

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Wednesday 24 January 2018 at 7.00 pm

MEMBERS PRESENT:

Councillor Hirani (Chair), Dr Ethie Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent Clinical Commissioning Group), Sheikh Auladin (Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Julie Pal (Chief Executive, Healthwatch Brent), Councillor M Patel, Phil Porter (Strategic Director of Community Wellbeing, Brent Council), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council)

Also Present: Zac Arif (Director of Integration, Brent Council/Brent Clinical Commissioning Group), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust), Fana Hussein (Assistant Director of Primary Care, Brent Clinical Commissioning Group), Meenara Islam (Strategic Partnerships Manager, Brent Council), Shafeeq Tejani (Assistant Director, Integrated Urgent Care and Long Term Conditions, Brent Clinical Commissioning Group)

1. Apologies for Absence and Clarification of Alternate Members

Apologies for absence were received from Councillor Butt and Dr Sarah Basham.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Previous Meeting

Subject to the following amendment within paragraph three of agenda item 12:

- (i) “However the Board heard that, regrettably, the local area Council had been asked to write a written statement of action due to a number of concerns identified...”

It was **RESOLVED** that the minutes of the previous meeting held on 5 October 2017 be approved as an accurate record of the meeting.

(Councillor Colwill joined the meeting at 7.04pm)

4. Matters Arising (If Any)

There were no matters arising.

5. Focus on New Models of Care - Integrated Commissioning

Phil Porter (Strategic Director of Community Wellbeing, Brent Council) introduced the item and flagged to Members of the Board that there had been a number of changes to the executive summary of the Ernst and Young (EY) report since the agenda pack had been published ([addendum viewable here](#)).

He explained that the Council had commissioned EY to develop a framework in order to bring together strategic commissioning functions of both the Council and Clinical Commissioning Group (CCG). EY's work had an initial focus on two specific areas: residential/nursing placements and children's therapies. He outlined that both organisations shared the same vision of improved outcomes for residents via integrated commissioning, but that a joint language and approach for this was required. He highlighted that there were an array of complexities to be addressed across North West London but that the report began to set out how these could be managed - beginning at a local level. He emphasised the significant level of overlap identified between the Council and CCG when services were commissioned and that this could often be problematic in sending competing messages to market service providers. He also specified some of the practical formative proposals for the integrated commissioning model and the benefits that these could bring going forward.

Gail Tolley (Strategic Director of Children and Young People, Brent Council) added that joint commissioning formed part of the discussion on the local area's Written Statement of Action (WSOA) to Ofsted/CQC at the last meeting and this had contributed in part to children's therapies being one of EY's focus areas. She mentioned that this topic had also been discussed further at a meeting of Brent Children's Trust (BCT) on 23 January 2018 and that positive discussions were ongoing about the arrangements and vision for integrating commissioning. Sheikh Auladin (Chief Operating Officer, Brent CCG) agreed that there had been a lot of progress on the WSOA and it was felt that the aims within the report would be achievable with time and effort. He spoke about instances where integrated teams between the CCG and Council had worked closely together in urgent care scenarios and felt that a similar proactive, joined-up approach would be needed to successfully drive integrated commissioning across the board.

It was questioned whether there would be any risk of cutting across the alignment of CCGs in North West London and whether there was potential for further engagement with additional local authorities and CCGs on establishing joint commissioning arrangements. Members agreed that this was a priority area across North West London and it was pleasing that Brent had been leading the way in working collaboratively to integrate commissioning functions. It was noted that the accountable care model had been mandated by NHS England and that CCGs would need to plan locally accordingly to move forward within this model. It was emphasised that the report was a starting point for the local area, but noted that Phil Porter had also undertaken work with Diane Jones (Director of Quality & Safety - NHS Brent, NHS Harrow, NHS Hillingdon CCGs) and Dr Tim Spicer (Chair of NHS Hammersmith and Fulham CCG) to also look at commissioning and contract alignment across London in the future.

It was **RESOLVED** that the report and proposals for the integration of commissioning between the Council and CCG be noted.

6. Brent Health and Care Plan Update: Focus on Prevention

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report which provided the Health and Wellbeing Board with an update on the prevention work stream within Brent's Local Health and Care Plan. She outlined that there were five priority areas within this work stream and highlighted the work being undertaken to address two of these areas (reducing A&E attendances and hospital admissions due to alcohol; and halting the increase of childhood obesity).

Firstly, Dr Smith explained that the model which had been drawn up to reduce alcohol related admissions had had clinical input and insight from service users. She noted that London North West University Healthcare NHS Trust (LNWHT) had planned to change how their alcohol related admissions were recorded (taking effect in August 2018) to address the problem of under-recording in this area. Work was also underway to develop a seven-day acute care team for this type of admission. Secondly, she outlined that increased childhood obesity remained a problem in Brent and that the focus had now shifted to obesity prevention in early years settings as a fifth of children in Brent began primary school overweight. She referred Members to the seven key actions contained within paragraph 3.6 of the report and added that the '*declaration on sugar reduction and healthier food*' would be brought back to enable a discussion with partners at a future meeting of the Health and Wellbeing Board.

Members welcomed the work which addressed childhood obesity and it was recognised that this remained a serious problem across the borough. Questions arose on whether further initiatives could be pursued within schools to tackle the issue. It was suggested that it could be beneficial to have focused teaching on childhood obesity during Personal, Social and Health Education (PSHE) lessons, to teach young people the risks before they also had children themselves later in life. It was also mentioned that some schools no longer had Food Technology classes due to curriculum changes. Gail Tolley mentioned that there had been a discussion on childhood obesity at a recent BCT meeting and one of the public health consultants present had outlined proposals for joint working between the Schools Effectiveness and Public Health teams to enable a joined-up approach to this issue.

A question was asked on whether there was segmented data available on childhood obesity in order to better understand any behavioural challenges across Brent's diverse communities. Dr Smith stated that there was a useful amount of data on childhood obesity as children in Brent were weighed and measured children in both reception and year six. She said that there had been a strong correlation between childhood obesity and deprivation and that this was a key challenge for the local area to address. The Board also heard that the commissioning of a healthy weight service formed part of the new 0-19 year's public health contract. It was also felt that integrated commissioning could improve health outcomes in this area and that statutory documents such as the Joint Strategic Needs Assessment and annual report from the Director of Public Health could also be utilised to highlight the challenge further.

Discussions moved to an additional priority within the prevention work stream which addressed tobacco use and it was noted that an increased usage of e-products within the borough could have caused smoking prevalence and access to cessation services to fall. Dr Smith stated that there was not yet enough data available to be

able to draw firm conclusions on this. She outlined that the initial data from the London Smoking Cessation Transformation programme suggested that people were intrigued by the alternatives to smoking but chose to take up e-cigarettes as opposed to quitting nicotine. Carolyn Downs mentioned an example whereby Essex County Council had been working to encourage people to give up nicotine altogether through a close liaison between vape shops and their Trading Standards team.

There were additional discussions on: Health and Wellbeing Board Members and relevant partners undertaking another public engagement exercise to raise awareness of childhood obesity before the pre-election period began in March; and that the work to address childhood obesity could also be linked with the ongoing work to improve children's oral health across the borough.

It was **RESOLVED** that progress report on the prevention work stream within the Brent Local Health and Care Plan be noted.

7. Integrated Urgent and Emergency Care Developments

Shafeeq Tejani (Assistant Director, Integrated Urgent Care and Long Term Conditions, Brent CCG) introduced the item which updated the Health and Wellbeing Board on the latest developments of Integrated Urgent Care (IUC) within Brent and more widely across North West London.

Mr Tejani explained that there was now a mandated national model for the provision of urgent care and that in September 2017 North West London CCGs had approved a two year direct award pilot for an integrated service. This service combined: NHS 111; 'wrap-around' Clinical Assessment Services (CAS); GP out-of-hours (OOH) services); and provided a directory of different services. He noted that the two main urgent treatment centres within the borough were situated at Central Middlesex Hospital and Northwick Park Hospital, and that it was planned for five GP Access Hubs across the borough. He said that the two year pilot period provided flexibility and would allow Brent to analyse resident demand within the different access areas. It was highlighted that Brent patients contacted NHS 111 approximately 50,500 times annually and that it was expected that this number would increase in the next year.

Questions arose on clarity of the arrangements for the proposed CAS aspect and whether this was envisaged to be focused at a local level or North West London level. Mr Tejani stated that the original planning had been focused as locally as possible, with Brent and Harrow CCGs at the forefront of service delivery. He also stated that there would be expectations on both the workforce and patients to follow the NHS' *'Talk before you walk'* policy which encouraged patients to call NHS 111 for advice on the most appropriate treatment before attending a health setting in person. It was recognised that this would signify a considerable culture change and could be challenging, but that there had been examples in Midlands where similar models had begun to work effectively. Sheikh Auladin added that the enhanced CAS model could ultimately help to improve integration across health and care settings.

Discussions continued and the Chair mentioned that the NHS' *'Health Help Now'* app could also feed into the *'Talk before you walk'* digital channel shift. Dr Ethie

Kong (Vice-Chair of the Health and Wellbeing Board; Chair and Co-Clinical Director, Brent Clinical Commissioning Group) agreed and also informed Board Members that the app would be launched in the week after the meeting at the Health Partners Forum with practical advice on how residents could download the app and its utilise its functionality.

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

8. **Improving the GP Extended Access Offer in Brent**

Fana Hussein (Assistant Director of Primary Care, Brent Clinical Commissioning Group) introduced the item which provided the Board with an update on the review of extended GP access in Brent.

She explained that the contracts for both Brent Access Hubs and Access Centres were due to expire on 31 March 2018 and that this had provided the ideal time to review and improve how services were offered to the local population. She noted that there had been a period of extensive engagement with all key stakeholders and that the proposals going forward were for five strategic access sites across the borough. Members heard that the number of sites being condensed would enable longer and more consistent opening hours which responded to the needs of the local population and that the existing GP Access Centre would be converted into a pre-bookable stand-alone Hub which would be open 8-8/7 days a week. She specified that patients could attend any of the hub sites, which provided more equitable access to residents across Brent.

Sheikh Auladin outlined that the scrutiny of the proposals from stakeholders had been welcome and had helped to inform the design of the new service model. He emphasised that the planned change to the number of sites was not aimed to reduce appointments but responded to the under-utilisation of a number of the sites at present and would be a sustainable model for the future. He gave further detail on the engagement period and noted that the business case had been presented at the CCG's governing body on 10 January 2018. He also noted that two of the site locations were still be decided, but that appropriate locations would be located in both the north and south of the borough. Dr Ethie Kong added it would be important to emphasise, through communication with residents that they could access any of the hubs, not just their nearest site, and this was designed to improve service access for them.

A question was asked on the level of engagement with the public, and whether the engagement had solely come through Brent Patient Voice. Fana Hussein outlined that 2000 surveys had been handed out to members of the public across various locations such as tube stations and supermarkets. The Chair reminded Members that access to GPs and opening times had been the topic raised most frequently during the public engagement exercises last year on the Local Health and Care Plan.

It was also questioned when the locations of the two strategic sites was likely to be known. Sheikh Auladin outlined the next formal steps for the contract procurement process and outlined that a team on the ground would be assessing sites, with the locations likely to be identified by February or March 2018. He noted that the it was envisaged to have one contract and provider covering all five hubs.

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

9. **Any Other Urgent Business**

There was no other urgent business.

10. **Date of Next Meeting**

The date of the next meeting was noted as being 27 March 2018.

The meeting was declared closed at 8.17 pm

COUNCILLOR KRUPESH HIRANI
Chair