

## MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Tuesday 9 October 2018 at 6.00 pm

### MEMBERS PRESENT:

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

Dr MC Patel (Vice-Chair of the Health and Wellbeing Board; Chair, Brent Clinical Commissioning Group - CCG), Sheikh Auladin (Managing Director, Brent CCG), 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), Helen Woodland (Operational Director, Adult Social Care – representing Strategic Director – Community Wellbeing, Brent Council).

Julie Pal (Chief Executive Officer, Healthwatch Brent).

**Also Present:** Meenara Islam (Strategic Partnerships Manager, Brent Council), Ian Niven (Manager, Healthwatch Brent), Johnathan Turner (Deputy Managing Director, Brent CCG) and Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council).

### 1. Vice-Chair of the Health and Wellbeing Board

Councillor Farah welcomed everyone to the meeting with Members noting that following a change in representation by Brent Clinical Commissioning Group (CCG), Dr M.C.Patel had replaced Dr Kong as both a member and Vice-Chair of the Board.

Members formally welcomed Dr Patel as a member of the Board.

### 2. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following Board members:

- Councillor Hirani (with Councillor Tatler attending as substitute)
- Carolyn Downs (Chief Executive, Brent Council)
- Phil Porter (Strategic Director for Community Wellbeing, Brent Council – with Helen Woodland (Operational Director, Adult Social Care) attending in his place)
- Simon Crawford ( Director of Strategy, London North West Healthcare NHS Trust)
- Dr David Finch (NHS England)
- Claire Murdoch & Philippa Galligan (Central and North West London NHS Foundation Trust)

- Mark Easton (Accountable Officer North West London CCGs)

### 3. **Declarations of Interest**

None declared.

### 4. **Minutes of the previous meeting**

**RESOLVED** that the minutes of the previous meeting, held on 17 July 2018, be approved as an accurate record of the meeting subject to the following amendments:

- (1) Duncan Ambrose (Assistant Director, Brent Clinical Commissioning Group) and Dr Shazia Siddiq (Clinical Director, Brent Clinical Commissioning Group) being removed from the list of Also Present at the meeting;
- (2) Minute 8: Child Death Overview Panel Annual Report - Reference to the Child Death Review Panel in line 2 being amended to Child Death Overview Panel (CDOP).

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

There were no matters arising.

### 6. **Healthwatch Brent Work Programme 2018/19**

Julie Pal (Chief Executive Officer – Healthwatch, CommUNITY Barent) introduced the report which included the 2017/18 Annual Report from Healthwatch Brent and also detailed their work programme and priorities for 2018/19. Before focussing on the report, she began by apologising to the Board for Healthwatch’s non-attendance at the previous meeting in July which she advised had been due to an administrative miscommunication. Councillor Farah, as chair, thanked her for the apology which had been fully accepted on behalf of the Board.

Moving on to the report, Julie Pal began by highlighting that CommUNITY Barnet had been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018. The 2017/18 Annual Report (which had been attached as Appendix 2 to the report) had been produced to highlight Healthwatch Brent’s key achievements over the previous financial year and had been reported to Healthwatch England as part of the required statutory obligations. The Board noted the summary of key achievements, as detailed within section 3.8 of the Health and Wellbeing Board report.

In terms of Healthwatch’s operational priorities for Brent in 2018/19 Julie Pal introduced Ian Niven (Healthwatch Brent Manager) to the Board who began by outlining the way in which the development of the priorities had been informed. The process had involved seeking to combine evidence from a range of partners along with:

- the HeathWatch Brent Advisory Board;
- programme leads for the Brent Health & Social Care Partnership;
- The Friends of Healthwatch Brent;

- Contract Managers;
- Priorities identified in the Brent Joint Strategic Needs Assessment, Sustainability and Transformation Plan, Better Care Fund and Director of Public Health Annual Report (to ensure strategic alignment)

The evidence gained from this process, alongside views gathered from health and social care users and residents through engagement and outreach had been used to assist in identifying key issues and needs in order for commissioners and providers to consider developing joint responses. On the basis of the approach outlined, the Board noted the key issues which had identified in Brent in 2018/19, as detailed in section 3.12 of the report with specific activity, highlighted as an example, in relation to the raising of awareness within certain community groups in relation to prostate cancer.

The Chair thanked Julie Pal and Ian Niven for the update provided and then invited comments from the Board, with the following issues highlighted:

- (a) In terms of the priorities identified for 2018/19, whilst supportive of the work being undertaken to raise awareness around prostate cancer (particularly within the Black Afro-Caribbean community) Dr MC Patel felt it important to highlight the need for a more targeted approach in relation to any screening programme given the costs associated and need to take account of the required clinical assessment. Julie Pal and Ian Niven advised these factors had been recognised, with Healthwatch committed to continuing to work closely with Brent CCG and clinicians regarding delivery of the project and messages being delivered as part of the awareness raising process.
- (b) In terms of the high level priorities identified for 2018/19, Councillor McLennan felt it would be useful for more detail to be provided as part of future updates on the actions being developed to address each area, which the Board also supported. Details were also sought on the engagement of staff in the process for identifying operational priorities, which Julie Pal advised the Board included close liaison with the contract manager and also with relevant programme leads.
- (c) Looking at the achievements outlined during 2017/18, Councillor Farah (as Chair) sought further details on the success reported in terms of the extended reach of Healthwatch via social media and also in relation to the increased number of residents engaged. In response Ian Niven advised that the feedback received from the 1200 residents had been as a result of direct contact, with these comments having been fed back to statutory partners. In terms of social media there had been a specific focus on increasing its use in order to raise awareness around the role and information available from Healthwatch Brent which had been a success, resulting in an increase in Twitter followers to over 1400.
- (d) As a final issue, Councillor Farah highlighted the findings within the recent report from the Care Quality Commission (CQC) relating to their inspection of the London North West Healthcare NHS Trust and sought details on the engagement of Healthwatch Brent in the inspection process and in terms of ensuring that the patient voice was fully captured. In terms of being able to capture and represent the patient voice, Ian Niven advised of the regular visits undertaken to the main hospitals and clinics within Brent with comments and

views received feedback to the Trust on a regular basis through their Patient Experience Committee. Whilst sharing the Boards disappointment at the outcome of the inspection in terms of the limited progress made since the previous inspection, he was also keen to highlight the proactive relationship between Healthwatch and the Trust. In relation to engagement in the process, Julie Pal advised that Healthwatch maintained a good working relationship with the CQC as a trusted partner and would be attending the CQC summit meeting in November.

Whilst noting the positive working relationship with both the Trust and CQC, the Board remained concerned regarding levels of public awareness and understanding in relation to the current CQC inspection and also in terms of the management response from the Trust to the previous inspection given what was perceived to be the lack of cultural and organisation change delivered. In terms of raising awareness, Councillor McLennan highlighted the potential use of the Brent Connect Forums with the Chair also reminding members that the Council's Community Wellbeing Scrutiny Committee would also be hosting a meeting to undertake a detailed review of the inspection findings and response being developed by the Trust, which representatives of all interested parties had been invited to attend.

As no further issues were raised Councillor Farah thanked Julie Pal and Ian Niven for attending the meeting in order to present the Healthwatch Annual Report and 2018/19 priorities and it was **AGREED**:

- (1) To formally note the 2017/18 Healthwatch Brent Annual Report; and
- (2) To formally note the Healthwatch Brent priorities identified for 2018/19, on which further detail would be provided around key actions as part of any future monitoring updates.

## 7. **Public Health Dashboard**

Dr Melanie Smith (Director of Public Health) introduced the report which informed the Board of the recent publication of the Public Health England (PHE) Dashboard along with Brent's performance, as measured against the dashboard.

The Board noted that the dashboard contained eight indicators which covered a range of public health service areas on which the local authority would lead and also contained a new measure in terms of the ranking of each authority. Brent's performance was comparable to all other upper tier local authorities with similar levels of deprivation and their nearest statistical neighbouring authorities. In terms of specific performance, Brent was performing well in relation to five indicators with a need to improve performance identified in relation to the remaining indicators on childhood obesity; best start in life and air quality. These were already areas in which the need for action had been identified with the specific measures developed in response detailed within section 3 of the report. The Board also noted that whilst many of the indicators were composite (representing a summary measure from a number of different indicators) there were some more local indicators specifically relevant to Brent not included.

The Board noted the strong performance specifically highlighted in relation to Alcohol and Drug Treatment. The service had recently been recommissioned and was subject to a new lead provider but it was anticipated that any resulting impact on performance would be minimal.

Councillor Farah (as Chair) thanked Dr Melanie Smith for introducing the report and then invited comments, with the following issues raised:

- (a) Dr Ketana Halai sought clarification on the decision taken by the local authority in relation to the funding of the NHS Healthcheck programme. In response Dr Melanie Smith confirmed that whilst funding had not been withdrawn measures had been put in place to encourage more effective targeting of the programme.
- (b) Councillor Tatler took the opportunity to highlight the close links between the review currently being undertaken on the Local Plan and how this would impact on the delivery of the more strategic aims relating to health within the Mayor for London's Environment Strategy. Dr Melanie Smith advised the Board that these links had already been recognised with an increasing level of joint work between Public Health and the Council's Planning Policy and Development Control Teams. As an example she referred to the joint work undertaken to prevent the development of hot food takeaway premises in the immediate vicinity of local schools.
- (c) In relation to the action being taken to improve performance around childhood obesity, Dr MC Patel sought further details on the proposed use of the £195k awarded to Brent under the Healthy Pupils Capital Fund. In response Dr Melanie Smith advised that the funding was for use by schools who were being invited to submit bids for one off capital projects designed to improve not just the physical but also mental health of pupils. Whilst GPs were not directly involved in the bid process under this funding stream, she advised that suggestions would still be welcomed regarding potential use of the funding.
- (d) In terms of the action being taken to improve performance around air quality Dr MC Patel sought details on the key issues identified for action and potential impact arising from the extensive building works being undertaken across the borough. In response Dr Melanie Smith supported by Councillor Tatler advised that the main issue remained vehicle exhaust fumes with building works closely regulated and the Council working with developers to support the ethical construction guidelines. The benefits of encouraging housing development were also highlighted in terms of their wider public health impacts.

In terms of vehicle emissions and traffic congestion the Council were actively supporting the aims within the Mayor for London's Transport Plan by seeking wherever possible to reduce car ownership and encourage greater use of public transport and other "greener" travel initiatives such as cycling. In addition the Council were continuing to work closely with TfL in order to encourage and support the roll out of their electric bus fleet and more effective use of the diesel bus fleet.

- (e) Moving on to focus on the action being taken around performance in relation to childhood obesity, Councillor Farah (as Chair) was keen to explore the attempts being made to raise awareness within certain communities and amongst parents around the issues needing to be addressed. In response Dr Melanie Smith advised that the need to engage and work with families had been recognised as part of the overall approach, with work being focussed around the support and information available through the health visiting and Children's Centres. In addition sessions were being delivered through the Junior Citizenship Scheme specifically around sugar awareness accessed by Year 6 pupils across the borough.

As no further issues were raised the Chair thanked Dr Melanie Smith for her report and it was **RESOLVED** that the Board note the performance by Brent in relation to the Public Health England Dashboard.

## 8. **Mental Health and Employment Outcome Based Review**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report providing an update on development of the Outcome Based Review (OBR) for Mental Health, including an outline of the methodology and scope.

The Board noted the background to establishment of the review, which had been focussed around developing a shared approach across the Council and with partners for supporting people with common mental ill health into employment. The initial scope of the review had been set out in 4.8 of the report and was designed to focus on:

- Development of a shared commissioning approach, recognising the number of multiple commissioners;
- Profiling the type and level of demand;
- Mapping of current pathways for this type of employment support, recognising the overlaps and complex nature of many referral routes, alongside the level so public investment in services;
- reviewing the effectiveness and impact of current commissioning and delivery arrangements including the capacity to respond to need;
- identification of any gaps in service provision and development of a joint commissioning framework;

Given the scale of the issue, confirmation was provided that the scope of the review would not, at this stage, include those with mental ill health maintaining work.

The following issues were raised by members of the Board in relation to the update:

- (a) The suggestion was made that membership of the Project Board also include an employer and Trade Union representative recognising the need to consider conditions within the work environment supporting those with mental ill health back into work. In terms of engagement with employer representatives Dr Melanie Smith advised that the approach had been designed to ensure as wide a range of employers were involved as possible as the review progressed in liaison with organisations such as the Chamber of Commerce and Federation of Small Businesses. Similarly, based on the suggestion

made by the Board, consideration would also be given to the process for engaging with Trade Unions.

- (b) The Board felt that more emphasis was required in terms of the scope of the review around the support and guidance available to employers supporting those with mental ill health in to work. It was noted that issues around employment practices once in work would fall outside of the initial scope of the review.
- (c) Whilst recognising the scope of the review, the impact of more flexible working patterns was also highlighted as a potential issue in relation, for example, to concerns around social isolation.

As no further issues were raised the Board thanked Dr Melanie Smith for the update and **RESOLVED**:

- (1) To note and endorse the scope and approach outlined towards the Mental Health & Employment OBR, subject to the recommended inclusion of the following additional element:
  - a review of the support and guidance available to employers in supporting those with mental ill health back in to work
- (2) To note and endorse the membership of the Project Board, subject to the inclusion of engagement with both employer and Trade Union representatives as the review was progressed.
- (3) To note that the Board would be asked to consider and sign-off the review report in March 2019.

## 9. **Brent Health and Care Transformation Programme Review**

Tom Shakespeare (Director of Integrated Care) introduced the report seeking the Board's comments and endorsement to a number of proposed changes to the joint programme of works across health and social care under the Health and Care Transformation Board (formerly known as the Sustainability and Transformation Plan (STP) Board).

In presenting the report the Board noted:

- The progress achieved against the 2017/18 priorities within the Brent Health and Care Plan and Better Care Fund (BCF) Plan as detailed within section 3.2 of the report;
- The outcome of a subsequent review of delivery against the Plan undertaken by the Transformation Board, as detailed within section 3.3 of the report, which had identified that despite good progress being delivered in a number of areas further improvements could be made to the scale of progress and transformation in relation to key priority areas;
- The criteria agreed by the Transformation Board as a focus for their ongoing work, as detailed within section 3.4 of the report;

- The key priority areas (as detailed within section 3.5 of the report) which as a result of the review, the Board were now proposing to focus on with the aim to have overseen delivery of the following by April 2019:
  - A patient centred older people's care pathway reducing delays in hospital discharge and improving patient experience;
  - A joint commissioning and brokerage function for nursing, residential and home care creating a catalyst for development of a fully integrated care system;
  - A joint market management approach, including care home networks and training development and support;
 In addition by April 2020 it was proposed that the Board would have overseen:
  - Development of an integrated care system;
  - Development of new approaches to promote prevention and self-care in the community; and
  - An integrated service of support for people with dementia.
- The revised governance arrangements which it was proposed should be established to support delivery of the priorities based on a new model of distributed leadership as detailed within sections 3.6 and 3.7 of the report. The aim of the review had not been to cease work on existing programmes but to review the current focus of the Board in order to drive forward a programme of improvement on the basis of the criteria set out in section 3.4 of the report.

The Chair thanked Tom Shakespeare for his introduction and then sought comments on the proposals set out within the report, with the following issues highlighted by members of the Board:

- (a) Councillor Kansagra, highlighting a number of concerns regarding the process for discharge of hospital patients, was keen to explore how these would be addressed within the revised priorities. Tom Shakespeare advised that it was proposed to address patient discharge through development of the patient centred older people's care pathway, which included within its remit the aim of reducing inefficiencies and duplication within existing pathways, recognising the number of agencies often involved in the discharge process and also the complexity and processes required for non-routine cases.
- (b) The need identified by Gail Tolley (Strategic Director – Children & Young People), given the focus on the Transformation Board priorities referred to in the report around adult services, to recognise the extent of funding also provided through the Plans for programmes relating to children and young people and to be clear on how these would continue to be delivered under the proposed new arrangements. In response Helen Woodland (Operational Director – Adult Social Care) advised that under the new distributed leadership model existing programmes and priorities agreed under the Health and Care Plan and Better Care Fund (BCF) Plan would continue to be delivered including work of the Whole Systems Integrated Care (WSIC) programme, although this would involve more effective use of the shared information dashboard, which Gail Tolley advised the Council would be willing to act as a pathfinder to assist on.
- (c) Given the various funding streams involved, DR MC Patel felt it would be useful if the Board could be provided with an overview of the funding allocated



between priorities across each area to assist in clarifying the links with other connected strands of work. This was supported by Sheik Auladin (Managing Director, Brent CCG) who advised he would also been keen to increase the focus on the detailed outcomes being sought as a result of the priorities identified and how these would impact, as an example, on management of existing pathways such as those relating to winter care. Whilst the new approach would not prevent a focus on these type of issues, Helen Woodland felt it was important to highlight the main purpose of the review had been to focus on the delivery of transformation in the priority areas identified on a shared, multi-organisational and integrated basis.

As no further issues were raised the Chair thanked Tom Shakespeare and Helen Woodland for their update and the Board **RESOLVED** to endorse:

- (1) the re-naming of the Sustainability and Transformation Plan Board to the Health and Care Transformation Board, reflecting the focus on shared priorities across Brent (including Brent Health and Care Plan and the Better Care Fund).
- (2) the re-focussed priorities of the programme into three key areas for 2018/19 (Older People's Pathway, Integrated Commissioning and Market Management and enhance care in homes) along with the scoping of three further priorities for further development (Self Care, Dementia and Integration Development).
- (3) development of a model of distributed leadership across multiple programmes of work to ensure sustained transformation across the breadth of activity across the NHS and local government.

#### 10. **Brent Clinical Commissioning Group commissioning Intentions**

Jonathan Turner (Deputy Managing Director, Brent CCG) introduced the report which set out Brent Clinical Commissioning Groups (CCG) commissioning intentions for financial years 2019/20 – 2020/21, as aligned with the North West London (NWL) Sustainability and Transformation Plan (STP).

In considering the report, the Board noted:

- The approach taken by the CCG to development of its commissioning intentions, which had involved a collaborative process as well as a focus on national and local policy drivers and had been supported by number of different consultation events including the Health Partners Forum;
- The strategic context within which the commissioning intentions had been developed, as detailed within Part 1 of the Draft Commissioning Intentions 2019-2021 document appended to the report. The draft intentions had also reflected the key priorities identified by the Brent Health and Care Transformation Board, as detailed within section 3.5 of the Health and Wellbeing Board report;
- The summary of the commissioning intentions as organised by STP delivery area and detailed within section 3.6 of the Health and Wellbeing Board report;
- Subject to final approval by the CCG the intentions would then need to be embedded within the contracting cycle to ensure they were reflected in service contracts and contract monitoring processes.

Following on from the overview provided, Councillor Farah (as Chair) opened up discussion in order to seek comments from the Board on the draft commissioning intentions, with the following issues raised:

- (a) given the links to tackling obesity contained in many of the delivery areas and especially in relation to prevention and wellbeing details were sought on the measures being taken to encourage exercise and improve access to green spaces across the borough. Recognising the need for a whole system approach and for clear messages and the signposting of available support in relation to healthy eating and lifestyle choices the Board noted the various opportunities being developed which included a review of access to public sports facilities undertaken as part of the Local Plan review, development of active travel plans and a leisure discount card.
- (b) the concerns expressed in relation to delivery of safe, high quality and sustainable acute hospital services given the recent outcome of the CQC inspection into the London NW Hospital (NHS) Trust and how it would be possible to ensure that patients and residents were fully engaged in the shaping of the commissioning process and in influencing change. In terms of the involvement of Healthwatch, Ian Niven advised that whilst needing to recognise limits in terms of their capacity it was possible to provide examples of the patient voice working well in terms of service design. It was, however, recognised that work was still needed to place patients at the heart of the commissioning process. In response to the concerns raised, Councillor McLennan highlighted the potential engagement opportunities available through the Brent Connect Forums, which Jonathan Turner advised he would be keen to explore. The Board also noted that the draft commissioning intentions were currently subject to public consultation via an online survey supported by various patient and public consultation events, as detailed within section 7 of the Health & Wellbeing Board report. In view of the concerns raised, however, the Board remained keen to ensure that as wide a range of options were available to ensure residents and patients' views were incorporated within the final commissioning intentions.

As no further issues were raised the Chair thanked Jonathan Turner for the update and the Board **RESOLVED** to note and endorse the CCG commissioning intentions, subject to the comments identified at the meeting.

#### 11. **Any other urgent business**

Due to the limited time available, no items of additional business were raised at the meeting.

#### 12. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health and Wellbeing Board would be held at 6pm on Tuesday 22 January 2019.

The meeting was declared closed at 7.56 pm

COUNCILLOR HARBI FARAH  
Chair