerable patients;
- Making the 6 am tea and the meals through the day accessible to everyone;
- The temperature of the food;
- Asking staff to monitor patients' food and drink intake as there had been concerns about nutrition and hydration.

Ms Smith confirmed that these recommendations had been taken into account when a new facilities management contract had been commissioned. Its key features were:

- Investment in the patient food service, including the provision of a full range menu at both lunch and supper times;
- 24/7 helpdesk to report any problems with the estates;
- An improved assessment tool, with inspections carried out every four months by another Head of Facilities which allowed good practice to be shared;
- The Perfect Ward application which enabled matrons to report any issues related to the environment in the ward, its cleanliness and the food delivered to patients;
- The setting up of a Patient Experience Task and Finish Group to monitor service provision.

The Committee heard that the scores for privacy, dignity and wellbeing had been significantly lower than the national average and asked for an explanation of the main reasons for the low scores. Ms Smith said that there were a number of measures that had been implemented to improve performance. For example, staff and patients were briefed on how to fit the new modesty gowns correctly, curtains had been checked to ensure that they had been hung properly, staff had been reminded that sensitive conversations should not take place in public areas and nurses had been asked to ensure that patients could open the new type of sanitising wipes. Moreover, Mr Crawford said that as part of the estate refurbishment programme, wards had been designed and colour-coded in such a way that they were dementia-friendly.

Co-opted Observers asked questions that related to the frequency of assessments and capturing the experience of young people on wards. Members heard that peer

mock inspections were conducted in areas of weak performance, examples of good practice were shared and Healthwatch Brent had been invited to visit the Trust. Ms Smith confirmed that children's impatient area was visited as part of assessments and questions related to the nutrition and hydration of children and the facilities for social interaction were asked. The new paediatric menu had been patient-led as a group of children from the ward had been asked to contribute.

RESOLVED that:


- (i) The contents of the Patient Led Assessments of the Care Environment (PLACE) Scores 2015-17 report, be noted;
- (ii) More detail on patient experiences be incorporated into next year's Quality Account produced by the London North West Healthcare Trust.
- (iii) The input and experiences of young people be included more in the PLACE assessments by the Trust in future.

10. **Update on the scrutiny work programme (If any)**

RESOLVED that the contents of the Update on the Committee's Work Programme 2017-18 report, be noted.

The meeting closed at 8.34 pm

COUNCILLOR KETAN SHETH
Chair

 Brent	Community Wellbeing Scrutiny Committee 28 February 2018
	Report from the Strategic Director of Community Wellbeing
Life Chances of Adults with a Learning Disability in Brent	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Three: <ul style="list-style-type: none"> • Brent Joint Learning Disability Strategy 2017-2020 • Transforming Care Partnerships (TCP) Summary • Adult Social Care User Survey Results
Background Papers:	None.
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Helen Duncan-Turnbull Head of Service, Complex Care Email: helen.duncan-turnbull@brent.gov.uk Tel: 020 8937 6169

1.0 Purpose of the Report

- 1.1 To consider how well services are leading to better outcomes and life chances for adults with a learning disability in the Borough, and what the current and future challenges are. This report addresses how the local authority and its partners are helping to improve outcomes across social care, health, education and employment.

2.0 Recommendation

- 2.1 Members note the measures already in place to support adults with a learning disability in the Borough and note the further actions planned as part of the Learning Disability Strategy (Appendix A).

3.0 Summary

- 3.1 National evidence suggests that the learning disability population is increasing, due to medical advances, and this is reflected in a gradual growth in demand; approximately 30 new people per year. In addition to the number of people requiring support increasing, we are also seeing an increase in the complexity of needs in comparison to around ten years ago. However, a large percentage of the learning disability population have a mild to moderate learning disability and access universal services for support.
- 3.2 For those individuals who require more support the Transforming Care agenda and the Care Act are the key drivers that inform service delivery. Adult Social Care's (ASC) overarching aim is to support people to be as independent and as healthy as possible and to be part of their communities.
- 3.3 Overall, there has been an increase in demand for services with a corresponding increase in spend, although market forces have also had an impact on cost. The Placements Team have, and continue to, work with residential care providers (the area with the highest costs) to review costs and ensure value for money and to support providers to transform residential services into supported living; which is both more cost effective but also gives individuals greater rights as tenants.
- 3.4 With the increasing complexity of need there is evidence that health needs are growing. Brent has an excellent record for ensuring people with a learning disability have an annual health check and access to health screening (98%).
- 3.5 ASC is working proactively to ensure individuals with eligible health needs are assessed for continuing health care funding. This can be a challenge and there is evidence that Brent citizens are not accessing as much health funding as evidence would suggest they should.
- 3.6 Despite growing demand and acuity, in the last ASC survey people with a learning disability said that they felt supported and had a good quality of life, where they felt they had control over their lives and felt safe and able to have good social contact.
- 3.7 Transport is often an issue that can present challenges as there is often an expectation that the Local Authority will automatically arrange and pay for transport. However, the provision of transport will only be considered where no other alternatives are available in order to continue to promote independence.
- 3.8 Nationally the number of people with a learning disability recorded as in employment is really low (6-7%) and is slightly below this figure in Brent at 5.8%; this is a priority area for the Transitions and Learning Disability Teams who are working in partnership with the Head of Employment and Skills.

4.0 Detail

- 4.1 The broad term 'learning disability' can cover a spectrum of conditions, from a mild learning disability where someone can manage independently but might take longer to learn new skills, to a profound and severe learning disability where an individual

may need substantial care and support with every aspect of their life. Many of the 930,000 adults with a learning disability in England may never use learning disability support services. Nationally, there are 129,000 adults who receive local authority social care support. Of these, 28,000 live in residential care or nursing homes. A small proportion (around 2,500), of people with a learning disability and/or autism are in mental health hospitals, some with secure facilities (National Audit Office March 2017.)

- 4.2 In Brent, approximately 3,300 adults are registered as diagnosed with a learning disability with Brent Clinical Commissioning Group (CCG). 1912 are known to Brent Council with approximately 640 in receipt of statutory funded services to meet their Care Act eligible needs. The reason for the difference is that most people with a learning disability live independent lives. It is mainly those with a severe or profound learning disability who require more formalised support or those with additional mental health needs.
- 4.3 Data
Mild LD – 738
Moderate – 553
Severe/ profound – 457
- 4.4 191 adults with autism are also known to Adult Social Care, of these 133 also have a learning disability.
- 4.5 Public Health data indicates 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.
- 4.6 The number of people with learning disabilities aged over 60, in England, is predicted to increase by over a third between 2001 and 2021 (Emerson and Hatton 2008). Recent evidence suggests that older people are one of the fastest growing groups of the learning disabled population (Emerson and Hatton 2011). The most recent predictions suggest that by 2030 the number of adults aged over 70 using services for people with learning disabilities will more than double.
- 4.7 Brent Adult Social Care service is 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 reasonable adjustments so that it is accessible to people who have a learning disability.
- 4.8 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. Additionally there are a range of community support services available for individuals who do not meet the social care eligibility threshold.

5.0 Legislation and Policy

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

5.2 The Care Act 2014 requires 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.

5.3 The Government's Mandate to the NHS 2016-17

The government set an objective for the National Health Service (NHS) to close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole. In June 2015, NHS England commissioned the National Learning Disability Mortality Review Programme led by the University of Bristol, to review and learn from deaths of people with a learning disability with the aim of improving services, care and support nationally. The CCG are responsible for the Learning Disability Death Reviews (LeDeR) and a strategic group operates in Brent, which a Local Authority representative attends.

5.4 Building the Right Support Transforming care: A national response to Winterbourne View Hospital

Intends to improve the quality of life of those with learning disabilities by substantially reducing the number of people placed in hospital, reducing the length of time those admitted spend there, and enhancing the quality of both hospital and community settings.

6.0 Transforming Care

6.1 The transforming care agenda is a '*big ticket*' item within Brent's Sustainability and Transformation Plan priority. The identified priorities are: 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.

- 6.2 There are four work streams, each with a project plan, aimed at reducing the risk of admission and ensuring the community infrastructure can meet the needs of the local learning disability population (see Appendix B). The work streams are:
- Market Development
 - Reduction in the number of NHSE and CCG in-patients
 - Integration of the health and social care learning disability teams
 - Transitions
- 6.3 There are currently nine people who are in in-patient settings that are Brent's responsibility; seven of these are in NHS England (NHSE) specialist commissioned beds. Currently NHSE have not finalised the settlement to the CCG's for these patients which may present a future financial risk to the CCG and Local Authority.

7.0 Wellbeing

- 7.1 Adult Social Care's overarching aim is to support individual's to be as independent as possible and to lead fulfilling lives. With regard to support for people with learning disabilities ASC undertook a survey to understand whether the support being provided was contributing to and improving people's wellbeing.
- 7.2 There were 140 respondents (around 21%) and the overall results were extremely positive, providing some assurance that the support available in Brent is going some way towards supporting the needs of the learning disability population known to the service; the bigger challenge is influencing universal and mainstream services to ensure a positive and inclusive experience.

Overall, how satisfied or dissatisfied are you with the care and support services you receive?	Extremely or very satisfied	Quite satisfied	Neither satisfied or dissatisfied	Quite dissatisfied	Extremely or very dissatisfied
	114	18	7	1	0
Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?	So good, it could not be better or very good	Good	Alright	Bad	Very bad or so bad, it could not be worse
	52	71	14	3	0
Do care and support services help you to have a better quality of life?	Yes	No			
	137	3			
Which of the following statements best describes how much control you have over your daily life?	I have as much control over my daily life as I want	I have adequate control over my daily life	I have some control over my daily life but not enough	I have no control over my daily life	
	39	90	4	7	
Which of the following statements best describes how safe you feel?	I feel as safe as I want	Generally I feel adequately safe, but not as safe as I would like	I feel less than adequately safe	I don't feel at all safe	No response
			0	1	1
Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?	I have as much social contact as I want with people I like	I have adequate social contact with people	I have some social contact with people, but not enough	I have little social contact with people and feel socially isolated	
	68	58	11	2	

(See Appendix C for full details)

8.0 Accommodation

- 8.1 Out of the 640 individuals known to Adult Social Care who have a learning disability, 190 are living in a nursing or residential care setting and 123 are currently living in supported living accommodation. 63 of the residential placements are out of borough and 40 of the supported living. To date the Placements Team have successfully moved nine people back to live in Brent who were previously placed out of Borough. The remainder are either living with family or independently, equating to 70.3% in settled accommodation.
- 8.2 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; enabling people to have their own tenancies and more flexible support. The Placements Team support providers who wish to de-register and proactively work with residential providers to ensure value for money.
- 8.3 Moving forward we are developing a greater number of supported living 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.
- 8.4 The New Accommodation for Independent Living (NAIL) 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 a learning disability which are due to commence throughout 2017 and 2018:
- Peel Road -11 flats with communal spaces and a garden
Due to be operational June 2018
 - Clement Close - 12 flats with communal space and a garden
Due to be operational March 2018
 - Salmon St - a 6 bed supported living scheme
Operational June 2017
 - Clock Cottage - 14 unit scheme
Due to be operational April 2020.
- 8.5 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.
- 8.6 Housing Related Support (HRS) aims to enable those with Learning disabilities to sustain their tenancy or home and reduces the need for more intensive support at a later stage. The service supports individuals to maintain or regain their independence and encourages them to settle into the community by supporting the development of self-reliance. The focus for the service is to achieve the goals, aspirations or priorities of the individuals they serve, so that services are delivered in a way that is right for the individual and designed to achieve the outcomes the individual requires. The service is expected to be driven by the needs and requirements that each individual identifies as right for them by adhering to the following domains: Economic Well-being; Enjoying and Achieving; Being Healthy; Staying Safe and Making a Positive Contribution.

- 8.7 At present we commission 57 units with Housing Related Support and 150 units with floating support. Those with high support needs receive an average of 8 hours support per week, medium needs an average of 5 hours support per week and low support an average of 1.5 hours support per week.

9.0 Transport

- 9.1 The focus with regard to travel is always to promote independence and enable people to utilise public transport where possible, with support as appropriate. For a small number of individuals more supported transport options are required and consideration is then given to whether access to a Motability vehicle would be feasible, as this enables greater flexibility and utilises existing welfare benefits.
- 9.2 The Freedom Pass enables individuals to travel independently or with the support of a carer. Currently there are over 1,000 people with a learning disability in receipt of a pass with 315 who have a linked pass to enable a carer to provide support.
- 9.3 Brent Community Transport (BCT) provide a transport service to John Billam Resource Centre (JBRC) providing transport to and from the day centre and planned community group activities. There are currently approximately 40 people using this service. LD clients attending New Millennium Day Centre also use Brent Community Transport; there are approximately eight current users. A number of voluntary sector day services also provide their own transport.
- 9.4 BCT does not provide travel training. However, JBRC provides this in-house as well as, as a part of their Community Outreach support.
- 9.5 BCT also provides the Community Car Service (CCS) scheme. This service is available to eligible residents with a range of conditions which would make travelling by conventional public or concessionary transport difficult, this includes people with a learning disability. The main outcome for this service is to allow people to access the community and decrease social isolation by providing a way to access social, leisure and ad hoc activities in the community.
- 9.6 Work has also been done with Brent Safer Transport Team to raise awareness of learning disabilities.

10.0 Health

- 10.1 The life expectancy of people with learning disabilities has increased over the course of the last 70 years. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population (Emerson and Baines 2010). However, better social conditions and access to medicines like antibiotics have meant that more people are surviving beyond childhood and adulthood into older age. For example, people with Down's syndrome have seen a dramatic rise in their life expectancy from seven years in the 1930's to their late 50's today (Holland et al 1998).

- 10.2 Data from NHS Digital shows that, on average, women with a learning disability have around an 18 year shorter life expectancy than the general population, and males around 14 years.
- 10.3 People with learning disabilities are 26 times more likely to have epilepsy, eight times more likely to have severe mental illness and five times more likely to have dementia. They are also three times more likely to suffer with hypothyroidism and almost twice as likely to suffer diabetes, heart failure, chronic kidney disease or stroke.
- 10.4 1 in 2 eligible women with a learning disability received breast cancer screening compared to 2 in 3 eligible women without a learning disability.
- 10.5 Obesity is twice as common in people aged 18-35 with learning disabilities. Being underweight is twice as common in people aged over 64 with learning disabilities, compared with patients with no learning disability.
- 10.6 These statistics highlight the need for regular health screening and health promotion for this group, and there is a high awareness of this within Brent.

10.7 Annual Health Checks

People with learning disabilities often have poorer physical and mental health than other people. Annual health checks are a reasonable adjustment to overcome known health inequalities faced by people with a learning disability. The General Practice Annual Health Checks are for adults and young people with learning disabilities who need more health support and who may otherwise have health conditions that go undetected. Brent achieves highly in this area with 98% of adults registered with a GP practice having received an annual health check and subsequent access to treatment as appropriate.

10.8 Health Passports

Brent CCG have launched a new Health Passport to help Brent residents with a learning disability access better healthcare when they are in hospital or visiting their GP. The Health Passport is a booklet for people attending hospital or other health services. It contains important health information which can be shared with professional staff. They ensure care providers give a much better level of service to people with a learning disability by identifying what medical conditions individuals have, what treatment they are on and also information about their needs and likes.

10.9 Health Group

The Advocacy Project runs a health group with people with a learning disability; whose remit is to help reduce barriers to health care experienced by people with learning disabilities, increase knowledge and understanding of health services to improve health outcomes and promote self-care where appropriate. They also aim to help commissioners and health providers to understand what services are appropriate for people with learning disabilities.

The current group priorities are focussing on learning disability training for GPs and to standardise Health Passports.

10.10 Acute Liaison Nurse

Brent has a specialist Learning disabilities Nurse based within the acute hospital Trust. This post works to provide specialist healthcare support to people with a learning disability in acute settings; ensuring that 'reasonable adjustments' are made and that patients have a good experience of healthcare when in acute settings. The nurse works with hospital staff to address patient needs, ensuring that the patient has the right treatment, therapy, skills and support as required. A huge part of the role is education, from offering practical help to patients, to educating their families about appropriate care and educating staff. They support and assist Learning disabilities patients with up to date Health Passports. They also assist individuals with Learning disabilities to understand why they are in hospital and ensure that they receive safe and equitable healthcare. This role also works to ensure that issues of mental capacity and consent are considered, carers are supported and hospital staff are trained and supported.

10.11 Blue Light Tool Protocol

Brent has developed a Blue Light Protocol to support individuals assessed and considered to be at risk of inpatient admission to ensure that there are arrangements in place to provide urgent interventions to support them to stay in the community. It helps to identify barriers to supporting the individual to remain in the community and to make clear and constructive recommendations as to how these could be overcome by working together and using resources creatively.

10.12 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 Green light tool kit is used 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

10.13 The Kingswood Centre

The Kingswood Centre in Brent specialises in assessing and treating people with learning disabilities who have mental health needs, complex or challenging behaviour and/or forensic needs. 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.

Services include:

- A 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

10.14 Integrated Learning Disability Team

Currently there are separate health and social care learning disability which provide health and social care multi-disciplinary support, aimed at supporting people with a learning disability and their carers, with a focus on enabling people to live as independent lives as possible within their communities and providing specialist interventions and commissioned support to individuals and their carers. Additionally, the service provides advice and support to mainstream and universal services to make reasonable adjustments.

As part of the Sustainability Transformation Programme and Transforming Care priorities Brent is integrating the health and social care learning disability team.

The outcomes the team will be commissioned to deliver will be that:

- Individuals are as independent as possible, reducing and delaying the need for care and support.
- People with a learning disability live longer and healthier lives.
- Individuals are self-directed to be fully engaged in their communities, fully accessing education, employment and meaningful activities.
- People are safe in their communities and access universal services.
- Individuals live in suitable, stable accommodation which is the least restrictive, reducing the need for long term residential care and/or in-patient admission.
- Carers have the right support for them to care and a range of options available to them to best support the person they care for.

The team will deliver this by providing:

- Specialist interventions for people with a learning disability including but not limited to mental health and/or behavioural support.
- Help and intervention when people with LD require adaptation or adjustments to access main stream services.
- Direct advice and building capability in main stream services to support for people with LD, particularly relating to health promotion and prevention.
- Risk management that supports greater independence and social inclusion.

10.15 In addition, Brent CCG has commissioned a local diagnostic pathway for Autism with the College of North West London to go live from 1 April 2018. This pathway will be aligned to and delivered as part of the arrangements for the Brent Integrated Community Learning Disability team.

11.0 **Education and Employment**

11.1 There are a number of initiatives in Brent aimed at supporting people with a learning disability to develop skills to increase their chances of finding employment. Nationally, employment rates for people with a learning disability receiving local authority support have remained persistently low, at around 6% to 7%.

- 11.2 The proportion of people with a learning disability in Brent in paid employment is also low, and is currently 5.8%. This has been recognised as a priority area of work with a number of initiatives developed aimed at increasing the number of people in employment. Work is being done across Children's and Adult services in partnership with the council's Employment, Skills and Enterprise department to improve employment opportunities.
- 11.3 Brent Works provides one-to-one advice and guidance towards finding work; connecting residents to jobs and apprenticeships within Brent. The service provides an opportunity to work with training providers to upskill and prepare individuals for employment.
- 11.4 Brent also commissions a specialist employment service, Royal Mencap, for people with learning disabilities. The service assist adults with a learning disability through employer engagement, job carving and in-work support. They provide assessment, support with job searching and work with employers to offer job roles where strengths of the individuals can be built upon.
- 11.5 Mencap also provides initial support in the workplace to enable a smooth transition, with the aim of reducing this support as the individuals' confidence increases and they develop their own in-work support.
- 11.6 Project Search is a year-long supported internship programme for young people between the ages of 16-25 with special educational needs and disabilities (SEND). The Brent programme is coordinated by the College of North West London (CNWL), in partnership with the council, Charring Cross Hospital Imperial College NHS Trust, West London Alliance, Kaleidoscope Sabre, Sodexo and Action on Disability.
- 11.7 The first 12 internships started in September 2016 at Charring Cross Hospital. They have been offered to students who have a recognised learning difficulty or disability, an education health and care (EHC) plan or learning difficulty assessment (LDA) and who meet the College's criteria for preparation to employment
- 11.8 The CNWL provides a range of education opportunities for people aged 19-24 with learning difficulties and disabilities. The Supported Learning team offers educational progression routes for learners with learning difficulties and disabilities, with learners joining and working at the right level for their individual needs
- 11.9 Brent START is Brent's adult education college. Brent START offers a service to anyone who wants to learn new skills, get into employment, find a better job or improve their prospects in life. There are courses designed specifically for individuals with learning disabilities or difficulties offering practical based support at entry level, and above, with a focus on improving independent living skills and community inclusion as well as access to employment .
- 11.10 Not all people with a learning disability can readily access education or employment but still require meaningful activity. Brent commissions a number of services both internally and externally that provide a range of activities and opportunities. 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 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 vision for the service is to offer a personalised approach to support that focuses on respecting individual needs whilst promoting independence. There are a range of services both on-site and within the community which the centre supports people to access.
- The New Millennium Day Centre provides day service provision for approximately 50 adults with disabilities, supporting both people with both physical and learning disabilities. The centre provides a range of activities and therapies to allow service users to express themselves physically and emotionally as well as focusing on developing independent living skills and linking people into their wider community; moving away from reliance on building based provision.

11.11 Additionally a number of individuals chose to attend other local day provision operated by the voluntary sector or utilise a Direct Payment to support social inclusion and meaningful activity. Currently there are 234 people receiving directly commissioned support and 210 in receipt of a direct payment.

11.12 Learning Disability Partnership Board and the LD Strategy

Brent has a well-established Learning disabilities Partnership Board (LDPB), which is co-chaired by the Head of Complex Care (Local Authority) and a learning disability service user representative. The membership is representative of the local economy with representation from the LA, CCG, carers of people who have a learning disability, NHS provider services, employment, education, Brent CVS and an established membership of people with learning disabilities. These members are supported by the LA designated Engagement Officer to prepare for the board, set the agenda, feedback on consultation and practically support representatives to attend Board meetings.

The Board partners are responsible for setting priorities and ensuring actions are agreed and undertaken within the context of the Learning Disability Strategy, which has been co-produced. The Board oversees delivery of the strategy and the development of an action plan to support it.

The overarching aim of the LD Strategy (see Appendix A) is 'to improve the lives of people with a learning disability by helping people to be independent, have healthier lives and have choice and control'. The strategy has been developed following engagement with representatives of the local learning disability community, Local Authority officers, Clinical Commissioning Group representatives, Central and North West London NHS Foundation Trust including doctors, nurses, and therapists from The Kingswood Centre, MENCAP, The Advocacy Project, Toucan, Transport and Employment & Enterprise.

The key priority areas are:

- 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

12.0 Safeguarding

12.1 Adults with a learning disability at times can be vulnerable and at risk of abuse or exploitation. Brent has robust safeguarding processes in place. We have clear contractual expectations, which are monitored, with all providers that all their staff have safeguarding training and each provider has a safeguarding policy that they work to.

12.2 Brent has a Safeguarding Adults Board, this is a statutory requirement, which is a partnership Board responsible for the adult safeguarding processes in Brent. The Board meets quarterly and includes a range of social care, health and community safety partners. It is responsible for agreeing::

- the contents of the annual report and the strategic plan
- accepting the findings and recommendations of safeguarding adult reviews
- and ensuring that the recommendations are fully implemented through action planning staff training
- policy development and changes to how services are organised.

The Board ensures that regional and national adult safeguarding developments and issues are fully reflected in local discussions, procedures and practice.

12.3 The Board has reached out to other user groups such as the Multi Faith Forum where discussions regarding vulnerability and disability have been raised.

12.4 The Board delivery plan includes a Making Safeguarding Personal Audit in 2018 and one dimension of this will be to ensure some adults with LD are included in any sample group.

12.5 A further area that is being focussed on, in the coming year, is the number of young adults with complex needs, learning disability and autism; in particular who are placed out of Borough. This cohort will be part of a wider discussion with a focus on current review arrangements and practice measures to ensure wellbeing.

12.6 23% of concerns raised resulted in the need for a full safeguarding investigation and protection plan. Whilst the Council doesn't hold specific outcome data for learning

disabilities, figures evidence that risk was removed or reduced in 94% of cases last year

In terms of personalisation the adult at risks outcomes were fully met in 81.5 % of cases (not LD specific).

Type of abuse	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q317/18
Physical Abuse	9	12	12	17	19
Financial Abuse	2	2	2	2	5
Neglect	1	3	3	2	4
Psychological Abuse	3	2	2	5	1
Organisational Abuse	2	0	0	3	0
Sexual Abuse	2	1	1	8	2
Total no. Concerns	19	20	20	37	31
No resulting S.42 Enquiries	3	7	6	8	7

- 12.7 The Learning disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities, by reviewing all learning disabilities deaths occurring in Brent. The LeDeR programme strives to ensure that reviews of deaths lead to learning, which will result in improved health and social care services for people with learning disabilities. It is not an investigation and is not aimed at holding any individual or organisation to account. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere. The LeDeR process reports in to the Safeguarding Adults Board to provide assurance there is shared knowledge and, where applicable, required improvements are identified.
- 12.8 Deprivation of Liberty Safeguards (DOLS) - in addition to the Council's safeguarding arrangements, Adult Social Care also have responsibilities relating to the deprivation of liberty of individuals as part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
- 12.9 The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive them of their liberty, in order to provide a particular care plan. It is then the role of Adult Social Care to arrange for assessments to ensure the deprivation of liberty is in the person's best interests.
- 12.10 In summary, the safeguards ensures:
- that the arrangements are in the person's best interest
 - the person is appointed someone to represent them
 - the person is given a legal right of appeal over the arrangements

- the arrangements are reviewed and continue for no longer than necessary.

A deprivation of liberty occurs when:

- a person is under continuous supervision and control in a care home or hospital, and
- is not free to leave, and
- the person lacks capacity to consent to these arrangements.

	DOLS Received	DOLS Granted	DOLS Not Granted/ With Capacity	Client NFA/ Discharged	Total
3 rd Qtr.					
Oct-17	68	42	6	4	68
Nov-17	89	48	8	9	89
Dec-17	71	29	5	13	71
Total	228	119	19	26	228

(Please note numbers do not tally as some of the DOLS granted haven't been entered onto the system yet.)

13.0 Data and Financial Implications

- 13.1 The number of people with a learning disability that are receiving support has increased gradually year on year and is projected to increase further as survival rates increase due to the advances and support mentioned earlier; with an increase of around 30 new people requiring support each year (based on the last three years trajectory).
- 13.2 Local authority spending nationally on learning disability services has increased. In real terms, between 2010-11 and 2013-14, spending on adult social care fell by 8.4% while spending on learning disability services increased by 2.1%. The trend appears to be continuing with a reported increase of 3.5% in real terms between 2014-15 and 2015-16. On average thirty nine per cent of adult social care spend is on adults (18 to 64) with a learning disability and it is the second largest spend after older peoples' services (National Audit Office March17)

	National Population	Brent	Cost/person
people in mental health hospitals	2,510		180,000
people in social care residential or nursing homes	29,000		65,000
people receiving social care support in the community	100,000		27,000
people living in the community and accessing low level support, e.g. receiving an annual health check from their GP, receiving welfare benefits due to their learning disability	700,000		Lowest cost ltd. to cost of GP and welfare benefits

13.3 Budget

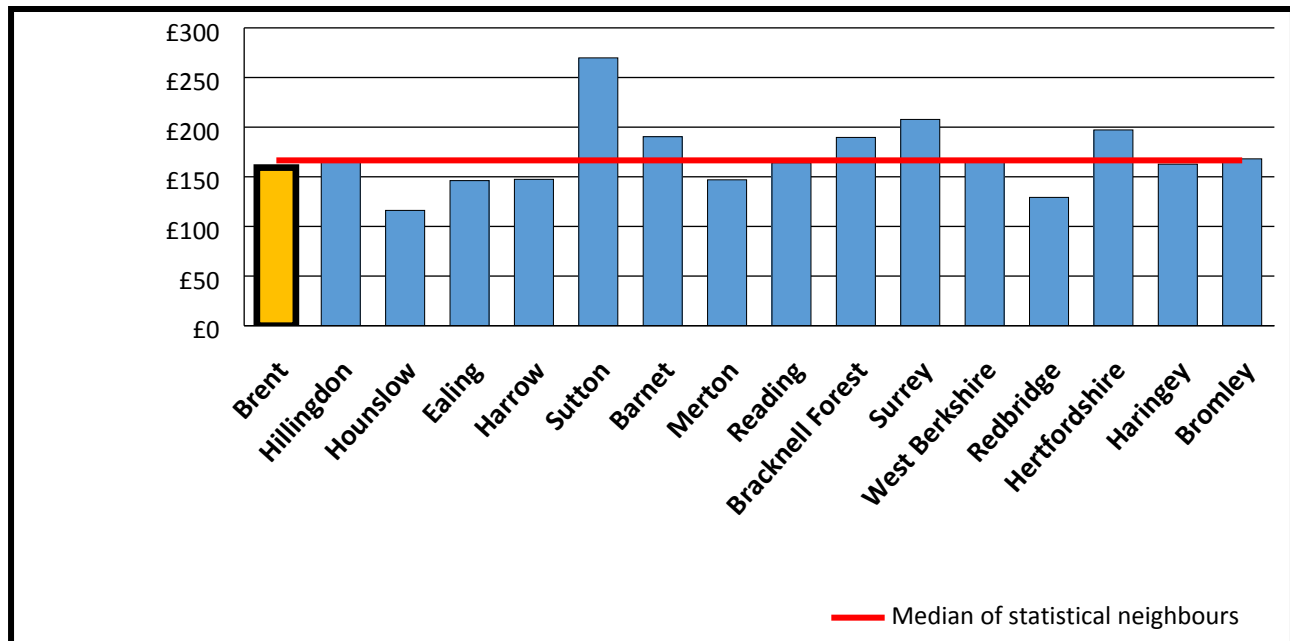
LD clients 18-64	14-15	15-16	16-17
Total LD clients	590	620	646
Annual budget spend (mil)	£19,002	£21,964	£22,555
Projected Spend	18-19	19-20	20-21
	23,961	25,021	26,127

The difference between 2014-15 and 2015-16 expenditure is due to client growth and increases in the average weekly rate.

Between 2014-15 and 2015-16 expenditure on residential has increased by £0.6m and supported living has increased by £1.6m.

13.4 LD Social Care Spend Benchmarking

Brent's 2013/14 gross expenditure on working-age adults with learning disabilities per head of population aged 18-64 compared to its nearest statistical neighbours.



From the last ADASS review of LD expenditure, of the 16 boroughs illustrated, 10 boroughs have a higher average spend per head than Brent and 5 lower. (ADASS are currently refreshing this data.)

13.5 CHC Funding

Income

% funding	15/16	16/17
100	22	24
70	5	4
60 to 69	1	6
50	43	67
40 to 49	8	5
30 to 39	27	24
20 to 29	14	11
10 to 19	8	9
Total	128	150
Recharge total	£1,561,446	£3,012,291

Borough	No. with full CHC	No per 50 k pop	Population
Brent	95	16.13	296,470
Croydon	311	49.13	317,222
Ealing	176	25.87	341,123
Enfield	217	42.82	254,443
Greenwich	183	40.86	225,222
Hackney	187	38.04	247,624
Haringey	144	28.59	253,072
Harrow	130	31.37	207,480
Hounslow	165	34	244,120
Lambeth	251	37.45	337,847
Lewisham	195	38.12	257,365
Merton	94	26.53	177,764
Newham	121	20.09	303,519
Redbridge	209	44.18	238,201
Southwark	147	27.97	264,555
Waltham Forest	232	48.58	239,759

- 13.6 Whilst there is evidence that the amount of recharges made by the LA to the CCG has significantly increased (see above) with the number of individuals in receipt of health funding increased by 22 (17%) in the last year, and the average funding per person increased from £12,198 to £20,082 (around a 60% increase), there is also evidence (see below) that Brent citizens are not accessing a proportionate amount of CHC funding.
- 13.7 The national benchmarking data shows that Brent citizens receive the least number of fully funded health packages of all London boroughs.
- 13.8 Even when compared to our statistical and CIPFA comparators Brent is funded well below other boroughs.

14.0 Legal Implications

- 14.1 Not applicable

15.0 Equality Implications

15.1 Not applicable

Report sign off:

PHIL PORTER

Strategic Director of Community Wellbeing



Brent

Clinical Commissioning Group

BRENT JOINT LEARNING DISABILITY STRATEGY 2017-2020

Contents

Introduction

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

Learning Disabilities Partnership Board

Legislation and Policy

Overarching Strategy Commitments

Expected Strategy Outcomes

Strategy Overarching Objective

Enabler One: Accommodation

Enabler Two: Employment, Training & Education

Enabler Three: Community Support & Meaningful Activities

Enabler Four: Partnership Working and Co-ordinated Support

Recognising Gaps in Services

Appendix A: Glossary of Terms

Appendix B: Organisations

Introduction

This is Brent's joint Adult Social Care and NHS Clinical Commissioning Group'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 have much poorer health outcomes, shorter life expectancy and a greater risk of early death than people who don't have a learning disability. 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 higher levels of mental health problems such as schizophrenia, other psychiatric disorders and dementia are 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 dental care or cervical smear tests.

Better collaboration is needed between GPs, primary and secondary 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 for them. 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 in their care as well as 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, London North West Health 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 meets 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 census 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.

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 new Education, Health and Care (EHC) Plans 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 works to improve the lives of some of the most vulnerable people in our society, placing them at the center 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 Strategy and Transforming Care Agenda 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 through 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:

- Improved access to good quality information, advice and guidance on local services, tailored to people with a learning disability and their carers.
- Robust and efficient integrated care pathways
- Improved in-patient provision
- Improved health and social care outcomes for people with a learning disability including improved 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-directed 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 and 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 Sustainability and Transformation 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 a learning disability.
- Work innovatively to support the development of skills and capabilities of the team and its partners.

- Support the development of 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 up-skilled to understand, manage and appropriately meet the needs of people who have a learning disability including those who have complex needs and/or autism.

The enablers and what we need to develop includes:

The Change Academy 2017

The High Performing Care program is now underway. This program is part of the North West London new Change Academy which is an innovative transformational change and leadership development program. 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 a learning disability 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 a learning disability 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 a learning disability 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 commissioned 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 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 this 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 a learning disability 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 ensuite) supported living scheme
- Clock Cottage - 14 unit scheme one being a three bed flat (all with ensuites) 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 focuses 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 Underground 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

Brent Start offers workshops to help Brent residents develop their skills further and gain new qualifications. Courses running in 2017-18 specifically targeted towards people who have learning difficulties include:

- Café Enterprise- this is a workshop aimed at people interested in catering offering practical work experience in a café setting
- Gardening Project- this workshop is aimed at people interested in gaining work or volunteering in this area of work through offering practical work experience and building gardening skills and confidence.
- Customer Service- this course is aimed at people interested in getting work in a retail setting. One day each week is based working in a shop and building skills and confidence in retail work.
- Towards Employment- this course is aimed at people who would like to get a job, and supports them to progress their skills towards getting work.
- Skills for Employment- this course is aimed at people who would like to get work and improve their performance.

Brent Start also offer a range of courses open to all members of the public including: beauty, health and social care, business and ICT, languages as well as free job search support and employability training. Brent Start 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

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.

Royal Mencap

Royal Mencap offer the GOLDD Employment Programme to people who have a learning disability and/or autism aged between 16-24 living in West London boroughs including Brent to support them into work over the course of a year. This programme is funded by the EU social fund. We will work with Royal 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 and/or autism.

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 Change Academy for North West London is delivering an innovative transformation change and leadership development programme. It has been created to support people working 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.

Young people with learning disabilities need support in school and college so that they can “learn how to learn”. Please see the Early Years Education Strategy for more details on special needs education.”

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 the 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 focusing 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 ensuite facilities.

Health Services

The Kingswood Centre

The 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.

Behaviour Support Team

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. See **Appendix 1** for details of organisations. Learning Disability Awareness Training is provided through a number of these organisations listed in Appendix 1.

The Advocacy Project

NHS Brent commissions an advocacy service to support the engagement, involvement and consultations with people with a learning disability. The service works to reduce the barriers to health care for people with learning disabilities and their carers:-

- Improve access of people with learning disability to health care, and their experience when accessing health care
- Increase knowledge of health care of people with learning disability and their carers to enable them to become more self-managing
- Increase awareness of Brent health providers and commissioners to be able to support people with learning disability. Also, develop their knowledge and understanding of what services are appropriate for people with learning disabilities

The service is set up to develop the knowledge and understanding of people with learning disability and their carers' on how to access health services and self-manage their health conditions, where possible. The service works to enhance and improve their knowledge and understanding of:

- health issues and services
- how to access health services
- how to self-manage health conditions, where appropriate
- how to raise concerns and complaints.

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. Community services also include community nurses and allied health professional, speech and language therapy support, occupational health therapy support, dental hygienists, diagnostic medical sonographers, dietetics, medical technologists, physical therapists, radiographers, respiratory therapists, and advocacy to name a few.

Allied Health

Allied Health professionals work with all age groups and within all specialities. Their particular skills and expertise support and assist individuals to:

- recover movement or mobility
- overcome visual problems
- improve nutritional status
- develop communication skills
- restore confidence in everyday living skills

They work in a range of surroundings including hospitals, people's homes, clinics, surgeries and schools. They work in partnership with health and social care colleagues across primary, secondary and social care, as well as in the independent and voluntary sectors.

Their role includes:-

- assessments, diagnostics, treatment, discharges and/or referrals for patients to other services
- educating, training and mentoring other clinicians, students, patients and carers
- developing extended clinical and practitioner roles which cross professional and organisational boundaries
- liaising with other clinicians to provide specialist advice
- having a central role in the promotion of health and wellbeing

Learning Disability Awareness Training

Yarrow Housing run a police training scheme in partnership with Hendon Police College. Any police officer can apply to go on the course and can gain valuable insight from it. This two day course can be highlighted to local police officers who can be encouraged to take part.

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 snapshot 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 commissions a Learning Disabilities specialist nurse based at the local hospital. 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 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.

General Practice Annual Health Checks

People with learning disabilities often have poorer physical and mental health than other people. Annual health checks are a reasonable adjustment to overcome known health inequalities faced by people with a learning disability. The General Practice Annual Health Checks are for adults and young people 14 and over with learning disabilities.

Brent recognises that people with learning disabilities often have difficulty in recognising illness, communicating their needs and using health services. Research has shown that regular health checks for people with learning disabilities often uncovers treatable health conditions. Most of these are simple to treat and make the person feel better, while sometimes serious illnesses such as cancer are found at an early stage when they can be treated.

The General Practice annual Health Check is an opportunity for any individual with a learning disability to have a robust assessment of their general health and discuss any concerns they may have. Included in an annual health check are:-

- a general physical examination, including checking their weight, heart rate, blood pressure and taking blood and urine samples
- assessment of the patient's behaviour, including asking questions about their lifestyle, and mental health
- Checks for epilepsy
- checks on any prescribed or non-prescribed medicines the patient is currently taking
- checks on whether any chronic illnesses, such as asthma or diabetes, need further investigations and/or are being well managed
- a review of any arrangements with other health professionals, such as physiotherapists or speech therapists
- extra tests for particular health risks

Brent continues to work to meet our equality objective to ensure that 95% or more of people with learning disabilities in the borough get a health check and resulting care plan to support them. Annual Health Checks carried out by General practice support individuals with learning disabilities to ensure that they receive the right care to meet their health needs.

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 works in conjunction with Care and Treatment Reviews (CTR) and the Care Programme Approach (CPA) in place for individual and their health and social care professionals. It operates 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.

Personal Health Budgets

As already highlighted in this strategy document, people with learning disabilities are likely (compared to other care groups) to have more complex support packages and to require such support for decades. They experience significant health inequalities and social disadvantages. Personal health budgets help with innovative support packages for individuals with learning disabilities who may otherwise end up in high cost, poor quality services like Winterbourne View.

“People should have choice and control over how their health and care needs are met – with information about care and support in formats people can understand the expansion of personal budgets and integrated personal budgets, and strong independent advocacy.” ***Building the Right Support, NHS England, Local Government Association and Association of Directors of Adult Social Services, 2015**

Emerging evidence from Integrated Personal Commissioning programme has shown that Personal Health Budgets benefit people with learning disabilities through fewer formal services, home based care, less time being referred to hospital, more flexible care and better experiences for individuals.

Individuals accessing Personal health budgets have a significant improvement in their care-related quality of life and psychological wellbeing and Brent is committed to implementing personal health budgets for people with learning disabilities as part of the wider personal health budget programme, including the provision of information and advice, commissioning a wide range of health and social care support required to promote independence and enabling people with learning disabilities to lead a full life including skilled support to plan and a positive approach to managing risk.

Brent is rolling out Personal health budgets for individuals with a learning disability to enable and facilitate more choice and control over what care and support individuals would like to access. This includes traditional NHS support and non-traditional treatments/support, alternative and complementary, fitness and leisure activities. Individuals with Learning disabilities will:-

- Be able to choose the health and wellbeing outcomes they want to achieve;
- Know how much money they have for their health care and support
- Be enabled to create their own care plan, with support if they want it
- Be able to choose how their budget is held and managed
- Be able to spend the money in ways and at times that make sense to them, as agreed in their plan

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.

Enabler Four 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 Sustainability and Transformation (STP) 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

Co-ordination 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.

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 out for 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.

Appendix A: Glossary of Terms

Adult Social Care (ASC): a department in Brent Council which assesses adults who may need help to see if they are eligible for support to assist them. If the adult is eligible a plan of support will be made with them that will help them to live their lives and be as independent as possible.

Better Care Fund (BCF): money that has been given by the Government to Brent to make the NHS and Council work together better.

Care and Treatment Reviews (CTR): are a review process for people whose behaviour is seen as challenging and/or for people with a mental health condition for people living in the community and in learning disability and mental health hospitals. The review is completed by a multi-disciplinary team including local commissioners.

Care Programme Approach (CPA): a care planning process and approach for people with serious mental health problems.

Challenging Behaviour: behaviours a person displays that may cause harm to themselves or to those around them, which may make it difficult for them to go out and about.

Clinical Commissioning Group (CCG): a GP-led organisation in Brent that works to plan and design the health services in Brent. CCG's are given a budget from NHS England to spend on a range of health services that include hospital care, rehabilitation and community-based services.

Commissioning: the process of planning services for a group of people who live in a particular area. It does not always mean paying for services, but making sure that the services people need are available in that area.

Learning disability (LD): a term that is used to describe an impairment of the brain that may make it difficult for someone to communicate, to understand information, or to learn skills.

NHS Central North West London Trust (CNWL): an NHS Foundation Trust caring for people with a wide range of people with physical and mental health needs.

Sustainability and Transformation Plan (STP): brings together providers and commissioners of care (both local government and NHS) to deliver a genuine place based plan for Brent.

Transforming Care Plan (TCP): a plan to change services in a way that will make a real difference to the lives of children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

National Institute for Health and Care Excellence (NICE): provides national guidance and advice to improve health and social care

Safeguarding: The process of ensuring that adults at risk are not being abused, neglected or exploited.

Appendix B: Organisations

Brent Carers Centre offers a confidential information, advice and support service to all Brent carers.

Link to website: <http://www.brentcarerscentre.org.uk/>

Brent CVS is an independent, capacity building organisation, supporting groups providing community services on a not-for-profit basis, on behalf of the local community; particularly those local to Brent.

Link to website: <http://www.cvsbrent.org.uk/>

Brent Mencap is the leading voluntary sector organisation in Brent working with and on behalf of people of all ages with a learning disability.

Link to website: <https://brentmencap.org.uk/>

Brent Start is Brent's adult education college. We offer a service to anyone who wants to learn new skills, get into employment, find a better job or improve their prospects in life.

Link to website: <https://www.brent.gov.uk/brentstart>

The Change Academy is a programme being delivered across North West London to transform services.

Link to website: <https://www.healthiernorthwestlondon.nhs.uk/bettercare/ourstaff/changeacademy>

CNWL Patient Support Service offers a single point of contact for patients, and their carers and families, to provide a range of feedback; compliments, comments, enquiries and complaints.

Link to website: <http://www.cnwl.nhs.uk/news/patient-support-service-launched/>

Pohwer provide advocacy support to people who have a learning disability and lack capacity to make a decision about a change of long term accommodation or serious medical treatment and have no representatives to support them with the decision.

Link to website: <https://www.pohwer.net/brent>

Skills for Care helps create a better-led, skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

Link to website: <http://www.skillsforcare.org.uk/Home.aspx>

Voiceability provide a range of advocacy services across the London Borough of Brent.

Link to website: <https://www.voiceability.org/services/london-borough-of-brent>

The Advocacy Project supports individuals with Learning Disabilities to speak up, understand their rights and make informed choices. They work to address issues of stigma, isolation and inequality as faced by people with learning disabilities, mental health problems, dementia and eating disorders.

Link to website: www.advocacyproject.org.uk

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Transforming Care Partnerships (TCP) summary

Description/ summary	This work stream supports NWL Delivery Area 4. It focuses on planning and securing services to support people with learning disabilities and/or autism spectrum disorder and their carers. This supports the aim of building local capacity and a joint strategic approach to develop the market for local service provision to better meet the needs of people with learning disabilities and their carers, as defined by them.	
Workstreams/ priority areas	Objectives	
<div>Page 65</div> <ol style="list-style-type: none">1. Reduce the number of individuals in placements.2. Develop 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.3. Create an integrated health and social care team.4. Transitions – reduce the gap created due to transition between children and adult services.	<ul style="list-style-type: none">• Reduce the number of people with learning disabilities, autism or complex needs in placements.• Decrease the number of new admissions to placements for people with learning disabilities, autism or complex needs.• Improve the outcomes of care for people with learning disabilities.• Increase efficiency and effectiveness of health and social care staff by reducing delays, duplication and handoffs.• Provide specialist support to individuals with forensic/complex needs.	
Expected benefits/ impact	To be developed	

Brent STP TCP Programme plan

Individuals in placements

Market management

Integrated LD team

Transitions

Page 66



Primary Support Reason		Learning Disability Support		
Age Band	Gender	Support Setting: Community	Support Setting: Residential Care	Support Setting: Nursing Care
18 - 64	Male	286	63	2
18 - 64	Female	193	46	3
65+	Male	6	4	0
65+	Female	8	5	1

Extremely or very satisfied	Quite satisfied	Neither sat	Quite diss	Extremely	Total resp	No response	
114		18	7	1	0	140	0

Reporting Tables (weighted results)

Stratum 1

Question 1 combined - Overall, how satisfied or dissatisfied are you with the care and support services you receive?

1 Extremely or very satisfied	114
2 Quite satisfied	18
3 Neither satisfied or dissatisfied	7
4 Quite dissatisfied	1
5 Extremely or very dissatisfied	0
Total respondents	140
-9 No response	0

Question 2a - Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

So good, it could not be better or	
1 very good	52
2 Good	71
3 Alright	14
4 Bad	3
Very bad or so bad, it could not be	
5 worse	0
Total respondents	140
-9 No response	0

Q2b - Do care and support services help you to have a better quality of life?

1 Yes	135
2 No	2
Total respondents	137
-9 No response	3

Q2c - Which of the following statements best describes how much choice you have over care and support services you receive?

I do have enough choice over care and support services	
1	

I don't have enough choice over care
2 and support services
I don't want or need choice about
3 care and support services
Total respondents
-9 No response

Q3a - Which of the following
statements best describes
how much control you have
over your daily life?

I have as much control over my daily
1 life as I want 39
I have adequate control over my
2 daily life 90
I have some control over my daily life
3 but not enough 4
4 I have no control over my daily life 7
Total respondents 140
-9 No response 0

Q3b - Do care and support
services help you in having
control over your daily life?

1 Yes 128
2 No 9
Total respondents 137
-9 No response 3

Q4a - Thinking about keeping
clean and presentable in
appearance, which of the
following statements best
describes your situation?

I feel clean and am able to present
1 myself the way I like 104
I feel adequately clean and
2 presentable 35
I feel less than adequately clean or
3 presentable 1
4 I don't feel at all clean or presentable 0
Total respondents 140
-9 No response 0

Q4b - Do care and support
services help you in keeping
clean and presentable in
appearance?

1 Yes 0
2 No 0
Total respondents 0
-9 No response 0

Q5a - Thinking about the
food and drink you get,
which of the following
statements best describes
your situation?

I get all the food and drink I like
1 when I want 87
I get adequate food and drink at OK
2 times 50
I don't always get adequate or timely
3 food and drink 1
I don't always get adequate or timely
food and drink, and I think there is a
4 risk to my health 2
Total respondents 140
-9 No response 0

Q5b - Do care and support services help you get food and drink?

1 Yes	0
2 No	0
Total respondents	0
-9 No response	0

Q6a - Which of the following statements best describes how clean and comfortable your home is?

My home is as clean and comfortable as I want	110
My home is adequately clean and comfortable	28
My home is not quite clean or comfortable enough	1
My home is not at all clean or comfortable	0
Total respondents	139
-9 No response	1

Q6b - Do care and support services help you in keeping your home clean and comfortable?

1 Yes	0
2 No	0
Total respondents	0
-9 No response	0

Q7a - Which of the following statements best describes how safe you feel?

1 I feel as safe as I want	126
Generally I feel adequately safe, but not as safe as I would like	12
3 I feel less than adequately safe	0
4 I don't feel at all safe	1
Total respondents	139
-9 No response	1

Q7b - Do care and support services help you in feeling safe?

1 Yes	136
2 No	3
Total respondents	139
-9 No response	1

Q8a - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

I have as much social contact as I want with people I like	68
I have adequate social contact with people	58
I have some social contact with people, but not enough	11
I have little social contact with people and feel socially isolated	2
Total respondents	139
-9 No response	1

Q8b - Do care and support services help you in having social contact with people?

1 Yes	0
2 No	0

	Total respondents	0
	-9 No response	0
Q9a - Which of the following statements best describes how you spend your time?		
	I'm able to spend my time as I want, 1 doing things I value or enjoy	75
	I'm able to do enough of the things I 2 value or enjoy with my time	48
	I do some of the things I value or 3 enjoy with my time but not enough	15
	I don't do anything I value or enjoy 4 with my time	0
	Total respondents	138
	-9 No response	2
Q9b - Do care and support services help you in the way you spend your time?		
	1 Yes	0
	2 No	0
	Total respondents	0
	-9 No response	0
Q10 - Which of these statements best describes how having help to do things makes you think and feel about yourself?		
	Having help makes me think and feel 1 better about myself	110
	Having help does not affect the way I 2 think and feel about myself	25
	Having help sometimes undermines 3 the way I think and feel about myself	2
	Having help completely undermines 4 the way I think and feel about myself	0
	Total respondents	137
	-9 No response	3
Q11 - Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?		
	The way I'm helped and treated makes me think and feel better 1 about myself	106
	The way I'm helped and treated does not affect the way I think or feel 2 about myself	23
	The way I'm helped and treated sometimes undermines the way I 3 think and feel about myself	5
	The way I'm helped and treated completely undermines the way I 4 think and feel about myself	1
	Total respondents	135
	-9 No response	5
Q12 - In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?		
	1 Very easy to find	40
	2 Fairly easy to find	43
	3 Fairly difficult to find	18
	4 Very difficult to find	6

I've never tried to find information or	
5 advice	25
Total respondents	132
-9 No response	7

Q13 - How is your health in general?

1 Very good	47
2 Good	53
3 Fair	33
4 Bad	7
5 Very bad	0
Total respondents	140
-9 No response	0

Q14 - By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

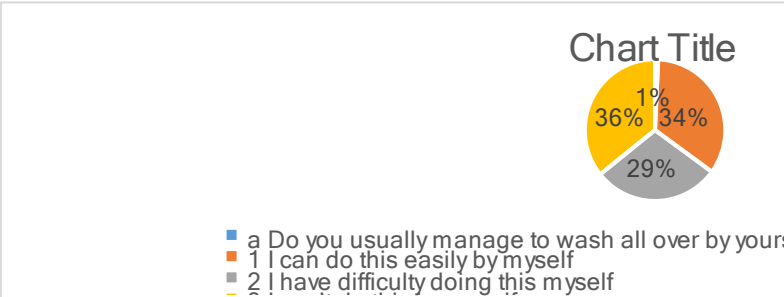
a	Pain or discomfort	1
	1 I have no pain or discomfort	80
	2 I have moderate pain or discomfort	55
	3 I have extreme pain or discomfort	1
	Total respondents	136
	-9 No response	4
b	Anxiety or depression	1
	1 I am not anxious or depressed	76
	I am moderately anxious or	
	2 depressed	59
	3 I am extremely anxious or depressed	1
	Total respondents	136
	-9 No response	0

Q15 - Please place a tick in the box that best describes your abilities for each of the following questions.

a	Do you usually manage to get around indoors (except steps) by yourself?	1
	1 I can do this easily by myself	112
	2 I have difficulty doing this myself	9
	3 I can't do this by myself	15
	Total respondents	136
	-9 No response	4
b	Do you usually manage to get in and out of a bed (or chair) by yourself?	1
	1 I can do this easily by myself	111
	2 I have difficulty doing this myself	7
	3 I can't do this by myself	19
	Total respondents	137
	-9 No response	3
c	Do you usually manage to feed yourself?	1
	1 I can do this easily by myself	109
	2 I have difficulty doing this myself	13
	3 I can't do this by myself	15
	Total respondents	137
	-9 No response	3
d	Do you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself?	1
	1 I can do this easily by myself	5
	2 I have difficulty doing this myself	7
	3 I can't do this by myself	125
	Total respondents	137
	-9 No response	3

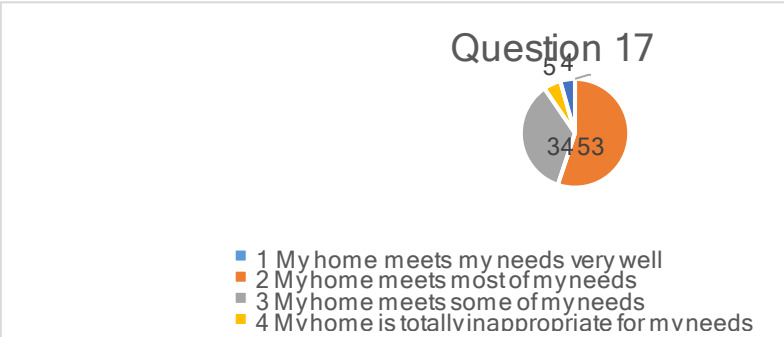
Q16 - Please place a tick in the box that best describes your abilities for each of the following questions.

a	Do you usually manage to wash all over by yourself, using either a bath or shower?	1
	1 I can do this easily by myself	48
	2 I have difficulty doing this myself	41
	3 I can't do this by myself	50
	Total respondents	139
b	-9 No response	1
	Do you usually manage to get dressed and undressed by yourself?	1
	1 I can do this easily by myself	72
	2 I have difficulty doing this myself	36
	3 I can't do this by myself	31
c	Total respondents	139
	-9 No response	1
	Do you usually manage to use the WC/toilet by yourself?	1
	1 I can do this easily by myself	85
	2 I have difficulty doing this myself	27
d	3 I can't do this by myself	27
	Total respondents	139
	-9 No response	1
	Do you usually manage to wash your face and hands by yourself?	1
	1 I can do this easily by myself	81
	2 I have difficulty doing this myself	32
	3 I can't do this by myself	26
	Total respondents	139
	-9 No response	1



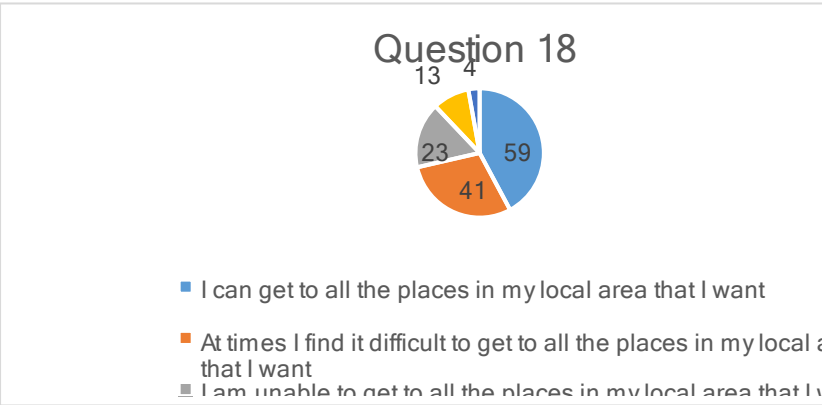
Q17 - How well do you think your home is designed to meet your needs?

1 My home meets my needs very well	75
2 My home meets most of my needs	48
3 My home meets some of my needs	7
4 My home is totally inappropriate for my needs	6
Total respondents	136
-9 No response	4



Q18 - Thinking about getting around outside of your home, which of the following statements best describes your present situation?

1 I can get to all the places in my local area that I want	59
2 At times I find it difficult to get to all the places in my local area that I want	41
3 I am unable to get to all the places in my local area that I want	23
4 I do not leave my home	13
Total respondents	136
-9 No response	4



Q19 - Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

Yes, from someone living in my household	89
Yes, from someone living in another household	36
No	26
Total respondents who chose one or more of the above three answers	137

Q20 - Do you buy any additional care or support privately or pay more to 'top up' your care and support?

Yes, I buy some more care and support with my own money	32
Yes, my family pays for some more care and support for me	21
No	82
Total respondents who chose one or more of the above three answers	133

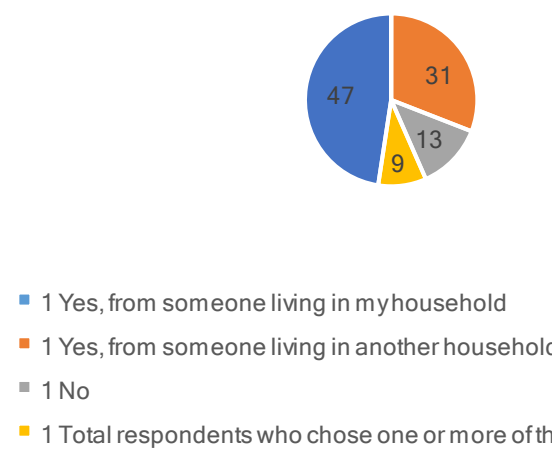
Q21 - Did you have any help from someone else to complete this questionnaire?

No, I did not have help	0
I had help from a care worker	0
I had help from someone living in my household	0
I had help from someone living outside my household	0
Total respondents	0
No response	0

Q22 - What type of help did you have?

I didn't have any help	0
Someone else read the questions to me	0
Someone else translated the questions for me	0
Someone else wrote down the answers for me	0
I talked through the questions with someone else	0
Someone answered for me, without asking me the questions	0
Total respondents who chose one or more of the above six answers	0

Question 19




self, using either a bath or shower?

and undressed by yourself?

area
wan

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 Brent	Community Wellbeing Scrutiny Committee 28 February 2018
	Report from the Director of Public Health
Childhood Obesity	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Marie McLoughlin Consultant in Public Health Email: marie.mcloughlin@brent.gov.uk Tel: 020 8937 6214

1.0 Purpose of the Report

- 1.1 The report describes the pattern of childhood obesity in Brent and action being taken to address the high levels.

2.0 Recommendation

- 2.1 Members of the Scrutiny Committee are recommended to note the action being taken to address the high levels of childhood obesity in Brent.

3.0 Detail

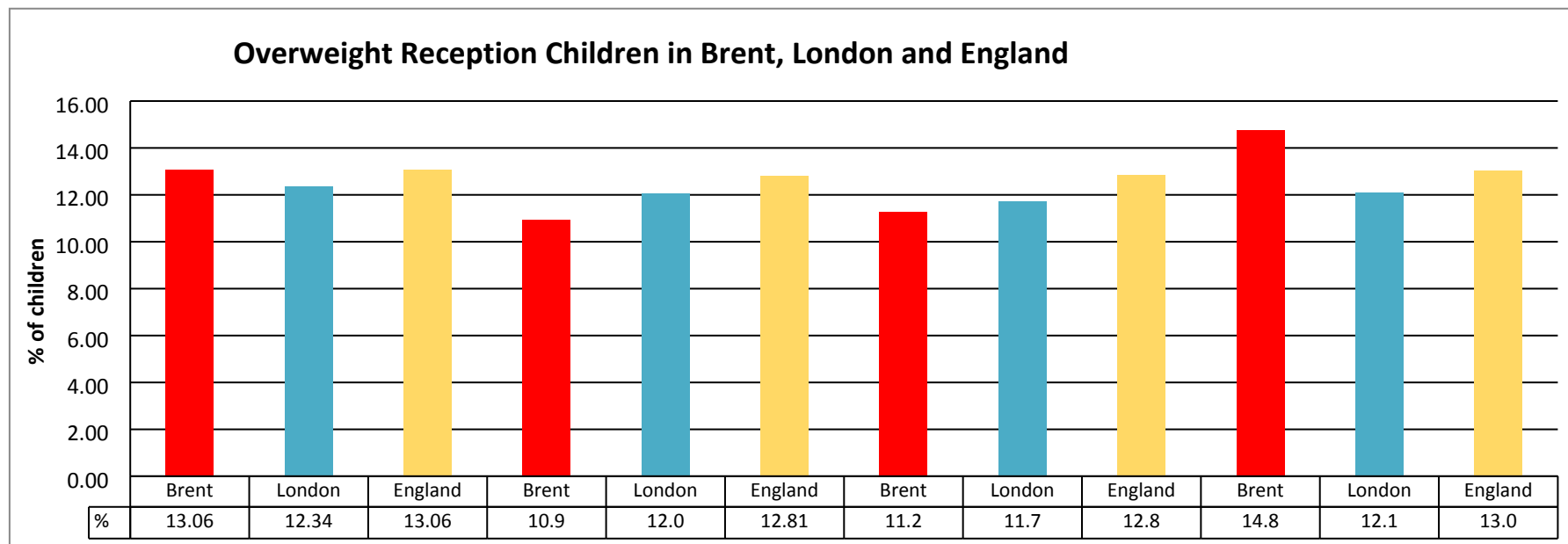
The extent of the problem

- 3.1 The National Child Measurement Programme (NCMP) is a mandated local authority public health service which weighs and measures all pupils in Reception and in Year 6. In Brent this is carried out by the 0-19 years children's public health service provided by Central London Community Healthcare (CLCH) National Health Service (NHS) Trust.

3.2 The following graphs show the percentage of children in Reception and Year 6 who are overweight or obese for each year since 2013/14. Figures for Brent are compared to those for England and for London.

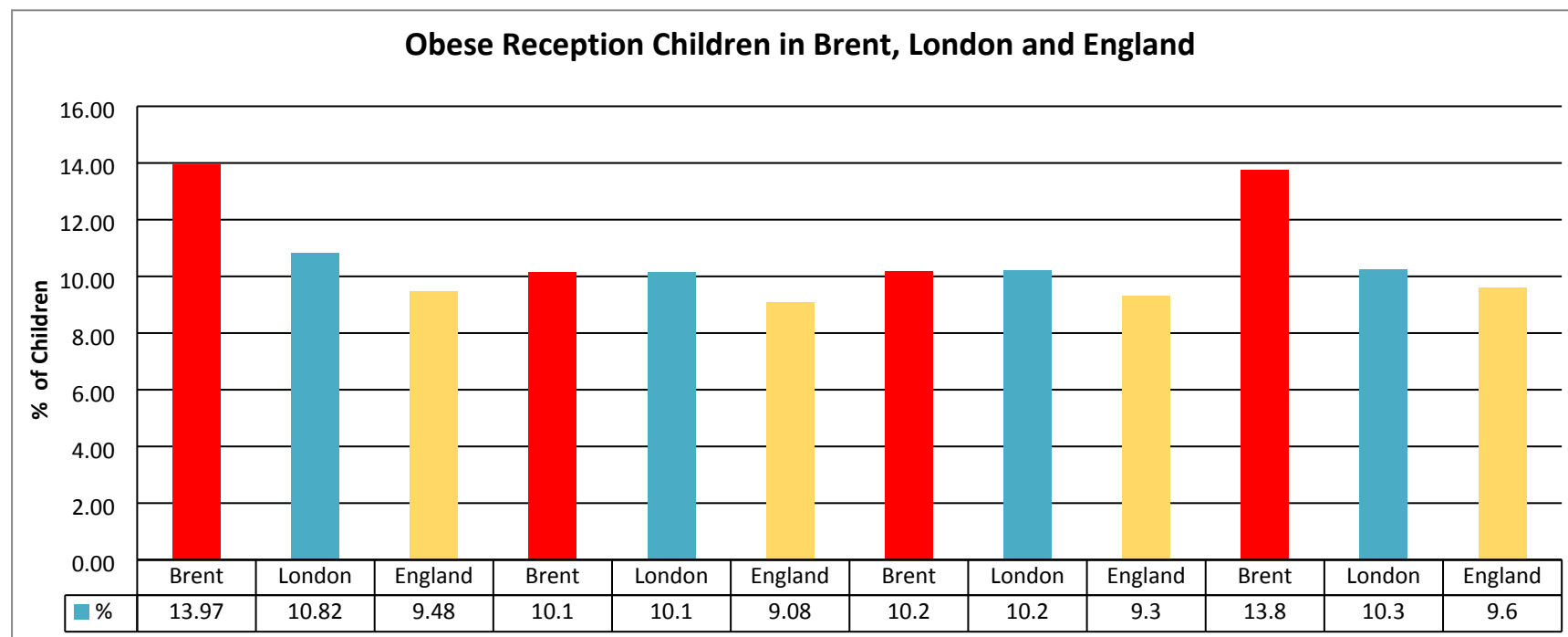
Graph 1: Overweight children aged 4/5 (reception)

Source: NCMP data 2013 – 2017



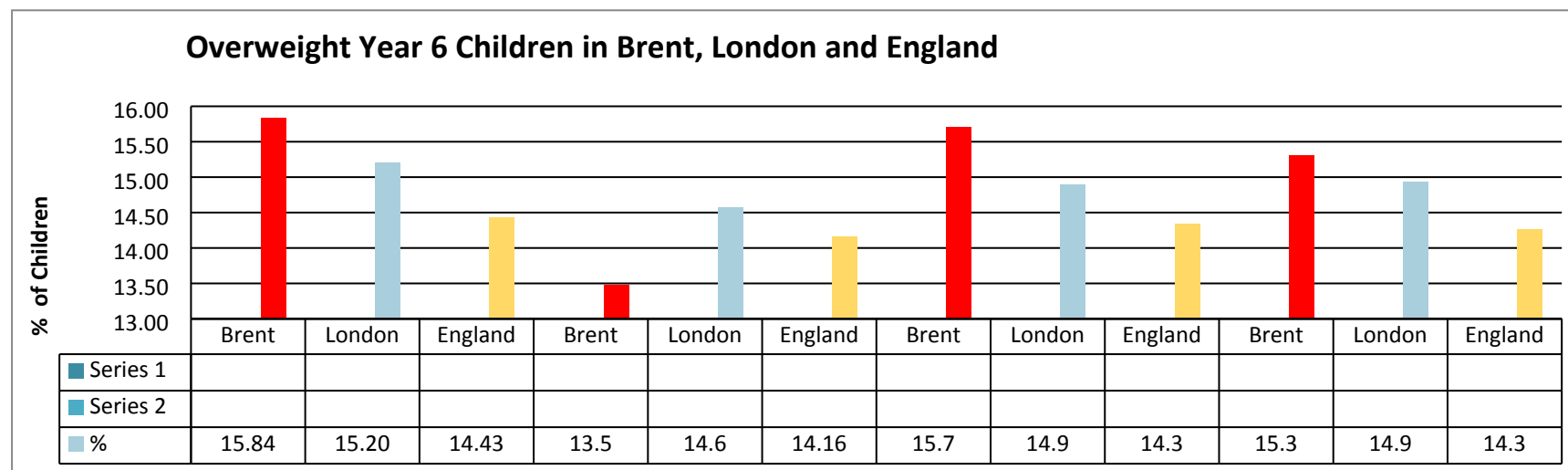
3.3 Year on year fluctuations are apparent but there has been a worsening of Brent's position since 2014/15, with the most recent local data being above London and England.

Graph 2: Obese children aged 4/5 (reception)
Source: NCMP data 2013 – 2017



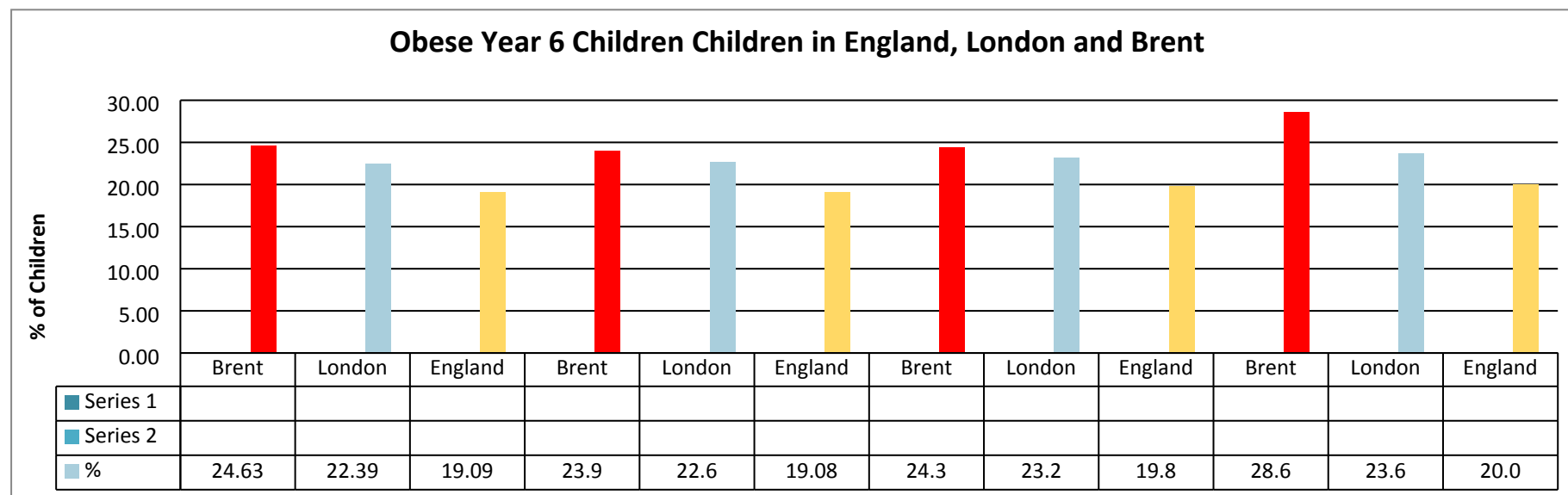
3.4 The trend for obese children aged 4/5 is similar to children who are overweight.

Graph 3: Overweight Children aged 10/11 (Year 6)
Source: NCMP data 2013 – 2017



- 3.5 Again there are year on year fluctuations. The most recent Brent data has shown a slight decline while remaining higher than the London and England average.

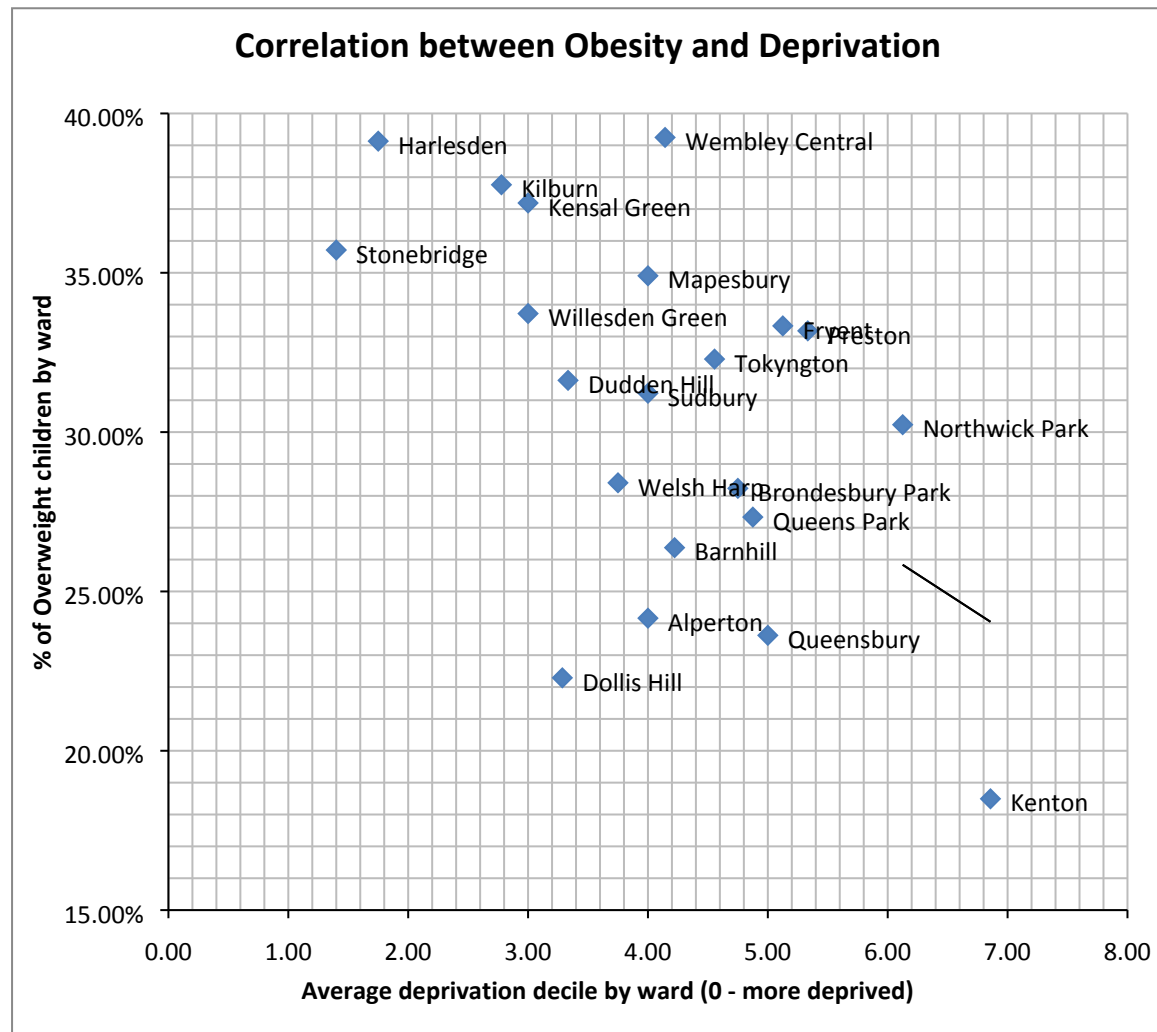
Graph 4: Obese children aged 10/11 (Year 6)
Source: NCMP data 2013 – 2017



- 3.6 This is the most worrying trend with the proportion of children who are obese in year 6 in Brent showing an increase since 2013 and remaining higher than the London and England average. This shows that one in three of our children are obese by the time they leave primary school.

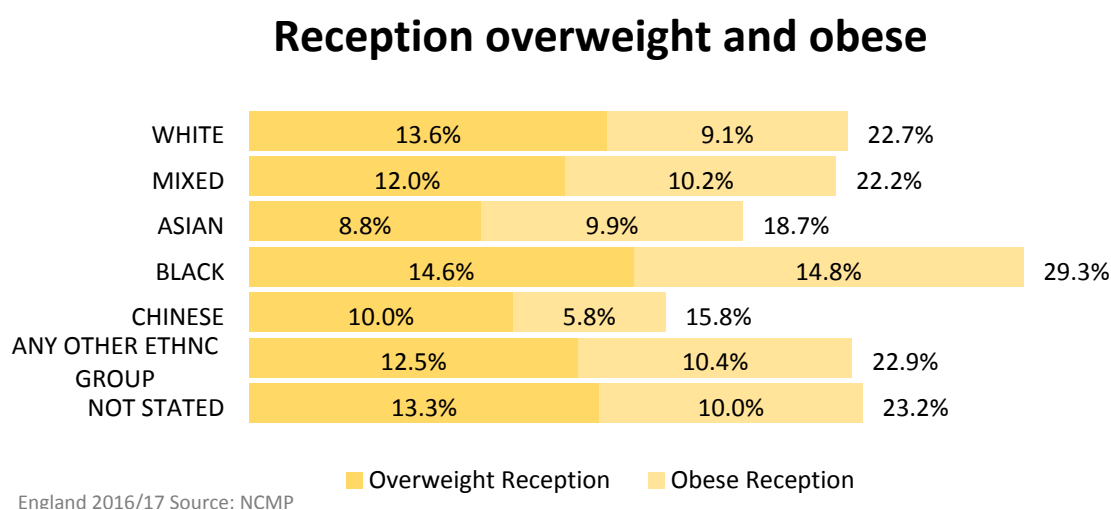
- 3.7 The prevalence of childhood obesity varies within Brent. The following graph shows levels of overweight and obesity by ward plotted against deprivation. This shows a weak correlation (of 0.3145) between average levels of deprivation in a ward and average levels of obesity. This suggests there is a link but it is not a strong one; a significant link would result in a correlation of 0.5 and above.

Graph 5: Correlation between overweight and obesity and deprivation

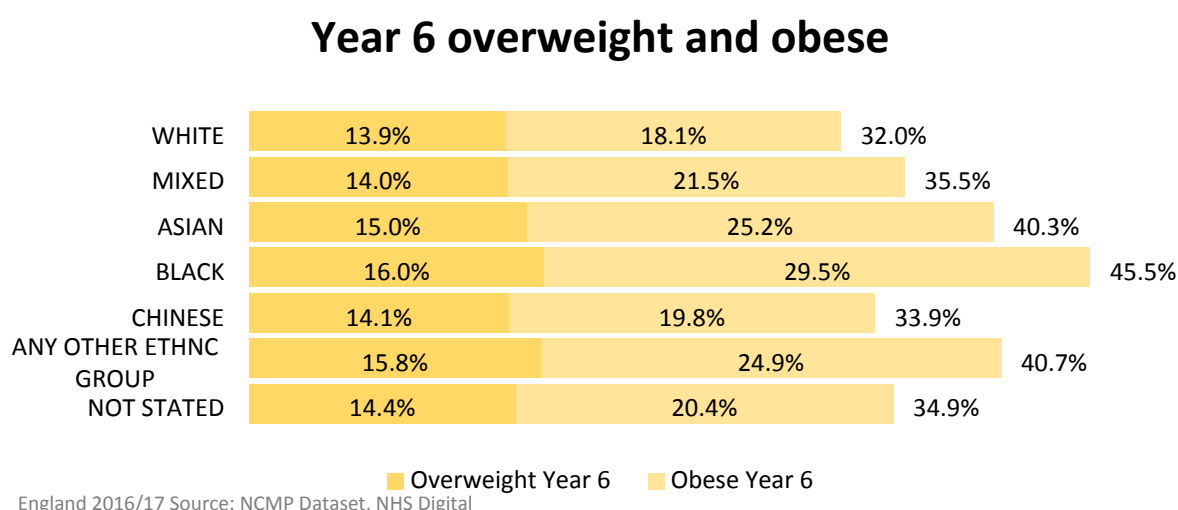


- 3.8 Data from the national NCMP allows examination of overweight and obesity levels by ethnicity, shown below for Reception and Year 6.

Graph 6: Reception overweight and obesity by ethnic group



Graph 7: Year 6 overweight and obesity by ethnic group



The highest levels of excess weight are seen in the Black ethnic group. However, of note are the figures for the Asian ethnic group where there are relatively low levels at Reception but much higher levels at Year 6.

The cost of obesity

- 3.9 Childhood obesity can effect a child's physical and mental health and wellbeing. It is also a predictor of adult obesity and, thus, places a significant burden on the NHS and wider society. The UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

Local action to address childhood obesity

Promotion of breastfeeding

- 3.10 Breastfeeding has many health benefits which include reducing the risk of obesity. Supporting mothers to breastfeed is therefore a priority for the Clinical Commissioning Group (CCG) and the Council. Brent's Children's Centres and health visiting service have achieved stage 1 accreditation with the UNICEF Baby Friendly Initiative (BFI) and are on track to achieve level 2 by April 2018.
- 3.11 Midwifery services promote breastfeeding antenatally and support mothers to initiate breast feeding before handing over to the care of a health visitor around day 10.
- 3.12 The new 0-19 years children's public health service specifies the provision of breast feeding support through an infant feeding co-coordinator, breast feeding champions who run breast feeding support clinics in each locality and peer support.

Maternity Early Childhood Sustained Home visiting model (MESCH)

- 3.13 The new 0-19 years contract introduced the MESCH model to Brent. This provides additional support for vulnerable families from pregnancy until the child reaches two years. Additional training modules have been introduced into the programme in Brent to address particular local issues – including obesity.

Healthy early years award scheme

- 3.14 The Healthy Early Years (HEY) Award is a local scheme in Brent which supports children's centre staff, private and voluntary nurseries, childminders and health professionals to promote young children and their families' health and wellbeing. Since its launch in 2012, 77 settings have achieved HEY status. The award standards reference national guidance including the Healthy Child Programme¹, Ofsted inspection guidance and the Statutory Framework for the Early Years Foundation Stage. Staff achieving the award undertake training on healthy eating, physical activity and breastfeeding.

Healthy Schools London

- 3.15 Brent participates in the Healthy Schools London programme. Supported by the Council's Public Health Team, schools can apply for Bronze, Silver or Gold accreditation with the scheme. The scheme includes action on nutrition and physical activity; for example a school may develop a lunchbox policy, become water-only or include the daily mile in the timetable.
- 3.16 To date, 32 Brent schools have achieved a bronze award and 11 schools have achieved silver.

¹ Healthy Child Programme can be found here:
<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

Action on sugar

- 3.17 Many children (and adults) have far more sugar in their diets than is recommended. Children aged 7 to 10 should have no more than 24g of sugar daily (6 sugar cubes) with children aged 4 to 6 having no more than 19g of sugar (5 sugar cubes). A single can of cola can contain over 9 sugar cubes showing how easily these recommended levels can be breached. It is recommended that children under 4 should avoid all sugar sweetened foods and drinks.
- 3.18 The Council therefore developed a Slash Sugar campaign with outreach work in community groups, libraries, children's centres and health awareness days. Messages on obesity have been combined with the promotion of good child oral health.
- 3.19 For the past two years, the Council's Public Health Team have included sugar awareness in the Junior Citizen Scheme which reaches almost all Year 6 children in the Borough. These popular sessions shocked children (and teachers) with the amount of hidden sugar in some of their favourite foods and introduced the Public Health England food scanner app.
- 3.20 Sustain have developed a Local Government Declaration on Sugar Reduction and Healthier Food which is akin to the Declaration on Tobacco Control which the Council is already signed up to. Work is underway across the Council to support signing of the Sugar Reduction Declaration which requires a commitment to take action in six key areas:
- Commitment 1 – Tackle advertising and sponsorship
 - Commitment 2 – Improve the food controlled or influenced by the Council and support the public and voluntary sectors to improve their food offer
 - Commitment 3 – Reduce prominence of sugary drinks and actively promote free drinking water
 - Commitment 4 – Support businesses and organisations to improve their food offer
 - Commitment 5 – Public events
 - Commitment 6 – Raise public awareness.

Community food growing

- 3.21 The Council works with a number of partners to support food growing. For example:
- The Borough has 22 active sites in the Capital Growth scheme.
 - There is an active transition town project in the south of the Borough, Kilburn Station Planters, which holds regular gardening sessions.
 - The Council has provided small grants for food growing projects, including a grant to Sufra to create an edible garden on a local estate.
 - The Council supports food growing initiatives within parks <https://www.brent.gov.uk/services-for-residents/sport-leisure-and-parks/allotments/food-growing-conservation-and-gardening-projects/>.

- Brent Council provided match funding to LIFT to develop the Harlesden City Garden. This pocket park, built on what was formerly waste ground, has 27 individual or small group raised beds, and four communal ones. A green club provides Saturday gardening training, supported by Veolia who maintain the equipment and are responsible for rubbish and waste removal.

3.22 Brent has a Food Growing and Allotments strategy:

<https://www.brent.gov.uk/your-council/about-brent-council/council-structure-and-how-we-work/strategies-and-plans/food-growing-and-allotments-strategy/>

3.23 Brent Council also works Food Growing Schools London which encourages schools to grow food. To date, 18 schools are food growing.

3.24 Support for community food growing is included in the Development Management Policy 8, which encourages food growing opportunities within major developments.

Good Food for London

3.25 The Good Food for London report is produced annually by Sustain. Boroughs are measured on 11 different good food measures including Fairtrade, food growing and school food. In 2017, Brent was ranked 13 out of 33 London boroughs and was the most improved borough, having climbed 10 places since 2016.

Healthier Catering Commitment

3.26 The Healthier Catering Commitment (HCC) is a voluntary accreditation scheme particularly aimed at fast food outlets. To achieve the award, businesses need to show a range of healthier practices such as using healthier oils (rapeseed, sunflower, corn oil) instead of lard or palm oil; limiting salt (for example not pre-salting chips); promoting water and low sugar drinks; and considering healthier sides such as salad, sweetcorn or jacket potatoes as an alternative to chips. To date, 18 premises have achieved the HCC award. There is a dedicated page on Brent website, explaining the award, benefits of the award, how to sign up, and listing companies who have achieved the award: <https://www.brent.gov.uk/services-for-residents/healthy-living/diet-and-healthy-eating/healthier-catering-commitment/>

Planning policy

3.27 Brent Planning and Public Health teams successfully defended the development management policy which restricts the opening of any new fast food restaurants within 400m of a secondary school or a further education establishment.

Promotion of physical activity

- 3.28 The Council undertakes a range of activities to promote physical activity in children:
- The HEY award includes a physical activity component.
 - Schools are encouraged to sign up to the Daily Mile/Marathon Kids, which are low cost initiatives easily included in the primary school timetable which have been shown to increase activity levels.
 - The Transport Department support schools to develop Active travel plans which encourage walking, cycling and scooting to school.
 - Schools have been supported with funding applications to Wembley National Stadium Trust for funds to increase Physical Activity in school settings.
 - Public Health and Physical Education teachers held a successful conference *The Power of an Active School* at Wembley Stadium in January 2018
 - There is a popular and accessible offer to children and their families at the Council's leisure facilities
- 3.29 The Active People survey produces estimates of levels of physical activity in adults, but does not include children.

NHS action

- 3.30 The NHS Operational Planning And Contracting Guidance for 2017-19 sets out a requirement on CCGs to *lead a step change in the NHS in preventing ill health and supporting people to live healthier lives*. This includes working towards a measurable reduction in child obesity 2020, as part of the Government's childhood obesity strategy.
- 3.31 Following requests from parents, NHS England is currently testing an electronic replacement for the Red Book (e-Red Book), the parent-held child health record. A key ambition of this project is to provide parents with targeted alerts, advice, and information about how to give their child the right level of nutrition and activity for healthy weight and a healthy lifestyle.
- 3.32 The CCG proposes to introduce the following targets into the contract schedules for the provider Service Delivery Improvement Plans (SDIP) in 2018/19. These will be subject to negotiation and agreement with each provider.

The proposed Service Delivery Improvement Plan would be:

- 1) Review food provided by the Trust in line with guidance on reducing obesity and health weight by end of Quarter 1 (30 Jun 2018);
- 2) Develop a local action plan to promote healthier options by end of Quarter 2 (30 Sep'18), and monitor in Quarter 3 (Oct-Dec 2018) and Quarter 4 (Jan-Mar 2019);
- 3) Develop a plan for front-line staff to have 'Make Every Contact Count' training about reducing childhood obesity and local weight management services by end of Quarter 2 (30 Sep 2018), and monitor in Q4 (Jan-Mar 2019);

- 4) Identify conditions where obesity is a risk factor (e.g. CHD, dementia, diabetes), ensure family members are aware of ways to reduce their risks by being healthy weight, and ensure the family knows how to access weight management support, in Q3 (1 Oct 2018) onwards.

The treatment of childhood obesity

- 3.33 The new 0-19 children's public health service includes tier 1 and 2 weight management service. This is a preventive universal service with additional lifestyle weight management services for those children, and their families, who are overweight or obese. This is a new service within health visiting and school nursing and mobilisation has been delayed by difficulties recruiting to the new team. However, the full establishment has now been appointed.
- 3.34 The CCG commissions tier 3 services for those children who require specialist paediatrician or dietician clinical assessment and advice. A very small number of children will require drug treatment or surgery.
- 3.35 The CCG and public health secured funding from Health Education England which was used to provide tier 1 weight management training to front line staff working with children in Brent. 173 people have attended this training which should ensure a consistent high quality offer across the Borough.

4.0 Financial Implications

- 4.1 There are no financial implications directly arising from this report.

5.0 Legal Implications

- 5.1 The national child measurement programme is a mandated public health service.

6.0 Equality Implications


- 6.1 Services for children in Brent have been commissioned with specific regard to the diversity of the local population and the increased prevalence of overweight and obesity in particular ethnic groups

7.0 Consultation with Ward Members and Stakeholders

- 7.1 There has been engagement with Councillors and partners through a number of workshops and seminars to inform the development of the Childhood Obesity Action Plan.

Report sign off:

MELANIE SMITH
Director of Public Health

	Community Wellbeing Scrutiny Committee 28 February 2018
	Report from the Strategic Director of Performance, Policy and Partnerships
Community and Wellbeing Scrutiny Committee Work Programme 2017-18 Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Two: <ul style="list-style-type: none"> Community and Wellbeing Scrutiny Committee Work Programme 2017-18 Tracker of Scrutiny Recommendations (updated February 2018)
Background Papers:	None
Contact Officer:	James Diamond Policy and Scrutiny Officer Email: james.diamond@brent.gov.uk Tel: 020 8937 1068

1.0 Purpose of the Report

- 1.1 This report updates Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendations

- 2.1 Members of the Committee to discuss and note the contents of the report, including changes to the agenda items for each meeting.
- 2.2 To note the details of letters and requests for information, which have taken place outside of the Committee's 2017/18 Work Programme.

3.0 Detail

- 3.1 Members of the Community and Wellbeing Scrutiny Committee agreed their work programme 2017/18 earlier this year, which is published as Appendix A. The programme sets out what items will be heard at Committee and which

items will be looked at as task groups. However, the assumption was that it would evolve according to the needs of the Committee, and spare capacity would be left to look at issues as they arise.

- 3.2 For operational reasons it may be necessary to move items to be heard at a particular Committee. In addition, members and co-opted members can at any time suggest an item to be looked at during a Committee meeting, which provided it is agreed by the Chair, would mean the Work Programme changes.
- 3.3 The one substantial change to the Work Programme which should be noted is that in the February committee there will now be a report about childhood obesity in Brent and a verbal updated about tuberculosis.
- 3.4 Members have asked for a log of recommendations to Cabinet and actions and progress with them to be monitored. This is set out in Appendix B.
- 3.5 Brent Clinical Commissioning Group (CCG) will give their response to the recommendations made to them at the meeting on 28 February 2018. National Health Service (NSH) England has submitted a response to the recommendation made at the committee on 6 December 2017. The response is set out verbatim in paragraph 3.6
- 3.6 NHS England Response
Direct online patient booking into extended access clinics is not yet technically possible under patient access (EMIS). There is a technical issue with booking directly into access hub via online services as the patient must remain registered to the originating GP practice, but also access the booking system for access hub - the current database architecture doesn't allow for this. NHS 111 has a workaround in place but this is not scalable for direct patient use. EMIS have reported that the issue is under development with its development team, but has not committed to a timeframe for resolution.

4.0 Financial Implications

- 4.1 There are no financial implications arising from this report.

5.0 Legal Implications

- 5.1 There are no legal implications arising from this report.

6.0 Equality Implications

- 6.1 There are no equality implications arising from this report.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Ward members who are Members of the Committee have been involved in this report.

REPORT SIGN-OFF

Peter Gadsdon

Director Performance Policy and Partnerships

APPENDIX A: Community and Wellbeing Scrutiny Committee Work Programme 2017-18

Wednesday 19 July 2017

Agenda Rank	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Sustainability and Transformation Plan - Update	Cabinet member to update scrutiny on recommendations made on 20 September 2016	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Cabinet member to update
2.	Task Group report Child and Adolescent Mental Health Services	To discuss and agree task recommendations made by the task group	Cllr Ahmad Shahzad Cllr Mili Patel, Cabinet Member for Children and Young People	Gail Tolley, Strategic Director, Children and Young People Duncan Ambrose, Assistant Director, CCG
3.	Primary Care Transformation	Review implications of primary care transformation for Brent	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Sheik Auladin, Interim Chief Operating Officer, Brent CCG Sarah McDonnell, Assistant Director for Primary Care, Brent CCG
**4.	Children's oral health	Review of work being done to improve children's oral health in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Dr Melanie Smith Director of Public Health Jeremy Wallman/Kelly Nizzer, NHS England. Claire Robertson, Public Health England

*Items involving school education. ** Items which may involve partnership work with schools.

Tuesday 19 September 2017

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Brent Safeguarding Adults Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Michael Preston-Shoot, Chair BASB
**2.	Brent Local Safeguarding Children's Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Mili Patel, Cabinet Member, Children and Young People	Mike Howard, Independent Chair, BLSCB
3.	FGM in Brent	Review the identification of FGM in the borough and the implications for health policy-makers, the local authority and other agencies and organisations in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group scoping paper	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 22 November 2017

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.*	Brent Local Area SEND Inspection	Assess the action plan in place as a result of CQC-Ofsted local area inspection and how improvements will be implemented by the local authority and Brent CCG.	Cllr Mili Patel, Cabinet Member, Children and Young People	Gail Tolley, Strategic Director, Children and Young People Sheik Auladin, Interim Chief Operating Officer, Brent CCG
2.**	Local Offer for Care Leavers	Review the effectiveness of existing Local Offer for care leavers and any changes resulting from new policy or legislation.	Cllr Mili Patel, Cabinet Member, Children and Young People	Gail Tolley, Strategic Director, Children and Young People

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 6 December 2017 Special Scrutiny Meeting

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.	GP access	To review the CCG's proposals for changes to GP access.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Sarah McDonnell, Deputy Chief Operating Officer, Brent CCG Sheik Auladin, Interim Chief Operating Officer, Brent CCG

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 31 January 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	2016/17 Complaints Report	Review complaints for adult social care, children's services, cultural services.	Cllr Margaret McLennan, Deputy Leader	Peter Gadsdon, Director Performance Policy and Partnerships Irene Bremang, Head of Performance and Improvement
2.	PLACE scores	Evaluate why certain PLACE scores for hospitals in the Trust have been below average, what action plan has been put in place and what improvements were made.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	North West London NHS Healthcare Trust

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 28 February 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Learning Disabilities	Evaluate effectiveness and efficiency of learning disability service joint commissioning and market development. Assess to what extent changes will support independence and independent living.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care
2.	Childhood obesity	Evaluate Brent's effectiveness in reducing rates of childhood obesity	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
3.	TB: Prevalence in Brent VERBAL UPDATE	Understand what the challenges are around diagnosis and treatment of new TB cases.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group report and recommendations	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care

*Items involving school education. ** Items which may involve partnership work with schools

Wednesday 28 March 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
*1.	School Annual Standards and Achievement report	Receive report and review progress with school standards. Evaluate committee's recommendations on school standards made in March 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
*2.	Signs of Safety	Review progress with implementation and reporting back on task group's recommendations agreed February 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People

*Items involving school education. ** Items which may involve partnership work with schools.

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Community and Wellbeing Scrutiny Committee
Tracker of Scrutiny Recommendations 2017/18

Committee	Report Title	No #	Recommendation	Responsible	Response received
19-Jul-17	Children's Oral Health				
		1	Promote fluoride varnish as part of the Make Every Contact Count Programme	Cabinet	Yes
		2	Consider ways to encourage residents to register with a dentist as part of the Brent Landlord Registration Scheme – this could be incorporated into new Council Tax registrations	Cabinet	Yes
		3	Re-examine the notion of school visits by dentists, with a pilot on a smaller scale	Cabinet	Yes
		4	Collect data about visits at dental practices on a wider scale	Cabinet	Yes
		5	Consider a Harlesden-specific recommendation to address the issue of high number of dental admissions in hospital and events taking place between tooth decay and dental update	Cabinet	Yes
19-Jul-17	Primary Care Transformation				
		1	General Practitioners are strongly advised to display information about new developments	Brent CCG	No
19-Sep-17	FGM in Brent				
		1	Further engagement with the local community be carried out to raise awareness of the impact of FGM	CCG	No
		2	Service user feedback to service delivery and design continue to be monitored by relevant commissioners	CCG	No
		3	Assurance be sought by the Brent LSCB from across the partnership that relevant agencies had offered the required level of training and awareness on FGM as per training guidance and key performance indicators	Independent Chair, Brent LSCB	Yes
22-Nov-17	SEND Action Plan				
		1	Details of a Human Resources Strategy for the delivery of the future service model be provided at a future meeting of the Committee	Cabinet/CCG	NA
		2	Information how the SEND budget in the health and social care system would be safeguarded be provided at a future meeting of the Committee	Cabinet/CCG	NA
		3	An update report on jointly commissioned services be provided in the beginning of the 2018/2019 municipal year	Cabinet/CCG	NA
22-Nov-17	Local Offer for Care Leavers				
		1	Cabinet member and council continues with its lobbying of central government to secure the necessary finances to meet the new local offer	Cabinet	Yes
		2	Commitment be sought from mental health services in relation to the new Local Offer	Cabinet	No
		3	The Head of Strategy and Partnerships to use its partnership arrangements to seek support from local retail outlets to add value to the local care offer	Head of Strategy and Partnerships	No
06-Dec-17	GP Access Hubs				
		1	Provide a transitional period of 12 months following the introduction of the new system, during which Brent residents who unregistered patients have continued access to GP Hub services	Brent CCG	No
		2	Ensure that the two further sites selected for new GP Access Hubs are appropriately located to maximise equality of access for residents and are fully compliant with transport and disability access requirements	Brent CCG	No
		3	Ensure that the communication strategy is comprehensive and references all services used, including out of borough services used by Brent residents	Brent CCG	No
		4	Enables the quickest development of an online booking system for the new GP Access Hubs in Brent	NHS England	No
31-Jan-18	Complaints Report 2016/17				
		1	Data on benchmarking of complaints against other local authorities be included in future annual complaints reports	Cabinet	No
		2	Committee to consider a task and finish group to with Resources and Public Realm committee to examine the Customer Access Strategy	Cabinet	No
31-Jan-18	PLACE Scores				
		1	More detail on patient experiences be incorporated into next year's quality Quality accountAccount produced by the London North West Healthcare Trust.	London NW NHS Healthcare Trust	No
		2	The input and experiences of young people are included more in the PLACE assessments by the Trust in future	London NW NHS Healthcare Trust	No

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