

MINUTES OF THE HEALTH AND WELLBEING BOARD

Held on Tuesday 19 October 2021 at 6.00 pm

PRESENT: Councillor Farah (Chair), Councillor McLennan (Brent Council), Councillor Mili Patel (Brent Council), Councillor Kansagra, Fana Hussain (Borough Lead Director – Brent, NWL ICS), Judith Davey (CEO, BrentHealthwatch), Carolyn Downs (Chief Executive, Brent Council – non-voting), Claudia Brown (Director of Adult Services, Brent Council – non-voting), Gail Tolley (Strategic Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust – non-voting).

Also Present (all present in a remote capacity): Councillor Nerva (Brent Council), Dr M C Patel (NWL ICS), Robyn Doran (Chief Operating Officer, CNWL – non-voting), Janet Lewis (Director, Central London Community Healthcare NHS Trust – non-voting)

In attendance: Hannah O'Brien (Governance Officer, Brent Council), James Kinsella (Governance Officer, Brent Council), Angela D'Urso (Strategic Partnership Manager, Brent Council), Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) (remote attendance), Jo Kay (HealthWatch Brent) (remote attendance), Josefa Baylon (NWL ICS) (remote attendance), John Watson (LNWUHT) (remote attendance)

The Chair led opening remarks, and welcomed Fana Hussain to the Board who was the new Borough Lead Director for Brent.

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Apologies for lateness from Carolyn Downs (Chief Executive, Brent Council)
- Phil Porter (Strategic Director Community Wellbeing, Brent Council)
- Dr Ketana Halai (NWL ICS)
- Sheik Auladin (NWL ICS)
- Basu Lamichhane (Brent Nursing and Residential Care Sector)

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting held on 14 July 2021 be approved as an accurate record of the meeting, and to ratify the decisions made during the meeting.

4. Matters arising (if any)

None.

5. Brent Children's Trust Update

Gail Tolley (Strategic Director Children and Young People, Brent Council) introduced the report, which provided an update of the BCT work programme covering the period April 2021 to September 2021. She advised that the Brent Children's Trust fed in to the Health and Wellbeing Board as a statutory requirement, and ensured that the needs of children and young people had a strong profile in Brent.

The Trust had focused on transitional safeguarding with some good close working with Community Wellbeing colleagues and health partners. A report on transitional safeguarding had been presented to the Brent Safeguarding Adults Board that week. Children's mental health and wellbeing had also been a focus, particularly during the pandemic, and Gail Tolley advised that there had been good synergy between the Trust and the Integrated Care Partnership on that work. Support for children with SEND was a priority for the Trust and Gail Tolley expressed that she was pleased with the launch of the Brent SEND Strategy 2021-2025, which had been endorsed by Councillor Stephens (Lead Member for Schools, Employment and Skills, Brent Council), and parents and children at the Learning Zone. The Strategy and the work being done on Education Health Care Plans (EHCPs) had been shared with the Department for Education (DfE) who had flagged it as an exemplar of best practice and had wanted to know more about how it was being delivered so effectively. Gail Tolley advised that parents and children & young people were at the core of the work and they would ensure it was being delivered on behalf of children. She hoped the members of the Health and Wellbeing Board were content to provide support to the ongoing work of the Trust.

The Chair thanked Gail Tolley for introducing the item, and invited comments and questions from those present, with the following raised:

- The Board welcomed the report, expressing that it was a comprehensive update. The Board highlighted the importance of the Trust's focus on children's mental health, and Healthwatch colleagues advised they were seeing children's mental health emerging strongly as a priority in the community and were happy to engage with the Trust and bring those voices into the discussion.
- In relation to children and young people's mental health services and CAMHS, Gail Tolley advised that schools and family wellbeing centres at the pre-CAMHS stage were now seeing a strengthening of resources and training for staff in that area, but there remained challenges for CAMHS services regarding resourcing of staff. Robyn Doran (ICP Director for Brent, COO for CNWL) advised that there was money going into CAMHS via the national mental health investment standard, but one of the challenges was recruitment due to shortages of CAMHS specialists. She advised that waiting times had improved slightly over the past few months but there was still a lot of work to do which the ICP was monitoring closely. The working group sponsored by the ICP, which had been requested by the Brent Children's Trust, was a multi-agency group working with third sector partners to look at what agencies were available in the Borough to engage children as early as possible regarding their wellbeing and mental wellbeing. She advised that the working group would make a significant difference and think creatively to address children's mental health within the resource constraints.
- In terms of transitional safeguarding, the Board queried what was needed from the Local Authority and what was needed from the local NHS to further improve that work. Gail Tolley advised that, as indicated in the report, there was a need to address the thresholds for adult social care and mental health services, as well as the pathway between children's mental health services and adult's mental health services, and children's social care and adult safeguarding. There was pilot work between colleagues across the Council looking at this, which had resource implications but was being looked at in a collective and creative way.

RESOLVED:

- i) To note the work of the Brent Children's Trust for the period April 2021 to September 2021.

6. Integrated Care Partnership (ICP) Update

Janet Lewis (Director of Operations for CLCH) introduced the report, which provided an update on the setup and progress of community health services in Brent as part of the new Integrated Care Partnership (ICP). Central London Community Healthcare (CLCH) were the current provider for Brent Community Services following the transfer from London North West Hospital Trust (LNWHT) on 1 August 2021. The Board were advised that CLCH as a provider sat within the NWL Integrated Care System (ICS), and sat within the Brent Integrated Care Partnership (ICP) as part of that system. Within the ICP executive there were 4 priorities, agreed following feedback from stakeholders and Brent residents, one priority of which included community services. A Community Services Executive Group had been set up which Janet Lewis co-chaired with Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust) with wide stakeholder engagement. They were looking to include voluntary groups and third sector organisations in that group at a strategic level.

In updating the Board on community services, Janet Lewis advised that the first piece of work conducted was to safely transfer community services from LNWHT to CLCH. She expressed that throughout the period of transition it had been a pleasure to work with the acute hospital trust, the ICP, the Council and others to ensure the transfer was safe for patients within Brent and that 400 staff members were safely transferred from the acute hospital to CLCH. She advised that there had been some small challenges during the transfer, such as maintaining IT systems, but on the whole it was a successful transfer which was monitored through a mobilisation board that fed into the ICS regularly.

In terms of the priorities of the Community Services Executive Group, Janet Lewis advised that many aligned with the NWL ICP priorities. The priorities focused on planned care, such as district nursing, tissue viability, and in-reach in care homes to standardise care across NWL and ensure services were provided as close to home as possible. The aim was to work at a local level because patients wanted to access services much closer to their homes. Priorities also focused on unplanned care and the need to ensure the rapid response service within Brent was maintained to prevent hospital admissions. The Board were advised patients appreciated that they could have frontline care and management in their own homes with an assessment of whether hospital care was required. The Executive Group were also making sure children's community services were aligned with the work of the Brent Children's Trust so there was no duplication. Work on rehabilitation and reablement was in progress, in order to deliver those services in a more integrated way. Work in care homes was being prioritised, focusing on improving 9 care homes in the Borough rated by CQC as 'needing improvement'. This was being done through a peer support programme, and those care homes who had been engaged were transitioning nicely to moving out of requires improvement. The Board heard that the work would continue until all Brent care homes were rated as 'good', if not 'outstanding'. Continuing to detail the work going on in care homes, Janet Lewis advised that the work to vaccinate care home residents was continuing, as well as the mandatory staff vaccinations needing to be administered by 11 November 2021.

The Board were advised of the work on the hospital discharge process, working with LNWHT as the core provider around discharge hubs. There were now integrated posts to ensure patients were discharged in a timely and appropriate way on the correct pathway, with NWL having an integrated discharge system across the whole of its providers to ensure a joined up model. As the hospitals moved in to winter, the Board were advised that

winter planning would be a key part of the work of CLCH, to ensure rapid response teams could keep patients at home with the back-up of other community services in order to stabilise the patient.

Simon Crawford added that Northwick Park Hospital for the past 8 weeks had been under severe pressure and often had 20+ patients waiting for access to a bed on Monday mornings. For that reason, he advised it was critical the discharge pathway worked as seamlessly as it could, and felt that it was working extremely well. The support the hospital had received had allowed those pathways to be seamless in terms of accessing care homes and care plans and accessing social worker assessments. He informed the Board that LNWHT for the past 6 months had been in the top 7 in London, out of 21 providers, for 7 day length of stay performance. The provider had also been the top 4 performer for 14 days length of stay, and the top 3 performer for 21 days length of stay where previously it had been towards the bottom. The challenge for LNWHT as an acute trust provider was around the volume of patients entering the Urgent Treatment Centre and finding alternative pathways for them in the community, and a focus for the next three months would be how patients could be provided with proactive care in the community.

The Chair thanked health colleagues for their introductions and invited comments and questions from those present, with the following issues raised:

- In relation to the user perspective, the Board queried whether there was a written down process on the discharge pathway for patients and their families, in order for them to know what to expect, particularly following unexpected hospitalisation. Simon Crawford confirmed that the patient and family were involved in those discharge plans. When the hospital was under challenge patients could not always have their first choice in terms of care home or designation, but it would always be a safe and appropriate discharge. The aim was always to get patients home with a package of care and support in a familiar environment, and the hospital worked with the discharge team supporting that as well as the Council's social workers, who were very active in having those conversations with patients and relatives. Janet Lewis added that there may be some work CLCH could do around communication of the pathways and they were happy to review the literature. The system had learned through Covid-19 that there were 4 clear pathways which had brought clarity for patients and if the system stuck with those 4 it was much clearer and more transparent.
- Regarding what work was being done within community services to support more discharges out of acute hospitals, Simon Crawford advised that this was often through the Trust providing advice and support on the pathways, or community services using linkages through the primary care networks (PCNs). A new forum to engage with PCNs from an acute perspective was being set up, and staff had been engaged at a primary care summit involving the 3 Boroughs LNWHT served, with different initiatives coming out of those that Brent would be looking to do. For example, in Ealing there was work being done on the heart failure lounge and acute pathways into STEC. They were also looking at the support that could be provided to patients on particular medications and looking at the hotline to access the right clinical advice. From a community services perspective, Janet Lewis advised that they were reviewing pathways for patients with specific diseases such as heart failure, respiratory conditions and diabetes. They worked closely with GPs across the PCNs to map patients who had, in the past, more than one admission, or several admissions, to manage them to remain at home. They were currently looking at how they could improve that service out of home, and were investing in additional resource for an Enhanced Home Care Team. They were also ensuring transition from the Rapid Response Team into existing community services was seamless so patients did not see a gap. She advised there was a lot of work that

needed to be done but was confident they were on track with the right engagement from the right people.

- In relation to care standardisation, Fana Hussain (Borough Lead Director, NWL ICS) advised that standardisation of primary care had been a major area of focus for the past 2 years with attention on cancer screening, prescribing and service delivery. She advised the Board that there were good pieces of work on standardisation of bowel screenings with patients eligible to receive that service. Primary care also worked with charities such as Cruise and Cancer Research to improve the uptake of those services. Additional appointments had been added for cervical screenings which included access to hubs over evenings and weekends. Where there were practices with good standards of care they were being paired up with those practices requiring additional support to keep that work an area of focus. For those practices which were not at the same level of care as others the Brent Health Matters Team were working with those to improve their standards. Dr M C Patel (NWL ICS) highlighted that PCNs needed to make a standard offer to all their residents for the services being offered to the community, therefore PCNs needed to take responsibility to look at specialist services their own practices may require. He highlighted that PCNs received considerable resource they could use to fund various initiatives. Simon Crawford added that for the discharge hubs, a standard model across NWL ICS had been agreed, which included what a hub should look like, its size, capacity and seniority. On the Northwick Park Hospital site an appointment had been made on the person that would lead that function going forward.
- The Board queried whether care navigators and social prescribers were still part of PCNs. Janet Lewis advised that there were a range of posts within community services, such as Care Co-ordinators who sat within the district nursing services, the Community Champions and Health Educators within the Brent Health Matters Team, and Integrated Case Management Co-ordinators. Fana Hussain added that Care Navigators continued to work in Primary Care alongside Social Prescribers, Care Co-ordinators and Clinical Pharmacists, all employed by GPs through the additional role reimbursement scheme which encouraged practices to employ additional staff to support the patient population. The system was currently looking at implementing Mental Health Support Teams who would be jointly employed between CNWL and GPs.
- In terms of communicating to stakeholders and patients, Robyn Doran advised that they would look to work with communications teams and Healthwatch to get messages out about all of the workstreams going on, and were happy to follow up on communication at a future meeting.

RESOLVED: to note the information provided in the paper, and request that the next update report includes information on the communication of discharge pathways and the various workstreams.

7. Changes to services during Covid-19

Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust) introduced the report which detailed the changes within the Trust that were necessary during the response to Covid-19. Changes were detailed in Appendix 1 of the report. He highlighted the key points as follows:

- In response to Covid-19, all elective activity had been reduced and then moved to Central Middlesex Hospital to provide a “green” pathway for elective activity.

- Elderly care transfers from Northwick Park to Central Middlesex Hospital for step-down recovery care was stopped to enable the Central Middlesex site to remain a Covid-19 “green” pathway for elective activity. This also meant elderly care patients did not have to move site which reduced the length of time they needed to stay in hospital, therefore reduced their risk of infection exposure and helped them return home sooner.
- The high volume, low complexity surgical hub was also provided on the Central Middlesex site alongside services provided by St Mark’s Hospital. This increased the bed capacity at Northwick Park and provided benefits to Saint Mark’s patients by allowing surgery and cancer care to continue. The CQC had been impressed with the improvements following the changes that had been made.
- Due to the benefits of the changes made as a result of Covid-19, the Trust would work on a Case for Change particularly around St Mark’s Hospital, which would be brought to the Council in the new year following stakeholder engagement with patients, staff and Healthwatch. This would involve detailed analysis of patient referrals, where they lived, and travel times.

The Chair thanked Simon Crawford for the update and invited members to comment, with the following issues raised:

- Regarding how patient voice was factored in to the decision making and how it would be included moving forward, Simon Crawford advised that decisions taken were in response to Covid-19 as an immediate and necessary action to provide access to surgical interventions to patients. Patients had been engaged on an individual basis to explain the move in site but that they would continue to access their consultant and surgical team. Not all patients had been transferred on day 1, and he acknowledged there was some confusion for some patients in the early days of the transfer but the Trust had worked hard on those communications and improved on them. He added that as time moved on it became more uncertain for patients where their care would be delivered and that was why the Trust felt the need to do a Case for Change.
- In relation to the Case for Change, Simon Crawford advised that they would be commissioning a piece of work through the St Mark’s Foundation to undertake the Case for Change. The Trust would look to engage with partners and stakeholders as part of that and get Healthwatch involved as well as members of the Council and the broader patient population. There would be a need to agree which Committee the case was most appropriate to be seen by within the Council. The Trust were looking to formally commission the work in the next week with a commencement date of 1 November 2021, and run that for 6-8 weeks in the lead up to Christmas. They would look to come back to the Council in the new year.

RESOLVED: To note the Brent Health Matters Update.

8. **Public Health Covid-19 Update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update on Covid-19. She advised that, at the time of the meeting, Brent’s infection rates were lower than the London average and London rates were considerably lower than the rest of England. The rates in Brent were currently increasing slowly as were the rates across the capital, with a steady upward trend as the country entered winter. The testing rates in Brent

overall fared favourably with the rest of the country and the positive rate was lower than England and London. The highest rates for positivity were amongst 11-16 year olds, who tended not to become severely ill with Covid-19. Rates for older age groups were being monitored.

The vaccination programme was now focussed on providing boosters, and there was still work being done on the 'evergreen' offer reaching out to those who had not had their first dose or second dose of the vaccine. The schools vaccination programme in Brent had started the previous week and Brent was seeing lower consent rates than the public health team would have liked, but that were expected given the JCVI had determined the risk / benefit of the vaccination for those age groups to be less clear cut than for older age groups.

The Chair thanked Dr Melanie Smith for the introduction and invited comments and questions from those present, with the following issues raised:

- The Board had some concern about the level of take up in schools compared to the standards in the rest of North West London. Dr Melanie Smith advised that she had opened up the conversation with NHS England Leads about what Councils could do in schools, and the positive news was that the national booking system would soon open up to allow vaccination for school age children through the national system. She advised there was a need to ensure capacity outside of schools to meet that demand. Fana Hussain (Borough Lead Director, NWL ICS) added that from the 23 October GPs and local vaccination sites would have permission to vaccinate 11-15 year olds with consent, and the LDO vaccination site would be working with those age groups. Other vaccination sites were also interested in vaccinating 11-15 year olds. In relation to the recording of vaccinations, Fana Hussain advised that all vaccination sites, including schools, were using the same system in one place. Gail Tolley (Strategic Director Children and Young People, Brent Council) advised that Brent Council placed some Brent children in schools outside of Brent, and there were some schools in Brent with children from outside of Brent. As such, those records provided for immunisations taking place on a school site would include both Brent and non-Brent resident children. She advised it was important to look at the London and subregional picture to give a view.
- The public health team would look at a combined communication to explain that the mass vaccination centre within Wembley was now closed and that the national booking system was now open to 11-15 year olds.
- In terms of the Covid-19 position in hospitals, Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust) advised that Northwick Park had 51 Covid-19 patients in beds that day, which was the equivalent of 2 wards. Of those 51, 9 were in critical care or high dependency units. The number in hospital had gone down and throughout September there were around 20-25% of Covid-19 patients in critical care or high dependency unit. In response to a query, he advised that those patients were predominantly not vaccinated but there were some vaccinated patients.

RESOLVED:

- i) To note the update.

9. The Joint Health and Wellbeing Strategy Development Update

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update on the development of the Joint Health and Wellbeing Strategy. She advised that since the last update there had been development in the consultation and engagement with communities and she thanked Healthwatch for the work they had done on that to reach a large number of people. The Council would now go back to communities to check what they had heard was correct with the 5 priorities identified. The draft Strategy, included in the papers, included “we will” statements to indicate the commitment of the Council.

The Chair thanked Dr Melanie Smith for the introduction and invited comments and questions from the Board, with the following issues raised:

- In relation to how the Strategy would be reviewed and monitored to ensure delivery, Dr Melanie Smith advised that the work that had been done on the Covid-19 vaccination programme had shown that it was very possible to measure objectively the impact on inequalities, and they were striving to develop performance indicators for the strategy. They would look to measure the impact by ethnicity, deprivation, age, sex and disability.
- The Board noted that the Carers’ Forum and care leavers had been engaged on the strategy and Dr Melanie Smith advised that they would be going back to those groups who had inputted on the strategy previously, plus any groups that they may have missed. She hoped that a much greater emphasis on children and young people, and their mental health and wellbeing, was evident in the current draft of the strategy.
- Robyn Doran (COO, CNWL) advised that it was important there was a focused discussion within the Integrated Care Partnership (ICP) involving all key members about what they as service providers would do to deliver on the strategy.
- Simon Crawford highlighted section 4 of the report and advised that from a Trust perspective they were interested in working within that space with the Council to implement healthy ways of working. For example, the Trust aimed to get to level 3 as a Disability Confident Employer, and there were a number of things they were doing that would work on a broader scale if they could do that in partnership.

RESOLVED:

- i) To note the work so far to develop the Joint Health and Wellbeing Strategy (JHWS) and the key findings from Stage 2 of consultation.

10. **Any other urgent business**

None.

The meeting was declared closed at 19:30

COUNCILLOR FARAH
Chair