

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Monday 15 July 2019 at 6.00 pm

PRESENT:

Councillor Farah (Chair), Dr M C Patel (Vice-Chair) and Sheik Auladin (Brent CCG), Mark Easton (Accountable Officer, NWL CCGs), Councillor Hirani (Brent Council), Councillor McLennan (Brent Council), Councillor M Patel (Brent Council), Councillor Kansagra (Brent Council) Dr Ketana Hala (Brent CCG), Julie Pal (Healthwatch), 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: Sandra Ademola (District Manager, Department for Work and Pensions), Ralph Elias (attending on behalf of Simon Crawford, London North West Healthcare NHS Trust), Bryony Gibbs (Governance Officer), Russell Gibbs (Change Manager), Meenara Islam (Strategic Partnership Manager) and Ian Niven (Healthwatch Brent).

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

Apologies for absence were received from:

- Mark Bird (Brent Nursing and Residential Care Sector)
- Simon Crawford (London North West Healthcare NHS Trust) – represented by Ralph Elias.

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: that the minutes of the previous meeting held on Tuesday 23 April 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. **Order of Business**

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

6. **Brent's vision for a local integrated care system**

Phil Porter (Strategic Director, Community Wellbeing) introduced the paper setting out Brent's Strategic Vision for a local integrated care system and highlighted the

context of the ongoing work to develop a single North West London Clinical Commissioning Group (CCG). Currently, the Council and Brent CCG deliver a number of integrated care services including the Adult community mental health team, the Community Learning disability service and the Community integrated rehabilitation and reablement service (IRRS). However, these services were integrated only in terms of delivery and there is now an opportunity to develop an integrated commissioning function for the existing, and any future, integrated services. The proposed two phase approach was detailed in the paper and described a process of transformation through to jointly managed services. With reference to the examples provided in the paper, Phil Porter highlighted several issues that could be resolved through integrated commissioning including practical difficulties and inefficiencies caused by different IT systems, referral mechanisms, performance indicators, budget constraints and even the language used across services.

Mark Easton (Accountable Officer, NWL Collaboration of CCG) stated that the proposals before the Board were entirely in line with the work to establish the single NWL CCG. It was explained that the NHS Long Term Plan, published in January 2019, set out the intent to encourage integration at every level and to move away from the 2012 model of a competitive commercial health service to one based on collaboration, working with stakeholders across the NHSE and public sector family. Reflecting this new direction, the NHS Plan suggested that the number of CCGs should accord with the number of Sustainability and Transformation Plans (STPs). Nationally this would see the number of CCGs reduced from 190 to 44, with 5 CCGs for London. The amalgamation of CCGs was a matter of national policy, but local discretion could be applied with regard to how and by when this was to be achieved. The North West London Collaboration of Clinical Commissioning Groups had previously published a document, 'Commissioning reform in North West London – the case for change', outlining initial proposals. A follow up document had now been published detailing the functions to be determined at borough or North West London level. This had been provided to the Chief Executive of Brent Council, the Leader of the Council and the Chair of the Brent Health and Wellbeing Board. The North West London Collaboration of CCGs was anticipating an April 2020 launch of the new CCG alignment, to reflect the intentions of the majority of London's CCGs.

Responding to queries raised, Mark Easton explained that the anticipated structure of the North West London CCG would encompass local CCG sub-committees which would be responsible for commissioning local services. The local CCG team and local government partner would be separate from the provider Integrated Care Partnership (ICP - usually a federation of provider bodies, governed by a partnership agreement). It was envisioned that eventually the local partnership may take on a statutory form, at which point it may be possible to site commissioning staff within an ICP. Changes to services commissioned could be made at an early stage of an ICP but once established, it was likely that changes would be made by amending the portfolio of services or methods of delivery. It was acknowledged that it was important to be consulting patient groups, including Brent Patient Voice as the plans for a single North West London CCG developed.

In the subsequent discussion, Members of the Board questioned the oversight arrangements for the Section 75 Agreements that would be required for a local integrated care system. It was **RESOLVED** that:

- i) The proposed two phase approach to establishing a local integrated care system in Brent as detailed in the paper be agreed;
- ii) A report on the Section 75 Agreements currently in place and required to support a local integrated care system be brought to the next meeting of the Board, to support discussion of oversight and governance arrangements to be implemented in Phase 2.

7. Update on Mental Health and Employment Outcome Based Review (OBR)

Phil Porter (Strategic Director, Community Wellbeing) introduced the report updating the Board on the OBR for Mental Health and Employment. The Board was reminded that the overarching aim of the OBR was 'to increase the number of people with mental illness thriving in work'. The 'discover' and 'design' phases of the OBR had now been completed; the first phase scoping existing service delivery and the second, establishing a vision for future arrangements via stakeholder engagement.

A project board comprising representatives of key partner organisations including the DWP, Brent CCG and the Council had been established. The Board had agreed to narrow the focus of the OBR to achieve meaningful outcomes from the process and a number of options were considered. Data confirmed that the largest group of working age people not in work and known to have a mental health condition were those in receipt of Employment Support Allowance – in Brent this was 5,098 people. It was explained that those in receipt of ESA were channelled into one of two groups: the 'work related activity group' or the 'support group'. There was no expectation for those in the latter group to be supported back into work and contact was usually limited to three-yearly medical assessments/reviews. However, a number of people within this group had reported wanting to work or feeling that they could move towards work with the right support. In Brent, there were 3,770 people in the ESA support group. Having considered the findings of the initial phase, the project board had agreed that it was this group that should be the focus of the OBR.

The design phase had comprised a visioning day with key stakeholders which had generated a number of ideas, as detailed in the paper provided. The OBR project Board intended to proceed with three projects: 1) Accessible Pathways – which included considering how to commission services at a strategic level to better align provision and using existing frameworks to support communications. 2) Health and Social Care Navigators and Link Workers to support strong connections between GPs and the Job Centre Plus. 3) Creating pathways into major employers.

In concluding the introduction, Phil Porter welcomed comments and advised that the Health and Wellbeing Board was being asked to endorse and commit to the approach and projects described.

In the ensuing discussion the Board noted the following matters:

- Dr Patel and Dr Halai emphasised the importance of the role of the link worker for GP surgeries. Members of the Board further emphasised that every point of access to a system should be able to appropriately sign post a service user to the right services. Phil Porter confirmed that link workers

would not be a wholly new resource, but would rather build on plans already in place by the CCG.

- Ian Niven highlighted that Brent Healthwatch had recently completed a report on social isolation which echoed some of the key issues discussed concerning navigating multi-agency and multi-sector resources. This report would be shared with the Board.
- The Accessible Pathways project would include establishing appropriate feedback mechanisms at both strategic and operational levels to create more cohesive systems. Service user feedback would be an essential part of this and recommendations regarding existing groups or channels of communication would be welcomed.
- The Executive Board of Brent CCG would be formally considering the proposals at its meeting on 24 July 2019.
- Sandra Ademola confirmed that those making a claim for ESA now would be referred to Universal Credit and therefore there was no scope for advocating for national policy change. The policy under Universal Credit was very different.

The Board subsequently **RESOLVED**:

- i) That the update on the OBR be noted.
- ii) That the approach described in the paper be endorsed.

8. **Health and Wellbeing Board - joint health and wellbeing strategy**

The Board received a report on the proposal to produce a joint health and wellbeing strategy for Brent. Currently, the statutory requirement to have a joint strategy was met by the Brent Health and Care Plan (BHCP) 2017-2021, which had evolved from the Brent Sustainability and Transformation Plan (STP). The last two years had seen a number of local and national developments which required either a refresh of the BHCP or the production of a new joint health and wellbeing strategy to ensure that priorities remained current and evidenced-based. If the BHCP were to be refreshed this would in practice mean broadly retaining priorities and undertaking public consultation to identify revisions and future work. Alternatively, developing a new strategy would involve identifying new priorities, informed via public engagement, data from the Joint Strategic Needs Assessment, currently being refreshed, and recent reviews such as OBRs.

The Board discussed the two options set out in the paper and noted:

- The six Big Ticket items (priorities) in the BHCP were not overly specific and did not adequately reflect the information set out in the BHCP regarding understanding the health and wellbeing needs of the local population.
- The refresh of the JSNA was due to be completed shortly. This would aid in identifying health and wellbeing priorities for Brent and it would then be possible to identify how structural changes could support the delivery of these priorities.
- When the BHCP was initially developed, Healthwatch Brent had worked with the CCG and Council to deliver a broad engagement programme which explained the priorities. The priorities were very health defined and it could

be useful to bring in a broader perspective, for example, Special Educational Needs and Disabilities (SEND) or housing. A single framework document of this kind could help support the development of a narrative to aid residents in understanding the direction of travel in Brent.

The Board subsequently **RESOLVED** to refresh the BHCP and in doing so, introduce a broader focus to the priorities as discussed whilst identifying specific outcomes to be achieved for Brent's residents.

9. **Update on Special Educational Needs and Disabilities (SEND)**

Gail Tolley introduced the report updating the Board on the outcome of the May 2019 SEND revisit by the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC). The revisit followed a Brent Local Area SEND Inspection in May 2017 which had resulted in Brent Council and Brent CCG developing a Written Statement of Action (WSOA) to address identified areas of weakness. All the actions contained within the WSoA had been completed by July 2018, and the progress had been subject to Ministerial review and judged sufficient. Changes to post-inspection arrangements in November 2018 required that all local areas which had been required to produce a WSoA be revisited. The revisit had been led by the same team as had previously undertaken the inspection and the work that Brent had done had been well evidenced during the revisit. The inspectors had concluded that local area leaders had worked effectively together to tackle the serious weaknesses identified at the time of the initial inspection in 2017 and had fully embraced the spirit of the SEND reforms, working together in partnership to make a positive difference to the lives of children and young people with SEND in Brent.

Gail Tolley extended her thanks to all colleagues who had helped to achieve the progress recognised by the inspectors and Sheik Auladin (Chief Operating Officer, Brent CCG) stated that this had been an example of excellent collaborative working. Moving forward Brent would continue to focus on improving outcomes for this vulnerable cohort.

The Board acknowledged the progress made and noted that the learning gained regarding working in close partnership could be shared. The Board subsequently **RESOLVED** to receive an annual report on progress achieved with respect to the Joint Brent SEND Strategy.

10. **Healthwatch Brent Update Report**

Julie Pal (Healthwatch Brent) introduced the report setting out an update on the operational priorities for 2019 - 2020 and detailing Healthwatch Brent's engagement strategy for the current financial year. The HWB was asked to note the priorities and to request six monthly updates on the engagement work of Healthwatch Brent.

The Board was reminded that Healthwatch was established under the Health and Social Care Act 2012 and had a number of statutory functions. Priorities were identified by a process of seeking advice and input from stakeholders, the wider network of partners, the contract manager and Friends of Healthwatch Brent, as well as by trying to align with existing strategic plans, views of volunteers and areas of concern for residents. It was explained that the document before the Board was

high level, identifying the priorities, reasons for selection and desired outcomes. The reasons for selection were informed by a project initiation document which was required for each piece of work undertaken by Healthwatch Brent. The engagement strategy attached as appendix 2 set out the different forms of communication and engagement channels used by the Healthwatch Brent to engage residents, patients and service users of Health and Social Care Services.

In the subsequent discussion, the Board raised the following matters:

- There could be merit in focusing the work programme item regarding access to culturally appropriate suicide support on Eastern European communities in Brent,
- as there was evidence of poorer uptake of services by these communities. It was further suggested that the project include engagement of the Romanian community, which was the largest of the Eastern European communities in Brent. Julie Pal outlined the reasons for the focus on faith and suicide prevention and welcomed the suggestion regarding engaging with the Romanian community.
- Dr Patel advised that it was important that assertions regarding clinical knowledge were backed up by evidence if relied upon in defining the rationale for the piece of work. Ian Niven (Healthwatch Brent) advised that Healthwatch Brent would consult the CCG to clarify any such issues before finalising a project initiation document.
- Julie Pal advised that consultation with the council regarding the work programme included meeting with Lead Members and Officers, discussion at Health and Wellbeing Board meetings and contract monitoring.

Having concluded the discussion, the Board **RESOLVED**:

- i) That six monthly updates be presented to the Board from Healthwatch Brent.
- ii) That the Chair and other relevant officers lead discussions with Healthwatch Brent regarding impending developments such as the refresh of the JSNA and of the Joint Health and Wellbeing Strategy.

11. **Any other urgent business**

None.

12. **Date of next meeting**

The next meeting of the Board was scheduled for 7 October 2019.

The meeting was declared closed at 8.00 pm

COUNCILLOR FARAH
Chair