

MINUTES OF THE HEALTH AND WELLBEING BOARD

Held on Tuesday 17 July 2018 at 6.15 pm

MEMBERS PRESENT:

Councillor Farah (Chair) and Councillors Hirani, Kansagra, McLennan and M Patel

Sheikh Auladin (Chief Operating Officer, Brent Clinical Commissioning Group (CCG)), Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent CCG), Dr Ketana Halai (Clinical Director – Willesden, Brent CCG)

Carolyn Downs (Chief Executive, Brent Council), 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: Meenara Islam (Strategic Partnerships Manager, Brent Council), Karina Wane (Head of Community Protection, Brent Council), Una Carney (Head of Thrive LDN and Partnership Communications and Engagement).

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from:

- Julie Pal (Chief Executive, Healthwatch Brent)
- Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust)
- Claire Murdoch (Central and North West London NHS Foundation Trust)
- Philippa Galligan (Central and North West London NHS Foundation Trust)

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the previous meeting

It was **RESOLVED** that the minutes of the previous meeting, held on 27 March 2018, be approved as an accurate record of the meeting.

4. Matters Arising (If Any)

There were no matters arising.

5. Knife Crime Prevention

Karina Wane (Head of Community Protection, Brent Council) introduced the report which highlighted current knife crime trends across London and the specific challenges faced in Brent. She said that the paper had been brought to the attention of the Health and Wellbeing Board as per recommendations made by the Deputy Mayor for Policing and Crime and the Safer Brent Partnership with the aim

of securing the support of partners to tackle the issue. Ms Wane stated that knife crime had been on the rise for the past 12 months, including in Brent – in 2017-18 there had been a 60% increase on recorded offences compared to 2016-17 (764 and 475 respectively) which was the fourth highest in London and had placed Brent as having the fourth highest level of knife crime in the capital. Therefore, it was important to consider new ways of addressing the issue, including adopting a public health approach.

Dr Melanie Smith (Director of Public Health, Brent Council) provided more information on the public health approach, stating that it had roots in the approach of the World Health Organisation (WHO) to violence – violence, including knife crime, was considered to be preventable through identifying risk factors and circumstances in which it occurred. In addition, it was considered to be similar to an infectious disease as people who had been exposed to violence, were likely to commit violence. Dr Smith highlighted the need to evaluate potential interventions, taking into account the specifics of the Borough.

Members sought feedback on how other Health and Wellbeing Boards across London had taken the issue forward and asked if other agencies such as the Department for Work and Pensions and the Mayor's Office had targeted knife crime. Ms Wane responded that she had not received any feedback from other local authorities as most of them were taking reports to their respective Boards at roughly the same time. However, all London boroughs were considering minimum standards and had held conversations with stakeholders to examine gaps in service provision. Moreover, the Mayor's Office had released funding to tackle knife crime and a second round scheduled to become available in September and October 2018. Community Protection had been considering measures that could be taken to address the issue in the Borough, but if the level of funding was sustained, it could be necessary to curtail some of the current initiatives. As the existing funding would be available until the 2020/21 financial year, therefore, the present moment was a suitable time to re-consider the Borough's priorities. A Member pointed out that despite the measures that had been taken to address the problem, knife crime in the Borough had increased by 32%. In response, Ms Wane said that more could be done in relation to on street outreach work as engagement of often took place after an incident had happened. Therefore, funding could be re-aligned to provide more opportunities to work with people who were at risk and, especially, with residents under 25.

In relation to next steps, the Board heard that Ms Wane and Dr Smith would be meeting with representatives of the Central and North West London NHS Foundation Trust the following week and it was noted that it would be helpful if the Trust could provide the Council with information about people who had presented themselves at Accident and Emergency (A&E) departments with knife crime injuries. In addition, Sheikh Auladin (Chief Operating Officer, Brent Clinical Commissioning Group (CCG)) said that Brent (CCG) would be able to facilitate a similar dialogue with the Central Middlesex Hospital as a number of gunshot and knife crime injuries were treated there. Furthermore, Community Protection would take the appropriate actions to ensure that practices applied in Brent were in line with other boroughs did and would continue applying for grant funding. Ms Wane invited partners to share information on ways they could support the process as knife crime was an issue that was not limited to community safety, but impacted a wide range of stakeholders. She added that although that Brent was a high priority

need borough, the exact amount of funding that would be allocated to each borough as part of the Mayor's Office grant could be reduced, which would mean that Brent would have to look at other sources of funding. The outcome of the bidding process would be known in 2019.

The Board focused its attention on examining knife crime in London from a public health perspective. Dr Smith said that the Directors of Public Health and Children Services had had initial discussions on how their respective service areas could support the actions taken against knife crime. Dr Ethie Kong (Chair and Co-Clinical Director, Brent CCG) highlighted that health partners could look into the existing structure and seek ways to maximise their involvement by raising awareness; identifying families as vulnerable; sharing data; and coding information in a correct and efficient way that would allow other agencies to use it. Some of these actions would be in line with the Council's Digital Strategy and would contribute to the development of algorithms which would help to identify people at risk. Moreover, Ms Wane said the Community Protection service would be launching a new campaign in August 2018, which health partners would be welcome to promote.

A Member of the Board referred to paragraph 8.3.5 of the report (page 19 of the Agenda pack) and asked where the relaunched and refocused young people's component of the New Beginnings Service would be delivered. Dr Smith explained that the service would be available at a number of settings and would offer a wide range of interventions including group work, one-to-one support, outreach and drama support as well as sessions focused on bullying and resilience

As far as real world approaches to violence utilising a public health approach were concerned, the Board questioned the examples of US models provided in the paper and their effectiveness if applied in Brent. Ms Wane said some of them had been tried and they had not worked in the Borough – for example the Boston anti-gang violence initiative had been successful in Glasgow, but not in London despite the large number of gangs in the capital, The Board heard that the Community Protection service would be meeting the professor behind the Cure Violence Model and would ask him to get involved in a peer review, which would be the first one in London.

The Board noted that the topic of knife crime had been discussed at a recent meeting of the Safer Brent Partnership and it would be the subject of a joint Task and Finish Group of the Resources and Public Realm and the Community and Wellbeing Scrutiny Committees.

RESOLVED:

- (i) The contents of the Knife Crime Prevention – Review of Evidence and Recommendations report, be noted;
- (ii) That the Health and Wellbeing Board acknowledged knife crime as a public health issue;
- (iii) That the need to work together as a partnership to strengthen knife crime prevention measures be acknowledged; and

- (iv) The proposals outlined in section 10 of the report be endorsed with a specific regard to how these could be best taken forward by health organisations.

6. Mental Wellbeing in Brent

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report and informed the Board that in 2017 the Mayor of London and the London Health Board had launched Thrive LDN – a city-wide movement aspiring to promote mental wellbeing, prevent illness and eliminate suicide in London. In 2018 Thrive LDN had launched a summer awareness-raising campaign focusing on inequalities in mental health and several teams across the Council and Brent Clinical Commissioning Group (CCG) would work together to explore how various Thrive LDN materials could be used locally in order to adapt the campaign's six aspirations (see paragraph 3.2 of the report (page 28 of the Agenda pack) and start conversations with local people and community groups. In addition, the Board heard that the Council was conducting an outcome based review (OBR) on mental health and employment and an event promoting five ways to wellbeing and resilience would be organised. In relation to the OBR, Phil Porter (Strategic Director of Community Wellbeing, Brent Council) said that it would be conducted in partnership with Brent Clinical Commissioning Group and Job Centre Plus. Mr Porter said that the OBR was expected to raise awareness of the services offered by various providers and highlight duplications so processes could be streamlined to improve performance.

Una Carney (Head of Thrive LDN and Partnership Communications and Engagement) provided background information to the project, including the 'Are you OK, London' campaign which had taken place in the period August to October 2017. Its aim was to bring a range stakeholders, ranging from schools to businesses, together to examine mental health from multiple perspectives. 17 workshops had been held across London (including in Brent) and 20,000 individual interactions had taken place. One of the big issues that had been identified was inequality – for instance, people from certain backgrounds and those living in poverty were identified as being at a higher risk of experiencing mental health issues. In relation to the 2018 campaign, Ms Carney pointed out that it had recently been launched online and it provided opportunities for local authorities to customise it to fit their needs. This led to a discussion about specific actions taken in Brent and Ms Carney said that as a result of the 'Are you OK, London' campaign, a number of stakeholders had expressed interest to work with Thrive LDN to localise campaigns to fit the needs of the Borough. She emphasised the importance of mobilising local communities to lead on campaigns and assured the Board that support was available to Thrive Champions.

In response to a question about engaging further education colleges, Ms Carney said that while Thrive LDN had been successful in involving a number of universities, it had been difficult to reach out to further education colleges so the organisation would be grateful if stakeholders at borough level could facilitate dialogue. Gail Tolley (Strategic Director of Children and Young People, Brent Council) suggested that the matter could be discussed at a strategic level through London Councils.

Referring to paragraph 3.7 of the report (page 29 of the Agenda pack), Dr Ethie Kong said that stakeholders in the health sector were promoting the health and wellbeing of their employees through a network of ambassadors who organised lunchtime activities to raise awareness.

In relation to aspirations for the future, Ms Carney said that Thrive LDN was looking forward to securing funding to run a leadership development programme to provide formal training to Thrive Champions and promote the movement's aspirations. In addition, a programme focused on mental health awareness and mental health first aid courses would be rolled at primary schools out in collaboration with local charities.

RESOLVED that:

- (i) That the contents of the Mental Wellbeing in Brent report, be noted.
- (ii) Thrive LDN's principles be endorsed by the Health and Wellbeing Board;
- (iii) The Thrive LDN campaign be noted; and
- (iv) The development of the mental health and employment OBR and its link with the work around mental wellbeing be noted.

7. Children's Trust Update

Gail Tolley (Strategic Director of Children and Young People, Brent Council) introduced the report and commended Wendy Proctor (Strategic Partnerships Officer, Brent Council) for her support to the Brent Children's Trust (BCT). The paper provided the Board with a broad summary of BCT's work programme and actions of the Joint Commissioning Group (JCG) from November 2017 to March 2018. Ms Tolley made a reference to the recent Inspection of Local Authority Children's Services (ILACS) and highlighted that inspectors had complimented the work of the BCT. Ms Tolley noted that the report contained a recommendation asking the Health and Wellbeing Board to champion the protection of Child and Adolescent Mental Health Services (CAMHS). This had been a result of a request made by the Brent Clinical Commissioning Group (CCG) as it was anticipated that funding from National Health Service England (NHSE) for CAMHS transformation would cease in 2019/20. While some of the redeveloped services were no longer reliant on transformation funding there was concern that other services would be vulnerable to the reduction of funding. This statement was supported by Sheikh Auladin (Chief Operating Officer, Brent CCG) who said that the Local Authority and NHSE were experiencing similar pressures on their budgets which meant that they had to explore how they could improve the way they worked together. This could provide opportunities for more effective joint commissioning and service transformation. A Member of the Board commented that it could be possible to look at the way funding had been allocated as the service for children had been oversubscribed, while the demand for adults had been at the expected level.

Dr Ethie Kong (Chair and Co-Clinical Director, Brent CCG) commented that the Board had to examine the Sustainable Transformation Plan (STP) and ensure that it reflected that CAMHS had been prioritised across North West London and that

stakeholders were willing to address the current challenges related to funding. However, this should not be done at the expense of Adult Mental Health Services as the two should complement each other.

The Board noted that it was necessary to secure the support of senior officers to build a joint approach and lobby the system to get investment back into the community via primary care services to replace the existing model which was not sustainable. It was pointed out that similar discussions had been going on for approximately two years without having a conversation about making an investment to prevent the demand for CAMHS.

In terms of future steps, Carolyn Downs (Chief Executive, Brent Council) stated that Brent could work collaboratively with the London Boroughs of Westminster and Kensington and Chelsea to submit an application for funding through the West London Alliance. In addition, Councillor Muhammed Butt (Leader, Brent Council), Councillor Margaret McLennan (Deputy Leader, Brent Council) and Ms Tolley would bring the issue to the attention of London Councils Leaders' Committee, London Councils Finance Forum and the West London Alliance respectively.

RESOLVED that:

- (i) The contents of the Brent Children's Trust Update November 2017 to March 2018 report, be noted;
- (ii) The Health and Wellbeing Board's support for the protection of CAMHS service funding from 2019/20 be placed on record;
- (iii) The issue of CAMHS service funding be brought to the attention of the London Councils Leaders' Committee by Councillor Muhammed Butt;
- (iv) The issue of CAMHS service funding be brought to the attention of the London Councils Finance Forum by Councillor Margaret McLennan; and
- (v) The issue of CAMHS service funding be brought to the attention of the West London Alliance by Gail Tolley.

8. Child Death Overview Panel Annual Report

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report and explained that the Child Death Overview Panel (CDOP) was a subcommittee of the Local Safeguarding Children Board (LSCB). Members heard that the LSCB had considered the paper at its meeting on 28 June 2018 so the version that was presented to Board included an account of the LSCB deliberations. Dr Smith explained that the CDOP identified factors which were associated with a death, but it could not be determined whether these were causative (paragraph 3.3 of the cover report (page 42 of the Agenda pack)), i.e. CDOP did not make conclusions that some deaths were preventable, but it focused on factors that could be modified to prevent future deaths. She informed the Board that the National Health Service (NHS) had declared four serious incidents in the course of the year and directed Members' attention to section 16 of the report (page 56 of the Agenda pack) which provided a summary of the lessons learned.

A Member of the Board enquired about the reasons why the number of child deaths by ethnicity and locality varied greatly from year to year. Dr Smith explained that table 11 (page 52 of the Agenda pack) provided information on child deaths reviewed by the Panel which was not the same as the number of deaths that had been notified to the CDOP. In relation to the geography of deaths, she noted that there was a strong correlation between deprivation and child and infant mortality, and some ethnicities, who lived in certain parts of the Borough, were more prone to congenital diseases than others.

Both the CDOP and the LSCB had considered congenital diseases associated with consanguinity and had not defined them as modifiable. Instead, CDOP had sought assurances that families were supported by the NHS to make informed choices about affected pregnancies and planned future pregnancies.

Late booking and a consequent lack of antenatal care had been noted as an issue previously and remained a factor in some deaths in 2017-2018.

Dr Smith commended the work of Dr Arlene Boroda (Designated Doctor for Unexpected Child Deaths) in supporting the CDOP and contributing to its 2017/2018 Annual Report.

The Board noted that the lessons learned section of the report had been very useful and encouraged the authors to share the information with primary care clinicians and include it in child protection training sessions.

RESOLVED that the contents of the Child Death Overview Panel Annual Report, be noted.

9. Healthwatch Work Plan and Priorities

The Chair informed Members that as no representatives of Healthwatch Brent were present at the meeting, there were two potential ways to deal with the report – the Board could discuss the paper and request the Strategic Partnerships Manager to send written comments to Healthwatch Brent or the item could be deferred until the next meeting of the Board in October 2018.

It was **RESOLVED** that the Healthwatch Brent Update Report be discussed at the next meeting of the Health and Wellbeing Board, taking into the account the feedback provided at the present meeting.

Members of the Board questioned the key achievements over the past financial year (paragraph 3.7 of the report (page 63 of the Agenda pack)) and asked how these related to the services the organisation had been commissioned to deliver, e.g. increasing the number of Healthwatch Brent's Twitter followers had not been a priority for Brent. In addition, there had been instances in which the organisation had been asked to re-write reports, such as the one on under-5s oral health. Phil Porter (Strategic Director of Community Wellbeing, Brent Council) reminded the Board that the Council and Brent Clinical Commissioning Group (CCG) could only provide guidance to Healthwatch Brent on what areas it should examine. Dr Ethie Kong (Chair and Co-Clinical Director, Brent CCG) supported this view and said that while Brent Council and Brent CCG commissioned Healthwatch Brent to deliver

certain services, the organisation had to work closely with commissioners in order to understand the area, its population and its needs.

The Board placed on record that it was necessary to have a discussion with Healthwatch Brent on the priorities for the Borough and its residents, with an emphasis being placed on initiatives that would add value to the services provided – for instance, the scope of the key issue related to understanding the hospital discharge experience of older residents could be expanded to include experiences of young people who had been admitted because they were victims or were involved in knife crime.

It was **RESOLVED** that the contents of the discussion be shared with Healthwatch Brent for consideration and further deliberation at the next meeting of the Health and Wellbeing Board.

10. **Any other urgent business**

The Chair placed on record the Board's thanks to Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent CCG) for all of her hard work and congratulated her for being successfully nominated as an outstanding woman leader within the National Health Service (NHS) as part of the celebrations for the NHS 70th anniversary.

11. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health and Wellbeing Board would be held on Tuesday 9 October 2018.

The meeting was declared closed at 7.38 pm

COUNCILLOR HARBI FARAH
Chair