MINUTES OF THE HEALTH AND WELLBEING BOARD
Wednesday 30 October 2013 at 7.00 pm

PRESENT: Councillor R Moher (Chair), Dr Sarah Basham, Councillor Crane, Christine Gilbert, Sue Harper, Councillor Hirani, Rob Larkman, Ann O'Neill, Councillor Pavey, Melanie Smith and Sara Williams

Also Present: Councillors Butt and Harrison, Katrina Anderson (Brent CCG) David Finch (NHS England),

Apologies were received from: Dr Ethie Kong, Jo Ohlson and Phil Porter

1. **Declarations of interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

That the minutes of the previous meeting held on 3 July 2013 be approved as an accurate record of the meeting.

3. **Matters arising**

Item 4, Matters arising
It was confirmed that the adequate Ofsted rating referred to a joint inspection of LAC and safeguarding.

Item 5, Health and Wellbeing Board Governance
The Chair informed the Board that a report would be received by Full Council in two weeks time to confirm the governance arrangements of the Board. The report intended to recommend all members of the Board being allocated voting rights except Council officers.

Item 9, Shaping a Healthier Future, - Implementation Update
Rob Larkman informed the Board that the Secretary of State for Health had confirmed his support for the Independent Reconfiguration Panel's recommendations on Shaping a Healthier Future. Work was still to be done to confirm the services retained at Ealing and Charing Cross Hospitals. Changes at Central Middlesex Hospital, such as the closure of A&E, would take place as soon as it was safe to proceed.

4. **Health and Wellbeing Strategy Development**

Andrew Davies, Policy and Performance Officer explained following the development session held in September 2013 the Board had agreed that the Health and Wellbeing Strategy needed a refresh. The report asked the Board to confirm the principles for the Strategy, objectives for each priority, a RAG rating for each objective and to task officers with preparing a final Health and Wellbeing Strategy with an action plan for the next meeting. In response to agreeing the principles, the Board queried how they would be delivered and how it linked to the CCG clinical commissioning intentions. It was clarified that the objectives within each priority would enable the delivery of each principle, with an action plan being developed to facilitate delivery. Rob Larkman explained that similar principles underpinned the CCGs clinical commissioning intentions and it was intended that they would fit together to support wider health ambitions. Members of the Board queried the term 'single point of access' highlighting that terminology needed to be meaningful to residents and it was agreed that a form of wording would be developed.

Andrew Davies drew the Board's attention to the rationale behind the RAG rating, highlighting that a red action did not necessarily mean that no work had been undertaken or that a service was failing in some way. . Sara Williams explained that parenting programmes were currently being evaluated and the RAG rating and should be set at amber with further work to be undertaken. The Policy and Performance Officer acknowledged there were gaps in relation to the current position and that further information would be required for the action plan to ensure that actions carried out would add value. The Board noted concerns regarding poor dental health in children as well as obesity in children and noted the need to work collaboratively on an education programme to address issues proactively.

Andrew Davies highlighted the removal of objectives in priority two surrounding employment and housing however on reflection felt that the objective regarding employment should be made specific and achievable. Councillor Hirani felt that the objective concerning housing should remain, but focus on issues such as energy solutions and minor adaptations to improve health. It was noted that any work in relation to housing would need to be consistent with the housing strategy.

The Board noted the changes to priority three, endorsing the focus on tobacco control and were pleased to learn a declaration had been signed by Brent Council confirming its commitment to tobacco control The Policy and Performance Officer drew the Board's attention to changes within priority four and noted that the New Economic Foundation approach to good mental health had not yet been adopted although Bristol City Council had undertaken the approach successfully. The approach looked at reframing activities rather than commissioning new services to improve mental wellbeing. The Board provided information relating to each objective including issues surrounding dual diagnosis, gaps in services and the requirement for a joined up approach to meet individuals various needs. Concern was expressed regarding the wide scope of the strategy and it was acknowledged that an in-depth review on each objective could not take place within the three year span of the strategy with the production of an action plan enabling a focused, but phased approach.

Andrew Davies informed the Board that the fifth priority was a new priority and although the ratings were red, it was hoped these would advance once Pioneer commenced. It was explained that a pilot was currently taking place to evaluate the most vulnerable in the district and the services they accessed and how best to

coordinate their needs to ensure improved services as well as potential savings and efficiencies through a holistic approach. The Board expressed concern that they may end up undertaking a monitoring role rather than working creatively on the actions. It was clarified that once the strategy was agreed, actions could be devised to ensure a proactive work programme is put in place.

RESOLVED:

The Health and Wellbeing Board agreed the following recommendations subject to the discussed amendments:

(i). Confirm the principles for the Health and Wellbeing Strategy outlined in the report, or suggest further revisions ahead of the finalisation of the Health and Wellbeing Strategy.

(ii). Confirm the objectives for each priority in the Health and Wellbeing Strategy

(iii). Note the RAG rating for each objective and use this as the basis for future meeting plans and agenda items

(iv). Task officers with preparing a final version of the Health and Wellbeing Strategy with an action plan for the Board meeting on 11th December 2013

5. **Health and Wellbeing Board meeting plan**

Andrew Davies, Policy and Performance Officer echoed the intentions of the Board following the development session to be an interactive Board, working proactively and productively around set themes. It was felt that this would be best achieved through an informal setting although it was recognised that some aspects of the Board's statutory duties would required a formal meeting.

RESOLVED:

That an informal meeting approach be undertaken where appropriate.

6. **Brent Clinical Commissioning Group Commissioning Intentions 2014/15**

Rob Larkman, Chief Executive CCG, informed the Board of the work that had been undertaken to date and the future timetable of the CCG's clinical commissioning intentions. He noted that the principles underpinning the intentions were similar to those in the Health and Wellbeing Strategy and intended to improve preventative services, working with partners to reduce inappropriate A&E attendance. Rob Larkman continued to explain that there would be numerous challenges such as meeting an increasing demand with lower resources, meeting and exceeding performance standards such as the 18 week referral to treatment targets as well as the impending merger of acute and community care providers. Additionally the demographics of Brent were highlighted as a challenging factor due to the high levels of deprivation as well as a high level of young and elderly persons living in the borough. Rob Larkman drew the Board's attention to the QIPP requirements whilst commissioning and highlighted that although the CCG were currently in a stable financial position, it was anticipated that annual savings of 4% would be required to meet changes in funding.

In response to queries regarding the level of consultation and discussion with patients on the commissioning intentions, Rob Larkman explained that in principle it was articulated within the document although recognised it needed to be made explicitly clear.

Rob Larkman drew the Board's attention to the various areas that required commissioning including; acute care, community health services, mental health, children's services and developing primary care. He continued to explain the intention to improve each pathway of care with the hope to reduce unnecessary emergency admissions and to ensure that the appropriate care was received in a community setting. It was hoped that the commissioning of urgent services would help deliver the CareUK model as well as improving the 18 week target and improve integration of care to provide a seamless service.

During discussion, the rationale behind the commissioning intentions was queried. Rob Larkman explained that although financial challenges were a factor in the decision to commission services, service improvement was the main driver behind plans for new services. . It was noted that there were few savings that could be achieved through realigning back office support, with services being commissioned through balancing QIPP and ensuring quality for patients. The Board queried the level of joined up working and whether opportunities to offer support in numerous venues such as children centres were being explored. Rob Larkman acknowledged that a greater integrated approach was required to release efficiencies and to avoid duplication of resources. The Board queried whether the extension of GP hour's pilot had been commissioned. It was clarified that it had been on a pilot basis from practices in each of the five locality areas. Some were already operating extended hours, whilst others would be starting soon.

In response to queries regarding the need to re-commission Local Enhance Services, the CCG explained that the LES contract could not be used from April 2014 and so the CCG was required to re-commission these services. LES services were delivered as an enhanced service at GP surgeries, but to ensure competitors did not feel blocked or restricted, the CCG will need to consider how it approaches re-commissioning to ensure continuity, but also to abide by requirements such as Any Qualified Provider. The CCG explained it was important that decisions on LES contracts would need to reduce the risk of challenge whilst retaining services in the best interests of patients. David Finch, NHSE, highlighted that due to contractual barriers regarding commissioning primary care services, he felt that more could be done, with the need to reshape the delivery of primary care being a large challenge.

During discussion it was queried how the CCG intended to engage the public during consultation. Rob Larkman acknowledged that consultation varied across PCTs' but recognised a need to develop a meaningful dialogue with residents. Rob Larkman explained the CCG had a commitment to engaging the public and patients and felt that if the current perception was that consultation was not sufficient then alternative methods of engagement would need to be explored. He continued to explain that the CCG would be looking to consult formally on a new service design and model of care. Sarah Basham highlighted that as well as a wider consultation, specific groups should be targeted, whilst ensuring the statutory consultation duty was fulfilled through a variety of engagement methods to ensure a diverse consultation. Following queries regarding how results would be measured and

communicated, it was felt that a communication strategy was required with an emphasis on executive summaries that were accessible for all being produced.

RESOLVED:

The Board noted the report.

7. **Any other urgent business**

None.

The meeting closed at 8.50 pm

R MOHER
Chair