



MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Thursday 6 October 2016 at 7.00 pm

PRESENT:

Councillor Hirani (Chair), Dr Ethie Kong (Vice Chair; Co-Clinical Director, Brent Clinical Commissioning Group), Sheik Auladin (Deputy Chief Operating Officer, Brent Clinical Commissioning Group), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Councillor Butt, Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups), Councillor McLennan, Councillor W Mitchell Murray, Julie Pal (Chief Executive, Healthwatch Brent), Phil Porter (Strategic Director Community Wellbeing, Brent Council), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director Children and Young People, Brent Council).

Apologies for absence were received from Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group) with Sheik Auladin (Deputy Chief Operating Officer, Brent Clinical Commissioning Group) attending on her behalf.

1. **Declarations of Personal and Prejudicial Interests**

- (i) Councillor McLennan declared that she was a current employee of the London North West Healthcare NHS Trust;
- (ii) Dr Ethie Kong (Vice Chair; Co-Clinical Director Brent Clinical Commissioning Group) declared that she was a current working GP; and
- (iii) Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group) also declared that she was a current working GP.

2. **Minutes of the Previous Meeting**

RESOLVED that the minutes of the previous meeting held on 7 June 2016 be approved as an accurate record of the meeting, subject to the following amendments:

- (i) That the names listed in the apologies for absence be rearranged so it could not be construed that Carolyn Downs (Chief Executive, Brent Council) was listed as a Councillor; and
- (ii) That section 7.2, on page 4 of the minutes, be corrected to state that Gail Tolley (Strategic Director, Children and Young People) introduced the update on helping vulnerable families rather than Phil Porter (Strategic Director, Community Wellbeing).

3. **Matters Arising**

There were no matters arising.

4. **Sustainability and Transformation (STP) Plan Update: Brent & North West London**

Rob Larkman (Chief Officer, Brent Clinical Commissioning Group) introduced the report which updated the Health and Wellbeing Board on the development of the STPs at North West London level and locally in Brent. Mr Larkman gave some background on the introduction of STPs in January 2016 and how they were viewed as a method of building upon the opportunities identified by the NHS Five Year Forward View (FYFV), published in October 2014. He stated that the planning work for both North West London and Brent STPs, had been to address the 'triple aim' described in the FYFV and the wider challenges facing health and social care generally. As mentioned in the report, the triple aim included improving health and wellbeing; improving care and quality; and closing the financial and efficiency gap.

Mr Larkman said that there had been substantial progress at both North West London and Brent levels since the last update to the Health and Wellbeing Board. The Board heard that progress had been made in addressing the five big ticket items which drove the aims of the local Brent STP plan, and which were detailed in the report. In addition to local STP progress, he noted that a draft of the full North West London STP plan had been submitted to NHS England (NHSE) on 30 June. He stated that the full submission date to NHSE was 21 October and work was continuing to address the feedback from NHSE on the initial draft before submission of the final version of the plan.

Members agreed that progress was positive and it was a testament to what could be achieved when different organisations worked closely together. The Chair also mentioned successful recent local STP engagement work at four events across the Borough which had been very beneficial in gathering feedback from residents about the STP plans. He noted that there had been a lot of interesting feedback and suggestions relating to primary care, particularly GP waiting times; coordination between health and care organisations; the availability of equipment outside hospital settings; support for carers and proposals for self-care.

RESOLVED that:

- (i) The progress on the development of the Brent and North West London STPs be noted; and
- (ii) The five big ticket items contained in the Brent plan be endorsed whilst acknowledging that it was an evolving process and would be further adapted as the engagement and consultation process continued.

5. **Update on the Development of an Accountable Care Partnership**

Sarah McDonnell (Assistant Director of Primary Care, Brent Clinical Commissioning Group), introduced the report which was provided to update the Health and Wellbeing Board on the progress towards the development of an Accountable Care Partnership (ACP) in Brent and how it aligned to the local STP. She stated that the report gave an overview of the different versions of ACP models in use nationally, Multispeciality Community Provider (MCP) and Primary and Acute Care Systems (PACS), and how they related to the model of integrated care being developed in Brent.

Sarah McDonnell said that Brent's plan for an ACP model involved groups of providers coming together to plan and manage care delivery, with jointly accountable outcomes, all operating within a jointly managed budget. It was noted that the vision for patients was for multi-disciplinary teams to be 'wrapped around' them across both primary and community care settings, with a focus on end of life care pathways for those with long term conditions. Ms McDonnell mentioned that steps forward in providing coordinated care had been achieved through joint partnership working by Brent GP networks and also the closer alignment of teams and services between social care and primary care staff.

It was noted that whilst work on developing an ACP was moving forward, there still remained progress to be made, particularly in terms of establishing an approach which required joint commissioning across different organisations. Sarah McDonnell said that there would need to be agreements on scope, outcomes and processes before this could take place.

In the subsequent discussion, both Members and the representatives present recognised the need to continue to work closely together in the development of the ACP and that establishing the scope of the model was very important. Ralph Elias (Head of Planning & Programme Management Office, London North West NHS Trust) observed that some of the STP work that the Trust was undertaking, such as co-ordination of frailty services and improving acute services and quality of life at Central Middlesex Hospital could lend themselves to the development of the ACP model. Sarah McDonnell welcomed this suggestion and stated more generally that she felt providers were starting to re-invigorate plans on health and care pathways and look more widely at what different providers could do to bring elements within these pathways together.

In response to a specific question about savings generated by ACP models, Sarah McDonnell outlined that results were often mixed. She stated that there was definitive evidence that ACP models improved outcomes and patient experiences, and therefore plans needed to reflect a balance in achieving both of those two intentions.

RESOLVED that:

- (i) The progress on the development of an ACP in Brent be noted;
- (ii) The direction outlined in the report be confirmed as appropriate and organisational commitment be affirmed; and
- (iii) The need for development of a detailed scope and plan be agreed and ensure that it aligned with priorities within the Brent STP.

6. A Common Public Sector Estates Strategy in the London Borough of Brent

Phil Porter (Strategic Director, Community Wellbeing) introduced the item and stated that the aim for the development of a Common Public Sector Estates Strategy was to align the separate estates strategies of both the London Borough of Brent and Brent Clinical Commissioning Group (CCG). The Board heard that the overarching goal of the strategy was for both organisations to be able to both use

their assets more efficiently and reduce operating costs by working closely together, thereby allowing more money to be put back into services. Phil Porter directed Members to Appendix 1 (project brief) of the report where the five key objectives of the plan were set out in greater detail.

RESOLVED that:

- (i) The proposed project brief, be noted; and
- (ii) A tender exercise to commission the strategy, with a first phase project looking at both Brent and the local Health estate, be agreed.

7. STP Governance - Establishment of a Brent STP Delivery Board

Phil Porter (Strategic Director, Community Wellbeing) introduced the report which proposed the governance arrangements to be put in place in order to deliver the STP. The Committee heard that the purpose of the governance arrangements was to streamline the existing working groups within a proposed structure centred on the formation of an STP delivery board. Phil Porter stated that the membership of the STP delivery board would provide strategic direction to STP plans and the work of the proposed sub-groups within the governance structure. He noted that the work of these sub-groups would link back to the five big ticket items which were identified as priorities within the STP.

He drew the Board's attention to an error contained in the report which was the omission of Healthwatch Brent from the proposed membership. He continued that Healthwatch Brent had been heavily involved in the delivery board proposals up to this point and would continue to be so when they took effect. He noted that this was an oversight and that the report would be amended to include clarity on Brent Healthwatch Brent's role within the governance arrangements.

Following on from this point, the Chair addressed correspondence which had been received from Maurice Hoffman (Chair of the CMH Rheumatology Patient Support Group) relating to the proposed governance arrangements. It was noted that Mr Hoffman had raised concerns to the Board that the draft arrangements did not include lay members on the STP Delivery Board or working groups and this did not comply with NHSE guidance. The Chair responded to this by echoing Phil Porter's comments on the role of Healthwatch Brent in the arrangements, and how this had not been specified in the report. It was noted that the nature of Healthwatch Brent's organisational role ensured that it acted a conduit to representation of lay people from a variety of different patient groups across the Borough. The Board agreed that both point 4.5 of the report and draft terms of reference should be amended accordingly to address this.

RESOLVED that:

- (i) Subject to amendments being made to include the role of Brent Healthwatch Brent, the proposed STP governance arrangements, be agreed; and
- (ii) Subject to amendments being made to include the role of Brent Healthwatch, the Board the terms of reference for the proposed STP delivery board, be agreed.

8. **Brent Children's Trust Update**

Gail Tolley (Strategic Director, Children and Young People) gave a brief introduction to the report and stated that she hoped the detail of the update gave an assurance to the Board of the work of the Children's Trust currently taking place and work going forward.

A Member of the Board asked for clarification about when the Specialist Community Eating Disorder service for children in Northwick Park Hospital was due to open (bullet point 4, within 4.3 of the report). Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group) and Claire Murdoch (Chief Executive, Central and North West London NHS Foundation Trust) stated that the date of opening was unclear but that they would endeavour to find out and circulate details of this to the Board. Dr Sarah Basham added that although the service at the Northwick Park hospital site was not yet open, the Central North West Service had a fully staffed outreach team that would go out to anywhere in the Central North West area where required.

RESOLVED that:

- (i) The work of the Children's Trust from April to September 2016 be noted; and
- (ii) Details as to when the Specialist Community Eating Disorder Service will open at Northwick Park Hospital be circulated to members of the Health and Wellbeing Board.

9. **Healthwatch Brent Update: Patient Experience of Phlebotomy Services, and the Self-Directed Support of Residents Living with Mental Health Conditions**

Julie Pal (Chief Executive, Healthwatch Brent) provided a Healthwatch Brent update on two specific pieces of work on patient experience recently undertaken. It was noted, initially, that unfortunately two patients who were due to speak had not arrived but that Julie Pal would take away any more detailed questions and feed the answers back to the Board at a later date.

Julie Pal began by introducing a report on patient experience of phlebotomy (blood testing) services. She gave some background on how the work originated from a comment made last year by a member of the public on the challenges facing phlebotomy services in the Borough. The Board heard that the methodology of the research included interviews with 70 patients in Brent to ask them about their recent experiences of phlebotomy services alongside interviews with ten health professionals on the scope of phlebotomy services in the area. Julie Pal outlined that there had been some historical local challenges relating to phlebotomy, and it was significant to have found that Brent CCG had already completed a lot of patient engagement work in recent years to reconfigure how these types of services were provided. This included developing a de-centralised model and commissioning phlebotomy services in accessible community GP practices. Julie Pal stated that this had been a positive way of recognising the methods of the CCG in addressing an issue through its own patient engagement and re-shaping how the related services were provided accordingly.

Dr Ethie Kong (Vice Chair; Co-Clinical Director Brent Clinical Commissioning Group) elaborated further on the findings of the report stating that Brent CCG had invested in expanding out of hospital phlebotomy services because it had become difficult for patients to get appointments at smaller practices. She highlighted the importance of developing the Integrated Clinical Environment (ICE) system which allowed practitioners to access a patient's blood test results from across NHS settings in the North West London area. Dr Kong also drew attention to the issue of communication and that she felt messaging about the greater availability of phlebotomy services had struggled to reach residents and patients.

Members commented that the methodology and findings were interesting and a discussion ensued about how Healthwatch Brent disseminated this type of information. It was suggested that, in addition to Healthwatch's usual communication channels, a summary of the report findings be included in an upcoming YourBrent e-newsletter to expand reach to even higher numbers of residents and patients across the Borough.

Julie Pal also gave a brief overview of a Healthwatch Brent survey on self-directed support for service users with mental health issues in the Borough. It was noted that this was one of the first pieces of research to be funded by Healthwatch Brent's Community Chest.

RESOLVED that:

- (i) That Board note the work of Healthwatch Brent in delivering its contract and its recent research undertaken relating to phlebotomy services and self directed support for service users with mental health issues; and
- (ii) A suggestion be made that the summary of the report's findings be included and disseminated in an upcoming 'YourBrent' e-newsletter.

10. Any Other Urgent Business

There was no urgent business considered.

The meeting closed at 7.49 pm

COUNCILLOR KRUPESH HIRANI
Chair