Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a Virtual Meeting on Thursday 13 January 2022 at 6.00 pm

Members in attendance remotely: Councillor Farah (Chair), Councillor McLennan (Brent Council), Councillor Nerva (Brent Council), Fana Hussain (Borough Lead Director – Brent, NWL CCG), Judith Davey (CEO, Brent Healthwatch), Dr M C Patel (NWL CCG), Dr Ketana Halai (NWL CCG), Gail Tolley (Strategic Director Children and Young People, 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), James Walters (Deputy Chief Operating Officer, London North West University Healthcare NHS Trust – non-voting), Basu Lamichhane (Brent Nursing and Residential Care Sector – non-voting).

In attendance: Robyn Doran (Chief Operating Officer, Central and North West London NHS Foundation Trust), Jahan Mahmoodi (Clinical Director, Central London Community Healthcare NHS Trust), Hannah O'Brien (Governance Officer, Brent Council), Natalie Connor (Governance Officer, Brent Council), Angela D'Urso (Strategic Partnership Manager, Brent Council), Jo Kay (HealthWatch Brent)

The Chair welcomed members to the virtual meeting of the Health and Wellbeing Board. He highlighted that any formal decisions required during the meeting would need to be ratified at the next quorate, in-person meeting.

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Carolyn Downs (Chief Executive, Brent Council)
- Gail Tolley (Strategic Director Children and Young People, Brent Council) from 7pm
- Simon Crawford (Deputy Chief Executive, LNWUHT) substituted by James Walters
- Janet Lewis (Director of Operations, CLCH) substituted by Jahan Mahmoodi

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 19 October 2021, be approved as an accurate record of the meeting, subject to ratification at the next quorate meeting.

4. Matters arising (if any)

None.

5. Covid-19 Update

The Board received a verbal update from Dr Melanie Smith (Director of Public Health, Brent Council) detailing the most recent information about the Covid-19 pandemic, with the following points highlighted:

- Rates in London had now peaked. During Omicron, Brent had been behind some other London Boroughs, and those who had higher numbers early on were now falling, so Brent's position in comparison had worsened as the rates in Brent increased. Brent had moved up the London average and the 7 day instance rate per 100k was 1,800, above the London average of 1,500.

- There had been an impact from the testing constraints experienced the previous week when there were limited tests available. The testing numbers had since picked up again and the positivity rate had fallen to under 30%, compared to 34% the previous week, suggesting there was a better handle on infection rates, although they were still high.

- The infection rate for over 60 year olds was high, which was a concern, as those age groups were more likely to become ill.

- The infection rates had not peaked in children and were still rising, which was likely to continue as children returned to schools following the winter break. There were lower levels than desired of vaccination uptake for 12-15 year olds and while there were many who now could receive a second dose, there were still a lot of children who had not yet had their first dose. The Board heard it was important those age groups were vaccinated not only to protect children but also because children were a driver for infection in the community.

- It had been shown that the Omicron variant was much more transmissible, reflected in the very high infection rates and the rapidity in which those rates increased. The variant was introduced to a population in the UK with high levels of immunity as a result of vaccination or previous infection, which had meant those very high levels of infection had not translated to high levels of hospital admissions, serious illness or death. Dr Melanie Smith attributed the vaccination programme for the reason morbidity and mortality had been weathered and expressed that receiving a booster was critically important.

- Inequalities in vaccination uptake persisted, and Dr Melanie Smith advised that vaccination rates were lower in members of Black communities, those with Learning Disabilities, and those with a Mental Illness. Dr Melanie Smith advised that while there was a national drive for boosters, it was important locally to ensure focus and to continue with targeted efforts.

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

- The Board discussed the need for more pharmacies in the South of the Borough to be vaccinating the Brent population. Robyn Doran (Chief Operating Officer, CNWL / Brent ICP Director) advised that she had wrote about this issue on behalf of Brent to NWL NHS. Fana Hussain (Borough Lead Director for Brent, NWL CCG) had also followed up with pharmacies who were willing to vaccinate and agreed that it was much easier and more convenient for people to use pharmacies to get vaccinated. She was working with NHSE to get more pharmacies accredited. It was agreed that on behalf of the Health and Wellbeing Board a letter would be written to NHSE endorsing the requests already made by the CCG, local MPs and local councillors for vaccination to be offered in pharmacies in the South of the Borough.

- In terms of information on the times and locations of vaccinations, Fana Hussain advised that all relevant information on vaccinations was included on the local authority website. Community Champions advised people in the community where and when they could get vaccinated, and were also equipped with information to answer common queries about the vaccine, such as its effect on fertility. More government funding had been received before the holiday period to strengthen the Community Champion Programme, and another round of grants would be announced soon for organisations to bid for.

- Dr M C Patel (NWL CCG) emphasised the importance of following up those with long term conditions who had not received vaccination, particularly considering the data showed a correlation between hypertension and hospital admission. He added that advertisements in day centres for those with Learning Disabilities would be useful to get that cohort vaccinated. Dr Ketana Halai (NWL CCG) added that, working with the Public Health Team, Local Authority, and Learning Disability Team at CNWL, they were looking to make reasonable adjustments for those with Learning Disabilities to increase the vaccination uptake in those groups, using the Advocacy Team. Jo Kay (Healthwatch Brent) added that within Healthwatch she was linked to other Voluntary and Community (VCS) Organisations in the Learning Disability community and was happy to do some joint working on information and advice settings. She would link with Dr Ketana Halai outside of the meeting.

- Patients who were not able to leave their homes were still being offered vaccination in their homes, and the GP Forum had asked Primary Care Network (PCN) Clinical Directors to update their lists of housebound patients so that unvaccinated patients could be pursued where necessary. Fana Hussain added that vaccination of housebound patients was reviewed on a daily basis, and every housebound patient should have received an offer although may not have taken it up for various reasons. There were 3 different teams available to conduct vaccination in patient homes. The Board requested that information about home vaccination for housebound patients was added to the local authority website alongside the other vaccination information.

- A new therapy for Covid-19 patients who were particularly clinically vulnerable was proving successful. Those who were eligible, which was a very strict and specific criteria, had been sent PCR home testing kits so that if they experienced Covid-19 symptoms they could test immediately as the therapy was most effective if started quickly.

RESOLVED:

i) To note the Covid-19 update.

ii) For the Health and Wellbeing Board to write to NHSE endorsing requests made by the CCG, local MPs and local councillors for vaccination to be offered through pharmacies in the South of Brent.

6. Winter Planning and Acute Assurance

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the report, which provided information on the system response during winter and winter pressures. He advised that the system was fortunate in Brent that there were very good working relationships and a strong commitment to support the residents of Brent to stay out of hospital and get the appropriate care at the right time, working with the acute trust. Phil

Porter and Robyn Doran (Chief Operating Officer, CNWL / Brent ICP Director), as co-chairs of the Integrated Care Partnership (ICP), had focused on winter planning for the past 3 ICP Exec meetings and would continue to throughout winter to ensure the system was working. He reassured the Board there were daily calls with the hospital to discuss discharge as needed, as well as daily calls at a NWL level for Directors of Adult Social Care (DAS) and ICP directors. He advised that the report set out the support Adult Social Care had put in place to help with the discharge process, with a lot of work put in to support residential and nursing homes and supported living and extra care, particularly with the closure of 9 nursing homes in Brent. A range of services in social care had been maintained through the hard work of all in the department as well as those in care homes and home care providers, and Phil Porter extended a special thanks to all those individuals.

Robyn Doran agreed that they were very conscious of the need for all agencies to work together at a local level, as well as feed in to the system as a whole. Daily calls with DAS and ICP directors allowed the NWL system to pick up issues across the patch. For example, many care homes were closed, including in Brent and particularly in Ealing, with both boroughs used by London North West University Healthcare NHS Trust (LNWUHT) to move patients down. The arrangements allowed for the system to use other capacity, such as community rehabilitation beds, to plug those gaps and move patients.

James Walters (Chief Operating Officer, LNWUHT) agreed that he had felt the partnership over the holiday period, where it would have been challenging for the hospital had it not had the support of the ICP through the winter schemes delivered locally. The hospital had been ensuring a business as usual approach, including accident and emergency for those attending with urgent care needs not limited to Covid-19, and maintaining a focus on elective services. The hospital was moving towards achieving the levels of activity it had seen prior to Covid-19. Throughout the period the hospital had focused on keeping patients and staff safe through ensuring good infection control and prevention measures across all wards and supported staff with equipment, vaccination and PPE.

In relation to care homes, Basu Lamichhane (Chair of Brent Care Home Forum) advised that care homes had support from the local authority, CCG and a good network that helped each other. For example, one care home had ran out of PCR testing kits the previous week and 2 care homes who had extra stock had been able to share theirs. The mandatory vaccination for care home staff came into place on 11 November, and while there were a few issues with staffing it was not as severe as was predicted. Through support care homes had been able to recruit and fill those vacancies. NHS had now also mandated vaccinations for staff. There was a Covid-19 safe pathway for admittance of any new residents in care homes, where they were first assessed for Covid-19 through a risk assessment and only admitted if safe. There had been several outbreaks in care homes, including staff sicknesses which had been difficult during the previous week with the delay experienced with PCR results being returned. Visitors were still allowed to visit on an individual basis.

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

- In relation to the report, Phil Porter agreed to provide further details to the Board on whether all posts listed in section 3.2.3 (E. F and G) were in place.

- The Positive Behavioural Support Pilot Service was for those patients being discharged into care homes who often found it unsettling to suddenly be placed in a new environment where some care homes did not have the specialist knowledge or expertise to work with them during the settling in period. The pilot put in place a small team of experts from Central and North West London NHS Foundation Trust (CNWL) to support care home staff with putting in place routines and appropriate support to

help someone settle in to a place that was suitable and sustainable long term. The Board were pleased with the long term strategy and were keen for pilots like this to develop. Communications would be sent to GPs looking after care homes to make them aware of this new support scheme.

- Due to several care homes in Brent being closed, alternatives had been looked into, working with the community provider to support people to go home more. Between 6-7 people had been supported to go home with a 24 hour package of care for a fixed period, in an environment they knew and were comfortable in. The service would look to see if this was possible on an ongoing basis. The Board heard that the 'needs must' approach to finding alternatives had provided this positive outcome.

- An innovative pilot had been conducted with Harrow which acted as a Front Door for the Urgent Treatment Centre (UTC). Brent had employed a GP and Harrow had supplied a Specialist Nurse, and working with the Acute Trust they had looked at patients coming in to the Urgent Treatment Centre and had been able to review over 790 patients within a month from December. Patients were either able to see a GP, a nurse was able to provide advice, or the patient had been able to book a face to face appointment in an access hub or GP surgery. This had supported the Acute Trust Provider with the number of people that attend the UTC and the pressures they would normally experience during the winter period.

- GP surgeries had been focusing on Covid-19 vaccination as well as monitoring those patients who became positive through their own surgeries or referrals to the Harrow Hub Home Oxygen Monitoring Service. Those referrals had increased and there was now a taxi available to deliver oxygen saturation metres to patient homes. Over the next few weeks, GPs would be focused on elective recovery and getting primary care back to a level of normality. There was pressure on primary care but a clear message that services should be looking after long term conditions, particularly as recent evidence showed that patients with hypertension not adequately controlled had a risk of hospitalisation from Covid-19. A spirometry hub was being set up in Brent and due to start in February 2022. PCNs had been encouraged to recruit to the additional roles scheme, including additional roles for mental health. There was a focus on conducting health checks for those with Learning Disability and Serious Mental Illness and that was reiterated on every occasion, with a letter from NHSE received confirming their position on that.

- A meeting was held the morning of the Health and Wellbeing Board with Central London Community NHS Healthcare Trust (CLCH) colleagues and Primary care, in relation to cardiology services in the community. In addition, CLCH, alongside partners, had focused on reduced attendance to accident and emergency, preventing hospital admissions and hospital discharge pathways. In response to the need for discharge, the Robertson Centre had been reopened that week with a full complement of patients. There were pressures in the system with around 6% of staff off sick at any one point throughout the last few weeks and CLCH had been required to implement business continuity plans. Daily calls were conducted at trust level, divisional level and carrying out the actions of NWL Gold Command.

- Inpatient services for mental health at CNWL had been challenging due to the wave of Omicron, with 12 wards closed across the Trust at its worst. 5 of the 5 wards in Brent had been closed at one point but they were all now reopened. The challenges had impacted the Acute Hospital so beds from the private sector had been commissioned. At its worst, there were around 25 people above CNWL's normal bed numbers for

Brent, with more people presenting and needing admission than ever before to inpatient services. Patients were predominantly detained under the Mental Health Act meaning they did not have a choice to be there, therefore the inpatient services were open to visitors, with mask wearing mandatory.

- A PCR fast-track service had been started for Brent GP staff. That offer had been extended to the local authority to allow quick results for essential and key frontline staff needing results quickly. It had gone live on 24 December 2021 and would remain until 16 January 2022. Dr M C Patel advised this had proved positive as Brent GP surgeries had not had any practices shut down as a result of sickness.

- In relation to young people and CAMHS, Robyn Doran advised that this was one of the priorities of the ICP. As co-chair of the ICP she reported directly to the Brent Children's Trust, who had a work stream around the waiting times of CAMHS and actions to bring those down. At the most recent Children's Trust meeting the Local Clinical Lead and Service Director from CAMHS had been invited to talk about the steps they were taking. She highlighted the importance of working with the third sector to reduce those waiting times, and agreed to share the action plans outside of the meeting with Board members. She reminded members that Councillor Ketan Sheth was hosting an event with Brent Healthwatch on 26 January about CAMHS and waiting times.

- Board members asked how the resilience of staff was being looked after longer term. The Board were advised there was a Health and Wellbeing Hub across the whole of NWL that staff could access, and Health Education England had put in more resources for the whole sector and all partners. It was highlighted that staff wellbeing was a number one factor when on calls with NHSE. James Walters added that LNWUHT had the biggest Employee Assistance Programme they had ever had and taken the opportunity to recruit a full Health and Wellbeing Team and invested in their staff. Executives had been through the wards and made staff tea and coffee and chatted with members of staff. Early on in their winter planning, LNWUHT had recruited additional therapists and radiologists to spread the portfolio, which had helped with the recruitment ask and took a weight off across each area. Dr M C Patel highlighted that GPs were individual units and often isolated and hoped to discuss with NWL how GPs and their staff could be supported and tap in to what was happening locally.

RESOLVED: to note the information provided in the paper.

7. Joint Brent Health and Wellbeing Strategy Update

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update, explaining that, as a result of Omicron, the consultation had not happened to the extent they would have wished. Engagement had been slower than hoped and the consultation was continuing. Useful work had been done talking with people working with and experiencing mental illness and changes to the strategy had been made as a result of that. She requested members of the Board to encourage people to respond to the consultation before it closed at the end of January.

The Chair thanked Dr Melanie Smith for the update and invited members to comment, with the following issues raised:

- Jo Kay (Healthwatch Brent) advised Healthwatch had several focus group sessions booked for December 2021 but due to community groups putting a stop to face to face they were not able to go ahead. Things were now starting back up and Healthwatch had met a few groups that week to feed back on the draft strategy. She highlighted that

community groups and more vulnerable communities were being heard and influencing the strategy. The Disability Forum had been pleased their ideas had been considered and included in the Strategy.

- Councillor Nerva (Lead Member for Public Health, Leisure and Culture) felt there was space for the NHS to make its views known on air quality and its impact on health, as there were a number of things he felt public services could collectively do to improve air quality and opportunities for people to engage in active travel. He hoped those discussions could take place between now and the final documentation in March 2022.

- The Board were advised that officers had reached out through the Community and Voluntary Sector to ask for views and would remind people they had the opportunity to comment by the end of the month. The consultation was being supported to go through the Black Community Action Plan Youth Advisory Group and officers would look to see if they could arrange a specific session with them.

- The Board agreed that more time was needed for further engagement for the strategy to be meaningful and include the views of as many people as possible.

RESOLVED: To note the Brent Health and Wellbeing Strategy Update.

8. Integrated Care Partnership (ICP) Governance Update

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the update, outlining the draft structure for the Integrated Care Partnership (ICP) governance in Appendix 1 of the report. He advised the Board that it was being presented in order to be as transparent as possible. The ICP arrangements focused on building on what already existed based on national guidance, such as the Brent Children's Trust, and had enhanced what was previously known as the Health and Care Transformation Board into the ICP Exec. The main change presented to Board with this iteration was the creation of an ICP Board which brought those two children and adult streams together. The ICP Board had been meeting informally as a cohort and it needed to be formalised. The Terms of Reference, included in Appendix 2 of the report, detailed that membership. He advised the Board that different legislation meant slightly different requirements on memberships for ICP and Health and Wellbeing Boards, and there may be a need to review the membership of the Health and Wellbeing Board once the ICS was in place. The ICP Board would meet 6 weeks before Health and Wellbeing Board meaning anything coming through the ICP Board could be reported to the Health and Wellbeing Board. Robyn Doran (Chief Operating Officer, CNWL / Brent ICP Director) added that the ICP understood the importance of having councillors in the room to ensure good governance. In her role as ICP director she had met, alongside other ICP directors, the new Accountable Officer, and would invite him to meet locally with relevant partners.

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

- The Board welcomed the recreation of a significant joint planning arrangement.

- The Board queried how investment decisions would be made in the future with the new arrangements. Robyn Doran recalled that at a previous meeting Lesley Watts (Chief Executive, NWL CCG) had spoken about a commitment from North West London (NWL) to move money into areas that had been underfunded for some time, including Brent. Robyn Doran advised that a significant amount of money had come into the system both nationally and locally. There was a commitment from NWL CCG and

central government, through the Department of Health, to look at a population health approach to funding and there was a recognition that places such as Brent and other areas had been underfunded for a long time. Any new money into the system would go to those boroughs and some of that was already happening. Robyn Doran agreed to conduct a retrospective piece of work outlining what had been invested on in the past year in all of the key areas, including information on where there was large underfunding or unmet need.

- The Board agreed that it was important to factor in the voice of voluntary and community organisations and the voice of people with lived experience. That conversation had taken place within the subgroups of the ICP and the ICP exec had met with thematic leads in the voluntary and community sector to ensure they were fully represented and involved in the work. Phil Porter encouraged the Health and Wellbeing Board to consider how those voices could be represented on the Health and Wellbeing Board and the importance of that strong statement of listening to those voices. Jo Kay (Brent Healthwatch) agreed with the importance of ensuring those voices were heard, and advised that part of Healthwatch's governance structure involved a grassroots Community Voices Group that influenced Healthwatch priorities. Healthwatch had a seat on the Integrated Care Partnership Board and were working with other local Healthwatch teams in the patch to ensure Brent was represented at Integrated Care System level.

RESOLVED:

i) To note the update.

9. Any other urgent business

9a. Better Care Fund Plan 2021-2022

Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that the Board had received the Better Care Fund (BCF) proposals with a large appendix detailing significant amounts of money. There was a national reporting regime for BCF money and all partners had been engaged on the plan. The plan had also been signed off at the ICP Exec and submitted to the relevant NHSE and LGA bodies with initial feedback that the plan was strong and confidence it was well worked up as a partnership. Part of the process was to ensure the BCF was brought to the Health and Wellbeing Board as part of transparency and there was a Chair's action to take forward before the Strategic Director Community and Wellbeing signed it off.

In considering the BCF, the following comments were raised:

- In relation to whether there was any evaluation system for the BCF as a whole, Phil Porter advised that there was no single evaluation system, but for individual schemes, particularly pilots, the partnership would look to understand their impact and make a decision as a system whether a scheme should continue. Discussions around investment and project appraisal would take place at an ICP Exec level with subgroups taking forward some projects. For example, the Community Services Subgroup was taking a lead on reablement and continued to expand all forms of rehabilitation and reablement integration.

The Board were happy to note the BCF Plan for 2021 – 2022 and were happy with the proposed projects and funding set out in section 4 of the report.

9b. Flu vaccination

Dr M C Patel (NWL CCG) reminded partners that it was important for people to come forward to receive their flu vaccinations.

The meeting was declared closed at 19:35

COUNCILLOR HARBI FARAH
Chair