



Health and Wellbeing Board – 27th February 2013

Meeting Notes

Present – Councillors Ruth Moher (chair), Krupesh Hirani, Mary Arnold and Sandra Kabir, Phil Newby, Alison Elliott, Krutika Pau, Graham Genoni, Ethie Kong, Sarah Basham, Jo Ohlson, Penny Toft, Phil Sealy, Chris Spencer, Margaret Chirgwin, Anna Janes, and Andrew Davies

1. Minutes of the previous meeting

The minutes of the previous meeting held on the 19th December 2012 were approved.

2. Matters Arising

(i). Public Health Contracts – Phil Newby explained to the Board that the Department of Health's guidance on the transfer of public health contracts had changed and that potentially the council was going to have to agree new contracts with providers for 2013/14. This was different to the advice that had been issued previously, which was clear that contracts could be extended and transferred. At this stage the council was waiting for clarity on the new guidance before starting to work up new contracts.

On GUM services, contracts for 2013/14 hadn't been agreed and it was likely that Brent would have to lead negotiations with NWL Hospitals as negotiations weren't progressing through the CSU as planned. GUM remains the biggest risk area to the council as it is a demand led, open access service.

(ii). Public Health Budget – Work has taken place to finalise the public health budget. Staffing and contract obligations can be met, as well as funding for programmes in Children and Families, smoking cessation, sexual health and DAAT. A contingency sum has been set aside for GUM and to ensure any unforeseen costs are covered. Details will be set out in a report for the Executive in March 2013.

3. Children and Families Plan

Anna Janes, Head of Children and Families Policy, presented the Children and Families Plan to the Health and Wellbeing Board. The plan has been developed by the Children's Trust Board and contains three overarching priorities - Ensure that children and young people in our borough are healthy and safe; narrow the gap between those children who do well and those who need extra support to thrive, so the aspirations of every Brent child are realised; and to fully integrate services to develop resilient families. There is a clear link to the Health and

Wellbeing Strategy in the Children and Families Plan to emphasise the link between the two Boards.

The Health and Wellbeing Board discussed the plan, and in particular how services should respond to changes in policy at a local and national level. Of particular concern was the impact that changes in benefit rules could have on child protection and safeguarding, particularly if vulnerable children are moved out of the borough. This has been picked up by the Safeguarding Board as an issue.

Looking at what can be done by schools to help children from chaotic or vulnerable backgrounds, the value of breakfast clubs was questioned. This was because they were generally used by those children who needed them least, children of working parents who take their children to school earlier to enable them to get to work, rather than those children who aren't given breakfast at home.

The Board agreed that a partnership response to changes in Government policy was required to help negate the impact of changes on the most vulnerable children as cuts to services and welfare become more challenging. Reconfiguring services to meet the strategic needs identified by the Health and Wellbeing Board and the Children's Trust Board was a significant challenge, but one that needs to be taken up by both groups.

The Board agreed that there should be a regular update on its agenda on the Children and Families Plan to provide a challenge back to the Children's Trust Board that the plan is being delivered.

4. Action Plan in response to the Ofsted Inspection of local authority arrangements for the protection of children

Graham Genoni presented to the Board the action plan developed in response to the Ofsted inspection of the council's child protection arrangements. Brent was one of 90 local authorities that was rated adequate or inadequate at their initial Ofsted inspection and as a result was subject to a follow up inspection to assess progress. The inspection regime is getting tougher and more challenging which makes it harder to move up from one grade to the next.

The follow up inspection praised some areas of the service and it was acknowledged that a lot of good work was happening to improve safeguarding arrangements. For example, the safeguarding board has been re-established. The inspection itself was very focussed on children's social care, looking at case files and interviewing a relatively small number of people. However, the service will need to work with partners to ensure that all parts of the system are working well. Future ratings will be as strong as the weakest score within the assessment – if one element of the service is judged inadequate, the whole service is considered inadequate.

The challenges of tracking children in Brent were discussed and included populations churn, overcrowding, and GP registrations, where families are registered but questions aren't asked as to whether the family has any dealings with social services. Some children live in very complex circumstances that make solutions to safeguarding problems difficult to implement.

Chris Spencer, the chair of the Brent Local Children's Safeguarding Board explained that the bar has been raised in the safeguarding inspection regime, but that safeguarding board arrangements are now in place but the narrative on outcomes is not there, yet. The pace of

change and improvement across all facets of the service needs to pick up if Brent is to receive a better inspection outcome in the future.

Regarding the action plan, the Board noted that none of the actions were red rated, but some are yet to be completed reflecting the complexity of some of the recommendations. It was agreed to bring the inspection action plan back to the Board in six months time for an update on progress.

5. Outer North West London Integrated Care Business Plan 2013/14

Alison Elliott presented to the Board an update on the Integrated Care Pilot and business plan. It was noted that councils and NHS organisations in NWL, including Brent and NHS Brent support the principle of the ICP, but that funding for the scheme is scheduled to come to an end on 31st March. It is an expensive model, but Brent CCG will continue to fund it for an additional 12 months whilst work takes place to develop a less bureaucratic and more sustainable model that can be implemented in the future. In the next 12 months commissioners will be looking for value for money and outcome improvements because it is unaffordable in the long term in its current form.

The integrated care service was said to be delivering “soft” outcomes, such as better working relationships between practitioners, but the value for money measures are not clear at present, such as fewer acute admissions. Although the outcomes can’t yet be proved, it was felt that the principle behind the project was correct and that it should continue locally for 12 months whilst changes are made to improve it.

It was agreed that details on the new model for integrated care would be brought to the Board for consideration once it had been developed, including financial modelling.

6. Brent Clinical Commissioning Group Draft Operating Plan

The Health and Wellbeing Board was updated on the Brent CCG operating plan for 13/14. The plan sets out the CCGs local priorities:

- To increase the number of people receiving a health check, in particular to find people with heart disease
- To provide more health checks for people with learning disabilities
- To improve access to GP services. A six month pilot in parts of Brent will see GP practices stay open until 9pm and open on Saturdays for additional or urgent appointments to try to improve access.

Targets for these priorities are still being negotiated with the Department of Health and the NHS Commissioning Board.

There was some debate around how the priorities were chosen and which ones were not, such as combating TB, or taking action to reduce domestic violence. Whilst the Health and Wellbeing Board was supportive of the plan and priorities, it would have liked to have understood how they were arrived at the reasons for rejecting other areas.

It was acknowledged that the CCG will have to work with public health to be successful on health checks, as this is a service commissioned by the council but delivered by GPs. Regarding domestic violence, the Board was informed that the CCG would be working with the Working with Families project to pick this up. The Aligned Services Strategy will bring partners together to give this work some cohesion. The Health and Wellbeing Board agreed it should look at this issue in the future.

It was suggested that the CCG publicises its plan using the Brent Magazine so that members of the public understand its priorities. The plan would be finalised and submitted to the Commissioning Board by 3rd April 2013.

7. Diabetes Task Group Report

The Health and Wellbeing Board considered the report from the Diabetes Task Group. The Board supported the recommendations in the report, as did the CCG representatives. It was agreed that the CCG would provide a response to the recommendations that related to their services.

8. Health and Wellbeing Board Regulations

The Health and Wellbeing Board considered and noted a report setting out the main points from the health and wellbeing board regulations that had been published in February 2013. The Board will not be able to meet in shadow form any longer, and Full Council now needs to properly constitute the Board before it is able to meet again formally. This should happen in May 2013.

9. The future of local suicide prevention plans in England – circulated for information.

Alison Elliott agreed to raise this issue with the Interim Director of Public Health, Imran Choudhury.

10. Any other business

The Board suggested a number of issues for inclusion in the work programme:

- Mental health services report – suggested by Alison Elliott
- Reablement service peer review
- Aligned services strategy

Krutika Pau raised two issues. Firstly, that she was concerned with health reviews for looked after children and that she wanted the Board to investigate this issue to see how they could be improved. Secondly, there is funding available from the Family Nurse Partnership to set up a scheme in Brent, to work with young mothers under the age of 20. Additional support is provided until the child is two years old. It was suggested that this is looked at to see whether Brent could implement a service such as this.

11. Date of Next Meeting

The next meeting is currently scheduled for 5th June 2013.