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MINUTES OF THE HEALTH AND WELLBEING BOARD **Held as a hybrid meeting on Monday 28 October 2024 at 6.00 pm**

Members in attendance: Councillor Nerva (Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Kansagra (Brent Council), Mark Titcomb (Managing Director EOC, CMH & Ealing, LNWT, substituting on behalf of Simon Crawford), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Patrick Laffey (Deputy Director of Operations, CLCH, substituting on behalf of Jackie Allain), Cleo Chalk (HealthWatch), Ramona Muraru (Nursing and Residential Care Sector, substituting on behalf of Sarah Law), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care)

In attendance: Jonathan Turner (Borough Lead Director – Brent, NWL ICB), Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Patricia Zebiri (HealthWatch Brent), Zaid Dowlut (Head of Place – Primary Care, NWL ICB) Daniel Gibbs (Primary Care Programme Manager and Governance Lead, NWL ICB – online), Palvinder Kudhail (Director Early Help and Social Care, Brent Council), Serita Kwofie (Head of Early Help, Brent Council)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Councillor Donnelly-Jackson (Brent Council)
- Dr Mohammad Haidar (Vice Chair)
- Tom Shakespeare (Managing Director Brent Integrated Care Partnership)
- Sarah Law (Nursing and Residential Care Sector), substituted by Ramona Muraru
- Jackie Allain (Director of Operations, CLCH), substituted by Patrick Laffey
- Simon Crawford (Deputy CEO, LNWT), substituted by Mark Titcombe

The Chair welcomed those present to the meeting and advised attendees that would be Dr Mohammad Haidar's final meeting as Vice Chair of the Health and Wellbeing Board and Clinical Director for Brent. He asked the Health and Wellbeing Board to record its thanks to Dr Haidar for the work he had put in to the Board from a health perspective and wished him well in his new role undertaking work across NWL for vascular, renal and community pharmacy.

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 23 July 2024, be approved as an accurate record of the meeting.

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

None.

5. **Winter Immunisations Update**

Zaid Dowlut (Head of Place – Primary Care, NWL ICB) introduced the report, which provided an update on Brent's flu and covid-19 vaccination programme 2024 in the context of the national immunisation programme. In introducing the report, he highlighted the following key points:

- In line with national guidance, the NHS was offering the vaccination programme in Brent to the eligible cohort, which remained the same as the previous year as outlined in section 3.5 of the report.
- The adult flu campaign began on 3 October 2024 and the children's and maternal flu campaign began in early September. By the end of the first week of October over 61,000 flu vaccinations had been carried out in Brent which included those administered by GPs, Primary Care Networks (PCNs) and community pharmacies.
- Another vaccination was also being delivered which was the RSV vaccination for older adults particularly at risk and pregnant women passed more than 28 weeks gestation to protect their babies.
- Up to 6 October 2024, there had been 16,500 covid-19 vaccinations administered with no figures available yet for the remainder of the month. Those vaccinations had been delivered in community pharmacies and PCNs, supported by the NWL roving team and UCLH Find and Treat Teams. Whilst those mechanisms were being well utilised and good progress was being made, the progress did vary across NWL.
- The appendix to the report provided a breakdown of vaccination rates by PCN areas in Brent, with Harness being the leading PCN.
- Members were reassured that throughout Brent, primary care was working in partnership with the NWL roving team, GPs, PCNs and UCLH, as well as Brent Health Matters (BHM) which had a network of events planned in November 2024 to promote the vaccinations campaign.

The Chair then invited contributions from those present. The following points were made:

- The Board noted the drive to encourage parents to get their 2-3 year olds vaccinated and, highlighting the fact that older children were also eligible, asked what the general advice was for parents and carers who had children older than 2-3 years old. They were advised that the guidance stated that all children within the eligibility criteria should be vaccinated, but NWL ICB had a task in convincing parents of the benefits of the vaccination programme, which was why they had scheduled promotion events with partners such as BHM to disseminate those messages.
- The Board were pleased there appeared to be good take up from community pharmacies in delivering vaccinations and an increase in the number of locations that people could receive their vaccinations, but raised concerns that there were still some gaps in coverage such as in Church End where there were no local pharmacists delivering vaccinations and challenges in encouraging take up. They queried how proactive the NHS was in reaching out to pharmacies to encourage them to get authorisation to administer vaccinations. In response, officers agreed to take away the issue relating to the south of the Borough to reach out to pharmacies and increase the coverage of BHM in raising awareness of the benefits of vaccination across those communities. The Health Inequalities Group focused on trying to increase community pharmacy activity and had received expressions of interest in vaccinations from a

considerable amount of pharmacies which were now going through the assurance process, one of which was close to Church End.

- In response to what partners and other public services could do to support the work and improve take up of vaccinations, Daniel Gibbs highlighted that BHM had already made a big difference with their outreach programme and supporting hard to reach populations. He added that there was now a requirement to work as one team across the whole of NWL area covering all 8 boroughs and push towards getting assurance signed off for community pharmacists to deliver vaccinations.
- In response to what work was being done to tackle vaccine hesitancy and fatigue, the Board heard that this was a challenge given the diverse communities within the borough, and there was constant information sharing and outreach into communities to reinforce the message about the importance of vaccinations in the prevention of disease. This was primarily done through BHM, who, during covid, had built bridges with a lot of communities that had not taken up vaccinations. BHM was following that same approach, working with community leaders and building trust amongst the community.

In concluding the discussion and noting the update, the Board welcomed the work being undertaken to proactively reach parts of the borough with low vaccination rates and requested a further update on the impact of the increase in community pharmacies delivering vaccinations.

6. **Healthwatch half year update on Annual Plan**

Cleo Chalk (HealthWatch Service Manager) introduced the report, which provided an update on HealthWatch Brent's progress against its annual plan between April to October 2024. The report also provided a forward plan for November 2024 to March 2025. In introducing the report, Cleo highlighted the following key points:

- A major area of focus for HealthWatch had been on Adult Social Care (ASC), including engagement with particular groups and demographics, a series of enter and view visits to care homes, and mystery shopping with volunteers accessing the ASC customer service line. This had not been a quantitative piece of work, instead focusing on understanding people's individual stories and the lived experience they went through when accessing ASC. There had been a lot of positive feedback about the experience of receiving ASC and having a social worker in a person's life, but there had been some challenges around access and access to accessible information. In undertaking this work, HealthWatch had received support from ASC and had worked closely with the Director of Adult Social Care to develop the programme, provide feedback, and consider how to take forward some of the challenges.
- Hospital discharge had also been a focus for HealthWatch during the reporting period. HealthWatch had spoken to residents and care home staff about the challenges they faced when patients were discharged from hospitals into care homes, including concerns regarding the amount of information provided after discharge, confusion from staff on how they should look after the resident once they were in the care home, and the welfare of patients following discharge whilst they were awaiting transport to their care home.
- The third area of focus during the reporting period was GP access, particularly the proposals relating to same day access and how that might affect patients. HealthWatch had spoken to residents about what they wanted to see from their GP and how they would like to contact their GP about their health. This was then being fed back to NWL Integrated Care Board (ICB) to help inform that piece of work.

- The final piece of work HealthWatch had been focused on over the period was maternity, and it was highlighted that Northwick Park Hospital had the highest rate of positive feedback, with no patient who had recently given birth telling HealthWatch they had a negative experience. There had been a small number of patients who had mixed feedback relating to communications, but the vast majority was positive. However, HealthWatch had found that a number of patients were still choosing to go out of Brent to other hospitals for their care, which had been attributed to the reputation of services. HealthWatch had delved further into the reasons for this and those patients had found that their experience tended to be worse due to issues of continuity of care for post-natal services. Following these findings, HealthWatch had met with the Director of Midwifery at Northwick Park Hospital to look at the key themes and consider how post-natal services could be promoted more effectively.

Patricia Zebiri (HealthWatch Manager, Brent) then provided a summary of the work HealthWatch would be focusing on during the next period between November 2024 to March 2025, outlining the key points as follows:

- Work would continue with ASC, particularly the mystery shopping work which was being done together in partnership.
- There would be a focus on the implementation on Pharmacy First and its impact on residents.
- HealthWatch would continue to work with the Northwick Park Hospital Discharge Teams to look at the recommendations made by HealthWatch and their implementation. HealthWatch had already done some good work with the Patient Engagement Team and Discharge Leads.

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

- The Board was pleased to hear about the improvements in satisfaction in Northwick Park Hospital Maternity Services and the work going forward to combat any remaining reputational damage, asking if there were any further updates on that workstream. Cleo Chalk highlighted that HealthWatch and the maternity services team had reviewed the key themes of why women chose to go out of borough and the concerns they had raised related to cultural competency and understanding the needs of people from different cultural backgrounds or who spoke different languages. All of those key themes were being addressed by the team at Northwick Park already, but it was recognised there was a need to ensure information was promoted regarding what to expect at Northwick Park. Work was being done with the Maternity Voices Partnership around this, and there were webinars available for people to understand more about maternity services which HealthWatch had been helping to promote. The second part of that piece was around promoting post-natal care, signposting to Family Wellbeing Centres, which HealthWatch heard very good feedback about. Dr Melanie Smith (Director of Public Health, Brent Council) added that, in relation to continuity of care post-natally for patients choosing to deliver outside of the borough, CLCH had done a good piece of work to ensure women received their first health visitor home visit within two weeks of delivery, and offered to loop HealthWatch into a conversation about how the Community Health Visiting Service could strengthen that link of bringing women back into the borough for their post-natal care and linking them to the Family Wellbeing Centres. Mark Titcomb (Managing Director EOC, CMH & Ealing, LNWT) added that the findings aligned with the work being done across the Trust and in Northwick Park so he was pleased to see that triangulation and positive direction of travel.

- Mark Titcomb thanked HealthWatch for the comments received around discharge, particularly to have the feedback from care home staff and residents. He reassured the Board that all patients being discharged received a medical review beforehand and whilst they were waiting to be discharged, whether on the ward or through the discharge lounge, they remained under review by the hospital with qualified nurses looking after those patients. The report from HealthWatch had helped the Trust learn there was more that could be done to make the discharge process smoother for patients and he was grateful to HealthWatch for working with the Discharge Lead and Team to move those improvement plans forward particularly as the Trust moved into Winter Discharge Planning.

As no further issues were raised the Board noted HealthWatch Brent's progress against its objectives for 2024-25 and the priorities for the remainder of the year.

7. Early Years: Family Wellbeing Centres and Best Start for Life Progress Update

This item provided an update on the progress of the Family Wellbeing Centres (FWCs), Family Hubs and Start for Life programmes. This update also included the Family Wellbeing Centre Annual Report for 2023-24.

The Chair opened the item by welcoming three parents who used the FWCs to the meeting and invited them to tell the Board about their views and experiences on how services were working for families.

Wahid told the Board that he and his 9-month old daughter had used the FWCs and found them very helpful, particularly for information and signposting to health services and legal advice. All the help the FWCs had provided had been really appreciated and he felt that the centres were something positive in the borough. In terms of accessing the services as a father, he highlighted that he was not treated any differently as a man and he was welcomed by all the staff within the FWC.

Isra informed the Board that she was a migrant refugee who worked in co-production, researching migrant health, and she particularly appreciated the initiative the Board had taken to include service users in this discussion. Her experience of FWCs had been very helpful for her because she did not have her family in the country for support and could turn to FWCs for advice from someone she trusted. She expressed appreciation for the staff within the FWCs, and when she attended sessions feeling stressed about the challenges of parenting, the staff there helped her to think in a way that best supported her and her family. Isra highlighted that she had not known about FWCs until her daughter was one year old when her health visitor had mentioned it to her, and whilst she had been attending other playgroup sessions with her daughter, she felt that FWCs were distinguished from other organisations in the way the staff supported families, with the triage service being very well managed, taking a holistic approach.

Khadra introduced her two and a half year old daughter to the Board who had attended the meeting with her. She began her remarks by informing the Board she had not known about FWCs when her daughter had been born. In the first year of her life, her daughter had been diagnosed with multiple medical conditions and at one and a half years old had been diagnosed with a learning disability. At this time Khadra had felt isolated and overwhelmed and asked for support from her paediatrician. Her paediatrician had referred Khadra and her daughter to a FWC, which she informed the Board had changed their lives. She expressed gratitude to her key worker who would see them face to face when needed, called her every fortnight, got them in touch with SEND playgroups, referred her to a course for managing behaviours in autistic children, and arranged for a play therapy

specialist to visit her home and help them adapt play to their needs. She concluded that this had helped her adjust and kept her family socially engaged, and she was very appreciative for all the different support available.

The Chair thanked parents for their remarks and invited officers to make any further comments before opening up to those present.

Palvinder Kudhail (Director of Early Help and Social Care, Brent Council) informed the Board that many parents had a range of experiences from the extensive level of support available at FWCs, which was demonstrated in the feedback in the annual report. She drew the Board's attention to section 7 of the annual report which detailed the outcomes that were being achieved from each of the different activities that occurred at FWCs. Serita Kwofie (Head of Early Help, Brent Council) drew attention to Appendix B of the report, which detailed the Best Start for Life Programme and the extensive joined up collaborative working taking place in FWCs both through the core delivery, Start for Life delivery, and the localised approach taken to meet local need and be responsive to changing needs.

The Chair then opened up the discussion to those present. In considering the report, the following points were raised:

- Members were pleased by Brent's innovative approach of combining different services into one location to target support to those in need, in response to the closure of children's centres which had happened across the nation following funding cuts. They thanked parents for detailing their experience of using the services and the benefits they had found from having different organisations in one place.
- Members asked the parents present whether they had any feedback on what they would like to see at FWCs going forward or if they thought anything could be improved upon. The parents fed back that longer sessions would be appreciated and suggested one-hour sessions could increase to 90 minutes, particularly for those who were travelling further to attend sessions. They also highlighted the need to reach parents earlier. Isra highlighted that she had not known about the FWCs until her daughter's one year review, and then she had not accessed the service straight away due to hesitancy and difficulties finding information and availability online. Khadra's child had been almost 2 years old when she had learned about FWCs, and whilst she could recall her health visitor mentioning them at her first appointment she was already taking in a lot of different information, making it difficult to retain information about FWCs. She suggested further follow ups and written information for parents to read at home would be useful in spreading the message.
- Noting the feedback regarding difficulties using the website and booking sessions online, members asked whether the online information was useful, up to date, and parents were able to interact with it. Parents fed back that the timetables were often not up to date, but they were able to call their key workers for more information. However, one parent had now been discharged from their key worker so did experience issues where there were no sessions showing on the website, meaning their child missed a session, and as SEND sessions were once every month it could be a long period of time before they could access another session. Officers agreed to look into these issues and how the offer was sustained going forward in terms of sessions moving around the borough.
- Members asked how parents could provide feed back on issues they were experiencing in accessing FWCs and other issues they were facing and how those feedback mechanisms were built into the operation of FWCs. Serita Kwofie explained that the Brent Parent Carer Forum supported families to provide first hand feedback on any issues or areas for improvement. From feedback regarding the timeliness of the FWC offer, this had now been recognised and officers were ensuring that was a repeated

offer. Working with new birth data, officers were ensuring they targeted families who had recently had a new birth and doing so in a systematic way so that there were workers attached to different locations. The Board emphasised the need to have a systematic approach to messaging, understanding when parents were most likely to hear and retain the information and repeat messages in different ways at follow up contacts. Nigel Chapman reassured the Board that the number of families registering year on year had been increasing significantly, meaning the message was getting out there, but he acknowledged that there was always more that could be done to increase awareness.

- Patrick Laffey responded from a CLCH point of view, who provided the local health visiting services. He would take away the issue of timeliness of messaging for the team to look at what the offer was and the potential for a standard pack of information. The team would also look to use the various mandated opportunities when the service saw new parents and their babies to provide those messages.
- The Board asked whether there was a physical limitation that may be reached in terms of capacity with the growing number of families accessing FWCs and the increase in services available at FWCs. Serita Kwofie confirmed that was a challenge that the team looked to address. FWCs did not have every service delivered at the same time, with a rota system to manage capacity, but as the teams attempted to increase the services available in the centres and the number of families accessing FWCs that was something that needed to be considered in terms of how to continue to support families within those spaces and whether there was a need to look elsewhere.
- Parents highlighted a barrier for families in terms of digital literacy and also language barriers. They were advised that FWCs did have a range of staff who spoke community languages and also had access to interpreting services, with some programmes ran with facilitators in a language that was not English.

As no further issues were raised, the Chair drew the discussion to a close, welcoming the progress on FWCs and Start for Life and congratulating the team on the work delivered. Members thanked parents for their honest feedback and asked officers to take back their comments regarding early signposting to FWCs, issues with the website and digital exclusion. It was also suggested that an abridged version of the report be made available to the public to celebrate the work. The parents present thanked the Board for listening to their feedback and expressed some positive feedback for particular staff members within the FWCs. One particular FWC staff member, Mamta, was thanked for helping with potty training and providing advice without judgement, and all parents felt the staff were very well trained and passionate.

8. Brent Children's Trust (BCT) Progress Report

Nigel Chapman (Corporate Director Children and Young People, Brent Council) introduced the report, which provided an update on the Brent Children's Trust (BCT) work programme covering the period April to October 2024. He explained that the document set out how the Trust operated and its governance arrangements. He added that, whilst it was unusual to still have a children's trust in local authorities, Brent had retained its Trust as it was felt to be a good vehicle to ensure all issues affecting children and health related matters were contained within one place to avoid the risk that they become overwhelmed or subsumed within adult work. The BCT pulled together areas that needed greater attention and oversight. In presenting the update, he highlighted the following key points:

- During the reporting period the BCT had looked at the progress of the Thrive Programme in terms of improving and delivering better mental health services for children and young people and families in Brent.

- The Trust had also looked in detail at issues around SEND and how effectively services for children with SEND were commissioned, particularly in the health space.
- Issues around school readiness and children having an appropriate level of development to be ready for school at reception age had also been considered.
- The fourth area the Trust had focused on was the actions being taken to deal with poor oral health and tooth decay in children.
- It was highlighted that the Trust was not solely a place for discussion but also set actions to be taken forward. Appendix B set out the current plans in place and actions against them.
- Nigel Chapman would now sit on the Integrated Care Partnership (ICP) Executive as the Corporate Director of Children's Services to help strengthen future connections from a governance perspective.

Jonathan Turner (Borough Lead Director – Brent, NWL ICB) added that the partners within the Trust were working more closely together than ever before, taking joint ownership of issues across both the local authority and NHS together. Some of the issues surrounding SEND did involve a level of dialogue between the ICP and Integrated Care Board (ICB) as a lot of those services were delivered at NWL level, and there was dialogue surrounding where there were issues such as CAMHS.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) re-emphasised the benefit of integrating the BCT within the ICP structure to build a tighter interface between the ICP workstreams and children's work. The Trust had providers and commissioners at the table, so all were responsible for delivering a better service for children in the borough.

The Chair then invited comments and questions from members, with the following issues raised:

- In noting the focus on reducing dental decay in children, the Board highlighted that this was a recurring theme reported to the Health and Wellbeing Board and was not improving in Brent or nationally. Members asked how the Board could support the improvements that were being aimed for. Dr Melanie Smith (Director of Public Health, Brent Council) responded that it would take time to see improvements in the number of children admitted to hospital for general anaesthetic for dental caries because some of that dental decay would have started up to five years before admittance. Public Health was monitoring and measuring the levels of dental decay in children, with early indications showing some improvement and a reduction in children being seen by the outreach team with dental decay. If that reduction continued then that was positive and there was optimism about the impact of that outreach, although it was too early to confirm with a small sample size.
- In relation to oral health, Dr Melanie Smith highlighted the importance of having a prevention first dental service, and felt there was more to be done to ensure that every child in Brent could access a child-friendly dentist offering preventative interventions from the moment they had their first teeth. She highlighted that dentists were working within the constraints of the national contract but she was pleased NWL ICB was addressing the issue and had retained the funding for dentistry within dentistry. She thought that the targeting of that funding could be improved with geographical targeting to areas of higher deprivation. There was also a need to continue to lobby NWL ICB to invest in dentistry and prioritise preventative dentistry within that.
- In response to when children should have their first dentist appointment, officers confirmed that Public Health advice was to take children to the dentist as soon as

they had their first tooth or teeth. There was also messaging to ensure every pregnant person saw a dentist during pregnancy because it was free and dental decay could set in during pregnancy. It had also been found that once a parent had a relationship with the dentist then they were much more likely to take their child to the dentist when their first tooth appeared.

- The Board asked how likely it was that parents could get their child to see a dentist. Dr Melanie Smith responded that this was not where it should be at the moment but had improved. Children who were seen on the oral health bus were being directed to an NHS dentist that professionals knew had appointments and were confident was child friendly.
- Nigel Chapman added that BCT played a convening role in bringing together partners and could prioritise areas where there were known issues and look for solutions. BCT had used the opportunity of flagging up issues with children's oral health as a way of bringing more schools into the space. As a result, those connections with school partners, the BCT had enabled colleagues to conduct a session for headteachers on the importance of oral health, resulting in more schools signing up for the oral health bus.

As no further issues were raised, the Chair drew the discussion to close and asked members to recognise the significance of oral health on the Brent children's population. The Board noted the oversight activity for April 2024 – October 2024 and the work being achieved by BCT to bring partners together.

9. **Darzi Report Summary and next steps for Brent**

Jonathan Turner (Borough Director, Brent Integrated Care Partnership) introduced the report, which had been commissioned by the new government to review the current 'state of play' of the NHS and looked at patient access, quality of care and the overall performance of the health system. The final report identified some themes on how to 'repair' the NHS but did not provide a plan or set of recommendations. The report aimed to set the context and tone for the coming NHS 10 Year Plan, due to be published in Spring 2025. In presenting the document, he highlighted the following key points:

- The report looked at the context of where the NHS was currently, such as the aging population, increase in demand, and deterioration of the access targets and national targets that had been in the system for some time including A & E waits, 62 day cancer waits, and increased waiting times for ADHD and ASD assessments.
- The report suggested that some aspects had improved and the NHS had taken advantage of some of the improvements in technology over the years, but there were also areas for concern, including maternal deaths and the deterioration in children and young people's mental health.
- The report looked at the finances of the NHS and proportion of income from across the different parts of the system and noted that, whilst there had been discussions about shifting more funding into community and preventative services, the acute system was still taking up more of a proportion of the NHS budget. A theme of the report was to make that shift to more preventative work in the community, which supported the direction of travel Brent had already been attempting.
- The report looked at the per capita spend in England compared to the EU 15 countries, which England was broadly on par with, but which included countries that less economically affluent than the UK.
- One of the features of the report was the capital investment on buildings and technology and the report suggested this should be a key area for investment in future.

- Darzi had looked at the impact of the pandemic on staff mental health and wellbeing and the resilience of the system, noting that England had gone into Covid with much lower bed capacity than a lot of countries and had higher excess mortality.
- The report looked at structures of the NHS and internal reorganisations and showed a want for stability in those structures to focus on planning in coming years. The report did not suggest major changes in organisational structures but referred to the need to clarify the purpose and remit of Integrated Care Boards (ICBs).
- The report focused on shifting care closer to home, re-engaging with staff and patients about the future of the NHS, increasing productivity in hospitals and reducing waiting lists, getting people back into work and making better use of technology.
- Officers had then outlined in the Health and Wellbeing Board report what some of these findings meant for Brent. It was thought that the report confirmed the importance of Brent's approach to health inequalities and working with communities with preventative approaches, which had already been done collectively with Brent Health Matters. It was likely there would be a continued focus on Integrated Neighbourhood Teams (INTs) and Brent partnership had done some work around those areas both on the health side and looking at the social determinants of health. The partnership was now looking at Radical Place Leadership not just focused on health services but wider wellbeing including services for homeless people, housing and employment.

The Chair thanked Jonathan Turner for his overview and invited comments and questions from those present, with the following issues raised:

- The Board welcomed the inclusion of the Darzi report in the Health and Wellbeing Board papers and felt it was a significant and far-reaching report concerned with challenges at a national level. They thanked officers for the time they had taken to reflect on what the report meant for Brent.
- Noting that much of the report looked at access to services, specifically access to GPs, cancer waiting times and A & E waiting times, the Board asked how Brent was doing compared to nationally. They were advised that A & E waiting times were reported at a provider level rather than a borough level so the figures available covered wider NWL boroughs where trusts crossed borders. They heard that, in general, the NWL acute system was performing better than the national average, but officers highlighted there were still large problems within the system and there was further work needed around GP access and satisfaction. Northwick Park Hospital was the most pressured point in the system with the largest number of A & E attendances in London, emphasising the need to invest further in the community to reduce A & E attendances and waiting times. The ICP was looking collectively with LNWT to identify what more could be done to reduce those emergency admissions.
- The Board asked whether there were insights in terms of the extent the Darzi report might influence future policy making. Dr Melanie Smith (Director of Public Health, Brent Council) highlighted that there were no indications of the influence the report would yet have but the focus on prevention was welcome as was the recognition in the report of the consistent de-prioritisation of public health.
- Dr Melanie Smith drew the Board's attention to the fact that, whilst the Darzi report reflected childhood obesity was a national problem and getting worse, there had been a downward trend in Brent which was stable and she asked the Board to recognise this as a system achievement locally. The key drivers of the improvements were the joined-up action being taken through Family Wellbeing Centres, multi-agency training for partners enabling a consistent message that was

age appropriate, and significant investment through CLCH's 'Busy Bodies' programme introducing an effective treatment service with significant prevention initiatives.

- Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) challenged the Board to take the opportunity to influence the 10-year NHS plan now through the consultation that was currently open. She suggested that partner organisations committed to complete the organisational questionnaire with support from the Board and for the ICP Exec to consider how they would undertake local engagement, particularly for under-represented groups, to encourage them to participate in the consultation. She would take back an action for the ICP to look at how that engagement piece was co-ordinated across Brent to bring the voice of the community in.

As no further issues were raised, the Chair drew the item to a close, asking members to note the information in paragraph 3.1 of the report which provided a framework for service development and resource allocation at a local level. Members acknowledged the need to maximise opportunities in Brent for the local authority and NHS to contribute to the national conversation around the NHS and take a collective view when feeding back.

10. **Brent Pharmaceutical Needs Assessment (PNA)**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which proposed how the revision of the Brent Pharmaceutical Needs Assessment (PNA) should be undertaken in Brent. In introducing the report, she highlighted the following points:

- The Health and Wellbeing Board had a duty to publish and keep up to date a PNA, which Brent had discharged effectively in the past. Brent had published its first PNA in 2015 and the regulations required periodic revisions which were now due.
- The Board heard that PNAs were governed by regulations which were very prescriptive and described what a pharmaceutical need was as well as the process by which the PNA should be produced.
- The NHS used PNAs to make decisions about pharmaceutical need. In practice, that meant PNAs were used to make decisions about whether a new pharmacy was needed in a particular area, with new applications to open a pharmacy assessed against the PNA, as well as applications to move pharmacies or change opening hours.
- Pharmaceutical needs related to the dispensing of medications and appliances.
- Whilst the Board had discussed two services delivered by community pharmacies that evening – the provision of vaccination services and Pharmacy First – neither of those were pharmaceutical services that were within the scope of the PNA.
- As such, she suggested the PNA should be considered as required and necessary for the NHS to function well and efficiently and avoid judicial challenge, but it should not be considered as a document that described all a pharmacy should or could do.
- The paper proposed that the process by which the PNA was revised and published was done in the same way as previous iterations; establish a PNA steering group and delegate authority to that steering group to conduct, consult on and publish the PNA.

As no further issues were raised, the Board **RESOLVED:**

- i) To agree the establishment of a task and finish Pharmaceutical Needs Assessment Steering Group.
- ii) To agree the terms of reference for the PNA Steering Group attached as Appendix 1 of the report.

- iii) To delegate to the PNA Steering Group the task of overseeing the conduct, consultation and publication of the revised PNA.

11. Health and Wellbeing Board Forward Look

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future. The Board asked for further details on when to expect the NWL Children's Mental Health Strategy to be presented.

12. Any other urgent business

None.

The meeting was declared closed at 7:50 pm

COUNCILLOR NEIL NERVA, CHAIR