



Health and Wellbeing Board

Monday 7 October 2019 at 5.00 pm*

Boardrooms 7 & 8 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

*PLEASE NOTE THE REVISED START TIME OF THE MEETING

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor Hirani	Brent Council
Councillor McLennan	Brent Council
Councillor Kansagra	Brent Council
Councillor M Patel	Brent Council
Mark Easton	North West London CCG
Sheik 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 - Non Voting
Mark Bird	Brent Nursing and Residential Care Sector - Non Voting

Substitute Members (Brent Councillors)

Councillors:

Agha, Miller, Krupa Sheth and Tatler

Councillors:

Colwill and Maurice

For further information contact: Bryony Gibbs, Governance Officer
Tel: 020 8937 1355; Email: bryony.gibbs@brent.gov.uk

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

The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

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

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

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
For Members of the Board to note any apologies for absence.	
2 Declarations of Interest	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Minutes of the previous meeting	1 - 8
To approve the minutes of the previous meeting held on Monday 15 July 2019 as a correct record.	
4 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
5 Mental wellbeing and suicide prevention: update	9 - 14
This report will update the Board on the London and local suicide prevention activity, postvention support and the local work undertaken to promote mental wellbeing.	
6 Joint Strategic Needs Assessment	15 - 18
This report outlines the process and progress made in relation to the Joint Strategic Needs Assessment (JSNA) refresh. The JSNA is an assessment of the current and future projected needs of the local population. These refer to needs that could be reasonably be met by the local authority, the local Clinical Commissioning Group (CCG) and NHS England.	
7 Health and Care Transformation Board - six monthly update	19 - 28
This paper provides a six-month progress report on key activities of the joint Health and Care Transformation programme.	

8 Brent Children's Trust - six monthly update

29 - 38

This paper provides a six monthly update of the Brent Children's Trust work programme and covers the period from April 2019 to September 2019.

9 Integration and Section 75 Agreements

To receive a paper updating on Integration and Section 75 Agreements. To Follow

10 Better Care Fund update

This report provides an update on the Better Care Fund Plan 2019-2020. To Follow

11 Any other urgent business

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

Date of the next meeting: Tuesday 21 January 2020



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

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

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MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Monday 15 July 2019 at 6.00 pm

BOARD MEMBERS PRESENT:

Councillor Farah (Chair), Dr M C Patel (Vice-Chair) and Sheik Auladin (Brent CCG), Mark Easton (Accountable Officer, NWL CCGs), Councillor Hirani (Brent Council), Councillor McLennan (Brent Council), Councillor M Patel (Brent Council), Councillor Kansagra (Brent Council) Dr Ketana Hala (Brent CCG), Julie Pal (Healthwatch), Carolyn Downs (Chief Executive, Brent Council, non-voting), Phil Porter (Strategic Director, Community Wellbeing, Brent Council, non-voting), Dr Melanie Smith (Director of Public Health, Brent Council, non-voting) and Gail Tolley (Strategic Director, Children and Young People, Brent Council, non-voting).

ALSO PRESENT:

Sandra Ademola (District Manager, Department for Work and Pensions), Ralph Elias (attending on behalf of Simon Crawford, London North West Healthcare NHS Trust), Bryony Gibbs (Governance Officer), Russell Gibbs (Change Manager), Meenara Islam (Strategic Partnership Manager) and Ian Niven (Healthwatch Brent).

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from:

- Mark Bird (Brent Nursing and Residential Care Sector)
- Simon Crawford (London North West Healthcare NHS Trust) – represented by Ralph Elias.

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: that the minutes of the previous meeting held on Tuesday 23 April 2019 be agreed as a correct record.

4. Matters arising (if any)

There were no matters arising from the minutes of the previous meeting.

5. Order of Business

RESOLVED: that the order of business be amended as detailed below.

6. **Brent's vision for a local integrated care system**

Phil Porter (Strategic Director, Community Wellbeing) introduced the paper setting out Brent's Strategic Vision for a local integrated care system and highlighted the context of the ongoing work to develop a single North West London Clinical Commissioning Group (CCG). Currently, the Council and Brent CCG deliver a number of integrated care services including the Adult community mental health team, the Community Learning disability service and the Community integrated rehabilitation and reablement service (IRRS). However, these services were integrated only in terms of delivery and there is now an opportunity to develop an integrated commissioning function for the existing, and any future, integrated services. The proposed two phase approach was detailed in the paper and described a process of transformation through to jointly managed services. With reference to the examples provided in the paper, Phil Porter highlighted several issues that could be resolved through integrated commissioning including practical difficulties and inefficiencies caused by different IT systems, referral mechanisms, performance indicators, budget constraints and even the language used across services.

Mark Easton (Accountable Officer, NWL Collaboration of CCG) stated that the proposals before the Board were entirely in line with the work to establish the single NWL CCG. It was explained that the NHS Long Term Plan, published in January 2019, set out the intent to encourage integration at every level and to move away from the 2012 model of a competitive commercial health service to one based on collaboration, working with stakeholders across the NHSE and public sector family. Reflecting this new direction, the NHS Plan suggested that the number of CCGs should accord with the number of Sustainability and Transformation Plans (STPs). Nationally this would see the number of CCGs reduced from 190 to 44, with 5 CCGs for London. The amalgamation of CCGs was a matter of national policy, but local discretion could be applied with regard to how and by when this was to be achieved. The North West London Collaboration of Clinical Commissioning Groups had previously published a document, 'Commissioning reform in North West London – the case for change', outlining initial proposals. A follow up document had now been published detailing the functions to be determined at borough or North West London level. This had been provided to the Chief Executive of Brent Council, the Leader of the Council and the Chair of the Brent Health and Wellbeing Board. The North West London Collaboration of CCGs was anticipating an April 2020 launch of the new CCG alignment, to reflect the intentions of the majority of London's CCGs.

Responding to queries raised, Mark Easton explained that the anticipated structure of the North West London CCG would encompass local CCG sub-committees which would be responsible for commissioning local services. The local CCG team and local government partner would be separate from the provider Integrated Care Partnership (ICP - usually a federation of provider bodies, governed by a partnership agreement). It was envisioned that eventually the local partnership may take on a statutory form, at which point it may be possible to site commissioning staff within an ICP. Changes to services commissioned could be made at an early stage of an ICP but once established, it was likely that changes would be made by amending the portfolio of services or methods of delivery. It was acknowledged that it was important to be consulting patient groups, including Brent Patient Voice as the plans for a single North West London CCG developed.

In the subsequent discussion Members of the Board questioned the oversight arrangements for the Section 75 Agreements that would be required for a local integrated care system. It was **RESOLVED** that

- i) The proposed two phase approach to establishing a local integrated care system in Brent as detailed in the paper be agreed;
- ii) A report on the Section 75 Agreements currently in place and required to support a local integrated care system be brought to the next meeting of the Board, to support discussion of oversight and governance arrangements to be implemented in Phase 2.

7. **Update on Mental Health and Employment Outcome Based Review (OBR)**

Phil Porter (Strategic Director, Community Wellbeing) introduced the report updating the Board on the OBR for Mental Health and Employment. The Board was reminded that the overarching aim of the OBR was ‘to increase the number of people with mental illness thriving in work’. The ‘discover’ and ‘design’ phases of the OBR had now been completed; the first phase scoping existing service delivery and the second, establishing a vision for future arrangements via stakeholder engagement.

A project board comprising representatives of key partner organisations including the DWP, Brent CCG and the Council had been established. The Board had agreed to narrow the focus of the OBR to achieve meaningful outcomes from the process and a number of options were considered. Data confirmed that the largest group of working age people not in work and known to have a mental health condition were those in receipt of Employment Support Allowance – in Brent this was 5,098 people. It was explained that those in receipt of ESA were channelled into one of two groups: the ‘work related activity group’ or the ‘support group’. There was no expectation for those in the latter group to be supported back into work and contact was usually limited to three-yearly medical assessments/reviews. However, a number of people within this group had reported wanting to work or feeling that they could move towards work with the right support. In Brent, there were 3,770 people in the ESA support group. Having considered the findings of the initial phase, the project board had agreed that it was this group that should be the focus of the OBR.

The design phase had comprised a visioning day with key stakeholders which had generated a number of ideas, as detailed in the paper provided. The OBR project Board intended to proceed with three projects: 1) Accessible Pathways – which included considering how to commission services at a strategic level to better align provision and using existing frameworks to support communications. 2) Health and Social Care Navigators and Link Workers to support strong connections between GPs and the Job Centre Plus. 3) Creating pathways into major employers.

In concluding the introduction, Phil Porter welcomed comments and advised that the Health and Wellbeing Board was being asked to endorse and commit to the approach and projects described.

In the ensuing discussion the Board noted the following matters:

- Dr Patel and Dr Halai emphasised the importance of the role of the link worker for GP surgeries. Members of the Board further emphasised that every point of access to a system should be able to appropriately sign post a service user to the right services. Phil Porter confirmed that link workers would not be a wholly new resource, but would rather build on plans already in place by the CCG.
- Ian Niven highlighted that Brent Healthwatch had recently completed a report on social isolation which echoed some of the key issues discussed concerning navigating multi-agency and multi-sector resources. This report would be shared with the Board.
- The Accessible Pathways project would include establishing appropriate feedback mechanisms at both strategic and operational levels to create more cohesive systems. Service user feedback would be an essential part of this and recommendations regarding existing groups or channels of communication would be welcomed.
- The Executive Board of Brent CCG would be formally considering the proposals at its meeting on 24 July 2019.
- Sandra Ademola confirmed that those making a claim for ESA now would be referred to Universal Credit and therefore there was no scope for advocating for national policy change. The policy under Universal Credit was very different.

The Board subsequently **RESOLVED**:

- i) That the update on the OBR be noted.
- ii) That the approach described in the paper be endorsed.

8. **Health and Wellbeing Board - joint health and wellbeing strategy**

The Board received a report on the proposal to produce a joint health and wellbeing strategy for Brent. Currently, the statutory requirement to have a joint strategy was met by the Brent Health and Care Plan (BHCP) 2017-2021, which had evolved from the Brent Sustainability and Transformation Plan (STP). The last two years had seen a number of local and national developments which required either a refresh of the BHCP or the production of a new joint health and wellbeing strategy to ensure that priorities remained current and evidenced-based. If the BHCP were to be refreshed this would in practice mean broadly retaining priorities and undertaking public consultation to identify revisions and future work. Alternatively, developing a new strategy would involve identifying new priorities, informed via public engagement, data from the Joint Strategic Needs Assessment, currently being refreshed, and recent reviews such as OBRs.

The Board discussed the two options set out in the paper and noted:

- The six Big Ticket items (priorities) in the BHCP were not overly specific and did not adequately reflect the information set out in the BHCP regarding understanding the health and wellbeing needs of the local population.
- The refresh of the JSNA was due to be completed shortly. This would aid in identifying health and wellbeing priorities for Brent and it would then be

possible to identify how structural changes could support the delivery of these priorities.

- When the BHCP was initially developed, Healthwatch Brent had worked with the CCG and Council to deliver a broad engagement programme which explained the priorities. The priorities were very health defined and it could be useful to bring in a broader perspective, for example, Special Educational Needs and Disabilities (SEND) or housing. A single framework document of this kind could help support the development of a narrative to aid residents in understanding the direction of travel in Brent.

The Board subsequently **RESOLVED** to refresh the BHCP and in doing so, introduce a broader focus to the priorities as discussed whilst identifying specific outcomes to be achieved for Brent's residents.

9. **Update on Special Educational Needs and Disabilities (SEND)**

Gail Tolley introduced the report updating the Board on the outcome of the May 2019 SEND revisit by the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC). The revisit followed a Brent Local Area SEND Inspection in May 2017 which had resulted in Brent Council and Brent CCG developing a Written Statement of Action (WSOA) to address identified areas of weakness. All the actions contained within the WSoA had been completed by July 2018, and the progress had been subject to Ministerial review and judged sufficient. Changes to post-inspection arrangements in November 2018 required that all local areas which had been required to produce a WSoA be revisited. The revisit had been led by the same team as had previously undertaken the inspection and the work that Brent had done had been well evidenced during the revisit. The inspectors had concluded that local area leaders had worked effectively together to tackle the serious weaknesses identified at the time of the initial inspection in 2017 and had fully embraced the spirit of the SEND reforms, working together in partnership to make a positive difference to the lives of children and young people with SEND in Brent.

Gail Tolley extended her thanks to all colleagues who had helped to achieve the progress recognised by the inspectors and Sheik Auladin (Chief Operating Officer, Brent CCG) stated that this had been an example of excellent collaborative working. Moving forward Brent would continue to focus on improving outcomes for this vulnerable cohort.

The Board acknowledged the progress made and noted that the learning gained regarding working in close partnership could be shared. The Board subsequently **RESOLVED** to receive an annual report on progress achieved with respect to the Joint Brent SEND Strategy.

10. **Healthwatch Brent Update Report**

Julie Pal (Healthwatch Brent) introduced the report setting out an update on the operational priorities for 2019 - 2020 and detailing Healthwatch Brent's engagement strategy for the current financial year. The HWB was asked to note the priorities and to request six monthly updates on the engagement work of Healthwatch Brent.

The Board was reminded that Healthwatch was established under the Health and Social Care Act 2012 and had a number of statutory functions. Priorities were identified by a process of seeking advice and input from stakeholders, the wider network of partners, the contract manager and Friends of Healthwatch Brent, as well as by trying to align with existing strategic plans, views of volunteers and areas of concern for residents. It was explained that the document before the Board was high level, identifying the priorities, reasons for selection and desired outcomes. The reasons for selection were informed by a project initiation document which was required for each piece of work undertaken by Healthwatch Brent. The engagement strategy attached as appendix 2 set out the different forms of communication and engagement channels used by the Healthwatch Brent to engage residents, patients and service users of Health and Social Care Services.

In the subsequent discussion, the Board raised the following matters:

- There could be merit in focusing the work programme item regarding access to culturally appropriate suicide support on Eastern European communities in Brent, as there was evidence of poorer uptake of services by these communities. It was further suggested that the project include engagement of the Romanian community, which was the largest of the Eastern European communities in Brent. Julie Pal outlined the reasons for the focus on faith and suicide prevention and welcomed the suggestion regarding engaging with the Romanian community.
- Dr Patel advised that it was important that assertions regarding clinical knowledge were backed up by evidence if relied upon in defining the rationale for the piece of work. Ian Niven (Healthwatch Brent) advised that Healthwatch Brent would consult the CCG to clarify any such issues before finalising a project initiation document.
- Julie Pal advised that consultation with the council regarding the work programme included meeting with Lead Members and Officers, discussion at Health and Wellbeing Board meetings and contract monitoring.

Having concluded the discussion, the Board **RESOLVED**:

- i) That six monthly updates be presented to the Board from Healthwatch Brent.
- ii) That the Chair and other relevant officers lead discussions with Healthwatch Brent regarding impending developments such as the refresh of the JSNA and of the Joint Health and Wellbeing Strategy.

11. **Any other urgent business**

None.



12. **Date of next meeting**

The next meeting of the Board was scheduled for 7 October 2019

The meeting was declared closed at 8.00 pm

COUNCILLOR FARAH
Chair

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 	Health and Wellbeing Board 7 October 2019
	Report of the Director of Public Health
Mental wellbeing and suicide prevention: update	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	
Background Papers:	
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Melanie Smith Director of Public Health Melanie.smith@brent.gov.uk

1.0 Purpose of the Report

- 1.1 This report will update the Board on the London and local suicide prevention activity, postvention support and the local work undertaken to promote mental wellbeing.

2.0 Recommendation(s)

- 2.1 The Board is asked to:
- note the development of the mental wellbeing work across Brent
 - note the update on the Brent suicide prevention plan
 - endorse the zero suicide campaign #ZeroSuicideLDN
 - note the postvention bereavement funding for North West London

3.0 Detail

Mental wellbeing

- 3.1 The Health and Wellbeing Board has endorsed and adopted the Thrive LDN principles. Thrive LDN is a city-wide movement sponsored by the Mayor of London and the London Health Board which aspires to promote mental wellbeing, prevent illness and eliminate suicide in London.

3.2 Thrive LDN has six aspirations:

1. A city where individuals and communities take the lead
2. A city free from mental health stigma and discrimination
3. A city that maximises the potential of children and young people
4. Develop a healthy, happy and productive workforce
5. A city with services that are there when and where needed
6. A zero-suicide city

3.3 The Mayor of London's Peer Outreach Team, in partnership with Thrive LDN, will be hosting a young Londoner-led festival to mark World Mental Health Day on Thursday, 10 October 2019. The day will potentially be the largest young Londoner-led event ever held at City Hall.

<https://www.thriveldn.co.uk/campaigns/world-mental-health-day-2019/>

3.4 Thrive LDN is also supporting the roll out of Youth Mental Health First Aid (MHFA) training across London through a Train the Trainer model. The aim is that all schools, sixth forms, further education colleges, pupil referral units, and alternative provision centres will have at least one member of staff trained as a Youth Mental Health First Aider by 2021.

3.5 In Brent, two members of the Public Health were trained to deliver MHFA training and are now training staff in schools and colleges. The first MHFA course in Brent took place in July 2019: 17 staff were trained from 12 schools participated. An additional three courses are planned in Brent during September and October 2019.

3.6 Building on the “are we OK, Brent?” messaging, sessions have been run for all Community Wellbeing staff on the 5 + 1 ways to wellbeing¹. These proved very successful with feedback that staff wanted more information in this area. A leaflet for staff with ideas on local activities to support the 5+1 has been produced and is available on request.

3.7 Mental Health Awareness week (13th – 19th May 2019) was celebrated in Brent and action is planned for World Mental Health Day both at the Civic Centre and at Ashford Place.

3.8 In September Brent Council made mental health and wellbeing the focus of its Forward Together all-staff sessions. These sessions covered what support the Council provides for people with mental health problems and also support and services for staff.

Suicide prevention

¹ The 5 ways to wellbeing (connect, be active, take notice, keep learning and give) are an evidence based approach which can be incorporated into everyday activities and which are shown to enhance mental wellbeing. *Are we ok, Brent?* added Create to message 5+1 ways to wellbeing, maximising synergies with the London Borough of Culture 2020.

- 3.9 The aspiration for London to become a zero-suicide city encompasses both action to reduce the suicide rate and better support for those affected or bereaved by suicide.
- 3.10 On 10th September 2019, World Suicide Prevention Day, the campaign #ZeroSuicideLDN was launched as a response to the fact that 12 Londoners each week take their own lives. The campaign is a partnership between Thrive LDN and the Zero Suicide Alliance.
- 3.11 The Zero Suicide Alliance is a collaborative of National Health Service trusts, businesses and individuals who are all committed to suicide prevention in the UK and beyond. The alliance is ultimately concerned with improving support for people contemplating suicide by raising awareness of and promoting FREE suicide prevention training which is accessible to all.
- 3.12 #ZeroSuicideLDN aims to get 100,000 Londoners to take on line training over the next 12 months. After taking the 20 minutes training, people will be able to
- Identify when someone is presenting with suicidal thoughts/behaviour
 - Feel comfortable responding and speaking out in a supportive manner
 - And signposting the individual to the correct services or support
- 3.13 #ZeroSuicideLDN is supported by the Mayor of London and partners including the NHS in London, London Councils, London's police forces, Transport for London, and other emergency services, such as London Fire Brigade and the Maritime and Coastguard Agency, alongside voluntary and community groups.
- 3.14 Printed and digital campaign resources are available through the website:
www.thriveldn.co.uk/zerosuicideldn
- 3.15 Papyrus, the national charity for the prevention of young suicide, are working in Brent. They have offered training at Bridge Park for schools and develop resources and policies for use in schools, colleges, and universities.
- 3.16 The Brent public health team are working with the University of London who have commissioned a needs assessment for student mental health. A Student Health Group has been convened which connects the accommodation leads for the student housing in Wembley with public health and health service providers.
- 3.17 The multi-agency Brent Suicide Prevention Group has determined to join with Harrow, as there is considerable overlap in membership.
- 3.18 Last year's suicide audit cannot be repeated until the new year as the Coroner's Office is unable to accommodate data requests until then. This is due to a new data system being introduced looking at real time data.

Postvention bereavement funding for North West London

- 3.19 The NHS Long Term Plan sets an ambition that, by 2023/24, all areas of the country will have a postvention support able to provide timely and appropriate support for those affected by suicide, in line with published guidance.
- 3.20 North West London Health & Care Partnership (NWL HCP) has a clear strategic direction for improving local mental health services. The Like Minded Strategy (2015-2020) has guided the local programme of work to improve mental health services in North West London to date, and is in the process of being updated to take into account the commitments in the NHS Long Term Plan. Engagement with stakeholders has highlighted that there is appetite for, and commitment to, improving suicide postvention support services in North West London.
- 3.21 A local postvention service for North West London would aim to provide proactive bereavement support to those affected by suicide. Whilst the exact model for service is yet to be determined, it will focus on the ambition that everyone bereaved or affected by suicide is offered timely and appropriate support via a local offer which follows best practice principles set out by the Support After Suicide Partnership (SASP) and Public Health England. This would aim to include:
- A lead or single point of contact;
 - Proactive contact with the bereaved family within 72 hours of a death, facilitated by Thrive London's Information Sharing Hub;
 - Emotional and practical support for individuals e.g. with inquests and legal processes;
 - Liaison with local mental health trusts as needed e.g. if a family is receiving services or wishes to be supported via this route;
 - Navigation of, and referral to, other local and national support services (including specialist support) where needed;
 - Contact and/or support for the longer term as required.
- 3.22 The newly developed Thrive London Information Sharing Hub, which will be available from Autumn 2019 will be utilised by the postvention service for North West London. The Hub facilitates notification of a death within 72 hours by the host organisation, often the police, to partner organisations such as local authorities. Work is also underway to consider how the service can link into developing Primary Care Networks in North West London.
- 3.23 Initial engagement with experts in the field and others involved in delivery of postvention services have also highlighted: the need for involvement of people with lived experience in any local service; the importance of flexibility, acknowledging the diversity of people that may require support and that people utilising such a service will differ in terms of their cultural and individual needs; and the importance of alignment with other local services. Initial mapping work for North West London is underway to identify local options for bereavement support in place now, including via local IAPT services. Most of these offer generic care, but some specialist suicide-related bereavement care services are present, for example, through the Listening Place which offers services across London.
- 3.24 An approach to establishing a postvention service for North West London has been agreed across HCP partners. The intention is to set up and 'go live' with

a service in Q3/4 2019/20. This would run throughout 2020/21 with a view to testing the most appropriate model(s) for delivery to meet local need. NW London will learn from existing provision in its design phase, and it is expected that the service will be centred around a small, dedicated, focussed workforce (e.g. liaison officer/s) who will help navigate and support those bereaved by suicide particularly through the very difficult period after death. This would mean both emotional and practical support – as set out in Help is at Hand – and involve building relationships with, and knowledge of available therapeutic and support services, and reaching out to work alongside those involved in formal post-suicide processes (e.g. police, coroners, mental health services).

- 3.25 Further work, particularly with people with lived experience, and to identify the right model for operational mobilisation is underway; this includes ensuring the model meets the right cultural sensitivities for each area. However, options are already being developed (for example: a single service; two coordinated services each aligned to one of the local mental health trusts populations; a hub and spoke network across boroughs).

4.0 Financial Implications

- 4.1 There are no financial implications as a direct result of this paper

5.0 Legal Implications

- 5.1 There are no legal implications as a direct result of this paper

6.0 Equality Implications

- 6.1 The postvention support is being designed with explicit attention to the diversity of the NWL population

7.0 Consultation with Ward Members and Stakeholders


- 7.1 Ward members have been invited to Mental Health Awareness week and will be invited to the events planned for World Mental Health Day.

Report sign off:

Dr Melanie Smith

Director of Public Health

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	Health and Wellbeing Board 7 October 2019
	Report from the Director of Public Health
Joint Strategic Needs Assessment	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	N/A
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Dr John Licorish, Public Health Consultant john.licorish@brent.gov.uk

1.0 Purpose of the Report

1.1 To outline for the Board the Joint Strategic Needs Assessment (JSNA) process and the current refresh

2.0 Recommendation(s)

2.1 The Board is asked to

- approve the JSNA process and refresh being undertaken
- note the progress in the current refresh
- consider how the Board's public engagement can inform the JSNA

3.0 Detail

3.1 Joint Strategic Needs Assessment Background

3.2 The Health and Social Care Act 2012 amended the Local Government and Power Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

3.3 The Brent JSNA is a process that determines the health, wellbeing and social care needs of Brent. The JSNA refresh is based on the analysis of local, regional and national datasets and service data. These include demographic,

behavioural, and epidemiological data on diseases and health related conditions.

- 3.4. The JSNA is an assessment of the current and future projected needs of the local population. These refer to needs that could be reasonably be met by the local authority, the local Clinical Commissioning Group (CCG) and NHS England. JSNAs are unique to each local area and there is no specific template or format to be used. JSNAs will use a variety of data sources including quantitative data as well as service user information and views fed in by community participation.

3.5 Joint Strategic Needs Assessment Usage

- 3.6 The local authority, CCG and NHS England have a statutory duty to have regard to the JSNA when developing their commissioning plans. Where plans are not taking the JSNA into account, commissioning bodies need to be able to say why.

- 3.7 Local authorities have a duty to improve the health of their population. If the authority's decisions do not take health into consideration or the JSNA, the Health and Wellbeing Board can raise its concerns with the relevant authority.

- 3.8 The impact of the JSNA is dependent on how it is used locally. It not only allows community needs to be identified but also a focus on those vulnerable groups that may have special health and social care needs not currently being addressed. It also allows for the re-orientation of services around need and service use as opposed to traditional commissioning patterns

3.9 Joint Strategic Needs Assessment Process

- 3.10 The Brent JSNA is a cyclical process rather than just an event or document. It is in itself the key driver of commissioning plans for the local community. Brent CCG is required to produce commissioning plans annually and the council undertakes commissioning on a continuous basis. The voluntary sector also makes continuous use of the JSNA in planning and providing services to residents. As a result, there is a need to update the evidence and community needs as well as to produce bespoke products.

- 3.11 At present the Brent JSNA has produced one large document and a suite of specialist products to inform commissioning in certain areas or for certain groups. In the short term further summary sheets are being prepared. In the medium to longer term additional types of products depending on the needs of the community and as directed by the Health and Wellbeing Board and the JSNA steering group will need to be produced.

3.12 Joint Strategic Needs Assessment Products:

- 3.13 It is proposed that all of the information sheets in the table below are refreshed as part of the 2019 JSNA to reflect the latest information and intelligence for each

Children and Young People	Life Expectancy	Substance Misuse
Dementia	Liver Disease	Transportation
Deprivation	Mental Health	Tuberculosis
Diabetes	Older People	
Domestic Abuse	People and Place	
Educational attainment	Physical Disability	
Employment and Economy	Primary care	
FGM	Secondary care	
Gangs/ Violent crime/ Violence	Sexual Health	
Health and Lifestyle	Smoking prevalence	
Homelessness and Housing	Social Isolation	
Learning Disability and Autism Spectrum Disorder	Special Educational Need	

3.14 Below is a list of the additional information sheets which will be incorporated as part of the 2019 JSNA refresh based on any gaps identified from the Borough Plan.

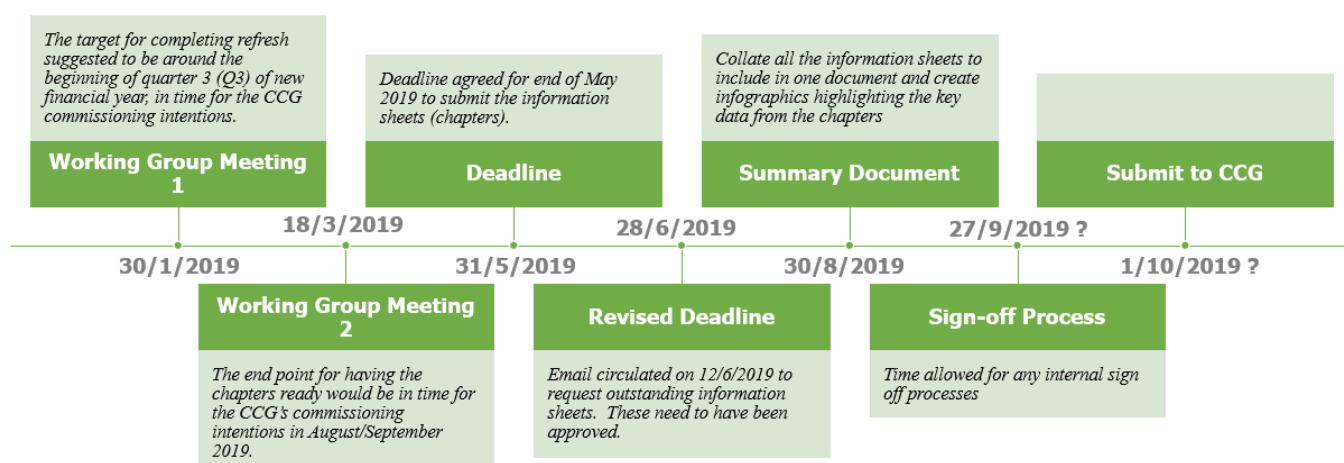
Air quality	Culture	Noise/Nuisance	3.1
Autism	Early Years	Oral Health	5
Childhood Obesity	Gambling	Safe Guarding and Deprivation Liberty	3.1
Community Assets	Health and Social Care Integration	Climate Change	6

3.1

7 JSNA Timeline:

JSNA Timeline

Updated 18/06/2019



4.0 Financial Implications

4.1 There are no direct financial concerns as a result of this paper

5.0 Legal Implications

5.1 There are no legal implications of this paper

6.0 Equality Implications

6.1 The paper will help to reduce health inequalities



7.0 Consultation with Ward Members and Stakeholders

7.1 Members of the Health and Wellbeing Board are involved in the steering group

Report sign off:

Dr Melaine Smith

Director of Public Health

 Brent  <i>Clinical Commissioning Group</i>	Health and Wellbeing Board 7 October 2019
	Report from the Director of Integrated Care
Health and Care Transformation Programme Review	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Tom Shakespeare, Director of Integrated Care, tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To provide a six month progress report on key activities of the joint Health and Care Transformation programme

2.0 Recommendation(s)

2.1 To note progress against the plan for 19/20, and provide strategic steer and advice to support the delivery of the shared priorities

3.0 Background

3.1 In March 2019 the Health and Wellbeing Board approved a refreshed set of priorities for health and care transformation, building on the existing priorities agreed in October 2018. These areas were as follows:

3.1.1 A patient centred older people’s care pathway, reducing delays in hospital discharge and improving patient experience. This includes:

- Development and implementation of a system resilience plan and operational working group to reduce delayed transfers of care
- Development and implementation of an integrated discharge pathway, including a plan to sustain Home First at scale, reducing handoffs, inefficiencies and duplication within the existing pathway

3.1.2 A joint commissioning and brokerage function for nursing, residential and home care, reducing delays and duplication and creating a catalyst for the development of a fully integrated care system. This includes delivery of the following objectives:

- Harmonisation of price paid in and out of borough for spot purchases for equivalent levels of care

- Reduce DTOC due to nursing and residential placements and CHC assessment
- Reduction in funding disputes between CHC and social care
- 'One system' approach to market management with care homes to improve quality and value
- Improved service user experience

3.1.3 A joint market management approach, including support to care home networks and training and development support. This includes delivery of the following objectives:

- Development and implementation of support initiatives to care homes to impact on key system performance indicators across the system (LAS callouts/non conveyances, NEL, DTOC etc)
- Development of a shared approach with the care home market to respond to the big strategic challenges and opportunities facing the system
- A focussed approach to working directly with individual care homes where there are the biggest performance challenges, working closely with the integrated commissioning and market management programme

3.1.4 Self care, with a focus on the following objectives:

- Development of a Brent-wide model of self care through use of link workers connected to primary care networks, with a focus on reducing GP appointments for non-health reasons

3.1.5 Technology enabled care, with a focus on the following objectives:

- Development of strategy to support cost-effective assistive technology solutions in peoples homes and extra care to keep people independent and at home for as long as possible

3.1.6 Integrated care partnership development, with a focus on the following objectives:

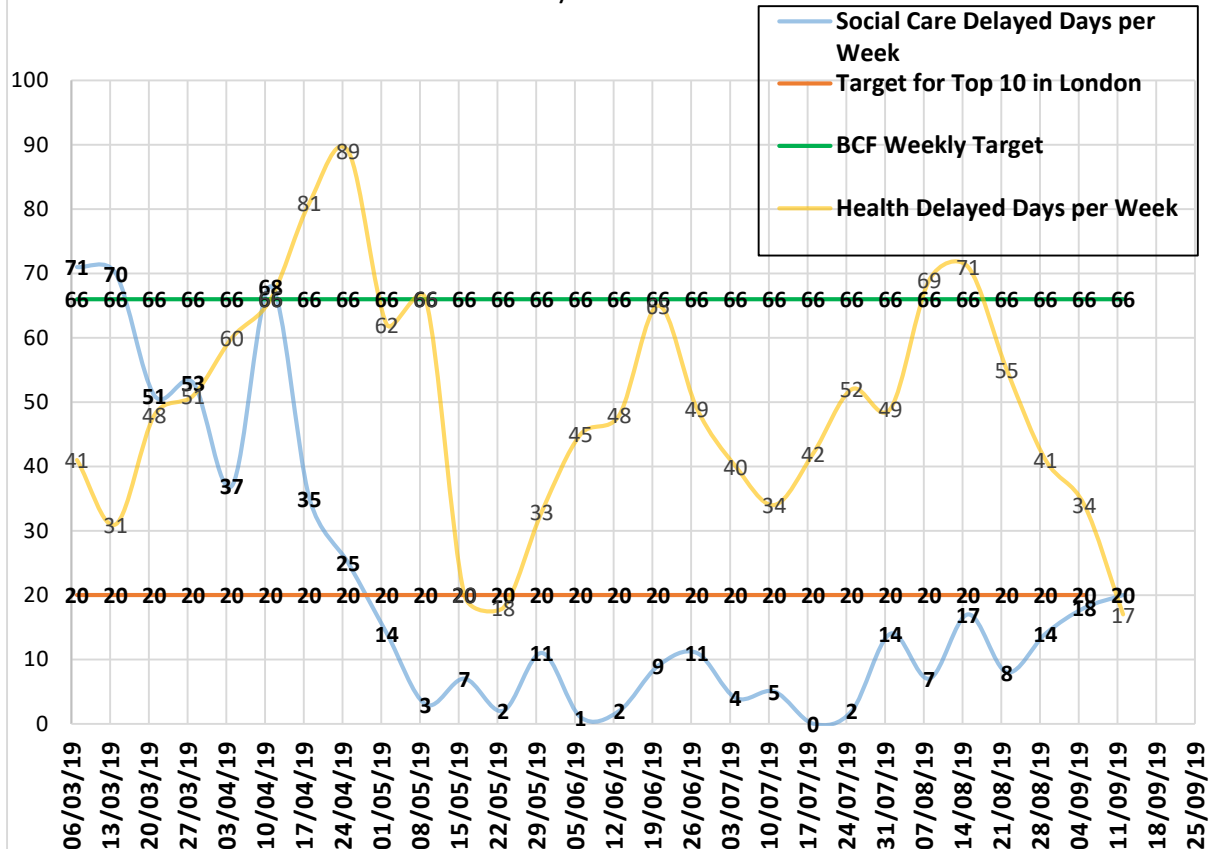
- Establishment of multi-disciplinary team, including social care, to proactively find and case manage patients identified as 'rising risk' of health needs
- Alignment of other new or existing services to the development of ICP
- Development of more formal integrated commissioning arrangements between the CCG and council

4.0 **Progress to date**

4.1 **Older people's pathway**

4.1.1 System performance – there has been a dramatic improvement in Brent's adult social care delayed transfers of care (DTOC) performance over recent months driven by a combination of service changes, moving Brent into the top ten performing London boroughs. Unfortunately, NHS delays have remained variable and high. Work is now progressing to address this ahead of Winter, including through the establishment of a new discharge to assess protocol, and we expect to see an improvement in performance over the coming months.

Finalised Weekly DTOC Trend LNWHT



4.1.2 Integrated discharge pathway – Consultants, Newton Europe, were commissioned at the end of 2018 to provide specialist knowledge and support to redesign and deliver the integrated discharge pathway.

a. The key findings from the work were:

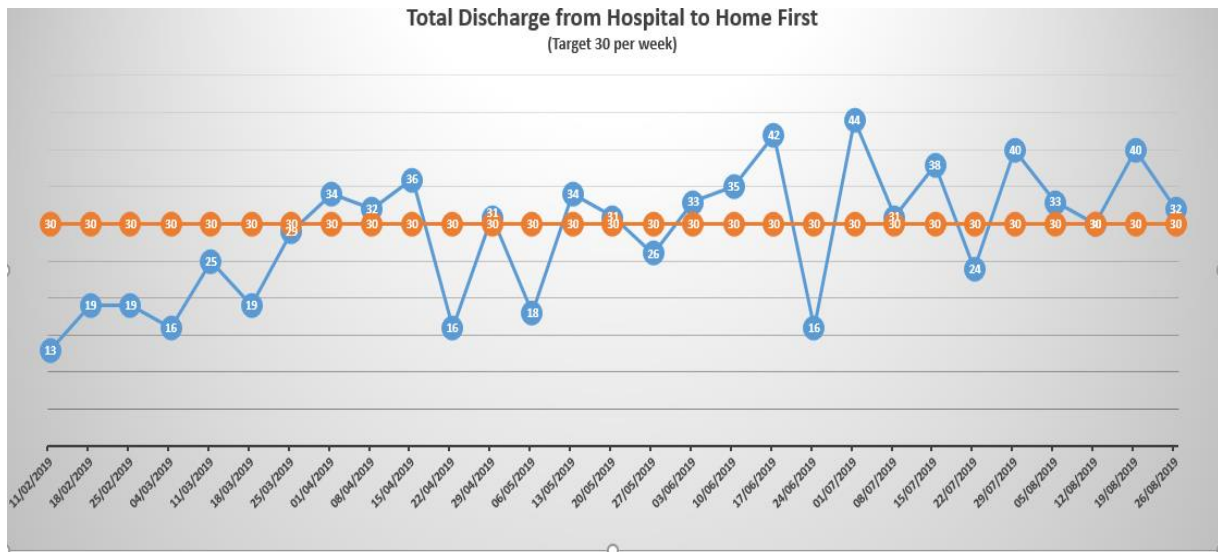
- Length of stay in hospital – There is significant room to reduce length of stay in hospital through improved MDT working and early discharge planning
- Discharge destination decisions – Despite comparatively low placement figures, there is still further opportunity for more people to be supported at home or with reablement. This would also impact on length of stay
- Reablement – there is significant scope to improve the effectiveness of reablement, and also reduce the length of time that reablement is provided. There is also potential to link this work to the Home First pathway, and look to expand the rollout of Home First for more complex patients

b. Work has now moved into the implementation phase. Design groups have been established, and delivery plans developed based on a pilot/rollout model, focused on the following key interventions:

- Establishment of a single point of access within hospital to improve discharge destination decision making
- Development of streamlined discharge processes in hospital with MDTs on wards to develop early discharge planning processes
- Establishment of a single Home First, reablement and rehabilitation team to manage more complex patients and improve the effectiveness and length of reablement provision to reduce long term support needs

4.1.2 Home First – In January 2019 Brent's existing model of Home First (discharge home to assess) was expanded to Imperial and Royal Free Trusts, and re-

launched at Willesden and Central Middlesex Hospitals. The refreshed model includes assessment at home, and relies on Trusts to push referrals. It is currently focussed on simple discharges (pathway 1), but there is work ongoing to expand to more complex patients (pathway 2 and 3) as part of the integrated discharge pathway work. The current target for accepted referrals is 30 people per week, and numbers have increased steadily since launch and are now regularly exceeding the target, as shown below:



4.1.3 Discharge to assess protocol and beds – a new protocol has been agreed to support discharge of patients with complex needs or assessment for NHS continuing healthcare (CHC) support. Ten beds have been procured to support this process in addition to the recruitment of a CHC nurse assessor to support patient flow through the Winter period. The beds are funded through existing CCG and local authority contributions to the Better Care Fund, and additional funding has been allocated through the adult social care winter funding to recruit the nurse assessor. Adult social care will continue to make spot purchased placements into care homes or extra care facilities where required.

4.1.4 Winter pressures plan – Winter pressure plan priorities for allocation of the £1.3m Brent allocation have been implemented during 2018/19, and a new plan has been developed, subject to agreement from the Health and Wellbeing Board for spend in 2019/20. The enhanced Winter plan forms part of the 2019/20 BCF plan, and builds on the key initiatives from the 2018/19 plan. This includes the following new and existing schemes:

- Handyman service, supporting settlement back home and reduce delays in hospital discharge
- Positive behavioral management in care homes pilot, supporting people with dementia and avoid hospital admissions and improved outcomes for patients
- Additional social workers to support the expansion of Home First
- Overnight care to support expansion of Home First for more complex patients
- Assistive technology pilots for key patient cohorts to improve outcomes for people and enable people to remain at home and independent for longer
- Nurse assessor, to support a reduction in NHS delayed transfers of care through effective management of discharge to assess beds
- Backfill to support the design teams implementing the changes identified for the integrated discharge pathways
- Training for reablement providers to improve the effectiveness of

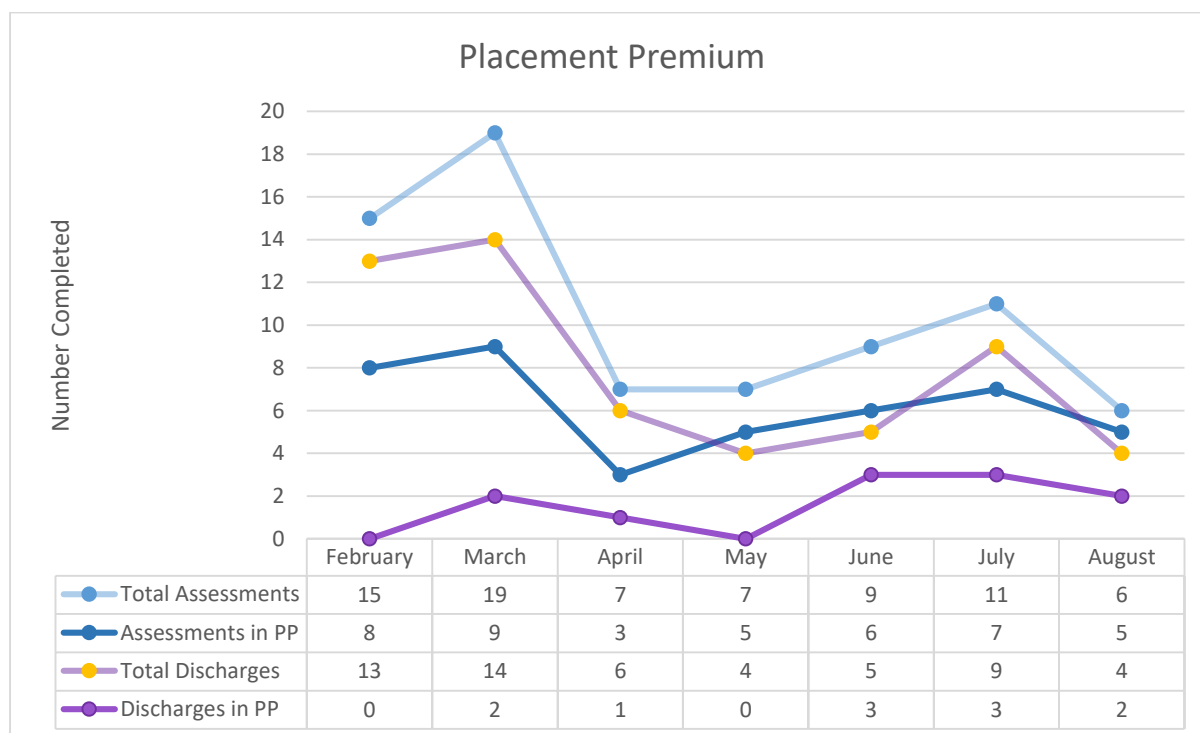
reablement

- Expansion of pilot to incentivise improvement to the timeliness of care home assessments and placements

4.2 Integrated commissioning and market management

4.2.1 Placement Premium – the pilot scheme was launched in February 2019 to incentivise timely assessment and placement by care homes, with the aim of reducing delayed transfers of care from hospital. The model works on the basis that care homes receive £50 for assessment completed within 24hrs of referral, and an additional £50 if this results in a placement within 48hrs.

- The data shows an improvement in the proportion of assessments and placements completed in the required timescales. This performance improves significantly further to 80% when reviewed against a 72 hour period.



- For 19/20, it is proposed to expand this pilot to provide an enhanced incentive to nursing homes for a £500 one off payment in recognition of the challenges that a number of homes face with settlement. The aim of this should be to further improve care home assessment and placement timescales, whilst also increasing the number of placements within borough and reduce the need for ongoing higher intensity support. The pilot will start on 1 October, and will be reviewed after 6 months

4.2.2 Integrated commissioning – it was agreed that a CHC broker be co-located with adult social care brokers for nursing and residential care homes from 2018, following recommendations by consultants Ernst and Young in late 2017. The integrated brokerage function went live in June 2018, and the feedback from brokerage staff involved was positive, and fostered joint working and a shared understanding of the market and prices paid. Unfortunately, the commitment to the joint brokerage role was rescinded due to pressures on the CHC service. As a result of this, the integrated commissioning steering group and programme board have reviewed joint working, and agreed to work on the following alternative areas where there is

agreement to do so. Work is ongoing in each of these areas to develop and implement a work programme:

- Joint Quality Framework/Approach - A comprehensive and joined up approach to assess quality and contract monitor services in a holistic way across partners.
- Integrated Pricing Strategy – a joint pricing strategy to ensure consistent message to the market. Specific proposals would be agreed and developed jointly, including a review of the placement premium for CHC placements
- Joint Approach to Assessment/review - A shared assessment process, including: MDT assessment of patients; An integrated panel process to follow strength based approach; An assessment document that is proportionate to the request for help (linked to checklist), to capture core data set requirements agreed between the Local Authority and Health to complete an assessment of their needs, resources and desired outcomes. This would include a joint review of requests for 1:1 support.
- Discharge to assess for CHC and complex care – as outlined in section 4.1.3
- Home first for complex patients - Expand number of patients discharged home who are complex or CHC eligible, where there is a clear financial case that support at home will be more cost effective than residential or nursing placement. Specific proposal to put intensive support in for first 7 days (including night sitting), with ongoing care plan developed at home during this period
- Homecare - Joint approach to procure homecare and reablement providers to drive up quality and enable providers to support more complex patients. Potential opportunity to develop shared brokerage of homecare support

4.3 Enhanced health in care homes

4.3.1 Care Home Forum – Forum established with provider chair (Mark Bird, Birchwood Grange Care Home), with a re-focussed agenda based on delivery and joint ownership of shared system priorities. Attendance and feedback significantly improved, and the input and leadership has enabled significant progress on key priorities, including the development of the Placement Premium.

4.3.2 Dementia and challenging behaviours – In 2018/19 an analysis of key causes of delay discharging patients home was completed, identifying dementia and challenging behaviours as a key driver of these delays. A transformation programme was developed with 3 key strands, and progress has been made against all three areas:

- a. Dementia awareness in homes without specialist dementia capacity – training sessions scoped and delivered across Brent homes
- b. Quality of dementia support in care homes – workshops to train and develop care home staff on improved ways to identify and support people with dementia
- c. Dementia in reach service - A new pilot service model has been developed and agreed with partners to provide specialist support to dementia care homes. The funding for this is included as part of the 2019/20 BCF plan. The next step is to implement the pilot and agree how the model will be rolled out and become business as usual

4.3.3 GP Enhanced Care Support – Throughout 2018/9 there has been an established MDT service through primary care into care homes 8-8, 7 days a week. This service provides support to homes with the aim of supporting people and reducing unnecessary hospital admissions. The service has to a large extent been successful and has been well received by homes. However, due to financial pressures on the CCG, the service has been reviewed, and a new service specification developed and agreed through CCG Exec. This new service focusses on homes with the highest hospital admissions, and looks to reduce duplication with existing GP responsibilities and provide MDT support linked to the development of the new Integrated Care Partnership service.

4.3.4 Other schemes – there are also a number of additional support schemes for homes which are being taken forward as part of the enhanced care home support programme:

- Additional care home training – four focussed training programmes to support care home staff including ‘My Home Life’ training programme. There has been positive feedback from homes. Wave 2 from April 2019 with 3-4 Brent care homes and 7 homecare providers.
- Development of a directory of service to support improved referrals between services and from care homes
- NHS 111 *6 – 24/7 assessment and advice line to reduce hospital admissions from homes. It has been well received but beset with operational issues, which now appear to be stabilising. Review to be completed through Care Home Forum in 2019/20
- MOTITEK bikes – bikes to support wellbeing for residents in Brent. Pilot completed, and rollout expected through 2019-21
- NHS Mail – encouraging and supporting care homes to sign up and use NHS mail to enable greater information sharing with NHS partners
- Telehealth – a pilot scheme including video conferencing run by the NW London transformation team
- Red bag scheme – currently on hold

4.4 Self care

4.4.1 Self care – improved referral pathway developed to align Brent’s Social Isolation in Brent Initiative (SIBI) service (to be part of Gateway) to the new Link Worker roles within the primary care networks (PCNs). A steering group with PCNs to develop a Brent wide model has been developed, and work will be ongoing throughout 2019/20 to deliver this.

4.5 Technology Enabled Care/Assistive Technology

4.5.1 A Technology Enabled Care (TEC) Strategy is being developed, and will be brought for discussion at a future Board meeting. This will include a proposal for investment in new technology to support key cohorts of patients to remain independent and at home for longer.

4.6 Integrated care

4.6.1 Integrated care partnership (ICP) - Progress has been made on the development of a new model to establish primary care networks and increase support to people who are at medium-high risk of hospital admission through enhanced focused support in the community. A new service is now operational across most of Brent and will cover the whole of Brent from

December 2019. The model includes an MDT, including social care, and is focused on a proactive model of care for people identified as 'rising risk'. The new ICP service will involve a partnership approach between London NW Trust and the primary care networks, and the intention is that existing services such as district nursing will be aligned to this.

4.6.2 Existing integrated arrangements – There are a number of existing pooled budgets and integrated service arrangements between adult social care and NHS organisations. The council has entered into two formal partnership agreements under Section 31 of the Health Act 1999, one with NHS Brent CCG for provision of occupational therapy equipment and the other with Central and North West London NHS Foundation Trust for provision of mental health services. Additionally, there is a pooled fund agreement under Section 75 of the NHS Act 2006 between the council and CCG to administer the Government's Better Care Fund. Partnerships and spend for 2018/19 is shown in the table below

	Mental Health	Occupational Therapy	The Better Care Fund	Integrated Rehabilitation & Reablement Service
	£m	£m	£m	£m
Funding: LB of Brent	(0.2)	(0.5)	(13.5)	(0.9)
NHS Brent CCG	0.0	(0.6)	(21.1)	0.0
LNWUNT	0.0	0.0	0.0	(1.1)
CNWLNFT	(0.2)	0.0	0.0	0.0
Total Funding	(0.4)	(1.1)	(34.6)	(2.0)
Expenditure	0.4	1.7	34.6	1.9
2018/19 Net Overspend/(Underspend)	0.0	0.6	0	(0.1)
2017/18 Net Overspend/(Underspend)	0	0.5	(0.2)	(0.2)

4.6.3 Future integrated commission arrangements - Further to the agreement at the July 2019 meeting of the Health and Wellbeing Board to develop integrated commissioning arrangements between health and social care, a more detailed paper will be provided to the Board for steer

5.0 Financial Implications

5.1 Continue to review

6.0 Legal Implications

6.1 None

7.0 Equality Implications

7.1 None directly

8.0 Consultation with Ward Members and Stakeholders

8.1 Ongoing

9.0 Human Resources/Property Implications (if appropriate)

9.1 Continue to review

Report sign off:


Phil Porter

Strategic Director Adults and Housing, Brent
Council

Sheik Auladin

Chief Operating Officer, Brent CCG

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 	<p>Health and Wellbeing Board 7th October 2019</p>
<p>Report from the Chair of Brent Children's Trust</p>	
<p>Brent Children's Trust Update April – September 2019</p>	

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

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 HWB with an annual priorities report at the start of each municipal year plus one additional six monthly update report per year.
- 1.3 The most recent report was presented to the HWB in April 2019.
- 1.4 This paper provides a six monthly update of the BCT work programme and covers the period from April 2019 to September 2019.

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 2019 to September 2019.

3.0 Detail

- 3.1 The BCT meets every two months to review progress of its work programme and address emerging local and national issues. Between April and September 2019 the BCT met three times on 14 May 2019, 16 July 2019 and 24 September 2019.
- 3.2 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
- 3.3 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.
- 3.4 As noted in the previous updated report presented in April 2019, the BCT has identified the following priority areas of focus for April 2019 to March 2020;
- Childhood Obesity
 - SEND
 - Children and Young People’s Mental Health and Wellbeing
 - 0-25 Service - Children with Disabilities (Stage 2)
 - Maternal Early Childhood Sustained Home-visiting (MECSH) service
 - Transitional safeguarding between children and adult services
 - Early Help and Family Hubs
- 3.5 The BCT will also give consideration to other areas of focus which may arise including:
- any legislative changes relating to the functions of the BCT
 - the introduction of new children’s services
 - the redevelopment of existing local services
 - any appropriate newly identified commissioning arrangements
- 3.6 Between April and September 2019 the BCT examined three main strategic themes: Transitional safeguarding from Children to Adulthood, Family Hubs and Joint Strategic Needs Assessment (JSNA).

Transitional safeguarding from Children to Adulthood

- 3.6.1 The BCT explored the gaps in service provision when a vulnerable child in receipt of a range of support services becomes an adult
- 3.6.2 It was highlighted that in many cases, support for young people could change drastically, be delayed or cease altogether at the point they reach their 18th birthday.

- 3.6.3 The BCT recognised that young people's needs do not change overnight and further exploration of this area is required.
- 3.6.4 As this subject is also an area of focus for both the Local Safeguarding Children Board and Safeguarding Adults Board, the BCT agreed that greater co-ordination between the all three strategic Boards would be a positive step in exploring and tackling this issue. The BCT therefore determined that a facilitated workshop should be organised for multi-agency partners to explore this topic.
- 3.6.5 The workshop is scheduled to take place in November 2019 and will be facilitated by an expert in this field, Dez Holmes – Director of Research in Practice
- 3.6.6 It is aimed at senior operational and strategic decision makers across Brent and will challenge beliefs and enable thinking and discussion about transitions and how Brent is supporting young people in the key area of transitions.
- 3.6.7 The workshop will explore the following points:
- What is Brent good at in terms of transitions?
 - What are the areas for development/gaps in terms of transitions?
 - How can we maintain the good and improve the areas for development?
- 3.6.8 The BCT will share the outcomes of this workshop in the October 2019 - March 2020 update paper

Family Hubs

- 3.6.9 The BCT received an update on the progress of the development of Family Hubs in Brent and provided guidance on engaging partners in the process
- 3.6.10 The BCT heard that:
- it has been decided to replace the 17 Children's Centres in Brent with 8 Family Hubs by September 2020.
 - partner engagement into the development of the family hubs was in progress and the design principles have been formally agreed.
 - the statutory consultation on the changes to children's centres has begun with a number of staff focus groups and sessions for professionals, schools and parents planned.
 - discussions were also under way on three commissioning options for the family hubs.
- 3.6.11 The BCT recommended that:
- Brent CCG should be more involved in the development of the Family Hubs
 - the project should be discussed at the CCG's locality GP meetings to ensure that the practices around the borough are kept informed of the changes.

- further discussion and consideration should be given to how the Family Hubs link into the existing CCG primary care network to avoid duplication of services.
- the health service providers in the borough including LNWHUT, CNWL and CLCH NHS Trust, should also be involved in the project.
- consideration could be given to utilising existing health buildings should there be a gap in the distance between the new family hub sites.

3.6.12 The BCT will continue to remain sighted on the progress of the development of Family Hubs in Brent.

Joint Strategic Needs Assessment

3.6.13 The BCT reviewed and commented on the deemed children and young people's chapters of the revised Joint Strategic Needs Assessment (JSNA) prior to the Health and Wellbeing Board considering the JSNA in its totality.

3.6.14 The BCT made a number of recommendations:

- The introduction of the full report should include a clear description of the purpose of the document.
- The majority of the other JSNA chapters must also include (where possible) data on children including Gangs and Serious Youth Violence, Domestic Abuse, Air Quality, Diabetes, Mental Health and others.
- All partners should make more use of the JSNA and interpret the data within it collectively to inform action planning and commissioning services.
- The JSNA should be used by strategic partnership boards to challenge agencies to redevelop action plans.
- The partners will be held to account on the collective use of the JSNA through inspections, including the Joint Targeted Area Inspection (JTAI).
- Some thought should be given to the children and young people data focussing on 0-25years as there is an increasing number of services commissioned to support young people up to 25 years old (e.g. care leavers, young carers/young adult carers, SEND and youth violence).

3.6.15 The BCT requested to have sight of the full JSNA report to enable the Trust to have a further strategic discussion.

3.6.16 The BCT agreed that a second strategic discussion will take place during the November 2019 meeting to consider the full updated JSNA and what actions need to be undertaken as a result.

3.7 During this period, the BCT's work programme also covered the following areas

Special Educational Needs and Disabilities (SEND)

3.7.1 In July 2019, the BCT provided direction and endorsed the progress made within the 2018-19 SEND implementation plan

- 3.7.2 The plan includes actions focussed on early intervention and training, joint commissioning, multi-agency working, participation of service users and improved outcomes for young people with SEND.
- 3.7.3 The BCT recognised that a lot of work had been done to address the areas highlighted for action in the SEND inspection and the majority of actions had been completed.
- 3.7.4 The BCT agreed to support and contribute to updating the implementation plan going into 2020.
- 3.7.5 The BCT endorsed the transitions guide produced to prepare young people for end of school life and noted that the DfE recognised this guide as an example of good practice.
- 3.7.6 The BCT also contributed to the SEND post inspection revisit which took place in May 2019.
- 3.7.7 The original inspection lead inspectors from Ofsted and the CQC led the revisit, shadowed by a HMI (Her Majesty's Inspector) and with CQC a Quality Assurance Inspector.
- 3.7.8 The council and CCG's response to the revisit had evidenced good partnership working with the BCT contribution demonstrating improved governance and stronger links.
- 3.7.9 The BCT agreed to endorse the joint revisions made to the SEND Resource Panel (formerly Tripartite Panel).
- 3.7.10 The revisions set out a stronger strategic and systematic approach towards meeting the statutory duties of both partner organisations in relation to commissioning jointly funded packages of care.
- 3.7.11 The BCT supported the agreed changes which include:
- senior management leading the chairing arrangements of the panel meetings
 - membership that reflects the level of seniority to enable the panel to commit appropriate resources.
 - stronger joint coordination in aligning the data list of children and the support packages offered to them.
- 3.7.12 The BCT agreed that the new panel arrangements will be implemented from September 2019.

Integrated 0-25 Children and Young People with Disabilities service.

- 3.7.13 In May 2019, the BCT received a further update on the development of the Integrated 0-25 Children and Young People with Disabilities Service.
- 3.7.14 Phase 1 of the project had been completed with the successful implementation of two teams with the 0-25 remit. These two teams are geographically divided to cover the East and West of the borough.

3.7.15 The BCT supports the progress of Phase 2 of the project and encouraged the development of greater integration with health partners during this phase.

Children and Young People's Mental Health and Wellbeing Local Transformation Plan

3.7.16 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.

3.7.17 In July 2019, the BCT received an update on the progress and challenges in delivering the joint transformation plan.

3.7.18 The vision for transforming children and young people's mental health and wellbeing services was due to be updated by the children and young people's mental health and wellbeing steering group. This update would reflect the NHS Long Term Plan which sought to extend the age range of CAMHS up to the age of 25.

3.7.19 The BCT support the trial of an online mental health support service which will take place for one year.

3.7.20 The target for accessing services had been increased to 34% for 2019/20 and 35% for 2020/21 of the prevalent population of children with diagnosable mental illness. Though this does not appear to be a large increase in the target percentage, the BCT recognised that the actual target number of children for Brent has increased to between 6,507 and 7,520 from the current 4,572.

Young Carers

3.7.21 The BCT maintains oversight of the work of its Young Carers transformation group (Young Carers Champions) and the joint work of the statutory and voluntary sector providers in delivering an integrated approach to supporting Young Carers and strengthening their rights.

3.7.22 The BCT received an update on the progress on the action plan created to advance this work at the September 2019 meeting.

3.7.23 It was recognised that following the establishment of the BCT Young Carers Transformation Group, a lot of positive work has been achieved, this is evident with the inclusion of Young Carers data contained within the refreshed JSNA.

3.7.24 There has been an increased focus on support for Young Adult Carers (18 - 25) as some support services for Young Carers remain the most appropriate offer for this cohort.

3.7.25 The BCT has offered strategic support and challenge to increase the number of Young Carer and Young Adult Carer referrals from Adult Social Care and GPs.

3.7.26 The BCT was encouraged that it has been accepted that the Young Carers Service will begin to receive funding from the Better Care Fund.

Maternal Early Childhood Sustained Home-visiting (MECSH) Implementation

3.7.27 In September 2019, the BCT received an annual update overview report of the implementation of the Maternal Early Childhood Sustained Home visiting (MECSH) programme in Brent, led by Public Health.

3.7.28 Whilst the scheme has been progressing well, it was highlighted that the numbers of referrals into the service from GPs has remained low.

3.7.29 The BCT recommended that any refresher training offered should include a stronger focus on the referral criteria of this service.

3.7.30 Following a challenge posed to evidence the positive impact of this service, an update will be provided to the BCT in November 2019 focussing on the service impact measures on those who have been receiving this service for two years.

Childhood Obesity

3.7.31 In September 2019, the BCT received an annual update overview report on the progress of actions being undertaken to reduce childhood obesity in Brent led by Public Health.

3.7.32 The BCT acknowledge childhood obesity is an increasing issue in Brent and whilst a lot of work has been undertaken to address this, the situation has not improved with Brent having the highest rates of childhood obesity in London and England.

3.7.33 Whilst recognising that Public Health take the lead on responding to this issue, the BCT offered to lend some strategic support to ensure a system-wide collaborative approach to tackle the complexities around this issue.

3.7.34 The BCT also suggested that further work needs to be undertaken to look at the cultural influences and language used when raising awareness with the community.

4.0 Financial Implications

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

5.0 Legal Implications

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

6.0 Equality Implications

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

7.0 Consultation with Ward Members and Stakeholders

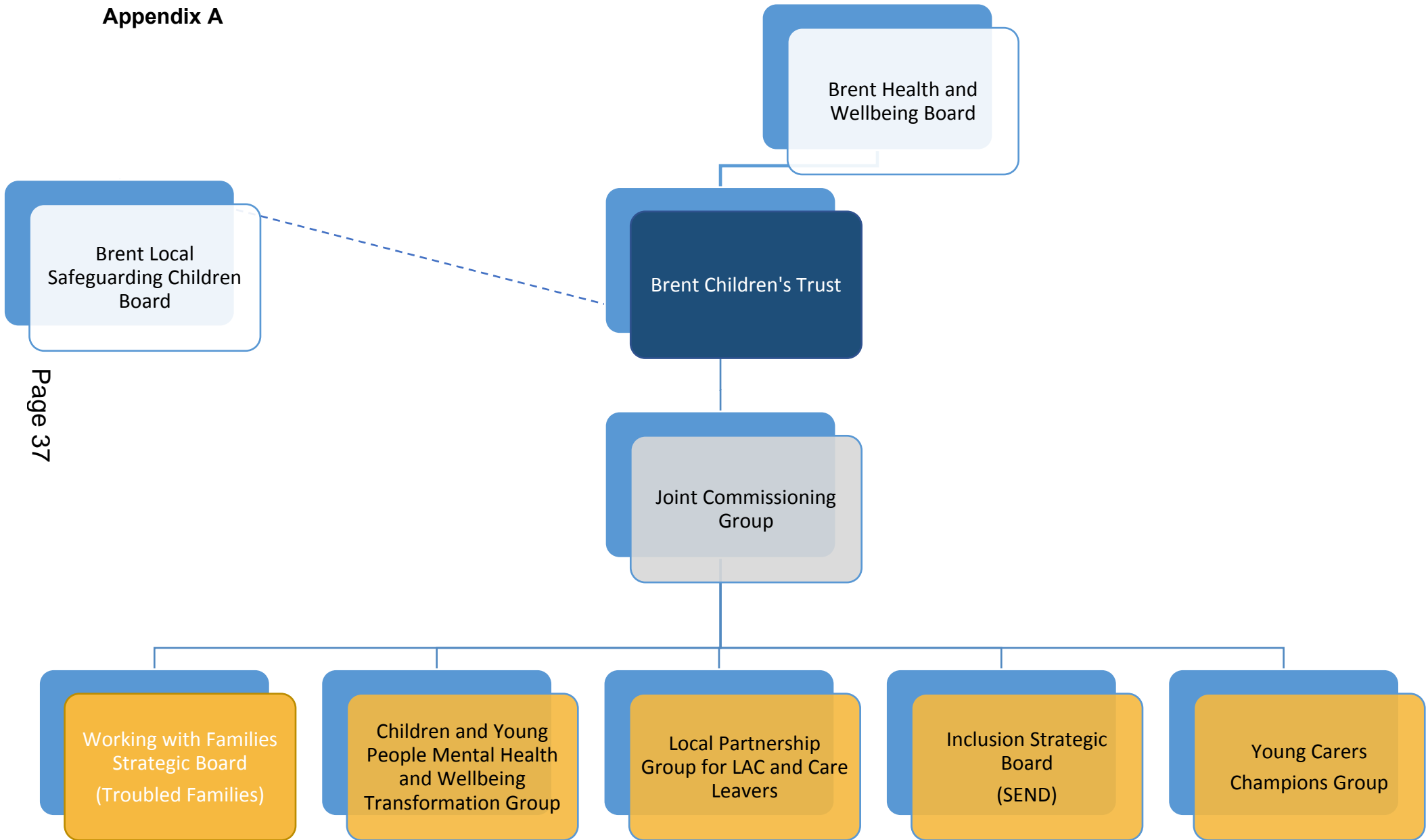
7.1 Brent Council and Brent CCG are members of the BCT and its sub groups and have contributed to this report.

Report sign off:

Gail Tolley

Strategic Director Children and Young People

Appendix A



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