Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 19 July 2017 at 7.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillors Colwill, Conneely, Hector, Hoda-Benn, Jones, Nerva and Shahzad, Co-opted Member Mr Frederick, and appointed observers Mrs Roberts and Mr Patel

Also Present: Councillors Hirani, M Patel, and Perrin

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

Apologies for absence were received from Councillor Kansagra (Councillor Colwill substituting) and appointed observer Ms Gouldbourne.

Councillor Sheth informed the Committee that Councillor Conneely was running late.

2. **Declarations of interests**

Councillor Colwill declared that he was a member of the Health and Wellbeing Board and that his wife was a governor at Brent River College.

Councillor Sheth declared that he was Lead Governor at Central and North West London NHS Foundation Trust.

Councillor Jones declared that she was part of the Patients' Panel at the Willesden Centre for Health and Care.

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

RESOLVED that the minutes of the previous meeting, held on 29 March 2017, be approved as an accurate record of the meeting.

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

There were no matters arising.

6. **Sustainability and Transformation Plan - Update**

At the invitation of the Chair, Councillor Hirani (Cabinet Member for Community and Wellbeing), provided an update on actions undertaken related to the Sustainability and Transformation Plan (STP) since the previous update in September 2016 and reminded Members that decisions about what happened in local areas had been

delegated to Clinical Commissioning Groups (CCGs) and local hospitals. Members heard that, Cabinet had considered the STP in October 2016. As part of wider engagement and consultation, six areas had been identified to be included in the Brent Health and Care Plan, with each item being led by officers working at Brent-based organisation:

- Prevention - improve outcomes by developing and targeting services that prevented identified ill-health issues in Brent such as smoking and childhood obesity.
- New Models of Care - greater access to more effective services, including care planning and integrated care.
- Joining up Older People's services proving support to residents aged 65 and over to prevent them being admitted to hospital and to reduce their length of stay.
- Improve outcomes for people with mental health illness - develop a recovery-focused pathway. Councillor Hirani said this area built on existing work taking place across North West London and that it had been considered to link it with single homelessness pathway.
- Transforming Care – supporting people with learning disabilities and developing a holistic integrated service.
- Central Middlesex Hospital (CMH) – developing the CMH as a centre of excellence and utilising its capacity to respond to the increasing population in the area.

In response to questions that related to the services to be delivered at the CMH and recent developments related to the STP, including cross-borough collaboration, Councillor Hirani said that building primary care capacity at the CMH was one of the priorities as it had been decided that the hospital would become a centre for elective admissions, with day surgeries and minor surgeries complementing the existing services. In addition, he noted that the STP had changed since it was announced as extra money had been allocated for social care and additional STP funds had been provided. Councillor Hirani said that these were big changes that required cross-borough working which would also help influence what had been happening on a local level.

The Chair thanked Councillor Hirani for the comprehensive update.

RESOLVED that the verbal update provided by the Cabinet Member for Community and Wellbeing on the Sustainability and Transformation Plan be noted.

Councillor Conneeely entered the meeting at 7:12 pm.
Mr Jai Patel entered the meeting at 7:20 pm.

7. **Order of Business**

RESOLVED that the order of business be amended as set out below.

8. **Report by the Child and Adolescent Mental Health Services Scrutiny Task Group**

Councillor Shahzad introduced the report which evaluated Child and Adolescent Mental Health Services (CAMHS) in Brent and explored options on how the model

could be adapted to better meet future needs. He informed the Committee that the paper had been informed by quantitative data and interviews with National Health Service and health providers, Brent Clinical Commissioning Group (CCG), school and education representatives and community representatives. The Committee heard that the Task Group had agreed five recommendations – four for the Brent CCG and one jointly for the CCG and Brent Council (page 50 to the Agenda pack). Hamza King (former member of Brent Youth Parliament) spoke about his role in the Task Group and highlighted the importance of including the perspective of young people in the Borough in the work of the Group. He said that he was pleased progress had been made towards clarity and tackling issues effectively. Duncan Ambrose (Assistant Director at Brent CCG) commented that the process had been in-depth and fair and he said that Brent CCG endorsed the recommendations of the report and an event related to the fifth recommendation might be held in October 2017. Gail Tolley (the Council's Strategic Director of Children and Young People) acknowledged that such an event (modelled on It's Time to Talk) was helpful, but warned the Committee that half term needed to be avoided to ensure the involvement of schools and other partners. In relation to the other recommendations, Ms Tolley said that there was not a direct role for the Council as it used to have as the majority of schools were self-governing so a direct contact between the schools and Brent CCG had to be established. Moreover, Councillor Mili Patel (Cabinet Member for Children and Young People) thanked the Group for their work and suggested that the fourth recommendation related to establishing a network of community champions) could be integrated to the fifth one and Sarah Basham (Vice Chair and Co-Clinical Director at Brent CCG) added that ideas from a recent event held in North West London could be implemented in the It's Time to Talk-modelled event.

Members asked questions that related to taking steps to ensure that the recommendations presented in the report were adhered to, using the proposed additional funding to create capacity and CAMHS' ability to take on additional referrals. Mr Ambrose said that waiting times had been reduced and the number of people on waiting lists had been halved. He noted that changes were about to be implemented and results would be visible soon. In addition, Ms Basham said that the Anna Freud model would be adopted and more prevention work would be undertaken to reduce the need for children to access CAMHS.

RESOLVED that:

(i) The contents of the Child and Adolescent Mental Health Services in Brent Scrutiny Task Group Report be noted;

(ii) The following recommendations be endorsed:

a. Brent Clinical Commissioning Group

1. Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.

2. Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to

CAMHS and increasing the CCG's information and communication to schools about what support is available.

3. Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.

4. Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

b. Brent Clinical Commissioning Group and Brent Council

5. Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

(iii) An update on CAMHS provision in Brent be provided at a future meeting of the Committee.

9. **Children's Oral Health in Brent**

Dr Melanie Smith (the Council's Director of Public Health) introduced the report, outlining that Brent children had some of the worst oral health outcomes in England, with dental extractions remaining the top cause for elective hospital admissions in children. She stressed that although there had been some improvement, levels of tooth decay remained unacceptable bearing in mind that it was almost entirely preventable. Dr Smith said that National Health Service England (NHSE) had awarded a new five-year Community Dental services (CDS) contract to Whittington Health from 1 April 2017, with funding for oral health promotion staff remaining with NHSE with a section 75 agreement being put in place meaning that Brent Public Health would provide £20,000 for resources. Jeremy Wallman (Head of Acute and Specialised Dental Commissioning at NHSE) commented that this had made Brent the first borough council that fully recognised that oral health promotion resource sat within the contract (section 75 agreement). Claire Robertson (Public Health England) said that failures of prevention had contributed to high levels of disease and noted that the contract would enable the delivery of an integrated service by several partners. Ian Niven (Healthwatch Brent) said that Healthwatch Brent recognised this problem and it would prioritise it for the year ahead.

Members asked questions that related to the overall picture of children's oral health, uptake of dental care, investment in dental services and public health prevention, and lessons that could be learned from other boroughs, such as Enfield, where tooth decay rated had been lowered. Dr Smith said that there was a strong correlation between tooth decay and deprivation, with decay being a universal problem in Brent, which meant that there was not an area where oral health was satisfactory. As far as funding was concerned, she informed the Committee that the right level of funding was available, however, oral health promotion needed to be targeted at young children as there was a common misconception that problems

with milk teeth did not transfer to permanent teeth. Moreover, there was a generational issue as often parents who did not visit the dentist would not take their children to regular check-ups. Therefore, behavioural change would take time and it might be a good idea to encourage registration with a dentist (free of charge) when people register with a General Practitioner (GP) or when a new Council Tax account was set up. Mr Wallman commented that this would improve uptake of dental care as at present obligation ceased when a patient finished their treatment at a dental surgery. Kelly Nizzer (Regional Lead London Dental, Pharmacy and Ophthalmic Services at NHSE) said that NHSE had run similar campaigns and that leaflets had been distributed to pharmacies about nine months ago, with an electronic version sent to them so they could print additional copies. In relation to measures taken in Enfield, Dr Smith said she would see more information from the Director of Public Health at Enfield and Ms Robertson added that a fluoride varnish programme and other sustained programmes had been implemented in the borough. As far as capacity was concerned, Ms Nizzer informed the committee that NHS practices underperformed due to the lack of patients registering and various campaigns had been run to address this, with performance being measured by how many children visited dentists. It was noted that data presented in the report had been provided by the NHS and information from private practices had not been included.

In relation to questions about dental checks in schools and children centres, Ms Robertson explained that there was no evidence demonstrating that screening at school would necessarily transfer to an appointment as letters often did not reach parents. Moreover, there was not information about a correlation between the withdrawal of dental checks in schools and children's oral health. Dr Smith said that all children centres were part of the Healthy Early Years award scheme and Gail Tolley (the Council's Strategic Director for Children and Young People) added that dental checks and immunisations were part of the expectations from foster carers, with children in care being monitored by a Looked After Children (LAC) nurse. She emphasised that oral health was linked to attainment as it had impact on speech and language development and attendance at school.

A Member of the committee asked what outreach work had been done to promote sugar reduction and better tooth brushing. In response, Councillor Hirani (Cabinet Member for Community Wellbeing) said that work had been undertaken with children centres to address not only oral health, but also obesity as there was a close correlation between the two. He said that prevention could help combat both issues and he talked about the Slash Sugar campaign. In addition, Ms Tolley said that the under five group was a concern as by the time they reached school age, took decay might have started. Dr Smith commented that there had been a strong partnership between Public Health, NHSE and Brent's dental practices, which had demonstrated that efforts to improve children's oral health had been coordinated. In terms of work with community groups, Dr Smith referred to the Making Every Contact Count and Making Oral Health Everybody's Business programmes which had to be promoted and training had been provided to the school nursing service and would be offered to all front line staff in the Community and Wellbeing Department.

As far as future priorities were concerned, Dr Smith noted that it would take time for the outcomes from the 2017-2018 oral health promotion programme to become visible, but options for intervention prior to birth had been explored as pregnant

women could be encouraged access dentists during pregnancy (the service was provided free of charge). This statement was echoed by Ms Robertson who said that a programme had to be in place for a number of years so a whole cohort could go through it in a sustainable way.

RESOLVED that:

(i) The contents of the Children's Oral Health in Brent report, be noted;

(ii) The following potential recommendations be identified by the Committee for further consideration:

1. Promote fluoride varnish as part of the Make Every Contact Count programme
2. Consider ways to encourage residents to register with a dentist as part of the Brent Landlord Registration Scheme – this could be incorporated into new Council Tax registrations.
3. CCG and Public Health England could make better use of Brent's website to promote campaigns.
4. Re-examine the notion of school visits by dentists, with a pilot on a smaller scale.
5. Collect data about visits at dental practices on a wider scale
6. Consider a Harlesden-specific recommendation to address the issue of high number of dental admissions in hospital and events taking place between tooth decay and dental update.
7. Address the issue of publicity not reaching parents, adhering to national policy guidelines.

The meeting was adjourned for a comfort break between 8:51 pm and 8:56 pm. Councillor Mili Patel left the meeting at 8:51 pm

10. **Primary Care Transformation**

Sheik Auladin (Chief Operating Officer at Brent Clinical Commissioning Group (CCG)) and Sarah McDonnell (Deputy Chief Operating Officer at Brent CCG) presented the report which covered some of the main drivers around primary care transformation. They informed the Committee that some of the challenges faced by Brent CCG were a growing number of people aged 85 and over; demand on services was outstripping Brent CCG's ability to deliver care; variation in care quality and outcomes; financial pressures; aging infrastructure; and issues related to recruitment and retention of General Practitioners (GPs). The Committee heard that the four key areas on which Brent CCG would focus were access, resilience, commissioning of primary care, and delegation. In addition, Dr Ethie Kong (Chair of Brent CCG) said that two videos had been shown around the Borough with the aim to increase residents' awareness of the role of care navigators and to inform them how to utilise the services of GP access hubs. Councillor Hirani (Cabinet Member for Community Wellbeing) commented that the present situation required items (services) to be added to existing contracts to ensure the needs of the local community were met.

A Member of the Committee enquired whether the growth in the registered population for primary care was concentrated in particular parts of the Borough or among certain groups of the population. In response, Ms McDonnell said that growth had been uniform across Brent, with a main factor contributing to the increased number of people registered for primary services being the housing developments. She highlighted that while the number of primary care contacts had doubled, there was a marginal decrease in patient satisfaction levels and ability to access appointments. She noted that one of Brent CCGs key aims was to manage these two factors, while exploring potential ways of delivering extended opening hours. In relation to a question that related to the regeneration areas in Wembley and South Kilburn, Ms McDonnell stated that Brent CCG had strategic estates updates and worked closely with developers to try to identify hot spots and provide input into what a primary care facility might look like. She gave Park Royal as an example of an area where undersupply of GPs had led to the procurement of a practice at Central Middlesex Hospital (CMH) - a joint venture with the London Borough of Ealing, opened to patients from both boroughs. She made it clear that according to the current provisions, practices were commissioned by National Health Service England (NHSE) so what Brent CCG could do was to maximise the services delivered by the existing 62 practices. In terms of challenges, Ms McDonnell said that the biggest issues were related to small practices (located in houses), shortage of workforce and cost of locating practices in new developments (spaces available might not be affordable). Therefore, Brent CCG was looking into developing long-term plans for practices and handover protocols.

In response to a question that related to measures being taken to ensure that vulnerable residents were not adversely affected by changes to primary care delivery, Ms McDonnell said that one of the groups disproportionately affected by transformation were new residents as they might not have a GP and might have found it difficult to register. Therefore, she stressed the importance of informing residents what they could do if a practice refused to register them. Dr Kong added that all practices had defined catchment areas and maintained open register so if a practice refused a new registration, this could result in a complaint.

As far as what a vision for primary care should look like, Ms McDonnell informed that committee that the primary care strategy had to be refreshed which would happen in the autumn of 2017. She went on to explain that the structure of three GP networks and a Federation contributed to improving primary care by providing out of hospital services. She commented that patient satisfaction with the integrated model and the hub was high and more could be done to ensure providers would sign up for it. In relation to the Personal Medical Services contract review, Ms McDonnell said that Brent CCG had started an informal consultation and that there were significant differences between the 11 practices so the next step would be to have one-to-one discussions to consider how these could be addressed. She noted that many decisions and functions were still led by NHSE, with Brent CCG focusing on management of contracts with practices – for example, all practices had to cover core access (core hours) and extended hours were subject to negotiation.

In relation to Brent CCG's priorities in 2017-18 and improving the quality of frontline primary care, the Committee heard that Brent had one of the highest rates of uptake of annual health checks. Sarah Basham (Vice Chair and Co-Clinical Director at Brent CCG) said that Brent CCG's programme focused on people who were frail, had long-term conditions or were part of a vulnerable family. Dr Kong added that

there had been a ten-year difference in life expectancy between males in Kenton and Harlesden, which had been tackled down and reduced to seven and a half years. Ms Auladin spoke about care management and the provision of services in nursing homes to prevent patients being admitted to hospitals. He said that KPIs would be regularly examined to assess the impact of transformation on patients. Dr Kong suggested that this approach could be supplemented by encouraging Brent CCG's partners to carry out independent surveys to assess the commissioned services.

Members questioned how patients had been chosen for the trial of the Babylon application (paragraphs 3.33-3.36 on pages 35 and 36 to the Agenda pack). Ms McDonnell explained that the application had not been rolled out across Brent and, in fact, no practice in North West London had implemented it. She said that a detailed risk assessment had been undertaken as it was a clinical tool and it had been certified safe. In relation to selecting patients, Ms Donnell clarified that users had not been chosen as the tool had been promoted to residents, meaning that sign up was voluntary. Ms Donnell said that she did not have information if the application was available in other languages to address Brent's diversity.

RESOLVED that:

(i) The contents of the Primary Care Transformation report, be noted;

(ii) The following potential recommendations be identified by the Committee for further consideration:

1. Brent CCG considers the implementation of one public sector communication strategy (including links to the Brent website) that not only gives residents information, but also provides answers to common questions.
2. General Practitioners are strongly advised to display information about new developments.
3. Brent CCG works together with Brent Council's Planning Service to ensure that provision of health services is included in discussions about what developers have to provide when (re)developing a site.
4. Brent CCG is encouraged to provide a clear guidance what good looks like in terms of primary care and how Brent Council could assist delivery.
5. Brent CCG is advised to inform residents about their rights in case a practice refuses to register them.

Councillor Hoda-Benn left the meeting at 9:50 pm.
Councillor Perrin entered the meeting at 9:50 pm.

11. **Overview and Scrutiny 2016-17 Annual Scrutiny Report**

RESOLVED that the contents of the Overview and Scrutiny 2016-2017 Annual Report, be noted.

12. **Scrutiny Committee's Work Programme 2017-18**

RESOLVED that:

(i) The contents of the Community and Wellbeing Scrutiny Work Programme 2017-18 report, be noted; and

(ii) The Community and Wellbeing Scrutiny Work Programme for 2017-18 be agreed as set out in Appendix A to the report.

13. **Any other urgent business**

None.

14. **Date of next meeting**

The committee noted that the next meeting was scheduled for Tuesday 19 September 2017.

The meeting closed at 9.54 pm

COUNCILLOR KETAN SHETH
Chair