



Brent

**MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE**  
**Wednesday 28 February 2018 at 7.00 pm**

**PRESENT:** Councillors Ketan Sheth (Chair), Conneely, Nerva and Shahzad

Co-opted Member Mr Frederick

Appointed observer Ms Monteleone

**Also Present:** Councillor Hirani

**Absent:** Councillor Hoda-Benn, Co-opted Member Mr Milani, and Appointed observer Ms Michael

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

The following apologies for absence were received:

- Councillor Colwill
- Councillor Hector
- Councillor Jones
- Helen Askwith (Co-opted Member)
- Iram Yaqub (Co-opted Member)
- Simon Goulden (Co-opted Member)
- Lesley Gouldbourne (Observer)
- Jean Roberts (Observer)

**2. Declarations of interests**

Councillor Ketan Sheth declared that he was a lead governor at Central and North West London (CNWL) National Health Service (NHS) Foundation Trust.

**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 31 January 2018, be approved as an accurate record.

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

None.

## 6. Tuberculosis: Prevalence in Brent (verbal update)

OrderDr Melanie Smith (the Council's Director of Public Health) delivered a presentation on the prevalence of Tuberculosis (TB) in Brent. She highlighted that despite the fact that Brent's rates of TB infection per 100, 000 people were declining, they remained above the average for England and the rates used by the World Health Organisation (WHO) to identify areas of high prevalence. In relation to available data, Dr Smith noted that figures post-2014 were partially available, but there were not any aggregates. In terms of absolute numbers, there were approximately 200 cases registered a year in Brent. There had been a slight reduction in rates in recent years which could be due to improved detection rates, changes in healthcare and the requirement for nationals of certain countries to undergo an X-ray prior to applying for a visa. Referring to a slide showing TB cases by ethnicity, Dr Smith pointed out that the disease was most prevalent among the people of Indian origin. She reminded Members that as Brent was one of the most diverse boroughs in London, many residents came from or had spent long periods of time in countries experiencing high rates of TB.

The Committee heard that there were a number of cases of latent TB infection in Brent, which meant that people could live with the disease without experiencing any symptoms (such as cough) and without spreading it to others. While it was difficult to predict how many people infected with latent TB would develop the condition, deprivation, homelessness, drunkenness and alcohol abuse were listed as some of the factors that could increase the risk of re-activation. Showing a slide illustrating the demography of those at most risk of developing TB, Dr Smith pointed out that there was a strong correlation between ethnicity and deprivation, with people of Black, Asian and Minority Ethnic (BAME) being most affected. Members of the Committee challenged the relationship between deprivation and travelling abroad, which led to Dr Smith explaining that this was due to the fact that people might have lived in a high-risk area before moving to the UK and it was not necessary associated with travelling after they had settled in Brent.

Dr Ajit Shah (Co-Clinical Director at Brent Clinical Commissioning Group (CCG)) explained that a special screening service had been run since May 2016 by Public Health in collaboration with Brent CCG and Harrow CCG. It was part of a national programme and it focused on patients aged 16 to 35 who had arrived in the UK in the past five years and had lived in a high-risk country. Using a screening questionnaire and blood tests for latent TB, the programme identified patients who were at risk of developing TB and who had not been tested or treated. Over 1,000 individuals had been tested as part of the programme in the period April 2017 – February 2018 and 193 results were positive, with treatment offered to those infected. Dr Shah noted that Brent and Harrow had high rates of positive results, which had exceeded the initial expectations. However, the boroughs worked well together and Dr Shah emphasised the positive contribution to the reduction of TB made by practices, highlighting that Brent was one of the most successful boroughs taking part in the programme.

In response to a question about raising awareness of TB among residents, Dr Smith noted that the screening programme had been promoted at local General Practice (GP) surgeries and further promotion would take place on World Tuberculosis Day (24 March 2018) when a stall would be set up at the Civic Centre.

In addition, funding from TB Alert had been secured and consideration would be given to running awareness sessions at community centres and places of worship. TB Alert produced materials in multiple languages, among which Gujarati and Hindi, which enhanced further the work that had already been done to target risk groups. Dr Smith said that she hoped that funding would continue as there had been a rise in the number of patients from the Indian subcontinent visiting GP practices which had contributed to the decrease in the prevalence of TB in the Borough.

Members asked if referrals were made on time and the Committee heard that there was a short period of time between presentation and diagnosis. As information about the age of those infected had not been included in the report, it was agreed that Dr Smith would email it to Members of the Committee.

**RESOLVED** that the contents of the Tuberculosis: Prevalence in Brent verbal update, be noted.

## 7. **Order of Business**

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

## 8. **Life Chances of Adults with a Learning Disability in Brent**

Councillor Krupesh Hirani (Lead Member for Community Wellbeing) introduced the report which examined how the Local Authority and its partners were helping to improve outcomes for adults with learning disabilities living in Brent across social care, health, education and employment. The New Accommodation for Independent Living (NAIL) project had been successful, with a wide range of units (with capacity ranging from 6 to over 90) provided. However, despite the plans to expand the NAIL provision, there had been a number of challenges as it had been difficult for families to adjust to the changes made as their properties had been converted. Councillor Hirani concluded his presentation by saying that the Transforming Care Partnership and the Brent Learning Disability Forum were examining how the way services worked together could be improved.

Members asked questions that related to the life chances of adults with learning disabilities and enquired if these were better in Brent than in other boroughs. In response, Councillor Hirani said that housing and employment were the only areas in which specific targets had been defined. As people's life expectancy increased, this put additional pressure on services which had to adapt to meet the rising needs of residents. Transport had been an area of uncertainty - there were barriers associated with the cost of travel for carers and although a number of options were available, it had not always been clear what they were entitled to. In relation to Brent's provision, Duncan Ambrose (Assistant Director at National Health Service (NHS) Brent CCG) noted that the Borough had performed well in relation to annual health checks with 90% of residents registered with a General Practice (GP) surgery receiving a health check, which exceeded the national target of 64%. Furthermore, health passports had been introduced to summarise patients' needs and options to migrate these to an electronic format were explored. Reasonable adaptations to services had been made – a Blue Light Tool Protocol had been developed to support individuals who had been considered to be at risk of inpatient admission to ensure that there were arrangements in place to provide urgent

interventions to support them to stay in the community. Members heard that Brent was progressing the work around the Green Light Tool Kit to audit and improve mental health services so that they were effective in supporting people with learning disabilities, including autism (for further details, please see paragraphs 10.11 and 10.12 of the report on page 18 to the Agenda pack).

Helen Woodland (the Council's Operational Director for Social Care) said that not everyone who had a learning disability would be diagnosed with one as some residents could be able to use mainstream services without needing additional support. She pointed out that the number of people with learning disabilities was increasing and their needs were becoming more complex. She directed Members' attention to section 7 of the report (page 14 of the Agenda pack) which contained information about a survey the Adult Social Care Directorate had undertaken in relation to the support available to people with learning disabilities. She noted that regular Learning Disability Forums were taking place and these provided an opportunity for residents to share their views about the services available to them.

Members heard that an area which required improvement was the number of people in employment. The Council had commissioned Royal Mencap to deliver the GOLDD Employment Programme to people who had a learning disability and/or autism aged between 16-24; Brent Works (the Council's job brokerage service) provided one-to-one advice and guidance towards finding employment, connecting residents to jobs and apprenticeships within the Borough; Brent Start (the Council's adult education service) offered pre-apprenticeship training programme to 19 to 24 years old Brent residents with little or no work experience; and The College of North West London was completing a hospital internship initiative for students with a learning disability. Although employment rates in Brent had improved over the last year, these remained lower than the London average. One reason for this could be the fact that some initiatives had been successful in the short term only. Achieving the London average rates was a key priority and actions had been taken to improve the take-up of the employment support services available in the Borough.

The Committee challenged the fact there were not any other specific targets apart from those for housing and employment and questioned why Brent-specific data had not been provided in the paper (paragraph 13.2 on page 25 of the Agenda pack). Ms Woodland explained that it would have been difficult to obtain Brent-specific data on the entire population of the Borough as the information available was related to clients of the Adult Social Care Directorate. Referring to the table in paragraph 13.2 of the report, Ms Woodland provided the missing figures.

	National Population	Brent	Cost/person
people in mental health hospitals	2,510	<15	180,000
people in social care residential or nursing homes	29,000	190	65,000
people receiving social care support in the community	100,000	123	27,000
people living in the community and accessing low level support, e.g. receiving an annual health check from their GP, receiving welfare benefits due to their learning disability	700,000	640	Lowest cost ltd. to cost of GP and welfare benefits

In relation to life opportunities, it was pointed out that support plans were in place and they allowed individuals to receive the required support to enable them to remain in the community. Efforts were made to move people back to the Borough and place them in independent settings, but it had to be acknowledged that this could take time. Reintegration to the community would be supported by health and social care and there were plans to integrate the teams over the course of the next year to ensure resources were used effectively to meet the needs of residents. The Integration Plan formed part of the Brent Joint Learning Disability Strategy, which had been signed off by the Brent CCG in October 2017 and was overseen by the Health and Wellbeing Board. From an operational perspective, day centres delivered enablement services to support people to develop life skills that would allow them to lead independent lives.

The Committee noted that the scope of the paper had been broad as it covered a number of services. Phil Porter (the Council's Strategic Director of Community and Wellbeing) suggested that it could be possible to scrutinise individual services as the Council's focus had been on people who were eligible to receive services under the Care Act 2014. He emphasised the Council's aim to create a vibrant market and develop properties for people with specific needs, e.g. the NAIL programme looked at individual properties for individual people and five people from residential home settings had been moved to the community.

In response to a Member's question about the number of people who had been signed up to the Green Light Tool Kit, Mr Ambrose said that there had been challenging cases which had been managed appropriately in non-psychiatric settings. Moreover, the Blue Light Tool Protocol had been well imbedded across England and integration with neighbouring boroughs was a priority. He noted that it was important to acknowledge that service delivery was measured across North West London rather than by specific borough.

Members of the Committee directed their attention to expenditure and enquired about the current budget challenges. Mr Porter said that the NAIL project had been contributing to relieving financial pressures by reducing expenditure – for instance, moving people living in a challenging family environment to supported living could save costs on support services and relocating people from residential or nursing homes to independent living meant that accommodation costs could be covered by

Housing Benefit rather than the individual's care package. Mr Ambrose added that the CCG was examining ways in which available resources could be used for the benefit of residents.

**RESOLVED:**

- (i) The contents of the Life Chances of Adults with a Learning Disability in Brent report, be noted;
- (ii) The measures already in place to support adults with a learning disability in the Borough be noted;
- (iii) The further actions planned as part of the Learning Disability Strategy be noted;
- (iv) An update on employment rates of residents with learning disabilities living in Brent be provided at a future meeting of the Committee;
- (v) Targets measuring the implementation of the Brent Joint Learning Disability Strategy 2017-2020 be set; and
- (vi) The Joint Commissioning Plan and the Joint Investment Plan be presented at a future meeting of the Committee.

**9. Childhood Obesity**

Councillor Krupesh Hirani (Lead Member for Community Wellbeing) presented the report which described the pattern of childhood obesity in Brent and outlined the actions that had been taken to address the issue. The prevalence of childhood obesity in Brent was among the highest in the country and there was a clear link between deprivation and obesity (Graph 5 on page 82 of the Agenda pack). A number of actions, such as restriction of the opening of new fast food restaurants within 400 metres of a secondary school or a further education establishment, the Slash Sugar campaign, and the Healthy Early Years (HEY) Award, had been taken to address the problem. In addition, Public Health and Physical Education (PE) teachers had held a successful conference ('The Power of an Active School') at Wembley Stadium in January 2018 where talks had been delivered to children about what they could do to be more active and improve their diet. Councillor Hirani reminded Members that despite the Soft Drinks Industry Levy (commonly known as 'the Sugar Tax') coming into force in April 2018 and the traffic light labels becoming mandatory for food outlets, promoting a balanced diet remained challenging as some businesses continued to organise 'buy one, get one free' promotions on unhealthy foods.

In relation to the timeframe for results to become noticeable, Councillor Hirani pointed out that the outcomes of the activities currently undertaken would not become visible in the next five to ten years. He suggested that a similar approach as the one taken towards smoking should be adopted where the government had intervened to change people's behaviour and he acknowledged that the introduction of the Soft Drinks Industry Levy would be a step in the right direction. When asked about the other underlying causes of childhood obesity, Councillor Hirani said that factors such as housing, employment and education had an impact on people's health and their risk of becoming obese. This led to a discussion on the

reasons why the obesity rate among people of Black, Asian and Minority Ethnic (BAME) origin was higher compared to other groups of the population. It was noted that apart from deprivation, culture played an important role as in some communities having overweight children meant that they were well fed which indicated that there were barriers that had to be overcome. Therefore, it might be necessary to target specific campaigns at these communities, run events with them and train key people within them to promote healthy lifestyle messages – for example, a stall would be set up as part of the Central Middlesex Hospital Community Hub and tailored messages had been delivered to residents at Diwali. Dr Melanie Smith (the Council's Director of Public Health) added that the campaigns had to engage all family members because if both parents were obese, this could lead to an increased risk for their children.

Duncan Ambrose (Assistant Director at National Health Service (NHS) Brent CCG) expressed support for this approach and gave an example of promoting cardiovascular exercise which was good for both obesity and dementia. Mr Ambrose noted that health contracts had been updated to include working with people who might have become ill as a result of their obesity. Furthermore, Dr Smith explained that obesity was a risk factor for diabetes and certain ethnic groups had higher propensity to develop the condition. As far as short-term actions were concerned, Members heard that a street campaign had been planned. It would focus on organising road shows at three locations in the Borough aiming to raise awareness of the matter and to promote the new Brent Health Application.

Members commented that it was essential to differentiate between size and good health as eating disorders were on the rise among children going through puberty and, therefore, it was important to prevent the triggering of unhealthy relationships with food. Instead, children had to be encouraged to undertake physical activity and to understand the relationship between food ingredients and the final product. Dr Smith supported this approach and noted that instead of 'demonising' certain foods, an environment which allowed both children and parents to make informed choices had to be created.

A Member of the Committee asked how the activities currently undertaken were evaluated. Councillor Hirani responded by using outdoor gyms as an example – conversations with gym users had indicated that the availability of these facilities had increased the amount of activity undertaken by residents as people who could not afford subscription fees were able to exercise free of charge. In addition, a new sports centre was due to open in June 2018 and Brent residents would be encouraged to use it by offering subsidised rates. Councillor Hirani informed the Committee that work had been undertaken with General Practice surgeries to develop a referral scheme to direct people to gyms and leisure centres. Three private gym providers had signed up which had doubled the capacity of the Council's existing provision. Moreover, the Good Food for London report, which measured boroughs on 11 different good food measures, had ranked Brent 13 out of 33, meaning that it was the most improved borough, having improved 10 places since 2016. From a financial perspective, Minesh Patel (the Council's Head of Finance – Community and Wellbeing) said that it was difficult to predict the future benefits for the Council, but pointed out that current interventions could save costs for the National Health Service (NHS) in the future. Nevertheless, it had to be noted that there were limits to what a single borough could achieve – for instance, the planning restriction applied in Brent had been an example how the planning system

could be used to reduce obesity and it had been suggested to be included in the London Plan, but this was subject to various consultations. In a similar way, collaboration could be established with other teams across the Council such as Transportation.

An Observer commented that young people were more independent than their parents and noted that it had been difficult to ensure that healthy eating diets were followed outside children's homes. For example, young people would continue buying sweets and fizzy drinks even if a levy was introduced, hence, it was necessary to target media campaigns and billboards raising awareness about the risks associated with obesity and unhealthy eating at children rather than at their parents. Councillor Hirani said that the Council had tried to engage with schools and while the Local Authority had been successful in delivering campaigns at primary schools, getting direct access to secondary schools had been difficult so this could be a challenge that could be addressed in collaboration with members of the Brent Youth Parliament.

Members enquired about ward-specific information about childhood obesity and Dr Smith noted that while data by school was available, it had not been included in the report presented to the Committee as disclosing it could lead to identifying specific children. Nevertheless, she assured Members that the information was used to prioritise schools to engage with. Mr Ambrose added that the Council and the CCG were working together to create an electronic Red Book from which frontline practitioners could extract population data.

A Member enquired about the measures being taken to encourage people to set up and book play streets. Councillor Hirani pointed out that the process depended on volunteers. However, he acknowledged that play streets could be promoted better especially in areas where high levels of obesity had been registered.

In terms of future aspirations, Councillor Hirani commented that he would like the prevalence of childhood obesity to be decreasing.

**RESOLVED that:**

- (i) The contents of the Childhood Obesity report, be noted;
- (ii) The action being taken to address the high levels of childhood obesity in Brent be noted;
- (iii) The closer collaboration between the Planning and the Public Health teams be endorsed;
- (iv) A partnership-based approach which maximises existing opportunities, such as play streets, be developed, taking into account the needs of individual wards;
- (v) The new sports centre which is due to open in June 2018 be included in the Social Care Service Social Prescribing Arrangements;
- (vi) Representatives of the Brent Youth Parliament be involved in delivering campaigns at secondary schools; and

- (vii) A Task and Finish Group on childhood obesity be set up in collaboration with the Brent Youth Parliament.

**10. Overview and Scrutiny Home Care Task Group Report**

Councillor Sheth introduced the report of the Task and Finish Group on Home Care which had been set up in September 2017 to review the policy around the commissioning of home care in the Borough. He expressed his gratitude to the officers who had supported the Group, its Members and the Lead Member for Community Wellbeing. Councillor Sheth reminded the Committee that the recommendations to Brent Council's Cabinet were on page 106 of the Agenda pack.

**RESOLVED:**

- (i) The contents of the Overview and Scrutiny Home Care Task Group Report, be noted;
- (ii) The following recommendations to Brent Council's Cabinet be approved:
- The London Living Wage is introduced incrementally as part of new commissioning model so that home care workers working for providers commissioned by Brent Council are paid the London Living Wage rate by 2021.
  - A minimum standard of training is incorporated in the new commissioning model which gives staff in Brent sufficient development opportunities to encourage home care as a career within the social care sector.
  - A home care partnership forum should be set up as part of a new commissioning model to discuss issues of strategic importance to stakeholders involved in domiciliary care services in Brent.
- (iii) The fact that adopting the recommendations listed in (ii) would enable Brent to sign up to the Homecare Charter be noted.

**11. Community and Wellbeing Scrutiny Committee Work Programme 2017-18 Update**

**RESOLVED:**

- (i) The contents of the Update on the Committee's Work Programme 2017-18 report, be noted; and
- (ii) The 'Response received' column in the Tracker of Scrutiny Recommendations 2017-18 be updated.

**12. Any other urgent business**

None.

The meeting closed at 8.59 pm

COUNCILLOR KETAN SHETH  
Chair