



MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Tuesday 28 March 2017 at 7.00 pm

MEMBERS PRESENT:

Councillor Hirani (Chair), Dr Ethie Kong (Vice-Chair of Health and Wellbeing Board; Chair and Co-Clinical Director, Brent Clinical Commissioning Group), Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group), Councillor Butt, Councillor Colwill, Carolyn Downs (Chief Executive, Brent Council), Sarah Mansuralli (Chief Operating Officer Brent CCG), Ian Niven (Head of Healthwatch Brent, substituting for Julie Pal) Councillor M Patel, Phil Porter (Strategic Director, Community Wellbeing) Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director, Children and Young People)

Also Present: Dr Amanda Craig (Network Chair for Kilburn NHS Brent Clinical Commissioning Group), Ralph Elias (Head of Planning & Programme Management Office, London North West NHS Trust), David Finch (North West London Medical Director, NHS England), Fana Hussein (Head of Primary Care Delivery, NHS Brent Clinical Commissioning Group), Sarah McDonnell (Assistant Director-Primary Care Brent Clinical Commissioning Group), James Walters (Divisional General Manager, London North West Healthcare NHS Trust), Helen Woodland (Operational Director, Social Care, Brent Council)

1. **Apologies for Absence and Substitutions**

Apologies for absence were received from Councillor McLennan, Julie Pal (Chief Executive of Healthwatch Brent, Ian Niven was substituting on her behalf) and Rob Larkman (Chief Officer, Brent Harrow and Hillingdon Clinical Commissioning Groups).

2. **Declarations of Interests**

- (i) In relation to Agenda Item No.7, Dr Ethie Kong (Vice Chair of the Health and Wellbeing Board; Co-Clinical Director, Brent Clinical Commissioning Group) declared that she currently worked at a Personal Medical Services (PMS) contracted GP practice; and
- (ii) In relation to Agenda Item No.7, Dr Sarah Basham (Assistant Chair, Brent Clinical Commissioning Group) declared that she currently also worked at a Personal Medical Services (PMS) contracted GP practice.

3. **Minutes of the Previous Meeting**

It was **RESOLVED** that the minutes of the previous meeting held on 24 January 2017 be approved as an accurate record of the meeting.

4. **Matters Arising (If Any)**

There were no matters arising.

5. **Brent Health and Care Plan Update**

Phil Porter (the Council's Strategic Director, Community Wellbeing) gave an overview of the report and the attached Brent Health and Care Plan document (Appendix 1). He emphasised that the focus of the document was on the development of Brent's own Local Health and Care Plan, which, although aligned in content, was separate to the wider North West London regional Sustainability and Transformation Plan (STP). He noted that the document had been refocused and reformatted to clearly spell out Brent's overarching five year strategy and implementation plans to improve the health and wellbeing of Brent's residents.

Members welcomed the report and accompanying appendix, praising the successful collaborative work which had taken place to get to this point. The Chair noted that there was generally an absence of local plans that sit under the development of regional STPs and that this had provided an important opportunity to clearly define what health and social care outcomes Brent were looking to achieve locally. He stated in the absence of a local plan there was a danger that the North West London STP would dictate what local areas had to do and it was therefore important for Brent to have its own local plans.

RESOLVED that the Brent Health and Care Plan, as a public-facing document, be endorsed by the Board.

6. **Brent Health and Care Plan: Older People's Services Update**

Helen Woodland (the Council's Operational Director of Social Care) introduced the report which provided the Board with an update on the progress of delivery area three within Brent's Health and Care Plan: *Joining Up Older People's Services*.

The Board heard that this delivery area was focused particularly on bringing together existing services and identifying potential gaps on the frailty pathway. Helen Woodland stated that the aim was ultimately for a more coherent pathway across the different types of community and acute care settings. Members heard a brief overview of the achievements to date this year which included: the role of the Whole Systems Integrated Care model; the Integrated Reablement and Rehabilitation Service (IRRS); Effective Hospital Discharge and West London Alliance's Integrated Discharge Initiative - as set out within the report. Helen Woodland outlined that the plans for the upcoming year would focus on community aspects such as joining up the Whole Systems Integrated Care and social prescribing project; expanding the remit of the Short-Term Assessment, Rehabilitation and Reablement Service (STARRS); and developing a more advanced model of care within care homes to continue to ensure that less people are admitted to hospital in the long term.

James Walters (Divisional General Manager, London North West Healthcare NHS Trust) emphasised the importance of this work stream by outlining that approximately 50 per cent of the acute bed base at the London North West Healthcare NHS Trust was now occupied by those over 65 years old. He also

mentioned that approximately 25 per cent of the bed base was occupied by those over 80 years old. He outlined that whilst 'frailty' services were not just centred on care of the elderly, the key element factor to be factored into service planning was the longer recovery time for elderly patients. He explained some of the key elements to STARRS model and its role in preventing unnecessary admissions to hospital by providing a rapid response service to patients both at home and Accident and Emergency (A and E). He also mentioned the emerging importance of Older Persons' Assessment and Liaison (OPAL) teams in linking STARRS and specific rehabilitation and reablement services to reduce the length of stay in Acute Medical Units (AMU). He concluded that it was widely felt that care could be provided better by continuing to align services and bring health and social care elements closer together.

A Member of the Board asked for further detail on the savings identified from the Whole Systems Integrated Care initiative (within paragraph 4.5.1 of the report) and whether additional investment into this model of care, if possible, could generate even greater savings in future. Sarah Mansuralli (Chief Operating Officer, Brent CCG) confirmed that these were 'real' savings and that the STARRS model had been instrumental in this. She also outlined that the CCG had done work with GE Healthcare Fimmamore which looked at the scope for greater care and care management services in the community. She said that the research had found that there remained a lot of patients that were not being reached that could benefit from this type of rapid response service. Discussions continued on the potential for investment in this type of scheme and the need to develop a collaborative 'quid pro quo' business case in cooperation with the different CCGs and Local Authorities in North West London to incentivise investment. It was felt that a unified approach across the NHS and social care was essential to make further progress with this type of integrated care model. It was agreed that a proposal for implementation and investment which took this into account would be brought to the next meeting of the Board.

Questions also arose on whether examples of best practice were being tracked and whether there were innovative examples which could further improve service design. It was mentioned that the joint venture between Epsom and St Helier Hospital Trust and the Surrey Council was an interesting example to be assessed. James Walters responded that best practice examples were being monitored and that the evidence base for helping to shape frailty services continued to grow.

RESOLVED that:

- (i) The progress of delivery area three of the Brent Health and Care Plan, Joining Up Older People's Services, be noted; and
- (ii) A report which provided a proposal for implementation and investment on the frailty integrated service, as described in paragraph 4.5.1 of the report, be brought to the next meeting of the Health and Wellbeing Board.

7. Personal Medical Services (PMS) Review

Sarah McDonnell (Assistant Director, Brent Clinical Commissioning Group) introduced the report which provided the Board with an update on the PMS

Contract Review currently being undertaken locally by the CCG upon instruction from NHS England.

Sarah McDonnell gave the Board some background on the review which began nationally in February 2014, before being paused in 2016 and recommenced in 2016 with new arrangements to see it be completed locally. She noted that there were currently 11 PMS Practices in Brent holding an approximate £1.25million in premium funding between them. The principle behind the review was for the premium funding to be released from these 11 practices and redistributed across the 62 GP practices in Brent to ensure that services for patients are consistent and equitable. The Board heard that to achieve this, with minimum disruption to services, there would be a 0 to 4 year transition period for PMS practices and that a transition path alongside future commissioning intentions was currently being developed with a wide variety of stakeholders involved. She added that the financial and legal implications were likely to be focused on impact assessments, because of the desire to mitigate against potential negative impacts on services and patients. Dr Melanie Smith thanked the CCG for having included the Public Health team in the development of transitional arrangements and future commissioning intentions currently being drawn up.

Questions arose for an indication on the priorities of the commissioning intentions and when the timescales would allow for a meaningful update to the Board. Sarah McDonnell responded that a number of different areas were being looked at to inform the commissioning intentions, but that it would be driven by what was deemed the most important for addressing health needs. She noted that equity of access for patients, regardless of their registered GP practice, would be a defining intention. On timescales, she outlined that there was a significant risk to these across London and that it would be best to update the Board when key decisions had been made. She said that it remained the intention to have the final commissioning intentions decided from the end of April.

A question was asked on whether there was any risk of practice failure as a result of the premium funding being withdrawn. Sarah McDonnell stated that this was very unlikely and was being mitigated against through the transition plans. She also noted that there were a number of PMS practices involved in work to improve resilience and that the CCG would be reaching out further to other practices over the next financial year.

RESOLVED that the progress of the PMS review be noted.

8. **Children's Trust Update**

Gail Tolley (the Council's Strategic Director of Children and Young People) introduced the report which provided the Board with an update on the work of the Children's Trust in the last six months and how this aligned with the work of the Health and Wellbeing Board and the North West London Sustainability and Transformation Plan. She noted that a key feature of the trust was its strong partnership working and the report aimed to show the positive dividends from this in a number of different areas. She drew the Board's attention in particular to the work of Child and Adolescents Mental Health Services (CAMHS) transformation projects and how these would continue to be a clear focus for monitoring going forward. Gail

Tolley concluded her overview by extending an invite to Board Members to any meeting of the Children's Trust in future.

A Member of the Board raised the work mentioned on CAMHS and questioned whether this had had any identifiable effect on waiting list reductions. Dr Sarah Basham responded saying that it had and that it was positive that waiting lists for mental health services for children and young people had come down to be more in line with other Boroughs in North West London. She continued that it was hoped that it would be reduced further to be in line with the national level from May onwards. Gail Tolley also mentioned that there is a forthcoming Scrutiny Task and Finish Group on CAMHS which had begun positively and already made good progress since its inception.

Questions also arose on the National Childhood Obesity Plan and how Brent's specific actions in this area were delivering positive outcomes. Dr Melanie Smith stated that it was pleasing that recent data suggested that children who had been overweight at reception were now achieving normal weight by age ten. She stated that schemes such as the 'Daily Mile' in Brent primary schools and the Junior Citizens Scheme which aimed to make children 'sugar smart' would assist with this further in the future.

RESOLVED that:

- (i) The work of the Children's Trust from October 2016 to March 2017 be noted; and
- (ii) A development session for Health and Wellbeing Board Members on Brent's childhood obesity initiatives be arranged before the next formal meeting of the Board.

9. Review of Healthwatch Brent Enter and View Reports

Ian Niven (Head of Healthwatch Brent) introduced the report which provided the Board with information on the 'Enter and View' visits undertaken by Healthwatch Brent from September 2015 to March 2016. He stated that during this period Healthwatch Brent visited five residential care homes in announced visits and that the report provided a summary of these visits.

The Board heard some additional background on the visits which involved both announced and unannounced visits from staff and volunteer lay-people to health and social care settings for adults. This was designed to be a means of reviewing the quality of care for patients from their friends and relatives. Ian Niven noted that this helped to inform the work of Healthwatch Brent as a mechanism for promoting an independent voice for Brent residents on their experience of local health and social care services. It was explained that Healthwatch Brent worked closely with the Care Quality Commission (CQC) to inform the conduct of these visits.

Members questioned the scope for the visits in the future including: varying the location in the Borough of where they take place; more interaction and reflections from residents; and linking the purpose of the visit with an area aligned to the priorities on the Brent Health and Care Plan. Ian Niven stated that it had been a coincidence that all of the five care homes visited were in Wembley, and that they

had been chosen because largely to assess any difference in care between different sized care homes. He stated that residents' views were the prime focus of Healthwatch's Brent's work and that the individual [Enter and View Reports](#) on the Healthwatch Brent website went into more detail on residents' observations, rather than the summary version presented before the Board. He also agreed that a closer alignment of the work of Healthwatch Brent and the local Health and Care Plan would be beneficial.

RESOLVED that:

- (i) The report be noted; and
- (ii) The establishment of a central portal for all Brent inspections which can be accessed publicly (including, for example: Enter and View report, CQC reports, annual Brent Council customer feedback reports) would be considered.

10. Any Other Urgent Business

There was no other urgent business to be transacted.

The meeting was declared closed at 7.59 pm

COUNCILLOR KRUPESH HIRANI
Chair