



MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday 3 July 2013 at 7.00 pm

PRESENT: Councillor R Moher (Chair), and Daksha Chauhan-Keys, Christine Gilbert, Sue Harper Councillor Hirani, Ethie Kong, Rob Larkman, Jo Ohlson, Councillor HB Patel, Councillor Pavey and Phil Porter

Also Present: Councillors Butt, Hector, Mitchell-Murray

Apologies were received from: Councillors Crane and Sara Williams

1. Election of Chair and Vice Chair

RESOLVED:

- (i) That Councillor R Moher be elected Chair
- (ii) That Dr Ethie Kong be elected Vice Chair

2. Declarations of interests

None declared.

3. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 27 February 2013 be approved as an accurate record of the meeting.

4. Matters arising

It was clarified that Brent had not yet reached a good Ofsted rating in relation to child protection and was judged as adequate.

A update was provided on the Brent Clinical Commissioning Group draft operating plan regarding the pilot of GP practices remaining open until 9pm. Jo Olson informed the board that two expressions of interests had been approved with two competing bids needing to be determined for a third site. It was hoped that the three centres would be open until 9pm from September with suitable sites for the remaining two centres being identified shortly

5. Health and Wellbeing Board Governance

Andrew Davies, Policy and Performance Officer introduced the report detailing the background to the establishment of the board and its functions. He clarified that voting regulations under the Local Government Act 1972 for section 102 Committees had been suspended enabling partnership members the ability to vote.

It was further clarified that the purpose of the report was to consult the Board on the proposed governance arrangements which would be fed back to Full Council for final determination.

Rob Larkman, CCG Chief Executive was pleased that three CCG members had been given voting rights but highlighted the disproportionality in relation to the number of voting members from the Council, and hoped to see greater balance on a partnership Board. Rob Larkman noted the disproportionality in relation to quoracy and the requirement for three Councillors and only one CCG representative to be present in order for a meeting to take place.

Councillor R Moher hoped that all deliberations would end in a consensus to ensure efficient partnership working for the residents of Brent.

Councillor HB Patel highlighted that the Board was a collaboration and felt that Brent Health Watch should also be given a vote to ensure fairness. He continued to state that the Board was an equal partnership and that all attendees should have voting rights except Council Officers.

Councillor R Moher noted that there were certain regulations governing committees but reiterated that the proposals before the board were a framework in which to work, but that the Board would have failed in delivering the best services for resident's should a vote be needed.

Daksha Chauhan-Keys, representing Health Watch, echoed Councillor HB Patel's comments and highlighted that it was the discretion of the Local Authority to allocate votes and as an equal partner felt that Health Watch should not be excluded, particularly as it was a collaborative board.

Rob Larkman noted that voting arrangements were symbolic however felt that by allowing three CCG voting members, Health Watch should also be given a vote to present a clear message that it was a collaborative, partnership board. Councillor R Moher drew the Board's attention to the potential for additional members to be appointed at a later stage.

Councillor HB Patel highlighted the statutory membership and that voting rights had been expanded beyond those who were statutory members and if the membership was expanded further then voting rights could be considered. He continued to highlight that by having voting rights for all it showed a collaborative partnership arrangement for the residents.

Kathy Robinson, Senior Lawyer, reiterated that the discussion that took place would be presented to Full Council which would take a formal decision on voting arrangements at their meeting in September. She highlighted that the Health and Wellbeing Board was a Committee of the Council; although the statute provided for specific unusual arrangements, it left voting rights at the discretion of the Local Authority. The Senior Lawyer drew the Board's attention to the potential for the Board to make Executive decisions which were ordinarily voted upon by elected members of the Council. The Council's proposal was to achieve a balance of voting rights as far as possible, while preserving the Council's position on voting if required.

Councillor HB Patel noted that although the decision on voting rights was for Full Council, the Board was able to make recommendations.. Councillor R Moher informed the Board that all views would be fed back to Full Council on 9 September 2013 and details on Council's decision reported to the Board at the following meeting.

Jo Olson highlighted that CCG may wish to review the governance arrangements of the Board should Pioneer Status be granted and decisions on budget spending be delegated to the Health and Wellbeing Board. Councillor R Moher felt it was unlikely that the Board would be required to make decisions regarding the Pioneer budget. It was highlighted that the Chief Executive was a non statutory member of the Health and Wellbeing Board.

RESOLVED;

(i) That the report be noted

That the views of the Board on voting rights be reported back to Full Council to inform the decision making process.

6. Future plans for health and social care integration - the Pioneer Bid

Phil Porter, Interim Director of Adult Social Care, introduced the report and explained that there was a strong national drive to integrate health and social care services. The Council and CCG have previously demonstrated good health and social care integration through initiatives such as STAARS . It was explained that the Pioneer opportunity allowed for integrated working across North West London although it was planned to tailor the bid to make it more relevant to Brent. The Interim Director Adult Social Care highlighted five key elements to the bid regarding population; management of joint budgets; information sharing, identification of key integrated working and aligning care delivery at a network level around GPs.

Jo Olson highlighted that they were keen for it to be Brent led and were keen to use the triangle model which focused on early intervention and anticipating the needs of the individual before A&E treatment becomes necessary.

During discussions it was clarified that Hillingdon Council was not part of the North West London bid, but the other NWL councils and CCGs were signed up to this process. It was queried how investing £28m could save £66m. Phil Porter explained that this was based on the tri borough pilot model for budgets and through early intervention, it could prevent the need for more costly services in the future. It was noted that work was required regarding the scoping of persons suitable for early intervention, but that this would partially be carried out through exploring the population needs and ensuring people don't move from low to high risk. The Board noted the benefits of early intervention and the potential to gain economies of scale through a North West approach.

RESOLVED:

That the report be noted

7. Winterbourne View Stocktake

Phil Porter, Interim Director of Adult Social Care, introduced the report and circulated an executive summary of the stocktake that was required to be submitted by 5 July 2013. He highlighted that the stocktake was required to be signed by the Chair of the Health and Wellbeing Board, Chief Executive of the Council and the Chief Executive of CCG. It was explained that the Winterbourne stocktake was in response to the failings at Winterbourne View and challenged local agencies to work to ensure that the most vulnerable people with challenging needs were supported and to ensure that Winterbourne View was a unique occurrence. The executive summary covered ten key areas including partnership working, financial understanding, the current review programme, safeguarding, commissioning arrangements, development of local teams and services, understanding of the populations and service requirements, prevents and crisis response, and current future market requirements and capacity.

Phil Porter explained that there were currently 19 people who had been identified to be reviewed and would be addressed through a multi agency approach to ensure that all services they required were accessed in a co-ordinated approach. It was explained that there was a health team and a social care team that had joint meetings to share information. These two teams supported the 19 persons reviewed with a further 30 persons identified as requiring support from the teams. Jo Olsen felt that the current work could be built upon with greater integration resulting in a good piece of partnership work.

Christine Gilbert noted the work to date however requested that a copy of the full stocktake be made available prior to signing the document. The Interim Director of Adult Social Care agreed to circulate the document following the meeting with a view to receiving queries of comments by 12pm 5 July 2013 to enable any amendments to be incorporated. During discussions it was clarified that that the stocktake could be reviewed by a number of boards and committees with an annual report to be brought to the Health and Wellbeing Board for monitoring purposes as the Board had sign off responsibilities. The Adult Safeguarding Board would have ownership of the stocktake and take day to day responsibility for managing these issues.

RESOLVED:

- (i) That the report be noted
- (ii) That the stocktake be circulated and comments/amendments be provided by 12pm 5 July 2013 prior to sign off

8. Adult Safeguarding Service Update

Phil Porter, Interim Director of Adult Social Care, informed the Board that the report gave an overview of safeguarding adults as well as an operational summary, including the Brent Safeguarding Adults Board (BSBA) and a high level activity analysis. It was explained that there were four key areas for safeguarding adults; vulnerable adults where community care services are required due to mental or other disabilities to ensure they are not harmed or exploited; abuse including physical, emotional and sexual; significant harm which could be caused through ill-treatment as well as general deterioration; and mental capacity to ensure that adults are supported to make their own decisions, ensuring persons with less capacity are not restricted. It was explained that the team, which had all the

relevant expertise in one location would screen all alerts regarding safeguarding and lead an investigation if it was found to be appropriate and necessary. It was noted that multi agency audits were carried out and hoped that the service would improve following the implementation of the multiagency safeguarding hub. Phil Porter informed the board that full details of referrals, investigations taken and action arising from the investigations were detailed in the annual report which would be brought before the Board in September.

RESOLVED:

That the report be noted

9. **Shaping a Healthier Future - Implementation Update**

Rob Larkman, CCG Chief Executive provided the Board with a generic update on progress in relation to the whole programme following the decision in February to consolidate health services and hospitals to create a sustainable healthier future. He reminded Board members of the decision taken at the JCPCT and the background behind the proposals. The CCG Chief Executive drew the Board's attention to a number of issues that was preventing the programme from moving forward namely Ealing Council referring the decision to the Secretary of State and requesting an investigation by the Independent Reconfiguration Panel and the decision of Ealing Council to request a judicial review. Responses to both of these were being provided with evidence to be given shortly with the team being committed to resolve the issues quickly to enable the programme to move forward. A business case in relation to the merger of Ealing Hospital NHS Trust and North West London Hospitals NHS Trust was being drawn up with both parties fully committed with the hope to complete by April 2014. Rob Larkman concluded that the report detailed the various elements of the enabling strategy and work streams.

During discussion it was clarified that there had been no fundamental changes to the proposals although it was highlighted that Northwick Park emergency service was struggling and required investment as detailed within the programme. It was confirmed that over the past two years emergency cases have been diverted to Central Middlesex Hospital once Northwick Park had reached capacity until the A&E department was expanded. It was noted that there was concern regarding potential reduction of the ambulance service and communication with the public and the requirement to ensure that the public were aware of the proposals. Rob Larkman confirmed that there would not be cuts to the ambulance services as investment was planned in that service. In response to queries of the impact of the GP locality service providing and out of hospital teams on local A&E departments it was felt that urgent care teams were likely to be affected but would hopefully have a cascading effect by preventing issues escalating to the stage or requiring hospitalisation. During the discussion it was felt that the tone of the report could be softened with a Brent specific update being provided at a future meeting.

RESOLVED:

That the report be noted

10. **Health and Wellbeing Strategy**

Imran Choudhury Interim Director Public Health highlighted that the strategy had been seen by the Shadow Board numerous times and the focus was on developing an action plan to deliver the priorities set out in the strategy. He continued to highlight some of the key areas of the plan and the intention for multi agency workshops to be held across the summer to focus on each priority and determine actions and targets which would be fed back to the Board in September. During discussions it was noted that air pollution needed to be included although the Strategy did not need to be fully revised, just updated with current data. It was noted that the new Director of Public Health had been appointed and would be able to take forward the prioritise.

RESOLVED:

That multi agency workshops be held to produce an action plan with agreed targets

11. Health and Wellbeing Board - Future Work Programme

Councillor Hirani suggested that the work programme should be centred on the Health and Wellbeing Strategy action plan , with a focus on one issue being taken at each meeting. It was felt this would enable a joined up, aspirational approach to be undertaken. Councillor R Moher highlighted that workshops would be undertaken during the summer to create an action plan with smaller update items to be fed to the Health Partnerships Overview and Scrutiny Committee. It was felt that NHS England should be invited to a future meeting.

RESOLVED:

That the work plan be focussed on the action plan of the Health and Wellbeing Strategy

12. Any other urgent business

None.

The meeting closed at 20:50

R MOHER
Chair