

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Tuesday 23 April 2019 at 6.00 pm

PRESENT:

Councillors Farah (Chair), McLennan, M Patel, Krupa Sheth (substituting for Councillor Hirani), Carolyn Downs (Chief Executive, Brent Council), Dr MC Patel (Vice-Chair and Chair of Brent Clinical Commissioning Group - CCG), Sheikh Auladin (Managing Director, Brent CCG), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council) and Phil Porter (Strategic Director - Community Wellbeing, Brent Council), Julie Pal (Chief Executive Officer, Healthwatch Brent), Jonathan Turner (Deputy Managing Director, Brent CCG), Meenara Islam (Strategic Partnerships Manager, Brent Council), Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) and Kunwar Khan (Governance Services, Brent Council)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from:

- Councillor Hirani (with Councillor Krupa Sheth substituting)
- Mike Bird (Brent Nursing and Residential Care Sector)

2. Declarations of Interest

Dr MC Patel (Vice Chair) declared that doctors, like himself, as medical professionals may be part of commissioning local services within the wider network represented at the Health and Wellbeing Board.

Cllr McLennan stated that she was a Member of London North West University Hospital Trust.

3. Minutes of the previous meeting

It was **RESOLVED** that:

the minutes of the previous meeting held on 22 January 2019 be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. NHS Long Term Plan

Jonathan Turner (Deputy Managing Director, Brent CCG) introduced the report updating the Board regarding the key developments in the NHS Long-Term Plan. He referred to the initial steps and the engagement activities that were taking place in North West London to develop and deliver that plan.

The report noted that the NHS Long-Term Plan was published on 7th January 2019 after a delay. It set out the strategic direction for the NHS over the next 10 years containing a number of high-level deliverables, together with a 5-year funding settlement for 2019-2024. It also included the funding settlement for the NHS and implications on local delivery.

In considering the key headings of the update report, the Board noted:

- the engagement with local government was very limited;
- there were national public engagement activities;
- the development of an Integrated Care System (ICS) in North West London by 2021; and
- the move to a single CCG and a summary of the over-arching programme areas that were being worked upon.

Describing the report as the strategic level paper which was 'work in progress' and needed the work to 'make it real', Jonathan Turner, highlighted the vital sections to the Board and invited their comments on the update and the proposed 'revised' priorities for 2019/20.

- Healthy communities and prevention
- Maternity, children and young people
- Primary, social and community care
- Urgent and emergency care
- Mental health
- Cancer care
- Hospital and specialist care

Highlighting the implementation of a 10-year national plan in North West London for the NHS, the paper stated that the aim was to improve the quality of patient care and health outcomes by focusing on:

- enabling everyone to get the best start in life;
- helping communities to live well; and
- helping people to age well.

Jonathan Turner, supported by Phil Porter (Strategic Director - Community Wellbeing, Brent Council) highlighted the challenging financial situation which meant that although the CCG was receiving an increase in its allocation of 5.9% in 2019/20, it was also reporting an 18/19 deficit of £11.2 million. Phil Porter informed that this financial situation was a trend across North West London CCGs and beyond, with 7 out of 8 CCGs were projecting a significant deficit in 2019/20. This meant that despite the CCG receiving a 5.9% uplift in its allocation, some of this would have to be passed through to Trusts in the form of tariff uplifts, which would

also off-set the planned increase. This was because the national tariff had been uplifted this year to account for inflationary pressures within provider organisations on an assumption that an average acute tariff would be uplifted by 2.8% and the non-acute contracts will be uplifted by an average of 3.9%. All this meant that there would only be a small sum for demographic and non-demographic growth in activity. This period of financial recovery meant that centralised financial control processes had been put in place for all new investments exceeding £20k must which now must be approved by an NWL level investment committee with difficult decision ahead.

Jonathan Turner, referred that the 'co-produced plans' for the local implementation of the 'Long-Term plan' were being pursued with Healthwatch Brent, the Citizens' Plan and other key stakeholders (including the Local Authority) and the work on the single CCG structure was underway which was expected to be completed by April 2020.

In considering the update report, Councillor Farah (Chair), opened the floor to receive the Board's comments and views on the update report. During the discussion, the following key points were noted:

- Highlighting a total lack of joined-up approach and the absence of genuine local engagement with key stakeholders, Carolyn Downs (Chief Executive - Brent Council), stated that the 10-year NHS Plan seemed to be one of the most top-down plans in public service with an aim to create a single CCG without any meaningful local consultation was very surprising. She emphasised the need for local stakeholders to promptly work together to devise a local solution. Citing the example of Hammersmith and Fulham Council, she added that, in the worst case scenario, Brent Council could consider to refuse co-operation in local implementation if it felt that genuine local concerns were not being listened to or addressed.
- A point was made that Brent had no objection to service integration itself in principle and was indeed doing a lot of work to progress integration at a local level.
- Cllr McLennan requested more information about how people were being selected to be on the Citizens' Panel.
- Dr MC Patel (Vice Chair) concurred with the views expressed by Carolyn Downs and stated that it was the right time to stand up for a local solution.
- He added that part of the problem was no one seemed to know what an ICS really was.
- Councillor Farah (Chair) stated that the Council and the Health and Wellbeing Board should be careful not to legitimise the process and implementation of proposals if the details of the plan and its impact on local residents and services were unknown.
- Julie Pal mentioned that Healthwatch organisations were commissioned by Healthwatch England to undertake local engagement activities on the Long Term Plan. One such form of engagement was a questionnaire. The engagement was being led by the North West London CCG collaboration. It was noted that neither the engagement plan nor the questionnaire that was being used for consultation was seen by anyone at the Council.

After detailed discussion, the Board **RESOLVED** that:

A suitably worded letter for Mark Easton (Accountable Officer, North West London Collaboration of Clinical Commissioning Groups) on behalf of the Brent Health and Wellbeing Board be drafted by Jonathan Turner (Deputy Managing Director, Brent CCG) with the help of Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) and sent accordingly. The content of the letter should be mindful of the above discussion, highlighting relevant concerns of the H&WB Board as appropriate, together with a formal request for Mark Easton to attend the next H&WB meeting to hear about Brent's local vision for greater local integration of health and social care. This local vision was a condition of the council's co-operation.

6. **Brent Children's Trust Update - April 2019**

Gail Tolley (Strategic Director, Children and Young People) introduced the report, drawing the Board's attention to paragraph 3.5 on page 12 - Priority Areas of Focus for 2019/20. She stated that this was a supplementary update as requested by the Chair providing an additional update of the BCT work programme from October 2018 and also outlined the priority areas of focus for the Brent Children's Trust from April 2019 to March 2020.

After consideration of the report, it was subsequently **RESOLVED** that:

The Health and Wellbeing Board noted the priority areas of focus for the Brent Children's Trust from April 2019 to March 2020.

7. **Health and Care Transformation Programme Review**

Tom Shakespeare (Director of Integrated Care, Brent Council and CCG) introduced the report providing an update about the progress of key activities of the joint Health and Care Transformation programme during 2018/19.

Highlighting the progress to date under paragraph 4 on page 16, integrated commissioning and market management under paragraph 4.2 on page 17, the scoping priorities, together with, additions and changes highlighted on pages 18 and 19 under 5.1 to 5.1.6, Tom Shakespeare sought the Board's comment and endorsement for the priorities for 2019/20.

After consideration, it was subsequently **RESOLVED** that:

- The proposed priorities for 2019/20, including the additional provisions, be endorsed;
- An update report highlighting progress against each priority be brought back to the Board; and
- Newton Europe report be circulated to the Board.

8. **Public Mental Wellbeing Strategy and Suicide Prevention Plan**

Dr Melanie Smith introduced the report prepared by Marie McLoughlin, a Consultant in Public Health.

In considering the report which introduced the Brent Public Mental Wellbeing Strategy and Suicide Prevention Plan, the Board noted the following key points:

- In July 2018, the Health and Wellbeing Board endorsed and adopted the Thrive LDN principles to shape its approach to the promotion of mental wellbeing. Thrive LDN is a city-wide movement sponsored by the Mayor of London and the London Health Board which aspired to promote mental wellbeing, prevent illness and eliminate suicide in London. Thrive LDN has six aspirations:
 1. A city where individuals and communities take the lead
 2. A city free from mental health stigma and discrimination
 3. A city that maximises the potential of children and young people
 4. Develop a healthy, happy and productive workforce
 5. A city with services that are there when and where needed
 6. A zero-suicide city
- Aspiration 3 was being taken forward in Brent by the iThrive work and aspiration 5 was within the scope of the Health and Care Transformation Plan. Therefore, the public mental wellbeing plan focuses on the other 4 aspirations.
- The Suicide Prevention Plan detailed in Appendix 1 had been informed by a workshop in April 2019 which was attended by PHE, the local NHS mental health provider, third sector organisations (including those with particular expertise in suicide prevention and/or support to those affected by suicide) and the police. The key messages from the event were:
 1. Endorsement of the action plan;
 2. A desire to link up with other boroughs and create joint actions; and
 3. Agreement to set up subgroups to take forward each of the action.

During the discussion, the following points were noted:

- The statistics used in the report were from over four years ago when the last such national ONS survey was carried out. Not a small undertaking but if it was do-able, it should be explored if Brent partners could undertake the relevant survey locally to gather an up to date data-set;
- ‘Are we okay Brent?’ was not perhaps a very familiar campaign and not heard of in general because it was mainly targeted at affected people using social media and enhanced search protocols;
- In relation to suicides, given that more males were affected, particularly, Eastern European males, perhaps such most affected groups should be targeted as Brent had the largest European community in London;
- Deaths in the neighbouring boroughs were higher which indicated the richness of Brent’s soft and compassionate approach could be a key factor and it would be perhaps timely to look at this aspect; and
- Local CCG’S involvement was welcome and Dr MC Patel would email Dr Melanie Smith with relevant details.

In conclusion, the Board also noted that the future work would focus upon, among other things, on the following key areas:

- Progress on collaborative work with neighbouring boroughs;
- Better links with faith groups;
- Effective use of existing fora, like The Samaritans etc. and
- Work on the next campaign.

Subject to the above, it was **RESOLVED** that:

The Health and Wellbeing Board approved the Public Mental Wellbeing Strategy and Suicide Prevention Plan with an update report at the October meeting.

9. **Any other urgent business**

None.

10. **Date of next meeting**

The Board noted that the next meeting was scheduled for 15 July 2019.

The meeting was declared closed at 19:28

COUNCILLOR FARAH
Chair