Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Wednesday 29 March 2023 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Lisa Knight (Chief Nurse, LNWUHT), Cleo Chalk (Brent HealthWatch), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Corporate Director Adult Social Care and Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care, Brent Council – non-voting)

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Natalie Connor (Governance Officer), Antoinette Jones (NWL NHS), Steve Vo (NWL NHS), James Biggin-Lamming (Director of Strategy and Transformation, LNWUHT), Fana Hussain (Assistant Director Primary Care, NWL NHS)

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

Apologies for absence were received from the following:

- Councillor Donnelly-Jackson (Brent Council)
- Basu Lamichane (Nursing and Residential Care Sector)
- Judith Davey (CEO, Brent HealthWatch)
- Simon Crawford (Deputy Chief Executive, LNWUHT), substituted by Lisa Knight (Chief Nurse, LNWUHT)
- Robyn Doran (CNWL)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 12 January 2023, be approved as an accurate record of the meeting.

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

None.

5. **Primary Health Update - GP Access**

Fana Hussain (Assistant Director Primary Care, NHS NWL) introduced the report, which provided an update on the actions taken to improve GP and primary care access in Brent. She highlighted that access to primary care remained on the agenda as a priority area for all boroughs in NWL. NWL had been working alongside GP practices after the 'no-one left alone' report and recommendations. In updating the Board, she highlighted the following key points:

- The Primary Care Team had been looking at how to improve access to appointments, including online consultations, as well as how to improve the number of staff working in GP practices and how primary care worked with partner organisations. A lot of work on this had been undertaken in the past year and members' attention was drawn to Table 1a of the report, which showed the number of GP appointments offered in NWL. In the month of December 2022, Brent had been the borough with the second highest number of GP appointments, and in January 2023 had moved to joint second position alongside other boroughs. The graphs showed appointments at GP practice level but did not include appointments held at the Access Hubs.
- The main focus areas had been:
    - Increasing appointments outside of core hours (8:00am – 6:30pm, Monday to Friday), looking at how appointment options could be expanded up to 8pm and on weekends
    - Offering additional appointments in health inequality clinics and promoting uptake.
- As such, GPs were seeing more patients who were diabetic, had long term conditions, and were offering screenings and immunisations. Enhanced Access Services were now providing double the number of appointments they had previously, with 135,000 appointments now being provided in hubs where patients could get an appointment outside of core hours. Booking for those remained through GP practices and calling 111, but the aim was to enable direct booking into those slots once IT barriers had been resolved.
- Face to face appointments had remained a focus, as primary care were aware patients wanted to be seen face to face. Two thirds of appointments in most GP practices were provided face to face with one third online. It was understood that there was also a demand for online consultation, particularly from the younger generation and those with IT skills, so that hybrid model was available.
- The focus on improving access to primary care had also concentrated on access to registration. Primary care understood that patients were experiencing issues registering with GPs, and so this had been highlighted and taken forward, working with an organisation called Doctors of the World. As part of this, surgeries were being offered accredited training on 'safe surgery', which looked at barriers to registering. 40 GP practices had now been accredited as safe surgeries and the remainder would go to the next programme. Registration was now much easier and more fluent with documentation no longer required and, going forward, the NHS app would allow patients to change GP practice at the click of a button.
- Additional staff were being recruited to increase capacity in GP practices, including Clinical Pharmacists, Physiotherapists, Paramedics, Nursing Associates, and Health Care Assistants. The number of additional roles had been increased by 101% within the year.
- Reception staff had been upskilled with customer care training, managing difficult conversations, supporting patients and signposting to help navigate patients into the right setting.

The Chair thanked Fana Hussain for her introduction and invited contributions from those present. The following issues were raised:

- The Board were pleased with the details in the paper and the different initiatives to improve access. In relation to Enhanced Access Hubs, they queried whether there was any data on the uptake of those out of hours appointments and whether they were being utilised. Fana Hussain confirmed that Enhanced Access Hubs were commissioned and monitored at PCN level. Utilisation was around 92% across all PCNs, but there were some areas with less utilisation, such as Kilburn which had 65% utilisation.
- Dr Haidar congratulated the Primary Care Team for their response to challenge around access, and felt the work was an example of moving forward as a system together. One

of the mission statements for primary care was around changing definitions, for example, instead of saying 'hard to reach populations' this was now 'hard to access services'. The Primary Care Team were working together to take services out to patients and communities and access would remain a focus for the ICP.

- In relation to the communications plan, the Board asked if the ICP were confident that GP practice staff knew about the additional access hubs and how to refer, as well as how the ICP would raise awareness with Brent residents of the additional services. Fana Hussain highlighted that this work would be taken forward once the access line into the Enhanced Access Hubs was available to promote. Currently, all GP websites were being updated with this information and practices were aware those appointments were available and what their allocation of appointments was. Information would be disseminated to all Brent residents and the ICP were working closely with the local authority's communications team to include an article in the Brent Magazine to highlight the hubs and how they could be accessed. The timing of that messaging was imperative to ensure the technology around direct booking was in place prior to sending out messages. In addition, all information would be available on the ICP website.
- The Board asked about eligibility for free treatment for non-residents or residents who had been away from the country for 12 months. Fana Hussain explained that everybody was entitled to register with a GP, even if they were a visitor from another country. To receive services in an acute secondary setting, such as a hospital, there was a team who would assess whether a patient was entitled to that treatment and whether there may be a charge, for example if someone went to the hospital to deliver a baby or manage a condition. However, if a patient entered an Urgent Treatment Centre and their life was at risk then that treatment was free. These were national requirements and not derived locally.
- In relation to paragraph 3.15 of the report about joint working, Fana Hussain advised the Board that the vision for the Enhanced Access Hubs was to incorporate wider community and partner organisations so that the hubs were running alongside all other partnership teams. For example, having colleagues such as the Housing Team and Cost-of-Living Team alongside the hubs so that their sessions could run at the same time in order for residents to access several services at once. The ICP were also working with community providers to see how they could deliver some enhanced services jointly. For example, a few years previously, womb care management was introduced in GP settings and the community team had trained nurses to deliver that. Integration was about having a seamless service where partners worked as one within the setting, so there could be a go-to place for everything someone needed. In response to what the local authority could do to ensure that happened, Tom Shakespeare (Director, Integrated Care Partnership) confirmed that the Integrated Care Partnership (ICP) priority was about wraparound care with partnership at the core of the hubs. The work was still in its development phase.

RESOLVED: To note the progress on the priorities and thank the Primary Care Team in the Brent Borough-Based Partnership.

6. HeathWatch Programme Update

Cleo Chalk (Manager, HealthWatch Brent) introduced the report, which asked Board members to note the outcomes achieved over the past year, as well as HealthWatch's plan to build on existing priorities and develop the service. In introducing the report, she highlighted the following key points:

- HealthWatch had experienced challenges over the past 12 months due to staffing challenges but were now in a stronger position with Cleo Chalk as Manager and an overarching Service Manager from the Advocacy Project.
- HealthWatch were pleased to have made progress in the past 12 months despite staffing challenges, particularly the project work with Brent's communities facing

multiple health inequalities including strengthening links with Romanian and Somali communities. HealthWatch looked forward to continuing that targeted work in 2023-24. It had been found that the experiences of these groups echoed the broader lack of access affecting many communities in Brent.

- A series of highly insightful 'enter and view' visits had been conducted at the Park Royal Centre for Mental Health, which resulted in several key findings, notably the lack of information patients had about their care plans and the need for more information about the complaints process. HealthWatch were now working closely with that service to implement the changes from those recommendations.
- Priorities for 2023-24 had now been agreed for the Annual Work Programme, which had been informed by a detailed piece of work evaluating what HealthWatch knew about health inequalities in Brent and its relationship with key stakeholders.
- The first priority was mental health in key communities and geographical hotspots, building on existing work with the Somali community and developing a new project working specifically with the Pakistani community. The Pakistani community had been chosen following conversations with CNWL which suggested that group was underrepresented.
- The second priority would be around translation and additional support to access services. From the work HealthWatch had done with the Romanian community, they knew that there was a lack of access to translated materials and HealthWatch were looking to investigate that further, including in relation to key services such as maternity. It was hoped this would lead to more opportunities for co-production work in that community to develop those translated resources.
- The final priority was to ensure HealthWatch was focusing on residents in the most deprived wards. Engagement work had always been concentrated in Harlesden and Stonebridge and this would be expanded to include Kensal Rise. The work in those areas would focus on delivering HealthWatch's advice and information service, crucially in face-to-face and pop-up services and not solely online or telephone. That work would also focus on the delivery of health information, and was looking at cancer screening workshops to be delivered specifically in those wards.
- Now that the service was close to being fully staffed and there was a larger pool of volunteers, HealthWatch were looking at service development and wanted to expand the advice and signposting service, which was felt to be a really important way HealthWatch reached residents most struggling to access services.

In considering the presentation, the Board raised the following points:

- The Board understood the focus on the Romanian community as a rapidly expanding emerging community. They highlighted that the Arabic community was the second largest emerging community in Brent and so asked HealthWatch to consider focusing on Arabic communities specifically as well.
- The Board highlighted that there were nearly 700 asylum seekers currently placed in hotels in the borough, who were not on safe routes and did not have refugee packages, who would be going through the streamlined process for leave to remain. It was highlighted that many of these asylum seekers would have serious mental health and trauma related issues, and the Board asked what HealthWatch might be considering doing in these areas. Cleo Chalk advised the Board that asylum seekers in hotels were on their radar and HealthWatch had started to make links with homelessness groups and other voluntary organisations working with those communities in Brent. Carolyn Downs (Chief Executive, Brent Council) advised HealthWatch that the local authority would want to work with HealthWatch on any project they did coming out of that.
- The Board highlighted that, alongside HealthWatch, Brent also had Brent Health Matters (BHM) and increasing awareness from mainstream statutory services of the need to reflect on and address health inequalities. As such, they asked where HealthWatch saw itself in the wider system to make the best impact and influence. Cleo Chalk explained that HealthWatch had been reviewing its stakeholder engagement

strategy which had involved looking at how it could differentiate itself from other work programmes already existing in Brent and ensure it was not duplicating the work of other organisations such as BHM. What she saw as being unique to HealthWatch was that it could contribute its knowledge and links with services to the wider health system. Going forward, HealthWatch would be focusing much more on people who were actively using services whilst bringing community groups and services together. The work HealthWatch had done with the Somali community had been around putting community leaders in a room with service providers to co-design service provision based on the knowledge those communities had, and she hoped to replicate that type of work in the future.

- In relation to how the wider health system engaged with HealthWatch, Phil Porter (Corporate Director Adult Social Care & Health, Brent Council) advised the Board that the ICP were committed to engaging and working with communities to co-design services and, as such, HealthWatch had a seat on all ICP Executive Groups.
- The Board asked about the reasoning for the focus on Pakistani and Bengali communities in relation to paragraph 3.11 of the report, which detailed feedback gathered following the covid-19 vaccination rollout. They were advised that this had been a piece of work commissioned by NHSE to focus specifically on those community groups due to Healthwatch's existing links to those communities. The work focused on understanding the messaging that had gone out and future messaging to encourage people to get vaccinated. HealthWatch had also supported a wider vaccination awareness programme with volunteers going out with the vaccination bus to spread awareness to a much broader range of community groups.
- The Board asked if HealthWatch had any work planned around access to NHS dentists as this was a significant public health risk for children. An announcement on the day of the meeting that 85 BUPA dentists were closing showed the broader trend of private and NHS dentists closing down. Dr Melanie Smith (Director of Public Health, Brent Council) advised the Board that Public Health continued to lobby NHSE for a reinvestment of the underspend on the general dental contract into community dental services, outreach, and health promotion. In the meantime, the oral health bus would be revisiting several primary schools across the borough during the summer. Public Health were aware that the children who accessed the oral health bus the previous summer had considerable unmet need and were happy to report that they had been able to get access to dentistry for a number of those children, and several local dentists had agreed to take referrals from Public Health over the summer.
- Nigel Chapman (Corporate Director Children and Young People, Brent Council) highlighted the reference in the report to conversations about children's health. He advised the Board that conversations were being had around the work HealthWatch could do to support children's health, such as advocacy for care leavers and care leavers accessing their own health history.

RESOLVED: To note the information provided in the paper.

7. Winter Planning Update

Steve Vo (Assistant Director of Integration and Delivery, NHS NWL) introduced the report, which detailed the winter planning journey that had started in July 2022. He highlighted the following key points:

- A total of £3.35m had been secured across the system, which he felt demonstrated good collaborative working across health and social care partners to structurally come together to create schemes and commit to a reporting regime.
- Positive feedback had been received from service managers across the Council, NHS NWL, CLCH and CNWL.
- February data showed a rise in A&E and non-elective attendances and so the data was being looked into to understand the spikes in particular months.

- Service leads and teams were assessing the current schemes, evaluating data to learn lessons from the past few years in order to plan ahead, and the outcome of that assessment would give a steer on which schemes would need to be prioritised locally and identify appropriate funding to continue schemes going forward.

In considering the report, the following points were raised:

- The Board asked whether there was any data regarding readmittance to hospital and if that was an area of concern. Lisa Knight (Chief Nurse, LNWUHT) advised that readmission data was collated and could be shared with Steve Vo to be used as part of the evaluation process. She believed readmission to be 8% across the entire organisation, and there would be a need to look at that by borough for the Health and Wellbeing Board. LNWUHT had a requirement to audit readmissions, so they could undertake and share the reasons for readmission, as readmission data could include patients who were readmitted for a reason not related to their original diagnosis or health concern.
- The Board asked if there was any significant system learning that had been taken from the winter planning schemes over the year. Tom Shakespeare (Director, Integrated Care Partnership (ICP)) advised the Board that they were currently going through the process of reporting back to the ICP the impact of specific winter pressure schemes which they could bring back to the Board at a future date. Each of the NWL hospitals were currently undertaking a peer review and Adult Social Care would be looking to be part of that process in terms of learning what the experiences had been.
- Lisa Knight added that LNWUHT had been thankful for the support, but irrespective of the winter support schemes put in place it had been a very difficult winter. Emergency activity continued to increase at Northwick Park Hospital in particular, and there were significant diverts in place with the London Ambulance Service, with that activity being increased through Ealing as more ambulances were being sent through Ealing due to ambulance queues. She wanted the Board to be aware that some of the experiences in emergency departments continued to be not what they should be, and LNWUHT were in a position where they were 'plus one-ing', where patients were moved to wards without a bed on every ward every day. She could see there was a lot of work going on and this was seen on a daily basis, but the issue was that winter pressures did not seem to alleviate during the summer now. She hoped for a commitment to implement year-round planning for the genuine increase being experienced. In response to these pressures, LNWUHT were working with the sector to add 30 additional beds at Northwick Park and were hopefully about that and that it would make a difference on flow.
- Anecdotally, in terms of supporting the community, there were two key points being identified across NWL. One was the availability and capacity within the system to deal with complex needs within nursing and residential homes, as well as having capacity to support that from a health side and a social care perspective. The second was support around individuals with no recourse to public funds and homeless individuals. Early planning work on those issues was ongoing for the following year.

The Board **RESOLVED** to note the report.

8. London North West University Healthcare NHS Trust - Five Year Strategy

Lisa Knight (Chief Nurse, LNWUHT) introduced the report, which presented the 5-year strategy for LNWUHT, which had been ratified by the Trust Board. She advised the Board that the strategy had been developed over the last year with patients, staff, and local organisations. The document was a statement of where the Trust was now and how it wanted to develop and engage with partners over the next 5 years. There had been good engagement on the strategy, and she requested that LNWUHT came back to the Board for a future update.

James Biggin-Lamming (Director of Strategy and Transformation, LNWUHT) spoke in more detail about how the strategy had been developed, highlighting the following key points:

- Almost 900 patients had responded to the multi-lingual survey about their care and their aspirations for their care, which had been translated into several local languages. 2,400 staff had input at various points what their hopes for the organisation were and what could be done together to improve, and there had been significant engagement from partner organisations.
- The new vision was to have quality at the heart of the Trust. Central to the Strategy was the ambition to have consistent, best practice quality in the care provided, and as an employer and partner. Four objectives underpinned that vision;
    - Objective 1 was to provide high quality, timely and equitable care in a sustainable way.
    - Objective 2 was to be a high-quality employer where staff felt like they belonged and were empowered to provide excellent services and grow their careers.
    - Objective 3 focused on basing care on high quality, responsive and seamless non-clinical and administration services. James Biggin-Lamming informed the Board he was proud to have an objective in the strategy around admin support services as clinical care did not rely solely on clinical staff but also those working 'behind the scenes' such as procurement, HR, and finance. If their work was done effectively this freed up time for clinicians to do more with patients. This workstream was also in response to patient interactions with admin staff not always being constructive such as booking appointments and so the Trust was determined to do that in a much better way.
    - Objective 4 was to build high quality, trusted ways of working with local people and partners to improve the health outcomes of communities together. This included working with primary care, social care, mental health, the voluntary sector and patients, with the Trust as an anchor organisation within that partnership.
- The details of the strategy were available on the Trust website and included measures and actions to track the strategy. The Health and Wellbeing Board were invited to support the strategy.

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

- The Board welcomed the strategy and asked whether there were any specific asks of the wider health and wellbeing system. They were advised that under the partnership workstream there were opportunities to work on how the Trust trained and recruited new workforces. One area that the Trust would be investing in was the Elective Orthopaedic Centre at Central Middlesex Hospital and new roles would be created there including admin, specialists, Health Care Assistants, apprenticeships, Nursing Associates, Therapy Assistants and Physician Assistant.
- The Board asked how the Trust would know they had been successful in their objectives. They were advised that there were 12 measures highlighted in the strategy for tracking the success of each objective, and the outcomes the Trust hoped to see as a result of the actions taken. For each action, the strategy set out where the Trust was, what top quartile performance looked like, and how the Trust aimed to get to top quartile over the next 5 years. For example, the Trust would know if they were an anti-racist organisation if staff wanted to recommend the organisation as a place to work and through levels of bullying within the organisation. There should be steps along the way where the Trust would start to feel different and feel movement towards top quartile, and if it was not seeing those changes then there would be a need to return to the action plan to review. As part of this, new measures were being created to collate that information and measure progress.

- The Board highlighted the challenge for the Trust that, whilst it might be making huge improvements, public opinion might not follow as quickly, therefore it was imperative to have its own qualitative information alongside the feedback it collected.
- The Board highlighted the emphasis on Ealing Hospital in the 'our sites' section of the strategy and queried the reason behind that. They were advised that the full strategy document included more detail about all three sites, but the emphasis the Board had noticed was likely a reaction to public belief that the hospital would be closed. Prior to Covid, as part of the previous Trust strategy, the plan had been for Ealing Hospital to close. This was no longer the case and the Trust had worked hard with the people of Ealing to inform them that their local hospital was not closing, but there were members of the public who still did not believe it would not close.

RESOLVED:

i) To note the report and agree to receive an update on an annual basis on the progress of the strategy.

9. **Local Governance in the Context of NWL Relationship - Integrated Care Partnership Asks**

Tom Shakespeare (Director, Integrated Care Partnership) introduced the report, which aimed to get a steer from the Board on three main areas the Integrated Care Partnership (ICP) wanted to work more closely with the Integrated Care Board (ICB) on, where it was felt there was a unique need for ICB support.

Area 1: Action on workforce, specifically how the ICP and ICB could work to counteract the inequity of pay between inner and outer London, particularly in harder to recruit areas such as Occupational Therapists, Health Visitors and Mental Health Practitioners, as well as the broader workforce issues.

Area 2: Support to continue lobbying for levelling up funding. The ICP had made good progress with funding to primary care over the past year but had been told a decision regarding mental health funding had been made which it was yet to hear the outcome of. The ICP were undertaking further work to get a clear position around finances relative to other areas to make a case for levelling up, as well as looking at opportunities to improve efficiency, joint working and integration so that the system was in a robust position to respond to challenges.

Area 3: Action around inequalities. The ICP had received significant investment for Brent Health Matters (BHM) from the ICB and a recurrent share of £7m funding (£780,000). This was welcomed by the ICP, but it was looking for support and investment into the development of services across acute, secondary and primary care in order to embed addressing health inequalities in all services from a disability, ethnicity and deprivation lens.

RESOLVED:

i) To note the report and endorse the approach taken by the ICP.

10. **Any other urgent business**

Dr Melanie Smith (Director of Public Health, Brent Council) highlighted that the new Polio vaccination campaign was not a response to any new finding of Polio in sewage and was simply a reflection that there were low levels of immunisation locally. The MMR vaccination would also be offered as part of that campaign. The campaign would be school based, but work was ongoing with providers to try to accommodate some vaccinations in community settings as had been done previously.

The Board were advised that this was David Petrie's (Strategy and Partnerships Manager, Brent Council) final meeting, and thanked him for all the work he had done to support the Board.

The Board were advised that this was also Carolyn Downs's (Chief Executive, Brent Council) final meeting, and thanked her for her input in ensuring a good, effective partnership. Her input had been valued at the Health and Wellbeing Board.

The meeting was declared closed at 19:00

COUNCILLOR NEIL NERVA
Chair