



## **MINUTES OF THE HEALTH AND WELLBEING BOARD**

### **Wednesday 26 February 2014 at 7.00 pm**

PRESENT: Councillor R Moher (Chair), and Sarah Basham, David Finch, Sue Harper, Ethie Kong, Ann O'Neill, Jo Ohlson, Councillor Pavey, Phil Porter and Melanie Smith

Apologies were received from: Councillor Crane, Christine Gilbert, Councillor Hirani and Rob Larkman

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

None declared.

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

RESOLVED:-

that the minutes of the previous meeting held on 11 December 2013 be approved as an accurate record of the meeting subject to the inclusion of David Finch and Miranda Wixon as being present.

#### **3. Matters arising**

None.

#### **4. Brent Child Death Overview Panel Letter to Health and Wellbeing Board**

Dr Arlene Baroda, Chair of Brent Child Death Overview Panel (CDOP) informed the board that since its formation in 2008, there had been three child deaths through suicide with the latest resulting in a serious case review. She also drew the board's attention to child deaths caused by road traffic. Dr Arlene Baroda felt that a joint suicide strategy between the Panel and the Council should be produced to raise awareness of mental health issues and prevention of suicide.

Councillor Pavey (Lead member for Children and Families) expressed his support of the letter and would take the matter back to the department in regards to mental health. He noted that there was a limit to how much work the Council could undertake through schools particularly where the Council had no responsibility. The CCG highlighted that raising awareness of mental health amongst children was part of the training and development programme delivered to practices. Additionally it was noted that there was a requirement to ensure good mental health throughout all ages with a variety of upper tier and lower tier services available to residents and schools. During discussions it was clarified that the outcomes of serious case reviews were monitored by the safeguarding board with a variety of work regarding depression and mental health being addressed in schools through the PSHE curriculum and with road safety work being carried out with SEN children and specialist schools. During queries it was noted that there were a variety of

parenting programmes although it was unclear whether the content addressed road safety and mental health issues in children. Members of the Board expressed concern that children may pick up poor road safety habits through observing their parents crossing in an unsafe manner.

Doctor Arlene Baroda concluded that she felt the best way forward was to have a collaborative suicide strategy. Councillor Pavey agreed to bring the issue of contribution to his department and would discuss the matter further.

RESOLVED:

- (i) That the letter be noted
- (ii) That the Board inputs into a suicide strategy

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

Phil Porter (Strategic Director Adult Social Care) gave an overview of the Better Care Fund plan which intended to integrate whole systems of care, breaking down organisational boundaries whilst keeping the patient the focus of care and allowing flexible care to meet the individual needs. The Strategic Director Adult Social Care explained that there was no new money and money would be saved by working together to create efficiencies. An operational budget had been pooled across NW London, although the performance element of the Better Care Fund had been withdrawn. A set of national and local indicators would be used to measure performance with a statistical significance calculator being produced to set all targets appropriately. System indicators, at best proxies for improvement for quality of life would also be measured with a clear focus on customers' experiences and perceptions. This would be achieved through embedding outcomes into care plans and reviewing progress against them, monitoring of experience jointly across health and social care and linking to annual surveys. Phil Porter informed the board of the five schemes and the objectives and core components for each scheme. He continued to inform the Board of the governance structure, proposal for programme delivery including individual scheme working groups and the various consultations prior to final submission on 4 April 2014.

During discussion the CCG highlighted areas of integrated work that was successful such as STARS and the ability to build on these services. Jo Ohlson highlighted that the project had encouraged integration at a greater pace to enable the best care and experience for patients and the public possible in a time of diminishing resources. She concluded by drawing the Board's attention to the variety of colleagues on the Integration Board and the enthusiasm to break down the silos. It was clarified that the Better Care Fund plan did not mean certain services were no longer being prioritised or not provided but was a way of delivering the same services in a different manner to avoid duplication and to meet the needs of individuals. The Strategic Director of Adult Social Care noted that it would be challenging although a meeting would be taking place on 12<sup>th</sup> March 2014 to determine how ambitious and how fast the change was likely to be. During discussion, it was noted that patient expectations of what care they should receive and whether they were ready to be discharged to home care may not always be what was best for the patient. It was clarified that by ensuring people felt safe and supported whilst being communicated to throughout the process, patients would hopefully feel comfortable going home when appropriate as a suitable level of

support would be provided. In response to queries regarding accessibility of the plan, it was confirmed that a workshop would be taking place on 12 March 2014 to finalise plans prior to the final submission on 4 April 2014 and would address issues of accessibility.

RESOLVED:

That the report be noted.

## 6. **NHS England's Draft Commissioning Intentions 2014/15**

David Finch (NHS England) introduced a report regarding NHS England's commissioning intentions for 2014/15 which covered areas such as primary care, specialised services, scanning, immunisation and health in the justice system. He continued to explain the need for NHS England to work alongside CCGs to ensure national plans complimented work of local CCGs and it was intended that this would be achieved through the creation of Strategic Planning Groups (SPGs). David Finch noted the need for NHS England to work collaboratively in the future and to address longer term planning rather than just annual commissioning cycles and hoped to work closely with NW London CCGs in the future.

During discussions it was acknowledged that structural barriers existed between the LA, CCG and NHS England which prevented seamless care, particularly where GPs acted independently. The CCG acknowledged that the 67 GPs in Brent were split into five localities which co-ordinated well with a good working relationship. David Finch highlighted the main challenge of having a personalised approach to address the needs of a local area whilst still working at a national level with no top down model to follow. The Director of Strategic Health drew the Board's attention to the requirement to have a health visitor which would need to be addressed shortly. In response to queries regarding NHS London Board, David Finch clarified that the board no longer existed but was treated as a region made up of three areas. Members queried the projected £20bn gap by 2020 and it was clarified that £2bn of that would fall to NW London with integration and collaboration needed to reduce the financial risk across all sectors of health and social care in the future.

RESOLVED:

That the report be noted.

## 7. **Health and Wellbeing Strategy and Action Plan**

Andrew Davies (Senior Policy Officer) informed the Board that the action plan had been brought back following additions of further information including baseline data, progress and outcomes. He highlighted that objective five still required the inclusion of outcomes which was linked to the finalised plan of the better care fund plan. The Senior Policy Officer informed the Board that a full progress report including RAG ratings would be presented at the June meeting.

During discussion it was clarified that the plan was set out to reflect the life cycle of the person with objective five being added at a later date. It was explained that the order was subject to change should the board feel it appropriate and welcome comments and suggestions. Attention was drawn to the need to identify outcomes

to focus on for the year and identify that many of the outcomes would be addressed through the work of departments routinely. The CCG queried how the action plan would help support their objective to reduce mortality rate. The Senior Policy Officer explained that there was no direct link although all the objectives in the plan improved health which would ultimately improve mortality. During discussion it was felt that greater work could be done with schools to embed good health from an early age. It was felt that a focus for the upcoming year was required and it was agreed that the Chair and Vice Chair would meet with the Senior Policy Officer to devise a focus to be reported to the next meeting.

RESOLVED:

- (i) That the Health and Wellbeing Board Strategy action plan be approved,
- (ii) That the Chair and Vice Chair meet with the Senior Policy Officer to devise a focus for the forthcoming year.

#### **8. Refresh of the Brent Joint Strategic Needs Assessment**

Melanie Smith (Director Public Health) informed the Board that the Joint Strategic Needs Assessment (JSNA) was produced in 2012 and subsequently required refreshing due to changes in data and information from the latest census. She highlighted that it was the responsibility of the Health and Wellbeing Board to produce the JSNA and was intending to have a refreshed document produced by April 2014. The refresh would also expand the focus of the plan and include areas such as welfare reform, air pollution and transport of housing as well as traditional areas of needs that determined public health.

In response to queries it was confirmed that data regarding children's health would be updated within the JSNA and the document would require collaborative work from the Local Authority and CCG. The Director Public Health clarified that the JSNA was an overarching strategy, with detailed policies sitting underneath which would be updated in due course. Healthwatch Brent felt that attention to the refresh should be drawn to residents attention through a note in their bulletin. Melanie Smith noted the requirement to publicise the refresh and asked for all comments and contributions to be emailed to her.

RESOLVED

The Board noted and approved the scope and timetable of the JSNA refresh.

#### **9. Any other urgent business**

None.

The meeting closed at 8.50 pm

R MOHER  
Chair

