



MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday 11 December 2013 at 7.00 pm

PRESENT: Dr Ethie Kong (Vice Chair) Sarah Basham, Councillor Crane, Christine Gilbert, Sue Harper, Councillor Hirani, Jo Ohlson, Councillor HB Patel, Councillor Pavey, Phil Porter and Melanie Smith

Apologies were received from: Councillor R Moher, Rob Larkman and Sara Williams

1. Declarations of interests

Councillor Crane informed the Board that his wife was part of the healthy schools work taking place in Brent, which was included in the Health and Wellbeing Strategy Action Plan. However he did not feel this was a pecuniary interest and remained for the meeting.

2. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 30 October 2013 be approved as an accurate record of the meeting.

3. Matters arising

Andrew Davies (Policy and Performance Officer) informed the Board that voting rights for all Councillors, CCG and Healthwatch representatives had been approved at a recent meeting of Full Council.

4. Health and Wellbeing Strategy and Action Plan

a) Health and Wellbeing Strategy

Andrew Davies (Policy and Performance Officer) informed the Board of the amendments made to the strategy following the previous meeting including the revision of some priorities, principles and objectives. The Director of Public Health informed the Board that the strategy had been updated to reflect recent changes in legislation and up to date information such as the deterioration in obesity rates in the borough. It was noted that the Board needed to take ownership of the Strategy with work being undertaken across the Council to ensure the document was suitably publicised to the public.

RESOLVED:

Members approved the Health and Wellbeing Board Strategy.

b) Strategy Action Plan

Andrew Davies tabled a draft copy of the action plan with the intention of it being completed and signed off at the next meeting of the Health and Wellbeing Board in February 2014. He highlighted that members of the Board would be required to contribute to the action plan to ensure its completion and advised members to contact either himself or the lead member for the action direct.

RESOLVED:

Members noted the action plan

5. **Health and Social Care Integration**

Phil Porter (Acting Director Adult Social Care) showed a short video presented at pioneer events to demonstrate how a complex idea could be communicated effectively. The Acting Director of Adult Social Care informed the Board that the vision of the pioneer project was to put the patient at the centre of the care they receive, with organisations working around them and not being restricted by organisational boundaries in the way that they work to best meet the needs of the individual. To achieve this the Pioneer application made three commitments:

1. People and their carers and families will be empowered to exercise choice and control and to receive the care they need in their own homes or in their local community
2. GPs will be at the centre of coordinating care, working with others in integrated networks to support people to meet their individual goals
3. Systems will enable not hinder the provision of integrated care, we will focus on people, outcomes and align budgets to them.

Phil Porter informed the Board that the Pioneer bid was now called the Whole Systems Integrated Care Programme (WSIC) and consisted of four phases that would enable whole systems transform of care. The first phase created a toolkit and framework which would be used to deliver the second phase, which was to agree local priorities and plans to meet the long and short term vision. The third phase was the preparation to implement the wave one sites with phase four being a whole systems roll out. The Acting Director of Adult Social Services explained that they were currently in phase one which was due to be completed in January 2014 with stakeholders working to create a technical toolkit including analytical tools, a payment model, and organisational toolkit and a map of current integration programmes to aid integration. He continued to explain that six work streams underpinned the delivery of stage one including; population and outcomes, GP networks, provider networks, commissioning governance and finance, informatics and embedding partnerships.

Jo Ohlson highlighted that the paper set out ways of working together without allocated funding to enable the project. She explained that the integrated care pilot focussed on clinical conditions being treated outside of a hospital setting to identify areas to look at joined up working with primary and secondary care providers using existing resources. David Finch (NHS England) highlighted that the NHS recognised the challenge ahead and the problems currently faced by the NHS but were excited by the potential outcome that could be achieved through Pioneer and working together.

In response to queries regarding what outcomes would look like and how success would be measured, Phil Porter explained that this was dependent on the priorities set within phase two of the project. It was further explained that it was hoped to set up an integration board to enable greater communication of the project. Officers clarified that the toolkit would enable Brent to use what they felt was needed whilst balancing the needs of local residents and the priorities of North West London. Various stakeholders were involved including primary and secondary care providers, voluntary organisations, local authorities and a patients reference group. It was acknowledged that further engagement with patients needed to take place and to ensure that all engagement was formally recorded. Following discussion it was confirmed that the commitment from stakeholders was such that if Pioneer status was not granted the work streams would have still taken place, although through pioneer, greater flexibilities are granted to enable integration. It was intended that from February 2014 base line data would be available so outcomes could be measured. Christine Gilbert (Chief Executive Brent) expressed concern that the report was not accessible to most due to the terminology used and focus on the integration of services rather than the individual patient. The Chief Executive continued to highlight concerns that agencies may work in silos and that health care and social care could easily be segregated from other issues such as independence or resilience. The Acting Director of Adult Social Services acknowledged that the terminology used in the report was not user friendly however noted that the ethos of the project was based around the patient rather than services. He continued to explain that work was required outside of the health and social care remit to address issues such as loneliness and security which could affect a persons' health long term although it was unclear at this stage how this could be achieved. Brent Healthwatch noted that examples of best practice from the other boroughs forming part of the Pioneer bid needed to be fed in and utilised.

Phil Porter explained that the Integration Transformation Fund (ITF) was meant as a catalyst for integration with small amounts of funding being transferred from the NHS to local authorities for the purpose of adult social care and health care integration to act as a base budget to respond to issues. He continued to explain that the budget would increase over the next three years from £900m nationally to £3.8bn however the conditions in which the money can be used will also subsequently change and require a collaborative approach from all partners to ensure it would be paid.

RESOLVED:

The Health and Wellbeing Board:

- (i) Noted the regional (Pioneer/Whole Systems Integrated Care) and national (Integration Transformation Fund) framework
- (ii) approved the approach currently being developed to develop and deliver health and social care integration and the Integration Transformation Plan for Brent
- (iii) agreed the Section 256 document for submission to NHS England as the first step in the Integration Transformation Fund process.

6. **Any other urgent business**

None.

The meeting closed at 8.00 pm

E KONG
Vice Chair