

## Health and Wellbeing Strategy – Action Plan

### Priorities:

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

### 1. Giving every child the best start in life

Objective	Activity	Lead and partner	Progress Milestone	Outcomes
Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources.	<ol style="list-style-type: none"> <li>1. Rationalise programmes across the borough by locality. Engage other providers as facilitators and co-facilitators.</li> <li>2. Follow up with attendees after six months to assess whether sustained change in parenting style</li> <li>3. Train volunteers, parents and community champions to deliver programmes</li> <li>4. Ensure peer support in place for practitioners (both staff</li> </ol>	Sara Williams	<p>Increased number of attendees and completion rates for programmes</p> <p>Increased number of trained facilitators to deliver accredited parenting programmes</p> <p>Programmes currently on offer include:</p> <ul style="list-style-type: none"> <li>• Incredible Babies</li> <li>• Incredible Years</li> <li>• Mellow Babies</li> <li>• Mellow Parenting</li> <li>• Strengthening Families, Strengthening Communities</li> <li>• Solihull Approach</li> <li>• Triple P</li> </ul> <p>Process in place following completion of parenting</p>	<p>Ensure that the percentage of parents completing programmes continues to improve</p> <p>Six monthly evaluation surveys return positive results –</p> <ul style="list-style-type: none"> <li>• Do parents feel they have benefited from the programme?</li> <li>• Parents scoring themselves against ten statements related to their learning</li> <li>• Positive feedback</li> </ul>

	and volunteers). In particular to address complex issues.		programmes to identify outcomes for parents and positive outcomes identified  Website regularly updated to promote parenting programmes across the LA	received from parents who completed courses  Production of outcome reports setting out results of parent evaluation.
Agree and deliver a Child Oral Health Plan for Brent with NHS England	<p><b>1. Making every contact count:-</b></p> <ul style="list-style-type: none"> <li>Continue to use the Health Visiting team to promote oral health to every child in Brent at routine childhood reviews at; 6-months, 1-year and 2-years.</li> <li>The Ealing ICO Community Dental Service will provide on-going training to the Health Visiting service to assure the quality of the advice given to parents which will include; substitution of sugary snacks and drinks, demonstration of tooth brushing to children, need for annual dental assessment, and distribution of Brush4Life packs.</li> </ul> <p><b>2. Work with Early Years Settings to promote oral health -</b></p> <ul style="list-style-type: none"> <li>Work with child-minders, PVI's and Children Centres to promote oral health through Council's Healthy Early Years grant scheme. This work will include events for parents and training of oral health champions within each</li> </ul>	Lead - Melanie Smith  Partner – David Finch, NHS England	<p>Completion of training for all of the Health Visiting team including Health visitors, community nurses and staff nurses {By April 2014}</p> <p>Completion of audit of oral health advice given by Health Visiting team {By August 2014}.</p> <p>Activity up to March 2014 will target 40 PVI's and all Children Centres.</p> <p>Review of scheme in March 2014 to plan activity for subsequent years</p> <p>Agreement and engagement from Local Dental Committee and NHS England on expected standard for dental assessment and the application of fluoride varnish {by April 2014}</p> <p>Agreement from partners to deliver targeted schools programme {by April 2014}</p> <p>Future plan for community awareness work to be developed by steering group {by April 2014}.</p>	<p>Increase the proportion of under-fives registered with Brent dentists by 5% in 2014/15 from 2013 baseline.</p> <p>Increase the number of fluoride varnish applications, in children aged 7 years and under, by 5% in 2014/15 from 2013 baseline*.</p> <p>Reduce the number of non-elective dental admissions for U5s by 5% in 2017/18 (from 2013/14 baseline)*</p> <p>* targets are only indicative at this stage particularly where baseline data is being collated</p>

	<p>setting.</p> <p><b>3. Work with local dentists and NHS England -</b></p> <ul style="list-style-type: none"> <li>• Explore with providers a common approach to improving the quality of care offered to young children especially <ul style="list-style-type: none"> <li>○ Ensure that young children are offered regular dental assessments as early as possible i.e. once teeth appear</li> <li>○ Increase offer of fluoride varnish applications to children over the age of three</li> </ul> </li> <li>• Explore arrangements for the collaborative commissioning of local dental teams to provide outreach dental assessment and fluoride varnish application in ten Brent primary schools.</li> </ul> <p><b>4. Targeted work with community groups -</b></p> <ul style="list-style-type: none"> <li>• Raise awareness of free NHS dental assessments for children including fluoride varnish applications - further work required by steering group to determine scope of this work.</li> </ul>			
To expand partnership working with schools, nurseries,	<b>Early Years</b>		<b>Year 1, 2013-14</b>	Numbers of providers engaged and accredited

<p>playgroups and other early years settings to improve the wellbeing of children.</p>	<p><b>Year 1</b></p> <p>1. To promote health and wellbeing in the Early Years age group (0-5 years) by working with all Children's centres, PVIs and Child minders in Brent. Promote health in the following 7 areas:</p> <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Physical Activity</li> <li>• Oral Health</li> <li>• Immunisation</li> <li>• Breastfeeding</li> <li>• Smoking Cessation</li> <li>• Emotional wellbeing</li> </ul> <p>2. To co-ordinate partnerships and key stakeholders:</p> <ul style="list-style-type: none"> <li>• All children's centres</li> <li>• Private, Voluntary and Independent settings ( PVIs)</li> <li>• Child minders</li> <li>• Parents</li> <li>• Health professionals from Local Trusts NHS England and Council colleagues</li> <li>• Voluntary and community sector</li> <li>• Wider campaigns such as Change4life</li> <li>• School improvement and Early Years Advisory Teachers</li> </ul>		<p><b>Healthy Early Years briefing and re-launch</b></p> <p>All children's centres, PVIs and Child minders invited to attend a launch of the Healthy Early Years project and asked to register interest.</p> <p><b>Number of parents engaged</b></p> <p>Parent questionnaires given out to assess baseline activity for HEY award</p> <p><b>Numbers of Early Years providers engaged and training sessions attended</b></p> <ul style="list-style-type: none"> <li>• At least 70 engaged onto the Healthy Early Years project</li> <li>• Continue support to 22 settings already accredited with the Healthy Early Years award in 2012-13.</li> </ul> <p><b>Set up a Healthy Early Years Delivery group</b></p> <p>To meet at twice to monitor progress, report on activities in the 7 priority areas.</p> <p><b>Increased awareness of Health and Wellbeing for Early Years</b></p> <ul style="list-style-type: none"> <li>• More EY providers including Children's centres, PVIs and Child minders have knowledge of Health and Wellbeing in the 7 priority areas</li> <li>• Help with Ofsted for Early Years Foundation Stage requirements under Physical Development : Health and Self Care</li> </ul> <p><b>Year 2, 2014-15</b></p> <p><b>Number of Early Years providers accredited with the Healthy Early Years award</b></p> <ul style="list-style-type: none"> <li>• At least 40 to become accredited with the award by June 2014.</li> </ul>	<p>with HEY award</p> <ul style="list-style-type: none"> <li>• 70 engaged in year 1</li> <li>• 40 accredited in year 2 which would involve at least 800 children</li> </ul> <p>Number of new Dentist registrations for 0-5 year olds target to be set once baseline established in year 1.</p> <p>Number of children with up to date red books</p> <p>Number of parents engaged through parent questionnaires</p> <ul style="list-style-type: none"> <li>• At least 200 questionnaires completed in year 1</li> </ul> <p>Better Ofsted for Health and Self Care. Validated folders for HEY award</p>
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	<p><b>Year 2</b></p> <p><b>1. As above in addition to:</b></p> <p>Ensuring that each Early Years providers are kept informed and abreast of changes according to PH England for example Immunisations</p> <p><b>Enhanced Healthy Schools</b></p> <p><b>Year 1</b></p> <ol style="list-style-type: none"> <li>1. Use a range of methods to communicate effectively with schools and promote public health local priorities and national health improvement campaigns.</li> <li>2. Develop plans to support schools on the new 'School Food Plan'. Identify and coordinate the role of Brent Council in relation to free school meals for all infants and other school based entitlements and activities.</li> <li>3. To audit provision and promote examples of good practice related to healthy weights, healthy lives activities including all elements identified in the School Food Plan.</li> <li>4. To raise awareness of and encourage / support schools to gain Healthy Schools</li> </ol>	<p>Lead - Melanie Smith</p> <p>Partner - Sara Williams</p>	<ul style="list-style-type: none"> <li>• Target at a minimum of 800 children between the ages of 0-5</li> </ul> <p><b>Continue Healthy Early Years Delivery group</b></p> <p>To meet at least 4 times a year to monitor progress, report on activities in the 7 priority areas to refresh knowledge and information sharing to Early years community</p> <p><b>Year 1 by July 2014</b></p> <p>Knowledge of health and wellbeing work in all schools is increased.</p> <p>Governance arrangements are secure through appropriate representation from schools, early years, health, education and voluntary sector. Terms of reference are agreed and updated. Monitoring of schools work can be reported.</p> <p>50% schools receiving the EHS Grant return an evaluation questionnaire to support a coordinated report.</p> <p>Health promotion messages for schools are known by school staff, education staff and governors.</p> <p><b>Year 2</b></p> <p>Schools gain awards such as Children's Food Trust Awards and progressive Healthy Schools London Awards.</p> <p>Pupils have access to cookery sessions and evidenced through Ofsted reports</p>	<p><b>Year 1</b></p> <p>30 schools register for Healthy Schools London</p> <p>10 schools achieve Bronze level award</p> <p>100% of schools of relevant primary schools are aware of the revised new school food standards.</p> <p><b>Year 2</b></p> <p>Increased uptake of 'school dinners' as defined through the School Food Plan</p> <p>Build on School Breakfast / Free milk survey carried out in 2013/14 – 59 surveys sent out, 34 returned. Of those:</p> <ul style="list-style-type: none"> <li>• 23 had breakfast clubs</li> <li>• 33 provided free milk to under 5s</li> <li>• 5 provided subsidised milk to over 5s</li> </ul>
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	<p>London Awards as a mark of excellence.</p> <p>5. To review annually the governance arrangements of the Healthy Schools and Early Years Partnership Board and ensure it is fit for purpose.</p> <p>6. To evaluate the activities related to the Enhanced Healthy Schools Grant 2013/14.</p> <p>7. To explore the possibility of and promote further funding or levered in resources to support school deliver health and wellbeing activities and gain Awards of excellence.</p> <p><b>Year 2</b></p> <p>1. As above and in addition:</p> <ul style="list-style-type: none"> <li>• Plan to pilot and integrate the Early Years Healthy Award into schools.</li> <li>• Consider and respond to the work related to The School Food Plan and sustainability issues.</li> </ul>			Number of schools with vegetable growing plots.
Review our approach to childhood obesity and agree a revised strategy	<p>1. Other action plans for the Health and Wellbeing Strategy detail the work the Council is leading on:</p> <ul style="list-style-type: none"> <li>• Healthy early health settings and healthy schools which</li> </ul>	<p>Lead - Melanie Smith</p> <p>Partners – Sara Williams and Sue Harper</p>	<p><b>2014/15 –</b></p> <p>Effective stakeholder engagement with</p> <ul style="list-style-type: none"> <li>• Third sector</li> <li>• Faith Groups</li> <li>• Children, young people and families</li> <li>• Health services</li> </ul>	Reverse the upward trend in childhood obesity in year 6 by 2014/15

	<p>includes attention to increasing physical activity and promoting healthy eating.</p> <ul style="list-style-type: none"> <li>• Encouraging everyone to be physically active</li> <li>• Promoting healthy eating</li> </ul> <p>The Council is also working with NHSE to improve child oral health</p> <p>All of the above could contribute to addressing childhood obesity. However there is no agreed multiagency commitment to reducing childhood obesity as a priority, nor is there an evidence based multiagency plan</p>		<p>to produce a Brent Child Healthy Weight Strategy</p> <p>Review of the need for weight management interventions for children and their families in Brent</p> <p>Public Health Commissioning Intentions to reflect this review</p> <p><b>2015/16 -</b></p> <p>These milestones will be agreed with partners during the development of the Brent Child Healthy Weight Strategy</p>	
<p>Ensure that the council and partners are planning and ready for the transfer of health visitors and Family Nurse Partnership in 2015 to deliver our priorities for young people in Brent</p>	<ol style="list-style-type: none"> <li>1. Establish Family Nurse Partnership (FNP) in Brent</li> <li>2. Prepare for responsibility for Health Visiting commissioning to transfer from NHS England to Brent Council in 2015/6</li> <li>3. Prepare for responsibility for FNP commissioning to transfer from NSHE to Brent Council.</li> </ol>	<p>Melanie Smith / Sara Williams / NHS England</p>	<p><b>2013/14 -</b></p> <p>Reinvigorate Brent Maternal and Child Health Group, to include NHSE</p> <p>Establish governance arrangements for FNP</p> <p>Recruit staff to FNP</p> <p><b>2014/15 -</b></p> <p>Begin recruitment of mothers to FNP</p> <p>Brent participation in NHSE / London Councils work on "Improving Outcomes for London's children through Early Years services"</p> <p>Agreed transition plan for HV including agreement of HV establishment and of funding to transfer to the Council</p> <p>Agreed transition plan for FNP contract to Council</p>	<p>Increase in HV numbers: NHSE to confirm trajectory for Brent</p> <p>Improvement in childhood immunisations: progress to be monitored quarterly towards 2020 target of 95%</p> <p>For FNP families:</p> <ul style="list-style-type: none"> <li>• smoking in pregnancy</li> <li>• breastfeeding</li> <li>• low birth weight</li> <li>• immunisations at age 2</li> </ul> <p>*baseline data not yet available to inform target setting</p>

			<b>2015/16 -</b> Successful transfer of budgets and contracts from NHSE to Brent Council October 2015	
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## 2. Helping vulnerable families

Objective	Activity	Lead and partner	Progress Milestone	Outcome
Improve the identification and assessment of all vulnerable children underpinned by robust safeguarding procedures	<ol style="list-style-type: none"> <li>1. Local Safeguarding Children's Board is leading this work but there is specific group leading the Brent Family Front Door (BFFD) work</li> <li>2. Brent Family Front Door is up and running since July 2013 incorporating social care, health, police, probation and the Family Information Service</li> <li>3. New e-CAF has been rolled out as common assessment tool, all schools are using it, plus other agencies</li> <li>4. LSCB has multi-agency Business Plan, plus plans for BFFD</li> <li>5. Success judged through Ofsted inspection and case audits</li> </ol>	Sara Williams	<p>All partner agencies are now engaged with the MASH</p> <p>Health and police have full network access to their own systems allowing full and rapid checks to be completed.</p> <p>Review of MASH to take place in March 2014</p> <p>Progress against the Local Safeguarding Children's Board objectives are set out in the Board's annual report. The priorities are:</p> <ul style="list-style-type: none"> <li>• Quality, Audit and Outcomes</li> <li>• Vulnerable Groups</li> <li>• The Voice of the Child</li> <li>• Developing a Learning Culture</li> <li>• Governance, Accountability and Business Processes</li> </ul> <p>Local Children's Safeguarding Board has responsibility for children's safeguarding in Brent – Health and Wellbeing Board to agree partnership approach with LSCB.</p> <p>LSCB to demonstrate progress against each of the Future Challenges identified in 2012/13 Annual Report – 2013/14 Annual Report to be</p>	<p>Children will be protected though an improved front door (first point of contact), which makes decisions in a consistent manner with the benefit of access to full information from key partner agencies – Baseline required to assess the effectiveness of the Brent Family Front Door service.</p> <p>Health and Wellbeing Board to consider LSCB Annual Report, to consider Children's Safeguarding issues in the borough and reassure the Board that robust procedures are in place.</p>

			published in early 2014. Challenges included: <ul style="list-style-type: none"> <li>• Engagement of schools</li> <li>• Engagement with third sector and voluntary groups</li> <li>• Vulnerable groups</li> </ul>	
Improve multidisciplinary working for children with additional or complex needs	<ol style="list-style-type: none"> <li>1. Multi disciplinary approach operates at the level of individual children involving social care, education, health etc.</li> <li>2. Multi-agency working on Special Educational Needs improvements, SEN Strategy and Action Plan, with multi agency project board</li> <li>3. Need to improve strategic approach – will be done through 0-25 disabilities project and implementation of new 'Education, Health and Care Plans'</li> <li>4. CAMHS service specifications have been reviewed and will be negotiated – social care involved</li> <li>5. Success judged through Ofsted inspection and case audit</li> </ol>	Sara Williams and Jo Ohlson	<p>Multi disciplinary Task and Finish Group working on Safeguarding Disabled Children has been convened. TOR completed. Children with additionally complex health needs are presented at the Tripartite Panel where social care, health and education are represented and contribute to decision-making.</p> <p>Multi-agency working on SEND Reforms is under way with Social Care, Education and Health working jointly with Pathfinders to deliver the reforms in Brent according to national requirements. PID has been agreed for the Transformation project. Sub-groups have been established to work on developing: A joint Local Offer; Joint Commissioning systems; Personal Budgets; Design and Implement the joint EHC plans.</p> <p>Work is underway to consider opportunities of joint funding services to meet the SEND requirements</p> <p>Pathfinder conference took place in Brent on 1th December</p> <p>Parents Forum on SEND Reforms took place on 29<sup>th</sup> January.</p> <p>An initial scoping examining the costs/benefits of a 0-25yrs disability service is being undertaken.</p> <p>CAMHS services being jointly monitored for quality and access with LBB in term of outcomes and quality</p> <p>Parents conference / participation groups have</p>	<p>Disabled children and children with additional or complex needs are safeguarded and multi-agency working improved.</p> <p>Parents, carers and young people to have increased opportunities to participate in developing strategies and on-going evaluation of services.</p> <p>Integrated working between Education, Health and Care plan will lead to better outcomes for children with SEND.</p> <p>Stronger links with schools, education, social care, health and connexions with a team around child approach, CAMHS and other therapy support services.</p> <p>Better integrated assessments for CYP including those with disabilities and SEN</p> <p>Better communications and multiagency work through colocation of staff including record sharing</p>

			enable us to strengthen our service specifications for CAMHS / therapies	Participation of parents/children in service design and delivery
Improve health outcomes for Looked after Children	<ol style="list-style-type: none"> <li>1. An OFSTED/CQC inspection of Safeguarding and Looked after Children Services in Brent in October 2011 judged that the 'being healthy' standard for Looked after Children (LAC) was inadequate. A remedial action plan was agreed between the Ealing Hospitals Trust (Integrated Care Organisation Brent – <i>the Provider</i>), NHS Brent / Brent CCG and Brent Council from 1 April 2012.</li> <li>2. Audit of LAC health files took place between April and May 2013 – 383 LAC files and a further 20 unaccompanied asylum seeking children).</li> <li>3. All the health files audited with the exception of three were compliant with recognised good practice and complied with professional record keeping guidance and standards.</li> <li>4. There is an overall trajectory of improvement in health assessments, both IHA and RHAs and their resulting action plans and the quality of health assessments is being sustained most notably those completed in</li> </ol>	Sara Williams and Jo Ohlson	<p>New LAC service to be commissioned from Ealing Hospital Trust – new service to begin in April 2014</p> <p>Expectation that re-commissioned service will deliver LAC health assessments for out of borough children – this hasn't always been the case up to April 2014.</p> <p>Quality Assurance of LAC assessments will continue –</p> <ul style="list-style-type: none"> <li>• Monthly meetings between provider and commissioners to identify issues and address them at an early stage</li> <li>• Quality assurance audits to take place on a quarterly basis, to ensure provider quality is retained</li> <li>• A commitment to partnership working is maintained, with both social workers and nurse assessors working to ensure assessments are carried out within timescales.</li> </ul>	<p>Timescales for assessments are met by social care and LAC nurses –</p> <ul style="list-style-type: none"> <li>• New assessments are carried out within 20 days of a child being taken into care</li> <li>• Annual assessments are carried out for children in care</li> <li>• Six monthly assessments are carried out for under 5s in care</li> <li>• Social care pass details of new assessments to EHT within 5 days / annual assessments within 6 weeks of assessment being due.</li> </ul> <p>Quality assurance audits confirm assessments are of high quality and health needs of LAC are being addressed.</p>

	<p>the last 6 months prior to this audit.</p> <p>5. There remain issues due to a lack of information sharing across the partnership and from the lead agency, which is adversely affecting the quality of assessments.</p> <p>6. Immunisation rates, teeth checks and health assessments for LAC have all increased over the last three years.</p>			
<p>Helping families in Brent with complex needs through the delivery of the Working with Families (WwF) initiative.</p>	<p>1. WwF Phase 3 objectives have been identified, targeting the underlying structures, systems and processes that need to be in place, they are:</p> <ul style="list-style-type: none"> <li>• Objective 1: Delivering the Trouble Families (TF) target for Brent.</li> <li>• Objective 2: Embedding a sustainable multi-agency system for Brent.</li> <li>• Objective 3: Delivering Budget Savings</li> </ul> <p>2. Completion of the WwF Phase 3 PID outlining Workstreams and approved by OC Board.</p> <p>3. Phase 3 will be delivered through five main Workstreams along with activity targets:</p>	<p>Sara Williams</p>	<p>Workstream 1 – Delivering the Troubled Families agenda</p> <ul style="list-style-type: none"> <li>• Documented processes to meet TF targets.</li> <li>• Data on Lead Professional referrals and training attendance reported to Board on a regular basis.</li> <li>• Schedule of operational update and review meetings to measure progress</li> </ul> <p>Workstream 2 - Developing capacity to deliver WwF</p> <ul style="list-style-type: none"> <li>• Additional workers recruited &amp; in posts.</li> <li>• Training plan and targets developed for Lead Professionals.</li> <li>• Lead Professional take-up monitored and evaluated.</li> </ul> <p>Workstream 3 – Performance and Payment</p> <ul style="list-style-type: none"> <li>• Monthly dashboard used by the Strategic and Operational Boards.</li> <li>• Documented process for making PbR claims and keeping stakeholders up to date on claims.</li> <li>• Documented system in place for monitoring</li> </ul>	<p>Objective 1: Delivering the Trouble Families (TF) target for Brent.</p> <p>Outcome - 810 families identified and worked with by March 2015 and turned around, achieving positive outcomes with at least 50% of those families.</p> <p>Objective 2: Embedding a sustainable multi-agency system for Brent.</p> <p>Outcome - Multi-agency working practice in place and embedded as core business practice; providing an integrated service that provides improved outcomes for families worked with.</p> <p>Objective 3: Delivering Budget Savings</p> <p>Outcome - Potential budget</p>

	<ul style="list-style-type: none"> <li>• Workstream 1 - Delivering the Troubled Families agenda</li> <li>• Workstream 2 - Developing capacity to deliver WwF</li> <li>• Workstream 3 - Performance and Payment</li> <li>• Workstream 4 - Stakeholder engagement</li> <li>• Workstream 5 - Future Multi Agency systems and structures</li> </ul>		<p>family outcomes</p> <ul style="list-style-type: none"> <li>• System in place to monitor budget savings and WwF costs</li> </ul> <p>Workstream 4 – Stakeholder Engagement</p> <ul style="list-style-type: none"> <li>• Internal and external communications and engagement plan in place</li> <li>• Use of case studies to highlight work.</li> </ul> <p>Workstream 5 - Future Multi Agency systems and structures</p> <ul style="list-style-type: none"> <li>• Feasibility study completed on the benefits and challenges of an integrated service with changes identified to take forward the WwF initiative.</li> <li>• Pilot' departmental and partner integration of processes and structures</li> <li>• Proposals for the 'business as usual' funding for BFFD and step-down work</li> <li>• Model for the assessment of the impact of the WwF</li> </ul>	<p>savings are identified across the WwF project and are implemented as part of the wider Council and Departmental savings targets.</p>
Reduce the impact of poor quality housing on health and wellbeing	<ol style="list-style-type: none"> <li>1. Improve the quality and safety of council properties</li> <li>2. Use grants effectively and efficiently to support older and disabled people to live at home</li> <li>3. Tackle fuel poverty and support affordable warmth across all housing sectors</li> <li>4. Raise living standards in the private rented sector by working more closely with landlords to improve the quality and overall management of their properties</li> </ol>	Andy Donald	<p><b>By December 2014</b></p> <p>We will have spent £3 million to good effect upgrading and repairing Brent Housing Partnership properties</p> <p>530 properties will have been improved to support both older and disabled people to live at home</p> <p>At least 500 properties will have been assessed for new energy measures and 135 will have received energy saving measures.</p> <p>The improvement of 650 properties through enforcement action</p> <p>We will explore with private landlords the possibility of a licensing scheme and other innovative options to drive up standards in the sector</p>	

	5. Ensure better management of houses deemed to be overcrowded		40 additional shared properties will have been licensed to ensure they are fully safety checked, not overcrowded and in a good state of repair	
	6. Clamp down on the number of illegal “beds in sheds”		The closure of up to 80 illegally converted outbuildings between	

### 3. Empowering communities to take better care of themselves

Objective	Activity	Lead and partner	Progress Milestone	Outcome
Promoting independence and responsibility for our health and healthcare	<ol style="list-style-type: none"> <li>1. Brent Clinical Commission Group is developing its self care strategy, supported by Adult Social Care and Public Health. A steering group is overseeing this work</li> <li>2. Pump priming investment is available from the CCG for self care activity</li> <li>3. The strategy will focus on – <ul style="list-style-type: none"> <li>• Cardiovascular disease, chronic respiratory disease and cancers, which are the biggest killers in Brent and account for much of the inequalities in life expectancy within the borough.</li> <li>• High levels of many long-term chronic conditions which are often related to our poor lifestyles, relative deprivation and in some cases our ethnic make-up. For example,</li> </ul> </li> </ol>	Jo Ohlson	<p>The Self Care Strategy is currently being updated and will be submitted to the CCG Executive in March 2014 for approval</p> <p>Educational Videos to be produced and video conferencing sessions teaching self care on a range of subjects including medicine management and dietary advice for people with long term conditions to be delivered.</p> <p>The use and development of expert patients to deliver generic chronic disease self-management courses to for people living with long term conditions to:</p> <ul style="list-style-type: none"> <li>• Increasing confidence</li> <li>• Improving the quality of their life</li> <li>• Helping them to manage their condition more effectively</li> </ul> <p>NHS Brent CCG will continue to commission pulmonary and cardiac rehabilitation, which has been demonstrated to have an impact on reducing admissions. Currently pulmonary rehabilitation is a six week course available for patients and can be accessed through a referral from primary or secondary care. The Clinical Commissioning</p>	<p>Outcomes will be linked to the Better Care Fund Plan – for example, reduction in the number of avoidable emergency admissions. Baseline to be established.</p> <p>Increase the number of patients attending pulmonary and cardiac rehabilitation from 130 a year to 800 (which modelling suggests Brent should be achieving)</p> <p>144 people complete disease self management course in 2014/15</p>

	<p>diabetes</p> <ul style="list-style-type: none"> <li>• Production of self care leaflets/booklets on minor ailments, coughs, colds, burns, etc.</li> </ul> <p>4. Address the rising levels of obesity Rising levels of obesity amongst children. 12% of under 5s and 22% of 12 year olds are obese. Almost 25% of adults in Brent are estimated to be obese</p>		<p>Group will work with Practices to improve referral rates providing simple referral tools to make it easier.</p> <p>Self Care Focus Group is being set up with CVS Brent, Somali Foundation, Registered Charities and with patient representatives from the Health Partners Forum who have volunteered to take part.</p>	
Encouraging everyone to be physically active	<ol style="list-style-type: none"> <li>1. Multi agency group in place to take forward this work (CSPAN)</li> <li>2. The borough's Sport and Physical Activity Strategy is in place and includes a detailed action plan</li> <li>3. There are performance indicators being used to assess service performance, which are monitored through CSPAN</li> </ol>	Sue Harper	<p><b>Priorities from Theme 3 from the Brent Sport and Physical Activity Strategy, Get More People Active –</b></p> <ol style="list-style-type: none"> <li>a) Reduce the percentage of people that are inactive, particularly those from low participation target groups</li> <li>b) Ensure opportunities for sports participation for all Brent's diverse communities</li> <li>c) Increase awareness of the opportunities available</li> </ol> <p><b>Key actions:</b></p> <p>Direct additional developmental work on the five target groups, concentrating on non and low participants to encourage them to become active.</p> <p>Develop activities within community settings to reduce transport as a barrier and enhance the likelihood of sustained participation</p> <p>Promote the use of Parks for informal physical activity</p> <p>Develop opportunities for 'family' participation in sport and physical activity</p>	<p><b>Success measures and outcomes:</b></p> <p>Reduction in zero participation in sport and moderate intensity physical activity.</p> <p>Increase in participation in sports and physical activity particularly by the five target groups.</p> <ul style="list-style-type: none"> <li>• Disabled people</li> <li>• Adults aged 35 to 54</li> <li>• Black and ethnic minority people</li> <li>• Women and girls</li> <li>• Young people.</li> </ul> <p>Development plans written and implemented for three new priority sports</p>

			<p>Offer activity programmes that reflect the needs of Brent's diverse communities offering both inclusive and specific opportunities</p> <p>Implement key actions from Inclusive and Active, the sport and physical activity action plan for disabled people in London</p> <p>Proactively listen to local communities and develop activity programmes that are based on the needs of the individual, families and communities</p> <p>Use market segmentation and social marketing information to inform the provision of services and effective marketing techniques</p> <p>Develop and maintain a comprehensive web-based directory of sport and physical activities offered by all sporting providers: individuals, clubs, groups, organisations and private and public sector facilities</p> <p>Continue to use a range of different and exciting approaches to raise awareness of where, how and why people should and can take part in sport and physical activity</p> <p>Widely promote free activities, Brent's leisure discount scheme and the availability of pay and play opportunities at all Brent Council owned sports centres</p> <p>Work with stakeholders to produce sports specific development plans for the priority sports.</p>	
Promoting healthy eating	<ol style="list-style-type: none"> <li>1. Work with communities to run healthy eating 'classes', providing participants with information and skills on healthy eating.</li> <li>2. Engage wider Brent community with benefits of</li> </ol>	Leads - Melanie Smith and Sue Harper	<p>Implement first community classes in 14/15 as pilot, use evaluation to extend scheme to 3 communities in 15/16.</p> <p>Planning implements policy changes in borough strategy to no new takeaways within 400m of secondary of further education establishments and proportion of takeaways in town centres not to</p>	<p>Completed and evaluated pilot in 14/15.</p> <p>A 33% increase in participants meeting national healthy eating guidelines post community programme.</p>

	<p>healthy eating, and ensure they have access to information and support where required.</p> <p>3. Work with planning to provide evidence to support a decrease % saturation of high street takeaways in the borough, and implement a 400m restriction zone for new fast food take aways around secondary schools.</p> <p>4. Engage the council and businesses in the borough, in healthy workplace programmes such as the London Workplace Charter and use the framework as a lever to ensure cafes at workplaces have a well promoted healthy option, and all other food is labelled appropriately.</p> <p>5. Environmental health teams to promote the Healthy Catering Commitment Award to high street takeaways.</p> <p>6. Ensure access to child weight management programmes for those who require them.</p> <p>7. Work with schools and early years setting to ensure adequate provision, education and skills to enable healthy eating (as per actions in "giving every child best start in life")</p>		<p>exceed 7%.</p> <p>Brent council signs up to London Workplace Charter 12/13. Engage first "pilot" businesses in 14/15 and programme rolled out throughout the borough in 15/16 if appropriate.</p> <p>Pilot project completed in 14/15 and programme rolled out throughout the borough in 15/16.</p> <p>Commissioning strategy for weight management services agreed and commissioned 14/15,</p>	<p>Evidence of take away applications denied on basis of new planning policies.</p> <p>Food labelling and healthy eating options clearly signed in participating Brent organisations.</p> <p>Evidence of award displayed in Brent businesses</p> <p>Commissioned provider/s delivering services from 15/16.</p>
Strengthening our tobacco	1. Link with schools in Brent	Melanie Smith	Peer led smoking cessation group up and running	Increase the number of

control partnership	<p>and build links with local youth services to develop Peer led initiatives to increase awareness of the harms of tobacco among young people in Brent</p> <ol style="list-style-type: none"> <li>2. Implement an annual programme to inspect and advise all Shisha cafes in the borough to ensure compliance with Smoke free and other relevant legislations</li> <li>3. Support for clients with mental health issues</li> <li>4. Public health campaign to address problem of smokeless tobacco. Brent stop smoking service to offer support for clients who wish to stop the use of chewing tobacco by offering specialist advice at core clinics</li> <li>5. Increase families agreeing to sign up to a Smoke Free Homes and cars pledge. Offer a stop smoking clinic in a children's setting</li> <li>6. Increase the number of routine and manual workers referred to the Stop Smoking Service. Provide support to employees of larger firms.</li> <li>7. Work internally with council services to raise awareness of the stop smoking service</li> </ol>	and Sue Harper	<p>in a local secondary school</p> <p>Produce a quarterly report on the number shisha bars visited and the level of compliance with Health Act requirements</p> <p>Train professionals in Mental Health settings to level 1 in smoking cessation</p> <p>Train stop smoking specialists to engage with smokeless tobacco users</p> <p>Establish baseline of number of referrals to the stop smoking service</p> <p>Numbers of referrals of pregnant women to the stop smoking service</p> <p>Establish the referral pathway with secondary care – working closely with clinical and non-clinical staff.</p>	<p>schools engaged by 5% in 2014/15</p> <p>One clinic to be set up in a mental health setting</p> <ul style="list-style-type: none"> <li>• 2013/14 – commence training of mental health professionals</li> <li>• 2014/15 – 10% increase on 13/14 baseline in mental health professionals trained</li> <li>• 2015/16 – 5% increase on 13/14 baseline in mental health professionals trained</li> </ul> <p>2014/15 - Measurement of the number of families that sign up to the Smoke Free Homes pledge</p> <p>Year on year reduction in young (&lt;19 years) pregnant smokers through work of Family Nurse Partnership</p> <p>Increase by 5% those from routine and manual occupations accessing smoking cessation services in 2015/16</p> <p>Smoking cessation services to increase by 5% the number of service users they are working with that use smokeless tobacco.</p>
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	to support staff			
	8. Review and develop action plan for 2015/16			
Strengthening partnership work around alcohol	<p>1. Develop Alcohol Harm Reduction Strategy and Action Plan 2014 – 17. The strategy has three objectives:</p> <ul style="list-style-type: none"> <li>• Improving Alcohol awareness, brief interventions, access to treatment and positive treatment outcomes</li> <li>• Tackling alcohol related crime and disorder</li> <li>• Working with communities and the alcohol related industry to tackle alcohol related harm</li> </ul> <p>2. DAAT to develop cross partnership harm minimisation campaign</p> <p>3. Health Check alcohol screening with GPs, Pharmacies, Custody / SNT, A&amp;E, and outreach</p> <p>4. Audit C programme maintained</p> <p>5. Plan and deliver pilot 1 day alcohol awareness workshops</p> <p>6. Through care and after care support provided through AA and other bodies</p>	Melanie Smith	<p>February 2014 - Alcohol Harm Reduction Strategy and Action Plan completed.</p> <p>Harm minimisation campaign planned May 2014 - Implemented June/July 2014</p> <p>Audi C Programme planned May 2014 - Implemented August 2014</p> <p>Monthly DAAT Monitoring of Alcohol Harm Reduction Strategy objectives</p> <p>Delivery of alcohol awareness workshops</p>	<p>Reduction in A&amp;E admissions for -</p> <ul style="list-style-type: none"> <li>• Alcohol related conditions – 2012/13 figure was 2,148 per 100,000 population</li> <li>• Alcohol specific conditions – 2010/11 figure was 670.24 per 100,000 population</li> </ul> <p>Number of brief interventions with u40s and high risk groups including DV perpetrators and survivors – baseline to be established</p> <p>500 alcohol awareness workshop attendees supported in 2014/2015</p> <p>Increase new treatment by 10% Year on Year</p> <p>Reduction of those re-presenting to treatment</p> <p>Targeted response to alcohol related crime and disorder –</p> <ul style="list-style-type: none"> <li>• Reductions in alcohol related violent crime</li> <li>• Reductions in alcohol related anti-social behaviour</li> </ul>

				<ul style="list-style-type: none"> <li>• Reductions in alcohol related domestic violence</li> <li>• Reductions in under-age sales and drinking</li> </ul>
Improve the health of young people through addressing risk-taking behaviour.	1. LBB is to re-commission young people's substance misuse and sexual health promotion services as an integrated service to address risk taking behaviours	Melanie Smith	To be developed as part of commissioning strategy in 2014/15	To be developed as part of commissioning strategy

#### 4. Improving mental wellbeing throughout life

Objective	Activity	Lead and partner	Progress Milestone	Outcome
Promoting and maintaining good mental health	<ol style="list-style-type: none"> <li>1. Develop a network of support services and activities to tackle social isolation</li> <li>2. Explore potential of existing council services and local volunteer groups e.g. gardening and allotments, to contribute to mental health promotion.</li> <li>3. Support and promote national programmes such as Books on Prescription (BOP) and Time to Change to encourage awareness around mental illness</li> <li>4. Explore potential to incorporate mental health into</li> </ol>	<p>Lead - Melanie Smith</p> <p>Partner – Sue Harper / Phil Porter</p>	<p>Programme initiated 2014/15</p> <p>Gardening pilot project implemented 2014/15 and evaluated</p> <p>Brent Council sign Time to Change pledge in 2013/14 and promote BOP scheme through launch, and community engagement work.</p> <p>Selected front line staff attend mental health first aid training 2013/14, use evaluated in 14/15 with intention to repeat training if beneficial.</p> <p>5 ways to well being are incorporated into appropriate programmes and services in the borough, especially those promoting mental well being and health</p>	<p>No of residents participating in network and activities by 2015/16.</p> <p>Evaluation of programmes used to contribute to future borough strategies, or implement programmes in business as usual</p> <p>Halt decline in borrowing of Books on Prescription</p> <p>Trained staff have the confidence to sign post individuals to mental health services where appropriate.</p>

	<p>“make every contact count” initiative, and ensure appropriate front line staff are mental health first aid trained to recognise signs and symptoms of early mental distress</p> <p>5. Work with Brent services, and communities to promote wellbeing and self-reliance through adoption of NEF ‘5 ways to wellbeing’</p>			
Early identification and intervention for children with mental health problems	<p>1. Commissioning of Clinical input to the Inclusion Support Team (Inclusion and Alternative Education Service) from the Anna Freud Centre to –</p> <ul style="list-style-type: none"> <li>• Undertake comprehensive assessment of pupils who have social, emotional and mental health difficulties and develop an action plan to address identified needs;</li> <li>• Work intensively with a small number of individual pupils with more severe and complex social, emotional and mental health difficulties through delivery of an education plan including evidence based approaches and multi-agency working as appropriate;</li> <li>• Contribute to the successful reintegration of pupils into mainstream settings; and</li> <li>• Strengthen skills and competencies in understanding the underlying needs of children and young</li> </ul>	Sara Williams / Jo Ohlson	<p>Implementation of clinical input to the Inclusion Support Team – service due to start on 1<sup>st</sup> April 2014.</p> <p>TaMHS service may continue beyond summer 2014, if schools continue to support provision</p> <p>Tier 2 CAMHS service to be re-commissioned from July 2014 to –</p> <ul style="list-style-type: none"> <li>• Work with foster carers and social workers to provide advice and support to assist children with emotional wellbeing needs retain their placements where possible.</li> <li>• Work with parents of disabled children with behavioural issues to give them the ability to manage and look after their children at home.</li> </ul> <p>Completion of SDQ questionnaires to assess the emotional wellbeing of children in care, aged 4-14.</p>	<p>Evaluate outcomes from the Commissioning of Clinical input to Inclusion Support Team. Performance Indicators are included in service specification and include:</p> <ul style="list-style-type: none"> <li>• Number of children receiving an intervention – target 170-250 per year</li> <li>• Mental Health of Service Users has improved – target 70% of young people seen (although indicator definition to be agreed)</li> </ul> <p>Number of SDQ questionnaires completed (12/13 has provided a baseline)</p> <p>Evaluation of children’s emotional wellbeing as reported in SDQ questionnaires – using 12/13 as a baseline to</p>

	<p>people and in managing behaviour in mainstream schools/pupil referral units, including monitoring and assessing the quality of school interventions</p> <ol style="list-style-type: none"> <li>2. The service will operate across all Brent schools and be targeted at children at risk of exclusion, including those with complex SEBD issues</li> <li>3. Continuation of TaMHS service and Place to Be, with schools providing their own support for these services</li> <li>4. Tier 2 CAMHS services re-commissioned from July 2014</li> <li>5. FAIR and FAST teams to work with families with children on the edge of care, to provide support to prevent children going into care.</li> </ol>			assess wellbeing in 13/14.
Improved multi agency approach to dual diagnosis for mental health and substance misuse and mental health and learning disabilities	<ol style="list-style-type: none"> <li>1. DAAT Board oversees substance misuse sector and commissioning of substance misuse services</li> <li>2. Substance misuse strategy is in place</li> <li>3. PIs show strong performance in substance misuse sector, among the best performing partnerships in London</li> <li>4. Access to mental health support within the substance</li> </ol>	Phil Porter, Jo Ohlson and Melanie Smith	Review current provision with an aim to improve work around dual diagnosis – mental health and substance misuse to be taken forward by DAAT; Mental health and learning disabilities to take forward by LD Group.	Outcome of reviews to be reported to Health and Wellbeing Board.

	misuse sector is reasonable but LD and substance misuse issues can hinder access to mental health services			
Improving wellbeing for people with a serious mental illness	<ol style="list-style-type: none"> <li>1. Project underway to work with CNWL to demonstrate improvements in five key areas of mental health service provision. Council and CCG are working collaboratively on this project.</li> <li>2. There isn't a single commissioning plan or strategy in place between council and CCG for mental health</li> <li>3. Services are commissioned separately which doesn't make best use of resources at a time where both council and CCG are under significant financial pressure</li> <li>4. It is unclear what service users would expect or understand from "wellbeing", or how we measure success.</li> <li>5. A commitment to joint commissioning will lead to service redesign. The Board is the vehicle to drive this ambition.</li> </ol>	Phil Porter / Jo Ohlson	<p>Phase 1 Mental Health Improvement Project to be completed and evaluated – by March 2014</p> <p>Phase 2 Improvement Project to be set up, and work streams agreed. Focus will include –</p> <ul style="list-style-type: none"> <li>• Supporting people in the community and reducing the use of residential care services</li> <li>• Making best use of social care resources and integrated health and social care teams to deliver the Recovery Model</li> <li>• Delivery of the "Mental Health Challenge"</li> <li>• Better use of IT to support service delivery</li> <li>• The agreement of a joint commissioning framework with Brent CCG to commission integrated mental health services from 2015/16, moving towards whole systems from 2016 onwards.</li> </ul>	<p>A reduction in service users in residential care</p> <p>An increase in number of service users receiving direct payments</p> <p>Improvements in the % of service users assessed within 4 weeks of referral</p> <p>Completion of joint commissioning framework with CCG and a jointly commissioned, integrated mental health service</p>
Early identification and intervention for dementia	<ol style="list-style-type: none"> <li>1. Directed Enhanced Service (DES) for dementia (extended to 14/15): GPs identify patients at risk of dementia and refer to Memory Clinic.</li> <li>2. CCG investing additional</li> </ol>	Jo Ohlson	<p>Brent Memory Clinic service specification signed off – end February ,2014</p> <p>Dementia Performance Bond:</p> <ul style="list-style-type: none"> <li>• revisions to procedure communicated to GP practices – end February, 2014</li> <li>• May, 2014: first wave of assessment claims</li> </ul>	<p>Forecast number of Dementia Cases* –</p> <p>2014 – 2350 2015 – 2350</p> <p>*The forecast number of cases is based on</p>

	<p>funds into the CNWL provided Brent Memory Clinic.</p> <p>3. CCG and GP practices entered into a Dementia Performance Bond in October 2013: GPs carry out 6 month assessment on patients with dementia diagnosis discharged from Memory Clinic.</p> <p>4. Well established multi-agency Dementia Steering Group, chaired by Dr Andy Tate (Clinical Lead).</p> <p>5. Dementia Café opened 5 Feb, 2014 (jointly funded BCCG/LLB, operated by Alzheimer's Society).</p>		<p>Dementia Steering Group: monthly meetings (first Monday of the month)</p> <p>Dementia Café : progress review at 3 months (May, 2014);</p> <p>Shared care protocol finalised -March 2014</p> <p>Dementia nurses:</p> <ul style="list-style-type: none"> <li>• Training: February, 2014</li> <li>• Commence in 5 localities: March, 2014</li> </ul>	<p>calculations from the DoH Dementia Commissioning Toolkit, linked to population data.</p> <p>Diagnosis Rate -</p> <p>2014 – 40%</p> <p>2015 – 45%</p> <p>Resulting Dementia Register -</p> <p>2014 – 940</p> <p>2015 – 1058</p>
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## 5. Working together to support the most vulnerable adults in the community

Objective	Activity	Lead and partner	Progress Milestone	Outcome
Reduced A&E attendances	<p>1. Brent CCG, North West London Hospitals Trust and Ealing Hospital Trust and other key partners are working together through the Urgent Care Board and working group to prevent all unnecessary admissions</p> <p>2. The fully integrated Clinical Single Point of Access is</p>	Jo Ohlson / Phil Porter	<p>Production of the Better Care Fund Plan, including a range of projects to reduce A&amp;E attendances and hospital admissions:</p> <ul style="list-style-type: none"> <li>• ICP 2</li> <li>• Integrated STARRS Service</li> <li>• Effective hospital discharge</li> <li>• Mental Health Improvement</li> </ul> <p>Agreement of Better Care Fund performance metrics, including reducing A&amp;E attendances. Metrics and baselines to be in place by April 2014.</p>	<p>Performance metrics to be agreed by April 2014 – plan will be updated with baseline information after that in order for the Board to monitor A&amp;E attendance performance.</p> <p>The Better Care Fund provides a minimum set of indicators to provide focus:</p>

	<p>being piloted jointly with STARRS and social care as a strategic response to avoiding unnecessary admissions</p> <p>3. Integrated care pilot (ICP) in place for diabetes and older people. ICP has been extended to any patient a member of the multi disciplinary team believes would benefit from a care plan, but uptake is not as extensive as expected or having as much impact as planned</p>		<p>Planning BCF schemes will take place up to April 2015</p> <p>Implementation of new integrated ways of working from April 2015.</p> <p>BCF funding to be awarded in 2015/16, partly on performance metric achievement. 25% of funding is dependent on achieving performance targets.</p>	<ul style="list-style-type: none"> <li>• Permanent number of admissions to residential care</li> <li>• Number of older people who receive reablement and rehabilitation services and are still at home after 91 days</li> <li>• Numbers of delayed discharges from hospital</li> <li>• Avoidable emergency admissions</li> </ul>
Reduced hospital admissions	<p>1. STARRS is achieving reductions in hospital admissions but the ICP and CSPA are not achieving as planned.</p> <p>2. There is a need for a shared analysis of the factors influencing unnecessary admissions</p>	Jo Ohlson / Phil Porter	<p>Production of the Better Care Fund Plan, including a range of projects to reduce A&amp;E attendances and hospital admissions:</p> <ul style="list-style-type: none"> <li>• ICP 2</li> <li>• Integrated STARRS Service</li> <li>• Effective hospital discharge</li> <li>• Mental Health Improvement</li> </ul> <p>Agreement of Better Care Fund performance metrics, including reducing A&amp;E attendances. Metrics and baselines to be in place by April 2014.</p> <p>Planning BCF schemes will take place up to April 2015</p> <p>Implementation of new integrated ways of working from April 2015.</p> <p>BCF funding to be awarded in 2015/16, partly on performance metric achievement. 25% of funding is dependent on achieving performance targets.</p>	<p>Performance metrics to be agreed by April 2014 – plan will be updated with baseline information after that in order for the Board to monitor hospital admission performance.</p> <p>The Better Care Fund provides a minimum set of indicators to provide focus:</p> <ul style="list-style-type: none"> <li>• Permanent number of admissions to residential care</li> <li>• Number of older people who receive reablement and rehabilitation services and are still at home after 91 days</li> <li>• Numbers of delayed discharges from hospital</li> <li>• Avoidable emergency admissions</li> </ul>

<p>Reduced delayed discharges</p>	<ol style="list-style-type: none"> <li>1. Operationally, Brent CCG, NWLHT, EHT and other key partners are working together to get rid of barriers to effective discharge. Failure to reduce delays from 2012/13 identifies this as a high joint priority</li> <li>2. The good operational dialogue is not the same as a fully integrated system for discharges, which 'pulls' people from hospital back into the community ensuring the right mix of support across health and social care is in place for that discharge. Although there is support for this approach, there is not a detailed plan for how to achieve it</li> <li>3. More can be done to ensure that the incentives put in place by national policy do not undermine local working, for example, shared dataset on delays that focuses on how we as a system can improve discharges, not which agencies is at fault</li> </ol>	<p>Jo Ohlson / Phil Porter</p>	<p>Production of the Better Care Fund Plan, including a scheme on effective hospital discharge.</p> <p>BCF Plan will include a range of enabling schemes to assist in reducing delayed discharges.</p> <p>Agreement of Better Care Fund performance metrics, including reducing delayed discharges. Metrics to be agreed by April 2014 and baselines identified.</p> <p>Planning BCF schemes will take place up to April 2015</p> <p>Implementation of new integrated ways of working from April 2015.</p> <p>BCF funding to be awarded in 2015/16, partly on performance metric achievement. 25% of funding is dependent on achieving performance targets.</p>	<p>Performance metrics to be agreed by April 2014 – plan will be updated with baseline information after that in order for the Board to monitor delayed discharge performance.</p> <p>The Better Care Fund provides a minimum set of indicators to provide focus:</p> <ul style="list-style-type: none"> <li>• Permanent number of admissions to residential care</li> <li>• Number of older people who receive reablement and rehabilitation services and are still at home after 91 days</li> <li>• Numbers of delayed discharges from hospital</li> <li>• Avoidable emergency admissions</li> </ul>
<p>Improve support in the community to help people remain independent</p>	<ol style="list-style-type: none"> <li>1. Brent Council is starting a project to deliver more supported living and more extra care (potentially 300 units over the next 3-4 years), so people will have a more choice about where they want to live (at home, in housing that provides extra support, or is residential</li> </ol>	<p>Jo Ohlson / Phil Porter</p>	<p>Completion of the Better Care Fund Plan by April 2014, including measures to improve support in the community and ensure people remain independent for as long as possible.</p> <p>The BCF will contain performance metrics, including the number of people in residential care, which will help determine whether the actions being taken are leading to improvements in helping people to remain independent.</p>	<p>Performance metrics to be agreed with BCF by April 2014 and will be added to the Action Plan</p> <p>The Better Care Fund provides a minimum set of indicators to provide focus:</p> <ul style="list-style-type: none"> <li>• Permanent number of</li> </ul>

	<p>care).</p> <p>2. As part of this work, Adult Social Care is focusing on assessment and care management and ensuring they are equipped to support people to identify more creative solutions than residential care that allow people to live at home in their community</p> <p>3. Further work required to ensure that across health and social care there are no incentives in the system to push people into residential care and that everyone who supports vulnerable adults is able to support them to find the right support for them</p>		<p>Role out of BCF scheme – ICP2, which is focussed on keeping the most vulnerable well in the community. The core components of the scheme are:</p> <ul style="list-style-type: none"> <li>• Establishment of GP networks, with professionals from a variety of services working in an integrated network, and on a single care plan for each individual</li> <li>• Focus on 2-3% of the most vulnerable people in the community</li> <li>• Extended GP out of hours provision until 10pm, home visits and out of hours visit from within the network.</li> </ul> <p>Training will be taking place across Adult Social Care on good quality assessments and care planning. This will be happening throughout 2014, and will focus on older peoples' services, learning disabilities and mental health.</p>	<p>admissions to residential care</p> <ul style="list-style-type: none"> <li>• Number of older people who receive reablement and rehabilitation services and are still at home after 91 days</li> <li>• Numbers of delayed discharges from hospital</li> <li>• Avoidable emergency admissions</li> </ul> <p>Show ongoing improvement in potential years of life lost indicator –</p> <ul style="list-style-type: none"> <li>• 2012 baseline – 2512 per 100,000 population</li> <li>• 2014/15 target – 2431 per 100,000 population</li> <li>• 2015/16 target – 2353 per 100,000 population</li> </ul>
<p>Customer satisfaction with management and support of long term conditions</p>	<p>1. The Integrated Care Pathway project is up and running in Brent which provides multi-agency case conferences for the most complex cases. It has also provided a productive forum for multi-agency improvement and learning</p> <p>2. This project will be evaluated in during 2013</p> <p>3. Further work is required to build on this and deliver fundamental operational</p>	<p>Jo Ohlson / Phil Porter</p>	<p>Customer experience and customer satisfaction to form a key part of the Better Care Fund work and performance monitoring. There will be a clear focus on customer experience and perception. The proposal from an ASC perspective is to focus on the Adult Social Care Outcomes Framework (an area which required focus as set out in the Local Account and derived from the annual Adult Social Care Survey):</p> <ul style="list-style-type: none"> <li>• Percentage of people who are satisfied with the care and support they receive</li> <li>• The proportion of people who feel they have choice and control over their lives</li> <li>• Social care related quality of life index.</li> </ul>	<p>Percentage of people who are satisfied with the care and support they receive</p> <p>2012/13 baseline – 32.9%</p> <p>The proportion of people who feel they have choice and control over their lives</p> <p>2012/13 baseline – 64.7%</p> <p>Social care related quality of life index.</p>

	<p>change with community health and social care services being built around the GP to ensure a joined up approach for all</p> <p>4. New initiative for diabetes will be in place by April 2014. Locality hubs and GP network development intended to increase capacity for long term conditions but not yet fully in place</p>			2012/13 baseline – 17.6
Zero tolerance of abuse	<p>1. Strong Safeguarding Adults Board with good attendance from all key partners</p> <p>2. Clear priorities identified for this financial year</p> <p>3. Improved outcomes in terms of screening SGA alerts and getting conclusive outcomes to investigations</p> <p>4. Operational dialogue between the CCG, Brent Council and CQC to share intelligence and focus action</p> <p>5. The Quality, Safety, Clinical Risk and Research Group reviews reports from the Adult Safeguarding Board including serious incidents and lessons learned from serious case reviews. It quality assures Brent CCG commissioned services in respect of adult safeguarding.</p>	Jo Ohlson / Phil Porter	<p>Safeguarding priorities for 2014 have been set and will be overseen by the Safeguarding Adults Board:</p> <ul style="list-style-type: none"> <li>• Reducing financial abuse and ensuring a more effective multi-agency response</li> <li>• Reducing avoidable pressure ulcer incidents</li> <li>• Improving processes and procedures to embed high quality standards</li> <li>• Improving multi-agency working, including Safeguarding Adults Board effectiveness</li> <li>• Changing culture - commissioning for quality</li> </ul>	<p>Continue to reduce the number of safeguarding investigations where the outcome is “not determined / inconclusive” – 2012/13 baseline – 20% of all investigations</p> <p>Increase the perceptions of safety as recorded in the safeguarding adults annual survey</p>