

 Brent NHS North West London	Brent Health and Wellbeing Board 29 March 2023
	Report from Healthwatch Brent
Healthwatch Brent progress and priorities March 2023	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt:	Open
Appendices:	Appendix 1 - Healthwatch Brent Outcomes 22-23 Appendix 2 - Patient experience report Q3 2022-23
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Cleo Chalk Healthwatch Brent Manager cleo.chalk@healthwatchbrent.co.uk

1.0 Purpose of the Report

- 1.1 To provide members of the Brent Health and Wellbeing Board (BHWB) with an update on Healthwatch Brent's progress throughout 2022/23 and the development of the Healthwatch Brent workplan for 2023/24.
- 1.2 The workplan aims to ensure that all residents in the borough, those experiencing the biggest health inequalities, are able to influence the commissioning and delivery of the health and social care service in Brent.

2.0 Recommendations

- 2.1 To recognise and note Healthwatch Brent's progress and outcomes for 2022/23.
- 2.2. To provide strategic input into Healthwatch Brent's priorities for 2023/24.

3.0 Detail

3.1 Outcomes 2022/23

Throughout 2022/23 Healthwatch Brent has worked closely with a number of community groups to understand and address barriers in accessing health and social care. This has included making a series of recommendations to improve local mental health in-patient care, supporting co-design work between Somali groups and mental health services, carrying out targeted engagement with the Romanian community and developing cancer screening awareness sessions to be delivered to at-risk community groups. We have provided a short summary of these outcomes in appendix 1.

- 3.1.1 From Q1 – Q3 we engaged with 800 members of the public through a mix of focus groups, targeted outreach, service visits and surveys (delivered online and in person). We have listened to experiences of health and social care, sharing key themes/challenges directly with relevant services and more widely through our quarterly patient experience reports. Brent residents have also come to us for advice and signposting, receiving information such as how to access services or make a complaint. Themes from the most recent patient experience feedback can be found in the Q3 Patient Experience report (appendix 2).

Alongside collecting general feedback, we carried out targeted engagement to understand specific experiences of key groups. This included working with Pakistani and Bengali communities to review experiences of the Covid-19 vaccination programme. The feedback which was shared directly with NHS England and will help shape future vaccination communication. A second piece of work, commissioned by the London Ambulance Service (LAS), involved speaking to local people about their experiences of urgent and emergency care. We identified a series of key priorities which have been shared with the LAS and will feed directly into their strategy for the next five years.

- 3.1.2 The Healthwatch Brent team has continued to build strong links with local services, statutory partners and partners from the community/voluntary sector. We have also developed an engagement strategy that will allow us to add value to these stakeholders by facilitating greater collaboration and coproduction between services and patients – particularly those experiencing the greatest health inequalities.

- 3.1.3 885 members of the public and local partners attended our health inequalities and ‘Speak Up’ development lectures throughout 2022. Our health inequality sessions have provided vital health education on topics such as transitional safeguarding, mental health, end-of-life care and gambling addiction. Because these topics are open to all and attract a mixed audience of health professionals and non-health professionals, they provide a unique opportunity for members of the public, experts and those working in the field to have discussions about the important issues that affect us all. These events have also created opportunities for further networking and collaboration between partners.

In January, we hosted our first in-person health equalities lecture, where audience members could also get a health check from Brent Health Matters – and following the success of this we plan to continue with a combination of online and in-person events. Separately, the ‘Speak Up’ series has focussed on providing local organisations and others working in our sector with information and support on key issues impacting our work – such as modern slavery and the cost-of-living crisis – as well as approaches for improving service delivery such as co-production.

- 3.1.4 In August 2022 we made a series of visits to GP practices to carry out evaluations of the extended access offer. Our evidence from these visits demonstrated the enormous value that extended opening offered to patients, and helped to secure an extension of the scheme.

- 3.1.5 At the end of 2022, Healthwatch Brent carried out a series of three Enter and View visits to in-patient wards at Park Royal Centre for Mental Health. We have made a number of recommendations for improving care, particularly focusing on patient information about care plans, complaints and advocacy, providing access to cultural/religious items, and providing a suitable range of activities. We have received responses from the wards outlining how they plan to address these improvements, and will follow up regularly to ensure changes are made.

3.1.6 Healthwatch Brent is an active member of the Northwick Park Maternity Voices Partnership, and we have been working closely with Northwick Park's maternity team to carry out engagement with patients. Last quarter we carried out work to understand experiences of antenatal services, and will work with the team to address improvements around waiting times. In 2023 we will carry out further engagement to understand experiences of post-natal care.

3.2 Priorities 2023-24

We have identified a series of key priorities which will inform our project and engagement work for 2023-24. These are based on information shared by the public, our partners, and our knowledge of health inequalities in Brent.

3.2.1 Our first priority area is mental health in key communities and geographical hotspots. This will build on our existing collaborative work with the Somali community, and we are also developing a new project understanding and addressing barriers to accessing mental health care within the Pakistani community. Focus on these groups is in response to insights from local services showing that they are accessing services less frequently.

3.2.2 The second priority area is those requiring translation or additional support to access services. Our ongoing work with Northwick Park maternity department will focus on those who do not speak English as their primary language, and we will be working closely with the service to ensure that patients who do not speak English are receiving all of the information and resources that they require, in an appropriate format. We will also be developing our engagement with the Romanian community, reaching Romanian-speaking groups who may be facing more severe health inequalities – such as homeless people, people in precarious working situations, young people and new mothers. Phase one of this project has involved collecting feedback in the Romanian language to identify barriers and challenges. The research has found that key barriers include lack of access to translated information, lack of trust in the NHS system and difficulty navigating the system due to lack of information. Alongside more targeted engagement, phase two will involve working with the Romanian community to develop culturally appropriate resources and community support.

3.2.3 Our third priority area will be residents of the most deprived wards, who may be experiencing multiple disadvantages. We will continue our targeted engagement in Harlesden and Stonebridge, and develop further engagement with residents and groups in Kensal Green. Based on concerns raised by local people, we are developing a series of cancer screening awareness events which will be delivered in these areas. These events will be co-designed with the local community; we are in discussions with groups to understand what type of speakers and information they need, and how they would like the events to be formatted. We are connecting closely with partner organisations such as Brent CVS and public health to ensure that work is collaborative and not duplicated.

3.2.4 In addition to the three priority areas listed above, we will work closely with children and young people's services to ensure that the voice of young people is included in the development of services. We have recently met with the Director for Children and Young People to understand current priorities and potential areas for Healthwatch to add value. It is crucial that children and young people are able to contribute to the development and evaluation of services.

3.2.5 Issues around social care services, and specifically the experience of being discharged from hospital into a care home, is a new theme that has been emerging within our engagement work. We will continue to monitor this issue and build links with Brent

Adult Social Care, with the intention of developing future project work in this area as capacity allows.

3.2.6 Following on from our previous work evaluating patient experience of accessing a GP appointment, we continue to hear from many local people that they are struggling to see their GP. We will follow up with the practices highlighted in our initial report to ensure that recommendations have been made, and carry out further evaluations through a series of enter & view visits.

3.2.7 To deliver additional social value to local people, we will be continuing our popular health inequalities lecture series and developing this to include more in-person sessions where Brent residents can meet clinicians and learn about key issues affecting their health and wellbeing. We will also be delivering a series of safeguarding training sessions to local organisations and community groups, to ensure that people are aware of the processes available to protect people from abuse and neglect.

3.3 Engagement

Healthwatch Brent maintains an active presence at key working groups and committees, ensuring that we understand the wider priorities and work taking place across the borough and can support key projects.

Over the past year, we have focused on building our connections with community groups across the borough. We engage regularly with more than 50 different CVS groups, giving them the opportunity to feed into our projects and creating links so that residents can be referred to the correct services for advice and information. These connections allow us to carry out targeted engagement work – such as recent work understanding experiences of urgent & emergency care for unpaid carers.

We are developing ambitious targets to extend both the number of groups we are reaching, and the number of individuals engaged with through outreach events, pop-ups and other community activity.

3.4 Service development

Alongside the priorities listed above, we have identified several areas for service development. Upskilling volunteers will allow us to expand our advice and information service to support more residents with specific health signposting needs. We will also be creating more capacity for responding to advice and signposting requests within our team, as we see this as a key tool for supporting those in Brent with the greatest unmet need. Cases brought to our service are typically complex and reflective of the broader health inequalities seen within the borough.

Following the success of our volunteering program, which now has 16 active volunteers supporting a diverse range of activities, we will be producing a volunteer management training offer to support other organisations within Brent and in the wider community sector.

3.5 Governance and staffing

Healthwatch Brent now has a permanent manager in place, Cleo Chalk. We also have a new Healthwatch Service Manager, Danni O'Connell, who will provide strategic oversight across all local Healthwatches hosted by The Advocacy Project.

The team is currently recruiting for a new Engagement Officer. Once this position is filled, we will be at full capacity.

3.5.1 Our Advisory Group has continued to meet regularly to review our priorities and provide insight into our projects. We have also commissioned an external consultant to work with the advisory group in developing a new engagement strategy which reflects our ambition of developing stronger links with key stakeholders in the borough, and moving towards a co-production model for our projects which ensures local people and groups are at the heart of everything we do.

3.6 System partners

Together with the other local Healthwatch organisations in North West London (NWL), we are committed to developing a model of practical cooperation to support public engagement in Health & Social care across the NWL ICS. We have worked closely with the other local Healthwatch groups to develop a collaborative agreement, outlining how we will work together to service our responsibilities at borough-level while also influencing decisions taken at the ICB and holding them to account. It is vital that we work together to strengthen the influence and impact on residents within Brent and across North West London.

4.0 **Financial Implications**

4.1 No immediate financial implications

5.0 **Legal Implications**

5.1 No immediate legal implications

6.0 **Equality Implications**

6.1 The Healthwatch Service has been assessed against the Equality and Diversity Policy so that it ensures we are fully committed to and undertaking action under the Equality Act 2010 and other forms of legislation that combat discrimination and promotes equality and diversity.

Report sign off:

Judith Davey

CEO, Healthwatch Brent