

MINUTES OF THE HEALTH AND WELLBEING BOARD
Tuesday 10 November 2015 at 7.00 pm

PRESENT: Councillor Butt (Chair), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Carolyn Downs (Chief Executive, Brent Council), Councillor Carr (Brent Council), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups), Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Moher (Lead Member for Children and Young People, Brent Council), Ian Niven (Director, Healthwatch Brent), Councillor Pavey (Deputy Leader, Brent Council), Phil Porter Strategic Director, Adults), Dr Melanie Smith (Director of Public Health, Brent Council) and Gail Tolley (Strategic Director, Children and Young People, Brent Council)

Apologies were received from: Dr Ethie Kong (Chair, Brent Clinical Commissioning Group)

1. Declarations of interests

None declared.

2. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 2 June 2015 be approved as an accurate record of the meeting.

3. Matters arising

Primary Care Co-commissioning arrangements in North West London.

Rob Larkman clarified that the proposed committee would be Brent specific and would be established soon.

4. Living with dementia in today's community

Danny Maher introduced Matt Gott, who was supporting the work of the project and Dianne Campbell, a local resident and peer support worker at Kensington & Chelsea and Westminster Memory Service. With reference to a presentation they outlined the work of the project and the outcomes from the conference held on 23 October. The Board heard from Dianne Campbell on her experience as a young person in Westminster being diagnosed with dementia. She stated that there had been no support on offer in Brent but now she worked in the borough to inform people about dealing with young people diagnosed with the disease. The Chair thanked Danny Maher, Matt Gott and Dianne Campbell for their presentation and acknowledged the work needed to put support and help in place within Brent.

Members of the Board discussed the issues raised. It was suggested that early education about the disease was needed. More data could be provided on the profile of sufferers of the disease and it was noted that the majority of sufferers were in the early to mid stage and so would benefit from the provision of support. It was agreed that the issues needed to be raised within the appropriate parts of the Council and NHS with reference to the full conference report which could be found at www.brent.gov.uk/dementia. It was necessary to identify how services could be used to support the themes identified by the conference. The point was made that there remained a significant number of people who were yet to be diagnosed with the disease. GPs and health care professionals already raised with people whether they wanted to be tested for signs of dementia and this might show a higher number of people suffering with the disease.

Community Action on Dementia had set a target to work up the different prototypes identified by the end of the year and the outcome of this work could be reported back to the Board. At the same time each constituent organisation could report back on how it was addressing the recommendations arising from the research project.

RESOLVED:

- (i) that the work of Community Action on Dementia (CAD) be endorsed and supported, acknowledging the important contribution of the community researchers and the research participants;
- (ii) that using similar approaches to tackling other complex issues relating to health and wellbeing in the Borough be considered;
- (iii) that the benefits of co-production be recognised and consideration be given to how procurement processes could change the culture, systems and processes that support such an approach.
- (iv) that progress on the work being undertaken to support people diagnosed with dementia be reported back to the Board in due course.

5. Like Minded - North West London Mental Health and Wellbeing Strategy - Case for Change

Jane Wheeler, Acting Deputy Director (NWL) introduced the briefing paper, which attached a summary of the Case for Change and expressed the hope that the Board would endorse the update of the North West London Mental Health and Wellbeing strategy case for change as part of the Like Minded programme. In light of the discussion on the previous item before the Board, she pointed out that co-production had been a theme of the work undertaken.

The issue of the nine recorded murders in the borough during 2015 with all but one involving mental health issues was raised. The Police were concerned that front line officers were exposed to this without being trained on mental health issues. Whilst noting the strategy included the issues of self harm and suicide, it was felt that homicide should be included. It was reported that the CNWL and Police met

regularly but that this issue was not picked up. There needed to be a complete review of how people with mental health issues were being managed at this level.

RESOLVED:

that the Like Minded Case for Change be endorsed and the Director of Adult Social Care establish a group of concerned officers to consider the involvement of the police in dealing with people with mental health issues.

6. Brent Winter Plan and Better Care Fund report

The Board received the report which provided a summary of the work underway across the Brent health and social care economy to ensure year round services for patients. This included the winter plan for 2015/16. It was pointed out that services came under pressure during the winter of 2014/15 and the same was expected for the forthcoming winter but it was emphasised that this area was now more resilient to such pressures. Collaborative working would ensure capacity would be created at Northwick Park Hospital, although there were still problems with patients with difficult and complex needs. It was generally felt that the resilience planning was working but it was recognised that some aspects still needed developing such as working with the housing service and dealing with people who did not meet the criteria for housing.

Reference was made to the work underway at a regional level to implement changes to the way patients were discharged from hospital and how pressure needed to be maintained on the West London Alliance to work up a proposal.

RESOLVED:

- (i) that the overall approach to delivering local health and care systems be approved;
- (ii) the plans in place to support NHS resilience over the winter so that patients get swift access to safe services in line with the NHS constitution be received with assurance;
- (iii) that the issues arising, particularly in the housing area, be raised outside meetings of the Board.

7. Brent CCG Commissioning Intentions 2016/17

Jonathan Turner, Assistant Director QIPP & Planning (Brent CCG) introduced the report and pointed out that the CCG was obliged to engage the Health and Wellbeing Board in the development of the Commissioning intentions and the Board was required to give its opinion. Jonathan Turner referred to the presentation attached to the report, profiling the local resident and GP population and outlining the vision and strategic priorities behind the Commissioning intentions for 2016-17.

Sheik Auladin, Deputy Chief Operating Officer (Brent CCG), continued running through the presentation outlining the strategic priorities.

Gail Tolley, Strategic Director for Children and Young People, warned of relying too much on the percentage increase in key age groups given the age profile of the borough which showed a high proportion of young people. This could undermine the direction of funding to young people.

Sarah Mansuralli added a comment about the work required to integrate all emergency services to provide a higher standard of service.

In answer to a question about attracting new GPs to replace those retiring, it was explained that the intention was to enable more doctors to work together to improve capacity and increase standards. The aim was that doctors would be attracted by the improved shared arrangements in place. It was also mentioned that Dr Ethie Kong was involved in running a young doctors forum. Ian Niven commented that it was important to share this vision with patients so that they recognised the benefits. Rob Larkman stated that the approach was not just about doctors but about providing multi disciplinary teams offering a package of care.

RESOLVED:

that a statement be prepared in support of the CCG's Commissioning Intentions for 2016/17.

8. Adding Value - Health and wellbeing priorities and ways of working

Phil Porter, Strategic Director for Adults, submitted a presentation to the Board which outlined the following five priorities for health and wellbeing. Each priority was supported by acknowledging the gaps in meeting needs and an outline of the ambition to improve:

- Giving every child the best start in life
- Helping vulnerable families
- Improving mental wellbeing throughout life
- Working together to support the most vulnerable adults in the community
- Empowering communities to take better care of themselves

He explained that this was the beginning of a piece of work to develop future ways of working.

Dr Sarah Basham (Brent CCG) elaborated on the priority regarding children as did Gayle Tolley (Director, Children and Young People) who also commented on helping vulnerable families and improving mental wellbeing, Phil Porter (Director, Adults) commented on vulnerable adults and Dr Melanie Smith (Director of Public Health) on empowering communities. There was recognition that gaps existed around supporting people with mental health issues that needed addressing. It was agreed that an additional area of activity around alcohol and substance misuse needed to be imbedded within one of the five priority areas.

RESOLVED:

that reports be submitted to future meetings of the Board on the health and wellbeing priorities and ways of working and further work be undertaken on taking forward the mental health and wellbeing priority.

9. **Pharmaceutical Needs Assessment update**

The Board received the report updating it on how the Pharmaceutical Needs Assessment (PNA) had been kept up to date since its publication in March 2015.

RESOLVED:

to note:

- that no revision of the Brent PNA has been required in the six months since its publication,
- the publication of the Supplementary Statements on the Council's website.

10. **Any other urgent business**

None.

11. **Fiona Kivett**

Members thanked Fiona Kivett, Brent Council Senior Policy Officer, for her work in supporting the Board and wished her well in the new job she was moving to within the Council.

The meeting closed at 9.15 pm

M BUTT
Chair