Brent

NHS
North West London

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Tuesday 25 July 2023 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Helen Coombes (Corporate Director Care, Health and Wellbeing, 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), Tom Pickup (Policy, Partnerships and Scrutiny Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Steve Vo (NWL NHS), Sarah Nyandoro (Head of Mental Health, Learning Disabilities and Autism, NHS NWL), Dr Charlotte Benjamin (Chief Medical Officer, NWL ICS), Olivia Clymer (Head of Community Engagement and Partnerships, NWL ICS), Jason Antrobus (Deputy Chief Operating Officer, LNWUHT)

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

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Claudia Brown (Director Adult Social Care, Brent Council)
- Ali Wright (CEO, Brent HealthWatch)
- Simon Crawford (Deputy Chief Executive, LNWUHT), substituted by Lisa Knight (Chief Nurse, LNWUHT)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 29 March 2023, be approved as an accurate record of the meeting.

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

The Chair advised the Board that he would be amending the order of business to take item 9 – 2023-25 Better Care Fund Update first.

5. **2023-25 Better Care Fund Update**

Tom Shakespeare (Managing Director, Brent Integrated Care Partnership) introduced the report, which set out the process that the Brent Integrated Care

Partnership (ICP) had taken over recent months in response to the late publication of guidance and requirements of the joint Better Care Fund (BCF). In updating the Board, he highlighted the following key points:

- The report highlighted the review process NWL Integrated Care Board (ICB) were looking to undertake around the BCF and set out that, locally, there was now an agreed plan.
- There was no change to the overall quantum of spend in the current year's BCF plan but there was a proposal for a joint NWL ICB review of all BCFs for 2024-25, with commitment from the Chief Financial Officer within the ICB to jointly agree those principles. Brent ICP had put forward a number of principles in the paper under section 3.2 of the report, which the NWL ICB had now responded to on the day of the meeting and which the Health and Wellbeing Board were asked to endorse.
- The next steps were to bring the BCF to the ICP executive and submit to NHSE by the deadline, pending formal approval from the Health and Wellbeing Board which would be obtained virtually or through ratification at the next formal Health and Wellbeing Board meeting.
- The positive was that funding was secured for the current year and there was a commitment from the ICB around the contribution of additional funding which would contribute to local schemes supporting discharge and flow in Brent.
- The Chair added that he was very aware of the concerns individual NWL partnerships had about the manner in which the NWL ICB had conducted discussions around funding for 2023-24 and was pleased that a resolution for Brent had been achieved. The review that would take place needed to cover all partners across the joint health and care system and learn from what the third sector had achieved. He highlighted it was imperative to get a clear timetable on that review so that everyone involved was confident in the process.

The Chair then invited contributions from those present. The following issues were raised:

- The Board queried whether the table in section 3.1.3 of the report showed there would be a funding shortfall. Tom Shakespeare highlighted that there would be no shortfall during the current year but that the funding detailed in that table was at potential risk for future years depending on the outcome of the joint review for 2024-25. The Chair added that if that money were to be withdrawn this would put NHS discharge arrangements at great risk, therefore there was an incentive for the NHS as a partner to ensure there were smooth pathways for discharge.

RESOLVED: To note the BCF related risks and commend the ICP approach to the NWL ICB 2024-25 BCF review.

6. Draft Integrated Care System Strategy Consultation

Dr Charlotte Benjamin (Chief Medical Officer, NWL ICS) and Olivia Clymer (Head of Community Engagement and Partnerships, NWL ICS) delivered a presentation to detail the work done so far in relation to the current draft of the Integrated Care

System (ICS) Strategy. They recalled that many members of the Health and Wellbeing Board had taken part in some of the strategy sessions and that Brent ICP had submitted a response to the draft strategy which was included in the pack. In presenting the item, they highlighted the following key points:

- The strategy presented had drawn information from across all 8 NWL boroughs looking at individual Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies.
- The NWL Integrated Care Board (ICB) were in the engagement phase of the draft strategy. This had included publishing one-page summaries online, strategy chapters, and asking for feedback and considerations that may have been missed or not emphasised enough to help with the next iteration of the strategy. The seven other NWL boroughs had already provided feedback through their Health and Wellbeing Boards with Brent's Health and Wellbeing Board being the final one.
- Different modes of engagement had involved a residents' forum, which had received over 100 attendees at its most recent event, and a citizens panel with around 4,000 members from a diverse range of the population. Overall, the strategy had received feedback from over 1,000 residents. It was highlighted that the engagement had managed to obtained views from a broad age range, with 47% of respondents aged between 26-35 years old which had been a surprise. In addition, there were slightly more men responding than women which was not usually the case.
- Some of the headlines from survey analysis, which would be triangulated with feedback from the 8 ICPs and other community outreach work, were outlined. 73% of residents agreed that they thought the strategy captured the right areas for the ICS to work on, and 67% agreed that the strategy was meaningful.
- One of NWL ICS's main challenges was workforce, which lead to variation in access and service provision, particularly mental health provision at a time when mental health needs had gone up across NWL and nationally since the Covid-19 pandemic. The ICS was aware from surveys and insight reports that those challenges continued to concern residents.
- In relation to outcomes, the ICS was using 'marmot' principles, focusing on measures that would be shared across the ICB on the 6 priority areas. Those priority areas were employment, inequalities, integrated neighbourhood teams, streamlining primary care and community access, focusing on children and young people, and productivity and quality of services, which should support the other priorities referenced.

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

- The Board asked what the timeline was for signing off the strategy and moving into the delivery and workplan phase. Olivia Clymer explained that a crunch of the data and the draft would be shared with the Association of Directors of Adult Social Services and Directors of Public Health over the next few weeks, with the aim of a final draft to be presented to the next ICB meeting on 26 September 2023.
- The Board asked for assurance that disabled people were consulted appropriately and that the various engagement techniques used were

accessible, including the citizens panel. Olivia Clymer advised the Board that she had a small team dedicated to challenging themselves on whether protected characteristics were being appropriately addressed in the work they did. Engagement did focus on particular groups and the team had gone the extra mile, with an easy read version to support summary documents and an offer in place stating that if it was helpful for the engagement team to visit groups to talk about the strategy then this could be done. The citizen's panel was an online forum and was accessible in that sense but there might be more that could be done to improve accessibility there.

- The Board felt that the information on slide 6 of the presentation could be construed as ableist where mental health, learning disability and autism were included only in the delivery column as potential service users and not also in the networks column as part of the networks that the ICS consulted with. Olivia Clymer felt this was a valid point and she was happy to take that on board, agreeing that people with disabilities were not passive recipients but active members of the community.
- The Board highlighted they would be interested to see further details on the number of people on out of work benefits that related to disability. Presenting officers agreed to look into that.
- The Board were advised that outreach work with deaf families and deaf parents and carers had been done.
- In relation to the slide in the presentation which detailed the gap in employment rate between those with a physical or mental health condition, members of the Board highlighted that for people without a disability the employment rate was around 80-90%. In comparison, for those with a physical disability the employment rate was around 50%, and for those with autism the employment rate was only around 6%. They asked for those figures to be highlighted in future iterations.
- The Board asked how the citizens panel was recruited to and diversity was ensured. Olivia Clymer explained that recruitment to the citizens panel took a representative sample of NWL communities. NWL ICS were doing some specific recruitment for people with disabilities and young people to join the panel where they felt there was a gap. It was highlighted that the citizens panel was a very valuable resource, and the tool was available for partners to use.
- The Board would like more detail about health inequalities included in the strategy, including what data analysis would be involved and how deep community links could be made in tackling health inequalities. Olivia Clymer agreed that there were further examples that could be used for how health inequalities were being tackled and specific examples for Brent.
- The Board asked for further emphasis to be made regarding informal carers.
- The Board were pleased that the strategy focused on the experience of Black women in childbirth. They asked for this topic to return to the Health and Wellbeing Board to see how the priorities were progressing.
- Dr Charlotte Benjamin agreed to provide some information around continuity of care for patients more at risk of having adverse events in pregnancy.
- The Board asked whether gambling as a risk for health had been considered when developing the strategy. This had been raised at the most recent Full Council meeting on behalf of residents' concerns. Dr Charlotte Benjamin agreed

that gambling was recognised as a health risk and featured in some of the mental health strategies being developed. The Chair felt this would be useful to take forward as a joint piece of work.

- The Board highlighted the findings from the survey that 19% of respondents had felt they had not been treated equally by the NHS. They asked whether any further follow up had taken place with those people. Olivia Clymer explained that 19% of respondents feeling excluded was challenging and there was further work going on internally about how to address that. Those in the survey who answered as such had not been followed up specifically but that would be seen in the strategy and the work of population health and equalities colleagues.
- In relation to 45% of respondents finding it difficult to book an appointment, Olivia Clymer advised the Board it was hoped that would now start to improve. The insights report gathered monthly was showing that there was movement in this statistic because of the work being done around access and the primary care campaign that was helping people navigate the health system and understand the different roles within primary care. One of the major pieces of work being done across NWL was around GP access. The ICS recognised that electronic communications and online consultation was a benefit for people who could use those systems but they were not intended for everybody, and so the aim was to get those who were able to use online systems to do that, thus freeing up phone lines for those who could not.
- The Board asked whether there were any standouts in terms of variation in response from different trusts or boroughs regarding resident experience of services. Olivia Clymer explained that when the early analysis was undertaken there were some issues coming through more in some areas than others, particularly around the wider determinants of health such as housing. She agreed to see whether there had been any change as further engagement work took place.
- In response to what the meaning of proportionate universalism was, Dr Charlotte Benjamin explained it was a broad approach looking at everybody across the spectrum to improve health across the board.
- In response to what DALYs were, Dr Charlotte Benjamin explained this was disability adjusted life years and was a public health measure of the impact of illness on someone's life.

RESOLVED: to agree Brent ICP's response to the ICS Strategy and highlight the addition of informal carers within the strategy and the need to elevate the third sector as a strength in NWL, and to receive further granular information about residents' experience of services, particularly in relation to the wider determinants of health.

7. Mental Health and Wellbeing Work Stream Update

Robyn Doran (Director of Transformation, CNWL and Brent ICP Director) introduced the report, which detailed the progress of the ICP mental health and wellbeing workstream, which was one of 4 ICP priorities. In introducing the item, she highlighted the following key points:

- The mental health executive subgroup was representative and had members from the third sector, all agencies, and a Community Champion. Within the mental health workstream there were 4 priorities which had been established following discussions with residents, service users and partners. The priorities set were around improving access to employment and training for people with mental health conditions, improving access to accommodation and good housing, improving access to CAMHS, and support for children and young people that focused on early intervention and prevention through the THRIVE model.
- Accessibility was highlighted as a challenge. Managing access and increased demand was a big challenge in Brent, particularly adult mental health and CAMHS. This tied in with the discussions around levelling up, as Brent was an area that traditionally had high demand for mental health services for both adults and children and was an area with lower core funding for those services.
- A snapshot of data was provided to give the Board a picture of mental health in Brent:
    - There was an average of 65 crisis presentations per week in Brent over the last 6 months. In comparison, the average number of presentations was 36 in Westminster and 34 in Kensington and Chelsea. This showed the clear high demand at A&E in Brent and it was added that Northwick Park Hospital was one of the busiest in terms of activity around mental health.
    - Of the people presenting to A&E, 50% were unknown to mental health services, which was a new picture following Covid-19 and unique to Brent.
    - The average length of inpatient stay in Brent was 32 days, which had reduced over the last few years from 39 and was slightly below the CNWL average.
    - The hotspots for crisis presentations were NW10 and NW2 and closely followed by HA9 and NW6. The importance of working with GPs in those areas was highlighted, as they had a big role to play around mental health access to services. There was a joint working group led by Dr Haidar with GPs and all partner agencies looking at how GPs were supporting mental health needs, how people were accessing mental health services, what wraparound support was available within GP practices and social prescribing. Referrals were hugely variable amongst GPs so the ICP was looking to understand why some GPs were referring more than others.
    - IAPT services had not been performing to target for a while during and after Covid and it was found that the workforce had not necessarily representative of the people being served in the community. As a result, the ICP had worked with communities and GPs to employ people directly from communities so that the IAPT team was much more representative. Now, IAPT access target rates had gone up to 96% as well as the recovery rate.
- It was highlighted that this was only a snapshot of the data and not the full picture, which the ICP were currently trying to build. It was essential that the ICP

had a clear understanding of mental health in Brent in order to put that to the NWL Integrated Care Board (ICB) to ask for levelling up.

Tom Shakespeare (Managing Director, Brent ICP) added further context around funding for mental health services. He highlighted that officers had been working hard locally and across CNWL as the mental health provider with GP colleagues to gather data and tell that story about the pressure points in the system. From that, the ICP expected to be able to bring that to the ICB to show where the gaps were and where resources were needed urgently. There had been a slight increase in funding to mental health services as a result of the Mental Health Investment Standard, so the ICP would be working with CNWL to understand how much of that would go to Brent. It was understood that it would not be enough to get funding where it needed to be, so the ICP would be looking for additional funding for particular areas and potentially from some non-committed reserve funds within the ICB.

In considering the report, the following points were raised:

- The Chair highlighted that the overarching themes detailed in paragraph 5.9 of the report provided helpful metrics for the Board to monitor success against. He felt that there was an opportunity for a whole system approach for early intervention and prevention, in order for the NWL ICB to be able to offer a standard service across the system.
- Officers would bring back further information on mental health in autumn, likely October – November 2023.
- The Board were pleased to see proposals to bring down the CAMHS waiting lists in Brent. They highlighted that the mental health support package available for young people could be very different to what was then available as they entered adulthood. As such, the Board asked what transitional arrangements were in place to support young adults' mental health through that transitional period, which was often crucial in terms of outcomes in health, employment and education. Robyn Doran highlighted that transitions was a large area of work that needed attention. Across the ICB and CNWL there had been a piece of work done over the past year, with young people going through transitions, to look at what their needs were and how they could be met in different ways. It was agreed that officers could bring back more information on transitions at a later meeting.
- In response to whether there were any proposals to bring down the waiting times for ADHD diagnosis in children and adults, Robyn Doran explained that the challenge in demand for diagnosis was around resources. There were limited resources locally, with some access commissioned across other providers, but there were not enough resources to meet the need. ADHD diagnosis was on the list to discuss with the ICB.
- The Board welcomed the section in the report around increasing the number of disability confident employers locally and the work being done with Sure Trust and Brent Works to support people into employment. They proposed that employers that were already working towards becoming disability confident may be good candidates to train as mental health first aiders to support people with mental health difficulties to stay in work. Mental health first aid was something

that had been looked at by Brent ICP and could be explored further. There were employment teams within Trusts, but those were limited, and it was thought that having access to mental health first aid would make a difference.

- The Chair asked for a future report to focus on resource, service and performance issues around mental health services for Brent residents, which was one of residents' biggest concerns. This should focus on the issues locally, at a NWL system level, and at a national level.

The Board **RESOLVED**:

i) To note the content of the report, in particular the collaborative approach taken by the Integrated Care Partnerships, which ensures mutual accountability, clear priorities, and responds to issues from NWL ICB and from across Brent partners, and is committed to supporting all partners across health, the Council, and the Community and Voluntary Sector to work better together.

8. Brent Children's Trust Progress Report

Nigel Chapman (Corporate Director Children and Young People, Brent Council) introduced the report, which provided a 6-month overview of the activity of Brent Children's Trust (BCT). There had been three areas of primary strategic focus:

- The start of the year focused on preparing Brent for inspection, both for the Local Authority Children's Services Inspection and the Ofsted CQC Inspection of Children with SEND. The Inspection of Local Authority Children's Services had took place in February 2023 and Brent had received an overall 'good' rating. As part of that process the Council had received support from health colleagues, particularly in relation to the safeguarding work that took place and support for looked after children and care leavers. The Council were expecting a possible inspection from Ofsted CQC before the end of the year but were unsure when this would take place so were in mobilisation. The BCT had received assurance from colleagues in health and the local authority around the preparedness for that.
- The BCT had looked in more detail at the implementation of the SEND Strategy and the 'delivering better value' programme, which was a DfE intervention to support Councils to reduce their spend for children with SEND.
- Work progress had been reviewed on early help, particularly the supporting families programme and the best start for life programme which had started in April 2023. It was felt there was effective joined up planning with primary care, midwifery and the health visiting service to address issues there for young people.
- The BCT had also streamlined governance. It was felt that some areas worked particularly well with effective joined up work with ICB colleagues. The BCT was now making better use of the ICP Executive Groups. For example, the BCT mental health and wellbeing group now sat underneath

the ICP Executive Group on mental health, helping to maintain focus and clarify the need to talk with one unified voice on the issue.
- The BCT were using partnership influence to address levelling up decisions that needed to be made at a NWL level.

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

- The Board asked whether Brent had an Autism Board and Autism Strategy, and if so, whether it should be featured in this report. Sarah Nyandoro (Head of Mental Health, Learning Disability and Autism, NHS NWL) explained that the Autism Board had not met during Covid. It had been resumed in April 2023 and covered all ages to ensure there was no division in what was done for adults and children. Since resuming, one of the priorities agreed was to review the Autism Strategy from 2018 to ensure it was up to date. Nigel Chapman added that there was consideration of the issues around autism at the BCT. For example, within the mental health and wellbeing workstream there was consideration of neurodiversity, and within the SEND work there was consideration of autism because approximately 40% of children with an Education, Health and Care Plan (EHCP) had an autism diagnosis. He agreed for more explicit reference to be included in future reports.
- The Board asked for more information about the work on transitional safeguarding. Nigel Chapman explained that there was a working group which met to develop joint standards between adults and children's social care for that critical age range of 18-25 years old. The working group was looking at those young people without an EHCP and who were not a care leaver because the Council were more confident in their wraparound support for care leavers and those with an EHCP in comparison to those young people who were not known to services otherwise and who may be vulnerable. Helen Coombes (Interim Corporate Director Care, Health and Wellbeing, Brent Council) added that herself and Nigel Chapman would be meeting to explore the joined up activity happening between adults and children's social care, discussing whether the right governance arrangements were in place for both safeguarding boards, if the approach was family focused, whether there was clear differentiation between prevention, early intervention, keeping people safe and giving people resilience in the transitional period, and safeguarding interventions. There was work being done on standards and ensuring good governance, that the departments were sharing good practice, and that individual professionals felt confident about using the tools available to them. It was agreed that future reports could include this in more detail.
- The Board asked how the actions on paragraph 3.3.2 were progressing. Nigel Chapman explained that an update against those actions was due at the next update, but highlighted that the ICP Executive Groups had seen a refresh and focus on children within those meetings, there was a member of the Children and Young People department on every ICP Executive Group, and progress was being made towards the mental health levelling up agenda.

RESOLVED:

i) To note the strategic oversight activity of the Brent Children's Trust for the period of January 2023 to June 2023.

9. **Joint Strategic Needs Assessment**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which provided an update on the recently published Joint Strategic Needs Assessment (JSNA). Appendix 1 highlighted some of the key messages. She highlighted that the JSNA mainly drew from published data available from the Office of National Statistics (ONS) and the Office for Health Improvements and Disparities (OHID). Public Health now needed to explore the areas of particular concern in more detail. In order to do that there was a need to move beyond the published data to aggregate information and data that may be held within services, organisations and community groups. The Board was asked to delegate to the ICP Executive the decisions on which areas to look at in more detail and commit to participate in those deeper dives by mobilising staff resource to draw on expertise across organisations and partners. It was highlighted that some proposals for deep dive were at a more advanced stage of preparation, but it may be that when officers started to scope out some of the proposed deep dives there may not be enough data or other priorities may arise.

In considering the report, the following issues were raised:

- The Board asked why childhood immunisations was not included as an area of focus, highlighting the statistics for immunisation rates were concerning. Dr Melanie Smith highlighted that there was a focus on childhood immunisations in the overall JSNA, but the reason it was not selected for deep dive was because the issue was about the timeliness of the data rather than the need to better understand it. She believed that Brent had a good understand of the issues surrounding childhood immunisation uptake, and that Brent simply needed to be acted upon it rather than conduct further analysis.
- The potential for gambling to be a focus for a deep dive was noted, which the Board welcomed. They were concerned that there may not be enough data on the topic and the deep dive would be abandoned as a result. Dr Melanie Smith highlighted that there may be a need to take a broader understanding of 'data' in some cases. For example, if there was no quantitative data then officers could look to use qualitative data and case histories in order to improve the depth of understanding.

RESOLVED:

i) To note the format and headline findings of the JSNA 2023 and delegate authority to the ICP executive to agree the final list of 'deeper dives'.
ii) To reconfirm their organisation's commitment to full participation in the JSNA process, including ensuring that relevant officers take an active role in scoping, sharing data, and providing subject matter expertise in future health intelligence work, with a particular focus on improving granular understanding of health inequalities.

10. **Annual Health and Wellbeing Board Terms of Reference Refresh**

Tom Pickup (Policy, Partnerships and Scrutiny Manager, Brent Council) introduced the report which proposed changes as part of the annual review of the Board's Terms of Reference. The updates ensured that the Terms of Reference aligned with the changes in the governance structure at an Integrated Care System (ICS) level, formalised the current vice chair arrangements, and specified quoracy. The full changes were included in the report.

RESOLVED: to agree the proposed updated Terms of Reference for 2023-2024.

11. **Refresh of Joint Health and Wellbeing Strategy**

Dr Melanie Smith (Director of Public Health, Brent Council) provided a verbal report which asked to revisit the delivery plans of the previously approved Health and Wellbeing Strategy. She highlighted that the Joint Health and Wellbeing Strategy was approved the previous year following extensive consultation and engagement and consisted of 5 themes, each with their own delivery plan. There was no proposal to move away from those 5 themes, but within the delivery plan officers were proposing to examine, for each of the commitments, whether they had been achieved, whether they were still relevant, and whether there were any omissions that now needed to be included. The Board were also asked to contact Dr Melanie Smith if they would like to participate in a semi-structured interview and if there were any particular groups the Board wished to take part in the refresh. Dr Melanie Smith would get in touch with the Disability Forum as a group to take part in the refresh.

RESOLVED: to note the update.

12. **Modular 32 Bedded Ward at Northwick Park Hospital**

Jason Antrobus (Deputy Chief Operating Officer, LNWUHT) introduced the report, informing the Health and Wellbeing Board of the bid the Trust had made to NHSE to increase acute bedded capacity ahead of winter. He advised the Board that all Trusts nationally had been asked to put these bids forward following the challenges of the previous winter, recovering from various waves of the pandemic and other pressures. The Board was being asked to support the bid for 32 beds in an additional acute medical unit for patients coming through from A&E. The unit would act as a 'short stay admission' before the patient was placed in a specialist ward or went home to use community services. From a build point of view, the Trust planned to place the unit on top of the existing A&E building so the physical footprint on the ground floor was not increased due to current space restrictions. The Trust did not envisage any operational impact on A&E or wider services as the build was completed. The unit was planned to be in place by January/ February 2023, and the Trust had also made a commitment to NHSE that from 1 October 2023 it would ramp up additional beds across the 3 hospitals to start seeing the increased capacity when winter starts. In introducing the report, Jason Antrobus highlighted that the report demonstrated that Northwick Park Hospital now had one of the busiest A&E sites in the country. The department was completely full on a daily basis and patients were waiting for beds. The modular would help to increase safety, reduce waiting times in A&E and reduce the waiting times for ambulance

services. Due to the timescale to have this in place by January, there was a planning application submitted to Brent Council and it was expected the outcome of that would be known in September, but work had already started on the modular.

In considering the report, the following issues were raised:

- The Board noted that Simon Crawford (Deputy Chief Executive, LNWUHT) had reported to the Board on several occasions the challenges in supporting users with acute mental health needs in A&E, and asked what collaborative working was going on across mental health and acute providers to reduce waiting times. Jason Antrobus highlighted that mental health patients were in A&E cubicles every day and may have security, 1 to 1 nursing or an additional mental health nurse supporting them. This disrupted the flow in A&E and they were a cohort that needed to be managed on a daily basis. There was a good partnership relationship with both Central and North West London NHS Foundation Trust (CNWL) and West London NHS Trust for the Northwick Park and Ealing site where the majority of mental health patients presented. Northwick Park Hospital had the highest number of mental health patients attending out of the whole of NWL and would sometimes have double or triple the number of mental health patients of other sites. The escalation process was in place every day to work through the flow and capacity. As a result of building the modular, some of the side rooms could be built to be more mental health appropriate. Although they would not be fully suitable mental health beds, it was recognised that often 30% of patients in A&E were mental health patients waiting for next steps. With the addition of the modular, patients could be spread more safely across the site so that they were not condensed in one area, which was a contributing factor to ambulance handover delays.
- A member of the Board asked whether all wards in Northwick Park Hospital were fully occupied and operational or whether there were any vacant wards the beds could be placed instead. Jason Antrobus explained that on a daily basis Northwick Park Hospital was almost 100% occupied. The Trust and NHSE would expect a much lower occupancy so that more patients could be admitted. Due to the occupancy level, Northwick Park Hospital was cohorting patients, taking them off ambulances and putting them in corridors before they could be treated in A&E. Each morning, patients were being moved out of A&E or the acute medical unit and being ‘plus one’d’ so that once discharges were made throughout the day they could be moved into those bays. There were a few escalation beds but the hospital was full. He added that a ward block had been demolished in the last 12 months because it was a condemned building and no longer safe for clinical care purposes. Part of the long-term plan for the hospital was for that critical care rebuild but that was a number of years away.

RESOLVED: to support the process as the Trust continues to mobilise additional bed capacity and support the Trust’s bid to NHSE for additional beds.

13. **Any other urgent business**

None.

The meeting was declared closed at 7:40 pm

COUNCILLOR NEIL NERVA
Chair

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