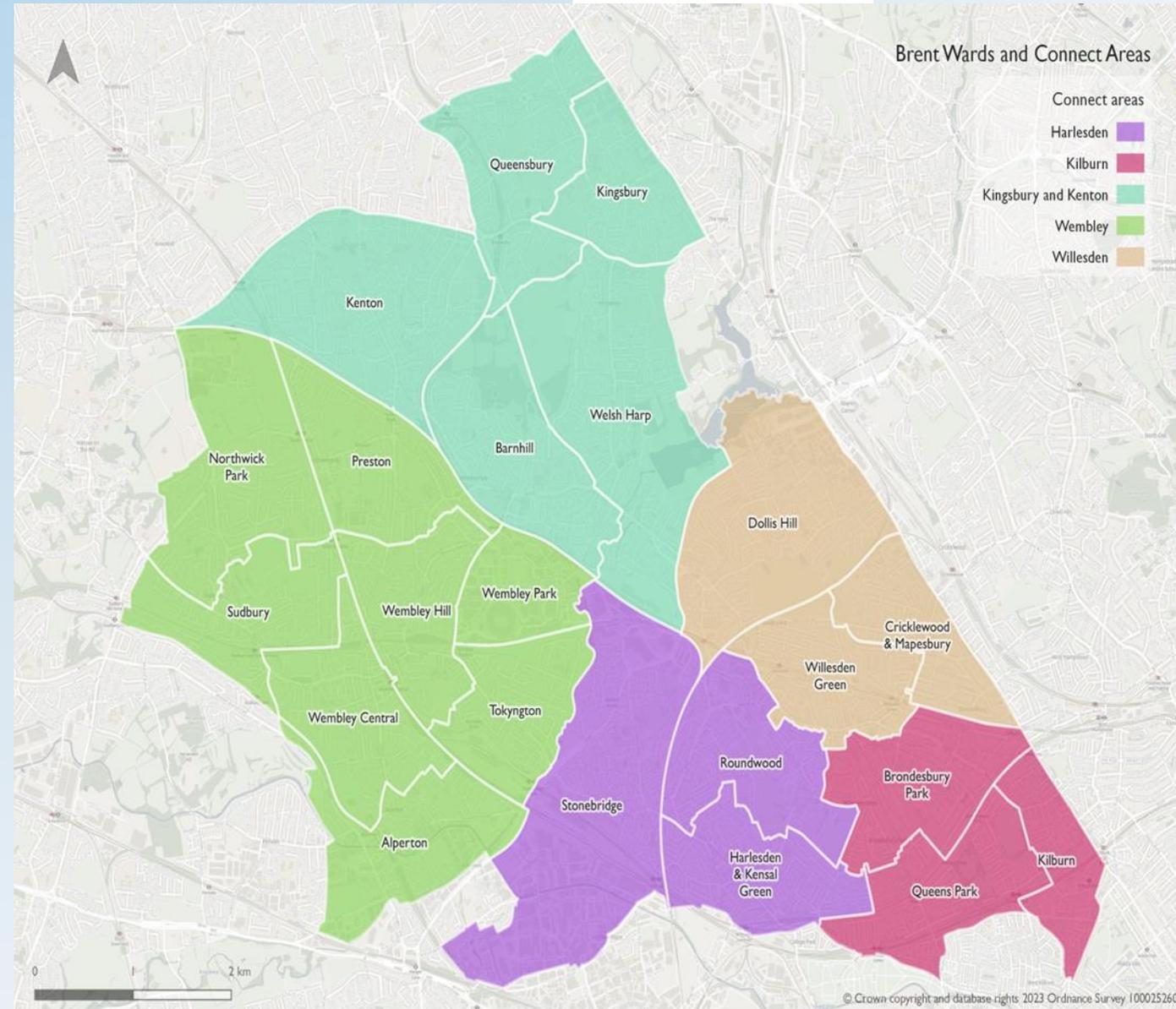




# Brent Integrated Health and Care Hubs (iHubs) Strategy

Final draft

Date issued: 25<sup>th</sup> October 2023





# Executive summary

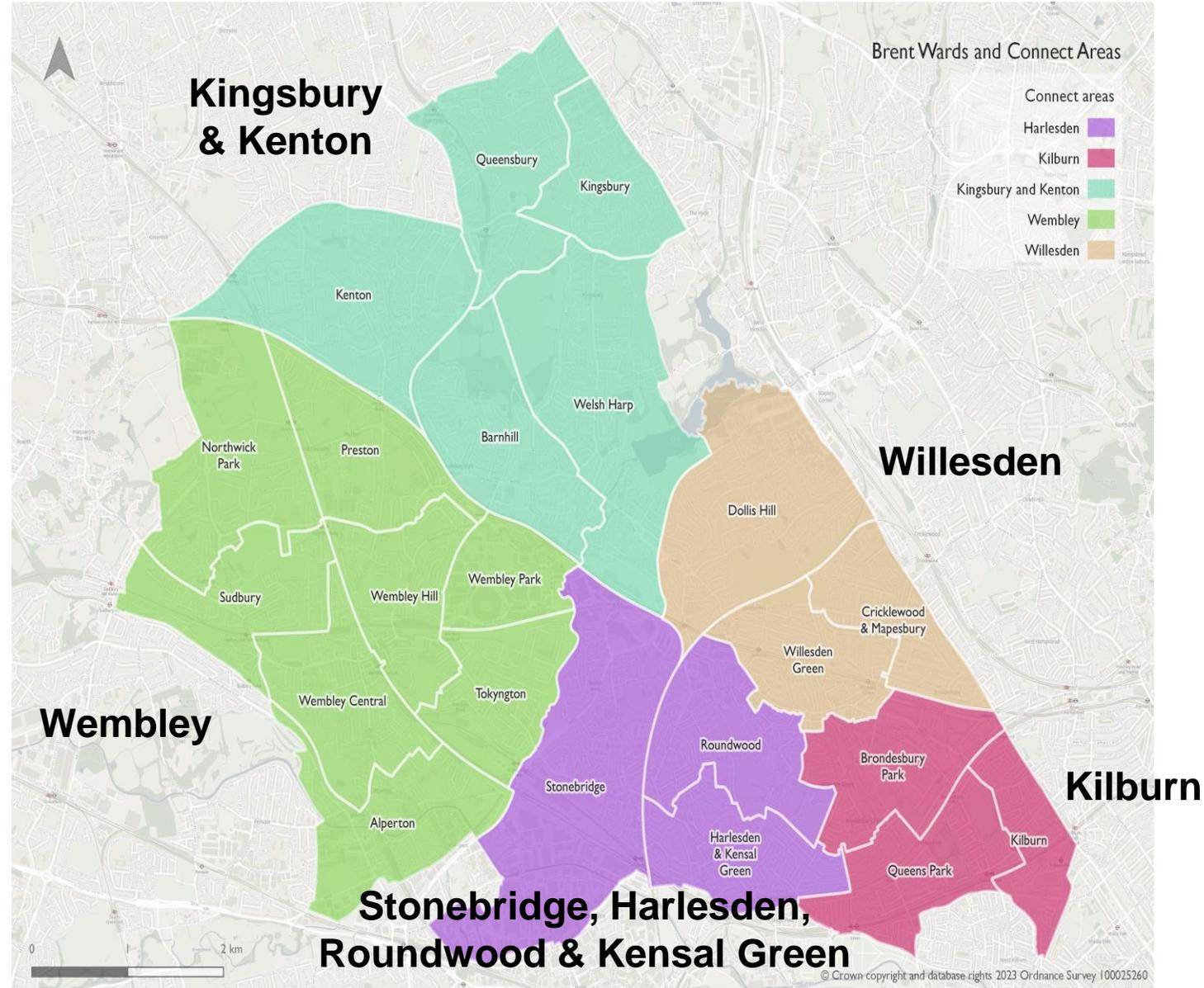
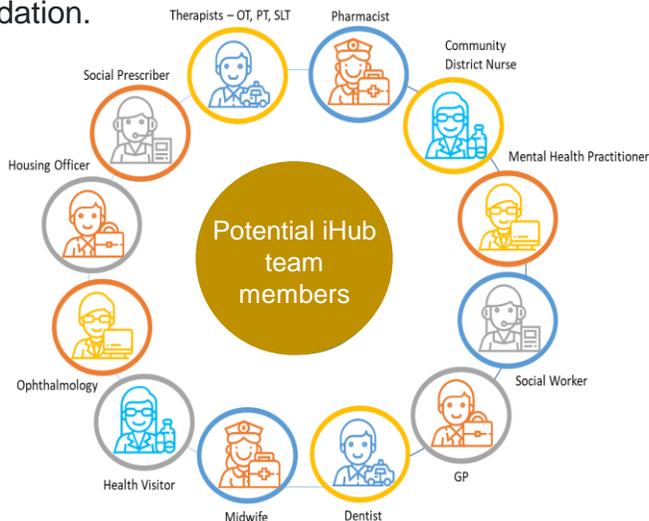
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# Introduction

This piece of work has been carried out between March and October 2023 to develop a strategy for the integrated health and care hubs (iHubs) across Brent, to help the system deliver services in line with the national strategy.

Locally, there is a need to move to this model of integrated hubs to support integrated care working in Brent. This report outlines the approach taken with local stakeholders to develop a strategy for the implementation of iHubs either integrated in one building or a ‘campus’ style model where services are in close proximity in different buildings but in a way that reflects residents’ needs. The long-term goal involves implementation of iHubs in each of Brent’s 5 neighbourhoods (shown in the map to the right).

This report outlines the stakeholder engagement process which involved a survey, interviews and workshops. It looks into the local challenges and priorities to offer a set of potential solutions and a strategic road map to the implementation of the iHubs, including potential schedules of accommodation.



# A new way of working

Provision of the best solution for the people of Brent presents an exciting opportunity for collaborative working across multi-disciplinary partners. Silo working of elements for health and wellbeing creates bottlenecks and elongates the pathways to recovery, furthermore, it does not fully explore preventative measures for long term illness both physical and mental. In addition, the 'care closer to home' incentive and redirecting people who currently present at A&E to more local care when appropriate and *better still* creating pathways that prevent illness through helping people to take care of their long-term wellbeing can only benefit people and the system generally.



Pulling together Health, Local Authority services, 3<sup>rd</sup> sector and where possible community based out of acute services in a logical and structured way not only benefits the individual on the 'journey to wellbeing' but also provides a basis for collaborative discussions between providers, removing old barriers and where possible saving time and cost and reducing the length of the 'journey' for the individual. The model acts as a catalyst for removing old, redundant estate or remodelling/repurposing it to be fit for the future.

# The report at a glance – Approach

## We listened

1:1 discussions with key stakeholders

2 workshops with great attendance from health and social care, wellbeing, community and voluntary sectors

Neighbourhood visits – St Raphael’s and Kilburn

Ongoing updates with the core project team

## We researched and learned

Weekly meetings and checkpoints with the existing integrated neighbourhood team

Desktop reviews of 6 facet surveys, LA estate, shape and work done to date

Neighbourhood visits – St Raphael’s and Kilburn

Outputs from workshops and themes

## We assessed the risks

Space issues

Condition issues

Pockets of limited services in some neighbourhoods

Areas of deprivation

Some areas need more GP services, loneliness, mental health issues and access to mental health services and community centres

Drilled down into Wembley Centre for Health and Care as a test case and established opportunities to use void space

## We looked at the positives

Family and children’s centres working well for example The Granville Centre and the range of services already there

Some excellent projects already underway with integration included in design (Wembley Park, Alperton, Gladstone, Kilburn Park)

The great working model of a campus style hub in St Raphaels where there is a cohesive community

## We designed the solutions

Schedule of accommodation for iHub per neighbourhood where it is needed

Included projects already started and the WCHC utilisation study

Thinking about costs, we ascertained that some campus style hubs are already mainly in place so iHubs may not be needed although some enhancements will

Explored the funding routes

Created the case for change based on the work already done and our findings

We provided potential short/medium term solutions for consideration

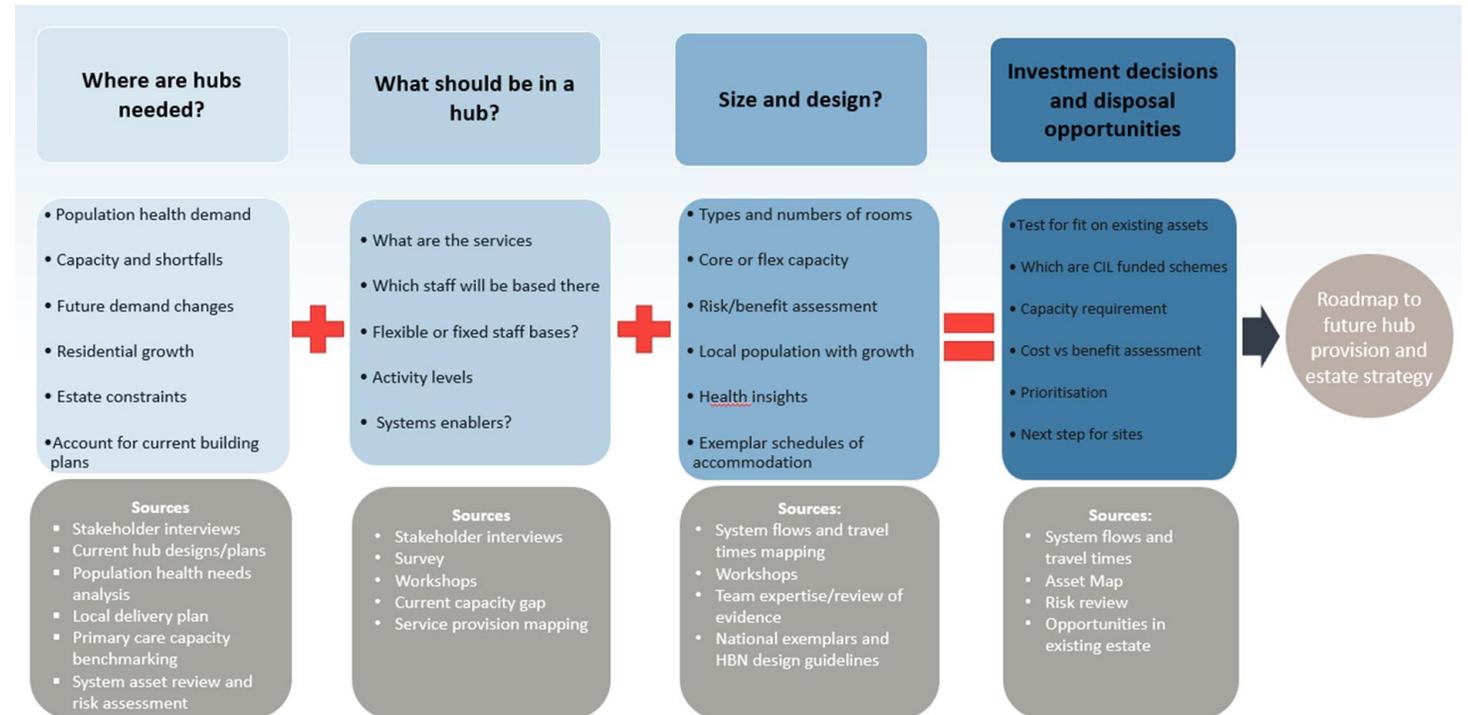
We showed a likely cost profile

# Summary of other components involved in formation of the strategy

The illustration to the right gives an overview of the project team approach. This includes the following considerations:

1. Where are iHubs needed?
2. What should be in an iHub?
3. Developing schedules of accommodation
4. Opportunities and solution development

The illustration details the steps used when looking at each of these factors, including current capacity gap analysis, population health need analysis, studying international and national exemplars and a wide range of stakeholder analysis – from 1:1 interviews to a survey, larger workshops and in-person neighbourhood engagement sessions.



The stakeholder engagement process involved a wide range of people from key clinical and operational leads, and representation from various partners (key contacts agreed through the project team e.g. for primary care, acute care, community and mental health, local authority and the voluntary sector) to members of the general public.

Themes from the engagement are summarised on the following slide with full details being found in the body of this document.

# Example stakeholder feedback

Flexible spaces that can accommodate the widest uses possible

Proactive approach to prevention - an opportunity for early intervention

Good links to public transport

Opening hours and accessibility

Extended access for third sector services and safety/security

One stop shop for integrated support

Drop-in centre for signposting patients

Timely access to services – improving the patient/visitor journey

Links to existing FWC, so services are not duplicated

Support for mental health

# Alignment with national, regional and local strategies

## National context

The proposed iHubs in Brent will support the delivery of the NHS Long Term Plan and Workforce Plan, by supporting service improvement and transformation through co-location of health and wellbeing services. The iHubs will enable services to respond to the growing demand from the local population, through multi-disciplinary and cross-organisational working to improve access, experience, health outcomes and reduce unwarranted variations in the local health and care system. This will help achieve the national goals of moving away from hospital care, with a focus on prevention and personalised care.

The Fuller Report recognises that much of general practice and wider primary care estates are not fit for purpose, and that the focus of capital investment has often historically been weighted towards secondary care. It sets out a new vision for integrating primary care, improving the access, experience and outcomes in our communities. Estates are much more than just buildings and should be used as a catalyst for integration.

The Fuller Report suggests a new model which focuses on the following 3 factors:

- A focus on patient needs
- Creating a positive working environment for staff, and
- Providing adequate space for key activities like training and team development

This strategy supports the goals of the Fuller report.

## The NHS Long Term Plan

### NHS Long Term Workforce Plan

June 2023

### Next steps for integrating primary care: Fuller Stocktake report

Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, CEO (designate) Surrey Heartlands ICS

MAY 2022

# Alignment with national, regional and local strategies

## Regional context

The NHS North West London Estate Strategy has the following 4 key objectives:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Operating sustainably and supporting broader social economic development

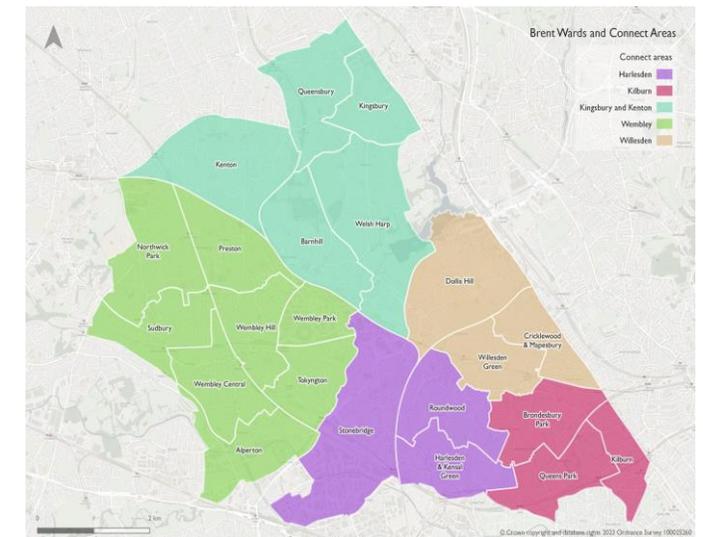
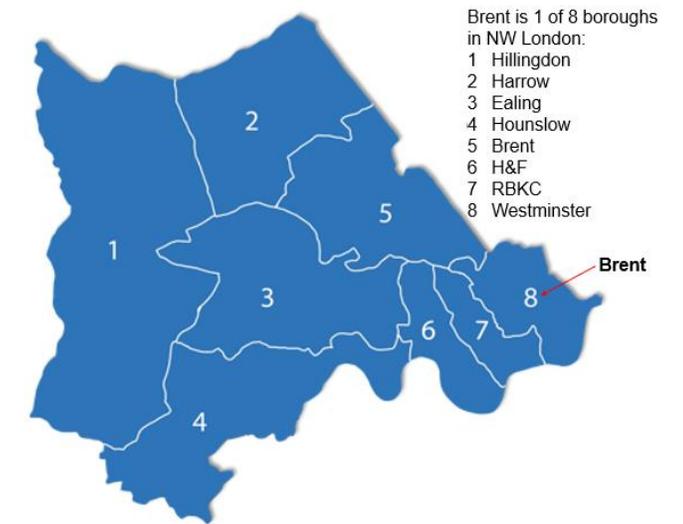
These are in line with the ICS transformation plan, and the national goals set by NHS England. The emerging estate strategy recognises the need for iHubs to deal with these challenges such as population increase, projected loss of primary care estate through expired leases, and retiring GPs. It also recognises the need to identify underused estate, share with local authority or third sector partners where possible and work together in an integrated way to use estate well and serve the population best.

## Local context

The overarching vision for Brent is to have neighbourhood community teams set up in each of the 5 neighbourhood areas, co-located in integrated health and care hub sites (iHubs), supported by specialists. The aspirations for the Brent neighbourhood community teams include:

- Taking a family-based and holistic approach and working across multiple partners including health, care, housing, social services and education
- Enabling resident choice in the model of care to promote independence and resilience, as well as improving wellbeing
- Having teams which are rooted in the community and tailored to local needs

The iHubs will deliver services from a number of partner organisations to local residents, providing a source of easily accessible, close to home services within these settings. The development of the integrated health and care iHubs in Brent aligns with the goals set out by NHS England, those of the ICB and the local aspirations for Brent.



# Essential requirements for successful changes

Talking to people during visits and workshops, general themes that presented were:

- **Primary care is difficult to access** – in some areas there are very few GP practices and many are stretched for space to expand
- **Loneliness is a real issue** in some neighbourhoods
- **Access to mental health services is difficult**
- **Knowing where to find help** can sometimes be challenging
- People are very keen to **access community social spaces**, some people we spoke to were unsure whether there were spaces like this in their local area

Positively ;

- **Family and children centres appear to be working well** and people felt that there was no need to change the current way of working
- **There is great work in the community** with centres, gardens, nurseries and foodbanks that are already in place to combat isolation and promote wellbeing in some areas

These themes are explored in detail later on in the report.

# Summary of other components involved in formation of the Strategy

The following 3 slides highlight key areas discussed in more detail in this document. This includes the following:

- 1. Population health need analysis** - We have included the page on wider determinants of health, insights for Brent. This looks at deprivation across Brent, population growth and life expectancy. The full body of this document contains further details on the population health analysis, including findings for mental health and findings specific to children, young people, the working age and older adults.
- 2. Capacity analysis (primary care)** – The project team received detailed information on primary care estate in Brent and was able to carry out a capacity analysis based on this. Full details of capacity assessment work undertaken in this strategy can be found in the chapter ‘Service estates capacity assessment’.
- 3. Risk assessment approach for each of the Brent neighbourhoods** – The table included here outlines the assessment criteria used to analyse the risk status per neighbourhood, and as shown each element has been RAG (red amber green) rated.

# Population health needs analysis example

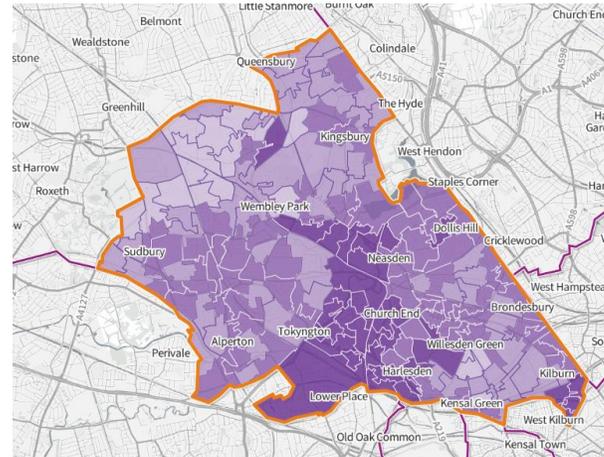
The population health and wellbeing needs has been research through a number of methods, including analysis of data from the following resources:

- Brent Joint Strategic Needs Assessment
- SHAPE Atlas data
- ONS (Office for National Statistics) population database

## Deprivation across Brent

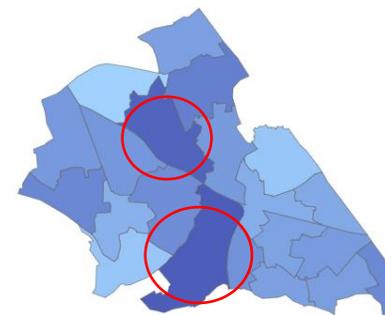
Brent's Index of Multiple Deprivation average score is 25.56. 'Deprivation' is based on a number of factors such as health, income, employment, education and living environment. The darker shaded areas (on the map to the right) have a higher Index of Multiple Deprivation indicating a higher level of healthcare need.

Brent is ranked the 4th most deprived borough in London according to the Indices of Multiple Deprivation. **Stonebridge and areas within Harlesden, Kilburn and Dollis Hill are amongst the most deprived in Brent.**

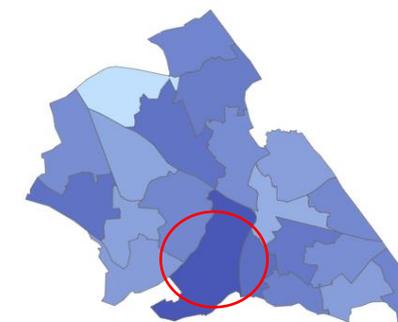


Brent Index of Multiple Deprivation

Life expectancy for females (2015-19)



Life expectancy for males (2015-19)



■ Lowest Life expectancy

■ Highest Life expectancy

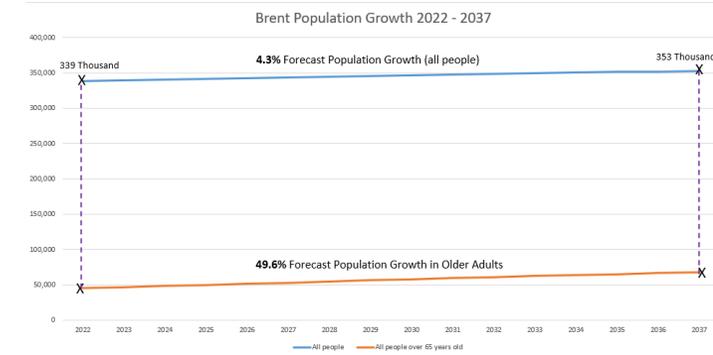
Life expectancy  
across Brent

## Population Growth

The 15 year forecast population growth for Brent is **4.3% growth**. However, for older adults above 65 years of age, the population within this age range **grows by 49.6%** in the same timeframe. This shows that a significant portion of the future growth in population in Brent will be due to older adults. This is likely to put a significant pressure on healthcare services in the future as this group has a relatively high reliance on health and social care.

## Life expectancy

Female life expectancy in Brent is **83.9 years**, with 68.6 years of good health. Male life expectancy in Brent is **78.2 years**, with 62.6 years of good health. Both female and male life expectancies are **6.4 years higher for those living in the least deprived areas compared to the most deprived areas in Brent, indicating high levels of inequality within Brent.**



Population growth in Brent

It is important to recognise that the area of Stonebridge is particularly deprived and has a lower life expectancy compared to other areas.

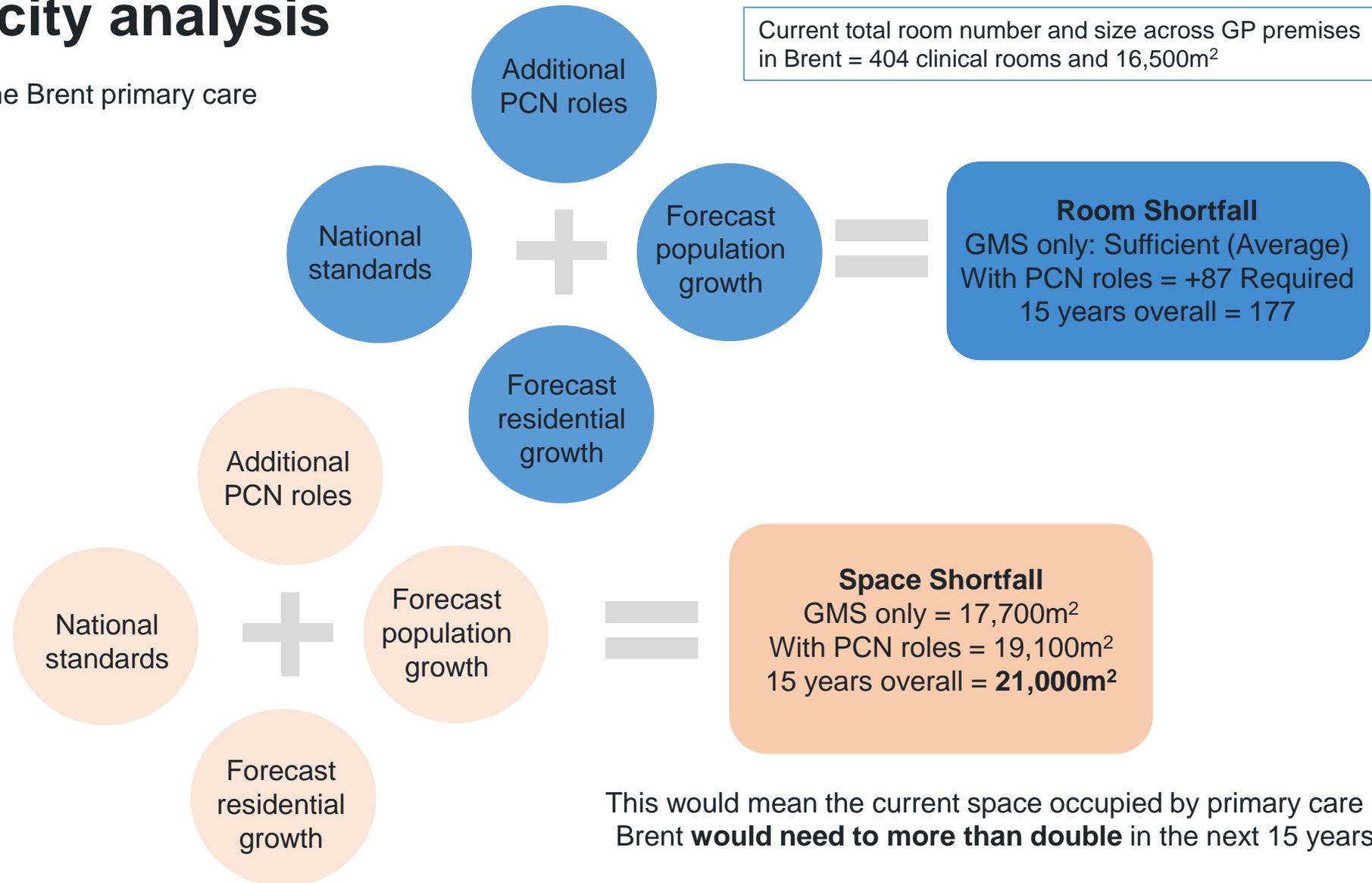
# Primary care capacity analysis

Key summary facts and figures from the Brent primary care capacity analysis:

Currently across primary care in Brent is overprovided by 4 rooms in relation to demand. This does not account for room sizing compliance.

The current space shortfall across primary care in Brent when analysing patient list sizes according to NHSE and HBN compliant design is 17,700m<sup>2</sup>, **this indicates that the room sizes do not comply with current standards to a significant degree.**

A 15 year forecast considering growth (population and residential) in the area shows a 177 room shortfall in Brent and a space shortfall of 21,000m<sup>2</sup>, which is significant.

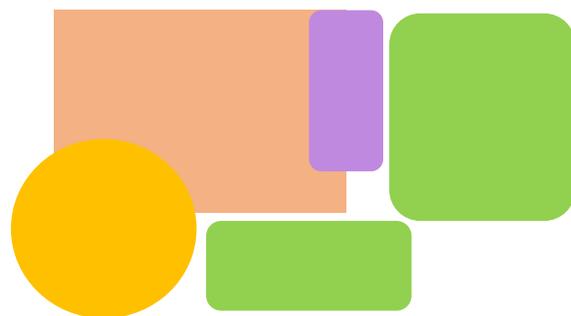


Further data on the shortfall in terms of room numbers and space has been provided in the capacity model summary in appendix 6.

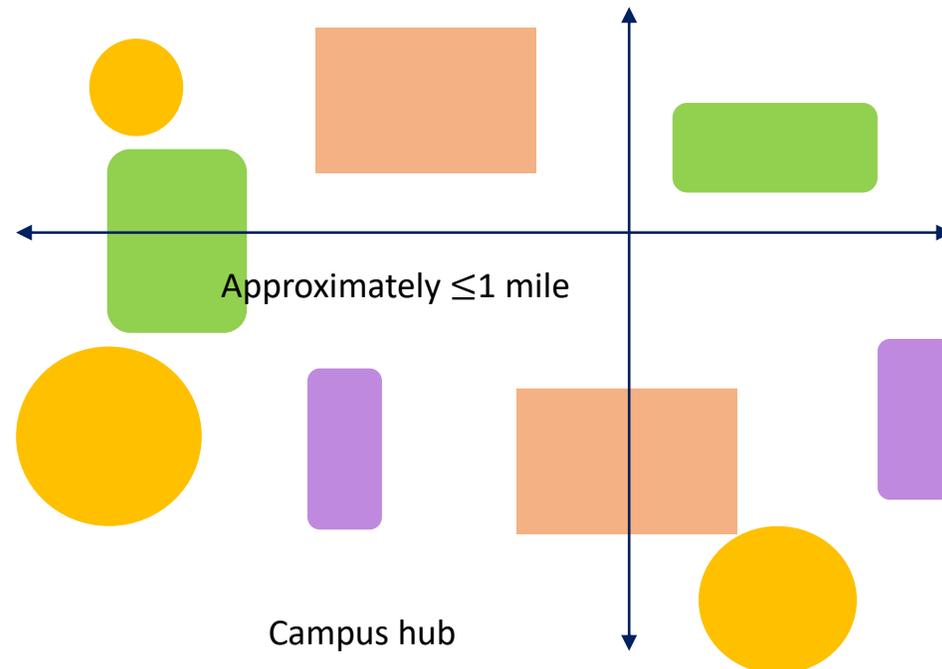
# The report at a glance – Solutions options

To ensure full options consideration and mindful of funding challenges the report sets out 3 main solution types:

- 1. Integrated iHubs**, their composition and floor areas which should be capable of delivering the full range of benefits as integrated health and wellbeing centres along with their placement in each borough was the main purpose of this commission, however, funding for such a level of investment is not currently available. This report therefore looks at alternative options for
- 2. Campus style solutions**. It has been ascertained that good co-location of services in 'campus' style models do already exist in Brent and investment in additional medium-term solutions for closing the gaps can still provide a much-improved journey to wellbeing for people in these areas without the level of investment needed for the integrated solution, these could be additional community space, information and resource centres or improvements in space for GP practices to allow growth and delivery of additional roles for the neighbourhood communities. Given the situation with funding generally for health and wellbeing services a view may be taken to look at these options first in a prioritised way with areas that will truly benefit from an iHub such as Kilburn or SHRK remaining on the long-term horizon for investment when the funding opportunities become available. Finally,
- 3. Short term options** – a range of options for the integrated team to prioritise that can be prioritised in the short term to enhance service delivery

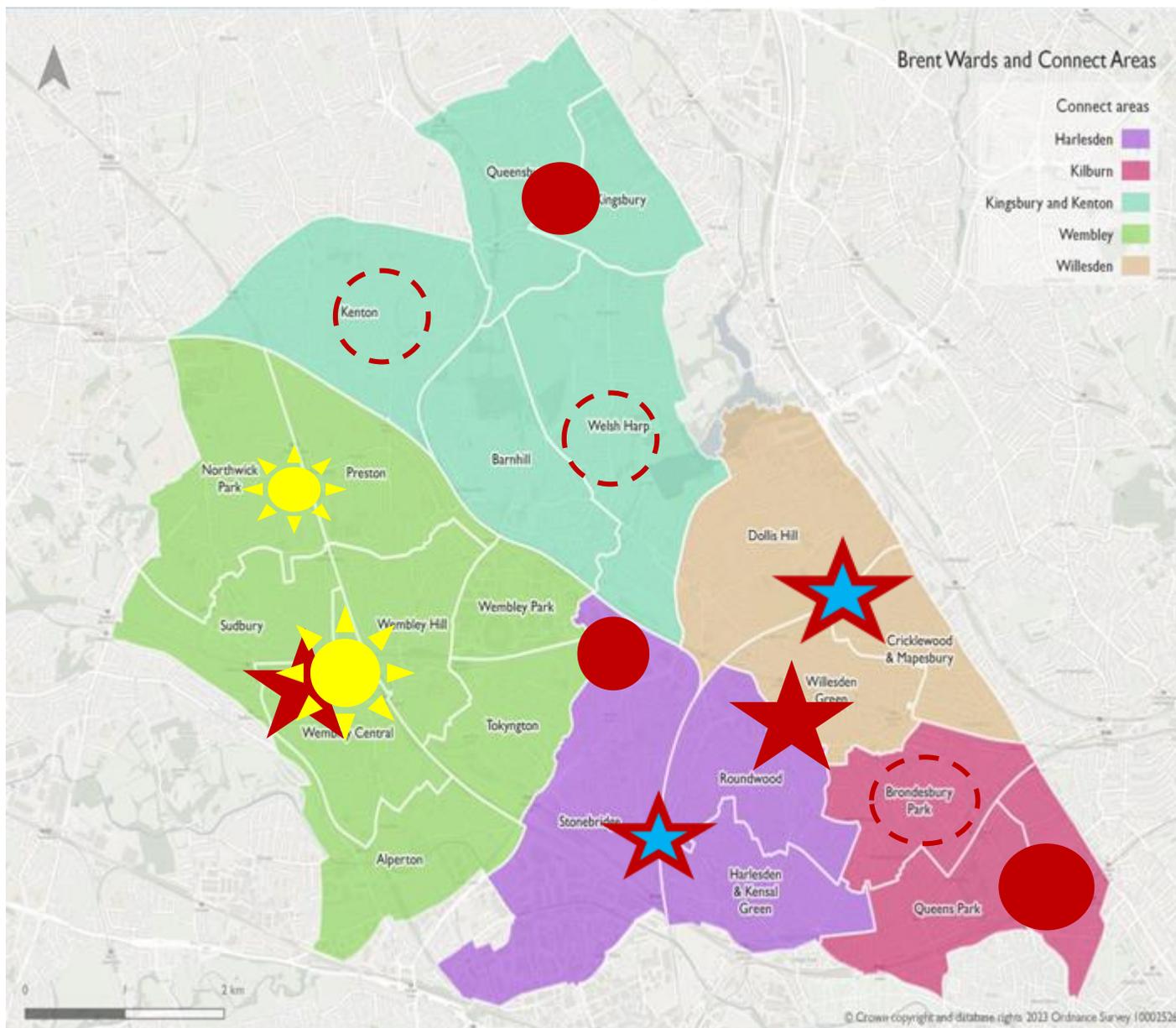


Integrated hub



Campus hub

# Map of solution overview by priority



-  iHub already in place
-  Recommended iHub solution (Gladstone Park)
- Joint Priority 2 – Wembley and Kilburn**
-  iHub already in place
-  Proposed resource centre
-  Campus style hub mainly in place
-  Proposed Campus style solution
- Priority 3 – Stonebridge, Harlesden and Kensal Green**
-  Campus style hub mainly in place
-  Recommended iHub solution
- Priority 4 – Kington and Kingsbury**
-  Campus style hub mainly in place
-  Proposed Campus style solution options

# Steps from prioritisation to programme commencement

- Agree strategic estates resource to support delivery
- Confirm stakeholders (produce RACI matrix)
- Agree professional advisory required



Review estate recommendations in this document and test with stakeholders and agree on approach for full vision of estate for both NHS and LA

Undertake options appraisal of long, medium and short-term solutions and SWOT analysis per neighbourhood

Undertake options appraisal and SWOT per neighbourhood

ICP to confirm governance and launch Estates Transformation programme to deliver short term solutions and plan medium term solutions

Initiate feasibility studies and space utilisation reviews for short to medium – term options, plus estates profile for suitable building/land where required

Ascertain funding streams including S106, CIL and sale receipts  
\*LEDU – void space study review

Confirm project scopes

Begin business case/s for priorities

\*LEDU = London Estates Development Unit