



MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday 2 June 2015 at 7.00 pm

PRESENT: Councillor Butt (Chair and Leader of Brent Council), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group, Christine Gilbert (Chief Executive, Brent Council), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), Dr Ethie Kong (Chair, Brent Clinical Commissioning Group), Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups), Sarah Mansuralli (Interim Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Moher (Lead Member for Children and Young People, Brent Council), Ann O'Neil (Director, Healthwatch Brent), Councillor Pavey (Deputy Leader of Brent Council), Phil Porter (Strategic Director, Adults, Brent Council) and Dr Melanie Smith (Director of Public Health, Brent Council),)

Also Present: Councillor Filson

Apologies were received from: Gail Tolley (Strategic Director, Children and Young People, Brent Council).

PART A

For the first part of the meeting, members of the board took part in a facilitated workshop on Social Isolation.

The board then briefly adjourned and reconvened to consider the remaining business on the agenda.

PART B

1. Declarations of interests

None declared.

2. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 19 March 2015 be approved as an accurate record of the meeting subject to the following amendments:

- Sarah Mansuralli's job title to be amended to read 'Interim Chief Operating Officer, Brent Clinical Commissioning Group' consistently throughout the minutes;

- In the fourth sentence of the second paragraph under the heading Better Care Fund Update, the reference to 'clinical care' be replaced with 'institutional care'.

3. **Matters arising**

Sarah Mansuralli (Interim Chief Operating Officer, Brent CCG) provided an update on co-commissioning, advising that at a meeting on 21 May discussion centred on the establishment of the committee, how it would work and the seeking of further nominations from Health and Wellbeing Boards. Members were advised that the Brent HWB should consider a nomination for submission to the North West London Joint Co-Commissioning Committee. It was highlighted that the meetings of the committee would be open to the public to observe.

RESOLVED:

That Councillor Hirani as Lead Member for Adults and Health and Wellbeing be nominated as the Brent Health and Wellbeing Board representative for the North West London Joint Co-Commissioning Committee.

4. **NHS Brent CCG: Quality Premium 2015/2016**

Sarah Mansuralli (Interim Chief Operating Officer, Brent CCG) introduced a report seeking the Board's approval of the proposed Quality Premium measures for 2015/16. It was explained that the Quality Premium for 2015/16 would be paid to CCGs in 2016/17 to reflect the quality of health services commissioned in 2015/16 and any associated improvements achieved with respect to health outcomes and reductions in inequalities. The Quality Premium measures comprised national measures and two local measures, the latter of which were required to be based on local priorities such as those identified in the joint health and wellbeing strategies.

Sarah Mansuralli drew members' attention to the proposed measures set out in the report which had been agreed by the CCG and submitted to NHS England. These included the following local measures: 'people with diabetes diagnosed less than a year that are referred to structured education'; and, 'estimated diagnosis rate for people with dementia'. It was highlighted that both conditions were still prevalent in Brent's communities. There had been significant investment the previous year in diabetes education programmes via the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) programme. It was also estimated that a dementia diagnosis rate of approximately 80 per cent had been achieved and it was important to retain a focus on this work.

In the subsequent discussion the Board sought further details regarding the DESMOND programme, the process for choosing measures, how such measures related to the health outcomes framework and highlighted the importance of ensuring that information and reports produced by the CCGs used language accessible to members of the public.

In response to the queries raised, Sarah Mansuralli advised that the DESMOND programme was tried and tested and helped people to manage their condition, minimising the need for medication. It was confirmed that the measures chosen under the headings of 'urgent and emergency care' and 'mental health' were drawn

from a menu of measures provided. These menus would be circulated to members of the Board for their information. It was noted that the health outcomes framework established different measures against which the performance of Brent CCG was benchmarked, though it was necessary to meet these standards in addition to those defined under the Quality Premium to avoid any reduction of the payment made.

RESOLVED:

That the Quality Premium measures for 2015/16 as detailed in the report from NHS Brent CCG be agreed.

5. **Brent CCG London Ambulance Service (LAS) - performance diagnostic and transformation business case**

Bernard Quinn (Director Delivery and Performance, Brent Clinical Commissioning Group) introduced a report to the Board on the London Ambulance Service (LAS) performance diagnostic and transformation business case. It was explained that Brent CCG was the co-ordinating commissioner across the LAS. Due to a struggling performance for the LAS, an action plan had previously been put in place; however this had failed to increase performance to the required levels and so greater targeted intervention had commenced. An external diagnostic review undertaken by McKinsey had shown that there was greater numbers of staff leaving the organisation than those joining, reflecting a national shortage in paramedics. This declining workforce was having to cope with an increasing workload, leading to comparatively high levels of ambulance utilisation of 90 per cent. It was emphasised that to achieve accepted standards of performance an average utilisation of 67 per cent was optimal. A range of schemes across staffing, vehicle capacity, training and productivity had been identified which had supported four options for improving LAS performance.. In explaining the preferred option, Bernard Quinn advised that this aimed to deliver a target utilisation of 67 percent with a measured transition programme that provided a medium to high confidence level of achieving accepted performance standards in 2015/16 and a very high confidence level in doing so the following year, with required investment of 33.6m and 20.9m for the respective years. The investment case had been agreed by the 32 CCGs across London in March 2015 and it was noted that performance had improved over the last quarter. The Board was asked to note the increased investment into LAS services.

The Board discussed the report and in response to queries raised, Bernard Quinn explained that a full report on the options explored for improving performance provided further detail and focus on the outcomes expected to be achieved and the associated risks. The Board was further advised that as per the agreed investment case, the LAS could face financial penalties if the performance plan was not met.

RESOLVED:

That the increased investment into LAS services to improve performance be noted.

6. **Progress update on workshop outcomes**

Dr Melanie Smith (Director of Public Health) provided an update on the workshop-held in March regarding mental wellbeing; which included discussion groups

focusing on both adults and children and young peoples mental health. The Children and Young People department were leading on the development of a Mental Health Wellbeing Strategy for Children and Young People. There was a consensus that the strategy should reflect a broader focus on mental wellbeing including promoting resilience. A revised specification of the strategy was due to be considered by the Children's Trust Board.

Sarah Mansuralli (Interim Chief Operating Officer, Brent CCG) explained that within the discussion groups focused on adults there had been lots of discussion regarding how services should be provided in the future and how to ensure that the voices of carers and patients formed part of the early planning of mental health services. This would be incorporated into the patient and public health engagement strategy. Another key issue that had arisen in the workshop was providing support to people in crisis. It was recognised that it was important to ensure support was accessible, including online support and self-referral via the IAPT service. There was a commitment towards improving the training and awareness of frontline staff about the impact of mental health and inputting into the North West London Mental Health and Wellbeing Strategy.

The Board noted the update.

7. Health Visiting Transfer (verbal update)

Dr Melanie Smith (Director of Public Health) provided an update on the transfer of 0-5 public health commissioning, including health visitors, from the NHSE to the local authority. The Board heard that the numbers of health visitors employed would not change and the council would receive an additional allocation for commissioning the service, though the allocation for Brent had not yet been finalised by the Department for Health. The current focus of activity was to ensure safe transfer, particularly in light of growing needs and numbers of the 0-5 cohort. The council was considering the potential advantages of the services being commissioned by the local authority and were for example working with Children's Centres. In response to a query, Dr Melanie Smith advised that the funding for these services was currently ringfenced as part of the Public Health Grant.

8. Any other urgent business

None.

The meeting closed at 21:20

M Butt
Chair