



Brent



Health and Wellbeing Board

Tuesday 9 October 2018 at 6.00 pm

Members Suite - 4th Floor, Brent Civic Centre,
Engineers Way, Wembley, HA9 0FJ

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor Hirani	Brent Council
Councillor Kansagra	Brent Council
Councillor McLennan	Brent Council
Councillor M Patel	Brent Council
Sheikh Auladin	Brent CCG
Dr Ketana Halai	Brent CCG
Julie Pal	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Dr Melanie Smith	Brent Council - Non-Voting
Gail Tolley	Brent Council - Non-Voting
Simon Crawford	London North West Healthcare NHS Trust
Dr David Finch	NHS England
Claire Murdoch	Central and North West London NHS Foundation Trust

Substitute Members (Brent Councillors)

Labour Councillors:

Agha, Miller, Krupa Sheth and Tatler

Conservative Councillors:

Maurice

For further information contact: James Kinsella, Governance Manager
Tel: 020 8937 2063; Email: james.kinsella@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 significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then 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 of 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 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 is the subject of a registrable personal interest.

Agenda

Introductions, if appropriate.

Item	Page
1 Vice-Chair of the Health and Wellbeing Board	
To note that following the change in the membership of the Health and Wellbeing Board, Dr MC Patel will replace Dr Kong as Vice-Chair.	
2 Apologies for absence and clarification of alternate members	
For Members of the Board to note any apologies for absence.	
3 Declarations of Interest	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
4 Minutes of the previous meeting	1 - 8
To approve the minutes of the previous meeting as a correct record.	
5 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
6 Healthwatch Brent Work Programme 2018/19	9 - 42
The report updates the Health and Wellbeing Board on the progress of Healthwatch Brent. It also presents the 2017/18 Annual Report for Healthwatch Brent and sets out the 2018/19 work programme and priorities for Healthwatch Brent.	
7 Public Health Dashboard	43 - 52
The report informs the Board of the recent publication of the Public Health England (PHE) Dashboard and Brent's performance as measured by the dashboard.	
8 Mental Health and Employment Outcome Based Review	53 - 58
The report provides information to the Board on the development of the Outcome Based Review (OBR) for Mental Health and Employment including both the methodology and the scope.	

9 Brent Integration Priorities

To follow.

10 Brent Clinical Commissioning Group commissioning Intentions

To follow.

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: Tuesday 22 January 2019



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MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Tuesday 17 July 2018 at 6.15 pm

MEMBERS PRESENT:

Councillor Farah (Chair) and Councillors Hirani, Kansagra, McLennan and M Patel

Sheikh Auladin (Chief Operating Officer, Brent Clinical Commissioning Group (CCG)), Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent CCG), Dr Ketana Halai (Clinical Director – Willesden, Brent CCG)

Carolyn Downs (Chief Executive, Brent Council), Phil Porter (Strategic Director of Community Wellbeing, Brent Council), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council)

Also Present: Duncan Ambrose (Assistant Director, Brent Clinical Commissioning Group), Meenara Islam (Strategic Partnerships Manager, Brent Council), Dr Shazia Siddiqi (Clinical Director, Brent CCG), Karina Wane (Head of Community Protection, Brent Council), Una Carney (Head of Thrive LDN and Partnership Communications and Engagement).

1. **Apologies for absence and clarification of alternate members**

Apologies for absence were received from:

- Julie Pal (Chief Executive, Healthwatch Brent)
- Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust)
- Claire Murdoch (Central and North West London NHS Foundation Trust)
- Philippa Galligan (Central and North West London NHS Foundation Trust)

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minutes of the previous meeting**

It was **RESOLVED** that the minutes of the previous meeting, held on 27 March 2018, be approved as an accurate record of the meeting.

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

There were no matters arising.

5. **Knife Crime Prevention**

Karina Wane (Head of Community Protection, Brent Council) introduced the report which highlighted current knife crime trends across London and the specific challenges faced in Brent. She said that the paper had been brought to the

attention of the Health and Wellbeing Board as per recommendations made by the Deputy Mayor for Policing and Crime and the Safer Brent Partnership with the aim of securing the support of partners to tackle the issue. Ms Wane stated that knife crime had been on the rise for the past 12 months, including in Brent – in 2017-18 there had been a 60% increase on recorded offences compared to 2016-17 (764 and 475 respectively) which was the fourth highest in London and had placed Brent as having the fourth highest level of knife crime in the capital. Therefore, it was important to consider new ways of addressing the issue, including adopting a public health approach.

Dr Melanie Smith (Director of Public Health, Brent Council) provided more information on the public health approach, stating that it had roots in the approach of the World Health Organisation (WHO) to violence – violence, including knife crime, was considered to be preventable through identifying risk factors and circumstances in which it occurred. In addition, it was considered to be similar to an infectious disease as people who had been exposed to violence, were likely to commit violence. Dr Smith highlighted the need to evaluate potential interventions, taking into account the specifics of the Borough.

Members sought feedback on how other Health and Wellbeing Boards across London had taken the issue forward and asked if other agencies such as the Department for Work and Pensions and the Mayor's Office had targeted knife crime. Ms Wane responded that she had not received any feedback from other local authorities as most of them were taking reports to their respective Boards at roughly the same time. However, all London boroughs were considering minimum standards and had held conversations with stakeholders to examine gaps in service provision. Moreover, the Mayor's Office had released funding to tackle knife crime and a second round scheduled to become available in September and October 2018. Community Protection had been considering measures that could be taken to address the issue in the Borough, but if the level of funding was sustained, it could be necessary to curtail some of the current initiatives. As the existing funding would be available until the 2020/21 financial year, therefore, the present moment was a suitable time to re-consider the Borough's priorities. A Member pointed out that despite the measures that had been taken to address the problem, knife crime in the Borough had increased by 32%. In response, Ms Wane said that more could be done in relation to on street outreach work as engagement of often took place after an incident had happened. Therefore, funding could be re-aligned to provide more opportunities to work with people who were at risk and, especially, with residents under 25.

In relation to next steps, the Board heard that Ms Wane and Dr Smith would be meeting with representatives of the Central and North West London NHS Foundation Trust the following week and it was noted that it would be helpful if the Trust could provide the Council with information about people who had presented themselves at Accident and Emergency (A&E) departments with knife crime injuries. In addition, Sheikh Auladin (Chief Operating Officer, Brent Clinical Commissioning Group (CCG)) said that Brent (CCG) would be able to facilitate a similar dialogue with the Central Middlesex Hospital as a number of gunshot and knife crime injuries were treated there. Furthermore, Community Protection would take the appropriate actions to ensure that practices applied in Brent were in line with other boroughs did and would continue applying for grant funding. Ms Wane invited partners to share information on ways they could support the process as

knife crime was an issue that was not limited to community safety, but impacted a wide range of stakeholders. She added that although that Brent was a high priority need borough, the exact amount of funding that would be allocated to each borough as part of the Mayor's Office grant could be reduced, which would mean that Brent would have to look at other sources of funding. The outcome of the bidding process would be known in 2019.

The Board focused its attention on examining knife crime in London from a public health perspective. Dr Smith said that the Directors of Public Health and Children Services had had initial discussions on how their respective service areas could support the actions taken against knife crime. Dr Ethie Kong (Chair and Co-Clinical Director, Brent CCG) highlighted that health partners could look into the existing structure and seek ways to maximise their involvement by raising awareness; identifying families as vulnerable; sharing data; and coding information in a correct and efficient way that would allow other agencies to use it. Some of these actions would be in line with the Council's Digital Strategy and would contribute to the development of algorithms which would help to identify people at risk. Moreover, Ms Wane said the Community Protection service would be launching a new campaign in August 2018, which health partners would be welcome to promote.

A Member of the Board referred to paragraph 8.3.5 of the report (page 19 of the Agenda pack) and asked where the relaunched and refocused young people's component of the New Beginnings Service would be delivered. Dr Smith explained that the service would be available at a number of settings and would offer a wide range of interventions including group work, one-to-one support, outreach and drama support as well as sessions focused on bullying and resilience

As far as real world approaches to violence utilising a public health approach were concerned, the Board questioned the examples of US models provided in the paper and their effectiveness if applied in Brent. Ms Wane said some of them had been tried and they had not worked in the Borough – for example the Boston anti-gang violence initiative had been successful in Glasgow, but not in London despite the large number of gangs in the capital, The Board heard that the Community Protection service would be meeting the professor behind the Cure Violence Model and would ask him to get involved in a peer review, which would be the first one in London.

The Board noted that the topic of knife crime had been discussed at a recent meeting of the Safer Brent Partnership and it would be the subject of a joint Task and Finish Group of the Resources and Public Realm and the Community and Wellbeing Scrutiny Committees.

RESOLVED:

- (i) The contents of the Knife Crime Prevention – Review of Evidence and Recommendations report, be noted;
- (ii) That the Health and Wellbeing Board acknowledged knife crime as a public health issue;
- (iii) That the need to work together as a partnership to strengthen knife crime prevention measures be acknowledged; and

- (iv) The proposals outlined in section 10 of the report be endorsed with a specific regard to how these could be best taken forward by health organisations.

6. **Mental Wellbeing in Brent**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report and informed the Board that in 2017 the Mayor of London and the London Health Board had launched Thrive LDN – a city-wide movement aspiring to promote mental wellbeing, prevent illness and eliminate suicide in London. In 2018 Thrive LDN had launched a summer awareness-raising campaign focusing on inequalities in mental health and several teams across the Council and Brent Clinical Commissioning Group (CCG) would work together to explore how various Thrive LDN materials could be used locally in order to adapt the campaign's six aspirations (see paragraph 3.2 of the report (page 28 of the Agenda pack) and start conversations with local people and community groups. In addition, the Board heard that the Council was conducting an outcome based review (OBR) on mental health and employment and an event promoting five ways to wellbeing and resilience would be organised. In relation to the OBR, Phil Porter (Strategic Director of Community Wellbeing, Brent Council) said that it would be conducted in partnership with Brent Clinical Commissioning Group and Job Centre Plus. Mr Porter said that the OBR was expected to raise awareness of the services offered by various providers and highlight duplications so processes could be streamlined to improve performance.

Una Carney (Head of Thrive LDN and Partnership Communications and Engagement) provided background information to the project, including the 'Are you OK, London' campaign which had taken place in the period August to October 2017. Its aim was to bring a range stakeholders, ranging from schools to businesses, together to examine mental health from multiple perspectives. 17 workshops had been held across London (including in Brent) and 20,000 individual interactions had taken place. One of the big issues that had been identified was inequality – for instance, people from certain backgrounds and those living in poverty were identified as being at a higher risk of experiencing mental health issues. In relation to the 2018 campaign, Ms Carney pointed out that it had recently been launched online and it provided opportunities for local authorities to customise it to fit their needs. This led to a discussion about specific actions taken in Brent and Ms Carney said that as a result of the 'Are you OK, London' campaign, a number of stakeholders had expressed interest to work with Thrive LDN to localise campaigns to fit the needs of the Borough. She emphasised the importance of mobilising local communities to lead on campaigns and assured the Board that support was available to Thrive Champions.

In response to a question about engaging further education colleges, Ms Carney said that while Thrive LDN had been successful in involving a number of universities, it had been difficult to reach out to further education colleges so the organisation would be grateful if stakeholders at borough level could facilitate dialogue. Gail Tolley (Strategic Director of Children and Young People, Brent Council) suggested that the matter could be discussed at a strategic level through London Councils.

Referring to paragraph 3.7 of the report (page 29 of the Agenda pack), Dr Ethie Kong said that stakeholders in the health sector were promoting the health and wellbeing of their employees through a network of ambassadors who organised lunchtime activities to raise awareness.

In relation to aspirations for the future, Ms Carney said that Thrive LDN was looking forward to securing funding to run a leadership development programme to provide formal training to Thrive Champions and promote the movement's aspirations. In addition, a programme focused on mental health awareness and mental health first aid courses would be rolled at primary schools out in collaboration with local charities.

RESOLVED that:

- (i) That the contents of the Mental Wellbeing in Brent report, be noted.
- (ii) Thrive LDN's principles be endorsed by the Health and Wellbeing Board;
- (iii) The Thrive LDN campaign be noted; and
- (iv) The development of the mental health and employment OBR and its link with the work around mental wellbeing be noted.

7. Children's Trust Update

Gail Tolley (Strategic Director of Children and Young People, Brent Council) introduced the report and commended Wendy Proctor (Strategic Partnerships Officer, Brent Council) for her support to the Brent Children's Trust (BCT). The paper provided the Board with a broad summary of BCT's work programme and actions of the Joint Commissioning Group (JCG) from November 2017 to March 2018. Ms Tolley made a reference to the recent Inspection of Local Authority Children's Services (ILACS) and highlighted that inspectors had complimented the work of the BCT. Ms Tolley noted that the report contained a recommendation asking the Health and Wellbeing Board to champion the protection of Child and Adolescent Mental Health Services (CAMHS). This had been a result of a request made by the Brent Clinical Commissioning Group (CCG) as it was anticipated that funding from National Health Service England (NHSE) for CAMHS transformation would cease in 2019/20. While some of the redeveloped services were no longer reliant on transformation funding there was concern that other services would be vulnerable to the reduction of funding. This statement was supported by Sheikh Auladin (Chief Operating Officer, Brent CCG) who said that the Local Authority and NHSE were experiencing similar pressures on their budgets which meant that they had to explore how they could improve the way they worked together. This could provide opportunities for more effective joint commissioning and service transformation. A Member of the Board commented that it could be possible to look at the way funding had been allocated as the service for children had been oversubscribed, while the demand for adults had been at the expected level.

Dr Ethie Kong (Chair and Co-Clinical Director, Brent CCG) commented that the Board had to examine the Sustainable Transformation Plan (STP) and ensure that it reflected that CAMHS had been prioritised across North West London and that

stakeholders were willing to address the current challenges related to funding. However, this should not be done at the expense of Adult Mental Health Services as the two should complement each other.

The Board noted that it was necessary to secure the support of senior officers to build a joint approach and lobby the system to get investment back into the community via primary care services to replace the existing model which was not sustainable. It was pointed out that similar discussions had been going on for approximately two years without having a conversation about making an investment to prevent the demand for CAMHS.

In terms of future steps, Carolyn Downs (Chief Executive, Brent Council) stated that Brent could work collaboratively with the London Boroughs of Westminster and Kensington and Chelsea to submit an application for funding through the West London Alliance. In addition, Councillor Muhammed Butt (Leader, Brent Council), Councillor Margaret McLennan (Deputy Leader, Brent Council) and Ms Tolley would bring the issue to the attention of London Councils Leaders' Committee, London Councils Finance Forum and the West London Alliance respectively.

RESOLVED that:

- (i) The contents of the Brent Children's Trust Update November 2017 to March 2018 report, be noted;
- (ii) The Health and Wellbeing Board's support for the protection of CAMHS service funding from 2019/20 be placed on record;
- (iii) The issue of CAMHS service funding be brought to the attention of the London Councils Leaders' Committee by Councillor Muhammed Butt;
- (iv) The issue of CAMHS service funding be brought to the attention of the London Councils Finance Forum by Councillor Margaret McLennan; and
- (v) The issue of CAMHS service funding be brought to the attention of the West London Alliance by Gail Tolley.

8. Child Death Overview Panel Annual Report

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report and explained that the Child Death Review Panel (CDOP) was a subcommittee of the Local Safeguarding Children Board (LSCB). Members heard that the LSCB had considered the paper at its meeting on 28 June 2018 so the version that was presented to Board included an account of the LSCB deliberations. Dr Smith explained that the CDOP identified factors which were associated with a death, but it could not be determined whether these were causative (paragraph 3.3 of the cover report (page 42 of the Agenda pack)), i.e. CDOP did not make conclusions that some deaths were preventable, but it focused on factors that could be modified to prevent future deaths. She informed the Board that the National Health Service (NHS) had declared four serious incidents in the course of the year and directed Members' attention to section 16 of the report (page 56 of the Agenda pack) which provided a summary of the lessons learned.

A Member of the Board enquired about the reasons why the number of child deaths by ethnicity and locality varied greatly from year to year. Dr Smith explained that table 11 (page 52 of the Agenda pack) provided information on child deaths reviewed by the Panel which was not the same as the number of deaths that had been notified to the CDOP. In relation to the geography of deaths, she noted that there was a strong correlation between deprivation and child and infant mortality, and some ethnicities, who lived in certain parts of the Borough, were more prone to congenital diseases than others.

Both the CDOP and the LSCB had considered congenital diseases associated with consanguinity and had not defined them as modifiable. Instead, CDOP had sought assurances that families were supported by the NHS to make informed choices about affected pregnancies and planned future pregnancies.

Late booking and a consequent lack of antenatal care had been noted as an issue previously and remained a factor in some deaths in 2017-2018.

Dr Smith commended the work of Dr Arlene Boroda (Designated Doctor for Unexpected Child Deaths) in supporting the CDOP and contributing to its 2017/2018 Annual Report.

The Board noted that the lessons learned section of the report had been very useful and encouraged the authors to share the information with primary care clinicians and include it in child protection training sessions.

RESOLVED that the contents of the Child Death Overview Panel Annual Report, be noted.

9. **Healthwatch Work Plan and Priorities**

The Chair informed Members that as no representatives of Healthwatch Brent were present at the meeting, there were two potential ways to deal with the report – the Board could discuss the paper and request the Strategic Partnerships Manager to send written comments to Healthwatch Brent or the item could be deferred until the next meeting of the Board in October 2018.

It was **RESOLVED** that the Healthwatch Brent Update Report be discussed at the next meeting of the Health and Wellbeing Board, taking into the account the feedback provided at the present meeting.

Members of the Board questioned the key achievements over the past financial year (paragraph 3.7 of the report (page 63 of the Agenda pack)) and asked how these related to the services the organisation had been commissioned to deliver, e.g. increasing the number of Healthwatch Brent's Twitter followers had not been a priority for Brent. In addition, there had been instances in which the organisation had been asked to re-write reports, such as the one on under-5s oral health. Phil Porter (Strategic Director of Community Wellbeing, Brent Council) reminded the Board that the Council and Brent Clinical Commissioning Group (CCG) could only provide guidance to Healthwatch Brent on what areas it should examine. Dr Ethie Kong (Chair and Co-Clinical Director, Brent CCG) supported this view and said that while Brent Council and Brent CCG commissioned Healthwatch Brent to deliver

certain services, the organisation had to work closely with commissioners in order to understand the area, its population and its needs.

The Board placed on record that it was necessary to have a discussion with Healthwatch Brent on the priorities for the Borough and its residents, with an emphasis being placed on initiatives that would add value to the services provided – for instance, the scope of the key issue related to understanding the hospital discharge experience of older residents could be expanded to include experiences of young people who had been admitted because they were victims or were involved in knife crime.

It was **RESOLVED** that the contents of the discussion be shared with Healthwatch Brent for consideration and further deliberation at the next meeting of the Health and Wellbeing Board.

10. **Any other urgent business**


The Chair placed on record the Board's thanks to Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent CCG) for all of her hard work and congratulated her for being successfully nominated as an outstanding woman leader within the National Health Service (NHS) as part of the celebrations for the NHS 70th anniversary.

11. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health and Wellbeing Board would be held on Tuesday 9 October 2018.

The meeting was declared closed at 7.38 pm

COUNCILLOR HARBI FARAH
Chair

 <p>Brent</p> <p>NHS Brent Clinical Commissioning Group</p>	<p>Health and Wellbeing Board 9 October 2018</p>
	<p>Report from Healthwatch Brent</p>
<p>Healthwatch Brent Update Report</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Two: <ul style="list-style-type: none"> Healthwatch Brent Operational Priorities 2018-19 Healthwatch Brent Annual Report 2017-18
Background Papers:	
Contact Officer(s): (Name, Title, Contact Details)	<p>Julie Pal Chief Executive Officer CommUNITY Barnet Email: Julie.Pal@communitybarnet.org.uk Tel: 020 8912 5831(general enquiries)</p> <p>Ian Niven Healthwatch Brent Manager Email: ian.niven@healthwatchbrent.co.uk Tel: 020 8912 5831(general enquiries)</p> <p>Selina Rodrigues Head of Healthwatch, CommUNITY Barnet Email: selina.rodrigues@communitybarnet.org.uk Tel: 020 8364 8400 (ext. 219)</p>

1.0 Purpose of the Report

- 1.1 This report updates the Health and Wellbeing Board on the progress of Healthwatch Brent.
- 1.2 This report presents the 2017/18 Annual Report for Healthwatch Brent.
- 1.3 This report sets out the 2018/19 work programme and priorities for Healthwatch Brent.

2.0 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the 2017/18 Annual Report.
- 2.2 The Health and Wellbeing Board is asked to note the Healthwatch Brent 2018/19 priorities.

3.0 Detail

- 3.1 CommUNITY Barnet has been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018.
- 3.2 Healthwatch Brent works with 11 of Brent's charity, voluntary and community organisations.
- 3.3 Healthwatch Brent is delivered by a Brent-based central core team, a partnership of Brent based voluntary and community organisations and a team of volunteers.
- 3.4 The work programme of Healthwatch Brent aligns to all five priorities of the Brent Health and Wellbeing board namely:
 - Giving every child the best start in life
 - Helping vulnerable families
 - Empowering communities to take better care of themselves
 - Improving mental wellbeing throughout life
 - Working together to support the most vulnerable adults in the community
- 3.5 Healthwatch Brent is delivered on a Hub and Spoke model. The Hub is the first point of public access and delivered by the core team located in Wembley. The Spokes consist of two groups – the Healthwatch Brent Advisory Board whose role it is to support the core team and shape the work programme around the needs of Brent residents. Membership of the Healthwatch Brent Advisory Board includes Brent User Group, Mosaic LGBT Young People's Group; Ashford Place, Brent CVS; Brent Carers' Centre; Brent Mencap, Jewish Care; Brent Multifaith Forum; Young Brent Foundation.
- 3.6 The Promotion and Reach Partners with their strong and vibrant networks are able to cascade messages from Healthwatch Brent to local residents. The partners include: Ashford Place, Brent Carers' Centre, Jewish Care, Brent Mencap, Young Brent Foundation and Brent CVS. A fuller list is captured in paragraph 6.4.
- 3.7 Our strategic priorities for Healthwatch Brent are to:
 - Encourage greater participation in health and social care
 - Collecting evidence of increasing engagement with those residents from under-represented communities
 - Demonstrate that Brent residents feel more able to express their views and to report they are listened to
 - Demonstrate how Healthwatch Brent has been able to make a constructive contribution to support and enable informed decision making through the representation of the authentic voice
 - Demonstrate Healthwatch Brent offers value for money, through our reach, production of reports, participation in strategic meetings and volunteer activity

- That Healthwatch Brent service offers added value by:
 - Establishing collaborative, open and cooperative partnership with existing providers;
 - Drawing upon the experience of partnership members by bringing together their combined expertise, knowledge and experience
 - Providing strong project management and coordination of a high quality service
 - Delivering cost-savings on engagement activities through using our existing channels;
 - Adding value of specialist knowledge provided by the Healthwatch Brent Network;
 - Adding value of local knowledge from trusted organisations who know Brent residents;
 - Capability of reaching Brent households through newsletters, contacts and social media platforms delivered through HWB and the CVS Brent newsletter.

3.8 Key achievements over the past financial year have been captured in our 2017/18 Annual Report attached in Appendix 2 which has been reported to Healthwatch England as part of our statutory obligations. In summary we achieved the following:

- Increased the number of twitter followers to over 1400
- Reached 12000 residents through our consortium of charity partners
- Spoke directly with over 1200 residents
- Presented views of those 1200 residents to statutory partners
- Presented reports to a combination of the Health and Wellbeing Board (From Words to Action – October 2017), Brent Clinical Commissioning Board Management Board on Urgent Care Use and Brent Children’s Trust on the experience, awareness and practices of parents of Under 5s with Brent dentists
- Our Community Chest was used to resource a number of community research projects including the implementation of Accessible Information Standards in Brent GP practices which we are progressing with the CCG at present
- Captured the resident experience of registering with a dentist
- Explored the personal and systemic barriers to healthy eating and exercise of BAME communities with a greater risk to developing Type 2 diabetes
- Presented the experience of carers of mental health service users to Brent Council
- Our Enter and View visits explored Adult Safeguarding awareness and experiences in care homes which was presented to the Adult Safeguarding Board, resulting in 2 action points for Statutory Partners
- Helped to improve the support pathways for men at risk or living with prostate cancer. One GP reported increased numbers of patients presenting for appointments in relation to possible screening, another better identified their at risk patients.

3.9 Our operational priorities for Brent for 2018/19 have been informed through the following process:

- Seeking advice from the HW Brent Advisory Board and our wider network of partners

- Speaking to the programme leads for the Brent Health and Social Care Partnership (Sustainability and Transformation Plan) delivery areas for Learning Disability, Mental Health, Prevention and CMH
 - Consulting with the friends of HW Brent
 - Liaising with our Contract Manager
 - Reflecting issues presented by residents as being of importance through engagement and outreach
 - In addition, to ensure strategic alignment we referred to the priorities identified in the Brent Joint Strategic Needs Assessment, the STP, Annual Report of the Director of Public Health and the Better Care Fund.
- 3.10 We believe that by combining this evidence with the views gathered from health and social care users and residents in Brent will provide a richer insight into both the needs and potential responses that both commissioners and providers can develop together.
- 3.11 Examples of community feedback and other intelligence that has informed our work programme include:
- “Where can I signpost people to get engaged in their community?”
 - “Who knows what we offer? Who is signposting people to us?”
 - “...but I’ve never heard of SIBI”
 - “It takes ages to get a GP appointment”
 - Concern about the new plans of sending older patients home directly from A&E to be treated at home.
 - Expression of confusion about social care assessments, how it works, and what people are entitled to – from a wide range of community organisations, and individuals through our Information and Signposting.
 - National evidence of difficulties in accessing interpreters for people with sensory impairments when using health services, and difficulties in reaching such individual residents to explore their experience in Brent.
- 3.12 Using this approach we identified the following as key issues in Brent for 2018/19:
- Capturing the direct experience of people living with poor mental health and how they self-manage their conditions with non-statutory community support
 - Working with CCG partners to communicate the transformation of primary care
 - Capturing the patient experience of hospital discharge experience when using the new frailty pathway
 - Capturing the experience of accessing adult social care assessments
 - Conduct regular visits to NLWUHCT wards and departments to record the patient experience at points of care
 - Provide statutory partners and local communities intelligence about the health and social care experiences of Brent residents and staff
 - Capturing the experience of people with sensory impairments to access health and social care services using interpreters
 - Working with community groups to increase early presentation to GP regarding prostate cancer – part 2
 - Advertise the Community Chest small grants programme
 - Use our Enter and View programme to report the experiences of residents in Sheltered Housing
 - Continue to work with NHS Brent CCG and Brent Council in relation to the implementation of the Brent Health and Social Care

4.0 Financial Implications

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

5.0 Legal Implications

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

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

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

5.4 The current contract is a two-year contract issued to CommUNITY Barnet between 1 April 2018 – 31 March 2020. An option to extend until 31 March 2021 is possible.

6.0 Equality Implications

6.1 CommUNITY Barnet is committed to supporting Brent Council to meet its Public Sector Equality Duty as defined under the Equality Act 2010.

6.2 As part of the quarterly performance monitoring, data relating to reaching Brent's protected groups is captured.

6.3 We have and will continue to be committed to giving a voice to under-represented communities. The Healthwatch Brent Network has organisations which reflect Brent's diverse communities and we have used it to give a voice to these communities and support them to re-shape public services.

6.4 The table below summarises our network and the communities they reach and have engaged in health and social care:

Protected groups	Type of organisation	Name of organisation	Role within HB
Mental Health	User group	Brent User Group	Advisory Board Community Chest recipient
Disability	Learning disability	Brent Mencap	Advisory Board, Promotion and Reach Community Chest recipient
Disability	Physical disability advocacy	Brent Advocacy Concerns	Community Chest recipient
Age/ Carers	Carers - all ages, all groups	Brent Carers Centre	Community Chest recipient
Age	Homeless, alcohol, dementia	Ashford Place	Advisory Board Promotion and Reach
Age	Older people	Elders Voice	Advisory Board
Faith	All faiths	Brent Multi-Faith Forum	Advisory Board
Age	Young people Infrastructure support organisation	Young Brent Foundation	Advisory Board
Ethnicity	Support and advice	Help Somalia Foundation	Advisory Board Community Chest recipient
Ethnicity	Support and advice	Iraqi Welfare Association	Community Chest recipient
Faith, older people	Charity	Jewish Care	Advisory Board
A wide range of groups	Voluntary sector support	CVS Brent	Advisory Board
LGBT	A range of support and services	MOSAIC LGBT Youth	Promotion and Reach
Women, faith	Improving health outcomes for women in a culturally sensitive manner	Al Bahdja	Community Chest recipient

6.5 All staff and volunteers receive equalities training. We are acutely aware of the role of local Healthwatch to amplify the voice of all local communities, with a special remit to hear from less often heard groups. We have been supplying equality monitoring

data to Brent Council over the last 3 years, including that of our membership/friends.

- 6.6 We believe Brent's communities are represented within our reports as far as possible, but we constantly strive to reach more communities. For example, we have met with Irish Travellers living in Lynton Close to hear about accessing public services; our Urgent Care report cut across the spectrum of Brent's communities, and that the South Kilburn Ladies group used Community Chest fund to promote health awareness and gentle exercise to South Asian women at risk of diabetes.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Healthwatch Brent has set up an Advisory Board with membership drawn from Brent-based charities which supports the delivery of the contract.

8.0 Human Resources/Property Implications (if appropriate)

- 8.1 All human resources/property implications are considered within the parameters of the contract between London Borough of Brent and CommUNITY Barnet.

Report sign off:

PHIL PORTER

Strategic Director, Community Wellbeing

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Healthwatch Brent Operational Priorities 2018-19



Projects				
Priority area	Motivation	Alignment to JSNA 2018	Alignment to Brent Health and Social Care Plan (STP)	Alignment to HWBB Strategy
<p>Capturing the direct experience of people living with poor mental health and how they self-manage themselves with non-statutory community support</p> <p>Focus:</p> <ul style="list-style-type: none"> • understanding what community resources people use to stay well • Trying to understand the scale of need • Capturing what resources are available 	<p>Regular requests from local voluntary sector organisations about the types of non -statutory community resources available including service availability which can both improve and increase signposting and information.</p> <p>In addition, we have been promoting SIBI as many of the residents we engage with are still unfamiliar with it.</p>	<p>Mental Health continues to priority amongst both health and social care commissioners and providers.</p>	<p>Ensure that mental health and wellbeing has the same focus as physical health and wellbeing:</p>	<p>Improving mental wellbeing throughout life</p>
<p>Working with CCG partners to communicate the transformation of primary care</p> <p>Focus on the Standardisation of</p>	<p>Many Brent residents are still struggling to understand primary care transformation and how it will improve and increase both their choice and access to</p>	<p>No explicit reference</p>	<p>The NHS Brent CCG Primary Care Commissioning Committee continues to implement a range of</p>	<p>Ensuring safe, modern, effective and accessible services</p>

GP practices via a new steering group and task groups	services. HWB is using its independent role to facilitate conversations between GPs and residents		measures to improve patient access to the right Primary Care services at the right time.	
Capturing the patient experience of hospital discharge experience when using the new frailty pathway	This patient experience report was provided to Brent CCG and attached as an appendix to its Frailty Pathway business case. Our report was welcomed by the Urgent Care Commissioner.	No – but linked to the Better Care Fund programme	Yes - Prevention and Self-Care, which reflects the need for a step change in behaviour across the system to manage demand	Working together to support the most vulnerable adults in the community
Engagement				
Priority area	Motivation	Alignment to JSNA 2016	Alignment to Brent Health and Social Care Plan (STP)	Alignment to HWBB Strategy
Capturing the experience of accessing adult social care assessments	This priority is based on consistent feedback from residents and carers who say they struggle to navigate this process or to understand what they might be entitled to. We will work with Adult Social Care teams to identify areas where clearer information may be helpful, e.g. where any parts of the process are unclear to residents, or why packages of care may change.	No explicit reference	Achieving better outcomes and experiences for older people. Eliminating unwarranted variation and improving long term condition management.	Provide high quality, personalised and responsive services that are convenient and easy to access Develop community-based provision Are delivered in partnership to provide joined-up services.

<p>To capitalise on our role as independent consumer champion for health and social care we will conduct regular visits to NWLUHCT wards and departments to record the patient experience at points of care.</p>	<p>Hospital out-patient and in-patient services are widely used by Brent residents. We hear from only a small number of residents about their experiences, so we address this by visiting wards and hospitals to listen to patients, report to the Trust, and follow up action points through regular liaison meetings.</p>	<p>Implicit expectation within the JSNA</p>	<p>Forms the central platform for the Brent Health and Social Care Plan</p>	<p>Aligns to all the priorities within the Health and Wellbeing Strategy</p>
<p>Continue to provide statutory partners and local communities intelligence about the health and social care experiences of Brent residents and staff – through reports and outreach</p>	<p>This will include the specific projects laid out in this document to other issues raised by residents and their supporting organisations as they arise.</p> <p>For example – We invited the head of Brent Council complaints team to our Advisory Board to address concerns of carers. This matter is now being progressed between the Council and Brent Carers Centre.</p>	<p>Our findings can be used to inform the JSNA</p>	<p>Requirement to engage</p>	<p>Requirement to engage</p>

Community Chest				
Priority area	Motivation	Alignment to JSNA 2016	Alignment to Brent Health and Social Care Plan (STP)	Alignment to HWBB Strategy
<p>Capturing the experience of people with sensory impairments to access health and social care services using interpreters</p> <p>This follows on the work Healthwatch Brent undertook on the Accessible Information Standards in 2017/18.</p> <p>We may learn of other more pressing concerns once we liaise with groups.</p>	<p>Nationally, access to interpreters has been cited as a significant concern for people with SIs. We have not been able to undertake any significant work involving people from this protected group.</p> <p>We have established working relationships with the Asian People's Disability Alliance, and are reaching out to Harrow and Brent Deaf Group.</p> <p>We await the outcomes of the AIS report before proceeding to avoid the risk of duplication.</p>	<p>Not explicitly – but forms part of a wider narrative about increasing access to primary care and GP based services.</p>	<p>Primary care: wide variation in clinical performance; Brent is in the worst quartile nationally for patient experience of GP services.</p>	<p>Empowering communities to take better care of themselves</p>
<p>Prostate cancer – part 2</p> <p>Increasing awareness of prostate cancer</p>	<p>A number of factors led us to raising awareness of prostate cancer in Brent.</p> <p>GP referral rates are low in Brent,</p>	<p>Not explicitly highlighted within the JSNA.</p>	<p>Cancer: Brent is in the second lowest quartile nationally in terms of GP referral to treatment for cancer and worst quartile</p>	<p>Working together to support the most vulnerable adults in the community</p>

<p>with Black African and Black Caribbean men</p> <p>Working with community groups to increase early presentation to GPs regarding prostate cancer</p>	<p>Brent's demographic includes a high number of Black African and Black Caribbean men who have double the risk rate of other men, research from expert organisations like Orchid Cancer Appeal show that men in general are less likely to visit their GP or to talk about their health.</p> <p>Following on from our successful work with Brent GPs, Orchid Cancer will work with local organisations with the inventive approach.</p> <p>We will continue to liaise with Brent CCG regarding this project.</p>		<p>in terms of cancer patient experience.</p> <p>Prostate cancer has now become of the cancer priorities for the NWL CCGs.</p>	
<p>Advertise the Community Chest small grants programme</p>	<p>Residents benefit from our small grants to small grass roots organisations. It offers capacity to allow them to undertake activities that improve resident wellbeing at the same time as allow us to gather the health and social care experiences from a wider range of local communities.</p>	<p>We are committed to align the activity of the Community Chest to the JSNA priorities</p>	<p>We are committed to align the activity of the Community Chest to the Brent and Social Care priorities</p>	<p>We are committed to aligning the activity of the Community Chest to the Health and Wellbeing Strategy</p>

Enter and View				
Priority area	Motivation	Alignment to JSNA 2016	Alignment to Brent Health and Social Care Plan (STP)	Alignment to HWBB Strategy
<p>Use our Enter and View programme to report the experiences of residents in Sheltered Housing</p> <p>Report on 6 Enter and View visits.</p>	<p>Following discussions with CQC and the Healthwatch Network we agreed this setting allows the team to listen to the experiences of residents who receive care in their own home – and plays to the strength of our independence.</p>	<p>Older people is a key focus within the JSNA</p>	<p>Achieving better outcomes and experiences for older people.</p>	<p>Working together to support the most vulnerable adults in the community</p>
Strategic relationships				
Priority area	Motivation	Alignment to JSNA 2016	Alignment to Brent Health and Social Care Plan (STP)	Alignment to HWBB Strategy
<p>Continue to work with NHS Brent CCG and Brent Council in relation to the implementation of the Brent Health and Social Care</p>	<p>This remains a key part of our work.</p>	<p>Broader contribution to partnership working.</p>	<p>With patients and residents – We have developed a programme of traditional town hall style meetings and other face to face events across the eight boroughs. In addition to these local meetings, we will also be holding a pan NW London event, with at least one being held in the inner boroughs and one in the outer boroughs.</p>	<p>Supports the whole system integration of health and social care</p>

**Reaching Out
Reaching In**

**Annual Report
2017 - 2018**

Contents

Introduction.....	3
Independent voice for Brent residents.....	4
About us.....	4
In numbers.....	5
Working in partnership.....	6
Our priorities 2017 - 2018.....	7
Our resources.....	8
Our networks.....	9
The North West London Health & Care Partnership.....	9
How we used your voice to make a difference.....	10
Prostate Cancer infographic.....	12
Enter & view.....	13
Our volunteers.....	14
Community engagement.....	15
Community chest.....	16
Advisory board.....	17
Information & signposting.....	18
Financial information.....	19

Introduction

Healthwatch Brent is built on the energy and drive of its staff, volunteers, partners and community organisations all working together to improve health and social care services for the residents of Brent.

Our annual report shows how our work over the last year has met and in some cases, exceeded our targets and delivered against the key priorities. We were humbled by the encouragement we received from the sector to re-apply for the Healthwatch Brent contract and were delighted to receive the news that we had been recommissioned for the next two years. With this at the forefront of our minds we are looking forward to co-designing a new work programme with local partners, converting the independent views of residents using health and social care services into service improvements and improved life outcomes. In 2017-18 our focus turned to the impact of health and social care services on Brent's diverse communities.

This report also summarises our key areas of work including:

- Increasing the profile of Healthwatch to Brent's protected communities
- Focusing our engagement with communities who are under-represented in statutory consultations
- Presenting the views of residents through our growing network of charity partners and community organisations
- Increasing our social media presence
- Presenting reports to both Brent Clinical Commissioning Group Governing Body and Brent Health and Wellbeing board on the resident, patient and service user experience of health and social care services
- Delivering our statutory functions as defined by the Health and Social Care Act 2012

These achievements were only possible due to the hard work, dedication and passion of Ibrahim Ali, Sara Ali, Fran Evans, Agatha Ferraro, John Gribbon, Leah Kenny, Ian Niven, Julie Pal, Selina Rodrigues, Meena Thakur and no successful Healthwatch programme is possible without the contributions of our fabulous volunteers.



Julie Pal
CEO
CommUNITY Barnet



Selina Rodrigues
Head of Healthwatch
CommUNITY Barnet



Ian Niven
Manager
Healthwatch Brent



An independent voice for Brent residents

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

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

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

About us

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

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

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

To achieve this, Healthwatch Brent:

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

One of our achievements has been to transform Healthwatch Brent into a network of local charities, community organisations and social enterprises who have come together over the years to reach out and engage with Brent users of health and social care. Our network is constantly growing and includes a wide representation of Brent communities.

In numbers

friends

660+

social media followers

1,417

number of visits to partner websites

2,620

reached through network of partners

11,059

number of visits to website

2,567

individual views gathered

1,256

**number of reports
produced**

19



Working in partnership

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



Albahdja
South Kilburn
Women's health group



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



CHAT
Community Health Action Trust



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

Our priorities in 2017 - 2018

- Capture the resident experience of registering with a dentist
- Understand the barriers to healthy eating and exercise for communities with a greater risk of developing Type 2 diabetes
- Listening to different caring communities.

Community Chest

- Invite applications from children and young people's organisations to promote dental hygiene in the two poorest wards in Brent as a way of engaging with residents to explore barriers to good oral hygiene
- Listening to the views of young carers living in substance misuse households
- Review the ease of access to prostate cancer pathway and the referral to treatment rates
- To run a mystery shopping exercise in a GP surgery to check the understanding of d/Deaf and hearing-impaired residents about how they access health services.

Enter and View

- Undertake Enter and View visits in care homes to explore adult safeguarding awareness and experiences.

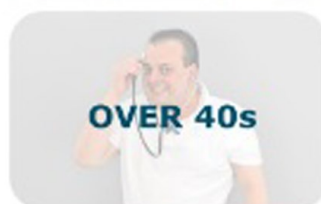
Promotion and Reach

- Through our various social media platforms we have an audience of over 1,345 Twitter followers compared to 1,100 last year to inform them of emerging health and social care services and issues.



Our resources

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



Our networks

We want to use Healthwatch Brent's Network to reach out to different parts of Brent's diverse communities and, through our statutory membership, present our findings to statutory commissioners and providers. We remain committed to ensuring we place the patient and resident voice at the heart of decision making.

Healthwatch Brent is a member of Brent's **Sustainability and Transformation Delivery Board**.

We set ourselves some challenging targets to increase our reach. We are pleased that we have increased the number of friends receiving our news. We focused on gathering direct views and experiences of patients at the points of care and presented these through our reports and participation at strategic meetings and liaison meetings.

We value the support and sponsorship provided by the Chair of the **Health and Wellbeing Board** and the requests from the Chair of the **Community and Wellbeing Scrutiny Committee** to actively comment and participate in strategic policy discussions.

Our relationship with the **Care Quality Commission** and other key partners has enabled us to work and share our findings with them and meet with them regularly to monitor progress.

Actively listening to communities and understanding their priorities is one of the key roles of Healthwatch. Through our innovative Community Chest we were delighted when Brent Carers' Centre approached us and proposed to undertake a piece of work identifying and capturing the experiences of young carers living in substance mis-use households and their support needs.

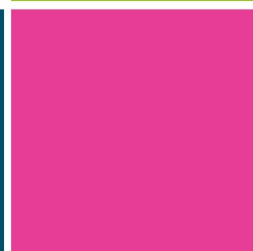
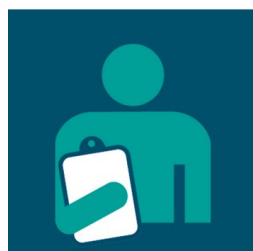
Examples of where we believe we have made a difference include : capturing the hospital mealtime experience at Northwick Park Hospital and the decision of **London North West University Healthcare (LNWUNHT)** to use our recommendations to inform their nutrition and hydration study day; our work on phlebotomy and the constructive engagement with commissioners and our collection of patient experience studies. LNWUHT have set the standard for showing their use of patient experience to improve services. We look forward to working with other partners to reach this level.

The North West London Health and Care Partnership

Healthwatch Brent is a member of the North West London Health and Care Partnership which comprises of the NHS and eight councils across NW London who are working together to provide an even better health and care system for our two million residents.

The five key areas that they are looking to improve across NW London over the next five years are:

- Preventing ill health
- Long term care
- Care for over 65s
- Mental health
- Quality of care.



How we used your voice to make a difference

Much of this year has been spent capturing the voice of Brent residents in a systemic way and presenting that information to the borough's strategic decision makers, commissioners and to place the patient and resident voice at the heart of decision making.

We are delighted that the Chair of the Health and Wellbeing Board wants to set in place methods to make sure these resident, patient and service user experience reports are built into the relevant health and social care plans.

We are also working closely with other partners and providers of health and social care and sharing our findings with them and meeting with them regularly to monitor progress.

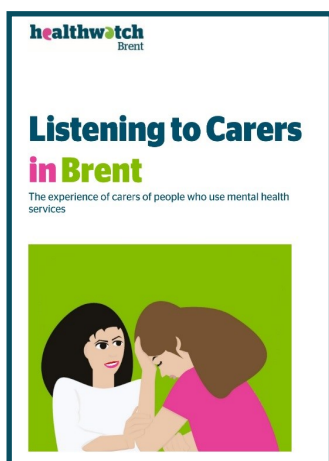


Oral Health for Children Under 5

Working with Public Health Brent we explored the effectiveness of dental services and family barriers to accessing dental information and their services by collecting the views of 284 parents.

The majority found it easy to register their child at an NHS dentist and found their dentist to be child friendly, helpful and a source of advice. However, 13% found it difficult to obtain suitable dentist appointments.

We were concerned to note that 31% had not registered their child with a dentist and that 11% did not know NHS dental treatment was free for under 18s. A programme of information is being developed with Public Health Brent to address our findings.

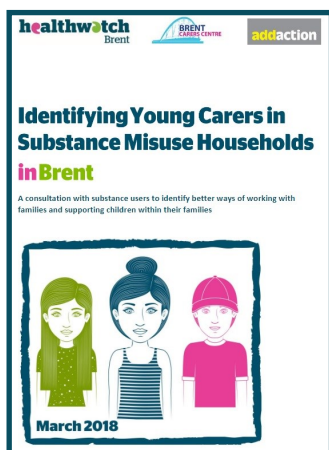


Listening to Carers

We worked with Brent Mental Health social work teams and Brent Carers Centre to better understand the support issues facing carers.

We looked at:

- Gaps between expectations of support and delivery of support.
- Signposting and access to voluntary sector and other agencies for help when patients and carers are assessed as not being eligible for support.
- Issues with accessing appropriate support.



Identifying Young Carers in Substance Misuse Households

Brent Young Carers' Service had received 102 referrals from Brent Children's Service where substance misuse had been a key factor complicating the family circumstances, but this had not been identified as a defining factor as part of the referral and that the young people could be supported more.

Working collaboratively with Addaction and their service users we identified these young carers who went on to receive support from Brent Carers Centre from their Carers Advice Surgery and Carers Awareness Briefings. We were distressed to see how ashamed young carers felt about their circumstances and to seek additional support. As a result a number of recommendations have been made which will be implemented.



Accessible Information Standard in Brent GP Practices

Brent is in the worst quartile nationally for patient experience of GP services so we wanted to empower communities to take better care of themselves. We commissioned Brent Mencap to provide a snapshot of how the implementation of the Accessible Information Standard (A.I.S.) was progressing in GP practices in Brent.

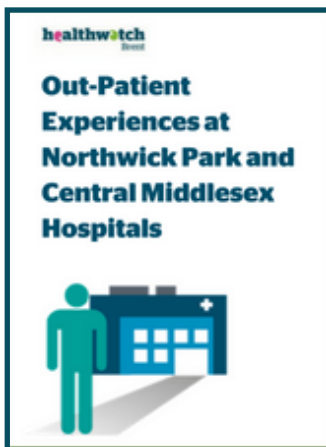
There were good examples of individual GP practices using their own forms to identify patient needs, providing links to external sites with Easy Read or Large Print health related information and using technology to make appointments or contact the GP that could be shared with other practices.



Diabetes Awareness

Type 2 diabetes rates in Brent are particularly high compared to other parts of the UK. Brent Council has a pool of Diabetes Champions who co-facilitated workshops with the Asian People’s Disability Alliance and the West Indian Self Effort group. The workshops revealed that although aware of the increased risk of developing Type 2 diabetes due to their community profile, most said they are uncertain on how to help themselves or where to go to find out more information about the support available.

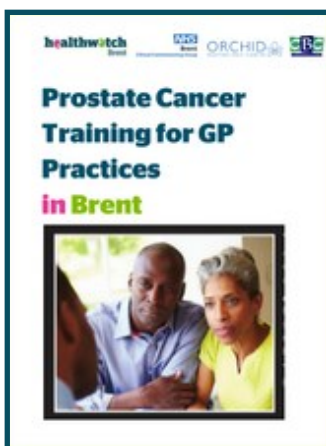
The prevalence of diabetes is projected to rise in Brent, fueled by an ageing population, increasing numbers of people who are overweight or obese and the high proportion of some ethnic groups in the borough, who are more at risk of diabetes.



Out-Patient Experiences at Northwick Park and Central Middlesex Hospitals

We visited seven out-patient departments to listen to patients’ and carers’ experiences, including the referral process, waiting times and being treated with respect.

We are pleased to see that London North West University Hospital Trust has demonstrated a particular appetite for learning directly from the patient experience and taking immediate and direct action to improve patient care. All the reports can be read here: www.healthwatchbrent.co.uk/hospital



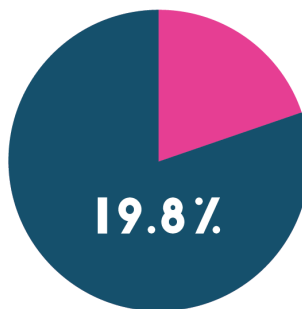
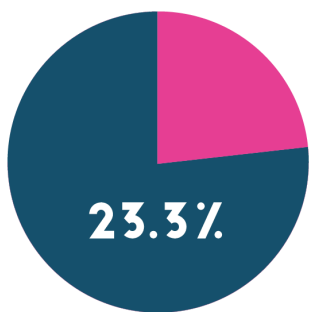
Prostate Cancer

Each year there are around 1,100 cancer cases in Brent and 450 deaths from this disease, of which 23.3% of patients are diagnosed through emergency routes, i.e. via A&E. This is higher than the England average of 19.8%. Reducing the number of patients diagnosed at a late stage is crucial to preventing poor outcomes, as well as helping them to access greater treatment options.

The aim and purpose of the Prostate Cancer Training for GP practices in Brent was to deliver a focused prostate cancer awareness initiative aimed at key healthcare professionals i.e. GPs, Practice Nurses and Practice Managers across the London Borough of Brent to help them better support black African and Caribbean men at risk of or affected by prostate cancer.



FROM PROSTATE CANCER



OF PEOPLE ARE DIAGNOSED THROUGH EMERGENCY ROUTES I.E. A&E IN BRENT

IS THE NATIONAL AVERAGE



1 IN **8** MEN WILL BE DIAGNOSED WITH PROSTATE CANCER IN THEIR LIFETIME



×2

FOR BLACK AFRICAN AND CARIBBEAN MEN THERE IS DOUBLE THE RISK WITH **1** IN **4**

A TOTAL OF
1,200
FREE PROSTATE
CANCER AWARENESS
RESOURCES
WERE SENT
OUT TO GPs

AS A RESULT ONE GP IDENTIFIED **60** OF THEIR 'AT RISK' BLACK AFRICAN/-CARIBBEAN COMMUNITY

ONE GP HAS INCLUDED PSA TEST AS PART OF THE HEALTH CHECKS THEY OFFER MEN OVER **45**

SEVERAL GP PRACTICES HAVE GONE ON TO ORDER FURTHER RESOURCES

124
SUPPORT GROUP POSTERS WERE SENT OUT TO GP PRACTICES

Enter and view

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

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

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

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

The reports are then sent to Brent's CQC Liaison Officer, who has expressed the team's appreciation for the additional insight that the reports provide. Healthwatch Brent have visited a number of care homes, primary care settings and acute and mental health trusts.

This year Healthwatch Brent decided to use its Enter and View powers to review the experience of adult safeguarding in Brent Care homes. The reports were then presented to the Safeguarding Adults Board (SAB) and the Establishment Concerns Group, for information and for any further actions that the Board considers that should be taken forward. These visits were undertaken after discussions with the Chair of Brent Safeguarding Adults Board and the manager of Brent Council Safeguarding Team.

We visited five residential homes through announced visits. Recommendations made related to staffing levels, training, activities and engagement of residents and relatives.



Our volunteers



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

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

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

Together we are making a difference.



Community engagement

Our engagement team, volunteers and partners attended 49 events this year, raising awareness of Healthwatch Brent to over 1,000 local residents, and listening to their experiences of health and social care services.

Throughout the year we have spoken to patients about hospital discharge, blood testing, maternity, food on wards, and Urgent Care.

Our Enter and View visits, Information and Signposting service, visiting groups, calls and emails, surveys and reports, our website, and public meetings has ensured we remain committed to actively engaging with our residents.

We attend Strategic meetings with all the local key partners to make sure that the local residents' voice is presented. Healthwatch Brent has a seat on :

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

In 2017-18 we attended 117 meetings with key statutory and strategic partners including:

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

Healthwatch Brent provided responses to:

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



Community chest

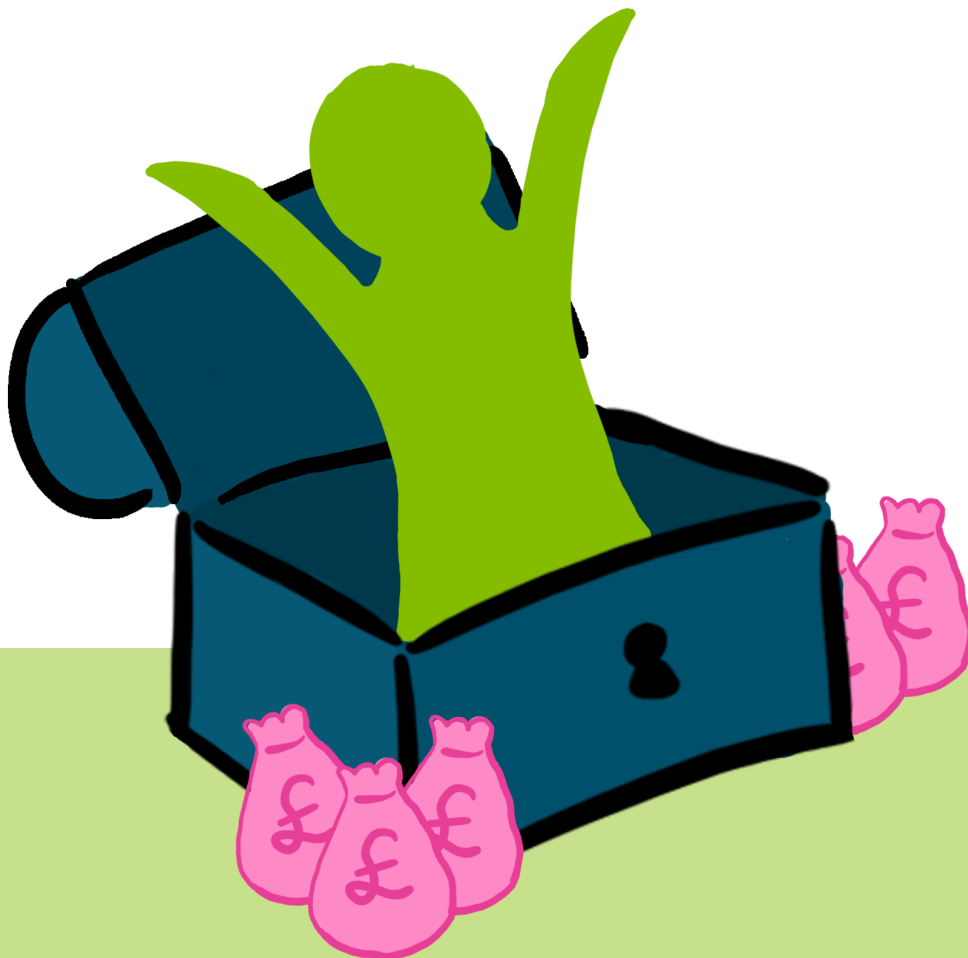
Healthwatch Brent committed £20,000 to establish a Community Chest to increase the capacity of local organisations to provide evidence based reports from under-represented communities whose voices are not heard enough. We awarded funds to these communities to increase public awareness of Healthwatch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

We run two funding programmes:

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

Over the past 12 months:

- Through the reports, the Community Chest has relayed the experiences of 414 Brent residents to key Brent forums such as the Health and Wellbeing Board.
- The role and activities of Healthwatch Brent have been presented to these residents, including how they can use Healthwatch Brent as a route to having their experiences heard by key decision makers.
- These residents have also directly benefited from the wellbeing work of our partner organisations.
- The capacity of 5 local organisations was increased to enable them to use their specialist knowledge of different sections of Brent's diverse communities.



Advisory board

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

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

Membership is drawn from:

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

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

Healthwatch Brent Advisory Board Members:



Promotion & Reach Partners

Ashford Place, Brent Carers Centre, Brent Mencap, Elders Voice and Jewish Care.

Community Chest Delivery Partners

Asian Peoples Disability Alliance, Brent Carers Centre, Brent Mencap, Dr Brian Dear, Help Somalia Foundation, Orchid Cancer, Tipity Toes and WISE.

We are also working closely with other partners and providers of health and social care and sharing our findings with them and meeting with them regularly to monitor progress.

Information and signposting

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



 info@healthwatchbrent.co.uk

 020 3598 6414



healthwatch
Brent

Making sure the voice of Brent people is heard in health and social care

Get involved
Tell us what you think today

Call and tell us about your experience
0203 598 6414
@HW Brent

Magnificent midwife? Concerned about your care? We want to know about your experience of health and social care and we want to help improve things.
Make a difference, contact us today.
Call 0203 598 6414
email: info@healthwatchbrent.co.uk
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Delightful dentist? Obstructive optician? We want to know about your experience of health and social care and we want to help improve things.
Make a difference, contact us today.
Call 0203 598 6414
email: info@healthwatchbrent.co.uk
www.healthwatchbrent.co.uk

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

Financial information

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

Income

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

Office costs	£30,431
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Staff costs	£76,265
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Direct delivery costs	£7,921
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Project management costs	£8,990
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Total Expenditure	£123,607
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CommUNITY Barnet is a registered charity and company limited by guarantee registered both with the Charity Commission and Companies House. We are governed by a Board of Trustees. Our Memorandum of Association allows us to operate in this way.

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

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

CommUNITY Barnet's Board of Trustees are: Chris Cormie, Martin Edobor, Adam Goldstein, Anita Harris, Antony Jacobson, Michael Lassman, Jyoti Shah and Tony Vardy.

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 @healthwatchbrent

 Brent  <i>Clinical Commissioning Group</i>	<p align="center">Health and Wellbeing Board 9 October 2018</p>
	<p align="center">Report from the Director of Public Health</p>
<p align="center">Public Health England Dashboard: the Brent picture</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
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:	One: <ul style="list-style-type: none"> Brent's performance on the dashboard indicators
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Melanie Smith Director of Public Health Email: melanie.smith@brent.gov.uk Tel: 020 8937 6227

1.0 Purpose of the Report

1.1 The report informs the Board of the recent publication of the Public Health England (PHE) Dashboard and Brent's performance as measured by the dashboard.

2.0 Recommendation

2.1 The Health and Wellbeing Board is asked to note the performance on the PHE Dashboard.

3.0 Detail

3.1 Public Health England (PHE) published the "Public Health Dashboard" for local authorities earlier this year. A link is available here - <https://fingertips.phe.org.uk>

3.2 The eight indicators in the dashboard cover public health service areas that local authorities lead. The majority of data in the dashboard was already in the public domain. However, the ranking of authorities is new. Brent's 'performance' can be compared to all other upper tier local authorities, to authorities with similar levels of deprivation, and with our nearest statistical neighbours, as

defined by the Chartered Institute of Public Finance and Accountancy (CIPFA).

- 3.3 Brent is in the 4th socioeconomic decile (“more deprived”)¹. Other authorities in this grouping are: Bristol, County Durham, Enfield, Gateshead, Greenwich, Leeds, Luton, Plymouth, Portsmouth, Sefton, Sheffield, Southampton, Wakefield and Wirral.
- 3.4 Brent’s nearest statistical neighbours are: Ealing, Haringey, Waltham Forest, Enfield, Hounslow, Redbridge, Lewisham, Croydon, Greenwich, Newham, Southwark, Harrow, Merton, Barnet, Lambeth
- 3.5 Seven of the eight indicators are composite i.e. a summary measure of a number of different indicators.
- 3.6 Brent ‘performs’ well on 5 and poorly on 3 (childhood obesity, best start in life and air quality) as detailed below. Appendix one is a graphical representation of these results.

Childhood Obesity

- 3.7 As the Health and Wellbeing Board will be aware, childhood obesity is a particular problem in Brent. This is reflected in the dashboard: Brent is ranked 149 out of 150 total local authorities (Barking and Dagenham is worst), 15th out of the 15 authorities with similar deprivation and 16th out of the 16 statistical neighbours.
- 3.8 A local action plan is in place with progress reported to the Brent Children’s Trust. Action underway includes:
- The new 0-19 years children’s public health service includes
 - a tier 2 weight management service
 - Breast feeding peer support service and an infant feeding co-ordinator
 - Maternal Childhood Sustained Home Visiting (MECSH model). This is an evidence based model of health visiting support which provides targeted support to the most vulnerable families. In Brent extra modules on obesity and oral health have been included
 - Health visiting and Children’s Centres have achieved UNICEF Baby Friendly Initiative Stage 2 and are on track to achieve Stage 3 next year
 - Healthy Early Years Awards are offered to all nurseries, children centres and childminders. Accreditation requires action on children’s nutrition and physical activity. Since 2013, the award has been awarded 138 times (includes settings that have received it more than once) to 103 settings.
 - Healthy Schools London is supported by the public health team and includes a focus on physical activity, healthy eating and sugar awareness. To date, 32 Brent schools have achieved a bronze award, 11 schools have achieved silver and 1 school have achieved gold.

¹ According to IMD (2015)

- The Junior Citizenship Scheme which reaches nearly all year 6 children in the borough includes a sugar awareness session developed and delivered by the public health team.
- Work with catering establishments to promote the Healthy Catering Commitment. To date, 44 premises have achieved the HCC award - <https://www.brent.gov.uk/services-for-residents/healthy-living/diet-and-healthy-eating/healthier-catering-commitment/>
- The Council is a signatory to Sustain's Local Government Declaration on Sugar Reduction and Healthier Food.
- Brent Council has received £195k from the Healthy Pupils Capital Fund which is funded from the Soft Drinks Industry Levy. Schools have been invited to bid for one off capital project to improve pupils' health.

3.9 Following a report to Scrutiny earlier this year, a Task Group on the issue is planned.

NHS Health Checks

3.10 Brent performs well on this indicator being in the best quartile of authorities nationally. The indicator is based upon the proportion of the eligible population invited for and having a health check. Brent is ranked 26th out of 152 authorities; 2nd out of the 15 authorities with similar deprivation (Gateshead performs best); and 5th of the 16 statistical neighbours.

Tobacco Control

3.11 Brent performs well on this indicator being in the best quartile of authorities nationally. This indicator is based on estimated adult smoking rates and rates of smoking in pregnancy. The performance of smoking cessation services has no impact on this indicator. Brent is ranked 7th out of 149 authorities; first for authorities with similar deprivation; and 4th out of the 16 statistical neighbours.

3.12 This indicator is only concerned with cigarette smoking. The use of other forms of tobacco such as chewing tobacco or shisha, both of which are concerns locally, is not measured or reported by PHE.

Alcohol treatment

3.13 Brent performs well on this indicator being in the best quartile nationally. Brent is ranked 13th out of 149 authorities; 2nd of the 15 authorities with similar deprivation (Greenwich is best) and 4th of the 16 statistical neighbours (Greenwich is best).

3.14 This is a composite indicator: it measures waiting times (where Brent is best nationally), the proportion of estimated dependent drinkers not in treatment, successful completion of treatment and deaths in treatment.

Drug treatment

- 3.15 Brent performs very well on this indicator being ranked 3rd of all authorities; 1st of the 15 with similar levels of deprivation; and 2nd of statistical neighbours (Redbridge is first).
- 3.16 This is a composite indicator: it measures waiting times (again Brent is best nationally), the proportion of estimated opiate users not in treatment, successful completion of treatment and deaths in treatment.

Best start in life

- 3.17 Brent performs poorly on this indicator being in the worst quartile of authorities nationally. Brent is ranked 122nd out of 125 authorities (data is not available for a number of authorities); 12th out of 12 authorities with similar deprivation – and available data – and 11th out of the 11 statistical neighbours for whom data is available.
- 3.18 This is a composite indicator. Brent performs reasonably on the proportion of completed new birth visits (98.6%). However, we perform poorly on school readiness, at 69.9%, and the proportion of children aged 2-2.5 years receiving the ASQ-3 (a standardised developmental assessment) as part of the Healthy Child Programme, at 23%.
- 3.19 Ofsted outcomes for early years provision in Brent have been improving ensuring access to high quality early education and childcare for all children. Good Level of Development (GLD) results have been improving year on year and the gap between Brent and the national figure is closing, although as yet GLD figures are not above the national average which is the target being worked towards. Contributory factors to this could be the lower than average take-up of the free entitlements (except for the 30 hours entitlement) and the high numbers of children with EAL.
- 3.20 It is acknowledged that while take-up of 30 hours places is high in Brent (94% in Summer 2018), take-up of the free entitlements for eligible 2 and all 3 and 4 year olds remain at 59% and 80% respectively, well below the national averages of 72% and 94% respectively. This is cause for concern as this indicates that the benefits of early education are not reaching some of the children who may be in most need. It is also a contributory factor for some children entering school with a low baseline and therefore needing to make additional progress to close the gap and reach expected GLD outcomes
- 3.21 While most of Brent's significant ethnic groups perform well compared to either the same group nationally or to all pupils, the focus will continue on those priority groups whose attainment remain below national averages, and in particular the Black Caribbean group because of the very low attainment of Black Caribbean boys.
- 3.22 Key areas of work in Brent in order to ensure that all children, including those with SEN or disability, are given the best start in life will include working to improve the quality of early education provision through supporting assessment

and planning. This will contribute to raising the attainment of all children and in particular children from the identified priority groups and those who are not at their expected stage of development. Alongside this, engagement with parents will take place through home learning and outreach sessions, raising awareness of the long term benefits, in terms of children's future educational attainment, of high quality early education and childcare that may also enable parents to return to work to improve wider outcomes for families.

- 3.23 When responsibility for commissioning health visiting passed from NHSE to the local authority the service performed poorly in all metrics. A prioritised improvement plan has been put in place and monitored through contract management. The new provider and the commissioner have prioritised antenatal visits, new birth visits and the 6-8 week check over the 2-2.5 year check, all of which are now on target, as well as introducing an intensive home visiting service for the most vulnerable mothers. The dashboard reports performance in 2016/17 and the 2-2.5 year check has been improving with most recent data showing 40%. However, there is a need to improve further. The poor performance is due to staffing shortages, due to difficulties in recruiting and retaining scarce staff, a lack of available space in the community, and a continued prioritisation of earlier checks.

Sexual and reproductive health

- 3.24 Brent performs well on this indicator being in the best quartile of authorities nationally. Brent is ranked 12th of 150 authorities nationally; 3rd of the 15 authorities with similar deprivation; and 4th out of statistical neighbours.
- 3.25 This is a composite indicator including chlamydia detection rate. HIV testing coverage, rates of long acting reversible contraception, under 18s conception rates and STI testing rate. Brent's performance is good across all the individual indicators.

Air quality

- 3.26 Brent is worse than average being ranked 96th of 134 authorities. This is an interim indicator and is the proportion of the population in a local authority area who live in an Air Quality Management Area. These are areas where the local authority has determined that the national air quality objectives are unlikely to be met and therefore where the authority has put together a Local Air Quality Action Plan. The indicator therefore reflects both air quality in an area and the local authority's response.
- 3.27 Brent has a current Air Quality Action Plan which was agreed in 2017 - <http://democracy.brent.gov.uk/documents/s47267/Air%20Quality%20Action%20Plan%202017-2022%20-%20Full%20Report.pdf>

4.0 Financial Implications

- 4.1 There are no financial implications arising as a result of this report.

5.0 Legal Implications

5.1 There are no legal implications arising as a result of this report.

6.0 Equality Implications

6.1 There are no equality implications arising as a result of this report.

7.0 Consultation with Ward Members and Stakeholders

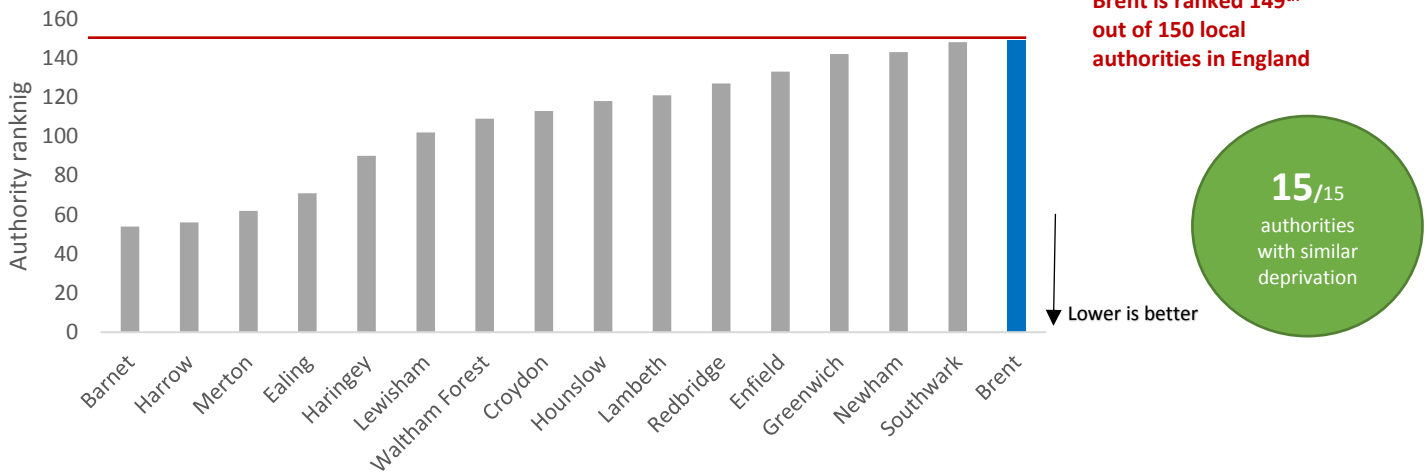
7.1 Ward members have not been consulted over this report.

Report sign off:

Melanie Smith
Director of Public Health

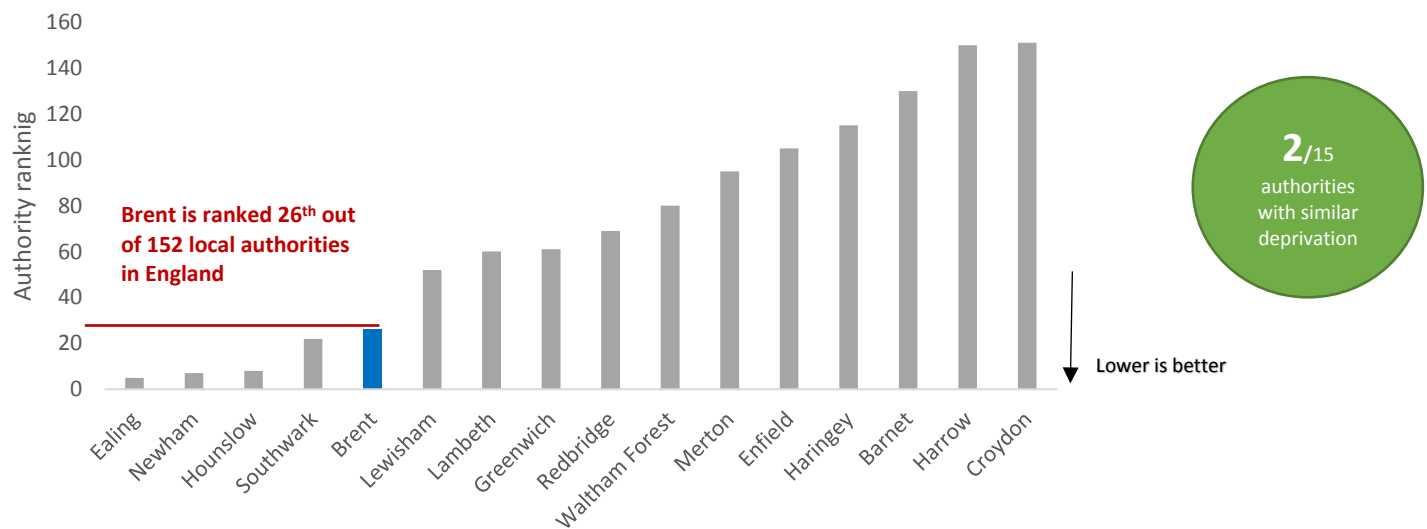
1. Childhood Obesity

Childhood obesity compared against nearest statistical neighbours



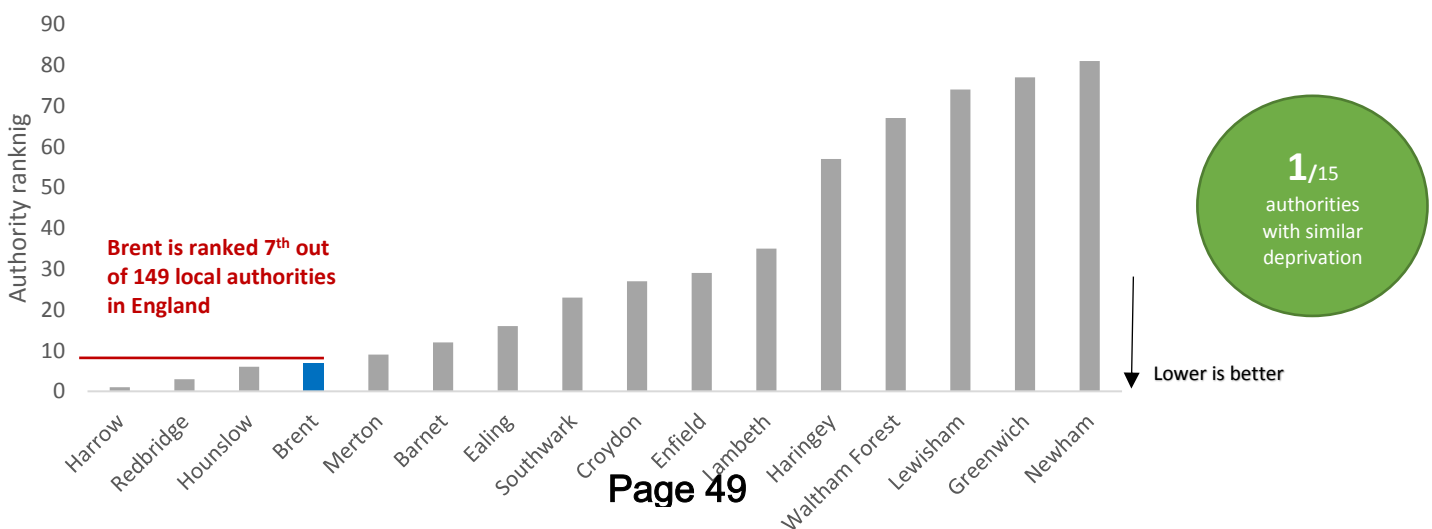
2. NHS Health Checks

NHS Health Check compared against nearest statistical neighbours

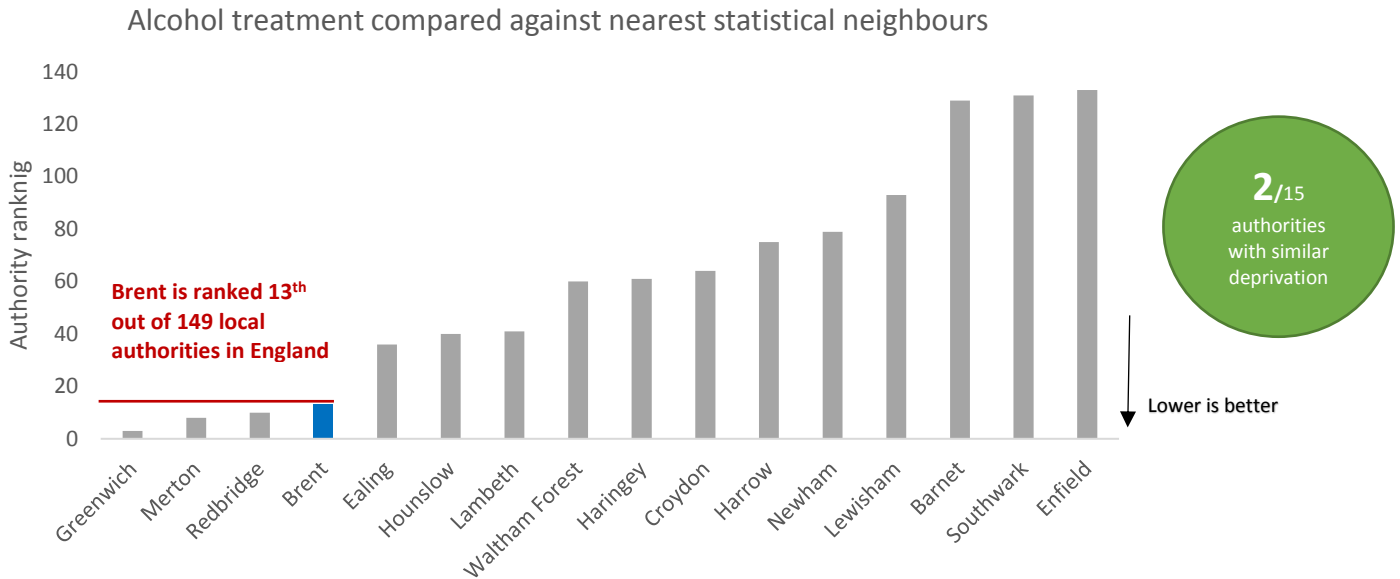


3. Tobacco Control

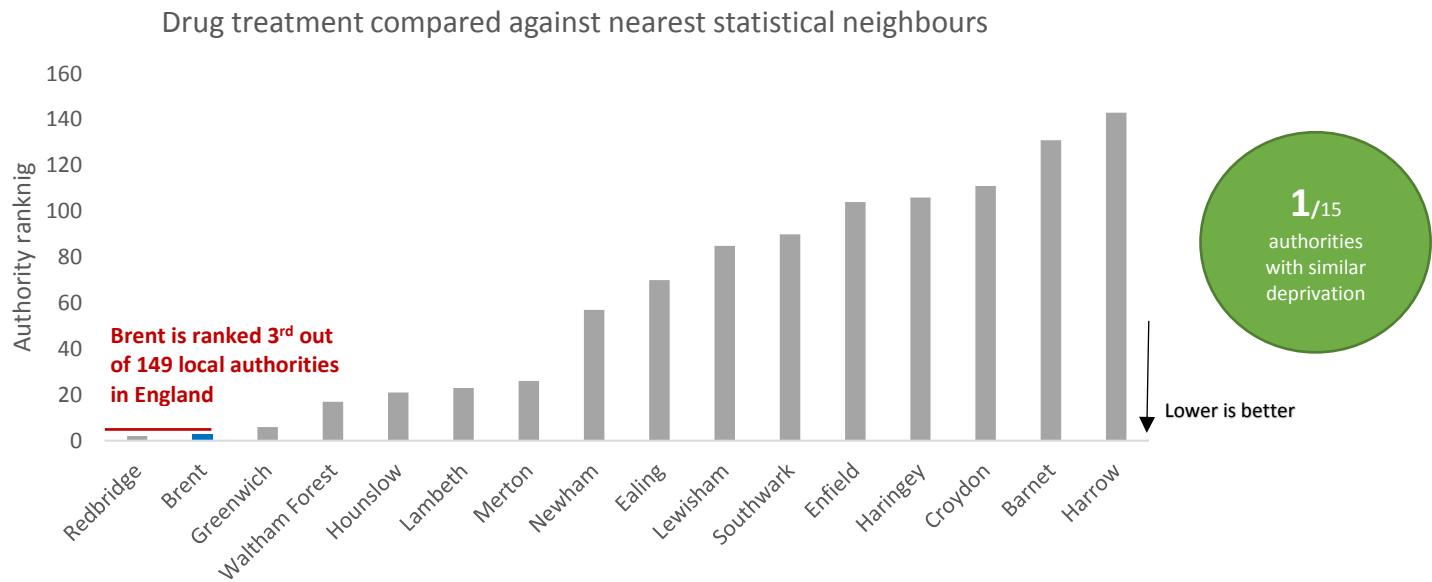
Tobacco control compared against nearest statistical neighbours



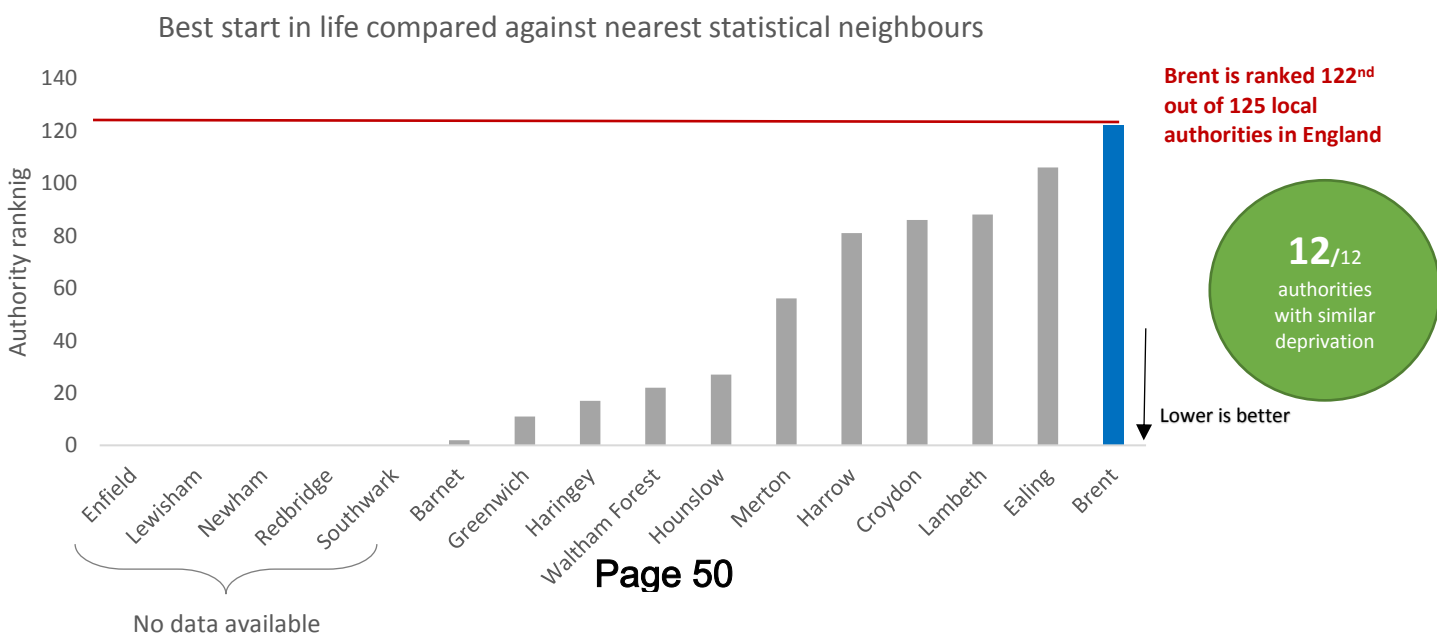
4. Alcohol treatment



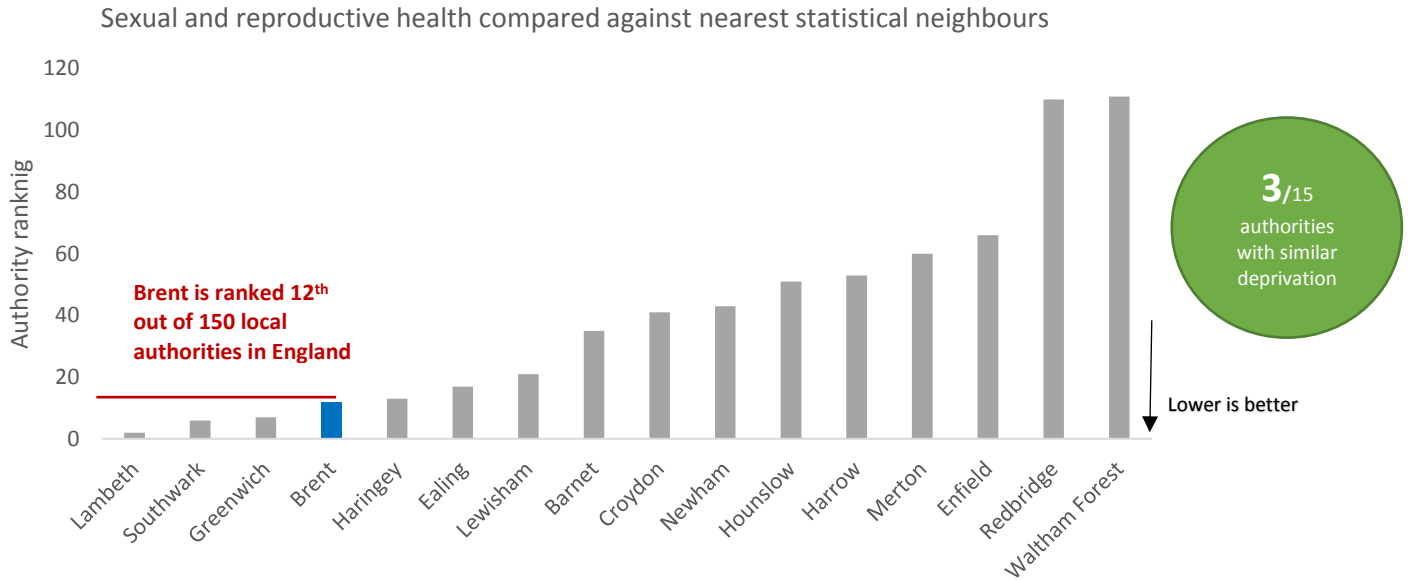
5. Drug treatment



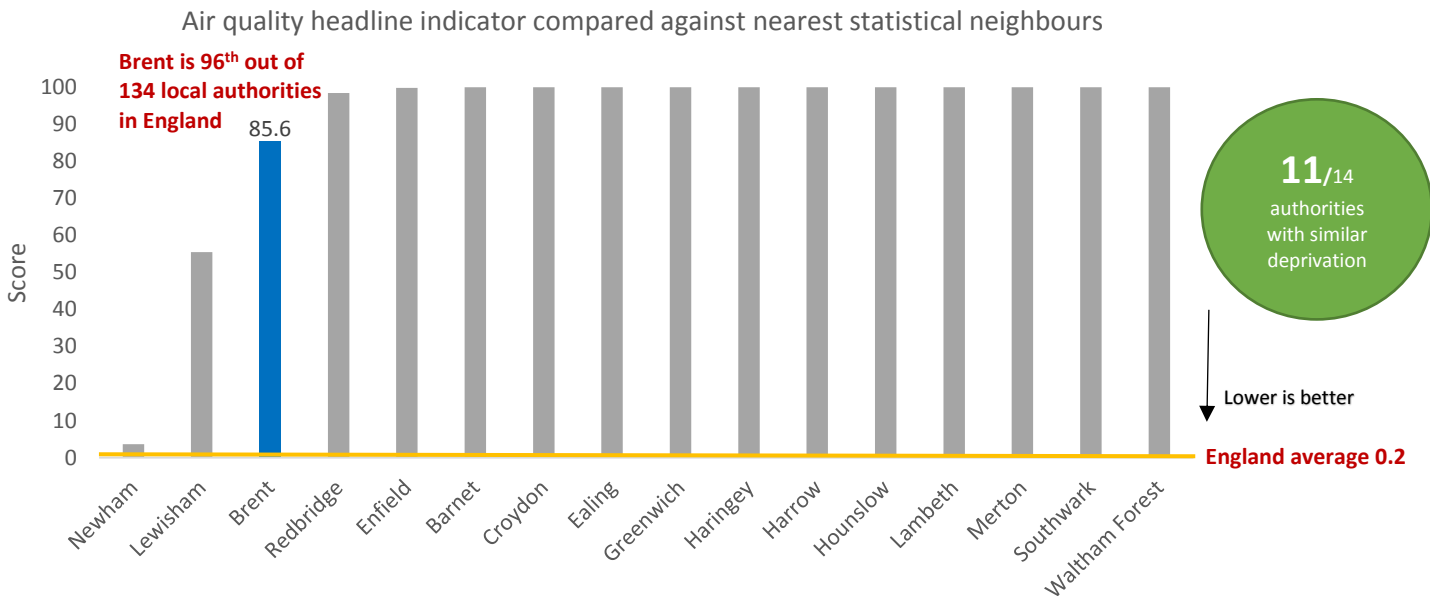
6. Best start in life





7. Sexual and reproductive health



8. Air quality



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 Brent  <i>Clinical Commissioning Group</i>	Health and Wellbeing Board 9 October 2018
	Report from the Strategic Director Community Wellbeing
Mental Health and Employment Outcome Based Review	

Wards Affected:	All
Key or Non-Key Decision:	N/A
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:	N/A
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Dawn Bayley Change Manager Email: dawn.bayley@brent.gov.uk Tel: 020 8937 6039

1.0 Purpose of the Report

1.1 This report will provide information to the Board on the development of the Outcome Based Review (OBR) for Mental Health and Employment including both the methodology and the scope.

2.0 Recommendations

2.1 The Health and Wellbeing Board is asked to:

- note and comment on the scope of the Mental Health and Employment OBR
- note and comment on the approach, and the fact that the Board will sign off the review report in March 2019, and
- agree the make-up of the Project Board, in particular who will represent the organisations represented on the Health and Wellbeing Board.

3.0 Background – Outcome Based Reviews (OBR)

3.1 The Outcome Based Review methodology is a design-led methodology, which has been used by the Council to tackle intractable, cross-cutting problems. The design-led approach focuses on the individual, family and/or community with the aim of understanding the problem from the perspective of our residents (not the organisations delivering services) and to look beyond departmental and organisational silos to implement solutions that are better for residents and either achieve greater impact for the same public funding, or reduce public funding across the system.

- 3.2 The methodology has four key stages – Discover, Define, Develop and Deliver and these aim to:

Discover more about what is actually being delivered through data collection and analysis, service mapping and effectiveness review, community research (including focus groups), professional interviews and horizon scanning.

Define a vision for future arrangements, bringing together a range of stakeholders to identify opportunities, prioritise key issues and generate ideas to take forward.

Develop new ideas, agree an approach and plan for testing and engage relevant stakeholders.

Deliver and **test** a new model and build a business case based on learning, setting out the service and commissioning models, including the financial business case.

4.0 Detail

- 4.1 As part of its wider transformation programme, Brent is undertaking an Outcome Based Review (OBR) on Mental Health and Employment. The overarching outcome for the review is *'to increase the number of people with mental illness thriving in work'*.
- 4.2 This idea originally came from a conversation with JobCentre Plus who raised the issue of significant growth in Employment Support Assistance (ESA) claims, with a particular concern about the growth in claims relating to those with a mental health need. In Brent, the number of claimants receiving Employment and Supportive Allowance (ESA) and Incapacity Benefit due to mental illness is 4,910 and 160 respectively as of May 2017 (ESA replaced Incapacity Benefit in 2008). This has grown significantly over recent years.
- 4.3 As a result of this an initial meeting was set up between the Council, Jobcentre Plus and Brent Clinical Commissioning Group who agreed the need to focus on the issue and commissioned an initial piece of scoping work which would look at both:
- the need underpinning this ESA growth, and
 - the services currently in place to respond to them (this involved speaking to the commissioners and providers of the main services in Brent and initial discussion with a range of other stakeholders including GPs).
- 4.4 The prevalence of Common Mental Health Disorders (CMDs) is relatively high in Brent. It is estimated that 16% of the adult population have a common mental health disorder (CMD) in Brent. This is slightly higher than the UK average (15.1%). CMDs include depression, generalised anxiety, OCD (obsessive compulsive disorder) and PTSD (post-traumatic stress disorder). Brent has the 9th highest rate of depression in the UK with 5.3% diagnosed with the condition.
- 4.5 People with severe and enduring mental illness (SEMI) are a smaller group. However, there is a very significant employment inequality in Brent between

those diagnosed with a mental health condition and those who are not. There is a 59.5% gap in employment rate between those in contact with secondary mental health services and the overall population rate.

- 4.6 The scoping work identified a significant range of services in place to help people retain and find work for people with mental health issues. However, if you map the referral routes into mental health services, the links between existing pathways and the breadth of current provision for mental health service users looking for employment, you find:
- Multiple commissioners, including the Council, Clinical Commissioning Group, Central North West London Trust, and Jobcentre Plus
 - The commissioners are not always fully aware of the other services that are being commissioned, or do not fully understand the overlaps and in provision and referral routes, which has led to multiple and unconnected pathways
 - There is a general lack of information about the variety of services available among the front line practitioners who were engaged as part of the scoping work whether this was social workers, GPs or employment workers. It is assumed that this is a similar issue for those seeking to benefit from the services.
- 4.7 In other words, there is not only a significant need in the Borough, but there also seems to be a significant opportunity to clarify and align our objectives, and improve our response to maximise the effectiveness of current funding.
- 4.8 Therefore, the OBR will set out to develop a shared approach across the Council and with partners for supporting people with common mental ill health into employment. The OBR will:
- bring together key commissioners to develop a shared commissioning approach and to work together to achieve the required outcomes
 - build a profile of the type and level of demand (including segmentation)
 - map current pathways of employment support for mental health users in Brent and the level of public investment in services
 - review the effectiveness and impact of current commissioning and delivery arrangements, including capacity to respond to need
 - identify any gaps in service provision and consider the arrangements needed to overcome these gaps
 - develop a joint commissioning framework.
- 4.9 However, it also became clear that this is huge area and some decisions needed to be made about the focus for the project in order to make it manageable. For example:
- A. Is this about helping people to maintain work (as part of the scoping work GPs had been engaged and this was an issue they raised) or finding work?
 - B. Is it about diagnosable mental health conditions or not?
 - C. Is it about common (depression, anxiety, etc.) or severe and enduring mental health (psychosis conditions) illnesses?
 - D. Is it for people with managed conditions or conditions that are not managed?

- 4.10 The current proposal is that the OBR focuses back in on the original question – the growth in ESA. This means that it will be about people who are looking to find work, not to maintain work in the first instance.
- 4.11 In terms of the other questions, it is assumed that it will also practically mean that we are focusing on:
- Those people with a diagnosis
 - Those people whose condition is being managed – this builds on the 2016 Employment Support and Welfare Reform OBR, which highlighted the importance of work in mental health recovery, but also stressed the importance of being ready to look for work, and one of the key parts of this is managing your condition
 - Those people with common mental health conditions as this will be the largest ESA group, and it recognises that there are specialist employment services run by CNWL through their Employment College for people with severe and enduring mental illness, which currently perform well.
- 4.12 However, it is also recognised that more information is required to fully understand how these different health situations relate to ESA and that this understanding will be an outcome of the discovery phase of the OBR.

5.0 Next steps

- 5.1 The aim is for this project scope to be signed off at the October 2018 meeting of the Health and Wellbeing Board and then report back to its March 2019 meeting.
- 5.2 Preparation for the first project board is currently underway, which will set the groundwork for the project providing:
- Detailed analysis of the ESA group
 - A summary of the initial scoping work on current provision, identifying strengths and weaknesses
 - A detailed summary of the relevant lessons from previous OBRs (both in terms of approach, and in relation to mental health and employment)
 - Literature review of what works for ESA and mental health - the national evidence in relation to mental health, the national response and good practice examples.
- 5.3 It is important that the project board is fully representative as this is already a complicated area and we need to ensure that we manage the interdependencies with commissioners. Therefore, the proposal is that the Board is chaired by Phil Porter, Strategic Director, Community Wellbeing, and is made up of representatives for the following organisations/departments:
- Public Health (to ensure the links to the Thrive programme are made)
 - Brent Council Employment Service (as a commissioner of employment support programmes and a link between a range of key stakeholders)
 - Jobcentre Plus (as the key referral route and commissioner of a wide range of employment support programmes)
 - CCG (as a commissioner of Improved Access to Psychological Therapies and employment support programmes)
 - GPs as an important point of contact for people with a CMD
 - Chief Executive of Employment Related Services Association (ERSA), a national membership body campaigning for high quality services for UK

jobseekers, who will provide external challenge, and insight into good practice.

- 5.4 However, we also need to ensure that other key stakeholders are engaged, including:
- People looking for work with a CMD
 - A wider range of front line practitioners
 - Employment support providers - Twinings, Shaw trust and others are already active in the Borough, and
 - Employers

6.0 Financial Implications

- 6.1 There are no direct financial implications identified at this stage for this piece of work.

7.0 Legal Implications

- 7.1 There are no legal implications identified at this stage for this work.

8.0 Equality Implications

- 8.1 We will ensure equality implications are considered as part of the work carried out at all phases of the OBR.

9.0 Consultation with Ward Members and Stakeholders

- 9.1 As part of the review we will be undertaking a wide range of consultation. This will include but not be limited to:
- Community Groups
 - Professionals
 - Services
 - Local People
 - National Organisations

Report sign off:

PHIL PORTER

Strategic Director of Community Wellbeing

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