Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Tuesday 23 July 2024 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Mark Titcombe (Managing Director EOC, CMH & Ealing, LNWT, substituting on behalf of Simon Crawford), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Patrick Laffey (Deputy Director of Operations, CLCH, substituting on behalf of Jackie Allain), Sarah Law (Nursing and Residential Care Sector), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Rachel Crossley (Corporate Director Community Health and Wellbeing, 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), Toby Lambert (Executive Director of Strategy and Population Health, NWL ICB), Agnieszka Spruds (Strategy Lead – Policy, Brent Council), Nipa Shah (Programme Director, Brent Health Matters), Eleanor Maxwell (Senior Programme Officer and BCF Lead, Brent Council), Steve Vo (Assistant Director of Place – Brent Borough, 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 Donnelly-Jackson (Brent Council)
- Dr Mohammad Haidar (Vice Chair)
- Dr Melanie Smith (Director of Public Health, Brent Council)
- Simon Crawford (Deputy CEO, LNWT), substituted by Mark Titcombe (Managing Director EOC, CMH & Ealing, LNWT)
- Jackie Allain (Director of Operations, CLCH), substituted by Patrick Laffey (Deputy Director of Operations, CLCH)
- Cleo Chalk (HealthWatch Manager)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 15 April 2024, be approved as an accurate record of the meeting.

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

None.

5. **North West London Mental Health Strategy**

Toby Lambert (Director of Strategy and Population Health, NWL ICB) introduced the paper which presented the NWL Mental Health Strategy for adults. In introducing the report, he highlighted the following key points:

- The strategy focused solely on the needs of adult residents in NWL. A parallel piece of work looking at the needs of children and young people and transition into adult services would be picked up in September 2024. The strategy also did not expressly focus on promoting resilience and overall wellbeing as there had been a clear view, following strong engagement with the strategy working group which included all NWL trusts and local authorities, that each individual local authority had their own Health and Wellbeing Strategy focused on those areas and therefore it would not be helpful to have a NWL-wide view on that. As such, the strategy focused on an individual's first contact with mental health services onwards.
- The engagement and participation process that the ICB went through to arrive at the strategy was detailed. Through the engagement process, the ICB had learned that there had been considerable progress in the mental health services on offer but not enough. Extra investment had been put in and access had been expanded but there was still further work to do. The strategy set out the collective ambition for further improved services, which were encapsulated into 3 main areas.
- The first area of the strategy was raising awareness and promoting wellbeing. Whilst this was not a wellbeing strategy, it was clear people who came into contact with mental health services needed to be signposted and supported in their wellbeing. There was a degree of hesitancy amongst those of the NWL population who most needed to access services to come forward, which was a major driver of the inequity in outcomes and access that NWL saw, hence the need for promoting awareness of where help was available and how to access services.
- The second area of the strategy was around increasing the equity and quality of access to mental health services. The Board heard that there was an ongoing programme to develop a common offer across NWL, as currently the services available did vary depending on their resident borough in both practice and access. A common offer meant setting a clear shared specification of what was expected to be available no matter where a patient was in NWL. It was highlighted that there was no significant extra funding coming into the system, although there was a need to increase the productivity of services in NWL because, where mental health services had been expanded, the number of people accessing those services had not yet caught up with the extra resources put in. As such, he highlighted the importance of making the best use of resource in terms of levelling up across NWL to the highest specification of service using the resources already in the system.
- The third area was around patients receiving right care in the right place and ensuring residents found and could access treatment at the lowest intensity

setting which was appropriate for their need. Greater intervention earlier in the pathway took the pressure off services later down the line which were usually more expensive. However, there were issues for residents getting timely access to various parts of the system so this workstream aimed to address that. In particular, there were issues with the amount of time some patients spent waiting for acute beds. There were patients in beds no longer meeting the criteria for that bed who's care was better provided elsewhere, with the simplest way of addressing the wait for acute beds to address the wait for people trying to get out of those beds.

- In summing up, Toby Lambert reiterated the three workstreams of raising awareness and promoting wellbeing, increasing the equity and access in care, and getting care in the right place. The aim of those workstreams was to give better outcomes and have services that were more responsive to the individual needs of the population.

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

- The Board was encouraged by the detailed strategy which included data and analysis and felt it was well-balanced with a good focus on educating the public, particularly communities who may lack the services on offer or who had certain stigmas around mental health illness. It was recognised that community-based approaches were essential for Brent.
- The Board noted the points made about low productivity where there had been an increase in the provision of resources and where that additional resource had not translated to outcomes, and asked whether there was any understanding of why that had been the case. Toby Lambert explained that the reasons were multi-faceted. He acknowledged that it was normal to see a bit of a lag between the expansion of provision and people coming forward to take up that offer, so there was no particular reason to believe the productivity issue would not resolve itself, but it was important to continue to raise awareness amongst every community which was the best way to increase the usage of provision. Even where people were coming forward to use the expanded resources, there were variable caseloads across different parts of NWL, which was not entirely explicable in terms of presentation rate, suggesting there was room for moving productivity or changing the number of cases each community mental health team saw to enhance overall value for money and give greater space for levelling up. He highlighted that if someone was to compare the level of need against the provision in place, then they would conclude there was more than enough need out there to match the level of provision, but there was a careful balance needed to introduce new services at a speed that matched the take-up rate. Sometimes, the speed at which new or expanded services were introduced was faster than the awareness built, as it was challenging to build demand and awareness at the same pace as capacity.
- The Board highlighted the point in the paper regarding delays in accessing initial treatment when a patient was first referred to a service and asked whether there had been any success in identifying where those delays were in the system. Members were advised that there had been a number of factors causing delays, some of which related to stigma and hesitancy amongst some communities in

coming forward with mental health issues. There was also an issue with how quickly the system was able to get people in to access those services because the number of referrals into community mental health services had more than doubled in the last few years. In relation to different community attitudes towards mental health, Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) explained that, because of the diverse communities in Brent, a number of models had been adapted to better suit different needs. For example, she had visited recently the Gujarati community to speak about IAPT Talking Therapies who had been working with the Gujarati Community, and the community leaders had spoken about what more could be done to encourage young Asian men to access services earlier downstream. The ICP was also aware from the business case presented to the ICB that young Black men were over-represented in patients who had been sectioned in Park Royal Hospital because they did not feel services were accessible to them further downstream and did not want to speak about their mental health with friends and family. As such, she highlighted a need to further develop more culturally appropriate and age appropriate services for different communities. She felt the strategy needed to highlight the importance of being culturally sensitive and adaptable to the communities Brent served.

- The Board asked what collaboration was taking place with other agencies helping people get into work such as the local authority employment team, DWP, and voluntary sector, as there was a correlation between helping people back into work and overcoming mental health issues. The Board was advised that NWL ICB had been fortunate in receiving a grant award from the DWP of £4.7m to work specifically on the issue of work and health through the West London Alliance (WLA). The WLA would act as the 'glue' to bring all partners together through the governance structures already established. In looking into work and mental health, the ICB had seen a complex number of services involved. For example, on the NHS side, appointments were commissioned for those accessing primary care, and for those coming through mental health pathways, but the local authority also commissioned some mental health services for people accessing employment support services and voluntary sector organisations also provided support. As such, navigating those services could be confusing. To counter this, the ICB had launched the 'at work well' programme which helped to improve the mapping of services for the people who needed support and streamline that pathway. Robyn Doran added that the Health and Wellbeing Board had previously heard from the ICP Mental Health Executive Sub-Group regarding employment and there were employment specialists both within the Council and CNWL funded by the ICB. Those specialists worked with people with long term mental health problems to help them get back into work, and the sub-group could bring a report to Board in the future regarding the outcomes of that programme.
- The Board asked for assurance that there would be no negative impact on communities while waiting for the strategy to be implemented, as there had been no formal Equality Impact Assessment completed alongside preparing the strategy. In addition, they asked for a sense of the scale of people who were engaged with in preparing the strategy and whether they were representative of the NWL and Brent population. Toby Lambert advised the Board that the ICB

had not done a formal Equality Impact Assessment as there was a view that those types of assessments were more effective when making service changes rather than strategy setting. As the ICB moved into the delivery of the strategy with business cases and changes to service those Equality Impact Assessments would happen. He added that there was an extended piece of work summarised in the overall strategy which reviewed the differences in the NWL population in terms of access, experiences and outcomes which could be shared with the Board and he agreed to provide the details on the number of residents engaged in preparing the strategy.

- In terms of 'what next?', the NWL ICB Mental Health Collaborative would be delivering the next steps. They would be undertaking some rapid work on bringing this forward alongside all NWL boroughs.
- The Board asked how the strategy would involve and work with Adult Social Care teams. Members were advised that there were representatives from each borough in the Strategy Working Group who were content with the involvement of local authority teams.
- The Board appreciated that the children and young people mental health strategy would be prepared next, but highlighted the issue of transitions from childhood to adulthood and in particular children's services to adults. As such, whilst it was recognised there may be repetition, the Board were of the view that transitions applied to both mental health strategies, and many local authorities within NWL had undertaken work around transitional safeguarding which fit into adult services and could be further drawn out in the document.
- The Board felt the strategy would be strengthened by including some trajectories, outlining what 'good' looked like, where the system was currently, what needed to change, and how and when that would happen.

In concluding the discussion and noting the strategy, the Board welcomed the Mental Health Strategy for NWL. Members recognised that the strategy focused on adult mental health across the NWL footprint, but emphasised that Brent ICP had identified transitions as a local priority for both adults and children and therefore felt it was important that both the adults and children's strategy gave focus to transitions. The Board also advocated for a compact approach illustrating the work being undertaken in each borough by Adult Social Care and other local authority departments such as employment support. The Board also recommended the document highlighted timelines, trajectories and methodologies.

6. Joint Health and Wellbeing Strategy Refresh

Agnieszka Spruds (Strategy Lead – Policy, Brent Council) introduced the report, which provided a refresh of the Brent Joint Health and Wellbeing Strategy. In introducing the report, she highlighted the following key points:

- The Board were reminded that a fundamental re-write of the Joint Health and Wellbeing Board had been agreed in October 2020 in the context of the issues exposed by the covid-19 pandemic. The Board had agreed at that time that the focus should be a whole systems approach to tackling health inequalities and the wider social determinants of health as exposed by covid-

19. There was clear instruction that the strategy must be developed with strong involvement of communities.

- Following the Board's agreement to re-write the strategy, an extensive 3-stage consultation had taken place which led to establishing five main priorities; healthy lives, healthy places, staying healthy, understanding, listening and improving, and healthy ways of working. In January 2024, the Board reaffirmed its commitment to those priorities and accepted the proposal to refresh the strategy. During that meeting, it was noted that the initial comments made had been narrative based, which was appropriate at the time, but the refresh would ensure that there were strong Key Performance Indicators (KPIs) alongside those priorities.
- In refreshing the strategy, officers had collaborated with ICP exec groups, Brent Children's Trust, and Council Leadership Teams to collate new commitments. These new commitments included clear KPIs, a solid baseline for measurements and a clear focus on addressing health inequalities, with 49 diverse commitments all focused on tackling health inequalities and allocated to the themes approved by the Board.
- Officers highlighted the positive experience in preparing the strategy and refresh and hoped the Board shared their enthusiasm and endorsed publication of the Joint Health and Wellbeing Strategy refresh.

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

- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) endorsed the strategy as a Brent resident and as someone who had been part of the process. She confirmed to the Board that she recognised the dialogues the team had with stakeholders within the strategy and felt the refresh represented a more up to date picture of what Brent's needs were now.
- The Board asked officers to include some of the health offer available for looked after children and care leavers within the strategy, which contributed to addressing health inequalities which were highlighted to be deep-rooted for many looked after children and care leavers.
- Board members asked about the link between housing insecurity and mental and physical health problems and whether the outreach work being done in hotels and temporary accommodation could be incorporated into the strategy. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) detailed the work being done in relation to mental health and housing, which was one of the sub-groups within the Mental Health Executive Sub-Group of the Integrated Care Partnership (ICP). The group had been particularly focused on temporary accommodation, with a big focus on where it was believed people were inappropriately housed and had clear mental health needs. The biggest challenge in that space was finding the right types of accommodation, so the prevention and outreach work was key to that workstream. The group was also focused on those that were not necessarily going to be Care Act assessed and were therefore

ineligible for mental health support but in crisis. It was agreed this work could be incorporated into the strategy.

- In relation to the healthy places active travel section of the strategy refresh, the Board requested further details to be added in relation to school streets which had been successful and were intended to be expanded. Officers agreed to take that back to the service area to ask if there was any information that could be incorporated into the strategy that was measurable and achievable.

The Board noted that the next steps would be to publish the strategy, and officers would then look to update the Health and Wellbeing Board on the progress of the commitments annually. Members endorsed the commitments to ensure alignment across all relevant departments and stakeholders and **RESOLVED** to approve the strategy refresh for publication, subject to the additional information requested during the discussion.

7. **Brent Carers Strategy**

Claudia Brown (Director Adult Social Care, Brent Council) introduced the strategy which had been co-produced with carers over the last 2 years. The strategy was now at a stage where it could be launched and therefore was being presented to the Health and Wellbeing Board for comments and endorsement. She introduced Star Pswarayi (Head of Access – Information, Safeguarding and Wellbeing Services, Brent Council), Ann-Marie Morris (CEO, Brent Carers Centre) and Hasmita Patel and invited them to introduce the strategy. Some of the key points were highlighted as follows:

- Brent had never had a Carers Strategy before, so officers were pleased to be bringing this piece of work, which had been co-produced with informal carers.
- Star Pswarayi had project-led the preparation of the carers' strategy alongside carers in Brent. She highlighted that there were currently 22,000 known carers in Brent, and the Census 2021 and Carers UK research had found that carers were contributing approximately £160 billion into the nation's Health and Social Care budget.
- Anne-Marie Morris added described the strategy as an integrated strategy with health and social care working together to bring it together, including partners such as the local authority, CNWL, and CLCH, as well as voluntary and community sector organisations.
- A lot of planning had taken place to ensure the right people were around the table and officers had been thorough in the way they had implemented engagement with carers and key stakeholders, taking time to listen and have challenging discussions with carers about their experiences. It was believed that, through that collaborative consultation, carers had felt listened to, appreciated and valued and officers were keen to progress the strategy to show carers the ways services had incorporated what they had asked for.
- One of the key elements of the strategy was the commitment to 'no wrong doors', particularly for young carers, which ensured carers were not being

passed around to different services without knowing who they were and what support they could offer.

- Hasmita Patel highlighted one of the main concerns from carers had been the amount of information in different formats. Carers had asked for all information to be available in one place that was easy to access, and so a carers booklet had been created which would be shared with all partners to use so that every partner was giving the same information to carers. That booklet would be reviewed on a regular basis to include any changes.
- Another objective of the strategy was partnership working. The carers forum was well established with health partners and different types of carers involved, and officers were looking to widen that to have other organisations involved, including social care. As carers were seen as partners in the strategy, officers were getting them involved in reviewing contracts that affected them so that services were relevant to them.
- A third objective was supporting the wellbeing of carers, as it was recognised that caring could be a stressful role. A document was being pulled together with information about where carers could access support and respite and officers were also talking to carers about mental health first aid training. Brent Health Matters (BHM) were reaching out to carers in the community to inform them they were entitled to free health checks.
- The fourth objective of the strategy focused on carers awareness, tackling the stigma of people identifying themselves as carers. The aim was to develop awareness not just with organisations in health and social care but also with communities where people may not understand they are a carer. To do that, the training for health and social care staff was being enhanced so that staff were aware of the different avenues carers could get support through and understand how to recognise if someone was an informal carer.
- The fifth objective focused on reaching into communities, including faith groups. The final objective was supporting young carers. Officers were looking to hire a Carer Community Officer who would go to schools and explain what a young carer was and where they could get support.
- The documents provided to Board included an example of the granular implementation plans that would be used for each commitment. Each commitment would be accompanied by these implementation plans with delivery dates.
- An Integrated Working Group would be established to monitor the implementation and progress of the strategy, and work was being done to embed the strategy with other strategies such as the Joint Health and Wellbeing Strategy.

In considering the report, the following points were raised:

- Members were advised that the Carers Strategy had been presented to the Community and Wellbeing Scrutiny Committee, who would be provided with an update on the implementation of the strategy in 6 months' time, following evaluation.
- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) recommended that, as partner organisations, Board members should ensure

policy and framework was in place within their organisations to support staff who were carers.

- Nigel Chapman (Corporate Director Children and Young People, Brent Council) was pleased to see young carers expressly referenced in the strategy. He would ensure colleges were considered alongside schools in this work, as a lot of Brent's young people most in need were between 16-18 years old and providing unpaid care. In terms of reviewing the strategy, he received an annual report on young carers via the Early Help and Protection Group which fed into the Brent Children's Trust (BCT).
- The implementation of the strategy would include a communications plan, which would look to split the strategy into bitesize information pieces that were relevant to different organisations.

As no further issues were raised, the Chair drew the discussion to a close, asking for the evaluation and review of the carers strategy to be presented to the Board on an annual basis, alongside the communications and training plan. The Board **RESOLVED** to endorse the strategy as presented.

8. Brent Health Matters Annual Report 2023-24

Nipa Shah (Programme Director, Brent Health Matters) introduced the Brent Health Matters Annual Report for 2023-24, which was the first annual report of the programme since its launch in 2020. She provided an introduction to Brent Health Matters, which was launched following the first wave of the covid-19 pandemic after the spotlight was shown on the health inequalities that had always existed but been made more apparent during the pandemic. The programme had shown a commitment from all organisations to come together to work with Brent's communities through an iterative process to continue to understand the barriers faced in accessing and experiencing health and care services. She highlighted that it had been a positive journey in understanding and realising how powerful working with the community could be in informing the work of the system. In presenting the annual report, she highlighted the following key points:

- Attention was drawn to the large variance between different groups of people in terms of their health. For example, there was a difference in life expectancy for women and men in different parts of the borough. Brent was very diverse, with 1 in 3 residents in Brent using a language other than English as their main language, whereas all of the work done in health and social care was conducted in the English language. There was also disparity in long term conditions such as diabetes, cardiovascular disease and mental health depending on ethnicity, where a person lived, employment status and other social determinants.
- BHM was a model and a programme supporting work with Brent communities, accepting that communities were not hard to reach but instead experienced barriers in accessing services. There were various workstreams within BHM working with diverse communities, specifically BAME communities, emerging communities, those experiencing homelessness, people with learning disabilities and mental health conditions, and shift workers.

- The demand for BHM services was growing as the programme became more visible and communities were now trusting BHM more, coming forward and willing to help in co-producing solutions.
- BHM worked with voluntary and local community organisations and to date had worked with around 428 organisations. The aim was to get the voluntary and community sector to a point where they were empowered to find solutions and BHM supported them to do it, which took time.
- BHM was working to co-produce outreach events where health and care services were taken out into the community at a time and place that suited different communities such as faith centres, community centres, factories, high streets, schools and colleges and even a barber's shop. BHM had also produced assets and messaging in different languages and through various means such as social media, WhatsApp and local celebrities.
- Community grants had helped to empower organisations to support this work and in 2023-24 community grants had been given to 27 organisations to support them to become sustainable. Part of that package included support in monitoring the outcomes of their programmes so that they could apply for larger grants. One organisation that had been supported went on to win the King's Award.
- The team had engaged with over 5,000 people in Brent in 2023-24. There was also a clinical team provided by CLCH who provided healthcare in the community with 120 outreach events done in 2023-24, such as comprehensive health checks including BMI, blood pressure, diabetes, mental health and atrial fibrillation, with 69% of people seen identified as category 1-4 of the IMD deprivation index. These health checks had resulted in cases being escalated to GPs for further diagnosis and treatment, which would not have been diagnosed otherwise.
- There had been limited success making health inequalities business as usual, as it was now seen as something BHM did. Work over the next year would look to mainstream health inequalities work within partner organisations.
- Moving forward, BHM was working with the Integrated Neighbourhood Teams and the Council's Change Programme with a strong focus on co-production. BHM had also launched a new team dedicated to children and young people. BHM were also starting to have a presence in Council established places such as Brent Hubs. Work also needed to be done to capture the outcomes of the programme going forward.

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

- The importance of recruiting staff that reflected the diverse communities BHM was serving was highlighted as this enabled services to build bridges with communities who may not have trusted establishments previously.
- BHM had attended the graduation of the diabetes awareness programme being co-produced with the Gujarati community in Kenton where a group of people had seven sessions over a period of time. Each Monday consisted of a different activity, such as yoga, stretching, food education, and food

adaptations, providing education and awareness of diabetes. Speaking to the leader of that community, officers had heard that he was very proud of the scheme and now wanted to open the doors to talk to BHM about dementia and mental health.

- It was acknowledged that the programme was in danger of seeing only the engaged members of communities, or the 'worried well', with members querying how BHM was going to capture and monitor outcomes and bring new residents into the work. Officers confirmed that there would be focused work for the following year on both numbers and the communities that BHM saw. Some of that work had been done already, for example, a member of the public health team who was from the Brazilian community had helped with outreach to that group and BHM had been able to learn that one of their biggest concerns was around right to remain and being reported if they attended any health events. As such, BHM had slowly worked with the Brazilian community to build that trust and foster those relationships.
- In response to whether there was linkage with other services of the Council, including Brent Hubs, to give a holistic offer, Robyn Doran highlighted that this tied in with the importance of all mainstream services focusing on the health inequalities work and not just BHM. For her, she reviewed how the rest of CNWL learned from BHM to become more accessible and build bridges with other services for the community such as the Council and CLCH. The focus over the next year would be on that mainstream offer, using BHM as the bridge between services and helping to ensure services were culturally appropriate and sensitive to the needs of the community. The Board agreed that there was a need to look at how the health service was responding to BHM and other initiatives across the ICB in making health inequalities work mainstream, including looking at resource planning, including funding, to ensure prevention reached the maximum number of residents possible.
- Tom Shakespeare (Director – Integrated Care Partnership) highlighted the work being done with Asylum Seekers in hotels as an example of joined up work. Primary care was working hard to get people registered and LNWT were monitoring those coming through without a registered GP and the reasons for that, then putting a plan in place to get those people registered.
- The Board asked whether the information gathered at community health check events was passed on to the relevant GP. Nipa Shah confirmed that was the case, and BHM was lucky to use the same system within CLCH as GPs. GPs could see the information recorded, and BHM could then see whether the GP had seen it and followed up. The team had recently done an audit on the percentage of escalations being followed up. In the previous year the percentage had only been 40-50%, but this year that had improved to 85%. This showed a good improvement but the team would continually ensure escalations were taking place and patients were being linked in with GP services.

As no further issues were raised, the Chair drew the discussion to close, congratulating BHM for the work done so far.

9. **NWL ICB Joint Forward Plan**

The Chair informed the Board that the NWL ICB was visiting all Health and Wellbeing Boards in the timeline available to present the Joint Forward Plan, which had now been submitted to NHSE, as the presentation of the Forward Plan to Health and Wellbeing Boards had been impacted by the pre-election period. In inviting Toby Lambert (Director of Strategy and Population Health, NWL ICB) to present the Forward Plan, the Chair highlighted the concern amongst Health and Wellbeing Boards that the document was very health focused, with local Councils unsure how the work of local authorities would fit in with the document.

Toby Lambert introduced the item, highlighting that the Plan was a joint document defined in statute as 'joint' between the ICB and NHS trust, which was why it was health focused, although he acknowledged that did not mean the document could not look at partner organisations. The document built on the NWL ICB Health and Care Strategy which was signed off in November 2023 by all 8 NWL local authorities. In presenting the document, Toby Lambert highlighted the following key points:

- There were 9 themes laid out in the Plan with actions underneath each of those. NWL's acute providers had offered to take up 2 of those themes which had expanded them further and there was commonality between those themes.
- The health service was working on a 3-step process. First was to develop a common offer across NWL to standardise inconsistencies in the offer and develop a shared offer so that no matter where someone lived in NWL there were shared core services available. In order to do that, a levelling up process would be needed with consideration needed in relation to resource and productivity levels.
- The second step was around more fully understanding the needs of residents to tailor the core common offer to different groups with different needs in a culturally competent and appropriate way, building trust with communities so that they were confident to come forward for services and knew where to go. This would draw on the experience and good work each borough had been doing in their own neighbourhoods on health inequalities.
- There would be a need to evaluate where the greatest need was presenting and ensure resource shifted towards that need. Toby Lambert highlighted the importance of doing that in a balanced way, because if resource was moved too quickly it could result in spare capacity and an underuse of services, but if resource was moved too slowly then the demand could overwhelm the system and create waiting lists, leaving people dispirited from coming forward.
- The third step was around bespoke offers for certain groups of the population, such as Asylum Seekers.
- The statutory role of the Health and Wellbeing Board was to respond to the ICB on whether the content of the Forward Plan met the needs of residents as expressed in the Joint Strategic Needs Assessment (JSNA). Due to 2 pre-election periods, it had not been possible to present the Forward Plan to Health and Wellbeing Boards before the statutory deadline, therefore the Plan had needed to be finalised prior to consideration at Health and

Wellbeing Boards. Members were reassured that this would become an annual process so there would be an opportunity to propose improvements to the plan and the process in preparing and approving the plan in the future.

The Chair thanked Toby Lambert for his presentation and invited comments and questions from those present, with the following issues raised:

- The Board welcomed the intention to transform maternity care and address inequalities in maternal health. They raised concerns that the document stated there were no plans to consolidate maternity units when there was a proposal being considered to shut either the Whittington or Royal Free Maternity Units. Toby Lambert explained that the reference to there being no plans to consolidate units referred to those maternity units within the boundaries of NWL. There was a proposal to consolidate units in the neighbouring boundary, so the purpose of the statement was to reassure residents that while there were proposals in North Central London ICB to consolidate units there were no parallel plans in NWL. He added that the NWL ICB had more work to do on the maternity strategy, particularly in relation to variation in care.
- The Board noted that a key priority of the plan was reducing the amount of time people were waiting for procedures, which was highlighted to be a national problem. There were systemic problems in addressing the waiting lists including lack of funding and staffing levels, and the Plan outlined some ambitious targets to improve waiting times. The Board asked how much of those targets would rely on those national issues being addressed and how much could be done to address the issues locally. Toby Lambert was of the view that there was a lot that could be done locally to address planned care waiting lists. The NWL ICB had opened an Elective Orthopaedic Centre which had been instrumental in increasing productivity and reducing the waiting list. The biggest dependency in NWL ICB was relating to the ongoing strike action in acute units, which disrupted elective lists and the number of people going through to surgery. The waiting list data for NWL compared favourably to most other parts of the country, but there was still room for improvement.
- It was agreed that the suggested improvements for the next Plan were sound, such as putting in a shared needs assessment, better co-ordination and engagement with local authority colleagues and a strengthening in the KPIs against the actions identified in the plan. Local authority colleagues highlighted September time as the most effective for the Council to plan for the year ahead, but recognised that annual guidance and settlement information would not yet be available. It was highlighted that having Senior Council Teams and Senior Health Teams around the table proved effective in terms of moving actions forward.
- The Board raised concerns regarding the level of governance outlined in the plan. For example, for Integrated Neighbourhood Team plans there was the suggestion of borough governance, an executive group, and oversight group and the local care board, which the Board felt would not help deliver the plans. They highlighted the need to ensure governance processes were

helping and not impeding processes so that improvements could be made at a swift pace.

As no further issues were raised, the Chair drew the item to a close, asking members to note the report and emphasise the opportunity for collaboration in the future between the ICB and local government around key common issues.

10. **Better Care Fund**

Steve Vo (Assistant Director Integration and Deliver, Brent Borough – Brent ICP) and Eleanor Maxwell (Senior Programme Officer and Better Care Fund Lead, Brent Council) introduced the item, which presented the end of year report for the Better Care Fund (BCF) 2023-24 for ratification and the report for the 2024-25 BCF plan submission. Members were asked to ratify the 2023-24 BCF end of year report and formally approve the proposed metrics and spend for the 2024-25 BCF plan.

The Chair thanked officers for introducing the item and invited comments from those present, with the following issues raised:

- The Board highlighted the signing of the Section 75 in February 2024 for the period 2023-24 was too late in governance terms and there was now a commitment for completing that in an earlier timeframe. The aim for 2024-25 was to sign the Section 75 Agreement in September 2024.

As no further issues were raised, the Board noted the assurance regarding governance arrangements for BCF and Section 75 and the clear desire of the Board to sign off plans as soon as possible, and **RESOLVED:**

i) To ratify the end of year report for BCF 2023-24.
ii) To approve the proposed metrics and spend for the 2024-25 BCF plan.

11. **Health and Wellbeing Board Membership Refresh**

The Chair asked the Board to note that a review would be undertaken of arrangements of the Board which would include a refresh of the membership and terms of reference in order to formalise membership and confirm voting rights.

12. **Health and Wellbeing Board Forward Look**

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future. Some of the suggested topics for future discussion were for the Health and Wellbeing Board to have sight of the NWL Maternity Strategy when that was produced, to receive information relating to Family Wellbeing Centres and their impact across public health and children and young people, and to receive an overview of the work of the ICP Community Collaborative, looking at lessons learnt from admissions avoidance work.

13. **Any other urgent business**

None.

The meeting was declared closed at 8:12 pm

COUNCILLOR NEIL NERVA, Chair