



MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday 22 January 2015 at 7.00 pm

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

Also Present: Councillor Perrin (Brent Council)

Apologies were received from: Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Councillor Crane (Lead Member for Environment, Brent Council), Sue Harper (Strategic Director, Environment and Neighbourhoods) and Councillor Warren (Brent Council)

1. Health and wellbeing for under 5s

For the first part of the meeting, members of the board took part in a facilitated workshop on health and wellbeing for under 5s.

The board adjourned for ten minutes and reconvened at 8:20 pm to consider the remaining business on the agenda.

2. Declarations of interests

None declared.

3. Minutes of the previous meeting held on 18 November 2014

RESOLVED:

that the minutes of the previous meeting held on 18 November 2014 be approved as an accurate record of the meeting.

4. Matters arising

Health and Wellbeing Board forward plan

Fiona Kivett (Senior Policy Officer, Assistant Chief Executive's Service) confirmed that the forward plan for the Health and Wellbeing Board had been circulated to members.

5. **NHS Brent Clinical Commissioning Group independent review of patient engagement and equality**

Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group) introduced the report that detailed the findings of the independent review of patient engagement and equality on behalf of the NHS Brent Clinical Commissioning Group (CCG). She then introduced Dr Angela Coulter, who had led the review, and Frank Donlon who had co-assisted in the review.

Dr Angela Coulter began by stating that Brent CCG had recognised that their patient equality, diversity and engagement (EDEN) strategy was not working as well as it could be and had approached her to undertake an independent review of it. In particular, there was a lack of integration of services and working with partners, whilst a number of arrangements were out of date and there were also concerns around assurance. Dr Angela Coulter explained that the review had taken place over a two month period and she had been impressed by the Brent CCG's desire to improve, however there were a number of measures that they needed to undertake to achieve this, such as working more closely with the council and making use of proper processes. There were also strict legal requirements that Brent CCG had to follow with regard to engagement. Members heard that the borough's active and diverse community provided plenty of opportunities for the CCG to engage and to move away from an overly committee focused approach. Dr Angela Coulter advised that the following areas needed to be prioritised to be addressed:

- Insight
- Communications
- Outreach

Dr Angela Coulter advised that examples of where Health and Wellbeing Boards (HWBB) were working well were used to help produce the recommendations in the report and these included the London Boroughs (LBs) of Newham and Tower Hamlets. There were also various recommendations with regard to governance arrangements, including public engagement embedded in committees and commissioning from the outset, and clear leadership responsibilities and budget. Dr Angela Coulter advised that the Brent CCG Governing Body had accepted all the recommendations in the review and were in the process of implementing them. Members noted that the report was also available on the Brent CCG website.

Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups) added that there were also some good arrangements already in place in which to build on, such as the patient engagement groups. Sarah Mansuralli commented that Brent CCG was already looking at ways of improving engagement in respect of the Better Care Fund and the Integrated Care Model and it was committed to making progress on the recommendations in the review report.

During discussion, further details were sought as to why LB Newham and LB Tower Hamlets HWBBs worked effectively. It was enquired when the revised EDEN strategy would be implemented and what funding was in place to undertake this, especially in view that there had been a reduction in engagement and consultation because of budget pressures. It was also asked what measures were going to be put in place to increase engagement with young people. In respect of the preferred

option C recommended in the report, it was asked what role the HWBB should play to facilitate this.

In reply to the issues raised, Frank Donlon advised that the report expanded further as to why Newham and Tower Hamlet HWBBs were seen to be working effectively and these were examples of best practice. However, he explained that there was no single right way to operate HWBBs, although he stressed the importance of separating the assurance function from the strategy.

Dr Angela Coulter added that Hull was also a good example of an assurance function operating separately from the strategy. She advised that there were some examples of Brent CCG engaging with young people, such as consultation with Brent Youth Parliament, however it was acknowledged that the engagement needed to be more explicit and the recommendation relating to outreach in the review sought to address this. With regard to the HWBB's role in helping to achieve option C, Dr Angela Coulter advised that it was important for all partner organisations involved to work together and not to have separate discussions.

Sarah Masuralli advised that the EDEN strategy was yet to be updated, however the public would be invited to Implementation Steering Group meetings that would be meeting for the first time in the week commencing 26 January. She emphasised that all recommendations in the review and full agreement of option C had been agreed by Brent CCG Governing Body. Sarah Mansuralli acknowledged that there had been a focus on adults for engagement and that more needed to be done to engage young people too.

Phil Porter (Strategic Director, Adult Social Services) advised that there would be no reduction in the amount of engagement and consultation.

Christine Gilbert (Chief Executive) advised that ways in which Brent CCG and the council would work together in future would be discussed at a Brent Strategic Partnership away day. She explained that both LBs Newham and Tower Hamlets demonstrated examples of strength of partnership going back a number of years and the Borough Plan gave an opportunity for the same to exist in Brent.

Members agreed to the Chair's suggestion that an update outlining ways of joint working arrangements be presented at the next HWBB meeting on 19 March.

RESOLVED:

- (i) that the Brent CCG independent review of patient engagement and equality, and the decision by the Brent CCG Governing Body, be noted; and
- (ii) that the development of joint public and patient engagement structures between NHS Brent CCG, Brent Council and Brent HealthWatch be supported.

6. Brent Clinical Commissioning Group commissioning intentions 2015/16

Sarah Mansuralli presented the report that set out Brent CCG's commissioning intentions and how these would be delivered. The report explained how working with providers would help improve performance. Sarah Mansuralli advised that

priorities were set from a national mandate and from the Joint Strategic Needs Assessment (JSNA) to meet local health needs and Brent CCG also worked collaboratively with NHS England to help achieve this. She drew members' attention to the key commissioning priorities as set out in section three of the report and explained that all GP practices were being encouraged to communicate via a single IT platform.

During discussion, it was enquired how personal health budgets would be delivered and it was commented that care must be taken to ensure that the payment system as separate from direct payments. Members enquired what role the HWBB could play in supporting the commissioning intentions. It was also asked whether the voluntary sector, both locally and nationally, had the capacity to help deliver services.

In reply, Sarah Masuralli advised that there were efforts to extend personal budgets which were subject a defined process and it was also intended to use direct payments more for carers. Sarah Mansuralli advised that HWBB could support the commissioning intentions by working with partner organisations in respect of urgent care, the Better Care Fund, carers, discharge functions and with children. Members heard that there had been initial approaches in respect of voluntary sector participation, however there was a need for further development and capacity and capability building.

Members discussed further the role the voluntary sector could play. Ann O'Neill (Brent HealthWatch) felt that it would be useful to have dialogue with Brent CVS on how the voluntary sector could help and there were not necessarily issues in respect of capacity, whilst work could be undertaken to increase capacity of smaller voluntary organisations. Councillor Hirani (Lead Member for Adults, Health and Wellbeing) stated that there could be discussions on the capacity of voluntary organisations to help with issues such as diabetes. Councillor Moher (Lead Member for Children and Young People) commented that work could be undertaken to see how embedded some voluntary groups were in providing services in their area and see what role they could play. The Chair felt that it could be beneficial to share best practice on voluntary commissioning and to take a joint approach in inviting expressions of interest from voluntary organisations.

Rob Larkman suggested that a joint meeting between the council, Brent CCG and Brent CVS take place to discuss the role voluntary sector organisations could play and Sarah Mansuralli agreed to arrange this.

7. Annual Report from Brent Safeguarding Adults Board 2013-14

Fiona Bateman (Independent Chair, Brent Safeguarding Adults Board) introduced the Safeguarding Adults Board (SAB) report and stated that the reconfiguration of the Safeguarding Adults Team had resulted in stronger arrangements. Members heard that despite the increase in alerts and an 18% increase in referrals, targets had been met and there had been a significant improvement in performance. Care standards were being embedded in the Adult Care Team and 92 training courses had been delivered to over 1,000 staff. Fiona Bateman advised that a conference for community engagement had taken place, however there was a need to gain a greater understanding of the community through further engagement to seek answers to various issues, such as the reasons why certain groups did not access

services. She informed members that cases of financial abuse was falling, however it still remained comparatively high and work with a number of partner organisations, such as the police, was being undertaken to address this. Members heard that SAB was taking steps to become more transparent and accountable, such as publishing its minutes on the website. Fiona Bateman advised that when the Care Act 2015 comes into effect, the SAB will exist on a statutory basis and work was taking place in respect of the governance arrangements and there would be an away day in February 2015 to discuss this further.

Phil Porter added that the council was working with a wide range of partners and listening to the community to improve performance, and there were also moves to ensure the SAB worked closely with the Brent Local Safeguarding Children Board.

In reply to a query, Fiona Bateman acknowledged that Brent CCG would need to contribute to work in this area and there would be further discussions on this.

RESOLVED:

- (i) that the large increase in alerts (from 748 in 2012-13 to 1,208 in 2013-14) and referrals (from 314 in 2012-13 to 370 in 2013-14, up by 18%) received and investigated by the Safeguarding Team during the period be noted;
- (ii) that the priorities for SAB identified in the report, specifically the SAB's intention to re-establish sub groups so as to widen membership and secure full participation from statutory agencies to drive continued improvement in relation to safeguarding across the sector, be noted; and
- (iii) that the SAB's intention to be in a position to publish a strategic plan in the first quarter of 2015-16 setting out how it will work to further develop multi-agency safeguarding work for adults in Brent be noted.

8. **Any other urgent business**

Leadership Centre for Local Government

Phil Porter advised that there was an opportunity to place a bid for the HWBB to work with the Leadership Centre for Local Government. It was agreed that Christine Gilbert and a representative of Brent CCG meet to discuss proposals for the bid.

London Health and Wellbeing Boards Conference

Fiona Kivett advised that there were six places available for HWBB members to attend the London Health and Wellbeing Boards Conference on 12 March and she would circulate further information to members.

Dementia Action Alliance

The Chair announced that there would be an update on the Dementia Action Alliance at the next HWBB meeting on 19 March.

The meeting closed at 9.20 pm.

M PAVEY
Chair