

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Monday 10 February 2020 at 6.00 pm

BOARD MEMBERS PRESENT:

Councillor Farah (Chair) and Sheik Auladin (Brent CCG), Councillor McLennan (Brent Council), Councillor M Patel (Brent Council), Councillor Tatler (Substituting for Councillor Hirani, Brent Council), Clair Thorstenston-Woll (substituting for Ian Niven, Healthwatch Brent), Carolyn Downs (Chief Executive, Brent Council, non-voting), Phil Porter (Strategic Director, Community Wellbeing, Brent Council, non-voting), Dr Melanie Smith (Director of Public Health, Brent Council, non-voting) and Gail Tolley (Strategic Director, Children and Young People, Brent Council, non-voting).

ALSO PRESENT:

Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council), Jonathan Turner (Deputy Managing Director, Brent CCG), Councillor Stephens, Piia Lavila (Healthwatch Brent, attending on behalf of Julie Pal), Hannah O'Brien (Governance Officer), Meenara Islam (Strategic Partnership Manager).

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from:

- Dr M C Patel (Vice Chair)
- Councillor Hirani
- Julie Pal
- Mark Easton

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: that the minutes of the previous meeting held on 7 October 2019 be agreed as a correct record.

4. Matters arising (if any)

There were no matters arising from the minutes of the previous meeting.

5. Integration and the single CCG

Sheik Auladin (Managing Director, Brent CCG) introduced the report, providing further background to the decision to move to a single CCG. Initially there were plans for

integration of the CCGs in 2020-21, but the model had reverted back to individual CCGs and would remain as one unit until April 2021 where there would be 1 CCG moving forward. From April 2020 onwards there would be a transition year, then a North West London wide approach from 2021-22. It was expressed that the reason for the push back was that there had not been full support from CCGs and local boroughs. They were currently looking at governance, and Mark Easton (Chief Accountable Officer, Brent CCG) had written to all Chief Executives of Councils and explained the need to begin moving ahead with local councils. Sheik Auladin highlighted the opportunity to pitch where the HWB wanted Brent CCG and the Council to work together more strongly.

As a result of the restructure there was a need to save money, so individual CCGs were undergoing a restructure process that would reduce operating costs. It was not known whether there would be further restructure once they had merged into a single CCG. As part of the merger there was a shift from eight Managing Directors to four Managing Directors. This would be revisited. The interim arrangements for Mark Easton's cover would act up for 3 months until recruited.

The Chair thanked Sheik Auladin for the update and invited the Board to ask questions. The following issues were raised:

- It was highlighted that there was uncertainty as to what an Integrated Care System was or how it would operate. Carolyn Downs (Chief Executive, Brent Council) expressed that it was hard to engage constructively without understanding the concept fully, and, with the threat of the same proposals that had been rejected, it was essential for the CCG and the Council to push integration as much as possible. Sheik Auladin agreed that it was jargonistic terminology, and highlighted that there were upcoming workshops about the Integrated Care System, which Chief Executives had been invited to.
- The CCG was not aware what apportionment of the £33.9b year on year NHS funding bill would be allocated locally, but advised that most investment would go to acute care and hospitals and revamping new sites. There was a push to have more hospitals and improve the set up at Hillingdon and Northwick Park but no other investment came to CCG other than year on year allocation. Sheik Auladin highlighted that there was a lot of investment into the Primary Care Network and GP contracts, which was promising but did not feel like enough. Councillor McLennan added that £4.5m was being allocated to community services.
- Regarding how the Health and Wellbeing Board could be confident that community services needed were delivered in areas of growth, Sheik Auladin highlighted that the GP registered population in Brent was a substantial 400,000 so they were trying to invest as much as possible into Primary Care Networks and Community Services. Jonathan Turner (Deputy Managing Director, Brent CCG) added that the planning assumptions for the following year showed a substantial gap needing to be covered through savings programmes, as demand would outstrip the investment going into services. It was believed that this would impact estates programmes in the Borough as revenue would not be covered for any potential new premises. Councillor Tatler (Lead Member for Regeneration and Environment) expressed that it was hard to see what the CCG were doing to secure more revenue to deliver the promise of medical

centres made 2 years ago to residents. Sheik Auladin advised that they lobbied NHS England on a regular basis and were looking at new premises. The only way they could manage the current system was to work closely with the Local Authority. The CCG were in discussions with the Council to resolve the need in South Kilburn.

As no further issues were raised, the Board **RESOLVED** to note the report.

7. JSNA

Dr Melanie Smith (Director for Public Health) introduced the JSNA refresh, explaining that the cover paper drew out key highlights from the more detailed “chapters” which followed. The Health and Wellbeing Board were asked to agree the publication of the JSNA. This would be published as separate chapters on the website to aid navigation through the large amount of information. The Health and Wellbeing Board were also asked to agree the Terms of Reference of the JSNA Steering Group. The new ToR would firm up its purpose and agree a core membership.

In the ensuing discussion the Board noted the following matters:

- The Council had set up a Poverty Commission Chaired by Lord Best, who the Board felt should look at the JSNA.
- The Board distinguished between two processes: agreeing the content of the JSNA refresh and subsequently revising the Health and Wellbeing Strategy (HWS) in response to issues described by the JSNA.
- The process for the refresh of the HWS was noted. This would commence with high-level early engagement workshops, discussing what the HWS priorities should be, and would involve partners in the Borough including Healthwatch. There would also be a workshop with services users. A draft HWS document would be brought to the April board for agreement and then go out to public consultation. A final document should be provided to the Board in the summer.
- The Board noted that there had been more recent studies into oral health in Harlesden and wondered whether that data could be added. Dr Melanie Smith advised that they were awaiting the completed survey data. The data in the JSNA for oral health came from externally validated surveys so while it was accurate it was not always timely. Dr Melanie Smith advised that once data was received it would be published, noting that the JSNA should be a dynamic document. She noted that the supervised teeth brushing initiative introduced in Brent had been associated with an improvement in oral health and increased uptake of dental care, which was hoped would have an impact on hospital admissions.
- Dr Melanie Smith advised that it was difficult to quantify the impact of estate regeneration on public health, and that the more focused the public health intervention the easier it was to attribute any change to the intervention.

The Board subsequently **RESOLVED**:

- i) To agree to the publication of the JSNA refresh on Brent Council and CCG websites.
- ii) To agree the refreshed Terms of Reference for the JSNA SteeringGroup which will undertake to keep the JSNA up to date.

6. **Resources and Public Realm Committee Task Group on Air Quality**

Councillor Stephens introduced the report, presenting the Air Quality Task Group Report for consideration and executive response. He highlighted that air pollution was the greatest environmental risk to ill health and fourth greatest risk to ill health generally but had been historically neglected by Local Authorities, the Government and Health Organisations. In July 2019 the Resources and Public Realm Scrutiny Committee commissioned an enquiry into air quality which Councillor Stephens chaired. The outcome was published in December 2019 and attached as an appendix to the report. Councillor Stephens pointed out recommendations 1 and 10. The first recommendation was for the Council and stakeholders to commit to meeting WHO guidelines on air pollution, which was in line with GLA and other London Council commitments. Recommendation 10 was for public health behaviour change campaign jointly led by the health sector and Council. The next steps were to ask if members would like to consider scope for better data sharing between health sector and council for the effects of air quality.

The Chair thanked Councillor Stephens for the introduction and invited comments from the Board with following issues raised:

- Dr Melanie Smith (Director for Public Health) welcomed the recommendations and agreed that there was a need for consistent public health messages on air quality. She suggested that there was a need to engage residents with what they could do to mitigate impact of poor air quality on health. Jonathon Turner (Deputy Managing Director, Brent CCG) added that the CCG were happy to correlate any data they had and that it could form part of the JSNA in future.

As no further issues were raised, the Board RESOLVED to note the Air Quality Scrutiny report and recommendations.

8. **Healthwatch Brent Annual Update and Social Isolation Report**

Annual Report

The Board received an update from Piia Lavila (Healthwatch Brent), explaining that the annual report highlighted how Healthwatch Brent met their statutory role as defined in the Health and Social Care Act 2012. Their core aim was to be an individual organisation that gathered and multiplied patient voices. She highlighted page 5 and page 15 for the Board to note, which showed how resident and patient voices were shared. One of the cases outlined in the report resulted in the voluntary team receiving an award and was now showcased in the Healthwatch England report that had went to Parliament in January.

The Board discussed the paper and noted:

- The Board supported the extension of Healthwatch Brent's contract for a further year.
- Disappointment was expressed that the experience of residents using Northwick Park had not been included in the annual report considering this had been identified as needing improvement in the CQC report. Patient and resident experience of palliative care was also noted by the Board as missing, and it was highlighted that South of the Borough did not seem to have a good experience of palliative care. Piia Lavila acknowledged the importance of palliative care and advised that Healthwatch Brent were in the process of planning 2021 and palliative care would be a priority. Regular visits to Northwick Park and other Hospitals across the London North West University Health Care Trust were conducted to gather patient feedback and was not in the annual report as it was ongoing data gathering. It was possible to share the data with the Board and noted that there was a brief summary on page 12 of the annual report.
- It was noted that in the previous year Healthwatch Brent had a smaller team, so did not reach all communities in Brent. In the current year, a specific engagement plan targeting hard to reach communities had been put together and those communities would be part of action plans going forward. 'Hard to Reach' had been defined as the communities they had yet to engage with.
- Councillor Farah added that himself and Phil Porter, Strategic Director Community Wellbeing, had regular quarterly meetings regarding Healthwatch Brent priorities.

The Board subsequently **RESOLVED** to note Healthwatch Brent Annual report.

Social Isolation Report

Piia Lavila (Healthwatch Brent) advised that there had been a great demand for information on services for social isolation and their goal was to put all that information into one document to work as a resource for the wider audience. She highlighted that there was a wide range of services available and the initiative came from local organisations highlighting that signposting and knowledge of these services could be improved. It was concluded that this could only be delivered when the Health, Social Care and Voluntary Sector came together and connected services. There was an opportunity to build a collaborative model between the health and voluntary sector, and some examples of existing models were showcased in the report. Particularly, Piia Lavila highlighted recommendations 2 and 5 of the Social Isolation Report, and asked for someone to take ownership and bring together those different organisations. An update could be presented to the Board in 3-6 months.

The Board discussed the paper and noted the following:

- Phil Porter (Strategic Director Community Wellbeing) agreed, and highlighted that community hubs had now come together with Social Prescribers to see how they could work better together. They were looking at identifying this as a priority for the health and care transformation board, and he advised that the Board may like to include it as a priority also.
- Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) advised that there was a social prescribing forum, and the CBS was an existing forum running sessions to bridge the divide between statutory and voluntary

organisations. He highlighted that this was an opportunity through link workers to be a catalyst for building that new model.

- Carolyn Downs (Chief Executive, Brent Council) advised that any new model should be put into the existing 5 hubs and not an additional one.
- Regarding what initially went wrong with the early co-ordination of services, Clair Thorstensen-Woll (Healthwatch Brent) concluded that they did not have a benchmark. They had looked at different services and noted that the blockage was that both the public and service providers did not know about them, so there had been no linkage or referral.
- It was highlighted that social prescribers would free up GP time as it was estimated that between 30-60% of GP appointments related to social issues. Sheik Auladin (Managing Director, Brent CCG) added that social prescribing in GPs was being invested in, with every GP required to have 1-2 depending on the size of the practice. Navigators and link workers had also been commissioned to link services.
- Jonathon Turner (Deputy Managing Director, Brent CCG) advised that they were planning to monitor impact through the steering group, such as demand management for GPs.
- Sheik Auladin confirmed that the issue would be taken up as part of ongoing work

As no further queries were raised the Board RESOLVED to note the recommendations outlined in the 'Social Isolation in Brent – staying well in the community' report.

9. **Pharmaceutical Needs Assessment**

Dr Melanie Smith introduced the report, explaining that it proposed how the Board's responsibilities in relation to the Pharmaceutical Needs Assessment should be discharged. It was explained that the Pharmaceutical Needs Assessment (PNA) was governed by specific regulations and the Board was required to publish an update every 3 years. She suggested that the Board delegated the authority for conducting, consulting on and publishing the PNA to a Steering Group.

In response to the report, the Board raised the following:

- It was highlighted that the requirement to consult local pharmacists on potential new pharmacies could be a barrier to residents' access to services, as existing pharmacists could object to any recommendation for additional pharmacies.
- Membership of the Steering Group was discussed, with Dr Melanie Smith highlighting that the regulations governing the way the PNA was conducted limited the group. It was agreed that a representative from planning should attend the group and a nursing home representative.
- As part of the consultation it was suggested that a project ensuring residents were aware of all the various ways they could access prescribed medications was undertaken.
- Lobbying for updated regulations was discussed and actions resolved, below.

It was RESOLVED that

- i) Councillor Farah (Lead Member for Adult Social Care), as Chair of the Health and Wellbeing Board, would take the issue of PNA regulations, including pharmacy regulations and membership of the steering group, to the London Health and Wellbeing Board and lobby to form a London-wide view
- ii) A representative from the planning department and a nursing home representative would be added to the membership of the Steering Group.

10. Enhanced Care

Phil Porter (Strategic Director Community Wellbeing) introduced the report, which set out the shift in approach to working with care homes across health and social care. The report highlighted how commissioners and care homes worked in partnership to deliver improved outcomes for Brent residents, and set out frontline practice changes and progress to date. It was being positioned as part of delivering agreed priorities, and was a new way of working with care homes and managers as system leaders. Mark Bird (Birchwood Grange Care Home Manager) was the Chair of the Care Home Forum group. There had been a shift in the way the department worked and a move away from purchasing individual placements but supporting the whole of the home.

Mark Bird explained that, since Chairing the group, care home managers had their own vision, aims, objectives and regulations as well as contractual obligations with the Council and CCG, which had allowed them to become more integrated with other services, have a voice and commission new services with the CCG. Examples of closer working and bringing in other services to support care home residents include: There were now 500 trained care staff for supervised tooth brushing and administering fluoride past. He noted the care home matters project and work done on oral care accessibility. NHS mail was now being rolled out across Brent to allow the communication of confidential data. There was an integrated pathway team that would need to be upskilled but was moving forward. There was a plan to look at how quality inspectors were engaging with providers.

Phil Porter also highlighted the measures in the paper, which focused on issues such as ambulance attendances and CQC ratings as a proxy for improving quality

The Chair thanked Phil Porter and Mark Bird for the update on enhanced care and invited comments from the Board with the following raised:

- Regarding advocacy for home care residents, Mark Bird confirmed that Healthwatch was looking at the acute sector and should be looking at the community sector as well. Previously residents were allocated a social worker for life but this was no longer available and often social workers were reallocated every ten weeks.
- Councillor Farah pointed out the success of the home care CQC rating that Mark Bird had achieved, highlighting that strong partnerships can achieve strong outcomes.
- The Board wanted to know how the forum could help care homes failing or needing improvement, to which Mark explained it was an area being looked at. In 2020-21 there was a plan to work with quality teams and inspectors and standardise audit procedures. It was highlighted that each home differed from

the next therefore this needed to be taken into account with inspections, and the value of trust was highlighted. Phil Porter added that the West London Alliance was looking to reduce bureaucratic burdens across care homes in all 8 Boroughs, and felt there was an opportunity to mechanise this for integrated commissioning across the CCG and Council.

- Mark Bird highlighted that he had been invited to work with NHS England as an adviser for care homes within their transformation team. He was the first manager to be invited to work with the chief nurse.
- It was highlighted that key stakeholders from local acute trusts were missing from the attendance of the meeting and an action resolved, below.

As no further questions were raised, the Board RESOLVED:

- i) That Meenara Islam write to the new interim Chief Exec and Chair of LNWUHT advising that in future representation at the Board was expected.
- ii) To note the improvement in joint working with care homes in Brent

11. Any other urgent business

Dr Melanie Smith provided an update on Coronavirus as the situation stood on the 10th February, explaining that it was a new virus and the UK response was determined by the fact it was new rather than that it was necessarily serious. The UK response, , was “contain”, seeking to buy time to find out more about how the virus behaved before, or if, community transmission became an issue in the UK. The case definition had been expanded the previous week and the message from public health was that anyone who had returned within the previous 14 days from countries specified and had fever or cough or shortness of breath should not go to hospital but call NHS 111 for a risk assessment. The London North West Health Trust had put a well-defined pathway in place, and had conducted over 40 assessments in the community. At the time of the update there had been no confirmed cases in London, but 17 cases in Northwick Park being assessed on a precautionary case definition and patients were being isolated in Royal Free having been transferred in from outside London. The UK was fortunate in that PHE were able to test for the virus. At the time of the meeting, 1,114 individuals in the UK had been tested at the time of the meeting with 8 individuals testing positive for the virus. The burden of the response was falling on the NHS and PHE who were case finding, testing, isolating and contact tracing. Cases were being treated in hospital for purposes of infection control rather than in response to the severity of the illness. It appeared that serious illness was only being seen in the elderly or those with pre-existing conditions. The virus did not appear to cause severe illness in children. Dr Melanie Smith confirmed that at the time of the meeting the virus had not mutated, and that work was ongoing to produce a vaccine.

12. Date of next meeting

The next meeting of the Board was due to be rescheduled.

The meeting was declared closed at 19:44 pm

COUNCILLOR FARAH
Chair

