



## MINUTES OF THE HEALTH AND WELLBEING BOARD Wednesday 9 April 2014 at 7.00 pm

PRESENT: Councillor Moher (Chair), Christine Gilbert (Chief Executive, Brent Council), Sue Harper (Strategic Director, Environment and Neighbourhoods, Brent Council), Councillor Hirani (Lead Member Adults Health and Wellbeing, Brent Council), Dr Ethie Kong (Chair, Brent CCG), Rob Larkman (Chief Officer, Brent CCG), Ann O'Neill (Brent Health Watch), Jo Ohlson (Chief Operating Officer, Brent CCG), Councillor Pavey (Lead Member, Children and Young People, Brent Council), Melanie Smith (Director of Public Health, Brent Council) and Sara Williams (Acting Director of Children and Young People, Brent Council)

Also Present: Councillors Harrison, John and Gladbaum

Apologies were received from: Councillors Crane and HB Patel and Phil Porter (Strategic Director Adult Social Care, Brent Council)

### 1. **Declarations of interests**

None declared.

### 2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 26 February be approved as an accurate record of the meeting.

### 3. **Matters arising**

None.

### 4. **Task Group Report on Tackling Violence against Women and Girls in Brent**

The Chair drew the Board's attention to the report submitted by the Overview and Scrutiny Task Group, noting that it was comprehensive, set out clear recommendations for action and in view of recent government initiatives, was particularly timely.

Councillor John (Chair of the Task Group) explained that the report focussed on three harmful practices; Female Genital Mutilation (FGM), Honour Based Violence (HBV) and Forced Marriage (FM). It was recognised that Brent's ethnically diverse population had religious and cultural ties to areas of the world where these harmful practices were prevalent and that these offences were considerably under reported both nationally and locally. Councillor John advised that she had presented the

report to all the relevant bodies of the Council to ensure it attracted the attention and action the subjects needed. She had met with Jo Ohlson (Chief Operating Officer, Brent CCG) to discuss how best to engage the Health services in the implementation of the task group's recommendations and had also been invited by the Brent Clinical Commissioning Group (CCG) to speak at a conference of General Practitioners (GPs). Ethie Kong (Chair, Brent CCG) advised that the Brent CCG was also undertaking work on the education and training agenda for primary care; this would encompass consideration of how best to draw together safeguarding issues, including those raised in the Task Group's report.

The Board reviewed the recommendations set out in the report and discussed referral routes for victims of the harmful practices. Melanie Smith (Director of Public Health) advised that at present, these were geared towards professionals and consideration would have to be given to how a single point of contact might work in practice and how it would be publicised. It was noted that this would be explored via the Violence against Women and Girls Strategy. Ann O'Neil (Brent Health Watch) commented that contract management had a role to play in ensuring that associated groups and providers appropriately covered these issues within their policies and practices. The discussion turned to work with Brent's schools. Councillor Pavey advised that Councillor John had written an item for the forthcoming school governors' bulletin and the issues would also be addressed via the school governors conference. Responding to a query, Sara Williams explained that PHSE (Personal, Health, Social and Economic Education) was part of the national curriculum and discussions had been held regarding increasing the health element of this. She further advised that Brent's network of designated teachers for safeguarding had recently been re-launched.

Andrew Davies (Senior Policy Officer) advised that the Assistant Chief Executive's department, had been tasked with co-ordinating the implementation of the task group's recommendations. An action plan would be developed in consultation with colleagues across the council and partner organisations. It was proposed that the Board review this action plan at its meeting scheduled for June 2014.

RESOLVED:

That the action plan, including expected outcomes and timescales, be presented to the meeting of the Health and Wellbeing Board in June 2014

## **5. Shaping a Healthier Future Implementation Update**

A presentation was delivered by Rob Larkman (Chief Officer, Brent CCG) updating the Board on the implementation of the Shaping a Healthier Future (SaHF) Programme in Brent, with a focus on the recent work undertaken with respect to the Central Middlesex Hospital and the implications for Willesden Centre for Health and Care. The meeting was reminded that SaHF was taking forward the reconfiguration of North West London's hospitals to establish specialist centres of care. The programme was underpinned by an out-of-hospital strategy which aimed to reduce unnecessary hospital admissions by treating patients in primary care settings, thereby allowing hospitals to concentrate on the critically ill or those that required specialist care. In line with this, Brent CCG was implementing ambitious plans to improve primary care and patient access to services. The Board's attention was drawn to a map detailing how each hospital had been categorised under SaHF.

Business cases were currently being developed by the hospitals and these would be reviewed and subsequently submitted to the Treasury to confirm funding.

Rob Larkman outlined the recent developments regarding Central Middlesex Hospital (CMH). It was explained that CMH currently had an annual deficit of £11m and was under utilised. Considerable work had been undertaken to explore options for a long term, clinically viable and financially sustainable model for the site. This work had encompassed discussions with service providers across North West London and a range of stakeholder workshops. Three options had been considered; allow the hospital to continue as it was; close the hospital; or, add additional services. The additional services identified for CMH were outlined to the Board and it was explained that these involved the relocation and expansion of community rehabilitation beds from Willesden Health Centre. As a consequence, a range of services had also been identified for transfer to the Willesden Centre to ensure the site continued to be fully used. The presentation detailed that the evaluation agreement, made at a North West London wide workshop held in January 2014, had selected two preferred options; full utilisation of both sites, and full utilisation of CMH with partial utilisation and partial disposal of the Willesden site. The preferred option of Brent CCG remained the full utilisation of both sites and therefore, further work would be undertaken to identify other services that could be located at Willesden.

Rob Larkman concluded his presentation by detailing the required next steps and associated timeline. He explained that an outline business case for CMH was in development, with an intended deadline of the end of 2014/15 for completion and approval. It was planned that final services would be in place for 2015 onwards.

In the subsequent discussion it was noted by Anne O'Neill that CMH had always been under utilised and assurances were sought that the current planning process was sufficiently robust and future proof, particularly when considering the potential partial disposal of the Willesden site. In response, Dr Mark Spencer (Brent CCG) advised that the design of CMH had reflected an incorrect assumption that demand for Laparoscopic surgery would increase and had not predicted the significant amount of conditions that would become treatable in community settings. Jo Ohlson (Brent CCG) advised that Willesden Health Centre would make a great community hub and though the option to partially dispose of the site was being retained, all efforts were being made to increase occupation of the site. Local general practices had been approached to consider operating from the centre and a number of outpatient services would also be located at the site.

Responding to queries regarding the disposal of the Park Royal Centre for Mental Health site following the transfer of services to CMH, Dr Mark Spencer and Rob Larkman explained that some financial assumptions had been made based on advice from architects and that any funds released would be reinvested in the programme.

Anne O'Neil further commented that it was important that a focus remained on improving community engagement. It could be difficult for people to feed their views into the process due to a lack of understanding of the different groups and sub-groups in operation. She added that supporting documents had become more accessible to members of the public, but the overuse of acronyms could cause

barriers to effective engagement. Mark Spencer acknowledged that further work to improve community engagement was needed.

## 6. **Brent Better Care Fund Plan**

Sara Mansuralli (Deputy Chief Operating Officer, Brent CCG) drew the Board's attention to the Brent Care Fund Plan attached to the report. The Board was asked to endorse the Plan and agree to receive regular updates on its implementation. The Board had considered the draft Plan at a development session held on 12 March 2014 and changes had subsequently been made to reflect the Board's suggestions. Sara Mansuralli advised that the Brent Integration Board would be developing a performance dashboard to link into the schemes and performance trajectories set out in the plan and would provide regular updates on the delivery of the Plan and its impact on Brent's residents.

With reference to the Better Care Fund planning template, Councillor Hirani noted that the minimum required value of the BCF pooled Budget had been lower in the draft version of the Plan. Sara Mansuralli advised that in the draft Plan it had been set as £19m but it was now known to be £22million and explained that the figure represented the value of the existing services that would be shaped and changed to deliver the Plan.

RESOLVED:

- (i) that the Brent Better Care Fund Plan be endorsed.
- (ii) that regular updates on the implementation of the Plan be submitted to the Health and Wellbeing Board.

## 7. **Any other urgent business**

### Medication errors reporting

Jo Ohlson (Chief Operating Officer, Brent CCG) advised that the CCG Better Care Fund Planning Template contained reference to agreeing, in conjunction with the relevant Health and Wellbeing Board, a specified increased level of reporting of medication errors from local providers. The Board's views were therefore being sought on the preferred process for reaching such an agreement. It was explained that there was evidence to suggest that reporting of such errors nationally was below expected levels and it was recognised that it was important to encourage accurate reporting of medication errors to ensure that necessary lessons were learned and improvements in safety made.

RESOLVED:

That Brent CCG hold discussions with providers regarding expected levels of reporting of medication errors and report back to a future meeting of the Health and Wellbeing Board.

The meeting closed at 8.30 pm

R MOHER  
Chair