

Caring for communities through COVID-19

Healthwatch Brent Annual Report 2020-21

Contents

Introduction	3
About us	5
Key actions from our year	7
Listening to seldom heard communities	8
Our project impacts	10
Insight and response	12
Enter and View	13
Care homes during the pandemic	14
Speaking to COVID-19 patients and their families	16
Hospital discharge during the pandemic	21
The needs of homeless people during lockdown	22
Responding to COVID-19	23
Our connections with Brent residents	27
Volunteers	29
Community Chest	31
Finances	35



Introduction

The last year has been tremendously challenging for Brent residents and communities, and Healthwatch Brent has been at the heart of the community and service response to the Coronavirus. We extend our sincere condolences to those who have been bereaved during this time, and we extend our support to those who have experienced hardship and difficulties.

As COVID-19 took hold in the Spring of 2020, Healthwatch Brent responded quickly to find new ways to reach out to Brent communities. We provided resources and information, and engaged with a range of residents to ensure their experiences and views on health and social care were shared and acted upon.

We collected and reported Brent residents' experiences of health and social care throughout the lockdowns, including recommendations on social care, hospital discharge, maternity services, communications, and vaccinations. We also received feedback on excellent care and support in Brent Council and Brent health services.

As a result of the pandemic and national lockdown, we were glad to have met with over 2,500 individual residents over the year. We collected over 1,500 individual views and commentary on peoples' experiences of health and social care services through the lockdown. Through our team and community partners' communications, website, and social media, we reached 13,728 residents. Despite the restrictions, we used our networks, connections and local relationships and joined the many online forums, WhatsApp and Facebook groups that sprung to life during the pandemic. We found the patient and resident voice in community centres, food banks and online at events hosted by Healthwatch Brent and our many community partners. We believe that we had one of the most extensive direct engagement programmes of any Healthwatch.

Our projects were on maternity services, homelessness, discharge from hospital and Brent's Health and Wellbeing Strategy. In addition, we attended 70 meetings and forums of statutory health and social care services. Based on this, we made recommendations on how to improve residents' experiences and identified low-cost or no-cost ways for this. Additionally, we found many examples of excellent practice and kind and caring support for patients and service-users.

Brent Council, Clinical Commissioning Group (CCG) and other services listened to our reports and recommendations. We know that once services resume fully, they will be looking to implement more changes.

Since 2015, Healthwatch Brent has been delivered as a department of the charity CommUNITY Barnet. From April 2021, Healthwatch Brent will be run by The Advocacy Project. CommUNITY Barnet and Healthwatch Brent teams have been privileged to run this contract for the last six years. We are proud of the engagement and hard work of our award-winning staff and volunteers, who have supported us to produce over a hundred high-quality reports, many events, and recommendations that have helped improve services to support the residents of Brent.

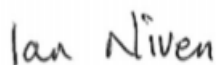
We would like to thank all the key workers and volunteers who have supported residents through these challenging, distressing and painful times.

Our thanks are also extended to all of Healthwatch Brent's staff and volunteers, past and present, and the many partner organisations, large and small, who have worked with us and continue to do incredible work locally.

We would especially like to thank the thousands of Brent residents who have shared their views and experiences, sometimes on complex subjects, and contributed their time, thought, and energy to help improve health and social care services.



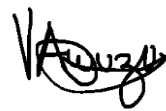
Julie Pal
CEO
CommUNITY Barnet



Ian Niven
Healthwatch Brent
Manager



Rory Cooper
Healthwatch Brent
Manager (Interim)



Veronica Awuzudike
Healthwatch Brent
Manager



About Us

Here to make health and care better

We are the independent champion for people who use health and social care services in Brent. We are here to find out what matters to people and help make sure your views shape the support you need by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

In partnership with Brent voluntary and community organisations, our team and our outstanding volunteers help people find the information they need about services in their area. We partner with Brent Council, Brent Clinical Commissioning Group and NHS services such as GPs, hospitals and community and mental health services. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people’s access to health and social care services.

Our goals



Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



Providing a high quality service

We want everyone who shares their experience or seeks advice from us to get a high quality service and to understand the difference their views make.



Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.

Our vision

Our vision is of a thriving and active community of Brent people who want to influence and contribute to the development and delivery of quality health and social care in the borough.



Information you need

We help people find the information they need about services in their area; this has been a vital service during the pandemic. The ever-changing environment and restrictions were limiting people's access to health and social care services. We responded to people's concerns through our dedicated information and signposting service by telephone and email. We directly helped callers find the correct and best way to resolve their concerns about their service.

Our network of partners helped us reach out to more people by spreading information about us to nearly 30,000 people – many of whom are Brent's most vulnerable residents.

We shared important information regarding COVID-19 vaccination services in our winter meeting. The vaccination programme's Delivery Lead Officer from Brent CCG explained what vaccinations are and how the COVID-19 vaccination work.

Our winter meeting was attended by over 70 residents from Brent's diverse communities and those with learning disabilities. This event served as the kickstart to the council-wide vaccination events tailored to Brent's diverse communities.

Listening and engaging

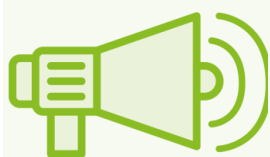
We met and gathered insights from over 2,500 people who told us about their experiences throughout the year. With our community partner organisations, we reached 13,728 people – sharing health and social care resources and telling people about our projects. Despite lockdown, we maintained our connections with the local community at digital events, in public places with social distancing and by partnering with local grassroots organisations.

We used face-to-face, digital, telephone conversations and surveys and included residents from seldom-heard communities. In addition, due to the rise in digital engagement, we connected with residents who had previously never engaged with us, including the Sickle Cell community, South Asian people with HIV, and persons with complex learning disabilities.

Key actions from our year

This is how we have engaged and supported people in 2020-21.

Reaching out

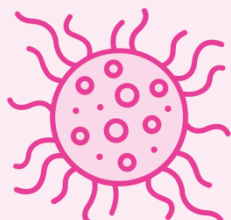


Our network of partners helped us reach out to more people to learn about their experiences of health and social care.

30,000 people

Many of these were Brent's most vulnerable residents.

Responding to the pandemic



We met and gathered insights from over

2,500 people

during the COVID-19 pandemic this year.

Making a difference to care



From March to December 2020, we engaged with over

1,500 residents

from all over Brent – including those from the South Asian community with HIV, those with disabilities, residents with Sickle Cell and key workers.

Health and care that works for you

102 residents

engaged with a month-long consultation on Brent Health and Wellbeing Board's new Health and Wellbeing strategy. The ethnicity of participants reflected Brent's residents, with 71% of survey respondents being from an ethnic minority background.

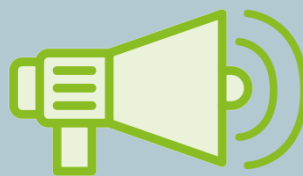


6 Digital Roadshows

and a user-friendly survey circulated to help the Health and Wellbeing Board understand the key priorities of local people in Brent regarding health services during the pandemic.

Listening to seldom-heard communities

We are committed to listening to the voices of Brent's diverse communities, and our strategy has enabled us to connect with these groups. This year we contacted, listened to and represented the views of the following communities:



- African-Caribbean community.
- Brent's unpaid carers.
- Brent's older residents.
- Brent's young people and parents.
- Brent residents with disabilities.
- Brent residents with long-term conditions.
- Central and Eastern European Community.
- Faith groups.
- Gujarati community.
- Individuals with lived experience of homelessness.
- Migrants and undocumented workers.
- Nepali community.
- NHS and social care workers.
- People living with Sickle Cell Anaemia.
- Refugees and asylum seekers.
- Somali community.
- South Asian people living with HIV.
- Youth groups.

Contact | Listen | Support

Involving Brent communities

Residents were involved through volunteering, attending local meetings and events, and engaging with our surveys and questionnaires.

One of our achievements has been successfully working in partnership with Brent's charities, community organisations and social enterprises, which have come together over the years to reach and engage with health and social care users in Brent.

We continued to offer small grants to enable other community organisations to help gather feedback from isolated communities whose voices are often not heard. Crisis Brent carried out scoping research to understand the digital needs of people with disabilities who were aiming to engage online or those who did not have any or limited digital access.

We met four times with our Advisory Board of 12 organisations and discussed changes to NHS and social care services and the short-term and longer-term impacts of the pandemic on our residents. We used these discussions to strategise and build on our years of experience working in the borough to develop new ways to support our residents.





Our project impact

Effect of Covid-19 on Seldom Heard Communities

Healthwatch Brent explored the experiences of often isolated and vulnerable communities to understand the effects of lockdown, social distancing and the Coronavirus.

Brent was one of the worst-hit boroughs, with many people affected by COVID-19 through illness, mental health conditions, mortality, grief, isolation and poverty. 66.4% of Brent's population are ethnic minority groups. Public Health England found these communities to be more at risk of severe effects and more likely to die once infected with COVID-19. This conveys that the pandemic exposed and exacerbated longstanding structural inequalities that particularly affect ethnic minority populations in the UK.

The pandemic was tough for us all, but the Healthwatch Brent team rallied together to offer added support to our residents. From March to December 2020, we engaged with over 1,500 residents throughout Brent, including those of the South Asian community living with HIV, those with disabilities, residents living with Sickle Cell Disease and key workers. We believe this to be one of the most extensive engagements completed by any Healthwatch branch with a diverse population.

Our vast community engagement included contacting, sourcing, listening and speaking to residents about the quality of information, support and services available. We strengthened our ties with Brent's heritage communities and formed valuable partnerships with newer communities and grassroots leaders. We adapted our engagement methods to meet face-to-face with residents responsibly where possible while also engaging digitally with seldom heard communities.

Our findings:



Residents told us they needed improved communication

- information in easy-read and community languages.
- connection to council updates if they could not afford or use digital resources.
- translated information to be made available to key community leaders for dissemination.

Digital exclusion meant that

- older people who are not online could not always contact their GPs. Senior Citizens are concerned that they will be excluded as more services are moved online.
- residents are now more aware of the digital divide between richer and poorer households.

Members of ethnic minority groups told us

- they wanted to delineate management and strategies that affect them.
- it is important to acknowledge Asian, black and Middle Eastern communities have different needs and interests
- some residents are experiencing food poverty and economic poverty, and there is a growing feeling of wariness for the future.

Young people told us that

- broader issues including cramped housing, worries about education and concerns about crime make them anxious and affect their mental health
- they have experienced long waiting lists for mental health and other care services.

Isolation meant that

- those with language barriers, mental health conditions and mobility impairments feel ignored and cannot access communications and health support
- lack of social contact has a significant impact on people's mental health; this includes missing faith and religious services
- families experiencing 'burnout' and anxiety due to the lack of respite as family carers or home schoolers.

Insight and Response

Positive findings:

- Care homes reported that Brent Council efficiently supplied Personal Protective Equipment.
- Social platform activism enabled young people to express their views.
- Young people are enthusiastic about giving feedback and getting involved in planning services.
- Commendations were awarded to local pharmacies that gave a more hands-on approach to residents.

Response:

Brent Council and CCG listened to our recommendations. As a result, they have changed how they communicate with residents in the borough by adapting their key COVID-19 communications to ensure they are easy to read.

Where possible, communications have been translated into key community languages. However, from our consultations with residents in Brent, we have found that whilst residents may speak their community languages, they may not be proficient in reading their language. In response, the council set up an audio community languages 'text-to-talk' button for council services where possible.

With repeated insights from communities, Brent set up Covid-19 vaccination seminars delivered by local community leaders.

These were very well-received in the borough and widely attended. Additionally, residents mentioned the need for more wellbeing-based events, which led us to host Brent's first digital wellbeing week in partnership with Brent Public Health.

Our COVID-19 report was presented to the National Audit Office as an example of excellent engagement practice through Covid-19.



Enter and View

Healthwatch has the legal power to visit health and social care services to see them in action. The power to Enter and View service offers a way for Healthwatch to meet some of their statutory functions and identify what is working well with services and where services can be improved.

Our Enter and View volunteers visit a service and record their observations and feedback from residents, relatives, carers and staff. A report is produced with recommendations based on the observations and interviews with residents, relatives, carers, staff. Once completed, the registered Scheme Manager reviews the information. The final version of the report is then sent to interested parties – including the head office of the managing organisation, the Health Overview and Scrutiny Committee, Adults and Safeguarding Committee, CQC, Brent Council and the public via the Healthwatch website.

However, this year with the pandemic and social distancing regulations in place, Healthwatch England advised that Enter and View visits should stop until safe. The pandemic led to the continued postponement of the Enter and View programme.

Following guidance from Healthwatch England and the CQC, we have not been able to carry out Enter and View visits. Nonetheless, our award-winning Enter and View volunteers have continued to engage with care homes.



Care Homes during the pandemic

Using our Healthwatch Enter and View powers, our volunteers conducted telephone interviews with seven care homes with whom we had a strong relationship. We wanted to establish how they were coping, whether they had enough personal protection equipment and how the London Borough of Brent was supporting them in their efforts to keep residents safe.

The engagement aimed to capture a snapshot of the BAME experience of the COVID-19 pandemic. We were particularly interested in reaching seldom heard communities, such as the Somali Community. We contacted Residential Care Homes and Sheltered and Supported Housing Schemes whom we had visited as part of our Enter and View programme in 2018-19 to find out how they had been coping with the pandemic. We spoke with key workers in different ethnic communities who had contracted COVID-19, carers balancing their responsibilities and ordinary residents to gather information about their experiences between March and June 2020.

- Of the seven care homes contacted, six had not experienced any Covid-19 related deaths since the outbreak.
- A case study from Carewatch Brent summarises their experience of delivering services to some of the borough's most vulnerable residents.
- We interviewed keyworkers from ethnic minority groups who had contracted the Coronavirus and summarised their reactions to receiving advice, information and support.
- We spoke with patients with underlying health conditions to understand how they managed their fears and what they believed would help to minimise them.
- We spoke to carers from diverse backgrounds to better understand the challenges they have been facing during the current lockdown and how it has impacted their mental health.

All the care homes were contacted by telephone and we explained that Healthwatch Brent were following up after the Enter and View visits to determine how they coped during the lockdown.

When we spoke with them in early April, and they all reported they felt supported by Brent Council and received regular supplies of personal protective equipment and support from council officers. However, as figures emerged about Brent's high Covid-19 related deaths, we decided to re-contact these care homes. We spoke with the scheme managers from ethnic minority backgrounds and invited them to share their experiences delivering residential care during the pandemic.

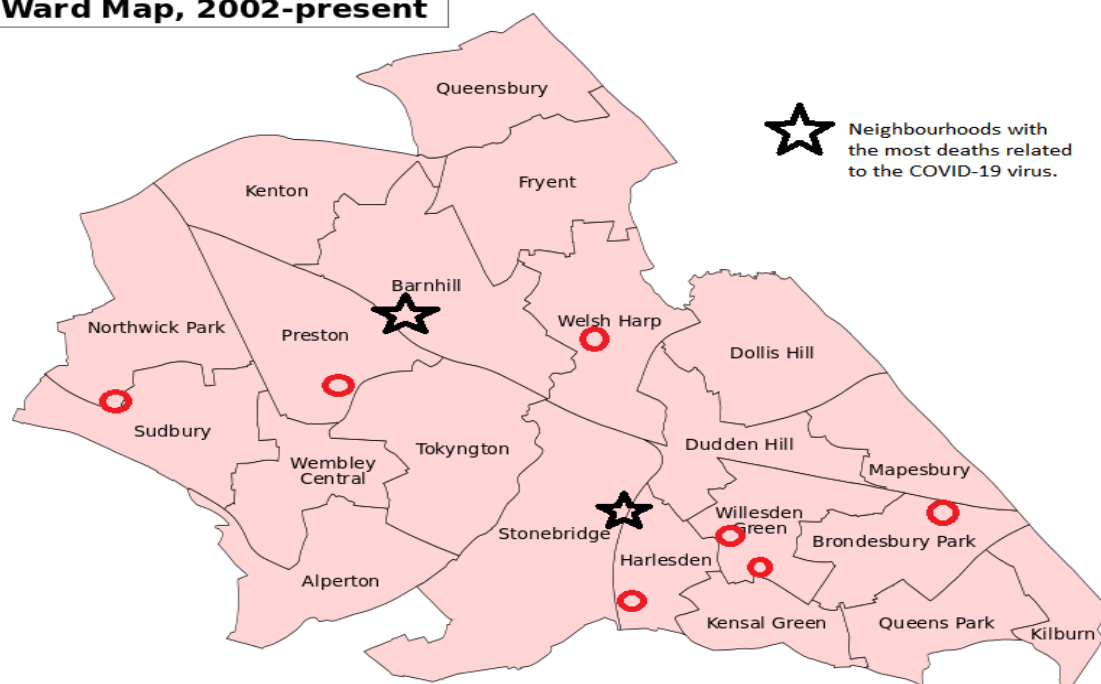
We found that:

- they had minimal COVID-19 infections by strictly enforcing the lockdown restrictions
- staff worked long hours, in part to cover for their colleagues who were sick or self-isolating, resulting in exhaustion
- many thanked Brent Council for their quick and complete provision of personal protection equipment, helping staff and residents keep safe.

We consulted care homes from across the borough as Brent has recorded the second highest COVID-19 deaths in London after Newham. The Church End area has reported the neighbourhood with the most COVID-19 deaths - 28 deaths reported between 1st March and 17th April, more than anywhere else in England. The Avenue area of Barnhill recorded as the fifth in the list of neighbourhoods with the most COVID-19 deaths.

On 1st May 2020, The New Statements reported: "These are the neighbourhoods hit hardest by COVID-19" based on figures published by the Office for National Statistics.

**London Borough of Brent
Ward Map, 2002-present**



The New Statements, 1 May 2020 'These are the neighbourhoods hit hardest by Covid-19 (based on figures published by the Office for National Statistics)

Speaking to COVID-19 patients and their families

We wanted to speak to different communities who had contracted Covid-19 regarding their experience of having the disease and whether they felt they could access enough information about services and support.

We contacted individual community members by telephone and asked them to share their experiences, or that of a close relative, during the pandemic. We were particularly interested in hearing from seldom heard groups, including members of the Somali community.



The majority of people we spoke with included key workers, carers and vulnerable residents.

The questions posed were:

- ◆ How have you been affected by the pandemic?
- ◆ Have you found it easy to find clear and understandable information about keeping safe during the COVID-19 pandemic?
- ◆ Are you or your relative in the at-risk category?
- ◆ Were you or a close relative hospitalised?
- ◆ Were you or your relative satisfied with the services you received?
- ◆ Since the pandemic, have you or your relative received help from; a COVID-19 support group, a family member/ relative, a neighbour, a paid carer or other?
- ◆ What other information would you like to share with us?

Case studies from across Brent

Patients who have experienced Covid-19 symptoms and/ or have had confirmed diagnosis



Case Study 1 – Somali male, 40- 45 years old, bus driver

This man tested positive for COVID-19 and was ill for two months. He decided not to be hospitalised because he did not feel safe in doing so.

However, his elderly mother was hospitalised. He complained that the hospital did not feed his mother correctly. He said, "They leave the food next to the patient, and it's up to them if they eat."

He also complained about the lack of information and support for relatives. His mother made a full recovery – even though the hospital did not expect her to recover.

Case Study 2 – Somali male, 30- 35 years old, care worker

This young care worker contracted the virus and became unwell for a short period. His sister also contracted the virus at the same time. Both recovered quickly and were not hospitalised. They have both since returned to their jobs. The virus appeared to have minimal impact on this young care worker, and he did not show any anxiety about being exposed to the virus due to his job.

Case Study 3 – Somali male, 60- 65 years old, teacher

This teacher tested positive and was hospitalised due to the Coronavirus. After two days, the teacher passed away.

His wife did not understand what was happening and they did not offer a translator. She felt that the staff were cold and did not provide sufficient support; the deceased's wife relied on close family for support and was not aware of any other help available.

Case studies from across Brent

People living with underlying health conditions



Case Study 4 – Somali female, 50- 55 years old, domestic cleaner

This woman was diagnosed with cancer at Northwich Park Hospital at the beginning of the year. She was told that the cancer had spread and was untreatable.

The resident sought a second opinion overseas, where doctors informed her that the cancer was localised and had not spread. She was told that she needed an immediate hysterectomy. She tried to return to London to make arrangements for this. However, unfortunately, the closure of international borders due to the pandemic prevented her from returning to the UK.

This experience reinforced her view that the UK health system is unreliable.

Case Study 5 – Asian female, 70- 75 years old, semi-retired NHS staff

This woman was given the 'all clear' from her GP earlier in the year after receiving treatment for Breast Cancer.

Although she had not receive a letter from the NHS to confirm her status as a clinically vulnerable person, she was aware of her status and the need to maintain strict social distancing due to her membership to a cancer support group.

She then had her status confirmed by her GP, and this unlocked various support services available to her through the NHS.

In addition, despite having other underlining health conditions, she was reluctant to maintain her outpatient treatment as she was fearful of contracting the Coronavirus. Now, she fears being penalised for this and is becoming increasingly anxious.

Case studies from across Brent

People who live with vulnerable people



Case Study 6 – White female, 55- 60 years old, unpaid carer

This single mother has been looking after her only son, who has a learning disability. She has been reliant on state benefits and is concerned about increased household costs due to lockdown.

Additionally, the continued lockdown has taken affected her mental and physical health as she has had no respite for the last 12 weeks. Before lockdown, her son attended day care and was taken on regular outings by paid carers. This has stopped as a result of the pandemic, leading to his unease and her becoming a full-time unpaid carer.

Case Study 7 – Asian male, 45- 60 years old, pharmacist

This pharmacist lives in Brent with his wife and elderly parents.


Following the lockdown and GPs moving consultations online, the responsibility for medicine provision and consultations has fallen on community pharmacists. The pharmacist has had to work six days per week to meet work demands and is becoming increasingly mentally and physically exhausted. He says if this continues, he might stop working as a pharmacist.

Moreover, he has limited his contact with his parents as he fears he will contract the virus and pass it to them. This has further affected his mental health.

He feels the government has not considered the risks faced by key workers who are not part of the NHS. He says all available support is focused on hospital-based NHS workers, with no support for critical workers living in joint households.

Case studies from across Brent

Volunteering during the pandemic



Case Study 8 – Afro-Caribbean female, 75- 80 years old, voluntary community worker

This voluntary community worker is an active member of an Afro-Caribbean club for the elderly. Unfortunately, the weekly social events has had to stop operating due to lockdown - resulting in the attendees feeling socially isolated.

She has since started volunteering and has forming positive relationships with attendees. She is worried many of these individuals have no wider support networks and has therefore started to provide a telephone befriending service to many of them who are not digitally literate.

In addition, some of the club members lived in poor housing conditions and she was concerned about their welfare. She, with her daughter's support, prepared meals for some of the members who were particularly frail and unable to purchase food and prepare meals for themselves.

Hospital discharge during the pandemic



Healthwatch Brent received concerns about discharge from hospitals to other services.

We led a hospital discharge survey in Brent to identify what works well and needs to be improved.

London North West University Healthcare NHS Trust provided data on the numbers of patients discharged and the locations, such as home, residential care, or sheltered accommodation.

We interviewed care homes to understand their experiences through the lockdown.

Patients told us



Waiting for the discharge letter was what held me up when I wanted to go home."
"The staff caring for me were great, but the discharge process was ragged."

"Brent Council was very supportive, they contacted my GP, and they checked with my care home."

Our research revealed

75% of patients were not provided with information explaining the process of leaving the hospital and did not receive a follow-up assessment. Of these, **33%** reported an unmet care need.

Additionally, **37%** of patients were not given information about who to contact if they needed further health advice or support after leaving the hospital.

We are pleased to report our recommendation that patients should be tested for COVID-19 before discharge to care homes has become standard practice across the country.

We also recommended that:

- all patients should be contacted after their discharge.
- patients should have a dedicated pharmacist to support them with medication
- transport checklists need to be used to make sure patient arrive in the daytime and with all they need.

The needs of homeless people in lockdown

We supported Crisis Brent to fund a scoping research report on health and homelessness. Co-production workshops were held with people with experience of homelessness and senior leaders from the housing sector to understand the main challenges, and a literature review took place to assess existing information on homeless health in Brent. The resulting report will frame the rest of the research projects, which will span three years.

The report sought to understand the healthcare service offer for homeless people, how easily people can access these services, and the kinds of physical and mental conditions our homeless communities experience. Research is still underway, but main findings from the literature review have shown:

- **There is a lack of evidence, information, and data available publicly on homeless health in Brent.** The evidence base was small and there is little systemic recording of data related to the health of the homeless population in Brent.
- **However, existing evidence suggests that there are significant health needs among people facing homelessness in Brent.** The identified evidence points towards a high prevalence of physical and mental health needs among people facing homelessness, with mental health needs being especially high. They also face difficulties in obtaining GP registration and gaps in mental health care pathways.
- **The physical and mental health needs of people experiencing homelessness in Brent suggest a picture that mirrors what we know from available national-level evidence on homeless health.** Existing evidence on homeless health across the UK demonstrates that not having stable and safe accommodation is an independent factor in determining adverse health and social outcomes. Living on the streets or without a stable home makes you more vulnerable to physical illness, poor mental health and drug and alcohol problems.

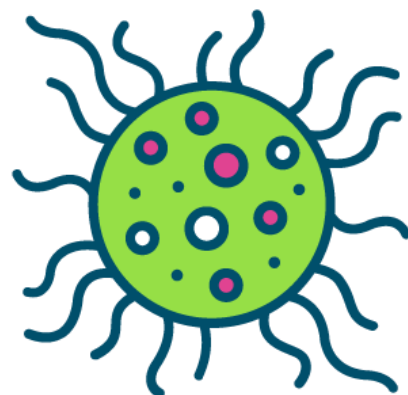


Responding to COVID-19

Healthwatch plays an important role in helping people access the information they need. The research we gather is shared with Healthwatch England and our local partners to ensure services are operating effectively during the pandemic.

This year we helped by:

- Providing up to date advice on the COVID-19 response locally.
- Linking people to reliable up-to-date information.
- Supporting the vaccine roll-out.
- Supporting the community volunteer response.
- Helping people to access the services they need.



Health and Wellbeing Board

Brent Health and Wellbeing Board asked Healthwatch Brent to lead the discussions with residents on their new Health and Wellbeing Strategy.

We mainly explored COVID-19 and its disproportionate impact on Brent's communities. We undertook widespread community engagement activity. We ran six digital roadshows and circulated an easy-to-use survey; to help the Health and Wellbeing Board understand the key priorities for local Brent people in achieving and keeping good health in these difficult times.

We engaged with 102 residents throughout a month-long consultation period. The ethnicity of participants reflected Brent's residents, with 71% of survey respondents from a Black, Asian or Minority Ethnic background.

Our findings:

- We found 65% of residents found it moderately to very difficult to get the help they needed from healthcare services due to the structure and availability of GPs
- Many found their GPs understaffed and unable to provide adequate services due to the demands on the NHS
- Referral pathways were slower than usual. There were reductions in services due to COVID-19 restrictions
- For many residents, there is a perception that their health concerns are not taken seriously enough.

These findings will inform the Health and Wellbeing strategy.



Health and Wellbeing Board

BRENT HEALTH & WELLBEING DIGITAL COMMUNITY ROADSHOWS

Brent Council and Healthwatch Brent are taking a look a look at health and wellbeing for residents in our borough. We want to understand what the differences in health and wellbeing are between residents and what you feel drives them.

We invite you to join us at one of our **Digital Community Roadshows** where we hope to gather insights on your health hopes and things you would like to change about health and wellbeing in your local area. You will have the opportunity to voice your opinion to senior members of the council and the Healthwatch Brent team through a variety of workshops.

DATES:

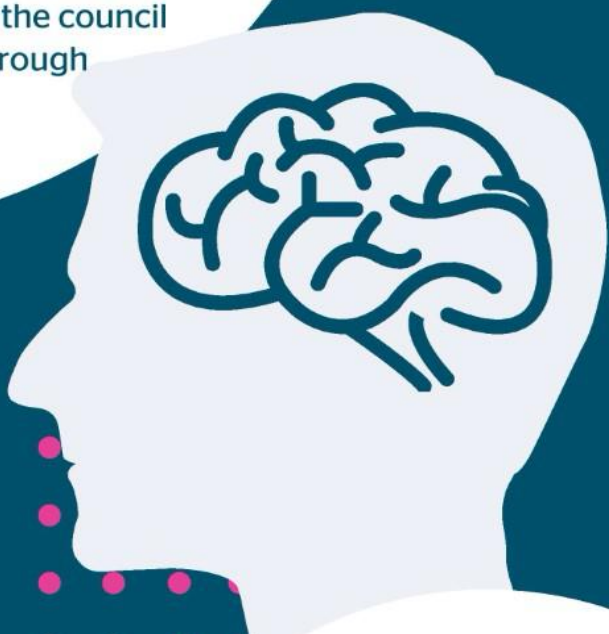
3, 5, 9, 12 & 18 FEB

TIME:

5.30-6.30PM

**EACH WORKSHOP
WILL BE REPEATED
SO ONLY NEED TO
ATTEND ONE.**

**[WWW.HEALTHWATCHBRENT.CO.UK/
ROADSHOW](http://WWW.HEALTHWATCHBRENT.CO.UK/ROADSHOW)**



healthwatch
Brent



What we do with what you tell us

We attended over 70 meetings with all of the key local partners to ensure that the voice of Brent residents is represented.

Healthwatch Brent has a seat on and presents reports to:

- Health and Wellbeing Board.
- NHS Brent CCG Governing Body.
- Safeguarding Adults Board.
- Integrated Care Partnership Board (Brent Health and Social Care Plan/ Sustainability and Transformation Plan).

We also regularly meet and liaise with key local partners, including:

- NHS Brent CCG Engagement, Equality and Self-care Group.
- Brent CCG Primary Care Commissioning Committee.
- London North West Healthcare Trust (Northwick Park Hospital and Central Middlesex Hospital), Patient Experience Committee.
- Care Quality Commission.
- Brent Safeguarding Adults Board, and its two sub-groups.
- Brent Health Matters.
- Patient Experience Committee.
- Brent Health and Wellbeing Board.
- Northwick Park Maternity Voices Partnership.
- Employment and Mental Health Forum.

We consult with NHS Brent CCG and Council commissioners when conducting studies to ensure that such work effectively improves the patient experience to redesign services.

We value the support and sponsorship provided by the Chair of the Health and Wellbeing Board and the requests from the Chair of the Community and Wellbeing Scrutiny Committee to comment and participate in strategic policy discussions.

Our relationship with the Care Quality Commission and other key partners has enabled us to work with and share our findings and meet with them regularly to monitor progress.

Healthwatch Brent also responded to:

- Brent Joint Strategic Needs Assessment.
- Central and North West London NHS Trust.
- NHS Brent CCG Public Sector Equality Duty.
- London North West University Hospital NHS Trust.

Our connections with Brent residents

1,710

Social Media
Followers

30,000

Reach through
partners

70

Meetings
attended

10,828

Website
Visits



6

Digital
Road shows

800

Friends
Mailing List

2,500

Views gathered

£3,400

Awarded in grants to
Brent Organisations



13,728

Our reach



Volunteers

We are incredibly proud of the hard work and the commitment of our fantastic volunteers throughout our Healthwatch contract period. With your valued support, we have produced over 100 high-quality reports and many successful events.

The incredible collaborations and hard work from our Healthwatch Brent staff and volunteers have resulted in a national award from Healthwatch England in 2019.

Their support to the Healthwatch team has resulted in recommendations that have helped improve support services for the residents of Brent.

We would like to extend an enormous thank you to all of our volunteers for their hard work and commitment to Healthwatch Brent and the residents of Brent.



STAY
connected



 babytel



Community Chest

Healthwatch Brent established a Community Chest to increase the capacity of local organisations in providing evidence-based reports from under-represented communities whose voices are not heard enough. We also awarded funds to these communities to increase public awareness of Healthwatch Brent and increase the number and range of views we gather.

We run two funding programmes:

- A large grants programme where we provide up to £3,000 for evidence-based reports on issues related to Brent communities and their interests.
- A small grants programme where organisations can apply for up to £400 to support wellbeing events, raise awareness of Healthwatch and research the experiences of local people.

The grants allow organisations and voices of seldom heard communities to be included in health and social care issues. The Community Chest also enables organisations to deliver events that improve the wellbeing of local communities.

The Community Chest is advertised in:

- Healthwatch Brent newsletter.
- Healthwatch Brent website.
- Healthwatch Brent social media.
- CVS Brent newsletter – funding section.
- Promotion and Reach partners' newsletters.

In 2021, we supported:

- Crisis Brent in funding a scoping research report into the health of people experiencing homelessness.
- Advice4Renters with promotion materials and in providing support for older renters with shorthold tenancies, particularly those from Black, African, and Minority Ethnic communities.

Working in partnership

Healthwatch Brent is leading one of the largest charity partnerships in Brent. It works with fifteen charity, voluntary and community organisations in Brent, and this has been instrumental in our success.

We would like to thank you all for your support in promoting and disseminating information about Healthwatch Brent and for your work in liaising with some of Brent's key communities. All of our partners have a seat on our Advisory Board.



Albahdja

South Kilburn Women's health group



**Brent Centre
for Young People**

"Healthy minds, brighter futures"

**JEWISH CARE**

We would like to thank you all for your support in promoting and disseminating information about Healthwatch Brent and for your work in liaising with some of Brent's key communities. All of our partners have a seat on our Advisory Board.

Advisory board and partners

We use Healthwatch Brent's Network to reach out to different parts of Brent's diverse communities and, through our statutory membership, present our findings to statutory commissioners and providers. We remain committed to ensuring we place the patient and resident voice at the heart of decision making.

Our protected groups reach organisations that focus on various social and wellbeing issues.

- Al Bahdja – Community Chest recipient.
- Ashford Place – Advisory Board, Promotion and Reach.
- Asian People's Disability Association – Advisory Board and a Community Chest recipient.
- Brent Carers – Advisory Board, Promotion and Reach and a Community Chest recipient.
- Brent User Group – Advisory Board and Community Chest recipient.
- Brent Mencap – Advisory Board.
- Brent Advocacy Concerns – Community Chest recipient.
- Brent Multi-Faith Forum – Advisory Board.
- Crisis Brent – Community Chest recipient.
- CVS Brent – Advisory Board.
- Elders Voice – Advisory Board.
- Iraqi Welfare Association – Community Chest recipient.
- Mosaic LGBT Youth – Promotion and Reach.
- Young Brent Foundation – Advisory Board.



About CommUNITY Barnet

CommUNITY Barnet is a registered charity and company limited by guarantee registered with the Charity Commission and Companies House. We are governed by a Board of Trustees.

Healthwatch Brent is a borough-wide service. It functions through collaborations between committed and passionate Brent-focused organisations with local knowledge and insight and that are experienced and trusted. The partnership is the eyes and ears in the community and can effectively act on complaints and concerns due to its direct access to individuals from seldom heard and under-represented communities.

Community Barnet's Board of Trustees are: Paula Arnell, Prithma Athma-Shah, Chris Cormie, Mav Ghalley, Anita Harris, Michael Lassman, Sharon Rutter, Jyoti Shah and Tony Vardy.

Financial Information

Healthwatch Brent is funded to carry out statutory activities.

Funding is carried out by the London Borough of Brent.

Income

Funding received from local authority to deliver

local Healthwatch statutory activities	£150,000
--	----------

Additional Income	£45,979
-------------------	---------

Total Income	£195,979
--------------	----------

Expenditure

Office costs	£28,970
--------------	---------

Staff Costs	£162,519
-------------	----------

Direct delivery costs	£4,490
-----------------------	--------

Total Expenditure	£195,979
-------------------	----------





CommUNITY Barnet
Supporting Community Organisations

Healthwatch Brent

t: 020 3869 9730

e: info@healthwatchbrent.co.uk

www.healthwatchbrent.co.uk

 @hwbrent

 @healthwatchbrent

Healthwatch Brent will be delivered by a new provider who can be contacted using the details above.

CommUNITY Barnet

t: 020 8364 8400

e: info@communitybarnet.org.uk

www.communitybarnet.org.uk

 @communitybarnet

 @communitybarnet

Seids Enterprise Hub
Empire Way
Wembley, HA9 0RJ

©Healthwatch Brent 2021

The text of this document (this excludes, where present the Royal Arms and all departments and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. The material must be acknowledged as Healthwatch Brent copyright and the document title specified. Where third party material has been identified, permission from the perspective copyright holder must be sought. Healthwatch trademark under licence from Care Quality Commission for Healthwatch England. Any enquiries regarding this publication, available in this format only, should be sent to us at info@communitybarnet.org.uk.

You can download this publication from www.healthwatchbrent.co.uk/annualreport

CommUNITY Barnet is a registered charity, No. 1071035, and a company limited by guarantee 3554508.