



## Health and Wellbeing Board

**Thursday 28 July 2022 at 6.00 pm**

Conference Hall - Brent Civic Centre, Engineers Way,  
Wembley, HA9 0FJ

The meeting will be held as an in person physical meeting with all Board members required to attend in person.

**The meeting will be open for the press and public to attend. Alternatively the link to follow the webcast is available [here](#).**

### Membership:

Councillor Nerva (Chair)	Brent Council
Dr Mohammad Haidar (Vice-Chair)	NHS NWL
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor M Patel	Brent Council
Councillor Kansagra	Brent Council
Sheik Auladin	NHS NWL
Dr Ketana Halai	NHS NWL
Jonathan Turner	NHS NWL
Judith Davey	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Gail Tolley	Brent Council - Non-Voting
Dr Melanie Smith	Brent Council - Non-Voting
Basu Lamichhane	Brent Nursing and Residential Care Sector - Non Voting
Simon Crawford	London North West Healthcare NHS Trust - Non Voting

### Substitute Members (Brent Councillors)

Councillors: M Butt, Knight, Southwood, and Krupa Sheth

Councillors: Hirani and Mistry

**For further information contact:** Hannah O'Brien, Governance Officer  
Tel: 020 8937 1339; Email: [hannah.o'brien@brent.gov.uk](mailto:hannah.o'brien@brent.gov.uk)

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### **Notes for Members - Declarations of Interest:**

If a Member is aware they have a Disclosable Pecuniary Interest\* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest\*\* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

### **\*Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

### **\*\*Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
  - To which you are appointed by the council;
  - which exercises functions of a public nature;
  - which is directed is to charitable purposes;
  - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

# Agenda

Introductions, if appropriate.

Item	Page
<b>1 Apologies for absence and clarification of alternate members</b>	
For Members of the Board to note any apologies for absence.	
<b>2 Declarations of Interest</b>	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
<b>3 Minutes of the previous meeting</b>	1 - 8
To approve as a correct record, the attached minutes of the previous meeting held on 16 March 2022.	
<b>4 Matters arising (if any)</b>	
To consider any matters arising from the minutes of the previous meeting.	
<b>5 Healthwatch Update</b>	9 - 52
To provide members of the Health and Wellbeing Board with an update on progress in the development of the Healthwatch Brent work service.	
<b>6 Mental Health Workstream Update (ICP Priority Area Update - Mental Health and Wellbeing)</b>	53 - 64
For the Health and Wellbeing Board to be updated on the mental health workstream.	
<b>7 Brent Placed Partnership (PPL) (Partnership Development Update)</b>	65 - 72
To receive an update on the Brent Placed Partnership.	
<b>8 GP Access Update and Implementation</b>	73 - 80
For the Health and Wellbeing Board to receive a GP access update.	

**9 Joint Health and Wellbeing Strategy - Thematic Update (Staying Healthy) 81 - 92**

To receive a thematic update on the Joint Health and Wellbeing Strategy.

**10 Health and Wellbeing Board Refreshed Terms of Reference and Work Programme 93 - 104**

To update the Health and Wellbeing Board's Terms of Reference and provide a proposed work programme for 2022-23.

**11 Any other urgent business**

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or her representative before the meeting in accordance with Standing Order 60.

**Date of the next meeting: Thursday 13 October 2022**



Please remember to switch your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and a limited number of seats will be available for members of the public. Alternatively it will be possible to follow proceedings via the live webcast [here](#).



Brent Clinical Commissioning Group

## **MINUTES OF THE HEALTH AND WELLBEING BOARD** **Held as a Hybrid Meeting on Wednesday 16 March 2022 at 6.00 pm**

**Members in attendance:** Dr Mohammad Haidar (Chair), Councillor McLennan (Brent Council), Councillor Nerva (Brent Council), Councillor Kansagra (Brent Council), Fana Hussain (Borough Lead Director – Brent, NWL CCG), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Strategic Director Community Wellbeing, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Nigel Chapman (Operational Director Integration and Improved Outcomes, Brent Council – non-voting, substituting on behalf of Gail Tolley), James Walters (in remote attendance) (Deputy Chief Operating Officer, London North West University Healthcare NHS Trust – non-voting), Basu Lamichhane (in remote attendance) (Brent Nursing and Residential Care Sector – non-voting).

**In attendance:** Hannah O'Brien (Governance Officer, Brent Council), James Kinsella (Governance Manager, Brent Council), Janet Lewis (Director of Operations, CLCH)

*Carolyn Downs introduced Dr Mohammad Haidar as the new Chair of the CCG, and new member of the Health and Wellbeing Board as Vice Chair. As Councillor Farah, Chair of the Health and Wellbeing Board, had sent apologies, Dr Haidar would Chair the meeting.*

*Dr Haidar introduced himself as a local GP in Brent and PCN director.*

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

Apologies for absence were received from the following:

- Gail Tolley (Strategic Director Children and Young People, Brent Council) substituted by Nigel Chapman
- Simon Crawford (Deputy Chief Executive, LNWUHT) substituted by James Walters
- Robyn Doran (Chief Operating Officer, CNWL)
- Dr Ketana Halai (NWL CCG)
- Councillor Farah

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

None declared.

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

RESOLVED: That the minutes of the meeting, held on 13 January 2022, be approved as an accurate record of the meeting, subject to a grammatical amendment to item 6, page 4.

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

In relation to the action from the previous minutes for the Integrated Care Partnership (ICP) to write to NHSE encouraging them to allow more pharmacists to undertake vaccinations, the Board wanted to know whether the NHS had agreed to make use of local pharmacies. Dr Haidar advised that he was the vaccination lead in Brent and had been involved in the discussions with the Pharmacy Lead, lobbying on behalf of the ICP for community

pharmacists to provide a vaccination service to Brent residents. He highlighted that the process to enable pharmacists to vaccinate was complex and there were particular protocols that needed to be followed including infection control measures, ensuring facilities were safe and residents received the vaccination in an appropriate environment. Dr Haidar had nominated 2 pharmacies and although the space was very small there was a desire to approve and support them to deliver the vaccination programme. The Pharmacy Lead had been in support of piloting first so that was being worked on.

Fana Hussain (Borough Lead Director – Brent, NWL CCG) added that NHSE were looking at all pharmacies in London as a whole, and going forward the assurance process would move to local teams. This was a very rigorous process to ensure protocols, training, adequate space, correct facilities and checks and balances were in place, including for vaccination storage. A number of pharmacies were going through that process and the ICP were supporting pharmacists and working with the Local Pharmaceutical Committee to look at what the requirements were and how they could support pharmacists with adjustments to meet the requirements. Dr Haidar acknowledged that vaccination uptake was low in the South of Brent and the system had continually worked together on ways to reach people, such as introducing a roving team to raise awareness of the vaccination, and would continue to use every opportunity to increase vaccination uptake.

## **5. HealthWatch Work Plan Update**

This item was deferred to a future meeting.

## **6. Primary Care in Brent**

### **6a. Primary Care update**

Fana Hussain (Borough Lead Director – Brent, NWL CCG) introduced the report, which detailed the priorities for primary care going forward, as defined by national, regional, North West London, and local priorities. It was recognised that during the pandemic years, when many services moved to remote, patients may not have come forward for a number of services provided by GP practices, and some services that the GP may have previously provided may not have been accessible. As a result, a priority was reaching those patients who may not have had contact with their GP for some time now that services were fully open. In particular, cervical smear tests and childhood immunisations continued to be a priority. SMI health checks for those with learning disabilities or mental health diagnoses was also a priority going forward. The paper detailed the work being done to recruit to the Additional Role Reimbursement Scheme (ARRS) to support Primary Care Networks (PCNs).

The Chair thanked Fana Hussain for her update, adding that they were also using ARRS to support patients with their medication, following 6 years of clinical training. He invited comments and questions, with the following issues raised:

- In relation to face to face services, the Board were advised that access to primary care existed whether virtual or face to face, and if patients wanted face to face that should be made available to them. The Integrated Care Partnership (ICP) had written to all practices and asked them to open their doors while maintaining infection control measures. The ICP had also commissioned Saturday morning clinics from a number of GP practices across all PCNs, with a focus on face to face in particular. Dr Haidar added that there was work to do alongside community services and the Brent Health Matters team to educate patients on which services to attend to best meet their needs, for example to avoid patients going to their GPs when their pharmacist was better equipped to provide a service. Brent Health

Matters had been doing a lot of publicity around winter access including leaflets, social media campaigns and promoting the hours and telephone numbers of primary care services. Specifically in relation to group therapies, the Board were advised that CLCH were offering all their services face to face, or hybrid for families who preferred digital, as well as ensuring home services were offered face to face, with the exception of group sessions. Officers were working with the Medical Officer to understand the guidance and risk assessments to get groups running again.

- In relation to the commissioning of ARRS by PCNs, the Board were advised that the role of ARRS was to help in the reduction of variation across primary care services and standardise care across the patch. They were available to all GP practices in a particular PCN but may be focused on one specific practice. For example, in one PCN there may be 4 GP practices varying between good, middle or poor standards, and so the additional resource from the ARRS may be placed in the practice with poorer standards to level that practice up. It was highlighted that Brent was suffering with recruitment and retention issues for the ARRS. For example, the inner/outer London weighting impacted where staff wanted to work, and a priority for the ICP was to improve that recruitment so that ARRS staff were consistently available to every practice and every person within a PCN. Recruitment was an issue across the whole of the 8 NWL boroughs rather than a Brent specific issue.
- In relation to how those ARRS specialists could be supported with their continued professional development in order to encourage them to work and remain in North West London, the Board were advised there was an Educational Training Hub. They were told no request for training was refused, and nurses were actively encouraged to take on additional training, with an allocation per nurse set aside. The balance that the ICP struggled with was that if a nurse was not working and was on a training course then they were not earning, and the ICP needed to look at encouraging GP practices to release nurses to do education training on a paid basis. This would benefit GP practices as well. Dr Haidar added that across 51 GP practices there were now certain practices which were training practices, including his own.
- A pilot was being trialled at Northwick Park Hospital, where a GP and nurse had been placed in the Urgent Treatment Centre to triage patients turning up there in order to support easy access to medical services. They had been managing over 1,000 patients a month and 3,000 patients had been managed either on site, received self-care advice, been seen by the GP, or had been booked in for an appointment. Other boroughs were now adopting the project due to its success.

RESOLVED: to note the information provided in the paper.

## **6b. GP Access Scrutiny Task Group**

Councillor Mary Daly (Chair of the GP Access Scrutiny Task Group) introduced the report, which included the final findings and recommendations from the GP Access Scrutiny Task Group conducted by the Community and Wellbeing Scrutiny Committee. She highlighted that the report had been very customer focused in relation to access to primary care. One of the key takeaways had been issues experienced by patients around digital literacy and access to remote services, which had led to a recommendation that digital access and literacy was noted on patient records. Another learning point was that face to face was the preference for younger patients as well as older patients, and that parents of infants and young children, and children and young adults, felt neglected by primary care. Some parents who were unable to get a GP appointment for a sick child chose to go to A&E,

spending a lot of time there. The Board were advised that only a handful of patients were dissatisfied with their consultation with a GP, and GPs and community pharmacists were highly valued. It was clear from the interviews conducted that patients did not want to attend A&E, and Councillor Daly highlighted the importance of patients being properly educated and directed to the best services to meet their needs.

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

- The Board asked how the recommendations had been received by primary care and how they would be taken forward. The report had been discussed in forums and been looked at from the point of view of primary care. The recommendations had been critically appraised. The Board acknowledged the impact on primary care, particularly over the past two years. The work Councillor Daly and her colleagues had done had been put at the head of all other NWL boroughs, and the Integrated Care System (ICS) was committed to developing standards across the 8 boroughs for access. A number of investments had already been made, for example a cloud based telephone service which allowed a practice to divert calls, see their peak times and increase resource at demand. Digital platforms were also in the process of being re-procured to be more user friendly, such as allowing patients whose first language was not English to translate the website. From October, each PCN would have an access hub open weekdays from 6:30am to 8pm, and Saturdays from 9am to 5pm. It was the intention of the ICS to provide a response to each recommendation, once further details on investment for primary care in the coming year came through.
- The Board drew a parallel between the GP Access paper and the Health and Wellbeing Strategy due to be presented during the meeting, in terms of the focus on health inequalities, specifically the recommendations that access should be looked at through a lens of deprivation, ethnicity and disability.
- The Board noted that the Community and Wellbeing Scrutiny Committee would expect a report on the progression of the recommendations in a years' time, which should be overseen by the Health and Wellbeing Board as opposed to the Cabinet.

RESOLVED: To note the content of the report, with particular regard to the recommendations to Brent Cabinet and local NHS organisations.

## **6c. HealthWatch GP Survey**

This item was deferred to a future meeting.

## **6d. Integrated Care Partnership update - Organisational Development Plan**

Tom Shakespeare (Director of Brent Integrated Care Partnership) introduced the update on the development of the Integrated Care Partnership (ICP). He highlighted that the ICP was an opportunity to put weight behind primary care as the frontline of the health service, and the paper explored how to embed primary care as leaders in the system. The recommendations in the paper had been produced following engagement with the ICP executive and PCN directors in the initial phase, which formed the first stage of the work. Those recommendations were; putting patients and citizens at the heart of joint working and re-establishing a joint vision driven by primary care; reaffirming shared delivery commitments and looking at the work streams that had been developed with the ICP, primary care, and community; championing a person-centred approach; exploring the support and wraparound services community health and social care could provide within



primary care; focusing on ARRS roles; addressing health inequalities; and improving recruitment and retention. The ICP were also looking at how to hold itself to account and develop a shared culture, building awareness in the community across all service areas such as how to access services, what services were available, and addressing the GP access scrutiny recommendations.

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

- The Chair invited Councillor Daly to contribute to the meeting. She asked what the relationship was with Health Education England in introducing pharmacists, nurses and paramedics into primary care as part of their training during their student period. The Chair advised that there were programmes working with secondary care for training, which GPs helped with, similarly with pharmacists and physicians, supported by Health Education England. The ICP had a Training Hub Lead working hard to encourage GPs to take on student nurses and train them, although there was a workforce issue whereby there were not enough GPs to be released to become educators. The ICP were aware of this and were taking on the challenge as a system. There were also challenges with taking on paramedics in primary care, where the ICP had been asked not to recruit paramedics due to demand in acute and ambulance services. Going forward, the aim was for paramedics to take on a dual role working with the acute trust and GP practices, which was being planned with Health Education England. Basu Lamichaane (Brent Nursing and Residential Care Sector) advised that there were care homes in Brent providing nursing placements with the University of West London and 200 nurses had been supported through that scheme with very good feedback. It was agreed Basu could be put in touch with the Training Hub Manager to look into how this scheme could be further utilised. Dr Melanie Smith (Director of Public Health, Brent Council) highlighted that Health Education England worked to national levels which was less flexible than it could be, but hoped that the work the Integrated Care System (ICS) were doing, with its larger influence, would be a way to increase the responsiveness of Health Education England to enable more training opportunities. Other challenges were the difficulties recruiting nurses due to the withdrawal of the nursing bursary and the difficulty for aspiring GPs getting placements. The ICP had been able to secure additional funding for areas it wanted to develop.

RESOLVED:

- i) To note the update.

## **7. Vaccinations**

Dr Melanie Smith (Director of Public Health, Brent Council) first updated the Board in relation to Covid-19, as at the time of the meeting. She advised that the rates of Covid-19 infection were increasing locally, across London, and nationally, although it was becoming more difficult to interpret the rates as measured by testing as it became less accepted and people prepared for testing to be unavailable from the following month. The Public Health Team had been paying attention to the ONS survey figures, which were reliable but only gave London figures rather than Brent figures. Both the testing figures and ONS figures showed approximately 4.4% of the population in London had Covid-19 at the time of the meeting which the Board were advised was very high, with increases across all age groups. Locally, the NHS was not being significantly impacted, because the vaccination had broken the link between infection and severe disease. Dr Melanie Smith advised that Public Health experts would have predicted this increase as society opened up and people

began to mix. It was critical to monitor the impact on hospitalisation in terms of how sick people were from Covid-19 in hospital.

James Walters (Deputy Chief Operating Officer, London North West University Healthcare NHS Trust) explained that in LNWUHT the number of Covid-19 inpatients had increased, but the number of incidental findings was around 40%. These were patients whose primary presenting health complaint was not Covid-19, so would have otherwise been in hospital but happened to have Covid-19. A & E was exceptionally busy across the whole of NWL, putting pressure on each of those services, for example how patients' urgent and emergency care needs were managed while maintaining infection control and prevention. Those in hospital who happened to have Covid-19 were not making their way to the High Dependency Unit or Critical Care in the way patients with Covid-19 were previously.

Regarding the vaccination programme, Dr Melanie Smith highlighted that achieving vaccine equity in Brent was a challenge, but the vaccination programme had shown how the system could work together, be innovative and develop solutions with communities. There was no desire to continue doing things the way they had been done in the past, and the paper asked the Board to take the lessons learnt from Covid-19 specifically in relation to inequalities. The new approach would involve working with communities to co-produce solutions, and take that learning and apply it to other programmes such as the childhood immunisation programme. There would be a need to develop new KPIs in order for the system to hold itself to account on performance for inequalities and the Board was asked to assist with that. The Board strongly supported Dr Melanie Smith's suggestions and hoped those conversations would take place at an ICP and ICS level, with any proposals brought back to the Health and Wellbeing Board.

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

- The Board noted the increase in Covid-19 infections in Brent, with the figures showing around a 40% increase in cases compared to the previous week, and some London boroughs showing nearly 100% increase. The Board queried at what point the government or NHS would consider another booster vaccination. Dr Melanie Smith advised that the JCVI were meeting on a regular basis to discuss this, and she predicted more boosters.
- In relation to how comfortable Dr Melanie Smith was, as the Director of Public Health in Brent, with the full easing of restrictions and testing, she advised that she would always be cautious from a public health perspective, but that must be balanced against the fact the public had been living against unprecedented levels of restriction for two years. At this time, she was not uncomfortable with the lifting of restrictions, but thought it was critical that the ability to scale back up the restrictions was retained, should the UK be faced with a variant which evaded the vaccination. She highlighted that surveillance needed to be maintained so that any new variant was discovered.
- The Board noted that free Lateral Flow Tests which had been available to the public for testing would cease to be available by the NHS in 2 weeks' time, which would mean fewer tests were available and there may be a charge for them. They queried the implications for both infection management and control, and for local, regional and national data. Dr Melanie Smith advised that at the time of the meeting there was not complete clarity about the testing arrangements going forward. There were some helpful commitments from the UK Health Security Agency (UKHSA) about the principles in which testing would be made available, and while it would be important to see how those principles translated into practice, as principles they were sound. The ONS survey would continue, which gave reliable data, although it was not Brent specific.

There had also been assurance from the UKHSA that, with the current levels of Covid-19, the intention was to maintain testing in residential and social care settings, although there was less clarity on other health and social care settings and SEND settings. Locally, the Public Health Team were looking at contingency arrangements should the national testing regime not continue to provide tests to those groups which were considered high risk.

- Public Health predicted that, over the summer, infection levels would decline to such a level that routine testing could be switched off even in high-risk non-clinical settings, but there would be a need to be prepared to switch that back on during Autumn, and standard testing would remain for clinical purposes.
- In relation to the 3 major cities in China currently in lockdown due to new variants, Dr Melanie Smith advised that it was not known whether those variants were likely to spread to the UK. She highlighted it was inevitable there would be variants as the virus mutates, but it was very difficult to extrapolate the experience of populations with differing levels of past infection, natural immunity, and different approaches to vaccination. To date, it had been seen that the UK vaccination programme protected against all variants that had spread in the UK, but the risk was that it could fail in the future. This was why surveillance systems were important in order to spot new variants, assess how transmissible they were, look at whether they caused more severe disease, and find out whether they evaded the vaccination.

RESOLVED:

- i) To commit to a continued and consistent “evergreen” offer of Covid-19 vaccinations which is delivered in community settings in partnership with community and faith groups.
- ii) To make childhood and maternal immunisation a priority for the ICP, and to invite NHSE&I (as commissioners of immunisations) to join the ICP in developing plans as outlined in section 2.2 of the report.

## **8. Joint Health and Wellbeing Strategy**

The Board were presented with the final Health and Wellbeing Strategy following the consultation process and asked to approve the final draft. The Board thanked all those involved in devoting their time to the engagement process and thanked Anne Kittappa (Senior Policy Officer, Brent Council) and HealthWatch in pulling the work together.


RESOLVED: to approve the Joint Health and Wellbeing Strategy (JHWS).

## **9. Any other urgent business**

None.

The meeting was declared closed at 19:45  
DR MOHAMMAD HAIDAR, Chair

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	<b>Brent Health and Wellbeing Board</b> 28 July 2022
	<b>Report from Healthwatch Brent</b>
<b>Progress update Healthwatch Brent 2022</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 - Annual Report 2021-22 Appendix 2 - Patient Experience Q1 2022-23
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Jo Kay Healthwatch Brent Manager jo.kay@healthwatchbrent.co.uk

## 1.0 Purpose of the Report

- 1.1 To provide members of the Brent Health and Wellbeing Board (BHWB) with an update on progress in the development of the Healthwatch Brent work service
- 1.2 The Healthwatch service aims to ensure that all residents in the borough, particularly the most vulnerable, are able to influence the commissioning and delivery of the health and social care service in Brent

## 2.0 Recommendations

- 2.1 To recognise and note the key themes and achievements in the development of the Healthwatch Service.
- 2.2 To note Healthwatch Brent annual report 2021-22 and to celebrate the achievements, successes and impact with the Health and Wellbeing Board.

## 3.0 Detail

- 3.1 The body of this report to The London Borough of Brent's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Brent in the delivery of its functions and activities for this period.
- 3.2 **Annual Report 2021-22**

In addition to reporting on quarter one 2022-23 this report also outlines Healthwatch Brent's annual performance. We have appended our Annual Report for submission to the Health and Wellbeing Board which encapsulates the key elements of our activities and financial position in 2021-22.

- 3.3 Healthwatch Brent would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the first quarter.

### 3.4 **Engagement**

In quarter one Healthwatch Brent have engaged with 287 members of the public via several different engagement approaches. There have been several issues and areas which we have covered, which have produced some very positive outcomes for Brent residents. Such as residents being aware that they have the right to an independent advocate to get the information they need to make real choices about their circumstances and support to ensure they can put their choices across to others. Registering and accessing an NHS Dentist or making a complaint against a GP surgery.

Some of our engagement events have consisted of visits to Daniel's Den, to hear from parents with young children. Mental Health Awareness Day run by Thrive to hear from communities about their experiences with mental health services. Visits to Laurence's Larder and Brent Foodbank to hear from members of the public experiencing deprivation. We have supported the Black Community Action Plan as part of the steering group for their upcoming health awareness day.

We are continuing to enhance the way in which we collect experiences and will be attending various health and social care providers to ensure we have a greater presence in the community and are collecting feedback about different providers. Most feedback on health and social care services remains positive with 72% of overall service rating is either good or okay and only 27% of feedback being poor or very poor. The most common theme is access to services or quality of service or treatment.

### 3.5 **Strategic involvement**

Through reports, direct feedback and the large number of strategic meetings to which Healthwatch contributes we are able to feedback the information that we gather through our engagement programme, to commissioners and providers. This ensures that the quality of health and social care services in Brent is monitored and challenged through the real experiences of patients and that change programmes can be influenced by Brent's residents.

### 3.6 **Themes**

Through our engagement work we would like to draw attention to the following key themes identified. Further analysis can be seen in appendix 2: Q1 Patient Feedback Report.

### 3.7 **GP access**

We are generally hearing positive feedback about the quality of treatment and care that GP surgeries provide however we still continually hear about lack of access to GP appointments, long telephone waiting times and once able to book an

appointment there is usually a 2-3 week wait. We have shared an example of a case which came to us from the NHS Independent Complaints Advocacy Service at the end of this paper, highlighting the issues that some patients have had with long waiting times and a lack of understanding/respect from staff.

### **3.8 Dentistry**

Like all local Healthwatch, Healthwatch Brent have received an increase to our single point of access from people unable to find an NHS dentist. Access to NHS dentistry has been one of the most significant issues raised with Healthwatch across England by the public over the last 18 months. Many people find it hard to get up-to-date information about which practices are taking on new patients because NHS and dentists' websites aren't updated regularly. As a result, more people are contacting their local Healthwatch hoping that they'd provide them with accurate information. It is often the most vulnerable people in our society, including children, disabled people and those living in care homes, who are suffering the most.

NHS dentistry should be in the frontline of tackling health inequalities and at the moment it is not working as patients are not only unable to get an appointment, but unable to register with a dentist at all. This means that those with the resources to do so are turning to private practices or travelling further afield to access dental care, while the most vulnerable members of our society are left without any access to services. We would like to know what is being done to address the concerns being raised about the lack of NHS dentist accepting new patients in Brent, keeping in mind the commitment from North West London to reducing inequalities in health outcomes, in access and in experience, all of which are only exacerbated by the current issues around dentistry.

### **3.9 Children and Young People's mental health**

We are encouraged to see a renewed commitment to working together to improve services for children experiencing mental health problems. We are pleased that an in-depth engagement and evidence gathering by Young Brent Foundation has been undertaken and the findings from this work have been published in the report *Understanding the Issues/Challenges on Mental Health of Communities During the Pandemic – 2021*<sup>1</sup>. The report gives insight into the experiences of children, young people and their families which we are hoping will influence and inform how future services are developed and designed.

However, we would like to raise and amplify the key challenges the report highlighted from an organisational point of view: Anxiety, low self-esteem, self-care and a decrease in social skills. From a young person's perspective: Loneliness, isolation (from friends), depression, mood swings, Domestic Violence (young person towards parental unit). Autistic young people are also adversely impacted by isolation and or anxiety. From a child (5-11) perspective: Effects on physical fitness, weight gain, dealing with bereavement, and children having to adapt in new school environment / transitioning back into school or moving.

We look forward to working together with all partners to improve and evaluate services which have been put in place to improve the outcomes for the children and young people of Brent.

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<sup>1</sup> <https://youngbrentfoundation.org.uk/entry/mental-health-and-wellbeing-report>

### **3.10 Maternity Services in Brent**

Since the CQC report on Northwick Park Maternity Services was published in 2021 we have paid particular attention to London Northwest University Healthcare NHS Trust maternity engagement strategy. We've heard from Brent residents that they have not had opportunities to feedback to the Trust on the improvements to maternity services to ensure all women from diverse communities can receive safe and equal treatment. We have met with the Director of Midwifery, midwifery nursing staff and the Head of Patient Experience to seek assurances from the Trust that they will be engaging with Brent's diverse communities and use different engagement methods to ensure the information shared informs and influences the improvements to the services. We are pleased that significant progress has been made and we will continue to monitor this directly through our engagement work.

### **3.11 The Pharmaceutical Needs Assessment for Brent**

Healthwatch Brent have continued supporting the Pharmaceutical Needs Assessment (PNA) steering group to ensure patient voice is amplified in the PNA. We have reviewed the draft PNA to ensure it meets the needs of Brent residents and will be reaching out to patients and the voluntary sector to feedback on the consultation of the draft PNA in Quarter two.

### **3.12 Future Plans**

April 2022 marked the end of the first year of The Advocacy Project being the contract host for Healthwatch Brent. We are taking a time to reflect on this period and review our service against Healthwatch England's Quality Framework. Drawing on our own experiences and methodologies, we will be looking at how we can be smarter in proactively seeking out the opinions and experiences of people using care services in the borough, particularly from seldom-heard groups. Our focus will also be on how we use this evidence base to challenge care provision in more innovative ways. We recognise that there are significant challenges ahead of us to make sure that the residents of Brent have a voice, at neighbourhood, place and now system level in the changing context of the health and social care landscape of newly established Integrated Care Systems.

Our intention will be to work strategically with the Integrated Care Partnerships to hold commissioners and providers to account during these changes; To firstly ensure that they carry out robust engagement with the public to allow residents to influence and shape future care services; and secondly, that the quality of care is not negatively affected and that health inequalities are addressed as set out in the Brent Integrated Care Partnership Executive Committee priority area of focus.

## **4.0 Financial Implications**

4.1 No immediate financial implications

## **5.0 Legal Implications**

5.1 No immediate financial implications

## **6.0 Equality Implications**



- 6.1 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.

### **Case highlight report.**

#### **Access to GP Services**

We would like to highlight a case which came to us from the NHS Independent Complaints Advocacy Service to demonstrate long waiting telephone times and the lack of understanding and respect for patients.

The advocacy service is providing independent complaints support for a patient, as the patient first complained to their GP surgery in April 2021 and had not received a response. The patient's complaints advocate called the surgery to discuss the non-response a few times. The first time, they were on hold for 33 minutes (14 minutes of that time they were 'next in line' to speak to someone), the second time on hold for close to 40 minutes and the third time they were cut off after 12 minutes. This raises a query regarding access to make an appointment if the telephone is your only means, let alone speak to someone about a complaint.

Only when the advocate found an email address to make contact, and only after suggesting they would contact NHS England and the Ombudsman as the GP surgery is not adhering to NHS guidance and legislation in line with the NHS Complaints Procedure 2009, did they get a response. Unfortunately this response stated that the practice had never received the complaint. The advocate followed up with evidence that they had indeed received the complaint, and even acknowledged receiving it. Within 5 minutes they had a response apologising and confirming that they would now investigate. Nonetheless, a very painful experience for the patient.

A quick google search identifies the surgery as having 1.9 stars due to patient feedback - the majority of which refer to the impossibility of getting through on the phone lines and the rudeness and unprofessionalism of the staff. The wider issue, despite the complaints concerns, is that unwell people are not able to access their GP surgery – it is unreasonable to expect an unwell person to wait for 40 minutes and to get through to speak to someone.

This is only highlighting one piece of feedback we have received. When trying to improve and build better systems for patients and staff it is essential to listen to their voice and collaborate with those who use services and those that provide them. Therefore, Healthwatch Brent stresses the importance of ensuring the key priorities set by NHS England 2022-23 to improve timely access to primary care by maximizing the impact of the investment in primary care and Primary Care Networks, to extend capacity, increasing the number of appointments available and driving integrated working at neighbourhood and place level.

#### **Report sign off:**

Judith Davey CEO, Healthwatch Brent

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# Laying the foundations

Healthwatch Brent  
Annual Report 2021-22



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Judith Davey  
Healthwatch  
Brent CEO

“In the first year of The Advocacy Project delivering Healthwatch Brent, I’m proud to see the service go from strength to strength. Particularly in the post-Covid world we find ourselves in, when access to health and social care services has been so severely affected, Healthwatch plays a crucial role helping people speak up for the services they need. In our first year, we’ve fostered strong connections with local communities – particularly those who are seldom heard – and built solid partnerships with key organisations. The impact is already being felt, and we look forward to seeing the changes our residents need.”

## Message from our chair



Shyama Perera  
Healthwatch Brent  
Advisory Group Chair

This has literally been a new year for Healthwatch Brent. In the 12 months since The Advocacy Project took over the contract for the borough, we’ve been on an exciting – and concerning – learning curve.

We were all fully aware of the diminution of the offer – and the opportunities – for tailored health and social care during two years of lockdown. This was a disaster countrywide and particularly in Brent. Deprivation stalks our patchwork of a borough. Established communities struggle to be heard, and evolving new communities and cultures each require, and experience, health and care services differently.

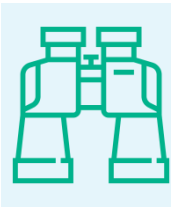
Our focus throughout has been to draw on their experiences and feed that information to the organisations and statutory bodies that advocate for change: our council, our GP services, our local hospitals, care homes, the Clinical Commissioning Group. Our data also helps them assess and address already existing areas of concern.

In addition to our own – new – research, and supporting countrywide data collection, we’ve tracked the recommendations made by the previous contract holders to measure effectiveness. It’s an ongoing process. The team has found its feet at a good moment. Local health and care services should now be returning to normal, yet we see residual and potentially long-term problems all around. We’ll be holding a magnifying glass to those problem areas, seeing them through the eyes of our most needy, and helping change that landscape over the next year.

# About us


## Your health and social care champion

Healthwatch Brent is your local health and social care champion. From Queensbury to Kilburn and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.




### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people’s experiences help make health and care better.



### Our values

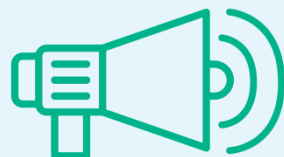
- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don’t always have their voice heard.
- Analysing different people’s experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public’s independent advocate.



# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**32797** people visited our website for information and guidance  
**679** shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.  
**118** shared their views about the Brent Primary Care Winter Access schemes.  
**966** engaged with us and shared their views via social media  
**578** receive our newsletter for more info on health and social.

## Making a difference to care



We published  
**7 reports**  
about the improvements people would like to see to health and social care services.  
**125 people**  
came to us for clear advice and information about topics such as mental health, GP, Dentistry and Adult Social Services.









## Health and care that works for you



We're lucky to have  
**13**  
outstanding volunteers, who gave up their time to make care better for our community.  
We're funded by our local authority. In 2021-22 we received:  
**£134,722**  
We also currently employ  
**4 staff**  
who help us carry out this work.

# How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022

Spring	 <p>We spoke to key community groups about the Joint Health and Wellbeing Strategy interim emerging priorities, hearing their views and ensuring residents could have their say..</p>	 <p>Volunteers engaged with excluded communities to understand vaccine hesitancy and increase vaccination take up at various locations across Brent.</p>
Summer	 <p>We engaged with groups in Stonebridge and Harlesden to develop an in depth understanding of the communities, their specific requirements and how statutory services can best meet their needs.</p>	 <p>We supported stage three of the Joint Health and Wellbeing consultation to understand whether different groups felt that the strategy met their needs, and to determine whether there was anything missing.</p>
Autumn	 <p>Teaming up with the other seven North West London Healthwatch, we heard from patients of what they think of the NHS eConsult services and what improvements people may like to see.</p>	 <p>We followed up on the recommendations made in 2018 in our report: 'Identifying Young Carers in Substance Misuse Households' to see what outcomes had been achieved.</p>
Winter	 <p>We heard that Brent patients were struggling to see their GP face-to-face. So we produced a report with recommendations for 11 GP practices to improve their access to meet the needs of their patients.</p>	 <p>We evaluated the Brent Primary Care Clinical Commissioning Group Winter Access Pilot Schemes, identifying how the schemes were able to support patients and take pressure of primary care services.</p>



# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.



## Experiences of accessing a GP in Brent.

Thanks to people sharing their experience of accessing a GP in Brent over the last year, we’ve produced recommendations for 11 GPs. This will make sure GPs are aware of their need to better ensure that patients can readily access care when they need it.

The COVID-19 pandemic fundamentally shifted the way we use GP practices, both nationally and locally. Following NHS guidance, from 2020 GP practices changed the way patients could access appointments

Our research showed that the guidance had made little difference to the patient experience in Brent. They were still struggling to book appointments and faced long waiting times. We used the feedback from our survey to produce recommendations for the GP practices, showing what changes can be made to ensure their services are meeting the needs of patients.



**69% of people**

**we heard from were dissatisfied and found it difficult to book an appointment at their GP practice.**

Our recommendations included:

- GP practices to review processes of not offering face-to-face appointments
- Further support from NHS England to upgrade phone systems so that they meet the demands of local people
- Further help to support the training of surgery staff
- Reviews to appointment booking policies
- Better support for patients with particular needs

By tailoring our recommendations to specific GP practices, we have been able to be more specific about improvements that are needed, while also acknowledging the pressures that practices are under.

### A better experience of accessing primary care

The aim of this project is to improve patients’ experiences of accessing care. We will follow up in 6-12 months to ensure changes have been made.



“The GPs are OK but it is almost impossible to get an appointment. They also did not answer the last eConsult I tried.”

Patient feedback, GP Access Survey



## Influencing the Joint Health and Wellbeing Strategy

**People in Brent were given the opportunity to influence the Joint Health & Wellbeing Strategy to ensure it meets their needs and community needs.**

The strategy will determine how health and wellbeing issues are tackled in Brent until 2025, so it's important that it focuses on the right areas. Those who are most affected by the strategy should be at the heart of its development.

We worked with Brent Council, Clinical Commissioning Group and NHS Trusts to ensure that residents could have their say. Community groups were invited to share their views throughout the development process by highlighting the issues that they would like to see included commenting on the priority areas and giving feedback on the draft proposals.

Some of the key areas identified by our community were the need for a stronger focus on healthy eating, more accessible facilities in our outdoor spaces and support for people to grow their own food. We are pleased to see that each of these areas – and many other priorities raised by Brent residents – have been accounted for in the strategy.

It was important that many different groups of people had an opportunity to comment on the strategy. We shared it with Brent residents online, and met with faith-based communities, mental health service users, people with disabilities and learning disabilities, older adults and people from seldom-heard groups within the borough.

### What difference did this make?

Thanks to the feedback we shared, Brent's Joint Health & Wellbeing Strategy focusses on areas that matter to local people.

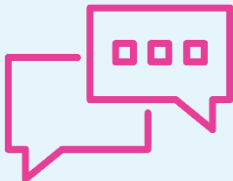
Groups we spoke to were pleased with the direction of the strategy, and highlighted key areas such as more funding for local people to run their own health & wellbeing events, more accessible facilities in local outdoor spaces, and an emphasis on healthy eating. These themes echoed the feedback people shared during earlier stages of the consultation.

Using the local community's views to help shape the strategy will not only ensure that health & wellbeing initiatives are fit for purpose, but also help to build up trust in the local authority.

# Ways we've made a difference for the community

## Working together

Services and providers need to understand that working together reduces barriers and inequalities.



It was important for us to review the recommendations from our 2018 report identifying Young Carers in Substance Misuse Households and understand the current situation. Because of the pandemic, children were much more involved in the problems they faced at home. We wanted to ensure that social care services had the opportunity to step back and learn from our recommendations, and to highlight where there are still gaps for young carers. Our findings and recommendations helped provide a deeper understanding that working together is a good way for providers and services reduce the pressures for young carers in substance misuse households.

## Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.



We gave advice to a local NHS Trust to improve the way they engage with diverse, seldom heard groups who use their maternity services. This has enabled them to review their engagement strategies to involve local people and improve their maternity services directly as a result.

## Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.



We know there are disparities for people living in Brent when accessing services, including vital safeguarding services. This year our CEO has been championing safeguarding and ensuring people's voices are heard. Now, we have called on the Adult Safeguarding Board and system partners to look into the inequalities that may exist for certain community groups who may be under-represented in the safeguarding concerns that are raised. This will be a continued area of focus for us over the coming years.

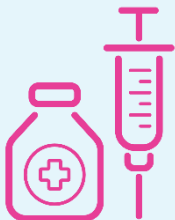
# Ways we've made a difference for the community



## Diversity

**Brent patients and residents from a diverse range of community groups have come forward to share their views**

This year we have focussed on reaching communities that are not currently having their voices heard. We have worked closely with Black African and Black Caribbean communities, whose comments represented nearly a quarter of survey responses collected. Members of this community have told us that they did not feel like local health services were listening to them. However since we started our work, we've seen an increase in engagement for this group. We will continue this approach to working with diverse communities, building on the positive results.



## Covid-19 Vaccine

**Giving people clear and sensitive information about the Covid-19 vaccine was vital for helping to protect communities.**

Healthwatch Brent staff and volunteers joined the Covid-19 vaccination bus, going out into areas with lower vaccine uptake and starting conversations with the public. They were able to help the public navigate a complicated vaccination booking system, answer questions, and encourage those who were sceptical to consider vaccination. This work also offered development opportunities for our team, with one of our volunteers being offered paid employment as part of the vaccine bus programme.



## Partnering with other local Healthwatch

**We teamed up with other local Healthwatch in North West London (NWL) to help improve access to online GP consultations.**

Feedback from patients has shown that they want better online systems for contacting their GP. We worked with other local Healthwatch across NWL to share a consultation survey. 672 Brent residents shared feedback – the highest number of any borough – and as a result, a new system has been commissioned, offering more features for patients.



# Advice and information

If you feel lost and don't know where to turn, Healthwatch Brent is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Making sure residents had access to NHS dental services
- Ensuring people could get vital care by helping to follow up on delayed referrals
- Supporting people to raise complaints by referring them for independent advocacy
- Helping people to access the services they need



## Improving access to dental services

This year we have supported many patients to access important dental services, helping to ensure that residents in Brent are able to receive dental care when they require it.

This included finding an alternative NHS dentist for a patient who was unable to access urgent root canal treatment, as well as signposting many other patients to local services accepting NHS patients.



**"I am left with pain in my gum and no tooth, I was wondering if someone can help."**

## Supporting patients to make NHS complaints

When something goes wrong, it's important for patients to have access to appropriate complaints processes and advocacy. We work closely with the Brent Independent NHS complaints advocacy provider to ensure this is possible, and have referred many patients for their services.

Last year we also supported patients who had already made complaints and weren't receiving appropriate responses.



For example, we contacted a GP surgery on behalf of a lady who had made a complaint but received no acknowledgement. In response, the Practice Manager contacted the patient and launched a full investigation.

**"Thanks for your help, you've been amazing!  
Thank you so much!"**

# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Brent. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care. We are constantly looking for new volunteers if you are interested.

This year our volunteers:

- Collected views about the impact of Covid-19 and vaccine hesitancy, visiting the Brent Covid-19 vaccination bus.
- Helped us make decisions about where to focus our efforts, by sharing feedback and as members of our Advisory Group
- Co-produced our GP Access project, ensuring that our survey was asking relevant questions that could be easily understood.
- Headed out to engagement events and spread the word about Healthwatch to their communities, promoting our work and encouraging more people to have their say.





There are many reasons why people volunteer to help us collect data. These include giving back to the community, sharing experiences and skills, and influencing the improvement of local health and social care services.

Two of our longest-serving volunteers, Mary and Margaret, shared an insight into what volunteering with Healthwatch Brent means to them.



**Mary**

“Luckily most of the visits we carry out are to places that offer a reasonable standard of care – but we may still see things that can be improved and recommendations for changes. It’s also very interesting, having the opportunity to speak to people and hear what their views are..”



**Margaret**

“I’ve been with Healthwatch Brent since it started, all the way back in 2013. At that time, I was given the option of different roles and was really intrigued by ‘Enter & View’ – the opportunity to go and visit service providers and see what they are doing. As a retired care assistant, I know how important these environments are and can easily see what they lack.”



**Do you feel inspired?**

We are always on the lookout for new volunteers, so please get in touch today.

 [www.healthwatchbrent.co.uk/volunteering](http://www.healthwatchbrent.co.uk/volunteering)

 **020 3869 9730**

 [ibrahim.ali@healthwatchbrent.co.uk](mailto:ibrahim.ali@healthwatchbrent.co.uk)

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Income	
Funding received from local authority	£135,000	Staff costs	£101,605
Additional funding	£2,473	Operational costs	£17,892
		Support and administration	£12,363
Total income	£137,473	Total expenditure	£131,860

## Top three priorities for 2022-23

1. Understanding barriers and blocks when accessing mental health services for certain community groups.
2. Understanding experiences of people who have been sectioned and discharged in Brent.
3. Understanding experiences of Eastern European communities accessing health and social care support.

## Next steps: influencing change

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers at Brent Integrated Care Partnerships and North West London Integrated Care Board reduce the barriers you face, regardless of whether that's because of where you live, income or race.

# Statutory statements

## About us

The Advocacy Project, c/o Kemp House, 152-160 City Road, London, EC1V 2NX holds the contract for Healthwatch Brent.

Healthwatch Brent uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



## **The way we work**

### **Involvement of volunteers and lay people in our governance and decision-making.**

The Healthwatch Brent Advisory Group consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. The Advisory Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met four times and made decisions on matters such as access to Primary Care and inequalities in Safeguarding concerns raised.

We ensure wider public involvement in deciding our work priorities by using the insights and data gathered by patient and resident feedback collected at engagement events, such as Brighter Health in Brent targeting the Black African and Caribbean community groups. We use the information collected from our information and signposting enquiries where we support people 1:2:1 to be able to access health and social care services. We also hear from our Grassroots Community Voices network which provides more value to our community partners allowing community groups to share issues that they would like us to raise with statutory services.

### **Methods and systems used across the year's work to obtain people's views and experience.**

We use a wide range of approaches to ensure that as many people as possible are able to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a feedback review system, attended virtual and face to face meetings of community groups and forums, provided virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have built up our Grassroots Community Voices network – community groups who input into our projects and share their feedback on our priorities. This includes representation from health groups, local foodbanks, neighbourhood forums, mutual aid groups and many other parts of our community.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on [healthwatchbrent.co.uk](https://healthwatchbrent.co.uk)

This year, due to the Covid-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by Healthwatch Brent to Healthwatch England Committee, so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Brent is represented on the Brent Health and Wellbeing Board by Judith Davey, CEO. During 2021/22 our representative has effectively carried out this role by being a critical friend to statutory services and bring valuable insight to ensure decisions in health and social care take into account Brent residents and patients.

### 2021-2022 Outcomes

Project Area	Activity outcome
Understanding the experiences of accessing GPs in Brent	From the feedback gathered we are working with system partners to ensure improvements are made to GP access.
Covid 19 Vaccine hesitancy Supporting residents to understand the vaccine booking system	Working with partners we engaged with excluded communities to increase vaccination take up.
Engagement	We have successfully engaged with new community groups in the most deprived wards within Brent to ensure their voices are listened too.
Enter and View at Northwick Park Hospital	In 2019 our Enter and View team visited Edison Ward, Northwick Park Hospital, in 2021 we heard that our feedback helped improve its services for patients.
North West London E-consult consultation	We collaborated with North West London Healthwatch to gather views from patients on the eConsult service. From the views we gathered NHS Digital have recommissioned a new provider.
Brent Community and Wellbeing Scrutiny Committee	We have amplified patient voice at the Brent Community and Wellbeing Scrutiny Committee in particular providing testimonial evidence of patient experiences in GPs. These findings contributed to the scrutiny report and recommendations on GP access.
Grassroots Community Voices network Representation on Healthwatch Brent Advisory Group	We have developed new relationships with grassroots organisations in Brent to ensure their voices are heard at system level.



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 [instagram.com/healthwatch\\_brent](https://instagram.com/healthwatch_brent)





# Patient feedback report

## April – June 2022

# Intelligence collected in Q1, to inform our future action (April – June 2022)

This report shares feedback collected from 287 Brent residents, including:

- Surveys
- Meetings between Healthwatch Brent and our Grassroots Community Voices network
- Outreach and engagement events run by our team and visits to events from other organisations
- Conversations on social media, and on community and neighbourhood sites
- Information collected and shared by Healthwatch Brent volunteers

This quarter we...

- Connected with eight new community and voluntary sector groups
- Supported 20 people who came to us for information and signposting
- Shared information with 589 people through our monthly newsletter



# Championing the voice of local residents

**Many people contact us for support through our advice and signposting service – such as Ms Kaya\*, who wanted help raising her concerns with child social care services.**

The family had been receiving support from social services, however throughout the past year they'd had several different social workers changing in quick succession. This meant there was a lack of consistency.

When Ms Kaya spoke to us, she had an upcoming Child Protection Case Conference to attend, however she was only given 2 days' notice and wanted to postpone it so she could get legal representation as she felt uncomfortable going on her own. We spoke up on behalf of Ms Kaya and raised the concerns with her social workers.

As a result of our support, Children social services listened to her wishes, they postponed the case conference, giving her the opportunity to get proper legal representation ahead of her meeting.

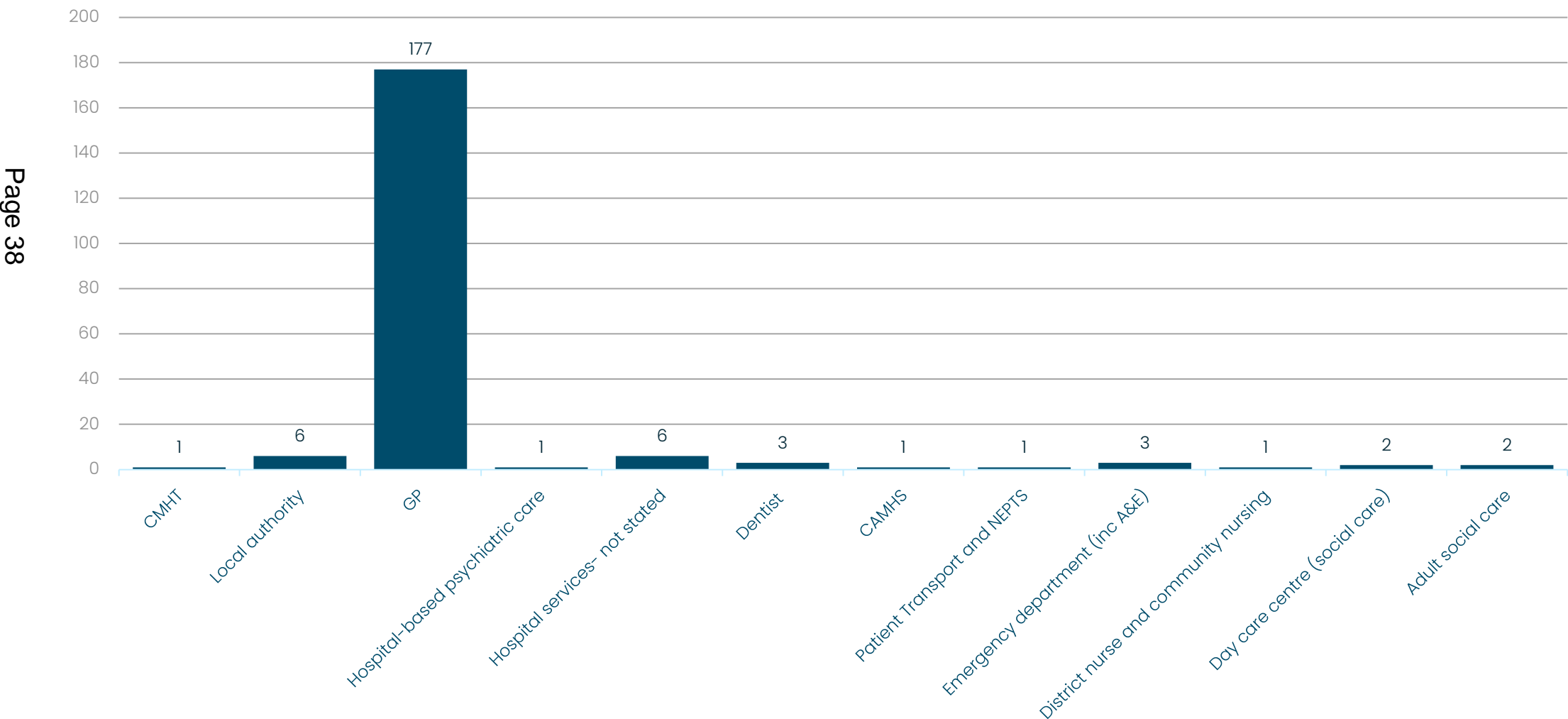


"Thank you so much for your help toward my situation."

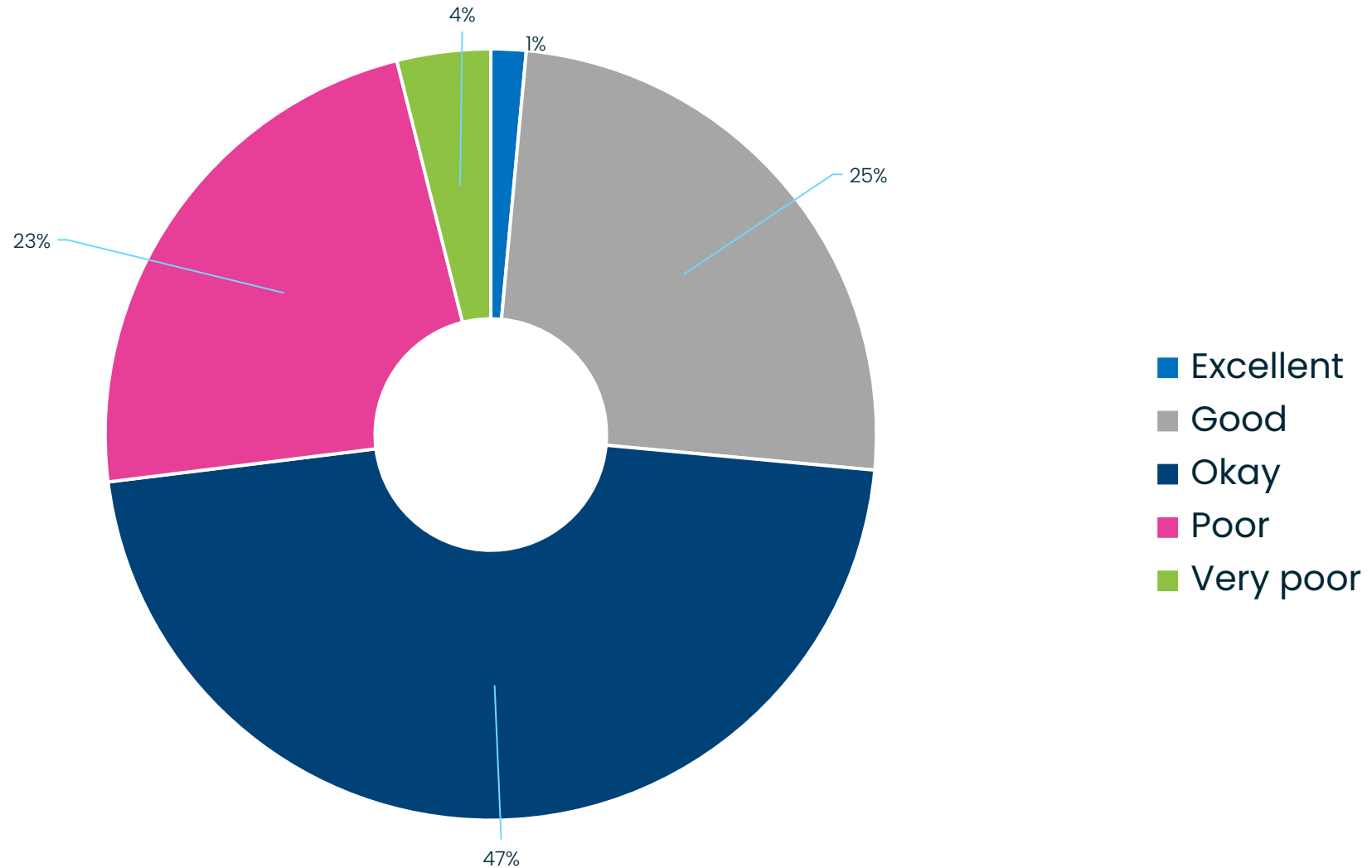


# Key stats – Services we heard feedback for

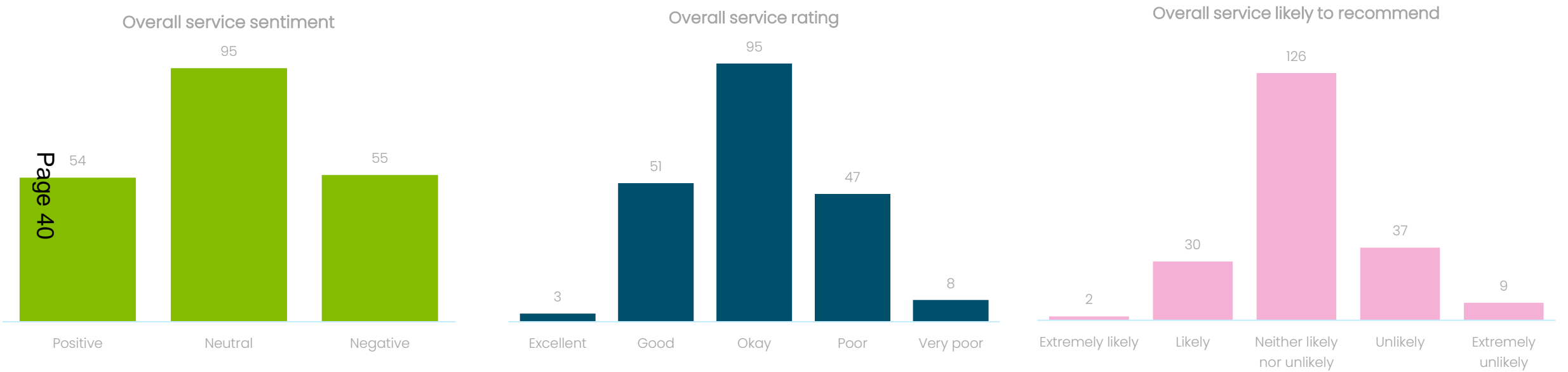
The majority of patients shared feedback about their GPs, but we also heard about a number of other service areas.



# Overall ratings of health and social care services

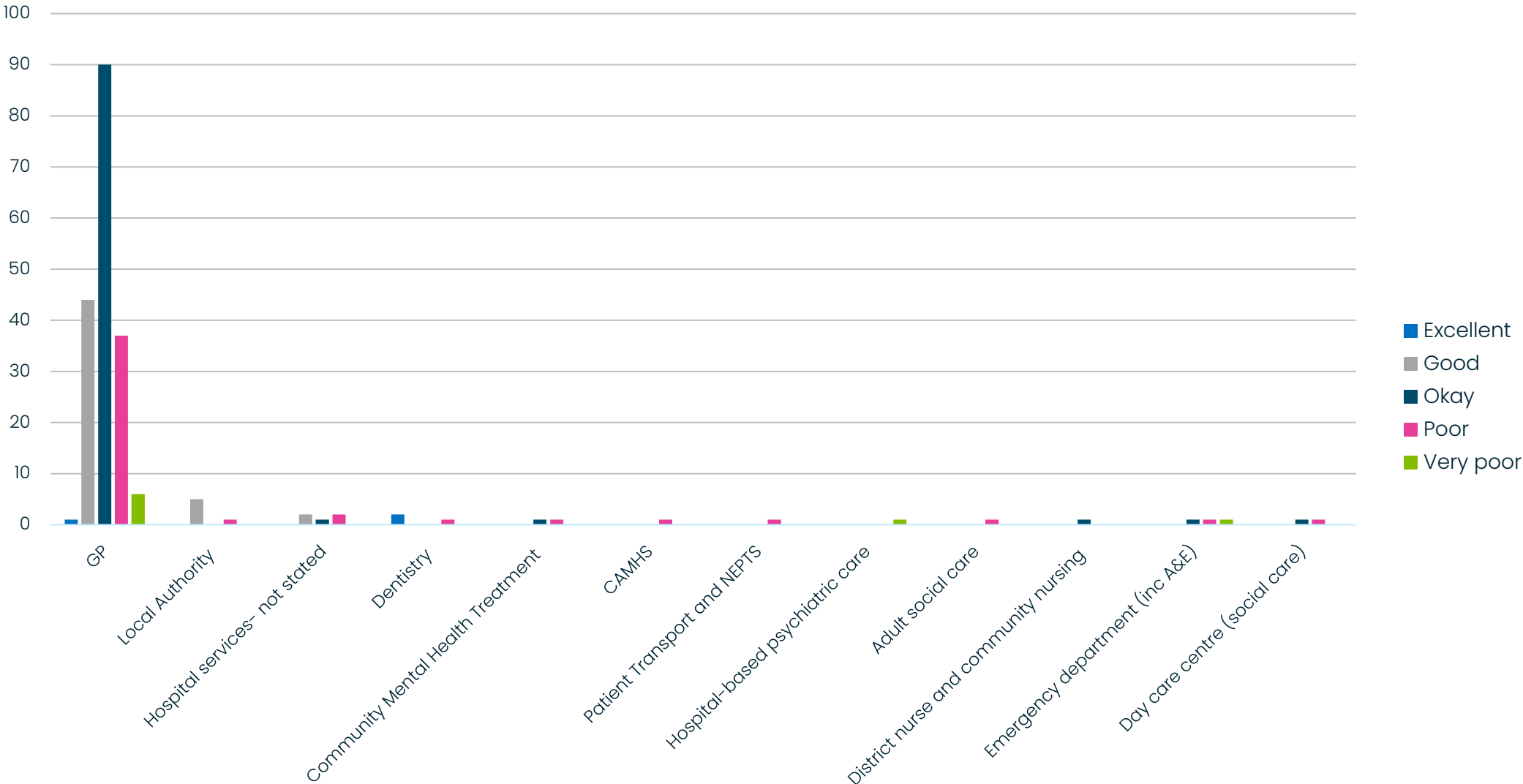


# Overall service ratings continued

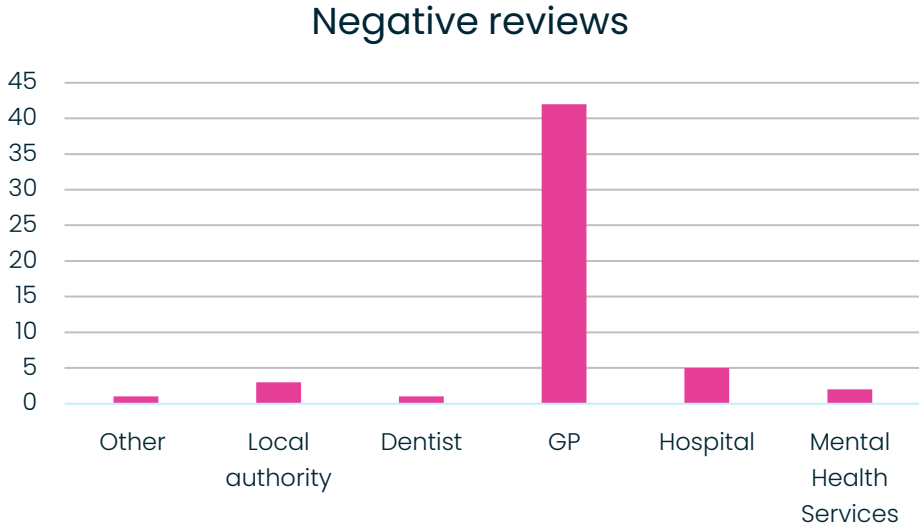
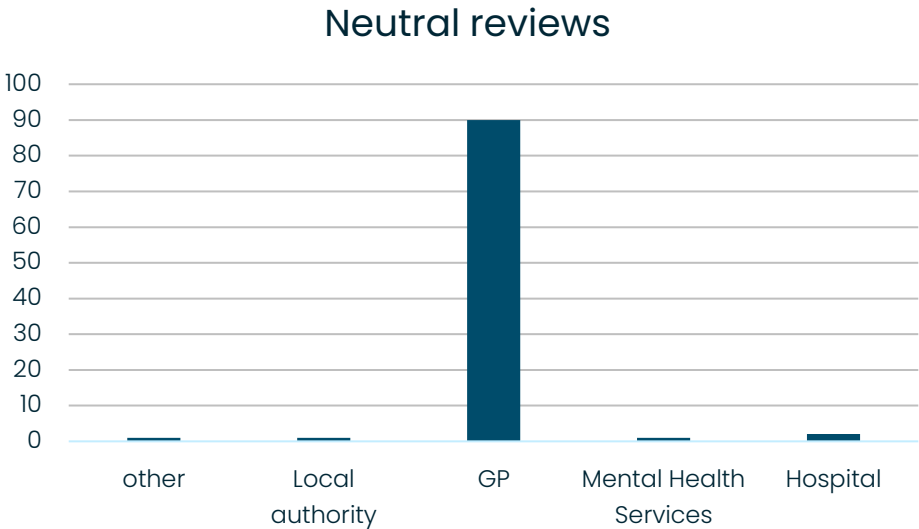
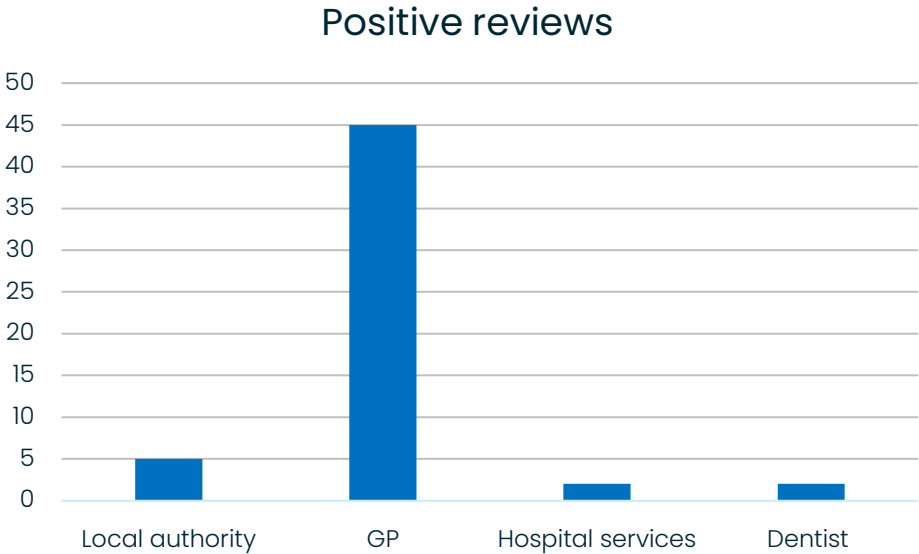


# Service ratings broken down by service type

Page 41



# Sentiment towards different service types



# In depth: feedback about GPs

**In Q1, 60% of feedback we received was related to GP practices. In total, 177 people told us their views about their GP.**

From the feedback we received...

- **42** were negative
- **90** were neutral
- **45** were positive

This is a vast improvement from feedback in the previous quarter.

There has been a decrease in negative sentiment from 71 reviews in Q4 down to 42 in Q1. There has been a rise in neutral sentiment from 61 to 90 over the same period, however there has also been a decrease in positive sentiment from 58 down to 45.

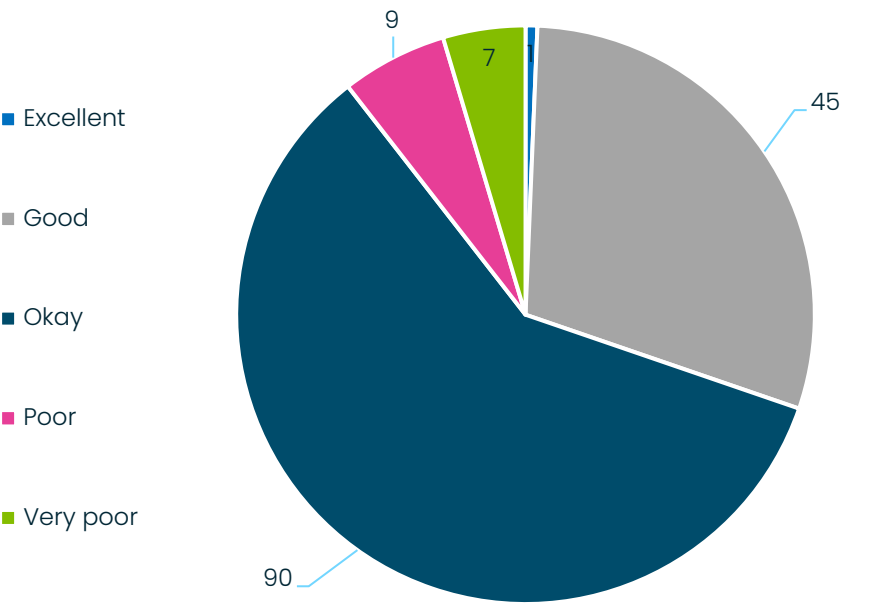
“We’re very lucky – the GP gives us lots of attention and we’re able to get an appointment when we need one. They do seem to provide a better service to older people. You have to call early, but there are appointments available.” Patient 50–79  
White Irish



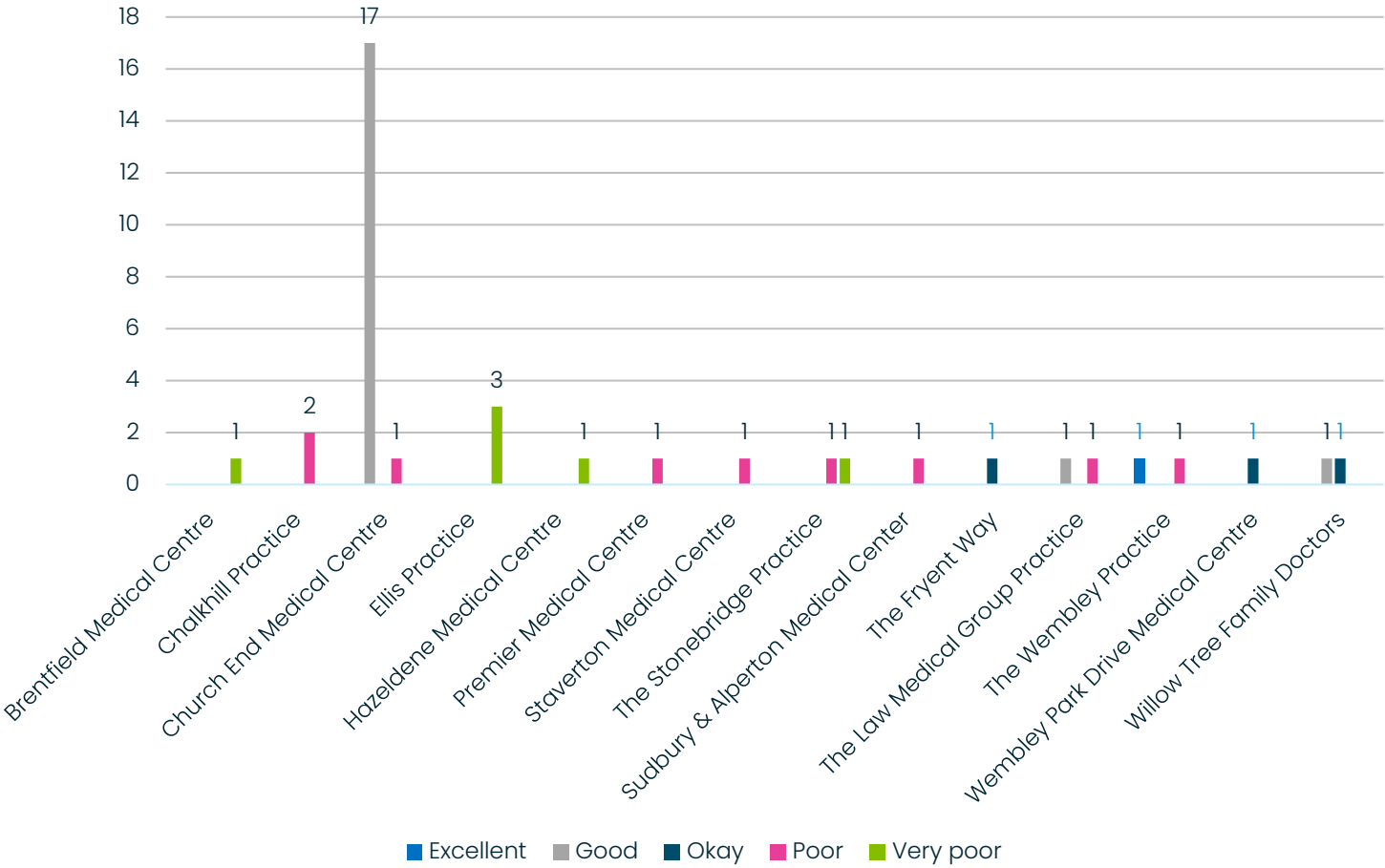
# Service ratings for GPs

Page 44

Overall GP experience feedback



Breakdown of GP surgeries experiences



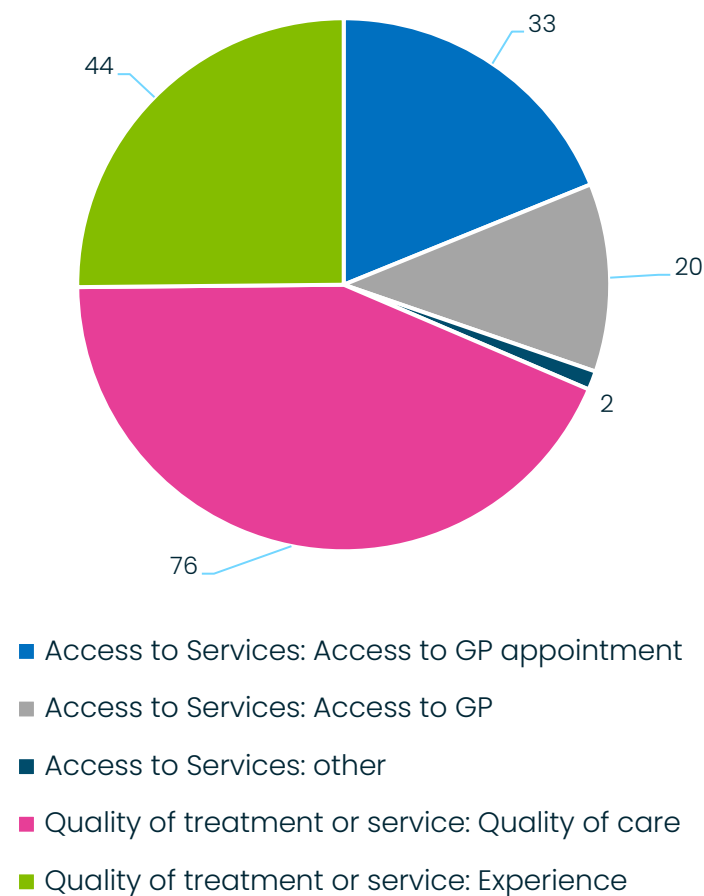
The majority of GP feedback relates to accessing appointments, quality of treatment or service, and communication with patients.

### Access to GP appointments

Patients have shared that they find telephone waiting times long when trying to get through to the GP surgeries. Once able to book an appointment there is usually a 2-3 week wait. Patients are also still frustrated they can't see a doctor face-to-face.

*"It's very hard to get an appointment - just getting through on the phone is hard enough, and then there are long waiting times and no face-to-face. I don't have anything positive to say. As a first time parent there has been no support, and our health visitor didn't even show up. Terrible."*

*"It has become very difficult to get a GP appointment. Everything has to be done over the phone now, they never want to see you."*



## Communication with patients

Patients have said that in some instances there is a lack of communications with the GP surgery and inconsistency messages from staff. Patients are still unsure where they should go to receive treatment. Some patients are being told to go to A&E when it is not an urgent medical need. However, there have also been positive reviews of how some GP practices are handling online communications – particularly the doctor IQ app.



Really fantastic. They use the doctor IQ app and are always on top of things. It's really good communication. You'll always hear back from them. Staff are really helpful and listen to you.



## Quality of treatment or service

Generally patients have had positive overall experiences, we have received several pieces of positive feedback for local primary care health services, and several people noted their appreciation for the hard work of staff during the pandemic. Quality of care is generally good. People we spoke to at Brent Foodbank were generally positive about their experiences – they confirmed that they were registered with GPs and several people said that they had received good treatment.

## Quality of treatment or service (continued)

Unfortunately, some patients also shared experiences of inadequate care and feeling frustrated as there any continuity with treatment or care from the GP surgeries especially when being discharge from hospital.

At the moment every time you try to see a doctor they are full, or you have to wait for weeks before you can see a doctor. I just had my kidneys out and the meds they gave me from the hospital had to be changed by my GP. I got through to the GP but they gave me the same drugs I got from the hospital when they were meant to be changed. We got the right drugs from the hospital but they were not happy with my GP.

I had a referral for blood tests + medication review following a visit to the Urgent Treatment Centre and had to wait a long time for an appointment. I had to eventually go to a different surgery to get my blood taken, and I am still waiting for an ECG. They said I could be waiting several weeks. In the meantime I still don't know what's going on with my health, and I am taking emergency medication that I shouldn't be on long term. I'm not happy with this practice.

# Other key themes in our data

We gather feedback from residents on all health and social care services in Brent. At the moment our numbers are limited, but we are looking at other ways to gather more feedback and ensure we are hearing about a wider range of services.

## Community Mental Health Teams (CMHT)

Patients are raising concerns about the lack of support, and about being discharged from CMHT when they feel that its too difficult to attend appointments because of their mental health. They feel there is no understanding from mental health professionals.

"I cant be seen by secondary mental health services and when I do they just say it's not a mental health issue or that they can't help. The services really are not very good, they need to be improved. I don't know what to do anymore."

"Kept being discharged as the service wasn't helping. Being on a long waiting list. Need more understanding of how one feels instead of trying to fix them. Always discharged if you can't attend but they need to understand it's hard to attend."

## Access to dentists

Residents continue to report difficulty accessing dental care. Many people find it hard to get up-to-date information about which practices are taking on new patients because NHS and dentists' websites aren't updated regularly. As a result, more people are contacting us to help them register with an NHS Dentist locally. We are still finding that many NHS dentist practices are not taking on new patients.

*"I am currently trying to look for an NHS dentist near me. The NHS website shows no dentists near me taking new NHS patients so after countless emails and phone calls, I have been having trouble finding one. I was wondering if you could help and provide me with dentists who are taking on new NHS patients."*

However, we generally receive positive experiences about the treatment and support.

*"I have always been petrified of dentists and in February I had to have my remaining teeth extracted. I can honestly say that the treatment I received was first class."*

*"I got a very quick appointment for my Children (1 SEND). They accommodated the time I could only come. (Around work and school) Before the appointment they explained their covid protocol really well. (Enter with Masks, 5 mins before the appt, temp check & sanitise hands). When we attended all staff were very friendly from reception to the dental Staff. Made the children feel at ease and comfortable. "*

## Hospitals

We have received mixed experiences about Northwick Park Hospital and Central Middlesex Hospital

### Quality of treatment or service

Patients have reported that due to Covid-19 restrictions, only one parent is allowed to accompany the child to the hospital in some situations this causes upset for the family.

*"When we visited Northwick Park recently, only one parent was allowed to accompany the child into the hospital. This meant that there was a lot of anxiety for the parent waiting outside. We found it very upsetting."*

### Waiting times

Patients are very frustrated with the long waiting times and delays to referrals

*"Great staff, very helpful, explain everything well. I've had surgery at Northwick Park twice and both times was very happy. The only thing I would say is that waiting times can be quite long, but once they see you the treatment is good."*

*"Delayed referrals - my eye appointment was supposed to be tomorrow and I found out yesterday it's been delayed for several months. My daughter's review appointment has also been delayed for a year. It's very worrying, you feel like there's no care available."*



## A&E services

Patients have reported that they are not able to get the right treatment or care at A&E, this is due to a few reasons for instance being too busy or hospital health professionals referring patients back to their GP.

*"Visited A&E at 8pm, it was so overcrowded that I had to leave and didn't get any treatment."*

*"Took brother to A&E due to mental health crisis but they were unable to help him. Refused to admit him although we were afraid to have him in the home with two children. Brother is now trying to get an appointment to receive care from other health services."*


*"I went to A&E because my referral was taking so long. I thought they would be able to give me the care I needed, but they just sent me back to the GP so now I'm waiting again. Couldn't get an x-ray, CT scan or any of the care I needed."*

**Any questions or comments? Get in touch to find out more**

[www.healthwatchbrent.co.uk](http://www.healthwatchbrent.co.uk)

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e: [info@healthwatchbrent.co.uk](mailto:info@healthwatchbrent.co.uk)

	<b>Brent Health and Wellbeing Board</b> July 2022
	<b>Report from Tom Shakespeare, ICP Director</b>
<b>ICP Priority Area Update - Mental Health and Wellbeing</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Two Appendix 1 - Brent ICP – Partners Appendix 2 - Governance Structure
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Sarah Nyandoro Head of Joint Commissioning MHLDA (All Age) sarah.nyandoro@nhs.net

## 1.0 Purpose of the Report

- 1.1 This report updates Health and Wellbeing Board on progress being made on one of the four Integrated Care Partnership priorities: Mental Health and Wellbeing. The report sets out the detail of the work-streams under this priority including the outcomes they are seeking to achieve progress to date, priorities for the next 12 months and any risks and issues relating to each of the work-streams, which are:
- Improving access to Employment
  - Mental Health and Housing
  - Children & Young People, including Specialist Child and Adolescent Mental Health Services (CAMHS)
  - Improving Access to Adult Mental Health Services - Demand and Pathways

## 2.0 Recommendations

- 2.1 To note progress, impact, outcomes and risks

## 3.0 Background

- 3.1 The Brent Place Based Partnership, also known as the Brent Integrated Care Partnership (BICP), is the Brent health and council partnership, which reports to the Health and Wellbeing Board (HWBB) (see Appendix 1). The partnership is focused on working together to improve the health and wellbeing of Brent residents. It is clear that we all have a responsibility to tackle health inequalities and respond not only to immediate and health and care needs, but also to the wider determinants of health and wellbeing, including as this report shows, housing and employment.

- 3.2 In January 2022, a report came to the HWBB, which set out the wider partnership arrangements and provided an overview of all the priorities. Mental Health and Wellbeing was one of those priorities, and this report provides an update on that work, building on the areas that were identified in that report, set out below:
- Increase engagement, utilisation and awareness of mental health support services in communities
  - Reduce variation in mental health care and support for the local Brent communities
  - Support people with mental illness to access employment opportunities
  - Ensure housing and accommodation provision is accessible and reflects identified needs locally.
  - CYP/Transitions – ensure the additional needs and identified gaps as a direct result of the pandemic are addressed and aligned to the Children’s Trust Board priorities.
  - Align identified areas of mental health inequalities from this work stream to HI&VE.”
- 3.3 The Mental Health and Wellbeing work is led and overseen by a sub-group of the BICP (see attached at Appendix 2 the partnership organigram). The sub-group is co-chaired by Robyn Doran and Phil Porter and oversees the work of a number of working groups responding to immediate issues as well as delivering wider change projects. It involves a range of health and council partners and community sector partners, including Ashford Place and Brent Healthwatch. The group is committed to ensuring that all of the work it drives:
- Responds to patient/service user lived experience and is co-produced wherever possible
  - Recognises the need to meet people’s needs, rather than responding only to service criteria, which reflects the importance of recovery and the importance of employment, housing and leisure to recovery,
  - Ensures that where care is needed it is delivered as close to home as possible in the least restrictive settings, and
  - Tackles inequalities and delivers improved patient and resident satisfaction.
- 3.4 The rest of this report provides an overview of each of the four work-streams, setting out the overarching objectives, specific outcomes, progress to date and milestones and any risks and issues.

## **Detail of the four priority areas**

### **4.0 *Priority 1 - Improving access to Employment***

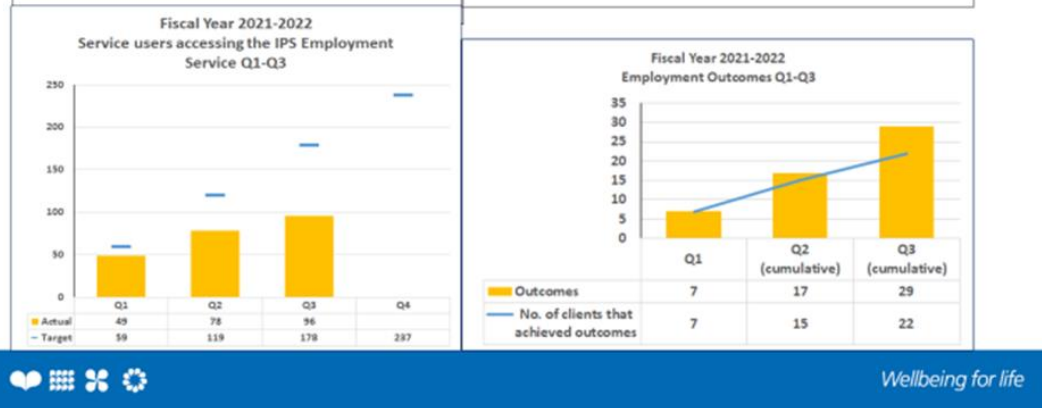
- 4.1 This work-stream recognises that in a time where there are more vacancies than jobseekers, one of the most significant barriers to employment is mental health, both common mental illness and severe and enduring mental illness. The council, working with Jobcentre Plus, West London Alliance and a range of employment providers already has a broad offer for people, but we recognise that there are still barriers to accessing their services and we need to raise awareness and make it easier for people.
- 4.2 Therefore, the focus of this work-stream is to support individuals with mental illness to navigate the system and get the right support at the right time to enable them to access meaningful activities and increasing the number of mental health service users supported into employment, training, further education and volunteering opportunities.

- 4.3 The work is led by Ala Uddin, Head of Employment, Skills and Enterprise in the council, and is focused on:
- Service user navigation – establish employment referral pathways to support people with mental health secure good quality employment.
  - Joining up the system – putting together partner forums and task and finish group with key stakeholders including NHS, WLA, DWP, Shaw Trust and Twinings to work collegiately to ensure systems approach to supporting people with mental health.
  - Employment opportunities and support – working with referral partners to source, advice and secure employment. In addition, stimulating business appetite for recruiting and supporting those with mental health conditions in the workplace, through our work with DWP on Disability Confident.
- 4.4 Working with DWP who are leading on Disability Confident, we have run a number of sessions jointly to promote Disability Confident to employers and the next session is earmarked for September 2022. Building on Council's level 3 accreditation, we are supporting our health partners and local employers to go through the assessments at levels 1, 2, and 3. With more than 50 employers identified requiring support, DWP and Employment Team are in the process of engagement, support and assessment.
- 4.5 The Mental Health and Employment Task Group have held a number of events. These include:
- Collaborative Coffee Mornings in April bringing together NHS Link Workers, Social Prescribers and Practitioners, DWP, Troubled Families, Brent Works, Family Wellbeing Centres, Brent Hubs, Shaw Trust, Twinning Enterprise and partners to promote the employment support and services that are available across Brent to Primary Care Practitioners working with people with mental health condition
  - An event was held in June 2022 to showcase to residents all the employment support provision available for mental health service users in Brent
  - A successful practitioner event in Spring 2022 showcasing employment support services for those with mental health issues and wider barriers to work
  - "Let's talk about Mental Wellbeing" was held for residents to showcase local employment support and wider support services in July 2022
  - Brent's Employment team have also been working with other partners such as Catalyst Housing, Brent Health Matters, MIND and the GP forum promoting the employment and referral pathways
- 4.6 Data for this Quarter 1 shows that Council's Brent Works Team and Employment Programmes supported 40 people with health issues of which 24 had mental health problems. 8 people were supported into full-time employment. CNWL is also a member of the mental health and employment forum and they also have a range of employment support and an overview of activity is set out below:

## Employment– Access & Outcomes

140 referrals have been received. The graph below shows figures of those who accessed the service. A combination of office relocation, annual leave and staff shortages have contributed to a reduced number of referrals. The recruitment of new staff in clinical teams as well as a new Employment Specialist to support the Wellbeing, Clozapine and Depot clinics should address these issues once embedded into service.

29 job outcomes were achieved for 29 people. Performance outcomes has continued to rise in Q3 with in-work support continuing to assist clients secure second/ better paid employment.



- 4.7 Evidencing the full impact in addition to core services is difficult, but feedback from the operational group is positive and the qualitative evidence that we have from residents shows that it has been positively impactful as demonstrated below by comments from service users:

*“When I was made redundant in 2018 I thought I would never work again. I really enjoyed my role in the city and loved the buzz of inner London. It was stressful but being at the heart of the action kept me going. What hurts most is that the staff I thought I was training up around me to form a new team were really there to replace me after 12 years of service. My anxiety went through the roof and with no job to manage it I had to continue to live with my parents as I developed eating disorders and severe depression”.*

*“It took me a long time to get to a point whereby I could even ask for help and often looked down at the help I received as my trust in people had died. I was basically going through the motions with my therapist until they referred me to employment support. Being mistrusting I actually looked up IPS and what it was meant to be about just so I could argue if asked to do a supermarket cashier job”.*

*“The service was much better than I thought it was. The first thing I learned was that my stress at work was not healthy and that I enjoyed the responsibility not the intensity or false prestige of my old job. I also learned that “Brain Fog” is real and quite common in high functioning roles. My employment specialist helped me to focus on me and introduced me to tools like the importance vs urgent model and how to use this to manage my anxiety. I now have a much better understanding of myself and what I really want out of a job. I am also working much better with my therapist now and my relationship with my parents and food is improving. I feel my life is back on the right track and will be much more prepared to deal with things in the future”.*

- 4.8 Our efforts during the next 6 to 12 months will focus on promoting the employment pathways to referral partners as well as residents and we will do this using various mediums including on-line presence, presentation to the GP forums, collaborating with Brent Health Matters, attending and setting up roadshows and events. We will also look to strengthen partnership with key stakeholders involved in supporting the pathways through the mental health and employment group. This is to avoid the risks

of duplication of referrals or incorrect referrals, taking too long to support residents at risk and poor in-work support. We will continue to work with partners to ensure that we have accurate data to reflect the impact of this work-stream and ensure that systems are joined effectively to support residents into employment. The collaborative work with DWP will continue with a focus on assessing employers for Disability Confidence with a view of completing/grading at least 10% of the current list of employers.

## 5.0 **Priority 2 - Mental Health and Housing/Accommodation**

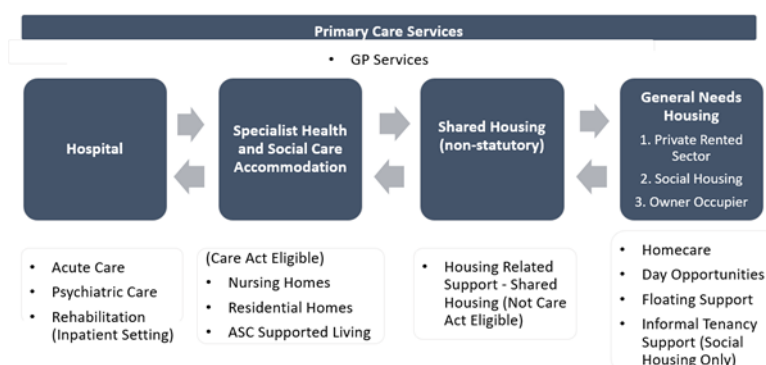
5.1 This workstream is driven by two overarching issues. The first was the feedback from people and community groups about the relatively poor experience of people with a mental illness accessing housing, navigating the system and finding appropriate housing. And secondly, the challenges people with a mental illness can have sustaining a tenancy, with a particular focus on Brent council housing and Network Homes. Both housing providers recognised this as an issue and have put additional support in place, but both need more support from the wider health and care system to maintain tenancies.

5.2 The project has developed across two workstrands:

- Improving communication and collaborative working to tackle operational issues
- Outcome based review to better understand the specific issues face and the changes that need to be made.

5.3 Both workstreams have involved a range of stakeholders: Primary Care, Brent Community Mental Health Team and CNWL more broadly, Adult Social Care, Brent Housing Needs, Brent Housing Management and Network Homes. Crisis and Ashford Place have also been involved and made the connections both to existing community support, the Homelessness Forum and supporting people with lived experience to provide their stories / ethnographies.

5.4 The work has provided an overview of the system and the challenges individual practitioners experience working across it. The diagram below shows the range of situations someone may find themselves in depending on where they are living (and critically if they need to move for a period), whether CNWL or primary care are supporting their mental health need, whether they are receiving ASC or lower level support.



5.5 The work has created system wide commitment to everyone working as part of a recovery pathway, moving from left to right. However, it has also recognised the challenges of implementing this, including:



- Recovery journeys vary and are not usually linear, so the system has to be flexible to deal with relapses and the practical issues this can create (e.g. with tenancies)
- Pressures in the system, particularly around hospital discharge can lead to worse outcomes, and everyone needs to focus on discharge from the point of admission
- Non-engagement is often an issue where there are problems in services, some people are distrustful of public services, or cannot engage with them, and we have to have ways of making our services accessible and building trust
- The underlying housing crisis, and the relative shortage of social housing, which means private rented accommodation will continue to be important.

5.6 As a result of this work a number of practical things have already been done: BHM and Network Homes are working more closely with CNWL, practical training for frontline practitioners to understand the system and work collaboratively has been developed, and an improved discharge pathway between CNWL and Housing Needs has been implemented. The focus for the next six months is threefold:

- Continue to 'build the system' bringing together practitioners across the pathway to work together, recognising that with staff churn this is a permanent workstream, developing a multi-agency approach to engagement (the SMART team works in a different way for those with multiple exclusion homelessness with a focus on trust and engagement) we will learn lessons from the SMART team and apply this approach proportionately across the system
- 'Manage the system' – jointly agreed escalation protocols to be signed off to ensure there is collaborative working, and in cases where collaborative working hasn't worked, a responsive multi-disciplinary case management approach will be adopted across all partners, and work is progressing on a portal for mental health service users referred into Housing Needs, collecting data which is not currently available to provide the evidence base for wider changes
- 'More responsive commissioning' for accommodation/housing support. The OBR has identified gaps in knowledge about available services, which have been filled (e.g. different views on what a 9-5 service is), and actual gaps in commissioned services (e.g. forensic services, which are being addressed, alongside an ongoing approach to ensure the gaps don't reappear.

5.7 The key issue for this workstream has been the project resource to drive it forward and develop a performance dashboard which reflects the system wide interdependencies. However, through the integrated team a dedicated resource for the next 12 months has been recruited. The key risk is ongoing engagement across all partners and ensuring this continues to be a priority. This is a particular challenge for primary care, not because they are unwilling but because we need to work across all practices and there are other challenges for them.

## **6.0 *Priority 3 - Children & Young People including Specialist CAMHS***

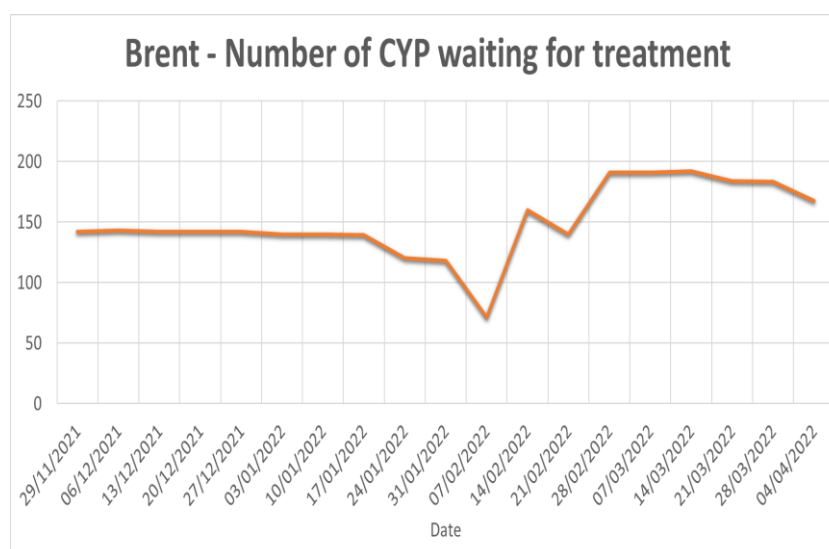
6.1 Early identification of CYP with emotional and mental ill health, and provide early intervention and support to reduce reliance on specialist CAMHS. Reduce the Specialist CAMHS Waiting List, increase support for children and young people in schools and in the community. Support the NWL Strategic Review of CAMHS which includes identifying additional resources for Brent as part of the NWL levelling up agenda. Work with public health on the Joint Strategic Needs Assessment needs to understand mental health needs of our young people including impact of COVID-19 on our children young people linked to Core 20 plus 5 Inequalities programme

6.2 Brent's CAMHS service has been under extreme pressure, with the impact of increasing deprivation, social isolation and unavoidable service disruption as a result

of the COVID pandemic. Consequently, the waiting list grew to 504 Children waiting for assessments from 2019. CNWL invested their own funds non-recurrently to employ Agency staff and increase Healios capacity to help clear some of the backlog of CYP on the waiting list for assessment. Additionally, voluntary sector organisations i.e. Brent Centre for Young People and Brent Young People Thrive have also been commissioned on a temporary basis to help triage the waiting list and to support with assessments. This has stabilised the waiting list for the time being, and has started to see a reduction in the numbers of children waiting.

6.3 Our target was to reduce current waiting list of 504 a year by 50% by August 2022. This is on track as we have achieved a reduction of more than 50% to 226 at the end of June. However, the board is asked to note that the additional resources to support this recovery plan are not available on a permanent or recurrent basis and without additional investment into specialist CAMHS demand will continue to outstrip the capacity of this service. Without a levelling up + in Brent in funding through NHS NWL ICB this position is not sustainable and Brent Specialist CAMHS service will very quickly return to an overwhelmed position.

6.4 There have been further initiatives to support CYP in Brent. The crisis alternatives that has been launched recently include the CYP crisis house opening and the Crisis café expanded to include 16+. Current numbers of children who have been assessed and are now waiting for treatment at 04/04/2022 is as below.



6.5 The plan is to further reduce the numbers of CYP waiting for treatment to below 50 by the 31st August through:

- A dedicated team external to core establishment carrying out assessments and 1st Treatment (approx. 45 assessments per week)
- Healios supporting end to end packages of care (assessment through to discharge). Waiting well initiatives focusing on support for those on waiting lists
- Weekend and evening clinics
- Maximising digital initiatives
- Further work with third and voluntary sector organisations
- Expansion of generic working in addition to pathway specific assessment and Treatment.

- 6.6 The other focus for children and young people includes early identification of CYP with emotional and mental ill health, and the provision of early intervention and support to reduce reliance on specialist CAMHS.

## **7.0 *Priority 4 - Mental Health and Access and Demand***

- 7.1 Improve access to services and support mental health service users to maintain wellness. Increase numbers of people accessing IAPT. Increase numbers of SMI and CCMI patients supported with their annual physical Health Checks. Reduce admissions and readmissions to secondary care services. Increase the numbers of people with SMI who can be cared for in primary care. Increase the numbers of SMI service users discharged from formal mental health support services.
- 7.2 The access and demand work-stream is the least progressed of the mental health and well-being Executive group due mostly to staff changes. Initial focus has centred on increasing referrals to IAPT to support early intervention of moderate depression and anxiety. Noting that the number of GP referrals to IAPT has reduced whilst also recognising the diverse populations in Brent and inequalities the Brent IAPT service put together 5 short videos translated into Arabic, Gujarati, Polish, Punjabi and Urdu. These 1-minute-long information clips of the referral process in these languages have been shared with all Brent GP practices to be added to their websites. There has also been a raising awareness drive to promote IAPT through the Brent Residents magazine. A wider NWL marketing drive that will include posters on the underground and at local bus stops is being taken forward by the NWL ICS team for all 8 boroughs. Recruitment drive also being progressed.
- 7.3 The other area of focus for this work-stream includes increasing the numbers of SMI service users accessing their Physical Health checks. Two Voluntary Sector organisations have been commissioned to support GP Practices with engagement of those patients requiring additional support to access their physical health checks as well as support for carers of service users (Ashford Place and Brent Carers Centre).

## **8.0 *Financial Implications***

- 8.1 All of the work identified above is delivered from within core budgets. However, earlier in the year, Brent's Director of Public Health, attended a meeting to discuss the NWL Mental Health Strategic Review. A document was presented that recognised the current inequalities in the level of investment across NWL and stated "Protected mental health funding offers resource to address the most extreme variations in investment, provision and outcomes".
- 8.2 The report went on to highlight that there were wide variations in levels of overall mental health funding, including CAMHS services. Some NWL Boroughs have double the level of funding that Brent currently receives, per head of population. Brent's Place-Based Partner organisations were encouraged by this report. This inequality for Brent had been recognised with plans for a strategy to be developed to address this by the ICB. This would mean increased investment in mental health services for Brent prioritised so that "levelling up" of resources could be achieved incrementally over time.
- 8.3 Financial implications at this time are that there has been no levelling up funding to Brent. Unless this is addressed for the Specialist CAMHS service in particular mean, demand will continue to outstrip supply.

### **Report sign off:**

ICP co-chairs:

- Robyn Doran
- Phil Porter

## Brent ICP - Who are we and who are our Partners

**Brent Borough Based Partnership** has been established to bring together the NHS, Brent Council, our voluntary and community sector, and local citizens to improve health and care outcomes for all the people of Brent. The partnership does not replace or merge organisations in to a single organisation, but will **bring together organisations and teams to work more effectively together around a shared purpose.**



our Primary Care Networks (PCNs), GP practices, pharmacies, voluntary & community sector partners and local communities.

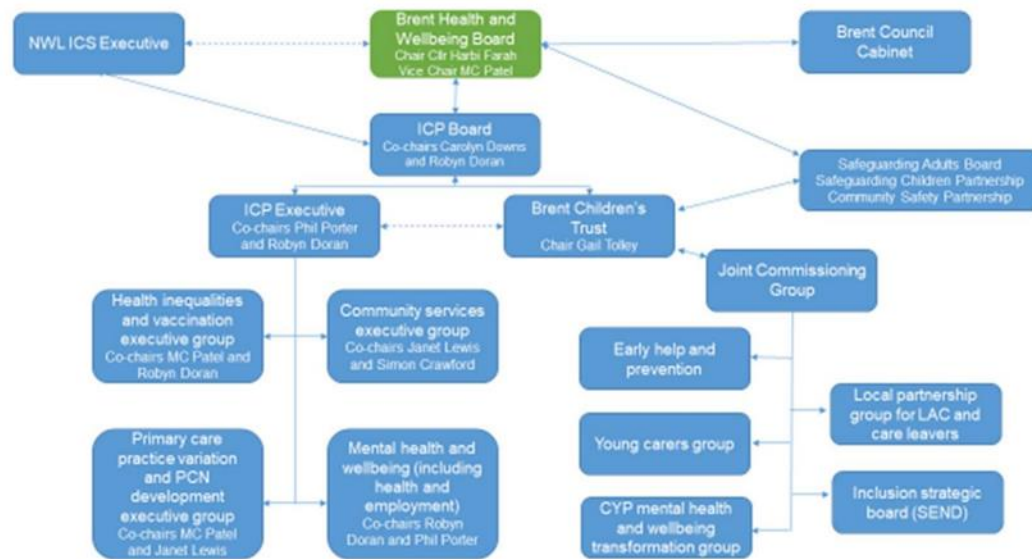
### Key principles behind our partnership:

1. Everything we do should have the resident at its heart.
2. We cannot tackle the current or future challenges of the health and care system as individual organisations, we must work together.
3. We will work with our communities to understand what matters to them, and to prioritise changes that will have the biggest impact on both their outcomes and for the sustainability of the health and care system.


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Appendix 1

## Governance structure 2022/23



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	<b>Brent Health and Wellbeing Board</b> 28 July 2022
	<b>Brent Integrated Care Partnership (ICP)</b>
<b>Partnership Development Update</b>	

<b>Wards Affected:</b>	All Ward
<b>Key or Non-Key Decision:</b>	Non-Key decision
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Two Appendix A – Development recommendations Appendix B - Outline of the next phase of development work
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Tom Shakespeare Integrated Care Partnership Director <a href="mailto:Tom.Shakespeare@brent.gov.uk">Tom.Shakespeare@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 To provide an update on the Partnership development work to date, including the achievements and outcomes of the partnership so far.
- 1.2 To outline the next stages of partnership development
- 1.3 To gain feedback from the health and wellbeing board on our planned programme and any specific areas of focus that the Health and Wellbeing Board think the development work should focus on.

## 2.0 Recommendations

- 2.1 To approve the direction of travel of the Partnership Development work

## 3.0 Detail

- 3.1 The Brent ICP brings together Health, Council and Voluntary Sector partners to tackle local inequalities and improve health and wellbeing outcomes.
- 3.2 During 2020 and 2021 the Partnership became a key asset in tackling the impact of the pandemic and evolved quickly and organically to tackle the immense impact COVID-19 had on people and communities, and on the health and care system.
- 3.3 *Progress so far – improving outcomes for the population*



3.3.1 As well as supporting the response to the pandemic, the partnership has delivered a number of projects that are improving outcomes for people in Brent. Some examples of this include:

- Large scale events run by Brent Health Matters to support people living with Diabetes. The events were supported by staff from across the partnership including GPs, Nurses, Community co-ordinators, Community services, Health Educators, Voluntary Organisations, Public Health and Mental Health practitioners. Through the event 1009 health checks were given and 70 unwell people needing urgent medical attention were supported. The events received very positive feedback and were attended by groups who present less frequently at traditional health settings.
- Working together through the Dynamic Support Register process which protects children with Learning Disability and/or Autism Spectrum Disorder (LD and/or ASD). 9 cases were being supported in June receiving MDT support, preventing risk to the children's health and wellbeing and avoiding escalation in their care needs.
- The implementation of a UTC pilot which introduced a nurse led redirection service supporting people to be cared for in a non-acute setting, helping people receive the right treatment without long waits at UTCs and A&E. The nursing and administrative staff worked as one team with the existing UTC Hello Nurse and Patient Champion supporting a number of people to be cared for closer to home.

### 3.4 ***Partnership priorities***

3.4.1 The partnership is currently focussing on four key areas of transformation and improvement. These are:

- Tackling inequalities
- Better Mental Health and Wellbeing
- Strengthening Primary Care
- Community Care and Support

3.4.2 To ensure that the transformation programmes are delivering outcomes for people in the short to medium term, as well as part of a longer-term journey, there are specific areas of focus within the four priority areas. These are:

- Expanding the previous model of working closely with communities to develop solutions for specific inequalities and specific communities
- Developing a better housing offer for people with Mental Health issues and needs, alongside delivering key priorities from the Long-Term Plan
- Improving access to key Primary Care services where there is high levels of need and unmet demand
- Developing integrated community teams and community hubs to care for people with higher levels of need or complexity in the community and closer to home

### 3.5 ***Partnership development work to date***

3.5.1 At the end of 2021 a review was conducted, engaging all partners to understand their perspectives on the partnership and what they felt the next stage of the partnership should look like. Four themes emerged from this discussion, which were:

- How the partnership puts patients and citizens at the heart of joint working
- Agreeing to a collective set of transformation and delivery priorities
- Holding ourselves to account as a partnership

- Developing a shared culture
- 3.5.2 Following the review a set of nine recommendations were developed and agreed. These can be seen in Appendix A. A development plan was created to tackle these recommendations, organised by the four themes.
- 3.5.3 The first stage of the development plan has been completed, delivering key outcomes across each theme. These are:
- The development of a clear vision and narrative for the Partnership moving forward, focussed on reducing inequalities and improving health and wellbeing outcomes for the people of Brent.
  - A review of the delivery priorities for the partnership with a resident focussed and inequalities lens, and the mobilisation of delivery programmes under a partnership change and programme management approach.
  - The development of a governance structure sitting beneath the Partnership Board, to support effective collaboration that would support better outcomes for all people, at all stages of their life.
  - Delivery of key development sessions with stakeholders from across the partnership, bringing together staff from across partner organisation to create a shared understanding of the challenges and opportunities faced and to co-design the future of partnership working.

### 3.6 ***Next phase of partnership development***

- 3.6.1 The next phase of the development plan will focus on making key aspects of the partnership model a reality and strengthening partnership working for the benefit of Brent's residents and communities. A summary of this work across the four workstreams are as follows:
- Development of shared strategies for key Partnership priorities, including better access to Primary Care services, establishing community teams and hubs, and provision of mental health housing.
  - Establishing and embedding an outcome focussed approach to partnership change and transformation and ensuring that teams have the support and resources they need to work effectively.
  - Consolidating the agreed approach to partnership working into a Memorandum of Understanding and mobilising the clinical leadership model.
  - Bringing staff together across the partnership to co-design changes at both the strategic level (through workshops and away day sessions) and at the operational level (through action learning sets and continuous improvement cycles).

Further detail on the next phase of this work can be found in Appendix B.

- 3.6.2 This work will deliver benefits for the partnership by:
- Providing clarity across the partnership on the vision and objectives in key areas such as Primary Care access, Community Care and Mental Health provision; empowering staff to work together with a shared focus and understanding
  - Creating both broader and deeper connections between staff across all partner organisations.
  - Strengthening the collective leadership approach in Brent, enabled by the MOU and leadership model, and continuing to support staff across Brent to operate as one team and across organisational boundaries for the benefit of residents.

- Supporting the delivery of key service transformations to meet specific needs of the Brent population, including the improvement of access to Primary Care services, the development of an integrated community team and community hub, the improvement of the housing offer for people with mental health needs and the expansion of our inequalities work to wider populations through Brent Health Matters.
- Facilitating action focussed learning and delivery approaches across these transformational areas, to deliver change quickly and effectively, but to also create and embed learning from the current delivery programmes, to improve the way we work together in the long term.

3.6.3 This will bring benefits to residents and patients in Brent by:

- Implementing improvements to services through agile and outcome focussed transformation projects.
- Support better joined up care through the strengthening of relationships across the system and breaking down the organisational and structural barriers that exist between teams.
- Strengthening the engagement and involvement of communities and residents in improving health and wellbeing outcomes, through the Brent Health Matters programme.
- Creating a system that can learn effectively, leading to long term improvements to the health and care system and the care that people receive.

#### **4.0 Financial Implications**

4.1 None

#### **5.0 Legal Implications**

5.1 None

#### **6.0 Equality Implications**

6.1 The key focus of the Brent ICP is the reduction in inequalities for the population. This is reflected in the previous development work and future planned development work.

#### **Report sign off:**

ICP Co-Chairs:

- Robyn Doran
- Phil Porter

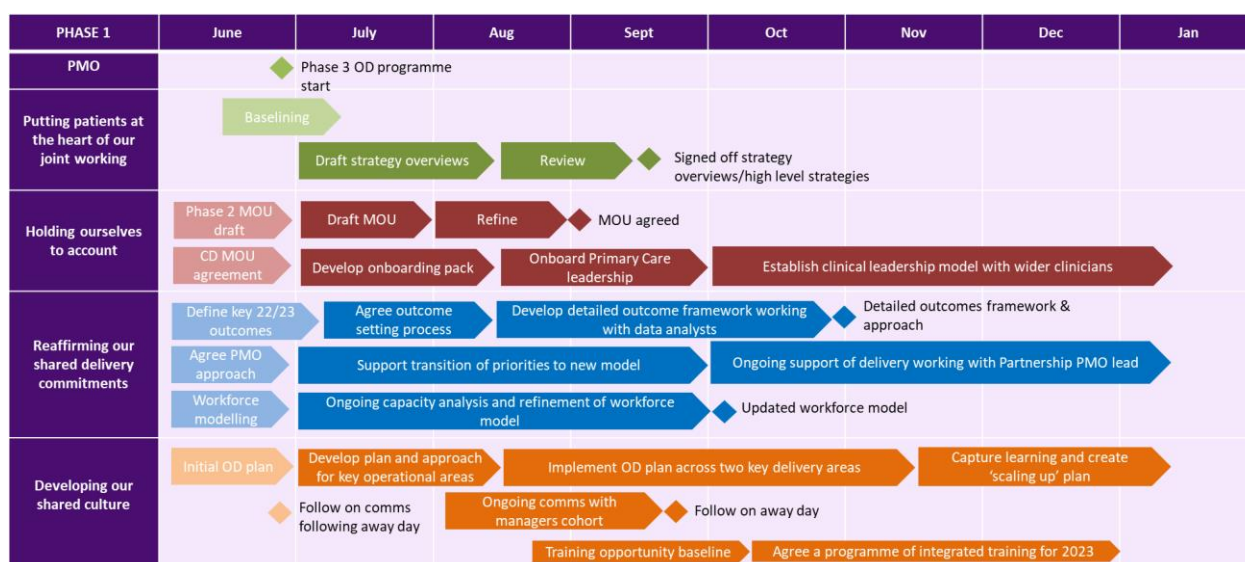
## Appendix A – Development recommendations




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## Appendix B – Outline of the next phase of development work

Workstream	Outcome	Activities
Putting patients and citizens at the heart of our joint working	Following the development of a vision and narrative for the partnership, there is a need to show how this will work in practice and how the Partnership will deliver its priorities. This phase build on the existing delivery work to develop a clear strategic overview for Primary Care access, Community locality teams and key community pathways & key Mental Health priority areas.	<ul style="list-style-type: none"> <li>Work alongside the Primary Care transformation and delivery teams to co-design and articulate a clear set of short, medium and long term outcomes.</li> <li>Develop High level strategies/strategy narratives, articulating the vision, objectives and approach of immediate transformation priorities across three of the four delivery areas.</li> </ul>
Reaffirming our shared delivery commitments	Supporting the transition of the current delivery programmes and teams to the new delivery model, including the implementation of an outcomes focussed approach.	<ul style="list-style-type: none"> <li>Development of the next stage of maturity of the outcomes framework</li> <li>Supporting the Partnership PMO team to establish their function</li> <li>Ongoing workforce and resourcing modelling and implementation</li> </ul>
Holding ourselves to account	Establishing the proposed governance and operating model, ensuring agreement from all partners and embedding new ways of working to establish the new approach	<ul style="list-style-type: none"> <li>Development and agreement of a partnership MOU, and mobilisation of the governance model</li> <li>Mobilisation of the clinical leadership model; including the development of an onboarding process and pack, and expansion of the model to include wider clinicians outside Primary Care</li> </ul>
Developing our shared culture	Implementation of key Organisational/Partnership development interventions as outlined in the Partnership Development plan. This will include focussed work with operational teams in key areas relating to delivery priorities.	<ul style="list-style-type: none"> <li>Ongoing work and follow on session with the senior managers group</li> <li>Development and implementation of QI/Action learning set interventions for two key delivery areas; mental health and housing, and locality teams and super hubs</li> </ul>



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	<b>Health and Wellbeing Board</b> 28 July 2022
<b>GP Access Update and Implementation</b>	

<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>No. of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Fana Hussain AD Primary Care NHS NW London – Brent Borough 6 <sup>th</sup> Floor Brent Civic Centre' HA9 0FJ

## 1.0 Purpose of the Report

- 1.1 This report sets out the proposal for improving access to medical services in the Borough. The report sets out the challenges faced by front line NHS providers and seeks to set out practical steps to take forward the recommendations from the Community and Wellbeing Scrutiny Committee on GP Access in Brent.

## 2.0 Recommendation(s)

- 2.1 Board members are requested to note the contents of the action plan and provide a steer on the draft proposal to improve outcomes for patients.
- 2.2 The Board is requested to note the challenges faced by the NHS and the implications of the rising Covid cases, which has led to a re-focus on booster vaccination.
- 2.3 Board members are requested to note that GP access remains a development area, the proposals for improving access are aimed for delivery within the next three to twelve months, there will be a continued focus on improving access to medical services in the Borough and new initiatives continue to be developed by Primary Care Networks and their management teams.



### 3.0 Detail - Background

- 3.1 It is important to acknowledge that issues with accessing a GP appointment are not exclusive to Brent. National reports highlight the growing issue with availability of GP appointments in most parts of the country, with patient satisfaction rates dropping as a result. The British Medical Association and the British Heart Foundation are two organisations which reference the growing issue within their publications (see extract below). Similarly, NHS England on its website highlights the feedback from patients in the national survey.

Public satisfaction with general practice remains high, but in recent years patients have increasingly reported, through the [GP Patient Survey](#), more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice. However, good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time.  
<https://www.england.nhs.uk/gp/improving-access/>

#### Is there a GP appointments crisis?

News reports claim there's a crisis in your doctor's surgery, with patients struggling to get appointments. Lucy Trevallion investigates the reality and what it means for you.

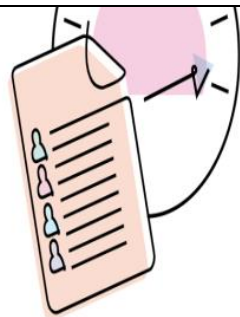


It has been called a "staffing crisis", "workload crisis" and "funding crisis" by journalists and by some politicians. General practice is "on the brink", "near meltdown", "failing" and "crippled", according to headlines. Some news reports suggest that people who need regular check-ups, such as those with [heart conditions](#), simply can't access GP appointments.

#### Pressures in general practice data analysis

We monitor data on GP workforce, working patterns and appointment numbers to help build a picture of the level of strain GP practices in England are under.

📧 f in



GP practices across the country are experiencing significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and knock-on effects for patients.

They have been at the forefront of the NHS's response to the COVID-19 outbreak, delivering vaccines whilst maintaining non-COVID care for patients throughout.

This page provides analysis on the pressures in general practice and is updated monthly with new data.

Last updated: July 2022

- 3.2 The report briefly touches on some of the challenges facing the NHS, how these challenges are being addressed and actions being taken to put in place sets aimed at improving access to health care advice.

- **Patient living longer:** Pressure on appointments in general practice was already a significant issue before the pandemic – driven in part by demographic changes that mean people are living longer, but with more years spent in poorer health and often with more than one long-term health condition (multi-morbidity).
- **Recruitment:** the number of qualified GPs in England has fallen, with limited progress towards the government goal of 6,000 more GPs and rising need from

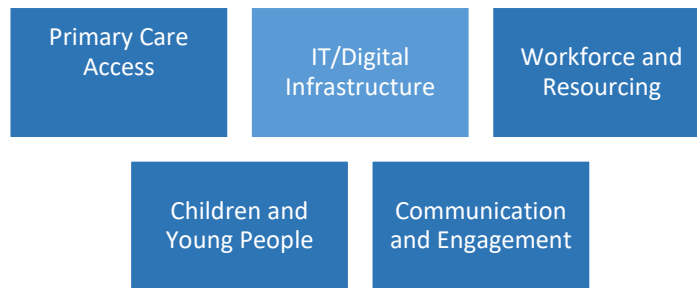
a growing population. Since 2016, the number of fully qualified GPs has fallen by 416. Recruitment issues are also highlighted in other professions, especially nurses and clinical staff.

- **On the day demand:** Rapid access has distracted attention from the wider roles and core values of prevention, holistic care and continuity that underpin general practice. The balance between reactive care (demand led care) and pro-active (preventive care) needs to be balanced to ensure patients receive the care they require.

There remain other challenges around investment in health services, both in GP practices and other services such as community, acute and social care. The on-going covid vaccine programme still requires additional clinical support, and a significant number of patients remain on waiting lists, with elective backlog clearance a major priority.

**Supporting the acute sector** – because of the significant numbers of patients already waiting for elective treatment, there has been an increase in the number of patients that are referred back to their GP from hospitals with advice on how to manage patients in primary care (for example to prescribe a particular medicine or to monitor the patient on an ongoing basis). This has the advantage of providing more immediate care to patients rather than waiting a longer time to see a hospital doctor on a waiting list. However, it also adds to GP workload, as some of this activity would have been undertaken in hospital before the pandemic.

- 3.3 The recommendations of the Community and Wellbeing Scrutiny Committee as set out in its report 'No-one left behind – GP Access in Brent', have been shared with Primary Care Network (PCN) Clinical Directors (CD), the Local Medical Committee (LMC) (a committee which represent GP practices), the North West London Primary Care team and the Borough based team.
- 3.4 A local Task and Finish Group has been established to oversee the implication of the recommendations, the group will also oversee the establishment of the Enhanced Access Hub Directed Enhanced Service<sup>i</sup> (DES). The Task and Finish Group will report directly to the Primary Care Development and Variation Executive Group, which in turn reports to the ICP Executive Group.
- 3.5 Enabling good access, especially for vulnerable and disadvantaged groups, is inherently practical work. To be successful, this needs to focus on three things:
  - (1) understanding population needs;
  - (2) tackling barriers to equitable access and co-designing inclusive access pathways; and
  - (3) ensuring access is targeted appropriately.
- 3.6 This paper focuses on those areas that Primary Care Networks have assessed as making the most positive impact to patient care, areas that are achievable in the timescales identified and the implementation of the service/product may form the building block to further development. The five areas identified for development are:



- 3.7 **Primary Care Access** – The Enhanced Access model due for implementation from 1<sup>st</sup> October 2022, will aim to support the 51 GP practices in Brent with additional capacity in the evenings from 6.30 to 8.00pm Monday to Friday and Saturday from 9am to 5pm. This existing Access Hub will transition to the new Enhanced Hubs with increased capacity, more face to face appointments, with both routine services (screening and immunisation) to pro-active care management (long term condition review clinics).

In addition to the Enhanced Access Hubs, the eight Boroughs in NW London will seek to introduce a standard for general practice – which will aim to improve access to primary care; the service specification is currently undergoing a governance process. The focus will be on ensuring core hours’ provision, timely management of the home visiting service, telephone access, timeline for responding to on line consultation and patient registration.

- 3.8 **IT/Digital Infrastructure** – Accessing care on an equal footing. When a patient needs a GP appointment, the way they contact their surgery must be flexible to their needs and circumstances. Practices that insist on telephone or online access are inaccessible to some patients and a more tailored approach is needed. This should include access through digital services (online consultations) for people able to use these, options to contact the surgery in person or by phone for people without digital access, or using email for selected patients with special needs. Practice staff – particularly receptionists – must proactively identify patients who cannot use digital services and inform them about alternative access routes.

It is fully acknowledged that those patients who hold a preference for **on-line/digital access**, free up telephone capacity by utilising on line services, therefore initiatives aimed at supporting patients to utilise on line services are being fully supported. It is also acknowledged the current on line platform is long and not always patient friendly. The move from ‘E-consult’ as a provider for on-line services to ‘PATCHS’ from 1<sup>st</sup> August 2022 will enable patients to complete a more simplified form for on line consultation, Patients will be able to complete the form in seven steps, three of which are mandatory. A number of languages are available and the aim is to enable ‘voice to text’ in the near future, where a patient is able to relay their condition onto the on line form.

GP practices are actively being supported to move to a **cloud based telephone** service, which will enable practices to better map their peak telephone call times and develop an action plan to better manage patient demand. The cloud based telephone service also enables transfer of calls to another site to enable

telephone lines at GP surgeries to be freed e.g. transfer of relevant calls to a central booking hub for child immunisation clinics.

- 3.9 **Workforce and Resourcing:** Increase in workforce capacity in general practice will support the delivery of additional capacity; all PCNs are fully committed to recruiting additional roles, the current proposal suggests a substantial increase in the staffing, including increase in clinical pharmacists, podiatrist, physiotherapists, health coaches etc.

PCN CDs have outlined their commitments to supervision, development, education and training of current staff in general practice. PCNs are developing plans to ensure patients receive a better experience when contacting their GP surgeries and staff are empowered and supported to assist patients safely with their requests.

- 3.10 **Children and Young people:** Co-designing inclusive access pathways. The delivery of a joint access pathway across school nursing/ health visits and general practice was identified as a key step towards improving access to children and young people. It will seek to ensure a clear and joint message on access routes, managing expectation and ensuring a more seamless pathway between school based/delivery team and GP practices. This pathway should also seek to introduce efficiency and prevent wastage of valued NHS resources – for example a central store for emergency medication, as opposed to each child receiving a second emergency medication – which inevitably expires and is therefore disposed.

Expansion of the **Paediatric Hubs** is proposed with a more joint approach to developing paediatric services for children and young people. The current clinicians are developing literature for new first time mums on managing nine common conditions in young babies. With second paediatric clinician encouraging families to take up the child immunisation vaccines, through Beat Radio shows and local Saturday GP led child immunisation clinics.

- 3.11 **Communication and engagement:** there is a need for clear, open public communication campaign to explain that, with new multi-professional teams in general practice; patients may not always see a GP. Even with efforts to increase GP capacity and to better target GP care according to need, there is likely to be pressure on services for some time. The public also have a part to play in enabling the NHS to provide the care they need, and a patient charter may help in setting out these expectations – for example 30-40% of calls to 111 over the Bank Holiday weekend are for repeat prescription requests. Repeat prescription ordering is available through the NHS App, through on-line consultation platforms or via a local community pharmacy.

The Community Pharmacy Scheme facilitates patients to have a same day appointment for a minor illness, or an urgent supply of a regular medicine, improving access to professional advice and providing more convenient treatment closer to the patient's home. Community pharmacy and GP practices aim to work together to raise awareness of the scheme and encourage patients

to utilise the services of high street community pharmacies for same day appointments.

#### **4.0 Next Steps**

- 4.1 We will respond to the issues and concerns raised in both the Scrutiny report and clear messages we have heard from the community events through the access task and finish group. We will develop a series of clear public commitments and a clear 5-point access plan that addresses these concerns directly, and will continue engagement with the community on the basis of “You said, we did”.
- 4.2 We will share a draft with the Board during August, and would welcome any involvement from Members in future events and on the final proposed action plan

#### **5.0 Financial Implications**

- 5.1 Both capacity and workforce remain challenging at primary care level, the diversion of primary care staff to lead on innovative new practices, inevitably leads to capacity issue for routine service delivery.
- 5.2 Funding for digital innovation has been identified and presented to NW London – the outcome of this investment request is awaited. Funding for the Community Pharmacy Consultation scheme is part dependant on funding for IT infrastructure.
- 5.3 A number of initiatives are in train for which funding has been released – for example roll out of cloud base telephony, improved on-line access to practices. Those initiative are being progressed locally.

#### **6.0 Legal Implications**

- 6.1 The requirement for Enhanced Access provision is set out in the PCN Network DES (page 31 onwards) <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-directed-enhanced-service-guidance-updated-march-2022.pdf>. The ICP Executive will be required to sign off the proposed extended hours provision by PCNs.

#### **7.0 Equality Implications**

- 7.1 Primary Care Network leads, borough team and partner organisations will continue to work together during and throughout the duration of the implementation and delivery phase to ensure that patient views, feedback and needs are taken into account in the commissioning and delivery of access locally. An Equality Impact assessment is developed for new initiatives e.g. Enhanced Access

## Related documents:

Community and Wellbeing Scrutiny Committee recommendations - No one left behind. GP access in Brent

<https://democracy.brent.gov.uk/documents/s120898/6.2.b.%20Appendix%20%20-%20GP%20Access%20Scrutiny%20Task%20Group%20Report.pdf>

### **Report sign off:**


Fana Hussain  
Assistant Director Primary Care

Tom Shakespeare  
Managing Director, Brent ICP

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<sup>i</sup> <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/>

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	<b>Brent Health and Wellbeing Board</b> 28 July 2022
	<b>Report from Director of Public Health</b>
<b>Health and Wellbeing Strategy thematic update: Staying Healthy</b>	

Wards Affected:	All
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Melanie Smit, Director of Public Health <a href="mailto:Melanie.Smith@Brent.gov.uk">Melanie.Smith@Brent.gov.uk</a>  Anne Kittappa Strategy Lead Policy <a href="mailto:Anne.Kittappa@brent.gov.uk">Anne.Kittappa@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to Brent Health and Wellbeing Board (BHWB) on the delivery plan for the Health and Wellbeing Strategy. The Health and Wellbeing Strategy was ratified by BHWB on 16 March 2022, and it was agreed that regular updates would be provided, each update focusing on one of the five themes: Healthy Lives; Healthy Places; Staying Healthy; Understanding, Listening, and Improving; and Healthy Ways of Working. This report provides an update focusing on the theme: Staying Healthy.

## 2.0 Recommendations

- 2.1 That Brent Health and Wellbeing Board note the contents of this report.

## 3.0 Detail

- 3.1 The Health and Wellbeing Strategy was developed in partnership with our residents and was agreed by the board on 16 March 2022. The strategy has five main themes:



- Healthy Lives
- Healthy Places
- Staying Healthy
- Understanding, Listening and Improving
- Healthy Ways of Working

3.2 Regular updates will be provided to the board, focusing on one theme at a time. The focus for this paper is Staying Healthy.

3.3 The overall outcome for Staying Healthy is: *I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.*

3.4 There are 11 commitments in the delivery plan under the Staying Healthy theme, and an update for each commitment is contained below.

We will develop a strategic approach to children and young people with mental health worries and services that meet all needs

3.5 Building on the pilot service, the Council and Central and North West London NHS Foundation Trust (CNWL) have jointly agreed the service specification for a Targeted Mental Health and Emotional Wellbeing Service for Children and Young People in Identified Vulnerable Groups. The approach is in line with the Thrive model that has been adopted in Brent and will be part of a continuum of support for children and young people delivered by the health economy. An innovative peripatetic delivery model aimed at dealing with gaps in current provision will be tested as part of the new specification (partly funded by CNWL). The service will be procured to commence in February 2023 (for two years with the option to extend for a further 12 months). This will allow for further collaborative work with the North West London Integrated Care System/Brent Integrated Care Partnership Board as part of system developments.

We will work across partners to increase awareness of services, including of the Voluntary and Community Sector (VCS) offer, to ensure support for individuals with mental illness to get the right support at the right time

3.6 Brent Health Matters have provided £250,000 grant funding for the VCS. Projects must aim to reduce health inequalities. This funding is distributed through a participatory budgeting process, in which local residents vote for the programmes that will most benefit the community. This ensures both take-up of services and locally tailored initiatives

We will ensure all can access their GP when they need to, and practice variations are reduced

3.7 A number of initiatives aimed at increasing capacity in general practice are being implemented. These include increasing the workforce within general

practice and working with Community Pharmacies to ensure patients with appropriate condition receive the care and intervention required.

#### *Additional Roles Reimbursement (ARR)*

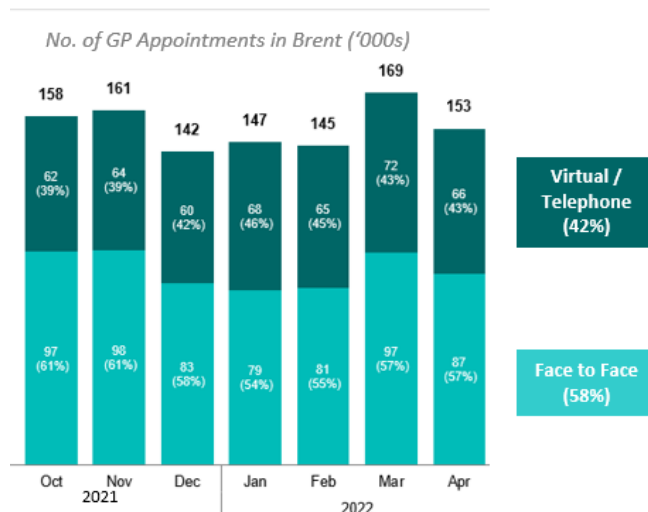
- 3.8 This is a national initiative aimed at increasing the staff skill mix at practice level. GPs are supported to recruit a range of staff disciplines to support patients in community settings. PCNs have been supported to maximise on the multidisciplinary team members they are able to recruit.
- 3.9 These additional roles will create capacity in general practice and free up GP/ Nurse time to focus on those patients with the highest need.

#### *Community Pharmacy Consultation Scheme (CPCS)*

- 3.10 There are 74 Community Pharmacies in Brent and 51 GP practices. Pharmacists training spans a period of five years. NHS England Community Pharmacy Consultation Scheme (CPCS) draws upon the training of local pharmacists and offers patients same day minor illness consultation with a community pharmacist. The scheme enables local GP practices to refer appropriate patients to community pharmacists for same day consultation with clinical advice and where required purchase of over the counter medication. The scheme can support general practice to ensure patients are seen by the right healthcare professional in the right place and will help make more GP appointments availability for those with higher acuity needs.
- 3.11 Of the 74 Community pharmacists in Brent (plus eight distant selling pharmacies) 65 high street pharmacies are signed up to providing the Community Pharmacy Consultation Scheme. GP practices and pharmacies are working together to develop a clear referral pathway to ensure a seamless service between the two service providers. While IT challenges and data reporting issues have been highlighted during implementation, local GPs and community pharmacies are working in close liaison to ensure the development and imbedding of this integrated pathway. NHS England continues to monitor the scheme nationally.

#### *Appointment activity*

- 3.12 NW London service specification aimed at setting standards for general practice is due for release in October 2022. This will aim to assess appointment offered by the multi-disciplinary team and agree a standard for practices. The current focus has been to ensure standardisation of appointment recording and ensure that practices are routinely recording all patient contact. The number of GP appointments is set out in the graph below. These data exclude appointments offered by Nurses, Pharmacists or other healthcare professionals. The appointments offered through Access Hubs, WSIC service, phlebotomy etc are also excluded.



*Investment in Access Hubs and extended access provision to improve on the day access*

3.13 From 01 October 2022 Primary Care Networks (PCNs) are required to deliver 60 minutes of extended hours' provision per 1,000 weighted patients. This is double the current requirement for GP Access Hub provision. The Hubs will be required to provide enhanced access between the hours of 6.30pm to 8pm Monday to Friday and between 9am and 5pm on Saturday (known as the Network Standard Hours). The Hubs will provide both advance bookable appointments and on the day booking. During the Network Standard Hours appointments will be offered both face to face and remote (telephone, video or online). The PCNs remit is to ensure the mixture of appointments seeks to minimise inequalities in access across the patient population.

3.14 A NW London survey clearly demonstrated patients preference for Saturday appointments (22%) as opposed to Sunday appointments (4% preference). The continued engagement of patients in developing the Enhanced Access Hub will ensure the Hubs meet the needs of local populations.

3.15 Communication on the hub locations, and the process for booking appointments will be communicated through a range of media including GP websites.

We will reduce the variation of impact from long term conditions between communities, and build on the diabetes model

3.16 The Brent Health Matters (BHM) team is working on reducing the variation of impact from long term conditions and is currently focusing on diabetes. The team has held 12 large scale community Diabetes events, completed between November 2021 and June 2022. Overall there have been 1,409 attendees with 1,170 health checks done. The current plan is to hold at least two community diabetes events a month.

3.17 There are two super diabetes events planned in September, one in the north of the borough, and one in the south. The BHM team will work with PCNs to target

specific cohorts of patients. The BHM clinical team is also working with all PCNs to support patients with Diabetes who don't access services identified by the GP practices. Each GP practice has been asked to identify five patients that don't engage with accessing health care.

- 3.18 In primary care we are working on improving measuring the nine key care processes for patients with Diabetes. Last year's achievement was 8.6%, and the target for this year was 28.6%, in April we had achieved 44.2%.

We will introduce a mobile health bus, ensuring outreach in areas experiencing health inequalities

- 3.19 The mobile health bus has been introduced and holds regular roadshows in different areas around the borough. A variety of services are provided on the bus, including mental health; cancer awareness; health checks; healthy eating; physical activity; and smoking cessation.

- 3.20 From February to June 2022 there have been 23 events, with 1,335 residents engaged.

We will increase community awareness and use of services, and address needs in commissioning processes

- 3.21 A review of all local advice service contracts was undertaken and contracts were updated to ensure the appropriate advice and guidance is available to the local communities.

- 3.22 A map of local services is currently being developed, and is expected to be completed by the end of quarter two; this will then be used to identify gaps in service provision. This process will then be refreshed and repeated every couple of years.

We will ensure that children with complex health needs can access the support they need

- 3.23 The Index of Multiple Deprivation shows that Brent is the fourth most deprived area in comparison with other London Boroughs. For vulnerable people, this results in additional numbers of highly complex cases requiring intensive casework to prevent breakdown.

- 3.24 There is a dedicated provider collaborative function for CYP inpatient cases which provides Assessment and Treatment, and Safe and Wellbeing reviews.

- 3.25 The pandemic has resulted in a 40% rise in poorer mental health amongst CYP and in LD/ASD cases this is even higher (one in six cases as opposed to one in nine cases). CYP and Adults with ASD experienced a higher incidence of MH

requiring an inpatient stay – many were negatively affected by lockdowns and restrictions.

- 3.26 The Dynamic Support Register for Transforming Care, chaired by the Head of Integrated Complex Care, Brent Council is attended by SEND and relevant CNWL CAMHS representatives, and as required attendance by Positive Behaviour Support. The terms of reference were reviewed and updated in October 2021 by all partners.
- 3.27 As well as this, separate LD/ASD and ASD only meetings are each held monthly.

We will improve your experience of hospital care

- 3.28 LNWUHT have identified the need to improve patient experience through the expansion of models of care which enable patients to have access to specialist care within their own home and supporting their discharge from hospital.
- 3.29 This has led to the development and implementation of a virtual ward for patients with Heart Failure with the aim of ensuring access to specialist cardiology care during and following hospital discharge to reduce re-admission. The programme also aims to reduce the need for admission.
- 3.30 Patients are admitted from both Northwick Park and Ealing Sites.
- 3.31 So far we have:
- Implemented a Heart Failure Virtual Ward with 103 patients on the pathway
  - Developed digital processes to enhance clinical review
  - Led on this pathway for the sector in collaboration with other trusts
  - Collaborated with Local Community providers and GPs to support the integrated pathway
- 3.32 The benefits to patients from this model of care include:
- Specialist review of medication and monitoring of side effects
  - Information on their condition and how to manage it themselves
  - Information on who to contact if there are any worries or issues
  - Clear direction for what to do in an emergency
  - Specialist Nurse or Doctor discussion during their time on the programme
  - Handover to their community teams on discharge

- Use Patient Feedback to improve outcomes
  - Decreased admissions and bed days
- 3.33 We are monitoring equity of access for patients from different ethnicities. We have identified that we need to improve access to patients from Brent and are working with the Heart Failure Task and Finish Group and Community Provider CLCH to develop the integrated pathways. The pathway is at the ratification stage and we are planning to go live in the next month.
- 3.34 Work will continue on this model of care, and will include setting up access to digital appliances for patients who are unable to afford them, and working with digital providers to develop support structures for patients who are not technologically aware.
- 3.35 This model is being used as template for other conditions.

We will ensure excellence in our care homes

- 3.36 The Adult Social Care Commissioning Service has a Residential and Nursing Team that is responsible for the commissioning and quality assurance of care home services and placements. The team carries out statutory safeguarding enquiries in Brent Care Homes and individual placement reviews with Brent service users placed in nursing or residential care (whether those placements are made in borough or out of borough). The team was created when the current Commissioning structure was implemented in 2017. The benefit of creating a team that has oversight of the care home market is that work on quality assurance, placement review and safeguarding is done by one team, helping to form an overall view of quality in the care home sector. Each home has an allocated Placement Relationship Officer (PRO), who is responsible for quality assurance and service user reviews within their allocated portfolio of homes.
- 3.37 The Residential and Nursing Team is able to bring together the intelligence it gathers from its three areas of work to give a comprehensive picture of residential and nursing services in the borough. As well as information gathered by our own staff, we take into account views of residents, family members and other professionals working in care homes (specialist health staff for example), to build up a picture of quality in Brent services. The team shares information and intelligence on a quarterly basis with the Care Quality Commission, the national regulator of care services, to help inform its view on care home provision in Brent. Each home is given a RAG rating based on their work and this determines the frequency of quality assurance visits. The frequency of visits is based on risk and quality of care; the number of placements the council has with the provider and the size of the care home. Larger homes, with multiple placements, will be visited more frequently than smaller services, unless the risk profile justifies more regular visits to the smaller service.

- 3.38 Having an allocated Provider Relationship Officer (PRO) is a particularly effective way of working with the care home sector. With nearly 60 homes in the borough, having a good oversight of the sector is crucial. With each PRO managing a portfolio of eight to ten homes each, this becomes more manageable. It also gives care home managers a route through which to contact the council when seeking support, which has been particularly important over the last couple of years as the council and providers have been managing the Covid 19 pandemic.
- 3.39 The council and partners are engaged in a variety of work with care home providers to improve the quality of the Brent care home sector. Brent runs a monthly care home forum, which is used as a mechanism to communicate and work with homes on good practice developments across the sector. The forum is regularly attended by colleagues from Public Health, the CCG and other partners to help registered managers with initiatives and good practice that can lead to better resident care. The forum is chaired by Basu Lamichhane, manager of Victoria Care Centre. Basu is also a member of the Brent Health and Wellbeing Board, providing a direct link from the care home sector to the Board.
- 3.40 Brent is running a programme of care home improvement through the Enhanced Health in Care Homes Programme. This programme is jointly funded and commissioned by the council and CCG and delivered with key partners including GPs and CLCH (Brent's community healthcare provider). The main areas of work in the programme include working with providers on key areas of training and development for staff, medication safety in care homes and implementing the Primary Care Network Directed Enhanced Services (DES), which aligns each care home with a GP and multi-disciplinary team to support personalised care and support in Brent's care homes. The programme has also delivered the Covid 19 vaccination role out in Brent Care Homes. Vaccination levels amongst care home residents are very high – 94% of residents have had two doses of the vaccination, and 90% have received their booster.
- 3.41 The Enhanced Health in Care Homes Programme also includes a Peer Support Programme, which has provided intense, dedicated support to care homes in the borough for that last year. The Peer Support programme is led by Mark Bird, previously registered manager at Birchwood Grange Care Home, Brent's only Outstanding rated care home. Mark Bird has worked with ten care homes during the Peer Support programme, working with managers on improvements that can be made to practice and care provision in their services. Homes have been involved for a variety of reasons – some have welcomed the additional input ahead of a CQC inspection, others because there were concerns about the quality of care and so they have benefited from the bespoke support of a former registered manager. The feedback on the programme has been very positive and three of the homes that were subsequently inspected by CQC have seen their ratings improve from

Requires Improvement to Good, reflecting the work undertaken by the care home managers and staff, and the programme's input. The remaining seven services are still to be inspected by CQC.

#### We will make sure you have what you need to be safe and well at home

- 3.42 People who approach the council in need of support from Adult Social Care will have to undertake a Care Act assessment to determine whether they are eligible for formal support from the local authority. Before anyone is assessed they will be offered information and advice to help them seek their own support from friends or family or other networks available to them without relying on commissioned care.
- 3.43 If, following their Care Act assessment, a person is eligible for support the service's initial aim will be to provide that support to enable the person to continue to live at home. This might be through a short term, time limited reablement care package, where the service user will be helped to regain skills they have lost. Or, the council could commission a homecare package for the person, providing care and support on a regular basis, but also encouraging the person to do as much for themselves as they can. Services can also be provided via a direct payment, where the service user is able to commission their own care using the direct payment budget available to them. Other forms of care, such as residential, nursing or supported living are only considered when it becomes unviable for the service user to remain in their own home.
- 3.44 The council is in the process of reviewing services for carers and our social isolation service, both of which are aimed at delaying the need for ongoing formal support. These services are currently provided by Brent Gateway, a consortium of providers led by Age UK Brent, Hillingdon and Harrow. The offer delivered via Gateway is being revised in consultation with service users and carers, and will be recommissioned once the Carers Strategy is finalised, which will set out the vision and objectives for these services in the future.

#### We will increase take up of vaccinations, targeted at those experience health inequalities and disadvantages

- 3.45 Vaccinations have been offered to residents in different locations, ensuring easy access for all. The locations have been specifically chosen in areas where there are known health inequalities or disadvantages. This year, 1,020 individuals have received their vaccinations on the bus, and a further 381 at pop-up events. The Vaccination Centre at the Civic Centre has also proved successful, vaccinating a total of 11,105 people this year, 5,305 of whom were walk-ins.

## **4.0 Financial Implications**

- 4.1 In terms of the JHWS development, there are resource implications for Brent Council, and NWL CCG, in terms of officer time and engagement work with the



public. The latter is unlikely to be significant and can depend on getting support from partners in kind.

- 4.2 It is anticipated that any associated costs will be funded from the existing budgets.

## **5.0 Legal Implications**

- 5.1 The duty in respect of Joint Health and Wellbeing Strategies (JHWSs) is set out in s116A of the Local Government and Public Involvement in Health Act 2007, as amended. In addition, the Health and Social Care Act 2012 places a duty on local authorities and Clinical Commissioning Groups (CCGs) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA). Pursuant to the Care Act 2014, the Council has a duty to ensure a clear framework is developed to meet its wellbeing and prevention obligations under the Care Act.
- 5.2 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Statutory Guidance) 2013 states “Health and Wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however, boards will need to assure themselves that their evidence-based priorities are up to date to inform the local commissioning plans”.
- 5.3 In preparing JHWSs and JSNAs, Health and Wellbeing Boards must have regard to the guidance issued by the Secretary of State, and as such, boards have to be able to justify departing from it.

## **6.0 Equality Implications**

- 6.1 Health and Wellbeing Boards must also meet the Public Sector Equality Duty under the Equality Act 2010. S149 of the Equality Act 2019 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:
- a) Eliminate discrimination, harassment and victimisation
  - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it



- 6.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.3 The Statutory Guidance states *“this is not just about how the community is involved but includes consideration of the experiences and the needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNAs) and the effects decisions have, or are likely to have on their health and wellbeing”*.

**Report sign off:**

**Dr Melanie Smith**

Director of Public Health

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 <b>Brent</b>  <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 28 July 2022
	<b>Report from Chair, Health and Wellbeing Board</b>
<b>Refreshed Brent Health and Wellbeing Board Terms of Reference</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 – Draft Health and Wellbeing Board Terms of Reference Appendix 2 – Health and Wellbeing Board Governance Map Appendix 3 – Health and Wellbeing Board Work Programme 2022-2023
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Meenara Islam-Pillar Strategic Partnership Manager Meenara.islam-pillar@brent.gov.uk

## 1.0 Purpose of the Report

- 1.1 To set out refreshed terms of reference, including membership, for the Health and Wellbeing Board to be incorporated from September 2022. The report also tables a draft work plan for 2022-23.

## 2.0 Recommendations

- 2.1 The Board is asked to:
  - (a) review and agree the refreshed terms of reference for the Health and Wellbeing Board as set out in Appendix 1 to this report
  - (b) approve the proposed membership of the Brent Health and Wellbeing Board for 2022/23 as set out in Appendix 1 to this report; and
  - (c) agree the draft work plan as set out in Appendix 3 to this report.

## 3.0 Detail

### *Terms of reference and membership*

- 3.1 In the context of changes to the North West London health sector landscape and the recent local government elections, the Board's terms of reference have

been reviewed and amendments have been made (appendix 1) for the Board to agree.

- 3.2 The Health and Care Act 2022 led to the creation of Integrated Care Systems (ICS) in local areas, which are now fully implemented. This includes replacing the Clinical Commissioning Group with the North West London Integrated Care System (i.e. the Integrated Care Board) and the establishment of the Integrated Care Partnership. In North West London, the ICS includes eight local authority areas. Details of the structure of the North West London Integrated Care System and the local Brent Integrated Care Partnership (ICP) were reviewed and agreed by the Health and Wellbeing Board on 13 January 2022. Appendix 2 depicts the governance structure in Brent (which is a revision of the governance structure chart presented to the Board on 13 January 2022).
- 3.3 Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
- 3.4 Integrated Care Boards are statutory NHS organisations that are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care Systems area. The Integrated Care Board for Brent that has replaced the Brent CCG is the North West London Integrated Care System (Executive), which is part of the NHS.
- 3.5 Integrated Care Partnerships are statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities (which includes Brent Council) that fall within the Integrated Care Systems. Integrated Care Partnerships are responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the Integrated Care Systems area. Integrated Care Partnerships will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.
- 3.6 Once the Health and Wellbeing Board agrees and approves the content of the proposed and amended terms of reference of the Board as set out in Appendix 1 to this report, they can be incorporated into Part 4 of Brent Council's Constitution at the next Full Council meeting on 21 September 2022.
- 3.7 In the proposed Terms of Reference of the Health and Wellbeing Board, two of the job titles of the non-voting members of the Brent Health and Wellbeing Board have been amended following Brent Council's senior management restructure which will be effective from September 2022. The role of Strategic Director, Children and Young People will be renamed Corporate Director, Children and Young People and Nigel Chapman will start that role in September 2022. Nigel Chapman's appointment follows the impending retirement of Gail Tolley from the role of Strategic Director, Children and Young People in August 2022. Phil Porter is currently the Strategic Director for Community Wellbeing. In September 2022, Phil Porter will assume the role of Corporate Director, Adult Social Care and Health within the Council's new senior management restructure. The new roles have been included in the draft Terms of Reference as set out in Appendix 1 to this report.

## *Work plan*

- 3.8 In accordance with the Board's terms of reference a draft work plan at appendix 3 is tabled in this paper for members' views and approval. The plan features a mix of standing items, such as thematic Joint Health and Wellbeing Strategy, ICP board sub-groups and Brent Children's Trust updates. This work plan can be amended throughout the year with the agreement of the Chair of the Board.

## **4.0 Financial Implications**

- 4.1 None as a direct result of this report.

## **5.0 Legal Implications**

- 5.1 As stated above, the Health and Care Act 2022 has replaced Clinical Commissioning Groups with Integrated Care Boards and the said Act has enabled the creation of Integrated Care Partnerships. Section 3 of this report above sets out details of what Integrated Care Systems, Integrated Care Boards and Integrated Care Partnerships are.
- 5.2 The redrafted Terms of Reference of the Board as set out in Appendix 1 of this report reflects the changes made by the Health Care Act 2022 following the creation of the Brent Integrated Care Board and the Brent Integrated Care Partnership which have come into existence in July 2022.

## **6.0 Equality Implications**

- 6.1 None as a direct result of this report.

### **Report sign off:**

**Phil Porter**

Strategic Director, Community Wellbeing

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## **Appendix 1:**

### **Draft Health and Wellbeing Board Terms of Reference and Membership**

#### **Membership**

##### *Voting Membership*

- 5 elected councillors to be nominated by the Leader of the Council. Four councillors will be Cabinet members from the majority party. The fifth member will be an opposition member. An elected councillor will chair the Health and Wellbeing Board.
- 4 representatives of North West London Integrated Care System Executive (i.e. the Integrated Care Board)
- A representative of Healthwatch
- A representative of the nursing and care home sector

##### *Non-voting Membership*

- Chief Executive, London Borough of Brent
- Corporate Director, Adult Social Care and Health
- Corporate Director, Children and Young People
- Director of Public Health
- Director of Adult Social Services

An elected councillor will chair the Health and Wellbeing Board. At least one of the North West London Integrated Care System members shall be a GP.

All members of the Health and Wellbeing Board have voting rights, except council officers.

The quorum for the Health and Wellbeing Board is four voting members, with at least two councillors and two other voting members present in order for a meeting to take place.

#### **Terms of Reference**

Brent's Health and Wellbeing Board will:

1. Lead the improvement of health and wellbeing in Brent, undertaking duties required by the Health and Social Care Act 2012.
2. Lead the needs assessment of the local population and subsequent preparation of the borough's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. It will ensure that both are updated at regular intervals and that integrated care strategies that are prepared by the Brent Integrated Care Partnership (Brent ICP) are taken into account in this process.
3. Oversee the implementation of the priorities in the Joint Health and Wellbeing Strategy and other work to reduce health inequalities in Brent.
4. Promote integration and partnership working between health and the council, including social care and public health, across all ages by providing steer and oversight to the Brent ICP board to meet borough's health and wellbeing.
5. Develop initiatives between partners to maximise opportunities for early intervention and prevention.



6. Provide leadership to partner agencies on tackling health inequalities resulting from disparities in housing, education, climate emergency, air quality, physical activity and poverty.
7. Review and respond with its opinion on the Forward Plans that are provided by the North West London Integrated Care System and if appropriate within its discretion, give its opinion on the Forward Plans to NHS England.
8. Contribute to the implementation of strategies developed by partners such as the council's Borough Plan, the NHS Long Term Plan and the Office for Health Improvement and Disparities
9. Seek assurance of partner plans to responding to a health related emergency, e.g. pandemics.
10. Agree the borough's pharmaceutical needs assessment, which is updated every three years.
11. Agree an annual work programme for the Board.
12. Consider representations from Brent Scrutiny Committees and Healthwatch Brent on matters within the remit of the Health and Wellbeing Board.
13. To receive updates on partner investments into the local health and wellbeing system and make representations at local and national level on sufficiency of resources (e.g finance, estates and workforce).

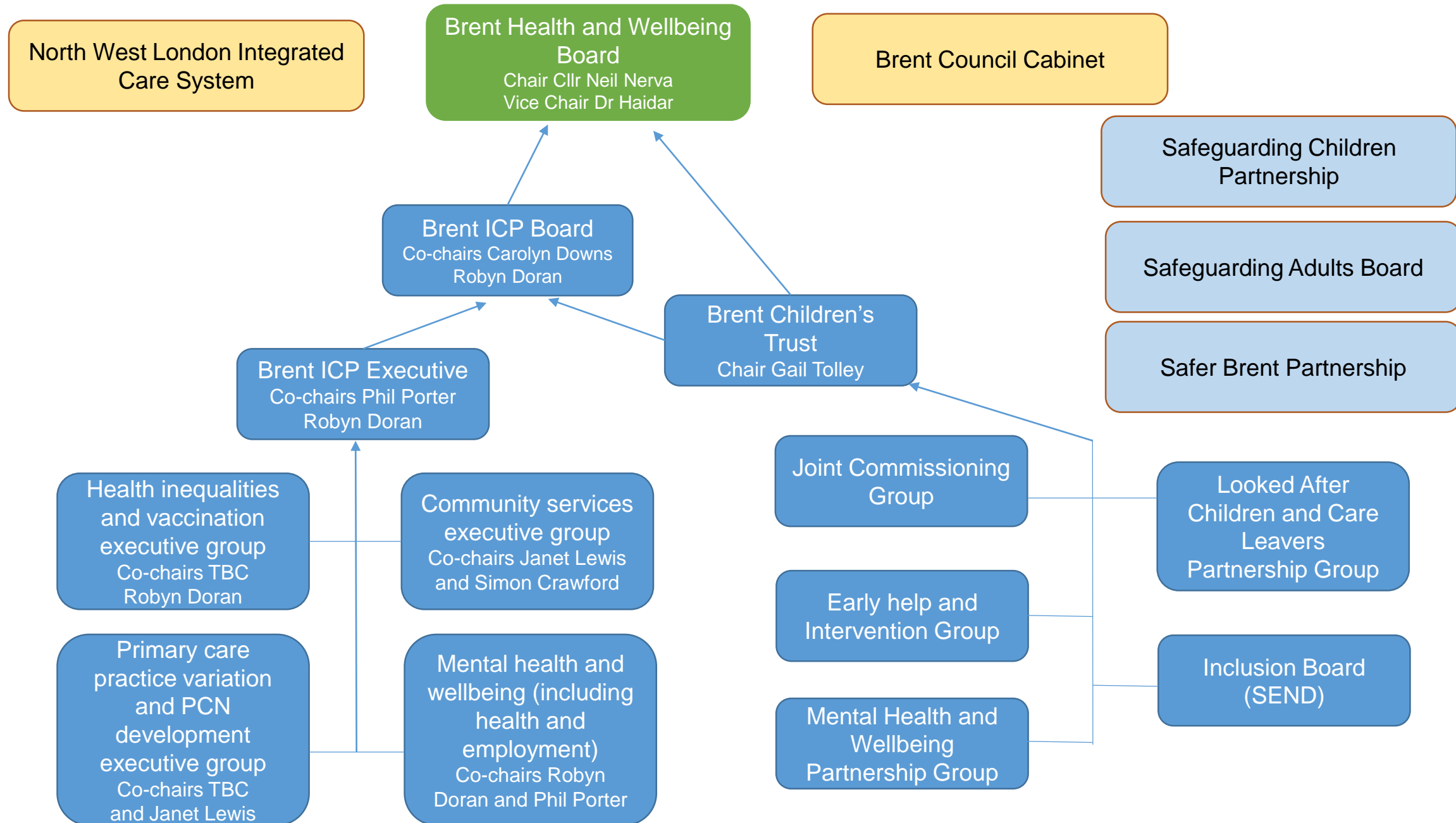
## Proposed Brent Health and Wellbeing Board membership 2022 – 23

This membership list is not part of the formal Health and Wellbeing Board's Terms of Reference.

<b>Voting</b>	
Cllr Nerva	Chair, Health and Wellbeing Board and Cabinet Member for Public Health and Adult Social Care
Cllr Grahl	Cabinet Member for Children, Young People and Schools
Cllr M Patel	Deputy Leader, Cabinet Member for Finance, Resources & Reform
Cllr Donnelly-Jackson	Cabinet Member for Community Engagement, Equalities and Culture
Cllr Kansagra	Opposition Member, Brent Council
Judith Davey	Chair, Healthwatch
Dr Mohammad Haidar	Vice Chair, Health and Wellbeing Board and Lead GP, Brent
Robyn Doran	Director of Transformation and Brent ICP Director, Central and North West London NHS Foundation Trust
Simon Crawford	Deputy Chief Executive, London North West University Healthcare NHS Trust
Janet Lewis	Director of Operations, Central London Community Healthcare NHS Trust
Basu Lamichhane	Nursing and care home sector representative
<b>Non-voting</b>	
Carolyn Downs	Chief Executive, Brent Council
Phil Porter	Corporate Director, Adult Social Care and Health, Brent Council
Nigel Chapman	Corporate Director, Children and Young People, Brent Council
Melanie Smith	Director of Public Health, Brent Council
Claudia Brown	Director of Adult Social Services
<b>Advisors to the Board</b>	
Tom Shakespeare	Managing Director, Brent Integrated Care Partnership
Jonathan Turner	Borough Director (Brent), Brent Integrated Care Partnership, North West London Integrated Care System

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Brent Community and Wellbeing Scrutiny Committee



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## Appendix 3 - Brent Health and Wellbeing Board 2022-23 work plan

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Date	Items
<b>28 July 2022</b>	<ol style="list-style-type: none"> <li>1. Health and Wellbeing Board refreshed terms of reference</li> <li>2. Mental Health services development update</li> <li>3. Brent Place Partnership update</li> <li>4. GP access update and implementation</li> <li>5. An update from Healthwatch</li> <li>6. Joint Health and Wellbeing Strategy – thematic update</li> </ol>
<b>13 October 2022</b>	<ol style="list-style-type: none"> <li>1. Brent Children's Trust update</li> <li>2. Childhood immunisations</li> <li>3. Preparedness for inspections</li> <li>4. Inequality of funding for North West London Integrated Care System</li> <li>5. Joint Health and Wellbeing Strategy – thematic update</li> <li>6. Community services update</li> </ol>
<b>12 January 2023</b>	<ol style="list-style-type: none"> <li>1. Joint Health and Wellbeing Strategy – thematic update</li> <li>2. Brent Carers Strategy</li> <li>3. Health inequalities and vaccinations update</li> </ol>

<b>13 March 2023</b>	<ol style="list-style-type: none"> <li>1. Healthwatch work programme for the year ahead</li> <li>2. Joint Health and Wellbeing Strategy – thematic update</li> <li>3. Primary care variation and Primary Care Network development update</li> <li>4. Brent Children’s Trust update</li> </ol>
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