

BRENT HAZ PARTNERSHIP COMMITTEE

MINUTES OF THE MEETING HELD ON 21st JUNE, 2005 AT THE WEMBLEY CENTRE FOR HEALTH & CARE

1. INTRODUCTIONS AND APOLOGIES

1.1 Attendees:

Marco Inzani (Chair)	MI	Brent tPCT
Jackie Collins	JC	Brent HAZ
Phil Sealy	PS	Brent Race, Health & Social Care Forum
Iris Brown	IB	Women's Health Network
Geraldine Quinn	GQ	Brent Council
Gloria Travers	GT	CI Workstream
Karen McHugh	KMH	BIAS
Kathy Doyle (minutes)	KD	Brent HAZ

1.2 Apologies:

Steve Maingot	SM	HAZ Committee chair
Judith Stanton	JS	Brent tPCT
Amna Mahmoud	AM	Brent Community Network
Judith Lockhart	JL	Brent tPCT

1.3 MI introduced himself as chair for the meeting, as SM was unable to attend.

1.4 GQ is now attending the committee meetings as a rep from the Diversity Team at Brent Council, GQ also pointed out that CW as the Policy and Regen rep. from the council would need to be replaced.

ACTION: find out CW's replacement and put on committee mailing list.

2. MINUTES AND MATTERS ARISING

2.1 Minutes of the meeting on 19th April, 2005

2.1.1 Page 4, ref 5.4 – PS asked for 'statutory' to be removed – instead should read H R & S C Forum is a body recognised by tPCT.....

2.1.2 Minutes were then agreed as an accurate record.

2.2 Matters arising

2.2.1 Page 2, ref 2.2.3.a – IB asked that AM prepare a report for committee to approve and AM to take to tPCT board as community committee rep. in September board meeting.

ACTION: JC to speak to AM and circulate comments from community perspective.

- 2.2.2 Ref 2.2.1. PS said that in H R & S C Forum discussion, the Community Development Paper was sent to the NWL Strategic Health Authority. Maria Kane, Head of PR and Communications acknowledged receipt and support for the policy, in addition a copy of letter of support for community development approach from PS on behalf of Forum members was circulated at meeting.
- 2.2.3 Ref 2.2.3.c – PS wished to note that the HAZ committee have access to the LSP through the Health & Social Care Partnership, as the committee is recognised as a sub-group of the tPCT board.
- 2.2.4 Page 4, ref 4.3 – JC to follow up with Polly Sandhu the ethnic grouping work.
- 2.2.5 Ref 4.5 – GT to discuss with JC gathering additional support from the voluntary groups to see HAZ continued.
- 2.2.6 Ref 5.1 – LDP plan – copy of presentation circulated by Lise Llewellyn to last tPCT board around commissioning standards.
- Next BME user consultation forum will meet on July 14th at Bridge Park, discussion needed as to what money Brent will put in for social care for voluntary and community sector (VCS) organisations. Forum hopes to have Samir Kalakeche and Jenny Goodall at meeting to do presentations.
 - JC has tried to get report from Samir and Jan Proctor's office on voluntary sector forum update, but it has not yet been made available.
 - PS said that EMT has decided on service level agreements (SLA's) instead of grant funding in the future. JC is trying to get analysis of what Brent tPCT currently funds to voluntary organisations.
 - PS said that unless it is within the tPCT's objectives, funding will not be given, SLA's would have to fit in with the tPCT's targets.
 - GQ said there is concern that these SLA's will not fit with the VCS sector? PS said the VCS sector would need to drive forward target objectives, but the local authority would be in control.
 - JC said the tPCT would need to be careful not to break the Compact agreement with the voluntary sector. There would a massive shift of money lost to those who do not fit service level agreements. IB said the service level agreements would be for 3 years so care would be needed as to what voluntary sector would be signing up to.
- ACTION: JC will meet with Samir Kalakeche and Judith Lockhart to discuss further**
- 2.2.7 Ref 5.4 – PS wrote on behalf of the forum to the Chair of Brent tPCT in support of continuing the work of the HAZ through a Health Inequalities Unit based in Public Health. Further circulation to workstream and other groups was recommended.
- 2.2.8 Page 5, Ref 7.3 - PS asked how the HAZ processes would be carried forward?
ACTION: to bring to next committee meeting for discussion
- 2.2.9 page 6 ref 8.1 – GT said the Womens Health day at Chalkhill was a total success, only concern was why is there only 1 Menopause Co-ordinator in the PCT?
- 2.2.10 Ref 8.3 – there is still no evidence of notices and signage around the closing of the HQ reception, one notice in UPDATE which is largely a staff circulation is not enough.

Notices needed at end of Talbot Rd and outside Chaplin Rd entrance, particularly for disabled people, who then have to walk around or get back into cars after already parking. A formal letter of complaint is needed.

ACTION: GT to write letter and take forward on behalf of committee, and get response from the tPCT.

3. FINANCIAL REPORTS (JC REPORTED)

- 3.1 The final year end reports for HAZ administration and project costs had been circulated to the committee. The admin budget for the next year had been adjusted for some codes, to allow for consultancy and planning costs and to give greater flexibility on some of the exit work discussed by the committee. Admin spend has been cut this year due to underspends in 04 / 05.
- 3.2 For the projects in TB section, Brent Refugee Forum had an agreed larger spend in year 1 for the TB project. TB Alert's code had been used to start paying the mental health projects. BIA have a large underspend transferred to BHCHP, they are working in partnership together. APDA will be funding printing of the patient map.
- 3.3 Payment for Involvement scheme (PFIS) has a 2 year fixed budget, the 2 CAB projects show an overspend due to late submission of invoices from previous year, QEST project also shows slight overspend based on approved up-spend 04 / 05. The Capacity Building, HLDF and Community Chest underspend has been carried over to the next year.
- 3.4 Director salary was still showing as the secondment had been extended, but salary costs had been re-imbursed to the HAZ funds. JC explained the allocations for this years project funding, which now had the additional projects added. The old projects have been given a 3.5% uplift on their funding, a bigger amount had been allocated to consultancy to pay for evaluation costs, mainstreaming, annual report etc.
- 3.5 HAZ total budget for this year is £1million+, reserves of £50K have been put aside, this will be discussed at a future meeting.
- 3.6 At the tPCT's last Executive Management Team (EMT) meeting, the LDP financial Plan for the next year has still not been signed off, the EMT are still working on service level agreements with the NWLH Trust and the NWL Mental Health Trust. This considerable delay leaves just 9 months for the HAZ manager and committee to look for alternative funding for some of the projects.

4. 12 MONTH MONITORING REPORT & HAZ PROJECTS EXIT PLANNING (JC reported)

- 4.1 This is an accumulated record of each projects quarterly indicators and progress, for each project JC has put her 12-month comments. JC will look at what tPCT money may be available and help try to locate other sources of funding. JC has also met with all the projects individually to discuss progress and concerns.
- 4.2 Within the TB projects resources group, BIA and BHCHP have had problems with the leaflet production. The NWL TB Network did not produce the promised generic leaflet, TB Alert and DOH have now produced a leaflet in a number of languages.

BHCHP are also producing leaflet with BIA paying the translation costs – tPCT Resource centre is being made use of. Through the TB steering group, these leaflets will be distributed to clinics, GP's etc. Page 59 of the report shows the revised indicators for the resources group.

- 4.2 PS said that the R H & S C Forums project on training and awareness, had actually managed to enlist 10 retired nurses instead of the 5 nurses previously indicated.
- 4.3 JC has kept on top of monitoring system through discussions with projects and support where needed. GT said that the HAZ approach is friendly and the early interventions has allowed as much support as possible for projects not to fail, but to achieve their aims. MI said comparisons should be made with projects that had not been so well managed, it reminded him of a staff management model. A strategic overview had been needed for 'tackling inequalities'. GT said the passion needed for HAZ to be a success was evident in JC's hard work.
- 4.4 IB also emphasized the importance of looking after staff, the investment in staff by looking after their interests and appreciation shown to them could ensure optimum performance. Health and safety issues such as breaks and office environment were important. The success of the HAZ method of working would be ideal for mainstreaming, it would have been good to have had the directors at this meeting to hear the feedback.
- 4.5 PS asked about the progress of the mental health projects. A review committee through the Local Implementation Plan (LIT) has been set up by the tPCT. The Race & Equality Committee's review has not yet started and would need to be pushed forward. JC said the monitoring returns for the mental health projects would be included in the monitoring report from here on.
ACTION: JC to write to Sarah Nyandoro to give update on projects to feed into LIT Review.

5. HAZ CONFERENCE

- 5.1 A draft programme for the conference was circulated. The conference will be on 29th June at Crown Moran hotel, Cricklewood. Over 60 confirmed replies received so far. Jean Gaffin will be co-chairing with Cllr. Ralph Fox and as HAZ committee chair, Steve Maingot will open the conference which will be an all-day event. The Conference will look at mainstreaming HAZ models and ways the tPCT and Brent council can carry on with health inequalities work when the HAZ funding ends.
- 5.2.1 The theme slogan: 'Mind the Gap: Partnerships in Action to Tackle Health Inequalities', also emphasizes the value of partnership working e.g. the HAZ cancer, TB and diabetes projects have shown effective ways of partnership working within these projects through steering group meetings.
- 5.3 Gail Findlay is an ex HAZ director, now working for the London Health Commission (LHC) and knows how the HAZ's have worked i.e. raising health awareness of population by bridging gaps, targeted interventions etc. There will also be a debate between JC and Patrick Lewis for and against partnership working. Attendees will be split into groups for discussion and votes.
- 5.4 In the second half of the day, there will be a speaker for 'what the voluntary sector

bring to partnerships'. After this there will be a discussion facilitated by Clementine Femiola, participants will be Jenny Goodall from the council, Judith Stanton from the tPCT, Jacky Peacock from Brent Private Tenants Rights Group and Sarbjit Ganger from Asian Womens Resource Centre. This will be followed by a Q and A session and at the end of the day there will be an opportunity for more networking.

- 5.5 GQ said that the LHC had produced a health inequality report around BME and people with disabilities, this would be useful for others to read.

ACTION: JC to ask for copies of this report for the conference.

6. A.O.B.

- 6.1 PS expressed concerns about the 2005-08 Race Equality Scheme, this is to look at Staff development as well as community involvement and development of services. Community members need to be aware of this scheme and should be involved in consultation, concerns about this document, more emphasis seems to be on improving working lives rather than service delivery, the tPCT is accountable for this document. The action plan has identified the value of HAZ work and needs to be built on.

ACTION: PS/JC to discuss how to link on Race Equality Scheme

- 6.2 GT said the annual Healthy Living Day in Asda car park will be on July 7th. On 22nd June a diabetic support group will be launched to look at what diabetic people want, this will be an informal discussion about patient experiences and it is hoped to be held monthly.

- 6.3 A request letter from the Brent Refugee Forum asking to be mainstreamed after March '06 was circulated to the committee. IB was surprised that this letter had been sent, as it had been previously decided by the committee that no one organisation should use the committee to ask for funding or mainstreaming, particularly if the request was coming from a committee member involved with said organisation, this would simply look like a collusion of committee members. The committee members agreed with IB.

ACTION: JC to ask BRF to send the letter directly to Jean Gaffin to pass to the tPCT board and explain why it should not be through the HAZ committee.

- 6.4 KMH has returned to BIAS as an interim director and would like to attend as many of the committee meetings as possible. PS welcomed KMH back to Brent in the hope that she will stay to add strength to BIAS work. JC said that as previously approved by the committee, JC had met with Karen to plan an autumn meeting with BIAS on health inequalities work and the Irish community, with participation of Colum Maloney as an Irish mayor. KMH said this would also highlight the multiple needs of the Irish community that the voluntary sector is trying to meet.

- 6.5 GT spoke about lack of attendance by some members of the committee, the Importance of simple courtesy i.e. apologies by phone or email for member not being able to attend a meeting. At this key stage of HAZ, full committee strength and support is needed, committee need to find out why members are not turning up to the meetings.

ACTION: GT to write support letter, to be sent with a covering letter from JC emphasising member support for influencing future of VCS involvement.

- 6.6 Exit strategy for HAZ - this needs to look at inequalities structure and creating approach and what to include e.g. comparing of HAZ process to others and a 'good value of HAZ work' approach. Committee members agreed that an extra meeting to discuss the exit strategy would be needed in September.
ACTION: Exit strategy meeting to be held on 19th September, from 1-3pm. JC to send letter to all committee members encouraging a large attendance, OH meeting room booked in Wembley.

The next meetings will be:

19th September, 1-3pm, Extraordinary Exit Strategy meeting, OH meeting room

18th October, 9.30 – 12, HAZ committee, Board Room

6th December, 9.30 – 12, HAZ committee, Board Room

in Wembley Centre for Health & Care