



MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Thursday 5 October 2017 at 7.00 pm

MEMBERS PRESENT:

Councillor Hirani (Chair), Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent Clinical Commissioning Group), Sheikh Auladin (Interim Chief Operating Officer, Brent Clinical Commissioning Group), Dr Sarah Basham (Vice Chair and Co-Clinical Director of Brent Clinical Commissioning Group), Councillor Butt, Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Julie Pal (Chief Executive, Healthwatch Brent), Councillor M Patel, Phil Porter (Strategic Director of Community Wellbeing, Brent Council), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council)

Also Present: Duncan Ambrose (Assistant Director, Brent Clinical Commissioning Group), Dr Arlene Boroda (Designated Doctor for Unexpected Child Deaths, Brent Clinical Commissioning Group), Helen Duncan-Turnbull (Head of Adults Services, Complex Care, Brent Council), Ralph Elias (Head of Planning and Programme Management Office, London North West NHS Trust), Ian Niven (Head of Healthwatch Brent), Councillor Shahzad

1. **Apologies for Absence**

An apology for absence was received from Councillor McLennan.

2. **Declarations of Interests**

There were no declarations of interest by Members.

3. **Minutes of the Previous Meeting**

It was **RESOLVED** that the minutes of the previous meeting held on 14 June 2017 be approved as an accurate record of the meeting.

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

There were no matters arising.

5. **Order of Business**

The Chair outlined that there would be an alteration of the agenda order, which differed from the publication of the original agenda pack. It was **RESOLVED** that the agenda would be re-arranged so that the substantive items would be heard as follows:

- Agenda Item 6 – Brent Child Death Overview Panel Annual Report;

- Agenda Item 7 – Brent Health and Care Plan – Learning Disabilities Update – Transforming Care;
- Agenda Item 8 – Overview and Scrutiny Task Group Report;
- Agenda Item 9 – Healthwatch Brent – From Words to Action 2016-2017 Annual Report;
- Agenda Item 10 – Health Inequalities Strategy – Mayor of London Consultation;
- Agenda Item 11 – Better Care Fund: 2017-2019 Plan; and
- Agenda Item 12 (items to be taken together) – Brent Children’s Trust Update and Approval of draft written statement of action in response to the Ofsted/CQC joint local area Special Educational Needs and Disabilities (SEND) Inspection.

6. **Brent Child Death Overview Panel Annual Report: 01 April 2016 - 31 March 2017**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report which analysed the Sudden Unexpected Deaths in Infancy (SUDI) since the commencement of the Child Death Overview Panel (CDOP) processes in 2008. She encouraged members of the board to consider how they could assist in promoting awareness of the need for infant safe sleeping in order to prevent accidents.

Dr Arlene Boroda (Designated Doctor for Unexpected Child Deaths, Brent Clinical Commissioning Group) added that the annual report had been brought to the Health and Wellbeing Board in order to spread the findings more widely. She said that there was a desire to develop a more holistic approach to tackling these problems and to link CDOP processes to other relevant organisations. She also drew Members’ attention to the case studies within the report which detailed where a coroner had issued a ‘Rule 28’ (which provided coroners with the duty to make reports to a person, organisation, local authority, government department or agency where the coroner believed that action should be taken to prevent future deaths). She noted that it was important for all of the information and lessons learnt from Rule 28 cases, to be collated and disseminated effectively.

The Chair referenced paragraph 1.7 of the covering report and questioned whether the child death reviews spanned across different years, rather than solely looking at the deaths notified in 2016-2017. Dr Smith stated this was correct and that the reviews were not all from cases of the same year of notification. Dr Boroda added that time lags had often been caused because of the need to follow due process, particularly when coroner’s inquests or police investigations needed to be completed before the review could begin.

(Dr Ethie Kong and Dr Sarah Basham joined the meeting at 7.08pm)

Questions were also raised on the steps which were being taken on a national level to address this issue, and whether there were any notable recent upwards or downwards trends on SUDI notifications within the findings. Dr Boroda stated that the Department of Education (DfE) were presently collating the statistics from across the country in this area and that the Department of Health (DH) would be taking over this function in the future. She also noted that at a London level Brent CDOP and Brent Local Children’s Safeguarding Board (LSCB) had engaged with

the Healthy London Partnership and different voluntary agencies in order to network and ensure that the lessons learnt had been shared extensively. On trends, Dr Smith outlined that the total number of reported child deaths in Brent were largely on a downwards trend, but this could unfortunately change year-on-year. Dr Boroda stated that there also needed to be a focus on vulnerable adolescents in order to avoid preventable deaths in areas such as knife crime, road traffic accidents and gun crime.

Additional questioning arose on the statistics within the report, which included why St Mary's Hospital was the location with the highest number of recorded deaths, and why there appeared to be a high proportion of child deaths from Eastern European or Romanian ethnicities. Dr Boroda explained that St Mary's Hospital had an intensive care and trauma unit for children which could be attributed in part as to why the more deaths were recorded there. Dr Smith commented that health visiting centres had highlighted an emerging trend of Eastern European families with risk factors which related to SUDI, however she said that the overall reason for the high proportion of child deaths was not clear. She added that dedicated practitioners with translation skills across health and care settings would be beneficial to better understand these trends.

Dr Smith also outlined to the Board that an additional focus of Brent CDOP was on maternal health and the different risk factors (such as body-mass index, obesity, vitamin uptakes) which were thought to be associated with sudden unexpected child deaths. It was agreed that report which specifically considered maternity data and its possible correlation with unexpected child deaths be produced for consideration at a future meeting of the Health and Wellbeing Board. It was noted that this would need to be a closely collaborative piece of research between both the Council and Brent Clinical Commissioning Group (CCG), and that assistance with Healthwatch Brent would also be needed to assist with any community outreach work arising from this.

It was **RESOLVED** that:

- (i) The Brent CDOP Annual Report be noted;
- (ii) A report be produced by Officers which assessed the underlying causes of why there had been a higher proportion of Eastern European and Romanian child deaths;
- (iii) A report be produced by Officers which assessed the maternity data from child death cases and whether there were any notable trends on early or late maternity or attendance at antenatal classes, and an analysis of how Brent's annual child death notifications compared to LSCBs in the Home Counties; and
- (iv) In connection with resolution (iii), the Chair would write to any local NHS Trusts who refused to provide maternity data, to encourage them to do so in order to form part of the research; and
- (v) Healthwatch Brent would assist with any community outreach work to raise awareness of SUDI in the borough.

7. **Brent Health and Care Plan - Learning Disabilities Update - Transforming Care**

Helen Duncan-Turnbull (Head of Adults Service, Complex Care, Brent Council) introduced the report which provided the Board with a progress update on the transforming care priorities within Brent's Health and Care Plan. She explained that, in light of the Winterbourne View Hospital scandal in 2011, there had been a national programme to transform care for people with learning disabilities based on individuals at risk of hospital admission being identified and services being transformed within the community. She gave an overview of the four work streams under the Brent Transforming Care Program (TCP) and outlined that there were now only seven in-patients in Brent who had a learning disability. She updated the Board on recent key areas of progress at the local level such as: the early intervention blue light protocol being implemented; a wrap-around discharge service being formulated; the planned establishment of a Brent Autism Board; and integrated team operating in shadow form from September 2018 and expected to be fully operational by April 2019. She also noted some of the challenges which related to: specialist commissioning; funding; and delays which related to the development of certain elements of the market management strategy.

Helen Duncan-Turnbull continued and highlighted some of the key priorities being pursued in this area at North West London (NWL) level (included in paragraph 3.4 of the report). She drew Members' attention to the Learning Disability and Autism Strategy 2017-2020 (attached as appendix 1 to the report) which had been agreed and signed off on the Council's side. She also ran through the four key 'enablers' which had been identified as essential elements to the strategy being successful. Duncan Ambrose (Assistant Director, Brent CCG) added that the progress of the work at NWL level had been beneficial and outlined that different provisions to meet the needs of adults with learning disabilities in a community setting at the Kingswood Centre was an example of this. He also said it would be useful to link with the Association of Directors of Adult Social Services (ADASS) on their learning disability work stream. He concluded by stating that, on the CCG's side, the Autism Strategy 2017-2020 was presently working its way through the CCG's own governance process before it could be signed off.

A question was asked on the plans for an integrated learning disability team and whether the time gap between the team operating in a shadow form (from September 2018) to being fully operational (April 2019) could be reduced. Duncan Ambrose responded and stated that there remained a need to understand the costs and benefits to a fully integrated team and that the shadow arrangements gave both the CCG and Council a suitable timetable to be able to consider the different operational options.

The Chair referenced the statistics contained within page 12, appendix 1, of the agenda pack (on the prevalence of learning disability nationally, and the statistics within Brent) and questioned whether the figures were precise or if they had been approximated. Dr Melanie Smith stated that the first set of figures were a direct application of what the percentage of national population known to have a learning disability would equate to in relation to Brent's population size. She also stated that the second set of figures, on the number of adults known to have learning disability in Brent, was an indication of the precise number of people known to the borough's health and social care services. Helen Duncan-Turnbull said that there were also people across the borough who accessed non-statutory support services and

therefore were not in direct contact with either the Council or CCG. She explained that this meant that the numbers of adults with a learning disability in Brent could actually be higher than presently recorded.

Discussions continued on the need to ensure that Brent's data for individuals with learning disabilities was as accurate and up-to-date as possible. A point was made that General Practices (GPs) kept a register of people with learning disabilities in accordance with data collected as part of the Quality and Outcomes Framework (QOF). The Board agreed that this data should be analysed against the figures included in the report: on both the adults registered by Brent CCG and those known to Brent Council as users of statutory funded services.

It was **RESOLVED** that:

- (i) The progress report be noted;
- (ii) The direction on travel of the Transforming Care Programme be agreed; and
- (iii) That relevant Officers from both the CCG and the Council arrange to jointly assess the data on adults with learning disabilities known across health across social care settings in Brent, including a comparison of the register held by GP practices.

8. **Overview and Scrutiny Task Group Report: Brent's Child and Adolescent Mental Health Services**

The Chair explained that the task group report had recently been presented at both Cabinet (on 11 September 2017) and the Community and Wellbeing Scrutiny Committee (on 19 July 2017). He thanked Councillor Shahzad for being in attendance to answer the Board's questions on the task group report.

A Member of the Board asked whether the task group had found there to be one key factor which impacted upon young people's mental health. Councillor Shahzad indicated that there was no overriding factor but said that task group report had been very extensive and found that the issue of mental health for children and adolescents was much wider and deeper than was previously thought. He stated that he felt that the task group should continue its work on an annual basis to ensure that the issue is tackled effectively. He said that this was a national issue, but he was pleased that Cabinet had noted the task groups' recommendations for how this should be addressed at a local level.

It was **RESOLVED** that the recommendations and contents of the task group's report be noted.

9. **Healthwatch Brent - From words to action - 2016-2017 Annual Report**

It was **RESOLVED** that the progress Healthwatch Brent has made in delivering contract, as detailed within their annual report, be noted.

10. **Health Inequalities Strategy - Mayor of London Consultation**

The Chair stated that members of the Board had already had the chance to comment on the draft consultation response but any additional comments would be welcome.

Discussions ensued on how effective the Mayor's strategy would ultimately be in tackling health inequalities and what impact, if any, it would have on Brent at a local level. Several Members of the Board indicated that it was particularly positive that mental health had been identified as a priority within the 'healthy minds' scheme. The work of Thrive LDN was also praised as it was felt that their work could help change the way that mental health was discussed. It was also mentioned that Thrive had also undertaken similar work in New York which had been successful in raising awareness of mental health stigma, and had been pushed forward by a similar level of political support from the Mayor of New York. Members also felt it was significant that elements of the strategy were dedicated to addressing London's air quality and improving inequalities on respiratory conditions.

There were additional discussions on how the strategy would be funded and the Board felt that the Mayor would benefit by being more ambitious in seeking additional resource-raising powers from Central Government to support the plans.

It was **RESOLVED** that:

- (i) The response to the consultation be agreed along the lines of Section 7 of the report subject to additional detail being added to propose that the Mayor call for further devolution and resource-raising powers from Central Government in order to fund the proposals; and
- (ii) The draft consultation response be circulated to members of the Board for final comments prior to the final submission date on 30 November 2017.

11. **Better Care Fund: 2017-2019 Plan**

The Chair introduced the item and outlined that the full Better Care Fund (BCF) 2017-2019 plan had been submitted to NHS England (NHSE) after it was previously approved at a working meeting of the Board on 22 August 2017.

Zac Arif (Director of Integration, Community Wellbeing, Brent Council) added that the plan had been submitted on 11 September and that the initial response from NHSE outlined that they felt the plan was both strong and robust. He thanked colleagues for their support in constructing the document.

It was **RESOLVED** that the final Better Care Fund 2017-2019 Plan, which had been submitted to NHSE, be noted.

12. **Brent Children's Trust Update and Approval of draft written statement of action in response to the Ofsted/CQC joint local area Special Educational Needs and Disabilities (SEND) inspection**

Gail Tolley (Strategic Director of Children and Young People, Brent Council) outlined that it would be beneficial for the Board to discuss both the Brent Children's

Trust (BCT) Update and approval of the draft written statement of action at the same time. She outlined that this was in part because much of the work of the BCT had been to assist with preparations for the inspection by the Ofsted and Care Quality Commission (CQC) joint inspection team.

She firstly highlighted some of the other key BCT specific updates from the period between April 2017 and September 2017, as detailed within paragraph 3.4 of the report. These included: the substantive work undertaken on CAMHS transformation; establishing a better connection between the Troubled Families Programme and Working with Families Brent Partnership work; and facilitating meetings between midwives at Imperial, the Royal Free and Northwick Park to improve the links between midwives and health visitors.

Gail Tolley moved onto the local area joint Ofsted and CQC inspection of Special Educational Needs and Disabilities (SEND) services in Brent which took place between 15 May and 19 May 2017. She gave an overview of the inspection itself and outlined that Ofsted/CQC had identified a number of strengths in Brent's local service provisions. She outlined that partnership between the Council and schools had been identified as being extremely strong in particular. However, the Board heard that, regrettably, the Council had been asked to write a written statement of action due to a number of concerns which were identified as part of the inspection process (detailed in paragraph 3.2 of the report). She explained that the NHSE Region Lead for SEND and Department of Education SEND Advisor for Brent had reviewed the initial written statement of action on 26 September, and that their suggestions had been incorporated into the statement presented before the Board. Gail Tolley concluded that the final written statement submission would be made to the CQC/Ofsted by 23 October 2017, with the Health and Wellbeing Board's approval being required beforehand. She also mentioned that Brent would be subject to quarterly monitoring visits, and it was therefore essential that the actions contained within the written statement were put in practice at pace and that this would require substantial strategic leadership.

Members raised that there were ongoing problems with vacancies in Occupational Therapy (OT) Posts at London North West Healthcare NHS Trust which had contributed to some of the problems in this service area. It was noted that the Trust had been assessing different recruitment strategies in order to address this. Ralph Elias (Head of Planning and Programme Management Office, London North West NHS Trust) added that he couldn't answer specific questions on the timeline for completion of recruitment as this would depend on the market. However he outlined that OT vacancies were a problem nationally and that there were suggestions that the Trust should use its capabilities as a training organisation to address the issue in the long term. Duncan Ambrose added that recruitment problems affected waiting times and that the CCG were working alongside the Trust through weekly teleconferences and management meetings in order to find adequate solutions. Members noted that the recruitment problems on OT needed to be escalated to NHSE as it was a national issue and it be highlighted that Brent was not alone in the problems it faced.

There were final discussions on what the review of the terms of reference of the Brent Children's Trust would entail and whether the current membership should be expanded.

It was **RESOLVED** that:

- (i) The work of the Brent Children's Trust for the period April 2017 to September 2017 be noted;
- (ii) Subject to the inclusion of a specific recommendation that a senior representative from London North West Healthcare NHS Trust be included as part of the membership of the Brent Children's Trust, the written statement of action for submission to Ofsted and the CQC be approved; and
- (iii) The Health and Wellbeing Board be frequently updated on the progress of the five key actions outlined within the Written Statement of Action.

13. Exclusion of Press and Public

There were no items on the agenda which required a resolution to exclude the press and public. The approval of draft written statement of action in response to the Ofsted/CQC joint local area Special Educational Needs and Disabilities (SEND) inspection, which was initially listed as part exempt on the agenda pack front sheet, contained no exempt information and was fully open to the press and public.

14. Date of Next Meeting

The date of the next meeting was noted as being 24 January 2018.

15. Any Other Urgent Business

There was no other urgent business to be transacted.

The meeting was declared closed at 8.00 pm

COUNCILLOR KRUPESH HIRANI
Chair