

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a Hybrid Meeting on Wednesday 14 July 2021 at 6.00 pm

PRESENT: Councillor Farah (Chair), Councillor McLennan (Brent Council), Councillor Nerva (Brent Council), Jonathan Turner (Borough Lead Director – Brent, NWL CCG)

Also Present (all present in a remote capacity): Councillor Kansagra (Brent Council), Sheik Auladin (NWL CCG), Dr M C Patel (NWL CCG), Dr Ketana Halai (NWL CCG), Phil Porter (Strategic Director Community Wellbeing, Brent Council – non-voting), Gail Tolley (Strategic Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Judith Davey (CEO, Healthwatch Brent), Basu Lamichaane (Brent Nursing and Residential Care Sector – non-voting) Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust – non-voting), (Robyn Doran (Chief Operating Officer, CNWL – non-voting), Janet Lewis (Director, Central London Community Healthcare NHS Trust – non-voting)

In attendance: Hannah O'Brien (Governance Officer, Brent Council), James Kinsella (Governance Officer, Brent Council), Angela D'Urso (Strategic Partnership Manager, Brent Council), Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) (remote attendance), Jo Kay Patel (HealthWatch Brent) (remote attendance), Steve Innit (Healthwatch Brent) (remote attendance)

The Chair led opening remarks, reminding the Board that due to legislation there was a requirement for all voting members of the Board to be physically present at the meeting, in person, in order to be counted as present for the purposes of quorum, and to be able to vote should the need arise. As such, the Chair stated that the meeting was not quorate and therefore any formal decisions would require ratification at the next quorate Board meeting.

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Carolyn Downs (Chief Executive, Brent Council)

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting (6 April 2021)

RESOLVED: That the minutes of the meeting held on 6 April 2021 be approved as an accurate record of the meeting, subject to ratification at the next quorate Board meeting.

4. Matters arising (if any)

The Board sought clarification that the STARR service would be transferred as part of the transfer of community services from NWL hospitals to Central London Community Healthcare Trust (CLCH), and would be available to all people with a Brent GP. Jonathan Turner (Borough Lead Director – Brent, NWL CCG) advised that there would be no change in the service specification or who it was offered to and the service would form part of the transfer, continuing

to provide services to all registered Brent patients. Janet Lewis (CLCH) added that STARR would continue to operate as it did currently, taking referrals from Imperial College London, Royal Free Hospital and Brent, and that the team would be based at Sudbury Centre for Health and Care instead of Northwick Park. The transfer to the new site would take place the weekend prior to the 1 August 2021 and there would be no disruption to service during the transfer.

5. Brent Health and Wellbeing Board Governance and the New Arrangements

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the item relating to the Governance of the Health and Wellbeing Board and wider health system. The item had been discussed at the previous Board meeting, but brought back to Board as there had been quite significant changes to the governance arrangements, which brought together all key stakeholders to ensure overall accountability. The paper set out this new structure and gave clarity on where partners had built on existing good practice governance, such as the Brent Children's Trust which would be included in the Integrated Care Partnership (ICP) Executive Board. Phil Porter highlighted that, for adults, the ICP would be where everyone came together to solve problems and have joint accountability, but it would not replace existing governance structures such as Cabinet and the individual governance of each organisation. It was believed the ICP would complement those existing structures, ensuring those groups worked together. The Board were directed to section 3.6 of the report which confirmed the Health and Wellbeing Board would still have a statutory role under the new Health and Social Care Act being introduced, but there was a need to wait to see exactly how that would work as details of the legislation came through. Referring to the priorities laid out in section 3.24, Phil Porter confirmed they were interim to ensure that, as a system, partners were making a difference in the short term, while the long term strategy was in progress.

Robyn Doran (Chief Operating Officer, CNWL and ICP Director) reinforced the comments regarding the structures proposed, explaining the ICP had tried to work with the grain on what was already in Brent. The aim was to work together, with the voice of residents in Brent very much at the core. She advised that there was still more to do working with residents, and Healthwatch was working alongside them on this and would form part of the group. In relation to timescales, Robyn Doran informed the Board that the statutory changes around the Integrated Care System (ICS) would take place in March 2022 and likely evolve again, and in the meantime partners would focus on practical joint work within the current governance structures and with Brent residents.

Gail Tolley (Strategic Director Children and Young People, Brent Council) reinforced the importance of the inclusion of the Brent Children's Trust on the ICP Executive Board, which she highlighted was a strength in Brent, and thanked ICP colleagues for arranging the inclusion. She pointed out that the inclusion of the Strategic Director for Children's Services on the ICP Board was not the case in many other areas, with Directors of Children's Services being encouraged to see how they could become involved, in comparison to Brent, where the Trust was automatically a part of the Partnership Board. She felt this showed Brent leading the way in putting children and young people first.

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

- The Board welcomed the involvement of the Brent Children's Trust in the governance arrangements of the Partnership Board, and the focus on transitional safeguarding for young adults and also young carers detailed in the report. They asked partners to ensure it was evidenced in future meetings and reports that the voice of young people was heard.

- A question was raised regarding whether North West London (NWL) CCG could invest appropriately in terms of time and energy to provide the place based Brent response the Health and Wellbeing Board were seeking. Robyn Doran advised there was an expectation under the new arrangements that there would be much more autonomy within the Brent Place to carry out what was needed. The national best practice guidance was that 80% of business should be done locally and 20% at system level. An example of this model being used was the review of palliative care across the system due to be undertaken. The review would look across the 8 NWL Boroughs but each borough would be looked at individually with its individual needs taken into account.
- In relation to the selection and formalisation process of the Mental Health and Wellbeing Executive, Robyn Doran confirmed that the representative from CVS had been agreed due to the representative having previously chaired the Mental Health Subgroup of all agencies in Brent which was set up during Covid-19, and therefore they felt it appropriate to appoint someone who had brought together all the third sector and statutory services.

RESOLVED, subject to ratification at the next quorate Board meeting:

- To note the delivery mechanisms of the Integrated Care Partnership Executive Committee (ICPEC) and the membership and priorities of the four executive groups.
- To agree the draft work plan of the Brent Health and Wellbeing Board for 2021/22.

6. Covid-19 Vaccination Programme Update

Jonathan Turner (Borough Lead Director – Brent, NWL CCG) introduced the vaccination programme update, highlighting that the positive working relationship with partners was in place, and he hoped it could be taken forward for other programmes. A weekly meeting took place with all partners involved in delivering the vaccination programme, with very close working between health and social care. Health colleagues had depended on the Council for the logistics and communications of organising the pop-up vaccination clinics and working with the voluntary sector. Jonathan Turner highlighted that the figures within the report presented to the Board were now around a week out of date from when the paper was submitted.

Vaccination had now moved to 18+ groups, in line with national programmes. The biggest challenge in relation to Covid-19 was thought to be the reopening and lifting of restrictions on 19 July 2021, and partners were being pressed to increase the rate of vaccination of people in 18+ ages to be ready for that. Nationally, cases of Covid-19 were rising, so there was a need to vaccinate many people as quickly as possible. The Board were advised that the programme was focusing on the South of the Borough, as throughout the programme the rates of vaccination in the South of Brent had been lower, and there appeared to be more vaccination hesitancy in some parts of the borough. There was also work being done to host a mass vaccination event at Wembley stadium on 24 July 2021, but that was yet to be confirmed. A big communications push had been done with leaflets, social media campaigns and there was potential for celebrity endorsements.

The Board were informed that further information was coming out from NHS England about phase 3 of the national vaccination programme, where a booster campaign would start in September, most likely delivered by GPs. This would start with the higher risk groups, as the original programme had.

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

Vaccination figures and data:

- In relation to the vaccination figures from the vaccination bus situated in Church End and Harlesden, the Board queried whether the figure of 44 vaccinations was for one week. Jonathan Turner confirmed it was a weekly figure that showed only vaccinations that had been done on the bus, and highlighted that the system was not dependent on just the bus for vaccinations as there were pop-up clinics, large vaccination sites and mass sites. The bus was only one way of reaching people. He added that to some extent the bus acted as an awareness raising piece.
- The take-up for under 30s was moving, but Jonathan Turner highlighted there was some hesitancy within that cohort depending on the population. Some young people wanted to be vaccinated so that they could travel or go on holiday, but there was some complacency amongst other young people feeling that they were not affected by Covid-19. There were differing views but he advised of the need to continue to get the message out to emphasise the importance of getting vaccinated to protect yourself and the population.
- The Board discussed the data which showed that Black communities were not taking the vaccination up in the way other communities in Brent were, and asked what was constructively being done to target and work with those communities. Jonathan Turner advised there were specific pieces of work that had targeted Black communities such as pop-up clinics and going into Churches with a high attendance from Black communities, as well as a number of webinars, and working with faith leaders. Robyn Doran added that there was a recognition, particularly around Church End and Harlesden, that there needed to be more focused work with Black communities. It had been agreed that a Primary Care Clinical Director and Shazia Hussain (Assistant Chief Executive, Brent Council) would conduct a focused piece of work with 6 GPs with some of the Community Leaders and members of Black communities to find out what more could be done to engage people, taking lessons learnt from other parts of London. She believed that they needed to keep talking and listening, asking what more could be done and how flexible partners could be. Board members highlighted that intersectionality played a big part and not all members of Black communities were faith based, and those nuances were very important to understand.
- Continuing the discussion around vaccination hesitancy, Dr M C Patel (NWL CCG) advised of the law of diminishing returns, where eventually the output on messaging would be larger than the outcomes. Conversations were happening at various levels, GPs were calling patients and the health inequalities team were calling people and the return was around 5%. He felt that there was a historical mistrust, which was aggravated by a number of people determined to spread false information about the vaccine. Partners would continue to do the work to dispel the myths and inform people of the importance of vaccination, but acknowledged the need to be realistic with how far they could go with messaging before getting no return.
- Board members noted the ethnicity data terminology may not best reflect British young people. It was highlighted that Brent had young people of Bangladeshi, Indian or Caribbean heritage who were also British which was not being reflected in the data currently. Jonathan Turner acknowledged the point and agreed to take away for future iterations.
- Members of the Board queried whether there was any regular analysis, such as a postcode analysis, on who was coming in to vaccination centres, pop-ups and the bus. Jonathan Turner advised there was analysis of whether someone receiving the vaccination in Brent lived in Brent, North West London or outside of that which was done centrally at NWL. The

figures looked relatively good, with around 75% of vaccinations in Brent being given to those from Brent, which was better than many London boroughs particularly inner London. It was concluded that Brent was not vaccinating a disproportionate number from outside of the Borough.

- Members requested that healthcare looked into whether it would be possible to compare data with the marked register, and whether there was a way of linking with social and private landlords as a way of reaching residents who may not be vaccinated. Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that there was work being done with housing associations but data was not being shared.

Care providers:

- Vaccination numbers in care homes and care home / home care staff were discussed. Phil Porter advised that care home and home care vaccinations were a central feature of the Care Provider Forum and there was variation in figures across homes. A range of support was available to make vaccination as accessible as possible, and the differential rates of vaccination in care home staff compared to home care staff was likely due to vaccination being easier to administer in institutional settings. As a Council, the workforce fund had been distributed to care providers to ensure money was not acting as a barrier to vaccination, and commissioners were working hard with providers trying to find solutions to make it easier for staff to get vaccinated. He added that the leadership of providers and care homes may have a big impact on vaccination rates as the views of the leadership influenced staff. Work was now being done with individual providers to tackle individual barriers.
- Basu Lamichaane (Brent Nursing and Residential Care Sector) added that there had been many incentives to encourage care home staff and residents to get vaccinated and the vaccination was now widely accessible. The feedback from staff was that they were still unsure on side effects and some were waiting to speak with their doctor, but he noted that media and news coverage had been pushing staff to come forward. The Care Provider Forum had discussed the potential for vaccinations to become compulsory for care staff and could see the benefits to that, with most registered provider managers feeling it would be a good thing. This may have an impact on staffing but most providers were of the view that staffing would not be an issue as there was enough time to ensure contingency was in place to ensure services were able to run.
- In relation to the figures in individual care homes, the Board queried whether there were plans to publish that data on a regular basis so the public could see those figures. They considered that families of vulnerable people who may need to be placed in a care home may want to know the figures in care homes and levels of protection in each home. Phil Porter advised that there were no plans to make the data public but Adult Social Care had access to it to target the approach. He agreed that the big impact would be if there was mandatory vaccination. Sheik Auladin (NWL CCG) advised that there were ongoing discussions within Parliament on the issue of mandatory vaccination with plans in the pipeline for the vaccination to be mandated to care home staff from December 2021.
- Regarding phase 3 of the vaccination programme, there was a planning session that week looking at how the booster Covid-19 vaccination might be administered together with the flu vaccination. Research was being undertaken but no decision had yet been made. An enhanced service had now been released to GPs to start running the booster campaign from September and, depending on the research and trials, the flu vaccination may also be given.

RESOLVED: to note the information provided in the paper.

7. **Brent Health Matters update**

Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) introduced the update on the Brent Health Matters Programme, which he explained was the Brent system response to the challenges of health inequalities within the Borough. It had been 9 months in delivery and development, and 6 months since additional funding had been received from central government for the programme. He highlighted the following key points in relation to the update:

- The programme had 5 main strategic aims; to reduce the impact of Covid-19; to increase the uptake of vaccinations and health screenings; to reduce variation in life expectancy for those with long term conditions; to increase community awareness of existing support and services within the community and; to increase engagement with GPs and the number of people with a registered GP. This would be done through listening to communities and working with them to address the main aims.
- The workstreams of the clinical service had focused on improving health assessments and the uptake of particular services such as flu vaccinations, health checks and blood checks. There was a dedicated phone line for Brent residents to call for help and advice, staffed 5 days a week by clinicians within the clinical team. The team had also focused on Covid-19 over the last few months, supporting some of the vaccination pop-ups alongside the community team, community champions and volunteers.
- The community element of the service now had 27 Health and Wellbeing Community Champions and 7 Community Co-ordinators across the 5 Brent Connects areas. Page 57 of the agenda pack gave an overview of the £250k grants programme organisations had bid to and the types of impact those grants would deliver.
- The programme had contracted with a consortium of volunteer organisations for the recruitment of a number of health educators across the Borough working as a voice and bringing people towards health services, improving the awareness of health and clinical conditions.
- Communications work had been done around vaccination, including with younger people and there had been positive coverage in the guardian about the work of the Brent Health Matters programme.
- The next phase of the programme was to bring together the work by primary care colleagues on the development of a diabetes model alongside community engagement and health educators to promote those services and tackle those challenges.
- Community co-ordinators were working across the patch with housing associations such as Catalyst, using the Unity Centre to help promote the programme.

The Chair thanked Tom Shakespeare for the update and invited members to comment, with the following issues raised:

- Dr M C Patel (NWL CCG) advised that, working with Imperial College London, NWL would be looking for the first time to put blood pressure results, glucose levels, BMI, age and ethnicity together to give individual profiles to practices about their patients. The piece of work would be presented in a few days' time to NWL and could be

presented in 3-4 months' time at the Health and Wellbeing Board. He advised that while there were national targets for blood pressure, Brent were challenging the prevailing views based on the evidence it had, which was that if the traditional targets were stuck to the improvement was not as great. For example, within 34 practices in Brent, 1093 patients had blood pressure above 140 over 90 and were diabetic, but, if that threshold changed to 130 over 80, there were 5,000 patients with that blood pressure, meaning that by sticking to traditional targets they missed 4,000 patients that could be affected over the coming years. A 5mm reduction in blood pressure could decrease the risk of heart attack by 25-28% which Dr Patel highlighted was a significant figure. He explained those were the sorts of interventions Brent wanted to make, challenging established thinking and making a material difference to patients through this programme, alongside research, for tangible outcomes.

- In relation to the work focused on diabetes, the Board queried what support or integrated partnership working was happening with community services, or whether the bulk of that strategy would start after community services had transferred on 1 August 2021. Janet Lewis (CLCH) advised that, for diabetes work, the transformation on that piece of work would start post 1 August 2021 and agreed there was some work to do as a community provider that they were committed to. Community services were currently looking to recruit to vacancies in the team and had reassured the team this would happen. Janet Lewis had met with the Brent Health Matters Programme Director the previous week about the project and were much clearer what the programme was and were happy to be a part of it as a community provider.

RESOLVED: To note the Brent Health Matters Update.

8. Joint Health and Wellbeing Strategy update

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update on the progress of the Joint Health and Wellbeing Strategy. She reminded the Board that a previous Health and Wellbeing Board meeting had agreed that, recognising the light Covid-19 had shone on health inequalities and the very real disproportionate impact of Covid-19 on Brent's Communities, the Strategy would focus on inequalities. She advised that from that came a focus on the social determinants of health, rather than the narrow focus on the health and care system that the previous strategy had.

The Board heard that, since the last update, work had been done with the assistance of Healthwatch and other community groups to consult with local communities about what they felt was important about their health. The outcome of those conversations had shown that the focus on social determinants of health was what communities expected to see from the Council and NHS. Dr Melanie Smith advised that there were particularly concerns about the impact of the pandemic on young people and people with disabilities. There was a desire from communities for the strategy to recognise the very real assets, such as community organisations, that existed within communities and how those assets could be mobilised. Language was also discussed. For example, when the team had spoken about obesity, communities had not spoken to the team about obesity, but instead about the desire to be able to eat healthily, for a healthy diet to be easier and more accessible, and for children to be more physically active.

Dr Melanie Smith drew the Board's attention to paragraph 3.15 of the report which detailed the areas of focus agreed at the last Board meeting, and 3.17 which described those priorities in a way it was hoped would resonate with communities. The Appendix to the report included some infographics which would form the basis of the next stage of consultation, going back to the communities that had been engaged and expanding the conversation to ensure that what had been heard had been heard correctly, whether priorities and actions were being described

in a way that resonated, and asking what should be done about those actions by the Council, NHS, individual families and communities.

Councillor Nerva (Lead Member for Public Health, Culture and Leisure) emphasised the need for a strategy which, for the first time, recognised the need to address inequalities to keep people healthy. He added that the document should be seen as integral to the authority's current strategies such as the Climate Emergency Strategy, the Black Community Action Plan, the Poverty Commission and the overall Borough Plan. The Strategy had been taken through the Community and Wellbeing Scrutiny Committee and a useful member development session, which had raised points around active travel and school streets. Both the Community and Wellbeing Scrutiny Committee and the Resources and Public Realm Scrutiny Committee had done pieces of work that Councillor Nerva felt were useful to benchmark to see how they could be embedded into the strategy, such as the Poverty Task Group, Air Quality Task Group and Access to GP and Primary Care Task Group. On a final note he spoke about how far the Council and NHS could go to 'bend the spend' and invest in prevention to avoid treatment.

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

- Judith Davey (CEO, Healthwatch Brent) advised that as the champion for resident and patient voice in the Borough, the focus on social determinants of health was welcomed. She advised she was delighted to be partnering with colleagues on the consultation of the strategy and working alongside Brent Health Matters. In terms of reception, she advised that the emerging priorities were landing well with the public and it was felt they addressed the issues people faced.
- Dr M C Patel (NWL CCG) also welcomed the approach on the social determinants of health, noting it was incredibly important to prevent people getting ill in the first place and teach people how to be healthy. However, he advised there were still a vast number of people within the community with illnesses and long term conditions that needed to be controlled, and felt there was a need for equal focus on prevention and controlling symptoms of those who had already developed conditions so that they could lead healthier lives.

RESOLVED:

- i) To note the work so far to develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy, and to note the emerging interim priorities currently in stage two consultation.

9. **Healthwatch Workplan**

Judith Davey (CEO, Healthwatch Brent) introduced the report detailing the Healthwatch workplan. She advised that the period from April to June 2021 had been the mobilisation period for the service and they had worked hard to ensure a smooth and effective handover. One member of staff had transferred from the previous provider therefore there had been a need to put in place temporary staff as well as hire a permanent staff team. She felt there had been a lack of information on the strategic priorities and connections made from the previous provider. Despite the challenges during mobilisation, Judith Davey expressed that Healthwatch had a good first quarter and were delivering the service with a robust governance arrangement in place. The grassroots steering group had been started and engagement strategies and prioritisation policies had been developed. Healthwatch had also met with residents, patients and volunteers, gathering local intelligence to take to the advisory group to agree the issues which would be confirmed as priorities for the year's workplan. She detailed

the types of issues identified by Healthwatch through engagement with residents, service users, volunteers and councillors as; safeguarding reporting and working with the head of safeguarding to understand whether certain groups were over or under-represented in safeguarding data; GP access; and access to mental health services for adults and children. It was felt these emerging priorities sat squarely within the priorities of the Health and Wellbeing Strategy. She added that they were grateful to stakeholders for the help and support in getting the new Healthwatch service launched.

Councillors present at the Board meeting welcomed a discussion outside of the Board meeting within their formal Cabinet roles to discuss the workplan.

RESOLVED: To note the progress in implementing the new Healthwatch service, and the development of the draft work plan 2021-22.

10. Any other urgent business

None.

The meeting was declared closed at 19:42
COUNCILLOR FARAH, Chair