



## **MINUTES OF THE HEALTH AND WELLBEING BOARD**

**Held as a hybrid Meeting on Tuesday 30 October 2023 at 6.00 pm**

**Members in attendance:** Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Krupa Sheth (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT), Cleo Chalk (Healthwatch Service Manager), Rachel Crossley (Corporate Director Care, Health and Wellbeing, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care)

**In attendance:** Tom Shakespeare (Integrated Care Partnership Director), Andrew Phillips (Strategy Lead - Policy, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Antoinette Jones (NWL NHS), Chris Whyte (Director of Leisure and Environment, Brent Council), Sandor Fazekas (Head of Healthy Streets and Parking), Lauren Salusbury (Air Quality Policy and Project Officer, Brent Council), Caroline Evans (Senior Public Health Strategist, Brent Council) (joining online), Councillor Ketan Sheth (joining online)

### **1. Apologies for absence and clarification of alternate members**

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Councillor Tatler, substituted by Councillor Krupa Sheth
- Basu Lamichane (Residential and Nursing Sector)

The Chair led introductions and welcomed Rachel Crossley as the new Corporate Director for Care, Health and Wellbeing.

### **2. Declarations of Interest**

None declared.

### **3. Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 25 July 2023, be approved as an accurate record of the meeting.

### **4. Matters arising (if any)**

None.

### **5. Winter Planning Update and Community Resilience**

Tom Shakespeare (Managing Director, Brent Integrated Care Partnership) and Antoinette Jones (Head of ICP Delivery, NHS NWL) introduced the report, which set out the winter schemes that the Integrated Care Partnership (ICP) would be implementing in Brent with all key partners. In introducing the report, the following key points were highlighted:

- The system was now into winter and the acute system was under significant pressure. As a borough partnership, the ICP took its responsibility in supporting the system very seriously and had taken a number of actions to progress the support to the system during winter pressures, including escalation meetings and focused support around discharge.
- The focus of winter planning was on a whole system approach, including incorporating prevention, housing, and wider social determinant interventions within the system.
- In relation to prevention in order to keep people well in the first place, an area of focus was on covid and flu vaccinations, with a robust vaccination programme across all cohorts. There were a number of community pharmacists, local Primary Care Networks (PCNs) and Brent Civic Centre engaged in the vaccination programme. At the time of the meeting, the ICP had been notified that the majority of patients residing in care homes had been vaccinated as planned. Within the area of prevention and keeping residents well, the Brent Well and Warm Service offered advice and vital support to vulnerable residents to help keep bills down.
- Subject to final approval, primary care would increase additional appointments in core hours, in addition to the existing enhanced appointments offered at weekends and bank holidays.
- There was now a primary care programme supporting carers with their health and wellbeing while they cared for loved ones to help reduce hospital admissions of carers and subsequently the person they cared for.
- Across the system, the ICP was engaging with key stakeholders and partners and there were community strategies in place to ensure residents could be navigated to the right care offer and receive the right service at the right time. Self-care messaging would begin in November 2023. In addition, the wider NWL winter communications and engagement plan would support patients and residents with information about what services they could access during winter.
- A Children and Young People Campaign had launched in September 2023,
- BHM were reaching out to homeless people and asylum seekers to encourage vaccinations. There was Brent wide housing need preparedness operating through a number of services, geared towards supporting those experiencing homelessness and sleeping rough, including Turning Point, Brent Outreach Link Service, and the winter shelter which would be open 7 nights a week from the coldest period in the year.
- London North West University Healthcare NHS Trust (LNWUHT) would be opening additional beds to support the system over winter, and Central London Community Healthcare (CLCH) would support Brent through rapid response times, preventing admissions to hospitals. The ICP knew that, in 2022-23, CLCH delivered a 98% response rate and managed over 400 referrals a month, and that support was expected to continue into 2023-24.
- CLCH had opened a 'step-up' pathway from rapid response into a community bedded unit, improving the utilisation of beds, reducing hospital admissions and freeing up hospital beds. This was being piloted with 1-2 beds at the time of the meeting and it was hoped that, on a longer term basis, depending on the outcome of the pilot, that could move beyond winter.
- Central and North West London NHS Foundation Trust (CNWL) had introduced a number of high impact interventions following work undertaken at the Provider Collaborative, such as the introduction of 8 mental health crisis beds in Kingsbury, expanding the CAMHS service and crisis support as an alternative to crisis admissions.
- In 2023-24 the system had been allocated £3.5m and, due to the number of schemes that delivered good outcomes for residents in 2022-23, the ICP had extended and strengthened 15 schemes across the system with 14 having already gone live.

The Chair then invited contributions from those present. The following issues were raised:

- The Board felt impressed with the amount of work the Council, local health service and voluntary and community sector had done around this.
- The Board highlighted that some might say the health service was in crisis all year round and asked what scope there might be for mainstreaming services on a whole year basis for some of those projects, rather than them coming to an end on 31 March. Tom Shakespeare highlighted that the system was limited by that non-recurrent funding every year. If that funding was recurrent, it would make it significantly easier to maintain those services across the whole year. Within Brent, if the system could evidence the impact and benefit of the schemes implemented, then the ICP would make a case to sustain those schemes, which would be consistent with the approach taken with the Better Care Fund in previous years.
- The Board asked what common communications approach could be taken across the health and social care sector to reach residents. Tom Shakespeare highlighted communications was very important and the ICP was focused on communications support for a winter campaign for the next quarter and ensuring it was joined up. This communications plan would take into account and build on national communications and local provider communications.
- In relation to the Well and Warm Programme, the Board highlighted that Brent Council had operated 'Warm Hubs' through libraries the previous year, with a small pot of funding for organisations to bid for to make their premises warmer, and was looking at doing that again this year. The Board asked for the ICP to ensure organisations that would be making a warm space were equipped with the skills to know how and when to make a referral.
- Northwick Park Hospital had seen sustained pressure throughout the summer period through to September 2023. London Ambulance Service (LAS) conveyances were around 19% higher than the same time in 2022, which was a significant increase, and a high proportion of those were blue lights. A number of winter schemes from 2022 continued throughout the summer period which helped improve flow and offload ambulances. The Trust was well advanced in the recruitment of nurses and consultancy staff to the new 32-bedded modular ward, with approximately 60% of those vacancies filled, and they would be onboarded as soon as possible to help with winter pressure prior to those beds opening. In advance of that ward opening, Northwick Park Hospital had increased bed capacity for winter, and there were a number of other new initiatives for additional capacity such as supporting early offloading of ambulances and cohorting within the A&E department. The new 'Reach' model had also launched, providing dial in support to avert attendances into hospitals.
- CLCH had advised community nurses that Warm Hubs would be opening again and to speak to patients they felt it was relevant to. Consideration was given to a written communication to give out regarding Warm Hubs.
- The Board discussed what more could be done to increase the uptake of covid and flu vaccinations in the 65-year-old plus cohort, and dispel some of the myths that the covid vaccination could affect patients with heart problems or underlying health conditions. Dr Melanie Smith (Director of Public Health, Brent Council) felt this was an important point as, on reflection, much of the national material cascaded locally focused on younger age groups. This was because, nationally, the vaccination rate in the over 65s cohort was quite high. Brent had previous experience in targeting vaccine hesitancy so would revisit those approaches and get tailored communications out to over 65s to encourage them to get vaccinated. Dr Melanie Smith affirmed that both the covid and flu vaccination were safe and even more important for older cohorts and cohorts with underlying conditions than the general population. Dr Melanie Smith asked those who were aware of any local issues to pass them on to the Public Health Team.
- Dr Melanie Smith confirmed that everyone within the homelessness and asylum seekers groups housed in interim accommodation sites, irrespective of whether they fell into a clinical risk group, was being encouraged and offered the flu vaccination, including staff working with those groups.

- Simon Crawford (Deputy Chief Executive, LNWUHT) detailed the current Covid figures at Northwick Hospital, explaining that the numbers were relatively low. There had been a rise in presentations of Covid at the end of August 2023 but it had since dropped. The hospital was admitting very few patients with Covid as the main reason for admission, although Covid might be subsequently picked up as a result of other testing. Dr Melanie Smith added that there was no longer the robust local data around Covid testing that was available during the initial lockdowns, but there was relatively reliable data at a national level, which showed low levels of all seasonal viruses at the time of the meeting. This highlighted the importance of getting vaccinated as early as possible to prevent illness.
- There were challenges with recruitment at CLCH, particularly with community nursing staff and therapies. The rapid response team was very well established and the new initiative being put in place would be cost neutral, which would 'step up' patients into community beds for patients who fit the criteria to avoid conveying those patients to acute care.
- In relation to Adult Social Care, Claudia Brown (Director of Adult Social Care, Brent Council) explained that winter was starting earlier and lasting longer each year, so some of the winter pressure schemes introduced the previous year that worked particularly well had ran through summer. She highlighted the difficulty in recruiting for temporary schemes and then releasing those staff again, so there was always an attempt to keep schemes running through the winter and summer period, balanced by identifying the schemes working really well compared to those not working as well. Brent was one of the best performing services for hospitals so the schemes were doing well, but there were recruitment challenges. As a result, a paper would go to Brent General Purposes Committee asking for approval to introduce retention bonuses and golden hellos to encourage staff to join or become permanent.
- In relation to workforce, the Board heard that LNWUHT was part of an acute collaborative with Chelsea and Westminster, Hillingdon and Imperial, who had a common workforce strategy across those organisations. There was a vested interest in trying to keep staff in NWL, and the Trust tried to recruit from outside to increase that pool. 5 new Orthopaedic posts had been recruited to in the past 4 weeks for the Elective Orthopaedic Centre. There were a number of new developments including Community Diagnostics Centres, expanding Endoscopy on the Central Middlesex site, a newly opened Breast Unit, and a newly opened Neurology Unit in Northwick Park, all of which had successfully recruited staff.
- Workforce in Adult Social Care was a challenge across the whole of NWL. The Association of the Directors of Social Services (ADASS) had agreed agency rates for staff that local authorities should adhere to, but some boroughs were having to go outside of that to get staff in, meaning that cap in agency rates had not been as effective as anticipated. She highlighted the positive that Adult Social Care had taken on 15 apprenticeships with the aim of keeping those on once they had finished, as well as SAYEs who were newly qualified. However, it was important to also have experienced and qualified staff given the complexity of caseloads. As such, a paper would go to Brent's General Purposes Committee asking for approval to introduce retention bonuses and golden hellos to encourage experienced staff to take up permanent roles.
- Dr Haidar agreed that recruitment was a challenge and that the way forward was to make Brent a more attractive place to work in, particularly due to the inner and outer London weighting affecting where people looked for jobs in London. There were many initiatives in Brent trying to think outside the box. Brent had invited asylum seeker and refugee professionals to work as Health Care Assistants and Community Champions. As such, there was a powerful narrative of dedicated professionals being introduced into hospitals and being supported to establish themselves and achieve professional goals. Another challenge was around the aging population of GPs, who were nearing retirement age. It was an increasing challenge to recruit new GPs so workforce planning was focused on introducing Allied Health Professionals including Physician Associates, Clinical Pharmacists, Paramedics and Advanced Nurse Practitioners.

- In relation to CNWL, there were recruitment and retention pressures in the CAMHS service. The ICP were working jointly with CNWL to develop a business case to recruit for CAMHS from within the voluntary sector. This was a good opportunity for both the recruitment of staff into the service and future planning to put CAMHS on sustainable footing.
- The Chair asked for assurance around how the Board would know these initiatives were working at the next meeting. He thanked all those involved in the work, and noted the need for opportunities for a shared communications strategy between the local authority and local NHS to reach residents. There was an opportunity for the system to learn from winter planning to provide whole year service improvements and this was more likely if there was longer term funding, which should be communicated to NWL ICB, NHSE and the Department for Health and Social Care.

RESOLVED: To note the Winter Planning initiatives that have been identified as proactively looking after residents over the winter period.

## 6. **Better Care Fund 2023-25**

Tom Shakespeare (Managing Director, Integrated Care Partnership) introduced the proposed Better Care Fund (BCF) 2023-25. He highlighted that there had been no substantive changes to the concept presented to the Board in July 2023, but the BCF had now received national approval and Integrated Care Board (ICB) approval pending formal ratification of the Health and Wellbeing Board.

RESOLVED: to ratify the Better Care Fund 2023-25.

## 7. **Brent Air Quality Action Plan and Opportunities for Partnership Health Improvements**

Councillor Krupa Sheth (Cabinet Member for Environment, Infrastructure and Climate Action) introduced the report, which presented the revised Brent Air Quality Action Plan (AQAP) for adoption. She reminded the Board that Brent Council declared a climate emergency in 2019, and air quality played a big role in that. There was a sense of urgency to tackle poor air quality, particularly in the most deprived areas in the borough. The updated plan strengthened the work to improve air quality across the whole borough rather than specific areas. Brent Council knew air quality affected everyone, but it could severely affect the health of babies, young children and the elderly, and it contributed to the development of asthma and many other health conditions, demonstrating why it was important to improve air quality, protect the health of residents and support the NHS. The AQAP would be presented to Cabinet for formal adoption in December 2023.

Lauren Salisbury (Air Quality Policy and Projects Officer, Brent Council) presented some data in relation to air quality. In presenting the information, she highlighted the following key points:

- Globally, air pollution remained significant. In 2019, of the global estimated number of deaths attributable by different types of pollution, air pollution was at the top of the list, with 6.67 million deaths. When looking at the wider causes of death, air pollution was still a significant contributing factor and estimated to be responsible for the third highest number of deaths globally, following high blood pressure and smoking. Air pollution was estimated to cause 40,000 premature deaths per year in the UK and affected morbidity, where people living within areas of poorer air quality had an additional 20% chance of having multiple long-term illnesses. This had an impact on the health and social care system, and it was estimated that the health costs of air pollution could cost up to £20 billion by 2035.
- In 2013, Ella Kissi-Debrah, a 9-year-old girl from Lewisham, died from an Asthma attack and was the first person in the UK to have her death linked directly to air pollution on her

death certificate. Spikes in particulate matter and nitrogen dioxide near her home, which was close to the South Circular, corresponded with Ella Kissi-Debrah's hospital admission in the lead up to her death. The outcome of this was a Prevention Of Future Deaths Report, published in 2020, which outlined three major concerns; that air quality objectives in the UK were too high, far higher than WHO guidelines, and there was no safe level for air pollution; that there was low public awareness on where to get information about air pollution in the local area and; that the effects of pollution on people's health were not being communicated to patients by their medical care teams. Officers highlighted that these were all areas that the local authority could work together with health to alleviate through the AQAP.

- In recent years, there had been 2 key developments in air pollution knowledge driving forward air pollution policy, which informed the AQAP. The first development was that pollution did not only affect respiratory systems, but adverse effects were documented across the majority of organ systems in the human body. This was especially true for fine particulate matter of PM2.5 and smaller. The second development was that these effects were felt at very low concentrations. This data came from a large population study of 50 million people in the US, and it showed there was a strong association between mortality and fine particulate matter exposure, even at levels far below the UK air quality objectives and WHO guidelines. The study concluded that there was no safe threshold in which PM2.5 exposure could exist.
- The conclusion that there was no safe threshold in which PM2.5 exposure could exist led to WHO revising their guidelines for air pollution concentrations in 2021, significantly reducing the nitrogen dioxide recommendations from 40 micrograms per cubic metre down to 10, and the PM2.5 guideline was halved from 10 micrograms per cubic metre to 5. In the UK, the nitrogen dioxide target has remained at the higher level of 40, but for PM2.5 the target was reduced from 20 to 10, which was still above the WHO guideline but closer to it.
- London had seen improvements in nitrogen dioxide and PM2.5 concentrations since 2013, but in 2019, maps still showed exceedances in UK legal limits, especially across the strategic road network, and WHO guidelines were not being met across the city. One positive was that the GLA models showed that the UK air quality objective of 10 micrograms of PM2.5 per cubic metre could be met by 2030 if bold action was taken with strong partnerships.
- One study showed that spikes in pollution levels corresponded with an increase in the number of children going for consultation with their GPs for asthma and respiratory conditions in Lambeth, and another compared lung volume of children and found that those growing up in polluted areas of London had a significantly smaller lung volume than their peers in the rest of England. The picture in Brent was similar to that of London. Maps showed that there were high levels of air pollution around the North Circular and where the legal limits were not being met. Hourly readings showed that even when the monitoring station read close to the UK legal limits, there would be spikes of high pollution throughout the day, of nearly 120 micrograms of nitrogen dioxide per cubic metre in some of those readings, impacting Brent residents.
- Brent had a statutory duty to improve air quality and reduce emissions across the borough for its residents. The approach for developing Brent's AQAP had begun by reviewing community priorities. Officers conducted an outreach exercise, speaking with a representative sample of over 4,000 residents to understand their views around air pollution, how it affected them, and what they would like to see done. Officers then reviewed progress against Brent's previous AQAP which expired in 2022, and undertook extensive modelling and a review of pollution concentrations, looking at population exposure particularly for vulnerable residents. Officers also held workshops with key stakeholders to update those actions that Brent wanted to focus on over the next 5 years. Those actions were then put out to consultation, with the aim to publish the final Air Quality Action Plan following its adoption at Cabinet in December 2023.

- The vision developed from those data gathering and engagement activities was to provide clean air for everyone living in, working in, or visiting Brent. The core aims of the AQAP would be; to reduce concentrations of nitrogen dioxide and particulate matter, striving for WHO compliance; to raise awareness of the impacts of air pollution and address health inequalities and; to influence change by leading by example, including working with strategic partners, such as healthcare providers in the borough. Across those aims, the Council wanted to focus on where air quality was worst and where vulnerable residents were most at risk.
- To achieve those aims, there were several themes; cleaner transport; monitoring air pollution; public health and awareness raising; homes, buildings and developments and; localised solutions. Within the theme most relevant to the Health and Wellbeing Board – public health and awareness raising – there were 6 actions:
  - Joint work with the public health team
  - looking at raising awareness of the health impacts of poor air quality and encouraging community action;
  - working with health providers to reduce the exposure of those most vulnerable to indoor and outdoor pollution;
  - promoting services already in existence such as the air text service and pollution route mapping;
  - raising awareness of the impact of indoor air quality
  - sharing air pollution data transparently with residents so that they could understand the pollution level within their local area and what the health impact of that might be.

To conclude the presentation, Dr Melanie Smith (Director of Public Health, Brent Council) opened the discussion for the Board's thoughts on how they could address the health inequalities exacerbated by poor air quality, focusing on the most vulnerable residents. She highlighted that people often felt that air pollution was inevitable and that there was nothing they could do, so it was important to get out messages about how residents could reduce their contribution to air pollution and also mitigate the impact of air pollution on their health by reducing exposure in practical ways.

In considering the presentation, the following points were raised:

- The Chair highlighted that there was a clear correlation between poverty, ethnic diversity and poor air quality, particularly around the North Circular Road. While the whole of London was now within the ULEZ, the North Circular Road still carried a lot of traffic, and he asked what the impact of that was and how that could be measured as a Council. Lauren Salisbury felt this could be targeted through behaviour change messaging such as encouraging active travel like walking and cycling where possible. Health partners could help in this regard through their social prescribing work, and the Council were working with TfL to reduce the number of vehicles driving through certain areas of Brent. It was highlighted that London would not know the impact of the ULEZ expansion straight away, but it was likely that nitrogen dioxide would be improved significantly.
- Chris Whyte (Director of Leisure and Environment, Brent Council) highlighted the complementary programmes running alongside the Council's climate ambitions, such as the work being done to reduce the Council's carbon footprint through the installation of Electric Vehicle Charging Points (EVCPs), the greening of the public realm, and sustainable transport methods. The Council needed to be seen to be reducing its own emissions, for example through its vehicle fleet. There was also a need to develop specific localised plans that were relevant to local communities.
- Members highlighted the number of large truck deliveries by small businesses in Brent, and asked whether there would be a focus on what small businesses could do to change that behaviour with support from Brent. They were informed that one action that Brent had

committed to within the AQAP was to provide subsidies through Brent's 'Bikes for Business' Programme to help smaller businesses trial using cargo bikes for a smaller financial commitment. This would form a pilot project, running until Spring 2024, to see the impact of that. Trials had already taken place in Harlesden and Willesden Green Town Centres, which had been successful. Officers highlighted that it depended on the area how much that vehicle type contributed to pollution, which was why local plans were needed.

- Members felt there was a shortage of cycling infrastructure in Brent, and that being close to the North Circular Road and other major roads made it difficult to travel by bike. Cycling infrastructure fell within the GLA's remit, but members queried if Brent was lobbying for investment in that area, for example, through the income generated through ULEZ. Councillor Sheth informed the Board there had been conversations around the Wembley to Willesden cycle routes with some initial plans for two wards but there had been no confirmation of funding. Sandor Fazekas (Head of Healthy Streets and Parking, Brent Council) added that the Wembley to Willesden route was very much a part of the TfL Strategic Cycle Network planning, and consultation was due to start on the first section of that between Wembley to Harlesden. The Council did not yet know what level of funding would be available, but there would be significant benefits from providing that segregated cycle route and addressing that separation between the North and South of the borough, including issues around lighting and quality of public realm. Members attention was brought to the significant financial pressure TfL were under, and where the Council previously received around £2.3m per year plus £800k for bus priority, it now received £1.5m in total. The Council did target what money it had towards supporting active travel and cycling but putting in that larger infrastructure was more challenging. The Green Neighbourhoods being developed as part of the Council's Climate Emergency Programme would focus on introducing localised cycling schemes as well, around Roundwood and Kingsbury.
- Central London Community Healthcare (CLCH) had recognised that many of its community staff members travelled around the borough to visit patients, and had developed a green plan, part of which was to move lease cars from petrol to electric cars. With the expansion of ULEZ, some staff had been unable to pay for that, so had moved on to that lease plan. CLCH also leased electric bikes, but wanted staff to feel confident cycling and be mindful of the equipment they might need to carry, so the use of that service did vary. As an organisation, CLCH was working towards reducing its carbon footprint.
- London North West University Healthcare NHS Trust (LNWUHT) also had a green car policy encouraging the use of electric cars, and had installed a new combined heating energy centre around 18 months ago which was much greener and more efficient. When looking at new developments, the organisation looked to reduce air pollution and its carbon footprint where possible. Simon Crawford (Deputy Chief Executive, LNWUHT) proposed that the Trust worked with Public Health around incidences of types of admissions relating to air pollution and lengths of stay, and analysing that in relation to equality and diversity. The Board agreed that this could produce some strong patient stories around how people's health deteriorated due to the air they were breathing.
- Officers working on the AQAP were invited to the GP forum to raise awareness. It was clear that all organisations within the health and social care system had a role to play in raising awareness of air quality, and the Board asked what the plans were for public health to raise awareness, including how Brent Health Matters (BHM) could support that through community events. Dr Melanie Smith highlighted there was a need for a combination of universal and targeted messaging, particularly that message that there was no safe limit of air pollution. She felt that the impact of poor air quality on all organs in the human body was not widely recognised. Where clinicians could help would be around targeted messaging for the most vulnerable, communicating what adaptations they could make with some ease to adapt their patterns of activity. If health providers put support behind the air quality agenda this would sent an important message to communities from a trusted voice about the significant impact of poor air quality. The combination of messages on an

organisational level as well as individual clinicians having those 1 on 1 conversations could be significant.

- The Chair concluded the discussion by highlighting that, ideally, the Board would look at how public investment, across both Health & Social Care and Environment, could be used to improve infrastructure. These initiatives did cost money but the return on that investment meant improved resident health and reduced costs to the health service in future years.

The Board **RESOLVED**:

- i) To note the content of the report and its progress on to Cabinet in December 2023.
- ii) For Brent's Communications Team, the Cabinet Member for Environment, Infrastructure and Climate Action, the Director of Public Health, and local health providers to meet to consider local messaging and having a unified message around air quality and health.
- iii) For the Cabinet Member for Environment, Infrastructure and Climate Action, the Director of Public Health, and the Deputy Chief Executive of LNWUHT to meet to discuss the potential to conduct patient analyses around incidences of admissions relating to air pollution and length of stay, through an equality and diversity lens, and using the findings to tell patient stories relating to air quality and health.

## 8. Community Services Workstream Update

Jackie Allain (Director of Operations, CLCH) introduced the report, which provided an overview of the progress and activity of the community services workstream. In introducing the report, she highlighted the following points:

- The Community Services Executive was one of 4 priority Executives within the Integrated Care Partnership (ICP), and its aim was to look at ways to help reduce admissions into hospital and keep people out of hospital post discharge. The group was chaired by Jackie Allain and Simon Crawford (Deputy Chief Executive, LNWUHT) to ensure both community and acute representation.
- The Community Services priority had been split into 6 main priorities – respiratory, care homes, heart failure, frailty, rehab and reablement, and integrated neighbourhood teams, and more recently a 7<sup>th</sup> priority had been added looking at children's services, including special schools. The report showed a breakdown of each of those workstreams.
- On respiratory, work had been done to look at new oxygen assessments and review the specification to ensure the requirements were being delivered locally. Officers were also looking at a new pulmonary rehab offer at the Willesden Centre to help reduce waiting lists within the acute sector.
- Officers were working closely on the Integrated Neighbourhood Teams Project to deliver services locally, joining with Primary Care and the Council to ensure services were delivered in the heart of communities.
- Officers were looking at making a business case for a strong children's continence service within the borough.

The Chair invited comments and questions from those present, with the following issues raised:

- The Board noted the priority around continence services for children, but asked where continence services for adults featured, as this was something that could particularly affect the elderly and women. Some residents were reporting waiting over 22 weeks for a referral

to the Bladder and Bowel Service, with GPs not providing continence pads during that waiting period. The Board was advised that there was an adult Bladder and Bowel Service in Brent and it was very much under pressure. Central London Community Healthcare (CLCH) were looking at how that service could be enhanced, working with commissioning colleagues. The reason children's continence was deemed a priority was because it was felt there was no strong or robust children's continence service at all, and a lot of support for children with incontinence was referred to the Bladder and Bowel Service, which was an adult service without the right expertise for children's incontinence. As such, this had been recognised as a joint priority with CLCH and the Children's Commissioning Team.

- Nigel Chapman (Corporate Director Children and Young People, Brent Council) welcomed the priority on special school places and the need over the coming years, but highlighted that the situation was unlikely to resolve itself quickly. Brent continued to see a year on year growth of at least 5% in children with Education Health and Care Plans (EHCPs), and would need to look at extra capacity above and beyond the additional 427 places that had been committed to. There would need to be a continued focus on the health element that supported that additional capacity for children with needs in Brent.
- In terms of how the priorities had been determined, Simon Crawford advised the Board that they had been in place for a while, and many were linked to the key admission factors into acute care. The biggest admission group was the frail elderly due to issues such as heart failure and respiratory conditions, and those were the types of conditions that could be managed through joint pathways across acute and community services. Tom Shakespeare (Managing Director, Brent ICP) added that through the Community Services Executive and ICP Executive, priorities were reviewed and refreshed on a regularly basis and there would be a review of governance for all Executive Groups going forward to ensure the risks and issues were being escalated through the relevant governance routes.
- As the document was public facing, members felt it missed the link to communities, outcomes, and the JSNA, including why issues were made a priority from a person perspective. The Board also asked for the document to show what organisations had learned, including from Brent Health Matters, in terms of health issues and feedback from residents in future reports.
- The Board heard that clinicians across primary care, community services and the acute sector were working together to have a single point of access under the frailty model. This should make the journey of the patient much smoother and easier.

RESOLVED:

- i) To note the report and highlight the need for metrics, outcomes and learning from residents to be included in future reports.

## 9. **Towards a Food Strategy for Brent**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which provided an update on the progress towards a new Food Strategy for Brent. In introducing the report, she highlighted the following key points:

- Officers had reached out to voluntary and community sector organisations to understand what was already happening in the borough in terms of activities and enthusiasm towards food. She did not feel there was a complete picture there yet but there was enthusiasm and expertise within that sector.
- A visioning day was hosted a couple of weeks ago, bringing together Council officers and community organisations to ask what they thought the scope of a food strategy should be and how it should be developed. The clear message arising from that visioning day was that the strategy needed to be developed in partnership, which was gratifying, as those boroughs who had done better work to date in this area had been

characterised not just by doing that in partnership but by being led by the community sector.

- The visioning day prioritised food poverty, food and environment, food growing and food education. It was felt that the focus of the day reflected the participants, with the very pressing issue being around food poverty, but the next step was to broaden that work and, for example, engage businesses. The Council was looking to do a piece of work to address food and employment and food as an economic driver.
- The work would likely involve the establishment of a task group to oversee it and take the work forward, which was hoped would have a community chair.

In considering the report, the following issues were raised:

- The Board agreed with the recommendation to widen the food strategy.
- Councillor Krupa Sheth (Cabinet Member for Environment, Infrastructure and Climate Action, Brent Council) felt that many of the activities outlined in the report aligned well with the actions being taken on the climate emergency agenda and green neighbourhoods work, and therefore proposed some joined up work. Communities in green neighbourhoods were growing their own vegetables, and the Council had produced a book in collaboration with Veolia with different recipes inspiring residents to reduce food waste.
- Brent was declared a 'right to food' borough several years ago so members asked for some of that work to be encapsulated within the food strategy.
- Members suggested that one of the goals should be to completely eradicate food poverty in the borough.
- The Board highlighted the need to connect the food strategy with the work around free school meals.
- The Board highlighted the importance of working with local businesses around food waste and supply chains.
- Simon Crawford (Deputy Chief Executive, LNWUHT) highlighted that the London North West University Healthcare NHS Trust (LNWUHT) aimed to use local produce for their meals for patients and could look at the franchises and contracts onsite and set expectations around those. He highlighted that food sometimes was a contributing factor to poor health, and so there was likely actions providers could take in that space.
- Members felt the strategy should be connected to some health outcomes that were expected from the strategy, for example reduction in childhood obesity and diabetes. Dr Melanie Smith agreed that was important, but as there was a need to develop the strategy in partnership with communities, she wanted to hold some uncertainties about what the outcomes and priorities would be until those conversations had been developed further.

RESOLVED:

- i) To note the enthusiasm for a partnership approach to the development of Food Strategy.
- ii) To endorse continued participation in the production of the Good Food for Londoners Annual Survey.

## 10. Any other urgent business

None.

The meeting was declared closed at 19:45 pm  
COUNCILLOR NEIL NERVA, CHAIR