

MINUTES OF THE HEALTH AND WELLBEING BOARD

Held on Tuesday 6 April 2021 at 6.00 pm

PRESENT (all present in a remote capacity): Councillor Farah (Chair), Dr MC Patel (Vice-Chair, HWB and Chair, Brent CCG), Councillor McLennan (Brent Council), Councillor Kansagra (Brent Council), Councillor Nerva (Brent Council), Councillor M Patel (Brent Council), Sheik Auladin (Managing Director, Brent CCG), Jonathan Turner (Borough Lead Director – Brent, NWL CCG), Judith Davey (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): Robyn Doran (Chief Operating Officer, CNWL), Shazia Hussain (Assistant Chief Executive, Brent Council), Hannah O'Brien (Governance Officer, Brent Council), Fana Hussain (CCG), Isha Coombes (Programme Director, Brent Council), Gill Vickers (Interim Operational Director Adult Social Care, Brent Council), James Kinsella (Governance Officer, Brent Council), Councillor Butt (Leader, Brent Council), Angela D'Urso (Strategic Partnership Manager, Brent Council), Julia Mlambo (Partnership and Engagement Manager, Brent Council), Tom Shakespeare (Director of Health and Social Care Integration, Brent Council), Wendy Proctor (Strategic Partnerships Lead for Safeguarding Children, Brent Council), Dr John Licorish (Public Health Consultant, Brent Council).

The Chair led opening remarks and introduced Robyn Doran, Chief Operating Officer at Central North West London NHS Trust (CNWL), Janet Lewis, Central London Community Healthcare NHS Trust (CLCH), and Judith Davey, Chief Executive of Healthwatch Brent, to the Board.

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

Apologies for absence were received from the following:

- Janet Lewis, Central London Community Healthcare NHS Trust
- Dr Ketana Halai, CCG
- Judith Davey, Healthwatch, apologies for lateness

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting held on 20 October 2020 be approved as an accurate record, subject to an amendment in the attendees of the meeting to include Councillor McLennan.

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

None.

5. The single CCG and the Quartet

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the item on the single CCG and the quartet. The Health and Wellbeing Board had been receiving six-monthly update reports on the Health and Care Transformation Board, which had now formally come to an end and been subsumed within the “quartet” to take forward the agenda for adult care integration. The quartet would build on that work that had been done, for example the work done together to ensure hospitals were freed up as much as possible during the pandemic to support those who really needed them. Care homes were a key part of the work with a multi-agency approach led by care homes and Basu Lamichaane as the Chair. At the time of the meeting 87% of care home residents had been vaccinated in Brent and 75% of care home staff had been vaccinated. The care home support scheme had been introduced which provided a dedicated team working with care homes requiring improvement to improve their quality of care and CQC rating. Basu Lamichaane (Brent Nursing and Residential Care Sector) strongly agreed that vaccination uptake was going up, and there were lots of support initiatives from Brent including funding, webinars, leaflets and information cascading. In general care homes in Brent had managed the last wave well, he felt, and the weekly meetings had enabled care homes to share letters, policies, protocol, guidance and opportunities with each other. Care homes had resumed visiting with one designated visitor and the following Monday this would increase to 2 designated visitors.

In relation to rehabilitation and re-ablement, Phil Porter advised that an integrated approach was being taken and the rehabilitation beds in Birchwood Grove through wave 2 of the pandemic were very successful. This was tied together with a range of other projects as part of the Better Care Fund Bid (BCF), which was spoken about at the previous Board meeting and which the Board was asked to formally ratify at this meeting.

Robyn Doran (Chief Operating Officer, CNWL) introduced herself as the new health lead working in the quartet with other colleagues. In relation to the quartet, Robyn Doran advised that there were actually 5 members as part of the new structure and the idea behind it was to bring together all of the health and social care work and pull resources to have a very focused approach. It included herself and Phil Porter as co-Chairs, Dr MC Patel, Simon Crawford (LNWUHT) for acute services, Janet Lewis as the lead director from new community provider CLCH, and was well supported by Jonathan Turner (Brent CCG) and Tom Shakespeare (Brent Council). The quartet would oversee and co-ordinate health care in particular and she felt the input from the Council had been incredible bringing services together. The quartet would build on the work around health inequalities, which was a number one priority alongside the vaccination programme. The second priority was Primary Care Network (PCN) development and reduction in practice variation. The third priority was to improve community and intermediary healthcare services and wrap services around individuals, and the final priority was mental health and wellbeing. The quartet met regularly with the “sectet”, made up of 9 members, which in turn reported to the Integrated Care System (ICS).

The Chair thanked Phil Porter and Robyn Doran for introducing the item, and invited comments and questions from those present, with the following raised:

- In relation to 4.4.2 of the report in relation to levelling up the Board were pleased that resource was going towards diabetes in Brent and asked what specifically was being considered. Dr MC Patel (CCG) explained that there would be a large investment towards diabetes with clear priorities; the “rewind” project, which supported those on medication to work towards coming off medication; preventing people getting diabetes including picking up high risk patients early on and working with them; and working with

those who have had diabetes and high blood sugar for a long time alongside the health inequalities team. They would also target cohorts with HBO1 to encourage them to take more control and help those not already on the maximum therapies or who may not have access to all the interventions they could possibly have. There would also be management of cholesterol and blood pressure in diabetes. Sheik Auladin (CCG) added that as part of the merger into 1 CCG across 8 NWL Boroughs there was a promise made to Brent CCG around inequalities. An issue faced in Brent was the levelling up of investment in community and primary care, and as a result the ICS had looked at issues pertaining to diabetes in the community and Brent had received an investment of around £1.9m for diabetes. This would complement community services and primary care regarding diabetes management for the future. Jonathan Turner (CCG) added that there was a series of workshops in the design phase looking to increase the standards at primary care level through General Practice, tiers of care, and looking at investment in hubs to support General Practice and be a seamless interface between General Practice and Hospital, so that those with hyperglycaemic episodes would be able to seek the help of the hub. Other areas of focus for the CCG were obesity, cardiovascular issues and hypertension, and Long Term Conditions, and determining why there was low uptake in certain populations for bowel and cervical cancer screenings and childhood immunisations.

- The Board queried how the work of the quartet on priority one (reducing health inequalities and increasing vaccination uptake) would relate to that of the new vaccination hesitancy task force set up by North West London CCG. In relation to vaccination, Dr MC Patel advised that there had been a lot of effort from the Council, CCG, Health Inequalities Team and NWL trying to get those patients to come forward who had not yet had the vaccination within the relevant cohorts. A call centre was being set up to look at the top 10 practices with the highest decline rates and those listed as having contraindications to the vaccination, as a lot of practices had coded allergy as a contraindication to the vaccine and it was believed some practices may not have coded that correctly. The health inequalities team in the Council would provide additional resource to work with practices on reaching those patients who had not yet come forward. Pop up clinics were also proving successful at the Mosque so there was hope to continue with that, and a process had now been agreed with the Council was for those pop-ups to take place. In relation to queries on certain vaccination centres being closed for vaccination on certain days Dr MC Patel advised that all PCNs had a list of groups of people they could call upon to receive the vaccine but were being mandated to work within the priority cohorts. He advised however that Brent had very minimal vaccination wastage. Jonathan Turner added that the Hive Centre was based in Harrow so something the quartet was not directly responsible for but that some clinics had never run every day in order to be as efficient as possible.
- The Board requested that an action plan for priority 2, PCN development, was brought back to the next Health and Wellbeing Board explaining exactly what was going to be done to reduce variation in practice across the Borough. Dr MC Patel advised that the quartet had set a goal for itself that in 3 years' time all practices would be functioning at the average of North West London practice. In Brent there was considerable variation in terms of outcomes and expected incidence of some chronic diseases, so the plan was to look at practices individually very carefully, with 10 identified to start with that had been particularly hard hit by COVID-19, looking at why the variance may be occurring and address it by offering support and assistance. This work would be underway once the second round of vaccinations had been done as that was the current priority.
- It was noted that an executive subgroup was proposed to be established for each priority and queried who decided who sat on those groups. Robyn Doran advised that there were 4 groups and subgroups within those and at the moment the proposal was that at least 2 of the quartet co-chaired the various subgroups. For example, Robyn

Doran and Dr MC Patel had just chaired the first meeting of the reducing health inequalities sub group, and they had brought in Shazia Hussain (Assistant Chief Executive, Brent Council) and other officers in the Council to ensure the work being done in the Council was not lost as part of the overall health inequalities work. Partner agencies had agreed to have senior representation from each of those agencies on the sub groups to ensure all agencies were well represented. Full membership of those subgroups was being worked on at the time of the meeting.

- Regarding the 4 care homes that were part of the care home peer support programme, the Board asked whether what had been put in place would be sustainable long term. Phil Porter advised that of the 4 homes that had been worked with 2 had gone from requires improvement to good. While he did not believe he could promise sustainability as it depended on the registered manager of the home, they were looking at how the team could be sustained as an ongoing project.
- A question was raised in relation to long covid and its impact on those with cardiovascular and respiratory diseases and whether there was any resources that would cover that. Robyn Doran advised that all health agencies had pulled together some long covid connects, but there was a piece of work across London looking at all the resources coming in.
- The Board asked how services for young people were being included in the work of the quartet. Robyn Doran explained that it would be part of the priority around community services and in discussion with Gail Tolley (Strategic Director Children and Young People, Brent Council). Young people and children would also be looked at by the quartet in relation to CAMHS, transition and mental health under the mental health priority. Gail Tolley confirmed that the quartet, which had 9 members, did include the Strategic Director for Children and Young People role as part of its structure.
- The Board queried what the relationship of the Brent locality to the wider NWL health system was regarding health investment and levelling up. Robyn Doran advised that the relationship between the quartet, the wider ICS and the health inequalities team was forming. There was a group which she sat on with Dr MC Patel looking at health inequalities at system level but there was yet to be a discussion on levelling up which was something she would be advocating. The metrics for the inequalities work were being formed. Phil Porter added that it was very new, and the quartet (made up of 5 members) and quartet (made up of 9 members) had a purpose of accountability.

RESOLVED:

- i) To note progress against the plan agreed in 2020 / 21 and the transition to new governance arrangements.
- ii) To provide a strategic steer and advice to support the delivery of the updated priorities and approach.

6. The COVID-19 Pandemic

COVID-19 Epidemiology

Dr John Licorish (Public Health Consultant, Brent Council) introduced the report outlining the epidemiology of the COVID-19 outbreak in detail. He highlighted that at the time of writing the report 835 people had passed away in Brent due to COVID-19 and that during the second wave of the pandemic there was a wider demographic across the Borough in terms of cases and deaths, including various ethnicities. The Board were advised that during the second wave the public health department were able to get better data with regard to ethnicity so had a better handle on the data of cases. In addition during the second wave

there was access to more testing. Subsequent to the timing of the report Dr John Licorish suggested that numbers were plateauing.

The Chair thanked Dr John Licorish for the introduction and invited comments and questions from those present, with the following issues raised:

- In relation to the ethnicity data in section 3.7, it was confirmed that this referred to mixed ethnic groups using the census summary.
- It was noted that statistically in the report Brent was at the bottom of NWL for vaccination figures, but was no longer the highest in terms of rate per 100k in comparison to Harrow, Hounslow and Hillingdon which all had higher vaccination rates. Dr John Licorish advised that the report looked at the entirety of the pandemic. There was significant disproportionality and Brent had initially been affected, but as the pandemic had gone on there was a broader set of people being affected and Brent was no longer the top for death rate. Dr Melanie Smith (Director of Public Health, Brent Council) added that currently the purpose of vaccination was to reduce hospital admission and death and vaccinations were not yet being given to cohorts that would have a big impact on transmission, therefore she would not expect the overall infection rate to be affected by vaccination levels at this stage, but would expect infection rate in older age groups to reflect vaccination rates which it did.
- The Board highlighted that the statistics within the report showed that the Caribbean community was lowest on vaccination uptake in the majority of data, despite various webinars being undertaken and community and faith leaders encouraging vaccination uptake, and queried what further work would be done to address the vaccination hesitancy within the Caribbean community. Dr Melanie Smith advised that there had been movement and while it was still differential that differential had reduced. The vaccination programme was being looked at through a more flexible and tailored approach now addressing not just beliefs but also practical barriers to people getting vaccinated. In addition, through library staff phone calls, something emerging as a finding for vaccination refusal was the influence of family and friends, so a lot of work had been done with trusted messengers and community leaders. Dr Melanie Smith suggested a focus could be on younger family members who may influence someone's decision to receive the vaccination. Dr John Licorish advised that the work done by enforcement and the community taking the vaccination to people had been admirable, as another issue was that the Borough was geographically challenged and getting around was difficult, meaning some residents were unable to travel to a vaccination hub.
- In relation to the geographical data of places which had been more affected by COVID-19 and the fact those locations were often highlighted for other indicators of health inequalities, the Board queried whether the Brent maps were comparable to other similar London Authorities. Dr John Licorish advised that there were similar maps in different places in London reflecting particular diversity and showed Brent had specific issues which brought into context the importance of the Brent Health Matters work addressing health inequalities.
- Members of the Board felt the difference between the Brent response of the two waves was noticeable and the work during the second wave had shown a positive improvement, particularly the work done on outreach and vaccination, street enforcement and communications with residents. Dr John Licorish agreed that he had seen an improvement in how the pandemic had been managed.

RESOLVED: to note the information provided in the paper.

COVID-19 Vaccination Programme

Dr Melanie Smith (Director for Public Health, Brent Council) introduced the report. The Board heard that the current priority was not just to get people vaccinated but also to improve vaccination equity across the Borough, and the vaccination programme aimed to do both by addressing the need to get large numbers vaccinated, twice, at speed, and also reflecting the need for a flexible and tailored approach, working with communities to understand barriers to vaccination. She told the Board that there were practical, geographical and digital barriers associated with vaccination and understandable concerns about the vaccinations given the disproportionate impact of COVID-19 and historic disproportion of inequalities in care. Brent was not doing as well as would be hoped and she advised that this was viewed as a system issue requiring the NHS, Council, third sector and communities to work together to address. Brent had set itself a high ambition, going higher than the NHS target of 92% uptake, and aiming for 92% uptake within each JCVI cohort by ethnicity and by deprivation. Dr MC Patel (CCG) endorsed the way forward in aiming for a 92% uptake within each JCVI cohort.

Simon Crawford (LNUHT) advised that they were seeing low uptake amongst staff at Northwick Park Hospital, and had done a lot of work on the myths of the vaccine and used clinical staff as vaccination champions with had individuals who had already received the vaccination encouraging others, and whilst they had a captive audience with easy access to the vaccine and reliable information they were still not getting near 100% uptake with staff. He felt what was being done in the community was excellent and needed to continue, pushing messages, but wanted to recognise the difficulties and the fact some had very long held beliefs impacting their hesitancy.

The Chair thanked colleagues for the introduction and invited comments and questions from those present, with the following issues raised:

- The Board acknowledged the point made about locality of vaccination centres and difficulty travelling to them, and queried what more could be done to bring the vaccine to individuals. Dr Melanie Smith advised that they had experienced people being more willing to take up the vaccination if it was nearer to them, which was the reason behind the pop-up vaccination hubs, and work was being done for a vaccination bus which was hoped would make a difference. Dr MC Patel advised that many of the larger vaccination centres were open until 8pm and opened on weekends, and over Ramadan some clinics were starting late and running later into the night. There were also 2 satellite pop-up sites in the South of the Borough that could run every day and store the vaccinations, and the travelling pop-ups, but the limiting factor was resource and vaccination supply. There was also a need to factor in staffing, admin support, vaccinators, and IT. Dr John Licorish agreed that by bringing services and pop-ups into the community in a space communities were comfortable with this broke down some of the barriers such as the geographical barriers and gave an element of trust, and was a lesson not just for vaccinations but also how other services were delivered within the community.

RESOLVED: To note the vaccination programme.

Brent Health Matters Programme

Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) introduced the work of the Brent Health Matters programme, which focused on health inequalities and was built on the pilot conducted in Alperton and Church End. The focus of the pilot was for community leaders and champions to lead on the development of hyperlocal action plans to address individual health inequalities in those 2 areas, and since

the pilot work was being done to expand that work. He highlighted the following key points in relation to the report:

- The establishment of a clinical service and team across mental health and wellbeing, which had been doing targeted work calling residents and had a dedicated phone line. That service was currently being reviewed and would focus on long term conditions, ensuring the service was having an impact Borough-wide as the programme expanded.
- The grants programme had begun, with 12 bids received from community organisations thus far. He felt that there were some really innovative and interesting ideas coming out of it.
- Organisations had been appointed to lead in the recruitment of health educators within the community and 20-30 of those would be community co-ordinators working to each of the 5 Brent Connects areas. A number of outreach days had taken place with community champions in Alperton and Church End and those outreach days would be taken forward as the programme went Borough wide. A large amount of communications material had been developed with the community champions including in different languages.
- The team had been purposeful in making clear the message that the work of the Brent Health Matters programme was not just about vaccination, which there would be a big focus on, but also about long term conditions and wider determinants of health with a long term approach.

The Chair thanked Tom Shakespeare for the introduction and invited comments and questions from those present, with the following issues raised:

- The Board queried whether it was possible to go door to door to encourage people to take up the vaccination and regular testing, similar to the work done during electoral registration and census drives. Dr MC Patel (CCG) advised that through regular meetings with PCN leads and GPs in practice forums he had been informed that many GPs and their practice staff had been to patients residences, knocking doors and asking if they would have the vaccination and their reasoning behind their decisions. The health inequalities team had also been phoning people. He agreed that it was something that should be done over and over again but the difficulty was visiting door to door unannounced from a health perspective could result in residents becoming resentful, and there had been some instances of GPs being threatened with being reported regarding the number of attempts made trying to get patients vaccinated. He advised that it was a difficult task and there were complexities with that approach. He assured the Board that a lot of practices, particularly in the South of the Borough where uptake was lower, had been calling on patients and even offering to vaccinate patients in their own homes.
- Going forward, CLCH would host the Brent Health Matters Clinical Team. Due to the vaccination figures in Brent, it had also been agreed that some of the health inequalities clinical team would devote time over the weeks following the meeting solely on covid vaccinations and those who had declined to try to help practices improve figures.

RESOLVED: To note the refocus and the key work streams and endorse the whole system approach.

COVID-19 Outbreak Control Plan

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, explaining that the initial covid outbreak control and management plan was agreed last June and as things had moved on considerably there was a requirement for all local authorities to revise and resubmit their plan which Brent had done. Presented to the Board

was the draft plan. Feedback on the plan had now been received from Public Health England, who found the plan to be generally sound. One area she was asked to strengthen in the plan was around support for self-isolation. The plan had gone through a peer assessment process with Public Health England, DHSC, JBC and other Boroughs in NWL., Following that, she was able to assure the Board that the need for strengthening support for self-isolation was about better articulation of what Brent was already doing rather than a need for additional action. Brent's offer to those self-isolating was equivalent to that which had been made to those shielding and included payments for those who met nationally determined eligibility criteria. Brent was due to offer increased support for self-isolation in the form of an offer of accommodation for those who would find it difficult to self-isolate within HMOs or multi-generational households and that offer would go live soon. The experience from other Boroughs was that there was not a lot of uptake on the offer of alternative accommodation but it was a useful addition to the response to Covid.

The Chair thanked Dr Melanie Smith for her introduction and invited comments and questions from those present, with the following issues raised:

- The Board queried whether there was any evidence that those who might have had or believed they had covid were declining the vaccination as they thought they had immunity already. Dr Melanie Smith agreed that this was something coming up in the calls the library staff were making. Those so reasoning were a small number and this was not the main reason for vaccination refusal, with pressure from family and friends being more significant, but she suspected that as the vaccination cohort age range reduced that this reason would become more prevalent and agreed to work on messaging around that. She advised that the library staff worked to a structured recording of a conversation and people were prompted if they did not address various reasons.
- The Board noted that the financial implications section of the report highlighted that Brent was underfunded, and queried whether that was impactful. Dr Melanie Smith advised that specifically with the outbreak control and management plan the basis of funding was initially quite arbitrary. However, she did not feel funding was inhibiting the response specifically within the outbreak control plan, but that was not to say that Brent should not have greater funding to address health inequalities.

RESOLVED: To note the plan.

The Chair thanked those who had contributed to the discussion and acknowledged the wealth of work ongoing across the whole system to tackle the pandemic and keep Brent residents safe, extending thanks to everyone.

7. Brent Children's Trust (BCT) Six Monthly 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 six months following the update provided to the Board in October 2020. The following key points were raised:

- There had been 3 meetings since October 2020 which focused on family wellbeing centres, which had begun a soft implementation process from September 2020 and was beginning to pick up speed and resource.
- The Trust had contributed to the Health and Wellbeing Board strategy update.
- A number of health colleagues including Dr Ketana Halai (CCG) had presented a paper from the CCG on a number of areas relating to children's mental health and wellbeing,

and the Trust was working to make some links in clinical areas and wellbeing areas for children and young people in terms of work in schools.

- Priorities for the coming year included children's health and wellbeing, working on parents' reluctance to take children to routine medical appointments during lockdown such as oral health appointments and immunisation, and childhood obesity. It was noted that reference would be made to healthy weight in childhood rather than obesity for the priority description. There would be a continued focus on special education needs and disability which was an area of joint accountability with Ofsted and CQC. Particularly the Trust were being alert to anything that may come out of any major national reviews as a result of the 2014 reforms that resulted in large increases in the number of Education Health and Care Plans (EHCPs). Children's mental health and wellbeing would also be a priority and there was a transformation plan for CAMHS being worked on. The Integrated Disabled Children And Young People's Service phase 2 would focus on integration with health colleagues but that had been paused from January 2021 due to the pandemic and would need revisiting. Transitions work, particularly around safeguarding, would be a priority, and young carers who it was expected would increase in population as a result of the pandemic. Gail Tolley advised that there was a large number of priorities, some of which built on work already being done, but there was also a need to be aware of any legislative changes that may come through in relation to children's health and additional needs, and the Trust wanted to retain the flexibility to bring those in if needed.

Members of the Board highlighted that in response to Covid-19 from an acute perspective colleagues had seen far more presentations of children in crisis through A & E at Northwick Park, and queried whether there was any plan for data collection on the acuity of presentation of children in crisis and analysis of what was leading to that. Many were new presentations and it was queried whether a broader piece of work was being considered to identify the increased prevalence of these presentations. Gail Tolley advised that the section in the report in relation to children's mental health and wellbeing was very much a summary, but some of the data in relation to the increase in presentations was included in the report and there had been discussions at the last meeting about how the Trust could get more upstream to support those children in communities through GPs and school settings. An invitation was extended to Simon Crawford (LNWUHT) to the next BCT meeting. Simon Crawford made an offer to pull together prevalence of data over the last 12 months. Sheik Auladin (CCG) added that there was a piece of work currently being undertaken at NWL ICS looking at a mental health task force. The work was time limited and looked at some of the issues raised regarding the number of young people and children presenting at A & E with complex needs. The task force was running on a weekly basis at the moment and Sheik Auladin was happy to share the outcome of the task force with Gail Tolley.

RESOLVED: To note the Brent Children's Trust key priority areas for 2021/22.

8. Joint Health and Wellbeing Strategy (JHWS) Update

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update, explaining that the Board was due to refresh the strategy the previous year but that following the pandemic the Board had agreed it needed to fundamentally rewrite and review the strategy to focus on health inequalities, which had not been caused by Covid but were exacerbated and highlighted by Covid. She advised that reworking the strategy during a pandemic had been challenging and she commended health colleagues for the time they had been able to devote to it. Progress was not as fast as they would like but she hoped the agenda of the evening's meeting demonstrated that colleagues were fundamentally reviewing the ways of working as a system and working with communities, being much clearer about the response to health inequalities and she felt they had set the groundwork

for a really good strategy. In relation to the report, Dr Melanie Smith highlighted the following:

- The Board heard that the team had reviewed what was known about need in Brent and done consultation through Healthwatch and Brent Health Matters. As a result of that engagement the strategy would have a much bigger focus on the greater determinates of health with an ambition to be broader than the previous strategy which focused on health and social care services. This had been echoed in the consultation findings where residents recognised the complex interplay of factors that determined their health and gave rise to health inequalities. The consultation also found that there was a desire from residents to focus on the needs of children and young people, particularly regarding mental health, wellbeing and mental illness.
- Emerging areas of focus for the strategy included ensuring everyone was able to make healthy choices, and making the healthy choice the easy choice for everyone. There would be a greater focus on healthy and sustainable communities and places and there would be a greater role for prevention of ill health, including prevention of mental illness and the promotion of mental wellbeing. This would be done in the context of recovery from Covid through the system and workforce.
- The strategy aimed to make much better use of data to ensure services were meeting the needs of all residents, with a need for a greater focus on consistent recording and use of ethnicity data, examining differences in access and outcomes by deprivation and an explicit focus on the needs of particular groups, including those with additional needs. There was a need to work with those who were using services and also reach out to those who were not using services, to allow them to influence how the services develop.
- The paper proposed the strategy was framed around a number of areas as outlined in the report, which the Board was asked to comment on and subsequent to those comments the work would be taken forward to the next phase.

The Chair thanked Dr Melanie Smith for the introduction and invited comments and questions from those present, with the following issues raised:

- The Board noted the synergies between the Climate Emergency Strategy, Black Community Action Plan, Poverty Commission findings and the Borough Plan with this work and wanted to see where this work fit in to the NHS planning process. The Board did not want to underestimate the impact of issues around housing, physical activity and active travel. Councillor McLennan (Deputy Leader, Brent Council) highlighted that all these strategies were framed by the Borough Plan and fit into each other, therefore cross-fertilisation across the strategies and embedding these right across the authority was important, as well as how it fed into the NHS. Councillor Neil Nerva (Lead Member for Public Health, Culture and Leisure) suggested health inequalities could be picked up as a long term objective for Cabinet, and felt there was a need to carry members on the journey through member development and engagement.
- The Board noted the importance of educators and parental guidance and support and the assets within the community.

RESOLVED:

- i) To note the achievements so far in the development of the strategy.
- ii) To agree the emerging areas of focus.
- iii) To agree how the Board might interact with other key delivery programmes to assure itself of delivery in key areas, such as the Poverty Commission delivery plan.

- iv) To agree the next phase of consultation.

9. Commissioned Community Services

Jonathan Turner (CCG) introduced the report, explaining that at the end of the previous year LNWUHT gave notice on some of the community services they had provided to Brent for a considerable amount of time. This had since been reviewed at ICS level and largely the vast majority of those services would now need to transfer to another organisation. The report explained how they had come to the conclusion of who would provide those services, and the following key points were highlighted in relation to the report:

- The aim was to stabilise services during a period of significant change of demand on health services and a changing NHS environment, with legislation anticipated to go through later in the year which would mean a move away from choice and competition commissioning to a more collaborative approach. Instead of running procurement processes the new model would look within the NWL health economy to determine who was best placed to provide those services. Given the timescale and the need to mobilise services they had ran a relatively short process to determine who to award to, and determined to award to Central London Community Healthcare NHS Trust (CLCH). There were also a limited number of services in Harrow but they were not relevant to this group. The award would include district nursing, nutrition and dietetics, respiratory, long term conditions in the community and children's services. There would only be a change in the provider of the services rather than the content of the services, with staff remaining the same. The contract award notice had been published which was a legal requirement and the period for challenging the award was about to expire. The expected transition date was 1 August 2021.
- The Board heard that the ICS would have hoped to do more community engagement prior to award but had not been able to due to the short timescales involved and the need to make a quick transition of services. They were going through a review process in terms of how they could continually improve the service specifications and that would involve members of the public and Healthwatch.
- There was a working group between CNWL, CLCH and LNWUHT to manage the transition and the quartet would be involved in the future, reporting into the ICS. Simon Crawford (LNWUHT) expanded, explaining that the weekly working group meeting focused on staffing issues, digital issues, estates issues, estates IT and workforce and there was a joint project plan in relation to that. He had been engaging staff on the change since December 2020 with major Teams meetings, and 2 weeks ago CLCH and CNWL joined the conversation with staff around the transfer process and were setting up their own engagement plan for staff transferring. It was expected that the effective working relationships already held with CLCH and CNWL would continue, and which had strengthened during the pandemic, and that partners would work together delivering effective services.

The Chair thanked the health colleagues for their introduction and invited comments and questions from those present, with the following issues raised:

- The Board noted that over the past ten years community services had been most impacted by commissioning, and this would be the 5th organisation they would work for in the past decade, and wanted to know whether staff would have the resilience to cope with another change. Simon Crawford advised that CLCH had a good reputation of providing community services to a number of Boroughs in NWL and across London and would have a Borough director lead managing those services. He added that CLCH were more robustly linked into the community framework across ICS around community

services and innovation and he felt they would have a stronger voice representing change and what should be different going forward. He highlighted that they also had a level of professional expertise in community services to draw upon. He felt the change would give a stronger voice and stronger cohesion through community services and better access to strong leadership, support and a sense of identity. In relation to supporting staff through the change he advised that he had continued to liaise major events since December 2020 to communicate to staff what was happening. He added that there was a relatively small amount of service transfer.

- A question was raised in relation to clinical governance, and Jonathan Turner advised there was an infrastructure at the moment of working groups, subgroups and various other groups looking at this aspect including practical issues such as transferring records from one system to another, and risks and issues would be logged. Simon Crawford added that they had experience of governance and transfer of clinical information through part of an Ealing transfer therefore colleagues were aware of what 'good' looked like, and had a robust process in place with CLCH and CNWL regarding logging all critical incident reports, complaints and there would be a process for handing those things over as well as the consideration of the safety and security of patient data.
- The Board highlighted that where there were lists of services a lot had broken links online and wanted to know where residents could access information about new changes, management, and whether there was an opportunity to have a single Brent services directory. Jonathan Turner advised that there was a communications workstream however until the notice period for the award had expired communications had been halted. All community leads across the different trusts involved and the CCG were working up a communications plan and there would be a series of announcements about the change, but he also acknowledged the need to ensure websites and information on how to access services was kept as up to date as possible. He was happy to link in with the Council's communications department for message streams.
- A query was raised about the STARRS service, and Sheik Auladin (CCG) confirmed that STARRS had always been a Brent service and was commissioned for community services for Brent residents and would continue delivering services in the same way, and the CCG had been trying to secure commitment from CLCH that it would remain where it was within Northwick Park so that it did not affect the flow into and out of the emergency department.

RESOLVED: To note the decision to transfer community services to CLCH and the transition process.

10. **Healthwatch Commissioning**

Julia Mlambo (Partnership and Engagement Manager, Brent Council) updated the Board on the Healthwatch recommissioning process. She advised that the Council had found a new provider who was present for the meeting. A lot of good practice had been learned from the procurement process. Brent's commissioning team had held a capacity building programme to support bidders, had service user involvement as part of the panel and had input from partners as part of the evaluation process as well as useful input from public health. The process of implementing the new service was now fully underway with most information handed over to the new provider. It was highlighted that the previous provider had been very co-operative and helpful with the handover project. The new provider was also a member of the health and wellbeing strategy development group so right from the start of their contract their work was being linked into policy.

Judith Davey, the new Chief Executive of Brent Healthwatch, introduced herself. She highlighted that the procurement process had been very good, particularly with the

involvement of service users and communities, and she looked forward to working with the Board moving forward. The key priority of quarter 1 was reaching out and ensuring they had the right links with the right people and relevant Boards. They would also be setting up a governance structure, so in addition to an advisory Board they would also have a grassroots steering group going out to where communities were and a network of independent experts.

RESOLVED: to note the outcome of the commissioning process and welcome the new Healthwatch provider and Board member.

11. **Better Care Fund 2021/22 Ratification**

The Board RESOLVED: to ratify the Better Care Fund for 2021/22.

12. **Any other urgent business**

None.

The meeting was declared closed at 20:09pm

COUNCILLOR HARBI FARAH
Chair