Public Document Pack

Health and Wellbeing Board

Monday 15 July 2019 at 6.00 pm
Boardrooms 7&8 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor Hirani	Brent Council
Councillor McLennan	Brent Council
Councillor M Patel	Brent Council
Councillor Kansagra	Brent Council
Mark Easton	North West London CCG
Sheikh Auladin	Brent CCG
Dr Ketana Halai	Brent CCG
Jonathan Turner	Brent CCG
Julie Pal	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Dr Melanie Smith	Brent Council - Non-Voting
Gail Tolley	Brent Council - Non-Voting
Simon Crawford	London North West Healthcare NHS Trust
Mark Bird	Brent Nursing and Residential Care Sector

Substitute Members (Brent Councillors)
Councillors:

Agha, Miller, Krupa Sheth and Tatler

Councillors:

Colwill and Maurice

recycle for Brent

For further information contact: Nikolay Manov, Governance Officer
Tel: 020 8937 1348; Email: nikolay.manov@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:
www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.

(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.

(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.

(d) **Land -** Any beneficial interest in land which is within the council's area.

(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.

(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.

(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for absence and clarification of alternate members** For Members of the Board to note any apologies for absence.	
2	**Declarations of Interest** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Minutes of the previous meeting** To approve as a correct record, the attached minutes of the previous meeting.	1 - 6
4	**Matters arising (if any)** To consider any matters arising from the minutes of the previous meeting.	
5	**Update on Mental Health and Employment Outcome Based Review (OBR)** This report provides an update on the Outcome Based Review (OBR) for Mental Health and Employment following completion of the discover and define phases of the OBR.	7 - 34
6	**Brent's vision for a local integrated care system** A presentation is attached for members' consideration detailing Brent's vision for a local integrated care system.	35 - 44
7	**Health and Wellbeing Board - joint health and wellbeing strategy** Paper to follow setting out proposed approaches for producing Brent's next Joint Health and Wellbeing Strategy.	To Follow

8 Update on Special Educational Needs and Disabilities (SEND) 45 - 52

Children with SEND are a priority area of focus for Brent Children's Trust and Brent Health and Wellbeing Board. This report provides the Brent Health and Wellbeing Board with an update on May 2019 SEND revisit by Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC).

9 Healthwatch Brent Update Report 53 - 76

This report updates the Health and Wellbeing Board on the progress of Healthwatch Brent including: the operational priorities for 2019-20 for Healthwatch Brent; and, the Engagement Strategy and approach for Healthwatch Brent.

10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60.

11 Date of next meeting

The next scheduled meeting of the Health and Wellbeing Board is on

Date of the next meeting: Monday 7 October 2019

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.

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Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Tuesday 23 April 2019 at 6.00 pm

PRESENT:

Councillors Farah (Chair), McLennan, M Patel, Krupa Sheth (substituting for Councillor Hirani), Carolyn Downs (Chief Executive, Brent Council), Dr MC Patel (Vice-Chair and Chair of Brent Clinical Commissioning Group - CCG), Sheikh Auladin (Managing Director, Brent CCG), Dr Melanie Smith (Director of Public Health, Brent Council), Gail Tolley (Strategic Director of Children and Young People, Brent Council) and Phil Porter (Strategic Director - Community Wellbeing, Brent Council), Julie Pal (Chief Executive Officer, Healthwatch Brent), Jonathan Turner (Deputy Managing Director, Brent CCG), Meenara Islam (Strategic Partnerships Manager, Brent Council), Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) and Kunwar Khan (Governance Services, Brent Council)

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

Apologies for absence were received from:

- Councillor Hirani (with Councillor Krupa Sheth substituting)
- Mike Bird (Brent Nursing and Residential Care Sector)

2. **Declarations of Interest**

Dr MC Patel (Vice Chair) declared that doctors, like himself, as medical professionals may be part of commissioning local services within the wider network represented at the Health and Wellbeing Board.

Cllr McLennan stated that she was a Member of London North West University Hospital Trust.

3. **Minutes of the previous meeting**

It was **RESOLVED** that:

the minutes of the previous meeting held on 22 January 2019 be approved as an accurate record of the meeting.

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

None.

5. **NHS Long Term Plan**

Jonathan Turner (Deputy Managing Director, Brent CCG) introduced the report updating the Board regarding the key developments in the NHS Long-Term Plan. He referred to the initial steps and the engagement activities that were taking place in North West London to develop and deliver that plan.

The report noted that the NHS Long-Term Plan was published on 7th January 2019 after a delay. It set out the strategic direction for the NHS over the next 10 years containing a number of high-level deliverables, together with a 5-year funding settlement for 2019-2024. It also included the funding settlement for the NHS and implications on local delivery.

In considering the key headings of the update report, the Board noted:

- the engagement with local government was very limited;
- there were national public engagement activities;
- the development of an Integrated Care System (ICS) in North West London by 2021; and
- the move to a single CCG and a summary of the over-arching programme areas that were being worked upon.

Describing the report as the strategic level paper which was 'work in progress' and needed the work to 'make it real', Jonathan Turner, highlighted the vital sections to the Board and invited their comments on the update and the proposed 'revised' priorities for 2019/20.

- Healthy communities and prevention
- Maternity, children and young people
- Primary, social and community care
- Urgent and emergency care
- Mental health
- Cancer care
- Hospital and specialist care

Highlighting the implementation of a 10-year national plan in North West London for the NHS, the paper stated that the aim was to improve the quality of patient care and health outcomes by focusing on:

- enabling everyone to get the best start in life;
- helping communities to live well; and
- helping people to age well.

Jonathan Turner, supported by Phil Porter (Strategic Director - Community Wellbeing, Brent Council) highlighted the challenging financial situation which meant that although the CCG was receiving an increase in its allocation of 5.9% in 2019/20, it was also reporting an 18/19 deficit of £11.2 million. Phil Porter informed that this financial situation was a trend across North West London CCGs and beyond, with 7 out of 8 CCGs were projecting a significant deficit in 2019/20. This meant that despite the CCG receiving a 5.9% uplift in its allocation, some of this would have to be passed through to Trusts in the form of tariff uplifts, which would

also off-set the planned increase. This was because the national tariff had been uplifted this year to account for inflationary pressures within provider organisations on an assumption that an average acute tariff would be uplifted by 2.8% and the non-acute contracts will be uplifted by an average of 3.9%. All this meant that there would only be a small sum for demographic and non-demographic growth in activity. This period of financial recovery meant that centralised financial control processes had been put in place for all new investments exceeding £20k must which now must be approved by an NWL level investment committee with difficult decision ahead.

Jonathan Turner, referred that the 'co-produced plans' for the local implementation of the 'Long-Term plan' were being pursued with Healthwatch Brent, the Citizens' Plan and other key stakeholders (including the Local Authority) and the work on the single CCG structure was underway which was expected to be completed by April 2020.

In considering the update report, Councillor Farah (Chair), opened the floor to receive the Board's comments and views on the update report. During the discussion, the following key points were noted:

- Highlighting a total lack of joined-up approach and the absence of genuine local engagement with key stakeholders, Carolyn Downs (Chief Executive - Brent Council), stated that the 10-year NHS Plan seemed to be one of the most top-down plans in public service with an aim to create a single CCG without any meaningful local consultation was very surprising. She emphasised the need for local stakeholders to promptly work together to devise a local solution. Citing the example of Hammersmith and Fulham Council, she added that, in the worst case scenario, Brent Council could consider to refuse co-operation in local implementation if it felt that genuine local concerns were not being listened to or addressed.
- A point was made that Brent had no objection to service integration itself in principle and was indeed doing a lot of work to progress integration at a local level.
- Cllr McLennan requested more information about how people were being selected to be on the Citizens' Panel.
- Dr MC Patel (Vice Chair) concurred with the views expressed by Carolyn Downs and stated that it was the right time to stand up for a local solution.
- He added that part of the problem was no one seemed to know what an ICS really was.
- Councillor Farah (Chair) stated that the Council and the Health and Wellbeing Board should be careful not to legitimise the process and implementation of proposals if the details of the plan and its impact on local residents and services were unknown.
- Julie Pal mentioned that Healthwatch organisations were commissioned by Healthwatch England to undertake local engagement activities on the Long Term Plan. One such form of engagement was a questionnaire. The engagement was being led by the North West London CCG collaboration. It was noted that neither the engagement plan nor the questionnaire that was being used for consultation was seen by anyone at the Council.

After detailed discussion, the Board **RESOLVED** that:

A suitably worded letter for Mark Easton (Accountable Officer, North West London Collaboration of Clinical Commissioning Groups) on behalf of the Brent Health and Wellbeing Board be drafted by Jonathan Turner (Deputy Managing Director, Brent CCG) with the help of Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) and sent accordingly. The content of the letter should be mindful of the above discussion, highlighting relevant concerns of the H&WB Board as appropriate, together with a formal request for Mark Easton to attend the next H&WB meeting to hear about Brent's local vision for greater local integration of health and social care. This local vision was a condition of the council's co-operation.

6. **Brent Children's Trust Update - April 2019**

Gail Tolley (Strategic Director, Children and Young People) introduced the report, drawing the Board's attention to paragraph 3.5 on page 12 - Priority Areas of Focus for 2019/20. She stated that this was a supplementary update as requested by the Chair providing an additional update of the BCT work programme from October 2018 and also outlined the priority areas of focus for the Brent Children's Trust from April 2019 to March 2020.

After consideration of the report, it was subsequently **RESOLVED** that:

The Health and Wellbeing Board noted the priority areas of focus for the Brent Children's Trust from April 2019 to March 2020.

7. **Health and Care Transformation Programme Review**

Tom Shakespeare (Director of Integrated Care, Brent Council and CCG) introduced the report providing an update about the progress of key activities of the joint Health and Care Transformation programme during 2018/19.

Highlighting the progress to date under paragraph 4 on page 16, integrated commissioning and market management under paragraph 4.2 on page 17, the scoping priorities, together with, additions and changes highlighted on pages 18 and 19 under 5.1 to 5.1.6, Tom Shakespeare sought the Board's comment and endorsement for the priorities for 2019/20.

After consideration, it was subsequently **RESOLVED** that:

- The proposed priorities for 2019/20, including the additional provisions, be endorsed;
- An update report highlighting progress against each priority be brought back to the Board; and
- Newton Europe report be circulated to the Board.

8. **Public Mental Wellbeing Strategy and Suicide Prevention Plan**

Dr Melanie Smith introduced the report prepared by Marie McLoughlin, a Consultant in Public Health.

In considering the report which introduced the Brent Public Mental Wellbeing Strategy and Suicide Prevention Plan, the Board noted the following key points:

- In July 2018, the Health and Wellbeing Board endorsed and adopted the Thrive LDN principles to shape its approach to the promotion of mental wellbeing. Thrive LDN is a city-wide movement sponsored by the Mayor of London and the London Health Board which aspired to promote mental wellbeing, prevent illness and eliminate suicide in London. Thrive LDN has six aspirations:

    1. A city where individuals and communities take the lead
    2. A city free from mental health stigma and discrimination
    3. A city that maximises the potential of children and young people
    4. Develop a healthy, happy and productive workforce
    5. A city with services that are there when and where needed
    6. A zero-suicide city

- Aspiration 3 was being taken forward in Brent by the iThrive work and aspiration 5 was within the scope of the Health and Care Transformation Plan. Therefore, the public mental wellbeing plan focuses on the other 4 aspirations.
- The Suicide Prevention Plan detailed in Appendix 1 had been informed by a workshop in April 2019 which was attended by PHE, the local NHS mental health provider, third sector organisations (including those with particular expertise in suicide prevention and/or support to those affected by suicide) and the police. The key messages from the event were:

    1. Endorsement of the action plan;
    2. A desire to link up with other boroughs and create joint actions; and
    3. Agreement to set up subgroups to take forward each of the action.

During the discussion, the following points were noted:

- The statistics used in the report were from over four years ago when the last such national ONS survey was carried out. Not a small undertaking but if it was do-able, it should be explored if Brent partners could undertake the relevant survey locally to gather an up to date data-set;
- ‘Are we okay Brent?’ was not perhaps a very familiar campaign and not heard of in general because it was mainly targeted at affected people using social media and enhanced search protocols;
- In relation to suicides, given that more males were affected, particularly, Eastern European males, perhaps such most affected groups should be targeted as Brent had the largest European community in London;
- Deaths in the neighbouring boroughs were higher which indicated the richness of Brent’s soft and compassionate approach could be a key factor and it would be perhaps timely to look at this aspect; and
- Local CCG’S involvement was welcome and Dr MC Patel would email Dr Melanie Smith with relevant details.

In conclusion, the Board also noted that the future work would focus upon, among other things, on the following key areas:

- Progress on collaborative work with neighbouring boroughs;
- Better links with faith groups;
- Effective use of existing fora, like The Samaritans etc. and
- Work on the next campaign.

Subject to the above, it was **RESOLVED** that:

The Health and Wellbeing Board approved the Public Mental Wellbeing Strategy and Suicide Prevention Plan with an update report at the October meeting.

9. **Any other urgent business**

None.

10. **Date of next meeting**

The Board noted that the next meeting was scheduled for 15 July 2019.

The meeting was declared closed at 19:28

COUNCILLOR FARAH
Chair

Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 15 July 2019
	Report from the Strategic Director Community Wellbeing

Update on Mental Health and Employment Outcome Based Review (OBR)

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	2
Background Papers:	none
Contact Officer(s): (Name, Title, Contact Details)	Phil Porter Strategic Director Community Wellbeing Phil.porter@brent.gov.uk Sadie East Head of Transformation Sadie.East@brent.gov.uk

1.0 Purpose of the Report

1.1 This report provides an update on the Outcome Based Review (OBR) for Mental Health and Employment following completion of the discover and define phases of the OBR.

2.0 Recommendation(s)

2.1 HWB notes the update on the OBR.

2.2 HWB notes and discusses the ideas which have been developed by partners through the OBR process and considers how it can support further development and testing of these ideas.

3.0 Background – Outcome Based Reviews (OBR)

3.1 A report on plans to undertake an OBR focussing on Mental Health and Employment was presented on 9 October 2018.

3.2 This OBR is the latest in a series of projects undertaken by the Council using design led methodology to tackle cross-cutting problems. The design led approach focuses on the individual, family and / or community with the aim of understanding issues from the perspective of residents (rather than the organisations delivering services) and to look beyond departmental and organisational silos to implement solutions that are better for residents and either achieve greater impact for the same public funding, or reduce public funding across the system.

3.3 The methodology has four key stages – Discover, Define, Develop and Deliver: -

Discover more about what is actually being delivered through data collection and analysis, service mapping and effectiveness review, community research (including focus groups), professional interviews and horizon scanning.

Define a vision for future arrangements, bringing together a range of stakeholders to identify opportunities, prioritise key issues and generate ideas to take forward.

Develop new ideas, agree an approach and plan for testing and engage relevant stakeholders.

Deliver and ***test*** a new model and build a business case based on learning, setting out the service and commissioning models, including the financial business case.

3.4 The OBRs are sponsored by a Strategic Director at the Council and supported by the central transformation team. They report on progress to the Council Management team and to Members. A project board is established to steer the review consisting of representatives of key partner organisations. This OBR is sponsored by Phil Porter, Strategic Director Community Wellbeing, who also chairs the project board. Membership of the project board is as follows:

Sandra Ademola - DWP Delivery Operations Manager
Duncan Ambrose – Assistant Director, Brent CCG
Matt Dibben – Head of Employment, Skills and Enterprise, Brent
Joe Dromey – Deputy Director Learning and Works Institute
Sadie East - Head of Transformation, Brent
Tara Furlong – Federation of Small Businesses
Dr Vidhya Kumaranayakam - Clinical Director, Brent CCG
Melanie Smith – Director of Public Health, Brent

4.0 Discover phase

4.1 The overarching outcome for the OBR which was agreed at the beginning of the review was: ‘to increase the number of people with mental illness thriving in work’.

4.2 The first phase of the discovery work consisted of looking at local and national data, reviewing relevant research and mapping the services and referral pathways currently in place. Initial engagement work was also conducted including interviews and focus groups with service providers and users.

4.3 Through these findings the board considered how to narrow the focus of the OBR in order to ensure meaningful outcomes from the process. Questions considered were whether to focus on people with severe or common mental health conditions and whether to focus on people currently in work or not in work.

4.7 In relation to people with mental health conditions currently in work, the board identified that it could be easier to support this group as they are already employed. However, owing to barriers for people in disclosing their condition, it would be difficult to identify them. We would also have a limited influence over what individual organisations do. Lastly, 92% of the businesses in Brent are micro businesses (employing less than 10 people) which could mean it is challenging to engage with them to make changes.

4.8 The second option considered was those out of work. Data confirmed that the largest group of working age people not in work and known to have a mental health condition are those in receipt of Employment Support Allowance (ESA) (5,098 people in Brent). This group is easy to identify, as all are in contact with Job Centre Plus (JCP). JCP already have skilled work coaches and strong links and knowledge of other organisations who provide support for those with mental health conditions. The challenge in working with this group is they are likely to have more complex needs and require a greater level of support.

4.9 The ESA group is for people the DWP has deemed unable to work. There is no expectation for people in this group to do anything to improve their chances of finding work. Those in the Support Group are usually only contacted every three years for a medical assessment or review of their medical condition/s but they are not required to attend any work focused interview or have contact with a work coach at the Job Centre unless they make contact with them directly. Other findings relating to this group includes:

- There are 10,842 ESA recipients in Brent
- Almost half of these (5,098) have a mental health condition
- 3,770 of these are in the support group
- Just over 3,154 have been in the support group for two years and 1,622 for three years
- A number of people in this group reported wanting to work or feeling they could move towards work with the right support

4.10 Given these findings and the results of service mapping, which showed fewer services and routes to access services for people likely to be in this group, the board agreed that this should be the focus for the OBR.

4.11 Further work was conducted with a focus on the ESA support group, including interviews, focus groups and workshops with Job Centre Plus staff, Brent Council staff, GPs, medical assessment centre staff, service users and

service providers. In addition, in-depth ethnographic interviews were carried out with people with lived experience of being affected by mental illness, being in the ESA support group and accessing employment services.

4.12 During this engagement the following themes emerged:

- Poor communication between services
- Lack of understanding of services that are available and who does what
- Lack of qualifications being a barrier to employment
- Stigma and lack of awareness around mental health disorders
- Too long from referral to accessing services
- Employer attitude and support is a barrier
- Confusing referral pathways
- Too many people end up in the support group and don't get supported

5.0 Define phase

5.0 The second stage of the OBR process is the define stage which consisted of a visioning event which took place on Monday 24 June 2019. This event brought together around 50 professionals from organisations such as the DWP, Shaw Trust, Hestia and Crisis, as well as service users, councillors, the CGG, senior council staff and other key stakeholders to identify opportunities, prioritise key issues and generate ideas to take forward.

5.1 At this event, key findings and insights from the discovery phase were presented. A selection of these materials is included at Appendix 1. This informed a process designed to encourage mixed groups of delegates to the following challenges we are identified through our discovery phase:

- How do we increase knowledge and understanding of services that are available to support people in the ESA support group access and sustain employment?
- How do we improve communication & relationships between key stakeholders supporting people with severe mental health conditions?
- How can we increase the number of employers actively recruiting people with severe mental health conditions?
- How can we proactively engage the ESA support group?
- How can we raise awareness about mental health disorders and combat stigma among employers?
- How can we make the system easier for service users with severe mental health conditions to navigate?

5.2 A number of ideas were developed which participants were encouraged to vote on to express their support. The ideas generated were:

Let's Talk

A forum for providers to come together to network and share best practice. The idea hopes to improve communication between partners and deliver better outcomes for service users.

The Bridge

A link worker attached to every GP surgery for 'social prescribing'. The link worker will have access to a database of all employment services for people with mental health conditions.

Building stronger pathways from GPs to employment support

A link worker attached to every GP surgery. If any patient with a mental health condition wants support with employment they will be offered an appointment with the link worker.

Single point of referral for employment support provision

GPs to ask every patient with a mental health condition (that is not in employment), if they would like to work in the next 15 months. If they are interested there will be a triage process to ensure they are referred to the most appropriate service.

The Soundboard

A business conference to discuss mental health and wellbeing in the workplace. The conference will hope to raise awareness on the subject and get commitment from businesses to better support employees with a mental health condition and provide opportunities for those with a mental health condition seeking employment.

Mental Health Navigators

Mental health navigators recruited to support people with a mental health condition access employment support. The navigators feed into a mental health forum for service providers.

Celebrate and Earn

Businesses incentivised to take on employees with a mental health condition through the service providers giving a portion of the money they receive to the business once the employee has reached a specific output. Media campaigns to promote the project and the success of the participants to encourage other businesses to get involved.

5.3 The concept posters for each of these ideas is also included at Appendix 2.

6.0 Next steps

6.1 These ideas will be considered by the OBR project board on 9 July to consider how they can be taken forward to prototype and test. This process will be supported by the Council but active involvement and buy-in from partners including Health and DWP will be essential. Some ideas may also be able to be agreed and implemented without testing.

6.2 The Council's Senior Management Group considered how the Council as an employer could do more to recruit and retain people affected by mental illness and this will feed into an action plan.

7.0 Financial Implications

7.1 Financial implications and potential savings to the system from earlier intervention and increasing the number of people affected by mental ill health will be identified as through idea development and testing.

8.0 Legal Implications

8.1 There are no legal implications identified at this stage for this work.

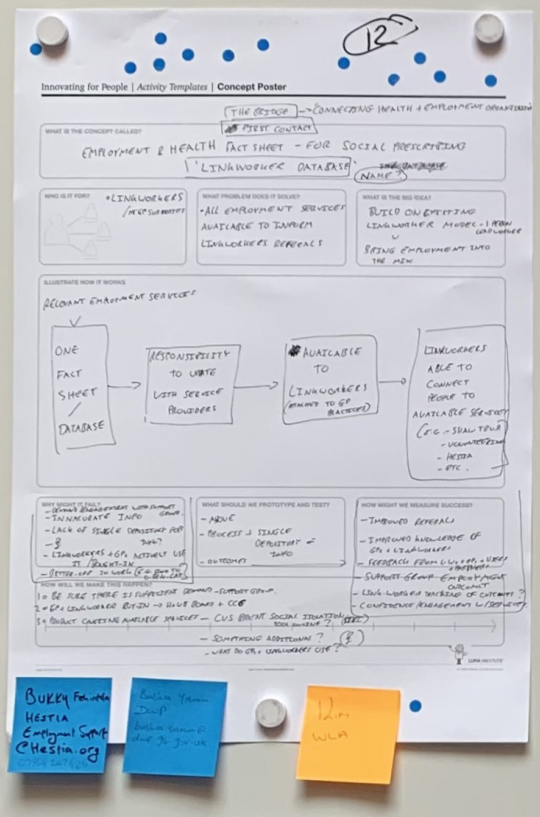
9.0 Equality Implications

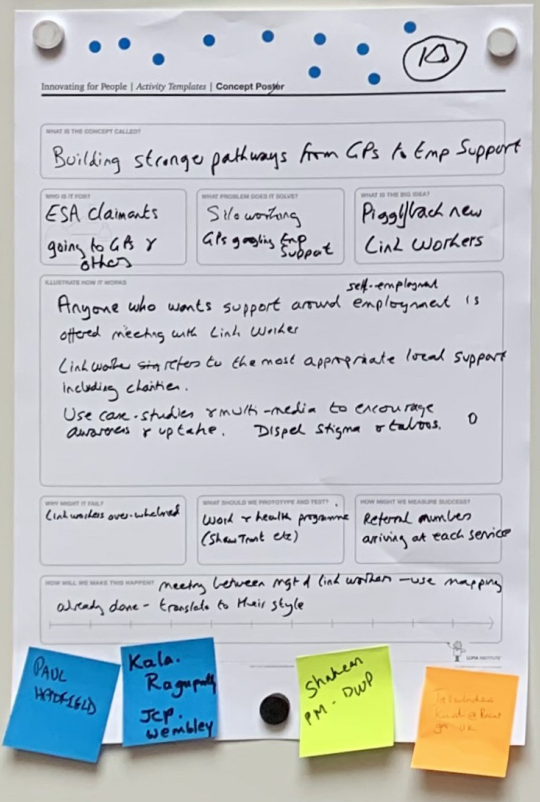
9.1 We will ensure equality implications are considered as part of the work carried out at all phases of the OBR.

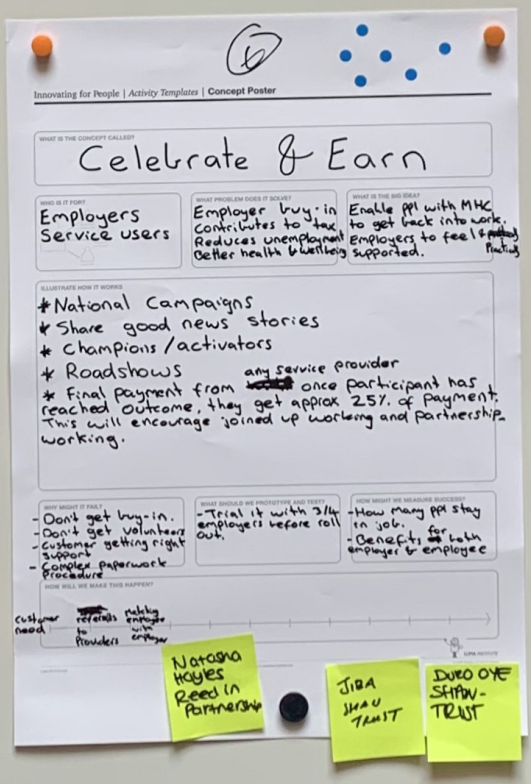
Report sign off:

Phil Porter
Strategic Director, Community Wellbeing

Ideas Board


12
Innovating for People | Activity Templates | Concept Poster
THE BRIDGE – CONNECTING HEALTH & EMPLOYMENT ORGANISATIONS
FIRST CONTACT
EMPLOYMENT & HEALTH FACT SHEET - FOR SOCIAL PRESCRIBING
'LINKWORKER DATABASE'
NAME
WHO IS IT FOR?
•LINKWORKERS /PRESCRIBERS
WHAT PROBLEM DOES IT SOLVE?
•ALL EMPLOYMENT SERVICES AVAILABLE TO INFORM LINKWORKERS REFERRALS
WHAT IS THE BIG IDEA?
BUILD ON EXISTING LINKWORKER MODEL - FROM WELLNESS TO EMPLOYMENT
BRING EMPLOYMENT INTO THE MIX
ILLUSTRATE HOW IT WORKS
RELEVANT EMPLOYMENT SERVICES
ONE FACT SHEET / DATABASE
RESPONSIBILITY TO UPDATE WITH SERVICE PROVIDERS
AVAILABLE TO LINKWORKERS (EMBED TO GP RECORDS)
LINKWORKERS ABLE TO CONNECT PEOPLE TO AVAILABLE SERVICES
Etc - SKILL TOUR
- VOLUNTEERING
- HESTIA
- ETC.
WHAT SHOULD WE PROTOTYPE AND TEST?
- MAKE
- PROCESS & SINGLE DATASHEET
- OUTCOMES
HOW MIGHT WE MEASURE SUCCESS?
- IMPROVED REFERRALS
- IMPROVED KNOWLEDGE OF EPs & LINKWORKERS
- FEEDBACK FROM LWs, EPs, USERS
- SUPPORT GROUP - EMPLOYMENT FOCUSED
- LINK WORKER TRACKING OF OUTCOMES
- CONFIDENCE ASSESSMENT W/ SERVICES
HOW WILL WE MAKE THIS HAPPEN?
Hestia
Employment Support
@hestia.org
WLA


10
Innovating for People | Activity Templates | Concept Poster
WHAT IS THE CONCEPT CALLED?
Building stronger pathways from GPs to Emp Support
WHO IS IT FOR?
ESA Claimants going to GPs & others
WHAT PROBLEM DOES IT SOLVE?
Silo working GPs grappling Emp support
WHAT IS THE BIG IDEA?
Piggyback new Link Workers
ILLUSTRATE HOW IT WORKS
Anyone who wants support around self-employment is offered meeting with Link Worker
Link worker signposts to the most appropriate local support including charities.
Use case-studies & multi-media to encourage awareness & uptake. Dispel stigma & taboos.
WHY MIGHT IT FAIL?
Link workers over-whelmed
WHAT SHOULD WE PROTOTYPE AND TEST?
Work & health programme (Shaw Trust etc)
HOW MIGHT WE MEASURE SUCCESS?
Referral numbers arriving at each service
HOW WILL WE MAKE THIS HAPPEN?
meeting between regional link workers – use mapping already done - translate to their style
PAUL HEPTONSTALL
Kala. Ragupathy
JCP. Wembley
Shaheen
PM - DWP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Innovating for People | Activity Templates | Concept Poster
WHAT IS THE CONCEPT CALLED?
Celebrate & Earn
WHO IS IT FOR?
Employers
Service users
WHAT PROBLEM DOES IT SOLVE?
Employer buy-in
Contributes to tax
Reduces unemployment
Better health & wellbeing
WHAT IS THE BIG IDEA?
Enable PM with MHC to get back into work.
Employers to feel & publicly supported.
ILLUSTRATE HOW IT WORKS
* National Campaigns
* Share good news stories
* Champions / activators
* Roadshows
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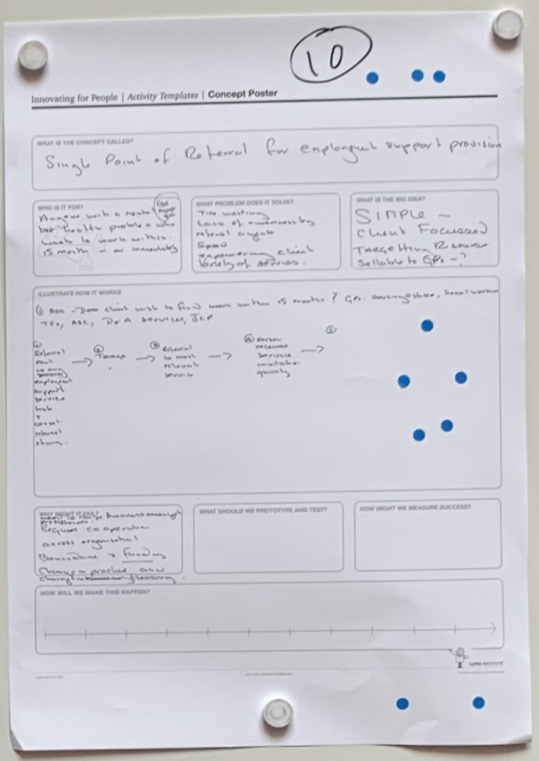
WHY MIGHT IT FAIL?
- Don't get buy-in.
- Don't get volunteers
- customer getting right support
- Complex paperwork Procedure
WHAT SHOULD WE PROTOTYPE AND TEST?
- Trial it with 3/4 employers before roll out.
HOW MIGHT WE MEASURE SUCCESS?
+How many PP stay in job.
- Benefits for both employer & employee
HOW WILL WE MAKE THIS HAPPEN?
customer need
referrals to providers
Natasha Hayes Reed in Partnership
JIRA
DUKE OF SHAW-TRUST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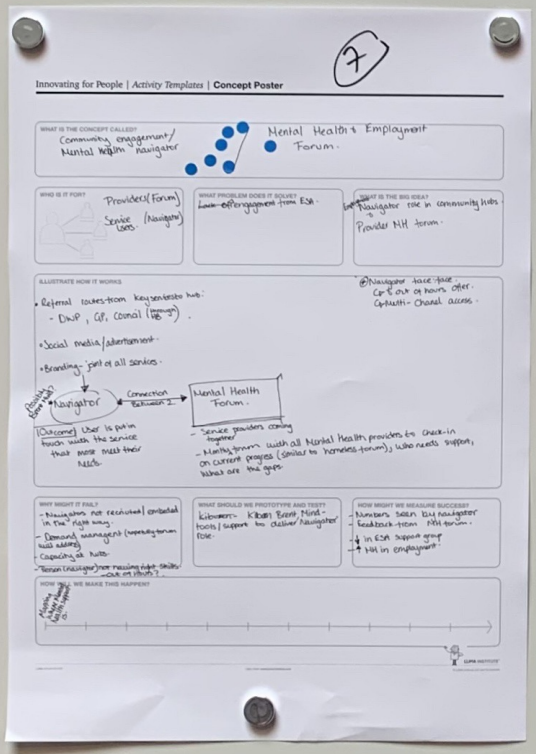
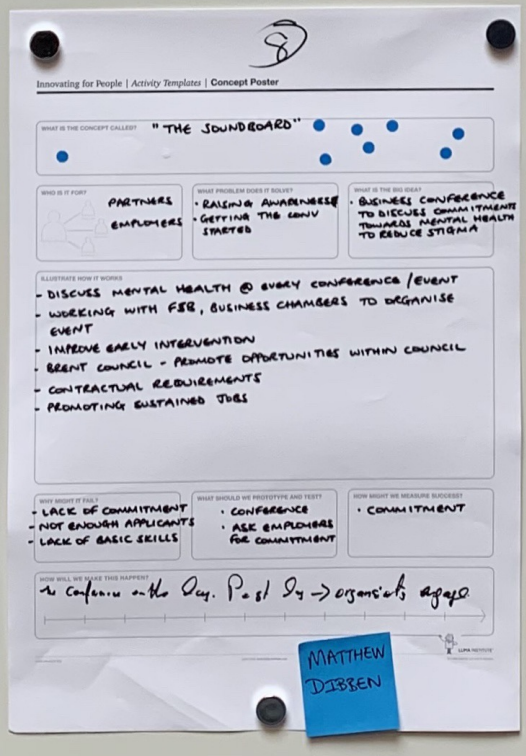
WHAT SHOULD WE PROTOTYPE AND TEST?
HOW MIGHT WE MEASURE SUCCESS?
HOW WILL WE MAKE THIS HAPPEN?

Ideas Board


Innovating for People | Activity Templates | Concept Poster
Mental Health & Employment Forum.
Navigator
Mental Health Forum.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"THE SOUNDBOARD"
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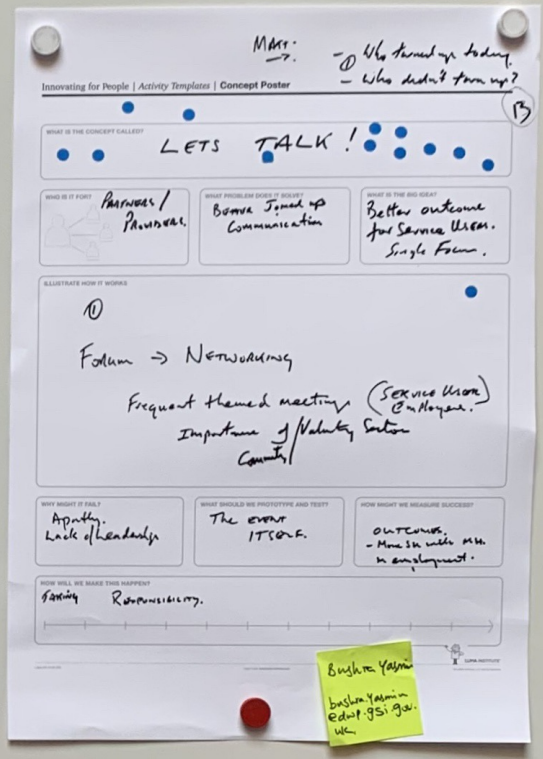
MATTHEW DIBBEN


Innovating for People | Activity Templates | Concept Poster
LETS TALK!
Forum → Networking
Apathy.
Lack of leadership
The event itself.

12

THE BRIDGE → CONNECTING HEALTH + EMPLOYMENT ORGANISATIONS

FIRST CONTACT

WHAT IS THE CONCEPT CALLED?

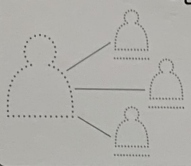
EMPLOYMENT & HEALTH FACT SHEET - FOR SOCIAL PRESCRIBING

'LINKWORKER DATABASE'

~~THE DATABASE~~

NAME?

WHO IS IT FOR?



- LINKWORKERS
- GP SURGERIES

WHAT PROBLEM DOES IT SOLVE?

- ALL EMPLOYMENT SERVICES AVAILABLE TO INFORM LINKWORKERS REFERALS

WHAT IS THE BIG IDEA?

BUILD ON EXISTING LINKWORKER MODEL - 1 PERSON LEAD WORKER

∨

BRING EMPLOYMENT INTO THE MIX

ILLUSTRATE HOW IT WORKS

RELEVANT EMPLOYMENT SERVICES

∨

ONE FACT SHEET / DATABASE → RESPONSIBILITY TO UPDATE WITH SERVICE PROVIDERS → AVAILABLE TO LINKWORKERS (ATTACHED TO GP PRACTICES) → LINKWORKERS ABLE TO CONNECT PEOPLE TO AVAILABLE SERVICES

(E.G. - SHAW TRUST
- VOLUNTEERING
- HESTIA
- ETC.

WHY MIGHT IT FAIL?

- DEMAND (ENGAGEMENT WITH SUPPORT GROUP.
- INNACURATE INFO
- LACK OF SINGLE DEPOSITORY FOR INFO?
- £
- LINKWORKERS + GPs ACTIVELY USE IT / BOUGHT-IN
- BETTER-OFF IN WORK (E.G. LINK TO U.BEN.CAP)

WHAT SHOULD WE PROTOTYPE AND TEST?

- ABOVE
- PROCESS + SINGLE DEPOSITORY OF INFO
- OUTCOMES

HOW MIGHT WE MEASURE SUCCESS?

- IMPROVED REFERALS
- IMPROVED KNOWLEDGE OF GPs + LINKWORKERS
- FEEDBACK FROM L.W.s + GP.s + USERS + PARTNERS
- SUPPORT GROUP EMPLOYMENT OUTCOMES
- LINK-WORKER TRACKING OF OUTCOMES?
- CONFIDENCE / ENGAGEMENT L/SERVICES.

HOW WILL WE MAKE THIS HAPPEN?

1. BE SURE THERE IS SUFFICIENT DEMAND - SUPPORT GROUP.
2. GP + LINKWORKER BUY-IN → H+WB BOARD + CCG
3. PRODUCT COVERING AVAILABLE SERVICES — CUS CURRENT SOCIAL ISOLATION TOOL ONLINE? (SERI)

— SOMETHING ADDITIONAL? (£)

- WHAT DO GPs + LINKWORKERS USE?

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10

WHAT IS THE CONCEPT CALLED?

Building stronger pathways from GPs to Emp Support

WHO IS IT FOR?

ESA claimants going to GPs & others

WHAT PROBLEM DOES IT SOLVE?

Silo working

GPs googling Emp Support

WHAT IS THE BIG IDEA?

Piggyback new Link Workers

ILLUSTRATE HOW IT WORKS

Anyone who wants support around self-employment is offered meeting with Link Worker

Link Worker refers to the most appropriate local support including charities.

Use case-studies & multi-media to encourage awareness & uptake. Dispel stigma & taboos.

WHY MIGHT IT FAIL?

Link workers over-whelmed

WHAT SHOULD WE PROTOTYPE AND TEST?

Work & health programme (Shaw Trust etc)

HOW MIGHT WE MEASURE SUCCESS?

Referral numbers arriving at each service

HOW WILL WE MAKE THIS HAPPEN?

meeting between mgt'd link workers — use mapping already done - translate to their style

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WHAT IS THE CONCEPT CALLED?

Celebrate & Earn

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Employers
Service users

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Employer buy-in
Contributes to tax
Reduces unemployment
Better health & wellbeing

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Enable ppl with MHC to get back into work.
Employers to feel & [redacted] Practically
supported.

ILLUSTRATE HOW IT WORKS

* National Campaigns
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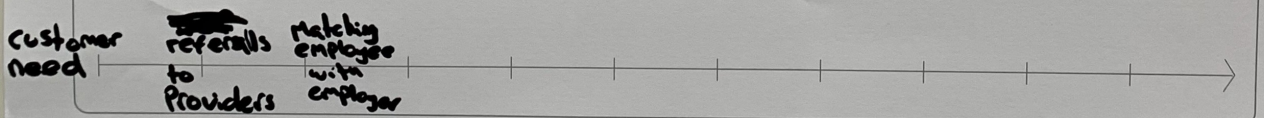
- How many ppl stay in job.
- Benefits for both employer & employee

HOW WILL WE MAKE THIS HAPPEN?



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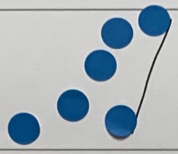
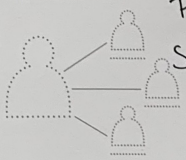
WHAT IS THE CONCEPT CALLED?

Community engagement / Mental Health navigator



Mental Health + Employment Forum.

WHO IS IT FOR?



Providers (Forum)

Service users. (Navigator)

WHAT PROBLEM DOES IT SOLVE?

~~Lack of~~ engagement from ESA.

WHAT IS THE BIG IDEA?

Employment

Navigator role in community hubs → Provider MH forum.

ILLUSTRATE HOW IT WORKS

- Referral routes from key services to hub:
  - DWP, GP, Council (through HB).
- Social media / advertisement.
- Branding - 'joint of all services.

Possibly Brent Mind?

Navigator → Connection Between 2. → Mental Health Forum.

(Outcome) User is put in touch with the service that most meet their needs.

- Service providers coming together
- Monthly forum with all Mental Health providers to check-in on current progress (similar to homeless forum), who needs support, what are the gaps.

- Navigator face-to-face.
  - Out of hours offer.
  - Multi-Chanel access.

WHY MIGHT IT FAIL?

- Navigators not recruited / embeded in the right way.
- Demand managent (hopefully forum will address)
- Capacity at hubs.
- Person (navigator) ~~not having right skills~~ - out of hours?.

WHAT SHOULD WE PROTOTYPE AND TEST?

~~Kibbern~~ - Kilburn Brent Mind - tools / support to deliver Navigator role.

HOW MIGHT WE MEASURE SUCCESS?

- Numbers seen by navigator
- Feedback from MH forum.
- ↓ in ESA support group
- ↑ MH in employment.

HOW WILL WE MAKE THIS HAPPEN?

Mapping where Mental Health is.

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MATT:
→.

- ① Who turned up today.
- Who didn't turn up?

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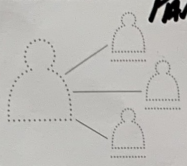
Innovating for People | *Activity Templates* | **Concept Poster**

WHAT IS THE CONCEPT CALLED?

LETS TALK !

WHO IS IT FOR?



PARTNERS / PROVIDERS.

WHAT PROBLEM DOES IT SOLVE?

Better Joined up Communication

WHAT IS THE BIG IDEA?

Better outcome for Service Users.
Single Focus.

ILLUSTRATE HOW IT WORKS

①

Forum → NETWORKING

Frequent themed meetings (SERVICE USER & Employer.)

Importance of Voluntary Sector Community

WHY MIGHT IT FAIL?

Apathy.
Lack of leadership

WHAT SHOULD WE PROTOTYPE AND TEST?

The EVENT ITSELF.

HOW MIGHT WE MEASURE SUCCESS?

OUTCOMES.
- More SU with MH in employment.

HOW WILL WE MAKE THIS HAPPEN?

Training Responsibility.

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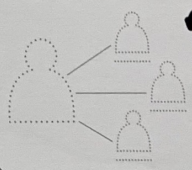
WHAT IS THE CONCEPT CALLED?

"THE SOUNDBOARD"

WHO IS IT FOR?



PARTNERS

EMPLOYERS

WHAT PROBLEM DOES IT SOLVE?

- RAISING AWARENESSE
- GETTING THE CONV STARTED

WHAT IS THE BIG IDEA?

- BUSINESS CONFERENCE TO DISCUSS COMMITMENTS TOWARDS MENTAL HEALTH TO REDUCE STIGMA

ILLUSTRATE HOW IT WORKS

- DISCUSS MENTAL HEALTH @ EVERY CONFERENCE / EVENT
- WORKING WITH FSB, BUSINESS CHAMBERS TO ORGANISE EVENT
- IMPROVE EARLY INTERVENTION
- BRENT COUNCIL - PROMOTE OPPORTUNITIES WITHIN COUNCIL
- CONTRACTUAL REQUIREMENTS
- PROMOTING SUSTAINED JOBS

WHY MIGHT IT FAIL?

- LACK OF COMMITMENT
- NOT ENOUGH APPLICANTS
- LACK OF BASIC SKILLS

WHAT SHOULD WE PROTOTYPE AND TEST?

- CONFERENCE
- ASK EMPLOYERS FOR COMMITMENT

HOW MIGHT WE MEASURE SUCCESS?

- COMMITMENT

HOW WILL WE MAKE THIS HAPPEN?

The Conference on the Day. Post Day -> organisers agree.

10

WHAT IS THE CONCEPT CALLED?

Single Point of Referral for employment support provision

WHO IS IT FOR?

Anyone with a mental health problem who wants to work within 15 months - or immediately (can apply age)

WHAT PROBLEM DOES IT SOLVE?

Time wasting
Lack of awareness by referral agents
Speed
empowering client
Variety of services.

WHAT IS THE BIG IDEA?

SIMPLE - Client Focussed
Targeting Resources.
Sellable to GPs - ?

ILLUSTRATE HOW IT WORKS

① Ask - Does client wish to find work within 15 months? GPs. Housing Hero, Social workers TFs, ABC, D&A services, JCP

① Referral point to any approved employment support service hub & consent. Referral shown.

② Triage

③ Referral to most relevant service

④ Person receives service initiation quickly

⑤

WHY MIGHT IT FAIL?

Need to raise Awareness amongst professionals.
Require co operative across organisational Boundaries & funding
Change in practice and change in thinking.

WHAT SHOULD WE PROTOTYPE AND TEST?

HOW MIGHT WE MEASURE SUCCESS?

HOW WILL WE MAKE THIS HAPPEN?

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Diana, 46

“When I look back now, my work was quite a sanctuary for me that was my safe space”

Diana is 46 years old and grew up in North West London with her parents and siblings. Diana has had three mental health episodes spanning from 2002-2015.

Diana’s first major experience of suffering a downturn in her mental health came when she was 29 and working in a nursery in Ireland. Amongst other things, Diana underwent art therapy and music therapy whilst there and found those things helped immensely.

Diana’s second episode came when she was 35, when she gave birth to her daughter. She gave birth in Hillingdon hospital. Diana was taken in to the mother and baby unit in Park Royal within the psychiatric department.

Diana had a final episode due to intense pressure at work and had to be hospitalised. Once the school she worked at found out she had been signed off for psychotic episodes the school became very distant and hostile in any interactions or meetings Diana had with them. This was a stark contrast to Diana’s previous experience at the same school, where the previous head had been very supportive after the episode following the birth of her daughter.

Diana now works 2.5 days a week as a Nursery Officer in a college, working with children aged 18 months to four years. She loves her job and has very supportive manager and good relationships with her colleagues.

Key points

Diagnosed with Bipolar Disorder

Has had both positive and negative experience of support from employers and health services

Supported through the CNWL Employment Service - IPS Model

Useful services

GP — Diana describes the GPs she was supported by as a lifeline

CNWL — Accessed CNWL employment support and was assisted in finding employment

Employer — When working at the primary school had a very supportive head teacher

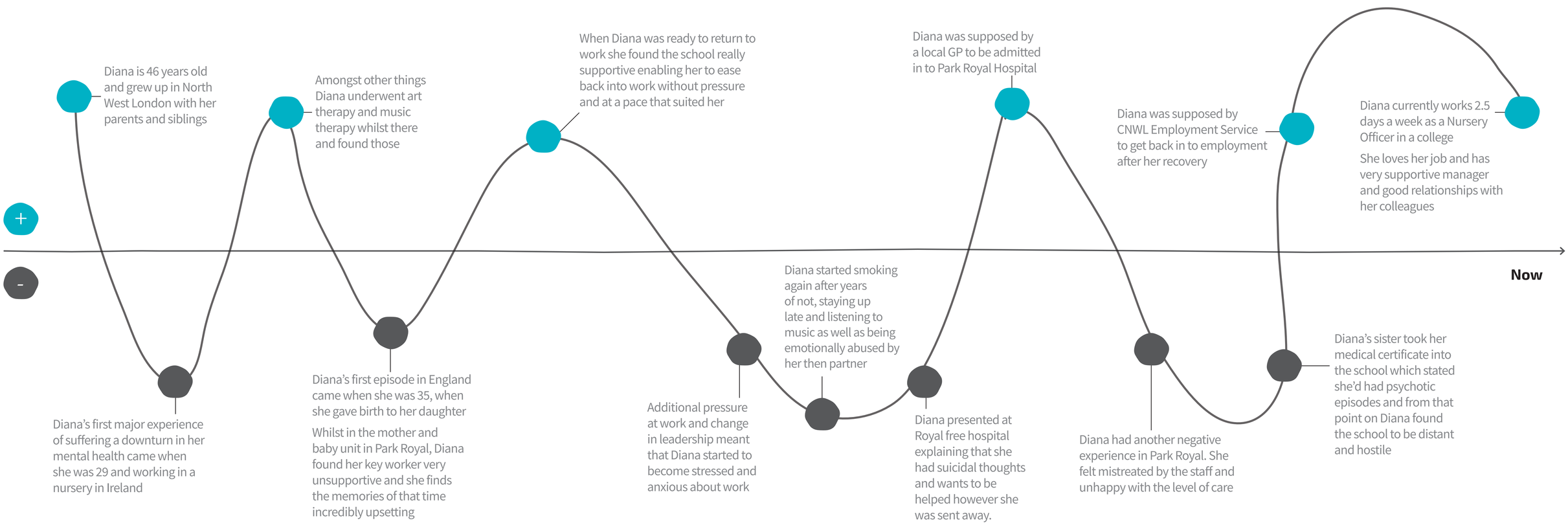
Disappointing services

Park Royal — Experienced a poor level of care and unsupportive staff

Health — Inconsistent support from various health professionals

Employer — When a new head teacher took over there was a lack of support and a negative reaction to her mental health disorder

Diana’s Timeline



Interaction with services

Mental Health Hospital in Ireland

Park Royal Hospital

In employment

Royal Free Hospital

Police

Ambulance staff

GP

Park Royal Hospital

CNWL – Employment Service

Hari, 40

“Mental health has been more widely and openly talked about which helps me to feel a bit more confident talking about it”

Hari had a fairly good childhood but recalls some bad memories growing up where he often felt fearful and anxious. Hari did not know how to discuss what he was feeling or where to seek help.

After Hari left school he worked in local high street takeaway shops. However, he described these roles as soul destroying.

During his mid-20s, he decided upon a change in career and worked in the retail industry for a while before deciding a few years down the line that he would like to undertake some work in the construction industry. Hari felt his depression and anxiety always affected his working roles.

Hari started misusing alcohol and drugs to combat the problems he was having with his mental health.

Hari went back to college and studied IT for two years as he always had an interest in this area but had not pursued in the past. He successfully worked in IT for many years.

Hari was then diagnosed with borderline personality disorder and emotional instability and this affected his ability to sustain his job. He has been in and out of the ESA support group for the past five years due to his mental health diagnosis and substance and alcohol misuse.

Whilst on ESA benefit, Hari worked a few hours a week helping his friend with their pet care business. Pet care is a passion of Hari’s and he one day hopes to own his own pet care business.

Hari was receiving employment support from the Recovery House alongside other vocational courses, however currently Hari does not feel that he is well enough to engage.

Key points

Diagnosed with borderline personality disorder and emotional instability.

Stopped working five years ago as his depression and anxiety built up.

Currently engaging with therapist and receiving therapeutic based treatment.

Useful services

Recovery House Ealing — Has a review with his therapist every three months which can be arranged more frequently if needed.

Narcotics Anonymous — Supported him to come off substances and meetings provide a daily routine.

Employer — Supportive and made a referral to a psychiatrist for him.

Disappointing services

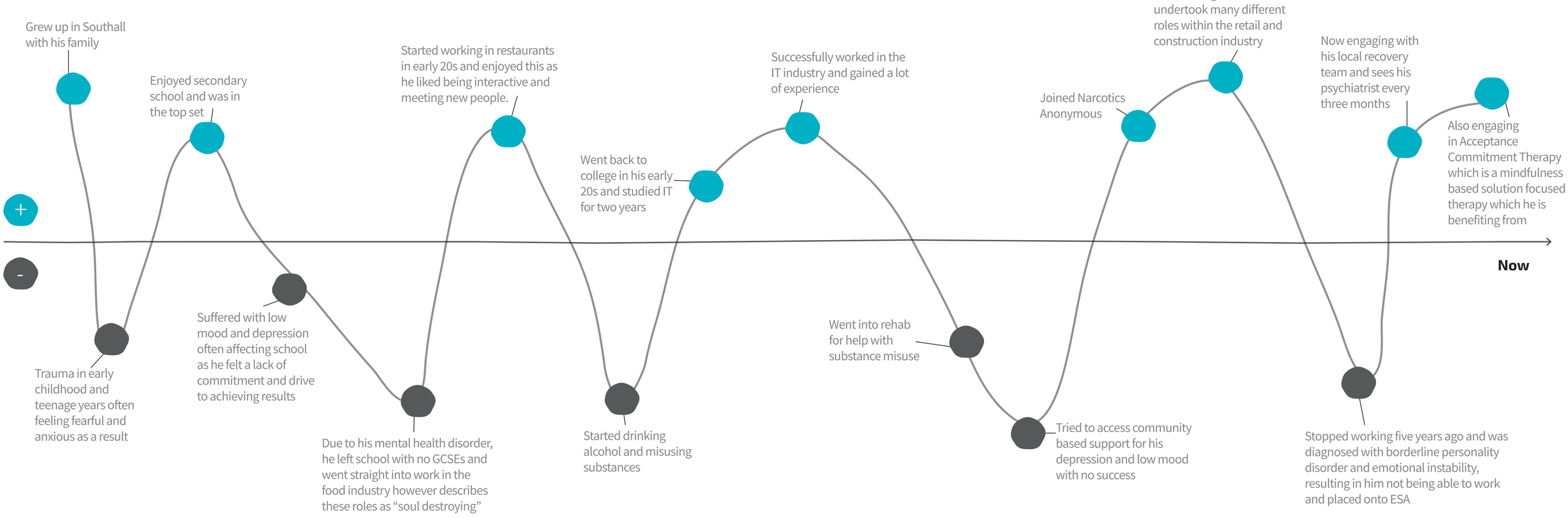
Job Centre Plus — Found this service re-traumatising.

St Mungo’s Housing — Lives in supported accommodation however has little contact with key worker.

“It was nice to have someone to talk to but more importantly someone who also listened”

“Work felt like pressure”

Hari’s Timeline



Interaction with services

Education

Employers

Rehab clinic

Narcotics Anonymous

Amadeus Recovery House

GPs

Sickness certificates: Only contact with JCP is in relation to providing sickness certs

Drain on resources: GPs are regularly asked to provide letters of support by patients for benefit claims and appeals

Don't understand the system: Little understanding of the benefits and welfare system – and no capacity to gain further insight

JCP

No interaction: Interaction with services such as the DWP is solely through patients and completing forms on request

"Some people have permanent mental illness and will never be able to work"

Referral routes re employment

Like IAPT: Regularly refer patients to IAPT and feel they are a good provision

Limited secondary provision: Secondary services have a longer waiting list than IAPT and it is harder for patients to be accepted

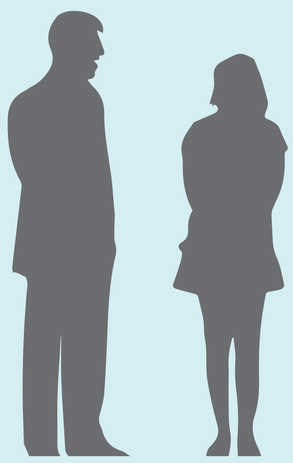
Unaware of wider support services: No knowledge of employment support services and 'google' services for patients

Medical assessments

Poor/damaging experience for individuals: The experience of being assessed and re-assessed is embarrassing for patients and creates stigma

"Occasionally receive phone calls from agencies asking for information without patient consent"

Inefficient processes: It appears that most cases are rejected first time and then accepted on appeal – this is a waste of resource



No GP resource for this work: GPs don't have resource to assess work capacity

Potentially traumatic and increase dependency: Assessment process can be traumatic for vulnerable people. Fear of rejection increases dependency

Job Centre Plus

Challenges for Job Coaches

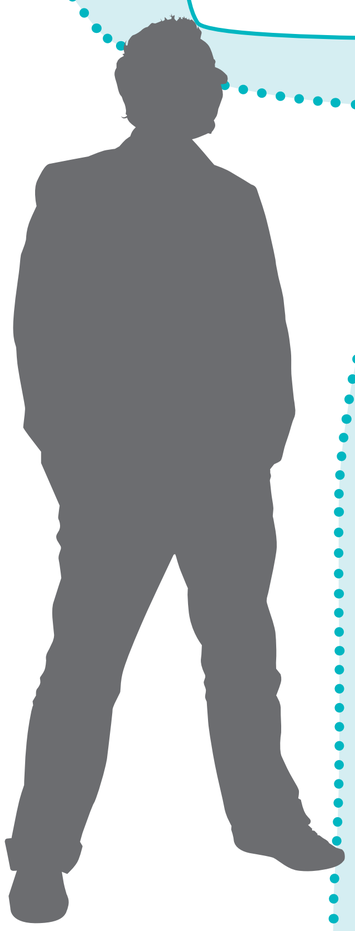
Client engagement: Clients not turning up to meetings

Referral process: long-winded and complex

Disconnected system: lack of joined up conversations between GP, client and job coach

Employer support: Lack of support from employers due to stigma around employing someone with a mental health disorder

Contact: No regular contact between job coach and clients in support group



Challenges for clients

Skills and qualifications: Lack of functional skills and qualifications

Financial impact: Working and losing benefits i.e. housing support

GPs not referring: GPs signing clients off and not referring to services

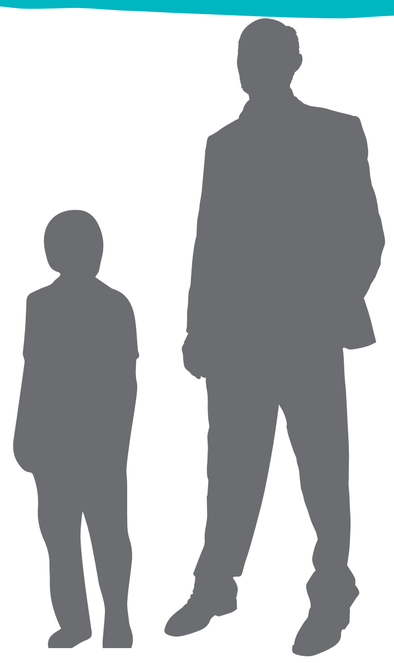
Support waiting times: CNWL waiting times quite long

"People's lives and problems are complex and not just about work skills."

Clients don't know what support is out there."

"Called support group but there is no support."

"If they want assistance client must make contact."



Medical Assessment Centre

Not physically seen

40% of cases are cleared without a physical assessment through the client medical questionnaire.

99.9% of severe mental health cases go straight to the support group without a physical assessment.

Perceived claimant illegitimacy

30% of people ask for their appointment to be moved to a later date so they can stay on the benefit longer.

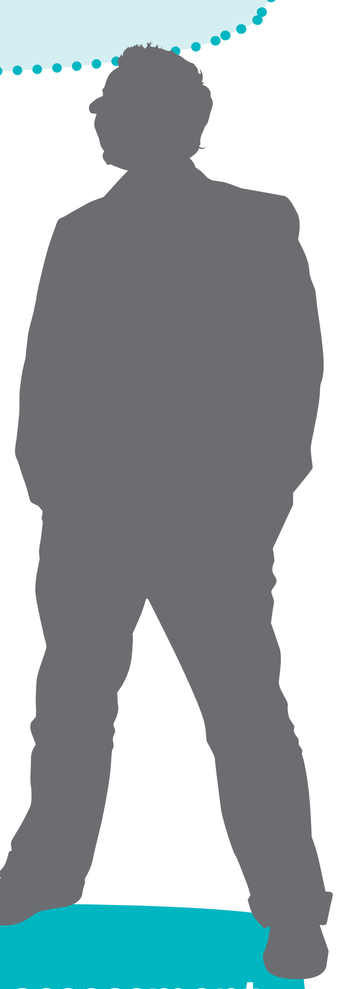
Some non-attendance

15% of claimants fail to attend – although this has been halved recently following introduction of reminder calls.

Majority of people that apply want to get into support group.

Mental health hard to assess

Harder to assess functional skills for a mental health condition.



"After the assessment people are not seen again – no support provided"

GP Impact

Too many people are going in to the support group based on evidence provided by GPs.

GPs say things to patients without understanding the long term impact.

Lack of support

When a claimant is placed in the support group they go off the radar and are not supported.

Professionals: challenges

Pathways and referrals

- Criteria for referrals – different for each service
- There's an expectation that clients should be better before a referral can be made.
- Can be unclear who to refer to and when
- Inappropriate referrals
- Referral pathways too slow

Communication

- Different values, beliefs and perceptions across providers
- No avenue to impact and influence each other to promote the right behaviours
- Lack of understanding of what other services do
- Services not speaking to each other

Education and Skills

- Some clients are lacking basic literacy and numeracy skills
- Most jobs now require IT skills and not clients are IT literate

Funding

- Lack of funding means clients do not receive the full service they require
- Other boroughs are putting more funding in to similar services

What could be improved

PATHWAYS AND REFERRALS	Having one mental health pathway.
STIGMA	Not advertising services as mental health – wording reinforces the stigma associated with poor mental well-being.
TAILORED APPROACH	Educating clients so they learn to do more for themselves. Develop a holistic curriculum based on need and aspirations.
COMMUNICATION	Introduction to key workers across all services.

"Do employers know enough about the reasonable adjustments they could make to employ more vulnerable people?"

"There is poor communication between services."

"Not everyone wants to be on the payroll – how do we provide support to residents to set up their own business?"

Professionals from: CNWL, IAPT, MENCAP, SIBI, Twining Enterprise

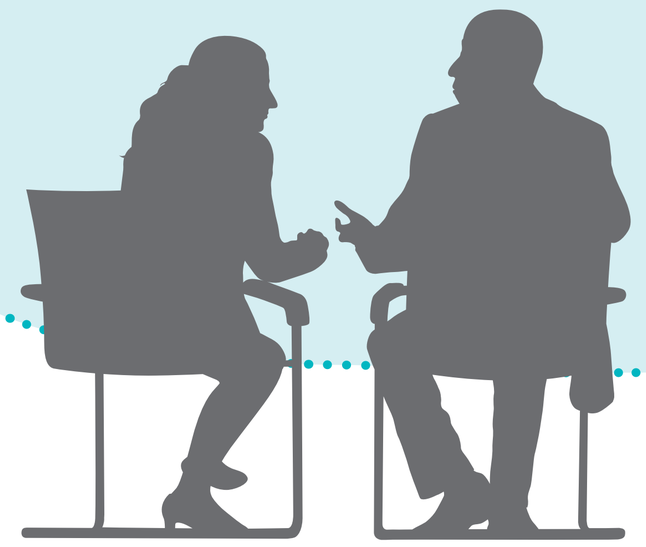
Service Users

What support would be most useful?

- Flexible support
- Training opportunities
- A holistic programme for employment and well-being
- Apprenticeships
- Cultural awareness
- Support with managing our mental well-being
- Variety of employment opportunities
- Support to build confidence

Challenges and barriers to gaining or sustaining employment?

- Do not know what support is out there
- Lack of qualifications
- Employer attitude and support (lack of)
- Emotional well-being
- Stigma and awareness



“When you have problems and the mind and body can’t cope, then it all breaks down.”

“Finding a job is not the problem – I just haven’t got the strength mentally and physically to sustain one at the moment.”

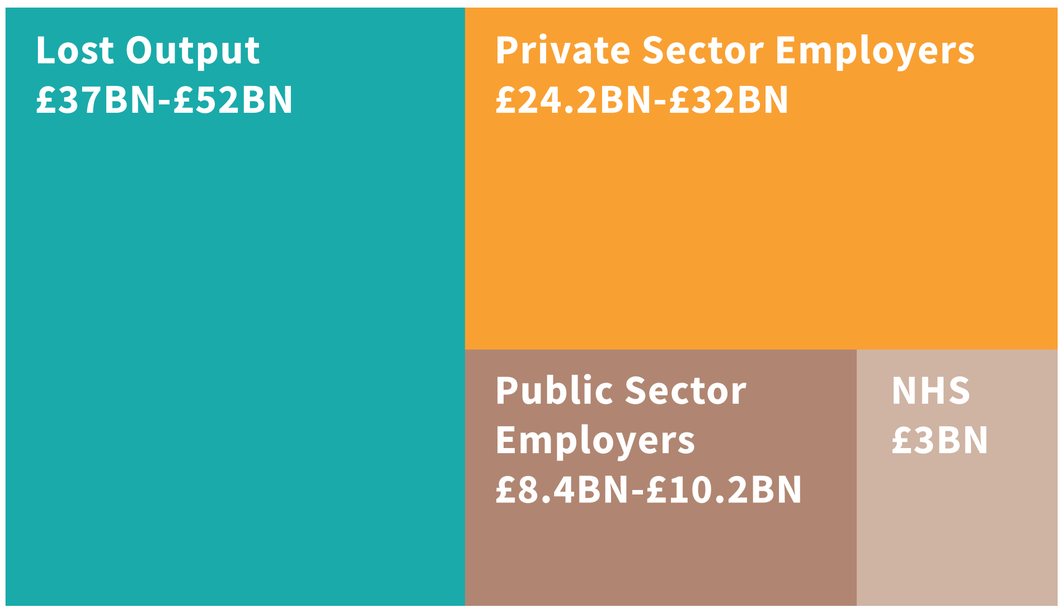
“We need a service that caters to our specific needs”

ECONOMY AND EMPLOYMENT

National Costs of Mental Health

Cost of Poor Mental Health to Government (£24bn-£27bn)

Cost of Poor Mental Health to the UK Economy (£74bn-£99bn)



Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers.

Local Economy and Employment

In 2018, there were around 15,030 businesses based in Brent – a

rise of 47%

since 2010. Businesses in Brent produce around £9bn per year in economic output ('gross value added').

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

The majority of businesses (92%) are

'micro' businesses

that employ less than ten people. Levels of self-employment are high in Brent: 23% of workers are self-employed.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Business growth is beginning to

slow during 2016-17

The number of new businesses formed in Brent fell while the number of closures increased – this mirrors national trends.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

In 2018, 72% of the working age population were in employment. Brent's

employment rate has been rising

since 2011, though it remains slightly below the London average (74%).

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Brent workers are relatively low paid: almost one third of residents (31%)

earned less

than the London Living Wage – the second worst rate lin London

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Rates of pay are lowest among those working

part-time

who earn an average of £9.54 an hour £5 less than full-time workers (£14.54). One in three women workers are employed part-time.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

The employment rate has been rising across all age groups, but older workers have seen the biggest rise.

73% of those aged 50-64,

and **16% of the over 65s,**

are now in employment.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Well qualified

residents are twice as likely as those with no qualifications to be in work. The percentage of highly qualified residents has been rising but remains below the London average (42% vs.52%).

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Certain groups face significant disadvantage in the labour market.

Disabled people, Black, Asian and Minority Ethnic residents, and **women**, all have employment rates well below the average.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Brent residents are less likely than other Londoners to work in professional occupations

(40% vs. 56%),

and more likely to work in elementary and routine jobs (24% vs. 14%).

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Since the last recession, unemployment levels have fallen both locally and nationally. In Brent, the

unemployment rate halved

between 2011 and 2018 from 10.8% to 5.3%.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

While residents have been moving into work, many still require in-work

welfare support

The number of people in work who receive Housing Benefit has more than doubled since 2009.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

Data Map - Economy and Employment.indd 1 19/06/2019 18:10

MENTAL HEALTH

The National Picture

One adult in six has a

common mental disorder

about one woman in five and one man in eight

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

One person in three with CMD reports current use of

mental health treatment

in 2014, an increase from the one in four who reported this in 2000 and 2007

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

The gap in rates of CMD symptoms between young men and women appears to have grown. In 2014, CMD symptoms were about

three times more common in

women of that age (26.0%) than men (9.1%)

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

Claimants of

Employment and Support Allowance

(ESA) experienced particularly high rates of all the mental health disorders assessed

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

Working-age people

were around twice as likely to have symptoms of CMD as those aged 65 and over

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

Brent

JSNA 2015

An average of 3.4% of the population aged 18 and over had

depression

in 2012/13. This was below the England average which was 5.8%

Estimates suggest that 16% of the population aged 16-74 had a

CMD

This was slightly higher than the England average of 15.6%

Estimates of self-reported

daily anxiety

show that 18.8% of Brent residents surveyed consider themselves to have high levels of daily anxiety compared to the England average of 20% in 2013/14

Take-up of

talking therapies

is lower in Brent in terms of the numbers of referrals who enter treatment: 53% in Brent compared to 60% in England

The prevalence of

severe and enduring mental health

in Brent affects 1.1% of the population, which is above both the London (1%) and England (0.8%) averages. These long-term illnesses include schizophrenia, personality disorders and bi-polar disorder

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

Data Map - Health.indd 1 19/06/2019 17:04

IN THE WORK PLACE

Employers

Only 11% of the Top 100 companies in Great Britain **have disclosed information** about their initiatives to support their employees' mental health

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.

Only 24% of managers have received some form of training on **mental health** at work

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.

Overall, only around 4 in 10 organisations (39%) have policies or systems in place to support **employees with common mental health conditions**

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.

8 in 10 employers report **no cases of employees** disclosing a mental health condition

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.

12.7% of all **sickness absence days** in the UK can be attributed to mental health conditions

Source: Mental Health Foundation, 2016.

Employees

There are 1.5m individuals with a diagnosed **long term mental health condition** in work in the UK

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.

Those with a long-term mental health condition **lose their jobs** every year at around double the rate of those without a mental health condition

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.

1 in 6.8 people are experiencing **mental health problems** in the workplace

Source: Mental Health Foundation, 2016.

60% of people who have had a mental health problem said they would always go to work when experiencing poor mental health compared to 27% when experiencing poor physical health

Source: Mind's Workplace Wellbeing Index 2017/18.

Only 44% say that the culture in their organisation makes it possible to speak openly about mental health

Source: Mind's Workplace Wellbeing Index 2017/18.

38% of Brits fear revealing a **mental health problem** at work would jeopardise their career

Source: Mental Health Foundation, 2016.

Data Map - In the work place.indd 1 20/06/2019 11:57

WELFARE BENEFITS

General

21%(47,896)
of Brent's working age residents were in receipt in some form of DWP Benefit in May 2018 (DWP, 2018)

10,840 Brent residents are in receipt of Employment Supportive Allowance (ESA) (DWP, 2018)

Source: DWP, 2018

3,542
Brent residents are in receipt of Job Seekers Allowance

Source: DWP, 2018

5.1%
of Brent residents
are in receipt of ESA vs 4.8% in London

Source: Nomis, Local Authority Profile

64% of those in receipt of ESA are also in receipt of Housing Benefit

Source: DWP, 2018

58% of those in receipt of ESA are also in receipt of Disability Living Allowance or Personal Independence Payments

Source: DWP, 2018

Although the number of ESA recipients has declined since 2016 the proportion of those with a mental health condition has increased

Source: DWP, 2018

2013-2018: Prevalence of Mental Health Conditions for those with ESA has risen by 7% to 47%
in Brent vs a 5% rise in London to 50%

Source: DWP, 2018

Employment Support Allowance (ESA) Support Group in Brent

70% of ESA recipients are in the Support Group which is lower than the London average at 75%

Source: DWP, 2018

50% of ESA Support Group claimants have a mental health condition

Source: DWP, 2018

74% of all ESA customers with mental health conditions are in the ESA Support Group

Source: DWP, 2018

Age is a factor
61% of ESA Support Group claimants in the 18-44 age range have Mental Health Condition vs 44% of those aged 44+

Source: DWP, 2018

84% of people have been in the ESA Support Group for more than two years

Source: DWP, 2018

Employment Support Allowance (ESA) Work Related Activity Group in Brent

15% of ESA recipients are in the work related activity group

Source: DWP, 2018

48%
of ESA work related activity group claimants have a mental health condition

Source: DWP, 2018

Age is a factor
63% of ESA work related activity group claimants in the 18-44 age range have mental health condition vs 41% of those aged 44+

Source: DWP, 2018

69% of claims in the ESA Support Group have been in payment for more than 2 years

Source: DWP, 2018

Data Map - Welfare Benefits.indd 1 19/06/2019 17:58

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Vision for integration in Brent

June 2019

Background/Summary

- Partnership working - Longstanding commitment to work in partnership. Brent Council signed up to the STP and was an active partner at a NW London level to co-design priority programmes of transformation. Brent used the NW London STP as a template for joint working across health and care at a borough level
- Integrated services – Brent already has several integrated services (although not integrated commissioning), including:
  - Adult community mental health team
  - Community Learning disability service
  - Community integrated rehabilitation and reablement service (IRRS)
- Transformation – Brent council and CCG jointly contribute to a joint programme of transformation to improve health and care outcomes across the system using BCF funding. The priorities for 19/20 are:
  - An integrated hospital discharge pathway
  - An enhanced health and care in care home service
  - Integrated commissioning and market management
  - Development of integrated pathways for self care and social prescribing
  - Implementation of an assistive tech strategy
- Key successes from the programme in 18/19 include:
  - Increase from 7 to between 30 and 45 people discharged through Home First within 3 months
  - Reduce DTOC levels to low levels
  - Pilot a ‘placement premium’ to support faster assessment and discharge from hospital
  - Pilot expansion of Home First to more complex patients (pathway 2/3)

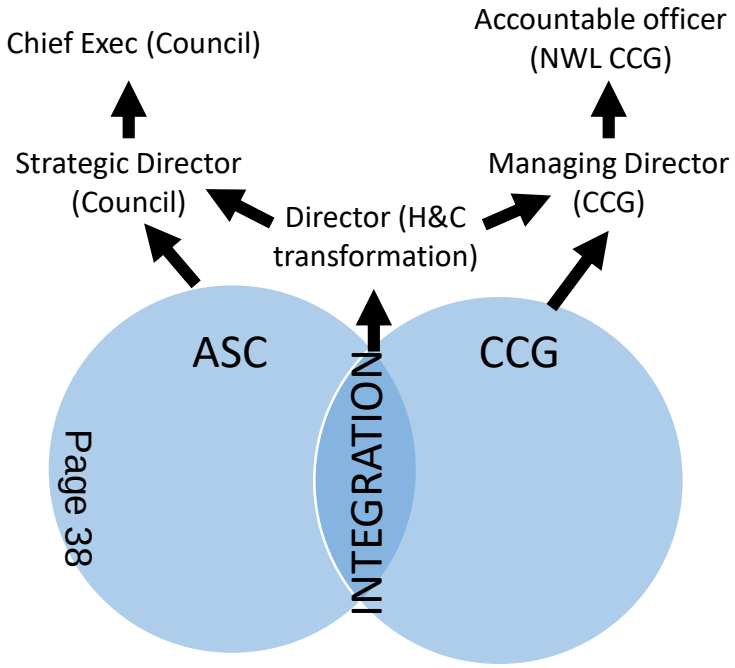
Opportunity: integrated commissioning

Whilst Brent has worked together to design an integrated service model for a number of key services for people in Brent (as outlined above), the commissioning of those services are not currently integrated. There is an opportunity to develop an integrated commissioning function for all existing integrated services, and any future integrated services. The **advantages to health partners** of such an approach include:

- NHS access to financial flexibilities available to the council.
- Greater strategic operational control over whole service to ensure it is delivering outcomes and addresses operational issues
- Ability to provide long term planning and stability to services
- Maximise opportunities for savings to the system

Proposed approach

Now…



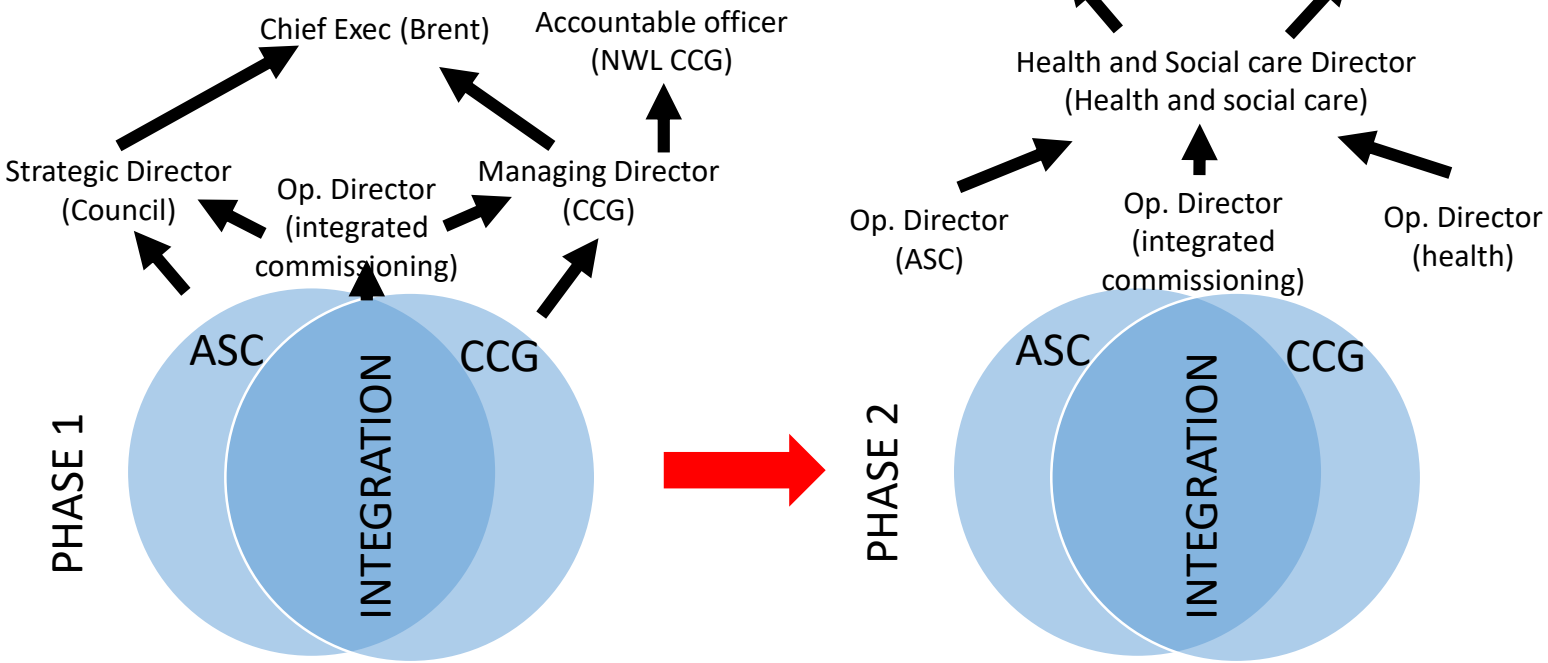
What is integrated?

- Adult community mental health team
- Community Learning disability service
- Community integrated rehabilitation and reablement service (IRRS)
- Transformation team

What is excluded?

- All other services
- Joint commissioning of all existing integrated services

Next…?



What is integrated (Phase 1)?

- Joint commissioning of all integrated services
- Care home placements (CHC and ASC)
- Integrated care partnership
- Integrated discharge pathway
- Adult community mental health team
- Community Learning disability service
- Community integrated rehabilitation and reablement service (IRRS)
- Home care
- Transformation team

What is integrated (phase 2)?

- Mental health
- Estates
- Community services

What is under review (phase 3)?

- Public health and children's health
- Primary care
- Joint commissioning of children's therapies and CAMHS

What remains separate (NWL)?

- Anything not explicitly agreed through phases 1-3
- Acute commissioning
- Specialist commissioning
- Enabler support – digital, workforce and estates
- Other core health or ASC functions

Integrated care partnership: working at different spatial levels

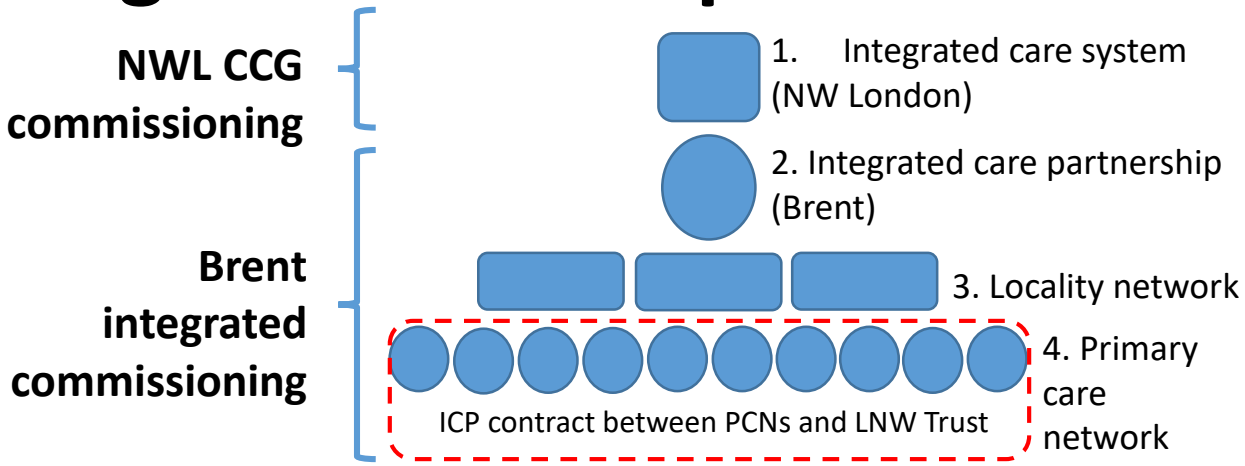
What will happen at what level?

1. Integrated care system (ICS) (NW London)
- Commission acute care, specialist services and acute mental health services
- Provide a range of support services to CCGs (IT, data, strategy advice)
- Provide strategic market management support for care homes

2. Integrated care partnership (ICP) (Brent)
- Commission all community health and mental health services
- Commission and manage PCNs and primary care contract
- Manage ICP contract between PCNs and Trust

3. Locality network (x3)
- Provide a range of support services to PCNs (IT, HR etc)

4. Primary care network (x10)
- Provide primary care and community health services



IRRS - Example of opportunity

The integrated rehabilitation and reablement service (IRRS) is a jointly designed and funded fully integrated service delivered by LNWHT, with Brent Council staff seconded into it under a S75 agreement. The service assesses and reviews rehabilitation and reablement support (usually provided over a 6 week period), including access to equipment for support in people's homes.

Key challenges with current service	Proposed changes to improve	Key benefits
Culture - various handoffs between services and a linear focus to care rather than a whole system approach	**Single line of accountability** - to improve operational grip and respond quickly to operational issues. Clear linear governance routes to ensure	**Efficiencies** – reduced time wasted between services and teams as a result of improved communication
Referrals - different services referring same people with different timescales and needs	**Single set of service metrics and service standards** – to ensure clear responsibility and accountability for delivery	**Improved system performance** – improvements in effectiveness of support and timeliness of support and patient flow
IT - not fit for purpose and health and care systems do not talk to each other	**Pooled budget** – to ensure funding is managed coherently as a single service and deliver best value for money	**Improved patient experience**– service users receive more seamless service as a result of clear processes and referral routes
Mixed lines of accountability/governance - reporting to organisations with different expectations	**Shared systems** – single IT system and HR support/processes to reduce bureaucracy	
HR processes - bureaucracy and time wasted	**Co-location** – to ensure synergies with other key teams and develop joint working with other teams and address culture issues	

Adult community mental health - Example of opportunity

This is a fully integrated service delivered by a single service in CNWL, with Brent Council staff seconded into it under a S75 agreement. The service provides a joined up health and care service to people diagnosed with a severe and enduring mental illness to help them live independently and manage their condition. It was reviewed and co-designed in a collaborative project, but it is contract managed through individual commissioning relationships. It is based on a recovery model, which is grounded in the local community and excels when the links are made from this service to core council services such as employment and housing. There are 40 Brent Council staff in the service and 110 health staff.

Key challenges with current service	Proposed changes to improve	Key benefits
IT - not fit for purpose and health and care systems do not talk to each other despite having shared care records	**Single line of accountability** – single panel and improved operational grip and respond quickly to operational issues. Clear linear governance	**Efficiencies** – resulting from a single focus on clearly defined population and service standards as well as clearer commissioning oversight
Multiple panels – duplication and mixed messages resulting	**Single front door/triage** – older people with working adults	**Improved system performance** – improvements in effectiveness of support and timeliness of support and patient flow
Lack of alignment – especially between different services and referral routes between working adults and older people	**Single set of service metrics and service standards** – to ensure clear responsibility and accountability for delivery	**Improved patient experience**– service users receive more seamless service as a result of clear processes and referral routes
Mixed lines of accountability/governance - reporting to organisations with different expectations	**Shared systems** – single IT system and HR support/processes to reduce bureaucracy	

ASC and CHC placements - Example of opportunity

Brent CCG's combined CHC and Adult Social Care (residential and nursing placements) services commissioned some external consultancy work in 2017. A joint model has been co-designed, and some progress has been made on the establishment of an integrated brokerage function. However, the current CHC service is commissioned by 3 CCGs and there is a significant opportunity to deliver greater collective control over the market working at a Brent level, delivering better value to the system supported by formally integrated teams and an integrated commissioning function.

Key challenges with current service	Proposed changes to improve	Key benefits
Lack of operational control – with a CHC service spanning multiple boroughs, there is limited capacity or appetite to integrate with ASC	**Single line of accountability** - to improve operational grip and respond quickly to operational issues. Clear linear governance	**Lower assessment costs** – optimised staffing levels to reduce duplication of assessment
Misaligned visions – wider system vision to expand Home First, but a rigid focus on organisational targets limits more ambitious approaches	**Formally establish integrated teams** – focussed on integrated brokerage, assessment, quality	**Greater market control and price**– basic economic theory of greater bulk purchasing power
Funding disputes – significant disputes over health or social care responsibility for funding, leading to increased mistrust	**Integrated approach to strategic market management** – to drive up quality and value from the market	**Reduced DTOC** – resulting from aligned vision and supporting processes
Limited control over market – by operating separately, commissioners are missing out on potential enhanced purchasing power with care homes	**Single set of service metrics and service standards** – to ensure clear responsibility and accountability for delivery	**Better patient experience** – single assessment, reduced duplication, clearer communication, reduced delays
Duplicating processes – currently duplicating assessments as well as reviews, with no joint approach to quality	**Pooled budget** – to ensure funding is managed coherently as a single service and deliver best value for money	**Efficiency** – reduced duplication and potential efficiency savings

Next steps

1. Agree model/approach
2. Commission external support to support practical action towards phase 1 in 19/20

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 15 July 2019
	Report from the Strategic Director of Children and Young People and the Chief Operating Officer, NHS Brent CCG

Update on Special Educational Needs and Disabilities (SEND)

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 - Joint local area SEND revisit in Brent
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Sarah Miller Head of Inclusion Children and Young People Sarah.miller@brent.gov.uk 020 8937 3804 Duncan Ambrose Assistant Director NHS Brent Clinical Commissioning Group duncan.ambrose@nhs.net 020 8900 5354

1.0 Purpose of the Report

1.1 Children with SEND are a priority area of focus for Brent Children's Trust and Brent Health and Wellbeing Board. This report provides the Brent Health and Wellbeing Board with an update on May 2019 SEND revisit by Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC).

2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to note the revisit outcome (see appendix 1), to note the work in Brent Local Area to improve the lifetime outcomes for children with SEND and to continue to prioritise partnership work to continue to improve outcomes for children with SEND.

3.0 Detail

3.1 SEND reforms were introduced in 2014. In May 2017, Brent local area SEND inspection resulted in a written statement of action for the following "areas of significant weakness":

- Strategic leadership of the CCG in implementing the SEN reforms;
- The fragmented approach to joint commissioning causing gaps in services;

- The lack of opportunity for therapists to respond to draft Education, Health, and Care Plans before they are finalised;
- Poor access to services for some vulnerable groups; in particular to audiology, OT and speech and language therapy;
- Limited opportunities for parental involvement when designing and commissioning services.

3.2 A Written Statement of Action was developed between NHS Brent CCG and Brent Council. Updates were provided through the Brent Children's Trust to the Health and Wellbeing Board. Brent Community and Wellbeing Scrutiny Committee took assurance on the progress made. Progress was monitored quarterly by NHS England (NHSE) and the Department for Education DfE). All actions were completed by July 2018, and the progress was subject to Ministerial review.

3.3 The post-inspection arrangements were updated in November 2018, introducing SEND revisits for Local Areas that had required Written Statements of Action. https://www.gov.uk/government/publications/local-area-send-inspection-framework

Re-visit 13-15 May 2019

- The same team led the May 2019 revisit as had led the May 2017 inspection.
- Documentary evidence was submitted 30 April 2019.
- Over 80 parents provide online feedback.
- Meetings were held with children, young people, parent-carers, frontline staff, and strategic leaders.
- In the introductory meeting, strategic leaders in Brent Local Area set out what progress had been made against the areas of significant weakness.
- The revisit team provided verbal feedback on 15 May 2019.

4.0 Brent Local Area ongoing work to embed SEND reforms

4.1 The Joint Brent SEND Strategy was updated to incorporate the feedback from the revisit.

- The occupational health pathway will be updated, using the co-production approach with professionals, parents, and young people, which was successfully used to update the Brent joint speech and language pathway; and
- The process for drafting Education, Health, and Care Plans will ensure all partners consider the plan for the child as a whole.

4.2 Partners within Brent Local Area remain committed to further improving services for children with SEND. Work continues to be led through a joint commissioning group, with routine reporting to Brent Children's Trust, and the Brent Health and Wellbeing Board.

Report sign off:

Gail Tolley
Strategic Director of Children and Young People

Sheik Auladin
Chief Operating Officer, NHS Brent CCG

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14 June 2019

Ms Gail Tolley
Director of Children's Services, Brent
Brent Civic Centre
Engineers Way
London
HA9 0FJ

Sheikh Auladin, Clinical Commissioning Group Chief Officer
Sarah Miller, Local Area Nominated Officer

Dear Ms Tolley and Mr Auladin

Joint local area SEND revisit in Brent.

Between 13 May and 15 May 2019, Ofsted and the Care Quality Commission (CQC) revisited the local area of Brent to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) issued on 13 July 2017.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 3 November 2017.

Inspectors are of the opinion that local area leaders have made sufficient progress to improve each of the serious weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

The revisit was led by one of Her Majesty's Inspectors from Ofsted and a children's services inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. Inspectors met with leaders and practitioners from the local area for education, health and social care. They considered 89 responses to the online survey for parents and reviewed a range of information about the effectiveness of the local area's SEND arrangements.

Main findings

- Local area leaders have worked effectively together to tackle the serious weaknesses identified at the time of the initial inspection. They have fully embraced the spirit of the SEND reforms and worked together in partnership to make a positive difference to the lives of children and young people with SEND in Brent.
- The initial inspection found that there was a significant weakness in **'strategic leadership of the CCG in implementing the SEND reforms'.**

  Leaders from the CCG have significantly increased their engagement at a strategic level. Through strong governance structures and increased accountability, they have made sure that the health needs of children and young people with SEND remain high on the agenda. Leaders have appointed a designated clinical officer (DCO), who has played an important part in securing a number of improvements. Parents who met with inspectors or responded to the online survey recognise the improvements that have taken place.

  The DCO works closely with education, health and care providers and delivers training that improves the quality of advice provided for education, health and care (EHC) plans. The DCO also raises awareness of SEND, secures earlier intervention and promotes joint working.

  Leaders have successfully improved a variety of services and processes for children and young people with SEND. For example, new guidance for the tripartite panel, which oversees funding for the most complex cases in the borough, has been developed. A second example is the review of the 'Bluelight' procedure led by the CCG, which aims to ensure that vulnerable children and young people with autism and/or learning disabilities receive care at home and avoid being admitted to specialist provision.

  The local area has made sufficient progress in addressing this area of significant weakness.

- The initial inspection found that there was **'a fragmented approach to joint commissioning, causing gaps in services'.**

  Local area leaders have an accurate view of the quality of services provided. They implement a systematic approach to joint commissioning when contracts come up for renewal or when the need for new services is identified. Having prioritised areas for improvement, local area leaders ensure that all commissioning arrangements are conducted jointly. Responsibility for the outcomes of these arrangements is shared between the local authority and health providers.

  In order to address gaps in services, the joint commissioning partnership group has introduced joint arrangements in paediatric therapies including occupational therapy (OT), speech and language therapy (SALT) and mental health and well-being services. The joint commissioning partnership group

also provides a forum for stakeholders, including parents, to identify any concerns or areas of best practice that they would like the local area to discuss with providers.

Local area leaders have strengthened governance arrangements. Leaders hold weekly teleconferences to discuss progress and identify any concerns. The children's trust board, and the health and well-being board who oversee the leadership of SEND in the local area receive reports from these working groups. Everybody knows who leads each aspect of the work because leaders have established clear lines of accountability. This ensures that no group of children falls through the net.

The local area has made sufficient progress in addressing this area of significant weakness.

- The initial inspection found that there was **'a lack of opportunity for therapists to respond to draft EHC plans before they are finalised'.**

  Health providers and the local authority have developed and implemented a clear set of guidance to support therapists when responding to requests for advice, receiving and sharing of draft EHC plans and signing off final EHC plans. Leaders are confident that the majority of requests for therapy advice are responded to within the required timescales because they have good oversight of this process.

  Therapists receive draft EHC plans and ensure that the health advice provided has been accurately interpreted and included in the plan. However, therapists do not routinely ensure that the context of their advice is correctly interpreted and used throughout the whole of the document. EHC plans that have been written recently show that when a child or young person is accessing support from more than one therapy service, those teams work together to provide coordinated advice with integrated targets. This means that needs are assessed and met more effectively than in the past.

  The local area has made sufficient progress in addressing this area of significant weakness.

- The initial inspection found that there was **'poor access to services for some vulnerable groups; in particular, to audiology, OT and SALT'.**

  Local area leaders have improved access to audiology, OT and SALT. Access to audiology services has improved as a result of changes in commissioning arrangements. More recently, leaders have developed and are in the process of implementing an improved offer within the Brent local area. Additional clinic sessions will provide children and young people with the opportunity for a 'one-stop' appointment. At these appointments testing and more specialist interventions can be offered, reducing the need for repeat visits and increasing the continuity of the care provided.

Children and young people with SEND are now able to access timely OT support. They see therapists within expected timeframes and those with complex or additional needs are prioritised. However, there has been a recent surge of referrals into OT (80 referrals in February 2019), which puts additional pressure on the service. Leaders have identified that they need to refine the OT service to ensure that they can maintain a high-quality offer that meets the needs of children and young people with SEND in the Brent population.

Leaders have redesigned SALT services, in co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) with parents. They have improved access to therapy for children and young people with SEND. Therapists now offer a seamless service for children and young people of all ages from pre-school to further education. Leaders have addressed previously identified gaps in provision. For example, those attending a pupil referral unit or engaged with the youth offending service now have good access to therapy support. This has reduced parental and professional confusion around speech and language therapy services. Waiting times are within the expected limits despite a surge of referrals between December 2018 and March 2019.

Overall, children and young people are seen within commissioned waiting times in all three services. To ensure that this is sustained, leaders monitor contracts and hold regular teleconferences. They provide opportunities to escalate and resolve any issues.

The local area has made sufficient progress in addressing this area of significant weakness.

- The initial inspection found that there were **'limited opportunities for parental involvement when designing and commissioning services'**.

  Since the initial inspection a culture of joint partnership with parents has been established and embedded. The parent carer forum, which was in its infancy at time of the initial inspection, has grown and continues to mature. Membership of the steering group is stable. Steering group members work as equal partners to improve provision and outcomes for children and young people with SEND in Brent. This equal partnership is borne out in the wider evidence gathered by inspectors.

  Leaders now routinely involve parents from the earliest stage when redesigning or creating services and make sure that their views are considered, and their contribution included. Around 32 parents have been involved in the design and commissioning of services in the local area.

  Local authority officers, health managers and other professionals regularly attend parent carer forum meetings. They talk about their work and provide parents with an opportunity to question them and hold them to account for

their work. Parents recognise that the level of challenge in these meetings is high, and appreciate that professionals are in attendance.

Parents have become an integral part of the local area team supporting families in Brent. For example, parent champions have been recruited and trained. These parents are highly visible and are linked to specific locations or aspects of SEND in the local area. Parents are positive about the information provided and the guidance and support they receive from parent champions and through the parent carer forum. Steering group members analyse their contacts with parents and recognise that there are some groups of parents, such as those whose children receive SEN support, who are under-represented in their membership.

The local area has made sufficient progress in addressing this area of significant weakness.

As leaders of the local area have made sufficient progress against all of the weaknesses identified in the written statement, HMCI recommends that the formal monitoring visits from the DfE and NHS England should cease. The decision about whether to continue the monitoring visits rests with the DfE and NHS England.

Yours sincerely

Gaynor Roberts
Her Majesty's Inspector

Ofsted	**Care Quality Commission**
Mike Sheridan Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Gaynor Roberts HMI Lead Inspector	Kaye Goodfellow CQC Inspector

Cc: Department for Education
Clinical Commissioning Group
Director Public Health for the local area
Department of Health
NHS England

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board 15 July 2019**
	Public Report from Healthwatch Brent

Healthwatch Brent Update Report

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Two Appendices: • Healthwatch Brent Operational Priorities 2019-20 • Healthwatch Brent Engagement Strategy and Plan 2019-20
Background Papers:	
Contact Officer(s): (Name, Title, Contact Details)	Julie Pal, CEO CommUNITY Barnet; Ian Niven, Healthwatch Brent Manager; Selina Rodrigues, Head of Healthwatch Ibrahim Ali – Projects and Volunteer Coordinator – Healthwatch Brent

1.0 Purpose of the Report

1.1 This report updates the Health and Wellbeing Board on the progress of Healthwatch Brent including:

1.2 The operational priorities for 2019-20 for Healthwatch Brent

1.3 The Engagement Strategy and approach for Healthwatch Brent.

2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to note the Healthwatch Brent 2019/20 priorities.

2.2 The Health and Wellbeing Board is asked to note the approach of Healthwatch Brent to engagement and request a six-monthly update of our engagement activity.

Detail

3.0 CommUNITY Barnet has been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018.

3.1 Healthwatch Brent works with 10 of Brent's charity, voluntary and community organisations.

3.2 Healthwatch Brent is delivered by a Brent-based central core team, a partnership of Brent based voluntary and community organisations and a team of volunteers.

3.3 The work programme of Healthwatch Brent will support the priorities set out in the Brent Children's Trust for 2019-20 and the Health and Care transformation priorities for Brent.

3.4 Healthwatch Brent is delivered on a Hub and Spoke model. The Hub is the first point of public access and delivered by the core team located in Wembley. The Spokes consist of two groups – the Healthwatch Brent Advisory Board whose role it is to support the core team and shape the work programme around the needs of Brent residents. Membership of the Healthwatch Brent Advisory Board includes Brent User Group, Ashford Place, Brent CVS; Brent Carers' Centre; Brent Mencap, Brent Multifaith Forum; Young Brent Foundation, Elders Voice, Orchid Care, Jewish Care

3.5 The Promotion and Reach Partners with their strong and vibrant networks are able to cascade messages from Healthwatch Brent to local residents. The partners include: Ashford Place, Brent Carers' Centre, Jewish Care, Brent Mencap, Young Brent Foundation and Brent CVS.

3.6 Our strategic priorities for Healthwatch Brent are to:

- Encourage greater participation in health and social care
- Collecting evidence of increasing engagement with those residents from under-represented communities
- Demonstrate that Brent residents feel more able to express their views and to report they are listened to
- Demonstrate how Healthwatch Brent has been able to make a constructive contribution to support and enable informed decision making through the representation of the authentic voice
- Demonstrate Healthwatch Brent offers value for money, through our reach, production of reports, participation in strategic meetings and volunteer activity
- That Healthwatch Brent service offers added value by:
    - Establishing collaborative, open and cooperative partnership with existing providers;
    - Drawing upon the experience of partnership members by bringing together their combined expertise, knowledge and experience
    - Providing strong project management and coordination of a high quality service
    - Delivering cost-savings on engagement activities through using our existing channels;

- Adding value of specialist knowledge provided by the Healthwatch Brent Network;
- Adding value of local knowledge from trusted organisations who know Brent residents;
- Capability of reaching Brent households through newsletters, contacts and social media platforms delivered through HWB and the CVS Brent newsletter;

3.7 Our operational priorities for Brent for 2018/19 have been informed through the following process:

- Seeking advice from the HW Brent Advisory Board and our wider network of partners
- Speaking to the programme leads for the Brent Health and Social Care Partnership delivery areas for Learning Disability, Mental Health, Prevention and CMH
- Consulting with the friends of HW Brent
- Liaising with our Contract Manager
- Reflecting issues presented by residents as being of importance through engagement and outreach
- In addition, to ensure strategic alignment we referred to the priorities identified in the Brent Joint Strategic Needs Assessment, the NHS Long Term Plan, Annual Report of the Director of Public Health, Suicide Prevention Plan and the commissioning intentions of Brent CCG.

We believe that by combining this evidence with the views gathered from health and social care users and residents in Brent will provide a richer insight into both the needs and potential responses that both commissioners and providers can develop together.

Examples of community feedback and other intelligence that has informed our work programme include –

- “Where can I signpost people to get engaged in their community”
- “Who knows what we offer? Who is signposting people to us?”
- “…but I’ve never heard of GP Hubs”
- “It takes ages to get a GP appointment”
- Expression of confusion about social care assessments, how it works, and what people are entitled to – from a wide range of community organisations, and individuals through our Information and Signposting.
- National evidence of difficulties in accessing interpreters for people with sensory impairments when using health services, and difficulties in reaching such individual residents to explore their experience in Brent.

3.8 Using this approach we identified the following as key issues in Brent for 2019/20:

- Capturing the patient experience of personal care in hospitals
- Improving the feedback loop with patients regarding GP access and current plans around GP practices which follows on from our work with CCG partners to communicate the transformation of primary care

- Increasing awareness about cancer screening and treatment options for people with a learning disability
- Understanding the barriers faced by faith communities to access culturally appropriate suicide prevention support
- Conduct regular visits to NLWUHCT wards and departments to record the patient experience at points of care
- Staying well in the community using case studies to present the lived experience of people with learning disabilities and autism accessing statutory services
- Awareness and use of Health Help Now App
- Enter and View Programme into supported living care homes
- Provide statutory partners and local communities intelligence about the health and social care experiences of Brent residents and staff
- Advertise the Community Chest small grants programme
- Continue to work with NHS Brent CCG and Brent Council in relation to the implementation of the Brent Health and Care Transformation Programme

4.0 Financial Implications

4.1 There are no financial implications as all costs are within the current agreed contract.

5.0 Legal Implications

5.1 Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care a powerful voice both locally and nationally and formally launched in 2013 as an independent charity.

5.2 From 1 July 2015 its services have been delivered as an arms-length department of Community Barnet (CB) a charity and company limited by guarantee.

5.3 Financial and contract accountability remains with CommUNITY Barnet's Board of Trustees and delegated through the Chief Executive Officer to the Head of Healthwatch and the Healthwatch Brent Manager.

5.4 The current contract is a two-year contract issued to CommUNITY Barnet between 1 April 2018 – 31 March 2020. An option to extend until 31 March 2021 is possible.

6.0 Equality Implications

6.1 CommUNITY Barnet is committed to supporting Brent Council to meet its Public Sector Equality Duty as defined under the Equality Act 2010.

6.2 As part of the quarterly performance monitoring, data relating to reaching Brent's protected groups is captured.

6.3 We have and will continue to be committed to giving a voice to under-represented communities. The Healthwatch Brent Network has organisations which reflect Brent's diverse communities and we have used it to give a voice to these communities and support them to re-shape public services.
The table below summarises our network and the communities they reach and have engaged in health and social care:

6.4 All staff and volunteers receive equalities training. We are acutely aware of the role of local Healthwatch to amplify the voice of all local communities, with a special remit to hear from less often heard groups. We have been supplying equality monitoring data to Brent Council over the last 3 years, including that of our membership/friends. The list below summarises our network and the communities they reach and have engaged in health and social care.

Protected groups	**Type of organisation**	**Name of organisation**	**Role within HWB**
Mental Health	User group	Brent User Group	Advisory Board Community Chest recipient
Disability	Learning disability	Brent Mencap	Advisory Board, Promotion and Reach Community Chest recipient
Disability	Physical disability advocacy	Brent Advocacy Concerns	Community Chest recipient
Age/ Carers	Carers - all ages, all groups	Brent Carers Centre	Community Chest recipient
Age	Homeless, alcohol, dementia	Ashford Place	Advisory Board Promotion and Reach
Age	Older people	Elders Voice	Advisory Board
Faith	All faiths	Brent Multi-Faith Forum	Advisory Board
Age	Young people Infrastructure support organisation	Young Brent Foundation	Advisory Board
Ethnicity	Support and advice	Asian People's Disability Association	Advisory Board Community Chest recipient
Ethnicity	Support and advice	Iraqi Welfare Association	Community Chest recipient
Faith, older people	Charity	Jewish Care	Advisory Board
A wide range of groups	Voluntary sector support	CVS Brent	Advisory Board
LGBT	A range of support and services	MOSAIC LGBT Youth	Promotion and Reach
Women, faith	Improving health outcomes for women in a culturally sensitive manner	Al Bahdja	Community Chest recipient

6.5 Our Engagement Strategy (attached) sets out our approach to Engagement, the methods we will use and is accompanied by an Action Plan which is used by the staff team when they go our and capture views of residents reflecting Brent's diverse and protected communities. This information is captured quarterly at our contract monitoring meetings with Brent Council.

7.0 Consultation with Ward Members and Stakeholders

7.1 Healthwatch Brent has set up an Advisory Board with membership drawn from Brent-based charities which supports the delivery of the contract.

8.0 Human Resources/Property Implications (if appropriate)

8.1 All human resources/property implications are considered within the parameters of the contract between London Borough of Brent and CommUNITY Barnet.

Healthwatch Brent work priority areas 2019-20

Priority areas	Why is this important to Brent?	Desired outcome
Personal Care in hospitals 2 Part report - Oral Health - Personal Care (incl. Use of day room)	*This priority will be delivered in two parts: Oral hygiene support and personal care support* **Oral hygiene** for adult inpatients highlighted by NHS Mouth Care Matters document Mouth Care Matters is a Health Education England funded project to improve oral health of adults in hospitals. The initiative aims to upskill nursing staff and allied health professionals so they can support vulnerable patients with mouthcare. The North West London Hospital Trust Recommends you bring your own toothbrush and paste with you for your stay in hospital. Mouth Care Matters Pack has a screening sheet for patients to ensure they are receiving mouth care if required. Mouth Care links to a number of other Trust policies: • Privacy and Dignity Policy • Dementia Policy • The Mental Capacity Act • Supporting Staff and patients language and communication needs policy • The Management of Dysphagia in Adult Inpatients (drinking, swallowing, eating problem). Resident feedback • Learning Disabled user- oral hygiene in hospital not managed. Nurses not encouraging teeth brushing for in patients and not providing tooth brush and paste if they don't bring their own • Stroke Ward Northwick Park -One carer gave feedback that staff need training when it comes to mouth care when they are throbbing and cleaning the mouth, the patient eats through a tube and leaves a lot of white marks on the tongue and around the mouth which does not always get cleaned. **Personal Care in Hospital** The NHS Constitution promotes 'high quality care for all '	Work to be completed by August and to inform the **Health and Care Transformation Programme**

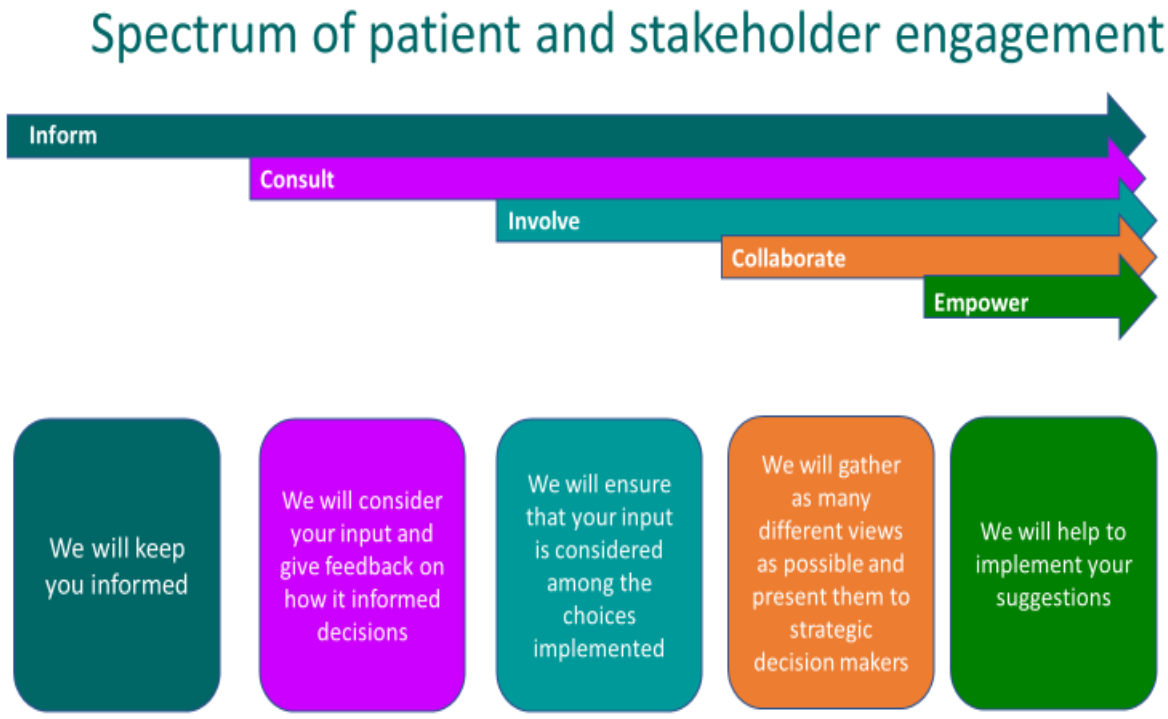
	The NICE Guidance for Patient and Service User Care suggests ensuring patients basic needs are met is a vital part of good quality care. Patients should receive the support to be as independent as possible and help you carry out everyday tasks particularly if you are in hospital. The guidance outlines help with basic needs includes 'personal care' for example relating to continence, personal hygiene and comfort and should be asked regularly about what support you need. You should receive the support when you need it and with your privacy respected. (Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. Clinical guideline CG138 2012. https://www.nice.org.uk/guidance/cg138/ifp/chapter/Help-with-basic-needs) The patient experiences document is published by the National Clinical Guideline Centre Personal care as outlined above is one of the statements in the quality standard produced by NICE – set of 14 statements describing high quality care for patients in the NHS and is one of the recommendations (16) of the NCGC document and emphasises meeting their personal needs at the time of asking and ensuring maximum privacy in doing so. This project will look into the personal care aspect of hospital stays. Looking at patient experience of basic personal care in terms of hygiene (is it regular and happy with experience) continence (regular support, not waiting for assistance, experience with it) and comfort (staff ensure that positions are changes regularly, temperature, getting use of the day room if possible). A similar approach has been taken on current visits to hospital wards with a focus on personal care including washing and skin care (ie dry areas), nail clipping, care for urinary incontinence, use of day room) for example.	

Improving the feedback loop with patients regarding GP access and current plans around GP practices. Follow up visits Part 2	The most common issue patients tell us is their perception that it takes 2 to 3 weeks to get a GP appointment. We know that Brent CCG advertises Hub appointments offering an appointment within a few days. http://brentccg.nhs.uk/en/gps/gp-access-hubs. Healthwatch Brent made a public commitment to work with the CCG to improve communication with patients which was shared with the Health and Wellbeing Board in July 2018. As part of this commitment we undertook the following: • In October 2018 we asked 96 Brent residents at a health awareness event "**Do you find it easy to make a GP appointment?"** We asked for an explanation of their response. Over 50% said they did find that appointments are more easily available contradicting popular perception. However, around a third of the remaining patients reported delays in getting an appointment. On this basis, we decided to conduct a more specific survey in March 2019 to assess patient experience and awareness of self-care and options other than a GP appointment. HWB staff and volunteers visited 20 GP surgeries in the Kingsbury and Willesden locality in Brent in March 2019. The survey was completed by 120 patients. The report findings and recommendations are summarised below: 1. The general and widespread lack of awareness among patients about the GP Access Hub appointments demonstrates the need for more information to be displayed in a prominent place in GP practices and in other public places in Brent e.g. Libraries. [75 %of patients (90 patients) did not know about GP Access Hub appointments] a. Notice boards in the waiting room display clear and organised and ordered information about self-care and alternatives to GP appointments 2. CCG and GP practices to provide more information to patients about how to access GP appointments on-line may take the pressure off receptionists as well as other health practitioners.	HWB acknowledges that the majority of patients do see a GP within a few days or up to a week, but that there is still work to do to reduce the smaller number of patients who do still need to wait over 2 weeks. Work to be completed by September. Aim to inform the CCG led primary care transformation programme.

	3. GP practice managers to remind their staff that many patients still do not understand the increased offer. [The long wait in queues or on the phone were cited as one of the major causes of difficulty in accessing the GP services.] 4. Brent CCG to feedback to NHS 111 service that posters clarifying difference between the 999/112 and the 111/101 numbers would be helpful to the general public. 5. Brent CCG to compare the information provided in the HWB report with its own data. 6. Brent CCG and the GP Networks/Localities to respond to these recommendations in writing. 7. Healthwatch Brent to repeat this survey in 6-months working with Brent CCG and GP Networks and localities to facilitate access to GP practices as a way of tracking progress of patient awareness.	
Increasing awareness about cancer screening and treatment options for people with a learning disability	Brent Community and Wellbeing Scrutiny Committee received a report with the following statistics: Patients with a learning disability (LD) have lower rates of cancer screening, most notably in cervical cancer screening compared to women without a LD - only 31% reported having had a smear test compared to 73% of women without LD. 1 in 2 eligible women with a learning disability received breast cancer screening compared to 2 in 3 eligible women without a learning disability. Brent carers have raised concerns about the access of breast cancer screening to women with LD, believing that the complexity of their health issues means that their bodies age differently and that this is not taken into consideration when developing screening programmes and impacts on their eligibility because of an emphasis on age as an entry factor into the screening programme.	Increase awareness amongst LD people about cancer screenings and to enable carers to accompany people with LD into screening appointments. Inform the Health and Care Partnership

Understanding the barriers faced by faith communities to access culturally appropriate suicide prevention support	The Brent suicide audit 2017 highlighted some differences to the national picture on suicide. Brent had between 7 and 9 suicide cases per 100,000 people in Brent compared to the national average of 9.9 cases/100,00 people. In 2017 – six deaths were recorded as 'death by suicide'. In summary: • 5 had been born outside the UK – (1 in Africa and 4 in Eastern Europe). • only 1 had been known to adult mental health services • 4/6 were aged between 20-35 years and 2/6 were aged over 60 • All 6 were in employment • 50% had contact with primary care three months prior to death • 4/6 – the death was by hanging/strangulation, 2/6 died through self-poisoning reflecting the national picture. Also, in 2017, there were 170 emergency hospital admissions for intentional self-harm. We believe this is an under-estimate. We have also spoken with local organisations about the support available.	Identify the barriers faced by faith communities to access information and advice about suicide prevention and use this to inform the borough's Suicide Prevention Strategy.
Staying well in the community	Adult B Safeguarding Adults Review 2018 described disturbing life experiences of a Brent resident living with a learning disability and autism in Brent. She was the recipient of care services but was not protected from serious abuse. Part of the learning showed that Brent Statutory Services do not effectively record the quality of lives of such people, only the services they receive. The Transforming Care Programme also requires a range of changes to services for people with a learning disability. At the 2019 Community Wellbeing Scrutiny Committee councillors were keen to hear more of the direct voices of people using these services.	Capture the voices of this community and the efficacy and effectiveness of the Health passports to access public services more easily and feed this into the Health and Care Transformation Programme

Awareness and use of Health Help Now app	This is a two-part programme based on the following understanding: Brent CCG is promoting the Health Help Now App – the app is seen as a way of reducing the bottleneck in primary care by directing people to self-care and is available to people across NW London. The app will enable residents to find the right health services, medical advice and trusted information as well as access to approved medical advice and see the closest services to your current location to get help **Current features** • NHS Choices health advice articles • contact information for local NHS, council and approved voluntary services • hospital appointment booking service (e-RS), to be used after you have been referred by your GP • GP online to manage your GP appointments, get repeat prescriptions and view your medical records • *'Your mental health' section has helpful advice and information on a variety of mental health conditions. The 'mood tool' asks basic questions about your mood and how you feel and will signpost you to relevant services based on your responses. • web links to useful websites such as your local council and Know diabetes • asthma/COPD section provides helpful advice articles and information on how to use your inhaler. We will collect the views of Brent residents about the app both via a survey and through focus groups	This information will feed into the NHS LTP on digital solutions for accessing health services.
Enter and View Programme	We will visit a range of supported living care homes offering services to people with mental health conditions, learning disabilities, sensory impairments and physical disabilities. We are working closely with adult social care.	Part of Healthwatch's statutory functions
Integrated Care Pathways	Explore possible projects with the ICP Board and New Models of Care sub-group relating to a number of areas including: Anorexia / eating disorders Experience of Cardiovascular services NHS LTP priorities Digital Fluency	


Spectrum of patient and stakeholder engagement
Inform
Consult
Involve
Collaborate
Empower
We will keep you informed
We will consider your input and give feedback on how it informed decisions
We will ensure that your input is considered among the choices implemented
We will gather as many different views as possible and present them to strategic decision makers
We will help to implement your suggestions

Healthwatch Brent Engagement Strategy 2019-20

Introduction

Healthwatch Brent's vision is that Brent residents can contribute to the development of quality health and social care services in Brent. The gathering of experiences and views of patients, service-users, and seldom heard communities is essential so that everyone has an equal chance to make a contribution and feel that they can make a difference to local health and social care services.

Healthwatch Brent will:

- be a strong, local citizen voice, making a difference to health and social care provision for the people of Brent.
- provide ways for people's experiences and views to be heard from all communities, including those that are seldom heard.
- carry out excellent public engagement to socially isolated and marginalised communities, gather and analyse meaningful local data and present to the people that make decisions about health and social care services.

The engagement work of other organisations will also be mapped to identify good practice and gaps, to avoid unnecessary duplication and to see how Healthwatch Brent priorities fit into any existing plans and structures.

This Engagement Strategy will be supported by an Action Plan.

Definitions of communications and engagement

Communication relates to an exchange of information in order to produce desired outcomes (which may range from raising awareness to changing behaviour).

Good communication is based on a clear understanding of desired outcome, what the intended audience(s) should know, think or do differently as a consequence of the communication.

Engagement enables stakeholders to shape and influence the organisation's work by gathering their views, concerns and ideas, and ensuring they are considered properly.

Background

Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.

It is delivered by a Brent based staff team, a network of Brent based charities and community organisations and a team of enthusiastic volunteers.

Healthwatch Brent is an arms-length department of CommUNITY Barnet, an independent legal entity and a registered charity and company limited by guarantee.

The aims of this strategy will be used to support the Healthwatch Brent priorities for 2019-20 and should be considered when new strategies and plans are developed.

The strategy aims to help Healthwatch Brent to:

- Increase awareness of Healthwatch Brent amongst Brent residents
- Build continuous and meaningful engagement with the public, patients and carers (especially seldom heard groups) to influence the shaping of health and social care services in Brent – acting as a conduit to ensure the public voice influences, and is directly involved
- Gain evidence-based views that are representative of the community - with particular emphasis on gathering the voices of marginalised communities that may be hard to reach groups.
- Champion the voices of seldom heard and socially isolated groups to enable them to be heard including those with protected characteristics.

Inclusiveness: Overcoming Barriers to engagement

Nearly 70% of the Brent population is between the age of 16-64 years old, and more than 90% of Brent pupils are from ethnic minority groups. Given the ethnic mixture within Brent , many challenges arise when engaging with such a diverse population. As a result of this diversity, Healthwatch Brent has to develop a bespoke approach to capture the views an increase interaction with local resident.

The majority of residents in Brent are from Black, Asian and Minority Ethnic (BAME) communities. An estimated 20% of households do not speak English as their main language - capturing views will have to be appropriate and reflective of their community.

We want to capture the voices of other protected communities as defined within the Equality Act 2010 and have included activities in our Engagement Plan to ensure this happens[1].

[1] For example, we believe there are 4,000 residents who identify as LGBT whose voices are not heard as a community in Brent. Also, the Somali community is not thought to be in excess of 10,000 according to *Waples & Eversley,* ***Counting the Somali Community In Brent****, 2013 with population variation in different wards.*

The Enter & View 2018-19 visits to sheltered housing schemes in Brent revealed that people from the Somali community are less likely to give opinions or views when asked about their housing. A bespoke/culturally sensitive approach will have to be developed with the assistance of active community members, volunteers and local Somali organisation.

When planning a local community engagement process there is a need to recognise diversity and identify any potential barriers - so that a bespoke engagement process can minimise barriers where possible.

Points to consider are:

- The capacity and ability of different stakeholders to participate
- 'Hard to reach groups' such as young people, minority groups, refugee/migrants, socially excluded groups [including LBGT]
- Levels of community infrastructure
- Contested or divided communities
- Gaps in information
- Literacy and numeracy levels and dominance of oral culture

Communication and the involvement of patients and the public is an integral part of all Healthwatch Brent activity. As the role of Healthwatch Brent constantly evolves to reflect the changing health and social care policy landscape, it is vital that strong and trusted relationships are developed with key audiences.

Time spent building relationships is a worthwhile investment to allow for strong, effective partnership working and to provide wider insight and understanding about the priorities and views of local people.

Effective engagement is about getting the right messages to the right audiences through the most appropriate channels at the most appropriate time. The mapping work will enable Healthwatch Brent to consider the communications and engagement needs of individual stakeholders.

Approach to Engagement

Our preferred approach to engagement is to adopt The Stakeholder Engagement Spectrum using the five engagement levels (inform, consult, involve, collaborate and empower).

Relationship Development Methods

An outline of how Healthwatch Brent will maintain its relationship with our target audience is set out below:

Approach	Communication channels
Engagement ● Interactive, two-way communications ● Working together to develop solutions ● Develop mutual understanding & approach	Individualized method: ● Workshops/events ● One-to-one meetings ● Presentations ● Direct conversations /phone-calls
Active Communications ● Share plans and ideas ● Discuss implementation ● Act on feedback where possible	Adapt existing channels ● Dedicated area of website and on-line FAQs ● Social media interactions (tweet-chats, facebook discussions, etc..) ● Drop-in information events ● E-newsletters/newsletter ● Information in other organization's newsletters ● Posters, leaflets, etc.
Keep Informed ● Factual promotion	Make use of existing channels ● Media coverage (from press releases) ● Website ● Social media updates ● Partnership ● Posters, leaflets and any readily available information (multi-lingual)

The relationship development methods that Healthwatch Brent will use to maintain its relationship with our target audience are listed below:

Stakeholder	Desired Interaction	Tactic for change or maintenance of relationship
People living in the Borough of Brent		
Adults and older adults	Active Communications	Public awareness, targeted topics
Children and young people	Active Communications	Public awareness, targeted topics
Seldom heard and protected characteristics groups - with particular emphasis on creating stronger links with the following: ➢ Refugee/Migrant and Youth Groups ➢ Somali Community ➢ African-Caribbean Community* ➢ LGBT community ➢ Faith Groups We aim to champion the voice of the seldom heard groups to enable them heard	Engagement	◆ 1:1 meetings ◆ Attend their events ◆ Target culturally appropriate or bespoke awareness material ◆ Targeted & bespoke communications ◆ Development of relationships with organisations ◆ Share opportunities for them to be involved ◆ Publicise their work with others ◆ Supply HW Brent material for community spaces ◆ Regular contact/update

[*Note: *For example: Black Caribbean Champion Project - a £550,00 2 year project raising achievements of black Caribbean boys in every Brent Schools is clear evidence of the need to increase engagement with this community*]

The following general mechanisms for communications and engagement will be used:

Revised Communication mechanisms for improved Engagement with Targeted Audience

1.	Website	➢ Healthwatch Brent will continue to develop its website as a source of information and to receive information - with the aim of increasing the relationship with key minority broadcast and print media organisation ➢ Healthwatch Brent will take a proactive approach to the media, offering regular contact to help reporters and editors understand the organisation and develop working - with stronger effort to engage with specialised minority Media outlets such Somali language broadcast, Arabic, Afro-Caribbean, & Asian and other languages spoken in Brent. ➢ Volunteers from the diverse community will be encouraged to help Healthwatch Brent reach the diverse media within their communities.
2.	Social media – Twitter, Facebook & YouTube	➢ Social media will be used for information sharing from other sources, event promotion, to engage specific audiences as part of projects and general promotion of Healthwatch Brent's work and achievements. ➢ Develop a stronger link with minority community social media channels in Brent - so as to promote exchange of information
3.	Other organisations' newsletters & websites	➢ To develop a database of community-based newsletters that reflect the diversity of Brent ➢ To actively seek information from other organisations
4.	**Meetings**	➢ Representatives from Healthwatch Brent (staff and volunteers) will attend other organisations' meetings to raise awareness and hear people's views about health and social care.
5.	**Events**	➢ Healthwatch Brent will support events across Brent - with added emphasis on hard to reach groups
6.	**Focus Groups**	➢ Healthwatch Brent will support hard to reach groups to undertake focus group consultations within their own communities. These discussion groups may involve 10-20 people, usually led by a trusted member of the community. Focus groups can be successfully used for in-depth consultation regarding diverse issues. ➢ The Healthwatch Brent Community Chest grants will help support the development of these focus groups.

To be effective, a communications and engagement strategy must be a live working document relating to what is happening in the community around it.

Regularly reviewed action plans will therefore be needed to support this strategy. The Healthwatch Brent Team will review the engagement planning and activities regularly to ensure they are still relevant and responds to any changes and new information or insight.

Action Plan

We have pulled together a database of community groups, faith groups and local organisations whom we will be engaging with as part of our programme of work.

It will be a 'living' documents to reflect the vibrancy and within Brent for new groups to emerge and others disbanding. As part of our commitment to capacity building the local voluntary and community sector, Healthwatch Brent will encourage organisations from these communities to participate in the Community Chest grant programme and we will assist them in developing appropriate projects aligned to Healthwatch Brent's priorities.

The Action Plan will be used by the Healthwatch Brent team to map out engagement activities to ensure the voices of Brent's diverse and protected communities are heard.

We have listed some of the organisations that we will be engaging with for the remainder of 2019/20.

Monitoring our activity

All of our engagement work will be monitored at our quarterly contract monitoring meetings.

Table of Brent Community Groups and Local Organisations for 2019 Healthwatch Brent Engagement

Target Community	Name / Group details
Refugees Migrant And Youth Groups	❖ Brent Action for Refugees [oscar@brentactionforrefugees.com] ❖ Horn of Africa Refugee Welfare Group Empire Way HA9 OEW ❖ Salusbury World Refugee Support Centre Salusbury PS, Salusbury Rd, NW6 6RG ❖ Young Roots - Rise Up Project at College of North West London (Willesden Campus - [Tuesday Youth Group] ❖ Refugee Support Project Newman Catholic College, Kensal Green, Brent. ❖ Family Restoration Project [Youth Project Funded 2019] - International Gospel Community, Kilburn, Brent ❖ Brent Youth Mediation & Learning Centre Project Streetfusion Community Group on 29 Nov/2018 - Nov/2019 Funded Project ❖ Bang Edutainment Ltd 2nd Floor, 89-93 High Street, Harlesden, London, NW10 4NX
Communities South East Asia	❖ Mahavir Foundation (Jain Temple) Kingsbury ❖ Brent Indian Community Dudden Hill Lane, London, NW10 2ET ❖ Brent Brent Indian Association Ealing Rd., HAO 4TH ❖ London Indian Elders Group [mainly advancement of health] Wembley ❖ Brent Punjabi Association - Health Project [Improving Well-being Aug/2018 to Aug/2019] ❖ London Tamil Centre - East Lane, Wembley, London, HA0 3NN ❖ Tamil Association of Brent Neasden, London, NW10 0EY
Faith	❖ Association of Muslims with Disabilities ❖ Afghan Islamic Cultural Centre 212-214 Church Road, London, NW10 ❖ London Tamil North Congregation of Jehovah's Witnesses - Manor Drive, Wembley, London, HA9 6UL ❖ London Inter Faith Centre, 125 Salusbury Road, Queen's Park, London, NW6 6RG - Rev Fergus Capie ❖ Brent Muslim Community Forum, 20 Sidmouth Road, Brent, NW2 5JX

African	❖ The Africa Child [Project for Young People & Health] High Road, Willesden NW10 2JJ ❖ Horn Stars, Community Centre, 6 Hillside, London, NW10 8BN ❖ Somali Community Group Kilburn - Training Project for Parents Nov/2018 - Nov 2019 ❖ Brent Somali Community Centre, High Street Harlesden, Harlesden, Brent NW10 4TR ❖ Somali Community Group - The Granville, Carlton Vale, NW6 5HE ❖ Somali Advice and Forum of Information (SAAFI) - Willesden Brent, NW10 2JJ ❖ African French Speaking Organisation (A.F.S.OR) Community House, Room 4, 311 Fore Street, London, N9 0PZ ❖ Eritrean Youth and Community in Brent St Francis Lodge, 1022 Harrow Road, Sudbury, London, HA0 2AU ❖ Uganda Community Relief Association (UCRA) Designworks, The Bridge Suite, Park Parade, Harlesden, London, NW10 4HT
LBGT Community	❖ North West London Lesbian and Gay Group, Windermere Avenue, Wembley, Brent, HA9 8QT ❖ Mosaic LGBT Youth Centre, Brent, info@mosaicyouth.org.uk
Afro-Caribbean Communities	❖ West Indian Senior Citizen Organisation (WISCO) Kensal Rise NW10 ❖ West Indian Self Effort (WISE) Harlesden NW10 ❖ African Caribbean Emancipation Trust Ltd The Hyde Brent NW9 8EN [Education] ❖ Brent African-Caribbean Disabled People's Association, Church Road, London, NW10 9PX [outreach & research projects]
Latin American Communities	❖ Latin America House Kingsgate Place, London NW6 4TA
Gender [Women & Girls]	❖ Asian Women's Resource Centre Craven Park NW10 8QE - Project 'Surviving Abuse and Rebuilding Lives (SAARL) [£300,000 Lottery started Oct/2018]' ❖ Nisa - community project July 2018/July 2019 'Support Vulnerable Women in Muslim Community' Project - Willesden Green & Brent Central

	❖ ‘Traveller Women’s Violence Awareness’ Project 2018/19 - The Traveller Movement Brent Central & Willesden Green
Eastern/Central European	❖ ‘Maximising community space’ Project 2019 - Bosnia & Herzegovina Community Advice Centre ❖ British Czech and Slovak Association (BCSA) 643 Harrow Road, Sudbury, Brent, HA0 2EX ❖ Maria Konopnicka Polish Saturday School, Willesden Green Queens Park Community School, Aylestone Avenue, London, NW6 7BQ
Arab	❖ Al-Zahra Women's Centre Crusader House, Cricklewood, Brent, NW2 6NX ❖ Ansar Youth Project 444 High Road, Wembley, London, HA9 6AH ❖ Arab Women's Support and Empowerment Association (AWSEA) 83 Dollis Hill Avenue, London, NW2 6QU

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