

	<p align="center"><b>Brent Health and Wellbeing Board</b> 15 April 2024</p>
	<p align="center"><b>Report from Healthwatch Brent</b></p>
<p align="center"><b>Healthwatch Brent Progress and Priorities April 2024</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Cleo Chalk Healthwatch Service Manager <a href="mailto:cleo.chalk@healthwatchbrent.co.uk">cleo.chalk@healthwatchbrent.co.uk</a>

## 1.0 Executive Summary

- 1.1 This report aims to provide members of the Brent Health and Wellbeing Board with an update on Healthwatch Brent's progress over 2023-2024 and an outline of the planned work programme for 2024-2025.
- 1.2 The workplan aims to ensure that all residents in the borough, those experiencing the biggest health inequalities, are able to influence the commissioning and delivery of the health and social care service in Brent.

## 2.0 Recommendation(s)

- 2.1 To recognise and note Healthwatch Brent's progress and outcomes for 2023-2024.
- 2.2 To provide strategic input into Healthwatch Brent's priorities for 2024-2025.

### 3.0 Detail

#### Contribution to Borough Plan Priorities & Strategic Context

This report relates to the Borough Plan Priority – A Healthier Brent and the Brent Joint Health and Wellbeing Strategy.

#### Background/context

- 3.1 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. It includes the following statutory duties:
- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
  - Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
  - Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
  - Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
  - Providing advice and information about access to local care services so choices can be made about local care services
  - Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
  - Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues
  - Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively
- 3.2 To support this work, local Healthwatch also has the following statutory powers:
- The legal power to Enter & View health and social care services with a team of trained volunteers, and observe the service in action
  - The power to require a response to recommendations that we make
- 3.3 In Brent, Healthwatch is hosted by The Advocacy Project. The Advocacy Project provides overall oversight and strategic direction for Healthwatch.
- 3.4 To support our decision-making processes, Healthwatch Brent has an Advisory Board made up of local subject matter experts. The Advisory Board has responsibility for setting our priorities and regularly reviewing the Healthwatch workplan. It includes representatives from local community groups, people with

lived experience of services and Healthwatch Brent volunteers. The group meets once a quarter.

- 3.5 Healthwatch Brent is also supported by a team of 25 volunteers, all of whom are residents in Brent. This is fundamental to ensuring that local people are at the heart of our work, and able to steer the direction of projects. Our Enter & View volunteers have direct involvement in reviewing services and making recommendations, and all of our volunteers are involved with community engagement and project design/delivery.

Healthwatch Brent works in partnership with a diverse range of community partners, our Grassroots Community Voices network. These partners are consulted during the project design stage, and we also work closely with different grassroots groups to carry out targeted engagement. Where appropriate, we have provided funding to support community partners with delivering targeted engagement which supports local people in sharing their views about local services.

- 3.6 We also work in close partnership with system partners including Brent Health Matters, the NWL ICB, local health providers and Brent Council. Healthwatch Brent's powers to Enter & View services, and our focus on involving lay people in our work through the volunteering programme give us the opportunity to provide a unique perspective on how health and social care services are currently performing. Where possible, we aim to embed patient voice into existing workstreams and service improvement work. This includes feeding in at relevant executive committees and patient/partner forums.

- 3.7 Another function of local Healthwatch is advice and signposting, focusing on providing information about how to access services, what to do if something goes wrong, and ensuring patients know their rights for accessing health and social care. Residents can contact us via telephone, email or through our website. We also provide face-to-face advice and signposting at our in-person drop-ins. As well as direct support, Healthwatch Brent has a section of our website dedicated to providing information on popular topics. In total, 1040 people accessed our online resources or direct support in 2023-24.

- 3.8 The advice and signposting service is promoted across our online channels, and through physical materials which are left at accessible locations such as libraries and community centres. We also promote this service at our in-person engagement events.

- 3.9 Local Healthwatch services are intended to represent the views of all local people. With this in mind, it's important we make ourselves available through lots of different channels, allowing as wide a group as possible to become involved with our work. Much of our promotion is done in-person, with staff members and volunteers visiting key locations across the borough to speak directly with residents and share information about our service. This has the benefit of allowing people who do not access digital resources to still come into contact with our team.

- 3.10 Throughout 2023-24 we ran 24 in-person awareness sessions, meeting with 358 people. Locations including the Brent Hub in Stonebridge, Chalkhill Community Centre, the Church End Unity Centre and a range of local libraries. These engagement activities are arranged directly by Healthwatch Brent.

- 3.11 We also raise awareness of Healthwatch in-person at events organised by our partners, including Council/Brent Health Matters events and those arranged by partners from our Grassroots Community Voices Network. In 2023-24 we attended 45 partner events and spoke with over 800 people. Such events are wide ranging, but included the Iraqi Welfare Association's Health Awareness Day, parent and toddler groups from Daniel's Den, dementia cafes, and community events for Brazilian, Romanian and Somali communities. As well as raising awareness of Healthwatch activity, we use these events as opportunities to deliver in-person signposting.
- 3.12 Currently, we also have a focus on developing the Healthwatch Brent online presence. In December 2023, we recruited to the post of Communications and Engagement Officer, a role which has responsibility for maintaining relevant news and information articles on our website and promoting Healthwatch Brent activity through Facebook, Instagram and X (formerly twitter). Last year, our website received over 7000 unique views, and we grew to more than 2100 social media followers.

### Volunteering programme

- 3.13 At the heart of Healthwatch Brent's work is our volunteering programme, which currently hosts 25 local residents as volunteers. Our dedicated Volunteers and Projects Officer offers one-to-one support for every volunteer, with a targeted induction programme which focuses on their specific needs and interests.
- 3.14 Every volunteer receives an initial training session focussing on the remit and objectives of Healthwatch Brent. All volunteers also undergo an enhanced DBS check and safeguarding training before visiting services or interacting with the public. Additional training is offered based on the needs and interests of the volunteers, but includes training in how to conduct Enter & View visits, engagement methods for communicating with the public, practical skills such as mental health first aid, and information sessions about relevant public health campaigns.
- 3.15 In 2023-2024, our volunteers carried out 41 engagement visits and three Enter & View visits. The outcomes of this activity are wide-reaching, but include collecting resident feedback on a diverse range of topics including vaccine hesitancy and GP access, promoting the Healthwatch offer, and making observations about how services are running. Our Enter & View visits resulted in a range of recommendations which have been sent directly to the relevant GP practices and will be published in April 2024.
- 3.16 Volunteers are embedded in every part of Healthwatch Brent's work. We host regular volunteers' meetings to discuss priorities and project planning, and volunteers have input into how a project is designed. They also get involved with practical activities such as creating surveys or designing promotional materials.
- 3.17 As well as outcomes for the service, we try to ensure that volunteering activity provides positive outcomes for the volunteers giving up their time. This includes supporting volunteers with finding employment and helping them to choose volunteering activity which will develop skills they need for future work or study. We have also developed a tailored pathway for students to volunteer with us in

a way that supports the needs of their programme, and currently have five student volunteers. We have a high level of interest in our volunteering programme, and currently maintain a waiting list. This allows us to quickly onboard new volunteers as and when they are needed.

### Achievements of 2023-2024

- 3.18 In 2023-2024, Healthwatch Brent completed 79 engagement activities, meeting more than 1150 members of the public. We collected feedback from an additional 334 people through our online surveys, and provided information and advice for 257 people.
- 3.19 Some of the key themes and issues which individuals brought to us included:
- Difficulty accessing mental health services, particularly for those with complex needs
  - Waiting times for GP appointments
  - Queries around how pharmacies will support primary care
  - Need for more support for families and unpaid carers after hospital discharge
- 3.20 These themes are presented in our quarterly patient experience reports, which go out to external partners and system leaders. We also share themes directly with the relevant service providers, where appropriate, and use them to steer the direction of our future project work.
- 3.21 We also used these themes to expand the advice and information section of our website, which has grown substantially in 23-24. In total, we now have 25 resource pages addressing key issues and helping to direct residents to relevant services. In total, 783 individuals accessed our online advice and signposting pages over the last year. The most popular topics accessed were:
- Information about how to access Adult Social Care (265 individual views)
  - Information about how to make an NHS complaint (121 individuals)
  - Information about support for people with dementia (91 individuals)
- 3.22 New information and advice is added to the website regularly, focusing on the topics which local patients and residents tell us they are most concerned about.
- 3.23 Our 23-24 engagement was accompanied by targeted work in the following priority areas:
- Cancer screening
  - Maternity
  - Mental health
  - Targeted engagement with Romanian and Somali communities
- 3.24 Cancer screening work focused on two key areas: prostate cancer, and raising awareness of cancer screening for people with Learning Disabilities:
- We hosted two prostate cancer awareness events, reaching 50 people and hearing from a range of professionals and service user experts-by-experience.

- Partnering with the My Health, My Choice learning disabilities project, we supported 70 people with learning disabilities to receive more information about bowel cancer screening. We have also developed a project to produce awareness videos sharing more information about different types of cancer screening. These videos are being developed in partnership with the Royal Marsden and will feature people with learning disabilities talking about their experiences.
- 3.25 Our maternity project was a joint piece of working across five North West London boroughs. In total we collected 207 in depth testimonials from women who had recently given birth, including 51 testimonials from women living in Brent. The purpose of the work was to compare standards of care across North West London, and identify any factors driving inequality. The majority of women – including those in Brent – shared positive feedback about both the experience of giving birth and the postnatal care received. However, of those who had negative experiences, the following areas of improvement were identified:
- Standardisation of the quality and amount of information given to women after giving birth
  - Better, individualised support needed for breastfeeding
  - Need for listening culture to be embedded into maternity departments across NWL
- 3.26 We have presented this information to service leaders at the NWL ICS pillar 3 maternity meeting, and the services will be sharing actions to take forward our recommendations by May 2024.
- 3.27 Mental health work has focused on care provided in the in-patient ward at Park Royal, and gathering stories from people with complex needs who are struggling to access care in the community. In November 2022 we carried out a series of Enter & View visits to the in-patient wards at Park Royal, and throughout 23-24 we have continued to work on ensuring the recommendations are implemented. Outcomes from this work have included improving access to advocacy, improving information about how to make a complaint and providing evidence to support the multi-faith forum with bringing faith leaders back into the ward.
- 3.28 In September our Romanian Community Research Report was published, featuring views from 50 Romanian people living in Brent. This work was completed in partnership with the Eastern European and Romanian Hub, and we also recruited a Romanian speaking Community Researcher to carry out engagement. Key themes included:
- Improving information about translation and interpreting services for patients who do not speak English.
  - The need for collaborative work to explore issues of trust and lack of information/resources. Co-designed resources explaining key aspects of the UK health system should be produced and circulated widely. This is something we are following up with the Romanian and Eastern European Hub
- 3.29 Targeted work with the Somali community has focused on a series of workshops delivered in Autumn 2023. This work was completed in partnership with the Almas Association. In total there were 12 workshops reaching 50

Somali people living in Brent. The conversations focused on barriers to accessing mental health services, and uncovered a number of issues including language barriers and cultural sensitivity. We are now supporting Almas to apply for funding in order to carry out co-production work building on these findings.

### Work Programme for 2024-2025

- 3.30 The Healthwatch Brent Advisory Board have signed off three main new priorities for project work in 24-25.
- Adult social care
  - Experiences of hospital discharge
  - Access to primary care, focusing on same day access hubs and service from community pharmacies
- 3.31 This is in addition to our ongoing information and signposting activity and general engagement with key community groups and wards. In addition to these set priorities, Healthwatch Brent will continue to monitor key themes in patient feedback and maintain flexibility to develop additional priority areas if required.
- 3.32 Adult Social Care has been set as a priority because we have begun to see it raised more frequently as a concern by members of the public with key issues including difficulty accessing adult social care assessments, lack of information about what's available and concerns about the quality of care received. There have also been specific concerns highlighted related to hospital discharge for people with social care needs.
- 3.33 The project will consist of three distinct components: Enter & View visits to a selection of care homes in Brent, engagement with community groups to collect feedback about their access to adult social care, and mystery shopping with our volunteers to assess the service provided by the customer care line and the ease with which residents can access the Adult Social Care front door.
- 3.34 Our first series of Enter & View visits will take place in May, and consist of five visits to different care homes in Brent. When choosing which homes to visit, we have taken input from the local CQC team, Brent's Head of Commissioning and our own volunteers.
- 3.35 During these visits, Healthwatch representatives will speak to residents, family members and staff about the quality of care provided at the home, focusing on aspects such as resident choice and autonomy, care and dignity. They will also speak to residents about their experiences of accessing additional health services such as GPs, and gather information about any experiences residents have had of being discharged from hospital to the care home.
- 3.36 The findings from these visits will be used to produce a series of recommendations for each care home. We will also share any examples of best practice. Additionally, the research will feed into our wider hospital discharge project.
- 3.37 Volunteers will receive dedicated training sessions to allow them to participate in these visits, focusing on core aspects such as engagement techniques and

safeguarding. This will be provided to all volunteers, including refresher training for those who have participated in Enter & View visits previously.

- 3.38 The second aspect of our adult social care priority is community engagement; we have developed a community engagement programme with support from Brent's Director Adult Social Services. This will involve engaging with the following groups over the course of the year:
- People with dementia and their carers
  - People with autism
  - People with learning disabilities
  - Young carers
- 3.39 The findings from this engagement will be presented in quarterly resident experience reports. We will also meet regularly with the adult social care team to ensure that feedback can be acted upon quickly.
- 3.40 During the engagement we will speak to residents about their experiences of accessing adult social care services. We will also collect feedback about experiences of being discharged from hospital for people with additional care needs, including the experiences of unpaid carers.
- 3.41 Throughout the year, our volunteers will participate in mystery shopping activity to assess the level of service provided by the customer care team, and help the adult social care team to better understand how residents are being triaged. To prepare for this work, we are meeting with Brent's Customer Manager to develop a framework that our callers can use. Volunteers will be provided with a quality check template to benchmark calls against expected standards.
- 3.42 Volunteers participating in this work will be given dedicated mystery shopping training with a focus on how to approach the call and how to record and measure the response that is received.
- 3.43 During our general engagement over the past year, residents have shared their frustration at issues that arise when being discharged from hospital either into a care home or to their home but with support needed from paid or unpaid carers. In November, our health inequalities event on this theme was attended by approximately 50 people. Many attendees voiced the need for more work on this topic. In particular, unpaid carers have informed us that they often feel cut out of the process when their loved ones are taken into hospital and discharged.
- 3.44 We will use our Adult Social Care engagement work (detailed above) as an opportunity to gather patient's feedback about these experiences, focusing on how the discharge process will be improved. Our aims are to: present services with clear evidence of the challenges faced after discharge for those with additional care needs; share recommendations for improvement, and work with external partners to ensure these can be implemented; and to include the voices of professionals and carers as well as patients within our findings. Ultimately this work aims to ensure that more patients are able to be discharged from hospital with the correct provision in place.
- 3.45 Access to primary care continues to be a key concern for residents, and in particular many residents have approached us to better understand proposals

around changes to same day GP access and development of the pharmacy first provision.

- 3.46 We have developed a questionnaire looking at views around GP access, in particular asking residents for their perspective on issues such as how appointments are triaged and distance of travel to an appointment. While we will be engaging with prominent patient voice groups as part of this work, our aim is to reach a wider range of local voices who may not have previously been able to comment on the proposals.
- 3.47 We have also worked with stakeholders from the ICS to develop our questions, and the feedback collected will be shared with them as part of the wider consultation process.
- 3.48 In addition to GP access, many local residents have queried the Pharmacy First plans, and asked for assurance that pharmacies will be able to meet the new level of demand. We have met with Brent's Borough Lead Pharmacist to discuss the implementation of the Pharmacy First work, and are working on a proposal for Healthwatch Brent to support with the evaluation of pharmacies that are involved with the activity.
- 3.49 Alongside our new priorities and statutory information/signposting work, Healthwatch Brent will continue to follow up on the outcomes from our previous years' projects. This will include working with partners to ensure that our recommendations on maternity care, mental health care and GP access are implemented, and to evaluate the impact that this has for patients.
- 3.50 We are asking members of the Health and Wellbeing Board to give their support to the priorities and projects outlined in this paper. The Board and statutory partners can support this work by helping to connect Healthwatch with relevant stakeholders, and by providing strategic input into the direction of travel.

#### **4.0 Stakeholder and ward member consultation and engagement**

- 4.1 The Healthwatch Brent workplan for 2024-2025 has been developed in partnership with local residents and patients, taking into account the feedback they have shared and concerns raised. Consultation and engagement is embedded into the Healthwatch way of working, and we gather feedback and input into all of our new projects and priorities through our volunteers and Grassroots Community Voices Network.

#### **5.0 Financial Considerations**

- 5.1 No immediate financial implications.

#### **6.0 Legal Considerations**

- 6.1 No immediate legal implications.

#### **7.0 Equality, Diversity & Inclusion (EDI) Considerations**

- 7.1 The Healthwatch Service has been assessed against the Equality and Diversity Policy so that it ensures we are fully committed to and undertaking

action under the Equality Act 2010 and other forms of legislation that combat discrimination and promotes equality and diversity.

## **8.0 Climate Change and Environmental Considerations**

8.1 No immediate climate or environmental considerations.

## **9.0 Communications Considerations**

9.1 No immediate communications considerations.

**Report sign off:**

***Cleo Chalk***

*Healthwatch Service Manager for The Advocacy Project*