Brent

MINUTES OF THE HEALTH AND WELLBEING BOARD
Thursday 24 July 2014 at 7.00 pm

PRESENT: Councillor Pavey (Chair and Deputy Leader of Brent Council) and Dr Sarah Basham (Co-Clinical Director, Brent Clinical Commissioning Group), Councillor Hirani (Lead Member for Adults, Health and Wellbeing, Brent Council), Sarah Mansuralli (Deputy Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Moher (Lead Member for Children and Young People, Brent Council), Ann O'Neill (Healthwatch Brent), Jo Ohlson (Chief Operating Officer, Brent Clinical Commissioning Group), Councillor Perrin (Lead Member for Environment, Brent Council), Phil Porter (Strategic Director, Adult Social Services, Brent Council), Melanie Smith (Director of Public Health, Brent Council) and Gail Tolley (Strategic Director, Children and Young People, Brent Council)

Also Present: Councillor Harrison (Brent Council) and Ben Spinks (Assistant Chief Executive, Brent Council)

Apologies were received from: Christine Gilbert (Chief Executive, Brent Council), Sue Harper (Strategic Director, Environment and Neighbourhoods, Brent Council), Dr Ethie Kong (Chair, Brent Clinical Commissioning Group) and Rob Larkman (Chief Officer, Brent Clinical Commissioning Group)

1. **Declarations of interests**

Councillor Perrin declared that he was a member of the Equalities, Diversity and Engagement (EDEN) Committee, Chair of the Wembley Locality Patient Participation Group and Chair of Sudbury Surgery Patient Participation Group (also known as Intergrated Health) and by consequence, the patient representative on the board of Intergrated Health. However, he did not regard these as prejudicial interests and remained present to consider all items on the agenda.

2. **Minutes of the previous meeting held on 9 April 2014**

RESOLVED:-

that the minutes of the previous meeting held on 9 April 2014 be approved as an accurate record of the meeting, subject to the following amendment:

page 2, last paragraph, line 8 – add ‘and extended stays in hospital’ after ‘hospital admissions’.

3. **Matters arising**

Shaping a healthier future implementation update

Responding to a query from the Chair concerning the future of Central Middlesex Hospital (CMH), Jo Ohlson (Chief Operating Officer, Brent Clinical Commissioning

Group) advised that a thorough assurance process had been undertaken by Brent Clinical Commissioning Group (CCG), the Trust Board, NHSE and Trust Development Agency who were satisfied with arrangements that would lead to the closure of the Accident and Emergency Unit (A and E) on 10 September. She added that the Urgent Care Centre (UCC) at CMH would continue to operate on 24/7 basis and offer an enhanced specification as a standalone UCC. A high level, detailed information campaign informing the public of the changes to services at the UCC was to be launched in the week commencing 28 July. Members noted that the closure of the A and E at CMH was also to be discussed at the Scrutiny Committee on 6 August. In response to a query from Councillor Perrin, Jo Ohlson advised that the information campaign contained the header 'A and E is changing' because although the unit was closing, it could be misleading to the public to state this as a headline as in fact the UCC would continue to operate on a 24/7 basis.

In reply to the Chair's query concerning what the UCC at CMH could provide, Sarah Mansuralli (Deputy Chief Operating Officer, Brent Clinical Commissioning Group) advised that it would provide primary care for minor illnesses and accidents. There would also be signposting to relevant services for patients where treatment at the UCC was unnecessary.

Ann O'Neill (Healthwatch Brent) expressed surprise at there being no councillors present at a recent CMH consultation meeting and felt that it would be appropriate that they attend future such events.

In reply, The Chair acknowledged the importance of attending such events, explaining that some members had meetings clashing with the CMH consultation event. The Chair requested that there be a further update about the closure of the A and E at CMH at the next meeting.

Brent Better Care Fund Plan

Phil Porter (Strategic Director, Adult Social Services) updated the Board on the Brent Better Care Fund Plan, explaining that there was now greater clarity and that the Brent Integration Board was working with the new plan and template. He added that there would be greater focus on reducing hospital admissions whilst balancing medical and social care needs.

4. **Developing the Health and Wellbeing Board: new ways of working**

Ben Spinks (Assistant Chief Executive, Assistant Chief Executive's Service) introduced the report that set out a starting point for discussion for future ways of working for the Health and Wellbeing Board (HWBB). He explained that there were three types of items that the HWB to consider, these being:

- Nationally mandated issues, including statutory responsibilities
- System leadership
- Leadership on key issues in Brent

Ben Spinks advised that the HWBB had been successful in meeting its statutory responsibilities, such as developing and agreeing a Joint Strategic Needs Assessment (JSNA) and health and wellbeing strategy for the borough. The HWBB was also developing its system leadership role, an example of this was the

oversight role it played for the health and wellbeing action plan that brought together all the work being undertaken by the relevant organisations in delivering the health and wellbeing strategy. However, Ben Spinks advised that there was considerable scope for the HWBB to play a greater role in providing leadership on key issues and in view of this, the report was suggesting that the HWBB focus its development in this area over the next twelve months.

In order to strengthen its leadership on key issues in the borough, Ben Spinks suggested some ways in which this could be done, including:

- Facilitation of workshops by the council and through other organisations in Brent as appropriate
- External facilitation of workshops by a relevant expert
- Appoint a partner to lead the facilitation across all topics

Ben Spinks then referred members to the recommendations in the report.

Phil Porter added that the HWBB could look at issues across a number of areas and its work programme would be flexible to reflect any changes either at local or national level. He suggested that a more workshop like approach could be taken at meetings, with greater participation from a wider audience and providing a clear focus in achieving practical outcomes.

During discussion by Board members, Councillor Moher stated that it had been agreed by the Board last year that there would be a distinction between business meetings and other meetings and she sought clarification that both such types of items would be covered during meetings and whether there would be sufficient time to consider both. Councillor Hirani indicated his support for the proposals and members agreed to his suggestion that Board's work programme should be guided by the Joint Strategic Needs Assessment (JSNA) and the HWBB strategy. Councillor Hirani felt that a discussion about dementia would be a useful topic of discussion at a future meeting and the Board agreed that this be part of its future work programme. Ann O'Neill (Brent Health Watch) emphasised the need for the HWBB's work to relate to the public and for them to have faith in its effectiveness. She felt that there was a need for more community engagement and use of feedback from Brent Connect Forums and other local evidence should be used. Ann O'Neill felt that external facilitation of workshops was a good idea and it would be preferable that this was undertaken by a not for profit organisation, whilst the layout of the meeting should also be changed to a less formal one so as to encourage discussion amongst all who were present.

Jo Ohlson, in supporting the proposals, stated that the HWBB's role should be broad and there was a clear need to develop its system leadership role. There would also need to be a review after a period of time to see if the changes had made the HWBB more effective across its wider role. Jo Ohlson also supported external facilitation of workshops and she felt that this would help ensure wider views were heard. Sarah Mansurall also felt the proposals would make it easier to piece together information and feedback from a variety of sources to provide a broader picture and allow the HWBB to have a greater impact on a range of services and agencies. Dr Sarah Basham (Co-Clinical Director, Brent Clinical Commissioning Group) commented on the benefits of talking with other relevant agencies, especially as many issues involved a number of different organisations.

The Chair felt that the direction that the HWBB was taking was positive and he welcomed external facilitation of workshops. He added that the workshops would discuss key items and would take place in a setting relevant to the topic under discussion.

In reply to the issues raised, Ben Spinks confirmed the intention to include both workshop items, as part A of the agenda, and more formal items under part B of the agenda, at the same meetings. By taking a disciplined approach to each item and dividing the agenda into parts A and B, this would ensure that there was sufficient time to discuss and debate the items under part A. Ben Spinks advised that the proposals were designed to make HWBB meetings more inclusive and other forums, such as the Brent Connects Forums, could feed into this. He also advised that the Chief Executive was currently undertaking a review for restructuring Partners for Brent in order that the relevant organisations could work closer together.

Phil Porter advised that the Board could decide what items were most key and to allocate appropriate time at the meetings accordingly and people affected by a particular topic would be invited to that meeting. He informed members that the external provider appointed for the workshops would need to be capable of providing development of system leadership and opening up the HWBB to different ways of working and would either be appointed based on the particular issue for discussion or for the rest of the municipal year.

Melanie Smith (Director of Public Health) added that the workshops would benefit from subject matter experts as well as external facilitation.

The Chair then invited the Board to submit topics for discussion at future meetings and the following were put forward:

- Dementia
- Dental health/children's oral health
- Obesity
- Social isolation
- Mental health and well being
- Autism
- Housing and homelessness/rough sleepers
- Fuel poverty
- TB

The Chair added that other items may also be suggested to be added to the list above and following further discussion, a proposed schedule of topics would be circulated at the end of August.

Members agreed the recommendations in the report.

RESOLVED:

(i) that a trial of a number of changes to the format and focus of the Board's work be agreed as below:

- Focus on a priority list of key areas where a stronger partnership approach has the potential to drive change and improved outcomes.
- Develop a part A and B agenda in future, with part A comprising a limited number of items for detailed discussion and debate and part B items for noting and/or ratification.
- Agree the approach for facilitation of the part A discussions.
- Agree to hold meetings in venues related to the issue being discussed where relevant and appropriate;

(ii) that discussion and agreement of a provisional list of priority areas which will form the basis of the part A work programme over the coming months be agreed; and

(iii) that these changes starting from the October meeting of the Board be agreed, with dementia as the subject of part A of the agenda.

5. **Brent alcohol harm reduction strategy 2014 - 2017**

Melanie Smith introduced the report and advised that there had been wide input into producing the alcohol harm reduction strategy. The strategy aimed to reduce alcohol related harm through three desired outcomes, these being:

- A healthier community
- A safer community
- A more responsible community

Melanie Smith then drew the Board's attention to the recommendations as set out in the report. She added that work was already underway in developing the strategy's action plan.

During discussion, Councillor Moher noted the role the police had in respect of making representations for licensing applications and she queried whether higher fees could be set for certain kinds of licences. Councillor Perrin stated that there was a worrying increase in the number of counterfeit spirits and concerted efforts were being made in prosecuting retailers who sold alcohol to those who were under the legal age. Councillor Hirani felt there was a need for stronger licensing enforcement and consideration should be given to not approving licences in areas of the borough where alcohol misuse and its associated problems were at their highest.

Dr Sarah Basham emphasised the importance of outreach work and appropriate signposting for those affected by alcohol misuse. Sarah Mansuralli advised that there had been an increase in alcohol related admissions to hospitals and a number of such patients were frequent visitors which underlined the need to support intervention services. Jo Ohlson stated that there was a need for a broader risk assessment of those who may be at risk from alcohol misuse. Ann O' Neill felt that there was also a need to provide the relevant contacts for the public for those affected by others' drinking, such as street drinkers. Gail Tolley (Strategic Director, Children and Young People) enquired whether there were any current figures in respect of the desired outcomes.

The Chair noted and expressed concern about the increase in alcohol related crime and alcohol violent crime estimates in Brent compared to the London average which was decreasing, as set out in charts six and seven in the report. He enquired whether the HWBB would receive regular updates on the performance on achieving the strategy's outcomes.

In reply to the issues raised, Melanie Smith advised that the council had information for example on some of the businesses selling alcohol early in the morning. The licensing team were planning to review the council's Statement of Licensing Policy and there would be a focus on health. She felt that although the services provided to address alcohol misuse were good, they were not being used as much as they should and there needed to be better working between the relevant services and agencies to help reduce the number of hospital referrals. An early intervention alcohol service had been trialled without much success and so the service was currently being redesigned. Members noted that figures for the action plan were currently being populated and that there would be regular performance updates as part of the strategy.

RESOLVED:

(i) that the Brent alcohol harm reduction strategy 2014 – 2017 be approved; and

(ii) that the establishment of an Alcohol Harm Reduction Strategy Group with membership from public health, communications, licensing, community safety, the police and Brent Clinical Commissioning Group be supported to:

- Develop and implement an action plan to deliver the three objectives
- Monitor the impact of this plan.

6. **Whole systems integrated care**

Phil Porter presented the item and stated that Whole Systems Integrated Care (WSIC) Brent Early Adopter project was an ambitious programme that was a key part of the North West London Pioneer Project. He stated that the WSIC vision contained four main objectives, these being:

- Ensuring funding flows to where it is needed
- Patients and communities are recognised as assets
- Care is provided in the most appropriate setting
- Care is coordinated around the individual

Phil Porter then referred members to the WSIC approach to population grouping as set out in the report. Members heard that each GP locality had been given the opportunity to take part in the Early Adopter project, however it was the Harness and Kilburn GP networks that had volunteered to participate. The WSIC also sought to develop the model of care and this would include four evidence based principles, these being:

- A collaborative multi-disciplinary team structure

- Care coordination
- Self-management by the patient
- A single shared care plan

Phil Porter advised that there were also significant barriers to overcome as outlined in the report. In terms of measuring success and the impact on service users and providers, this would not just be measured in terms of reducing admissions and residential care, but also in improving quality and outcomes. Phil Porter confirmed that the deadline to finalise the business case for the programme was 31 October and the timetable of activities was also a challenging one.

Sarah Mansuralli added that a more collaborative approach with acute providers was being taken across the whole of North West London.

During members' discussion, Councillor Perrin enquired how patients would be supported to self-manage their health and wellbeing as mentioned in the report and he sought further comments in respect of one of the desired outcomes of over 75s patients to remain at home. Councillor Hirani enquired whether the programme would cover patients who received services from specialised commissioning. Ann O'Neill enquired what steps would be taken to inform the public about the programme and the reasons why it was being undertaken.

At the invitation of the Chair, Elcena Jeffers addressed the Board. Elcena Jeffers stressed that it was important for all stakeholders to work together to provide more effective care and she felt that another meeting should take place between them before the next HWBB meeting in October.

The Chair welcomed the report, however he enquired why it lacked any figures and asked how many patients would be affected by the programme and who would it impact upon most, whilst information on the budget was also sought. He suggested that by offering a simpler and more streamlined service, this was representing a positive message and he enquired whether anyone would be adversely affected by the proposals.

In reply to members' queries, Phil Porter advised that patients would self-manage to the extent that was practically possible and the proposals would be an improvement from the current system where decisions by different agencies were not necessarily joined up. With regard to the desired outcome of over 75s remaining at home, Phil Porter informed members that there needed to be an improvement in making patients feel safer in their homes and this is an area where efforts would be focused on. Phil Porter advised that budget details had not been finalised, however there would be no increase in cost, although some organisations may be contributing more than they currently were.

Sarah Mansuralli advised that around 6,000 patients would be involved in the pilot Early Adopter project. With regard to patients receiving specialised commissioning, she stated that the numbers involved were small, however information would be shared with NHS England to ensure all patients needing to be covered were. Frontline staff would be at the forefront of informing patients about the proposals, whilst workshops would be co-produced by the organisations involved with a view to testing these with individual community groups before preparing patient groups to help disseminate information.

Jo Ohlson added that Harness and Kilburn GP networks had been chosen for the Early Adopter project as it was felt that involving a relatively small number of patients was appropriate for a pilot project. The proposals would include the creation of a single team, with GPs providing coordinated care.

RESOLVED:

(i) that Brent's next phase planning activities, and in particular the deadline of 31 October 2014 for submission of the Implementation Plan and the emerging changes, challenges and opportunities in health and social care services that need to be overcome to deliver whole systems integration, be noted;

(ii) that the positive feedback from the Expert Panel for the process of co-production and the WSIC Outline Plan be noted;

(iii) that the forthcoming opportunities for engagement and co-production in the WSIC Brent Early Adopter Project and an opportunity to influence the development of the Early Adopter Implementation Plan, and specifically, the co-production of the vision for WSIC, the Model of Care and the outcomes for measuring success of whole systems integration for the target cohort of patients, be noted;

(iv) that following the development of the WSIC Implementation Plan for Brent's Early Adopter, that Brent's vision for Whole Systems Integrated Care and the Model of Care to deliver the vision be reviewed; and

(v) that the next review point, prior to formal approval at the October meeting of the Health and Wellbeing Board, be noted.

7. Revision of the Brent pharmaceutical needs assessment

Melanie Smith presented the report that detailed the requirement for a Pharmaceutical Needs Assessment (PNA) and how this would be carried out. She thanked Brent Clinical Commissioning Group and the Local Pharmacy Committee for their input into the work.

RESOLVED:

(i) that the establishment of a task and finish PNA Steering Group be agreed;

(ii) that the terms of reference for the PNA Steering Group which form appendix 1 to this report be agreed; and

(iii) that the PNA Steering Group be delegated the task of overseeing the conduct, consultation and publication of the revised Brent PNA.

8. Medication incidents report

Mark Eaton (Head of Delivery and Performance, Brent Clinical Commissioning Group) presented the report that set out Brent CCG's proposals to address Domain

5 of the CCG's 2014/15 Quality Premium. The main aim of Domain 5 was for CCGs to work more closely with key providers to increase the number of medically related incidents reported in order to capture the estimated 80% of medication incidents that go unreported. Mark Eaton confirmed that NHS England had accepted proposals for Brent CCG to work with Harrow CCG and Hillingdon CCG in delivering Domain 5. Agreement on the targets and the approach for Domain 5 had been agreed between NHS England and Brent, Harrow and Hillingdon CCGs and the providers. However, Mark Eaton advised that even if only one CCG failed to deliver its targets, then none of the three CCGs will be accredited with achieving Domain 5. The Board noted that three of the four providers were being asked to increase the rate of reported medication related incidents, whilst the other, Imperial Hospital, was being asked to maintain its figures.

During members' discussion, Ann O'Neill enquired why this item needed to be reported to the HWBB and how much the Domain 5 was worth to the CCGs. The Chair noted that the targets were set for December 2014, and in view that this was only a short while away, he sought further comments about the likelihood of these being delivered.

In reply, Mark Eaton advised that achieving Domain 5 was worth around £700,000 across all three CCGs and he felt that the targets were achievable by December. Jo Ohlson confirmed that Brent CCG's 2014/15 Quality Premium was statutorily required to be reported to the HWBB.

9. **Protocol agreement between Brent Local Safeguarding Children Board and the Health and Well Being Board**

Gail Tolley presented the report which sought members' approval for the protocol agreement between the Brent Local Safeguarding Children Board and the HWBB. She advised that Local Safeguarding Children's Boards were now to be reviewed, conducted under 15 (A) of the Children Act and there was an expectation clear governance protocols were in place.

In reply to a query from Jo Ohlson, Phil Porter confirmed that similar arrangements were being made with regard to the Brent Safeguarding Adults Board.

RESOLVED:

that the protocol agreement between the Brent Local Safeguarding Children Board and the Health and Wellbeing Board be agreed.

10. **North West London Five Year Strategic Plan (draft), 2014/15 - 2018/19**

Kate Lawrence (North West London Strategy and Transformation Team, NHS) presented the report and advised that the eight CCGs participating in the North West London Five Year Strategic plan were Brent, Central London, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow and West London CCGs. The eight CCGs had combined to produce a joint strategic plan as it was consistent with other strategic planning that they had been involved in, such as the Shaping a Healthier Future programme. Kate Lawrence drew members' attention to the process for developing the plan and what the plan meant to Brent as set out in the

report. She explained that the strategy was outcomes focused and referred to the desired outcomes listed in the report and the ways in the HWBB would be involved.

During members' discussion, Gail Tolley enquired if there was any children and young people representation on the North West London Strategic Planning Group. The Chair added that the proposals seemed quite adults focused and in noting the reference to giving every child the best start in life in the report, he felt there should also be more priorities involving children and young people.

With the invitation of the Chair, Elcena Jeffers addressed the Board and she requested that there be a sign in sheet at future HWBB meetings so there was a record of all who had attended, which the Chair agreed to.

In reply to the issues raised, Sarah Mansuralli acknowledged that there was a need to focus more on children and young people and efforts would be made to undertake this.

11. **Date of next meeting**

It was noted that the next meeting of the HWBB was scheduled to take place on Thursday, 30 October 2014 at 7.00 pm. Phil Porter advised that the next meeting would consider issues relating to dementia in Brent.

12. **Any other urgent business**

Jo Ohlson confirmed that she would be leaving Brent CCG to take up a position at NHS England. Sarah Mansuralli would take over her role as Chief Operating Officer of Brent CCG.

Phil Porter advised that a bid had been made with the endorsement of the HWBB to receive funds from the Integrated Technology Fund. If the bid was successful, Phil Porter stated that the funding would be of particular use in saving on unnecessary bureaucratic processes and he would inform members of the outcome of the bid.

The meeting closed at 9.10 pm

M. PAVEY
Chair