

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Tuesday 22 January 2019 at 6.00 pm

PRESENT:

Councillor Farah (Chair) and Councillors Hirani, Maurice (substituting for Councillor Kansagra) McLennan and M.Patel.

Dr MC Patel (Vice-Chair of the Health and Wellbeing Board; Chair, Brent Clinical Commissioning Group - CCG), Sheikh Auladin (Managing Director, Brent CCG) and Dr Ketana Halai (Clinical Director –Brent CCG).

Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council) and Phil Porter (Strategic Director – Community Wellbeing, Brent Council).

Julie Pal (Chief Executive Officer, Healthwatch Brent).

Mark Bird (Representing Brent Nursing and Residential Care Sector)

Also Present:Helen Duncan-Turnbull (Head of Service, Complex Care, Brent Council), Meenara Islam (Strategic Partnerships Manager, Brent Council), Paul Lewin (Team Leader Planning Policy, Brent Council), Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) and Helen Woodland (Operational Director, Social Care)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from:

- Councillor Kansagra (with Councillor Maurice substituting)
- Carolyn Downs (Chief Executive, Brent Council)
- Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) and

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: that the minutes of the previous meeting held on 9 October 2018 be approved as an accurate record of the meeting.

4. Matters arising (if any)

There were no matters arising.

5. **Order of Business**

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

6. **Update on Transforming Care: Learning Disabilities**

Helen Duncan-Turnbull (Head of Service, Complex Care) introduced the report updating the committee on the progress achieved with respect to the delivery of the transforming care plan (TCP). It was explained that the TCP aimed to reduce inpatient admissions for people with learning disabilities, ensuring that there was sufficient support available in community settings, with the ultimate aim of improving quality of care and quality of life. Update reports detailing progress against key milestones were presented to the Health and Wellbeing Board annually, with the last update having been presented in October 2017.

To achieve the national TCP, Brent had four work streams in place: Market Development; Reduction in the number of NHSE and CCG in-patients; Integration of the Health and Social Care Learning Disability teams; and, Transitions. Drawing the Board's attention to the progress made against the key milestones for each of these priorities, Helen Duncan-Turnbull advised that almost all of these had been met. It was highlighted that the Learning Disability Team had been integrated into the Health and Social Care Team. The 0-25 Disabilities Team was also now in place under Children's Services, and was very much involved in the Transforming Care programme. With regard to key milestones for reducing admissions, the Board heard that there was currently 13 people in inpatient settings, seven in secure provision for whom weekly updates were provided. Six of those individuals were too unwell to be discharged. It was highlighted that a key challenge in this area was the degree and nature of support required to enable patients to be discharged and difficulties around commissioning specialist provision. The local authority and the CCG were both working with providers to address specialist skills gaps in the workforce. Intelligence was also being gathered on anticipated future workforce needs.

In concluding her introduction, Helen Duncan-Turnbull highlighted next steps and priorities for the coming year, which included: the establishment of an Autism Board; further development of specialist accommodation via the New Accommodation for Independent Living Project; a Community Learning Disability Team service review to determine whether the team contained the right mix of skills; and, the establishment of systematic learning processes for Learning Disabilities Mortality Review Programme (LeDeR) outcomes.

In considering the update report, the Board discussed the following issues:

- i) Highlighting the challenge identified in the report regarding funding for individuals in in-patient settings who did not qualify for the NHSE funding only available for those who had been in such settings for five years or more, Councillor Hirani (Lead Member for Public Health, Culture and Leisure) questioned how this could be addressed with the NHSE. Helen Duncan-Turnbull advised that the matter would be raised at the North West London Transforming Care Board which included NHSE representatives.

- ii) Dr MC Patel (Vice Chair) noted the importance of sharing the learning from the eight learning disabilities mortality reviews that had been conducted with GPs as well as the wider system. Dr Ketana Halai (Brent CCG) advised that she had requested more information on the reviews completed thus far and would feedback as appropriate. The Board noted that the establishment of systematic learning processes for Learning Disabilities Mortality Review Programme (LeDeR) outcomes had been identified as a priority for the coming year.
- iii) A discussion was held on the dynamic risk register and whether this was shared with the GPs with whom those individuals were registered. It was agreed that this could be explored further.

It was subsequently AGREED:

- i) To note the measures in place to support the TCP cohort in the borough;
- ii) To note the further actions planned as part of the TCP programme;
- iii) To note the progress made against key milestones;
- iv) To note the areas that required further development as identified in the report from the Strategic Director, Community Wellbeing.

7. Brent Local Plan Preferred Options Consultation

Paul Lewin (Team Leader Planning Policy) introduced the report on the Draft Local Plan to 2041 on which public consultation had recently closed. The Brent Local Plan set out the planning policies for the development for Brent and when adopted, would form part of the Development Plan, the policy document against which planning applications would be determined. An easy read version of the Plan was attached at Appendix A to the report. It was highlighted that the contents and policies of the Local Plan had the potential for wide ranging health impacts through their shaping of the physical and social environment, health infrastructure, housing provision and employment opportunities. It was anticipated that the Local Plan would be formally adopted by the end of 2019.

In the subsequent discussion the Board noted the following matters:

- a) Feedback from the consultation had largely been positive about development and what it could bring for the borough, with many people very impressed with the regeneration that had already taken place. A large proportion had wanted more affordable homes built and were supportive of creating additional jobs in the borough. Broadly, there was a recognition that industrial areas needed to be improved and their use intensified. Concerns were expressed about population growth and the impact on healthcare and school places. The council had sought to engage as widely as possible and every household in the borough had received a leaflet. There had been a good response to the consultation but this equated to only approximately 300

individuals and organisations – Brent CCG and other healthcare organisations were included amongst this number.

- b) There was a strategic target in both the Local Plan and the London Plan that 50 per cent of new housing should be affordable housing. This target was difficult to achieve, particularly due to restrictions around funding for housing organisations, which in the past had been the predominant provider of affordable housing. The council currently achieved about 30 per cent affordable housing through negotiations with private developers. The council had a target to deliver approximately 1k new affordable homes over the next three years comprising, in broadly equal parts, shared ownership homes, those let at the London Housing Allowance rate and those let at London Affordable Rent which was set by the Mayor of London's Office.
- c) In the short to medium term there was deemed sufficient capacity in early years and primary school places. Additional capacity would be required in secondary school provision in the next five years. There was currently one new secondary school planned for the Chancel House site in Church End and the council was in discussion with secondary schools to provide six additional classes. The local authority did not have the power to directly establish new schools. The Strategic Director, Children and Young People, noted that this was the first time that school sites had been featured in the Local Plan, a development that was very welcome.
- d) Sheikh Auladin (Brent CCG) highlighted that the provision of new sites for health facilities could be too costly for the CCG, explaining that it was significantly cheaper to extend existing GP practices.
- e) There was a focus on delivering mixed use areas, allowing housing to subsidise the provision of work and leisure spaces. The intensification of land use would be a feature across London and there would continue to be further development in the borough, bringing with it more employment opportunities.
- f) Dr Melanie Smith (Director of Public Health) commended the work undertaken by the Planning Team in promoting public health in the Local Plan and particularly welcomed the inclusion of the Healthy Highstreets approach.
- g) The next stage was to modify the Local Plan as needed to take account of the feedback received from consultation and then publish a final version of the Plan for statutory consultation. Comment at that stage would be sought with respect to the soundness of the Plan in terms of Planning Law. It was anticipated that the Local Plan would be considered by the Cabinet in August.

It was AGREED to note the report from the Strategic Director, Regeneration and Environment, on the Brent Local Plan Preferred Options Consultation.

8. Brent Children's Trust Update April – September 2018

Gail Tolley (Strategic Director, Children and Young People) introduced the Brent Children's Trust (BCT) six-monthly update report, covering the period April to September 2018. The BCT was a partnership body comprising commissioners and key partners, which focussed on commissioning, joint planning and collaborative working to ensure resources were utilised to deliver maximum benefits for children and young people in Brent.

Gail Tolley highlighted that Ofsted had undertaken an inspection of Brent children's social care services in May 2018, from which Brent achieved a 'Good' Ofsted judgement, the best outcome that the council had received. In July 2018, the BCT considered the areas for improvement identified by Ofsted and offered a number suggested partnership actions for the established working group to consider taking forward, all of which had subsequently been completed. The Board's attention was drawn to each of the key areas of work focussed upon by the BCT during the reporting period including, childhood obesity, Special Educational Needs and Disabilities (SEND) Strategy implementation and the Children and Young People's Mental Health and Wellbeing Local Transformation Plan.

In the subsequent discussion the Board noted that the Daily Mile and Marathon Kids were both evidence based, Public Health initiatives promoted to schools. There had been initial bursts of enthusiasm with these programmes but it had been difficult to get schools to sign up. These initiatives were highlighted in the fortnightly bulletin sent to Head Teacher colleagues. The council would continue to raise the profile of such initiatives and could also raise the matter at termly meetings with Chairs and Vice Chairs of schools governing bodies. It was noted however, that children aged 5 to 16 years old spend only 15 per cent of their time in school and schools could not therefore be expected to tackle this issue in isolation. The council had recently submitted a bid for funding to undertake research into parental attitudes and engagement regarding childhood obesity to a government trailblazer initiative.

It was RESOLVED that

- i) Councillors M Patel and Agha be recommended to liaise with any councillors acting as school governors to promote proactive action by schools to help address childhood obesity.
- ii) The Board noted the update report from the Brent Children's Trust for the period April to September 2018.

9. Older People's pathway, Winter planning and performance

Tom Shakespeare (Director of Integrated Care) introduced the report updating the Board on the progress made with respect to the Older People's pathway. This was one of three core priorities previously agreed for the health and care transformation programme by the Board. There were two key components to the priority, both of which were supported by a steering group and overseen by the Older People's Pathway Programme Group. The two groups were: the operational hospital discharge steering group – overseeing day to day operational issues around hospital discharge and Home First, oversight and delivery of the joint Winter plan; and, the strategic older people's steering group – overseeing the review of the integrated discharge pathway.

In considering the report the Board noted:

- that consultants, Newton Europe, had been commissioned to provide specialist knowledge and support to redesign and deliver the integrated discharge pathway.
- the proposals to expand the Home First from January 2019.
- additional funding of £1.3m to be allocated to Brent council had been announced by the Department of Health. This funding was non-recurrent and was to be used to support improvements to timely and safe discharges from hospital - a plan had been jointly agreed to provide additional capacity to the system to improve patient flow. The initiatives contained within this plan included:
 - the implementation of a pilot 'Placement Premium' scheme, which would provide additional payments to care homes that provide timely assessment and placement of patients;
 - the provision of additional social worker, OT and co-ordinator capacity to scale up the Home First initiative to additional hospital sites (Imperial, Royal Free, Willesden, Central Middlesex). A target had been established of 30 people, per week being discharged through this pathway.
- System performance from June 2018 had been quite challenging, particularly in relation to delayed transfers of care (DTC). The atypically poor performance from June had been largely due to a high degree of staff sickness and annual leave. However, the team was now fully staffed and there has been a significant improvement in performance in December.
- With regard to DTC, the principal reason for delay remained the availability of placements. A West London Alliance analysis had revealed that 40% of all placements made in homes in Brent were made by boroughs other than Brent, and almost always at higher prices than Brent pays. Further work was therefore needed to understand what could be done with regard to market controls and joint or integrated commissioning between the council and Brent CCG.

In concluding his introduction, Tom Shakespeare welcomed Mark Bird's attendance at the meeting noting that work with care homes spanned all three of the key delivery areas of the transformation programme.

The Chair thanked Tom Shakespeare for the report and invited comments and questions from the Board. The Board subsequently discussed the following matters:

- a) A diagram capturing the older person's pathway had been created to assist colleagues across the system in understanding the pathway; however, it was recognised that the pathway contained a number of complexities. Previously there had been at least 44 ways of being discharged, now there were only three and work to refine how this model was communicated would continue.
- b) With reference to the proportion of care home placements being taken up by other boroughs, further detail was sought regarding the work taking place to 'free-up' beds for Brent's residents. Mark Bird advised that the matter largely came down to fees, noting that a care home could expect circa £1300 for a private resident and around £600 for a local authority referred resident. Furthermore, it was often the case that local authority referred residents

could have greater care complexities. Phil Porter (Strategic Director, Community Wellbeing) advised that the principle of integrated commissioning was to move away from market based competition and to emphasise the role of care homes as system managers. Mark Bird added that a strand of this work would be educating care homes about the services they could access.

- c) It was noted that as part of the New Accommodation for Independent Living (NAIL) provision there were 12 'step down' flats to accommodate people coming out of hospital.
- d) It was confirmed that the council was required to offer families three choices appropriate to their circumstances with respect to care home provision. If a private care home resident's funding were to deplete, the council would balance the available resources against what could be negotiated with the existing care home and the impact of a potential move on that individual. Whilst there were specialist faith care homes in Brent, most were encouraged to be multi-faith facilities.

Tom Shakespeare advised that the outcome of the work with Newton Europe would be reported to a future meeting of the Health and Wellbeing Board for consideration.

It was AGREED:

- i) To note the continued expansion of the rollout of Home First to an estimated 30 patients per week (an increase from 5 per week) following 'Pathway 1 – low needs care packages'. This will be across all hospital sites, not confined to Northwick Park Hospital.
- ii) To note the appointment of Newton Europe and the commencement of work to review the systems, processes and teams involved in discharge across all partners, and to come up with recommendations regarding a more integrated, more efficient discharge process by April 2019.
- iii) To note and agree the potential further expansion of the Home First programme to include other pathways (2 and 3) following recommendations coming to the Board as a result of the Newton Europe review to ensure Home First is sustainable.
- iv) To note the agreed winter pressure additional funding plan and note progress against it.
- v) To note that the joint review of delayed transfers of care data is ongoing to ensure there is a clear shared

10. Any other urgent business

None.

11. Date of next meeting

The Board noted that the next meeting was scheduled for 19 March 2019.

The meeting was declared closed at 7.35 pm

COUNCILLOR FARAH

Chair