Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Thursday 30 January 2025 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Rammya Mathew (Vice Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Simon Crawford (Deputy CEO, LNWT), Jackie Allain (Director of Operations, CLCH), Patricia Zebiri (HealthWatch), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), 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, Brent Council – non-voting)

In attendance: 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), Tom Shakespeare (Director of Brent Integrated Care Partnership), Tony Burch (Age Friendly Brent), Florence Njoku (Age Friendly Brent), Charlene Santos (Community Engagement Lead, Brent Council), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Rushda Butt (Primary Care Delivery Manager – Brent)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director))
- Cleo Chalk (Healthwatch)

The Chair welcomed those present to the meeting and advised members that Rammya Mathew would be taking up the role of Vice Chair of the Health and Wellbeing Board, highlighting that the Board looked forward to working with her. He also confirmed that Cleo Chalk had now left her role as manager of Healthwatch and thanked her for her contribution in driving forward progress with Healthwatch in Brent. Patricia Zebiri was present to represent Healthwatch at the meeting.

2. Declarations of Interest

Personal interests were declared as follows:

- Councillor Nerva – Councillor Member of the North West London Integrated Care Board (NWL ICB)

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 28 October 2024, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Age Friendly Group Update

The Chair welcomed Tony Burch and Florence Njoku to present the work being done to achieve Age Friendly status in Brent. In introducing the presentation, Tony Burch explained that he had previously been a GP for 30 years, and a clinical interest in medicine for older people became an interest in service development, particularly integrated care. He had become involved locally in Age UK and was recently elected Chair of Age UK London. Florence Njoku was introduced as the Chair of the Brent Pensioner's Forum. The Age Friendly Brent campaign had been launched through the Brent Pensioners Forum as a way of ensuring as many older people as possible were involved in the campaign. The following key points were then highlighted:

- The aim of Age Friendly Brent was to create an age friendly borough where people could live healthy and active later lives where the environment, activities and services enabled older people to enjoy life, participate in society and be valued for their contributions.
- The slides linked to resources outlining what was happening in the UK Network of Age Friendly communities.
- There were 8 areas of focus for the Age Friendly Group; outdoor spaces and buildings; transport; housing; social participation; respect and social inclusion; civic participation and employment; communications and information; community support and health services.
- A steering group had been established with representatives from the Pensioners Forum, Brent Council staff, Age UK, Elders Voice and Ashford Place.
- Age Friendly Brent had met with Barnet Council who had already achieved Age Friendly status to learn best practice from them, who had provided some useful advice.
- Focus groups had been set up with WISE, Elders Voice and the Pensioners Forum to drive the work forward. One focus group was made up of participants in receipt of Adult Social Care, another focus group had participants who had been taking part in a Zumba class, so there were a wide range of voices in the focus groups with strong enthusiasm which he hoped to pull together into a big meeting.
- An application for funding had been made to help resource a dedicated co-ordinator to support the work being done to achieve Age Friendly status.
- Age Friendly Brent was looking to work with the Council to see whether there was resource that could be provided to help these ambitions, similar to what has been provided in other boroughs that had achieved Age Friendly status. They acknowledged that any resource offered would need to work with the Council's budget constraints and fit with the Council's objectives.
- Tony Burch emphasised that evidence showed that working further downstream on prevention saved significant amounts of money further down the line on acute and clinical care. He hoped that every conversation that took place in the borough considered older people and the positive contribution older people made to society, as well as older people's needs outside of frailty.
- The importance of getting buy-in from the Council and partner organisations was highlighted. Other boroughs that had achieved Age Friendly status had an appointed Age Friendly Champion within the Council to work with the Cabinet, Chief Executive, Leader and other councillors which had helped open doors, and it was hoped this could be replicated in Brent.

- GP Patient Participation Groups were highlighted as a valuable resource to problem solve and hear the lived experience of older people to feed back to services.
- The Age Friendly Brent group would need to submit an application to the Age Friendly Network and sign up to the WHO Framework of Age Friendly Communities.
- Florence Njoku provided further information on the work being done with the Brent Pensioners Forum in relation to Age Friendly Brent. She advised that the Forum had embraced the WHO's Age-Friendly Community Framework and the work being undertaken to achieve Age-Friendly status. They hoped to see a borough where older residents actively collaborated with local groups, councils and businesses to identify and implement changes in their living environments to improve the lives of older people.
- She then provided some of the key feedback received from the focus groups conducted with WISE;
    - The focus groups had highlighted difficulties in accessing GP practices and a lack of timely appointments.
    - There had been concerns regarding hospital appointments being made before 9am where older people were unable to use their Freedom Pass and struggled to arrange alternative transport.
    - There were difficulties accessing NHS dental practices.
    - The groups highlighted that the public transport system was not sensitive to the needs of older passengers, and often drove off too quickly, resulting in falls and injuries, and stopped too far from the kerb at bus stops.
    - Dial-a-ride services were seen to need improvements.
    - Inadequate or out-of-action public toilets on Brent high streets, public spaces and parks restricted older people from enjoying outdoor life.

The Chair thanked the presenters and invited contributions from those present. The following points were made:

- The Board agreed that some of the feedback from the focus groups highlighted issues they were already aware of, particularly relating to the provision of public toilets and some of the practical issues relating to hospital appointments and access to GP practices. They felt that the initiative presented a lot of opportunities in terms of addressing inequalities and civic participation.
- The Board asked how Age-Friendly status would work and whether Brent needed to achieve particular milestones before it could be obtained. Tony Burch explained that it was achieved through demonstrating a commitment to strive towards being age-friendly, which would always be a work in progress. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) added that there was no need for a fully formed plan, but to have a group in place who had support from the Council and other local organisations in written form committing to support age-friendly status. Engagement work was also looked upon positively. In Brent, a group had been set up, there was engagement happening through the focus groups and the Council was supportive of the initiative. The organisation did certification every quarter, which gave access to training, resources and information sharing with other age-friendly councils, and accrediation was free. There were 10 other London boroughs with age-friendly status, and Brent would be the first NWL borough to sign up. The Community Health and Wellbeing directorate had been supporting the team co-ordinating this work and provided some public health funding for the work.

- Further information was given regarding the UK Age-Friendly Network, co-ordinated by the Centre for Aging Better, which provided useful resources to age-friendly communities in the UK nationally. There was also Age-Friendly London which campaigned at a London level, currently focused on public transport fares before 9am and public toilets. Brent's Age-Friendly group was also campaigning regarding public toilets, as it was seen to be a significant issue with practical resolutions, as well as other shared space issues such as lime bikes on pavements, pedestrian ways and street seating. There were different viewpoints relating to these issues so it was felt that discussions were required to understand everyone's perspectives and the realities of what could be done within the resources available.
- In relation to the public realm issues highlighted, members considered how the Age-Friendly Group could get involved and feed into how the Council designed-out crime.
- Councillor Donnelly-Jackson highlighted the Brent Hubs as an opportunity for the Age-Friendly groups to get involved in, who already worked with Age UK, Elders Voice and Ashford Place. She advised that the director of service was very willing to work with the group around training staff and achieving accreditation for customer facing services such as hubs, registrars, customer services and libraries. In addition, all libraries had received silver accreditation for being Dementia Friendly, and all libraries had toilets.
- Rammya Mathew was interested in how healthcare could adopt an age-friendly approach, particularly in primary care. She acknowledged the feedback regarding difficulties getting appointments and the length of appointments, and was keen to learn more from the focus groups and the patient participation groups, in order to incorporate this into the new Access Specification for NWL. Tony Burch agreed to speak with Rammya Mathew about this.
- The Board highlighted that digital exclusion also needed to be considered in this work as more and more services moved online, including banking, Council services and the NHS app. Florence Njoku agreed that this was an issue older people spoke about.
- The Board asked how this initiative might fit into the radical place leadership approach the Council was focused on. Rachel Crossley explained that, as a Council, departments were thinking about how services could become more local within communities and co-produced with local communities. The Council was looking to see how health and social care could work in more integrated teams with services together in one space, working with the communities on their priorities. She thought there was an opportunity to test where the age-friendly element fit into that approach with all voices together in one space.
- Councillor members agreed to take back the point about Age-Friendly Champions to see if someone could be appointed to that role.

In concluding the discussion and noting the update, the Board welcomed the work being undertaken to become an age-friendly borough and looked forward to a sign-off at a future meeting on Brent becoming an age-friendly borough. They noted the 8 areas of priority from older people that public services should consider, and welcomed the opportunity to appoint an elected member as an Age-Friendly Champion.

6. NWL ICB Joint Forward Plan 2025-26

The Chair welcomed Toby Lambert (Executive Director of Strategy and Population Health, NWL ICB) to the Board meeting, explaining that he would be presenting the 5-year Joint Forward Plan that the ICB was required to produce every year and present to all 8 NWL Health and Wellbeing Boards.

Toby Lambert began by highlighting that the 'joint' part of the Forward Plan referred to 'joint' between NHS organisations and not between the NHS and local authorities and other partners. He advised that this did not mean ICBs did not value the opinion of local authority colleagues in relation to the content of the plan or that it could not work with the local authority in developing it, but was purely what was required by legislation. The Health and Wellbeing Board had a statutory duty to provide an opinion to the ICB on whether it believed the plan adequately met the needs of Brent residents as laid out in the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). He also welcomed comments from Board members about how the ICB could improve the process of developing the plan and work together with partners to implement the plan, and how the ICB could support the Council as a local system to achieve its priorities within the context of the Plan. He added that the ICB had prepared a 'light touch' refresh this year due to the upcoming 10-year plan for the health service due in Spring, which would act as a trigger for a more in-depth refresh for the next iteration of the Joint Forward Plan. He then highlighted the following key points:

- The ICB had aimed to be more rigorous in terms of prioritisation for this iteration of the plan, concentrating on a few priorities in year one, moving to another set of priorities in year two, and so on, so that cumulatively more could be done by putting larger effort behind a smaller number of priorities each year. He added that this did not mean those priorities appearing in later years were less important.
- The Plan tried to draw a link to the NWL Shared Needs Assessment, which had been produced using each of the 8 boroughs' local JSNAs. The Plan highlighted the links to how particular actions supported the needs of NWL residents.
- The ICB had also tried to work better on how it developed the plan, and he felt that the ICB had been better at inviting colleagues to the key meetings in relation to the plan and attended Health and Wellbeing Boards earlier in the process.
- The same 9 overall priorities had been retained, outlined in section 3.4 of the cover paper, which were; to establish neighbourhood teams with primary care at their heart; to continue to reduce inequalities and improve health outcomes, particularly using population health management; to optimise the ease of movement for patients throughout their care; to embed access to consistent high quality community services by maximizing opportunity, which referred to a core common offer across NWL and improving the productivity of services; to improve mental health and community care for children and young people; to improve mental health services in the community and services for people in crisis which is consistently applied across the 8 NWL boroughs; to transform maternity care; to increase cancer detection rates and provide faster access to treatment; and transform the way planned care worked which provider colleagues were leading on.
- The cover report detailed the priorities being focused on for Brent which had been worked through by the Brent Borough-Based Partnership. There was a strong link between the 9 NWL priorities and the priorities for Brent, including Integrated Neighbourhood Teams, health equity and reducing inequalities, primary care and access.
- In terms of mental health and crisis, there were a number of outreach projects across NWL trying to identify where crisis was arising in the most deprived communities to direct support further downstream before those individuals presented in crisis. In terms of approaches to mental health, some boroughs were using a more generalist model compared to Brent which was more specialist on mental health.

- He highlighted that, across all areas, there was an aim to have a common offer, and the focus for the next year would be on getting that core offer in place. Once that was implemented, the ICB would move on to better tailor the offer to the various communities in NWL, recognising that no two communities were the same and some communities may need something more bespoke.

The Chair thanked Toby Lambert for the presentation and invited contributions from those present, with the following points raised:

- The Board welcomed the Joint Forward Plan and felt there was much to be supportive of, including ongoing work that the Council and the ICB shared ambitions for such as health inequalities, child health hubs and community-based healthcare.
- The Board asked when they would see the NWL Children's Mental Health Strategy coming forward. Members were advised that this was being scoped now, chaired by Sarah Newman, Director of Children's Services in Westminster and Kensington and Chelsea. As the scope for that developed, it would be brought to all Directors of Children's Services in NWL to get their input. It would likely be brought to members and directors in October – November.
- The Board highlighted that waiting times for autism and ADHD referrals was a priority for year 2 in the plan, but emphasised the impact those waiting lists had on Council services, as many children with autism and ADHD were waiting for Education Health and Care Plans (EHCPs). Toby Lambert advised that an extra £5.4m had been invested into supporting ADHD assessments, with CNWL and other providers in the process of rolling that out currently. The next focus would be on autism assessments.
- In noting that the main workforce challenge identified was low productivity rather than recruitment and retention, the Board asked what the main barriers were causing that. Toby Lambert explained that there was more staff currently employed within the NWL ICB system than ever before, but the amount of activity being done was lower than the activity being done before the pandemic. He felt NWL had done a good job across the system to reduce the redundancy rates across the past 2 years, as well as agency and premium staffing rates. Given there was more staff than before and the likelihood of no new money coming into the system, the focus had now shifted to supporting staff to operate in the most cost-effective way possible. For example, if A&E had a backlog of ambulances, staff were having to spend a lot of time looking to place extra patients rather than providing care, which was not the most efficient way of working and which had a knock-on effect for usage of intensive care beds, in turn affecting theatre productivity. As such, excess flow through the system inhibited the ability to operate as efficiently as possible. He highlighted that there was a role for the local authority to play to support that productivity in terms of discharge. In addition, where there were older facilities and equipment, this impacted staff ability to operate effectively if equipment was breaking down often. Capital investment into facilities and equipment was needed to address that. The final way the ICB was looking to address low productivity was around deployment of new technology to support staff. He advised that there were exciting new AI products which were able to summarise patient notes for the clinician and capture the consultation to save clinicians time and ensure appointments utilised as much time as possible for the consultation and care rather than note taking.

- Board members asked for an example of how productivity would be improved through the core common offer. Using community mental health teams as an example, Toby Lambert explained that a piece of work had been conducted looking at the number of patient-facing appointments the community mental health team delivered day to day. Both CNWL and LNWT had set a goal to see 3 people per day, and the most productive borough team was currently seeing 2.6 mental health patients per day in the community. The least productive borough team was seeing 1.2, so there was a significant range in terms of numbers of appointments being delivered, and none were at the target. When looking at what the least productive borough was doing, it was the only team who were going into the office first to pick up files, then going to see the patient, then returning to the office before seeing the next patient. Some other boroughs had technology to enable them to go straight to see their patients rather than needing to go to and from the office. As such, there was scope to improve productivity in the way some boroughs worked. Another example was outpatient consultations, where some boroughs had implemented AI products and saved approximately 20% of their time on outpatient consultations. This meant there were potential productivity improvements coming from more consistent utilisation of staff and application of the technology. He advised the Board that he felt relatively confident that if the system was able to implement those improvements there would be a productivity surplus to enable the ICB to meet a number of service gaps. The Board highlighted that redistribution of funding was needed alongside those productivity improvements.
- The Board was aware that distribution of funding was based on historical patterns and not current need, but asked if there were any plans to review that funding arrangement or lobbying that the Council could support. They were advised that as the ICB worked through the common offer it was looking at the distribution of funding within those services to see how that could be evened out. The ICB was on course to cover around 50% of community services over the coming year and about 20-30% of mental health services.
- Noting that the ICB had been asked to reduce costs by 30%, the Board asked what impact that would have on the delivery of the Joint Forward Plan. Toby Lambert explained that the need to reduce costs by 30% had been a challenging process, but recognised that there were many organisations dealing with budget constraints. The reduction of costs was one of the reasons that the ICB had been more rigorous in its prioritisation, as there would be fewer resources available to deliver those priorities.
- The Board highlighted that the Brent Centre for Young People contract was due to expire, and asked for clarity around next steps for that service, as it was felt to be a vital source of support. Tom Shakespeare (Director of Brent Integrated Care Partnership) explained that the Integrated Care Partnership (ICP) was in discussions regarding the contract and had a business case due to be submitted to ICB colleagues in relation to the Brent Centre for Young People. The steer that had been given was that a procurement process would need to be undertaken, so the ICP was working with colleagues to maintain service and sustainability whilst that procurement process happened, given the critical role the contract played in supporting statutory services. He agreed to brief the Cabinet Members separately as that procurement progressed.
- Noting that the NWL Integrated Care System (ICS) had been placed in level four of the NHSE System Oversight Framework, meaning intensive external support was

required to develop robust financial recovery plans, the Board asked if the Plan had identified the right priorities, given those deficits. Simon Crawford (Deputy CEO, LNWT) explained that LNWT was one of 2 acute trusts likely to post a deficit in the current financial year, which was why it was part of the INI process. The deficit was driven by 3 key factors:

  - One factor was the ongoing demand in the emergency pathway, with winter pressures continuing beyond winter into the summer. The additional services and beds implemented during winter continued well into the summer, which had not been budgeted for as those services would have been planned to close after winter. This was the first year that the Trust had kept those winter services open to the extent it had. It was added that LNWT was not the only provider that needed to do so.
  - Another factor was the sustained pressure at a level over and above the previous year that LNWT was seeing, and the number of admissions being made had caused the Trust to open additional beds. Across the country there were long waits in emergency departments and patients were being offloaded from ambulances into emergency department corridors, which required extra staffing to support those patients, increasing the costs associated with that. One measure that had been put in place once a patient had been assessed, stabilised and made ready for a bed was to transfer that patient to the ward, and up to two patients maximum on any one ward would be on a trolley by that ward waiting for a discharge before they could get a bed. This meant further additional staff for nursing, feeding and portering.
  - On the planned pathway for elective care, the pandemic had caused a backlog of people waiting for operations, diagnostics and assessments, so more activity was being delivered there. A new electronic patient system had been implemented the previous year which took time for staff to familiarise themselves with and operate effectively, further contributing to additional pressure on the waiting lists. Extra activity was being put on to treat people in line with standards and expectations.

- In terms of funding, the Board were advised that the ICB was lobbying the government to set the budget which would help with finances. NWL was impacted by the national formulas suggesting that it was one of the healthier places in the country and therefore needed less money per head than other places, given London's generally younger population and London as a whole being more affluent. In addition to this, NWL was one of two systems in the country which was below the target level of funding. As such, NWL was impacted twice as much as other boroughs by being further down in the national funding allocations formula and provided with funds that were uniquely lower than the goal allocation. There was a need for continual lobbying to get closer to that allocations formula. He added that the allocations gap was almost identical to the deficit gap.
- In relation to the new service model for mental health in NW2, NW10 and HA9, Tom Shakespeare highlighted that the Brent ICP had been successful in getting additional investment to support the work of CNWL as the mental health provider in that area. There were significant numbers of people appearing in crisis in secondary care settings who had not been known to services previously, so the pilot looked to develop deeper connections within the community to try to address the drivers of

crises earlier. That model would then be developed and rolled out further, building on what worked.

- Noting that the legislation required the plan to set out the steps the ICB was taking to implement the Joint Health and Wellbeing Strategy and for the Health and Wellbeing Board to provide an opinion on whether the plan did reflect that, the Board highlighted that the Brent section of the plan did not reference the Brent Joint Health and Wellbeing Strategy, and welcomed thoughts on how the Board could identify that the ICB had looked at the strategy and it was reflected in what the ICB was doing. Toby Lambert explained that the ICB had reviewed all JSNAs and Joint Health and Wellbeing Strategies to feed into the NWL Shared Needs Assessment, which was then used to develop the NWL Joint Forward Plan. The ICB then interacted with the borough teams to ask them to reflect in their own sections the priorities of their borough. As such, if the plan was not reflecting Brent's Joint Health and Wellbeing Strategy then that needed to be corrected.
- Dr Melanie Smith highlighted where she felt there were important themes from the Joint Health and Wellbeing Strategy missing in the Joint Forward Plan. Whilst both did look at inequalities, Brent's focus was developed working with communities and with co-production as a very important part of the approach which she felt was essential. Another theme of the strategy missing from the plan was around the wider determinants of health. Toby Lambert responded that he would be happy to work with the relevant teams to ensure that was appropriately reflected in the plan.
- The Chair hoped for the Department for Health to expect a review of achievements following each plan year in order to evaluate joint forward plans ahead of their next iterations, rather than having a new plan each year without reference to the past.
- The Chair thanked Toby Lambert for his responses to the questions, highlighting that, whilst it felt like the forward plan was being scrutinised, this was because the legislation had required the ICB to bring a Forward Plan to Health and Wellbeing Boards for challenge and scrutiny and review, which members felt was not the most satisfactory way of working. Going forward, Brent's Health and Wellbeing Board would prefer a plan where there were common themes that the ICB and local authority were willing to sign up to.
- In drawing the points to conclusion, the Chair proposed writing a formal letter to the NWL ICB outlining some of the key points raised during the discussion, including health inequalities, the Joint Health and Wellbeing Strategy, finances, use of AI, shared IT and a suggestion to write to the Department for Health asking for a more joined up approach going forward that all partners could sign up to. Toby Lambert confirmed he would be happy to receive a written response, and acknowledged that a lot of engagement work was within the gift of the ICB. As such, as the NHS 10-year plan came through in Spring and the ICB moved into the cycle of the next refresh, he was grateful to have a clear expression of willingness from local authorities to play a fuller role in how that plan was developed.

As no further issues were raised the Board noted the report and the comments raised.

7. Partner Updates on Winter Pressures

The Chair opened the item by acknowledging the pressure services were under to deliver care across NWL and in Brent. He had requested a brief report from partners on how they were working in Brent to address those winter pressures, and invited Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS) to introduce the report.

Steve Vo highlighted the following key points in relation to the report:

- The current challenge for the local health and social care system, adult social care, and the Brent Borough Based team was the discharge delays being faced, which had increased during the holiday period.
- Workforce challenges remained, with a lack of social workers impacting the overall discharge rates.
- Care homes were more reluctant to accept patients with complex needs which was also driving the delays in discharge.
- There were also challenges in finding temporary accommodation following discharge for patients who required it.
- Actions being taken locally to address those discharge delays were:
    - The offer of weekend coverage for non-complex discharges.
    - Hospital teams having direct access to care providers to facilitate discharges over the weekend.
    - Close working with CLCH to commission a provider to support patients with Stomas and feeding tubes, although further work was needed to address long term care for those patients as that pathway was only for 6 weeks.
    - The team had learned form best practice in other boroughs across NWL and implemented some of that learning in Brent, particularly the model for in-reaching patients with dementia.
- To further address the challenges with discharge, the team was moving to a more preventative approach, focused on hospital admission avoidance with care homes by equipping staff with the skills and tools to manage more complex patients.
- Work was being done with CLCH's Enhanced Care Home Team to provide training and advice to care homes, ensuring the Enhanced Care Home Team was well utilised so that patients were managed well within the home rather than being admitted to hospital.
- There were many pathways for admission and discharge in Brent, and colleagues would be reviewing those pathways over the next few weeks to ensure a cohesive approach was being taken and those pathways were right for Brent's patients.
- A Frailty Management Service in Brent was being provided by 3 GP Federations who worked closely with CLCH to ensure that patients with a rising risk of frailty were well looked after in the community to avoid admittance to hospital.

The Chair then opened up the discussion to those present to explain what they were doing to address winter pressures in their own organisations. The following points were raised:

- Claudia Brown (Director of Adult Social Care, Brent Council) informed the Board that there was a lack of social workers currently, with specific challenges in asking social workers to work in a hospital setting. That work was seen to be fast paced and had challenges relating to professionalism and how health professionals related with social workers, so social workers did not stay in the hospital setting long and there was a rapid turnover of staff. This was impacting how fast discharges could happen. Main areas of concern were P1s and P2s and getting those people out of hospital safely. There was also a need to ensure other professionals recognised that social workers were the decision-makers in relation to a patient's discharge care plan. Discharge care plans were not straightforward and had many complex factors causing delays, including transport for the person, relatives wanting to receive them home, or step-down bed

capacity. In relation to complex C3s for dementia patients, Brent was looking to learn from the Ealing model in how they flow that person through hospital and work with the care home to receive that person back.

- Simon Crawford (Deputy CEO, LNWT) provided an update from the acute trust, highlighting that the pressure and demand had significantly increased compared to the previous year and had seen an increase in the acuity and complexity of patients. On any one day, Northwick Park received the most ambulances in London and the most blue lights. In Harrow there was similar pressure. He highlighted this was due to an increasing population, including an increase in the age profile of the general population with people living longer with comorbidities. He believed there was more that could be done in the community, with the Integrated Neighbourhood Teams having a lot of potential to make a difference to the local resident population. Some work was being undertaken in Brent and Harrow to analyse the reasons for admissions and any trends in that, looking at whether there was a high prevalence from particular care homes or specific conditions, so that support could be targeted. He added that, generally, the hospital received good support from social care and challenges and issues were worked through professionally and a good relationship maintained.
- Jackie Allain (Director of Operations, CLCH) provided an update on community services, which had been actively involved in the initiatives put in place to improve patient flow. She added that a major challenge for CLCH this year had been staff sickness as a result of flu, which had been much higher this year than previous years. In Brent, there was some vaccine hesitancy amongst staff which further impacted sickness rates.
- Rushda Butt (Primary Care Delivery Manager - Brent) provided an update for pharmacies. She advised the Board there had been a lower uptake of flu and covid vaccinations this year, alongside an increase in flu cases over the holiday period which had increased pressure in primary care, including on GP practices. Pharmacies in Brent had been supportive of the covid and flu vaccination campaigns over the winter, with 9,802 flu vaccinations administered as of 3 January 2025 and over 13,000 covid vaccinations. 26 community pharmacies were taking part in the delivery of vaccinations. The flu vaccination campaign would continue until March 2025. In relation to the MMR Community Pharmacy Pathfinder, two sites in Brent had been confirmed (Gimmack Pharmacy, Cricklewood, and Jade Pharmacy, Kinsgbury) which would come to an end in January. The roving team and Brent Health Matters were doing outreach work to spread public awareness of the vaccinations on offer in different areas of Brent. The next steps were to launch the spring campaign in April to June. She also provided an update on Pharmacy First, where a patient could now be seen at a pharmacy with a minor illness which meant they did not need to see a GP. 91% of pharmacies in Brent were participating in Pharmacy First, addressing minor illnesses and improving patient access. Pharmacies had now been told they could offer anti-viral medication to high-risk patients experiencing severe flu symptoms. She concluded her update by advising members that efforts were continuing to integrate community pharmacies and PCNs to optimise care delivery.
    - In response to a query on whether the pressures in hospitals would be reduced if the eligibility criteria for vaccinations widened, Dr Melanie Smith (Director of Public Health, Brent Council) expressed that she personally did not think the pressures would be reduced. She felt that the priority should be to increase vaccination rates within high-risk groups, particularly as this had been a poor year nationally for vaccination uptake. The advice of the Joint Committee for

Immunisations was largely driven by a desire to reduce pressure on the system, so the priority should be improving rates in high-risk groups as opposed to widening the net.

The Chair then invited questions and comments, with the following points raised:

- In paragraph 3.3.2 of the report, where reference was made to an increase in mental health cases leading to 72 hour breaches, the Board asked what was meant by that and how that related to winter planning. Simon Crawford explained that mental health patients were spending a lot of time in A&E as opposed to going to mental health services. They were often quite distressed when they arrived at A&E and needed individual one-to-one support and observation. Clinicians aimed to move mental health patients out of A&E departments and not admit them onto wards as they needed to either go to CNWL or CNWL needed to find alternative provision for them as the mental health provider. Northwick Park was seeing an increase in those mental health patients staying for longer in an A&E department, which was already under pressure because of winter. This exacerbated the complexity and pressures during winter. Toby Lambert added that there were actions in the NWL Joint Forward Plan to address these breaches so that mental health patients were being directed straight to mental health services and did not present to A&E in the first place. Outreach work was also happening into communities to identify people not currently known to services who may then present as another way to identify demand and divert those from emergency departments sooner. The swifter and more seamless that process was, the more capacity there was in emergency departments and the less waiting times, and this was why there was a strong focus on admission avoidance and prevention.
- Claudia Brown added that there was a shortage of mental health beds, meaning there were not enough beds to move mental health patients on quickly enough from the hospital setting. Adult Social Care was also undertaking assessments in the community, so there would be people waiting 72 hours or more both in the hospital and community setting for a mental health bed.
- Simon Crawford informed the Board that LNWT held a monthly Urgent and Emergency Care Board meeting with all relevant stakeholders as part of that. That Board annually undertook a review of winter planning and pressures in April-May to reflect on how it went, which then fed into winter planning for the following year. He offered to bring the outcome of that review to a future Board meeting. Tom Shakespeare added that a similar review of discharge funds and contributions to the Better Care Fund and their effectiveness was also done with a similar timetable that could be brought to Board, as well as a review of local plans and KPIs.

As no further issues were raised, the Chair drew the discussion to a close and asked the Board to note the update.

8. HWB Forward Look - Future Agenda Items

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future.

9. Any other urgent business

None.

The meeting was declared closed at 8:00 pm
COUNCILLOR NEIL NERVA, CHAIR