

Brent Patient Voice

Meeting between Carolyn Downs (CD), Chief Executive, London Borough of Brent, and Brent Patient Voice (BPV) representatives: Robin Sharp (RS), Chair, Peter Latham (PL), Vice-Chair, and Gaynor Lloyd (GL), member.

Wednesday 1st June 2016 at 11am at Brent Civic Centre. Agreed note of a meeting.

Subject: NW London NHS Sustainability and Transformation Plan (STP).

CD indicated that in the STP process she was representing all 8 NW London local authorities on the Executive, not just Brent. The 8 authorities might have different views on various local aspects of the Plan. Bearing in mind on-going negotiations some aspects of what she would say would be in confidence.

BPV representatives said they would prepare a note and clear it with her before disseminating further, noting that the purpose of BPV is to alert its members and the wider public about what is happening. Members are put into a difficult position if they receive information which cannot be used. They appreciated that she could not necessarily explain or defend some of the NHS policies involved nor the wider political implications, but had included these in their note submitted before the meeting to show the depth of their concern about STP requirements for eliminating hospital Trust and commissioner deficits and transforming primary care. Overturning the 2012 Act scheme of governance without recourse to Parliament was a further concern. BPV welcomed the chance to learn her perspective on this fast-moving process.

CD said she was putting a version of the April STP submission to the Brent Health & Wellbeing Board meeting the following week and understood that Imperial Trust had given their board, meeting in public, a similar document. There had in any case been changes to the document since April, including dropping the reference to closing 500 acute hospital beds. NHSE were saying that the end of June deadline for submission of the final version of the Plan would not be the end of the process but a staging post.

The three guiding principles to the NWL STP were 1) prevention – where local authorities had a significant role on the public health side; 2) the integration of health and social care; and 3) innovation via technology – the NHS side were particularly keen on this.

CD said that the local authority side had some major concerns relating to (1) closures of acute beds unless alternative provisions in the community were in place and (2) securing adequate resources to fund the social care element of provision to enable patients to return to the community or care homes more rapidly after periods of hospitalisation. This echoed what the Mansfield Report

