



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Tuesday 20 September 2016 at 7.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Davidson (Vice Chair) and Councillors Conneely, Nerva, Shahzad, Colwill, Co-opted Members, Mr A Frederick, Ms Iram Yaqub, Dr Jeff Levison and appointed observers Mr Dattani and Mr Patel

Also Present: Councillors Agha, Butt, Mashari and Mitchell Murray

Apologies were received from: Councillors Hoda-Benn, Co-opted member Ms Cargill, and appointed observers Shivani Trivedi and Leesha Varsani

1. Declarations of interests

Councillor Ketan Sheth declared that he was Lead Governor for the Central and North West London NHS Foundation Trust.

2. Deputations (if any)

None

3. Minutes from the previous meeting

RESOLVED:

That the minutes of the previous meeting held on 20 July 2016 be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Healthwatch Brent

An overview of Healthwatch Brent was provided to the committee by representatives Julie Pal and Mike Rich. Members heard that CommUNITY Barnet was the community provider of Healthwatch Brent and delivered work via eleven community partners and Advisory Boards. Healthwatch Brent gave an independent voice to health and social care users and sought to add value to the local health and social care economy. The organisation undertook community engagement, health promotion work and ran small and large grants programmes. A good and improving relationship had been developed with the London North West Healthcare Trust ensuring a receptive response to feedback provided by Healthwatch Brent. One of the organisation's priorities for the current year was Maternity Care.

Meetings were planned with the Senior Midwifery Team and women who had given birth in the last two years and lived in Brent would be contacted. It was emphasised that Healthwatch Brent aimed to make small, achievable yet significant improvements to services in Brent.

The Chair thanked the representatives of Healthwatch Brent for their presentation. Members sought details of common complaints received, outreach work undertaken with regard to hard to reach communities, the success of feedback mechanisms employed and how the outcome of such work was communicated back to members of the public. Views were also sought regarding the quality of information and advice services available. A further query was raised by Councillor Mitchell Murray (Cabinet Member for Children and Young People) regarding how Healthwatch Brent monitored and processed data.

The committee was informed that common concerns included access to GPs, access to NHS dentists and hospital discharge processes. This data was collected via direct approaches by members of the public as well as by outreach and engagement activities. There was a programme of work regarding engaging with community groups, including liaising with the LNW Healthcare Trust to identify the best way of accessing people using certain services. Regular meetings were also held with the council commissioners and contract officers as well as with the Health and Wellbeing Board to agree work priorities and feedback findings from work undertaken. Healthwatch Brent worked with Healthwatch England to ensure compliance with national standards with regard to the collection and processing of data. It was emphasised that the organisation did not collect large data sets or personal information that could lead to an individual being identified. Rather the research carried out tended to be qualitative in nature. All those who contributed their views and experiences would be notified when the public reports that were subsequently published.

6. Scoping paper for Signs of Safety scrutiny task group

The report from the Director of Policy, Performance and Partnerships set out the proposed terms of reference for the Signs for Safety task group. Signs of Safety was a practice framework for working with children and families and child protection which was developed in Australia in the 1990s and was currently used by many children's services departments in local authorities in the United Kingdom, United States, Australia and Canada. Brent Council had adopted this approach in 2014, having been awarded funding from the England Innovations Project. Participation in the England Innovations Project and introduction of Signs of Safety was a corporate priority for Brent Council. It was identified in the Corporate Plan 2015 as a key priority, and a commitment to the effective implementation of Signs of Safety was signed by the Chief Executive and Council Leader in 2014.

Gail Tolley (Strategic Director Children and Young People) emphasised the timeliness of the proposed task group, noting that in 2015 Ofsted inspectors had been impressed with how the council had implemented the approach but considered that there was inconsistency in its application. Ofsted had also recommended that there had been insufficient focus by Scrutiny on Children's Social Care. Gail Tolley encouraged the task group to speak with front line practitioners, parents and young people and about their experiences. Responding to a question from the Brent Youth Parliament representative, Gail Tolley confirmed

that it would be appropriate to approach the Brent Care in Action group which was comprised of children in care and care leavers to seek their views. With reference to the proposed methodology set out in Appendix A to the report, a member suggested that schools should be included in the list of potential interviewees.

RESOLVED:

That the Signs of Safety Task group be established as detailed in Appendix A to the report from the Director of Policy, Performance and Partnerships.

7. **Sustainability and Transformation Plan**

The committee considered the report from the Chief Executive of Brent Council and Chief Officer of Brent Clinical Commissioning Group on the Sustainability and Transformation Plan (STP). Rob Larkman (Chief Officer, Brent Harrow Hillingdon CCGs) advised that the requirement for the production of the STP was introduced by the NHS England in 2015. The purpose of the STP was to help local organisations plan how to deliver a better health service by addressing three key areas; improving health and wellbeing, improving quality of care and tackling the financial gap. The STP moved away from an organisation by organisation view to establish a broader strategic approach. Brent fell under the STP for North West London. It was acknowledged that work for this was taking place at several levels. At the North West London Level work was underway to draw together the place-based planning taking place in Brent and the seven other North West London Boroughs which were encompassed by the North West London STP. The STP was required to be submitted by the end of October 2016. It was emphasised that the timescales set out for the creation of the STP were extremely challenging. A draft NWL STP had been published and it was now necessary for all the statutory bodies affected by the STP to consider the details in line with their respective governance arrangements.

Addressing concerns regarding transparency and accountability, Carolyn Downs (Chief Executive of Brent Council) explained that the task of creating high quality plans to the level of detail required within the timescales set out had been extremely challenging. However, the NWL STP was recognised as one of the more detailed plans created and was the only one in the country for which joint governance processes had been supported to ensure political input from all affected local authorities. Reflecting this, five of the eight local authorities had jointly commissioned work to test the assumptions in the plan specifically related to the cost of additional out of hospital care to social care as a result of any proposed changes to acute services. The NWL STP was the only plan in the country to specifically address the social care funding gap. The NWL STP was also one of only two plans to have been published and a series of public engagement events would be held. Councillor Hirani (Cabinet member Community Wellbeing) added that events would be held out in the community in places such as supermarkets, stations and high streets to inform and engage residents.

Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group) outlined the work taking place at a local level. Members heard that a STP Brent-level working group had been established bringing together statutory partners including the Acute Trust, the Central and North West London Mental Health Trust and Brent Healthwatch, to break down organisational barriers. The working group

had sought to identify the initiatives that would have the highest impact in Brent for addressing the three key issues at which the STP was targeted. Phil Porter (Strategic Director, Community and Wellbeing) detailed the five areas which had been identified as part of this work noting that this included prevention and self-care, renewing the ambition and focus in Brent's Better Care Fund schemes, using the OnePublic estate model, ensuring mental health and wellbeing had equal focus with physical health and wellbeing and, underpinning all the rest, integrated workforce and organisational development.

At the invitation of the Chair, Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) emphasised that the STP provided a vehicle for collaborative working on the out of hospital agenda and integration and Brent was one of the most advanced in identifying what this meant locally. Julie Pal (Healthwatch Brent) expressed her confidence in the process being followed in Brent, having experience of delivering across a number of STP areas and noted that Brent residents' voices were clearly contributing to the shaping of the transformation agenda.

Members questioned the extent to which Brent had been able to influence the setting of local priorities within the STP. A Member emphasised that housing was integral to the safety and security of those with Mental Health issues but that taking up employment could create a significant barrier for accessing appropriately supported housing. In view of this and with reference to plans to develop a multi-disciplinary team with a remit for mental health, employment and housing it was questioned what would be done to address this issue and ensure necessary support was provided. Further details were sought regarding the planned engagement activity and how this had been advertised. It was suggested that local pharmacists be approached within this engagement work in recognition of the level of contact that they had with people and similarly, that consideration be given to involving other local organisations and bodies including voluntary organisations and the patients forum. Questions were raised regarding extending access to GPs and investment in the Central Middlesex and Willesden sites. Addressing the tight timescales involved, the committee queried whether this posed any risks in terms of gaps in delivery.

Rob Larkman and Sarah Mansuralli confirmed that the borough had absolute discretion in determining the priorities for Brent. Local priorities had been established with reference to the Joint Strategic Needs Assessment and had then been consolidated at the NWL level. Similar processes had been followed by other NWL authorities. Phil Porter acknowledged the significant challenge posed by housing and employment issues for those with mental health needs and noted that a dedicated housing officer was now in place and work was underway to build a network of private sector landlords willing to offer secure tenancies. Carolyn Downs welcomed the insight provided by members into this area. It was suggested that the committee consider at a future meeting the West London Alliance Mental Health and Employment Integration National Trailblazer which aimed to bring together GPs and wider organisations to support people into employment.

Addressing queries regarding the community engagement activity, Councillor Hirani emphasised that public meetings would be held alongside a series of events at public locations. Members of the public would be invited to share their views in a variety of ways. Work was also currently being carried out to allow residents

accessing acute and hospital services to feed their views into the process. Sarah Mansuralli welcomed members suggestions regarding approaching pharmacists and other groups including patients' forums and confirmed that these would be taken forward. A Health Partner Forum was scheduled for 19 October at which the CCG commissioning intentions (based on the STP) would be discussed. Members were further advised that an online engagement tool had been launched for the whole of North West London and had been widely circulated.

Rob Larkman confirmed that extending access to GPs was a crucial element of the STP and now that co-commissioning arrangements were in place between NHSE and CCGs, greater influence could be exerted. Addressing queries about investment in the Central Middlesex Hospital and the Willesden Hospital sites, Sarah Mansuralli explained that the intention was to fully utilise each site for out of hospital provision. The demography of the area around the Central Middlesex Hospital was changing and consideration was being given to how best to organise service provision accordingly. Carolyn Downs emphasised that the work on the STP would remain an alliterative process and the flow of investment, savings made and outcomes achieved would need to be constantly reviewed.

RESOLVED:

- (i) that the officers and colleagues present be thanked for contributing to the detailed and open discussion held;
- (ii) that the committee welcomed the work being undertaken to ensure that issues regarding transparency and accountability were highlighted as part of the process of creating the Sustainability and Transformation Plan;
- (iii) that an update be provided to the committee on the OnePublic Estate, including an update on the Central Middlesex and Willesden Hubs;
- (iv) that efforts be made to engage with Health Scrutiny across North West London with regard to the Sustainability and Transformation Plan;
- (v) that consideration be given to collaborative work with Healthwatch groups to support engagement around the Sustainability and Transformation Plan
- (vi) that a regular progress report on the Sustainability and Transformation Plan be provided to the committee, the first of these to be provided six months from the date of the current meeting.

8. **Update on New Accommodation for Independent Living (NAIL) project**

A report updating the committee on the New Accommodation for Independent Living (NAIL) project was introduced by Helen Woodland (Operational Director Social Care). The NAIL project was the largest and most strategically important efficiency and quality improvement initiative within the Adult Social Care Department. The programme aimed to identify, develop and acquire alternative forms of care to residential care for all vulnerable adult client groups in Brent. It was explained that outcomes for people going into residential care were not as good as for those who remained in their own communities and the NAIL project sought to

address this by supporting people in an independent living setting, allowing them to remain in a home of their own, or in their own communities. It was emphasised that Independent living was not a prescriptive model of service design and could look very different for different people with different levels of care and support needs. The project had been active for two years and the report before the committee outlined areas of learning, detailed mitigating actions taken and progress achieved.

In the subsequent discussion members questioned why those with mental health difficulties were not listed in the customer groups set out in Appendix A to the report. Further details were sought regarding the different models of supported living and how they correlated with different levels of need. A member expressed sadness at the difficulties which had prevented several sites from being developed and noting that one unit had been targeted at young people, queried whether consideration had been given to prioritising schemes for young people. The committee queried what work was being done with Brent Housing Partnership (BHP) to provide appropriate sites.

Helen Woodland explained that the Mental Health client group should have been included in the table, noting that at 233 residents it comprised one of the larger groups. Phil Porter (Strategic Director for Community and Wellbeing) advised that a big challenge for this group was that housing need should be seen as pathway and while successes could be achieved in supported living settings, there remained difficulties in securing long term stable tenancies in the community. This had been reflected in the Mental Health Transformation programme which had gone live in January 2016 and sought to encompass the full spectrum of need and identify support pathways. It was considered particularly absurd that someone in a supported living unit would no longer have priority for social housing. A dedicated housing officer was now in place and it was hoped that some of these challenges could be addressed as a result of this closer working relationship.

Helen Woodland outlined models of supported living explaining that these varied from small units providing a high level of support to larger units where a sense of community was an important factor. The former model was considered more appropriate for those with learning disabilities and the latter for older people. The level of need of the mental health client group varied and therefore a mixture of provision was appropriate. Thus far the council had been more successful at creating provision for younger people. Phil Porter advised that two sites in development belonged to BHP. There was a need to be more proactive in securing and developing the supported living units going forward and discussions around finance were in progress.

RESOLVED:

- (i) that a review of the New Accommodation for Independent Living (NIAL) project be presented to the committee in a year's time detailing lessons learnt and actions required for further progression;
- (ii) that work be undertaken to explore issues of affordability for those moving into the units, including the impact of taking up employment and more broadly, difficulties caused for those who do not receive a suitable supported offer.

9. **Co-opted members on Community and Wellbeing Scrutiny Committee**

Pascoe Sawyers (Head of Policy and Partnerships) advised that the report before the committee sought to clarify the role of its co-opted members and had been prepared following queries raised at the previous meeting. Following a discussion it was agreed that further advice would be sought by officers.

RESOLVED:

that further clarification be provided regarding the role of co-opted members at the next ordinary meeting of the committee, scheduled for 23 November 2016.

10. **Update on scrutiny work programme 2016/17**

RESOLVED:

- (i) that the report updating the committee on the work programme for 2016/17, including changes to the schedule of items for each meeting and the progress of the tracker of recommendations to Cabinet, be noted.
- (ii) that the details of members' visits, requests for information and responses, which had been undertaken and completed outside of the committee's 2016/17 work programme, be noted.

11. **Any other urgent business**

None.

12. **Date of next meeting**

The committee noted that the next ordinary meeting was scheduled for 23 November 2016.

The meeting closed at 9.20 pm

KETAN SHETH
Chair