



MINUTES OF THE HEALTH AND WELLBEING BOARD

Held on Wednesday 14 June 2017 at 7.00 pm

MEMBERS PRESENT:

Councillor Hirani (Chair), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Councillor Butt, Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Councillor Farah, Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group), Julie Pal (Chief Executive, Healthwatch Brent), Councillor M Patel, Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director, Children and Young People)

Also Present: Sheikh Auladin (Deputy Chief Operating Officer, Brent Clinical Commissioning Group), Philippa Galligan (Borough Director, Central and North West London NHS Foundation Trust), Meenara Islam (Strategic Partnership Manager, Brent Council), Councillor Perrin, Shafeeq Tejani (Assistant Commissioning Director, Long Term Conditions and Urgent Brent, Brent Clinical Commissioning Group), James Walters (Divisional General Manager, London North West Healthcare NHS Trust), Helen Woodland (Operational Director for Social Care, Brent Council)

1. Apologies for Absence

Apologies for absence were received from:

- (i) Councillor McLennan with Councillor Farah substituting on her behalf;
- (ii) Dr Ethie Kong (Vice Chair of the Health and Wellbeing Board; Co-Clinical Director, Brent Clinical Commissioning Group) with Sheikh Auladin attending on her behalf;
- (iii) Phil Porter (Strategic Director, Community Wellbeing, Brent Council), with Helen Woodland (Operational Director, Social Care, Brent Council) attending on his behalf; and
- (iv) Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups).

2. Declarations of Interests

There were no declarations of interest from Members.

3. Minutes of the Previous Meeting

It was **RESOLVED** that the minutes of the previous meeting held on 28 March 2017 be approved as an accurate record of the meeting.

4. **Matters Arising (If Any)**

There were no matters arising.

5. **Brent Health and Care Plan Update**

Helen Woodland (the Council's Operational Director, Social Care) introduced the report which provided the Health and Wellbeing Board with a progress update on the delivery of the Brent Health and Care Plan. She ran through the detail of what underpinned the delivery of the plan, including: the governance arrangements; the ongoing systems development work; and the need for effective systems leadership across both health and social care organisations. She directed Members' attention to the leadership and change management programmes which had been commissioned under the Change Academy umbrella (paragraph 3.9 of the report) and noted that Professor Rebecca Malby (London Southbank University) had been leading on these. The Board heard that two other change management programmes had also been applied to in order to assist delivery of the plan. She concluded by offering some brief updates on the progress of each of the six big ticket items, as specified within the report.

Dr Melanie Smith commented that it was positive that Brent's localised plan was making progress under the wider NWL STP umbrella. She noted that there had been a clear alignment at both the local and regional level in particular on prevention of alcohol related A&E admissions and that Brent had been leading on a pilot with London North West Healthcare aimed specifically at reducing this type of admission.

It was **RESOLVED** that the progress report on the delivery of the Brent Health and Care Plan be noted.

6. **Frailty Integrated Service**

Helen Woodland introduced the report which provided Members with an update on the United Frailty Pathway and progress on the Older People's Acute Liaison Service (OPALS) business case for Northwick Park Hospital, which had been discussed at the last meeting of the Board. She noted that this formed part of the extensive 'Older People's Services' work stream within Brent's Health and Care Plan.

James Walters (Divisional General Manager, London North West Healthcare NHS Trust) explained that the first part of the report detailed the systems approach to preventing unnecessary admissions and maintaining care outside of the hospital setting. He noted that admissions numbers had been rising for older age groups and that frailty often exacerbated existing health conditions, which in turn had the unwanted consequence of seeing people stay in hospital for longer periods. The Board heard that the aim of OPALS was to provide a model of care which sought to address frail patients once they had entered the emergency department in order to substantially reduce any potential length of stay in hospital. Mr Walters mentioned how OPALS linked with the Short-Term Assessment Rehabilitation and Reablement Service (STARRS) programme once the patient had been moved to a community setting. He concluded by detailing the proposals within the business case and the

potential for significant savings if the patient had a reduced length of stay in an acute setting.

Members asked for clarification on the proposed timeline for putting OPALS into operation. Helen Woodland outlined that the aim was to ultimately have the full frailty pathway in place in Brent by 2020/2021, however there were aspects of the pathway within this that were already operational. Members commented that there was a need to be clear on the incremental steps which needed to be taken and which of these had been making progress.

A Member of the Board questioned whether OPALS would provide a community ophthalmology service to deal with any eye-related emergencies. James Walters agreed to arrange a briefing to Members on what specific services were provided in this area and how they linked to the OPALS model.

Questions also arose on the working arrangements with other neighbouring boroughs and whether there had been any collaborative working on the proposals. James Walters responded that there was a willingness to have this service operate effectively across boroughs. He noted that there had been positive in-depth conversations with the London Borough of Harrow on moving ahead with this model and on what each borough could specifically do to support the concept. It was also mentioned that OPALS built on the hospital discharge project work being undertaken by the West London Alliance and that there were also plans for a similar model to be undertaken on an appropriate site in Ealing.

Discussions moved to the proposed finance arrangements for the model and which budget the plans were being derived from. Members heard that that there was a need to work out what was proportionate for each Clinical Commissioning Group which would be involved via the Northwick Park base and that the OPALS evaluation from 2015/2016 had been funded by money made available for winter pressures. It was mentioned that the resource implications were still being monitored but that the evaluation had suggested that the model could ensure a reduced length of stay and better outcomes for patients. It was also discussed that the A&E performance trajectory was agreed system wide by both NHS England and NHS Improvement, and therefore each of the boroughs involved would ultimately benefit from finding resources for this service model as each would be working to meet the same targets. James Walters added that an additional incentive for the different boroughs was that OPALS and STARRS were deemed to be models of best practice in this area and were being supported accordingly by the NHS' Emergency Care Improvement Programme.

It was **RESOLVED** that the report be noted.

7. Pharmaceutical Needs Assessment (PNA)

Dr Melanie Smith (the Council's Director of Public Health) introduced the report which detailed the statutory duty for Health and Wellbeing Boards to update and publish a Pharmaceutical Needs Assessment (PNA) for the local area, and proposals on how this responsibility should be discharged. She stated that the Board published its first PNA in April 2015 and was required to publish a revised assessment by 1 April 2018. She noted that the process for drawing up the PNA remained the same from the previous publication. Members heard that PNAs were

a very particular type of assessment and focused on what should be dispensed at community pharmacies to meet the needs of the local population.

The Board agreed that the process had worked well for the previous PNA publication and that there was no need to differ from this approach.

It was **RESOLVED** that:

- (i) The establishment of a task and finish PNA Steering Group be agreed;
- (ii) The terms of reference for the PNA Steering Group, attached as appendix 1 to the report, be agreed; and
- (iii) That the task of overseeing the conduct, consultation and publication of the revised Brent PNA be delegated to the PNA Steering Group.

8. Date of Next Meeting

The date of the next meeting was noted as being 5 October 2017.

9. Any Other Urgent Business

There was no other urgent business to be transacted.

The meeting was declared closed at 7.33 pm

COUNCILLOR KRUPESH HIRANI
Chair