Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as an Online Virtual Meeting on Monday 29 June 2020 at 6.00 pm

PRESENT (all present in remote capacity):

Councillor Farah (Chair), Dr MC Patel (Vice-Chair, HWB and Chair, Brent CCG), Sheik Auladin (Brent CCG), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust – non-voting), Carolyn Downs (Chief Executive, Brent Council, non-voting), Dr Ketana Halai (Brent CCG), Councillor Hirani, (Brent Council), Councillor McLennan (Brent Council), Julie Pal (HealthWatch Brent), Councillor M Patel (Brent Council), Phil Porter (Strategic Director, Community Wellbeing, Brent Council, non-voting), Dr Melanie Smith (Director of Public Health, Brent Council, non-voting), Gail Tolley (Strategic Director, Children and Young People, Brent Council, non-voting).

Also Present (all present in remote capacity): Fern Aldous (Governance Officer), Chris Bown (Interim Chief Executive of London North West University Healthcare NHS Trust), Councillor Butt (Leader, Brent Council), Councillor Ethapemi (Brent Council), Shazia Hussain (Assistant Chief Executive, Brent Council), Meenara Islam (Strategic Partnership Manager), Councillor Johnson (Brent Council), James Kinsella (Governance Manager), Dr Martin Kuper (Medical Director London Northwest Healthcare Trust), John Licorish (Consultant – Adults and Health Intelligence, Brent Council), Councillor Long (Brent Council), Hannah O'Brien (Governance Officer), Trusha Patel (HealthWatch), Councillor Sheth (Brent Council), Katie Smith (Head of Executive and Member Services), Jonathan Turner (Deputy Managing Director, Brent CCG).

A minutes silence was held in remembrance of those who had lost their lives to COVID-19

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

Apologies for absence were received from Mark Bird, Brent Nursing and Residential Care Sector.

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting held on Monday 10th February 2020 be approved as an accurate record, subject to the following amendment:

Correction to Page 8 –Cllr Farah to be shown as 'Chair' in place of Cllr Hirani.

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

None.

5. **The disproportionate impact of COVID-19 on BAME communities in Brent**

Dr John Licorish (Consultant in Public Health), introduced a report detailing the findings from Public Health England's study into the disproportionate impact of COVID-19 on BAME communities in England. The report concluded that although health inequalities were not new, COVID had worsened them. Potential causes investigated in the report included intergenerational living, attendance at large gatherings in places of worship and higher representation in certain sectors of work. Analysis of the issues had been made more difficult by limitations in the recording of ethnicity.

The Board heard a presentation from Ali, a 26 year old from Harlesden Ward whose family had been severely impacted from COVID. Ali described how his father had contracted the disease on the 29th March; the last time the family had seen him was when he was later taken to hospital. His father's body had not been released for a number of days and ritual funeral preparations could not take place as a result. The experience had engendered a distrust of health services, as well as a feeling of hopelessness and anxiety. These feelings were reflected in the community.

The Board heard a statement from Tessa, a resident of Kensal Green. Tessa reported her concern about how services had been moved out of the borough under the cover of COVID.

She was also troubled with intergenerational living being cited as a standalone cause of the impact on BAME communities. Families often had no choice about these living arrangements and the issue should be tied to wider social and housing problems. She felt more money was required from government to tackle these issues.

Janet Wildman from Community Voices, a charitable organisation in the borough, told the Board about her experiences of the impact of COVID on BAME communities. She had collected around 50 stories from the community which revealed a pattern of underlying systemic inequalities. She asked for more people to come forward to share their accounts.

The Chair and the Chief Executive gave their condolences to Ali and thanked the speakers for sharing their experiences. Chris Bown, Interim Chief Executive LNWUT, invited Ali to meet with him to discuss the issues he had raised about his father's care.

In response to a query on whether the quality of primary care services and access to facilities had been considered in the report it was stated that there was evidence to show that if long term conditions were well managed then outcomes from COVID were better. The accessibility of services to manage long term conditions needed to improve.

The Board heard a focus was needed on the quality of primary care, with a particular emphasis on the management of diabetes and hypertension. This work required additional investment as services had been reduced due to lack of finances. It was noted that Councillor Butt (leader, Brent Council) had written to the Secretary of State for Health on this matter.

In response to a query from Councillor Patel regarding the best method for avoiding obesity in children it was stated that targeted and specific interventions were needed.

There was evidence to show that hypertension developed at a younger age in BAME communities so it was suggested that offering health checks from an earlier age should be considered.

The targeting of resources to tackle health inequalities was discussed. It was noted that residents were currently paying close attention to their health and this could be capitalised upon. Communications needed to improve, before a potential second wave hit, with people on the ground in the community.

The Board thanked Dr Licorish for the update provided.

RESOLVED: That the report be noted.

6. **Healthwatch work programme and engagement on COVID-19**

Julie Pal, (CEO, HealthWatch) presented a report on recent community engagement around COVID. The service had adapted to continue to work with local residents and support services. Engagement had been undertaken with Mutual Aid Groups, through WhatsApp and Twitter, and by phone interviews and surveys. Materials had been produced in multiple languages as well as in easy read formats. There was evidence that the community had struggled with government messages and there were feelings of burn-out' in a community which had had no respite, and a concern that mental health services will not meet demand.

The key learning from the report was as follows:

- Plan appropriate messaging and signposting.
- Undertake a review of services (e.g. community advisors, social prescribers).
- Provide access to information about funerals.
- Produce resources in other languages.
- Gather more information from care homes' successes.
- Gather experiences from BAME frontline workers (to work within existing networks).
- Work to identify best practice.

In response to a query on the statement that young people were concerned about being super-spreaders it was reported that this referred to students of secondary age with poor mental health. There was interest in doing more work in this area.

There was a discussion on the impact of the virus on Eastern Europeans in the borough. An Eastern European hub had been set-up in as the community had struggled to find information. There were reports that some communities generally were refusing treatments for other conditions because they were frightened. There were no stories from government about survival rates.

Councillor Butt (Leader, Brent Council) queried the low sample numbers in the report, and asked how HealthWatch had ensured that they contacted the 'hard to reach' in the community. In response it was felt that HealthWatch were confident they had reached out to residents using lots of different platforms. The stories gathered had led to demonstrable change.

RESOLVED: That the report be noted.

7. **Brent's Local Outbreak Plan**

Dr Melanie Smith, Director of Public Health, presented a report on Brent's Local Outbreak Plan. Several key points were highlighted:

- There was a requirement to have specific plans for care homes and schools.
- High-Risk Settings needed to be identified. In Brent all food processing factories had been contacted and visited if required.
- The plan needed to cover testing. The local testing centre in Brent had been a success story, with 30 walk in tests a day being carried out.

It was noted that the number of residents engaging with the national NHS Test and Trace programme could be higher and messaging was needed on the importance of participating in follow up. Although data from the national Test and Trace programme was being received, individual cases were identified to the authority by postcode of residence. The local public health team are reliant on NHS Test and Trace to identify workplace hotspots.

In response to a query from Carolyn Downs it was clarified that an enforced local lockdown would be a last resort. There was also uncertainty about how a lockdown could be limited to a specific local areas.

It was confirmed that the R rate for Brent was currently around one, however, the Board noted that this rate was based on low overall cases and that Brent was ranked 'green' by the Public Health England. Dr Patel queried whether data on outbreaks was shared with Brent CCG. Dr Smith noted that a discussion was shortly due to take place on this matter between health partners in North West London, and Dr Patel would be included in the invitation to participate.

RESOLVED: That the report be noted and the Brent 19 Outbreak Plan (to be known as the Brent Covid 19 Management Plan) be formally agreed by the Board acting in its capacity as the local Outbreak Engagement Board.

8. **Pharmaceutical Needs Assessment update**

Dr Melanie Smith updated the Board on the Pharmaceutical Needs Assessment. The Group welcomed the report that the assessment had been postponed following an amendment to the regulations to allow authorities to defer for a year in the light of COVID 19.

RESOLVED: That the deferment of the Pharmaceutical Needs Assessment be noted.

9. **Any other urgent business**

The Board received an update on recent changes to the provision of health services from Chris Bown, Chief Executive of North West London Healthcare NHS Trust, Simon Crawford, Director of Strategy of North West London Healthcare and Dr MC Patel, Chair of Brent CCG.

The Board heard how the pandemic had disrupted the NHS and it was unlikely to return to normal. The elective care waiting list was the highest it had been in 30 years. Knowledge of how to handle the disease was increasing but there was still more to learn. Communication with the public needed to be improved; around 40% of patients were not presenting. Some services had become more efficient as a result and there were benefits to telephone or video conferences for outpatients.

The peak of the pandemic had come in mid-March to early-April. Critical care was expanded from 20 beds to 58 beds and the number of ventilated beds had increased. Around 1500 staff had been absent at the peak. A GOLD command structure had been set up to coordinate access to PPE, drugs and equipment and had worked well.

95% of patients had begun their care in Northwick Park Hospital before being transferred to Central Middlesex hospital for rehabilitation. Due to a reduction in attendance and the cancellation of elective surgeries, a decision was made to close all beds at Central Middlesex and move all staff to Northwick Park Hospital. The move was temporary and would be re-evaluated. As there was no A&E at Central Middlesex it was felt protecting patient pathways may be easier for the restart of elective surgeries.

Dr MC Patel updated the Board on the changes to the ways primary care services were operating. Following advice from NHSE all patients were required to be triaged remotely before attendance at GP surgeries to prevent cross infections. Access to primary care had been difficult for some in the community and a review would be carried out to assess the full impact. Some services had benefited from the new ways of working, for example dermatology had adapted to provide virtual consultations based on photographs, with specialist advice easy to access. The voluntary sector had worked well with the NHS, providing support for mental health services and delivery of oxygen monitors and prescriptions. A hot hub had been established up for those suspected or confirmed of having COVID, and the staff were continuing to monitor oxygen SATS of those discharged as part of a pilot programme for the Medipad device.

Preparations for a second wave included a review of the placements for discharged patients, the production of actions to minimise BAME deaths and work to tackle the inequalities agenda. Review for the care of shielding residents would be undertaken as this had been a significant resource on the district nursing service. The upcoming high demand for secondary and elective care would need to be managed.

In response to a question from Councillor McLennan regarding access to health services for those in digital poverty it was acknowledged that COVID had increased inequalities in this regard. Carolyn Downs reported that a request from government to make the test centre booking online only had been refused. Some funding was

still available from the government hardship fund and would be used for digital support.

Councillor Johnson queried whether there would be a re-evaluation of the moving of the APMS GP practice at Central Middlesex hospital, and noted there had been no communication or consultation with residents on the issue. Dr Patel reported that there would be a review, and a decision would be made on the basis of whether a suitable method of blocking the practice off from the rest of the hospital was found. A letter had been received from Dawn Butler, MP, expressing concern on the same issue.

Regarding the writing-off of the historical debt for NHS trusts it was reported that this was seen as a technicality that would not affect future deficits.

It was noted that not all Brent residents attended Northwich Park and that Imperial and Royal Free should always be included in the discussion.

In response to a question concerning Willesden Court care home Dr Halai (Brent CCG) reported that care homes were contacted every day and that visits were conducted if needed, but were avoided if possible. Contact was maintained with families to reassure them.

In response to a question from Councillor Long the Chief Executive committed to find out about the progress of street widening programmes in the borough. (ACTION)

As an outcome of the discussion it was AGREED that Dr MC Patel would meet with Julie Pal (HealthWatch) outside of the meeting to discuss how best to disseminate to residents the changes to primary care that the NHS had made locally.

10. **Date of next meeting**

The date of the next meeting was noted to be 20th October 2020

The meeting was declared closed at 20:09

COUNCILLOR FARAH
Chair