



**NHS**  
**Brent**  
*Clinical Commissioning Group*

## Health and Wellbeing Board

07 June 2016

**Report from Phil Porter, Director of  
Adult Social Services, and Sarah  
Mansuralli, Chief Operating Officer NHS  
Brent CCG**

For decision

Wards Affected:  
ALL

### Health and Wellbeing Board: Stocktake

#### 1.0 Summary

- 1.1 The Health and Wellbeing Board's main aim is to improve health and wellbeing across Brent and to reduce the health inequalities that exist in the borough. The Board is functioning well, but is always seeking to clarify and improve. This paper reflects the changes that have happened over the last 12 months; seeks to clarify and confirm changes, and make suggestions for improving how the Health and Wellbeing Board continues to work towards this aim. These are set out across a number of themes: governance (role and sub-groups, format, membership) and strategy and priorities.

#### 2.0 Recommendations

- 2.1 To enable the Board to follow up effectively on public engagement, events should be reduced to one a year, focusing on the Board's current priority. Quarterly formal board meetings, and if required, a further development meeting, will follow up the work from the public engagement as well as meet other board requirements.
- 2.2 That the Health and Wellbeing Board agree to the revised membership as set out in section six.
- 2.3 That the Health and Wellbeing Board should agree a firm proposal for the Strategy at the next Board meeting.

#### 3.0 Background

- 3.1 Brent set up its Health and Wellbeing Board in February 2011 in response to the government's coming Health and Social Care Act 2012. The Board had to meet in shadow form until April 2013 where it took up its statutory duties, which include producing a Joint Health and Wellbeing Strategy, an annual

Joint Strategic Needs Assessment (JSNA), the Pharmaceutical Needs Assessment (PNA), and approving a number of strategic documents.

3.2 Without its own set budget, the Health and Wellbeing board works together to provide strategic direction for the member organisations. Some of the original functions of the board, stated by the department of health were:

- have strategic influence over commissioning
- strengthen democratic legitimacy
- develop a shared understanding of the health and wellbeing needs of the community
- drive local commissioning of healthcare, social care and public health and create a more effective and responsive local health and care system
- address other issues that impact on health and wellbeing such as housing and education provision.

3.3 Brent's Health and Wellbeing Board has evolved from a voting board to a partnership forum, following one of the driving principles behind Health and Wellbeing Boards: shared ownership of the Board, and parity between Board members.

#### **4.0 Board role and relationships**

4.1 The Health and Wellbeing Board oversees a number of Boards. It also sets up sub-groups which deliver the priorities and objectives for the Board. The Board sets the direction and values for these and holds them to account, both for what they do, and how they do it. The work delivering the vision of the Board, should embody the ethos and principles of the Board. These principles, set out in the Health and Wellbeing Strategy, are:

- We will work together to deliver improved services
- We will provide safe, high quality services which respond to individuals
- We will work together to make sure every contact with service users counts
- We will promote a culture of self care and personal responsibility
- We will focus on disease prevention and health promotion
- We will engage in an on-going dialogue with our communities, residents and patients
- We will provide opportunities for individual and community empowerment

- We will achieve more for less, making the very best use of resources
- 4.2 The Board influences the CCG's Commissioning Plans. The CCG decide their Commissioning Plans for the year, taking into account the Joint Health and Wellbeing Strategy. The Board is then consulted to advise the CCG whether it considers the Commissioning Plan has taken proper account of the Joint Health and Wellbeing Strategy.
- 4.3 The governance structure in appendix one shows how the Board relates to other Boards and groups. There are a number of statutory multi-agency boards that have partnership relations with the Health and Wellbeing Board, including the Local Safeguarding Vulnerable Adults Board, Local Safeguarding Children's Board, and the Safer Brent Partnership. The Health and Wellbeing Board oversees the Children's Trust; Brent Better Care Fund Implementation Board; the Sustainability and Transformation Plan Working Group, and Brent Mental Wellbeing Board.
- 4.4 In September 2015, Children's Services were inspected by Ofsted. The following Ofsted report made some recommendations about how the Health and Wellbeing Board could be more effective. It advised that the Board should have a stronger role in Children's services. The Health and Wellbeing Board has developed much since the Ofsted inspection, but can still consider its areas for development and strengthen the way it works with both the Boards it oversees and the ones it works in partnership with.
- 4.5 It has previously been agreed that the Children's Trust lead and deliver the Health and Wellbeing Board's work for its priorities about children, *giving every child the best start in life*, and *helping vulnerable families*. The role of the Health and Wellbeing Board in this work is to provide strategic direction and oversight. As such, it would be appropriate for the Children's Trust to update the Board quarterly on its work around these priorities.
- 4.6 Brent is part of the Sustainability and Transformation Plan (STP) for North West London. This has both North West London and local priorities. There is a recently set up working group for Brent, which has only met three times. It has an inclusive membership including commissioners, providers, Healthwatch, and CVS, but it needs to engage more widely. The STP will link to the Health and Wellbeing Board, but the official format has not yet been decided. It is likely that the working group will continue to oversee delivery of the plan, and will report to the Health and Wellbeing Board.
- 4.7 The Better Care Fund Implementation Board has a similar membership to the STP, and reports to the Health and Wellbeing Board. Its remit is to oversee health and social care integration. Over the last two years, the Better Care Fund has brought an agenda item to all but two meetings of the Health and Wellbeing Board. This high level of interaction should continue.

- 4.8 The Health and Wellbeing Board agreed that a new Board, Brent Mental Wellbeing Board, should be set up. The Board will report to the Health and Wellbeing Board. As this year's Health and Wellbeing priority is *improving mental wellbeing throughout life*, once underway, the Brent Mental Wellbeing Board should provide quarterly updates to the Board on its work around this priority.
- 4.9 The Health and Wellbeing Board has parallel relationships with other statutory boards, namely Local Safeguarding Adults Board; Local Safeguarding Children's Board; and the Safer Brent Partnership. It should maintain strong partnership relationships with these Boards, ensuring that their priorities are taken into account when setting its own priorities.
- 4.10 Partners for Brent is the borough's Local Strategic Partnership. It is a multi-agency partnership bringing together different parts of the public, private, and community and voluntary sectors, sharing members with the Health and Wellbeing Board. The overarching aim is to improve the quality of life of Brent's residents, and develop or align programmes, and initiatives as appropriate. The Health and Wellbeing Board should strengthen links with Partners for Brent to stop duplicate working, and to make the most of opportunities to engage with public and other bodies.

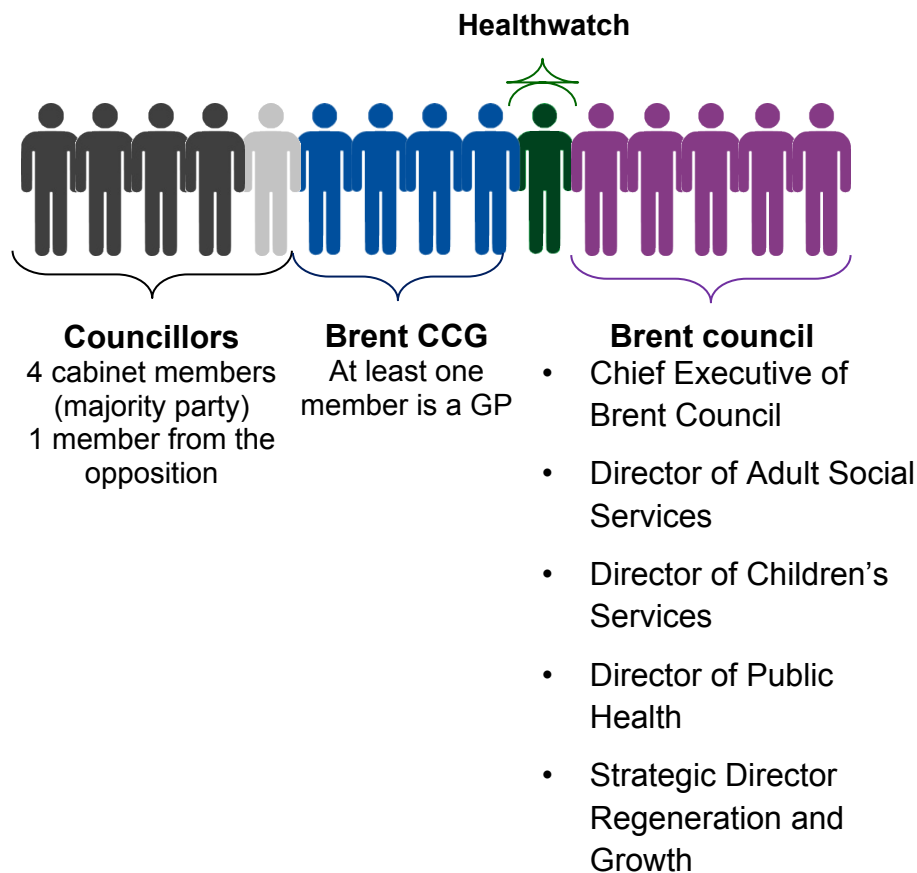
## **5.0 Format**

- 5.1 The Board currently meets six times a year. This increased in November 2014 from four times. That month also saw the Board try a new format to increase public engagement. The six meetings that followed were split into two parts: the first part was a public engagement event, followed by a more formal and shorter board meeting. The last meeting following this format was held in November 2015. The public engagement events raised the profile of the Health and Wellbeing Board and successfully engaged the public. Although they were felt to add value, there were too many, too close together to follow up effectively. The meetings have since reverted to longer, formal board meetings.
- 5.2 Over the past two years the Health and Wellbeing Board has worked together with each other and external partners in a number of different areas. Each of the following had representation from the CCG and the local authority as well as a variety of external partners, specific to each topic.
- 5.3 In November 2014, a workshop about dementia was held. This resulted in Community Action Dementia – a working group specifically for dementia. It has representation from the CCG and the local authority as well as other external partners. One of its aims is to make Brent a dementia friendly borough.

- 5.4 In 2015, in January, a workshop looking at healthy early years was held. This resulted in the parent champions programme being extended, and also went to the Children's Trust to take forward.
- 5.5 In March of 2015, the workshop was mental wellbeing across the lifecourse. This fed into the Children's Trust, into the scoping of a strategy. The Board also signed off the Better Care Fund which went on to deliver four schemes through health and social care integration:
- Whole systems integrated care – keeping the most vulnerable well in the community
  - Avoiding unnecessary hospital admissions in line with out of hospital strategy (rapid response/rehab and reablement)
  - The Brent winter plan for 15/16 (efficient multi-agency winter resilience and reductions in delayed transfers of care)
  - Improving the mental health urgent care pathway.
- 5.6 In June 2015, social isolation was the topic of the workshop. The feedback from this session informed a social isolation project that is jointly funded by the CCG, and local authority, and hosted by the Community Voluntary Sector.
- 5.7 The final workshop was held in November 2015. This workshop was about obesity and healthy eating. A follow-up session was held in March 2016 which resulted in a multi-agency-steering group being set up.
- 5.8 The Board has run many engagement sessions over the past two years, setting the tone for the importance of public engagement. The Board should now decrease its involvement in the sessions, delegating engagement to relevant boards, so it can focus more on its strategic role.

## **6.0 Board membership**

- 6.1 Board membership is set out in Brent Council's Constitution. It states that the membership consists of:
- five Councillors to be nominated by the leader of the council (four from the majority party and one from the opposition);
  - four representatives from Brent CCG (at least one of which is a GP)
  - one representative from Healthwatch
  - five Brent Council Officers (Chief Executive of Brent Council, Director of Adult Social Services; Director of Children's Services; Director of Public Health; and Strategic Director of Regeneration and Growth).



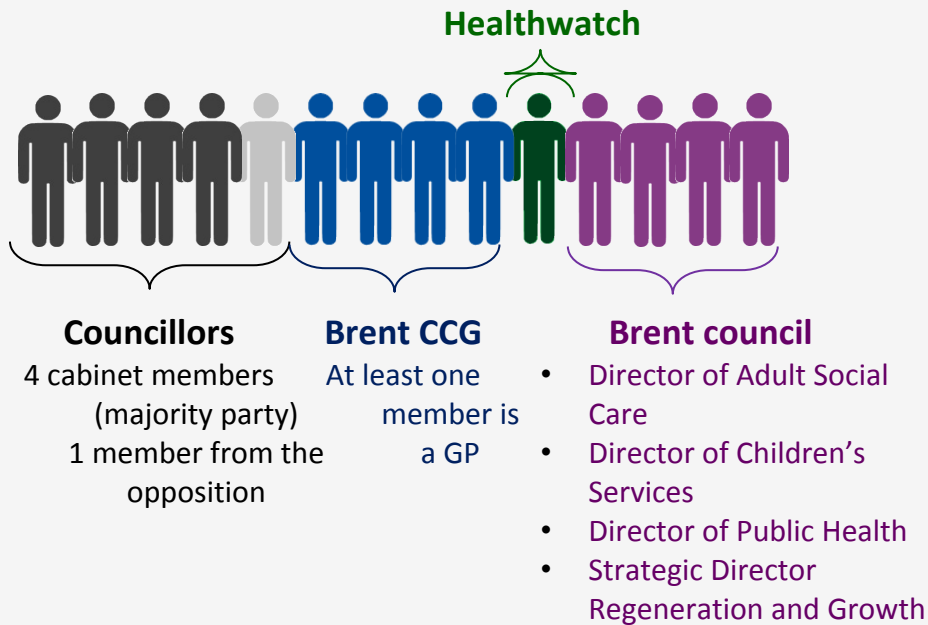
Apart from the Council Officers, all members are voting members.

- 6.2 The constitution underlines the importance of the Board's strategic influence, as the Board is chaired by an elected Councillor. The Leader of the Council has chosen himself and the Deputy Leader, as well as the Cabinet Member for Community Wellbeing to sit on the board. The Leader is currently the chair of the board.
- 6.3 The CCG members on the board are:
- Chair of the CCG, Dr Ethie Kong (Vice Chair of the Health and Wellbeing Board);
  - Vice chair of the CCG, Dr Sarah Basham;
  - Chief Operating Officer, Sarah Mansuralli;
  - Chief Officer, Rob Larkman
- 6.4 The Healthwatch representative is currently the Head of Healthwatch Brent. Healthwatch represents the views of patients, patient groups, and other community and voluntary sector organisations, and ensures they are taken into consideration by the rest of the Board. These views influence all the work

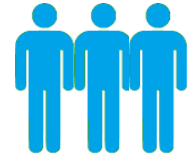
done by the Board, and specifically, the Joint Strategic Needs Assessment, and the Joint Health and Wellbeing Strategy. Healthwatch is the only statutory member of the Board that is not represented by the Chief Executive of the organisation.

- 6.5 Council Officers are non-voting members of the Board. They are the strategic leaders of the council and are in a position to ensure the implementation of the council's role in the Joint Health and Wellbeing Strategy. One of the council posts on the Board is the Strategic Director of Regeneration and Growth. This is not a statutory role and this post no longer exists in Brent Council and can therefore be deleted from the constitution.
- 6.6 As well as the members in stated in the constitution, there are a number of non-voting organisations which have attended the board. Currently, London North West Healthcare NHS Trust (LNWHT) provide acute care for Brent and many procured community services for both Brent CCG, and Brent Council. The trust regularly attends the Board and is recognised as an important partner. As such, it is proposed that they are invited to formally join the board as a non-voting member.
- 6.7 Central and North West London NHS Trust (CNWL) provides mental health services in Brent. The priority for the Health and Wellbeing Board this year is improving mental wellbeing throughout life. As the mental health service provider, CNWL should be invited to attend all Board meetings this year.
- 6.8 There is also a significant gap in terms of social care providers. Finding representatives is not easy as the market is more fragmented than the health market. If the Board agrees that it would benefit from social care provider representation, Adult Social Care can work with its provider forum in July to propose a solution.
- 6.9 NHS England are a strategic influence in healthcare in Brent. They are responsible for a number of health services and, as such, should attend the Board.

Current membership:  
(in the constitution)



Other  
members



**Health providers**  
London North West  
Healthcare NHS Trust  
Central and North West  
London NHS Trust  
NHS England

6.10 The Health and Wellbeing Board is currently chaired by the Leader of the Council. The leader has proposed that Cllr Hirani chairs the Health and Wellbeing Board to reflect the core business of the Board being health and wellbeing. Dr Ethie Kong, chair of the CCG is vice-chair of the Health and Wellbeing Board.

## 7.0 Priorities for this year

7.1 The Board has five priorities, set out in the Joint Health and Wellbeing Strategy. These are:

- Giving every child the best start in life;
- Helping vulnerable families;
- Empowering communities to take better care of themselves;
- Improving mental wellbeing throughout life;
- Working together to support the most vulnerable adults in the community.
- This year, the Board has chosen to focus specifically on improving mental wellbeing throughout life.



7.2 The Health and Wellbeing Board recognises the importance of promoting positive mental wellbeing as well as addressing mental ill health. The picture of mental health services we have been working towards is one where people are more able to maintain their mental health, and to rapidly get specialist advice and help at times when they may become mentally ill. We recognise the need for joined up, but discrete responses across common mental illness, severe and enduring, and dementia. Housing and employment are fundamental building blocks of mental wellbeing, and our aim is to make both more accessible. Our key themes are:

- Children's mental wellbeing
- Adults' mental wellbeing
- Improving access to psychological therapies;
- Emergency mental health care;
- Crisis prevention;
- Early intervention;
- Reducing reliance on inpatient care;
- Improving access to employment;
- Housing;
- Dementia.

## **8.0 Strategy**

8.1 The Joint Health and Wellbeing Strategy aims to improve health and wellbeing, and reduce health inequalities. These aims are included in both the local authority Borough Plan and the CCG constitution. It is important that we develop strategic thinking and not just more strategies.

8.2 There are three Outcome Based Reviews (OBR) currently underway with potential synergies to the work of the Health and Wellbeing Board, looking at regeneration; housing vulnerable people; and employment and welfare reform. There are specific work streams within these OBRs with a clear emphasis on improving health and wellbeing. The housing vulnerable people OBR is looking at adaptations to maintain independence and wellbeing. Part of the employment and welfare reform OBR is finding the best way to support people with mental health conditions to sustainable employment.

8.3 The current Health and Wellbeing Strategy identifies a number of health issues in Brent. These fall into the five priority areas

- Giving every child the best start in life
- Helping vulnerable families
- Empowering communities to take better care of themselves

- Improving mental wellbeing throughout life
- Working together to support the most vulnerable adults in the community

- 8.4 The JSNA describes for health and social care needs for Brent, the determinants of these, and how needs may differ between different groups. Since health and social care needs are not static, there is an ongoing process of refreshing the JSNA. The current JSNA was approved by the Board in March 2016. It comprises two products: a series of information sheets which focus on specific areas ranging from specific client groups, such as older people, to particular diseases, for example diabetes, to the wider influences on health for instance housing. The second product is an overview JSNA which brings together the main messages from each information sheet into one document.
- 8.5 While the refreshed JSNA includes updated information and has a broader scope than previous versions, it continues to support the priorities identified by the Board. The JSNA recognises the critical importance of the early years and the family in determining future health and wellbeing and highlights some of the particular challenges in Brent, for example oral health and childhood obesity. The importance of supporting positive choices about health is underlined by data in the JSNA on the gap between healthy life expectancy and life expectancy (15 years for men and 21 years for women). Information in the JSNA shows Brent to have higher rates of severe mental illness than England and highlights the poor physical health of many people living with mental illness. The JSNA predicts increases in the numbers of people in Brent living with dementia and with disabilities supporting the Board's identification of need to work together to support the most vulnerable adults as a priority.
- 8.6 The local Brent Sustainability and Transformation Plan (STP) has three core sections, based on priorities identified by the local Brent STP Planning Group from gaps in health and wellbeing, and care and quality. One of the sections addresses the health and wellbeing gap. This creates a clear interface with the Health and Wellbeing Strategy. The Health and Wellbeing Strategy is the overarching strategy for the Health and Wellbeing Board and all its sub-groups. It currently runs until 2017. Work and plans that affect the strategy, the new STP with implications that are not fully understood, and ongoing work from the OBRs, make it logical to postpone any decisions about the Strategy. The Board should agree a firm proposal for the Strategy at the next Board meeting.

## **9.0 Background Papers**

Background papers are available on request.

## **10.0 Contact Officers**

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## Appendix one: Board relationships

