



MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday 26 January 2016 at 7.00 pm

PRESENT: Councillor Butt (Chair), Dr Ethie Kong (Vice Chair), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Carolyn Downs (Chief Executive, Brent Council), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), 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: Councillor Carr (Brent Council) and Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups),

Also Present: Duncan Ambrose (Assistant Director, NHS Brent CCG), Mike Howard (Chair, Brent Local Safeguarding Children Board) and Tina Benson (Director of Transformation, LNWHT)

1. Declarations of interests

None declared.

2. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 10 November 2015 be approved as an accurate record of the meeting.

3. Matters arising

None.

4. Child Death Overview Panel Annual Report 2014/15

Dr Melanie Smith (Director of Public Health) introduced the annual report of the Child Death Overview Panel presented to the Brent Local Safeguarding Children Board in June 2015. She introduced Dr Boroda, the Designated Doctor for Unexpected Child Deaths who was present for this item. Attention was drawn to paragraph 15 of the annual report which showed that since 2008 a number of sudden unexplained deaths in infancy were potentially linked to sleeping practices. There was a chance to take some action to publicise this during Safer Sleep week 14-20 March 2016. Dr Boroda stated that the work of the Child Death Overview Panel was an example of partnership working and that it was key to look carefully at

cases of preventable deaths and to stress the importance of good nutrition and engagement with parents. It was pointed out that the NW9 and NW10 postcodes featured the highest number of cases and that the ethnicity of child deaths was not reflective of the borough's ethnic breakdown. It was felt that a better understanding of these factors was needed.

Reference was made to vitamin D deficiency and the method by which supplements were either prescribed based on a recognised need or distributed based on a preventative approach. It was felt that a consequence of the welfare reforms was the potential for an increase in health risks and that the incidence vitamin D deficiency could increase. It was recognised that this would lead to a wider range of health issues.

RESOLVED:

- (i) that the 2014/15 Child Death Overview Panel Annual Report be received;
- (ii) that further consideration be given to promoting messages about safe sleeping;
- (iii) that further consideration be given to the health issues arising from child death cases, such as vitamin D deficiency and how these can be addressed through preventative and treatment based approaches;
- (iv) that further analysis of the data be undertaken, including matching with other parts of London, to determine an approach to seeking to reduce child deaths and improve children's health.

5. Children's Trust and OFSTED

The Board received the report which provided an overview of the findings of the Ofsted inspection of Brent services for children in need of help and protection, children looked after and care leavers. Gayle Tolley (Strategic Director, Children and Young People) introduced the report and highlighted the need identified as a result of the inspection for an appropriate strategic alignment between various boards and that work had already started on achieving this. It had also found that some improvements had been made but that further sustained improvement was needed before the service could be rated as Good.

Mike Howard (Chair of the Brent Local Safeguarding Children Board) was present and stated that there were opportunities for his board to have closer working relations with the Health and Wellbeing Board and other partnership groups in Brent.

It was pointed out that most of the work of the CCG was commissioned and issues were reported into joint commissioning groups. It was felt to be important that links were developed with the CCG's commissioning work. The Chair added that the inspection had found that the Health and Wellbeing Board was working together more effectively and that this needed to continue.

RESOLVED:

that the findings of the OFSTED inspection of Children's Services be received and the work being undertaken to improve services for children and young people be noted.

6. Better Care Closer to Home - phase two

The Board considered the report on the approach to reviewing and refreshing the Better Care Closer to Home Strategy. Sarah Mansuralli (Chief Operating Officer, Brent CCG) introduced the report by referencing the need to develop the framework by drawing on the North West London vision and identifying the priorities for local commissioning of care. Carolyn Downs (Chief Executive, Brent Council) submitted that there needed to be a better understanding of the local health economy and a facilitated discussion with health partners so that public expectation could be managed. Members of the Board recognised that the design stage of phase 2 of the strategy needed to formulate how residents were informed of the changing situation within the borough. It was felt that the profile of health related services and facilities needed to be increased in a bid to promote healthy lifestyles.

Phil Porter (Strategic Director, Community and Wellbeing) stated that consideration would have to be given to how the Health and Wellbeing Board could provide an oversight of the activities of the Sustainability and Transformation Plan, Better Care Fund and Better Care Closer to Home Strategy.

RESOLVED:

- (i) that the approach to reviewing and refreshing the Better Care Closer to Home Strategy for phase 2 covering the period 2016-19 be noted and supported;
- (ii) that the comments made during discussion of the item be incorporated into the approaches and priorities of the strategy.

7. Outcome based reviews

Phil Porter (Strategic Director, Community and Wellbeing) submitted a presentation to the Board outlining the Council's initiative to introduce design led outcome based reviews. He stated that three reviews were underway and that the Innovation Unit had been engaged to provide a fresh perspective to the work. The Chair stressed the need for a short, sharp approach to the work as identified in the presentation.

The Board endorsed the work being undertaken.

8. London Health and Care Collaboration Agreement

Carolyn Downs (Chief Executive, Brent Council) introduced the report which informed the Board of the progress of the collective agreement by London and National Partners to transform health and wellbeing outcomes. She expressed the view that the Council and partners should proceed towards as much integration as could be achieved whilst learning from the pilots as they tested different elements of integration, collaboration and devolution.

RESOLVED:

that the London Health and Care Collaboration Agreement be noted and supported on the basis that it supports continued closer working to improve outcomes for Brent residents, but implies no changes to Council or CCG governance or decision-making powers.

9. Update on Winter pressures

The Board considered the report updating it on the actions implemented in response to additional winter pressures. Phil Porter (Strategic Director, Community and Wellbeing) outlined a number of additional initiatives that were either in place or being planned for immediate implementation but stressed that more still needed to be done. The partnership approach remained strong and work continued on initiatives for coping with the winter pressures next year. Sarah Mansuralli (Chief Operating Officer, Brent CCG) agreed that there had been a marked improvement over the previous year. The board recognised that there were financial implications for the action being taken.

RESOLVED:

- (i) that the report be noted and the Board assured that plans and governance mechanisms are in place to support NHS resilience over the winter so that patients get swift access to safe services;
- (ii) that the strategic direction for 2016/17 be supported ahead of a report being submitted to the next meeting of the Board as part of the sign off of the 2016/17 Better Care Fund plan.

10. Updates on Health and Wellbeing priorities

10.1 Giving every child the best start in life

The Board considered the circulated update on the priority of giving every child the best start in life. Dr Sarah Basham (Co-Clinical Director, Brent CCG) elaborated on the work outlined in the briefing and referenced the connection with perinatal health.

NOTED

10.2 Helping vulnerable families

The Board considered the circulated update on the priority of helping vulnerable families. Dr Ethie Kong (Chair, Brent CCG) felt there was a need to agree a definition of what was considered a vulnerable family. Mike Howard (Chair of the Brent Local Safeguarding Children Board) suggested that the briefing could be added to by reference to the work being carried out by other groups involved with safeguarding issues.

NOTED

10.3 Improving mental well being through life

The Board considered the update on the priority of improving mental wellbeing throughout life. It was agreed that this priority needed to take account of the period of transition from child to adult.

NOTED

10.4 Working together to support the most vulnerable adults

The Board received the update on the priority of working together to support the most vulnerable adults.

NOTED

10.5 Empowering communities to take better care of themselves

The Board considered the update on the priority of empowering communities to take better care of themselves. The breadth of activity under this priority was acknowledged.

NOTED

11. Any other urgent business

None.

The meeting closed at 8.30 pm

M BUTT
Chair