

BRENT HAZ PARTNERSHIP COMMITTEE

MINUTES OF THE MEETING HELD ON 19th APRIL, 2005 AT THE WEMBLEY CENTRE FOR HEALTH & CARE

1. INTRODUCTIONS AND APOLOGIES

1.1 Attendees:

Steve Maingot (Chair)	SM	Brent tPCT
Jackie Collins	JC	Brent HAZ
Iris Brown	IB	Women's Health Network
Amna Mahmoud	AM	Brent Community Network
Phil Sealy	PS	Brent Race, Health & Social Care Forum
Hanna Field	HF	Brent Refugee Forum
Gloria Travers	GT	CI Workstream
Stephen Jones	SJ	Brent tPCT
Judith Stanton	JS	Brent tPCT
Marco Inzani	MI	Brent tPCT
Judith Lockhart	JL	Brent tPCT
Kathy Doyle (minutes)	KD	Brent HAZ

1.2 **Apologies:** No apologies received

1.3 CF and HF were left off as attendees of the last meeting.

1.4 SM said that Nan Tewari is no longer a non-executive director at the tPCT as her term of office ended in April, a new non-exec. is being recruited through the usual appointments process. PS asked for the HAZ Committee's appreciation of Nan's work to be recorded, this was agreed by all present.

2. MINUTES AND MATTERS ARISING

2.1 Minutes of the meeting on 15th February

2.1.1 AM stated that the last minutes did not accurately record all views. JC apologised and said that if the committee remembered she had to take the minutes at the last meeting as well as participating. AM asked for the following amendments to the last minutes:

- (a) Pg 1. point 2e – The seminar did not reflect the role of the community in addressing health inequalities.
- (b) Pg 2. point 3.1. HF had used the Iraqi Welfare Association as an example of advocacy work and training, but commented that advocacy work is needed by all the communities in Brent. SM had agreed on this with HF.
- (c) Pg 4 para. 4 'JC believesbut it is hard to show evidence of how this has affected health inequalities' - AM did not agree as from the projects evaluation, the projects had achieved their targets. AM is concerned that JC's comments may be misinterpreted, especially if there are financial difficulties within the PCT.

2.1.2 Page 6 – MI said that the minutes should read 'primary prevention strategy'. This has since been renamed the 'PIP Project'.

Minutes were then agreed.

2.2 Matters arising

2.2.1 Pg 4. H R & S C Forum would look at their terms of reference – how to take forward CD update, PS has sent copies to the strategic health authority on behalf of the forum.

2.2.2 Update by JS on HIV testing.

JS circulated a paper from DOH on anonymised HIV testing. It takes place in Maternity but not Casualty departments:

- (a) This is looking at comparable results with voluntary HIV and ante-natal testing with anonymous testing. From this effective future planning of services and estimating future numbers of people who will need treatment and care can be made.
- (b) These estimates provide useful data for health promotion and essential public health information.
- (c) The positive random testing has to remain untraceable and anonymous, but women accepting testing at ante-natal and showing positive result are provided with care and services needed. Counselling is compulsory before and after voluntary testing as part of strict guidelines.
- (d) Women who are tested in ante-natal clinics and are also in anonymous group are therefore tested twice.
- (e) The anonymous testing is not done in the A&E depts. – this is incorrect info from SHOC.

2.2.3 Community Development paper update – following discussion points were made: -

- (a) JC and a committee member will go to the tPCT board to do a presentation on the progress of HAZ but not specifically on the CD paper
PS felt that the Board should be formally presented the paper in order to implement 'Shifting the Balance of Power' This would be welcome in line with comments by tPCT Chief. Executive to work with community. H R & S C Forum members are in full support of this paper.
- (b) This paper is important to show what has and has not worked, as purpose of HAZ is reducing health inequalities – and could be built in the future work of the tPCT. It was agreed that community development is already being used in parts of the tPCT and this model would be valuable in other areas of tPCT work.
- (c) Several members of the committee felt the tPCT should re-visit the community development technique to see how it can work and that the CD paper should be adopted and presented to the LSP. SJ noted that the community network have the right to bring items to the LSP but the HAZ committee as a sub group of the PCT board does not.
- (d) JS and JC noted that the phrase is not as important as taking forward the work and that it may be better to promote the model through practice rather than through the board.
- (e) Different approaches should also be discussed through PPI strategy.
- (f) JS said different methodology such as the white paper (Public Health – Choosing Health) can be shown in other ways, we need to take a pragmatic approach.

ACTION: JC and a committee rep to present benefits and positive approach of HAZ to the tPCT board and JC to continue to promote use of community development model in tPCT. JL and MI stated they will continue to promote the model in their work.

At this point SM had to leave meeting for short while, SJ was asked to chair in meantime.

3. FINANCIAL REPORT AND 05/06 BUDGET (JC reported)

3.1 JC talked through the report and the next year's budget. Reporting is a month behind (i.e month 11) but will have caught up by next committee. Final year statements will soon be ready and will show clarity on minus and plus. There was still a large underspend on admin, and JC has cut admin budgets for next year to reflect this, except in the area of consultancy where more flexibility will be needed.

3.2 JC explained the 2-year financial summary: -

- (a) In addition to 03/04 transfer and DoH grant, some transfers were made from JC's budgets at the CHC and a refund from the Urban Partnership Group European grant.
- (b) 3.5% uplift was shown for all the projects - TB Network and TB Alert do not receive funding, so this year the codes were used for the mental health projects
- (c) PDSI project is a mapping exercise, the PAG's will be supervising this work.
- (d) Income will still exceed the budget costs, remaining money to be spent strategically, to evaluate impacts and consider future health inequalities work.

4. MONTH MONITORING REPORT (JC reported)

4.1 JC explained that this is an accumulated report of each projects monitoring returns for the last 3 quarters. After quarter 4 is completed, an Annual Report will be produced. Each project will be sent a letter about their reporting status and confidential notes to give notice of where projects are succeeding or failing with reference to their indicators / targets. JC wishes to keep this info confidential at the present time but will report at the next meeting after having met each of the groups individually.

4.2 Some of the successes from this report: -

- QEST the mental health project is constantly exceeding its targets
- The Brent Carers project is very successful and exceeds its targets
- Capacity Building project – new worker now in post but still not clear about mainstreaming
- Food Innovations, CHC homeless education project and Brent Refugee Forum are being encouraged to get external funding based on their success as they do not clearly fit in with tPCT targets.
- TB, diabetes and cancer projects have worked together in their groups and JC has discussed follow up work with the service managers who have been on the steering groups
- Elders Voice have provided a lot of support to the other organisations – the project has been going out further and wider into community settings, using one to one lifestyle sessions as well as group awareness. They are also looking at different ethnic responses to the one to one work.
- Cancer Black Care are also working to support the smaller organisations
- Brent Refugee Forum have been trying to get the TB research programme through the Ethics Committee, approval has been reached but BRF have been subject to delays by

the committee and WELREN. JC has made the case for follow up with the new budgets in the tPCT.

- 4.3 JS suggested that JC check if Polly Sandhu's ethnic grouping work which was done at the Temple a few years ago could be used .
- 4.4 JC pointed out that £1.2 million of funding will disappear from the community and voluntary sector when HAZ is finished. In addition NRF money, small grants, renewal and other grants are disappearing at the same time so the position through the voluntary sector is going to be exceptionally tough. This will be the first year in over 9 years that the local health sector has not had ring-fenced money to use in the voluntary sector. The tPCT need to understand the impact of this.
- 4.5 GT said that the success of HAZ came from lots of support by JC to the projects, everyone is listened to. The voluntary groups should be contacting local and national government to see the HAZ continued. Other members agreed.
- 4.6 Locally the community would want to see the HAZ continued and the tPCT should be finding ways to do this. SJ noted that the HAZ is a government programme, AM and IB agreed but said the tPCT should not lose what has been achieved and is trusted.
Action: GT to co-ordinate with other committee members to lobby for additional ring-fenced funding and for the HAZ to be continued in Brent.

5. HAZ PROJECTS EXIT PLANNING (JC reported)

- 5.1 The LDP is not yet signed off – due to serious budget constraints. There will be less opportunity for developmental work, but JC has met each director and the joint commissioners to discuss mainstreaming HAZ funded projects. The fact that projects have been successful is no guarantee that they will be funded in the future.
- 5.2 JC will start having individual meetings with projects to plan exit strategy using evidence built up through the monitoring reports. JC will also give confidential support to those projects with target shortfalls, some have had staffing problems and start-up problems etc. There is a huge deficit of skilled project staff across the country.
- 5.3 HF said that the community and tPCT are currently linked through HAZ, how could this gap be bridged when HAZ is gone? What plan would the tPCT have to keep this link and all the work that has been achieved, when HAZ funding is finished? SJ replied that as the tPCT already have a deficit, all prioritising is being done through the LDP and external funding would need to be found for additional needs. There will be no additional take-up through the LDP.
- 5.4 PS said that the H R & S C Forum is a statutory body recognised by tPCT, and the forum receives minutes from HAZ and various tPCT forums, there is no mention of the HAZ team in the LDP. PS said that the HAZ team should be mainstreamed as a Health Inequalities Unit and a recommendation from the forum will be taken to the tPCT Board. PS will also write to the tPCT Chair about staffing for health inequalities. JC replied that the HAZ staff contracts will end with the funding in March 2006 and the health inequalities work should then be mainstreamed into the directorates
- 5.5 It was felt that PS's letter should also go to all the projects to add weight to the HAZ support.

- 5.6 JS pointed that HAZ was always going to be time-limited and the Public Health dept. see health inequalities as a key driver for their work. There could be a commissioning process for profiling localities on health inequalities. Health inequalities should be mainstream business for the tPCT and Public Health as well as Brent Council.
- 5.7 IB said that the HAZ structure had contributed to the success of the projects, the community do not have same closeness with tPCT as with HAZ.. The HAZ community involvement workstream is well attended and popular with wide sections of the community. This work would need to continue. GT said that the HAZ enthusiasm and initiatives should not be lost and should be used as a template for future health inequalities work.
- 5.8 JC said the HAZ core structure and process will be evaluated. It was felt generally that the remainder of the HAZ life should be used to carry forward the HAZ work within the tPCT, so it could continue across into April '06.

6. HAZ PROJECT UPDATES - update already given in item 4.

7. HAZ CONFERENCE

- 7.1 The conference hoped to be held in June, JC recruiting temporary staff to help with this and any other HAZ events. Conference will look at how tPCT will carry on health inequalities work when HAZ is finished. Brent Council have also looked at health inequalities work in their January seminar. The Annual Report will also be ready in June.
- 7.2 Public Health unit also holds data on health inequalities, this is combined hard data with soft intelligence, working with council using survey on priority neighbourhoods to get best profile possible and to make best decisions. JC said the inequalities gap continues to grow, need to improve health of Brent in all its populations not just for those at the top of the scale
- 7.3 JS – said there has already been a Health Equity Audit to identify and monitor equity gaps. HAZ processes have to be mainstreamed – target setting creating inequality gaps. HAZ learning has been built into national public health white paper, also needs to feed into PCT and Council forums to ensure maximum success.
- 7.4 A robust evaluation will show core aspects of HAZ success. Local authority will need to be key partner in links with community and forums. HF said that HAZ has a good community link and this should be base of future plans.
- 7.5 IB felt that as government allowed HAZ to run for the full 7 year programme, it would be a shame to lose this work, the building of trust and the confidence of the community - maybe central government needs a letter as well as the tPCT.
- 7.6 GT said that the committee members involved in HAZ projects feel quite strongly about the HAZ unit. SJ said that from the tPCT viewpoint, HAZ work was very successful, the primary aim was to improve health of local people and the tPCT were lucky to have had the HAZ money for 7 years.

7.7 PCT need to continue improving health services, look to new funding streams, points from the white paper and to seize any opportunities. GT felt that as HAZ is the committee's priority and not the tPCT's, how far down the road will this go before PCT say this cannot be done. SJ said that health improvement is the tPCT priority – important to look at other mechanisms - hoping for best but also planning for worst.

8. A.O.B.

8.1 A womens health day will be on 29th April at Chalkhill highlighting topics such as menopause, relate and domestic violence – there will be a performance of 'Cervical Monologues' and 8 – 10 stalls.

8.2 Update on Committee membership – GQ has now left BADP and joined the Diversity Team at Brent Council, JC proposed that GQ should stay on committee as council rep. PS also highlighted that CF has now left council and CW is also on maternity leave. SJ is leaving Brent tPCT in May – it's not yet clear who 2nd director on the committee will be. PS asked for recording of appreciation of SJ's input to the HAZ Committee.

8.3 HF commented on the disability and access issues around the closing of the back reception in Wembley. PS said a notice was needed in the Update magazine and BrAVA news to broadcast this.

Next meeting date: 21st June, Board Room, WCHC 9.30 – 11.30am