Public Document Pack

Health and Wellbeing Board

Tuesday 20 October 2020 at 6.00 pm

This will be held as an online virtual meeting. The link to view the meeting can be accessed HERE.

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor McLennan	Brent Council
Councillor Nerva	Brent Council
Councillor Kansagra	Brent Council
Councillor M Patel	Brent Council
Sheik 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 - Non Voting
Basu Lamichhane	Brent Nursing and Residential Care Sector - Non Voting
Jonathan Turner	Brent CCG

Substitute Members (Brent Councillors)
Councillors:
Stephens, Knight, Krupa Sheth and Southwood

Councillors:
Colwill and Maurice

For further information contact: Hannah O'Brien, Governance Officer
Tel: 020 8937 1339; Email:hannah.o'brien@brent.gov.uk

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The press and public are welcome to attend this meeting. The link to view the meeting can be accessed HERE.

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 1 - 6

To approve the minutes of the previous meeting held on 29 June 2020 as a correct record.

4 Matters arising (if any)

To consider any matters arising from the minutes of the previous meeting.

5 Health inequalities update 7 - 14

To update the Board on the ongoing work on health inequalities being undertaken in Brent.

6 Joint Health and Wellbeing Strategy 2021 15 - 20

To present to the Board the proposed Joint Health and Wellbeing Strategy 2021.

7 Brent Children's Trust Update 21 - 30

To provide an update of the Brent Children's Trust (BCT) work programme to the Health and Wellbeing Board.

8 Health and Care Transformation Programme Update 31 - 40

To provide a progress report on key activities of the joint Health and Care

Transformation programme.

9 Healthwatch work programme update 41 - 62

This report updates the Health and Wellbeing Board on the progress of Healthwatch Brent.

10 Mental Health and Employment Outcome Based Review (OBR) 63 - 78

To provide an update on the Outcome Based Review (OBR) for Mental Health and Employment.

11 Re-commissioning of Healthwatch Verbal update

A verbal update on the re-commissioning of Healthwatch.

12 Exclusion of Press and Public

To consider any items that have been identified during the meeting that will require the exclusion of the press or public.

13 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.

14 Date of next meeting

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

Date of the next meeting: Monday 25 January 2021

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Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as an Online Virtual Meeting on Monday 29 June 2020 at 6.00 pm

PRESENT (all present in remote capacity):

Councillor Farah (Chair), Dr MC Patel (Vice-Chair, HWB and Chair, Brent CCG), Sheik Auladin (Brent CCG), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust – non-voting), Carolyn Downs (Chief Executive, Brent Council, non-voting), Dr Ketana Halai (Brent CCG), Councillor Hirani, (Brent Council), Councillor McLennan (Brent Council), Julie Pal (HealthWatch Brent), Councillor M Patel (Brent Council), Phil Porter (Strategic Director, Community Wellbeing, Brent Council, non-voting), Dr Melanie Smith (Director of Public Health, Brent Council, non-voting), Gail Tolley (Strategic Director, Children and Young People, Brent Council, non-voting).

Also Present (all present in remote capacity): Fern Aldous (Governance Officer), Chris Bown (Interim Chief Executive of London North West University Healthcare NHS Trust), Councillor Butt (Leader, Brent Council), Councillor Ethapemi (Brent Council), Shazia Hussain (Assistant Chief Executive, Brent Council), Meenara Islam (Strategic Partnership Manager), Councillor Johnson (Brent Council), James Kinsella (Governance Manager), Dr Martin Kuper (Medical Director London Northwest Healthcare Trust), John Licorish (Consultant – Adults and Health Intelligence, Brent Council), Councillor Long (Brent Council), Hannah O'Brien (Governance Officer), Trusha Patel (HealthWatch), Councillor Sheth (Brent Council), Katie Smith (Head of Executive and Member Services), Jonathan Turner (Deputy Managing Director, Brent CCG).

A minutes silence was held in remembrance of those who had lost their lives to COVID-19

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

Apologies for absence were received from Mark Bird, Brent Nursing and Residential Care Sector.

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting held on Monday 10th February 2020 be approved as an accurate record, subject to the following amendment:

Correction to Page 8 –Cllr Farah to be shown as 'Chair' in place of Cllr Hirani.

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

None.

5. **The disproportionate impact of COVID-19 on BAME communities in Brent**

Dr John Licorish (Consultant in Public Health), introduced a report detailing the findings from Public Health England's study into the disproportionate impact of COVID-19 on BAME communities in England. The report concluded that although health inequalities were not new, COVID had worsened them. Potential causes investigated in the report included intergenerational living, attendance at large gatherings in places of worship and higher representation in certain sectors of work. Analysis of the issues had been made more difficult by limitations in the recording of ethnicity.

The Board heard a presentation from Ali, a 26 year old from Harlesden Ward whose family had been severely impacted from COVID. Ali described how his father had contracted the disease on the 29th March; the last time the family had seen him was when he was later taken to hospital. His father's body had not been released for a number of days and ritual funeral preparations could not take place as a result. The experience had engendered a distrust of health services, as well as a feeling of hopelessness and anxiety. These feelings were reflected in the community.

The Board heard a statement from Tessa, a resident of Kensal Green. Tessa reported her concern about how services had been moved out of the borough under the cover of COVID.

She was also troubled with intergenerational living being cited as a standalone cause of the impact on BAME communities. Families often had no choice about these living arrangements and the issue should be tied to wider social and housing problems. She felt more money was required from government to tackle these issues.

Janet Wildman from Community Voices, a charitable organisation in the borough, told the Board about her experiences of the impact of COVID on BAME communities. She had collected around 50 stories from the community which revealed a pattern of underlying systemic inequalities. She asked for more people to come forward to share their accounts.

The Chair and the Chief Executive gave their condolences to Ali and thanked the speakers for sharing their experiences. Chris Bown, Interim Chief Executive LNWUT, invited Ali to meet with him to discuss the issues he had raised about his father's care.

In response to a query on whether the quality of primary care services and access to facilities had been considered in the report it was stated that there was evidence to show that if long term conditions were well managed then outcomes from COVID were better. The accessibility of services to manage long term conditions needed to improve.

The Board heard a focus was needed on the quality of primary care, with a particular emphasis on the management of diabetes and hypertension. This work required additional investment as services had been reduced due to lack of finances. It was noted that Councillor Butt (leader, Brent Council) had written to the Secretary of State for Health on this matter.

In response to a query from Councillor Patel regarding the best method for avoiding obesity in children it was stated that targeted and specific interventions were needed.

There was evidence to show that hypertension developed at a younger age in BAME communities so it was suggested that offering health checks from an earlier age should be considered.

The targeting of resources to tackle health inequalities was discussed. It was noted that residents were currently paying close attention to their health and this could be capitalised upon. Communications needed to improve, before a potential second wave hit, with people on the ground in the community.

The Board thanked Dr Licorish for the update provided.

RESOLVED: That the report be noted.

6. **Healthwatch work programme and engagement on COVID-19**

Julie Pal, (CEO, HealthWatch) presented a report on recent community engagement around COVID. The service had adapted to continue to work with local residents and support services. Engagement had been undertaken with Mutual Aid Groups, through WhatsApp and Twitter, and by phone interviews and surveys. Materials had been produced in multiple languages as well as in easy read formats. There was evidence that the community had struggled with government messages and there were feelings of burn-out' in a community which had had no respite, and a concern that mental health services will not meet demand.

The key learning from the report was as follows:

- Plan appropriate messaging and signposting.
- Undertake a review of services (e.g. community advisors, social prescribers).
- Provide access to information about funerals.
- Produce resources in other languages.
- Gather more information from care homes' successes.
- Gather experiences from BAME frontline workers (to work within existing networks).
- Work to identify best practice.

In response to a query on the statement that young people were concerned about being super-spreaders it was reported that this referred to students of secondary age with poor mental health. There was interest in doing more work in this area.

There was a discussion on the impact of the virus on Eastern Europeans in the borough. An Eastern European hub had been set-up in as the community had struggled to find information. There were reports that some communities generally were refusing treatments for other conditions because they were frightened. There were no stories from government about survival rates.

Councillor Butt (Leader, Brent Council) queried the low sample numbers in the report, and asked how HealthWatch had ensured that they contacted the 'hard to reach' in the community. In response it was felt that HealthWatch were confident they had reached out to residents using lots of different platforms. The stories gathered had led to demonstrable change.

RESOLVED: That the report be noted.

7. **Brent's Local Outbreak Plan**

Dr Melanie Smith, Director of Public Health, presented a report on Brent's Local Outbreak Plan. Several key points were highlighted:

- There was a requirement to have specific plans for care homes and schools.
- High-Risk Settings needed to be identified. In Brent all food processing factories had been contacted and visited if required.
- The plan needed to cover testing. The local testing centre in Brent had been a success story, with 30 walk in tests a day being carried out.

It was noted that the number of residents engaging with the national NHS Test and Trace programme could be higher and messaging was needed on the importance of participating in follow up. Although data from the national Test and Trace programme was being received, individual cases were identified to the authority by postcode of residence. The local public health team are reliant on NHS Test and Trace to identify workplace hotspots.

In response to a query from Carolyn Downs it was clarified that an enforced local lockdown would be a last resort. There was also uncertainty about how a lockdown could be limited to a specific local areas.

It was confirmed that the R rate for Brent was currently around one, however, the Board noted that this rate was based on low overall cases and that Brent was ranked 'green' by the Public Health England. Dr Patel queried whether data on outbreaks was shared with Brent CCG. Dr Smith noted that a discussion was shortly due to take place on this matter between health partners in North West London, and Dr Patel would be included in the invitation to participate.

RESOLVED: That the report be noted and the Brent 19 Outbreak Plan (to be known as the Brent Covid 19 Management Plan) be formally agreed by the Board acting in its capacity as the local Outbreak Engagement Board.

8. **Pharmaceutical Needs Assessment update**

Dr Melanie Smith updated the Board on the Pharmaceutical Needs Assessment. The Group welcomed the report that the assessment had been postponed following an amendment to the regulations to allow authorities to defer for a year in the light of COVID 19.

RESOLVED: That the deferment of the Pharmaceutical Needs Assessment be noted.

9. **Any other urgent business**

The Board received an update on recent changes to the provision of health services from Chris Bown, Chief Executive of North West London Healthcare NHS Trust, Simon Crawford, Director of Strategy of North West London Healthcare and Dr MC Patel, Chair of Brent CCG.

The Board heard how the pandemic had disrupted the NHS and it was unlikely to return to normal. The elective care waiting list was the highest it had been in 30 years. Knowledge of how to handle the disease was increasing but there was still more to learn. Communication with the public needed to be improved; around 40% of patients were not presenting. Some services had become more efficient as a result and there were benefits to telephone or video conferences for outpatients.

The peak of the pandemic had come in mid-March to early-April. Critical care was expanded from 20 beds to 58 beds and the number of ventilated beds had increased. Around 1500 staff had been absent at the peak. A GOLD command structure had been set up to coordinate access to PPE, drugs and equipment and had worked well.

95% of patients had begun their care in Northwick Park Hospital before being transferred to Central Middlesex hospital for rehabilitation. Due to a reduction in attendance and the cancellation of elective surgeries, a decision was made to close all beds at Central Middlesex and move all staff to Northwick Park Hospital. The move was temporary and would be re-evaluated. As there was no A&E at Central Middlesex it was felt protecting patient pathways may be easier for the restart of elective surgeries.

Dr MC Patel updated the Board on the changes to the ways primary care services were operating. Following advice from NHSE all patients were required to be triaged remotely before attendance at GP surgeries to prevent cross infections. Access to primary care had been difficult for some in the community and a review would be carried out to assess the full impact. Some services had benefited from the new ways of working, for example dermatology had adapted to provide virtual consultations based on photographs, with specialist advice easy to access. The voluntary sector had worked well with the NHS, providing support for mental health services and delivery of oxygen monitors and prescriptions. A hot hub had been established up for those suspected or confirmed of having COVID, and the staff were continuing to monitor oxygen SATS of those discharged as part of a pilot programme for the Medipad device.

Preparations for a second wave included a review of the placements for discharged patients, the production of actions to minimise BAME deaths and work to tackle the inequalities agenda. Review for the care of shielding residents would be undertaken as this had been a significant resource on the district nursing service. The upcoming high demand for secondary and elective care would need to be managed.

In response to a question from Councillor McLennan regarding access to health services for those in digital poverty it was acknowledged that COVID had increased inequalities in this regard. Carolyn Downs reported that a request from government to make the test centre booking online only had been refused. Some funding was

still available from the government hardship fund and would be used for digital support.

Councillor Johnson queried whether there would be a re-evaluation of the moving of the APMS GP practice at Central Middlesex hospital, and noted there had been no communication or consultation with residents on the issue. Dr Patel reported that there would be a review, and a decision would be made on the basis of whether a suitable method of blocking the practice off from the rest of the hospital was found. A letter had been received from Dawn Butler, MP, expressing concern on the same issue.

Regarding the writing-off of the historical debt for NHS trusts it was reported that this was seen as a technicality that would not affect future deficits.

It was noted that not all Brent residents attended Northwich Park and that Imperial and Royal Free should always be included in the discussion.

In response to a question concerning Willesden Court care home Dr Halai (Brent CCG) reported that care homes were contacted every day and that visits were conducted if needed, but were avoided if possible. Contact was maintained with families to reassure them.

In response to a question from Councillor Long the Chief Executive committed to find out about the progress of street widening programmes in the borough. (ACTION)

As an outcome of the discussion it was AGREED that Dr MC Patel would meet with Julie Pal (HealthWatch) outside of the meeting to discuss how best to disseminate to residents the changes to primary care that the NHS had made locally.

10. **Date of next meeting**

The date of the next meeting was noted to be 20th October 2020

The meeting was declared closed at 20:09

COUNCILLOR FARAH
Chair

Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 20 October 2020
	Report of Community Wellbeing Strategic Director

Health Inequalities - update

Wards Affected:	All- but Church End and Alperton areas in particular
Key or 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:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare Director of Integrated Care, Brent Council Tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To update the board on the setup and progress of the health inequalities programme following the report presented in June, which detailed the disproportionate impact of COVID-19 on BAME communities in Brent.

2.0 Recommendations

2.1 Note and provide comment upon the priorities and setup of the programme, and delivery to date.

2.2 Note and provide comment upon the key themes of the action plan for the priority wards that is being refined by the community champions and wider community over the coming weeks.

2.3 Note the potential synergies between the health inequalities work and other work responding to COVID-19, including enforcement, health services and communications activities.

2.4 Provide comment and endorse a whole system approach under a single programme of work.

3.0 Governance and oversight

3.1 In June 2020, a report detailing the disproportionate impact of COVID-19 on certain communities was presented to the Health and Wellbeing board. The report also outlined possible short, medium and long-term actions to tackle health inequalities.

3.2 Two groups were established to drive this joint work to protect people from COVID-19 and tackle entrenched health inequalities in the short, medium and long-term: Subgroup and Strategic Oversight Group including representatives from Brent Council, NHS Brent CCG (Clinical Commissioning Group), Central and North West London NHS Foundation Trust (CNWL) and London North West University Healthcare NHS Trust (LNWUHT). Going forward, the Subgroup will be reorganised to create a Steering Group and Reference Group.

3.3 The Subgroup is currently meeting on a weekly basis for the following purposes:

- Oversee and drive the operational delivery of the borough wide and hyperlocal action plans.
- Identify any blockages to individual organisations or to Strategic Oversight Group as appropriate.
- Ensure there are strong links with the core work of representative organisations and the local community.

3.4 The Strategic Oversight Group is currently meeting on a monthly basis with strategic and executive input, for the following purposes:

- Provide direction in light of the decisions of the Health and Wellbeing Board.
- Unblock any issues that the subgroup are unable to tackle.
- Provide oversight and challenge to ensure progress.

3.5 The disproportionate impact of COVID-19 reflects entrenched structural inequalities within society which will not be remedied in the short-term and over which the council and the NHS have limited influence. However, there are actions that the council and the NHS can and have taken. Therefore, the work is taking a short and long-term approach. Action is focussing on mitigating the impact of COVID-19 in the short-term, and tackling entrenched health inequalities in the long-term.

3.6 The work is taking both a hyperlocal and borough wide approach.

- The hyperlocal approach is targeting areas most impacted by COVID-19, initially focussing on Church End and Alperton where death rates were high. A fluid approach is being taken so that additional areas most impacted by COVID-19 can be targeted in the future, and be informed by learnings from the initial target areas.
- The borough wide approach entails core interventions for Brent such communications and enforcement.

3.7 This work is seeking to achieve a range of outcomes including:

- Reduce people's exposure to Covid-19 in the short-term by changing the behaviour of people, households and businesses.
- Reduce susceptibility/increase resilience by:
    - Increase uptake of preventative services in the short-term (flu vaccinations and health screenings).
    - Improve control and management of specific health outcomes in the medium and long-term (diabetes, hypertension, obesity, mental health and cardiovascular disease).
    - Raise health knowledge and self-care in the long-term.
- Increase access to health services in the short and long-term.

3.8 Two separate meetings with the Church End and Alperton communities has helped steer the direction of the hyperlocal approach. An initial group of health and wellbeing community champions have been recruited and inducted, and are being engaged with through direct calls and fortnightly meetings to refine the hyperlocal action plan. The action plan will include shared and targeted actions for Alperton and Church End. A community champions pack has been arranged for champions to collect, which includes masks, small hand gel bottles, translated leaflets (hand, face and space + rule of 6 and the simple coronavirus guide) and materials provided to businesses. A video of community champions explaining key COVID-19 messages and the aim of this work, in their own words, is being created to be shared across communication channels.

4.0 Local delivery and action plans

4.1 In line with the recommendations of the PHE report 'Beyond the Data: Understanding the Impact of COVID-19 on BAME communities', the Subgroup agreed that the voice of the communities most affected must inform action to improve outcomes in target areas. For this reason, community engagement is forming the basis of the hyperlocal approach.

4.2 In September 2020, leaders from Brent Council, Brent CCG, CNWL and LNWUHT joined open virtual meetings with the Alperton and Church End communities. Attendees included people from faith, voluntary, community organisations, and the wider community. Leaders listened to the views of the community to help understand how COVID-19 affected local residents, what could have been improved to better protect people from COVID-19, what can be done differently to protect people from COVID-19 and reduce health inequalities in the long-term. Both communities conveyed their views on a range of issues, which have been used to form the basis of a hyperlocal action plan.

4.3 Common themes raised by both communities included the need to:

- Reinforce COVID-19 messaging on;
    - Availability of tests to ensure testing reflects the local demography
    - Encouraging self-isolation
    - Raising awareness of support for those self-isolating

- Community engagement with those who have lost loved ones, and group most affected by COVID-19.
- Promote self-care and management of long-term conditions
- Access to GPs by supporting people access online services, promote availability of digital support and face-to-face appointments.

4.4 The Church End community raised the following themes specific to the local area:

- Reinforce COVID-19 messaging for young people and people on Church road.
- The need to address wider determinants of health;
    - Raise COVID-19 knowledge of private rented sector landlords to raise standards of hygiene.
    - Invest in Church road community, environment and mental health support.
    - Invest in young people by raising prospects, education, mentoring and networks.
- Social isolation;
    - Ensure there is a consistent standard of engaging with isolated people.
    - Replicate provision of tea, coffee and chat sessions (St Mary's church) and expand to wider community.
    - Helpline to identify needs beyond basic needs.
    - Empower locals to share advice/info or signpost to support services.

4.5 The Alperton community raised the following themes specific to the local area:

- Reinforce COVID-19 messaging, specifically targeting Ealing road, Wembley high road and high street shops. Local GPs, Asian radio and places of worship are effective channels to spread messages.
- Enforce COVID-19 guidelines across all high street shops.
- Engagement with big businesses and factories to ensure people work in safe conditions.
- The need to address wider determinants of health;
    - Engage with the Deen community and other communities most impacted by COVID-19 to understand entrenched inequality.
    - Protect people living in overcrowded housing.

4.6 In addition, the views of the community reflected the need to work with people who have strong links with locals and a good understanding of the communities to develop and deliver the hyperlocal action plan. Invitees of the community meeting and the wider community were asked to become a health and wellbeing community champion. Ten community champions have been recruited so far with representation from both areas. Recruitment will continue with a maximum of ten community champions per area.

4.7 To recognise the time commitment and responsibilities required to support the delivery of the hyperlocal action plan, several community champions will be progressed to paid Community Health Educator positions. Training will be offered for both roles to provide development opportunities.

4.8 In the initial meetings with the communities, attendees were encouraged to become community champions, to which people came forward for. Therefore, in early October, leads from Brent Council, Brent CCG, CNWL and LNWUHT provided an induction for the community champions and additional people interested in becoming a champion. The community champions' views strongly aligned with the key themes of the hyperlocal action plan. The champions are on board to work with partners to achieve positive outcomes for their communities, making recommendations and actions for priority themes including:

- Face-to-face and informal communication via community champions to channel core COVID-19 messages to wider community.
- Adapt messaging for non-English speaking residents.
- Consistent standard of messaging across Wembley road and Ealing high road shops.
- Address young people's mental health.
- Link with Black History month.
- Role of places of worships and benefits of places working together.
- Address social isolation by replicating coffee and chat sessions.
- Protect people living in overcrowded housing.

4.9 Key partners will join community champions on a fortnightly basis to finalise the hyperlocal action plan and drive the delivery of the action plan. Key partners and community champions will meet the wider community on a monthly basis to enable the wider community to help drive the work. The community forum meetings could also be a useful platform to engage and listen to certain community groups most affected.

5.0 Alignment with wider programme of work

5.1 The health inequalities Subgroup recognise that there are other responses to COVID-19, therefore the health inequalities programme is looking to align all the responses together. This includes:

- New health service – a multidisciplinary team of health professionals with condition specific expertise will be formed to provide capacity, case management and to link residents with existing health services. The service will focus on people with diabetes types 1 and 2, cardiovascular conditions, low level mental health conditions (anxiety/depression), obesity, asthma, chronic obstructive pulmonary disease and post-COVID effects (e.g. breathlessness, joint pain, chest pain and chronic fatigue). This team will adapt to suit the needs of the

community and will initially deliver for Church End and Alperton residents.

- Enforcement – councils have been given new powers of enforcement where there is non-compliance of COVID-19 rules. Over 30 COVID community advisers were deployed for the '3 days of action' in early October which targeted Church End, Harlesden town centre and Ealing road to encourage behaviour change. Regulatory service leads will engage with community champions to explore effective enforcement approaches to target Church End and Alperton in the future, including options to link community champions with COVID community advisers.
- Brent Council and Brent CCG Communications – the Brent council communications team have and are producing a range of key COVID-19 messages for people and businesses including the simple coronavirus guide, the hands, face and space + rule of 6 poster, and materials for businesses. Brent CCG are producing messaging to encourage people to access primary care. Community champions can play a crucial role in translating, adapting and sharing key messaging to communities to encourage behaviour change. Methods of communication will include a video, Brent magazine feature, face-to-face, mailing lists and WhatsApp groups.
- Digital inclusion pilot – address digital exclusion that has been limiting access to GPs focussing on Church End and Alperton. The pilot will seek to; raise digital upskilling and confidence, awareness of the availability of online and phone services and the availability of the Resident Support Fund.
- Volunteering – Helpforce is leading a NWL Brent volunteering pilot project that seeks to improve low-level mental health outcomes (such as depression and anxiety) across Church End and Alperton. Helpforce will engage with community champions to scope activities that will help achieve this.

5.2 A new governance will help align all responses. A Health Inequalities Steering group and Reference Group will be formed. A Communications and engagement task and finish group and Health service task and finish group will operate to feed into the Steering Group.

5.3 The Steering Group will meet on a weekly basis to:

- Oversee and drive the operational delivery of the borough wide and hyperlocal action plans.
- Identify any blockages to individual organisations or to Strategic Oversight Group as appropriate.
- Ensure there are strong links with the core work of representative organisations and the local community.

5.4 The Reference Group will meet on a fortnightly basis to:

- Inform wider stakeholders of the work's progress
- Ensure wider stakeholders help shape the work

6.0 Taking a single programme approach

6.1 The work is taking a single programme approach to align all workstreams with common priorities. This ensures the Council and NHS work together resourcefully to achieve the overarching aim of protecting people from COVID-19 and tackling entrenched heath inequalities.

7.0 Financial implications

7.1 All resources aligned from existing programmes, with additional £0.8m funding being provided from NWL CCGs for the development of the health service in 2020/21

8.0 Legal Implications

8.1 None

9.0 Equality Implications

9.1 The hyperlocal approach will target areas with known inequalities.

9.2 The hyperlocal approach will support the council's public sector equality duty in relation to advancing equality of opportunity between different groups. Engaging with community champions and the wider community across Church End and Alperton may create targeted actions that will improve outcomes for groups with certain protected characteristics such as age, race and disability.

10.0 Consultation with Ward Members and Stakeholders

10.1 The Leader of the Council, Deputy Leader of the Council, ward members and lead members were briefed prior to the initial meetings with the Church End and Alperton communities. Lead and ward members joined the initial community meetings to listen and engage with the community to understand their views.

10.2 The Leader of the Council directly followed up with invitees of the initial meetings to promote the community champions opportunity. Several ward members promoted the community champions role to residents to support the recruitment process.

10.3 Lead members have been updated on the recruitment of community champions. The Lead Member for Public Health, Culture & Leisure would like to join the fortnightly meetings with community champions when available.

11.0 Human Resources/Property Implications (if appropriate)

11.1 None.

Report sign off:

Phil Porter/Melanie Smith
STRATEGIC DIRECTOR COMMUNITY WELLBEING / DIRECTOR OF PUBLIC HEALTH, BRENT COUNCIL

Sheik Auladin
MANAGING DIRECTOR, BRENT CCG

Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 20 October 2020
	Report of the Strategic Director of Community Wellbeing

Brent's Joint Health and Wellbeing Strategy: a long term response

Wards Affected:	All
Key or 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:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Meenara Islam Strategic Partnerships Manager Meenara.islam@brent.gov.uk

1.0 Purpose of the Report

At its meeting in July 2019, the Health and Wellbeing Board agreed to refresh Brent's Joint Health and Wellbeing Strategy, following the publication of the JSNA in January 2020. However, work to refresh the strategy was paused while partners responded to the Covid-19 pandemic. This paper now proposes a re-write of the strategy given the seismic global and local changes.

2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

- agree for a new joint health and wellbeing strategy to be produced in light of recent events instead of refreshing the current strategy
- discuss and consider the points highlighted at paragraph 3.6
- agree to the proposed process and timeline set out in paragraph 3.7.

3.0 Detail

Background

3.1 The Covid-19 pandemic sharply highlighted underlying health inequalities faced by some communities in the country and in Brent, resulting in higher

than average mortality rates amongst older people, men, those living in deprived areas, of BAME heritage, who are obese or who are living with underlying health conditions. Possible reasons for the disproportionate impact of Covid-19 on BAME communities include increased exposure to the virus as a result of working in front line occupations, in overcrowded accommodation or by a reliance on public transport; increased susceptibility to severe disease; access to and confidence in using health care services.

3.2 The analysis presented to the June Health and Wellbeing Board meeting on the disproportionate impact of Covid-19 in Brent[1], highlighted the link between deprivation and mortality rates – deprivation measures include the well-known wider determinants of health and wellbeing such as income levels, occupation, housing and education.

3.3 In parallel, the Black Lives Matter Movement gained greater global momentum than ever before following the police killing of George Floyd in the US. The movement further highlighted racial inequalities at the same time that Covid-19 was demonstrating the impact of health inequalities on BAME communities. There is now a renewed global and national focus on taking proactive and decisive actions to reduce inequalities. Locally, Brent Council responded swiftly by convening community meetings over the summer and subsequently co-produced a focused ten-point Brent Black Community Action Plan with the community to tackle structural inequalities. A significant area for action is health inequalities, which the future joint health and wellbeing strategy will be required to support and deliver.

3.4 Throughout the summer, the council and health partners focused on targeting testing capacity in Harlesden through a hyperlocal test centre and ramped up culturally competent communications campaigns with the community. Following the last Health and Wellbeing Board meeting in June an Inequalities Working Subgroup of the Board and a Strategic Oversight Group was formed to drive work to reduce health inequalities in the short, medium and long-term. Work is taking place on borough wide and hyperlocal level actions, with Church End and Alperton being initially the focus of targeted interventions (please see item 5 on the agenda for more details). Community dialogues with residents and the impending roll out of Community Champions have been notable milestones.

A joint long-term response

3.5 There is an opportunity to shape the strategic response of the council, health and partners to health and wellbeing through a re-writing of the joint health and wellbeing strategy. A new strategy could focus on taking a whole-systems approach to addressing the structural health inequalities that exist in our communities.

3.6 The Health and Wellbeing Board is asked to:

- provide a steer on the scope of the strategy

[1] http://democracy.brent.gov.uk/documents/s99446/5.%20The%20Disproportionate%20Impact%20of%20COVID-19%20on%20BAME%20Communities%20in%20Brent.pdf

- consider which partners should be included outside of the current Health and Wellbeing Board membership
- consider which other areas of work and strategies should inform and be informed by the new health and wellbeing strategy (e.g. Brent Borough Plan and the emerging North West London work)
- agree to focus on tackling health inequalities in the long term and discuss specific areas that will require concerted action with partners
- discuss how the strategy development can be led by the community voice. Experiences with responding to the Black Lives Matter movement and the pandemic demonstrated that the community welcome dialogue with statutory agencies such as the council, meetings and conversations can be set up relatively quickly and actions to tackle community level issues need to be co-produced with local people for maximum buy-in
- agree how to jointly resource the development of the strategy.

3.7 A potential process and timeline is set out for the Board's consideration:

Nomination of senior accountable sponsors and lead officers	October – November 2020
Convene community conversations	November 2020 - January 2021
Undertaking engagement with board members and key local organisations	January - February 2021
Running a formal public consultation	February - May 2021
Drafting and securing agreement on a document which meets the requirements of the HWB and key partners	May – July 2021
Taking the new strategy through the governance processes of both the CCG and Council following HWB approval	July - September 2021
Publication and dissemination	September 2021
Producing an agreed partnership action plan, which will require ongoing monitoring and updating.	September 2021

Resourcing and oversight of the strategy development

3.8 The development of the strategy will require officer time, potentially up to two officers working on it throughout the year in addition to their day jobs. To ensure that a wide range of partners are involved in the content it would be advisable for the Health and Wellbeing Board to consider setting up a cross organisational sub-group to drive and oversee the development of the strategy and updating the Board on progress and seeking eventual sign off.

4.0 Financial Implications

4.1 There are resource implications for both Brent Council and Brent NHS CCG in terms of officer time and funding of engagement work with the public. The latter is unlikely to be significant and can depend on getting support from partners in kind. Following the HWB's decision a detailed costing can be developed.

5.0 Legal Implications

5.1 The duty in respect of Joint Health and Wellbeing Strategies (JHWSs) is set out in s116Aof the Local Government and Public Involvement in Health Act 2007, as amended. In addition, the Health and Social Care Act 2012 places a duty on local authorities and Clinical Commissioning Groups (CCG) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA); and pursuant to the Care Act 2014, the Council has a duty to ensure a clear framework is developed to meet its wellbeing and prevention obligations under the Care Act.

5.2 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Statutory Guidance) 2013 states "*Health and Wellbeing boards will need to decide for themselves when to update or refresh JSNA's and JHWS's or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however, boards will need to assure themselves that their evidence-based priorities are up to date to inform the local commissioning plans*".

5.3 In preparing JHWSs and JSNAs, Health and Wellbeing Boards must have regard to the guidance issued by the Secretary of State, and as such boards have to be able to justify departing from it.

6.0 Equality Implications

6.1 Health and Wellbeing Boards must also meet the Public Sector Equality Duty under the Equality Act 2010. S149 of the Equality Act 2019 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:

a) eliminate discrimination, harassment and victimisation
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

6.3 The Statutory Guidance states "*this is not just about how the community is involved but includes consideration of the experiences and the needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNA's) and the effects decisions have, or are likely to have on their health and wellbeing*".

Report sign off:

Phil Porter

Strategic Director, Community Wellbeing

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 20 October 2020
	Report from the Chair of Brent Children's Trust

Brent Children's Trust update October 2019 – September 2020

Wards Affected:	All
Key or 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:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Gail Tolley Strategic Director Children and Young People, Brent Council Gail.Tolley@brent.gov.uk Wendy Proctor Strategic Partnerships Lead for Safeguarding Children and Young People, Brent Council Wendy.Proctor@brent.gov.uk

1.0 Purpose of the Report

1.1. The Brent Children's Trust (BCT) is a strategic partnership body made up of commissioners and key partners. The primary functions of the BCT include commissioning, joint planning and collaborative working to ensure that resources are allocated and utilised to deliver maximum benefits for children and young people in Brent.

1.2. The BCT reports to the Brent Health and Wellbeing Board (HWB) and provides the HWB with an annual priorities report at the start of each municipal year plus one additional six monthly update report per year.

1.3. The most recent report was presented to the HWB in October 2019.

1.4. Due to the impact of the COVID-19 Pandemic, the BCT was not required to provide a report in April 2020, therefore this paper provides an update of the BCT work programme covering the period between October 2019 and September 2020.

2.0 Recommendation

2.1. The Health and Wellbeing Board is asked to note the work of the Brent Children's Trust for the period October 2019 to September 2020.

3.0 Detail

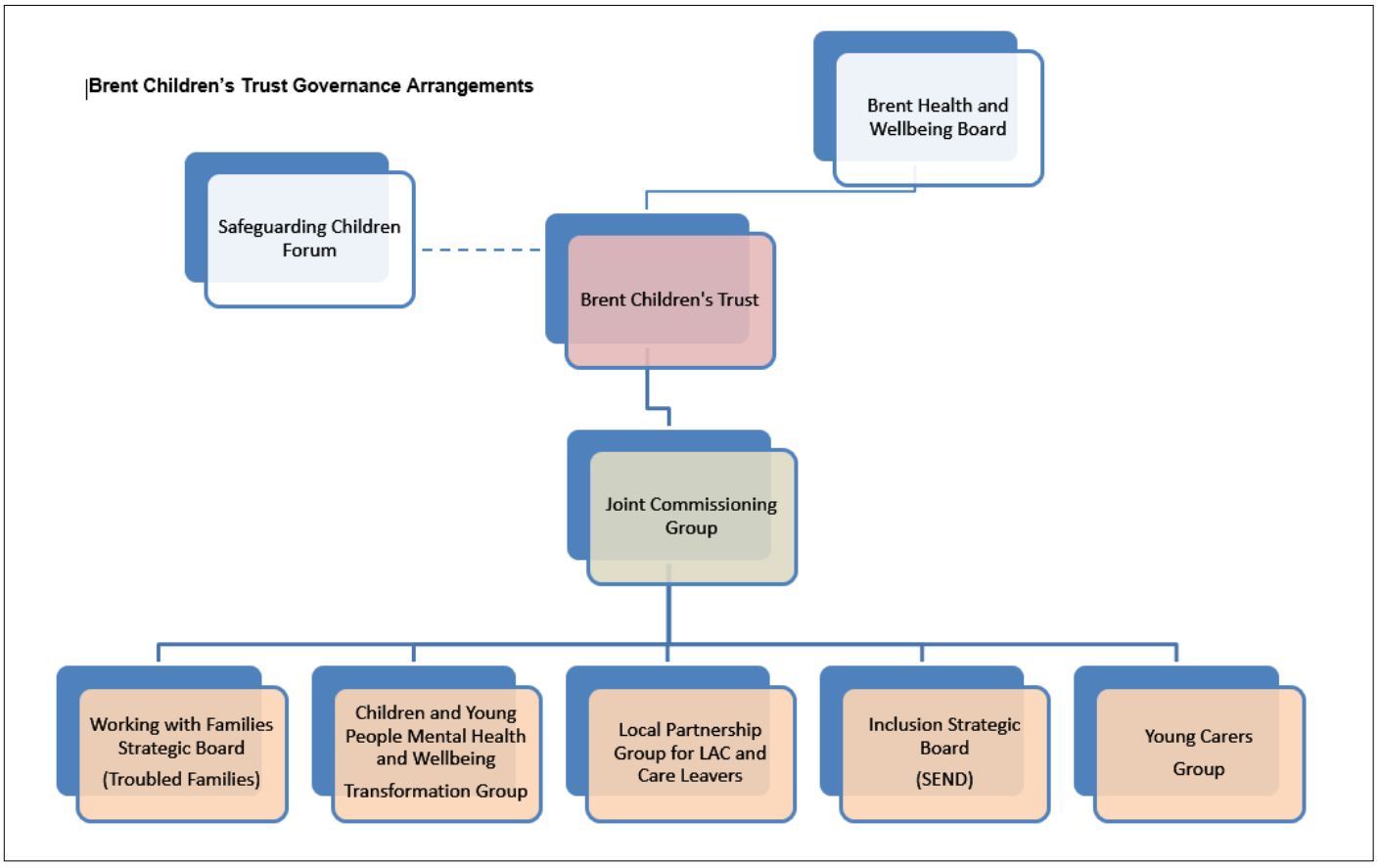
3.1. The BCT meets every two months to review progress of its work programme and address emerging local and national issues. Between October 2019 and September 2020 the BCT met six times on 19 November 2019, 14 January 2020, 10 March 2020, 12 May 2020, 14 July 2020 and 22 September 2020.

3.2. The BCT, through its Joint Commissioning Group (JCG), oversees five groups tasked with implementing specific priorities across the partnership. These five groups are:

- Children and Young People's Mental Health and Wellbeing
- Local Partnership Group LAC and Care Leavers
- Inclusion Strategic Board/Children and Young People with SEND
- Working with Families Strategic Board
- Young Carers Group

3.3. The BCT receives updates from the JCG and each of the five transformation groups as part of a standing item at every meeting.

3.4. The diagram below illustrates the current BCT governance structure.



3.5. The BCT, JCG and the transformation groups have consistent attendance with representation from Brent Council and Brent Clinical Commissioning Group (CCG). Other key stakeholders also attend the JCG which includes three school head teachers who have been active members since September 2017.

3.6. In November 2019, the BCT carried out an annual review of its Terms of Reference and agreed a planned schedule of activity for the next 12 months. This included the following priority areas of focus;

- SEND
- Children and Young People's Mental Health and Wellbeing
- 0-25 Service - Children with Disabilities
- Transitional safeguarding between children and adult services
- Early Help and Family Wellbeing Centres

3.7. In May 2020, the BCT also identified an additional priority area of focus arising from the COVID-19 Pandemic. This area considered the BCT partnership's response to the pandemic as well as recovery planning and any preparation for further outbreaks.

3.8. Between October 2019 to September 2020 the BCT examined five main strategic themes:

1) Transitional Safeguarding
2) Learning points for BCT on inspection outcomes (2019)
3) COVID-19 Brent Children's Trust partnership response
4) COVID-19 Brent Children's Trust recovery planning
5) Preparation for possible Ofsted/CQC SEND visit Autumn 2020

Transitional Safeguarding

3.9. The BCT, with the support of the Brent Safeguarding Adults Board and the then Brent Local Safeguarding Children Board, held a facilitated multi-agency workshop for multi-agency partners to begin exploring this topic in Brent on 7 November 2019.

3.10. The workshop was facilitated by Dez Holmes, Director of Research in Practice and it was attended by a number of senior and strategic leads from Brent Council (including Children and Young People and Community Wellbeing), Health Sector partners and Education.

3.11. Gail Tolley, Strategic Director Children and Young People, Statutory Director of Children's Services and Chair of Brent Children's Trust, introduced the workshop and set the context for the event drawing upon the complexities previously highlighted by the BCT in May 2019.

3.12. Dez Holmes delivered an engaging presentation that challenged current practice and encouraged critical thinking and discussion about transitions in the widest sense. The presentation also highlighted the fragmentation of services and the differences that exist between the safeguarding children system and safeguarding adults system.

3.13. The BCT reflected on the workshop in November 2019 and commissioned a desktop audit focussing on a number of professional decision making forums and panels in Brent to help inform next steps in developing Brent's transitional safeguarding approach. This audit was undertaken in January and February 2020.

3.14. The BCT revisited transitions and transitional safeguarding on 10 March 2020 where it was recognised that Brent has strong foundations in place to support a transitional systems approach through:

- The Brent Practice Framework
- The development of an Integrated Disabled Children and Young People Service 0-25
- Support for Looked After Children and Care Leavers
- Operational protocols between services
- Supporting Inclusive Schools Programme

3.15. In response to the audit findings, the following next steps were identified:

- Further review of decision making panels, with consideration of the consolidation of the Violence and Vulnerability Programme Panel and the Vulnerable Adolescents Panel, as part of the developing contextual safeguarding approach.
- The Brent Practice Framework is refreshed to include learning from best practice and research regarding Transitional Safeguarding, including national learning from Adult Social Care and the Brent Community Wellbeing Department.
- Shared practice development and shared training between CYP and CWB in particular reviewing of the learning opportunities through Brent's partnership safeguarding arrangements (Children & Adults).
- A continued focus on integrated service commissioning and service design with CYP, CCG, Community Protection and Community Wellbeing.
- Active consideration of the practice changes needed to deliver Liberty Protection Safeguards, informed by the Code of Practice (when published).
- Multi agency audit across CYP, Community Protection, CWB, Police and health partners should be undertaken to confirm effective practice and to test impact of current arrangements and panels.

Learning points for BCT on inspection outcomes (2019)

3.16. The BCT reflected upon partnership learning points from the outcomes from both the Her Majesty's Inspectorate of Probation (HMIP) inspection of Brent Youth Offending Service in August 2019 and the Inspecting Local Authority Children's Services (ILACS) focused visit on care leavers in November 2019 (final reports published on 18 December 2019).

3.17. The BCT were pleased to hear that inspectors had recognised the strong partnership working in Brent and were assured that action had already been undertaken to address the areas identified for improvement from both inspections.

3.18. It was also recognised that Brent could possibly be the only London Borough inspected in YOS, ILACS, SEND and SEND revisit that had been considered 'good' across the board.

COVID-19 Brent Children's Trust partnership response

3.19. The BCT's first virtual meeting took place on 12 May 2020 following the COVID-19 Pandemic UK lockdown restrictions imposed on 23 March 2020.

3.20. The BCT praised the achievements of CCG colleagues in responding to COVID-19 whilst also recognising the preparatory work being undertaken for potential further waves later in the year.

3.21. The BCT also recognised and supported the huge amount of focussed work undertaken in preparing for the phased wider return of children back to schools and early years settings from 1 June 2020.

3.22. The BCT expressed concern that since the lockdown, GPs had seen fewer children and it was thought that this decline could be due to parents and carers being scared of contracting COVID-19. It was also considered that parents and carers may not be aware that GP services were still open and accessible. The Trust agreed that they would support the CCG to raise awareness with parents and carers that support was still available and parents could still access surgeries for immunisations, consultations and advice.

3.23. The BCT were assured that support was being given to parents and children around trauma and bereavement experienced as a result of COVID-19.

3.24. The partnership response in Brent during the lockdown period had meant the Trust remained in a strong position to address challenges whilst moving towards the recovery process.

COVID-19 Brent Children's Trust recovery planning

3.25. In May 2020, the BCT agreed that partnership recovery planning would remain a priority focus area and expressed support to three main recovery areas of focus identified by Brent Council; child mental health, domestic abuse and poverty.

3.26. The North West London CCG COVID-19 response for mental health, learning disabilities and autism was considered by the BCT as part of a phase 2

response to the pandemic looking at restoration of services. The Trust recommended that the Local Authority be involved in the governance and approval arrangements of this plan.

3.27. The trailblazing pilot for mental health services in schools, recently agreed to be led by CNWL NHS Trust in Brent, is planned to begin in November 2020. The BCT agreed that Brent CYP department will support the collaboration with schools to progress this pilot.

3.28. The BCT acknowledged the excellent work that had taken place due to the flexibility of a multiagency workforce, with London as a whole being in a strong position nationally providing children's mental health services. It was agreed that the Joint Commissioning Group would:

- Further investigate how coordinated services were for children's emotional health and wellbeing in Brent.
- Consider what partnership action could be taken to develop a deeper understanding of young people's concerns.
- Consider how best to utilise the successful bid for the mental health in schools pilot as a vehicle to bring services together.

Preparation for possible Ofsted and CQC SEND visit - autumn 2020

3.29. Following the suspension of routine Ofsted inspections due to the COVID-19 pandemic on 17 March 2020, Ofsted announced a phased return to inspection, including a series of 'interim visits' to local areas from autumn 2020.

3.30. An operational note setting out the approach to be taken with these interim visits was published on Friday 9 September 2020. The note sets out that the aim of these visits is to understand the impact of the pandemic on children and young people with SEND as well as the services they rely on.

3.31. Ofsted and CQC will share the learning from visits in national reports with the aim of promoting whole-system improvement. Interim reports will be published during the period of the visits, with a final national report likely to be published in spring 2021. These reports will keep the participating local areas anonymous.

3.32. During the September meeting, the BCT considered the priority actions to ensure preparedness for these visits across all relevant partnership services.

3.33. The BCT supported the local authority and the CCG to demonstrate leadership in preparing for a possible visit in Brent.

Other BCT work programme activity

3.34. During this period, the BCT's work programme also covered the following areas:

Family Wellbeing Centres

3.35. In January 2020, the BCT received an update on the progress of the development of Family Wellbeing Centres in Brent and provided guidance on engaging partners in the process.

3.36. The BCT recommended that:

- Brent CCG and heath service providers (including LNWHUT, CNWL and CLCH NHS Trusts) should be more involved in the development of the Family Wellbeing Centres.
- The project would be discussed at the CCG's locality GP meetings to ensure that the practices around the borough are kept informed of the changes.
- Further consideration should be given to how Family Wellbeing Centres link into the existing CCG primary care network to avoid duplication of services.
- Consideration could be given to utilising existing health service buildings should there be a gap in the distance between the new sites.

3.37. In July 2020, the BCT received an update that due to the COVID-19 pandemic lockdown the planned launch date for the Family Wellbeing Centres scheduled for September 2020 had been delayed.

3.38. It is expected that Brent Family Wellbeing Centres would be ready to be opened from December 2020.

3.39. In September 2020 the BCT ratified the draft Governance, Management and Partnership Plan for Brent Family Wellbeing Centres.

3.40. The BCT continues to remain sighted on the progress of the development of Family Wellbeing Centres in Brent and the next update to the Trust will focus on the opening arrangements and final design elements.

Special Educational Needs and Disabilities (SEND) 6 months progress report

3.41. In July 2020, the BCT provided direction and endorsed progress made against the priorities within the SEND strategy from January to July 2020. The priorities had been set in September 2019 and it was agreed that they would be revised in light of the COVID pandemic.

3.42. The BCT was encouraged to hear from the Brent Safeguarding Forum Independent Convener that relevant lessons have been identified from recent Brent safeguarding children rapid reviews specifically involving children and young people with SEND. The BCT suggested that these lessons are shared with the Inclusion Board to inform the revision of the SEND strategy priorities.

3.43. The BCT agreed that the Brent Safeguarding Partners Annual Report focussing on rapid review activity would be shared with the Trust to ensure that lessons learned can be shared and work to address the lessons is not duplicated.

3.44. It was also recommended that when the SEND strategy is revised, safeguarding input would be included.

Integrated 0-25 Children and Young People with Disabilities service

3.45. Following from the progress updates in January 2019 and May 2019 the BCT received a further update regarding the development of an Integrated Disabled Children and Young People 0-25 Service in January 2020.

3.46. To achieve the vision of a fully integrated service, a 2-phase process of project development was agreed. Phase 1 focused on developments within the Brent CYP department and has been completed. The previously separate services made up of the 0-13 CWD team, the Transitions team (within Adults Social Care) and the Ade Adepitan Short Break Centre were brought together into one service area and placed under a permanently appointed service manager from January 2019.

3.47. The BCT continues to support the progress of Phase 2 of the project and encouraged the development of greater integration with health partners during this phase.

Young Carers

3.48. The BCT maintains oversight of the work of its Young Carers transformation group (Young Carers Champions) and the joint work of the statutory and voluntary sector providers in delivering an integrated approach to supporting Young Carers and strengthening their rights.

3.49. In September 2020, the BCT received an annual update on the progress of the Young Carers (YC) Champions Group and activity to support Young Carers during the 2019-20 financial year.

3.50. The BCT recognised the positive progress on identifying and supporting increasing numbers of young carers in Brent.

Changes to the Working with Families Strategic Board

3.51. The BCT agreed that from 29 September 2020 the Working with Families Strategic Board would merge with the existing Early Help Task and Finish Group to create a new Early Help and Prevention Group.

3.52. The Early Help and Prevention Group will combine the memberships of the previous groups including representatives from Brent Council (CYP, Public Health, Community Safety, Employment and Skills and Transformation), NWLCCG, Police and Young Brent Foundation.

3.53. The group would retain the core purposes of the previous groups (including ensuring the success of the Troubled Families programme and developing, coordinating and promoting the borough's Early Help offer) along with a new work plan that focuses on looking beyond the end of the Troubled Families programme to develop what comes next.

3.54. The BCT governance structure will be updated to reflect these agreed changes in November 2020.

4.0 Financial Implications

4.1 There are no financial implications as a result of this update report.

5.0 Legal Implications

5.1 There are no legal implications as a result of this update report.

6.0 Equality Implications

6.1 There are no equality implications as a result of this update report.

7.0 Consultation with Ward Members and Stakeholders

7.1 Brent Council and Brent CCG are members of the BCT and its sub groups and have contributed to this report.

8.0 Human Resources/Property Implications (if appropriate)

8.1 There are no Human Resources/Property implications as a result of this update report.

Report sign off:

Gail Tolley
Strategic Director Children and Young People

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 20 October 2020
	Report from the Director of Integrated Care

Health and Care Transformation Programme Update

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:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare Director of Integrated Care, Brent Council Tom.Shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To provide a progress report on key activities of the joint Health and Care Transformation programme

2.0 Recommendation(s)

2.1 To note progress against the plan agreed in 2019/20 and provide strategic steer and advice to support the delivery of the updated priorities and approach

3.0 Background

3.1 In October 2019 the Board received a full progress report on the programme of work that was agreed the March 2019. The full breakdown of priority areas that were agreed were::

- A patient centred older people's care pathway, reducing delays in hospital discharge and improving patient experience
- A joint commissioning and brokerage function for nursing, residential and home care, reducing delays and duplication and creating a catalyst for the development of a fully integrated care system.
- A joint market management approach, including support to care home networks and training and development support.

- Self care, with a focus on connections between social prescribing link workers and the council and wider statutory services
- Technology enabled care strategy, to improve access to new equipment to support people to remain independent and at home
- Integrated care partnership, with a focus on supporting people at 'rising risk' in the community, and setting the groundwork for further integration

3.2 This was followed by a detailed update on the work with care homes to the Board in January 2020.

3.3 It was subsequently agreed at the Health and Care Transformation Board that the work to bring the provision of reablement support back into council control would sit with this programme, given the critical synergies between rehabilitation and reablement across both health and social care service users.

3.4 During the first wave of Covid 19 in Brent, the Health and Care Transformation Team were re-deployed to support operational priorities, in particular support to care homes to help to mitigate and manage any outbreaks, as well as establishing the monthly care home forum as a weekly forum. This provided an invaluable opportunity for care homes to learn from others, and ensure they were up to speed with the latest advice and guidance

3.5 As a result of this, a number of the deliverables slipped against the planned timescales. At the same time changes in the national, regional and local arrangements that were put in place during this period have had a material impact on the programme and the priority areas. The notable contextual changes are:

- The establishment of a single Hub at Northwick Park to manage all hospital discharges on behalf of Brent and Harrow patients
- National guidance that NHS partners should manage all discharges and placements from hospital into nursing homes, with funding to be provided through NHS funding steams (subject to agreement at London level)
- The realignment of services at London North West NHS Trust to provide 'hot' and 'cold' sites, resulting in 35 general rehabilitation beds at Central Middlesex hospital needing to be reprocured outside of the hospital setting
- Outbreaks of Covid-19 across care homes in Brent, requiring careful management and infection control procedures within care home settings, including additional government funding to support this, as well as support to limit physical interactions of services and staff within care home settings, requiring new ways of working to address shared priorities
- Funding pressures across the system, resulting in a decision by Members to pause work to bring reablement provision back under council control, whilst looking at alternative approaches
- The disproportionate impact of Covid-19 on different communities in Brent, and the need for a joined up approach to health inequalities to

address underlying causes

4.0 Programme update

4.1 The focus of the programme has changed in response to this changing landscape and priorities of the system. The key additions and changes to the programme, as well as the existing areas of work are set out below

4.2 Care home quality and support

4.2.1 In response to the increasing prevalence of Covid-19 within care home settings, the Health and Care Transformation Team shifted its focus to working with the system in the following ways:

- Establishing a weekly care home forum (from monthly), to provide peer support, advice and guidance to homes as well as an opportunity for homes to raise any risks or issues directly to senior representatives from across the system
- Working closely with ASC commissioning team and the local NHS Enhanced care home, CCG, public health and NW London teams to provide daily points of contact and to support responses to any issues, and rollout of PPE, testing and infection control training and general support
- In one instance, where there were serious leadership as well as quality and safeguarding concerns, arrangements were made to move residents to other care home settings, helping to ensure that there was no reduction in the quality of care received

4.2.2 The impact of this support during the first wave of Covid-19 shows a positive impact for Brent. In particular:

- A relatively low infection and death rate within care homes, relative to the overall case numbers for the borough, as compared to other London boroughs
- A short survey of care home managers following the first wave showed a unanimously positive response to Brent Council and the health and care transformation team. In particular, the extent and speed of PPE distribution, the weekly care home forum meetings, training and responsiveness of staff to live issues

4.2.3 Following the first wave, the support to care homes was adjusted to reflect the new landscape. The key changes were as follows:

- Following the resignation of Mark Bird as the Care Home Forum Chair, a new Chair was appointed. Basu Lamichhane, Manager at Victoria Care Centre took on the post in August, and will replace Mark Bird as the care home representative on the Health and Wellbeing Board
- Following a concerted push to get all homes signed up to NHS Mail, a new video consultation platform was procured and tablets have begun to be distributed to care homes to enable NHS and social care consultations to take place remotely
- Training for care homes has continued throughout the first wave, but

has now been broadened from infection control to a range of other themes, as prioritized by care home managers

- In response to the quality and safeguarding concerns during the first wave, the Forum have agreed to piloting a new approach to improving quality ensuring that more homes within Brent are CQC rated as either Good or Outstanding. This will be a peer led approach, with a registered manager supporting 6-12 homes directly. The post has now been appointed and will start on 9 November.
- The development of a new Enhanced Health in Care Homes Service through the new GP contract (Direct Enhanced Service – DES). This will rollout the existing service provided to 11 older people's care home in Brent to all homes, including learning difficulties and mental health
- Operational support is still being provided in response to Covid-19, in particular support to complete Capacity Tracker and monitoring testing take up

4.3 Hospital discharge Hub

4.3.1 Prior to March 2020, there was an extensive programme of work to establish a single point of access, and improve hospital discharge decision making and the timeliness of discharge. This work had started to have an impact, evidenced by a measurable reduction in delayed transfers of care (DTOC) for both NHS and social care, as well as a significant increase in 'Home First' referrals.

4.3.2 During the Covid-19 period, NHS partners were mandated to create a single discharge hub for each major acute hospital site, and be responsible for all hospital discharge placements into nursing homes. The principle of the Hub was in line with the work that had already been started within Brent prior to Covid, but the pace of change, combined with the wider changes within London Northwest Trust, the fact that the Hub was required to span multiple boroughs and the nature of the way that this was implemented had some perverse consequences, notably:

- An increase in the number of nursing home placements at a higher cost than would usually be expected
- An increase in failed discharges to 'Home First', creating significant operational issues and reduced capacity where it was most needed
- Uncertainty of the process and pathways and the role and make up of the MDT team as part of the Hub, resulting in an increase in operational administrative work

4.3.3 Following the experiences (both positive and negative) resulting from the establishment of the Hub, a small task and finish team was established across key organisations to design clear pathways and improvements to the operational implementation of the hub. This review is nearing completion and will be moving into implementation following agreement at the operational Health and Care Transformation Board. The principles of the new model have been agreed operationally, and are now subject to formal agreement by the leadership of organisations. The key principles for Brent are as follows:

- A single point of referral for all patients within London Northwest for both Brent and Harrow
- All Brent residents located in other hospitals will be referred to the Northwick Park Hub
- The MDT process will result in decision making that shifts more people from pathway's 2 and 3 into pathway's 0 and 1
- Processes will be developed to ensure that social worker capacity within the trust is focused on the most complex cases requiring placement, as well as more streamlined administrative processes and governance
- There will be clear points of escalation for the system, should there be no clear agreement on any individual cases

4.3.4 A full delivery plan is being developed in line with the proposed pathways, and further updates and reporting of KPIs will be brought to future Health and Wellbeing Board meetings to monitor progress

4.4 Rehabilitation and reablement

4.4.1 Rehabilitation beds reprovision – following the end of the 35 general rehabilitation beds within Central Middlesex hospital, provided by London NW Trust, a decision was made to reprovide the equivalent service within the community. A business case was developed that provided improved quality of provision at approximately £1million reduced cost. The principle was that people should receive rehab at home wherever possible, and there should be a clear pathway to support people in the community. The key elements of the model that were agreed were:

- 20 general rehabilitation beds provided within an 'outstanding' nursing home setting, with facilities and nursing support provided by the home. This service will be procured by the council on behalf of the CCG
- A dedicated clinical team of 16.5 people supporting both the beds and to support at least the equivilant of 15 beds rehab support at home. The team will be aligned to the ICP team, remaining under the employment of LNW Trust
- Procurement of double-up packages of care for up to 5 people per week in receipt of rehabilitation at home for an average of 3 weeks, procured by the council on behalf of the CCG

4.4.2 Significant progress has been made in all aspects of the service, and the beds and dedicated team are due to go live from 1 November.

4.4.3 Reablement in house service - Following a decision by Councillors to bring the provision of reablement back under council control, the Health and Care Transformation Team were instructed to develop a costed model of care and deliver the new service, in line with the existing Integrated Rehabilitation and Reablement Service. A plan was developed, and scheduled for implementation on 1 October.

4.4.4 However, as a result of the significant financial pressures faced by the

council, it was decided in early October that the additional cost for the in-house service could not be afforded at the current time. A new proposal is therefore being developed that should be able to deliver some of the benefits of the in-house model, working with the independent sector. The key objectives will be:

- Improve the effectiveness of goals-oriented reablement, reducing the length of time that people need reablement, and reducing readmissions to hospital
- Improving the quality of reablement provision across the borough
- Developing clear pathways for people with wider enablement needs, including for people with mental health and learning disabilities support needs, as well as other service and support requirements
- Strengthening the oversight and processes for the integarted rehabilitation and reablement service (IRRS) and connections to rabblement providers
- Strengthening the synergies and pathways between rehabilitation and reablement in the community

4.4.5 Further updates and reporting of KPIS will be provided at future Health and Wellbeing Board meetings, if required

4.5 Health inequalities

4.5.1 Following a discussion at the previous Health and Wellbeing Board, a decision was made to develop some dedicated work with communities that have been most significantly impacted by Covid-19. A separate report on the progress of this work has been produced as a separate discussion item

4.6 Integrated commissioning, market management, Integarted Care Partnership (ICP) and Integrated Care System (ICS)

4.6.1 Progress in this area has been significantly disrupted by Covid-19, however, key components of the work still remain:

- Discharge to assess protocol and beds – the protocol remains in place and the 10 beds or equivalent value of support is available for Brent residents to support timely discharge and assessment outside of a hospital setting between adult social care and continuing heathcare. This process is working well, and prior to Covid-19 had resulted in a significant reduction of DTOC for NHS patients
- Placement Premium – the pilot scheme was launched in February 2019 to incentivize timely assessment and placement by care homes, with the aim of reducing delayed transfers of care from hospital. The model works on the basis that care homes receive £50 for assessment completed within 24hrs of referral, and an additional £50 if this results in a placement within 48hrs, and £500 for a nursing placement. The take-up of this offer has significantly reduced during Covid, but is intended to continue to make a positive difference once the system returns to business as usual
- Integrated commissioning – it was agreed that a CHC broker be co-located with adult social care brokers for nursing and residential care homes from

2018, following recommendations by consultants Ernst and Young in late 2017. The integrated brokerage function went live in June 2018, and the feedback from brokerage staff involved was positive, and fostered joint working and a shared understanding of the market and prices paid. Unfortunately, the commitment to the joint brokerage role was rescinded due to pressures on the CHC service. As a result of this, the integrated commissioning steering group and programme board have reviewed joint working, and agreed to work on the following alternative areas where there is agreement to do so. Work is ongoing in each of these areas to develop and implement a work programme:

- Joint Quality Framework/Approach - A comprehensive and joined up approach to assess quality and contract monitor services in a holistic way across partners.
- Integrated Pricing Strategy – a joint pricing strategy to ensure consistent message to the market. Specific proposals would be agreed and developed jointly, including a review of the placement premium for CHC placements
- Joint Approach to Assessment/review - A shared assessment process, including: MDT assessment of patients; An integrated panel process to follow strength based approach; An assessment document that is proportionate to the request for help (linked to checklist), to capture core data set requirements agreed between the Local Authority and Health to complete an assessment of their needs, resources and desired outcomes. This would include a joint review of requests for 1:1 support.
- Discharge to assess for CHC and complex care – as outlined in section
- Home first for complex patients - Expand number of patients discharged home who are complex or CHC eligible, where there is a clear financial case that support at home will be more cost effective than residential or nursing placement. Specific proposal to put intensive support in for first 7 days (including night sitting), with ongoing care plan developed at home during this period

4.7 Better Care Fund and Winter pressures

4.7.1 The guidance has not yet been published for the production and publication of the 2020/21 BCF and winter pressures plan. However, discussions about the BCF plan have been progressing, and proposals have been developed at an officer level which will need to be formally agreed at the next meeting of the Board. The approach that is proposed is to continue in line with previous years, including the new schemes that were developed and delivered last year in response to Winter pressures. In addition there is an inflationary uplift in the BCF values. The CCG allocation for this funding has not yet been agreed by officers, but discussions have progressed in relation to how the ASc share of the uplift will be allocated.

4.7.2 The key elements of last years BCF and Winter pressures plan are summarized as:

- Handyman service, supporting settlement back home and reduce delays in hospital discharge
- Positive behavioral management in care homes pilot, supporting people with dementia and avoid hospital admissions and improved outcomes for patients
- Additional social workers to support the expansion of Home First
- Overnight care to support expansion of Home First for more complex patients
- Assistive technology pilots for key patient cohorts to improve outcomes for people and enable people to remain at home and independent for longer
- Nurse assessor, to support a reduction in NHS delayed transfers of care through effective management of discharge to assess beds
- Backfill to support the design teams implementing the changes identified for the integrated discharge pathways
- Training for reablement providers to improve the effectiveness of reablement

4.7.3 Further details of the impact of these schemes and the proposed BCF plan for 2020/21 will be shared at the next meeting for formal approval

5.0 Financial Implications

5.1 A number of the schemes outlined are funded through Better Care Fund, as outlined in the Better Care Fund Plan. This includes the funding of a joint Health and Care Transformation Team, with a dedicated programme manager and project officer to support work with care homes.

6.0 Legal Implications

6.1 None

7.0 Equality Implications

7.1 None directly

8.0 Consultation with Ward Members and Stakeholders

8.1 Ongoing

9.0 Human Resources/Property Implications (if appropriate)

9.1 None

Report sign off:

Phil Porter
Strategic Director Adults and Housing, Brent Council

Sheik Auladin
Chief Operating Officer, Brent CCG

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 20 October 2020
	Report from Healthwatch

Healthwatch Brent update

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 Appendix 1 – Engagement with hard to reach communities Appendix 2 – Case study of Brent resident impacted by Covid-19
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Julie Pal CEO Healthwatch Brent Julie.pal@communitybarnet.org.uk Veronica Awuzudike Healthwatch Brent Manager Veronica.awuzudike@hwbrent.co.uk

1.0 Purpose of the Report

1.1 To present a follow-up report on the engagement undertaken by Healthwatch Brent between June and September 2020 with 584 residents from the Black, Asian and Minority Ethnic communities. This report follows on from the presentation to the Health and Wellbeing Board on 29 June 2020.

1.2 The report is supported by two appendices: Appendix 1 sets out a summary of the engagement undertaken between June and September 2020. In addition to the 584 residents engaged with during this period, Healthwatch Brent engaged with 270 people (including some key workers), 7 care homes and 10 organisations between April and May bringing the total of BAME and other Brent residents to almost 1000 individuals. We believe this is one of the largest samples collected by any Healthwatch team nationally and accurately reflects the challenges and realities of local people in one of the worst pandemics in modern times.

Appendix 2 is a report prepared by the Advocacy Project and Healthwatch Brent.

2.0 Recommendation(s)

2.1 To note the contents of the report and its focus on particularly marginalised communities whose voices are historically under-represented or unheard in consultations with statutory authorities.

3.0 Detail

3,1 CommUNITY Barnet has been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018.

3.2 Healthwatch Brent has established a network of charity, voluntary and community organisations committed to bringing the experiences of Brent residents of using health and social care services to the attention of the borough's key decision makers.

3.3 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.

3.4 The work programme of Healthwatch Brent will support the Borough's Plan for 'Building a Better Brent' by focussing on the strategic priorities: a borough where we can all feel safe, secure, happy and healthy.

3.5 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

3.6 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;

4.0 Financial Implications

4.1 There are no financial implications as all costs are within the 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 with 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 Healthwatch Brent 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.

6.5 We believe Brent's communities are represented within our reports as far as possible, but we constantly strive to reach more communities. Our staff team are committed to capturing the views of residents reflecting Brent's diverse and protected communities and sharing it 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.

7.2 This report has been drawn up in consultation with the Chair of the Health and Wellbeing Board and his officers.

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.

APPENDIX 1: COVID-19 UPDATE
ENGAGEMENT WITH HARD TO REACH COMMUNITIES

1. EXECUTIVE SUMMARY

Engagement

During June – September 2020 Healthwatch Brent staff carried out extensive community engagement, contacting, sourcing, listening and speaking to our residents about their experience of information, support and services subsequent to the first wave of COVID-19. With the lockdown measures being lifted and a push to return to work and school, we adapted our engagement methods to meet face to face with residents where possible while, also engaging digitally with communities that are seldom heard. This report follows on from the one presented to the Health and Wellbeing Board on 29 June 2020.

We used face to face, digital and telephone conversations and surveys to gather feedback from 584 residents with a focus on residents that were from hard to reach communities. In addition to the 584 residents engaged with during this period, Healthwatch Brent engaged with 270 people (including some key workers), 7 care homes and 10 organisations between April and May bringing the total of BAME and other Brent residents to almost 1000 individuals. We believe this is one of the largest samples collected by any Healthwatch team nationally and accurately reflects the challenges and realities of local people in one of the worst pandemics in modern times.

Due to the rise in digital engagement, views were gathered from those residents who had previously never engaged with us regarding their social or health care. This included the Sickle Cell community, South Asian people with HIV and, persons with complex learning difficulties amongst others where we partnered with The Advocacy Project to gain insight. Healthwatch Brent has taken a forensic look at insights from micro and macro resident groups. It is important to note that many residents occupy several categories i.e: what is the impact on a Caribbean person who also functions as an unpaid carer. Therefore, these categories should read in an intersectional context and views can be found in table 1 in the full report.

The COVID-19 BAME Public Health England report highlighted the direct effect of COVID-19 on Black, Asian, Minority Ethnic (BAME) populations. It was found that BAME communities are more at risk to suffer severe effects and, more likely to die once infected with COVID-19. It notes that the pandemic exposed and exacerbated longstanding structural inequalities that particularly affect BAME populations in the UK[1]. As Brent has been one of the worst hit boroughs by the pandemic[2] and, with 66.4% of the population of Brent coming from BAME backgrounds[3], Healthwatch Brent sought to look into their experiences of these often hard to reach populations to understand the indirect impacts of lockdown and social distancing to residents. We note that the COVID-19 landscape is continually evolving, this report needs to be read within this context.

Findings

Some of the key themes to emerge from these engagements have followed similar sentiments to our previous COVID-19 report and include

- Requests that information was available in easy-read and community languages, requests for translated information to be made available to key community leaders for dissemination

[1] PHE COVID-19 BAME report, June 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

[2] https://www.kilburntimes.co.uk/news/health/brent-has-highest-COVID-mortality-rate-in-uk-1-6704545

[3] Brent JSNA December 2014; https://www.brent.gov.uk/media/11085556/BrentJSNA-Health-and-Wellbeing-in-Brent-Dec-2014.pdf

- Many were unable to access services and felt left out of council updates, due to a lack of digital resources
- Residents are becoming more aware of the digital divide between richer and poorer households
- Some members of the BAME community – particularly those with language barriers, mental health difficulties and mobility issues – fear they are being ignored and excluded from communications and interventions
- There are growing sentiments of mistrust with central services and therapies such as flu vaccines stemming from 'confusing' COVID-19 communication
- Commendations given to local pharmacies who can give a more hands on approach to residents
- Growing sentiments to delineate management and strategies applied to BAME populations; Asian Black and Middle Eastern communities are different and in turn have different needs
- Many praised Brent Council for the walk-in testing centre in Harlesden which they found convenient and easy to navigate
- Residents with learning disabilities noted delays to receiving COVID-19 test results and difficulty using self-administered test kits
- Some residents are experiencing food poverty and economic poverty and there are growing feeling of wariness for the future
- Some residents questioned the safety of hospitals and noted their concern and reluctance to attend routine treatment
- Families experiencing 'burnout' and anxiety due to the lack of respite, as family carers or home schoolers
- Social isolation and loneliness were concerns of many older residents and new parents
- Many praised the work of Brent councillors and found them to be supportive and proactive during this time

Next Steps

The following key themes were identified and proposed next steps are detailed below. We are keen to work with the Health and Wellbeing Board and our statutory and charity partners to develop our proposals going forward.

Statutory and community partners next steps

1a. Communication and Misinformation: unable to access information due to national push towards relying on digitalised updates and the growing sense of digital exclusion; delays to routine treatments; fears regarding hospital admissions to and safety in hospital for non-COVID conditions and for ongoing information about the economic/employment situations, benefits and the continuation or not of current COVID food support schemes; misinformation about flu vaccines and growing sentiments of mistrust

Suggested next steps:

- Healthwatch Brent would welcome the use of different communication strategies to be used to engage with different BAME community groups – Asian populations should be managed differently from African or Caribbean populations. We welcome the opportunity to take this report to the next Brent CCG Governing Body and the Strategic Delivery Board and work with the team to cascade messaging down to local communities. Furthermore, we would like to present to work with NHS North West London to share our findings with the EPIC task force
- Brent CCG primary care department and Primary Care Networks to work with Healthwatch Brent to share clear consistent messaging on the benefits of the flu vaccine and target communications to at risk groups. We suggest working with community leaders to deliver information to dispel sentiments of mistrust in populations

1b. Challenges to Mental Health and Wellbeing: Challenges related to stress, anxiety and isolation are overriding themes that cut across all our engagement. Views were noted in relation to isolation in

hospital; social isolation being experience by older residents; financial and employment security coinciding with the rising cost of care for dependants who are spending more time at home; heightened awareness of entrenched structural inequalities for BAME populations

Suggested next steps:

- Share findings with Central North West London mental health teams to understand how services have adapted to the pandemic
- HealthWatch Brent welcomes the opportunity to talk to local community-based community health providers to understand what services have been offered to residents. There is an awareness that most residents will not meet statutory assessment of needs but do in any case need access to mental health services to boost resilience. Healthwatch would like to share this report with these providers

Healthwatch Brent Next Steps

1c. Experience of BAME residents

Following on from previous suggestions and given the challenges outlined above and recognising the urgency of the current situation, we propose to work with existing BAME Networks to learn from residents and communities about:

- working collaboratively with our communities, frontline staff and across the system to highlight lessons learned both in the immediate period and longer term – acknowledging that different communities require different strategies of engagement.
- identifying best practice and areas for improvement in connecting with communities and frontline staff to reduce inequalities and make a difference, both now and in the future

1d. Healthwatch Brent Activity

Due to the impact of COVID-19 on different communities, we propose that with our charity partners and the Health and Wellbeing Board, we examine and focus activity more specifically to:

- assess how COVID-19 impacts BAME communities particularly in council wards and estates with a disproportionate number of residents affected by the pandemic. Given the disproportionate death rates as well as the numbers of those tested positive for COVID-19 in Brent, we aim to proactively work with communities and partners as a starting point.
- gather the experiences of affected communities in the context of their everyday lives.
- determine what system and community responses need to be developed as a result. The resources produced can provide an evidence-base to hold 'listening' and 'change' conversations.
- consider whether there are lessons learned and new approaches that can be applied to other communities and the wider community going forward – particularly during the second wave during the autumn

As previously stated, secondary research into satisfaction, complaints and good practice could help identify key issues and further engagement could include: consideration of translation services in health and social care; advocacy services for in-patient and outpatient services and social care; increase trust or understanding of services within different communities; identifying challenges and barriers that have become embedded through the pandemic; and the impact of public health factors on residents' health and wellbeing.

2. INTRODUCTION

This report has been prepared by Healthwatch Brent, based on the experiences and views of residents as they live under the cloud of the pandemic whilst observing the government's instructions on saving lives and remaining alert. Healthwatch Brent engaged with Brent's diverse communities to gain a better understanding of the disease's impact. We used different techniques and methods to gain access to hard to reach and seldom heard groups.

The indirect implications of the pandemic and, by consequence, lockdown and social distance will continue to affect our most vulnerable communities who live with various comorbidities, for years to come. Brent has the highest number of furloughed workers in the UK[4] many of which come from already disadvantaged groups in wards with a significant population of furloughed workers such as the Harlesden. The longer-term socio-economic impact on already disadvantaged populations can and will be significant. This in turn will have a disproportionate impact on longer term health and wellbeing.

We have started to collate evidence, mindful of observing and maintaining social distance where necessary. These voices were captured using a range of online, virtual and digital techniques to engage with key hard to reach stakeholder groups. We engaged with wider resident communities and gathered their views of those accessing and using services. We relied on using digital media such as WhatsApp, phone-calls, and video messaging services to engage with support groups. Where possible we sought to maintain face to face contact with prominent community members and charity partners.

3. HEALTHWATCH BRENT APPROACH AND ACTION

Engagement Methods

Given the emergent nature of the short and long-term impact of COVID-19 on communities as well as the need for urgent action, North West London developed an approach to engagement working with patients, residents, communities and partners. These are set out below and have been utilised by the Healthwatch Brent team:

- Collaborative: Creating the space and facilitating conversations with and between individuals and organisations.
- Evidence-based & Person-centred: Ensuring a parity of esteem between the insight and experience of local stories and experiences and qualitative data / research evidence.
- Asset-based: Ensuring that the voices of communities and residents drive the work forward, ensuring that conversations are facilitated and reflect the wishes of those who participate in the work.
- Continuous and iterative: Constantly reviewing, evaluating and testing emerging themes so that they influence decisions in real-time.

Engagement Activity

Traditionally, Healthwatch has gathered the views of residents through surveys, face to face conversations, community stalls, briefings and e-communications. But, mindful of social distancing, we developed a safe programme which involved assessing, preventing, and mitigating risks by implementing the government's instructions at the time. We were also mindful that there was a risk of COVID-19 widening inequalities caused by digital exclusion. Digital exclusion is associated with social exclusion and poor health which, if not tackled, can result in a further increase in health inequalities.

Since the COIVD-19 pandemic and subsequent lockdown, we adapted our engagement methods to include:

[4] https://www.kilburntimes.co.uk/news/health/brent-central-highest-for-furloughed-workers-1-6728211

- Joining and liaising with Mutual Aid groups being established across the borough
- Joining and liaising with ward and street-based WhatsApp groups
- Zoom meetings with residents and stakeholders
- Contacting care homes and carers by telephone to ask how they are coping
- Face to face engagement near places of worship, community socially distant events
- Conducting telephone interviews with community organisations and charity partners
- Promoting a survey in partnership with The Advocacy Project to find out if individuals with complex disabilities had access to digital media and whether they received enough support during the pandemic
- Participation in stakeholder webinars
- Collecting case studies and evidence from populations of Brent residents from youth, older aged, South Asians living with HIV, residents with Sickle cell, unpaid carers, homeless and migrant groups.

The following table outlines the resident experience of access to services during and after the first wave the of COVID-19 pandemic. Healthwatch Brent has taken a forensic look at insights from micro and macro resident groups. These views are segmented to reflect sentiments received from resident populations. It is important to note that many residents occupy several categories i.e: can be a Caribbean person who also functions as an unpaid carer. Therefore, these categories should read in an intersectional context.

Table 1: Resident insight on the direct and indirect impact of the COVID-19 pandemic as a result of engagement with Healthwatch Brent

Resident category	Insights shared
Unpaid carers	• Lack of respite is taking toll on carers especially those looking after adults with severe disabilities • Carers have complained about social and support workers ignoring their calls and/or not replying to their emails • Carers are reluctant to attend hospital appointments as they are worried about catching COVID and passing it onto dependents • Carers looking after older parents, or people with mental health issues such as dementia and complex learning difficulties have seen their dependents' mental health and cognitive skills deteriorate due to lack of stimulation or social isolation • It is difficult for carers to home school children if one of the siblings has learning difficulties. This causes interruption and noise intrusions which break concentration. There is also a lack of privacy which may be due to cramped living conditions
BAME residents	• BAME community feel as though they are being ignored and are apathetic about engaging with authorities as their voices are often ignored • Information from the Government/Council is not trusted and is confusing. BAME communities rely on their own local communities for COVID information • Social distancing rules are difficult to adhere during bereavement periods, weddings, and other social events as this is the only time they get a chance to come out of social isolation

Resident category	Insights shared
	• Jobs losses or reduction in working hours has had a significant effect on earnings in households. Some have faced financial difficulty as their jobs were often within service industries which has been badly affected • BAME residents expressed anger that there is no recognition of the difficulties faced by BAME key workers who are unable to work from home –they often use public transport which has added risks • Minority group felt they did not want to put siphoned into the same bracket "I am not BAME, I am Asian so why am I put into one bracket when it comes to certain needs" • Smaller localised communities are emerging where they are meeting in local parks, or volunteering for local charities
Young people and parents	• Anxiety about the future especially with further education and growing financial difficulties from home • Anger and sense of injustice due to inequalities, especially from BAME youth communities • Lack of digital equipment such as laptops which hinders the learning experience • Nowhere to escape, especially if living in an unhappy or abusive home environment • Social media activism has helped the youth express their views and raised awareness on COVID-19 landscape. Youth want to be consulted in planning of services and policies • Young and new mothers lack vital support especially as they maintain social isolation. There is lack of support from maternity perinatal team, especially if the new mums are unable to speak English or lack digital skills to connect online
Homeless, migrant and undocumented workers	• Not enough protection for eviction, and displacement from housing • No recourse to public funds puts financial pressure on migrant key workers who could fall ill or get furloughed • There is exploitation of migrant workers in a jobs market, they may not get minimum wage and are unable to complain • Reluctance to ask for help or understanding of how to access help. Call for Brent council to signpost debt advice especially those who have rent/council tax arrears
Older residents	• Reluctance to go to hospital and particularly use services in Northwick Park • Frightened to leave homes, once they do maintain strict social distancing • Very concerned about second wave, cost of winter fuel bills if stuck indoors

Resident category	Insights shared
	• Financially supporting relatives who have been hit by sudden job losses • Lack of face to face GP contact raises frustrations • Frustrations about growing number of services going digital – unable to access services and many questions are left unanswered from service providers. Lack of trust in digital platforms • Personal hygiene and wellbeing is being neglected
Insight into NHS and social care services from residents	• GP support is insufficient for residents who lack digital skills • Some GPs are advising patients to go to A&E when they phone for consultation which is causing panic • Commendations given to local pharmacies who are able to give a more hands on approach when compared to GPs • There is anxiety amongst cancer patients as there are delays in their treatment. Added strain on mental health as they shield. Cancellation to vital operations has had significant effect to those suffering and heightened feelings of anxiety • Some residents are still not aware of testing centres within Brent despite being promoted by stakeholders and on social media • Many don't want to see a break to routine care in a second wave
People living with Sickle Cell Disease	• Some people living with Sickle Cell Disease have been affected financially due to the pandemic and are unable to find alternative sources of income • Still had to visit hospitals for regular transfusions and were very nervous about doing so
South Asian persons with HIV	• Heightened awareness of clinical vulnerability if infected with COVID • Social stigma associated with being a person with HIV and being from a marginalised population • Sense of community with other South Asian people with HIV – opportunity to partner with individuals to deliver localised messages

Appendix 2 and 4 shares a snapshot of some case studies Healthwatch Brent and The Advocacy Project undertook between 8 June to 23 September 2020 with Brent residents to capture a snapshot of their experience during the pandemic. Appendix 2 can be found at the end of the report.

Survey into digital media access for those with complex disabilities – in partnership with The Advocacy Project

Alongside the engagement work, the Healthwatch Brent Team worked with colleagues from The Advocacy Project to find out if individuals with complex disabilities had access to digital media and whether they had received enough support during the pandemic. It is generally accepted that people with learning disabilities

face a higher risk of digital exclusion[5]. 15 people completed the survey, responses were recorded in free text to ensure participants were able to freely express their sentiments; these can be viewed in appendix 3 at the end of this report.

The questions were formulated to gain a better understanding of the impact of social isolation, digital access, and time management. The following questions were used:

1) **Social isolation/distancing -** How did clients cope with social isolation/social distancing?
2) **Digital access -** Did your client have access to the internet?
3) **Time management -** Were there more pressures on your time during the pandemic?
4) **Second wave -** If there was a second wave, do you think you would be able to cope better?

4. FINDINGS

Healthwatch Brent engagement

Some of the key themes to emerge from these engagements have followed similar sentiments to our previous COVID-19 report and include:

Some of the key themes to emerge from these engagements have followed similar sentiments to our previous COVID-19 report and include:

- Requests that information was available in easy-read and community languages, requests for translated information to be made available to key community leaders for dissemination
- Many were unable to access services and felt left out of council updates, due to a lack of digital resources
- Residents are becoming more aware of the digital divide between richer and poorer households
- Some members of the BAME community – particularly those with language barriers, mental health difficulties and mobility issues – fear they are being ignored and excluded from communications and interventions
- There are growing sentiments of mistrust with central services and therapies such as flu vaccines stemming from 'confusing' COVID-19 communication
- Commendations given to local pharmacies who can give a more hands on approach to residents
- Growing sentiments to delineate management and strategies applied to BAME populations; Asian Black and Middle Eastern communities are different and in turn have different needs
- Many praised Brent Council for the walk-in testing centre in Harlesden which they found convenient and easy to navigate
- Residents with learning disabilities noted delays to receiving COVID-19 test results and difficulty using self-administered test kits
- Some residents are experiencing food poverty and economic poverty and there are growing feeling of wariness for the future
- Some residents questioned the safety of hospitals and noted their concern and reluctance to attend routine treatment
- Families experiencing 'burnout' and anxiety due to the lack of respite, as family carers or home schoolers
- Social isolation and loneliness were concerns of many older residents and new parents
- Many praised the work of Brent councillors and found them to be supportive and proactive during this time

Next Steps

[5] https://www.poverty.ac.uk/report-social-exclusion-disability-older-people/growing-problem-'digital-exclusion'

The following key themes were identified and proposed next steps are detailed below. We are keen to work with the Health and Wellbeing Board and our statutory and charity partners to develop our proposals going forward.

Statutory and community partners next steps

1a. Communication and Misinformation: unable to access information due to push toward digitalised updates and growing sentiments of digital exclusion; delays to routine treatments; fears regarding hospital admissions to and safety in hospital for non-COVID conditions and for ongoing information about the economic/employment situations, benefits and the continuation or not of current COVID food support schemes; misinformation about flu vaccines and growing sentiments of mistrust

Suggested next steps:

- Healthwatch Brent would welcome the use of different communication strategies to be used to engage with different BAME community groups – Asian populations should be managed differently from African and Caribbean populations. We welcome the opportunity to take this report to the next Brent CCG Strategic Delivery Board and work with the team to cascade messaging down to local communities. Furthermore, we would like to present to work with NHS North West London to share our findings with the EPIC task force
- Brent CCG primary care department and Primary Care Networks to work with Healthwatch Brent to share clear consistent messaging on the benefits of the flu vaccine and target communications to at risk groups. We suggest working with community leaders to deliver information to dispel sentiments of mistrust in populations

1b. Challenges to Mental Health and Wellbeing: Challenges related to stress, anxiety and isolation are overriding themes that cut across all the engagement. Sentiments were noted relation to isolation in hospital; social isolation in older residents; financial and employment security coinciding with rising cost of care for dependants who are spending more time at home; heightened awareness of entrenched structural inequalities for BAME populations

Suggested next steps:

- Share findings with Central North West London mental health teams to understand how services have adapted to the pandemic
- HealthWatch Brent welcomes the opportunity to talk to local community-based community health providers understand what services have been offered to residents. There is an awareness that most residents will not meet statutory assessment of needs but do in any case need access to mental health services to boost resilience. Healthwatch would like to share this report with these providers

Healthwatch Brent Next Steps

1c. Experience of BAME residents

Following on from previous suggestions and given the challenges outlined above and recognising the urgency of the current situation, we propose to work with existing BAME Networks to learn from residents and communities about:

- working collaboratively with our communities, frontline staff and across the system to highlight lessons learned both in the immediate period and longer term – acknowledging that different communities require different strategies of engagement
- identifying best practice and areas for improvement in connecting with communities and frontline staff to reduce inequalities and to make a difference both now and in the future.

1d. Healthwatch Brent Activity

Due to the impact of COVID-19 on different communities, we propose that with our charity partners and the Health and Wellbeing Board, we examine and focus activity more specifically to:

- assess how COVID-19 impacts BAME communities particularly in council wards and estates with a disproportionate number of residents affected by the pandemic. Given the disproportionate death rates as well as the numbers of those tested positive for COVID-19 in Brent, we aim to proactively work with communities and partners as a starting point.
- gather the experiences of affected communities in the context of their everyday lives
- determine what system and community responses need to be developed as a result. The resources produced can provide an evidence-base to hold 'listening' and 'change' conversations.
- consider whether there are lessons learned and new approaches that can be applied to other communities and the wider community going forward – particularly if another 'spike' in infections occurs in the autumn.

As previously stated, secondary research into satisfaction, complaints and good practice could help identify key issues and further engagement could include: consideration of translation services in health and social care; advocacy services for in-patient and outpatient and social care; increase trust or understanding of services within different communities; identifying challenges and barriers that have become embedded through the pandemic; and the impact of public health factors on residents' health and wellbeing.

APPENDIX 2: COVID-19 UPDATE
CASE STUDIES OF BRENT RESIDENTS DEALING WITH IMPACT OF COVID

CASE STUDY 1: Elderly resident

Mrs M is a 76-year-old resident in a Housing Association and is finding it difficult to get workmen to fix a grab rail on the stairs leading to her flat on the 3rd floor. Since 2019, she has been in touch with the Housing Association to have the grab rails fitted, this will ensure that she is able to live independently as she was initially due to have a major operation of her spine. Despite the workmen taking the relevant measurements in 2019, no work has been carried out on the property. Due to COVID, her operation is delayed until the end of September. Mrs M has been trying to reach the Housing Association but to no avail and is extremely worried about her after care. She has no support and relies on her son who is also not in best of health.

Mrs M believes basic duty of care is being ignored and the pandemic is being blamed for all the shortcomings. The pandemic has exposed and heightened structural inequality and has further delayed her access to life changing services. To add to her anxiety, Mrs M's operation has had to be pushed back to a later date. Healthwatch Brent assisted her with writing an email to the Housing Association as she did not have the IT skills to send digital correspondence. She was also signposted to Age UK who could provide additional support.

CASE STUDY 2: Single parent with 5 children

Ms F is of Somali and her command of the English language is limited; she has 5 children all under the age of 15. She is being supported by her friends and family for COVID updates and changes to other vital services. Ms F relies on access to welfare benefits and she expressed how difficult it is for her to feed her children during the lockdown especially as the food parcel service has been withdrawn. With schools shut over lockdown, her children are at home more often and require food. To this effect, Ms F has been relying on foodbanks fulfil her shortfall. Ms F is mentally exhausted as there is no time for herself as she constantly has to look after her children's needs. Additionally, she lives in a cramped overcrowded property which has poor internet connections that impacts her children's schoolwork.

CASE STUDY 3: Migrant key worker

Mr & Mrs P are migrant workers from Philippines. Mr P works is a key worker in the NHS and Mrs P was working in the beauty industry. Due to lockdown, Mrs P lost her job and, as she had no recourse to public funds, they cannot afford to pay the rent on Mr P's earnings alone. To them, the pandemic has highlighted how excluded the migrant workers are from access to public funding, despite the contribution made by them through taxes. The couple are reliant on food banks and Mrs P is currently working as a domestic cleaner however, their combined income is insufficient. Mrs P is worried about the future, she believes it looks bleak if there is no support for migrant workers like herself and her husband. The couple is of an opinion that migrant workers must be given the same rights as British workers especially if they have been working and contributing to the British economy for a considerable time in a sector which has staff shortages such as the NHS.

CASE STUDY 4: Elderly carer

Mrs L is a widow aged 75 years and up until last year she has been a carer for her 50-year-old son, Mr L, who has learning difficulties. Mr L was moved into a care home which he does not like. He complains that the staff are physically and emotionally abusive. Mrs L was upset at her son's care and worries for her son's mental health which has deteriorated due to his stay at the home. She has been trying to arrange a meeting with Mr P's support worker, but to no avail. Due to COVID-19, reviews are being delayed and Mrs L has to wait for a

significant amount of time before discussing her son's case placing her son in an incredibly vulnerable situation. According to Mrs L, her son's support worker often ignores her messages or queries or generally takes long time to respond.

Taking matters into her own hands, Mrs L in a flurry of concern contacted other care homes to arrange a transfer for her son. One agreed on the condition his support worker made the arrangements. Mrs L had to wait 2 weeks before meeting with the support worker, during this time she became increasingly worried and anxious that the place she found for her son would be given away. Healthwatch Brent have referred Mrs L to Brent Carers Centre for additional support in securing better care for her son.

APPENDIX 3: COVID-19 UPDATE
DIGITAL ACCESS FOR THOSE WITH COMPLEX DISABILITIES DURING THE COVID-19 PANDEMIC

Healthwatch Brent worked in partnership with The Advocacy Project, an organisation that supports clients with a range of complex disabilities to deliver this engagement. Our objective was to find out if individuals with complex disabilities had access to digital media and, whether they received enough support during the pandemic. The Advocacy Project collected information from vulnerable individuals and their carers; the questions were converted to easy read format by the team to ensure all individuals could participate in the questionnaire.

The questions were formulated so that we could gain a better understanding of attitudes pertaining to social isolation, digital access, and time management.

Listening to people with complex disabilities

Topic	Comments, Views & Experiences
Social Isolation/Social Distancing *How did clients cope with social isolation/social distancing?*	● I wear a mask and go out ● I feel safer now that I can wear my mask ● I now know what to do i.e. wear a mask, keep my distance from others. ● I was scared and frightened. I was scared it would spread to my local community. I was scared to go out as people may pass the virus onto me ● At first, I was scared as I did not know what to do so I stayed inside. I was crying every day ● I do not travel on the bus anymore I travel by taxi now if I have somewhere far to go ● I have had counselling during lockdown every week to help with my emotions ● Walking in the park really helped me ● Currently re-reading books as I missed be able to go to the library to get new books ● Day Centre activities stopped I accepted that this needed to be done as I was shielding ● Watching TV – daily broadcasts ● I felt vulnerable ● If there was a second wave, we should be all tested and PPE should be more readily available ● For a lot of the services I tried to access staff were furloughed. i.e. no library service. So, I did not seeing a doctor when I was unwell made which me feel isolated ● We coped well, we adapted to rules and regulation now we use PPE's when going out

Topic	Comments, Views & Experiences
Internet / Digital Access *Did your client have access to the internet?*	● Yes, I keep in contact with my family over the phone ● I found out all my information about COVID-19 on the news and with my support worker ● I do not use the internet as I do not have access to it ● No internet access so it is difficult to receive information. I get my information from the daily paper and daily news updates ● Independent living setting: I have access the internet via my phone so, if people want to contact my service user via email I can access this for them. Information regarding COVID-19 was sent via our head office i.e. posters were made available for the staff and residents. Otherwise there is no internet access here
Time Management *Were there more pressures on your time during the pandemic?*	● I stay at home a lot now ● I have been keeping myself busy with my colouring and cooking ● I am now going to the local shops during the quiet time ● I needed to buy lots of food to ensure that I did not have to go out as often ● Had nothing to do so became very lazy, otherwise would be out and about in the community on most days. ● Carers came in the morning promptly, so that kept my routine in the mornings as regular as it could be. But the evening became more difficult as the work times were changed as the carers were not working due to the COVID-19 pandemic. Therefore, I had new carers coming in and felt vulnerable. ● We keep the residents busy our aim was to keep everyone safe ● We only went out to walk for exercise locally ● I worked longer hours during this period to ensure that everyone is safe, and they felt comfortable
Second Wave *If there was a second wave, do you think you would be able to cope better?*	● I will continue having counselling ● Continuing to keep residents and ourselves safe ● Continuing to keep the residents busy with activities and in contact with their usual contacts via the phone ● Having internet would need to be advised via social service at this service

APPENDIX 2: COVID-19 UPDATE
CASE STUDIES OF BRENT RESIDENTS DEALING WITH IMPACT OF COVID

My Health, My Choice – Covid 19 case study

Background

John*, 62, has a learning disability along with other physical disabilities. John attends our User involvement service group – My Health, My Choice in Brent. John has been an active member of the group for 2+ years and is very keen for his voice and others to be heard regarding health and accessing services.

Issue

John lives independently within the community in his own home and has support staff visit his home daily to support with day to day care duties.

However, during lockdown John felt isolated, he was unaware of the services available to him as a vulnerable individual. John does not have access to digital technology, so he must rely on others for information about services available in his community. John is finding this difficult as he is beginning to realise that most services are facilitated online.

Due to the nationwide Covid 19 lockdown, John stopped attending group sessions within the community and therefore his social circle become reduced and is spending more time at home not being very active. John is concerned about his health regarding weight gain and lack of exercise.

John's main concern was contracting the Covid 19 virus as he had different support staff entering his home daily and reached out to The Advocacy Project, via the 'My Health, My Choice' project to find out how to proceed with getting tested.

My Health, My Choice project provided John with the details to his local testing centre. John made his way to the centre and proceeded to have the test administered. John experienced that the NHS testing service in Harlesden is self-administered, meaning that the individual would test themselves using the testing kit.

This was a difficult process for John due to his physical and learning disabilities, there was no reasonable adjustments such as 'easy read' literature made available for John regarding:

- instructional direction
- opening of the packaging
- administering the test
- gaining his test results

John was unable to provide an email address to receive his results and was informed he would have to ring a dedicated telephone line along with a reference number to gain his results.

John has had a difficult experience with gaining his results as the 'test and trace' dedicated phone line **119** is computer operated. There is no human contact, therefore if you have a query you cannot get through to anyone to get your results.

John was unable to provide an email address to receive his results and was encouraged by the testing service to source one (either his own or a third party) to access the service.

Process

We were able to gain access to this story of events by having regular contact with John to discuss health options, accessibility and services within Brent.

During our conversation, we were able to discuss why, where and what to expect for the testing process from the information provided by NHS.

John was very keen to get the test administered even though he was not displaying any symptoms, due to having many care workers entering his home. John was also keen to see if the service was accessible to people with learning disabilities and is eager to voice his experience.

We supported John with the experience by providing him with a telephone number, address of the location and discussed the process of testing. We offered to send through the literature of the NHS service in the post to which John stated he would be ok with the information provided. It was agreed once John completed the test, he would be in contact with us to communicate his experience.

Outcome

The outcome of the test is still unknown John is unable to obtain his results, we also tried to contact the delegated telephone number and we were not able to talk with anybody regarding the difficulties to which John was experiencing and after all the options have been listed the phone line is cut dead. Therefore, John's initial goals have not been met using the NHS service.

John has stated that he feels 'let down' by the NHS testing service and he felt that 'it was not safe to give out personal information which are private to another person'. This is regarding the service manager suggesting that John provide an email address of someone else to gain his results. John feels that he should not have to do this being that he does has not have an email address.

It appears if you do not have a digital devices or accessibility, services are not catering to those who cannot access them or have enough knowledge on it use and purpose.

John is now weary about using the service in the future if he were to display symptoms if a second wave does shut down the community again.

Systemic issues

The biggest impact experienced by John getting testing is the digital divide/isolation he is experiencing. John has said he will think about getting a 'tablet' or mobile phone but has stated

he would not know how to use it if he did. Also due to his physical disabilities, he would not be able to 'walk and have a mobile phone as my priorities are keeping my balance'. Therefore, John will require the support to use a digital device before purchasing one. Other service users have shared this same viewpoint.

It would be beneficial for NHS services like this to provide an alternative accessible way for people without digital accessible to still be included, as John is still without his test results. Also, the staff on site at that testing centre should be available to support people who have identified as having a disability or those who appear to be struggling. In this case John did ask for help and was told the service is self-administered, this could be discrimination to those who are vulnerable. *identity changed for confidentiality.

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 20 October 2020
	Report from Phil Porter, Strategic Director, CWB

Outcome Based Review: Mental Health and Employment

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:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Phil Porter Strategic Director Community Wellbeing, Brent Council Phil.Porter@brent.gov.uk Russell Gibbs Change Manager, Transformation, Brent Council Russell.Gibbs@brent.gov.uk

1.0 Purpose of the Report

1.1 Building on the previous update to the Health and Wellbeing board in July 2019, this report sets out the learning, impacts and proposals to be taken forward from Brent's Outcome Based Review (OBR) on Mental Health and Employment.

2 Recommendation(s)

2.1 For the Board to:

- note the work carried out as part of the OBR and the subsequent impact on the overall system for Mental Health and Employment in Bremt.
- Agree the recommendations for taking forward this work which are set out in Section 6 of this report.

3 Introduction

3.1 Since 2016, through a range of different work areas and projects, Brent has been exploring the challenges facing those with Mental Health conditions in accessing and sustaining employment.

3.2 Through this work, Brent along other key partner organisations in the borough have gained rich insights into the strengths and weaknesses within the system as a whole, and the impact that has had on those needing support.

3.3 Over the past six months, the Covid-19 pandemic has further exacerbated the level of need for support that residents of Brent will need going forward. Furthermore, not only has highlighted how much we have learned about the system of organisations and services in Brent that support Mental Health and Employment, but we are now seeing the positive impact that has been achieved to date in developing links, pathways and greater cohesion between partners.

3.4 This report sets out the background and learning from this work along with recommendations for ensuring we provide the foundations to further build on this moving forward.

4 Covid 19 Impact and Context

General

3.5 In 2020, the context of Covid-19 and its impact on Brent has resulted in additional challenges in relation to both employment and mental health.

3.6 Brent is one of the most culturally diverse boroughs in the country, something being recognised through a year of celebrations to mark Brent being named the 2020 London Borough of Culture. However, this has been overshadowed by the devastating impact of Covid-19 pandemic, with Brent being one of the worst affected areas in the country. Brent was the first London borough to reach 1000 cases and the first in the country to reach 100 Covid-19 deaths.

Economy

3.7 The economic impact of Covid-19 on the global and UK economy have been widely reported. According to PWC UK scenario modelling, the UK GDP is expected to contract by between 11% and 12% in 2020 before returning to growth of around 10% and 4% in 2021.

3.8 In June 2020, the BBC reported that Brent Central topped the table as the constituency with the highest proportion of furloughed workers, with 45% on the scheme. In July 2020, the Brent Poverty Commission identified that nearly 50,000 people in Brent had been furloughed, with prospects of rising unemployment likely in the Autumn.

3.9 A study conducted by Oxford Economics identified that the Brent economy is more reliant than other West London boroughs on lower value-added sectors, such as wholesale and retail and construction, and has correspondingly lower exposure to higher value-added employment sectors. The Brent economy also has above average exposure to sectors which are likely to be particularly impacted during the pandemic. In particular, the accommodation and food sector, and the arts, entertainment and recreation sector, are those likely to experience the largest rates of decline in output this year, together with the education sector.

3.10 Scenario modelling conducted by Oxford Economics on behalf of the West London Alliance (WLA) project contraction to the Brent economy in 2020 between 9% - 13.4%. Whilst the same modelling does anticipate a recovery in 2021, the initial contraction experienced in Brent is forecast to be greater than the average for London, and the rate of the recovery to be slower.

3.11 In terms of jobs, the Oxford Economic baseline forecast shows that workplace employment in Brent is forecast to contract by 5,000 or 3.2% in 2020, though with an economic rebound expected in 2021 recovering 3400 jobs. This scenario would see the strongest contributions coming from the accommodation & food services and the wholesale & retail sectors as the lockdown eases. However, a downside scenario forecasts a 4.0% contraction in workplace employment in 2020, with no return to growth until 2022.

Mental Health

3.12 In July 2020, the Centre for Mental Health published their second forecast on the mental health risks and implications of the pandemic. At that time they outlined that beyond their initial assessment which highlighted that the levels of psychological distress and mental ill health were rising internationally in the wake of Covid-19, it warned that a combination of challenging factors may affect the whole UK economy and have a major knock-on effect on mental health.

3.13 Working with with NHS colleagues, the Centre for Mental Health developed a model to forecast how many people may need mental health support as a result of the Covid-19 pandemic. Published in October 2020, the model predicts that up to 10 million people in England (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis. 1.5 million of those will be children and young people under 18.

3.14 Some groups are more at risk of experiencing mental ill health, including people with existing mental health conditions, NHS workers, ICU patients and their families, those who have been bereaved and those affected by unemployment.

3.15 Not only has Brent has been one of the hardest hit boroughs both in terms of covid-19 related mortalities and economic impact, but as highlighted through the work of the Brent Poverty Commission, it already faces an array of challenges around social, health and economic inequalities. All these factors are likely to increase the prevalence and risk surrounding poor mental health.

4 Background: Mental Health and Employment in Brent

4.1 The issues and challenges around work experienced by people with mental health conditions was explored during community research carried out as part of the Employment Support and Welfare Reform OBR in 2016.

4.2 The research identified that under the right conditions work is important to mental health recovery but you need to be fit to work and have the appropriate support with mental health. The research also highlighted the challenges some people face in regaining confidence and getting their life

back in order and that managing a job alongside your condition and treatment is hard. Where people are unsupported in these challenges they are less likely to remain or succeed in their job. The research also looked at the things which support and enable people. Support that focused on mental health alongside employment was seen as critical, as well as support to make small steps towards work being helpful.

4.3 Subsequently research conducted by Brent's Adult Social Care service that looked into the provision of employment support for mental health users in Brent. The research looked at referral routes into mental health services, the links between existing pathways and the breadth of current provision for mental health service users looking for employment. This research highlighted issues around referral pathways, misinformation between organisations as well as a general lack of cohesion.

4.4 In September 2018, building on the challenges identified through the 2016 OBR and Adult Social Care research, Brent began work on an OBR focussed specifically on Mental Health and Employment. The overarching objective of the review was to better understand how the council, working with key partners and service providers, could increase the number of people with Mental Health conditions thriving in work.

4.5 Recognising that this subject cuts across a range of sectors and organisations, a multi-organisational project board was assembled to oversee the project and provide perspectives from across the system. Chaired by Brent's Strategic Director for Community Wellbeing, the following organisations have been represented on the board:

- Brent Council
- The Department of Work and Pensions
- Brent CCG
- NHS
- Federation of Small Businesses (FSB)
- West London Alliance (WLA)
- Central and North West London NHS Foundation Trust (CNWL)

4.6 Brent's OBR model follows a design-led approach, broken down into four key stages - Discover, Define, Develop and Deliver. The aim of this approach is to understand the subject from range of different perspectives and to work collectively to identify and test new ways of doing things.

4.7 Discover and Define

4.7.1 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 professionals, service providers and users.

4.7.2 Research at time estimated 16% of the adult population had a common mental health disorder (CMD) in Brent; slightly higher than the UK average (15.1%). Additionally, Brent had the ninth highest rate of depression in the UK with 5.3% diagnosed with the condition. There was a high inequality in Brent

between those diagnosed with a mental health condition and those who were not; with a 59.5% gap in employment rate between those in contact with secondary mental health services and the overall population.

4.7.3 In June 2019, a visioning day was held in Brent Civic Centre, bringing together all stakeholders that had been involved in the discovery phase. As well as all the organisations represented on the OBR board, this included service users and providers, colleagues from primary and secondary care, as well senior council officers and members.

4.7.4 The purpose of the visioning day was to identify and agree key areas of need and collectively identify a number of initiatives or projects that could be taken forward to redress those issues within the system.

4.8 OBR: Key issues and findings

4.8.1 The work carried out during the 'discover' and 'define' phases of the OBR identified that whilst there was a range of good work already taking place and service provision that catered to most groups, there were still gaps some gaps that remained. One group in particular was identified as being under supported – those in receipt of Employment Support Allowance (Support Component). It was identified that whilst those within this group held aspirations for meaningful work, the existing DWP policy design meant there was very little proactive support actually being provided Due to this there was a lack of engagement and support for the ESA Support Group despite there being 10,840 recipients of ESA in Brent with just over half having a mental health condition. Of the 5098 who have a mental health condition, 3770 of these are in the ESA support group.

4.8.2 In addition to the lack of support for those in receipt of Employment Support Allowance (Support Group), a range of challenges and issues were identified which can be grouped into three overarching areas:

4.8.2.1 **Links, communication and understanding between key facets of the system:**

The primary research undertaken captured perspectives and insight from a range of different professionals involved in delivering services relating to mental health and employment – these included colleagues in Health, DWP and Service Providers. This showed that there was a range of support available in Brent in relation to mental health and employment, the disconnect between different parts of the system and the challenges in finding out about what was available meant that even professionals working in the system were not aware of the range of support available.

Whilst some good working relationships were in place, there was an overall disconnect between the system as a whole. This spanned from organisations not having any idea what others did, through to knowing but lacking key information or the professional network that would enable them to connect. This meant that services were not able to refer or signpost service users to other relevant services.

4.8.2.2 **Navigation of the system for residents:**

Similarly, many residents were unaware of the support available to them or had various barriers to accessing that support.

Many residents with mental health conditions are reliant on a range of organisations working across the system in order to access the support required to obtain and sustain employment. The challenges for residents in navigating the system as a whole is further compounded by the professional disconnect, which can at times leave them stuck in the middle.

The impact of these negative customer experiences not only potentially further impact their mental health and wellbeing but can also prevent them from accessing the support they need. Below are some of the quotes taken from research conducted with professionals and services users:

- "We need a service that caters to our specific needs"
- "I just don't know what support is out there"
- "It's hard when you have to keep telling your story to lots of different services, and the thought of this can be too much"
- "When you have problems and the mind and body can't cope, then it all breaks down."

4.8.2.3 **Employment opportunities and in-work support:**

From an employment perspective, there are two main barriers that prevent those with mental health conditions from thriving in work; the first is obtaining work in the first place and the second is the support they receive thereafter to maintain work.

The first of these centres around inclusive recruitment practices. The extent to which an organisation's recruitment processes actively supports and encourages applications from those with existing mental health conditions can act to discourage or encourage those from applying. Many recruitment processes, such as the use of written application forms, can be barriers which prevent applications being made or these applications from progressing to the next stage.

> "Finding a job is not the problem – I just haven't got the strength mentally and physically to sustain one at the moment."
>
> *Brent service user*

For those in work, the extent to which an organisation is equipped to promote and support mental health and wellbeing is critical to sustaining that employment longer-term. In the absence of a supportive and inclusive organisational culture and working practices, there is a reduced likelihood of work being sustainable.

5 OBR Projects: Responding to the key findings of the OBR and supporting Brent's Covid Recovery.

5.1 Following the visioning day in June 2019, the OBR moved into the delivery phase, with three projects identified and agreed to tackle the key issues highlighted on the day. Both the existing and anticipated impacts of the Covid-19 pandemic have only acted to highlight the importance of these OBR projects as a crucial mechanism to improve the system of support for Mental Health and Employment. Each of the projects are outlined below, along with details of outcomes and progress to date:

5.2 **Accessible Pathways:** Designed to connect key facets of the system, taking a whole systems approach at both operational and strategic levels.

5.2.1 Working groups were established at both levels, meeting monthly to develop a greater understanding of existing strengths and weakness of the system, build professional networks and identify opportunities to work more collaboratively to achieve shared purpose. With groups working toward the same overarching objective at both levels, there is a two-way communication which ensures they work in tandem and are able to support one another where needed.

5.2.2 The strategic group - which at the time of writing consists of the OBR Project Board members – aims to continue work in developing key relationships, along with shared understanding and purpose, at a leadership level. Whilst supporting and empowering the operational forum to work collectively in developing and implementing new ideas and solutions, it also provides a point of escalation where that cannot be achieved. Over time, this group has sought to identify opportunities for leveraging commissioning activity and policy making across the system to drive better outcomes for residents and increase efficiency.

5.2.2.1 Kim Archer, OBR Board member, representing the WLA has said the following:

“Brent has been brilliant at developing a multi -agency systems approach to joining up services across CCG, LA and employment support providers services so that people with mental health issues who want to work will be able to access the support they need to find a job, help to stabilise their lives and sustain their recovery. This will put services in a really good position to respond to the impact of covid. ”

5.2.3 The operational working group – the Mental Health and Employment Forum – consists of a range service providers, Job Centre Plus staff, social prescribing Link Workers and Brent’s employment team. Meeting monthly since September 2019, the group has worked collectively to help develop briefings and training for both one another and Social Prescribing colleagues in Brent. Furthermore these sessions have evolved to become a space in which ongoing issues and challenges are surfaced, discussed and solutions explored. Where there are blockages or issues that cannot be resolved at an operational level, there is an established route of escalation into the Strategic Board.

5.2.3.1 Rash Patel, OBR Board member, representing the CNWL, shared the following:

"Brent Council have bought together providers and resident to co-produce a Mental Health & Wellbeing strategy which enables local providers to work together to identify gaps in supporting residents in Brent access paid employment. There have been a lot of discussions and group work in terms of the local labour market, the types of vacancies available, the local employers the groups they are working with, sharing of best practice and the vision of how we Brent providers want to work collaboratively in order to support our residents back into work"

5.3 **Navigator Pilot:** Designed to support people with a mental health condition to access employment support services at the right time in as simple a way as possible.

5.3.1 Initially, the pilot was designed and developed to test a direct route, for those with mental health conditions wishing to work, from primary healthcare settings through to DWP work coaches before then being referred on to established employment support providers. This was due to take place with two different referral origins. One that would test co-location with a social prescribing link worker based in a GP surgery, and another that would see a Mental Health Liaison Practitioner referring through to the same work coach based in the Willesden Community Hub 1 day per week.

5.3.2 Working across the system, with several organisations being key to the pilot's delivery, presented an array of complexities and complications which significantly delayed the pilot going live. Despite this, the relevant resources and approach were finally agreed in February 2020 with a targeted start between March and May 2020 subject to the clearing of DWP resources. However, with the outbreak of the Covid-19 pandemic in March 2020, the pilot was put on whilst all partners focussed on their immediate response to the crisis.

5.3.3 In July 2020, a workshop was held with all key delivery partners and members of the Mental Health and Employment forum. There was universal agreement that the purpose for which the pilot was first designed was going to be more relevant than ever in supporting the long-term recovery from Covid-19. With this in mind, the objective of the workshop was to take the key principles of the original pilot and develop a reimagined pilot that took consideration of the many changes that Covid-19 had wrought.

5.3.4 The redesigned pilot went live in August 2020, with a stripped back model in the first instance that could be refined and developed further as the pilot progressed. Aside from the need for the newly designed pilot to be able to be delivered remotely, the main differences to the original pilot design were largely driven by resource availability of delivery partners, and saw the following changes at the point of launch:

5.3.4.1 The starting point for all referrals would be Social Prescribing Link Workers. Mental Health Liaison Practitioners would not take part in the pilot to begin with, but opportunities would be sought to incorporate them at a later stage.

5.3.4.2 The DWP work coach would not be part of the pilot in the first instance. Instead all referrals would go directly from a Social Prescribing Link Worker to

one of two providers of Employment Support services; Shaw Trust [1]or Twining Enterprise[2].

5.3.5 Between the pilot going live on 11 August and the end of September, there have not yet been any referrals. Work is ongoing between Brent's Transformation team – which are coordinating the pilot – and Social Prescribing Link workers to identify any issues that might be preventing referrals.

5.3.6 The pilot is scheduled to run for a period of 6 months and will report into the Health and Employment Board – a new strategic group that has been proposed as the mainstream replacement for the OBR strategic group (see section 7.1).

5.3.7 In order to optimise impact and learning from the pilot, it will be critical that all key delivery partners are committed and supported within their respective organisations to progress the work as necessary.

5.4 **Pathways into Major Employers:** Working with employers in Brent to identify ways to create more opportunities, increase rates of employment and improve in-work support for those with mental health conditions.

5.4.1 Led by Brent's Employment and Skills Team, the aim was to engage with major employers to gain a better understanding of existing recruitment and HR practice, and what type of support would be needed to be more proactive in recruiting and supporting employees with mental health conditions. Furthermore, the team sought to optimise engagement activities that could help build direct links between employers and employment support providers, as well as increase awareness of existing support and training that businesses could be accessing.

5.4.2 A 'Business Roundtable' event was held on 27 November 2019 with representation from several large local employers as well as the Federation of Small Businesses. There were presentations from Improving Access to Psychological Therapies (IAPT), Shaw Trust and the DWP on their various offers to employers as well as facilitated discussions around the challenges and barriers to recruiting and supporting employees who have a mental health condition. Outcomes from the day included a commitment to support the co-ordination of mental health training for SMEs in the borough.

5.4.3 In conjunction with Brent for Business, the council was scheduled to host a Business Expo in April 2020. Amongst other things, this event aimed to bring together some of the information outlined above to raise awareness and access to support for business, including free mental health training for SMEs. However, due to the Covid-19 pandemic, this event was postponed.

5.4.4 On reviewing the options for the most efficient way of the council driving improved and more inclusive employment practice across the borough, the

[1] Shaw Trust are a social purpose organisation which helps disabled and disadvantaged people into employment and independent living.
[2] Twining Enterprise is a leading mental health charity that provides employment support to help people gain access and retain work.

Disability Confident Kite-mark was identified. With kite-mark schemes providing established frameworks for best practice, they offer the most effective mechanism through which employment opportunities and support can be influenced on a large scale.

5.4.5 The Disability Confident kite-mark supports all of the key elements required to develop more inclusive recruitment practices and greater support for those with mental health conditions in the work place.

5.4.6 Recognising its role as a leader, as well as being one of the major employers in Brent, the council undertook a commitment to become Disability Confident Leaders and develop our practice to lead by example in obtaining the Level 3 accreditation. In becoming a Disability Confident Leader, the council will help drive the agenda forward and support other employers to make the journey to become Disability Confident.

5.4.7 In June 2020, Brent moved from being 'Disability Confident Committed' (Level 1) to a 'Disability Confident Employer' (Level 2), with an action plan in place to be recognised as Disability Confident Leader (level 3) in 2021.

5.4.8 The action plan to become a Disability Confident Leader (Level 3) includes utilisation of the council's procurement powers through the Social Value Act. Contracts over £100k where appropriate will be encouraged to become Disability Confident employers.

6 Wider work, impacts and Learning

6.1 Capturing clear and measurable outcomes has been a challenging aspect of this OBR as well as the subsequent projects that were developed to address the key areas of need. Much of the impact and outcomes achieved through this work to date are difficult to measure, predominately stemming back to the development of the professional networks, relationships and referral routes across the system. Whilst these achievements are harder to define and measure, the bridging of these gaps has undoubtedly left the Council and key partners in a stronger position to work collectively moving forward in supporting residents with mental health conditions back in to work.

6.2 Where there are clear opportunities to outline and measure harder targets such as referral numbers, residents supported in to work or the number of employers with Disability Confident accreditation, these have been outlined within the recommendations section (see section 7)

6.3 Shaheen Patheen, OBR Board member representing the DWP, shared the following feedback on the overall impact of collaborating on this OBR and subsequent projects:

"Having the opportunity to join the OBR meetings and the Provider forums has certainly given DWP more exposure to the community, raised the DWP brand and given us opportunity to engage with new Partners & Stakeholders. The Partnership collaboration has given JCP more awareness of the local authorities objectives and knowledge of the specific organisations services which I have shared with Work Coaches in Harlesden & Wembley Jobcentre

Plus Offices. These have been very useful links that have helped some of our vulnerable customers registered with JCP."

6.4 Opportunities to support wider health conditions into employment

6.4.1 There are other health conditions, beyond mental health, for whom barriers exist in accessing and sustaining employment. For a number of people, a mental health condition may also be accompanied with other health conditions or disabilities. Whilst there will be a range of different support requirements across the spectrum of individual needs, it will often involve many of the same organisations who are supporting those with mental health conditions. Furthermore, many of the same challenges will apply; helping people to access the right support at the right time and creating inclusive and accessible work places.

6.4.2 Whilst, mental health should be the primary focus for this point in time, the ongoing work and system-wide collaboration being taken forward will also provide opportunities to improve support for those with wider needs in the longer term.

6.5 Brent as an Employer

6.5.1 Throughout this process, the council has recognised its own role as a major employer and in championing good practice in the borough. In addition to the work Brent has undertaken with regard to the Disability Confident scheme, the council already had a range of support in place to support Mental Health, ranging from information and articles through to direct access to free counselling and the Employee Assistance Scheme. However, over the past 12 months, Brent has continued to review and develop its practice and provision to increase support for Mental Health and Wellbeing in the work place. This includes:

- Mental Well-Being Champions: Developed through partnership and joint working in the Council, Brent now has 53 Champions registered with training to follow.
- Domestic Abuse Champions course completed in July 2020, with 30 champions providing support to staff across the Council. Brent's Housing Needs department received accredited DAHA status in October 2020, recognising outstanding support for victims and survivors of domestic abuse
- Forward Together – all staff conferences focussed solely on Mental Health
- Brent Talking Therapies on-site clinic at Civic Centre three times a month.
- Brent Talking Therapies Workshops covering Mindfulness, Depression, Anxiety, Stress Awareness
- A range of digital resources, promoted internally and available through the employee learning and development platform, the Learning Hub.

6.6 Social Prescribing Development Sessions

6.6.1 Beginning in November 2019, and led by Brent's Director of Health and Social Care Integration, Brent started a new initiative to develop an ongoing

programme of development sessions for colleagues working in health, such as Link Workers and Care Navigators. Focussing on staff working closely with GPs as part of the Integrated Care Partnership - and specifically those people providing 'care navigation' and 'social prescription' support - the aim of these sessions is to develop the knowledge and understanding of services provided by the Council and other partners working in Brent. Through these sessions, health staff were able to develop their professional networks and relationships, as well as establish the most effective routes for referral and ongoing communication. Topics covered to date have included the following subject areas:

- Housing: Homelessness, Private Housing Services & Licencing, Brent Council Housing and Housing Associations
- Outcome Based Review for Mental Health and Employment
- Employment Support Service Offers: Brent Works, Shaw Trust Work and Health Programme, Twining IPS Trailblazer, SEIDS
- Job Centre Plus: out of work benefits and employment support
- Brent Community Hubs
- Adult Social Care
- Making Every Contact Count

Topics identified for potential future sessions include:

- Support for suicidal patients
- Dementia
- More Housing and Homelessness
- Work Capability Assessments
- Grooming
- Priority for those with physical disabilities
- Permitted work

6.6.2 Moving forward, opportunities for future social prescribing sessions will continue to help support and develop the professional networks for these roles that are considered key to primary care. By helping to ensure health colleagues are equipped to divert patients without immediate health needs away from GP surgeries and through to right support, it will free up capacity within those surgeries for those people who do need a GP appointment, and in turn helping to reduce attendance at A&E.

6.7 System Challenges

6.7.1 Working across the system proved to be challenging and at times made it difficult to progress parts of the project. There are a number of factors contributing to this, beginning with a general lack of knowledge, understanding and professional relationships across the wider system. Whilst pockets of collaborative working existed between some parts of the system, a number of gaps do exist, most notably between health and the other key facets.

6.7.2 Whilst many parts of the system are working with the same residents, the lack of joined-up working often makes it all the more difficult for that person's needs to be addressed effectively. Despite there being a range of good provision available to support individuals with their mental health and moving

into employment, a lack of coordination and collaboration across the system hinders the mutually beneficial impact of that work.

6.7.3 The organisations that have been involved in this OBR have helped to unpick some of the complexities and challenges currently preventing more people with mental health conditions from obtaining and sustaining employment. However, all those involved are currently working to their own internal objectives, delivery plans and timescales. So, whilst there has been a shared appetite and desire to work collaboratively to better understand how we can improve outcomes in this area, the key activities that will be necessary to achieve this, currently lacks a set of shared, system wide and multi-organisational objectives and delivery plan.

7 Recommendations

The recommendations made in this section aim to ensure that the strategy for Brent and key partners across the borough is multi-faceted in its approach for in further developing support and opportunities for those with mental health conditions in the work place. They aim to build upon existing strengths whilst also leveraging opportunities to influence and shape interconnected areas of work to achieve alignment where possible.

7.1 Health and Employment Board

With the OBR being formally concluded, the board overseeing that work will also cease. In order to ensure there is a multi-agency strategic oversight moving forward, it is proposed that a new board be formed to build upon the work of the OBR on an ongoing basis. The recommendations for this board as follows:

7.1.1 The Health and Employment Board is established to build upon the work from the OBR and take the agenda forward.

7.1.2 The board will focus and frame efforts on the three critical system aspects identified through the OBR:

- service user navigation
- joining up the system
- employment opportunities and support

7.1.3 The board will primarily be focussed on mental health and employment, though with the flexibility to support employment for other health conditions where considered appropriate by that board. The objectives of the board will be set annually and delivered through an annual action plan.

7.1.4 Meeting quarterly, the board will be chaired by a senior officer at Brent Council and will report to the Health and Wellbeing board annually

7.1.5 Where possible, the board should include representation by the following key organisations and services; Council, the DWP, the CCG, ICP, NHS, flexible business representation, key service providers

7.2 Navigator Pilot

7.2.1 The OBR Navigator pilot will run for a six month period from August 2020, during which time it will be co-ordinated and supported by Brent's Transformation team and overseen by the new Health and Employment Board.

7.2.2 Opportunities to expand the pilot or deploy into other social prescribing settings in Brent will be reviewed and considered by the Health and Employment Board.

7.2.3 Navigator pilot delivery partners working in primary care should commit to a collective target of 10 referrals per week, over the course of the pilot. Where potential candidates are not suitable for the provision available, basic monitoring should be captured to help identify how the type of provision might be further developed to address any gaps.

7.3 Operational Forum

7.3.1 The operational forum will continue to run and be expanded where necessary to include representation from colleagues in primary care and other key partners / organisations

7.3.2 The forum will be led by Brent's Employment, Skills and Enterprise Team and will move to a quarterly frequency. The transformation will support the transition of the board to the employment and skills team, helping to develop the membership and leadership therein for longer-term sustainability

7.3.3 Where new referral routes are developed and increases in residents accessing services are achieved, forum partners should aim to capture and quantify these impacts.

7.4 Employment Opportunities and Support

7.4.1 All organisations forming the core membership of the Health and Employment board should work toward attaining the Disability Confident Level three accreditation where possible.

7.4.2 The Health and Employment Board will seek to develop greater opportunities and support for those with mental health conditions by promoting and encouraging the organisations and businesses we collectively with to obtain the Disability Confident kitemark.

7.4.3 The objective will be to increase the number of Disability Confident employers in Brent by 15% within each of the three tiers by April 2022.

7.5 Health Inequalities Programme

7.5.1 To ensure close links are established with the work of the Health Inequalities Programme, as it seeks to align streams of work with shared priorities and vision, focussing on protecting people from covid-19 and tackling entrenched health inequalities.

7.5.2 For the Health and Employment Board and Mental Health and Employment forum to identify opportunities to develop professional networks and referral routes that can support and strengthen the Health Inequalities Programme

7.0 Financial Implications

7.1 None

8.0 Legal Implications

8.1 None

9.0 Equality Implications

9.1 None directly

10.0 Consultation with Ward Members and Stakeholders

10.1 N/A

11.0 Human Resources/Property Implications (if appropriate)

11.1 None

Report sign off:

Phil Porter
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