

CLIENT: NHS BRENT CLINICAL COMMISSIONING GROUP

TITLE: BRENT HEALTH PARTNERS FORUM

RE: NOTE OF FORUM MEETING HELD 19th NOVEMBER 2014 AT SATTAVIS PATIDAR CENTRE, FORTY AVENUE, WEMBLEY, HA9 9PE

DATE: 24 NOVEMBER 2014

1. Introduction and overview

- 1.1 This report has been prepared by the independent facilitator commissioned by Brent Clinical Commissioning Group (Brent CCG) to chair a meeting of the Brent Health Partners Forum on 19th November 2014.
- 1.2 The event brought together members of the local community with representatives from the NHS, local authority and voluntary sector. A total of 120 individuals attended the session.
- 1.3 Following consultation with Brent CCG officers, local authority representatives and patient representatives, the aims of the session were agreed as:
 - **To promote Self-care Week across Brent**
 - **To share information on the improved Integrated Diabetes Service**
 - **To inform attendees of the newly launched services and updates on key service changes**
- 1.4 The event began with an introduction from Duncan Ambrose (Assistant Director, Brent CCG). During the evening, participants heard a number of presentations covering: improved integrated diabetes service, the borough plan; new ophthalmology services; and, plans for Central Middlesex Hospital. The attendees also worked in groups to identify key aspects of self-care and to develop recommendations for promoting self-care across the borough. The event concluded with a question and answer session on the current situation in A&E provision for Brent residents.
- 1.5 Any queries regarding this report should be directed to Keritha Ollivierre, Brent CCG (T: 020 8795 6099 / E: kerithaolliviere@nhs.net).

2. Opening Remarks and Presentation

2.1 Following an introduction from the independent facilitator, Duncan Ambrose set out the plan for the evening. He explained that the agenda - which had originally been focussed on self-care would include discussion of A&E provision and performance in response to local requests. In order to make this possible, attendees who wanted to discuss A&E in detail were given the opportunity to meet in a separate room with Professor Ursula Gallagher, (CCG Governing Body Nurse Member). Duncan explained that there would also be further opportunity to discuss the issue of A&E at the end of the evening for those who could stay on later. A small number of participants took the opportunity to meet with Professor Gallagher at the start of the evening.

2.2 The first presentation of the evening was given by Nina Patel, Dr Anjit Shah and Dr Murali and covered *BIDS* – Brent Integrated Diabetes Service. The main points of this presentation is set out in Table 2.1 below.

Table 2.1 Summary of Presentation – Brent Integrated Diabetes Service	
BACKGROUND	<ul style="list-style-type: none"> • Brent has a very high rate of diabetes • The number of Brent residents with diabetes is increasing • A new, integrated diabetes service has been launched to tackle this and to provide improved, coordinated care • It is run by a multi-disciplinary team including: consultants, 5 specialist nurses, dieticians, podiatrists and a psychologist (coming soon)
THE BENEFITS	
1. PATIENT EDUCATION	<ul style="list-style-type: none"> • There will be more access to self-management courses (DESMOND), including: <ul style="list-style-type: none"> ○ 6 hours of structured learning delivered by highly trained nurse teachers ○ Additional supporting resources and handbook ○ Generation of health profile for each patient so they can track important health indicators (blood pressure, cholesterol, depression, etc) ○ An action plan for each patient • Access to DESMOND courses need a referral from your GP
2. INTEGRATED CARE ACROSS A RANGE OF SETTINGS	<ul style="list-style-type: none"> • A named Diabetes Specialist Nurse for every GP practice • Monthly visits from the Nurse to your practice to discuss patient care and facilitate learning • Longer (60-minute) appointments for complex cases (at Wembley and Willesden Health Centres) • These appointments will include access to consultant, nurse, dietician, podiatrist and psychologist • Complex cases will be seen in a hospital setting (e.g. renal problems, pregnancy, Type 1)

3. Discussion Groups

3.1 Participants were then invited to work in their table groups to share their experiences and views of self-care and to identify ways in which self-care messages could be communicated to different communities and groups across Brent. The notes from these discussions are summarised in Table 3.1 and 3.2 below.

Table 3.1 Table discussions – A Summary of Ideas and Comments on Self-Care	
EXAMPLES OF WHAT TO PRIORITISE IN TERMS OF SELF-CARE	
EAT WELL	<ul style="list-style-type: none"> • Eating a healthy, low-fat diet with lots of fruit and vegetables • Shopping 2-3 times a week and cooking food from fresh • Taking vitamins • Drinking more water (filtered) and juice • Avoiding fizzy drinks • Drinking less alcohol
HOW TO GET SELF-CARE INTO THE COMMUNITY?	<ul style="list-style-type: none"> • Use the right people who can get into the community (talk the right talk) • Not just volunteers (doing too much) • Consider small grants • How do people who have the information keep well? • What does self-care achieve? How do we measure its effect? • What opportunities exist for self-care for other Longs term conditions e.g. provision of clotting times monitors for patients on warfarin (currently being considered in Harrow?)
KEEP ACTIVE	<ul style="list-style-type: none"> • Taking regular exercise: walking, running, gym, reviba machine, swimming, etc. • Walking is especially good - incorporate into your routine (e.g. using public transport; taking the stairs; parking further from your destination) • Looking after grandson after school
STAY CONNECTED AND POSITIVE	<ul style="list-style-type: none"> • Keeping a positive mind • Staying aware of the need to look after yourself • Knowing where to get support and help • Talking to people / having someone to talk to • Encouragement from family and friends • Getting help from support groups • Getting involved in community events (e.g. yoga) • Art and music for relaxation and emotional wellbeing • Joining a volunteer group • Mindfulness training and art therapy • New Economics Foundation – Five Ways to Wellbeing http://www.neweconomics.org/projects/entry/five-ways-to-well-being
TAKE THE MEDICAL SIDE OF THINGS SERIOUSLY	<ul style="list-style-type: none"> • Understanding YOUR condition and knowing what questions to ask • Remembering to take your medication (at the same time of day, after food etc.) • Reducing painkillers • Making regular GP visits / check-ups • Keeping all hospital appointments

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| | <ul style="list-style-type: none">• Taking foot care seriously• Seeking doctor/nurse advice on diet and care• Reading any self-care information received (e.g. book on self-care given to breast cancer patient after discharge)• If an incident happens at home (e.g. falling out of bed), making a note of it and telling it to GP/hospital at next appointment• Confiding in GP or others about mental health issues (e.g. anxiety). Not pretending that issue does not exist. |
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Table 3.2 Table discussions – A Summary of Ideas and Comments on Promoting Self-Care

IDEAS AND RECOMMENDATIONS ON PROMOTING SELF-CARE

**ACCESSIBLE,
AVAILABLE
INFORMATION**

- A) Create information that is easy to read, in straightforward language**
- B) Make sure it is regularly updated and culturally relevant (based on research into specific information needs of different communities)**
- C) Ensure it is available in a wide range of forms:**
 - Notice boards/TV monitors in GP surgeries
 - Face-to-face: talk to people
 - Letters / write to people
 - Apps - develop a self-care/healthy lifestyle app (or use the apps that are already out there)
 - TV / DVDs
 - Social media (e.g. Facebook page for Brent Self-care)
 - Self-help diaries
 - Books on prescriptions
 - By phone / telephone contacts
 - Home visits
 - Ads at bus stops
 - Email – cascaded through local organisations
 - Websites –case studies and self-care information (e.g. for diabetes/risk of developing diabetes) on Brent website
 - Audio reading
 - Training (culturally-relevant) for people with long-term conditions to educate and motivate
 - Healthy recipes for traditional food from different cultures
- D) Use resources that are already out there:**
 - DIPEX – clips of patient experiences on Healthtalk online <http://www.healthtalk.org/>
 - Diabetes UK: Enjoy Food www.diabetes.org.uk/enjoyfood
 - Living Well programme
 - Brenthealthandfitness.com - Michael Odumosu has developed this locally
- E) Make sure information is available in a wide range of locations/sources:**
 - GP surgeries and hospitals
 - Chemists
 - Supermarkets and shops
 - GP receptionists
 - Community groups and community health awareness workshops
 - Community leaders/faith leaders and mothers
 - Local media / papers
 - Parks, community centres, mosques, temples
 - Events and other community get-togethers
 - Schools – start at primary school with message of self-care

IDEAS AND RECOMMENDATIONS ON PROMOTING SELF-CARE	
<p>HARNESSING PEOPLE & GROUPS TO ACT AS CHAMPIONS</p>	<ul style="list-style-type: none"> • Develop community champions • Work with BME communities/groups, build their capacity and recruit volunteers from those communities to spread self-care message • Provide a platform for communities to share their stories and discuss what is preventing access to services • Find influential personalities/celebrities (suffering from specific conditions) and get them involved • Peer educators/supporters: use patients to distribute information and train others • Use charities/community groups to inform and to act as advocates • Establish patient groups to share experiences and provide support (and advertise existing diabetes support groups) • Enlist the support of family and friends • Use community/faith leaders to reach specific communities (Jesus House - healthy projects in church) • Establish cooking groups/projects to educate people on cooking healthy, tasty, quick and cheap meals. • Use befriending/visiting schemes to help people who have no support (especially at weekends) • Carers - make Brent carers more visible / make sure they have the information + clear aims
<p>ENCOURAGE GPs / CLINICIANS TO ...</p>	<ul style="list-style-type: none"> • Be more pro-active in engaging with their patients • Challenge patients (patients are more receptive after a critical health event) • Remind patients about prevention, self-care and education and signpost them to available services • Invite patients for 3-6 monthly health checks and blood tests • Receive training on self-care • Tackle the “there’s nothing wrong with my health” attitude. Tell people it’s important • Refer patients to DESMOND and make them aware of Diabetes UK (Enjoy Food and other information) • Consider group meetings (with patient’s family/carer, not just the patient) • How do doctors take care of themselves? Do they practice what they preach?
<p>OTHER IDEAS</p>	<ul style="list-style-type: none"> • Reduce the cost of healthy foods (junk food is cheaper) • Reduce salt and sugar in foods • Encourage more openness about mental health • Fitness is not just about obesity, it has many other benefits (e.g. mental health) • Alternative therapies / holistic self-care • Self-care is a bit of a ‘cop-out’ for professional. Self-care can only work if patient is informed and educated. • Need to prevent crisis by empowering patients. • Sign posting for self-care
<p>DIABETES</p>	<ul style="list-style-type: none"> • Communicate diabetes information – the risks, prevention and management. Especially to the Indian community • Increase awareness of the links between diabetes and other conditions • Teach people what sugar level needs to be maintained in order to avoid secondary complications • Foot care - what to look for / when to be alarmed • DESMOND – how do members of the public hear about it – 24,000 diabetics in Brent – can the eye screen process be more comprehensive not just referred onward elsewhere with preventing issues? • How can I become a community champion in diabetes? (information will be posted on the CCG web site shortly)

3.3 – Brent CCG Self-Care Tools, videos and evaluation questionnaire

To highlight the importance of self-care in the borough Brent CCG launched the Brent self-care website. Over the past six months the CCG has been designing and developing, with clinicians and the self-care stakeholder group, tools and techniques into accessible formats and videos.

If you would like further information please email: Brentccg.engagement@nhs.uk

The website is www.brentselfcare.com.

This site has been put together by Brent CCG to provide you with advice and information related to maintaining your health and well-being. It also provides advice on various health conditions, i.e. dementia, diabetes, as well as provides guidance on exercise, diet and nutrition.

Self-care means looking after yourself in a healthy way, whether it's brushing your teeth, taking medicine when you have a cold, or doing some exercise.

If you have a long-term condition, there are extra things you may need to consider, such as making changes to your diet, different types of exercise or different types of medication you may need to take.

Self-care also means staying active by doing things that are important to you, such as gardening, seeing friends and family, going on holiday, or continuing to work, if possible. It involves looking at what you can do and want to do, rather than what you can't do. Access is via the following links or further pictorial links overleaf:

The videos relating to nutrition and diet are in the link http://www.brentselfcare.com/diet_and_nutrition.html

The videos relating to dementia and memory loss are in the link <http://www.brentselfcare.com/dementia.html>

The pain management toolkit and videos are in the link <http://www.brentselfcare.com/> then click on the pain management box

For those of you who are aware of the STARRS service, <http://www.brentstarrs.com/Carers/Videos?p=p> This includes videos on inhalers, in different languages, medicine management etc.

The information to support parents caring for 0-5 year olds <http://www.brentselfcare.com/mum-dad-carers.html>



Mums, Dads and Carers of 0.5 years



Information for carers of older people



Diet and Nutrition



Exercise



Pain Management/Pain Relief



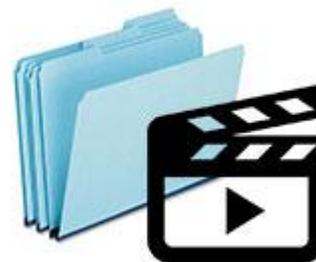
Older People



Information for Young Carers



Memory Loss and Dementia



Self Care Resource Area –
Video Library



Hospital Discharge www.urbancanda.co.uk
Leaving Hospital

4. Up-Date Presentations

4.1 In the next session, participants heard three presentations, updating the Forum on three separate areas:

- Brent Community Ophthalmology Service – Ms Rajni Jain and Dr Cherry Armstrong
- Brent Borough Plan – Carl Cheevers, London Borough of Brent
- Update on Central Middlesex Hospital – Dr Mark Spencer and Dr Sami Ansari

4.2 The key points of these presentations are set out in Table 4.1 below.

Table 4.1 Summary of Presentations	
<p><u>Up-date</u></p> <p>BRENT COMMUNITY OPHTHALMOLOGY SERVICE</p>	<ul style="list-style-type: none"> • Consultant-led outpatient service for patients with ophthalmic conditions • Urgent referrals seen within 24 hours / standard referrals seen within 4 weeks • Patient choice for secondary care providers • Includes GP advice line and GP education • Service available at two locations: Sudbury Primary Care Centre + Willesden Centre for Health and Care • Benefits of the new service: <ul style="list-style-type: none"> ○ Reduced pressure on hospital eye services ○ Patients seen quickly by specialist consultant-led team (all triage performed by consultants) ○ Patients seen in a community setting where appropriate ○ Direct referral on to operation lists where needed ○ Latest diagnostic equipment ○ High levels of patient satisfaction
<p>Questions and Comments:</p>	<p><i>I have cataracts which are getting worse. I have been told that I may <u>not</u> go to Central Middlesex and must go to BMI. I do not wish to use privatised medicine and understand that I have the right to go to the hospital of my choice. What has gone wrong?</i></p> <p><i>You <u>do</u> have a choice of hospital. Once seen by a consultant at BMI clinic, (if treatment is necessary) you will be referred to the hospital of your choice. BMI is not privatised health - it is an NHS service, free at the point of use, supplied by a private provider.</i></p>
<p><u>Up-date</u></p> <p>BRENT BOROUGH PLAN</p>	<ul style="list-style-type: none"> • Borough plan is a 4-year plan setting out a vision for Brent 2015-19 • It is a partnership document, recognising that many agencies (not just the council) are involved in Brent’s development • The plan needs to address many challenges, e.g. a growing, diverse population and declining finances • We will need to work smarter, work more together, and stop doing some things • We are seeking the views of all Brent residents. Please have your say (via a leaflet, or online). Deadline = 28 November 2014
<p>Questions and Comments:</p>	<p><i>How are you going to cut crime (with finances being cut)?</i></p> <p><i>You talked about the increasing number of children in the borough. We need them to be healthy and yet the council is planning to close Stonebridge Adventure Playground. The playground has been helping to cut crime, providing positive activity for children and including young people with disabilities on the Stonebridge Estate since the 1970s. Think about health, think about crime and fight for Brent’s children.</i></p>

<p><u>Up-date</u></p> <p>CENTRAL MIDDLESEX HOSPITAL (CMH)</p>	<ul style="list-style-type: none"> • Your views have been taken on board and the decision to move Park Royal Centre for Mental Health has been reviewed • CMH will offer: 1) Rehabilitation (60 rehabilitation beds); 2) Outpatient services; 3) GP practice; 4) 24/7 urgent care centre; 5) Care Coordination; 6) Therapy (physio, dietetics, occupational, speech & language); 7) Diagnostics; and 8) Community Zone • We are also planning a world-class Elective Orthopaedics Centre (EOC) providing a seamless pathway for elective orthopaedic care • We have listened to what the Forum said at their July meeting and tried to incorporate all of your points • We are continuing to have conversations with people and refine plans. • Next stage will be business case
<p>Questions and Comments:</p>	<p><i>Have you considered co-location of mental health community services with physical health?</i> <i>Yes – we think it is a good idea. Discussions are on-going.</i></p> <p><i>When will implementation happen?</i> <i>Some things are quicker to implement than others, so implementation will vary service by service.</i></p> <p><i>Can you elaborate on staff and patient education?</i> <i>It will include learning about management of long-term conditions, self-care and - in the case of surgery - detailed two-way communication between patient and surgery team, so patients are fully informed about their operations, the impacts, recovery and after-care.</i></p> <p><i>Brent CCG was arguing that Park Royal was not fit for purpose and that was why it needed to be moved to CHM. With that decision reversed, does it mean that money will now be spent to improve Park Royal and bring it up to standard?</i></p> <p><i>Will community physiotherapy be moved from Willesden Centre for Health and Care?</i> <i>The key plan is to centralise physiotherapy. We plan to have diagnostics and primary care at Willesden. Happy to come back with more detail.</i></p> <p><i>What news on finding a GP surgery for CMH?</i> <i>Early on in the discussions on this. Aware of the issue.</i></p>

4.3 Additional comments and questions which were raised during the evening (but not directly relevant to these presentations) are provided in Appendix A. Event evaluation and monitoring is provided in Appendix B.

IF YOU WOULD LIKE AN E-MAIL COPY OF THE PRESENTATION(S) PLEASE E-MAIL Brentccg.engagement@nhs.net. Or CALL ON 020 8795 6107.

5. Final session: A&E

5.1 At the end of the meeting, Peter Latham (Chair, Willesden PPG) and Robin Sharp (Chair, Kilburn PPG) raised a number of concerns about A&E provision in the borough. Professor Ursula Gallagher responded and all the points made are summarised in Table 5.1 below:

Table 5.1 Northwick Park A&E	
<p>Peter Latham (PL) & Robin Sharp (RS)</p>	<ul style="list-style-type: none"> • NHS figures published for last two weeks of October show A&E waiting times at Northwick Park to be the worst in the country • PL has written to Simon Crawford (Chief Financial Officer, LNWH) to request the latest figures and to ask what is being done to get Northwick Park up to the national target of 95% of patients waiting up to 4 hours • Simon Crawford has responded quickly and indicated that the problem lies in a shortage of beds (not funds or staff) • Currently approx. 70% people being seen within 4 hours (rather than the target of 95%) • 18 additional beds have been put into Northwick Park, more will be added in December, and a new A&E block will open in Feb 2015. However – even with these extra beds – the target will not be met • By PL’s calculations: 448 people each week will still be waiting longer than 4 hours • The situation is urgent and CCG is responsible for commissioning the service – we need answers about what is happening • RS reported similar issues occurring with Imperial. • RS in communication with Imperial but had yet to establish whether the problems related to a surge in A&E attendance, or closure of CMH A&E
<p>Professor Ursula Gallagher, Brent CCG</p>	<ul style="list-style-type: none"> • Brent CCG is very concerned about the situation • Several CCGs are not achieving their A&E targets • We know that Northwick Park does not have enough beds currently • All plans are in place for opening new A&E facilities in February 2015 • It is critical to establish the underlying cause for increasing numbers attending Northwick Park • A big spike in A&E attendance (which started in August) has been affecting many hospitals across the country • At the moment, the analysis suggests that Northwick Park numbers are not related to CMH A&E closure. However, we understand that our modelling/analysis are under scrutiny • Consequently, we have asked NHS England for an independent review, so we can understand fully what is happening • We are working hard with all organisations/clinicians concerned to check daily what more can be done to alleviate the situation • We are receiving extra funding (£9m)

Appendix A – Additional Comments and Questions Raised During the Evening

Other comments and questions raising during the evening	
Brent CCG	<ul style="list-style-type: none"> • Is Brent CCG doing anything on self-monitoring of anti-coagulation? • Commission services must be based on a meaningful engagement with service users. Otherwise, too much public funding is wasted on services that do not meet needs and are not linked to outcomes • Why have a Health Partner Forum where people are not allowed to ask questions?
Access to GPs	<ul style="list-style-type: none"> • Need more time with GPs • Patients want to be involved in decisions but doctors do not have enough time • People need time to explain their condition especially when language is a barrier • GP opening times – needs clarity, accessibility, availability • GP only deals with one problem at a time not the whole person.
Mental Health	<ul style="list-style-type: none"> • Mental health users are in a condition that they are not able to think for themselves, or to know what is good/ bad. They should be looked after and directed. Please think about their brain and how it works and how others can help.
Side-effects	<ul style="list-style-type: none"> • The drugs given to users have side effects (e.g. muscle tension, cholesterol, heart attack, lower lifespan, blood pressure, dry mouth). But instead of finding ways of reducing side effects, we are given yet more medication to tackle the side effects. • The Government should encourage research in this area and find better medication
Poor care	<ul style="list-style-type: none"> • Diabetes – care is inadequate • After hospital care is poor for many people • Service needs to be fair for all (some are not confident to speak up) • Nursing homes - poor care (staff not very responsive / wife had to intervene) • Nurses do not assist people to go to the toilet when in hospital because they are busy (sometimes on the phone chatting) • Had to do my own research on how to care for parents – no support from or conversation with GP • What would happen to my parents if I was not there? Brent carers are not helpful. • Lack of coordination - consultants does not talk to one another. We have to repeat ourselves time after time. • GPs lie to you to save money and refer you to cheaper options
Podiatry	<ul style="list-style-type: none"> • Shortage of podiatrists • Foot care - never discussed by GP. It needs to be acknowledged. • Families cannot get appointments for 4 months - but nails need to be clipped every month.
Other	<ul style="list-style-type: none"> • Young people don't seem interested in the NHS. Why? How can we engage with them?

Appendix B – Event Evaluation and Equality Monitoring

<p>Event Evaluation</p>	<p>Overall the vast majority of attendees felt the event was good and well worth attending. People thought there was sufficient advanced warning and invitation and marketing posters was very good as well as finding the venue. The CCG has had many events at the Sattavis now and people are getting to know and like the standard of the venue. The attendees welcome on the night and reception was rated as very good and so were the refreshments. Unfortunately four people thought that everything about the event was either poor or quite poor however little feedback was shared on what to improve.</p> <p>The presentations all received a fairly good response. Comments were left on improvement to the quality of the slides which the CCG fully take on board and will look to improve on the accessibility of slides. Again attendees say they would like more time for discussion and questions. This feedback has been received before, therefore in 2015 the CCG intend to slightly change the format of the events e.g. holding them more often, covering one topic at a time and with smaller discussion groups. The delivery and facilitation of the events will be shared with patients, community and professionals.</p> <p>The mix of participants overall received varying feedback. However the CCG fully appreciates that the Health Partners Forums do not attract the wider diversity of the community in terms of younger people, wider diversity of community groups and the vast majority of the working age population. Therefore going forward the CCG will undertake more bespoke forms of engagement activity aligned to the commissioning activity to ensure the wider community are engaged and involved on service change activity so that the CCG gains a better insight into wider patient experience.</p> <p>In relation to other health and social care issues that attendees would like included at future events, they included – integration of charity and third sector organisations within community zones, Psychiatric unit, Ophthalmology and crime. We will ensure these issues are enabled by Community for Voluntary Services, the CCG and the Local Authority.</p> <p>It is important that residents tell us where they hear about the event to ensure we maximise the marketing budget. On this occasion the responses were varied however the vast majority heard about the event via their community networks - Brent Healthwatch, Mencap via their GP Patient Participation Group followed by the advert in the Brent Magazine, or were directly invited via the CCG database.</p> <p>If you are not on the CCG’s database and would like to be included in order to hear about future events, please email your contact details to: brentccg.engagement@nhs.net.</p> <p>Lastly, the event was used to profile the Better Care Fund Schemes. Attendees were asked if they would like to be involved in the BCF network or receive information on how the schemes progress. All schemes received a good response. Therefore we will ensure that future events are used to up-date on how these namely the Whole Systems Integrated Care pilot that runs from April 2015 for a year. As a</p>
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	<p>reminder the BCF scheme are:</p> <ul style="list-style-type: none"> Scheme 1 – Keeping the most vulnerable well in the community Scheme 2 – Avoiding unnecessary hospital admissions Scheme 3 – Effective multi-agency hospital discharge Scheme 4 – Mental Health Improvements
<p>Equality Monitoring</p>	<p>The equality monitoring has confirmed what the CCG is fully aware of:-</p> <p>The majority of attendees are between age range 46 and 76+ years of age. However there is a good diversity of religious beliefs represented by individuals and an array of disabled and Learning Disabilities covered by attendees. Those declaring a long term health condition were 13 people. This demonstrates the relevance of the topics covered at this event was in line with those who attended the event. A good spread of the Brent demographic are represented however we fully understand and know this needs to be improved.</p>