

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Thursday 13 October 2022 at 6.30 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT), Carolyn Downs (Chief Executive, Brent Council – non-voting), Claudia Brown (Director Adult Social Care, 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)

In attendance: Councillor Grahl (Brent Council) (in remote attendance), Tom Shakespeare (Integrated Care Partnership Director), David Petrie (Strategic Partnerships Manager, Brent Council), James Kinsella (Governance Manager), Hannah O'Brien (Senior Governance Officer, Brent Council), Steve Innit (HealthWatch Brent) (in remote attendance), Antoinette Jones (NWL NHS), Steve Vo (NWL NHS), Josefa Baylon (NWL NHS)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Councillor Grahl (Brent Council) (present in remote capacity)
- Councillor Donnelly-Jackson (Brent Council)
- Robyn Doran (Director of Transformation and Brent ICP Director)
- Phil Porter (Corporate Director Adult Social Care and Health)
- Jonathan Turner (Borough Lead Director – Brent, NWL NHS)
- Judith Davey (Chief Executive, HealthWatch Brent)

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 28 July 2022, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Brent Children's Trust Update

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools, Brent Council) introduced the update on the activities and priorities of the Brent Children's Trust (BCT). In introducing the item, she highlighted the following key points.

- She highlighted the critical role of different agencies outside of the Council, particularly the voluntary sector and healthcare, in the lives of children and young people, which she felt would become more important with the rising cost of living and resource pressures in the Council. She felt that BCT was vital in bringing all those various organisations together into one place to co-ordinate support for children, young people and families.
- The report detailed the work being done by the BCT on the implementation of the SEND green paper. She relayed the experience of one parent who had disclosed that her daughter was not speaking when she was 2 years old and had entered reception still unable to speak. The parent tried to access support from her GP, Council and schools but was told her daughter was shy. When the parent's daughter was 7, she began self-harming, and was no longer able to remain in mainstream education, moving in and out of various schools for the duration of primary school. The daughter had now been placed in a SEND school and had just finished year 7, which was the first time the daughter had finished a full school year since the age of 7. Councillor Grahl felt this case study highlighted the importance of early help and intervention. She was pleased to see the BCT were looking at a neurodiversity pathway review considering 42% of children with an Education, Health and Care Plan (EHCP) had a diagnosis of autism. She highlighted it was positive that there was a clear plan for this area to address gaps in provision and support families.
- Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that the focus for the BCT was now working on the 4 joint priority areas – inequalities, mental health and wellbeing, community services, and primary care. He felt that there had been good progress with looking at the details underneath those priority areas in the most recent BCT sessions, but acknowledged there were challenges that would be faced particularly around SEND. The challenges around demand for SEND had been heard at the most recent Community and Wellbeing Scrutiny Committee meeting, including the approaches the children's services department were taking to deal with the increasing demand.

The Chair thanked Councillor Grahl and Nigel Chapman for their introduction, and invited contributions from those present. The following issues were raised:

- The Board were advised that there was currently no specific Autism Strategy in place for young people, however there was an expectation from the Integrated Care System (ICS) that there would be an Autism Board established in each borough, which Integrated Care Partnerships (ICPs) would have oversight of. The intention would be to jointly develop an Autism Strategy with the local partnership, and Nigel Chapman highlighted that the partnership had been particularly good at identifying the issue of rising autism diagnoses locally and responding through special school provision. He felt more now needed to be done to support children and young people with autism at an early stage through early intervention.
- Considering the high number of children waiting for an ASD or ADHD assessment, the Board queried why that number was high and how long it took once a child was referred to be assessed. Nigel Chapman agreed that the numbers were high and children's services were ensuring this was dealt with as a priority within the NHS system. He felt the higher numbers were an indication of the greater awareness of ASD and ADHD now, and was another reflection of the huge growth of demand in the system over the past 4-5 years, which had seen an increase in EHCPs by 50%. It was agreed that Nigel Chapman would request the waiting times from referral to assessment from CLCH, who carried out the assessments.

- The Board queried how the BCT linked into the borough-based partnership to bring the NHS and local authority together to plan for the future. Nigel Chapman advised the Board that the ICP and children's services colleagues had met twice within the last month to discuss priorities first, in order to ensure a shared vision, before looking at governance. It was agreed that something like a Trust needed to remain in the health system going forward to maintain operational focus of children as a priority within the system.
- The Board asked whether there would be any additional work done through the funding for the 'Troubled Families Programme'. Nigel Chapman confirmed that the programme would be a continuation of existing work rather than additional provision. The Board heard that children's services relied almost entirely on the Supporting Families Programme to fund intervention work which supported the Family Wellbeing Centres, triage officers, identifying families in need, Citizen's Advice, and the Council's own staff who worked with families needing higher levels of intervention.
- The Board heard that the success of the polio vaccination campaign was mixed, but the offer continued to be available at the Brent Civic Centre and there was a small and steady stream of parents bringing children in to be vaccinated. Dr Melanie Smith (Director of Public Health, Brent Council) encouraged anyone with a child aged between 1-9 years old to bring them in to the Civic Centre to get their polio vaccination.
- Simon Crawford (Deputy Chief Executive, LNWUHT) highlighted that Northwick Park were seeing increasing numbers of young people presenting through A&E with mental health issues and spending a long time in the hospital. He asked what the relationship was between the BCT and CNWL, who commissioned CAMHS, and whether there was focus on this within the BCT. Nigel Chapman confirmed this was a priority area under the mental health and wellbeing priority. The focus was on a 'Thrive' model, looking to deal with issues at a Tier 2 level opposed to Tier 3. In the past year, there had been focus on dealing with the waiting times for CAMHS, which had improved to around 11-12 weeks compared to double that the previous year. An important part of that work was educating frontline staff on when it was appropriate for a CAMHS referral to be made. Regarding presentation at A & E, the ICS were seeking to find Children's Home providers that would take children as a step-down immediately from A&E in partnership with health colleagues, as it was unsatisfactory for children with behavioural conditions to be held in A&E for significant lengths of time. The Chair requested that this issue was raised at a borough partnership level to focus in on the approach.

RESOLVED: To note the report.

6. **Joint Health and Wellbeing Strategy Thematic Update - Healthy Places**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which updated the Board on one of the 5 themes of the Health and Wellbeing Strategy. She advised the Board that the report detailed the commitments made within the Healthy Places theme and the actions taken so far. The theme reflected what officers had heard from the community, which was a need expressed for safe, clean places that were near to people where they could meet up, relax and exercise. She highlighted that, if the Strategy was being written now, officers would have included 'warm' into safe and clean places. In introducing the report, she explained that the Health and Wellbeing Strategy was one of a number of strategies, and there were links to other pieces of work such as the Youth Strategy and Transport Strategy. Overall, she felt there had been good progress in some areas, whereas other areas had seen little progress due to resource constraints, such as funding that was hoped for from TFL not materialising. She concluded by commending the

breadth of activity taking place across the piece of work from all areas of the Council as well as the health and voluntary sector.

The Chair thanked Dr Melanie Smith for introducing the report and invited comments and questions, with the following issues raised:

- In relation to section 3.9 of the report regarding improving access to parks for people with disabilities, the Board requested more detail on the number of accessible equipment being installed in parks and their location. They highlighted that Roundwood Park had installed one piece of accessible equipment and felt it could lead to a queue, asking if it was possible to go further and have more equipment on offer. Dr Melanie Smith acknowledged the feedback, highlighting that the officers would not yet consider the work completed, but it was a positive start, particularly as the project had been co-designed with children and families.
- Dr Melanie Smith confirmed that the 'Our Parks' free physical activity sessions had been targeted at women specifically, as women and girls were less physically active.
- The Chair highlighted that there were significant public realm implications when looking at healthy places, which, in turn, impacted resources. He asked if there were any opportunities for community organisations to bid for NCIL as part of healthy places or if there were initiatives the Council could promote without financial consequence. Dr Melanie Smith advised that, in terms of value added from community groups and NCIL, community gardens and growing projects offered significant benefits for both physical and mental health, and community organisations were much better placed to make those sustainable long term.
- The Board asked for the Council to look at making parks available for community groups to organise games and sports across the summer.

RESOLVED: to note the information provided in the paper.

7. Community Services work stream update - integrated neighbourhood team development

Tom Shakespeare (Integrated Care Partnership Director) introduced the report, providing an update on the development of Integrated Neighbourhood Teams. The idea behind the teams was to bring together health and care services, wrapping primary care around residents on a geographical basis, based on the 5 neighbourhood connect areas in Brent. This would bring in some of the new roles coming into primary care and build on the foundations of the Brent Health Matters (BHM) programme to have a strong focus on inequalities. The workstream looked to take a whole life approach.

Josefa Baylon (NWL NHS) added that, in order for the teams to be effective, there were 3 key enablers; workforce, including working in partnership with partners, the Council, NHS and voluntary sector; estates and aspirations for the future, including 'superhubs'; and interconnectivity of digital information systems. Listening and engagement sessions were ongoing, and the next phase of those sessions would be delivered through the Council's Brent Connects meetings online. Josefa Baylon would join those meetings to get the views and aspirations of the constituents in those neighbourhood areas.

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

- The Board queried what the resource implications for the Council and health service were for this workstream. Tom Shakespeare highlighted that the aim of the project

was to work within the existing resources around staffing and bring teams together to effectively deliver outcomes for residents. It was anticipated there would be estates and infrastructure costs associated with the work and the Integrated Care Partnership (ICP) would work closely with colleagues across NWL to support that. There were potential opportunities to co-locate services with existing Hubs and Family Wellbeing Centres to minimise additional costs.

- In terms of the 'end-state' vision, the Board heard that the work aimed to build on where foundations were already strong, listening to Primary Care Networks (PCNs) and communities about where they felt the teams should be focusing. There was already strong working around diabetes which offered a good starting point. The aim was to start small and build up over time.
- In response to what would happen if a patient found that the PCN their GP was part of was not in the same locality as where they lived, Josefa Baylon confirmed that the plotting of the 51 practices had only identified 7 specific practices that were not geographically aligned. Learning had been taken from other areas of London who had already done this programme and no problems were anticipated from a resident point of view.
- The Board asked what methods of learning were best for hearing the voice of residents. Josefa Baylon advised the Board that real-life stories from residents were the most powerful way of designing the programme going forward to effectively shape the neighbourhood teams.
- There was a discussion about the need for engagement with residents, with HealthWatch representatives feeling that there could be more. Josefa Baylon highlighted that the team had worked closely with officers in Healthwatch Brent on an engagement piece and would want to continue to work with Healthwatch to reach residents. Residents were also reached through the Community and Voluntary Sector, with BHM reaching out to 440 voluntary care sectors within Brent. Carolyn Downs (Chief Executive, Brent Council) highlighted that that there had already been considerable engagement for the project to work with, and as this was a priority area it should be implemented as soon as possible.
- Dr Haidar advised the Board that the project was in its very early stages and congratulated the team for the progress already made. The ICP website was another way of communicating with the wider public to show what was on offer, and there was a lay person from the public who sat on the diabetes project board.

RESOLVED: To note the report and receive an update in January 2022.

8. Winter Planning

Claudia Brown (Director Adult Social Care, Brent Council) opened the report, explaining that this was an integrated plan for winter which had been worked on with all partners. Steve Vo (NWL NHS) advised the Board that the focus of the plan was to ensure sufficient levels of beds in both hospitals and the community, enable the best usage of current capacity, and reduce A&E and urgent care demand. A number of schemes had been put in place to mitigate the discontinuation of discharge to assess and support hospital discharge flow, as detailed in the paper.

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

- Carolyn Downs (Chief Executive, Brent Council) confirmed that NWL ICS had now received £9m from the government and added £5m themselves for winter planning, who were the only ICS who had contributed their own funding. Social care was no

longer excluded from receiving that funding. She had sent a letter from herself and Tom Shakespeare to the ICS Chief Executive to explain that the only way to help flow from hospital was for more step-down and step-up beds, which needed to be NWL wide. Those conversations were ongoing, but she felt it was important there were colleagues based locally who could do brokerage between continuing healthcare and the Council in order to speed up the process. She felt that the position was in better shape now and that the ICS were trying to get this to a better place.

- Simon Crawford (Deputy Chief Executive, Brent Council) echoed Carolyn Down's points and highlighted that, from an acute trust perspective, he was very grateful for the support that had been given to prevent unnecessary hospital admissions and support ongoing discharges. By way of an update, he explained that Northwick Park Hospital had been under sustained pressure and the last 8 weeks had seen highly pressurised day-in-day-out demand on hospital beds and acute pathways. He felt that all of the schemes detailed in the report were vitally important to support the Trust in providing safe care to patients and effective discharge. In addition, he had joined some of the discharge calls which were ran well in terms of staff knowing the patient, knowing the case and supporting the discharge. This week, the Trust had given confirmation of funding for beds, which was for additional capacity of 68 beds, with 40 open as of the week of the meeting.
- The Board asked whether officers were confident staff could be recruited to implement the schemes detailed in the report. Claudia Brown highlighted that staffing was one of the biggest challenges going forward, particularly as ADAS had ceilings for how much agency staff could be paid. There may be a need to go above those levels to encourage staff in. Having said that, not all of the schemes required additional staff, particularly in the region of primary care where beds were being put in through the independent sector. Some of the schemes which had proven successful last year had already began mobilisation with staff as part of that mobilisation. Antoinette Jones (NWL NHS) added that CNWL had assured her that agency staff and existing staff could be used to implement schemes, and 2 voluntary sector providers had confirmed they were ready to mobilise their schemes based on their existing staff.

RESOLVED:

- i) To note the local Winter Planning initiatives.

9. **Better Care Fund**

Tom Shakespeare (Integrated Care Partnership Director) introduced the item, explaining that this was a yearly approval process to ratify the Better Care Fund proposals for 2022-23. The cover paper detailed additional schemes included under the fund, and the same approach as the previous year had been taken in that any uplifted amounts were allocated against new schemes, particularly to support the winter care pressures.

RESOLVED:

- i) To ratify the 2022-23 Better Care Fund Plan for Brent.

10. **Any other urgent business**

None.

The meeting was declared closed at 19:24 pm

COUNCILLOR NEIL NERVA
Chair