



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Tuesday 18 April 2023 at 6.00 pm
Held as a hybrid meeting

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair) and Councillors Afzal, Ethapemi, Fraser, Rajan-Seelan, Smith, Matin and MistryMistry, Rajan-Seelan and Smith, and observer Rachelle Goldberg

In attendance: Councillors Mili Patel, Krupa Sheth and Neil Nerva

Also in attendance: Councillor Moeen (joining remotely) and co-opted member Mr Alloysius Frederick (joining remotely)

1. Apologies for absence and clarification of alternate members

- Councillor Moeen, joining remotely
- Councillor Begum
- Co-opted member Mr Alloysius Frederick, joining remotely

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Matin – employed by NHSE, part of the National Programmes Team which includes Diagnostics
- Councillor Ethapemi – spouse employed by NHS
- Councillor Collymore –Member of Palliative Care End of Life Steering Group
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Smith – employed at Royal Free Hospital as a Management Consultant for Transformation Partners Healthcare Consultants and previous experience as a Project Manager on the Capital Midwife Programme under NHSE, including a pan-London assessment where Northwick Park Hospital was assessed
- Councillor Fraser – employed with the NHS Transformation Team as a Lived Experience Practitioner

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 7 March 2023 be approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Casey Review 1 Years' Update

Chris Whyte (Director of Environment and Leisure, Brent Council) introduced the report, which provided the Committee with a joint presentation explaining the continued response to the Casey Review of the Euro 2020 Final. He reminded the Committee that the Casey Review was a piece of work commissioned in the aftermath of the Euro 2020 Football Tournament Final, where there had been scenes of disorder, much of which were attributed to the consumption of alcohol and other compounding factors at that particular point in time. The review recommended a number of required actions and a fundamental response from all of the partners involved in the planning and preparation of large-scale events at Wembley Stadium.

In continuing the introduction, the Committee heard that, since the Final, the past two years had seen a programme of work to recover the situation, and new regulations had been introduced as well as ways of working, protocols, and the format around enforcement to ensure the type of events that occurred during the Final did not happen again. There were other recommendations around the security of the stadium building itself and arrangements for stewarding that had also been incorporated into the improvement actions undertaken by partners. Chris Whyte highlighted that the Council was only one of a number of partners undertaking this responsibility and there were colleagues present from the Football Association (FA) to present their overall response as well.

In relation to the work the Council had done, Chris Whyte explained that the Council had introduced controls around the sale and consumption of alcohol that contributed to the scenes of the Final. There were now licensing controls in place so that off-licences in the local area were not permitted to sell alcohol for casual street drinking, which was monitored. This was communicated clearly, not just on the day of the event itself but several days before events, through effective liaison and engagement with businesses. The secondary part of that was enforcement of street drinking on the day of the event, with teams of Council officers on the ground undertaking that enforcement with the Metropolitan Police so that individuals who were in the local area and very clearly consuming or in possession of alcohol were asked to hand it in and refrain from that behaviour. Those 2 strands of work had been very effective in harnessing those problems to the extent that there had been no repeat of the issues seen on the day of the Euro 2020 Final. This was also thanks to local businesses' willingness to comply. Within the Council it was felt that those arrangements had transformed event days to create a much more family-friendly and welcoming environment with much less opportunity to create the disorder seen on the day of the Final.

As the Metropolitan Police were unable to be present at the meeting due to staffing a large-scale event at the time of the meeting, they had given Chris Whyte some information to share with the Committee on their behalf regarding their response to the Casey Review. The Police were deploying more officers on event days in much greater numbers of up to 400, which was many more than would have been in place previously. They had also looked at the timings of deployment and were bringing police officers into the local area much earlier on event days to give that reassuring presence and profile, which had been effective. The Police were keen to work in a partnership way, and there were a number of different partnership meetings set up as part of that overall preparation and planning framework around Wembley event days that the Police were part of. Another strong focus had been on Formal Football Banning Orders which allowed for the Police to conduct criminal investigations into disorder and misbehaviour, which held individuals to account to the point where they could be prevented from attending football matches over a long-term

period. Chris Whyte highlighted that he had been reassured as a local authority by the support the Police had been able to offer with enforcement on the ground.

Chris Bryant (Director of Tournaments and Events, Football Association) detailed the response from the FA to the Casey Review. He highlighted that the FA recognised the transformational impact of the measures put in place by all partners over the past 2 years since the Final. The key to the success of that had been the collaboration of all partners, and the FA had worked with teams from the local authority, Metropolitan Police, British Transport Police, Quintain Wembley Park Ltd, Transport for London, and rail operators to put in a much more robust arrangement to ensuring the right type of environment was being provided to audiences, local residents and businesses.

The Committee heard that there was a new 'Zone X Co-ordination Centre', adjacent to the main stadium control room which was where the FA and all other necessary partners were situated on event days. Intelligence could then be passed from the stadium to teams on the ground and vice versa, to enable a co-ordinated response. Brent Enforcement Officers provided a range of support across that footprint, and had confiscated almost 12 tons of alcohol from South Way and Wembley Park Station at the recent Papa John's Trophy Final which helped to 'dry up' the area. This was done alongside off-licences not being permitted to sell alcohol, which was referred to as 'turning off the tap' and enabled the FA to better manage the public and reduce anti-social behaviour in those spaces. A number of Civilian Stewards were then provided on Olympic Way to help set the tone and provide the right welcome experience to those arriving in Wembley while also being clear on the behaviour expected. Quiet zones were now implemented around all residential properties immediately adjacent to the stadium, and the points of access were stewarded with a security provision in place to ensure only residents were given access to those areas. An investment in temporary toilet facilities had been made to reduce public urination, and the FA was in the process of evaluating the capacity of those spaces with a view to providing more facilities. Finally there was now the implementation of Fan Zones, which Baroness Casey had been clear in her review were fundamental parts of event day operations. Given the complexities of the legislation at the time of the Euro 2020 Final, Fan Zones had not been possible, but since then there had been significant investment into the delivery of match day fan zone arrangements. There was now East Village on the concourse with a capacity of £3.5k people and the event pad operation adjacent to the stadium with a capacity of 2.5k people. These zones were taking a significant amount of demand and moving people away from public realm areas into licensed premises where there was sufficient resource to manage those operations.

Councillor Butt (Leader of the Council) added that the change in atmosphere since introducing the restrictions on drinking, extra enforcement and additional police presence had been noticeable. A lot more residents were coming to use the facilities in the area on event days and the atmosphere was much calmer, which he felt was a testament to all the work Council officers, police and the FA had put in, working with the organisers of events.

The Chair thanked Council and FA officers for their updates and invited comments and questions from the Committee, with the following issues raised:

The Committee recorded their disappointment that the Metropolitan Police were not able to attend the meeting virtually or in person. They were advised that the Police were very keen to attend but had a commitment at a large-scale football match which meant senior officers with the most relevant input were needed elsewhere. Partners highlighted that their non-attendance was not a reflection on their commitment and the Police had played an active role in the arrangements now in place to improve the event day experience.

The Committee were pleased to hear about the positive work done around the Wembley Stadium area to address various issues following the Euro Final. They highlighted that they

had received reports of issues in other areas of Brent, such as illegal sales, street drinking, public urination and anti-social behaviour, and asked what awareness partners had of those issues being pushed elsewhere from the event area and what further improvement work needed to be made going forward. Chris Whyte highlighted that he would be keen to understand further details about these issues and the locations of these in order to ensure they were discontinued and enforcement officers intervened in the right way. This was new information to partners so would be something partners would need to come together on to better understand. There were borough wide restrictions on the consumption of alcohol in public places, meaning enforcement officers would be able to prevent this, engaging positively with individuals and seeking co-operation in the first instance. The reassurance that could be offered to the Committee was that if alcohol did appear off the train from those locations and came into Wembley Park then it would be confiscated and not consumed. Tom Legg (Head of External Operations, FA) highlighted that it was certainly not the intention to push the problem away from the stadium footprint and partners had a responsibility regardless of where in the borough the issues were. Councillor Krupa Sheth (Cabinet Member for Environment, Infrastructure and Climate Action) added that the Council worked with several organisations including business associations and resident associations across the event day boundary on those issues in those locations.

The Committee asked for clarity on the number of extra staff needed on Wembley event days and where these would be deployed. Tom Legg explained that, for the upcoming weekend for the Emirates FA Cup Semi-Final matches there were 1,900 stewards employed for the weekend in order to cover the external footprint in comparison to pre-euro finals where it would have been 1,500, and 350 police officers in comparison to pre-euro finals where it would have been around 112. It was recognised that fan behaviour was changing, and fans were arriving at the venue earlier than they ever had before. As such, partners were recognising there was more demand on the stadium concourse which was something they were comfortable managing. The early opening of the stadium by 2 hours before kick-off at the weekend was being trialled as a result of this change in order to analyse the impact of that. With the earlier arrival of fans, there was a need to set the tone and partners were now seeing earlier deployment in those areas in order to own the ground. There was compliance and co-operation from fans as a result of any alcohol confiscation and this was attributed to the large communications campaign that went directly to fans as well as local newspapers such as the Manchester News and Sheffield Star to make people aware that the alcohol consumption in public areas would not be tolerated.

The Committee asked whether a steward would have easy access to the Police if a situation was happening in order to deal with the situation. Liam Boylan (Stadium Director, FA) confirmed that they would have that line of communication. Deployment was done strategically and the first layer would be customer facing stewards, who had no powers and were there to advise and welcome fans but who were very good at pointing out the expected behaviour of fans. The next layer was Brent Enforcement Officers who were able to enforce street drinking bans and the sale of alcohol, and the third layer was the Police. Operationally and strategically, the stewards and enforcement officers were made aware of that hierarchy, and the Police could step in where necessary, with collaboration between the 3 entities that worked very well.

The Committee wanted to feel confident and comfortable going forward with the arrangements in place, and asked whether there was effective communication between fan zones and stadium security. In addition, they asked whether the FA were satisfied with the policing of fans where stadium security perimeters ended. Liam Boylan responded that the FA were satisfied with this aspect of arrangements. Before every event there was a tactical meeting where intelligence was shared between the Police, FA, and Wembley Stadium, where the Police informed the FA what their tactical deployment would be and which the FA would align with. Operations were based on a high, medium and low metric by the

Police, and the FA aligned their own metrics to that as well, based on the intelligence coming in. He highlighted that the key had been owning the ground earlier through earlier deployment which the Police now recognised. It was important to ensure alignment and satisfaction with the arrangements and the operation that was now in place, alongside the Public Space Protection Order (PSPO), allowed for that. He felt what was now seen on event days was a transient movement from transport hub to event which significantly reduced loitering.

In relation to fan behaviour and attempts to bring about a change in the attitudes of football supporters, the Committee asked what was being done by way of campaigns or projects to challenge attitudes, including racism towards players. James McDoogle (Head of Corporate Affairs, Football Association) informed the Committee of the campaign launched earlier in the football season called 'Love Football, Protect the Game' which would be relaunched ahead of the next season working with partners such as the Premier League, English Football League, Match Officials Ltd, and others, so that all parts of the game were working on the campaign. Some work had been done looking at pitch invasions to complement the campaign and improvements had been seen there particularly in relation to pyrotechnics. The campaign had a timeline planned out for the launch and would be a full policy campaign.

In bringing the conversation to a close, the Chair asked whether the reputation of Wembley Stadium had been fully restored following the events of the Euro 2020 Final. Chris Whyte felt the reputation had been fully restored and was proud of the work done to improve the arrangements around event days. It was agreed that the strength of the partnership of key stakeholders involved in the planning and delivery of event days was the key to the success.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that there is consideration of the impact of event days on the wider borough in further updates on the implementation of the Casey Review recommendations.
- ii) To recommend that the FA involve local Brent residents and infrastructure within national FA anti-racism campaigns, and for future reports to include a wider view of the campaigns currently underway to change fan behaviour.
- iii) To recommend that communications on restrictions of street drinking in surrounding areas, outside of event zones, are developed to encourage good behaviour on event days in these areas.
- iv) To explore possibilities to widen police presence further than Wembley Park on event days.
- v) To explore the impact of online delivery alcohol vendors on fan behaviour and street drinking.
- vi) To recommend that policing continues to be evidence led on match days and that effective communication between branches of the police is continued to ensure event days at Wembley Stadium are safe and can be enjoyed by all, including with British Transport Police.

7. Northwick Park Maternity Improvement Plan Progress Update

Lisa Knight (Chief Nurse, LNWUHT) introduced the report, which updated the Committee on the progress of the Northwick Park Maternity Improvement Plan. She reminded the Committee that Northwick Park Maternity Services had been inspected by the Care Quality Commissioner (CQC) in March 2021 and graded as inadequate. As a result, London North West University Healthcare NHS Trust (LNWUHT) had attended the Scrutiny Committee in August 2021 to provide assurances and present the Maternity Improvement Plan. The CQC had then made a repeat visit in October 2021 where Northwick Park Maternity Services was upgraded from inadequate to requires improvement, which remained the rating at the time of the meeting as there had been no inspection since then. LNWUHT were very pleased with that rating as an outcome after just 6 months and the CQC had said that from a morale perspective and multi-disciplinary team perspective there had been a 'sea change' in the department. The link to that report was included in the agenda pack for the Committee meeting and described what further work was being done to improve, in particular in relation to staffing, training and equipment management.

Lisa Knight advised the Committee that there was now a national programme of inspections for all maternity services in the country which had been ongoing for approximately one year. Northwick Park was expecting another inspection fairly soon as business as usual but were not certain whether they were part of the national programme, having been inspected so close to the announcement. As such, preparations were taking place in order to be ready for inspections. As the service had not been inspected for a while, the report included outcomes from the peer assessments undertaken in August 2022 by 14 individuals against the Shrewsbury and Telford report. These assessments found that LNWUHT had maintained compliance on the majority of measures, which was a good outcome, benchmarked against other London areas. The assessment had found 2 areas of non-compliance. One was regarding consultant ward rounds and there had been compliance with that now since November 2022, and one was around workforce planning, particularly around staffing, and whilst that had improved it did remain a challenge. There was still around a 35% vacancy rate in the middle midwifery layer, but there was a solid pipeline of approximately 20 international midwives coming in to Northwick Park Hospital by December as part of the Capital Midwife Programme.

Northwick Park Hospital was on the National Maternity Programme, who were happy with the engagement from Northwick Park Hospital and were helping the Maternity Unit with clinical pathways, triage, governance processes, and preparing for inspection. The Maternity Services Improvement Plan had been moved to a Strategy, and a new National Maternity Improvement Plan had been published the previous week which Northwick Park Hospital was benchmarking against. It had been found that the themes in the Northwick Park Maternity Improvement Strategy aligned with those in the National Programme so there was confidence that LNWUHT was on the right track.

The Chair thanked Lisa Knight for the introduction and invited comments and questions from those present, with the following issues raised:

Councillor Nerva (Cabinet Member for Public Health & Adult Social Care) highlighted the national news regarding the inequality in care in maternity services and racism within the system. From a local authority perspective, he would expect the local authority and local health service at a borough level to treat that as a priority. The Committee had also seen growing awareness and concern amongst the public regarding the performance and standards of care in maternity services over recent years, with some alarming stories being portrayed at a national news level. Pippa Nightingale advised the Committee that the national news had highlighted some of the failures in maternity services across the country. For example, a woman was 3 times more likely to have a still birth if English was not her first language and she was not white British. The key to addressing that was the publication of The Single Maternity Services Delivery Plan, which LNWUHT very much welcomed.

Prior to the publication of the single delivery plan there had been a variety of recommendations from different national bodies, so seeing that all in one place made a difference. There would also be a user-friendly version of that plan that families could access to see the improvements needing to be made in maternity services and how that would be achieved. A big part of the work would involve co-design and how local maternity services worked with women, families and communities to design services. There was a very active user group in Northwick Park Maternity Services helping that happen and LNWUHT were ahead of the game with that.

The Committee asked what presenting officers would say were the key features to determine maternity safety for patients. Pippa Nightingale highlighted effective multi-disciplinary teamwork as the key to safe care because multiple different professions were involved in the gestation and birth of a baby. There was a very detailed maternity safety dashboard which was overseen by the Quality Committee and Trust Board as well as across the acute collaborative where benchmarking across the four trusts took place. LNWUHT favoured well in maternity safety outcomes, and had both a maternity safety champion and non-executive director at Board level. The Committee would like to see a focus on continuity of care, number of investigations and learning from them, and workforce issues in future reports.

In relation to section 3.2 of the report regarding external assurance and actions 3 and 7 being non-compliant, the Committee asked why those 2 areas had not been compliant. Lisa Knight explained that one area of non-compliance had been around consultant ward rounds and ensuring these happened twice a day because prior to the peer assessment they were only being conducted in the morning. From November 2022, Northwick Park Hospital had subsequently implemented ward rounds in the evenings as well so would be compliant with that action if re-assessed. The second area of non-compliance was regarding the website which had subsequently been updated as well. Lisa Knight had not reported Northwick Park Hospital as compliant against workforce planning because there was not enough staff, not because there was no plan. LNWUHT continued to raise staffing as a genuine risk which was unresolved, but the hospital was not unique in that position. There was a national issue with the recruitment of midwives and an announcement the previous day that there would be an increase in the number of training places for midwives nationally. Locally, Northwick Park were already working with local universities who provided midwifery training and were now training more midwives, and a new course had been introduced for nurses who wanted to convert from nursing to midwifery.

Continuing to discuss staffing, the Committee highlighted the vacancy rate for band 6 midwives of 35%, and asked whether there was anything specific to Northwick Park Hospital that might have contributed to that. Lisa Knight advised the Committee that this had been long term, and partly due to putting additional money into that layer and never recruiting into those vacancies. When the original CQC inspection had taken place, there had been quite a high turnover of staff but that had now significantly settled. Pippa Nightingale (CEO, LNWUHT) did not feel there was anything distinguishing Northwick Park Hospital from other places that contributed to the drop-off following the completion of preceptorship years. She felt there was a need to look at the national challenge and general pattern students followed. Most students qualified, stayed in the Trust they trained in to do their preceptorship years there, and then after a few years returned home with that experience. As such, London was an exporter of expert nurses. In addition, the inner and outer London weighting factored significantly into recruitment, where only a few miles difference meant there was inner London weighting, such as at Imperial. Having said that, the turnover rate at Imperial and Chelsea & Westminster compared to LNWUHT was higher. LNWUHT benefited from the mature nurses at Band 7, and so there was a whole cycle of training and experience into and out of London that needed to be understood in order to work out how to fill the gaps. Band 7 had been overrecruited to in order to fill those gaps and nursing roles within maternity were recruited to wherever possible. Councillor

Nerva added that local authority leads had identified workforce in its widest sense as the biggest issue for the health service in NWL alongside health inequalities and funding. An Integrated Care Board (ICB) meeting taking place that day had recognised the issue and the Brent Borough-based Partnership had made some very clear proposals to the ICB about what could be achieved.

The Committee asked how maternity services could be improved sustainably and the staff in place be retained. Pippa Nightingale felt that making sustainable improvements would be dependent on the culture at Northwick Park Hospital. Individuals worked where they felt they belonged, and so retaining staff within a team would rely on that. She highlighted that culture could not change overnight, but over the past year the culture at Northwick Park Hospital had changed dramatically, and a whole new senior team had been recruited to within maternity services that were really making a difference. She felt that once there was a healthy, inclusive, multi-disciplinary culture then people chose to stay within that unit, so that's what they were working towards.

The Committee highlighted that many women put their trust in professionals completely and assumed they would know if something was wrong and may not raise the alarm themselves, particularly if they had a language barrier. They queried whether this was something Northwick Park Hospital experienced with its patients. Pippa Nightingale informed the Committee that this happened both nationally and locally. The most common factor of a stillbirth, which Northwick Park Hospital was trying to get to a point of avoiding, was language barriers. Northwick Park was aware that women with a language barrier quite often did not contact maternity services when they would like them to when they had reduced foetal movements. She highlighted this was not the fault of the patient and attributed this to the service, as those women had not been helped to understand exactly when to respond to a problem and contact the service. However, Lisa Knight was leading a team locally with an improvement programme focused specifically on women with language barriers delaying contacting maternity services. The programme looked at how to improve the information to women so they contacted the service straight away and came in when the service would want them to, in the same way that someone who was white British with English as their first language would understand.

The Committee asked how the digitisation of patient records would assist the families of Brent. They were advised that this was the first time there had been a digital system across the four hospitals of Imperial, Chelsea & Westminster, Hillingdon and Northwick Park. Northwick Park Hospital was not a high-risk unit so a lot of women were referred to Queen Charlotte's at Imperial and there would now be the ability to share notes across both hospitals for the first time. This would help from a patient safety perspective and the standardisation of notes would help with risk pathways as the original notes could flag where women were vulnerable or where their first language was not English. Pippa Nightingale added that the next part of that digitisation project would be linking it to 'patient knows best', the patient portal into their own record which was translatable into the top 5 languages. LNWUHT had also commissioned the 'Mum and Baby' app which had been designed by midwives and obstetricians in North West London for mothers which was also translatable into the top 5 languages. The app allowed mothers to send questions to their midwives and access other information. Maternity services would also be able to see which women had accessed it.

In relation to community midwives, the Committee heard that there were some vacancies there but a nurse consultant post had been recruited to who specialised in community midwifery. That consultant had been in post for 6 months and was overseeing a remodel of community midwifery. LNWUHT took a lot of women from Queen Charlotte's or Watford for community care, so the number of births delivered by LNUWHT was not actually representative of the care given in the community which was much more. Another piece of

work community midwifery was focused on at the moment was where the best place was for women to have their first visit.

The Committee asked whether there was cause for concern regarding C-Section patients being discharged after 14 hours. They were advised this was not a safety issue and generally most women wanted to be at home within 14 hours, which was a generational culture shift. Women were not forced to leave the unit, but generally preferred to go home as soon as they could.

In drawing the discussion to a close, the Chair asked presenting officers how far away from 'good' they felt they were. In responding, Pippa Nightingale highlighted that the CNST standards for maternity had just changed. She did not think maternity services at Northwick Park Hospital were at 'good' yet but were much closer to 'good' than before. She felt if the service was to be reinspected then it would stay at the same rating whereas some places in the country may drop a rating. In responding, she highlighted that CQC was only one regulator out of money. During the past year the maternity services at Northwick Park Hospital had also been inspected by Health Education England, who had subsequently removed an enforcement notice in place after seeing significant improvement.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that inequalities in maternity care and racism within the system must be tackled as a priority at both system and place levels.

An information request was raised during the discussion, recorded as follows:

- i) For the Committee to receive details of the complaints to investigations ratio for midwifery services at Northwick Park Hospital.
- ii) For the Committee to receive details on the staffing numbers in Northwick Park Maternity Services broken down by band over the past 5 years.

8. Community Diagnostic Centres in North West London

Pippa Nightingale (CEO, LNWUHT) introduced the report, which provided information on the new Community Diagnostics Centres (CDCs) in NWL. She felt CDCs were an exciting initiative which had received a significant amount of investment (£44m) to decrease waiting times for residents to have diagnostics tests. The report detailed the plan for CDCs and where each centre would go, which was based around deprivation and population need. The methodology for determining the location of CDCs had focused on ensuring patients would not have to travel for more than 45 minutes to a CDC. One important thing to note was that CDCs were an additional service and did not replace the diagnostics already done in hospitals. Instead, the CDCs allowed for an extra 300,000 members of the NWL population to have diagnostics tests in a much quicker way than they were having now. The majority of patients referred for a diagnostics test did not have an illness, so they could be relieved quicker, and those who did have an illness and needed treatment could get faster access to treatment. As a result, the patient pathway was improved as well as survival rates and there was better access to care.

The Chair then invited comments and questions from the Committee, with the following issues raised:

The Committee agreed that CDCs were an exciting initiative. They knew NWL was one of many areas across the country identified as an area of deprivation and who would be opening CDCs, so asked what learning had been taken from other areas that had already launched their CDCs. Pippa Nightingale advised the Committee that the detailed work that

had been done regarding deprivation had also helped other pathways, such as the Elective Orthopaedic Centre, because that data had been collected in a granular way, not just by borough but locality as well. Learning had also been taken from other parts of the country ahead of NWL in the rollout of CDCs, particularly around how those areas decided where the sites would be placed, as well as their implementation and rollout. NWL were working in a detailed and connected way with the CDC NHSE team.

The Committee asked how this related to GP direct access. Pippa Nightingale felt that CDCs were a 'game changer' for GP direct access, as for many years GPs had been frustrated that they had not been able to access basic diagnostics. This gave NWL an opportunity to look at direct access models on a wider scope as well, which was being done by place-based partnerships. Tom Shakespeare (Integrated Care Partnership Director) added that the Integrated Care Partnership (ICP) would be working closely with the GP community as well as acute and NWL colleagues on the development and rollout of CDCs over the coming months.

Members of the Committee advised presenting officers they had heard from residents that they had waited a long time to have tests done and once tests had been done, they had waited a long time to hear the results of those tests. They asked how they could reassure residents that these CDCs would result in better and quicker outcomes. The Committee heard that they could advise residents there would be quicker access to diagnostics with more patients able to be seen within a year, meaning there would be less patients waiting. The IT systems had been upgraded to enable a single system to share test data and a very important part of the initiative was to ensure communication did not fall down when patients were waiting for results.

There were many different staff groups involved in diagnostics, from phlebotomists to radiologists, some of which were hard to recruit to posts and so this had been identified as a risk. However, there was a good track record in NWL through the training academy which was already training staff ready for the CDCs. NWL had learned from the national programme that these were the sort of centres staff wanted to work.

The Committee asked whether there was joined up working to prioritise critical matters such as cancer diagnostics. They were advised that CDCs would help cancer patients because they would get quicker access into the first part of the pathway that all cancer patients started with. GPs and secondary care were able to refer to CDCs directly. Many services who provided care to cancer patients were challenged due to the backlog from Covid, and so CDCs would address that need too.

In response to whether this would free up hospital capacity, Pippa Nightingale confirmed that CDCs did help the acute trust deal with capacity because, currently, most referrals from primary care were because they did not have access to diagnostics so could only refer to an acute trust. Patients who were not ill would be taken out of the pathway so there were more appointments for people that did need the further care, and people were seen at the right time by the right people. Damien Bruty (CDC Senior Programme Manager) agreed that they could provide the overall volume of the activity NWL would envisage to the Committee. A lot of what they had learned from other places that had already gone live with CDCs was their experience of releasing hospitals from some of the high-volume low complexity caseloads. Patients were choosing to go to CDCs instead to have their diagnostics sooner for non-complex diagnostics, which then allowed hospitals to focus on those complex pathways.

The Chair thanked those present for their contributions and brought the discussion to an end. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that groups who are more likely to be impacted by health inequalities are engaged with and will have more opportunities to access these services.

9. **GP Access Task Group 1 Year Update**

Tom Shakespeare (Integrated Care Partnership Director) introduced the report, which was a one-year response to the scrutiny task group recommendations around primary care access, which the Integrated Care Partnership (ICP) had spent a lot of time and effort implementing. In introducing the item, he highlighted the significant increase in funding coming into primary care, with over £4m coming in and expected recurrently. There had been a significant improvement in the number of appointments available in primary care, including evenings and weekends. Through the Addition Role Reimbursement Scheme (ARRS) there had been a significant increase of additional staff in primary care of 170, and that continued to increase day by day, as well as training in individual practices. He felt that underpinning this was partnership working in a joint, collaborative approach with colleagues in primary care and Primary Care Network (PCN) clinical directors. There was a clear workplan with 5 priority areas that the ICP were working towards, including communications campaigns that gave residents a clear understanding of how to access services.

In continuing to introduce the report, Versha Varsani (Head of Primary Care, ICP) added that the ICP would be working with primary care colleagues and PCNs over the next year to ensure local access plans were done and that primary care was working towards additional access priorities.

The Chair thanked those present for their contributions and invited comments and questions from the Committee, with the following issues raised:

The Committee asked what work was being done to improve access specifically for elderly and vulnerable patients. Versha Varsani acknowledged that demand and capacity were very challenging areas, particularly as the population in Brent was continually growing. An area being worked on was supporting telephony services in GP practices, looking at a cloud-based, smart telephone service that could do call-back opportunities and which gave GP practices data regarding when the biggest demand in the surgery was, so that services could be wrapped around demand. Another approach was for those in ARRS roles to see patients as there were lots of skilled staff in GP surgeries that could see patients aside from doctors. A focus going forward was on both reactive and proactive models. The reactive model would support patients who wanted on the day demand and look how that could be done at scale, such as through the enhanced access hubs. The proactive care model would support more complex patients, including elderly and vulnerable patients. There were many different channels primary care were using to support the work.

The Committee were advised that there had been some technical challenges and the ICP were looking to address some of those challenges, as well as the lack of awareness around the additional out of hours appointments which had been released.

As no further issues were raised, the Committee **RESOLVED**:

- i) To note the contents of the report.

10. **Community and Wellbeing Scrutiny Committee Recommendations Tracker 2022-23**

RESOLVED that the contents of the Update on the Committee's Work Programme 2022-23 report, be noted.

11. Any other urgent business

The Chair informed the Committee that this would be Carolyn Down's (Chief Executive, Brent Council) final meeting at the Community and Wellbeing Scrutiny Committee. He thanked her for the support she had given over the years to the Committee and highlighted that some of the work done by the Committee over the past few years would not have been possible without her support.

The meeting closed at 8:00 pm

COUNCILLOR KETAN SHETH
Chair