

MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Tuesday 20 October 2020 at 6.00 pm

PRESENT (all present in a remote capacity): Councillors Farah (Chair), Dr MC Patel (Vice-Chair, HWB and Chair, Brent CCG), Councillor Kansagra (Brent Council), Councillor Nerva (Brent Council), Councillor M Patel (Brent Council), Jonathan Turner (Brent CCG), Dr Ketana Halai (Brent CCG), Julie Pal (HealthWatch Brent), Basu Lamichhane (Brent Nursing and Residential Care Sector – non-voting), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust – non-voting), Carolyn Downs (Chief Executive, Brent Council, non-voting), 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 a remote capacity): Hannah O'Brien (Governance Officer, Brent Council), James Kinsella (Governance Officer, Brent Council), Councillor Butt (Leader, Brent Council), Meenara Islam (Strategic Partnership Manager, Brent Council), Veronica Awuzudike (Healthwatch Brent Manager), Julia Mlambo (Partnership and Engagement Manager, Brent Council), Tom Shakespeare (Director of Health and Social Care Integration, Brent Council), Russell Gibbs (Change Manager, Brent Council), Jo Ohlson (Accountable Officer of the NWL Collaboration of CCGs) Trusha Patel (HealthWatch), Sangeetha Ilanko (Programme Officer, Brent Council), Susan Anderson-Carr (Programme Manager, Brent Council), Ketan Mistry (Programme Support Officer, Brent Council)

The Chair led opening remarks and introduced Basu Lamichhane as the new representative for the nursing and residential care sector, replacing Mark Bird.

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

Apologies for absence were received from Sheik Auladin (Managing Director, Brent CCG).

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting held on Monday 29 June 2020 be approved as an accurate record.

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

Dr Melanie Smith (Director of Public Health, Brent Council) updated the Board regarding the increasing number of people testing positive for COVID-19 in the UK. She explained that rates of infection were increasing everywhere in the UK at all age groups, but the increase was happening at different rates and different parts of the country were at different levels of infection. While the increase was seen in all ages the highest ages specifically were those aged 10-19 and 20-29. Dr Melanie Smith advised that the virus in those groups tended to be very mild or asymptomatic, but there was now an increase in over 60s contracting the virus which was resulting in a small but definite increase in hospital activity. London was in tier 2 restrictions and the rate in London had passed 100 positive cases per

100,000. Most London Boroughs were seeing a similar rate while Brent was just below 100 per 100,000. The positivity rate had increased, with 1 in 10 who were getting tested in Brent testing positive. It was noted that there was good access to testing in the Borough. Dr Melanie Smith expressed that she had significantly more confidence in the recorded rates now than a month ago when testing was capped.

5. Health inequalities update

Dr Melanie Smith (Director of Public Health, Brent Council) introduced a report updating the Board on the setup and progress of the health inequalities programme following the report presented to the Board in June 2020, which detailed the disproportionate impact of COVID-19 on BAME communities in Brent. She highlighted that the impact of COVID-19 was not equal and the infection was more serious, with higher mortality rates, for certain groups such as older people, men, and those in deprived communities, but even after allowing for age and deprivation those of Black and Asian heritage had worse outcomes. It was agreed at the last meeting that work should be done together to address health inequalities in Brent, focusing in particular on Church End and Alperton - areas which were highlighted as particularly affected during the first wave of the virus with a significant distressing number of deaths. Dr Melanie Smith highlighted the following key points in relation to the health inequalities report:

- A governance structure had been established with a Steering Group and a Reference Group and a wide range of partners across the Council, NHS and Healthwatch, as outlined in the report. The NHS had approved the business case for the new model of Primary Care that had been proposed with staff being appointed to drive it forward at pace.
- There were short, medium and long term actions that would be taken to address health inequalities. Immediate actions would be aimed at reducing exposure to COVID-19 and susceptibility to severe infection while improving access to healthcare, in collaboration with the community. This would be a Borough wide approach with targeted interventions on those particularly affected areas of Church End and Alperton. As well as this work would include increasing uptake of preventative services, such as flu vaccinations and cancer screenings which had been impacted by COVID-19, and improving the control of long-term conditions such as diabetes and hypertension which were more prevalent in BAME communities.
- Four Community Champions had been recruited from 2 well attended community meetings with Church End and Alperton residents. These would help the Council understand the needs of Brent communities and how those communities experienced COVID-19 to help develop messaging. Communities had fed back that COVID-19 messaging during the first wave of the virus had been confusing and not culturally competent so the project was looking to address this with the Community Champions and Health Educators, with more culturally competent messages now created. There were regular events scheduled with the Community Champions and wider community groups to help with the action plan. There was the opportunity for more volunteers to become Community Champions, with the Council looking to increase their reach into communities and looking for younger volunteers in particular. The Council were very grateful to those who had come forward but could not say they were necessarily representative of all the diverse communities in the Borough so the door was still open for more people to volunteer. There was also the opportunity for appointments to paid positions – Community Health Educators – with a focus on health education and promotion within the community.

- Targeted enforcement activity had taken place working with the community to help people understand the new restrictions and provide practical support for businesses.
- The CCG had secured funding for a Primary Care and Mental Health project which would be a joint piece of work between the Council, CCG and local trusts taking responsive and holistic Primary Care into the community rather than residents accessing services in traditional ways.
- The area of digital inclusion needed to be addressed particularly with the move to many services online during the first wave of the virus.
- A North West London NHS volunteering piece of work led by Helpforce was underway, which sought to improve low-level mental health outcomes such as depression and anxiety. The Council were at an early stage of understanding how the project would interface with existing volunteers schemes and a workshop was due shortly to introduce the work to local VSC organisations.
- Longer term plans would come from working with the community and Champions where the more entrenched structural determinants of health inequalities would be addressed.

The Chair thanked Dr Melanie Smith for providing the update and invited comments from the Board, with the following issues raised:

In relation to COVID-19 and the disproportionate impact on BAME communities in Brent, the Board queried what the statistics showed. Dr Melanie Smith advised that the most robust information on the disproportionate impact of COVID-19 on Black and South Asian communities came from looking at the national statistics for England and Wales, which showed once one allowed for the fact that BAME communities tended to be younger and lived in more deprived communities there was still a doubling of mortalities in Black communities and one and a half times mortality for those of South Asian heritage. The most recent testing data showed that the uptake of testing in Brent was reflective of the diversity of the local population. Carolyn Downs (Chief Executive, Brent Council) added that the registered deaths in Brent from COVID-19 were disproportionate in relation to the Asian community compared to the percentage of the population.

Dr MC Patel (Chair, Brent CCG) advised that Brent's flu vaccination campaign had launched very well and was doing better at the time of the meeting than at the same stage a year ago, with Brent being one of the top London Boroughs for numbers vaccinated.

The new model of Primary Care being piloted aimed to break down the silos between different pathways of the NHS and wrap care around the resident, bringing different professionals into the team to deliver care to the individual. Dr MC Patel advised that this was the first time a model of care looked to establish holistic care putting the patient at the centre of care and reducing the barriers between different services. The traditional system where a resident would need to go to a GP and get a referral would no longer be used so that no matter where a resident accessed healthcare they would be referred to the correct place without having to go back to their GP. The model aimed for a patient to remain in the system once they had accessed it so that they could return whenever they needed advice throughout their lifetime. Outreach to those in the community who traditionally did not access healthcare would take place.

Board members noted that the Council's new procurement strategy had just been released looking at how suppliers could help Brent communities which could be added to the schedule of works going forward.

RESOLVED:

- i) To agree the recommendations set out in the report.
- ii) To receive a report at the next Health and Wellbeing Board providing an update on the progress of the health inequalities work.

6. **Joint Health and Wellbeing Strategy 2021**

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the report proposing a re-write of the strategy. The Board heard that the Strategy was due to be refreshed prior to COVID-19 but that work was deferred as a result of COVID-19. The Strategy was now being brought back to the Board with the proposal of conducting a more fundamental piece of work looking at the long term impact of health inequalities and structural inequalities and tying those into a wide range of work including the Council's recently published Poverty Commission and the Black Community Action Plan with the aim to add to the work across those streams rather than duplicate it. Paragraph 3.7 of the report outlined the timescales for the work.

The Board were in full support of taking the recommendations forward.

RESOLVED: That the Health and Wellbeing Board agrees for a new Joint Health and Wellbeing Strategy to be produced in light of recent events and agrees to the proposed process and timeline set out in paragraph 3.7 of the report.

7. **Brent Children's Trust Update**

Gail Tolley (Strategic Director Children and Young People, Brent Council) presented the report which provided an update on the work of the Brent Children's Trust (BCT) over the past year. The following key points were raised:

- The thread of Transitional Safeguarding was appearing across the Trust's work as practice frameworks and collaborations were developed, outlined in section 3.14 of the report.
- The Trust had continued to meet virtually throughout the pandemic focussing on a collaborative response. The Trust had begun to plan for recovery and would now start looking at a new set of arrangements around alert levels.
- There was the possibility of a visit from Ofsted and CQC during the Autumn Term to conduct an interim inspection.
- The Trust had focused on Family Wellbeing Centres, ongoing implementation of SEND reforms and the integrated 0-25 service, although integration with health had been paused due to the work needing to be done for the pandemic.
- The Trust continued and would continue to provide a strong focus on the health and wellbeing of children and young people.

In response to a query about transitional safeguarding, Gail Tolley explained that the concept of transitional safeguarding looked at the period of time when a child accessing children's services turned 18, as children's services, unless the young person was a care leaver, ended on a their 18th birthday despite there being significant safeguarding risks for young people. The focus was on how to support the transition and stretch out services into that adult period, as if the young person was receiving support before their 18th birthday they would not necessarily meet the threshold to receive higher level adult services. Dr MC Patel advised that the transitional safeguarding work linked in with conversations he had begun to have regarding mental illness at that transitional period, and he would like to know the outcomes of the work.

Dr Ketana Halai (Clinical Director, Brent CCG) thanked Brent Children's Trust for the support given during the pandemic, particularly getting key messages out to parents and guardians in Brent.

RESOLVED: That the work of the Brent Children's Trust for the period October 2019 to September 2020 be noted.

8. Health and Care Transformation Programme Update

Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) presented the report which provided an update on the progress of key activities of the joint Health and Care Transformation Programme over the past 12 months. The programme was overseen by the Health and Care Transformation Board, which reported directly to the Health and Wellbeing Board. He raised the following key points in relation to the report:

Care Homes:

- Over the COVID-19 period the work and priorities of the Board and Programme had necessarily changed to respond to issues that had presented during COVID-19. The work in care homes and the support provided to care homes during COVID-19 was highlighted, with the weekly care home forum noted as having provided a good grounding for the work done with care homes over the COVID-19 period. Direct contact was established with Provider Relationship Officers to address outbreaks of COVID-19 and provide support, training and peer-to-peer support, which resulted in positive outcomes in the context of COVID-19.
- Employment of a key role working with managers on a peer support basis had begun, looking to drive up the quality of care homes and get more homes in Brent 'good' or 'outstanding' from a CQC perspective.
- There had been a push to get NHS mail rolled out and tablets rolled out to enable video consultation across care homes which was now live.
- Training had continued, including Public Health infection control training and support.
- Work was being done with the Council, CCG and other colleagues across health services to support the roll out of Direct Enhanced Service (DES), an enhanced healthcare service across all care homes providing a direct GP link and dedicated support.

As the care home representative on the Board, Basu Lamichhane agreed that care homes felt very supported by the integrated programme and the forum had been a very useful resource during COVID-19 and the uncertainty regarding PPE and testing. Managers felt comfortable talking about what was going well and also where things were going wrong through the peer support scheme. He advised that moving forward they would like to see more repeat testing available in care homes and allow designated visitors to come to the care home through that type of testing system.

Hospital Discharges:

- A single hospital discharge hub had been established for Brent and Harrow based in Northwick Park which accepted referrals from other trusts and took a Multi-Disciplinary approach. It was noted that there had been significant improvements in the flow and discharge out of the hospital and pathways and models of care had been agreed to support the delivery of the hub.
- Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) advised that the discharge hub had worked very well supporting the response to

COVID-19 and made a huge difference to managing the crisis. He felt it demonstrated the good work in co-designing the hub and in joint working.

Rehabilitation and Re-ablement:

- The provision of rehabilitation beds at Central Middlesex Hospital was due to be recommissioned within a nursing home setting. Twenty beds would be re-provided with the additional equivalent of beds being supported by a new dedicated community rehabilitation service, working with the integrated rehabilitation and re-ablement service within the community to support people at home. The service was due to go live on 1 November 2020. Tom Shakespeare expressed confidence that the model was backed up by data and evidence of moving people out of hospital and into the community.
- Regarding the rehabilitation and re-ablement service, the Board heard that the model had been co-developed across the CCG, Council and Trust and it was confirmed the service had a multi-disciplinary team delivering care. The care home provision and nursing staff would be provided by the care home and the Trust would provide medical input and leadership both through GPs and clinical supervision meaning it would be a high quality clinical model and have appropriate therapy provision. They were working hard to ensure handover between services would be as smooth as possible and would report back to the Board on progress to ensure the service was being implemented as intended. Simon Crawford expressed that the service would be critical to resilience to winter pressures and a potential spike in COVID-19.
- Work was being done for the re-provision of the in-house re-ablement service and given the financial pressures the Council were now facing they were looking to bring a more detailed model to the Board following further discussions as to how they would be supporting an improved model of re-ablement working with the independent sector going forward.

In response to a query from the Board Tom Shakespeare advised that the procurement process for rehabilitation beds had begun and the criteria set only enabled them to go with one home which had a discreet ward to support COVID infection control processes and ensure it was operating at higher standards of rehabilitation.

Better Care Fund:

- The Better Care Fund guidance and deadlines for submission had not yet been released for the financial year but Tom Shakespeare reassured the Board that work was being done to be clear where funding would go and what support would be available for winter pressures over the coming weeks. The proposal would be discussed at the Joint Health and Care Transformation Board and return to the Health and Wellbeing Board for formal ratification.

RESOLVED: To note the progress against the plan agreed in 2019/20.

9. Healthwatch work programme update

Veronica Awuzudike (Healthwatch Brent Manager) introduced the update which provided a follow-up report on the engagement undertaken by Healthwatch Brent between June to September 2020 including insights into how residents found Health and Social Care services during COVID-19. Healthwatch Brent expressed they were pleased with the engagement they had received from residents with approximately 584 pieces of engagement during the review period resulting in approximately 1,000 pieces of

engagement overall from Brent residents. Veronica Awuzudike believed that it was one of the largest pieces of engagement at least regionally if not nationally from any Healthwatch, and highlighted they had been able to access groups that were not usually engaged such as those with Sickle Cell and South Asian people living with HIV. She drew the Board's attention to the following key points:

- Residents were happy with the walk-in testing services, particularly the Harlesden testing site. Residents found the service fast and safe to manage.
- There had been praise for Councillors and residents recognised the hard work of the Council and Public Health department. It was reported that residents were proud of the support they had been given.
- There was a push from residents for clearer messages of assurance that services would not close or be paused as a result of a second wave of COVID-19.
- The engagement had brought to light the high level of digital poverty in the Borough resulting in digital exclusion. Healthwatch Brent encouraged initiatives that looked to address long term poverty that was not a single step action.
- Healthwatch Brent had partnered with the Advocacy Project, a group based in Brent gathering insights from clients with complex learning disabilities, who were able to share insights with Healthwatch for those clients facing digital exclusion. Further case studies throughout the report were also drawn to the Board's attention.
- Healthwatch Brent were working with the Public Health team and were part of the health inequalities reference group where they would take resident insights to ensure the project was structured with residents in mind.
- There were sentiments of anti-vaccination amongst some communities in Brent therefore Healthwatch were working with the CCG to develop messaging to those communities.

As part of the discussion, Board members highlighted a clear need across health and social care to look beyond the broad description of BAME to further understand the needs of diverse individual communities, as each particular community had their own requirements and needs, and Brent should aspire to provide care in a culturally sensitive way.

In response to queries regarding anti-vaccination sentiments, Veronica Awuzudike highlighted that those messages came from a lack of trust where people were less likely to feel that the messaging being given to them was good for them. A significant amount of work had been done within the Council, CCG and Public Health to find new ways of partnering with residents to ensure maintenance of trust, with the view that the health inequalities reference and task groups would be good forums to do that work and ensure sustainability across the life cycle of residents in Brent.

Regarding digital poverty, Veronica Awuzudike advised that the Council needed to further understand the residents who were being given computer devices to ensure sustainability. For example, a resident who had been given a laptop might not know how to use it but would be able to use a computer if they accessed a library computer and had help. In addition the need for accessible internet was raised. The Board heard that there were areas of the Borough with very poor access to Wifi, 4G and mobile network access, often resulting in residents having to opt for higher cost providers which were not affordable. Veronica Awuzudike highlighted that there were volunteering networks and partners who worked well with people in the local community and Healthwatch were leveraging the partnerships they had in Brent to ensure they brought people into the conversation.

In response to how residents could get involved formally with Healthwatch, Veronica Awuzudike advised that overall due to COVID-19 Healthwatch had seen an increase in the number of volunteers looking to partner with them and the work plan had changed as a

result of COVID-19, with Healthwatch were looking at new ways to manage volunteers and get the most out of them. Healthwatch were also looking at developing a Youth Healthwatch with specific projects that Healthwatch could oversee.

Julie Pal (CEO Healthwatch Brent) addressed a query regarding Healthwatch's work with PALS. She advised that Healthwatch Brent had a good working relationship with PALS and Voiceability and the previous Healthwatch Manager, Ian Niven, had established regular meetings with them. They would look to introduce Veronica Awuzudike to the sector of information, complaints and advocacy and rebuild those links. Through the Healthwatch Brent Advisory Board a strong relationship had been developed with the Head of Complaints for Adult Social Care, who had been attending meetings and taking on cases where community partners had talked about residents struggling to access services.

Responding to a query, Trusha Patel (Healthwatch Brent) highlighted that crime, street cleanliness and the environment were discussed by residents. Particularly residents were concerned about safer good housing where there was multi-generational living, safety in parks due to an increase in people going for walks, and fly tipping and pest control. These sorts of concerns had been picked up through WhatsApp messages and next door neighbour apps, through smaller groups talking to each other amongst themselves.

Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) requested support to encourage the community that hospitals was safe to attend. Whilst the Trust had put communications out it was important the networks in place also reassured people as much as possible. There were safe pathways in place so anyone who attended A&E who were assessed for potential COVID-19 presentations went through a separate pathway and remained there until their COVID-19 status was known. If a patient did test positive they were put in dedicated wards so that admissions into hospital were not mixed. For those attending for elective procedures a COVID-19 test was taken before they attended with the procedure only going ahead if the test was negative. Healthwatch agreed to put out communications regarding attending hospital.

RESOLVED: to note the report.

10. **Mental Health and Employment Outcome Based Review (OBR)**

Russell Gibbs (Change Manager, Brent Council) introduced the report which provided an update on the previous report to the Board in July 2019, setting out the learning, impacts and proposals to be taken forward from the OBR on Mental Health and Employment. The project was an ongoing piece of work began 2 years ago involving Job Centre Plus, CCG and the Council to improve people's access to work and increase the number of people with Mental Health Conditions thriving in work. Russell pointed out the following key points:

- The focus of the work was to ensure inclusive recruitment practices in Brent as far as possible and to enable the right support for people once they were in work.
- There was a perceived disconnect between the system in taking the work forward therefore the work over the year had involved putting structure around those systems to take the project forward.
- The paper asked the Board to galvanise their ongoing commitment to support the longer term system building and the challenges they presented, and to support the recommendation for a Health and Employment Board to replace the OBR Board to take the work forward via business as usual.
- The target would be to get ten referrals per week as a starting point from primary care into the navigator pilot and look to increase the number of Disability Confident employers.

- There was an opportunity to work with Assured Trust and the Board were very keen to talk to businesses about how it the scheme could work for individual businesses and respond to what businesses needed to be able to put robust programs of support in place for people looking for work.

In response to queries about engagement with employers, Russell Gibbs expressed it was generally difficult to engage with employers around their recruitment practice. During a round table discussion the previous November they looked at challenges for employers and incentives to take forward, with the Disability Confident scheme being the recommended route as it provided all the right foundations for the work to happen with employers. Part of the role would be to provide support and mentorship for anyone willing to any employers take part in that.

Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) advised that from a Trust perspective he would be happy to be engaged and link the right person in the Trust with the work to consider what they could do as a big employer.

RESOLVED: to agree to the recommendations set out in the report.

11. **Re-commissioning of Healthwatch**

Julia Mlambo (Partnership and Engagement Manager, Brent Council) gave a brief update on where the Council were at with the re-commissioning of Healthwatch. Julia explained that the Partnership and Engagement Team were recommissioning all of its contracts over the next year on a standard basis to ensure the commissioning programme was looked at holistically and all contracts worked well together. The procurement specification had been written with emphasis aligned with strategies around the impact of COVID-19, BAME engagement and addressing health inequalities.

The contract would be let on a 3 year plus 2 year extension and to support the tendering out of the contract there had been a comprehensive capacity development programme provided on Brent's procurement process, bidding for contracts, Healthwatch policy and consort development. It was hoped Brent had made it possible for voluntary and SME sector organisations to respond.

The tender opened on 14th October 2020 and would close on 18th November 2020, with the evaluation process taking place over December 2020 and January 2021 and an aim of service mobilisation in February and March 2021 and the new service going live 1 April 2021.

Members who had questions regarding the re-commissioning of the contract were advised to contact Julia Mlambo via email.

12. **Any other urgent business**

Single CCG update

Jo Ohlson (Accountable Officer of the NWL Collaboration of CCGs) provided a verbal update on the development of the single North West London CCG that would merge 8 North West London CCGs into one. She explained that the aim across North West London was to develop an Integrated Care Partnership that was strategic across North West London with a single CCG and other partners, including all 8 councils. The single CCG across NWL was due in April 2021 and 7 of 8 CCGs in NWL had voted in favour of the merge. West London had not voted in favour of the merge to a single CCG therefore there would be a second vote with West London. If West London did not vote in favour it was proposed that the merge would continue with 7 CCGs.

A Borough leadership team would be in place made up of Primary Care, Community, Mental Health and the Local Authority to direct community Mental Health services and a Brent CCG Borough team of around 37 people. It was hoped that there would be the opportunity to give that team more autonomy and control over elements of budget going forward. It was proposed there would be a single Senior Lead for the NHS who would be an Out of Hospital Director so that Brent could continue to have a senior dedicated Borough leader who the CCG and Council would be involved with identifying.

Carolyn Downs (Chief Executive, Brent Council) expressed that she was pleased that a level of partnership working and constructive engagement had been seen in the Borough. She highlighted that she did not want, as a result of the change, a new partner brought in who would impose their will on those who had been working together in Brent for years and established a genuinely constructive, collegiate and collaborative way of working. She was also concerned that the staff of the CCG would be put under a body without legitimate or legal basis, and expressed disappointment that the proposals agreed collaboratively through the Health and Wellbeing Board a year ago were no longer happening. In response, Jo Ohlson advised that CCG staff would continue to be employed by a statutory body and there was a staff consultation occurring at the time of the meeting. She expressed that it was not the intention to impose a partner against Brent's wishes. Jo Ohlson expressed her commitment to Brent.

In response to queries regarding what authority the Out of Hospital Director would have, Jo Ohlson advised that they would have operational oversight around delivering health services rather than commissioning health services. The Local Authority sat outside of the Director's remit as they would not be managing the Local Authority, but there would be a need to ensure the Local Authority and Primary Care were equal partners in the senior team.

In relation to what would happen with services that were procured outside of the NHS, such as physiotherapy, Jo Ohlson advised that there was not a campaign to bring every service back into the NHS but they would work through the options and where the opportunity was right and the time was right they would bring services back. It was not expected that the procurement for services the Trust had given notice on would be competitive so they would work together regarding how best to deliver those services without going through a timely and expensive procurement process.

Veronica Awuzudike reported that there was confusion and apprehension amongst residents regarding the merge to a single CCG about changes to services amid COVID-19. She requested that there was communication to residents in Brent to let them know about the changes in easy-read simple formats, which Jo Ohlson agreed they could commit to once it was confirmed the merge would go ahead. Jo Ohlson added that residents should not see a difference to their service.

The Board requested that a directory of NHS services was made available to the public as soon as possible. It was agreed that Jonathan Turner would action.

RESOLVED: to note the update and receive a further update at the next Health and Wellbeing Board.

13. **Date of next meeting**

The date of the next meeting was noted to be 25 January 2021.

The meeting was declared closed at 08:09pm

COUNCILLOR FARAH
Chair

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