

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Thursday 28 July 2022 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Jonathan Turner (Borough Lead Director – Brent, NWL ICS), Jo Kay (HealthWatch Brent), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Strategic Director Community Wellbeing, Brent Council – non-voting), Gaily Tolley (Strategic Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Basu Lamichhane (in remote attendance) (Brent Nursing and Residential Care Sector – non-voting), Trish Winn (in remote attendance) (on behalf of Simon Crawford).

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Meenara Islam (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Governance Officer, Brent Council) (in remote attendance), Natalie Connor (Governance Officer, Brent Council), Jackie Allain (Deputy Director of Operations, CLCH) (in remote attendance), Fana Hussain (Assistant Director Primary Care, NWL ICS)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Robyn Doran (Director of Transformation and Brent ICP Director)
- Dr Mohammad Haidar (Vice Chair)
- Simon Crawford (Deputy Chief Executive, LNWUHT), substituted by Trish Winn
- Dr Ketana Halai (NWL ICS)
- Janet Lewis (Director of Operations, CLCH), substituted by Jackie Allain

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 16 March 2022, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Healthwatch Update

Jo Kay (HealthWatch Brent) introduced the report, which asked the Health and Wellbeing Board to note and recognise the key themes and achievements in the development of the HealthWatch service over the past year. In introducing the report, she advised the Board that she felt HealthWatch had been successful in laying the foundations of the service and had worked hard to raise its profile in Brent through engagement with various community

groups, including in deprived wards and with voluntary sector organisations. She highlighted that HealthWatch took community views and concerns into consideration and amplified those voices at various meetings to various partners and statutory bodies. In addition, HealthWatch had partnered on a few consultations and strategies through the year and communicated the need for improvements where services should be engaging with the public to either co-design services or be part of the consultation process. In her introduction, Jo Kay highlighted the following key points:

- Within the report, sample sizes were very small and HealthWatch were working hard to increase the number of people who were engaged through their engagement strategy. Although sample sizes were small, feedback helped HealthWatch ensure providers were assessing and addressing existing concerns.
- Local health and care services should be returning to pre-pandemic activity, but HealthWatch saw residual and potentially long term problems due to lack of funding and staff shortages.
- Paragraphs 3.7 and 3.8 of the report detailed the work HealthWatch were prioritising on access to GP services, which remained a top priority for Brent residents, particularly those who faced barriers to care such as those with disabilities. HealthWatch welcomed the investment put into primary care to address these issues, particularly the renewed focus on personalised care, however recognised that many patients were still unable to access their GP practice in a timely or efficient way.
- Over the coming months, HealthWatch hoped to see that primary care systems were understanding communities and addressing disparities in access. GPs were a vital first point of contact, so it was important general practice worked for everyone.
- HealthWatch were currently independently evaluating the alternate Saturday inequality clinics being held across Brent which were offering routine services such as health screenings, checks and immunisations. They had heard good feedback from patients regarding Saturday appointments and seen excellent approaches from certain GP practices to ensure they were meeting the individual needs of vulnerable and elderly patients. The evaluation report would be submitted to primary care in late August 2022 with the final outcomes.
- HealthWatch welcomed NHS England's focus on ensuring better dental support for people with complex problems and improvements in information for those trying to find an NHS dentist. They hoped the focus would improve the issues they heard about in Brent in relation to dentist access and information. As oral health was one of the priorities for children and young people's health, HealthWatch queried what was being done to address concerns around lack of dentists signing up new patients in Brent.
- In relation to Child and Adolescent Mental Health Services (CAMHS), HealthWatch fully supported the development of a mental health priority within the Integrated Care Partnership (ICP) and the solutions being put in place to improve access to CAMHS, which had seen a 53% reduction in the number of children waiting for assessments since March 2022. HealthWatch strongly recommended all providers worked with the voluntary and community sector to ensure the right intervention strategies were in place, and over the next year HealthWatch would focus on adult and children's mental health, particularly in the more deprived areas of Brent.

The Chair thanked Jo Kay for the introduction, and invited contributions from those present. The following issues were raised:

- The Chair reminded the Board that the work HealthWatch were doing on GP access followed on from the work undertaken by the Community and Wellbeing Scrutiny Committee GP Access Task Group in 2021. The Health and Wellbeing Board had received an update at the last meeting on how the NHS was implementing the recommendations from the task group, which had clear asks around improvement

for access to GP provision. Tom Shakespeare (Integrated Care Partnership (ICP) Director) had heard from the ICP and Borough Team about the challenges raised in both the Scrutiny report and the work HealthWatch had been doing, and there was an update on the agenda about the work being done to improve GP access. The Board were advised that this work would be improved if councillors could provide feedback about particular GPs that residents were having difficulties accessing.

- The Board queried how many GPs there were in Brent where the only way to book an appointment was via telephone, as there was the potential this excluded patients with hearing conditions. Fana Hussain (Assistant Director Primary Care, NWL ICS) advised that Brent was a digital innovator and the first borough to implement online access over 4 years ago. During the pandemic, due to the work already undertaken around digital services, Brent had transitioned very easily to the digital model and every practice in Brent had access to online services. Booking appointments did not have to be through the telephone as it could be done online, or through other providers including 111 who could directly book a patient into a GP appointment slot. All GPs in Brent were required to reserve a number of slots for patients booking through 111 and all practices had been funded and commissioned to provide an online platform. NWL was now moving to a new online system known as 'Patches', which was more patient friendly and less lengthy than the previous 'e-consult'. In response to whether these changes would be communicated to residents, Fana Hussain confirmed it was the intention to do that once it was embedded into practices and they were confident in the utilisation of that platform.
- The Board queried how HealthWatch agreed its work programme, as some of the work being done overlapped with work being done in the Council such as vaccination hesitancy and GP access. The Board highlighted the need for discussion with the Council and other partners prior to implementing a work programme in order to avoid duplication of work. Jo Kay confirmed that the work programme was set by the advisory group which was made up of public members, volunteers and the HealthWatch Chair, and the Contract Manager then signed that off. She advised that HealthWatch had worked alongside the scrutiny committee the previous year collecting feedback for the GP access task group, and going forward wanted to do 'enter and view' visits to particular GP practices.
- It was highlighted that some of the sample sizes in the report were as small as one person, and the Board felt that one person feeding back that a GP was poor could not be seen as a valid condemnation of services based on the opinion of one individual. Jo Kay took the feedback on board and agreed to consider how that type of data could be presented in the most meaningful way in the future.
- In response to whether HealthWatch held data on the number of GP practices in Brent and how many appointments were being offered face to face or online, Jo Kay advised that HealthWatch did not hold that type of data, but heard the themes of what patients experienced within their GP practices. Jonathan Turner (Borough Lead Director – Brent, NWL ICS) advised that he could share the information with HealthWatch for analysis.
- In relation to dentistry, members highlighted that they received many approaches from residents about dentistry. They queried what HealthWatch was doing nationally or across London to apply pressure on the government to improve dental services locally. Jo Kay advised that HealthWatch England had been campaigning for NHSE to improve access across the nation, and HealthWatch Brent was hearing across the 7 other HealthWatch services in NWL that there was a problem in NWL around access to NHS dentists. Some patients were travelling to other boroughs or outside of London to access dentists. HealthWatch Brent were speaking with HealthWatch England to ensure they continued to lobby NHSE to improve dental services.

- Dentistry for children and young people was also discussed, as HealthWatch was hearing from parents and carers that they could not register children at local dentists. Melanie Smith (Director of Public Health, Brent Council) advised that the public health team had been running outreach sessions, with the vaccination bus repurposed as an oral health bus, and working in conjunction with primary schools to address dental decay in children. She advised that there was enthusiasm amongst parents for addressing children's oral health as there was an awareness from past data of the issues with the number of children with dental decay and the very clear inequalities issues with that. Children were being offered fluoride varnishing through that initiative, but the long term benefit would be if they were able to see a dentist to receive those varnishes regularly. Public health were working on an evaluation of the work later during the year. Anecdotal feedback to date was that parents were finding it very difficult to get NHS appointments for children, and there were clear structural disincentives within national contracts for dentists, which was why lobbying nationally was useful. In the meantime, work was being done to get children's oral health recognised by the ICS as a priority in order to have a bigger influence on NHSE.

RESOLVED: To note the report.

6. **Mental Health Workstream Update (ICP Priority Area Update - Mental Health and Wellbeing)**

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the report which set out the progress being made on the Integrated Care Partnership's (ICP) mental health and wellbeing workstream, as one of the four ICP priority areas. He advised the Board that the workstream was split into 4 areas. The first area was around improved access to employment, which began with an outcome based review before the pandemic and focused on ensuring pathways into employment services were clear and easy to access. That part of the workstream also worked to support employers to become disability confident, which would help people access the skills and opportunities needed to get jobs and ensure employers were confident in supporting people in those roles. Mental health and housing formed the second area of the workstream, looking at those people struggling with housing need or who were already homeless and how they could be better supported and how tenancies could be sustained, working with Network Homes and Brent Housing Management. The third area was Children & Young People, including Specialist Child and Adolescent Mental Health Services (CAMHS), which was set up as a reaction to the issues in accessing CAMHS. A meeting of that particular subgroup had took place during that week, where the Director for Safeguarding, Partnerships and Strategy had been positive about having all providers in the room which gave a shared sense of the challenge for Brent. It was hoped the Council, ICP and other providers would continue to work together to reduce waiting lists and give a clear voice back to NWL about what the funding shortfall was. The final area was access to adult mental health services, including IAPT and improving access to health checks. All areas of the workstream were difficult to evidence impact, therefore the ICP were having to define and set up measurements for those, including the social determinants of health.

The Chair thanked Phil Porter for introducing the report and invited comments and questions, with the following issues raised:

- The Board queried whether the ICP were working with 'Project Search' as part of their cohort of stakeholders for this workstream, who set up supported internships and worked closely with the NHS. Phil Porter confirmed that Project Search were working with employers in Brent, and there was a long list of operational providers and community groups working with the ICP that had not been included in the report. A lot

of the work done on skills and employment was done jointly with the West London Alliance (WLA).

- The Board asked where the ICP hoped to be in six months' time with the CAMHS waiting lists. Gail Tolley (Strategic Director Children and Young People, Brent Council) confirmed that the ICP anticipated significant progress on that particular workstream. She highlighted that CAMHS was not a Council provision but a health provision, but there was significant strength in the additional provisions of support on offer. Gail Tolley highlighted that CAMHS was a very specialist service and there had, in the past, been some conflation of any mental health support with CAMHS. There had now been some success in moving people away from thinking a mental health issue must be referred to CAMHS, and towards looking to mental health support teams in schools and the additional emotional mental health and wellbeing support the Council could commission jointly with health, for example through the Anna Freud Centre. It was anticipated that there were people on the waiting list for mental health support who would not go on to the CAMHS list as their need would have been met through some other mental health support and specialist provision earlier. Phil Porter added that the aim was for the waiting list to be below 50 by the end of the month, although it was likely this target would be hit at the end of September 2022. He highlighted the details in the report on the 'waiting well' initiatives to support people while they were on the waiting list.
- In concluding the update on CAMHS, Phil Porter highlighted the underlying funding and resource issue felt in Brent. Gail Tolley, as the Chair of Brent Children's Trust (BCT), had written formally to NWL ICS on the issue and the ICP would continue to advocate for more funding for Brent, as Brent had less funding in this area than some other areas in NWL. Jonathan Turner (Borough Lead Director – Brent, NWL ICS) advised that, following the letter from Gail Tolley, Robyn Doran (ICP Director) had scheduled a joint meeting with himself and the Mental Health Lead for NWL to discuss, and there was ongoing dialogue with the Finance Team about levelling up Brent. The main challenge was trying to redistribute funding from one area to another, which was not an easy conversation, but this was being escalated and officers were advocating for resources for Brent. The Chair highlighted that the funding disparity had an impact not just on individuals but on the whole system and asked for the Board to endorse the actions being undertaken to ensure there was levelling up of mental health funding for Brent residents.

RESOLVED: to note the information provided in the paper.

7. Brent Placed Partnership (PPL) (Partnership Development Update)

Tom Shakespeare (Integrated Care Partnership Director) introduced the report, providing an update on the Partnership Development work to date, including the key achievements and outcomes so far. The partnership development had been strengthened through an away day bringing together all relevant stakeholders, which reinforced the importance of relationships and joint working. He drew the Board's attention to the information in the report which detailed progress so far, priorities going forward, work done to date, and the next phase of partnership development. In particular, the Board's attention was drawn to the following key points:

- Significant progress had been made on the clinical leadership across the borough with PCN clinical directors in place and clinical leads across the 4 ICP areas.
- Work with Brent Health Matters (BHM) continued to expand with a large number of outreach events which had resulted in a material impact, particularly on diabetes and the number of health checks that had been happening in the community.

- Within community services, there had been good work with Central London Community Healthcare (CLCH), piloting a rehabilitation and reablement expansion to support people more intensively at home in partnership with Adult Social Care.
- There would be a focus on the development of neighbourhood teams going forward to support wraparound services in the community, and a post had been recruited to in order to take that forward with Primary Care Networks (PCNs).

RESOLVED: To approve the direction of travel of the Partnership Development work.

8. GP Access Update and Implementation

Fana Hussain (Assistant Director Primary Care, NWL ICS) introduced the report, highlighting the challenges in relation to GP access that the NHS were trying to address. She advised that, while the NHS were trying to manage and increase GP access to the population, the demand continued to increase. For example, there was a backlog within the acute trust, and the acute trust had been directing more activity into GP practices to support the management of those patients waiting for their operations. In some cases, there had been a 30% increase in demand for GP appointments since the pandemic. There had also been another wave of Covid-19 which had resulted in stack sicknesses, and GPs were finding it difficult to recruit locums and salaried GPs due to the rate of pay increase. Brent also had difficulties with retaining staff due to being outside of the inner London weighting, which attracted more staff. NWL NHS were tracking the number of appointments being offered using a national system, which was available publicly for people to see the number of appointments being offered in each ICP area.

In order to address the challenges, additional inequalities clinics had been arranged on alternate Saturdays and GP practices and access hubs were opening during evenings and longer hours, attempting to see new and more patients and opening in new locations. Fana Hussain highlighted that there was innovation and ideas around improving access. NWL were committed to ensuring easy digital access for patients, making it easy for patients to complete online consultation, including for patients whose first language was not English. In the new system that had been commissioned, patients would be able to change to their language preference at the click of a button and in future would be able to enable speech to text. Patients using the new system had offered feedback that it was a lot more user friendly. With that digital innovation came a focus on digital poverty and work was ongoing there. From 1 October 2022, access hubs would transform into 'Enhanced Service Hubs' where they would provide a service particularly focused on seeing residents face to face, and residents would be able to obtain an appointment for urgent care on the day of demand, as well as pre-book appointments available 2 weeks in advance. To ensure those appointments were used for their intended purpose, patients would be triaged. NWL were creating an environment focused on cohesive partnership working.

In relation to children and young people, Fana Hussain advised that NWL NHS were conscious that the younger generation needed dedicated services, and there had been a focus on expanding the number of paediatric GPs from 2 to 4, dedicated to looking at pathways and supporting GPs to manage complex patients and improving care for younger patients.

Fana Hussain advised that it was important that patients understood how they could access appointments. This could be done online, via the NHS app, over the telephone, directly by providers or directly by 111. Community pharmacy schemes could also give on the day support, and there were 76 community pharmacists in Brent that she felt were an untapped resource. NWL NHS were working with the Local Pharmaceutical Committee (LPC) to ensure work there was taken forward.

In concluding the update, Fana Hussain advised that NWL NHS continued to look at standards across GP practices.

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

- The Board were advised that NWL NHS were very strong on ensuring any communication and engagement pieces adhered to the NHS Accessible Information Standard, and any communications were reviewed prior to publication to ensure they were in accessible format.
- In relation to digital access, the Board highlighted the work the Council were doing on digital inclusion. They queried whether there had been any joint work between health and the local authority on digital access. Fana Hussain agreed that the Council had been very proactive on that work, and the NHS had provided a small amount of funding to the team undertaking that work to promote the digital access programme and tap into those skills the team had in order to avoid any duplication.
- Going forward, patients would be able to see exactly what had been written about them in their patient notes, including test results and referral letters. In order to ensure this was effectively communicated with patients, the outreach team worked very closely with the Council's digital access team and Brent Health Matters to reach communities and faith leaders and organisations with influence. The Chair expressed the need to brief members on the new offer so that they could effectively communicate with residents.
- The Board noted that there were people in Brent who were not registered with a GP, and queried what was being done to ensure people were registered with their GP. Fana Hussain confirmed that NWL NHS did have a feel for unregistered patients through their contact with 111 and Urgent Treatment Centres where they claimed to be unregistered. If a patient gave a different name or date of birth then it may not be possible to identify that individual's medical record. There were support systems in place to encourage a patient to register and make it simple to register, including a contractual obligation for 111 to assist someone to register if requested. Feedback suggested that some residents found it difficult to register with a GP due to the barriers in place such as documentation required, and vice versa feedback from GPs raised concerns around safeguarding. For example, a methadone user may register at multiple practices with a slightly different spelling of their name to obtain certain medications and avoid being traced. Going forward, NWL NHS hoped to make it very easy for people to register, and where there were concerns then the GP may ask for additional official documents with correct spelling of a name. Melanie Smith (Director of Public Health, Brent Council) added that if GPs were experiencing difficulty with methadone users attempting to register with multiple practices then they could join the Shared Care Scheme which had ways to prevent that from happening.
- The Board queried whether the local authority could assist in data management and sharing issues. Fana Hussain advised that NWL NHS continued to liaise with the local authority around data. Tom Shakespeare (Integrated Care Partnership Director) added that this related to the work around population health, looking for additional capacity from the NHS team to look at the Wissick Tool which brought together certain data. The local authority could help that work by ensuring data was input into that system to enable the population health team to look at a more integrated approach to population health.
- In relation to the section in the report detailing the increase in demand from patients waiting for elective procedures and being referred back to their GPs, the Board queried whether there had been any improvement in that following the pandemic. Fana Hussain advised that the situation was a challenge and there was a constant focus on waiting lists in acute services and ways to reduce those. Pressures in the system continued

and it was anticipated that there would be a bad flu season with another covid wave during the winter. There was effort and energy being put in to reduce those waiting lists but the system had not yet fully recovered.

- In relation to patient choice, the Board were advised that the offer and direction from NHS England, which NWL NHS adhered to, was that patient choice was paramount and if a patient requested a face to face appointment they should be offered one. It was important that NWL NHS were given the names of practices who were not offering their services in line with the national guidance and regulations so that those practices could be supported to provide face to face services.
- Fana Hussain highlighted that the public had a part to play to enable the NHS to provide the care they needed by taking responsibility for their care where they could. For example, around 30% of calls to 111 over bank holidays and weekends were for repeat medication prescriptions that were urgently needed as they had ran out. She advised there were many avenues for medication requests such as asking the local pharmacy for a three day supply until the GP practice reopened, or asking the pharmacy to order repeat prescriptions. If patients requested their medication in a timely manner before running out then this would reduce pressure on the system.

RESOLVED:

- i) To note the contents of the action plan and challenges faced by the NHS, including the implications of the rising Covid cases.
- ii) To note that GP access remained a development area.
- iii) For the NWL NHS communications strategy to be presented at a future meeting.
- iv) For the NWL NHS to provide information to councillors in relation to the NHS app and new IT system arrangements for patients.

9. **Joint Health and Wellbeing Strategy - Thematic Update (Staying Healthy)**

Melanie Smith (Director of Public Health, Brent Council) explained that this report was being presented as one of the 5 key themes of the Joint Health and Wellbeing Strategy (JHWS) following its approval in March 2022. She hoped the Board would note the progress made against the commitments in the 2022-23 action plan and the breadth of that commitment in terms of key stakeholders such as the ICS, provider organisations, Adult Social Care, Children and Young People, and Public Health. She felt that the breadth of the commitment reflected the ambition the Health and Wellbeing Board had expressed in refreshing the JHWS.

In introducing the report, Melanie Smith advised that this was the first time the JHWS progress had been presented in this way and welcomed any feedback for future update presentations. In future, officers were working to quantify some of the achievements and impacts of this particular theme, and commit to having a more explicit focus on action to address health inequalities in order to demonstrate the difference the Strategy was having.

The Chair invited contributions from those present, with the following issues raised:

- In relation to paragraph 3.27, Gail Tolley (Strategic Director Children and Young People, Brent Council) advised that the meetings being referenced were professionals meetings, with learning from parents and carers through the parent and carers forum and parent and carer representation.

- The Board felt that the content of the report on 'staying healthy' was focused on staying healthy in a medical way, and noted there were much broader ways people stayed healthy including through social prescribing. Melanie Smith felt this was a fair assessment and when the update on the 'healthy lives' theme was brought to the Board she hoped that the attention to health in its wider sense was more evident.
- Board members requested further details be brought back to the Board on how the strategy would robustly address health inequalities.

RESOLVED: to note the Joint Health and Wellbeing Strategy (JHWS) thematic update.

10. **Health and Wellbeing Board Refreshed Terms of Reference and Work Programme**

Councillor Nerva introduced the item to the Board, explaining that, since there was a new Council administration and new arrangements operating within the NHS, work had been undertaken to review the Terms of Reference (ToR) and membership. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that the ToR had been updated to take into account the changes in the Integrated Care System (ICS) to recognise their role in Health and Wellbeing. The final appendix within the report set out the indicative Forward Plan for the year, which would adapt throughout the year as needed.

In considering the report, the Chair requested that disability was added into point 6 of the ToR.

RESOLVED: To agree the Terms of Reference and Work Programme, subject to the minor amendment to the Terms of Reference.

11. **Any other urgent business**

The Board noted that this would be Gail Tolley's final Health and Wellbeing Board meeting as the Strategic Director Children and Young People, and thanked her for her work with the Board.

The meeting was declared closed at 7:35 pm

COUNCILLOR NEIL NERVA
Chair

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