

## **MINUTES OF THE HEALTH AND WELLBEING BOARD**

**Held as a hybrid meeting on Thursday 12 January 2023 at 6.00 pm**

**Members in attendance:** Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Muhammed Butt (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Grahl (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT), Judith Davey (Chief Executive, Brent HealthWatch), Robyn Doran (Brent ICP Director), Basu Laminchane (Residential and Nursing Sector), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Corporate Director Adult Social Care and Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting)

**In attendance:** Tom Shakespeare (Integrated Care Partnership Director), Jonathan Turner (Borough Lead Director – Brent, NWL NHS), David Petrie (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Natalie Connor (Governance Officer), Antoinette Jones (NWL NHS), Steve Vo (NWL NHS), Josefa Baylon (NWL NHS), Nipa Shah (Programme Director, Brent Health Matters), Marie McLoughlin (Public Health Consultant, Brent Council), Susan Elden (Consultant in Public Health, NHS England – London), Anne Tunbridge (Immunisation Commissioning Manager, NHS England - London Region ), Versha Varsani (Head of Primary Care (Brent), NWL NHS)

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

Apologies for absence were received from the following:

- Councillor Mili Patel, who was substituted by Councillor Muhammed Butt

### **2. Declarations of Interest**

None declared.

### **3. Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 13 October 2022, be approved as an accurate record of the meeting.

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

The Chair confirmed that the Better Care Fund for Brent had been approved formally.

### **5. Children's Services Update**

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools, Brent Council) introduced the update, highlighting that she was grateful for the request to update the Board on contingency planning for children's healthcare and addressing new challenges such as Polio and Strep A.

In further introducing the report, Jonathan Turner (Borough Lead Director – Brent, NWL NHS) advised the Board that the report reviewed the current situation and response to winter pressures with a specific focus on children, and also detailed the Integrated Care Partnership (ICP) priorities to bring together a specific focus on children. In updating the Board on current issues, he highlighted the following points:

- In the latter part of the summer, routine monitoring of sewage in London showed the presence of the Polio virus,, therefore the Joint Committee for Vaccination and Immunisation (JCVI) had advised that across London the NHSE should offer an inactivated polio vaccine booster for children aged 1 – 9 years. The ICP had moved rapidly to set that up, and the latest figures were that around 13,000 children had received their booster in Brent. This equated to around 32% of the eligible population, which was a strong starting basis.
- Routine immunisations were ongoing, including an outreach centre with SPIN GPs specifically working around improving childhood immunisation uptake.
- Strep A clinics had been set up to reduce the pressure on the system and provide extra access for parents and children. As of the week of the meeting, the additional clinics had delivered around 892 additional appointments.
- Enhanced access hubs were in operation, with joint primary and secondary care clinics set up for paediatrics in the North and South of the borough.
- Within the ICP, the children’s priorities working group had met to look at where the areas of need were and where partners could collaborate most effectively, which was outlined on pages 12-13 of the report. Focus was on developing a holistic support offer to address the inequalities and prevention agenda, which included specific focus on healthy weight, smoke free homes and a healthy start. Immunisations were also a priority for the ICP
- In relation to mental health and wellbeing there was a new national Thrive model, and partners were now working together to map out the requirements of that. CAMHS was another area of focus to reduce the substantial waiting list, and there had been work across the system to secure additional non-recurrent funding for the year to reduce the waiting list. Jonathan Turner and Robyn Doran (ICP Director) had been in discussion with NWL ICS to secure additional resources to reduce those waiting lists and keep them down.
- A new neurodiversity pathway was being implemented, with jointly commissioned speech and language therapy.
- Work was being done to improve the diagnosis and control of asthma, focusing on inhaler technique, and working with housing teams on mould in houses and the links between air quality and environment on asthma.
- It was anticipated that these workstreams would report to the ICP exec groups and maintain a close dialogue between ICP leadership, the Corporate Director Children and Young People, and the Borough Lead Director. Jonathan Turner and Robyn Doran were also members of the Brent Children’s Trust so there was close linkage on a governance basis.

The Chair thanked Councillor Grahl and Jonathan Turner for their introductions, and invited contributions from those present. The following issues were raised:

- In relation to the 30-35% increase in out of hours calls, the Board asked whether there were any emerging themes. Jonathan Turner advised that there would need to be further analysis to understand if there were any themes, but envisaged there would be a wide range of themes.
- In response to what outcomes were hoped for in regards to the ICP children’s priority, Jonathan Turner advised that part of the programme of work would be to define those outcomes, but he suggested they would include addressing the issues that appeared each year within the JSNA, such as childhood obesity, asthma admissions and non-elective hospital admissions. The final details would need to be

worked through with all representatives from the provider organisations to ensure the right areas were targeted. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that he would hope to see improvements in progress at school for children with an Education Health and Care Plan and more effective and timely provision of speech and language therapy and occupational therapy.

- The Board asked whether 65% uptake on the health inequalities clinics was expected. Dr Haidar advised the Board that the clinics were organised on weekends to avoid parents and children missing school and to improve access, and the uptake had been very good. As a result of the good practice, other boroughs were looking to learn from the clinics.
- In relation to mental health and the national Thrive model, Robyn Doran advised that this focused on early intervention. Through the work done around the CAMHS waiting list it had been found that having the third sector involved with triage and intervention had made a big difference, and the Thrive model would do more downstream work with families and children to prevent break downs and children ending up in emergency departments.
- Noting the transformation work on speech and language therapy, the Board asked whether this included rehabilitation. For example, they asked whether the work helped children and young people who were partially sighted learn to use a cane or get to school. Nigel Chapman confirmed that there was a specialist SEND pre-school panel where he would expect additional or unmet needs to be supported there, separately from speech and language therapy.

RESOLVED: To note the report. and request that the Health and Wellbeing Board be presented with metrics on CAMHS, particular in relation to the impact of triage, and any updates on investment.

## 6. Childhood Immunisations

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which described the current arrangements for childhood and school aged immunisations. She advised the Board that the scope of the report had been deliberately limited due to the complex nature of childhood immunisations. NHSE were responsible for the commissioning of routine immunisations and had been able to provide figures for the Board. In Brent, the school age programme was commissioned through CNWL. She concluded that there were longstanding challenges with raising childhood immunisation rates in Brent.

The Chair thanked Dr Melanie Smith for introducing the report and invited NHSE colleagues Susan Elden (Public Health Consultant, NHSE) and Anne Tunbridge (Immunisation Commissioning Manager, NHSE) to speak. The following issues were raised:

- The Board's attention was drawn to section 6 and 7 of the report, which detailed the headline figures for Brent. Generally, London coverage of childhood immunisations was lower than the national average. In Brent, the figures were slightly lower than the regional London average, but were on par with other boroughs in NWL.
- During the pandemic, coverage figures fell to their lowest ever across Brent, which were now showing signs of recovery but still not back to the 2018 baseline. As NHSE attempted to close that gap, new children fell into the age category of requiring vaccinations ie the numbers of children now needing immunisations is increasing.
- Section 7 detailed the collective efforts happening across agencies to improve vaccination rates in Brent. A focus going forward was around reducing inequalities and catching up on missed groups, listening to communities and building trust with providers and people.

In considering the presentation, the Board raised the following points:

- The Board asked if there was any demographic data on the groups where vaccination uptake was particularly low and if there was anything the Council could do to work more closely with those groups. Dr Melanie Smith advised the Board that she was looking to improve data quality, and a big achievement of the work done during Covid-19 was the ability to track vaccination rates alongside deprivation which was not currently possible for childhood immunisations. Immunisation data was held on a national system, and, until Covid-19, NHS data collection did not prioritise ethnicity or deprivation. She felt there was a need to supplement the very well-established national database with other initiatives to improve that data quality. In terms of working closely with groups who had low vaccination rates, Dr Melanie Smith highlighted that there was targeted outreach and a variety of offers from primary care to encourage uptake of vaccinations and make access easier, acknowledging, that for some families, attending their GP surgery was not always convenient. School aged immunisations had been offered outside of school settings and in December 2022 79 children had been vaccinated in 1 day in Brent Civic Centre. She commended children and young people services, public health, and NHSE colleagues who had been flexible in their approach to immunisation since Covid-19. Going forward, she wanted the universal offer through primary care to be as efficient as possible in order to free up time and resource for more targeted outreach for those communities who had not accessed the traditional offer.
- Versha Varsani (Head of Primary Care (Brent), NWL NHS)) highlighted that a large proportion of clinics had signed up to the extra health inequalities clinics held on weekends, and a number of children had been coming in for vaccinations on those days. As there was higher deprivation in the south of the borough, a focused clinic had been held there with at least ten children vaccinated in the short session held and information given out to other attendees. The ICB team worked closely with the regular immunisation working group, meeting every 2-4 weeks to look at challenges and improving rates for immunisation.
- Dr Haidar felt that another approach to improving vaccination uptake was to hold education workshops about the impact of illnesses and the importance of protection against them, and steer away from words like vaccination and immunisation which may discourage engagement due to stigma. In response to what was being done about the perception that immunisations caused autism, Dr Haidar informed the Board that health providers could only reinforce the fact that the initial theory spread by the media was not correct and the clinician whose research was published had been discredited. Primary care colleagues were still communicating this with patients and reassuring them that immunisations did not cause autism.
- As to whether there was any practice guidance and peer support across NHSE and other Local Authorities, Anne Tunbridge advised that part of her job as commissioning manager was to liaise closely with ICB colleagues to disseminate and share information. As a team within NHSE, they were aware of the patterns across London and this was shared directly with local ICBs and the NHSE team. In addition, immunisation co-ordinators were employed to work on the ground with GP practices and help NHSE understand the specific issues within the GP setting around vaccination. Dr Haidar highlighted the importance of working together to address the challenges faced by GPs. There were many other different ways NHSE linked in and worked closely with the local authority and ICB to target specific areas with issues. As of April 2024, a lot of the functions around vaccination would be delegated to ICBs so NHSE felt it was important to take steps to get closer to local communities.
- The Board asked when they would see another report on this topic. Susan Elden advised that if there was anything concerning or positive to report they would be able to provide that information as requested, but in regular business felt that the

most appropriate timings for a report of this nature would be annually in order to see directions of trends.

RESOLVED: to note the information provided in the paper.

## 7. **NWL summary of additional health inequalities funding and Brent Health Matters Update**

### **7i. NWL Additional Health Inequalities Funding**

Nipa Shah (Programme Director, Brent Health Matters) introduced the report, which provided a summary of additional health inequalities funding. She informed the Board that additional funding had been released nationally in October 2022 to fund health inequalities work, and NWL had been allocated £7m from that fund. Out of that, a decision was taken to give 60% of that funding to borough-based partnerships, with Brent's allocation being £783k. Officers had prepared a business case which split that fund, with around £300k earmarked for community organisation grants and £483k going towards implementing Community Co-ordinators, dedicated GP time, and business analyst support to work more closely with the 5 Brent Connect areas. There was also a pot of money for additional schemes, and Brent had asked for £300k from that pot of money to continue supporting Brent Carers Centre who were providing a Health Educator Service. Brent Health Matters were now awaiting a final decision on the business case before implementation.

RESOLVED: To note the report.

### **7ii. Brent Health Matters Update**

Nipa Shah (Programme Director, Brent Health Matters) introduced the report, which provided an update on the Brent Health Matters Programme. In considering the report, the following points were raised:

- The Board commended the work done so far, and were encouraged to hear about the UCL funding to use community assets to improve Health and Wellbeing. They felt that learning from the programme could be used for other mainstream services.
- Noting that some of the health events that had been held had identified some people who were acutely unwell, the Board asked whether there was any learning around types of conditions, demographics or where they were living. Nipa Shah informed the Board that the presentations had been varied, from people who had not seen their GP to people who were well versed in looking after themselves but had not felt it was important. Dr Haidar added that some of the conditions being identified were cases of high blood pressure, and those patients had now been educated and help allocated accordingly. The more events that BHM did, the more themes officers could pick up on. Data collection was in the process of being improved, with BHM working with the performance team to take cuts of data on the people they saw, including ethnicity, age range, and the last time they had seen a GP. When the new BHM dashboard was developed, officers would be able to start recording these engagements, which could then be quantified and included within reports.
- The Board asked what the dashboard intended to capture and who was intended to use it. Nipa Shah advised that the intention was for officers to be able to use the dashboard to record data and pull reports, and this could be shared with councillors. Tom Shakespeare (Managing Director, Brent ICP) informed the Board that there was ongoing work around the development of population health dashboards, and the intention was for them to be available at practice level, neighbourhood level and community level, to help focus on each area to see if there were any pockets of communities not accessing particular services.

The Board **RESOLVED** to note the report.

## 8. **Brent Integrated Neighbourhood Teams Development**

Josefa Baylon (Head of Integration, NHS NWL) introduced the report, which updated the Board on the progress of integrated neighbourhood team development in the borough since the last Health and Wellbeing Board meeting. She provided the Board with a summary of activity that had taken place, risks and mitigations, and the next steps for the development.

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

- In considering the next steps for the development of integrated neighbourhood teams, the Board asked if there were any risks with achieving those. Josefa Baylon advised the Board that there could be risks with use of premises, such as rent rates and service costs, meaning there was a need to work in partnership to find and use premises, including considering waiving or reducing rates for partners. There was a need to acknowledge that the voluntary and community sector paid bills for their premises.
- Dr Haidar added that the purpose of the neighbourhood work was to put residents at the heart of services. He was encouraged by the design of the programme and the hard work the team was doing to wrap around services for residents to access. He highlighted that it would not be a quick process and would have short term, medium term and long term goal setting.

RESOLVED:

- i) To note the report.

## 9. **Health and Wellbeing Strategy - Healthy Lives**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report with an update on Healthy Lives, which formed one of the 5 themes of the approved Health and Wellbeing Strategy. She highlighted that the theme focused on enabling residents to make healthy, easy choices for themselves and who they cared for and had ten commitments. She drew the Board's attention to the wide range of partners involved in delivering those commitments, such as the local authority, NHS and voluntary and community sector organisations. The overall progress on this theme had been good, and work had begun on developing a food strategy, which would drive forward some of the commitments such as healthy catering and Incredible Edible Brent.

In terms of areas of achievement, Dr Melanie Smith highlighted the work of the Brent Resident Support Fund and the oral health work where public health had seen an innovative and award-winning model implemented. In addition, two workstreams that focused childhood obesity, which had been a long-term entrenched issue in Brent, had seen some positive success. In one programme, professionals delivered intervention for pre-school children through their regular duties, such as Family Wellbeing Centres and the 0-19 service. Public Health had also commissioned an intervention programme for school aged children which had been co-produced with families. Both of those interventions had shown positive benefits in terms of behaviour change and weight loss, which was the first time Public Health had been able to report positive outcomes in interventions to reduce childhood obesity in Brent.

RESOLVED:

- i) To note the report.

## 10. Borough Plan

Councillor Nerva introduced the item by commenting on the importance of all statutory agencies involved in health and wellbeing knowing what was envisaged in Brent as part of the new Borough Plan. There would be responsibilities and key issues for implementation which could not be done by the Council alone but in partnership with NHS and other agencies. He had requested this item at the Board as an opportunity to reflect on discussions on the issues raised during the meeting such as asthma, childhood obesity, and health inequalities.

In introducing the item, Tom Pickup (Policy, Partnerships and Scrutiny Manager, Brent Council) presented a powerpoint with the following key points raised:

- The public consultation on the Borough Plan had ended on 10 January 2023, so the information presented to the Board was the most up to date feedback received. It was estimated that the consultation period had resulted in approximately 900 responses through various different means including an online survey and engagement such as workshops, focus groups, community hubs and forums.
- The Plan was drafted in the context of operating in a post-pandemic era with a rising cost of living. This had an impact on what the Plan could commit to, what priorities to pursue, and what should be considered over the next 4 years. The rising cost of living affected not only residents, communities, and businesses but also the Council, NHS and other organisations. As a result, the Plan was written in the context of the Council looking to make £18m in savings over the next year.
- The priorities of the Plan were outlined. The final priority most relevant to the Health and Wellbeing Board was healthier Brent. This priority was about tackling health inequalities and ensuring there were localised services for localised need.
- One of the questions during consultation had been 'what should Brent look like in 2027', and the three most common words emerging from that question had been 'clean', 'safe' and 'green', which was something to consider for the final iteration of the Plan due to be presented to Cabinet for approval on 6 February 2023. Each of the existing priorities would now be tweaked to reflect the feedback from consultation, which broadly aligned with the draft priorities. For example, prosperity and pride saw a clear theme around creating more jobs and skills. A cleaner, greener future showed themes around better maintained parks and more visible greenery. The theme of safety had emerged and the importance of feeling safe, particularly for women and children. Respect and renewal saw feedback focused on improved air quality, reducing congestion and traffic and a visibly cleaner borough. Those who engaged in consultation wanted more and better affordable housing with accessible infrastructure such as GP surgeries. There were calls for more opportunities for work experience to support young people into work under the best start in life priority. In relation to healthier Brent, people aligned health with happiness, and linked to that was awareness and access for mental health support and reducing health inequalities. These findings would continue to be analysed, with the finalised plan presented to Cabinet on 6 February 2023 with the feedback incorporated.

In considering the presentation, the following issues were raised:

- The Board asked how many young people put forward their priorities and whether it was possible to split that data out. Tom Pickup explained that equality monitoring questions had been included in the survey, so officers were able to pull out demographics for survey responses, and that would be available in the final findings

report. Targeted engagement had also taken place with young people, such as Local Democracy Week, where 30 young people were engaged on the Plan.

- ICB colleagues were reassured from a health perspective that the areas of focus and priorities for the ICB were aligned with what people were asking for. HealthWatch Brent agreed that the priorities were echoed in what they heard in their engagement with residents, particularly around air quality.
- Simon Crawford asked to what degree LNWUHT could help deliver the strategy and embed the concept of working together as anchor organisations. Tom Pickup advised that the ambition, once the Borough Plan was finalised, would be to continue that dialogue, as a lot of times the feedback from engagement events was that those events should not be the only time partners speak about priorities. It was felt by partners that the conversation needed to keep going, looking at how to pull resources together and continue supporting people during a time where there were less resources available.
- Councillor Nerva advised the Board that the Plan would go to Cabinet who would look at performance monitoring and resourcing issues. He felt the Health and Wellbeing Board had an important role to play in terms of bringing together those key anchor institutions to carry it forward, and it would be useful for the Board to look at how over the next few years it could work across the local authority, NHS and voluntary and community sector to maximise opportunities for delivery of the Plan.

RESOLVED:

- i) To note the report.

## 11. **Winter Planning Update and Adult Social Care Discharge Funding**

Tom Shakespeare (Managing Director, Brent ICP) introduced the report, which informed the Board of Brent's plan and preparedness to manage the anticipated winter pressures on the local health and social care system and manage the additional Adult Social Care (ASC) Discharge Funds to support winter pressures. He highlighted that this work was being done in the context of the significant pressures the NHS was currently facing. In updating the Board, he raised the following key points:

- Members had heard at the previous Board meeting the £1m worth of schemes Brent were proposing, and some additional funding of approximately £2.2m was now coming into the Brent system in addition to that £1m to support winter pressures on the acute system. It was hoped those additional schemes would have a significant impact on reducing pressures in the hospital and improving flow.
- All schemes were now live with the exception of three. Two of the three schemes were now in the process of being mobilised. This meant there were a total of 24 schemes developed in Brent from the significant amount of funding that had entered the local system.
- Simon Crawford added that, from an acute trust perspective, they had received good support from the local authority and community services regarding discharges. There were individual cases that were more complex where escalation calls were required occasionally, but generally there was reliable attendance on all discharge calls on a daily basis, including out of hours coverage. He added that this was a significant improvement to several years prior.
- The formal ratification of the Adult Social Care Discharge Funding was required from the Health and Wellbeing Board as this would form part of the Better Care Fund and Section 75 Agreement.

In considering the report, the Board raised the following points:



- The Board highlighted the recent press coverage that elderly people were being discharged into large hotels, and asked if that was happening within Brent. Phil Porter (Corporate Director Adult Social Care and Health, Brent) confirmed this was not the case within Brent.
- The Board commended Antoinette Jones (Head of Delivery (Brent and Harrow), NHS NWL) and her team for co-ordinating the very complex set of funding that had been released from different pots at different times. The timing of funding releases had not always been helpful, and the Council had fed back to the Department of Health and Social Care that it would be helpful to receive money earlier, be clearer about the outcomes they wanted partnerships to achieve, and allow partnerships the flexibility to implement the schemes that were locally needed. The Board recognised the difficulties of the timings of funding announcements. Tom Shakespeare agreed that there was a shared view that it had not been an ideal process, but was confident that Brent had planned some positive schemes despite those difficulties.
- Carolyn Downs (Chief Executive, Brent Council) had been in discussion with all 8 NWL borough Chief Executives and the ICS leadership to raise the issue of the newly announced funding of £250m discharge funding, due to concerns about the requirements of the scheme. From that discussion it was clear that there was a will to look at how systems could improve the flow to both keep people out of hospital and get them out of hospital if they did enter hospital care, which she had been reassured by.
- In relation to funding for care home beds, Phil Porter confirmed that a different set of funding was used for that. A recent cost of care exercise had been done, which would be published in February 2023. The position in Brent was to have a clear focus on the cost of care in order to ensure the rates being paid matched that cost, which was the evidence to date. Having said that, the ICB recognised the pressures on care homes, as well as all services, and there were ongoing conversations between care home managers and the commissioning team to ensure the system was responsive to that.
- The Board asked how patient and resident voice would be factored in to the evaluation of the schemes, which Tom Shakespeare would take away for a discussion. Simon Crawford added that, in relation to patient and resident voice, as part of discharge planning for each patient there were conversations with the patient and family in terms of the most appropriate discharge pathway. With the pressure the acute trust was under, patients did not always get a long list of choice, but they were consulted and an assessment of need done, and then placed in the most appropriate place. Care homes also looked to determine whether they had the right provision in place to be able to care for each patient.

As no further issues were raised, the Board RESOLVED:

- To note the report.
- To formally ratify the winter scheme plan and adult social care discharge funding.

## 12. **Any other urgent business**

Simon Crawford informed the Board that LNWUHT had moved from level 3 to level 2 in terms of NHS assessment of performance, which was a positive move in the right direction. The Trust had previously been at level 3, requiring monthly oversight meetings to review performance, quality and implementation of plans for a number of years. Level 2 was a lighter touch of oversight, reflecting the sustained improvement of performance quality. For example, the emergency pathway had seen improvements, and there was good progress on elective and recovery, with around 105% of activity compared to pre-covid. There had been good improvements on the CQC maternity improvement plan with less incidents,

better management, improved infection control and good progress on financial efficiency. Theatre performance was judged as good and there were reduced cancellations. The Trust had delivered its financial plan for the past 2 years and was on track to deliver it again this year. He highlighted that the improvements were reflected in the feedback received from patients and staff.

The Board commended this positive achievement, and hoped that partners present could work together to disseminate that message so that residents had a perception that they had access to a good and safe service.

The meeting was declared closed at 20:00

COUNCILLOR NEIL NERVA  
Chair