Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Monday 15 April 2024 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Harbi Farah (Brent Council, on behalf of Councillor Grahl), Councillor Donnelly-Jackson (Brent Council), Simon Crawford (Deputy Chief Executive, LNWUHT - online), Cleo Chalk (Healthwatch Service Manager), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), 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)

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Sarah Nyandoro (Head of Mental Health, Learning Disabilities and Autism – All Age – NHS NWL)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Councillor Grahl (substituted by Councillor Farah)
- Rachel Crossley (Brent Council)
- Basu Lamichane (Nursing and Residential Care)
- Simon Crawford – joined online (LNWH)

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 22 January 2024, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Healthwatch - Achievements in 2023-24 and Work Programme for 2024-25

Cleo Chalk (Healthwatch Service Manager) introduced the paper which provided an update on the progress of Healthwatch Brent over 2023-24 and an outline of the planned work programme for 2024-25, which aimed to ensure that all residents in the borough could influence the delivery of health and social care in Brent. In introducing the report, she highlighted the following key points:

- Healthwatch had a statutory responsibility to engage residents and patients as active planners in Healthwatch projects, which was done partly through the Advisory Board, made up of 11 local experts including representatives from community organisations and patients with lived experience, and partly through The Volunteers Programme. Healthwatch had a pool of 25 active volunteers who undertook activities on behalf of Healthwatch and that pool was made up of many different parts of Brent's communities, including young volunteers. The majority of volunteers also spoke additional languages, allowing them to reach a wider range of residents, which was fundamental for Healthwatch.
- Crucial to the work of Healthwatch was its work with grassroots community partners, and Healthwatch had 38 community partners who received updates on their work and had the opportunity to collaborate. A recent survey had recently gone out to community partners to better understand what those partners would like from Healthwatch.
- During 2023-24, Healthwatch had undertaken a project looking at maternity services, comparing the standards of care across North West London (NWL). Cleo Chalk felt that this was a good example of how Healthwatch could work more collaboratively across NWL. The project had looked at in depth testimonials from women who had recently given birth across NWL. Healthwatch had heard from 207 women, 50 of which were from Brent, and the majority of those women, including the women from Brent, had shared positive feedback both about the experience of giving birth and their postnatal care. Healthwatch identified some key areas of improvement, such as a better listening culture, improving the quality of information shared and better support for breast feeding. Healthwatch had been able to present those findings and areas of learning at an Integrated Care System (ICS) collaborative maternity meeting, and the ICS agreed to respond by outlining the actions they would take to move those recommendations further. Healthwatch was also due to meet with the Northwick Park Hospital Maternity Services team to consider the recommendations with into Brent maternity services specifically.
- Healthwatch's Advice and Signposting Hub was highlighted, which provided a set of online resources with information about the topics residents most commonly asked about. Healthwatch recognised that online resources were not suitable for everyone but had found them to be a useful tool for those who could access online resources. This also freed up capacity to be directed into helping those without online access through other channels. Cleo Chalk encouraged partners to come forward with any additional areas that they would like to see explored on the online resource hub. The hub had been accessed by 783 residents the previous year, and Healthwatch had the ability to see which topics were of most interest to website users. In the previous year, the highest topic of interest was around how to access Adult Social Care (ASC), which was why there would be a major focus on ASC going forward into 2024-25.
- Cleo Chalk thanked Claudia Brown (Director of Adult Social Care, Brent Council) and the Adult Social Care team for their support in shaping and developing the ASC priority and for being responsive and receptive to what Healthwatch could offer. Working with ASC, Healthwatch had developed a Community Engagement Programme which involved connecting with different community groups and conducting mystery shopping exercises through volunteers, which would be complimented by a series of 'enter and view' visits into care homes. The focus on ASC was partly because far more residents were coming to Healthwatch with issues relating to ASC than Healthwatch had seen before, and because it had been recognised that there was a gap in Healthwatch's data. As part of this workstream, Healthwatch intended to engage with different groups including people with dementia, autism, ADHD and young carers.
- There were a range of other areas Healthwatch were looking to focus on, including the Pharmacy First Scheme, as residents were curious how that scheme would work in practice and whether pharmacies would have the capacity to deliver what had been

promised. The Same Day Access Model was another area of focus with many residents in contact with Healthwatch in relation to that.

- Cleo Chalk concluded her presentation by highlighting Healthwatch's way of working, which prioritised ensuring as many different resident groups as possible were involved, specifically from those diverse communities. Healthwatch would be continuing its outreach work with Somalian, Romanian and Brazilian communities and would be undertaking targeted work in particular wards such as Harlesden, Stonebridge and Kilburn.

The Chair then invited contributions from those present. The following points were made:

- The Board was encouraged to see the new ways of working outlined in the report.
- The Board asked for further information about how Healthwatch had targeted work towards supporting online access of services to make it easier for those without digital access, and how Healthwatch planned to address those challenges in 2024-25, particularly around primary care where patients were being encouraged to use online services. They felt that Healthwatch had a unique position to feed in their learning about groups of people who may be digitally excluded. Members were advised that digital access was an area of work that had been done successfully in other Healthwatch boroughs. For example, Westminster and Kensington and Chelsea had done some productive work on digital exclusion and primary care. Healthwatch Brent was having conversations about how to learn from that work and take it forward in Brent, with good ideas on what that could look like.
- Continuing to discuss access, the Board felt it was positive to see references to projects in relation to access, such as work with people with learning disabilities and work with Romanian communities. They queried how much of the experience of residents with learning disabilities rested on them being able to access health information in an easy read format. In addition, for those residents who had a language barrier and also poor literacy skills, the Board queried how health services were ensuring resources were produced in easy read in different languages. Cleo Chalk agreed that Healthwatch recognised there were members of the community who did not speak English and did not have high literacy levels in their native language, and this had come up in a number of different areas of work. Healthwatch were seeing a good push across health services to have more information available in multiple languages and easy read resources could be requested if they were not immediately available, but she highlighted there was a gap for those needing other ways to access information, such as easy read material in a language other than English. There was some best practice that Healthwatch could highlight where services had produced particularly accessible resources which could be shared with health services.
- The Board endorsed an approach whereby statutory partners explored a tech partnership to support the development of resources in accessible formats, such as through AI.
- The Board asked for further information on the maternity project Healthwatch had undertaken. They raised concerns around the maternity risks for Black and Asian women and asked whether Healthwatch was speaking with those women to understand their experience of maternity services in Brent. Cleo Chalk agreed to share the demographic breakdown of the people who Healthwatch had spoken to, as they had targeted people from a range of ethnicities and also patients who did not speak English. It had been hypothesised that people who did not speak English might be receiving a worse standard of care, but that was not evidenced in the findings and Healthwatch found a lot of work had been done to ensure information was being presented in a range of different languages. Only one of the women Healthwatch had spoken to who did not speak English had a negative experience of care relating to her interpretation

needs. Healthwatch had not found that inequalities in standards of care were not driven by a person's borough, the hospital they used or their demographic information, and instead were driven by the busy-ness of the ward, understaffing and complexity of need. Healthwatch were keen to do further research with people who did not speak English to drill down on the findings.

- In relation to antenatal work, Healthwatch had done some work in 2022-23 on antenatal care specifically with Northwick Park Hospital, which had then resulted in the maternity project that had recently concluded. That report had been less focused on language barriers and had found more recommendations for improvement than the more recent maternity project. It was agreed that the antenatal report would be shared with the Board.
- The Board asked whether North Central London ICS had consulted Healthwatch on Start Well and when Healthwatch thought there would be some early feedback of the significant learning about women and families' experiences. Cleo Chalk confirmed that North Central London ICS did engage with Healthwatch and Healthwatch had done some joint consultations with the Start Well teams who had come to the groups at Church End Unity Centre. Healthwatch had not seen the timeline for when those findings would be published.
- The Board asked whether any commissioned or statutory services that Healthwatch had visited had required recommendations for improvement. They were advised that Healthwatch was starting to see some of the changes in response to recommendations made from previous years now come into effect. For example, Healthwatch had visited Park Royal Mental Health Inpatient Wards in 2022-23 and as a result of those visits had now seen some positive changes around how patients received information about advocacy, complaints, and their access to faith leaders through the Multi-Faith Forum. Similarly, Healthwatch had done some work with the London Ambulance Service and made recommendations about how patients were triaged if they had mental health needs and had now seen changes to how triaging worked, particularly with NHS 111 services. Healthwatch had done a series of 'enter and view' visits to GP practices the previous year and made some individual recommendations that were due to be published, the implementation of those would be monitored.
- In terms of priority setting, Cleo Chalk advised the Board that Healthwatch needed to be quite lean with setting priorities as it was a small team and limited in what it could do. As GP access and mental health had been the priority areas for the past 2 years, Healthwatch had wanted to move to a stronger focus on ASC this year. However, Healthwatch did not want to step away entirely from GP access and mental health as these remained important issues within the borough, so there were some plans in place working with the Integrated Care Board (ICB) on a GP access survey looking at resident preferences for accessing primary care. Similarly, in relation to mental health, Healthwatch was looking at doing follow up visits to mental health wards in Park Royal and working with the community teams to see how Healthwatch's recommendations were being made. If anything came up that was felt to be an urgent priority, Healthwatch could be agile and pick that up as an additional priority in the work plan.
- In response to how the GP access survey would work, Cleo Chalk advised the Board that the new Same Day Access model would affect all residents, so Healthwatch were trying to reach out to residents to gather as much feedback as possible, including going out through Patient Participation Groups (PPGs). The survey would also go through Healthwatch's regular engagement activity, taking residents through the survey at different community locations. The survey was also available online and Healthwatch would be promoting that through social media and asking for the information to be shared on patient group social media accounts.

In concluding the discussion, the Chair felt there were areas of information that Healthwatch was working on that could be reported back to the Board before the next annual update, including learning around maternity care and primary care as well as the new work looking at ASC. Cleo Chalk agreed to share Healthwatch's timeline and full work programme for the year, which described what Healthwatch would be focused on month by month and could return to Board in 3-6 months' time to update on these different areas. The Chair invited resident advocates to support the next presentation.

RESOLVED: To formally thank Healthwatch and recognise the progress and outcomes for 2023-24, as well as the work programme for 2024-25.

6. Improving Mental Health and Wellbeing Priority - Progress and Plan for 2024-25

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) and Sarah Nyandoro (Head of Mental Health, Learning Disabilities and Autism – All Age – NHS NWL) introduced the report, which updated the Health and Wellbeing Board on the Integrated Care Partnership (ICP) priority area for improving mental health and wellbeing. In introducing the report, the following points were highlighted:

- The Board were reminded of the previous discussions in relation to inequalities, levelling up, and the need to have the data to back up the business case for levelling up. In terms of levelling up, Brent had historically been underfunded, and when looking at its data the problem was getting bigger and not smaller. There was disappointment that the case for levelling up had been under discussion for quite some time and despite the inclusion of data to evidence the case, the ICP had still not received an response to the business case that was put forward 6 months previously. The ICP had hoped that Integrated Care System (ICS) partners would be available to answer some of those questions during the meeting but due to the pre-elections period the ICS had not been able to attend. The ICS had committed to attend the next meeting to answer some of those questions.
- There was an ongoing area of concern regarding CAMHS and early intervention and there was now some resource being put in place around neurodiversity which was hoped would see significant progress for children and young people.
- It was highlighted that, when compared with the other 8 NWL boroughs, Brent had the highest number of people registered as having severe mental illness. When looking at those accessing mental health support, such as Talking Therapies, Brent also had the highest number of people accessing services, and the largest numbers being admitted into an inpatient unit. The report aimed to highlight that demand was outstripping capacity.
- The report demonstrated the work done by the priority groups in the Mental Health and Wellbeing ICP Subgroup including employment and housing. Within housing, as well as the support being given to people to access accommodation, there was now the addition of the Rough Sleepers Initiative focused on mental health issues, general health issues, physical health and substance misuse. The ICP were hopefully that this would enable a lot more targeted work with the homeless population. The report also detailed the work being done to improve rehabilitation services.
- Targeted work was taking place in NW2, NW10 and HA9 which the ICP now knew these were the areas with the largest proportion of those experiencing severe mental health issues . Those residents, both children and adults, were accessing services at the point they were experiencing a crisis rather than before they reached

crisis point, the ICP had developed a programme of targeted work in those neighbourhoods which they felt would make an impact to individuals in those areas. One programme was around crisis outreach through Clinical Crisis Workers, who would be reaching into those neighbourhoods with high levels of acute mental illness attendances and working with those neighbourhoods before they reached crisis to prevent escalations. Within that, there would also be Community Connectors appointed, in recognition of the fact that many of Brent's communities knew how to work with individuals but needed additional support to understand someone's mental illness and how to support them. This would mean that communities would be educated and empowered to be best equipped to manage individuals and would form part of the Brent Health Matters' (BHM) inequalities work. The final part of the programme was the person-centred Thrive model, working with children and young people to provide the best help at the right time and under the right circumstances. This model differed from the medical model and focused on encouraging children and young people to ask for help at any time it was needed.

The Chair then invited contributions from those present, with the following points raised:

- It was highlighted that some communities did not recognise mental health in the same way as others and therefore may not come forward to access support. As a result, the Board raised concerns that those communities may not be reflected in the figures for those needing mental health support and therefore may not be receiving information about services. Robyn Doran assured the Board that BHM worked closely with both the Mental Health Trust and Community Services, with a team of 8 Mental Health Specialists working specifically with those communities who traditionally had not recognised mental health and may not have or use words like 'mental health'. This work was connected to the findings in relation to NW10, NW2 and HA9 and the work was being targeted towards those communities. The IAPT team had also done some work the previous year working with communities who had usually not accessed IAPT because the traditional ways in which IAPT services were accessed were not accessible to those communities, and the IAPT team now made far more culturally appropriate interventions that the team were proud of. That work was reported within the health inequalities work and the ICP were confident that the granular information was being collected and was reliable.
- In relation to culturally competent care, it was agreed that the ICP could share some of the work done on mental health wards around the cultural competency of staff.
- Board members pointed out that there would be a migration of disabled residents from Personal Independence Payment (PIP) onto Universal Credit (UC) and asked to what degree the caseload might go up due to mental health illnesses being exacerbated by these changes, while those individuals with a disability were also being encouraged into work. The Board felt it important that partners worked strategically with the Department for Work and Pensions (DWP) to address this. Sarah Nyandoro thanked the Board for flagging that information and confirmed that the ICP did plan ahead, so as well as working with DWP to have early identification of the people impacted by those changes there was also partnership work with Sure Trust to put safety nets around those individuals early.
- The Board were interested to understand to what degree those facing mental health issues were in the private rented sector as opposed to social housing, as Brent had a high proportion of residents living in the private sector and often discharged the homelessness duty into the private sector, which was less regulated. It was felt residents in the private sector would be more likely to experience issues such as disrepair and section 21 no-fault eviction notices, which could further exacerbate

mental health issues. Tom Shakespeare (Director, Integrated Care Partnership) explained that the work the ICP had done around housing had initially focused on social housing and local authority housing to build key lessons, but the intention over time was to work with housing colleagues through the working group to see how those lessons could be disseminated through the private rented sector. The community teams were supporting people in their own homes and did not exclude those with private landlords. In addition, as part of the work the ICP were doing looking at managing the housing market they were reviewing who was receiving support and whether they had social landlords or private landlords. Once that work was done, the ICP could bring further information back to the Board specifically on those in private accommodation receiving mental health support. The ICP acknowledged that the private sector was much more complicated and there was a need to develop this work in partnership.

- Claudia Brown added that ASC was seeing an increase of new diagnoses coming through the Front Door. An area she felt needed to be addressed was supporting individuals in their homes and enabling them to stay in their current accommodation. ASC had now introduced a housing and mental health surgery, giving housing colleagues the opportunity to bring cases to the attention of ASC, and it was being found that often these cases were not known to services at all. She added that every mental health bed was a potential social care client, and if there was no evidence of the borough in which that individual was last resident then they would become a Brent client.
- Councillor Farah, as Cabinet Member for Public Safety and Partnerships, highlighted the need to work in partnership with police and the community safety team, and offered to facilitate those links.
- Simon Crawford (Deputy Chief Executive, LNWH) provided information in relation to mental health and Northwick Park Hospital. He highlighted that early post-covid, there had been an influx of mental health presentations through A & E, many of whom were not formerly known to services. Over the past 18 months, he had seen a step change in the level of support and responsiveness to mental health presentations at the hospital and the support received on a daily basis to find appropriate placements, including for rough sleepers. Robyn Doran confirmed that around 30% of presentations seen were in crisis phase and were coming predominantly through A & E and through Section 41 of the Mental Health Act, with the majority of those not known to services. That trend had continued since covid, and she felt this was due to the complexity of life during and post-covid, such as individuals losing jobs, family members, housing and having long-covid. In addition, the different communities served in Brent may not recognise mental health illness as an issue until it was acute. This was why the ICP were targeting work on the NW2, NW10 and HA9 areas where most of those acute presentations came from, and an extra 12 mental health beds had been opened in Brent as the ICP recognised the demand was so great.
- In noting the higher numbers of crisis presentations and individuals receiving mental health support in Brent, the Board asked if there was any insight into why Brent had almost double or triple the numbers of other areas. Robyn Doran explained that there were a lot less services in Brent compared to other NWL areas such as Westminster and Kensington and Chelsea, so Brent had a reliance on the third sector and community partners to bridge that support gap. As well as this, the complexity of the communities served in Brent, such as the differences in cultural perspective on mental health meaning mental health illness might not be recognised as an issue until at crisis point, meant families then turned up in crisis at emergency departments. She advised the Board that the ICP needed to focus on both ensuring there were enough beds now for the people who needed them while

demand was high and in tandem focus on the levelling up case to get more resources into the borough that would allow services to target earlier interventions and reduce the number of people getting to crisis point and requiring admission to a mental health unit.

- Considering the figures in the report that compared Brent to boroughs in NWL, the Board asked for comparisons figures against more similar boroughs in terms of diversity and levels of deprivation, such as Newham and Tower Hamlets. Brent ICP confirmed this could be done.
- As part of the levelling up discussion, the Board agreed there was a need to deep dive on the data so that it was available per population rather than single figures. For the next report, the Board requested information on the ICPs plans for further work on cultural competence, a focus on those individuals affected by the changes in the benefits system and a deep dive into the data regarding mental health patients from the private rented sector. Following the analysis of that information, the Board felt it may then be appropriate for the Chair and Vice Chair of the Health and Wellbeing Board to write to the ICB to support the case for releasing levelling up resources.

In bringing the discussion to close, the Chair asked the Board to note the report and confirm support for the approach that has been taken.

7. Brent Children's Trust Update and Forward Look

Nigel Chapman (Corporate Director Children and Young People, Brent Council) introduced the report, which provided an update of the Brent Children's Trust (BCT) work programme covering the period July 2023 to March 2024 and set out a proposal to redefine the purpose and vision of BCT for 2024-2026. Some of the key points were highlighted as follows:

- The report covered the progress and challenges of BCT as they related to health matters.
- As well as monitoring by the Health and Wellbeing Board, there was other scrutiny that occurred for the three BCT work programmes. The arrangements for Looked After Children and Care Leavers were reviewed at Corporate Parenting Committee, arrangements for children with SEND were considered at the Community and Wellbeing Scrutiny Committee, and Early Help and Intervention was subject to government oversight through the Supporting Families Programme.
- Time had been spent to develop a refreshed approach over the next 2 years, looking at how BCT operated as a Trust and continuing to focus on those three key work programmes; Looked After Children, SEND, and Early Help. The work would also monitor the effectiveness of the ICP priority workstreams as they affected children, such as the mental health and wellbeing workstream and Brent Health Matters (BHM) and their new remit into children's work to reduce health inequalities affecting children and families.
- How the Trust worked was underpinned by 3 pillars – shared accountability, better performance information and improved communications and engagement.
- The Trust felt they were in a good place organisationally in a complex landscape to respond in an agile way to issues that arose, and this was thanks to the good relationships between providers, the local authority and Brent Integrated Care Partnership (ICP).

- Robyn Doran added that the Trust had now agreed that it would benefit from having third sector partners around the table, so would begin work to find a way to represent that voice.

In considering the report, the following points were raised:

- Members felt that the report needed further information on where the challenges were, what the Trust was looking to improve, and what the metrics against those issues were. Nigel Chapman agreed to provide performance information across a range of indicators as they affected Looked After Children, inclusion, and early help for future reports. Those metrics were monitored and reported corporately as part of the Borough Plan Key Performance Indicators and could be drawn into this report. In addition, the Board requested future reports to bring out the voice of the child.
- The Board were informed that there was now a Clinical Lead within BCT, Dr Anne Murphy, who was working hard and collaborating with partners.
- The Board asked about the interface with mental health services for young people and SEND and how mental health and SEND interfaced with the criminal justice system. They were advised that there was a close interface between SEND and mental health and wellbeing. The Children and Young People Department was running a programme called 'Delivering Better Value', funded through the DfE, which helped to early identify where there were SEND needs and any potential interface with mental health and wellbeing, which could be a porous boundary. There was also an intervention first programme aiming to early identify SEND needs and better help professionals working in schools to understand where there may be undiagnosed mental health needs as opposed to SEND needs. The expansion of mental health support teams in schools had helped to support that work. In relation to the criminal justice system, there was a Mental Health Practitioner within the Council's Youth Justice Service. When young people became known to the Youth Justice System, they would undergo an assessment which included an assessment of any undiagnosed mental health needs, and when those assessments went before the courts they could draw upon the input of the Mental Health Practitioner. The Mental Health Practitioner also provided intervention and counselling and navigation into other specialist services where needed. It was highlighted that the caseload was relatively low for the Youth Justice Service and had been dropping over the last 5 years thanks to sentencing practice and diversion. Performance reports for this aspect of children's services were presented to the Safer Brent Partnership.
- Robyn Doran highlighted some of the areas of concern for the Trust. Asthma was a concern in relation to health inequalities and children and young people and was outlined in the JSNA as an area needing focus. School Nurses were also doing a lot of work to support children to manage their asthma as they were seen to be best placed to identify the early need for support. Dentistry was also a challenge for children both nationally and in London to get access to good dental support, so the Trust were looking at how the system could work together to improve that. Dr Melanie Smith highlighted that Brent was seeing a small but real improvement in children's oral health as a result of the Public Health Team getting more fluoride on teeth, but there were still issues in access to NHS dentistry for children, who should be seeing a dentist a minimum of once a year. A report on dentistry, optometry and pharmacy would be brought to a future Board meeting.
- In relation to mental health, the Trust was focused on earlier intervention, where there was currently limited resource. This also formed part of the BHM inequalities work.
- The Board asked what the future plans were for extra support in schools with funding now available for schools. Robyn Doran advised members that recruitment to the BHM team was underway to provide that extra support to schools, targeting those schools

where the Trust knew there were particular issues. There was also a recognition that if schools did not get right the support for children with complex diabetes this caused challenges. The Trust were working on some case studies around this and would bring that back to a future Board meeting.

As no further issues were raised, the Chair drew the discussion to a close, asking the Health and Wellbeing Board to note the strategic oversight activity of the Brent Children's Trust for July 2023 to March 2024. For future reports, the Board requested an expanded document that had asks of partner agencies and further information around the challenges and metrics for BCT.

8. Any other urgent business

The Board was advised that this would be Basu Lamichane's final meeting as the Nursing and Residential Care Sector Representative on the Board. Members extended thanks for his input on the Board and noted that the ICP was in the process of recruiting a new representative to fill that post.

The meeting was declared closed at 7:45pm

COUNCILLOR NEIL NERVA
Chair