

**MINUTES OF THE HEALTH AND WELLBEING BOARD**  
**Held on Monday 7 October 2019 at 5.00 pm**

**PRESENT:**

Councillor Farah (Chair), Dr M C Patel (Vice-Chair) and Sheik Auladin (Managing Director, Brent CCG), Jonathon Turner (Deputy Managing Director, Brent CCG, attending on behalf of Mark Easton, North West London CCG), Councillor Hirani (Brent Council), Councillor McLennan (Brent Council), Dr Ketana Halai (Clinical Director, Brent CCG), Julie Pal (Healthwatch), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust), 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:** Meenara Islam (Strategic Partnerships Manager, Brent Council), Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council), Katie Horrell (Assistant Director, Mental Health Transformation, North West London CCG), Philippa Baker (Deputy Director, Commissioning, Integration & Transformation (Department of Health & Social Care)), Hannah O'Brien (Governance Officer, Brent Council) and James Kinsella (Governance Manager, Brent Council).

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

Apologies for absence were received from:

- Councillor Mili Patel
- Councillor Kansagra
- Mark Bird (Brent Nursing and Residential Care Sector)
- Mark Easton (Accountability Officer, North West London CCG) – represented by Jonathon Turner
- An apology for lateness was received from Julie Pal (Healthwatch)

**2. Declarations of Interest**

None declared.

**3. Minutes of the previous meeting**

RESOLVED: that the minutes of the previous meeting held on Monday 15<sup>th</sup> July 2019 be agreed as a correct record.

**4. Matters arising (if any)**

None.

## 5. **Mental wellbeing and suicide prevention: update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report updating the Board on London and local suicide prevention activity, postvention support and the local work undertaken to promote Mental Wellbeing. In presenting the report the following key points were highlighted:

- A programme of Youth Mental Health First Aid was being delivered to staff members of schools and colleges in Brent, with 17 staff from 12 schools trained and further training to come. The council was now committed to rolling out adult Mental Health First Aid across the council.
- The Council was supporting the suicide prevention campaign “#ZeroSuicideLDN”, which was free online training that enabled those completing the course to identify when someone was presenting with thoughts of suicide; to feel comfortable responding and speaking out in a supportive manner; and to signpost the individual to the correct services or support. Board members were encouraged to promote the training through relevant channels. The campaign aimed to have 100,000 Londoners take the online training over the next 12 months.
- The new Thrive London Information Sharing Hub, which facilitated notification of a death within 72 hours by the host organisation to partner organisations such as local authorities, had gone live, and the council had signed the Information Sharing Agreement. The Hub provided a means for police to notify partners as soon as possible to allow for support services to be put in place early, and enabled providers to spot trends earlier. Dr Melanie Smith confirmed that this is the first such hub anywhere in the world.

Katie Horrell (Assistant Director, Mental Health Transformation, North West London CCG) updated the board about the postvention service with the following key points:

- The NHS Long Term plan set out a commitment that by 2023/24 all areas of the country would have a postvention support able to provide timely and appropriate support for those affected by suicide. An approach to establishing a postvention service in North West London had been agreed across Health Care Provider partners, with the intention for the model to go live with a service in Q3/4 of 2019/20. The model had received funding of £100,000 and aimed to build relationships with, and knowledge of, available therapeutic and support services, reaching out to work alongside those involved in formal post-suicide processes and liaising with the Mental Health Trust for navigation to other services and longer term support. Work was underway to ensure the model met the right cultural sensitivities for each area, and to ensure those with lived experience of suicide were involved.

Dr Melanie Smith and Katie Horrell welcomed comments and questions from the board in relation to their updates and reports, with the following issues raised:

- Councillor Hirani noted that the council was pushing for data on how many individuals from Brent had taken the #ZeroSuicideLDN free online training;
- Alongside the focus on postvention services, Carolyn Downs (Chief Executive) felt there would also be a need to recognise the importance of access to CAMHS for those needing support at as early a stage as possible.

Sheik Auladin (Managing Director, Brent CCG) responded to the concerns informing the board that work was ongoing with the Central and North West London NHS Foundation Trust with regard to access and a meeting had been scheduled to discuss the matter. Sheik Auladin reassured the board that the number of individuals accessing CAMHS had significantly increased since the last time the matter was raised. Carolyn notified the board that the Council would be shortly introducing Mental Health street workers to work with young people in the community and highlighted that this would only be successful if an individual could be seen as soon as they were identified as needing support.

- In further responding to the concerns for access to CAMHS, Dr Ketana Halai (Clinical Director, Brent CCG) informed the board that some services were now available online to allow children access to services quicker. These services directed children to CAMHS if concerns were raised when talking to an online provider. This led board members to ask for clarity on what training the online providers received. Dr Melanie Smith informed the board that the messages in training were See it, Say it, Signposting.
- Regarding the GDPR considerations for the online service, Dr Ketana Halai explained that the service did not require users to provide personal information, but the user may be asked if there were concerns they were at risk. Dr Melanie Smith explained that the user did not need to identify themselves as having a mental illness. It was confirmed that the first point of call for this service to signpost to would be the GP, but after board members expressed concern about GP capacity to deal with this confirmed that, depending on the level of concern, a user could be directed to alternate providers, e.g. school.
- Dr Melanie Smith provided further details for members who wished to promote the Zero Suicide campaign, explaining that it had only been in existence for 3 weeks and already 100,000 people had accessed it due to a very effective social media campaign, with a range of campaign materials available for use.

The Board subsequently **RESOLVED**:

- i) That the update on the mental wellbeing work and Brent Suicide Prevention Plan be noted.
- ii) That the zero suicide campaign “#ZeroSuicideLDN” be endorsed.
- iii) That the postvention bereavement funding for North West London be noted.

## 6. **Joint Strategic Needs Assessment**

Dr Melanie Smith introduced the report outlining the process and progress made in relation to the Joint Strategic Needs Assessment (JSNA) refresh. The JSNA was an assessment of the current and future projected needs of the local population. These refer to needs that could be reasonably met by the local authority, the local Clinical Commissioning Group (CCG) and NHS England. It was explained that the JSNA would need to be updated as new data became available. Dr Melanie Smith asked the board to note the scope of the existing JSNA with the existing assessment products (as set out in section 3.13 of the report) to be refreshed to reflect the latest data. The Board were also asked to note the additional assessments which it was

proposed to incorporate as part of the JSNA refresh based on gaps identified from the Borough plan, as detailed in section 3.14 of the report. Support was also sought in terms of ensuring such a significant amount of information was contributed into the document.

In the ensuing discussion the Board noted the following matters:

- Gail Tolley (Strategic Director for Children & Young People, Brent Council) fed back on behalf of the Brent Children's Trust highlighting the view that children and young people should be present in the majority of the areas covered in the JSNA rather than having a separate section in order to mainstream provision.
- Councillor McLennan noted that the document may be of interest to MPs as it gave an overview of the general health of the overall population.
- Dr M C Patel (Brent CCG) raised a concern that specific reference to a number of health concerns had not been included, such as obesity in adults, cancer which was a national focus, and respiratory disease which in terms of A & E usage was a considerable burden in Brent. Dr Melanie Smith explained a decision was taken not to include obesity as a specific section because it was felt that a standalone chapter on this enabled it to be overlooked. Dr Melanie Smith agreed to look at cross referencing, and agreed to include a section on respiratory disease and cancer if CCG could provide the data. Further discussing the inclusion of health concerns, details were sought regarding where immunisation came into the JSNA. Dr Melanie Smith informed the board that it came under the children's section and the older people's section on flu. With reference to the 2019 refresh in section 3.11 of the report, it was suggested to merge air quality and climate change together. Dr Melanie Smith informed the board that air quality was more health service data heavy, including respiratory data and asthma data and was kept separate as a way of organising the information to help people find what they are looking for. It was acknowledged that there appeared to be an inclination to have data in more than one place so that users could reference it more easily
- Dr Melanie Smith confirmed that the final JSNA would be presented at the next board in January, and that as chapters were signed off they would be posted on the website.

The Board subsequently **RESOLVED**:

- i) To approve and note the progress in the current JSNA refresh being undertaken.
- ii) To refer the comments outlined above through for consideration as part of the ongoing refresh.

## 7. **Health and Care Transformation Board - six monthly update**

Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) introduced the report updating the board on key activities of the joint Health and Care Transformation programme. The following key points were highlighted:

- The older people's pathway graph (section 4 of the report) showed significant improvements in Brent's adult social care delayed transfers of

care (DTCO) performance, moving Brent into the top ten performing London Boroughs. Work was ongoing ahead of winter across Health and Social Care to look at NHS delays which had remained variable and high.

- Work on the integrated discharge pathway was underway, detailed in section 4.1.2 of the report. This was a joint piece of work across the trust that focussed on the establishment of a single point of access within hospital to improve the discharge process. Work had now moved into the implementation phase, which included development of a streamlined discharge process and establishment of a single Home First team to manage more complex patients.
- Home First, the existing discharge home to assess protocol, had been expanded in January 2019 to Imperial and Royal Free Trusts and relaunched at Willesden and Central Middlesex Hospitals. The refreshed model included assessment at home, focussing on simple discharges but work was being done to expand to more complex patient needs. The model was seeing positive improvements with the target for accepted referrals now being regularly exceeded.
- A new discharge to assess protocol had been agreed to support the discharge of patients with complex needs for NHS continuing healthcare (CHC) support, with ten beds procured to support the process in addition to the recruitment of a CHC nurse assessor to support and manage the flow through the Winter period. The funding had been provided through existing CCG and local authority contributions to the Better Care Fund with additional funding for the nurse the adult social care winter funding. Adult Social Care would continue to make spot purchased placements where required.
- The winter pressures plan priorities for allocation of the £1.3m Brent allocation had been implemented during 2018/19 with a new plan developed for spend in 2019/20. The enhanced Winter Plan formed part of the 2019/20 BCF Plan, as detailed in section 4.1.4 of the report.
- The Placement Premium pilot scheme had been launched in February 2019 with the ambition to speed up assessment and placement into residential nursing homes through incentivisation for assessments made within 24 hours and again when patients received placement within 48 hours of assessment. The pilot had an impact in speeding up assessment and placement, shown in the graph in section 4 of the report. There had been a proposal to build on this work and it was proposed that the board look to review this on a 6 monthly basis.
- Progress had been made on the challenges reported at the last meeting regarding integrated commissioning. Unfortunately it had not been possible to progress the joint brokerage role however a review of joint working had been undertaken with work now focussed on the alternative areas outlined in section 4.2.2 of the report.
- There remained a good level of engagement with the Care Home Forum, which had enabled significant progress to be made on key priorities. Progress continued to be made on the three key strands within the transformation programme relating to dementia and challenging behaviours. The three areas identified included dementia awareness in homes without specialist dementia capacity, workshops to train and develop care home staff to support people with dementia, and a dementia in reach service to provide specialist support to dementia care homes, funded as part of the 2019/20

BCF and on which further updates would be provided as the new pilot service model was progressed.

- GP Enhanced Care Support was reviewed by CCG and a new service specification had been agreed, focusing on the nursing homes with the highest hospital admissions within Brent, which aimed to reduce duplication with existing GP responsibilities and provide MDT support.
- The range of other schemes also being taken forward, as detailed in section 4.3.4 of the report.
- An improved self-care referral pathway had been developed to align Brent's Social Isolation in Brent Initiative service to the new Link Worker roles within the Primary Care Networks with work to develop a Brent wide model also being progressed on which a further update would be provided for the Board.
- Progress also continued to be made on the development of a new Integrated Care Partnership (ICP) model with the new service now operational and due to be rolled out across the whole of Brent from December 2019, as detailed in section 4.6.1 of the report.
- The development of a technology and able care strategy supporting people at home for highest risk service users.
- An update was also provided (as requested by the Board) on the existing integrated arrangements which involved a number of existing pooled budgets and integrated service arrangements between Adult Social Care and NHS organisations, as detailed in section 4.6.2 of the report. A further paper would be provided for the Board regarding the the future integrated commission arrangements.

In the ensuing discussion, the Board noted the following matters:

- A correction was issued on page 26 of the report that the £1.1m contribution for integrated rehabilitation and reablement service was not from London North West University Healthcare Trust but had been provided by the CCG, with London North West University Healthcare Trust as the provider.
- Phil Porter (Strategic Director, Community Wellbeing, Brent Council) highlighted that Brent outscored many other Boroughs on CCG Care Home ratings and was regarded as system leaders in this respect. The overall approach was focussed on providing good quality care aimed at improving quality of life, with the specific example provided of an approach being piloted in relation to dental health care facilities.
- Tom Shakespeare clarified that there was scope for providers from the Community and Voluntary Sector CVE to be involved in the self-care steering group, and informed the board that the sector was already represented on the Group.
- In response to queries about workforce planning in relation to Care Home provision post Brexit, Tom Shakespeare advised that he had not been made aware of any issues with many care home providers already tracking and monitoring the situation in order to identify and mitigate potential risks. Phil Porter also advise that the Council were actively monitoring risks associated with Brexit.
- As a result of the update provided, Councillor Hirani felt it would be useful to promote the work on assistive technology and integration and practical changes to people in the Borough.

- Carolyn Downs welcomed the positive improvements in delays to discharge but also felt there was a need to consider the impact in relation to costs being passed on to partner organisations which it was felt needed to be carefully reviewed and managed with any impact recognised and the resulting costs equitably shared across the system. The Board recognised the issue raised but were also keen to ensure that the benefits to patients in relation to the integrated discharge strategy remained the focus in order to secure the best outcomes. Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) also felt it was important to note the work focussed around prevention. He gave the example of the work being undertaken with the London Ambulance Service to ensure patients were being directed to the most appropriate form of care which would not always involve A&E. Through the correct discharge processes this stopped patients getting into crisis.

As no further issues were raised, the Board acknowledged the progress made and subsequently **RESOLVED** that the progress against the action plan for 2019/ 2020 be noted.

## 8. **Brent Children's Trust - six monthly update**

Gail Tolley (Strategic Director for Children and Young People) introduced the paper updating the board on the Brent Children's Trust work programme covering the period from April 2019 to September 2019.

The following issues were highlighted for the Board:

- The collaborative work being undertaken between the Local Safeguarding Children's and Adult Board and Children's Trust in terms of the focus on the transitional safeguarding arrangements from children to adulthood, which had included the setting up of a workshop in November 2019 aimed at senior operational and strategic decision makers across Brent.
- The Trust's engagement in development of the Family Hubs initiative, which would be subject to a report to the Council's Cabinet the following week.
- The Trust's involvement in development of the children and young people's sections within the Joint Strategic Needs Assessment (JSNA) on which a number of recommendations had been made, as detailed in section 3.6.14 of the report. A further strategic review of the updated JSNA was planned at the Trust's next meeting in November 19.
- The other areas covered within the Trust's work programme (as detailed within section 3.7 of the report), which had included a review of the Special Educational Needs and Disabilities (SEND) Implementation Plan; an update on development of the Integrated 0-25 Children & Young People with Disabilities service; continued oversight of the work of the Young Carers Transformation Group (Young Carers Champions) and the joint work of statutory and voluntary sector providers in delivering an integrated approach to support for young carers. The Board were informed that the Trust had offered strategic support and challenge to increase the number of Young Carer and Young Adult Carer referrals from Adult Social Care and GPs, And had been encouraged at the provision of funding through the Better Care

Fund to support activities in this area; overview of the Maternal Early Childhood Sustained Home-Visiting (MECSH) programme and on the actions being taken to address levels of childhood obesity in Brent led by Public Health.

In the ensuing discussion the Board noted the following matters:

- Dr Ketana Halai advised of work being undertaken with Simon Topping (Operations Manager, Early Help, Brent Council) to develop a presentation on young careers and safeguarding designed to increase awareness amongst Brent GPs.  
This approach was supported by Dr M C Patel who highlighted the benefits and importance of specific training and awareness being provided for GPs regarding support available for young carers in order to ensure they were able to signpost this appropriately.
- In response to questions regarding the timeline for Family Hubs, Gail Tolley informed the board that a paper would be going to Cabinet on 14<sup>th</sup> October seeking approval to the overall approach band model developed for the Family Hubs. Subject to this being approved, the aim was to open the initial Hubs by October 2020 once the existing arrangements had expired. In response to questions about the involvement of the CCG, the Board were advised that the CCG had been fully engaged in the process, as had been recommended by the Children's Trust when they had considered the proposals, with details also shared with primary care networks.
- Councillor Hirani welcomed the issue highlighted by the Children's Trust when considering the action being taken to address levels of childhood obesity regarding the impact of cultural influences and language when raising awareness of the issue within local communities. It was felt this was an issue which needed careful consideration and work to address.

As no further issues were raised, the Board **RESOLVED** that the work of the Brent Children's Trust for the period April 2019 to September 2019 be noted.

## 9. **Integration and Section 75 Agreements**

Sheik Auladin (Managing Director, Brent CCG) introduced the update on Integration and Section 75 Agreements. The Board were advised that due to the current restructure of the CCG a full update and paper would be brought to the next meeting on Tuesday 21<sup>st</sup> January.

## 10. **Better Care Fund update**

Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) introduced the report updating the board on the key changes in the Better Care Fund (BCF) Plan 2019-2020 along with the projects and funding included within the Plan submission for approval by the Board.

The Board noted:

- The key changes to the Plan, as detailed in section 3 of the report which had included an uplift in the CCG minimum contribution, including a £400,000 increase in the CCG contribution to adult social care; Adult Social Care Winter Funding (£1.34m) included as part of BCF planning process and a refresh to reflect changes in a number of schemes within the previous Plan.

- The proposed schemes and funding being recommended with the BCF Plan for 2019/20, as detailed in section 4 of the report with further details provided on CCG commissioned services and LA commissioned services and whether they were existing or new schemes, as well as the contribution and expenditure.

In the ensuing discussion the board noted the following matters:

- In response to Dr M C Patel's request for a breakdown of the £7.705 million required spend direct from CCG for adult social care (table 5.1), the Board was advised that this included the LA commissioned services listed within the report with both the local authority and CCG having reviewed and signed off the final allocations.
- That the allocation identified under the list of LA Commissioned Services in relation to the Carers Service would include young carers.

As a result of the update, the Board subsequently **RESOLVED:**

To approve the proposed projects and funding identified within the report as part of the Better Care Fund Plan for 2019/20

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

Julie Pal (Healthwatch Brent) informed the Board that the Healthwatch Brent Team had received an award from Healthwatch England for individuals who had made an outstanding contribution in relation to work on supported living schemes in the Borough. The Board congratulated all those involved for the award.

The meeting was declared closed at 6:10pm

COUNCILLOR HARBI FARAH  
Chair