



**Brent**



## Health and Wellbeing Board

**Tuesday 22 January 2019 at 6.00 pm**

Boardrooms 3&4 - Brent Civic Centre, Engineers Way,  
Wembley HA9 0

### 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
Mark Bird	Brent Nursing and Residential Care Sector

### Substitute Members (Brent Councillors)

Councillors: Agha, Miller, Krupa Sheth and Tatler

Councillors: Maurice

**For further information contact:** Bryony Gibbs, Governance Officer  
Tel: 020 8937 1355; Email: [bryony.gibbs@brent.gov.uk](mailto:bryony.gibbs@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 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
<b>1 Apologies for absence and clarification of alternate members</b>	
For Members of the Board to note any apologies for absence.	
<b>2 Declarations of Interest</b>	
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.	
<b>3 Minutes of the previous meeting</b>	1 - 12
To approve the minutes of the previous meeting as a correct record.	
<b>4 Matters arising (if any)</b>	
To consider any matters arising from the minutes of the previous meeting.	
<b>5 Brent Local Plan Preferred Options Consultation</b>	13 - 34
This report highlights the preferred options Draft Local Plan to 2041 on which public consultation has recently closed. The report identifies the anticipated level of growth in dwellings and employment space, together with broad priority locations for delivery and seeks to encourage continued engagement by the CCG and other health and well-being providers in the evolution of the Local Plan and development applications within Brent.	
<b>6 Brent Children's Trust Update April – September 2018</b>	35 - 42
The Brent Children's Trust (BCT) is a strategic partnership body made up of commissioners and key partners. The BCT reports to the Brent Health and Wellbeing Board (HWB) and provides an update paper every six months. This paper provides a broad summary of the BCT work programme from April to September 2018.	

## **7 Update on Transforming Care: Learning Disabilities**

43 - 54

This report provides an update on progress against the key milestones that were agreed at the last HWB Board and progress against national and regional requirements and/or priorities, and proposes priorities for this year for consideration.

## **8 Older People's pathway, Winter planning and performance**

Report  
to follow

To provide an update to the Board regarding progress on the Older People's pathway work as part of the agreed health and care transformation programme, including an update on performance, for steer and advice.

## **9 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.

## **10 Date of next meeting**

The next scheduled meeting of the Health and Wellbeing Board is on Tuesday 19 March 2019.



Please remember to set your mobile to silent during the meeting.

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





## **MINUTES OF THE HEALTH AND WELLBEING BOARD** **Held on Tuesday 9 October 2018 at 6.00 pm**

### **MEMBERS PRESENT:**

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

Dr MC Patel (Vice-Chair of the Health and Wellbeing Board; Chair, Brent Clinical Commissioning Group - CCG), Sheikh Auladin (Managing Director, Brent CCG), Dr Ketana Halai (Clinical Director –Brent CCG).

Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council), Helen Woodland (Operational Director, Adult Social Care – representing Strategic Director – Community Wellbeing, Brent Council).

Julie Pal (Chief Executive Officer, Healthwatch Brent).

**Also Present:** Meenara Islam (Strategic Partnerships Manager, Brent Council), Ian Niven (Manager, Healthwatch Brent), Johnathan Turner (Deputy Managing Director, Brent CCG) and Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council).

### **1. Vice-Chair of the Health and Wellbeing Board**

Councillor Farah welcomed everyone to the meeting with Members noting that following a change in representation by Brent Clinical Commissioning Group (CCG), Dr M.C.Patel had replaced Dr Kong as both a member and Vice-Chair of the Board.

Members formally welcomed Dr Patel as a member of the Board.

### **2. Apologies for absence and clarification of alternate members**

Apologies for absence were received from the following Board members:

- Councillor Hirani (with Councillor Tatler attending as substitute)
- Carolyn Downs (Chief Executive, Brent Council)
- Phil Porter (Strategic Director for Community Wellbeing, Brent Council – with Helen Woodland (Operational Director, Adult Social Care) attending in his place)
- Simon Crawford ( Director of Strategy, London North West Healthcare NHS Trust)
- Dr David Finch (NHS England)
- Claire Murdoch & Philippa Galligan (Central and North West London NHS Foundation Trust)

- Mark Easton (Accountable Officer North West London CCGs)

### 3. **Declarations of Interest**

None declared.

### 4. **Minutes of the previous meeting**

**RESOLVED** that the minutes of the previous meeting, held on 17 July 2018, be approved as an accurate record of the meeting subject to the following amendments:

- (1) Duncan Ambrose (Assistant Director, Brent Clinical Commissioning Group) and Dr Shazia Siddiq (Clinical Director, Brent Clinical Commissioning Group) being removed from the list of Also Present at the meeting;
- (2) Minute 8: Child Death Overview Panel Annual Report - Reference to the Child Death Review Panel in line 2 being amended to Child Death Overview Panel (CDOP).

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

There were no matters arising.

### 6. **Healthwatch Brent Work Programme 2018/19**

Julie Pal (Chief Executive Officer – Healthwatch, CommUNITY Barent) introduced the report which included the 2017/18 Annual Report from Healthwatch Brent and also detailed their work programme and priorities for 2018/19. Before focussing on the report, she began by apologising to the Board for Healthwatch’s non-attendance at the previous meeting in July which she advised had been due to an administrative miscommunication. Councillor Farah, as chair, thanked her for the apology which had been fully accepted on behalf of the Board.

Moving on to the report, Julie Pal began by highlighting that CommUNITY Barnet had been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018. The 2017/18 Annual Report (which had been attached as Appendix 2 to the report) had been produced to highlight Healthwatch Brent’s key achievements over the previous financial year and had been reported to Healthwatch England as part of the required statutory obligations. The Board noted the summary of key achievements, as detailed within section 3.8 of the Health and Wellbeing Board report.

In terms of Healthwatch’s operational priorities for Brent in 2018/19 Julie Pal introduced Ian Niven (Healthwatch Brent Manager) to the Board who began by outlining the way in which the development of the priorities had been informed. The process had involved seeking to combine evidence from a range of partners along with:

- the HeathWatch Brent Advisory Board;
- programme leads for the Brent Health & Social Care Partnership;
- The Friends of Healthwatch Brent;

- Contract Managers;
- Priorities identified in the Brent Joint Strategic Needs Assessment, Sustainability and Transformation Plan, Better Care Fund and Director of Public Health Annual Report (to ensure strategic alignment)

The evidence gained from this process, alongside views gathered from health and social care users and residents through engagement and outreach had been used to assist in identifying key issues and needs in order for commissioners and providers to consider developing joint responses. On the basis of the approach outlined, the Board noted the key issues which had identified in Brent in 2018/19, as detailed in section 3.12 of the report with specific activity, highlighted as an example, in relation to the raising of awareness within certain community groups in relation to prostate cancer.

The Chair thanked Julie Pal and Ian Niven for the update provided and then invited comments from the Board, with the following issues highlighted:

- (a) In terms of the priorities identified for 2018/19, whilst supportive of the work being undertaken to raise awareness around prostate cancer (particularly within the Black Afro-Caribbean community) Dr MC Patel felt it important to highlight the need for a more targeted approach in relation to any screening programme given the costs associated and need to take account of the required clinical assessment. Julie Pal and Ian Niven advised these factors had been recognised, with Healthwatch committed to continuing to work closely with Brent CCG and clinicians regarding delivery of the project and messages being delivered as part of the awareness raising process.
- (b) In terms of the high level priorities identified for 2018/19, Councillor McLennan felt it would be useful for more detail to be provided as part of future updates on the actions being developed to address each area, which the Board also supported. Details were also sought on the engagement of staff in the process for identifying operational priorities, which Julie Pal advised the Board included close liaison with the contract manager and also with relevant programme leads.
- (c) Looking at the achievements outlined during 2017/18, Councillor Farah (as Chair) sought further details on the success reported in terms of the extended reach of Healthwatch via social media and also in relation to the increased number of residents engaged. In response Ian Niven advised that the feedback received from the 1200 residents had been as a result of direct contact, with these comments having been fed back to statutory partners. In terms of social media there had been a specific focus on increasing its use in order to raise awareness around the role and information available from Healthwatch Brent which had been a success, resulting in an increase in Twitter followers to over 1400.
- (d) As a final issue, Councillor Farah highlighted the findings within the recent report from the Care Quality Commission (CQC) relating to their inspection of the London North West Healthcare NHS Trust and sought details on the engagement of Healthwatch Brent in the inspection process and in terms of ensuring that the patient voice was fully captured. In terms of being able to capture and represent the patient voice, Ian Niven advised of the regular visits undertaken to the main hospitals and clinics within Brent with comments and

views received feedback to the Trust on a regular basis through their Patient Experience Committee. Whilst sharing the Boards disappointment at the outcome of the inspection in terms of the limited progress made since the previous inspection, he was also keen to highlight the proactive relationship between Healthwatch and the Trust. In relation to engagement in the process, Julie Pal advised that Healthwatch maintained a good working relationship with the CQC as a trusted partner and would be attending the CQC summit meeting in November.

Whilst noting the positive working relationship with both the Trust and CQC, the Board remained concerned regarding levels of public awareness and understanding in relation to the current CQC inspection and also in terms of the management response from the Trust to the previous inspection given what was perceived to be the lack of cultural and organisation change delivered. In terms of raising awareness, Councillor McLennan highlighted the potential use of the Brent Connect Forums with the Chair also reminding members that the Council's Community Wellbeing Scrutiny Committee would also be hosting a meeting to undertake a detailed review of the inspection findings and response being developed by the Trust, which representatives of all interested parties had been invited to attend.

As no further issues were raised Councillor Farah thanked Julie Pal and Ian Niven for attending the meeting in order to present the Healthwatch Annual Report and 2018/19 priorities and it was **AGREED**:

- (1) To formally note the 2017/18 Healthwatch Brent Annual Report; and
- (2) To formally note the Healthwatch Brent priorities identified for 2018/19, on which further detail would be provided around key actions as part of any future monitoring updates.

## 7. **Public Health Dashboard**

Dr Melanie Smith (Director of Public Health) introduced the report which informed the Board of the recent publication of the Public Health England (PHE) Dashboard along with Brent's performance, as measured against the dashboard.

The Board noted that the dashboard contained eight indicators which covered a range of public health service areas on which the local authority would lead and also contained a new measure in terms of the ranking of each authority. Brent's performance was comparable to all other upper tier local authorities with similar levels of deprivation and their nearest statistical neighbouring authorities. In terms of specific performance, Brent was performing well in relation to five indicators with a need to improve performance identified in relation to the remaining indicators on childhood obesity; best start in life and air quality. These were already areas in which the need for action had been identified with the specific measures developed in response detailed within section 3 of the report. The Board also noted that whilst many of the indicators were composite (representing a summary measure from a number of different indicators) there were some more local indicators specifically relevant to Brent not included.

The Board noted the strong performance specifically highlighted in relation to Alcohol and Drug Treatment. The service had recently been recommissioned and was subject to a new lead provider but it was anticipated that any resulting impact on performance would be minimal.

Councillor Farah (as Chair) thanked Dr Melanie Smith for introducing the report and then invited comments, with the following issues raised:

- (a) Dr Ketana Halai sought clarification on the decision taken by the local authority in relation to the funding of the NHS Healthcheck programme. In response Dr Melanie Smith confirmed that whilst funding had not been withdrawn measures had been put in place to encourage more effective targeting of the programme.
- (b) Councillor Tatler took the opportunity to highlight the close links between the review currently being undertaken on the Local Plan and how this would impact on the delivery of the more strategic aims relating to health within the Mayor for London's Environment Strategy. Dr Melanie Smith advised the Board that these links had already been recognised with an increasing level of joint work between Public Health and the Council's Planning Policy and Development Control Teams. As an example she referred to the joint work undertaken to prevent the development of hot food takeaway premises in the immediate vicinity of local schools.
- (c) In relation to the action being taken to improve performance around childhood obesity, Dr MC Patel sought further details on the proposed use of the £195k awarded to Brent under the Healthy Pupils Capital Fund. In response Dr Melanie Smith advised that the funding was for use by schools who were being invited to submit bids for one off capital projects designed to improve not just the physical but also mental health of pupils. Whilst GPs were not directly involved in the bid process under this funding stream, she advised that suggestions would still be welcomed regarding potential use of the funding.
- (d) In terms of the action being taken to improve performance around air quality Dr MC Patel sought details on the key issues identified for action and potential impact arising from the extensive building works being undertaken across the borough. In response Dr Melanie Smith supported by Councillor Tatler advised that the main issue remained vehicle exhaust fumes with building works closely regulated and the Council working with developers to support the ethical construction guidelines. The benefits of encouraging housing development were also highlighted in terms of their wider public health impacts.

In terms of vehicle emissions and traffic congestion the Council were actively supporting the aims within the Mayor for London's Transport Plan by seeking wherever possible to reduce car ownership and encourage greater use of public transport and other "greener" travel initiatives such as cycling. In addition the Council were continuing to work closely with TfL in order to encourage and support the roll out of their electric bus fleet and more effective use of the diesel bus fleet.

- (e) Moving on to focus on the action being taken around performance in relation to childhood obesity, Councillor Farah (as Chair) was keen to explore the attempts being made to raise awareness within certain communities and amongst parents around the issues needing to be addressed. In response Dr Melanie Smith advised that the need to engage and work with families had been recognised as part of the overall approach, with work being focussed around the support and information available through the health visiting and Children's Centres. In addition sessions were being delivered through the Junior Citizenship Scheme specifically around sugar awareness accessed by Year 6 pupils across the borough.

As no further issues were raised the Chair thanked Dr Melanie Smith for her report and it was **RESOLVED** that the Board note the performance by Brent in relation to the Public Health England Dashboard.

## 8. **Mental Health and Employment Outcome Based Review**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report providing an update on development of the Outcome Based Review (OBR) for Mental Health, including an outline of the methodology and scope.

The Board noted the background to establishment of the review, which had been focussed around developing a shared approach across the Council and with partners for supporting people with common mental ill health into employment. The initial scope of the review had been set out in 4.8 of the report and was designed to focus on:

- Development of a shared commissioning approach, recognising the number of multiple commissioners;
- Profiling the type and level of demand;
- Mapping of current pathways for this type of employment support, recognising the overlaps and complex nature of many referral routes, alongside the level so public investment in services;
- reviewing the effectiveness and impact of current commissioning and delivery arrangements including the capacity to respond to need;
- identification of any gaps in service provision and development of a joint commissioning framework;

Given the scale of the issue, confirmation was provided that the scope of the review would not, at this stage, include those with mental ill health maintaining work.

The following issues were raised by members of the Board in relation to the update:

- (a) The suggestion was made that membership of the Project Board also include an employer and Trade Union representative recognising the need to consider conditions within the work environment supporting those with mental ill health back into work. In terms of engagement with employer representatives Dr Melanie Smith advised that the approach had been designed to ensure as wide a range of employers were involved as possible as the review progressed in liaison with organisations such as the Chamber of Commerce and Federation of Small Businesses. Similarly, based on the suggestion

made by the Board, consideration would also be given to the process for engaging with Trade Unions.

- (b) The Board felt that more emphasis was required in terms of the scope of the review around the support and guidance available to employers supporting those with mental ill health in to work. It was noted that issues around employment practices once in work would fall outside of the initial scope of the review.
- (c) Whilst recognising the scope of the review, the impact of more flexible working patterns was also highlighted as a potential issue in relation, for example, to concerns around social isolation.

As no further issues were raised the Board thanked Dr Melanie Smith for the update and **RESOLVED**:

- (1) To note and endorse the scope and approach outlined towards the Mental Health & Employment OBR, subject to the recommended inclusion of the following additional element:
  - a review of the support and guidance available to employers in supporting those with mental ill health back in to work
- (2) To note and endorse the membership of the Project Board, subject to the inclusion of engagement with both employer and Trade Union representatives as the review was progressed.
- (3) To note that the Board would be asked to consider and sign-off the review report in March 2019.

## 9. **Brent Health and Care Transformation Programme Review**

Tom Shakespeare (Director of Integrated Care) introduced the report seeking the Board's comments and endorsement to a number of proposed changes to the joint programme of works across health and social care under the Health and Care Transformation Board (formerly known as the Sustainability and Transformation Plan (STP) Board).

In presenting the report the Board noted:

- The progress achieved against the 2017/18 priorities within the Brent Health and Care Plan and Better Care Fund (BCF) Plan as detailed within section 3.2 of the report;
- The outcome of a subsequent review of delivery against the Plan undertaken by the Transformation Board, as detailed within section 3.3 of the report, which had identified that despite good progress being delivered in a number of areas further improvements could be made to the scale of progress and transformation in relation to key priority areas;
- The criteria agreed by the Transformation Board as a focus for their ongoing work, as detailed within section 3.4 of the report;

- The key priority areas (as detailed within section 3.5 of the report) which as a result of the review, the Board were now proposing to focus on with the aim to have overseen delivery of the following by April 2019:
  - A patient centred older people's care pathway reducing delays in hospital discharge and improving patient experience;
  - A joint commissioning and brokerage function for nursing, residential and home care creating a catalyst for development of a fully integrated care system;
  - A joint market management approach, including care home networks and training development and support;
 In addition by April 2020 it was proposed that the Board would have overseen:
  - Development of an integrated care system;
  - Development of new approaches to promote prevention and self-care in the community; and
  - An integrated service of support for people with dementia.
- The revised governance arrangements which it was proposed should be established to support delivery of the priorities based on a new model of distributed leadership as detailed within sections 3.6 and 3.7 of the report. The aim of the review had not been to cease work on existing programmes but to review the current focus of the Board in order to drive forward a programme of improvement on the basis of the criteria set out in section 3.4 of the report.

The Chair thanked Tom Shakespeare for his introduction and then sought comments on the proposals set out within the report, with the following issues highlighted by members of the Board:

- (a) Councillor Kansagra, highlighting a number of concerns regarding the process for discharge of hospital patients, was keen to explore how these would be addressed within the revised priorities. Tom Shakespeare advised that it was proposed to address patient discharge through development of the patient centred older people's care pathway, which included within its remit the aim of reducing inefficiencies and duplication within existing pathways, recognising the number of agencies often involved in the discharge process and also the complexity and processes required for non-routine cases.
- (b) The need identified by Gail Tolley (Strategic Director – Children & Young People), given the focus on the Transformation Board priorities referred to in the report around adult services, to recognise the extent of funding also provided through the Plans for programmes relating to children and young people and to be clear on how these would continue to be delivered under the proposed new arrangements. In response Helen Woodland (Operational Director – Adult Social Care) advised that under the new distributed leadership model existing programmes and priorities agreed under the Health and Care Plan and Better Care Fund (BCF) Plan would continue to be delivered including work of the Whole Systems Integrated Care (WSIC) programme, although this would involve more effective use of the shared information dashboard, which Gail Tolley advised the Council would be willing to act as a pathfinder to assist on.
- (c) Given the various funding streams involved, DR MC Patel felt it would be useful if the Board could be provided with an overview of the funding allocated



between priorities across each area to assist in clarifying the links with other connected strands of work. This was supported by Sheik Auladin (Managing Director, Brent CCG) who advised he would also been keen to increase the focus on the detailed outcomes being sought as a result of the priorities identified and how these would impact, as an example, on management of existing pathways such as those relating to winter care. Whilst the new approach would not prevent a focus on these type of issues, Helen Woodland felt it was important to highlight the main purpose of the review had been to focus on the delivery of transformation in the priority areas identified on a shared, multi-organisational and integrated basis.

As no further issues were raised the Chair thanked Tom Shakespeare and Helen Woodland for their update and the Board **RESOLVED** to endorse:

- (1) the re-naming of the Sustainability and Transformation Plan Board to the Health and Care Transformation Board, reflecting the focus on shared priorities across Brent (including Brent Health and Care Plan and the Better Care Fund).
- (2) the re-focussed priorities of the programme into three key areas for 2018/19 (Older People's Pathway, Integrated Commissioning and Market Management and enhance care in homes) along with the scoping of three further priorities for further development (Self Care, Dementia and Integration Development).
- (3) development of a model of distributed leadership across multiple programmes of work to ensure sustained transformation across the breadth of activity across the NHS and local government.

#### 10. **Brent Clinical Commissioning Group commissioning Intentions**

Jonathan Turner (Deputy Managing Director, Brent CCG) introduced the report which set out Brent Clinical Commissioning Groups (CCG) commissioning intentions for financial years 2019/20 – 2020/21, as aligned with the North West London (NWL) Sustainability and Transformation Plan (STP).

In considering the report, the Board noted:

- The approach taken by the CCG to development of its commissioning intentions, which had involved a collaborative process as well as a focus on national and local policy drivers and had been supported by number of different consultation events including the Health Partners Forum;
- The strategic context within which the commissioning intentions had been developed, as detailed within Part 1 of the Draft Commissioning Intentions 2019-2021 document appended to the report. The draft intentions had also reflected the key priorities identified by the Brent Health and Care Transformation Board, as detailed within section 3.5 of the Health and Wellbeing Board report;
- The summary of the commissioning intentions as organised by STP delivery area and detailed within section 3.6 of the Health and Wellbeing Board report;
- Subject to final approval by the CCG the intentions would then need to be embedded within the contracting cycle to ensure they were reflected in service contracts and contract monitoring processes.

Following on from the overview provided, Councillor Farah (as Chair) opened up discussion in order to seek comments from the Board on the draft commissioning intentions, with the following issues raised:

- (a) given the links to tackling obesity contained in many of the delivery areas and especially in relation to prevention and wellbeing details were sought on the measures being taken to encourage exercise and improve access to green spaces across the borough. Recognising the need for a whole system approach and for clear messages and the signposting of available support in relation to healthy eating and lifestyle choices the Board noted the various opportunities being developed which included a review of access to public sports facilities undertaken as part of the Local Plan review, development of active travel plans and a leisure discount card.
- (b) the concerns expressed in relation to delivery of safe, high quality and sustainable acute hospital services given the recent outcome of the CQC inspection into the London NW Hospital (NHS) Trust and how it would be possible to ensure that patients and residents were fully engaged in the shaping of the commissioning process and in influencing change. In terms of the involvement of Healthwatch, Ian Niven advised that whilst needing to recognise limits in terms of their capacity it was possible to provide examples of the patient voice working well in terms of service design. It was, however, recognised that work was still needed to place patients at the heart of the commissioning process. In response to the concerns raised, Councillor McLennan highlighted the potential engagement opportunities available through the Brent Connect Forums, which Jonathan Turner advised he would be keen to explore. The Board also noted that the draft commissioning intentions were currently subject to public consultation via an online survey supported by various patient and public consultation events, as detailed within section 7 of the Health & Wellbeing Board report. In view of the concerns raised, however, the Board remained keen to ensure that as wide a range of options were available to ensure residents and patients' views were incorporated within the final commissioning intentions.

As no further issues were raised the Chair thanked Jonathan Turner for the update and the Board **RESOLVED** to note and endorse the CCG commissioning intentions, subject to the comments identified at the meeting.

#### 11. **Any other urgent business**

Due to the limited time available, no items of additional business were raised at the meeting.



#### 12. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health and Wellbeing Board would be held at 6pm on Tuesday 22 January 2019.

The meeting was declared closed at 7.56 pm

COUNCILLOR HARBI FARAH  
Chair

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 <b>Brent</b> Clinical Commissioning Group  NHS Brent	<b>Health and Wellbeing Board</b> <b>22 January 2018</b>
<b>Report from the Strategic Director Regeneration and Environment</b>	
<b>Brent Local Plan Preferred Options Consultation</b>	

<b>Wards Affected:</b>	All wards within the Borough with the exception of the parts falling within the administrative boundary of the Old Oak and Park Royal Development Corporation
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	
<b>No. of Appendices:</b>	1
<b>Background Papers:</b>	<a href="#">Brent Local Plan Preferred Options November 2018</a>
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Paul Lewin, Team Leader Planning Policy, <a href="mailto:paul.lewin@brent.gov.uk">paul.lewin@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 To highlight the preferred options Draft Local Plan to 2041 on which public consultation has recently closed. To identify the anticipated level of growth in dwellings and employment space, together with broad priority locations for delivery. To seek to encourage continued engagement by the CCG and other health and well-being providers in the evolution of the Local Plan and development applications within Brent.

## 2.0 Recommendation(s)

- 2.1 That the Board considers the implications of the emerging Brent Local Plan on health and well-being within the borough and encourages the appropriate level of engagement from the health and well-being sector in the next stages of the Plan's adoption.

## 3.0 Detail

- 3.1 The Brent Local Plan sets out the planning policies for the development of Brent. When adopted it will form part of the development plan (which also includes the London Plan). This is the policy document against which planning

applications will be determined. Applications need to be determined in accordance with the Plan unless there are very good reasons which indicate otherwise. The draft Brent Local Plan Preferred Options November 2018 seeks to set out the preferred policies for the Borough's growth for the period to 2041. There are some significant challenges, not least how to meet the draft London Plan's target for Brent of 29,150 net additional homes in the period 2019/20-2028/29, plus the need to provide a substantial amount of additional industrial/ warehousing land/ employment space, whilst providing for existing and new social and physical infrastructure requirements.

- 3.2 An easy read version attached in Appendix A provides a very high level summary of the contents of the draft Local Plan. The fuller version can be viewed as a background document.
- 3.3 The contents and policies of the adopted Local Plan have the potential for wide ranging health impacts. Some of these are more obvious, including the need to address requirements for additional health care infrastructure such as sufficient General Practitioner capacity in accessible locations to meet needs related to population growth.
- 3.4 Others such as the provision of sufficient additional homes to meet needs, particularly of affordable housing can help address many of the physical and mental health issues associated with a lack of suitable residential accommodation. The Plan seeks to prioritise healthy streets, create air quality positive development, provide additional green spaces and enhance biodiversity.
- 3.5 In addition health arguments supported with evidence from Public Health colleagues has been helpful in ensuring that the current local plan contains policies that will assist in improving public health. For instance limits on the amount and proximity of takeaways and shisha bars to schools as well as betting shops in town centres and local parades.

#### **4.0 Financial Implications**

- 4.1 The growth in population will have an impact on the need for additional health and well-being facilities. There will be some funds available from financial mechanisms related to planning permission, such as Section 106 Planning Obligations and the Community Infrastructure Levy. In addition New Homes Bonus, Council Tax and Business Rates will provide additional resource to support Council services. Notwithstanding this, significant additional funding is likely to be required from other sources to support the growth in the population anticipated.

#### **5.0 Legal Implications**

- 5.1 The adoption of a Local Plan is covered through a number of statutory processes that have to be adhered to as set out in the The Town and Country Planning (Local Planning) (England) Regulations 2012.
- 5.2 Section 38(6) of the Planning and Compulsory Purchase Act 2004 and section 70(2) of the Town and Country Planning Act 1990 requires that applications for

planning permission are determined in accordance with the development plan, unless material considerations indicate otherwise.

## **6.0 Equality Implications**

- 6.1 The draft Local Plan has been subject to Integrated Impact Assessment which incorporates Strategic Environmental Assessment, Habitats Regulations Assessment, Equality and Health Impact Assessments.
- 6.2 On the whole the Local Plan has positive impacts related to a number of groups with protected characteristics such those with a disability, age, race, religion or belief and pregnancy and maternity.

## **7.0 Consultation with Ward Members and Stakeholders**

- 7.1 There has been a significant amount of work undertaken in relation to consultation and awareness raising of the contents of the document. This has occurred at previous stages and will need to continue as the Plan moves through the next stages towards adoption. A Local Plan Members' Working Group has provided support and critique of the contents of the draft Plan. In addition all Councillors have been contacted through a variety of means over a sustained period to make them aware of the consultation documents.
- 7.2 In relation to Stakeholders, there has been engagement with the Brent CCG, particularly the property team to assist in identifying the need for sufficient capacity/ new facilities. Engagement is occurring with the London Healthy Urban Development Unit, as well as the Director of Public Health and other relevant post-holders within the Council.

## **8.0 Human Resources/Property Implications (if appropriate)**

- 8.1 As identified engagement has occurred with the CCG property officers related to health premises. The same has been the case with the relevant Health Care Trusts related to the acute health care facilities, particularly as part of the One Public Estate. In addition the Council's Housing and Asset Management Teams have been contacted regularly to identify the potential for the Local Plan to impact on property assets.

### **Report sign off:**

**AMAR DAVE**

Strategic Director of Regeneration and  
Environment

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# Local Plan Preferred Options



**Consultation**  
**November 2018**



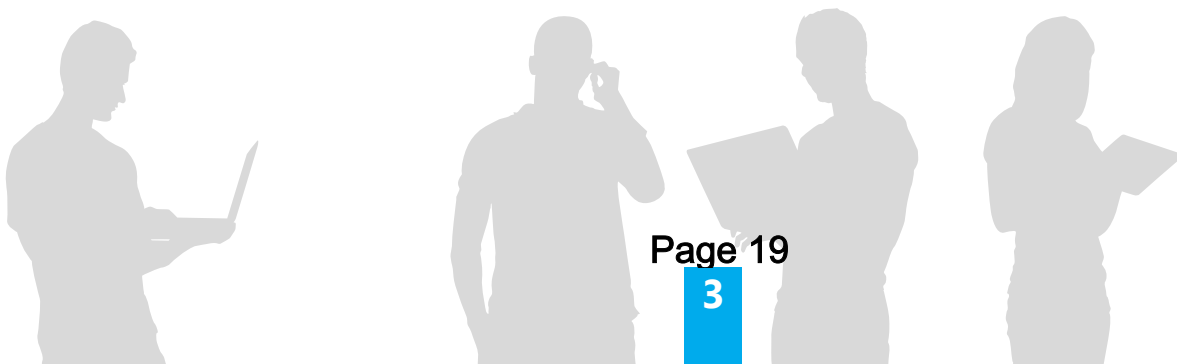
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# Have your say

- The Local Plan is the long-term plan for the borough of Brent through to 2041.
- It is an important planning document about what can be built, where, how, and why.
- It also covers new housing, transport, the environment, jobs and how communities can live well together.
- In November 2018, Brent Council published a draft of the Local Plan.
- We want to know what you think of the draft Local Plan so you can be part of how Brent will look in the next 20 years.
- You can give us your comments by going to **[www.brent.gov.uk/shapebrent](http://www.brent.gov.uk/shapebrent)**
- The last day for giving us your comments is Thursday 3 January 2019.
- What you say will help us make another draft of the Local Plan that we will share with everyone again in 2019.
- The draft Local Plan will then be submitted to the Government for independent review and final changes.
- In 2020, the Local Plan will be final and Brent Council will start using it to decide on all planning applications.



# Brent – now and in the future

- Brent is one of the most diverse boroughs in London with over 149 languages spoken here.
- Brent was awarded the London Borough of Culture 2020 to celebrate everything that's special about our borough.
- Right now, there are over 330,000 people living in Brent.
- By 2041, there will be around 65,000 more people living here and around 30,000 new jobs will be needed.

## We want to:

- Welcome changes and 'good growth' in Brent
- Make sure that everyone shares the benefits that future developments bring
- Improve employment, homes, transport, parks, fields and culture in Brent

## Good Growth means...

- Developments that will last for a long time
- More jobs, shops and businesses that everyone can benefit from
- Helping people in the borough to be fit, healthy and independent
- Brent will continue to be a great place to live and work



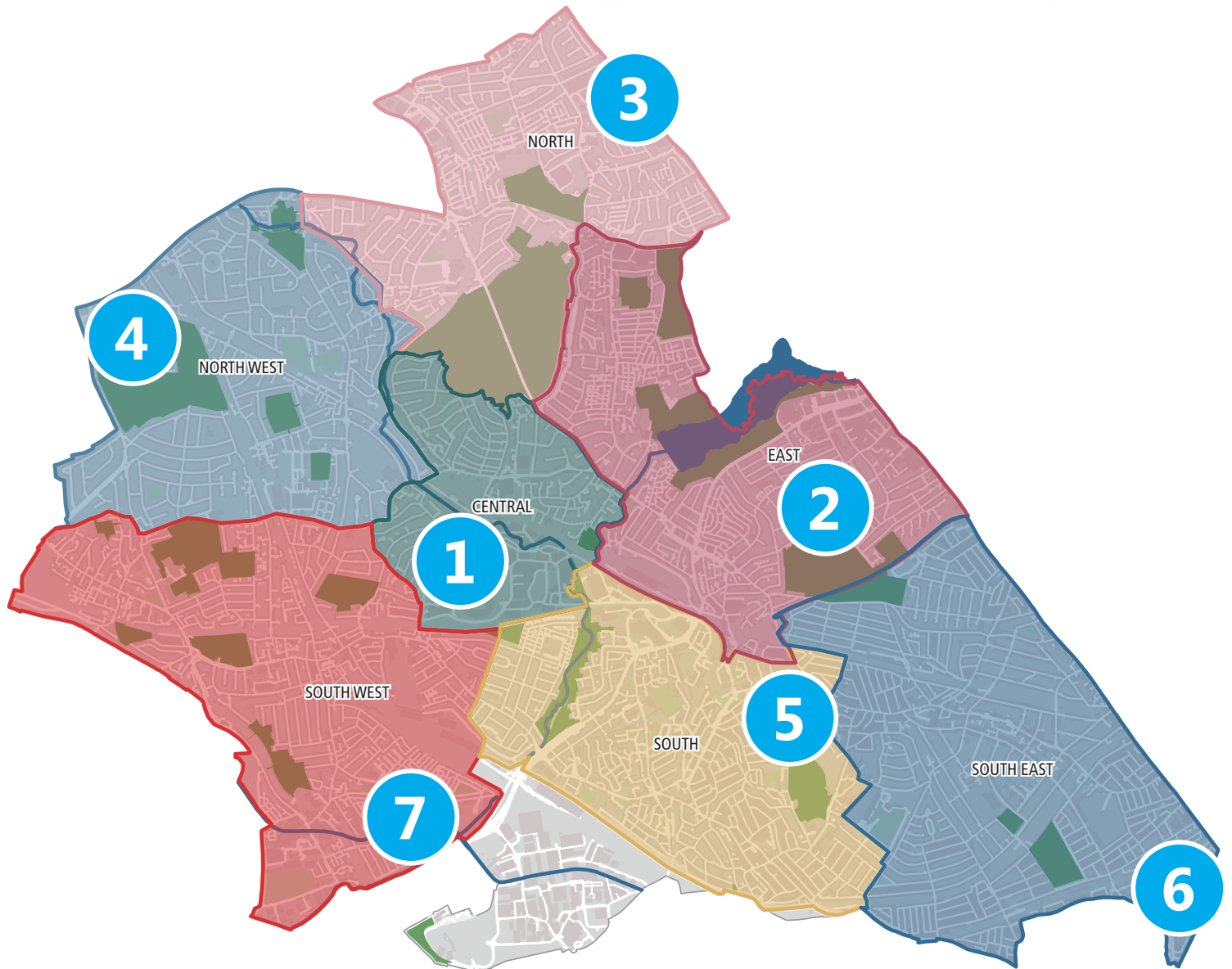
# The Local Plan

- The Local Plan covers the whole of Brent except for Park Royal and Willesden Junction Station where the Council is now not responsible for planning.
- Brent's Local Plan covers **7 'Places'** and **8 'Themes'**.
- The '**Places**' is the borough divided into 7 areas (see page 6)
- The '**Themes**' are the ideas that the Local Plan is based on that we want to improve (see pages 7-14)
- When the Local Plan is final, it will replace a number of older documents which need updating.





# The 7 Places in the Local Plan



## A Growth Area...

- Is an area where there will be lots of new developments

# The 7 Places in the Local Plan

		Includes	Where changes will be
1	<b>Central Place</b>	Covers Barnhill, Chalkhill and Wembley Park	<ul style="list-style-type: none"> <li>• Wembley Park station</li> <li>• Watkin Road</li> <li>• Fifth Way / Euro Car Parts</li> <li>• Stadium Retail Park &amp; Foundation Studios</li> </ul>
2	<b>East Place</b>	Dollis Hill, Neasden and Welsh Harp	<ul style="list-style-type: none"> <li>• Neasden Stations Growth Area</li> <li>• Staples Corner Growth Area</li> <li>• Coombe Road</li> <li>• Cricklewood Bus Depot</li> </ul>
3	<b>North 'Place'</b>	Covers Burnt Oak, Colindale, Kingsbury, Queensbury and Roe Green	<ul style="list-style-type: none"> <li>• Capitol Way Valley</li> <li>• Colindale Retail Park, Southon House and Trust Ford Garage</li> <li>• Queensbury industrial site and Morrisons</li> </ul>
4	<b>North West 'Place'</b>	Covers Kenton, Northwick Park and Preston	<ul style="list-style-type: none"> <li>• Northwick Park Hospital</li> <li>• Sainsbury's Kenton Road</li> </ul>
5	<b>South 'Place'</b>	Covers Brentfield, Church End, Harlesden, St Raphael's, Stonebridge and Tokyngton	<ul style="list-style-type: none"> <li>• Church End Growth Area</li> <li>• Argenta House</li> <li>• Unisys &amp; Bridge Park</li> </ul>
6	<b>South East 'Place'</b>	Covers Brondesbury, Brondesbury Park, Cricklewood, Dudden Hill, Kensal Rise, Kensal Green, Kilburn, Mapesbury, Queens Park, South Kilburn and Willesden Green	<ul style="list-style-type: none"> <li>• South Kilburn Growth Area</li> <li>• Cricklewood Retail Park and Town Centre sites</li> <li>• Kilburn Market Square</li> <li>• Willesden Green Town Centre sites</li> </ul>
7	<b>South West 'Place'</b>	Covers Alperton, Ealing Road, Sudbury and Wembley Central	<ul style="list-style-type: none"> <li>• Alperton Industrial Sites</li> <li>• Sainsbury's Alperton</li> <li>• Abbey Manufacturing Estate</li> <li>• Beresford Avenue</li> <li>• Northfields</li> <li>• Wembley High Road and Former Copland School</li> </ul>

# The 8 Themes in the Local Plan

## 1. Building Designs

- We will make sure buildings are good quality
- Tall buildings should be in places that are suitable for them
- New basements under homes must be designed carefully





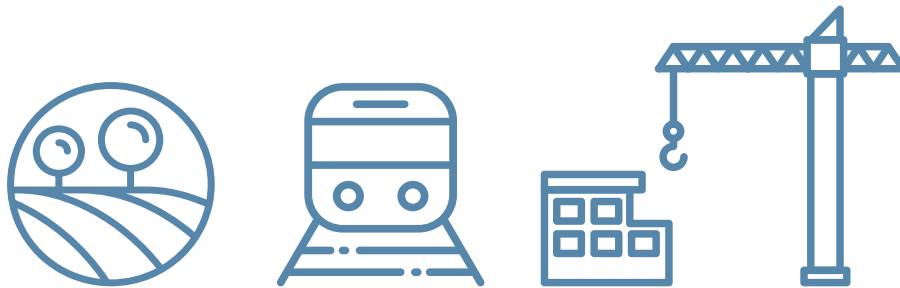
## 2. Housing

- Many new homes will be affordable
- New homes should be big enough for large families
- Over 200 new homes every year for older people
- New homes will be built in areas where there are good bus, tube and train links
- New homes should not affect other businesses, communities and family homes in the area



### 3. Social infrastructure

- Social infrastructure in Brent will be protected wherever possible
- New social infrastructure needs to be in areas where there is good public transport
- New social infrastructure should be able to be used for many purposes



#### Social infrastructure means:

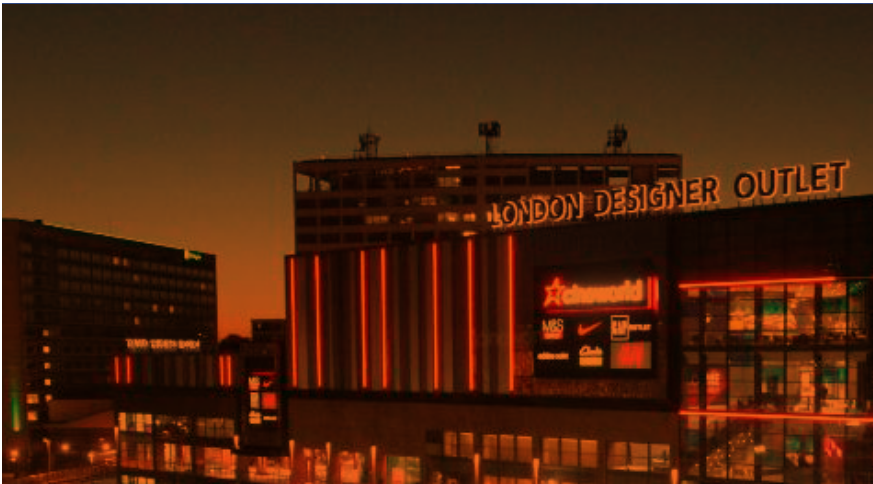
- Schools
- Doctors surgeries, hospitals
- Sports facilities
- Libraries
- Places of worship
- Theatres and cultural spaces
- Meeting rooms and halls
- Specialist housing
- Fire, ambulance and police stations
- Pubs





## 4. Economy and Town Centres

- Spaces for local businesses will be affordable.
- New big developments will need to train and employ local people and apprentices
- Shops in town centres will be protected wherever possible
- We will make sure buildings are used temporarily instead of being left empty
- We will limit the number of betting shops, adult gaming centres, pawnbrokers, shisha bars and takeaways



# 5. Heritage and Culture

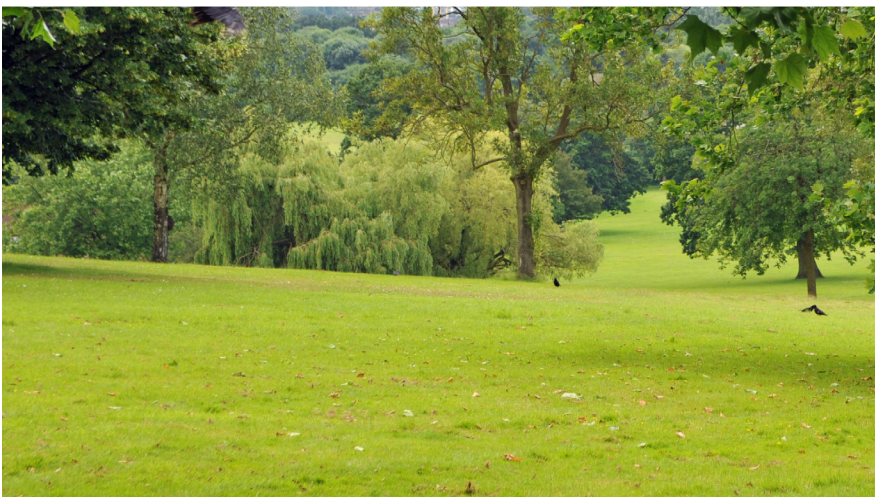
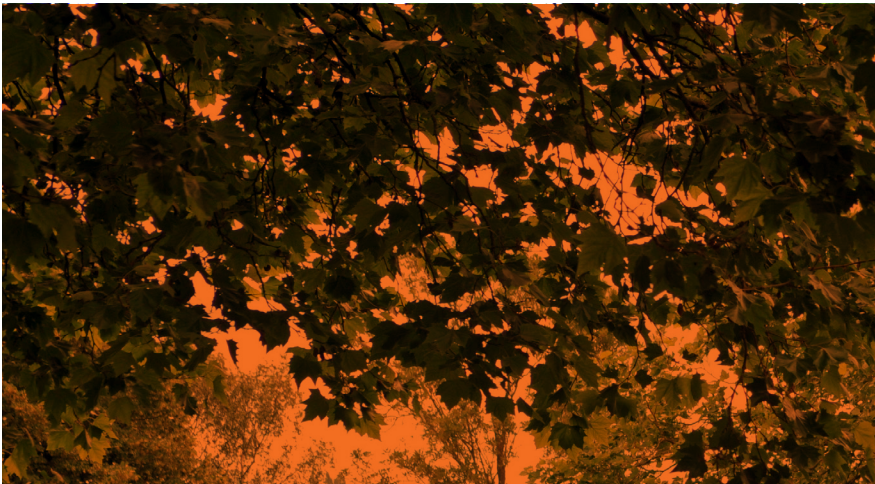
- We will protect and improve:
  - Historic buildings
  - Restaurants and bars
  - Cultural and sports venues
  - Existing creative work spaces
  - Pubs
- We will support cultural and creative organisations





## 6. Parks and Open Spaces

- Big new developments should include parks and spaces with greenery
- Rivers and canals will be opened up for everyone to use
- Existing trees, plants and wildlife will be protected and more will be provided in new developments





# 7. Sustainable Infrastructure

- New buildings should be environmentally-friendly
- New buildings should not be put in places at high risk of flooding and should be designed to reduce flooding
- New buildings should not cause problems for drains and sewers

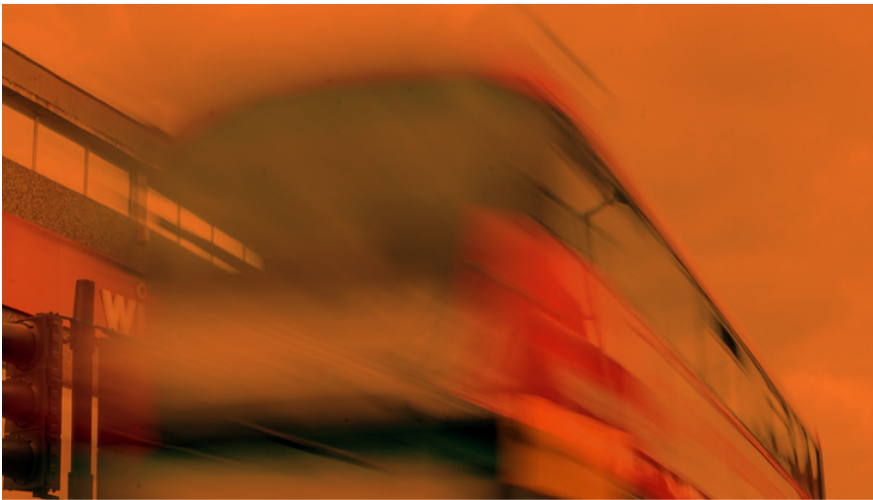
## Sustainable means...

- That it will last for a very long time!



## 8. Transport

- New developments should help people walk, run and cycle more, and use buses and trains instead of cars
- Streets will be safe for people to walk and cycle on
- There will be a new train service linking Harlesden, Neasden and Staples Corner/ Brent Cross
- More tube and overground stations will have step-free access
- More charging points for electric cars will be installed





# Monitoring the Local Plan

- The council cannot make all our plans happen by itself.
- The council must work with local residents, developers, the Mayor of London, the national Government and other organisations.
- The council receives money from developers to help pay for making any improvements in the borough.
- The council will keep checking to make sure the Local Plan is doing what it is supposed to do.







Have your say on the draft Local Plan by going to  
**[www.brent.gov.uk/shapebrent](http://www.brent.gov.uk/shapebrent)**

The last day for giving us your comments is  
**Thursday 3 January 2019.**

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  <b>Brent</b> Clinical Commissioning Group	<p align="center"><b>Health and Wellbeing Board</b>  <b>22 January 2019</b></p> <p align="center"><b>Report from the Chair of Brent Children's Trust</b></p>
<p align="center"><b>Brent Children's Trust Update April – September 2018</b></p>	

<b>Wards Affected:</b>	
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	1
<b>Background Papers:</b>	0
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Gail Tolley, Strategic Director Children and Young People <a href="mailto:Gail.tolley@brent.gov.uk">Gail.tolley@brent.gov.uk</a> Wendy Proctor, Strategic Partnerships Lead <a href="mailto:wendy.proctor@brent.gov.uk">wendy.proctor@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1. The Brent Children's Trust (BCT) is a strategic partnership body made up of commissioners and key partners. The primary functions of the BCT include commissioning, joint planning and collaborative working to ensure that resources are allocated and utilised to deliver maximum benefits for children and young people in Brent.
- 1.2. The BCT reports to the Brent Health and Wellbeing Board (HWB) and provides an update paper every six months. The previous report, covering November 2017 to March 2018 was presented to the HWB in July 2018.
- 1.3. This paper provides a broad summary of the BCT work programme from April to September 2018.

## 2.0 Recommendations

- 2.1. The Health and Wellbeing Board is asked to note the work of the Brent Children's Trust for the period April to September 2018.

### **3.0 Detail**

- 2.2. The BCT meets every two months to review progress of its work programme and address emerging local and national issues. Between April and September 2018 the BCT met three times on 15 May 2018, 10 July 2018 and 27 September 2018.
- 2.3. The BCT, through its Joint Commissioning Group (JCG), oversees five groups tasked with implementing specific priorities across the partnership. The diagram in Appendix A provides an overview of the current governance structure.
- 2.4. The BCT, JCG and transformation groups have consistent attendance with representation from Brent Council and Brent Clinical Commissioning Group (CCG). Other key stakeholders also attend the JCG which includes three school head teachers who have been active members since September 2017.
- 2.5. Between April and September 2018 the BCT examined two main strategic themes; Young Carers and Brent's Inspection of Local Authority Children's Services (ILACS).

#### **2.5.1. Young Carers**

- The BCT maintains oversight of the work of its Young Carers transformation group (Young Carers Champions) and the joint work of statutory and voluntary sector providers in delivering an integrated approach to supporting Young Carers and strengthening their rights.
- The BCT received an update on the progress on the action plan created to advance this work at the September 2018 meeting.
- Detailed updates on progress are also reported during each meeting of the Joint Commissioning Group.
- The BCT advocated the inclusion of Young Carers within the refreshed Brent Carers Strategy to ensure that there is a coherent approach to supporting Young Carers and their families.
- The BCT continues to champion the delivery of joint commissioning arrangements with Brent Council's Community Wellbeing department to ensure that the support services for Young Carers are integrated into the support services offered to all carers in Brent. These support services, funded through the Better Care Fund, will include enhanced support for Young Carers from April 2019.
- The BCT recognised that a number of positive outcomes have been achieved to date and suggested a number of actions be incorporated into the action plan including:
  - Increase engagement with all schools on their responsibilities around Young Carers by encouraging them to incorporate these into their Safeguarding policies.
  - Provide specific Young Carers information in Brent CCG's 'Brent Health Help Now' app.

- Ensure a module on Young Carers is included in the Making Every Contact Count training.

#### **2.5.2. Brent's Inspection of Local Authority Children's Services (ILACS)**

- Ofsted carried out an inspection of Brent children's social care services between 14 May and 25 May 2018.
- Brent achieved a 'Good' Ofsted judgement following this inspection and the BCT noted the positive recognition of the strength of leadership and partnership working in Brent.
- In July 2018, the BCT considered the areas for improvement identified by Ofsted and offered a number suggested partnership actions for the established working group to consider taking forward including:
  - Ensuring there is appropriate health provider service representation on the newly established operational group of the Vulnerable Adolescents Panel.
  - Explore how best to utilise the expertise and strength of the LSCB's Violence, Vulnerability and Exploitation Priority Group to support addressing some of areas for improvement set out in the Ofsted report.
  - Ensuring that work is done to address the consistent attendance of appropriate health colleagues in Strategy Meetings.
  - Consider broader ways to promote the engagement of partner agencies in completing Early Help Assessments including through other relevant strategic partnership forums such as Brent LSCB.

2.6. During this period, the BCT's work programme also covered the following areas:

#### **2.6.1. Maternal Early Childhood Sustained Home-visiting (MECSH) Implementation**

- In September 2018, the BCT received an overview report of the implementation of the Maternal Early Childhood Sustained Home visiting (MECSH) programme in Brent, led by Public Health.
- Since its instigation in Brent in August 2017, 266 referrals had been made and 103 families had been accepted on to the programme.
- Extremely positive feedback has been received from service users and there is a lot of interest in this model across London.
- The BCT will receive an update report in 12 months with a focus on the impact of the programme.
- The BCT initiated further engagement with General Practitioners (GPs) in Brent and requested a briefing be sent to all GP practices outlining the programme and how it could be accessed.

#### **2.6.2. Childhood Obesity**

- The BCT acknowledge childhood obesity is an issue in Brent and support the activity being undertaken to address this through the joint partnership work of the STP Prevention Board.
- Further to the childhood obesity briefing paper submitted to the Community and Wellbeing Scrutiny Committee in February 2018, the BCT received an update in September 2018 on the progress of actions being undertaken to

reduce childhood obesity in Brent. This included introducing breastfeeding support clinics, achieving UNICEF Baby Friendly Initiative level 3 accreditation, providing a 0-5 weight management programme for families and offering advice on healthy eating and increased physical activity.

- The BCT supports the development of a NW London childhood obesity leads group which has already proven useful to share good practice.
- The BCT will remain sighted on the work of the newly developed multi-agency children obesity steering group which includes representation from Public Health, Brent CCG, Brent Children's Services, Central London Community Healthcare NHS Trust, schools and sports centres.
- NHS England is monitoring the improvement plans for Brent on childhood obesity, through the CCG Improvement Assurance Framework.
- The BCT recommended that further work should be undertaken to project the trajectory of childhood obesity in Brent in order to better evaluate the impact of interventions.

#### **2.6.3. Special Educational Needs and Disabilities SEND Strategy Implementation**

- The BCT continues to provide direction and support to implementing the Brent SEND strategy.
- In May 2018 the BCT considered a draft SEND strategy and agreed a number of amendments to be made ahead of sign off.
- In September 2018, the BCT received an update on the progress of the refreshed SEND Strategy implementation plan which is being led by the Inclusion Strategic Board. The plan includes actions focussed on early intervention and training, joint commissioning and multi-agency working, participation of service users and improved outcomes for young people with SEND.
- The BCT Joint Commissioning Group continues to gather evidence of improvement and impact in anticipation of a SEND inspection re-visit in 2019.

#### **2.6.4. Children and Young People's Mental Health and Wellbeing Local Transformation Plan**

- The BCT continues to be a key forum to share, discuss and inform the development of the shared vision to reshape services supporting children and young people's mental health and emotional wellbeing in Brent.
- Following on the BCT update report presented in July 2018 which highlighted the concern that funding for Child and Adolescent Mental Health Service (CAMHS) transformation would cease in 2019/2020, the BCT is pleased to update that Brent CCG Executive Committee has since formally agreed that the funding for this transformation will be sustained going forward, so long as this is additional to the joint commissioning system. Brent Council has similarly pledged to maintain the existing levels of mental health funding.
- The CAMHS transformation targeted investment has been used to address the national issue that two out of three children with a diagnosable mental illness are not identified and do not get specialist mental health support. Validated data from NHS England for 2017/18 had shown the success of

this investment in increasing numbers of Brent children accessing this support, with over 1,400 receiving specialist CAMHS support in 2017/18, of which over 500 were new cases.

- The national aim is for 35% of the prevalent population of children with mental illness to get specialist CAMHS support per year. The 2017/18 level of access in Brent was calculated as 32%. However, as there is no standardised methodology for determining the prevalence for children aged 0-5 or 16-18, the percentage rate may be overstated. The CAMHS transformation group intends to work with Public Health on a more robust approach to evaluating the prevalent population in 2019/20.
- Successful areas of service transformation included
  - an expansion of specialist CAMHS capacity (with more children seen more quickly);
  - better mental health support for young people known to the Youth Offending Service; and
  - more capacity to assess children under the age of five for Autistic Spectrum Disorder
- Less successful areas of service transformation were in having specialist CAMHS support for out-of-area Looked After Children, and for schools aligned with the educational psychology team. Several rounds of recruitment were attempted, but have so far been unsuccessful. However, it has been possible for the existing mental health support for Looked After Children commissioned by Brent Council to be brought under the same provider as Brent specialist CAMHS.
- A bid was made to be a trailblazer site for a school mental health service, which would have seen c£2.3m additional recurrent investment from the Department of Health and Social Care. However, this Wave 1 bid was unsuccessful. This means there remains a recognised unmet need for children and families who do not meet the threshold for mental illness. The CAMHS transformation group will consider carefully how to get the best value for money from existing resources across specialist CAMHS, early years, health visiting, and school nursing.
- Recruitment has been the largest limiting factor in service improvement. The available workforce is reducing nationally, at the same time that targets for CAMHS expansion have been set. Retention has also been a challenge, with a number of CAMHS staff reaching a stage in their lives where they want to move out of rented accommodation, but found it too expensive to live in Brent and surrounding areas.

#### **2.6.5. Sustainable Transformation Plan - Priorities for children and implications for the Children's Trust**

- In July 2018, the BCT considered how best the Sustainable Transformation Plan (STP) priorities could be influenced by the Trust, both at a North West London and local level.
- The six identified 'big ticket' items for Brent were examined and the Trust agreed the priority order for the five relevant to children's services.
- The North West London Collaboration of CCGs has developed proposals for a dedicated "child and young person" priority in the updated STP (now, Health & Care Plan). The proposed priority areas are:

- Healthy child – reducing dental cavities and related hospital admissions;
- Children with long term conditions – initially focusing on reducing the reliance emergency care for children with asthma; and
- Children with complex needs – looking at children who need multi-agency support, including those with Special Educational Needs and Disabilities.
- Better births – Working with maternity services to improve choice of birth setting, improve service user coproduction, and reduce still births and neonatal deaths.
- North West London Collaboration of CCGs discussions are due on 13 Dec'18, 17 Jan'19, and 31 Mar'19 to formally adopt the new proposal. NHS Brent CCG Executive Committee has formally supported the proposal.

#### **2.6.6. OBR Implementation - Early help approach**

- In July 2018 the BCT reviewed the proposal to develop a whole system approach to Early Help. This approach was developed as a result of two Outcome Based Reviews (children on the edge of care and gangs)
- The Trust will consider the strategic implications of this project once it has been fully scoped.

#### **2.6.7. Looked After Children (LAC) and Care Leavers**

- The Local Partnership Group for LAC and Care Leavers continues to be the multiagency forum that leads on focussed pieces of work on LAC health, education, accommodation and overall outcomes for LAC and care leavers.
- Providers and Brent CCG work together with Brent Council to ensure better health outcomes for LAC and as a result of joint action, the performance indicators for initial and review health assessments have significantly improved.
- Training sessions delivered by the Lead Nurse for LAC and the Designated Nurse for LAC to practitioners and managers have had a positive impact on improving performance indicators for initial and review health assessments.

#### **2.6.8. Whole Systems Integrated Care (WSIC) Dashboard**

- The Joint Commissioning Group is continuing to explore how the WSIC Dashboard can be jointly utilised with the view to bring together health and social care systems enabling improved communication and information sharing.
- NHS Brent CCG has commissioned a prototype asthma service for children to improve their asthma control and reduce their reliance on emergency care. This is aligned to the existing WSIC “asthma radar”. Work is ongoing to improve the quality and completeness of data on Brent children with asthma available to frontline staff. It is anticipated that the BCT Joint Commissioning Group will help expand the scope of this service in 2019/20 to provide seamless care between the 0-19 public health nursing service, and specialist respiratory services.



#### **4.0 Financial Implications**

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

#### **5.0 Legal Implications**

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

#### **6.0 Equality Implications**

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

#### **7.0 Consultation with Ward Members and Stakeholders**

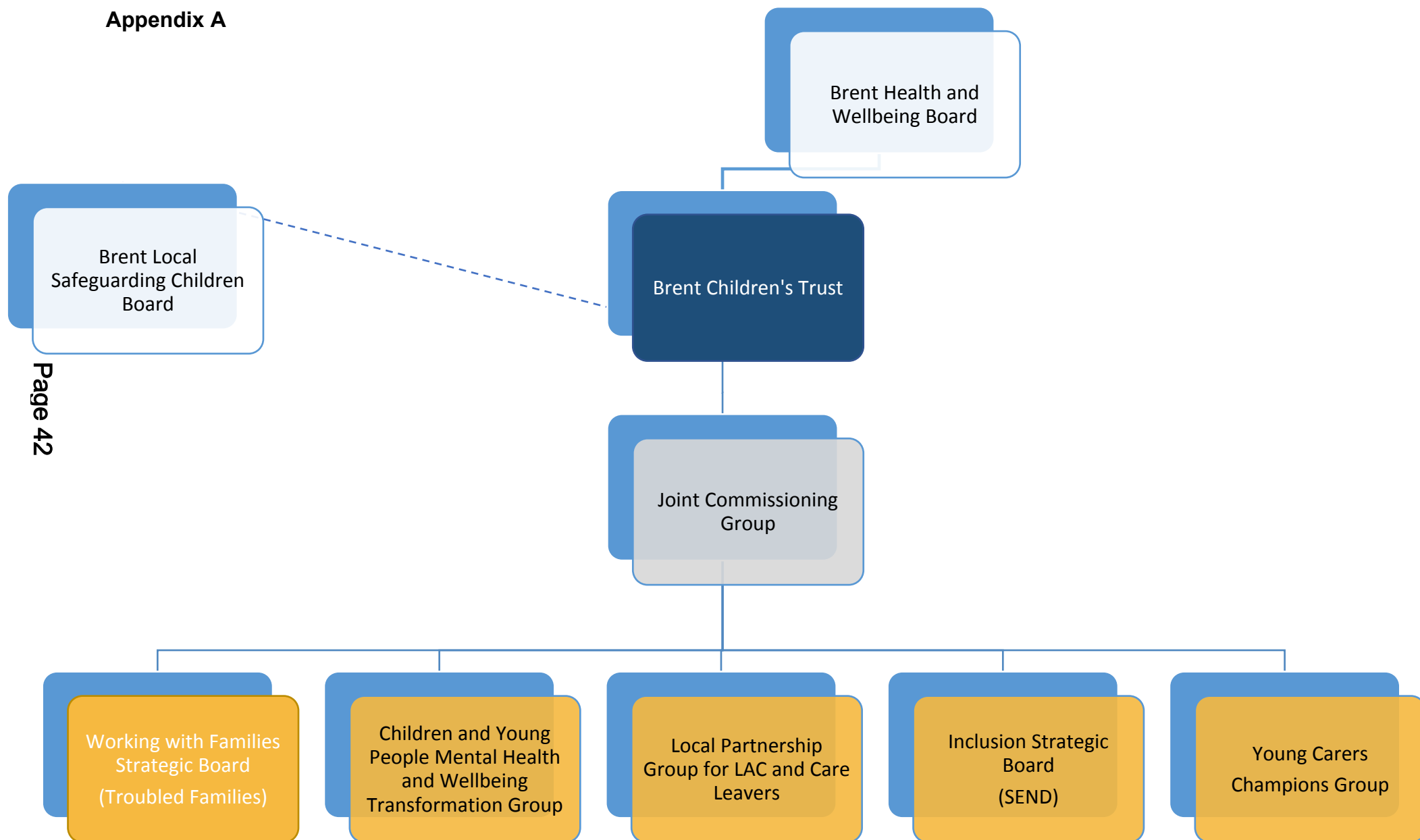
7.1 Brent Council and Brent CCG are members of the BCT and its sub groups and have contributed to this report.

#### **Report sign off:**

***Gail Tolley***

Strategic Director Children and Young People

## Appendix A



 <b>Brent</b> Clinical Commissioning Group  <b>NHS</b> Brent	<b>Health and Wellbeing Board</b> <b>22 January 2019</b>
	<b>Report from the Strategic Director of Community Wellbeing</b>
<b>Update on Transforming Care: Learning Disabilities</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b> (only applicable for Cabinet, Cabinet Sub Committee and officer decisions)	N/A
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>No. of Appendices:</b>	None
<b>Background Papers:</b>	N/A
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Helen Duncan-Turnbull Head of Service, Complex Care <a href="mailto:helen.duncan-turnbull@brent.gov.uk">helen.duncan-turnbull@brent.gov.uk</a> 0208 937 6169  Sarah Nyandoro Head of LD and MH CCG <a href="mailto:sarah.nyandoro@nhs.net">sarah.nyandoro@nhs.net</a> 020 8900 5391

## 1.0 Purpose of the Report

- 1.1 Following on from the Winterbourne View scandal in 2012 , and subsequent investigation and report, the CCG and Local Authority are required to report to NHS England all patients with a learning disability they have a duty of care for, who are in treatment units and their plans for discharge. Additionally, the Winterbourne View report identified a number of actions that needed completing relating to the total learning disability population in order to ensure that, in the future, support for people with a learning disability reduces the likelihood of individuals needing to be admitted to an in-patient unit or be placed in an institutional setting.

- 1.2 The Health and Wellbeing Board receive an annual update on progress against the required actions, the last report was in October 2017. This report provides an update on progress against the key milestones that were agreed at the last HWB Board and progress against national and regional requirements and/or priorities, and proposes priorities for this year for consideration.

## **2.0 Recommendation(s)**

- 2.1 Members note the measures already in place to support the TCP cohort in the borough and note the further actions planned as part of the TCP programme.
- 2.2 Members note progress against key milestones and areas that require further development

## **3.0 Background**

- 3.1 Winterbourne View was a hospital in South Gloucestershire for people with learning disabilities and autism whose behaviour sometimes made their families and professionals worry and could present significant risks to themselves or others. It was meant to help by assessing and treating patients so that they could have ordinary lives in their own homes.
- 3.2 The review sets out the government's final response to the events at Winterbourne View hospital. It sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging.
- 3.3 The main focus is on ensuring that people with a learning disability and/or autism in hospital who could be supported in the community are discharged into a community setting as soon as possible, and do not spend long periods of time in institutional care.
- 3.4 The identified priorities are: developing appropriate accommodation, community care and support services, and building capacity in the community so that people only go into hospital when they need treatment and not because their support in the community has broken down.
- 3.5 This work ensures that services make the necessary improvements to current and future care planning as well as ensuring the needs of this cohort are considered in commissioning intentions.
- 3.6 In October 2015, the paper 'Building the Right Support' (BRS) was published, which set out the vision and plan for the programme duration, from April 2016 to April 2019. The scope of the national programme, and all work under the Transforming Care Agenda includes people with learning disabilities &/or autism that have or are at risk of developing a mental health condition or behaviours described as challenging, that could lead to contact with the justice system. This is an all age's programme.
- 3.7 The aims of the national programme are:
- reduced reliance on inpatient services (by closing hospital services and strengthening support in the community)
  - improved quality of life for people in inpatient and community settings
  - improved quality of care for people in inpatient and community settings
  - the transformation of specialist and mainstream services to minimise future admissions.
- 3.8 The focus of the national programme is to consider and plan for the enhanced/intensive support that needs to be delivered in the community in order to provide effective interventions for children, young people and adults with a learning disability and/or autism who present with

behaviours that challenge which place themselves or others at risk of serious harm; or for whom the nature or degree of risk might otherwise lead to exclusion, placement breakdown, and admission to inpatient services.

- 3.9 Achieving an effective model of integrated community and inpatient services and support is key to the delivery of the Transforming Care Plan (TCP). Within Brent we have a diverse population of people with learning disabilities (LD) and autism who are part of the transforming care cohort supported by a mix of community and inpatient providers with varying levels of capacity and expertise. The aim of the TCP is to support people closer to home and in the least restrictive setting; and ensuring patients get discharged to the community at the earliest opportunity when it is clinically safe to do so.
- 3.10 Within Brent, in order to achieve the national TCP aims there are four work streams, each with a project plan, aimed at reducing the risk of admission and ensuring the community infrastructure can meet the needs of the local learning disability population. The work streams are:
- Market Development
  - Reduction in the number of NHSE and CCG in-patients
  - Integration of the health and social care learning disability teams
  - Transitions
- 3.11 People with learning disabilities and/or autism who are placed in or are at risk of admission to an inpatient setting are a highly heterogeneous group and the integrated model of care and support needs to reflect that diversity. The needs of the inpatient cohort from NWL fall broadly into these categories:
- Mild LD with a diagnosed mental health need
  - Moderate or severe LD and autism with challenging behaviour including self-injurious behaviour
  - Mild LD and/or autism with a forensic history, with /without a mental health diagnosis
- 3.12 The complex commissioning and provider landscape for health and social care represents a challenge when developing the integrated services needed to support the transforming care cohort in the community and in hospital.
- 3.13 Financial pressures faced by all partners, and the lack of clarity regarding the transfer of funding from NHS Specialised Commissioning in regards to inpatient provision have added to the challenges.

#### **4.0 Commissioning Context**

##### **4.1 *Commissioning arrangements for health services***

##### **4.2 *Specialised Commissioning (Specs Comms)***

NHS England directly commissions 'specialised' services for Learning Disabilities and/or Autism, supporting individuals who have the most complex needs and pose the highest risk either to themselves or others, and will include individuals who if they did not have a learning disability may have received a prison sentence as an outcome of the risks they presented. The key inpatient bed provisions commissioned by Specs Comms are secure beds which means that the wards are locked and individuals are under close supervision:

- Low, Medium and High secure provision for Adults
- Children and Young People's secure in-patient beds

#### 4.3 *Clinical Commissioning Groups (CCGs)*

Clinical Commissioning groups are responsible for commissioning acute inpatient, primary care and community services for children and young people with LD and autism.

They also commission community forensic services (services that support people with an offending/criminal history), however, there isn't a specialist LD community forensic service in Brent currently.

The key services for adults with LD and autism commissioned by the CCG in Brent are:

- Community Learning Disability Team (CLDT) provided by Central and North West London NHS Foundation Trust
- London North West Hospital Trust
- Autism Diagnostic Services for children and adults
- Mainstream community mental health services for children and adults with mental health needs which will accept patients with autism and mild LD
- Mainstream mental health beds for adults with mental health needs which will accept patients with autism or a mild LD who don't need a specialist service
- Specialist assessment and treatment (A&T) and open / locked rehabilitation provision for adults with LD and autism. These are spot purchased and include out of area placements.

The local specialist inpatient services are:

- Kingswood Centre -Specialist Assessment and Treatment service for adults with LD, provided by CNWL
- Cygnet, Harrow - Specialist open and locked rehabilitation service for adults with autism (including those with a mild LD, and with or without a forensic history)
- Nursing Homes, Residential, supported living and community care packages for people who are eligible for NHS Continuing Healthcare funding and section 117 aftercare (mental health support for people who have previously been detained in hospital).

#### 4.4 *Commissioning arrangements for Social Care Services*

Under the Care Act, Local Authorities are required to ensure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- Can get the information and advice they need to make good decisions about care and support
- Have a range of provision of high quality, appropriate services to choose from

#### 4.5 Local Authorities are responsible for commissioning and providing a wide range of social care services in the community for the transforming care cohort. Services are provided by multiple private and voluntary organisations as well as some in-house provision and these include:

- Provision of Social Workers and Education Health and Care Plan Coordinators
- Residential, nursing, supported living and housing related support
- Homecare and Day opportunities including supported employment
- Short breaks and respite for people living at home with their families
- Residential schools and colleges
- Advocacy
- Information and advice

#### 4.6 *North West London Transformation Board*

The North West London Board oversees progression for the region and is also the lead for service development required at a regional level. Brent has a joint local TCP Steering Group which ensures that local priorities are progressed and escalate issues that require regional consideration to the NWL Board. The NWL Partnership between CCGs and LAs was established in early 2016 and the Partnership collectively developed a vision and published its Plan in April 2016 which sets out how Partnership vision will be achieved. Five priority work streams were agreed for the board

- Workforce Development
- Accommodation and Estates
- Support and Specialist Services
- Crisis and Prevention
- Finance

4.7 Workforce development - An extensive Positive Behaviour Support (PBS) training programme has been developed to reduce challenging behaviour in people who have learning disabilities and/or autism. This training has been delivered to parent/carers, over 400 frontline staff and the final phase of train-the-trainer programme was completed in April 2018, to 80 CLDT health and social care staff.

4.8 Treat Me Right Autism and Learning Disability Awareness training programmes are being delivered across 6 NWL Hospital Trusts, to empower health and social care staff to be competent and also feel confident when working with, and making reasonable adjustments for, people with learning disabilities and autism who attend their services.

4.9 Accommodation and Estates - A NW London Housing and Accommodation Strategy was commissioned, to ensure that people who have been discharged from an inpatient setting or are at risk of admission, have access to accommodation and support that is appropriate to their needs. This strategy included a review of the range and scope of existing NWL services, specifically for people with complex and challenging behaviour across residential care and supported living housing options and identifying local providers that are trained to meet the housing and support needs of people who have behaviour that challenges. It was recognised at the NWL Board that Brent's New Accommodation for Independent Living (NAIL) project would meet the local needs and that Brent were ahead of most other boroughs in this area.

4.10 Support and Specialist Services – the focus of this work stream is to ensure that across the TCP footprint there are a comprehensive range of support services and providers that are appropriately skilled and configured to meet the on-going support needs of people with LD/Autism who have behaviour that can challenge.

4.11 West London Forensic Service (WLFS) were commissioned to scope the availability of existing mainstream community forensic and diversion services across NW London to determine what forensic expertise is available within local CLDTs, review anticipated demand should patients be brought back to their home boroughs, and appraise potential future service configurations based on the findings of the assessments.

4.12 The preferred option following this review, which is still in the early stages of development, is to expand the criteria for existing Mental Health Forensic Diversion services to include people with LD / autism at borough /sub regional level. The team would be managed within Forensic services.

4.13 There are still on-going discussions around capability, capacity, expertise and experience to determine preferred provider. Brent CCG is fully involved in these discussions.

- 4.14 Crisis and Prevention – the focus of this is to ensure that people in crisis and those identified at risk of admission are able to access universal and specialist services when they need them, to enable them to continue to live independently within the community, and prevent the need for an unnecessary admission.
- 4.15 Finance - the NWL Board has a function to ensure that NWL TCP maintains effective financial oversight and leadership of the delivery of the transforming care programme, so that the best possible outcomes are achieved within the available resources. The Board has undertaken detailed financial modelling enabling an understanding of NWL inpatient, community placement costs and requirements. Systems are in the process of being developed to enable the tracking and reporting of funding as individuals move through the system and across commissioning boundaries.

## **5.0 Reduction in the number of NHSE and CCG in-patients**

- 5.1 A requirement off the TCP programme is that all areas establish a Dynamic Risk Register and a protocol (Blue Light) to enable rapid multi-disciplinary discussion and action when an individual is identified as at risk of admission; in order to try and prevent an admission being needed. In addition, whilst not specific to the TCP programme, all CCG's are required to have in place a process to review the deaths of all people with a learning disability to determine whether poor access to, or support from, health care or support services could have contributed to the death. This is as a result of a report published in March 2007 by Mencap, 'Death by Indifference' which reported the deaths of six people with a learning disability – deaths that the six families involved and Mencap believe were the result of failings in the NHS and the subsequent report '74 Lives and Counting' progress report in 2012.

### **5.2 Dynamic Risk Register**

A dynamic register is a list of individuals who are currently, or who are at risk of, developing behaviour that challenges (including those at risk of hospital admission). The Transforming Care Plan guidance requires all local CCG/LAs to have a Dynamic Risk Register to gather data on adults and children with learning disabilities. The National Dynamic Risk Register template has been designed to include a banding criteria divided into red, amber and green categories.

- **Red level:** Is for those individuals who are the most at risk of deteriorating very rapidly and are receiving direct intervention, potentially from a number of disciplines and organisations.
- **Amber level:** Is for those people who are at a secondary prevention level; have the potential to require tertiary support but do not need that support right now.
- **Green level:** Is for those with underlying well managed vulnerabilities, who require no current input.

- 5.3 Brent CCG in partnership with the Local Authority and NHS Trust Partners has developed a local risk register which is systematically updated, monitored and reviewed. This has been further developed in the last quarter of 2018 to include children and young people with learning disabilities and/or special needs and disabilities as well as adults with Learning Disabilities and/or autism. This enables health and social care services to ensure individuals have multi-disciplinary involvement to either prevent admission or plan robust support upon discharge and also enables monitoring at a macro level the efficacy of local provision in preventing admissions and providing adequate community support.

### **5.4 Blue Light Protocol**



Brent, as required, developed a robust Blue Light Protocol in 2017 to support individuals assessed and considered to be at risk of inpatient admission.

This protocol:-

- Ensures that we have arrangements in place to provide urgent interventions to support individuals with learning disabilities stay in the community and prevent admissions to acute in-patient settings.
- Is used as an early identification and intervention protocol designed to support individuals experiencing deterioration in their presentations to enable them to stay in their own home environments.
- Provides commissioners with a set of prompts and questions to prevent people with learning disabilities being admitted unnecessarily into inpatient learning disability and mental health hospital beds.
- This protocol has had a positive response since it was first introduced. It helps to identify barriers to supporting individual/s to remain in the community and to make clear and constructive recommendations as to how these barriers could be overcome by working together and using resources effectively and creatively.

- 5.5 The protocol works in conjunction with the Care and Treatment Reviews (CTR) and a Care Programme Approach (CPA) to escalate those cases where an individual with a learning disability is at risk of inpatient admission. It facilitates arrangements to put in place a support plan that allows the individual to receive the required support to enable them to remain in the community. Evidence to date shows that responses to individual need are much quicker and that in around 60% of cases admission is prevented. Work is continuing to monitor the effectiveness of this protocol and to utilise the aggregated individual needs information to inform market shaping and workforce development requirements.
- 5.6 Learning Disabilities Mortality Review Programme (LeDeR)  
The LeDeR programme has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to:
- Identify common themes and learning points and
  - Provide support to local areas in their development of action plans to take forward the lessons learned
- 5.7 The LeDeR programme strives to ensure that reviews of deaths lead to learning which will result in improved health and social care services for people with learning disabilities. It is not an investigation nor is it aimed at holding any individual or organisation to account. If individuals and organisations are to be able to learn lessons from the past it is important that the reviews are trusted and safe experiences that encourage honesty, transparency and the sharing of information in order to obtain maximum benefit from them.
- 5.8 The Brent and Harrow LeDeR steering group is led by the CCG and meets quarterly to oversee progress on reviews. A report is presented to the Safeguarding Adults Board identifying the number of reviews and lessons learnt, however, currently there is no systematic way of sharing lessons learnt across the system and outcomes are only communicated locally; this is a key area of focus for the LeDeR lead within the CCG this year.
- 5.9 There is a local challenge in allocating investigations, as whilst sufficient staff have been trained the investigations have to be completed in addition to people's full time roles and there is no financial resource to either backfill or incentivise individuals to complete outside of core hours.

5.10 TCP Patients as of 30th November 2018 (please note data presented at October 17 HWB was only for adults)

- Total Number of patients in treatment – 15
- Number of Specialised Commissioning patients – 11 (7 Adults and 4 Children)
- Number of Local CCG patients - 4 (new admissions)
- Number of 5 year + dowry patients – 3 (out of 11 specialised commissioning patients above)

#### 5.11 Update on key milestones for reducing admissions

In the previous TCP paper, October 2017, to HWB a number of key milestones were agreed for each work stream. The milestones for 'Reduction in the number of NHSE and CCG in-patients' were as follows:

- Incorporation of children and individuals with Autism on the Dynamic Risk Register – **complete**
- Discharge of 2 individuals during the next quarter (plans in place) **complete**
- Confirmation of proposed discharge dates from in-patient units for the remaining individuals ***there are plans in place for 6 of the adults to discharge and all 4 of the children. 5 individuals continue to present significant challenges and require specialist secure provision and are not deemed ready for discharge.***
- Confirmation from NHSE regarding Brent's Specialised Commissioning Funding for eligible in-patients – ***funding transfer arrangements confirmed. The CCG must apply for funding as discharge plans are agreed.***

### 6.0 Integration of the health and social care learning disability teams

6.1 From the middle of September 18 the health and social care learning disability teams became integrated, with a single manager and the local authority as the operational lead. The team's role is to support people with a learning disability and their carers, with a focus on; enabling people to live as independently lives as possible within their communities and providing specialist interventions and commissioned support to individuals and their carers.

6.2 Work is currently underway to consider the most appropriate governance structure, probably through the use of an alliance contract.

6.3 The joint Service Manager (between the LA and CNWL) will oversee the implementation of a revised operational and administrative structure and devise and implement a team development plan.

#### 6.4 Update on Key Milestones for integration

- Commissioning plan to be developed that sets out future commissioning arrangements for the LD team e.g. S75 – **complete**
- Outcomes based learning disability team service specification to be ratified – **NWL have devised a specification framework which is being used by each CCG to contract locally**
- Operational delivery model identified and agreed – **complete**
- Integrated team operating in shadow form – **complete**
- Integrated team fully operational – **complete**

### 7.0 Market Development

- 7.1 In order to effectively manage Brent's market for people with learning disabilities, including those with complex needs and behaviour that challenges, to ensure we have suitable provision that can meet the range of needs presented, now and in the future, we need to first understand the profile of the LD population's needs; and our current market capacity and capability.
- 7.2 The focus of the market shaping work stream is to gather the local population based commissioning intelligence for people with a LD and/or autism and to establish a flow of data regarding the Brent LD population. The outcome of this will be a population based report regarding the Brent LD population that informs both the CLDT improvement plan and the Market management plan. This will provide an evidence base to inform and stimulate the market and commission appropriate increased capacity from community providers.
- 7.3 By understanding our supply and demand for service provision locally, and using client data it will be possible to anticipate trends and be proactive in developing the market to respond; this will ensure that the local market is sustainable now and in the future.
- 7.4 As part of the New Accommodation for Independent Living programme the primary focus is on developing supported living schemes that can support individuals with complex needs, in particular behaviours that challenge; the challenge will be identifying/attracting providers that have a workforce with the skills required to manage individuals with complex needs, particularly supported housing for people with LD and autism who have forensic histories.
- 7.5 A number of schemes have already been developed and further schemes are planned for the coming year that will meet the needs of people with a learning disability with complex needs.

Delivered	
Salmon Street	6
Manor Drive	4
Total	10
Planned	
127 and 129 Harrowdene Road	6
Preston Road	6
Fairlight Avenue	6
Ruby Street	6
Woodhill Crescent	6
Oxgate Gardens	6
Gladstone Park Gardens	6
Total	42

- 7.6 There are also a total of 40 beds that have been achieved via de-registration or spot purchase. We are currently looking at some of the very high cost placements and those individuals currently in hospital to see who may be suitable to move but would require a very bespoke environment; this would include those individuals currently still in hospital.
- 7.7 Brent is also currently in the process of designing a home care re-procurement and a subsequent review of day care provision across the borough. It has been agreed that, rather than undertaking a separate piece of work, the development of LD specific support will be undertaken as part of this activity; informed by the population based report.
- 7.8 **Update on Key Milestones Market Development**
- LD and Autism strategy to be formally signed off by LA and CCG – ***draft complete and pending sign off***

- Market management priorities and action plan with timescales to be finalised – ***draft complete and pending sign off as part of strategy***
- Autism Board to be established – ***CCG leading and aim to establish by April 19***

## 8.0 Transitions

- 8.1 The Transitions work stream has progressed well with a particular focus on the 'Preparing for Adulthood Pathway' and the development of a 0-25 disabilities team.
- 8.2 The pathway has been co-produced with parents and key stakeholders and signed off by the Strategic Inclusion Board, chaired by an Operational Director in the Children and Young People's department; and is currently going through partner agency governance processes. It identifies and provides clarity around what is available through the Local Offer and the professional support that can be expected at each stage of a young person's life from the point of commencing secondary education; utilising the Education, Health and Care Plan as the planning vehicle.
- 8.3 A 0-25 Disabilities Team has been developed by integrating the Children with Disabilities and Transitions Teams to form a single team. This provides greater continuity for the child or young person and their family and enables a much earlier focus on maximising independence; the team is operationally managed by Children's services who are in the process, in partnership with Adult services, of developing a team development plan.
- 8.4 The purchasing budget will remain, in the first instance, with Adult Social Care, as this a significant area of risk, and a joint panel process established to enable shared oversight. This will provide time for staff unfamiliar with adult services to develop their knowledge and skills and provide assurance that expenditure reflects the application of a 'maximising independence' approach.
- 8.5 **Update on Key milestones Transitions**
- Develop options appraisal for team changes – ***complete***
  - 0-25 team operational - ***complete***
  - Develop Preparing for Adulthood pathway – ***complete***

## 9.0 Finance

- 9.1 NHSE believe that by reducing the numbers of inpatients in NHS England's commissioned beds this will enable the release of the associated funding which can then be used to pay for packages of care in the community, to support discharges and prevent admissions. The premise is that funding should flow with the patient and this is supported by the national arrangements around Building the Right Support.
- 9.2 The model that has been agreed by NHSE to facilitate the flow of funds to local TCPs is through CCGs and is called the Funding Transfer Agreements (FTA). This funding is only available to 5+ year patients discharged after April 2017 and will be treated as a dowry payment. NHSE has estimated that the average cost of a bed for the London region is £180,000. This is the full year effect that NHSE will release for each 5 year plus patient successfully moved back to local TCP areas. Brent currently has 3 patients who have been in treatment beds for over 5 years who are likely to meet the requirements of the FTA.

## 10.0 Challenges

- 10.1 One of the key challenges is the skills of the workforce to meet the needs of individuals with complex needs and/or forensic histories. Currently there are very few providers within Brent with the requisite skills and whilst there has been investment in training existing provider staff teams around positive behaviour support there is a need to attract new skilled providers into the market. There is a significant gap, both within the Learning Disability Team and the provider market in experience of supporting adults with a learning disability who have a forensic history and this is an area that will require further development.
- 10.2 NHSE have confirmed that for individuals who have been in an in-patient setting for 5 years or more there will be a 'settlement' of £180k which will be passed to the CCG. However, 9 individuals currently in in-patient beds have not been there for 5 years but are likely to require significant support which is likely to place additional financial pressure on local authority and CCG purchasing budgets.
- 10.3 The expectation is that the CLDT integration will deliver a service within the existing devolved funding from the CCG and LA. There is a concern that to meet the needs of both the TCP and local LD population that the skills mix within the team is not optimal. On this basis it is anticipated that following integration, and the embedding of the team, that there will need to be a skills mix review to determine whether the right resources are in the team to meet demand and the needs of the population.

#### **11.0 Next Steps/Priorities**

- 11.1 The priorities, which will be monitored via the Brent TCP steering group on a monthly basis, for the coming year are as follows:
- Establishment of an Autism Board (April 19) - CCG
  - Further development of specialist accommodation via NAIL project (on-going) - LA
  - Development of a forensic support service (NWL priority)
  - Homecare and Day Care review and re-procurement (Sept 19) - LA
  - Transfer of Transitions Team budget to Children's Services (Sept 19) - LA
  - Community Learning Disability Team Service review (Sept 19) LA/CCG/CNWL
  - Establishment of systematic learning processes for LeDeR outcomes (May 19) CCG

#### **12.0 Legal Implications**

- 12.1 Not applicable

#### **13.0 Equality Implications**

- 13.1 Not applicable

**Report sign off:**

***Phil Porter***

Strategic Director of Community Wellbeing

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