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Health and Wellbeing Board*

Tuesday 6 April 2021 at 6.00 pm

Online virtual meeting. The link to view the meeting can be accessed HERE

**Republished on 31 March 2021 to include the previously "to follow" items 5, 6 and 8.*

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

Substitute Members (Brent Councillors)

Councillors:

Knight, Krupa Sheth, Southwood and Stephens

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 - 12

To approve as a correct record, the attached minutes of the previous meeting held on 20 October 2020.

4 Matters arising (if any)

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

5 The single CCG and the Quartet 13 - 22

To update the Health and Wellbeing Board on the single CCG and ICS, including the Health and Social Care White Paper, and introduce the Quartet.

Reports published on 31 March 2021

6 The COVID-19 Pandemic 23 - 194

To present to the Health and Wellbeing Board details of the second wave of the pandemic and its impacts, an update from the work of partners during the pandemic, a vaccination programme update and a Brent Health Matters update.

This paper is made up of several reports with Appendices as detailed:

- i. Epidemiology of Covid-19 in Brent (including one appendix)
- ii. Partners Update
- iii. Brent Covid-19 Outbreak Plan (including five appendices)

- iv. Vaccination programme (including two appendices)
- v: Brent health matters

reports published on 31 March 2021

7 Brent Children's Trust (BCT) Six Monthly Update 195 - 200

To provide the Health and Wellbeing Board with an update report of the Brent Children's Trust (BCT) work programme covering the period between October 2020 and March 2021 and outlines the priority areas of focus for the BCT from April 2021 to March 2022.

8 Joint Health and Wellbeing Strategy (JHWS) Update 201 - 212

To present a progress update report from the development group of activity so far and agreement of next stages.

Reports published 31 March 2021.

9 Commissioned Community Services 213 - 224

To update the Health and Wellbeing Board on community services commissioning.

10 Healthwatch Commissioning

To update the Board on the commissioning outcome and implementation of Healthwatch Brent. For background, the approval to award a contract decision can be accessed here.

11 Better Care Fund 2021/22 Ratification

Ratification of the Better Care Fund (BCF) 2021/22.

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.

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Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Tuesday 20 October 2020 at 6.00 pm

PRESENT (all present in a remote capacity): Councillors Farah (Chair), Dr MC Patel (Vice-Chair, HWB and Chair, Brent CCG), Councillor Kansagra (Brent Council), Councillor Nerva (Brent Council), Councillor M Patel (Brent Council), Jonathan Turner (Brent CCG), Dr Ketana Halai (Brent CCG), Julie Pal (HealthWatch Brent), Basu Lamichhane (Brent Nursing and Residential Care Sector – non-voting), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust – non-voting), Carolyn Downs (Chief Executive, Brent Council, non-voting), 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 a remote capacity): Hannah O'Brien (Governance Officer, Brent Council), James Kinsella (Governance Officer, Brent Council), Councillor Butt (Leader, Brent Council), Meenara Islam (Strategic Partnership Manager, Brent Council), Veronica Awuzudike (Healthwatch Brent Manager), Julia Mlambo (Partnership and Engagement Manager, Brent Council), Tom Shakespeare (Director of Health and Social Care Integration, Brent Council), Russell Gibbs (Change Manager, Brent Council), Jo Ohlson (Accountable Officer of the NWL Collaboration of CCGs) Trusha Patel (HealthWatch), Sangeetha Ilanko (Programme Officer, Brent Council), Susan Anderson-Carr (Programme Manager, Brent Council), Ketan Mistry (Programme Support Officer, Brent Council)

The Chair led opening remarks and introduced Basu Lamichhane as the new representative for the nursing and residential care sector, replacing Mark Bird.

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

   Apologies for absence were received from Sheik Auladin (Managing Director, Brent CCG).

2. **Declarations of Interest**

   None declared.

3. **Minutes of the previous meeting**

   RESOLVED: That the minutes of the meeting held on Monday 29 June 2020 be approved as an accurate record.

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

   Dr Melanie Smith (Director of Public Health, Brent Council) updated the Board regarding the increasing number of people testing positive for COVID-19 in the UK. She explained that rates of infection were increasing everywhere in the UK at all age groups, but the increase was happening at different rates and different parts of the country were at different levels of infection. While the increase was seen in all ages the highest ages specifically were those aged 10-19 and 20-29. Dr Melanie Smith advised that the virus in those groups tended to be very mild or asymptomatic, but there was now an increase in over 60s contracting the virus which was resulting in a small but definite increase in hospital activity. London was in tier 2 restrictions and the rate in London had passed 100 positive cases per

100,000. Most London Boroughs were seeing a similar rate while Brent was just below 100 per 100,000. The positivity rate had increased, with 1 in 10 who were getting tested in Brent testing positive. It was noted that there was good access to testing in the Borough. Dr Melanie Smith expressed that she had significantly more confidence in the recorded rates now than a month ago when testing was capped.

5. **Health inequalities update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced a report updating the Board on the setup and progress of the health inequalities programme following the report presented to the Board in June 2020, which detailed the disproportionate impact of COVID-19 on BAME communities in Brent. She highlighted that the impact of COVID-19 was not equal and the infection was more serious, with higher mortality rates, for certain groups such as older people, men, and those in deprived communities, but even after allowing for age and deprivation those of Black and Asian heritage had worse outcomes. It was agreed at the last meeting that work should be done together to address health inequalities in Brent, focusing in particular on Church End and Alperton - areas which were highlighted as particularly affected during the first wave of the virus with a significant distressing number of deaths. Dr Melanie Smith highlighted the following key points in relation to the health inequalities report:

- A governance structure had been established with a Steering Group and a Reference Group and a wide range of partners across the Council, NHS and Healthwatch, as outlined in the report. The NHS had approved the business case for the new model of Primary Care that had been proposed with staff being appointed to drive it forward at pace.
- There were short, medium and long term actions that would be taken to address health inequalities. Immediate actions would be aimed at reducing exposure to COVID-19 and susceptibility to severe infection while improving access to healthcare, in collaboration with the community. This would be a Borough wide approach with targeted interventions on those particularly affected areas of Church End and Alperton. As well as this work would include increasing uptake of preventative services, such as flu vaccinations and cancer screenings which had been impacted by COVID-19, and improving the control of long-term conditions such as diabetes and hypertension which were more prevalent in BAME communities.
- Four Community Champions had been recruited from 2 well attended community meetings with Church End and Alperton residents. These would help the Council understand the needs of Brent communities and how those communities experienced COVID-19 to help develop messaging. Communities had fed back that COVID-19 messaging during the first wave of the virus had been confusing and not culturally competent so the project was looking to address this with the Community Champions and Health Educators, with more culturally competent messages now created. There were regular events scheduled with the Community Champions and wider community groups to help with the action plan. There was the opportunity for more volunteers to become Community Champions, with the Council looking to increase their reach into communities and looking for younger volunteers in particular. The Council were very grateful to those who had came forward but could not say they were necessarily representative of all the diverse communities in the Borough so the door was still open for more people to volunteer. There was also the opportunity for appointments to paid positions – Community Health Educators – with a focus on health education and promotion within the community.

- Targeted enforcement activity had taken place working with the community to help people understand the new restrictions and provide practical support for businesses.
- The CCG had secured funding for a Primary Care and Mental Health project which would be a joint piece of work between the Council, CCG and local trusts taking responsive and holistic Primary Care into the community rather than residents accessing services in traditional ways.
- The area of digital inclusion needed to be addressed particularly with the move to many services online during the first wave of the virus.
- A North West London NHS volunteering piece of work led by Helpforce was underway, which sought to improve low-level mental health outcomes such as depression and anxiety. The Council were at an early stage of understanding how the project would interface with existing volunteers schemes and a workshop was due shortly to introduce the work to local VSC organisations.
- Longer term plans would come from working with the community and Champions where the more entrenched structural determinants of health inequalities would be addressed.

The Chair thanked Dr Melanie Smith for providing the update and invited comments from the Board, with the following issues raised:

In relation to COVID-19 and the disproportionate impact on BAME communities in Brent, the Board queried what the statistics showed. Dr Melanie Smith advised that the most robust information on the disproportionate impact of COVID-19 on Black and South Asian communities came from looking at the national statistics for England and Wales, which showed once one allowed for the fact that BAME communities tended to be younger and lived in more deprived communities there was still a doubling of mortalities in Black communities and one and a half times mortality for those of South Asian heritage. The most recent testing data showed that the uptake of testing in Brent was reflective of the diversity of the local population. Carolyn Downs (Chief Executive, Brent Council) added that the registered deaths in Brent from COVID-19 were disproportionate in relation to the Asian community compared to the percentage of the population.

Dr MC Patel (Chair, Brent CCG) advised that Brent's flu vaccination campaign had launched very well and was doing better at the time of the meeting than at the same stage a year ago, with Brent being one of the top London Boroughs for numbers vaccinated.

The new model of Primary Care being piloted aimed to break down the silos between different pathways of the NHS and wrap care around the resident, bringing different professionals into the team to deliver care to the individual. Dr MC Patel advised that this was the first time a model of care looked to establish holistic care putting the patient at the centre of care and reducing the barriers between different services. The traditional system where a resident would need to go to a GP and get a referral would no longer be used so that no matter where a resident accessed healthcare they would be referred to the correct place without having to go back to their GP. The model aimed for a patient to remain in the system once they had accessed it so that they could return whenever they needed advice throughout their lifetime. Outreach to those in the community who traditionally did not access healthcare would take place.

Board members noted that the Council's new procurement strategy had just been released looking at how suppliers could help Brent communities which could be added to the schedule of works going forward.

RESOLVED:

i) To agree the recommendations set out in the report.
ii) To receive a report at the next Health and Wellbeing Board providing an update on the progress of the health inequalities work.

6. Joint Health and Wellbeing Strategy 2021

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the report proposing a re-write of the strategy. The Board heard that the Strategy was due to be refreshed prior to COVID-19 but that work was deferred as a result of COVID-19. The Strategy was now being brought back to the Board with the proposal of conducting a more fundamental piece of work looking at the long term impact of health inequalities and structural inequalities and tying those into a wide range of work including the Council's recently published Poverty Commission and the Black Community Action Plan with the aim to add to the work across those streams rather than duplicate it. Paragraph 3.7 of the report outlined the timescales for the work.

The Board were in full support of taking the recommendations forward.

RESOLVED: That the Health and Wellbeing Board agrees for a new Joint Health and Wellbeing Strategy to be produced in light of recent events and agrees to the proposed process and timeline set out in paragraph 3.7 of the report.

7. Brent Children's Trust Update

Gail Tolley (Strategic Director Children and Young People, Brent Council) presented the report which provided an update on the work of the Brent Children's Trust (BCT) over the past year. The following key points were raised:

- The thread of Transitional Safeguarding was appearing across the Trust's work as practice frameworks and collaborations were developed, outlined in section 3.14 of the report.
- The Trust had continued to meet virtually throughout the pandemic focussing on a collaborative response. The Trust had begun to plan for recovery and would now start looking at a new set of arrangements around alert levels.
- There was the possibility of a visit from Ofsted and CQC during the Autumn Term to conduct an interim inspection.
- The Trust had focused on Family Wellbeing Centres, ongoing implementation of SEND reforms and the integrated 0-25 service, although integration with health had been paused due to the work needing to be done for the pandemic.
- The Trust continued and would continue to provide a strong focus on the health and wellbeing of children and young people.

In response to a query about transitional safeguarding, Gail Tolley explained that the concept of transitional safeguarding looked at the period of time when a child accessing children's services turned 18, as children's services, unless the young person was a care leaver, ended on a their 18th birthday despite there being significant safeguarding risks for young people. The focus was on how to support the transition and stretch out services into that adult period, as if the young person was receiving support before their 18th birthday they would not necessarily meet the threshold to receive higher level adult services. Dr MC Patel advised that the transitional safeguarding work linked in with conversations he had begun to have regarding mental illness at that transitional period, and he would like to know the outcomes of the work.

Dr Ketana Halai (Clinical Director, Brent CCG) thanked Brent Children's Trust for the support given during the pandemic, particularly getting key messages out to parents and guardians in Brent.

RESOLVED: That the work of the Brent Children's Trust for the period October 2019 to September 2020 be noted.

8. Health and Care Transformation Programme Update

Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) presented the report which provided an update on the progress of key activities of the joint Health and Care Transformation Programme over the past 12 months. The programme was overseen by the Health and Care Transformation Board, which reported directly to the Health and Wellbeing Board. He raised the following key points in relation to the report:

Care Homes:

- Over the COVID-19 period the work and priorities of the Board and Programme had necessarily changed to respond to issues that had presented during COVID-19. The work in care homes and the support provided to care homes during COVID-19 was highlighted, with the weekly care home forum noted as having provided a good grounding for the work done with care homes over the COVID-19 period. Direct contact was established with Provider Relationship Officers to address outbreaks of COVID-19 and provide support, training and peer-to-peer support, which resulted in positive outcomes in the context of COVID-19.
- Employment of a key role working with managers on a peer support basis had begun, looking to drive up the quality of care homes and get more homes in Brent 'good' or 'outstanding' from a CQC perspective.
- There had been a push to get NHS mail rolled out and tablets rolled out to enable video consultation across care homes which was now live.
- Training had continued, including Public Health infection control training and support.
- Work was being done with the Council, CCG and other colleagues across health services to support the roll out of Direct Enhanced Service (DES), an enhanced healthcare service across all care homes providing a direct GP link and dedicated support.

As the care home representative on the Board, Basu Lamichhane agreed that care homes felt very supported by the integrated programme and the forum had been a very useful resource during COVID-19 and the uncertainty regarding PPE and testing. Managers felt comfortable talking about what was going well and also where things were going wrong through the peer support scheme. He advised that moving forward they would like to see more repeat testing available in care homes and allow designated visitors to come to the care home through that type of testing system.

Hospital Discharges:

- A single hospital discharge hub had been established for Brent and Harrow based in Northwick Park which accepted referrals from other trusts and took a Multi-Disciplinary approach. It was noted that there had been significant improvements in the flow and discharge out of the hospital and pathways and models of care had been agreed to support the delivery of the hub.
- Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) advised that the discharge hub had worked very well supporting the response to

COVID-19 and made a huge difference to managing the crisis. He felt it demonstrated the good work in co-designing the hub and in joint working.

Rehabilitation and Re-ablement:

- The provision of rehabilitation beds at Central Middlesex Hospital was due to be recommissioned within a nursing home setting. Twenty beds would be re-provided with the additional equivalent of beds being supported by a new dedicated community rehabilitation service, working with the integrated rehabilitation and re-ablement service within the community to support people at home. The service was due to go live on 1 November 2020. Tom Shakespeare expressed confidence that the model was backed up by data and evidence of moving people out of hospital and into the community.
- Regarding the rehabilitation and re-ablement service, the Board heard that the model had been co-developed across the CCG, Council and Trust and it was confirmed the service had a multi-disciplinary team delivering care. The care home provision and nursing staff would be provided by the care home and the Trust would provide medical input and leadership both through GPs and clinical supervision meaning it would be a high quality clinical model and have appropriate therapy provision. They were working hard to ensure handover between services would be as smooth as possible and would report back to the Board on progress to ensure the service was being implemented as intended. Simon Crawford expressed that the service would be critical to resilience to winter pressures and a potential spike in COVID-19.
- Work was being done for the re-provision of the in-house re-ablement service and given the financial pressures the Council were now facing they were looking to bring a more detailed model to the Board following further discussions as to how they would be supporting an improved model of re-ablement working with the independent sector going forward.

In response to a query from the Board Tom Shakespeare advised that the procurement process for rehabilitation beds had begun and the criteria set only enabled them to go with one home which had a discreet ward to support COVID infection control processes and ensure it was operating at higher standards of rehabilitation.

Better Care Fund:

- The Better Care Fund guidance and deadlines for submission had not yet been released for the financial year but Tom Shakespeare reassured the Board that work was being done to be clear where funding would go and what support would be available for winter pressures over the coming weeks. The proposal would be discussed at the Joint Health and Care Transformation Board and return to the Health and Wellbeing Board for formal ratification.

RESOLVED: To note the progress against the plan agreed in 2019/20.

9. **Healthwatch work programme update**

Veronica Awuzudike (Healthwatch Brent Manager) introduced the update which provided a follow-up report on the engagement undertaken by Healthwatch Brent between June to September 2020 including insights into how residents found Health and Social Care services during COVID-19. Healthwatch Brent expressed they were pleased with the engagement they had received from residents with approximately 584 pieces of engagement during the review period resulting in approximately 1,000 pieces of

engagement overall from Brent residents. Veronica Awuzudike believed that it was one of the largest pieces of engagement at least regionally if not nationally from any Healthwatch, and highlighted they had been able to access groups that were not usually engaged such as those with Sickle Cell and South Asian people living with HIV. She drew the Board's attention to the following key points:

- Residents were happy with the walk-in testing services, particularly the Harlesden testing site. Residents found the service fast and safe to manage.
- There had been praise for Councillors and residents recognised the hard work of the Council and Public Health department. It was reported that residents were proud of the support they had been given.
- There was a push from residents for clearer messages of assurance that services would not close or be paused as a result of a second wave of COVID-19.
- The engagement had brought to light the high level of digital poverty in the Borough resulting in digital exclusion. Healthwatch Brent encouraged initiatives that looked to address long term poverty that was not a single step action.
- Healthwatch Brent had partnered with the Advocacy Project, a group based in Brent gathering insights from clients with complex learning disabilities, who were able to share insights with Healthwatch for those clients facing digital exclusion. Further case studies throughout the report were also drawn to the Board's attention.
- Healthwatch Brent were working with the Public Health team and were part of the health inequalities reference group where they would take resident insights to ensure the project was structured with residents in mind.
- There were sentiments of anti-vaccination amongst some communities in Brent therefore Healthwatch were working with the CCG to develop messaging to those communities.

As part of the discussion, Board members highlighted a clear need across health and social care to look beyond the broad description of BAME to further understand the needs of diverse individual communities, as each particular community had their own requirements and needs, and Brent should aspire to provide care in a culturally sensitive way.

In response to queries regarding anti-vaccination sentiments, Veronica Awuzudike highlighted that those messages came from a lack of trust where people were less likely to feel that the messaging being given to them was good for them. A significant amount of work had been done within the Council, CCG and Public Health to find new ways of partnering with residents to ensure maintenance of trust, with the view that the health inequalities reference and task groups would be good forums to do that work and ensure sustainability across the life cycle of residents in Brent.

Regarding digital poverty, Veronica Awuzudike advised that the Council needed to further understand the residents who were being given computer devices to ensure sustainability. For example, a resident who had been given a laptop might not know how to use it but would be able to use a computer if they accessed a library computer and had help. In addition the need for accessible internet was raised. The Board heard that there were areas of the Borough with very poor access to Wifi, 4G and mobile network access, often resulting in residents having to opt for higher cost providers which were not affordable. Veronica Awuzudike highlighted that there were volunteering networks and partners who worked well with people in the local community and Healthwatch were leveraging the partnerships they had in Brent to ensure they brought people into the conversation.

In response to how residents could get involved formally with Healthwatch, Veronica Awuzudike advised that overall due to COVID-19 Healthwatch had seen an increase in the number of volunteers looking to partner with them and the work plan had changed as a

result of COVID-19, with Healthwatch were looking at new ways to manage volunteers and get the most out of them. Healthwatch were also looking at developing a Youth Healthwatch with specific projects that Healhwatch could oversee.

Julie Pal (CEO Healthwatch Brent) addressed a query regarding Healthwatch's work with PALS. She advised that Healthwatch Brent had a good working relationship with PALS and Voiceability and the previous Healthwatch Manager, Ian Niven, had established regular meetings with them. They would look to introduce Veronica Awuzudike to the sector of information, complaints and advocacy and rebuild those links. Through the Healthwatch Brent Advisory Board a strong relationship had been developed with the Head of Complaints for Adult Social Care, who had been attending meetings and taking on cases where community partners had talked about residents struggling to access services.

Responding to a query, Trusha Patel (Healthwatch Brent) highlighted that crime, street cleanliness and the environment were discussed by residents. Particularly residents were concerned about safer good housing where there was multi-generational living, safety in parks due to an increase in people going for walks, and fly tipping and pest control. These sorts of concerns had been picked up through WhatsApp messages and next door neighbour apps, through smaller groups talking to each other amongst themselves.

Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) requested support to encourage the community that hospitals was safe to attend. Whilst the Trust had put communications out it was important the networks in place also reassured people as much as possible. There were safe pathways in place so anyone who attended A&E who were assessed for potential COVID-19 presentations went through a separate pathway and remained there until their COVID-19 status was known. If a patient did test positive they were put in dedicated wards so that admissions into hospital were not mixed. For those attending for elective procedures a COVID-19 test was taken before they attended with the procedure only going ahead if the test was negative. Healthwatch agreed to put out communications regarding attending hospital.

RESOLVED: to note the report.

10. Mental Health and Employment Outcome Based Review (OBR)

Russell Gibbs (Change Manager, Brent Council) introduced the report which provided an update on the previous report to the Board in July 2019, setting out the learning, impacts and proposals to be taken forward from the OBR on Mental Health and Employment. The project was an ongoing piece of work began 2 years ago involving Job Centre Plus, CCG and the Council to improve people's access to work and increase the number of people with Mental Health Conditions thriving in work. Russell pointed out the following key points:

- The focus of the work was to ensure inclusive recruitment practices in Brent as far as possible and to enable the right support for people once they were in work.
- There was a perceived disconnect between the system in taking the work forward therefore the work over the year had involved putting structure around those systems to take the project forward.
- The paper asked the Board to galvanise their ongoing commitment to support the longer term system building and the challenges they presented, and to support the recommendation for a Health and Employment Board to replace the OBR Board to take the work forward via business as usual.
- The target would be to get ten referrals per week as a starting point from primary care into the navigator pilot and look to increase the number of Disability Confident employers.

- There was an opportunity to work with Assured Trust and the Board were very keen to talk to businesses about how it the scheme could work for individual businesses and respond to what businesses needed to be able to put robust programs of support in place for people looking for work.

In response to queries about engagement with employers, Russell Gibbs expressed it was generally difficult to engage with employers around their recruitment practice. During a round table discussion the previous November they looked at challenges for employers and incentives to take forward, with the Disability Confident scheme being the recommended route as it provided all the right foundations for the work to happen with employers. Part of the role would be to provide support and mentorship for anyone willing to any employers take part in that.

Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) advised that from a Trust perspective he would be happy to be engaged and link the right person in the Trust with the work to consider what they could do as a big employer.

RESOLVED: to agree to the recommendations set out in the report.

11. Re-commissioning of Healthwatch

Julia Mlambo (Partnership and Engagement Manager, Brent Council) gave a brief update on where the Council were at with the re-commissioning of Healthwatch. Julia explained that the Partnership and Engagement Team were recommissioning all of its contracts over the next year on a standard basis to ensure the commissioning programme was looked at holistically and all contracts worked well together. The procurement specification had been written with emphasis aligned with strategies around the impact of COVID-19, BAME engagement and addressing health inequalities.

The contract would be let on a 3 year plus 2 year extension and to support the tendering out of the contract there had been a comprehensive capacity development programme provided on Brent's procurement process, bidding for contracts, Healthwatch policy and consorted development. It was hoped Brent had made it possible for voluntary and SME sector organisations to respond.

The tender opened on 14th October 2020 and would close on 18th November 2020, with the evaluation process taking place over December 2020 and January 2021 and an aim of service mobilisation in February and March 2021 and the new service going live 1 April 2021.

Members who had questions regarding the re-commissioning of the contract were advised to contact Julia Mlambo via email.

12. Any other urgent business

Single CCG update

Jo Ohlson (Accountable Officer of the NWL Collaboration of CCGs) provided a verbal update on the development of the single North West London CCG that would merge 8 North West London CCGs into one. She explained that the aim across North West London was to develop an Integrated Care Partnership that was strategic across North West London with a single CCG and other partners, including all 8 councils. The single CCG across NWL was due in April 2021 and 7 of 8 CCGs in NWL had voted in favour of the merge. West London had not voted in favour of the merge to a single CCG therefore there would be a second vote with West London. If West London did not vote in favour it was proposed that the merge would continue with 7 CCGs.

A Borough leadership team would be in place made up of Primary Care, Community, Mental Health and the Local Authority to direct community Mental Health services and a Brent CCG Borough team of around 37 people. It was hoped that there would be the opportunity to give that team more autonomy and control over elements of budget going forward. It was proposed there would be a single Senior Lead for the NHS who would be an Out of Hospital Director so that Brent could continue to have a senior dedicated Borough leader who the CCG and Council would be involved with identifying.

Carolyn Downs (Chief Executive, Brent Council) expressed that she was pleased that a level of partnership working and constructive engagement had been seen in the Borough. She highlighted that she did not want, as a result of the change, a new partner brought in who would impose their will on those who had been working together in Brent for years and established a genuinely constructive, collegiate and collaborative way of working. She was also concerned that the staff of the CCG would be put under a body without legitimate or legal basis, and expressed disappointment that the proposals agreed collaboratively through the Health and Wellbeing Board a year ago were no longer happening. In response, Jo Ohlson advised that CCG staff would continue to be employed by a statutory body and there was a staff consultation occurring at the time of the meeting. She expressed that it was not the intention to impose a partner against Brent's wishes. Jo Ohlson expressed her commitment to Brent.

In response to queries regarding what authority the Out of Hospital Director would have, Jo Ohlson advised that they would have operational oversight around delivering health services rather than commissioning health services. The Local Authority sat outside of the Director's remit as they would not be managing the Local Authority, but there would be a need to ensure the Local Authority and Primary Care were equal partners in the senior team.

In relation to what would happen with services that were procured outside of the NHS, such as physiotherapy, Jo Ohlson advised that there was not a campaign to bring every service back into the NHS but they would work through the options and where the opportunity was right and the time was right they would bring services back. It was not expected that the procurement for services the Trust had given notice on would be competitive so they would work together regarding how best to deliver those services without going through a timely and expensive procurement process.

Veronica Awuzudike reported that there was confusion and apprehension amongst residents regarding the merge to a single CCG about changes to services amid COVID-19. She requested that there was communication to residents in Brent to let them know about the changes in easy-read simple formats, which Jo Ohlson agreed they could commit to once it was confirmed the merge would go ahead. Jo Ohlson added that residents should not see a difference to their service.

The Board requested that a directory of NHS services was made available to the public as soon as possible. It was agreed that Jonathan Turner would action.

RESOLVED: to note the update and receive a further update at the next Health and Wellbeing Board.

13. **Date of next meeting**

The date of the next meeting was noted to be 25 January 2021.

The meeting was declared closed at 08:09pm

COUNCILLOR FARAH
Chair

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 6 April 2021
	Report from the Director of Integrated Care (CCG/LA) and Borough Director (CCG)

Health and Care Transformation Programme Update, transition to 'Quartet' and refreshed priorities

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, tom.shakespeare@brent.gov.uk Jonathan Turner, Borough Director Brent CCG Jonathanturner2@nhs.net

1.0 Purpose of the Report

1.1 To update on progress of the health and care transformation programme since October, and to provide an update on the new governance arrangements and seek comment and support for the proposed priorities for the system

2.0 Recommendation(s)

2.1 To note progress against the plan agreed in 2020/21 and the transition to new governance arrangements, and provide a strategic steer and advice to support the delivery of the updated priorities and approach

3.0 Background

3.1 In October 2020 the Board received a full progress report on the programme. In addition to an update on the delivery of agreed priorities, the report provided an update on the operational role that the team provided in support of the council and NHS's response to the Covid-19 pandemic - particularly in relation to care homes, hospital discharge and the commissioning of a new community based rehabilitation service

3.2 As a result of this, a number of the previously agreed 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 re-procured 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
- From December 2020 onward, the delivery of a Covid-19 vaccination programme by primary care, involving the setup of local clinics through Primary Care Networks
- The redeployment of a number of CCG staff to various functions related with wave 2 of the pandemic and the Covid vaccination programme (e.g. redeployment into large vaccination centres or to help PCNs with setup)
- 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

3.3 In addition, the NHS in NW London has undergone a significant restructure, with a focus on the establishment of a 'Single' CCG for NW London, and an emphasis on NHS providers taking a lead role in system leadership. This has resulted in the following notable changes impacting Brent:

- CCG Chief Operating Officer role now sits across Brent, Harrow and Hillingdon, with a new 'Borough Director' role for Brent
- Establishment of new local Borough based governance arrangements with NHS provider taking a lead role.
- All roles within the structure of the borough are now "delivery" roles rather than commissioning roles, with the majority of commissioning functions sitting at NWL level. A number of new roles have been created at NWL level, including Programme Directors for various area such as Urgent and Emergency Care, Elective services etc. The key teams within the borough team now include Primary Care Delivery, an

Integration Team and a Joint MHLDA team, including local collaboration between health and social care on areas such as mental health, learning disability and autism, children's services and complex care.

- Recommissioning of community health services into a single community health provider for Brent.

3.4 This report therefore provides an update on progress of the health and care transformation programme since October, and to provide an update on the new governance arrangements and seek comment and support for the proposed priorities for the system

4.0 Programme update

The focus of the programme has changed in response to this changing landscape and priorities of the system. In addition to the ongoing work of the team reported in October, we are able to report on the following:

4.1 Care home quality and support

4.1.1 Care Home Forum - maintaining a weekly care home forum (from monthly), to provide peer support, advice and guidance to homes as well as an opportunity for homes to share experiences and learning with peers, raise any risks or issues directly to senior representatives from across the system

4.1.2 Vaccination uptake support – the following support was provided to homes:

- Provision of information, advice and support including staff webinars to support low uptake of vaccination by staff in care homes with an increase from 32% to around 75%
- Co-ordination support to CCG and GP partners to plan the rollout of vaccines in care home, extra care and supported living settings
- Working with the commissioning team and Provider relationship officers and lead GPs to take a concerted push with homes with the lowest uptake
- Promotion of communications materials to reassure and support staff with vaccine uptake

4.1.3 Establishment of care home peer support programme – In response to the quality and safeguarding concerns during the first wave, the Forum agreed to pilot 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 programme has been running since November, with the following highlights:

- 4 home managers initially involved, 1 withdrew due to lack of support from the home owner
- 1 home has had its CQC inspection and has moved from 'requires improvement' to 'Good'. All 3 homes that have taken part have improved significantly across the CQC domains and are expected to improve in their CQC reports when they are undertaken.
- Work is underway to embed lessons from the programme and ensure

continued ongoing support for managers across the Borough
- A survey of managers reported very positive feedback on the nature of support and the impact it has had in a short period of time
- It is proposed that the programme will be extended by another 6 months from April to support more homes

4.1.4 The following additional activities have also been undertaken:
- Training on LGBT support in care to meet criteria for CQC regulations with a high uptake. Further 2 sessions arranged.
- LD training arranged for all care homes (this was identified as needed) 4 sessions arranged
- Review of the excess deaths in care homes being undertaken and led by CCG colleagues
- Accelerated use of digital initiatives - remote monitoring (lead by the PCN/Care Homes), provision of tablets and iPads to homes, use of repeat ordering of medication using Proxy Access

4.1.5 The impact of the 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, and especially considering the case rate and demographics of the borough
- Relatively high resident and staff uptake of the vaccination compared to NW 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 Hospital discharge Hub

4.2.1 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.

4.2.2 During the Covid-19 first wave, NHS partners were mandated to create a single discharge hub for each major acute hospital site. Following the experiences (both positive and negative) resulting from the establishment of the Hub during the first wave of the pandemic, a small task and finish team was established across key organisations to design clear pathways and improvements to the operational implementation of the hub. The key principles for this work 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 pathways 2 and 3 into pathways 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

4.2.4 This review was again paused when the full impact of the second wave hit, and the task and finish group is currently being re-established and will report progress at a future Health and Wellbeing Board

4.3 Rehabilitation and reablement

4.3.1 Rehabilitation beds re-provision – following the end of the 35 general rehabilitation beds within Central Middlesex hospital, provided by London NW Trust, a decision was made to re-provide the equivalent service within the community. This service was established and went live on 1 November 2020, providing 20 general rehabilitation beds and a dedicated clinical team of 16.5 people supporting both the beds and to support at least the equivalent of 15 beds rehab support at home.

4.3.2 Significant progress has been made in all aspects of the service, and it has provided vital additional capacity and support to hospitals in supporting hospital discharge.

4.3.3 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. This plan was paused and is now being re-established. The key objectives will be to:

- 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 integrated rehabilitation and reablement service (IRRS) and connections to rabblement providers
- Strengthening the synergies and pathways between rehabilitation and reablement in the community

4.4 Health inequalities (Brent Health Matters)

4.4.1 Significant progress has been made against the delivery of the Brent Health Matters programme. A separate report on the progress of this work has been produced as a separate discussion item. There is also a health component of this element of the work, which includes providing better and more pro-active primary care to residents in the most deprived parts of the community. For example funding additional GP appointments and by taking primary care out into communities instead of passively waiting for people to access services when they fall ill.

4.4.2 As part of the "levelling up" strategy across the ICS, whereby investment in community care is to be increased in those geographical areas where it has historically been lower, the CCG is receiving an additional £1.9 million recurrently to invest in better diabetes care. A working group has been set up to redesign services across tiers 1, 2 and 3 of diabetes care, which is likely to include diabetes hubs that will support primary and acute care in managing more complex patients. Brent has one of the highest prevalences of diabetes in the UK and our aim is both to improve health outcomes, reduce inequalities in outcomes and to more proactively manage diabetes in the community, reducing dependence on acute care. Working closely with the Public Health department, we also aim to prevent people who are pre-diabetic to avoid progressing into having diabetes through improvements in lifestyle. The service scope and specification is being worked up during Q1 and intended to come into effect from Q2.

4.5 Better Care Fund and Winter pressures

4.5.1 Prior to the publication of national guidance, the high level BCF Plan for 2020/21 was agreed in the October Health and Wellbeing Board, subject to agreement of finances. The full BCF Plan was submitted in November subject to formal ratification by the Board. The approach was 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.

4.5.2 The BCF plan for 2020/21 is included under AOB.

5.0 Establishment of the Quartet

5.1 To date, the joint work of the health and care transformation team has reported to the Health and Care Transformation Board (HCTB), chaired by the Managing Director of the CCG and Strategic Director for Community Wellbeing at the council. This Board was an executive group of the Health and Wellbeing Board.

5.2 Following the restructure within the NHS at a NW London level, a new Board (the 'Quartet') is proposed, building on the existing Health and Care Transformation Board. The terms of reference will remain similar with the following proposed changes:

- Co chaired by Strategic Director, Community Wellbeing and the Chief Operating Officer of CNWL MH Trust (in this
- Membership to include CLCH NHS Trust and Brent CCG Chair
- Frequency of meeting - monthly

5.3 It is proposed that the Quartet focus on four key priorities, through the lens of a 'system recovery' in response to Covid-19, as follows:

a) Priority 1: Reduce health inequalities and improve uptake of Covid vaccinations
   - Increase take up of vaccination and testing amongst BAME and disadvantaged communities
   - Increase engagement, utilisation and awareness of services in communities
   - Reduce variation of impact from long term conditions between communities

b) Priority 2: PCN Development and reduction in practice variation
   - Support to GP practices and PCNs to expand capacity to reduce health inequalities, making stronger connections with voluntary, NHS and council partners
   - Provide system leadership support to PCN Directors

c) Priority 3: Improve community and intermediate health and care services
   - Evaluate impact of Covid-19 on community health and intermediate care services, and establish joint programme of work to improve services and pathways in response
   - Establish clear role for ICP service as the interface between PCNs, community NHS provider and council services
   - Improve hospital discharge pathways into community
   - Monitor and support the re-establishment of elective care

d) Priority 4: Improve mental health and wellbeing
   - Develop improved awareness and access to services for people in BAME and disadvantaged communities
   - Improve utilisation and referrals to council and VCS wellbeing, employment and housing support

5.4 An Executive sub group is proposed to be established for each of the priority workstreams

5.5 In addition to the 'Quartet', a 'Septet' has been established involving the council Chief Executive and Lead members, which will meet quarterly

5.6 We are seeking agreement from the Board to the proposed changes to governance and the refreshed priorities as set out above

6.0 Legislative Reforms

6.1 The Committee may be aware of recently announced changes for legislative reform of the NHS, which includes the proposed abolition of CCGs and the creation of Integrated Care Systems (ICS's) on a statutory basis. The ICS is already functioning, of course in shadow form and many of the structures that have been set up under the single CCG arrangements will prepare the system well for the anticipated legislative changes. The ICS is likely to be coterminous with the North West London borough boundaries currently in existence. New operational guidance was issued on 25th March 2021 and confirms the priorities of the ICS to be (1) improving outcomes in population health and healthcare (2) Tackling inequalities in outcomes, experience and access (3) Enhancing productivity and value for money and (4) Helping the NHS to support broader social and economic development. The ICS is expected to come into force in a statutory sense by April 2022. However, systems are expected to start formally preparing during Q1 of 21/22 to establish the arrangements for the changed system, including for example running a process to appoint an ICS Chair, accountable officer and chief financial officer.

6.2 **CCG functions** will be subsumed into the ICS NHS body and some NHS England and Improvement **direct commissioning functions** will be transferred or delegated to ICSs.

6.3 Staff below board level who are directly affected will have an **employment commitment** and local NHS administrative **running costs** will not be cut as a consequence of the organisational changes.

6.4 Through strong place-based partnerships, NHS organisations will continue to forge deep **relationships with local government** and communities to join up health and social care and tackle the wider social and economic determinants of health. To enable this, ICS boundaries will align with upper-tier local authority boundaries by April 2022, unless otherwise agreed by exception. Joint working with local government will be further supported by the **health and care partnership** at ICS level.

7.0 Financial Implications

7.1 None directly.

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 Ongoing

11.0 Human Resources/Property Implications (if appropriate)

11.1 None

Report sign off:

Phil Porter
Strategic Director Adults and Housing, Brent Council

Robyn Doran
Chief Operating Officer, CNWL NHS Trust

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 6 April 2021
	Report of the Director of Public Health

Epidemiology of Covid-19 in Brent

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 – covid-19 epidemiology
Background Papers:	Nil
Contact Officer(s): (Name, Title, Contact Details)	Dr John Licorish Public Health Consultant Community Wellbeing

1.0 Purpose of the Report

1.1 The paper seeks to describe the Epidemiology of Covid-19 in Brent.

2.0 Recommendation(s)

2.1 The board is asked to consider the information provided in the paper.

3.0 Detail

3.1 Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses.

SARS-CoV-2 is primarily transmitted between people through respiratory (droplet and aerosol) and contact routes. Transmission risk is highest where people are in close proximity (within 2 metres). At the moment, human-to-human transmission is occurring extensively. Hence, precautions to prevent human-to-human transmission are appropriate for both suspected and confirmed cases. The disease can present with no symptoms, mild symptoms or as a severe illness leading to hospitalisation and in some cases death.

3.2 *National Situation*

In England by 20 March 2021, the Department of Health and Social Care stated there were 3,754,821 cumulative laboratory confirmed cases of Covid-19. In England, the Office of National Statistics, up to 5 March 2021 reported 127,270 Covid-19 deaths.

3.3 *Burden of illness in Brent*

As of 20 March 2021, Brent has the eighth highest number of cumulative confirmed cases in London with a total of 28,011 confirmed covid-19 cases recorded since March 2020. It is to be noted that at the start of the pandemic there were limitations in obtaining tests hence many cases would have been missed. There are also limits on asymptomatic individuals obtaining testing.

However, if we look at the cumulative rate per 100,000 individuals, taking into account the different age profiles of the London Boroughs. As of 20 March 2021, Brent has the eleventh highest rate per 100,000 in London, with a cumulative rate of 8,494.1 per 100,000.

As of 27 February 2021, Brent has the fifth highest number of cumulative deaths in London, with a total of 835 covid-19 deaths recorded since the beginning of the pandemic.

3.4 *Current Brent Situation*

In the last 7 days up to 20 March 2021, Brent has the third highest number of confirmed cases in London, with a total of 166 confirmed covid-19 cases recorded.

In the last 7 days up to 20 March 2021 Brent has the fifth highest rate per 100,000 of confirmed cases in London, with a total rate of 50.3 per 100,000 recorded.

As of 27 February 2021, Brent has the fifth highest number of cumulative deaths in London, with a total of 835 Covid-19 deaths recorded since the beginning of the pandemic.

3.5 *Health Inequalities*

Age and Sex

The number of Covid-19 cases is highest within the younger working age population in both males and females. Looking at the data below it shows that there were more cases identified within the female population, however it needs to be taken into consideration that males were less likely to go in for Covid-19 PCR testing at the start of the pandemic.

3.6 *Deprivation*

People who live in deprived areas have higher diagnosis rates than those living in less deprived areas. High diagnosis rates may be due to exposure factors such geographic proximity to infections, multi-generational or overcrowded housing or a high proportion of workers in occupations that are more likely to be frontline. Poor outcomes from Covid-19 infection in deprived

areas remain after adjusting for age, sex, region and ethnicity, but the role of comorbidities requires further investigation.

In Brent, however, we saw a peak in cases in those ‘somewhat deprived’ as opposed to as opposed to our ‘most deprived’ quantiles. This could be due to a number of factors including that at the start of the pandemic laboratory confirmed cases were done under Pillar 1 testing. The majority of testing under this pillar has been offered to those in hospital with a medical need as well as NHS key workers, rather than the general population. Confirmed cases therefore represent the population of people with severe disease or required hospitalisation for addition issues, rather than all of those acquired infection.

The trend in the number of diagnosed cases by deprivation quantile shows that cases in the ‘least deprived’ group peaked earlier and lower than other groups. This was supported by the mortality factors, which showed the epidemic occurring earlier in our deprived areas and among care home residents and staff.

In the latter epidemic in early January, the rates of Covid-19 were higher in the more deprived areas but as the rates have fallen there, is a more even spread of infection across the deprivation deciles? Throughout the pandemic case rates have been higher in the working age population.

Encouragingly, cases in the over 80 and over 60 fell markedly in the latter part of February and March, reflecting the effect of the vaccination programme

3.7 *Ethnicity*

As reported previously to the Board, there was significance noted with regard to ethnicity in the deaths reported from Covid-19. Looking at the data for cases, however, there are issues with regard to its accuracy and misclassification.

The highest diagnosis rates of Covid-19 cases per 100,000 population in Brent were in people of ‘Any other’ ethnic groups (1897 in females and 1892 in males) and the lowest were in people of White and Asian ethnic groups (54 in females and 42 in males). The analysis was also not able to include the effect of occupation. This is an important shortcoming, because occupation is associated with risk of being exposed to Covid-19 and we know some key occupations have a high proportion of workers from BAME groups.

3.8 *Mortality*

There were two peaks of death, one in April 2020 and one in late January 2021. The highest crude death rates were in Wembley Central, Harlesden and Barnhill. As reported previously to the Board there is evidence of disproportionality with regard to in the deaths reported from Covid-19.

3.9 *PCR Testing*

In the first wave, PCR testing was only available to those who were hospitalised. PCR testing sites were opened first at Harlesden then at Wembley Central. These sites were chosen to provide residents most affected

by the first wave with access to testing. An additional site was opened in Northwick Park.

3.10 *Lateral Flow Testing*
Lateral Flow Tests allow for rapid Covid-19 testing that delivers a result within 30-45 minutes. Lateral Flow Test sites were opened across the borough in December 2020 following the National Lockdown in November 2020.
10 sites, spread across the geography of the borough, were opened in December 2020 to allow for greater, rapid testing capacity. This enables people, notably those who are unable to work from home, to go back to work more safely.

There was therefore an emphasis on ensuring that key workers were able to get access to rapid Lateral Flow Tests. 39% of visitors identified themselves as key workers.

3.11 *Covid-19 Vaccination*
Unfortunately, the vaccination rates reflect the underlying inequality in the borough with vaccination rates for over 80, 75-79, 70–74 all showing higher rates in the north of the borough and lower rates in the south of the borough. There was a general pattern of uptake rates being highest in the White, Indian and Bangladeshi ethnicities. Uptake rates were generally lowest in the Black African, Mixed and Black Caribbean ethnicities. The rates of refusal were also higher in recipients from the most deprived areas of the borough.

4.0 Financial Implications

4.1 None directly

5.0 Legal Implications

5.1 None directly

6.0 Equality Implications

6.1 None directly

Report sign off:

Dr Melanie Smith
Director of Public Health

Brent Public Health: Health Intelligence Team

Covid-19 Epidemiology

Last Updated: 08:45am - 23/03/2021
Correct at: 08:45am – 23/03/2021

Brent

BUILDING A BETTER BRENT

1.1 Covid-19 Epidemiology

Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses.

SARS-CoV-2 is primarily transmitted between people through respiratory (droplet and aerosol) and contact routes. Transmission risk is highest where people are in close proximity (within 2 metres). At the moment, human-to-human transmission is occurring extensively. Hence, precautions to prevent human-to-human transmission are appropriate for both suspected and confirmed cases. The disease can present with no symptoms, mild symptoms or as a severe illness leading to hospitalisation and in some cases death.

Covid-19 in England

In England by the 20th of March 2021, the Department of Health and Social Care stated there were 3,754,821 cumulative laboratory confirmed cases of Covid-19. In England, the Office of National Statistics, up to 5th March 2021 reported 127,270 Covid-19 deaths.

2.1 Covid-19 in London

The burden of disease and mortality from COVID-19 is not evenly spread in the population. The UK coronavirus dashboard presents data on the number of cases and deaths in people who have tested positive for SARS-CoV-2 and shows considerable variation in the number of cases by region across the UK.

As of the 20th March 2021, the number of cumulative cases was highest in London, with a total of 707, 336 cases recorded compared to other regions in England. The PHE COVID-19 dashboard as of 20th March 2021 shows London as having the second highest diagnosis cumulative rates per 100,000 population in England, with a rate of 7,892.6 per 100,000. In London, the Office of National Statistics, up to 5th March 2021 reported 18,677 Covid-19 deaths.

3.1 Covid-19 in Brent

- In the last 7 days up to the 20th March, 2021 Brent has the third highest number of confirmed cases in London, with a total of 166 confirmed covid-19 cases recorded.
- In the last 7 days up to the 20th March, 2021 Brent has the fifth highest rate per 100,000 of confirmed cases in London, with a total rate of 50.3 per 100,000 recorded
- Sadly As of the 27th February, 2021 Brent has the fifth highest number of cumulative deaths in London, with a total of 835 covid-19 deaths recorded since 2020.

Covid-19 in Brent compared to London boroughs (Cumulative overview)

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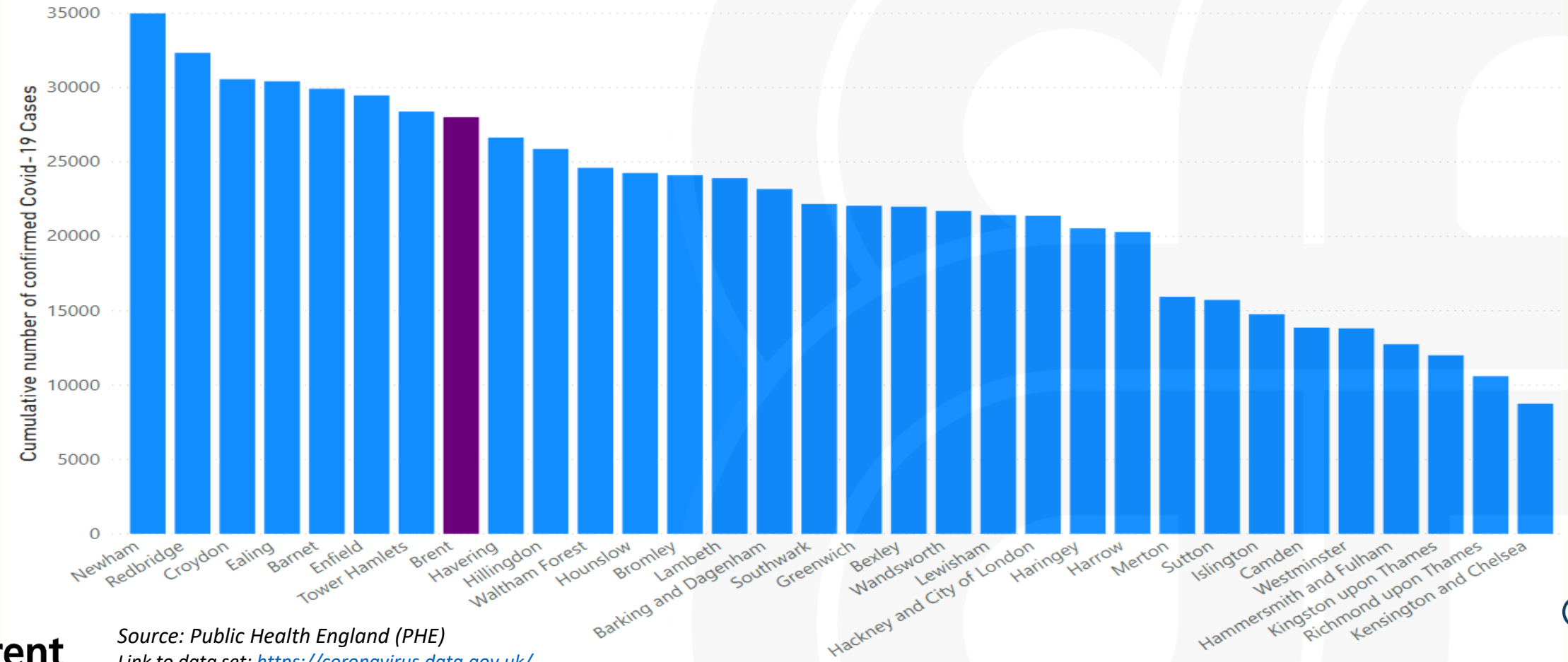

Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

Covid-19 in Brent compared to London boroughs (Cumulative overview)

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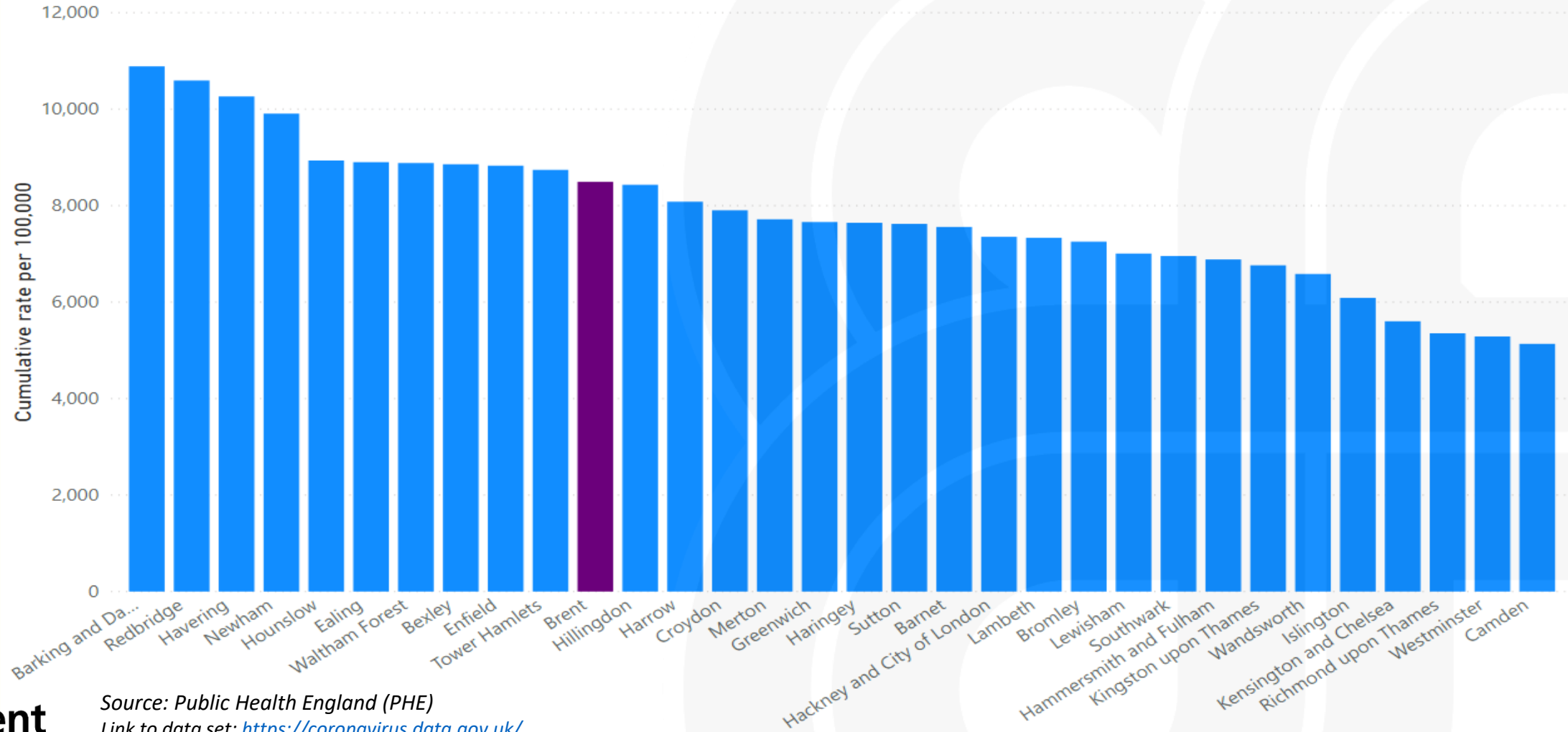
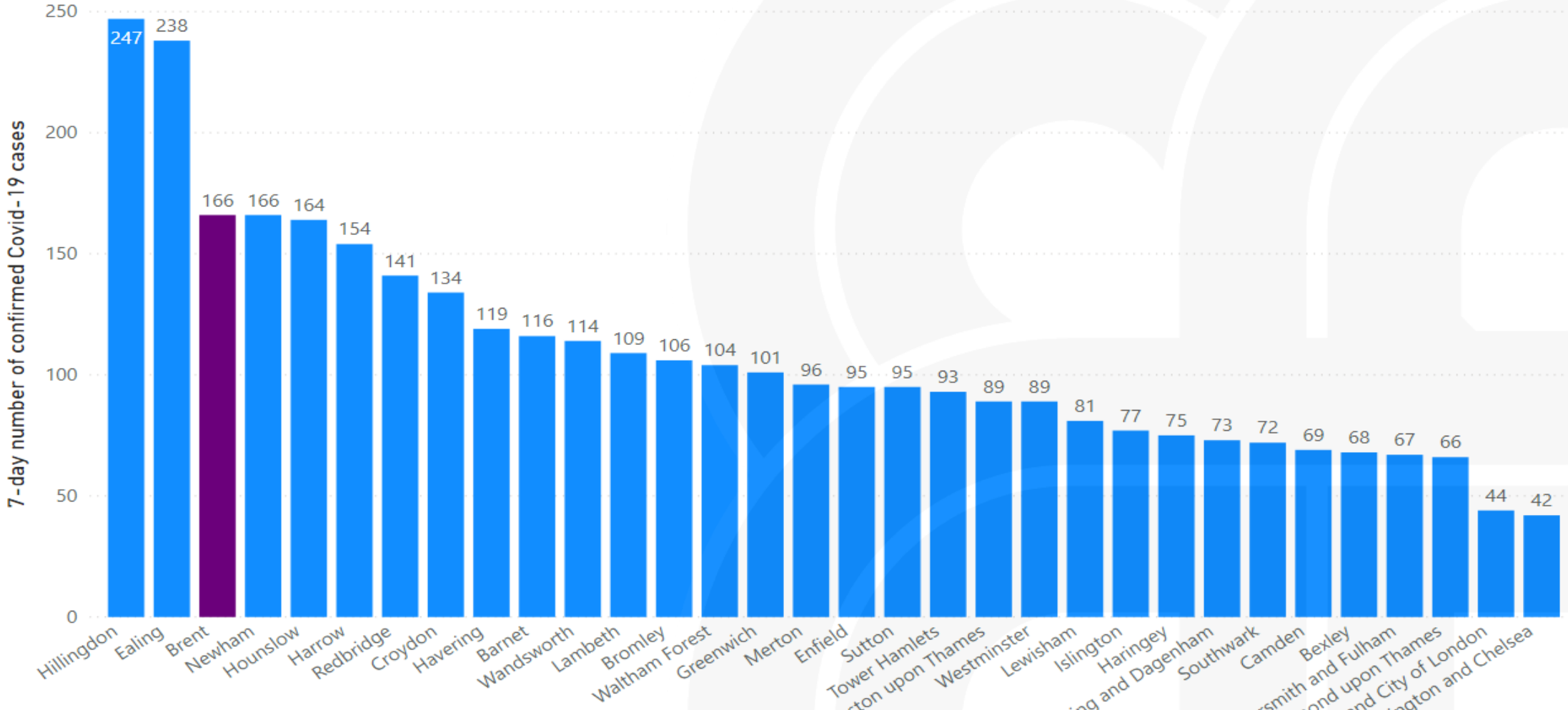


Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

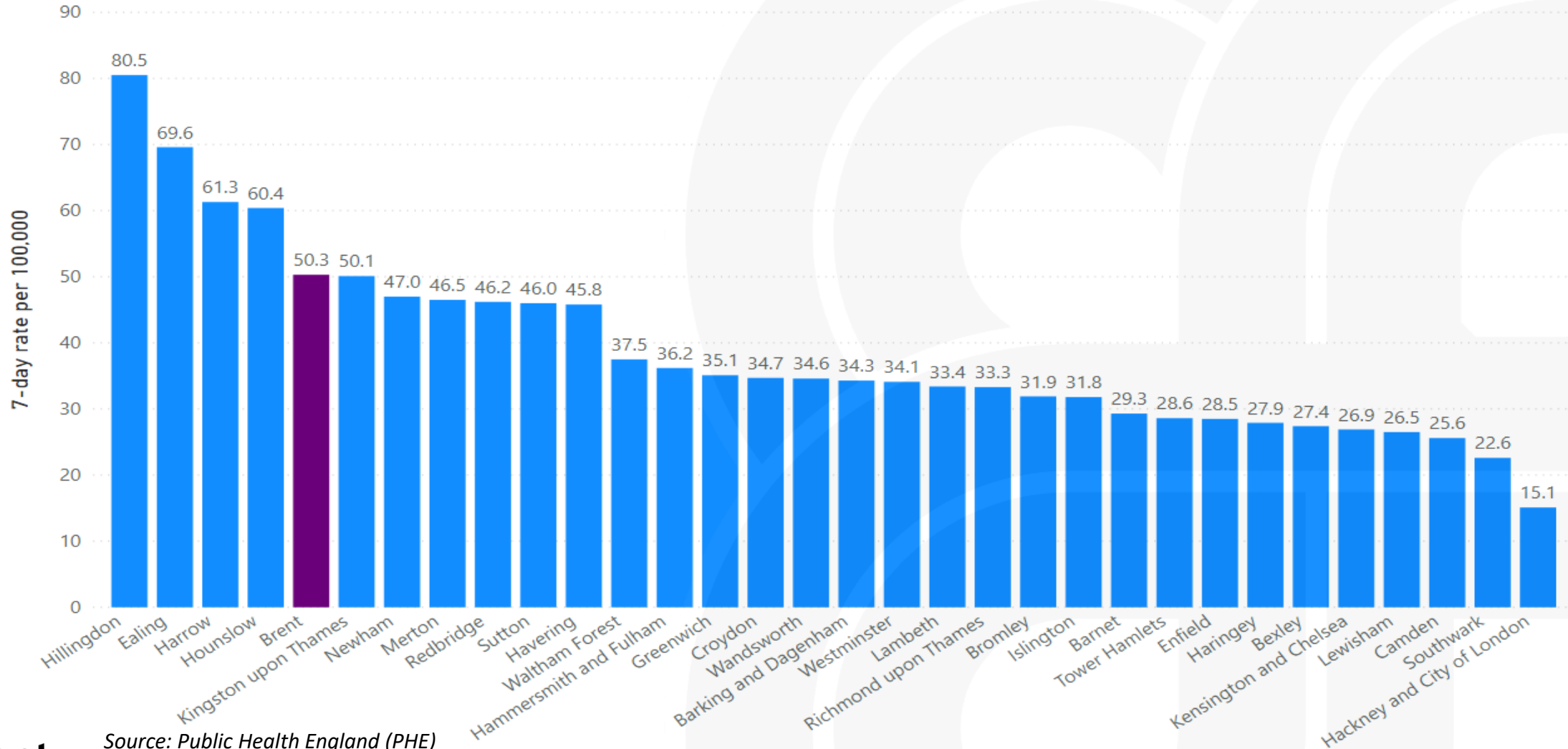
Covid-19 in Brent compared to London Boroughs (Current overview)



Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

Covid-19 in Brent compared to London Boroughs (Current situation)

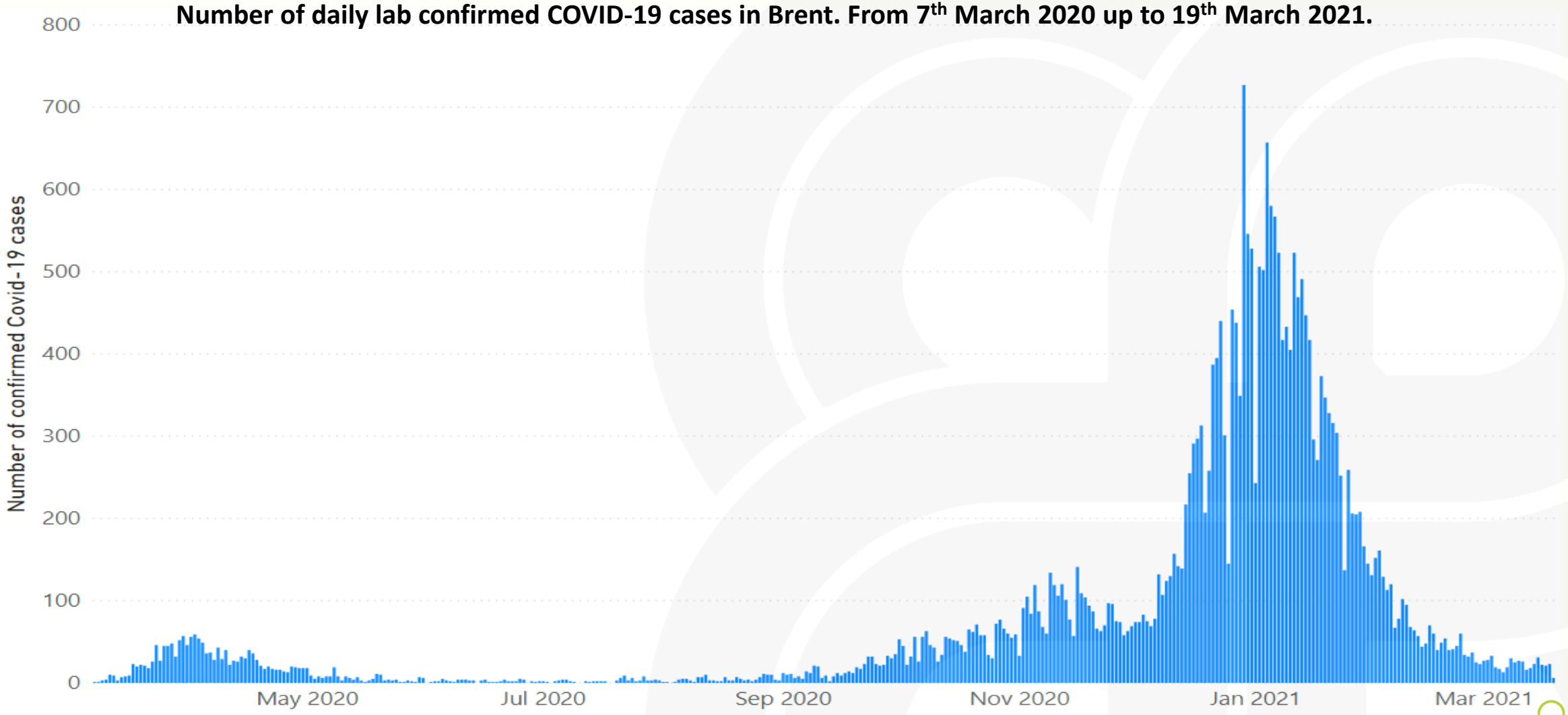
In the last 7 days up to the 20th March, 2021 Brent has the fifth highest rate per 100,000 of confirmed cases in London, with a total rate of 50.3 per 100,000 recorded.



Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

3.2 Description of Covid-19 cases in Brent

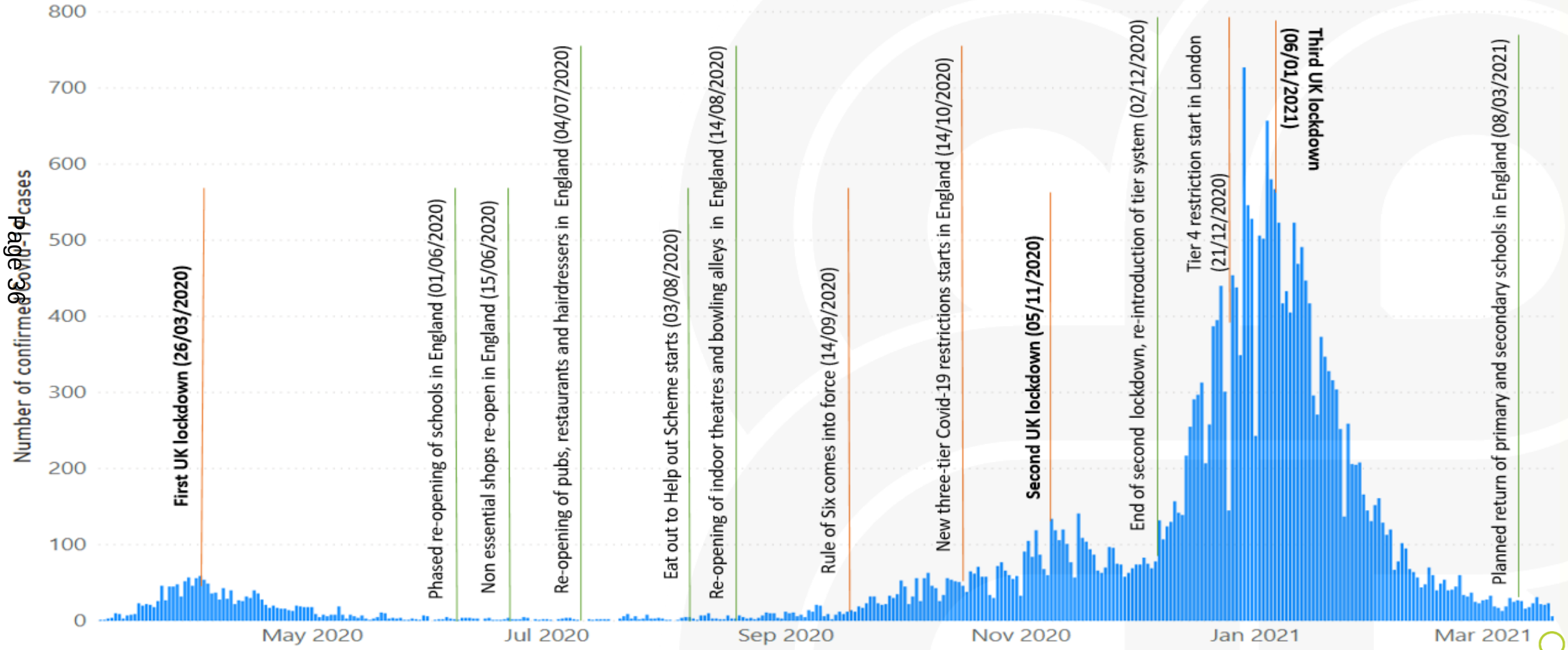
Number of daily lab confirmed COVID-19 cases in Brent. From 7th March 2020 up to 19th March 2021.



Brent

Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

Number of daily lab confirmed COVID-19 cases in Brent, including timeline of UK coronavirus lockdowns. From 7th March 2020 up to 19th March 2021.

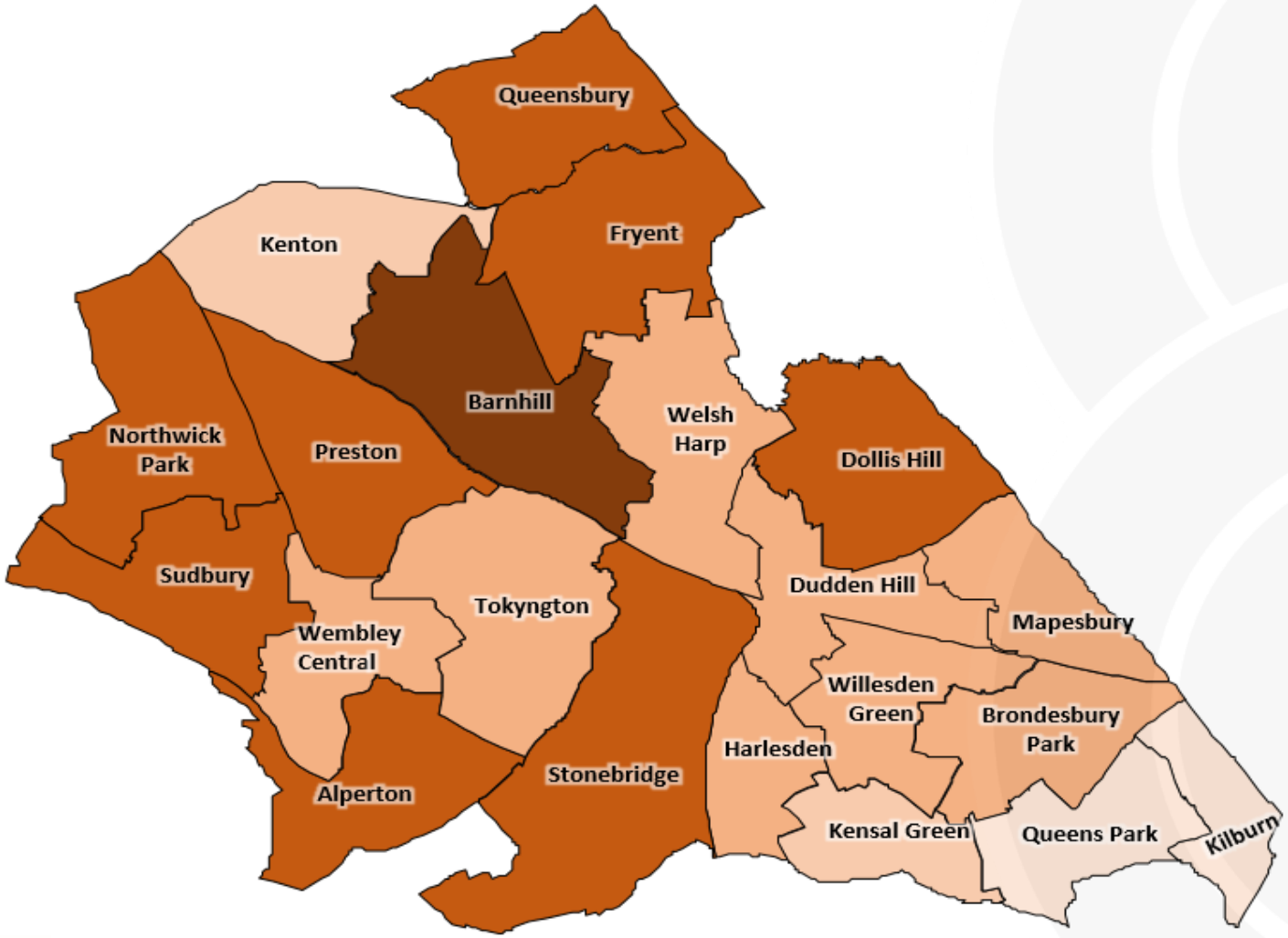


Brent

Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

3.3 Covid-19 Geography: Covid-19 cases in Brent by wards.

Cumulative Covid-19 rate per 100,000 of the population by Brent Wards. From 7th March 2020 up to 16th March 2021



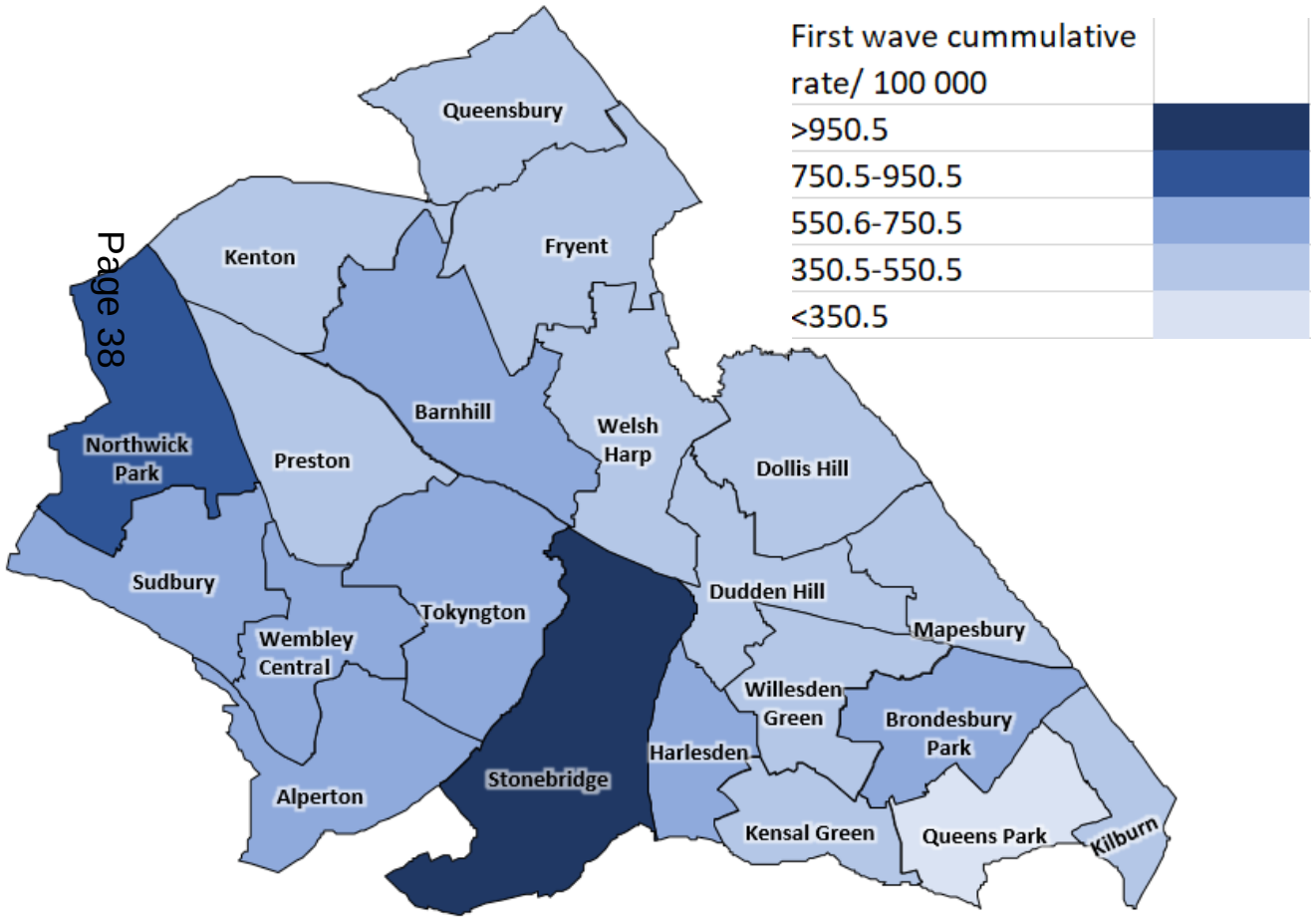
Cummulative rates/ 100 000	
9,500.5+	
8,500.5- 9,500.5	
7,500.5-8,500.5	
6,500.5- 7,500.5	
5,500.5- 6,500.5	

Notes:
* Infection rates sourced from LSAT Test & Trace, 2021, data from 7th March 2020 up until 16th March 2021.
* Population data sourced from GLA, 2019.

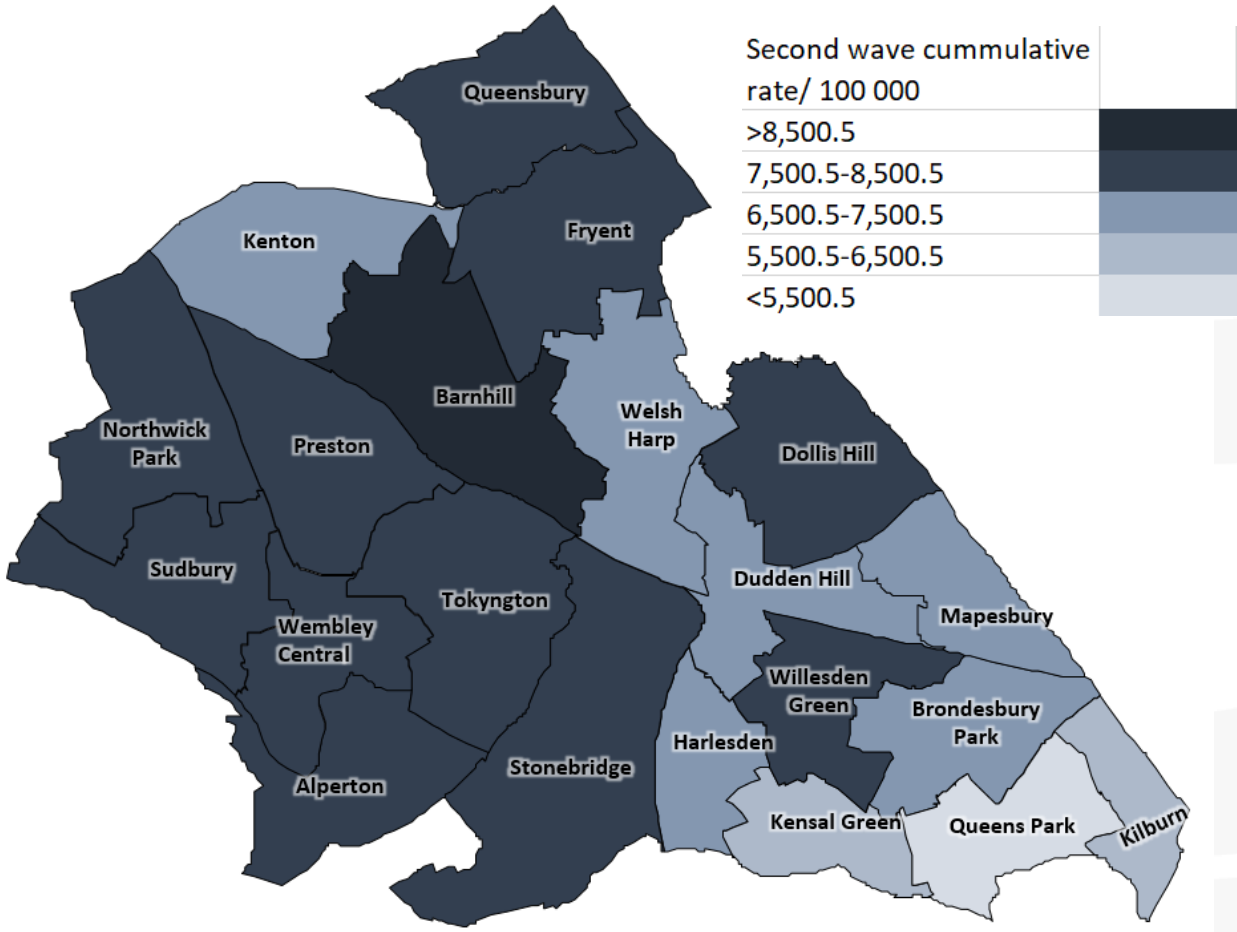
Brent

Covid-19 cases in Brent by wards.

Cumulative Covid-19 community infection rates/ 100 000 of the population, (first wave data) only from the 7th March 2020 up until 31st August 2020.



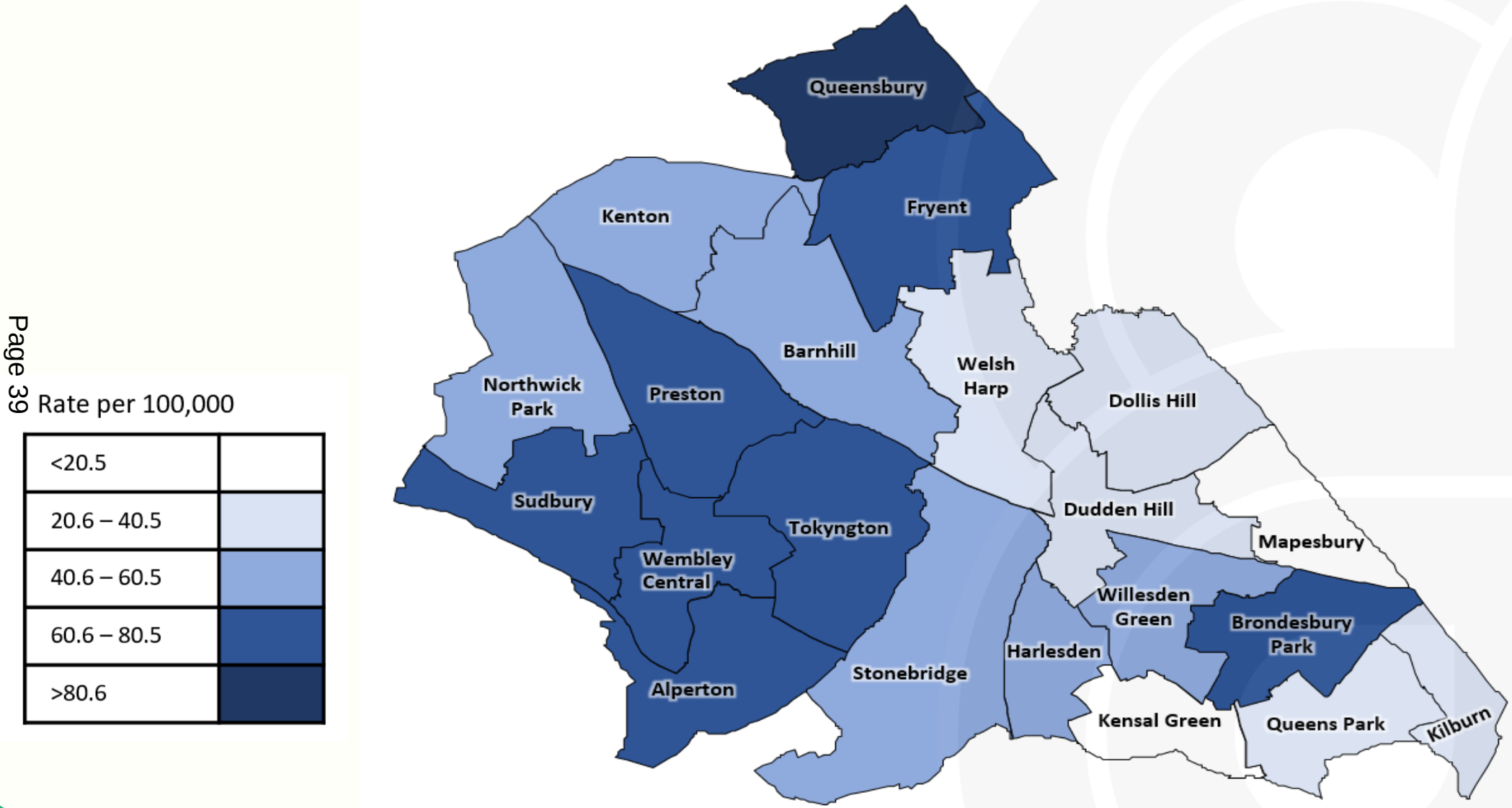
Cumulative Covid-19 community infection rates/ 100 000 of the population, (second wave data) only from the 1st September 2020 up until 16th March 2021.



Brent

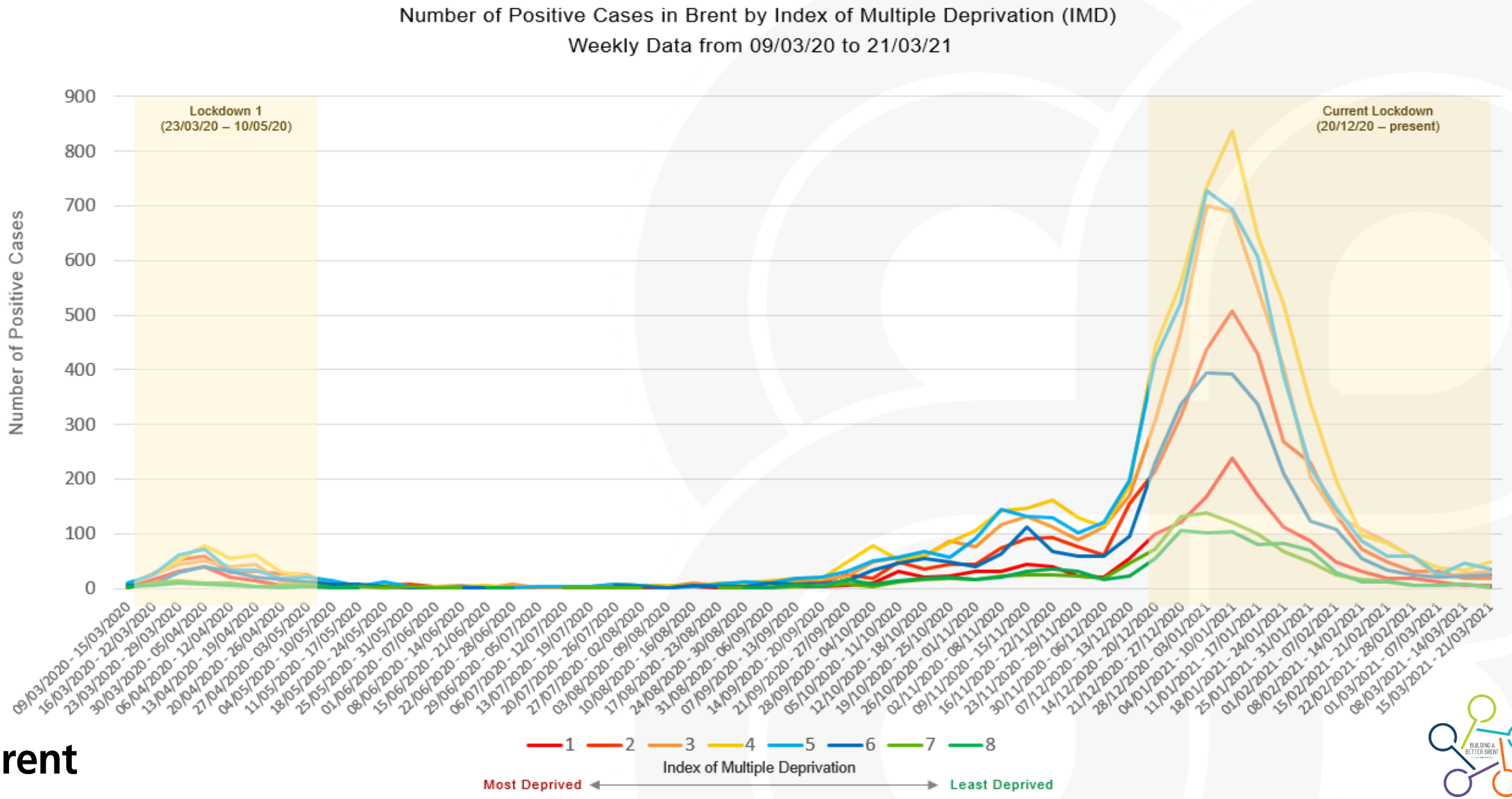
3.3 Covid-19 cases in Brent by wards.

Case rate of COVID-19 per 100,000 in most recent 7 day reporting period (7th March, 2021 to 13th March, 2021) for Wards in Brent.



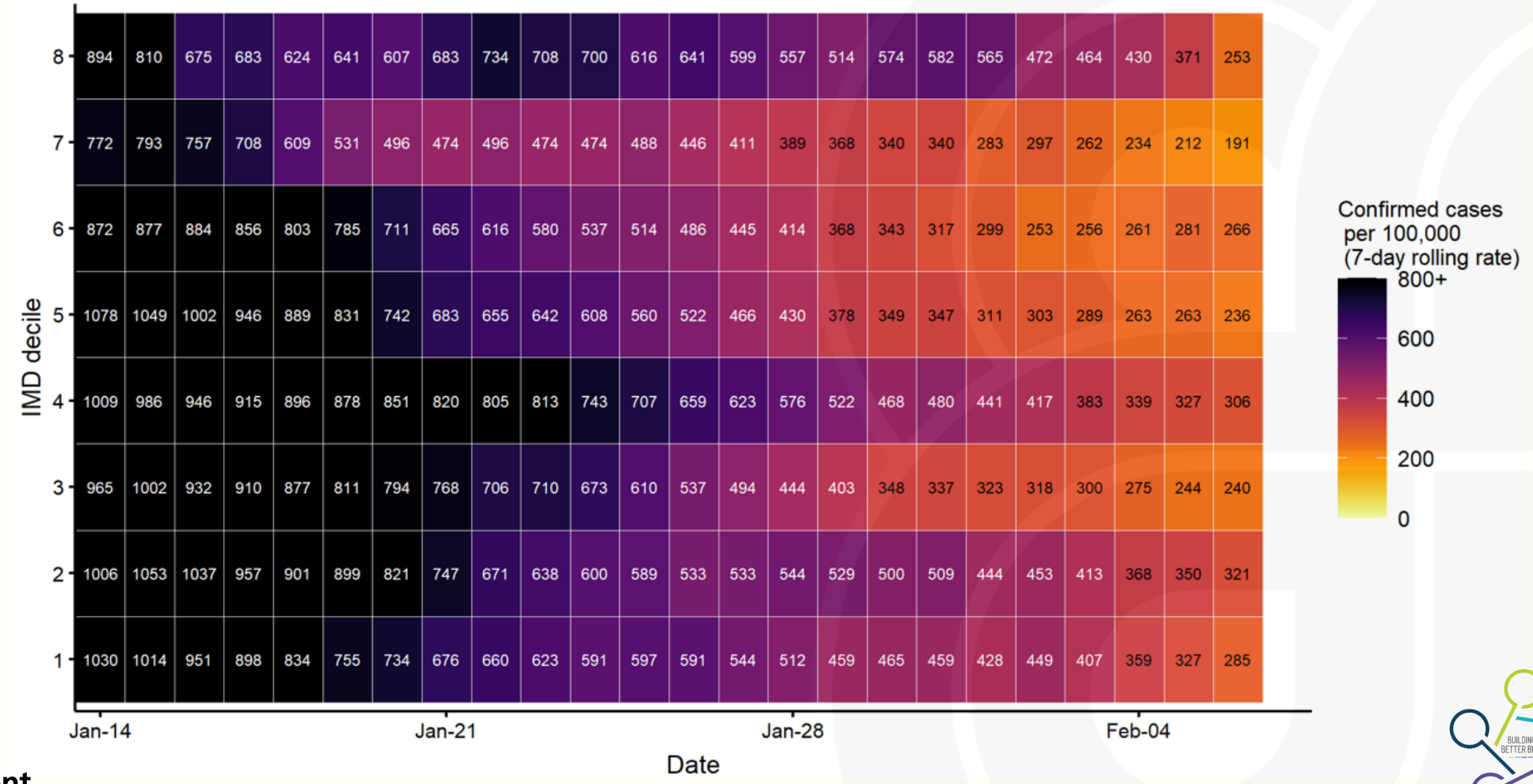
Source: Brent LA report (18/03/21)

3.4 Covid-19 cases and Deprivation



IMD specific 7-day rolling case rates per 100,000 population using IMD of LSOA of usual residence (1 = most deprived, 10 = least deprived) in Brent

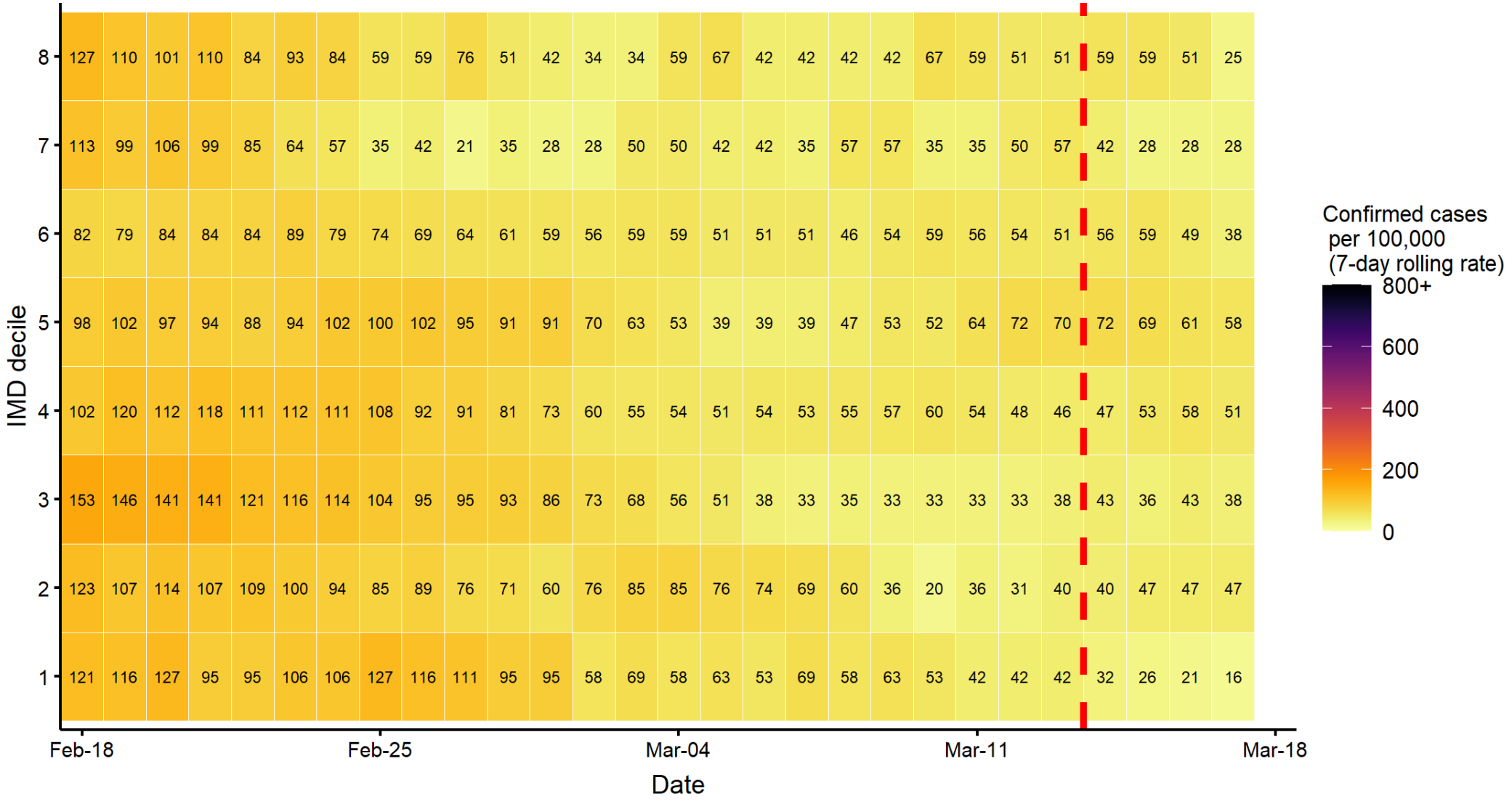
January 14th 2021 to February 6th 2021. Where an IMD is not present in local denominator data, it is not shown. The red dashed line denotes the 4 most recent days that are subject to reporting delays.



Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

IMD specific 7-day rolling case rates per 100,000 population using IMD of LSOA of usual residence (1 = most deprived, 10 = least deprived) in Brent from February 18 to March 17, 2021.

Where an IMD is not present in local denominator data, it is not shown.
The red dashed line denotes the 4 most recent days that are subject to reporting delays.

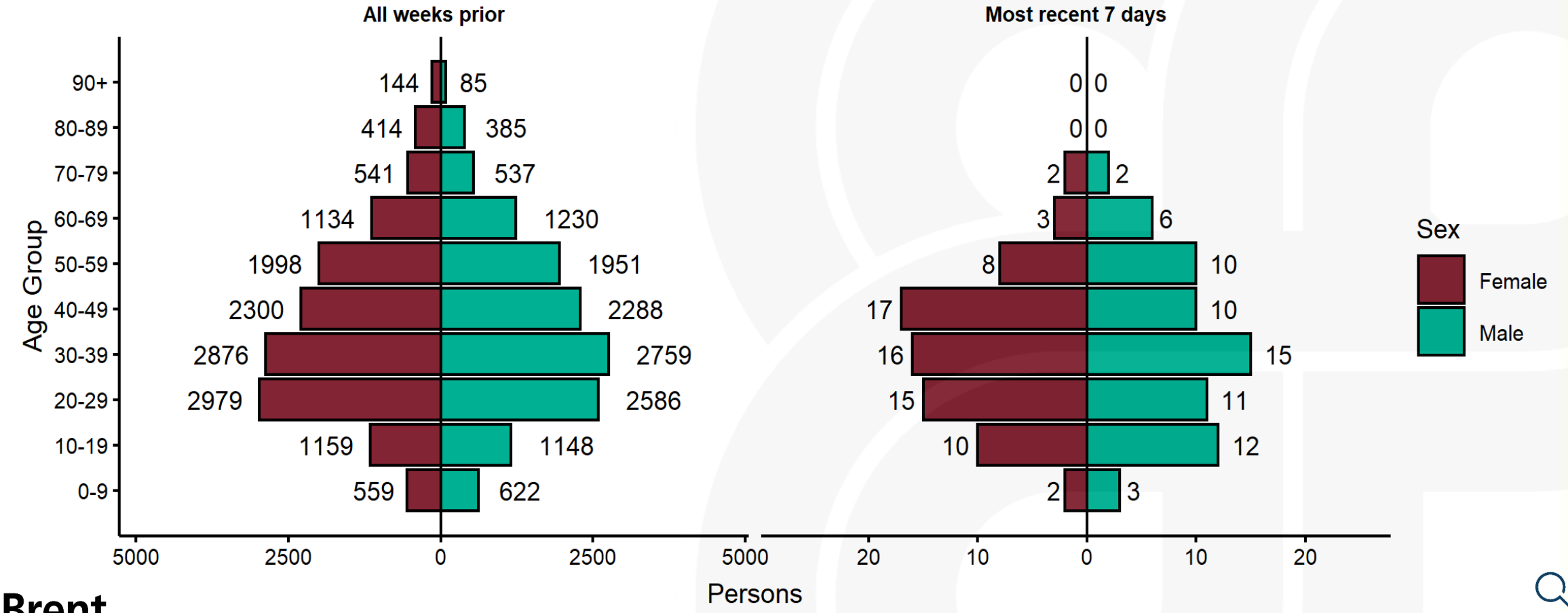


Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

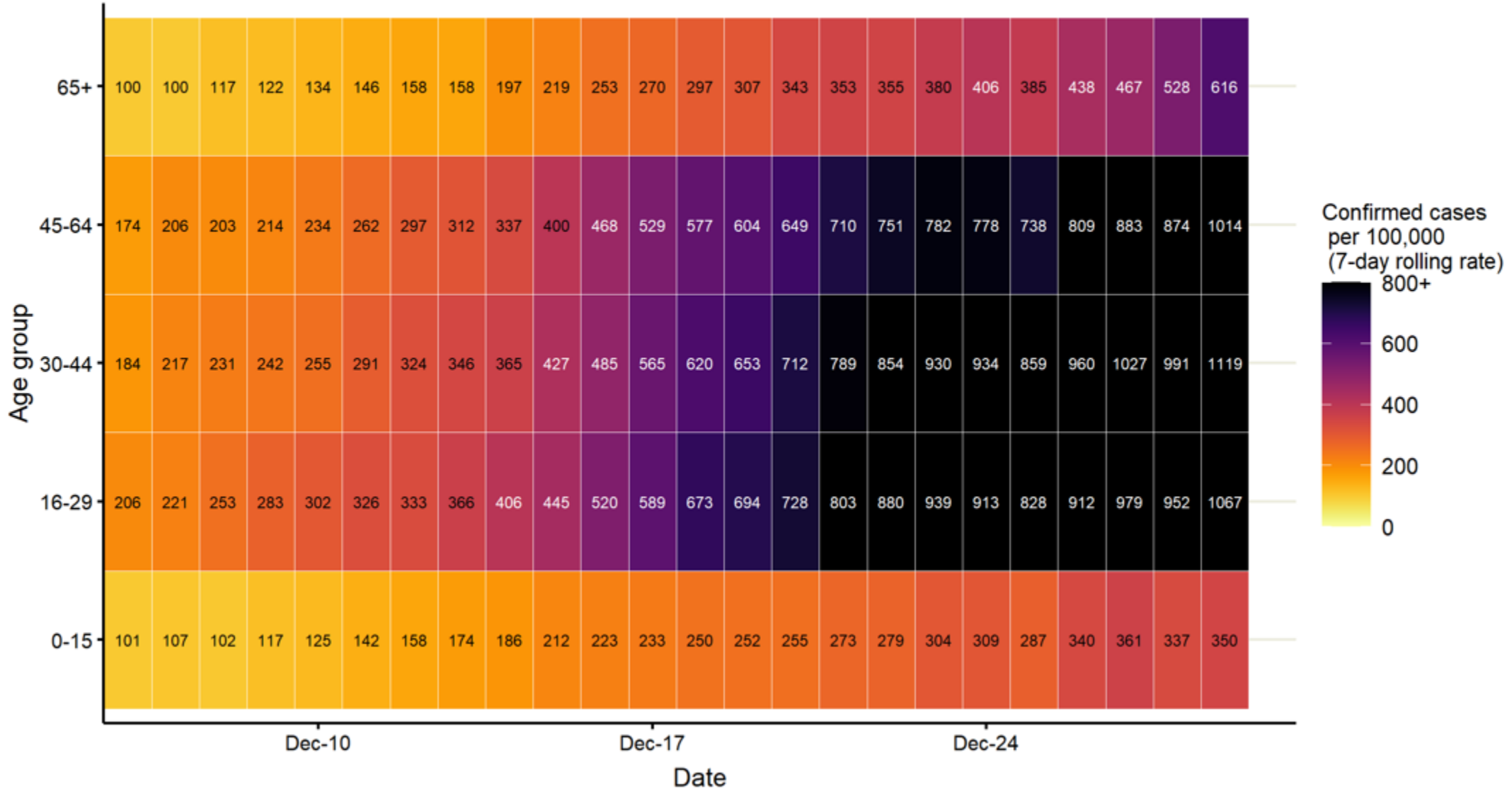
Brent

3.5 Covid-19 cases in Brent by Age and Sex

Age sex profile of confirmed case numbers in Brent: comparison between most recent 7 day period (March 11 to March 17 2021) and the rest of the epidemic (January 2020 to March 10, 2021), showing 10-year age bands.

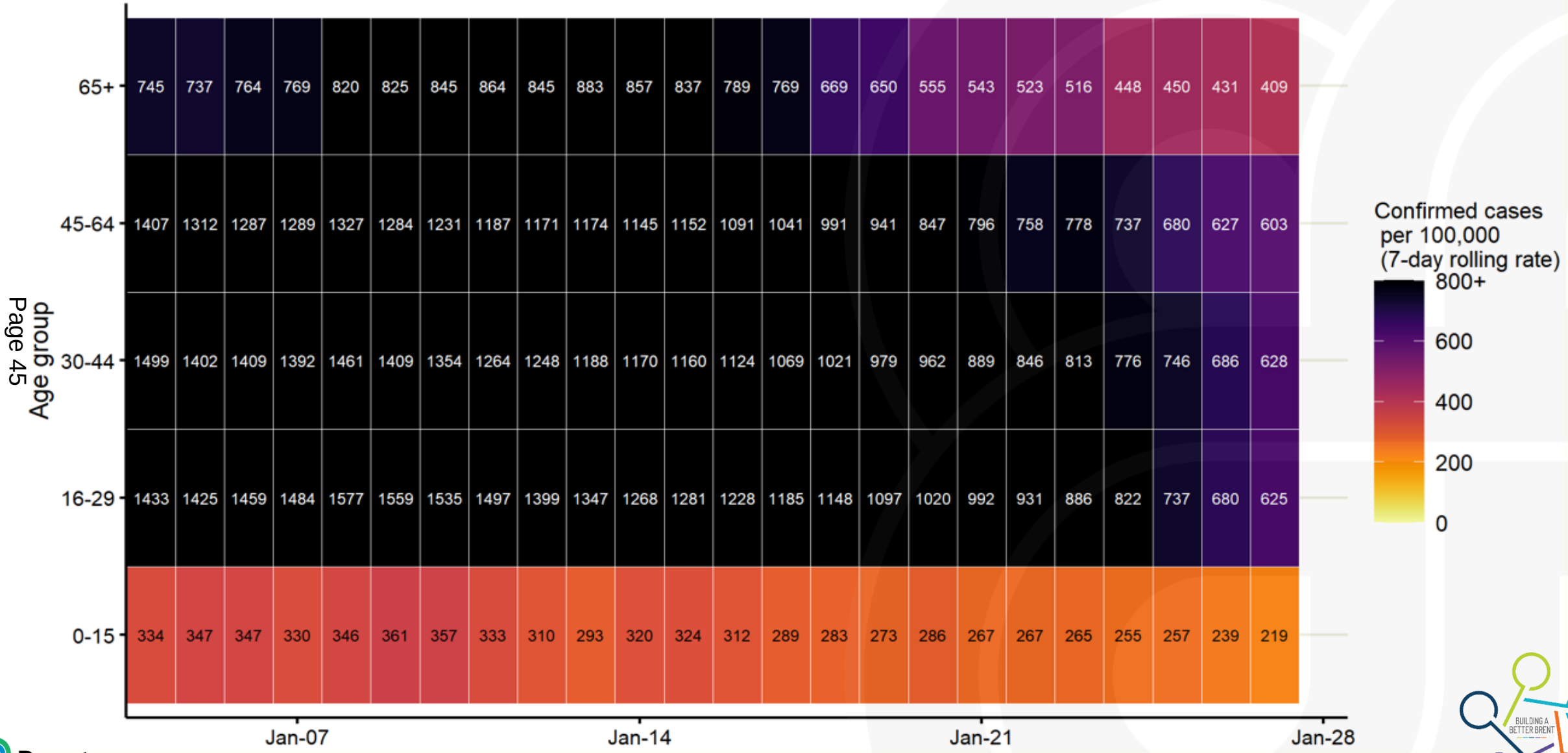


Heat maps of age-specific case rates per 100,000 people *Rates are calculated excluding data from the last four days due to reporting delays.*



Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

Heat maps of age-specific case rates per 100,000 people *Rates are calculated excluding data from the last four days due to reporting delays. Data from the 4th January 2021 up to the 27th January, 2021*

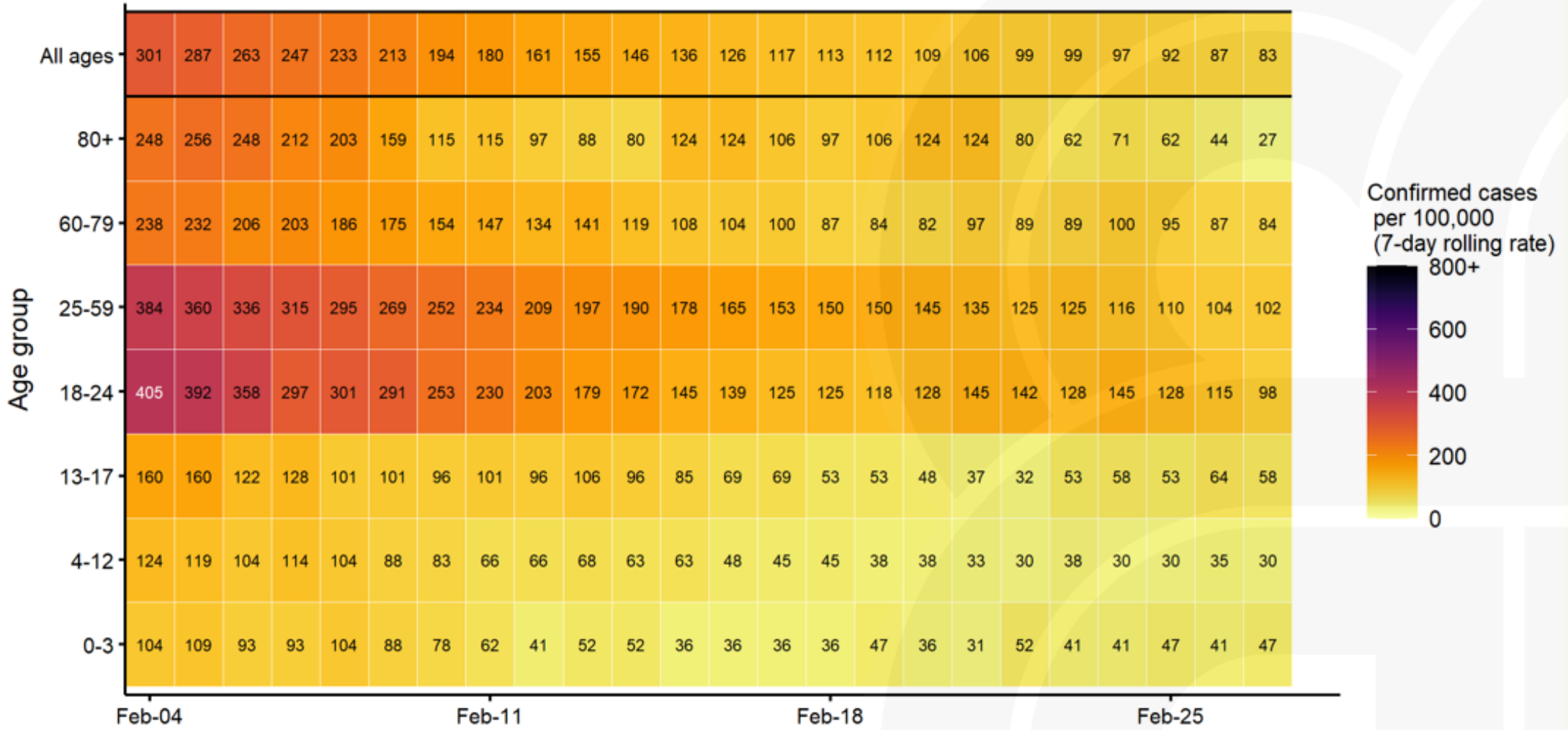


Brent

Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

BUILDING A BETTER BRENT

Age-specific 7-day rolling case rates per 100,000 population, Brent, February 4 to February 27, 2021, highlighting age groups of interest. *4 most recent days excluded due to reporting delays.*



An issue with the denominators for 80+ was corrected on 23/02/2021, because of this rates for that age group will be lower than in earlier reports.

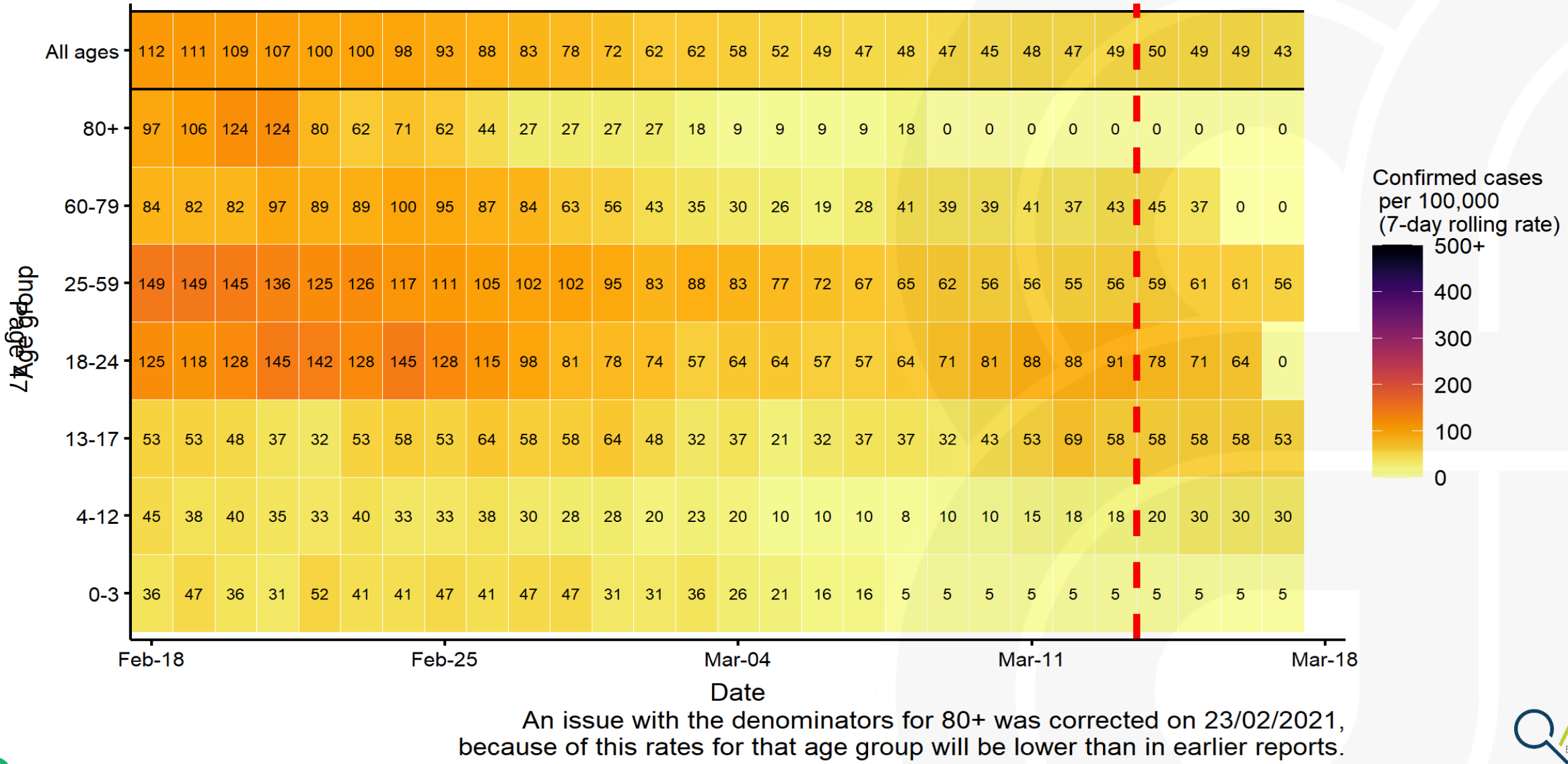
Brent

Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

BUILDING A BETTER BRENT

Age-specific 7-day rolling case rates per 100,000 population in Brent

February 18 to March 17, 2021, highlighting age groups of interest.
The red dashed line denotes the 4 most recent days that are subject to reporting delays.

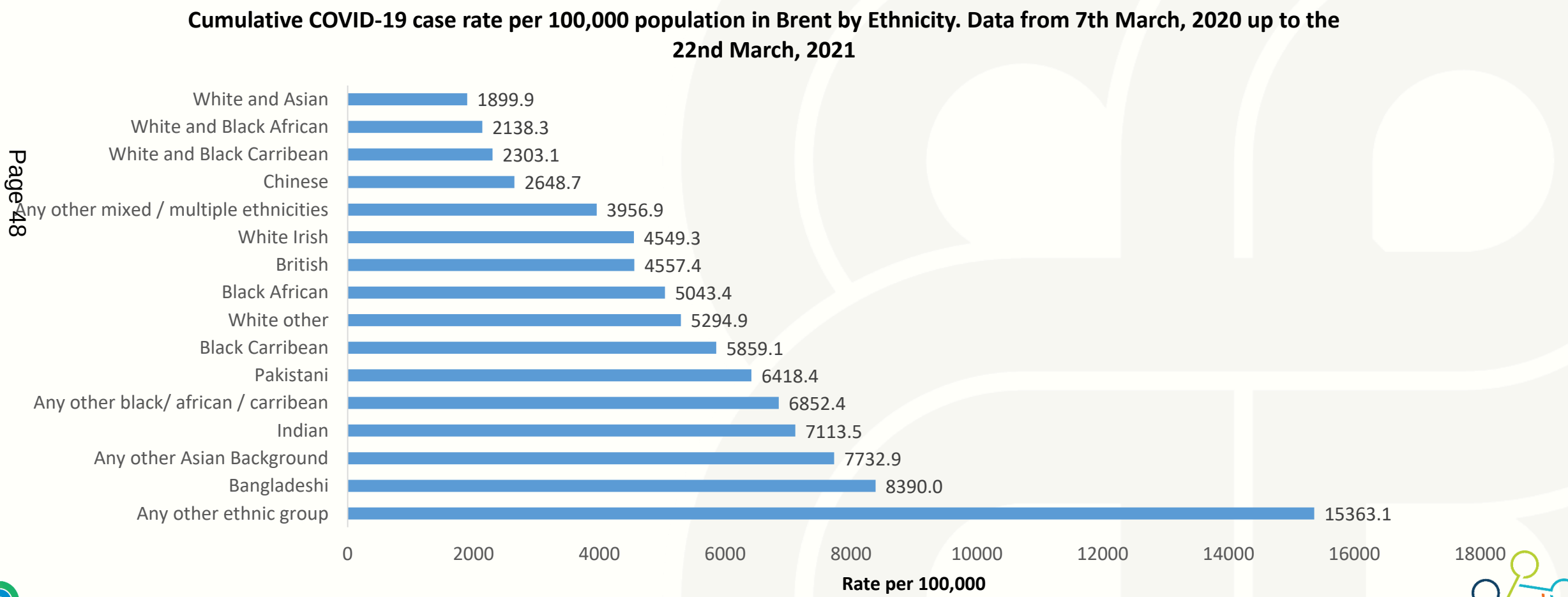


An issue with the denominators for 80+ was corrected on 23/02/2021, because of this rates for that age group will be lower than in earlier reports.

Brent

Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

3.6 Covid-19 cases in Brent by Ethnicity



Ethnicity specific 7-day rolling case rates per 100,000 population in Brent

January 14 to February 6, 2021, highlighting age groups of interest.
The 4 most recent days that are subject to reporting delays.

Excluding 7% ethnicity data classified as Na or Unknown.
Where text is red rates should be interpreted with caution as underlying case numbers are <5.

Brent

Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

BUILDING A BETTER BRENT

Ethnicity specific 7-day rolling case rates per 100,000 population in Brent

February 18 to March 17, 2021, highlighting age groups of interest.
The red dashed line denotes the 4 most recent days that are subject to reporting delays.

Excluding 8.4% ethnicity data classified as Na or Unknown.
Where text is red rates should be interpreted with caution as underlying case numbers are <5.

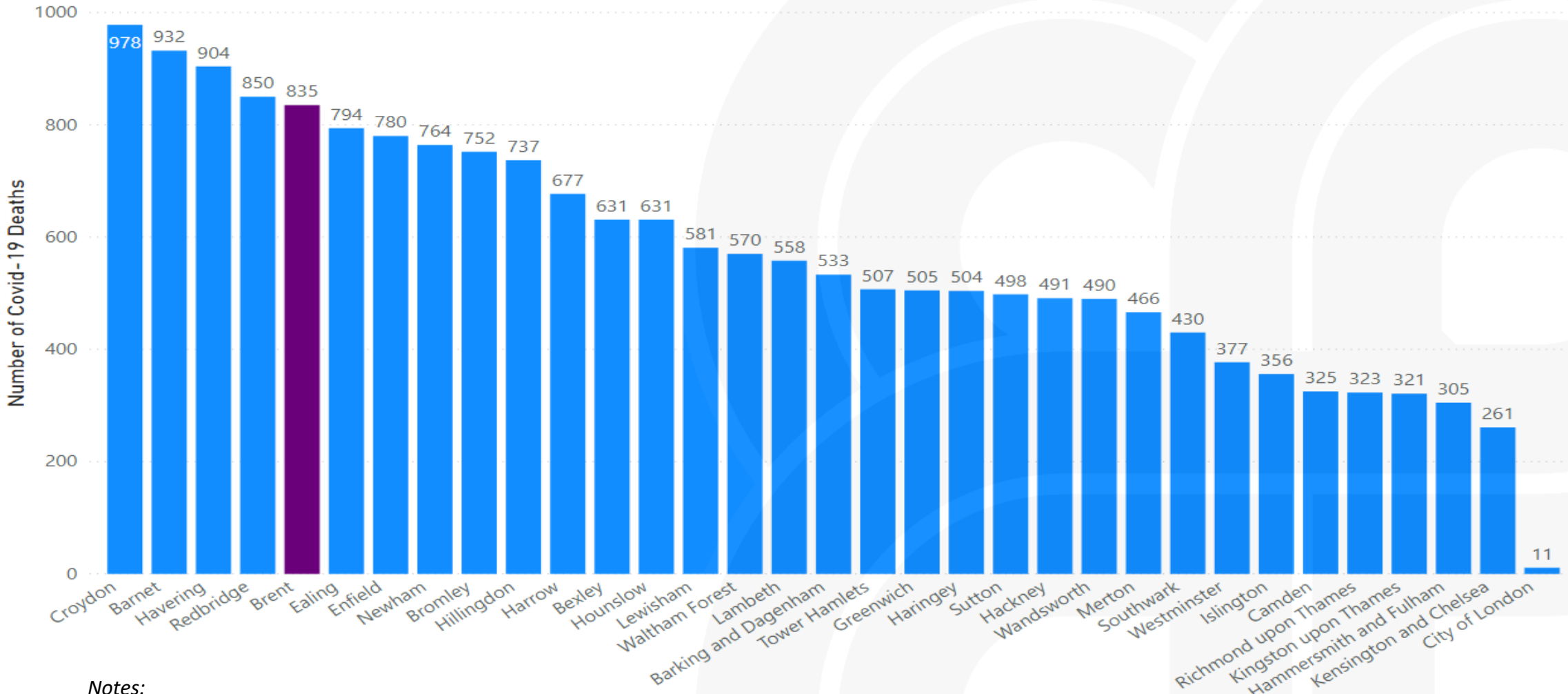
Brent

Source: Public Health England (PHE) - Epidemiology of laboratory-confirmed COVID-19 cases in Brent

COVID-19 Deaths

4.1 Covid-19 Deaths in London borough (Cumulative overview)

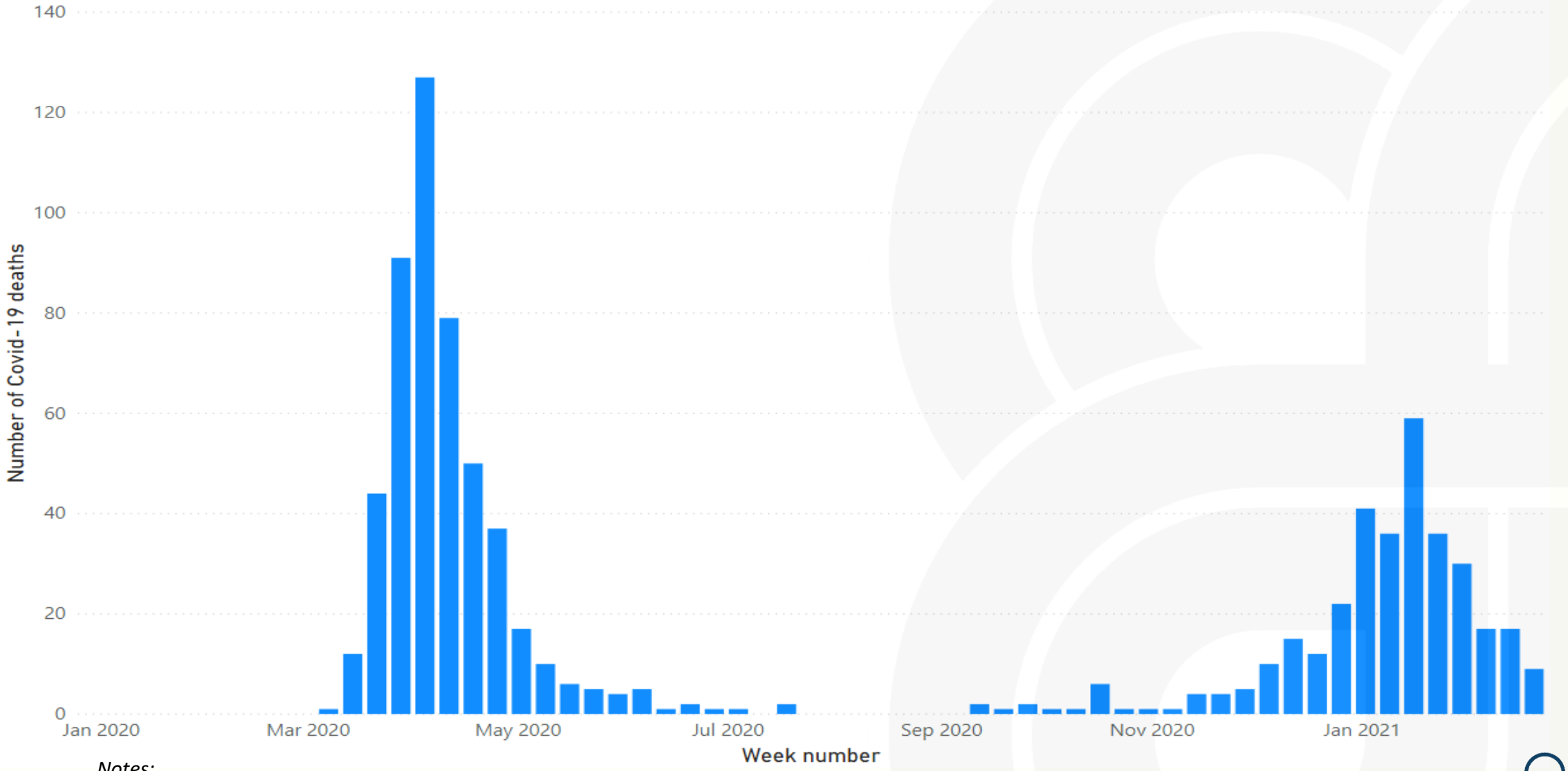
As of the 27th February, 2021 Brent has the fifth highest number of cumulative deaths in London, with a total of 835 covid-19 deaths recorded since 2020.



Notes:

- *Includes deaths that occurred up to 5th March 2021 (Week 9 2021) but were registered up to 13th March 2021. Occurrences will rise as we receive more death registrations so data by week of occurrence are updated each week.*
  Link to data set: www.ons.gov.uk

Brent Covid-19 deaths (numbers). For deaths that occurred up to 26th February 2021 but were registered up to 6th March 2021.



Notes:

- *Includes deaths that occurred up to 26th February 2021 (Week 8 2021) but were registered up to 6th March 2021. Occurrences will rise as we receive more death registrations so data by week of occurrence are updated each week.*
  Link to data set: www.ons.gov.uk

Brent

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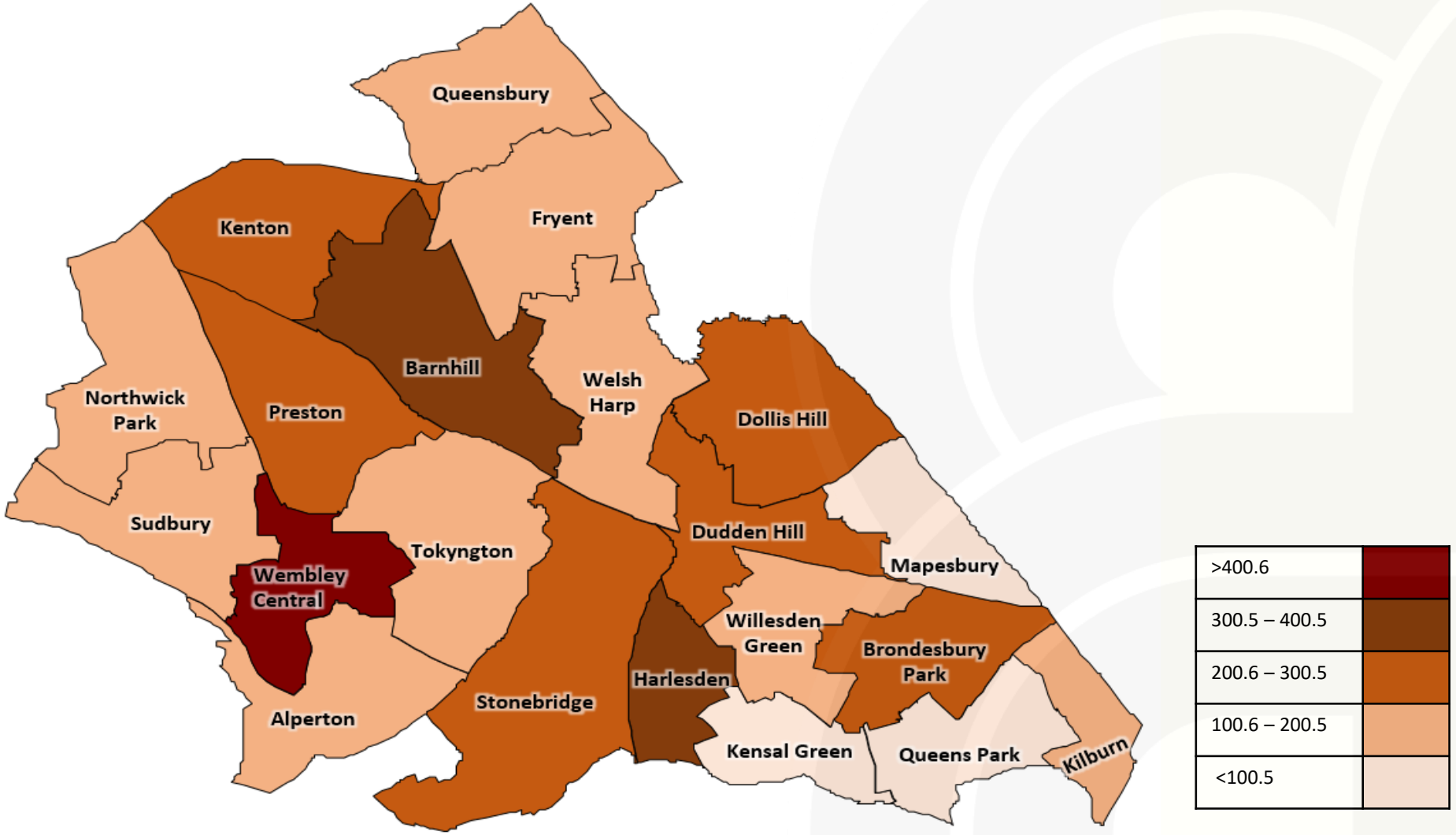
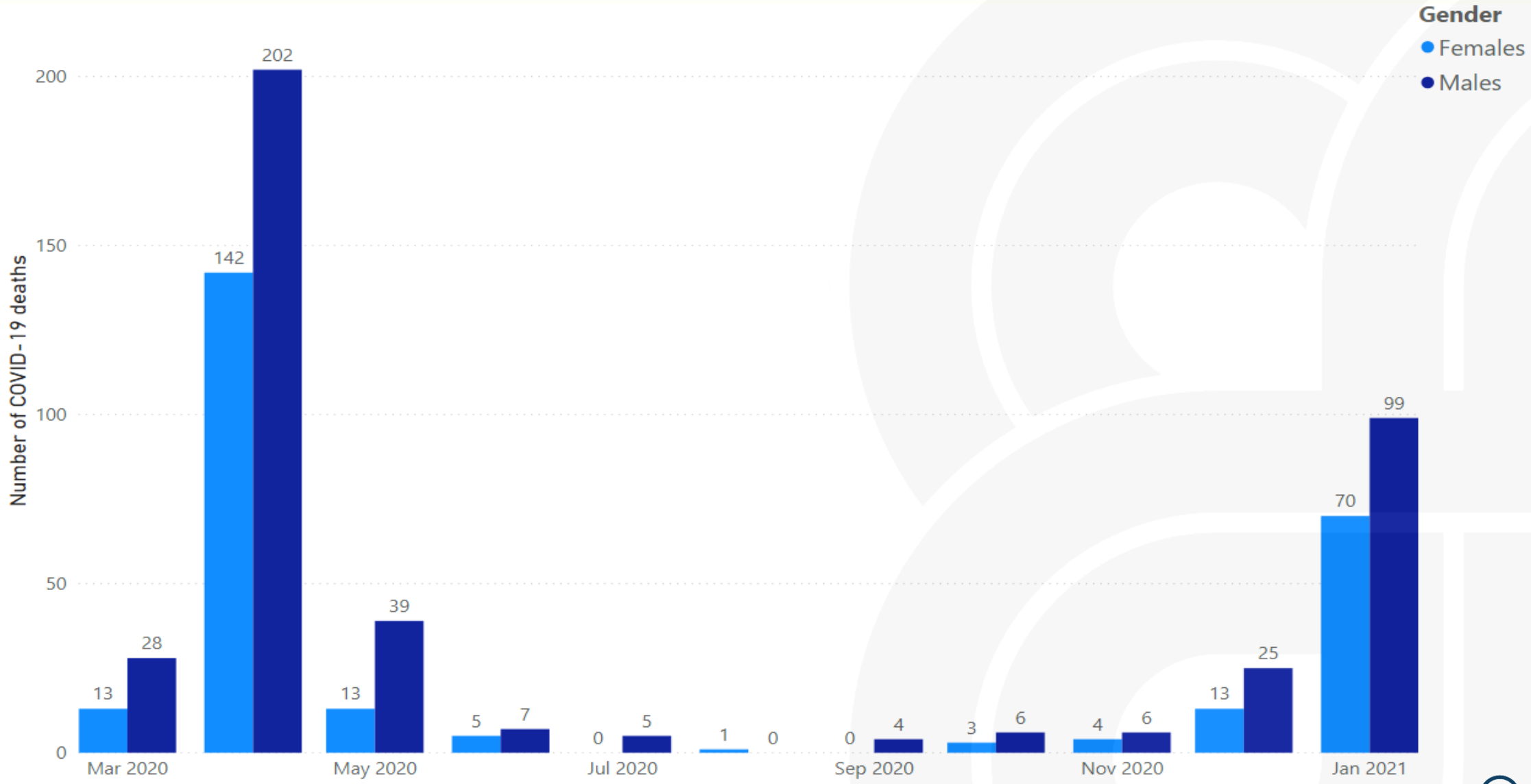
Brent Covid-19 crude death rate per 100,000 population by wards . Data between March 2020 to January 2021.



Source: Office of National Statistics (ONS)
Link to data set: www.ons.gov.uk

Number of Covid-19 deaths in Brent by gender. For deaths that were registered between March 2020 and January 2021.



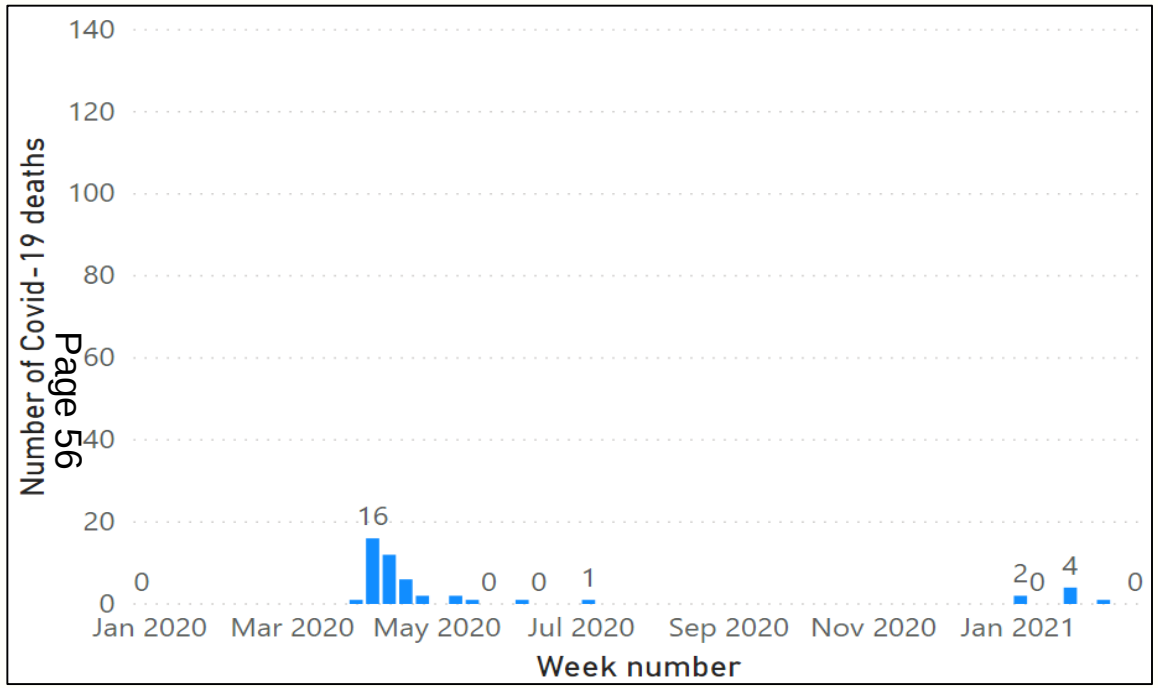
Brent

Source: Office of National Statistics (ONS)
Link to data set: www.ons.gov.uk

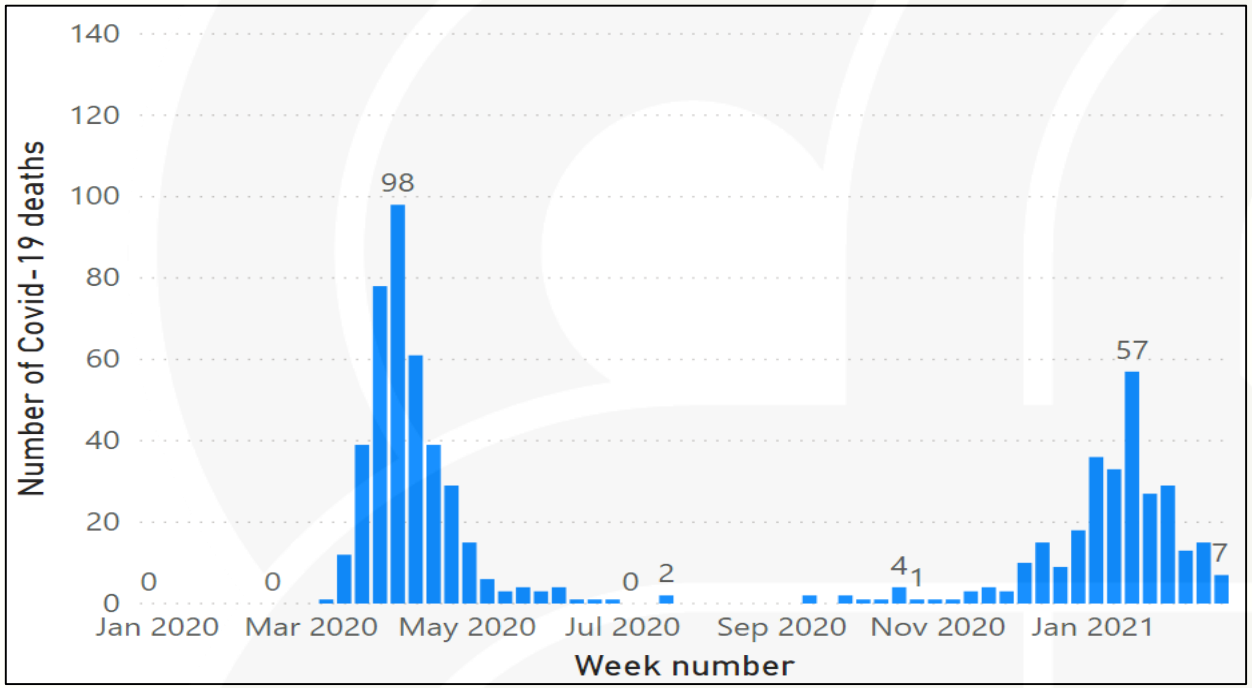
BUILDING A BETTER BRENT

Brent Covid-19 deaths (numbers) by place of deaths. For deaths that occurred up to 26th February 2021 but were registered up to 6th March 2021.

Care Homes



Hospital

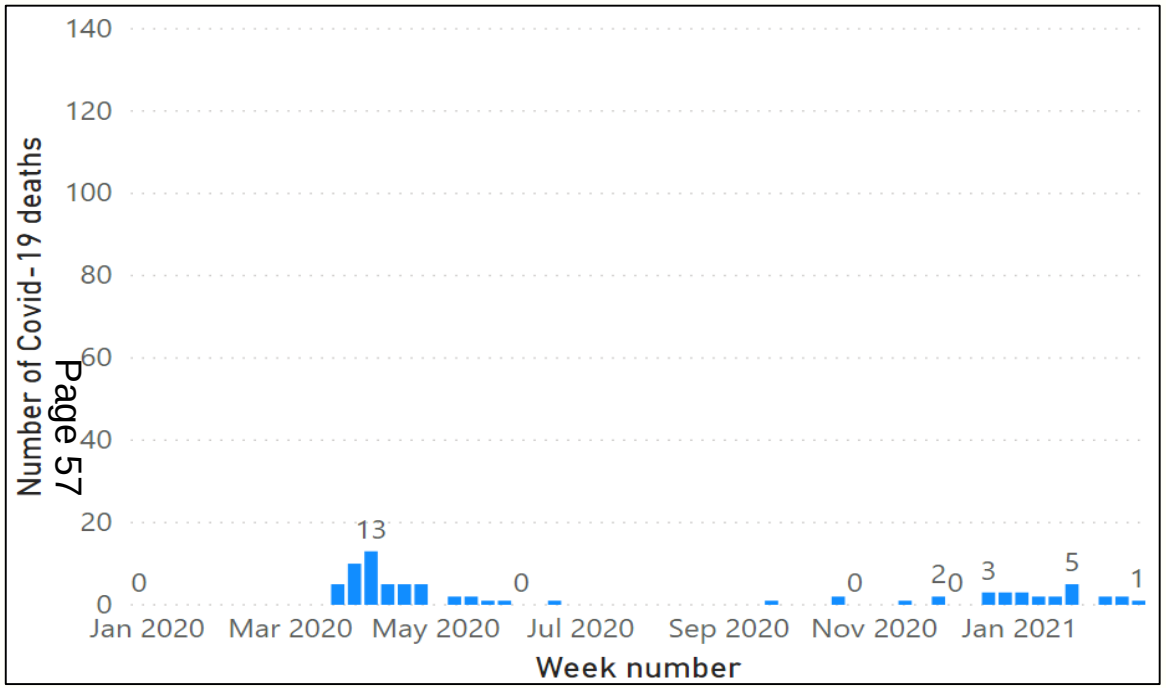


Notes:

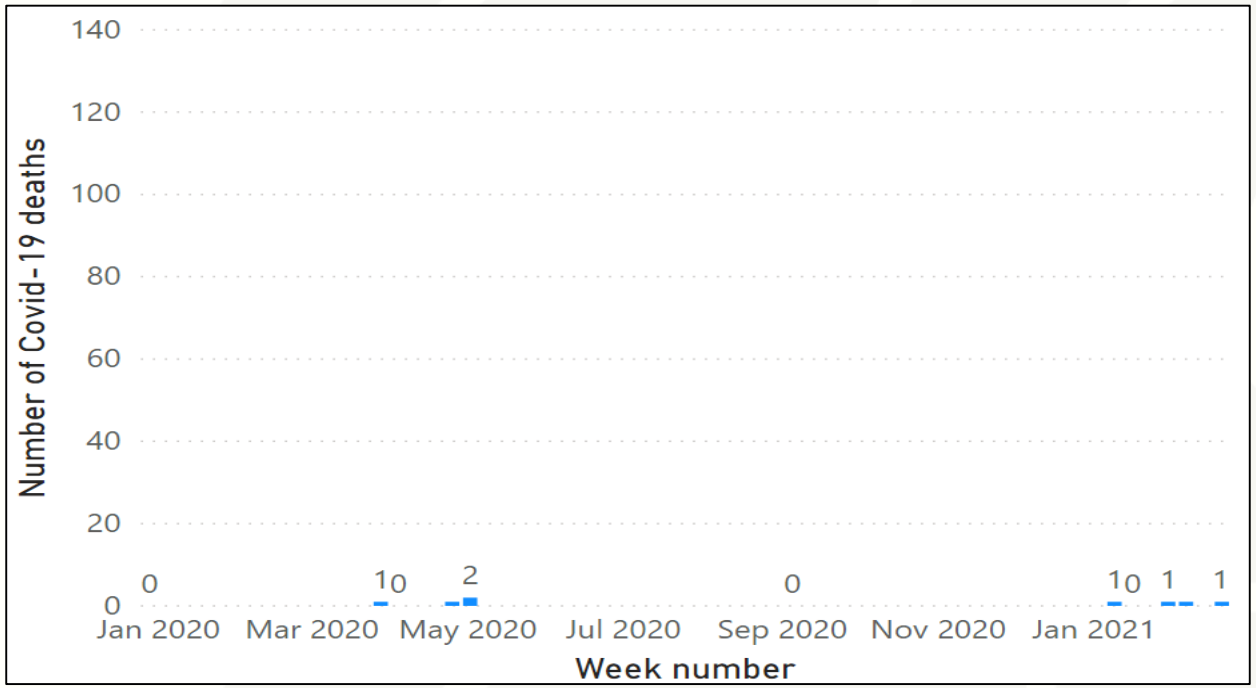
- *Includes deaths that occurred up to 26th February 2021 (Week 8 2021) but were registered up to 6th March 2021. Occurrences will rise as we receive more death registrations so data by week of occurrence are updated each week.*
  Link to data set: www.ons.gov.uk

Brent Covid-19 deaths (numbers) by place of deaths. For deaths that occurred up to 26th February 2021 but were registered up to 6th March 2021.

Home



Hospice

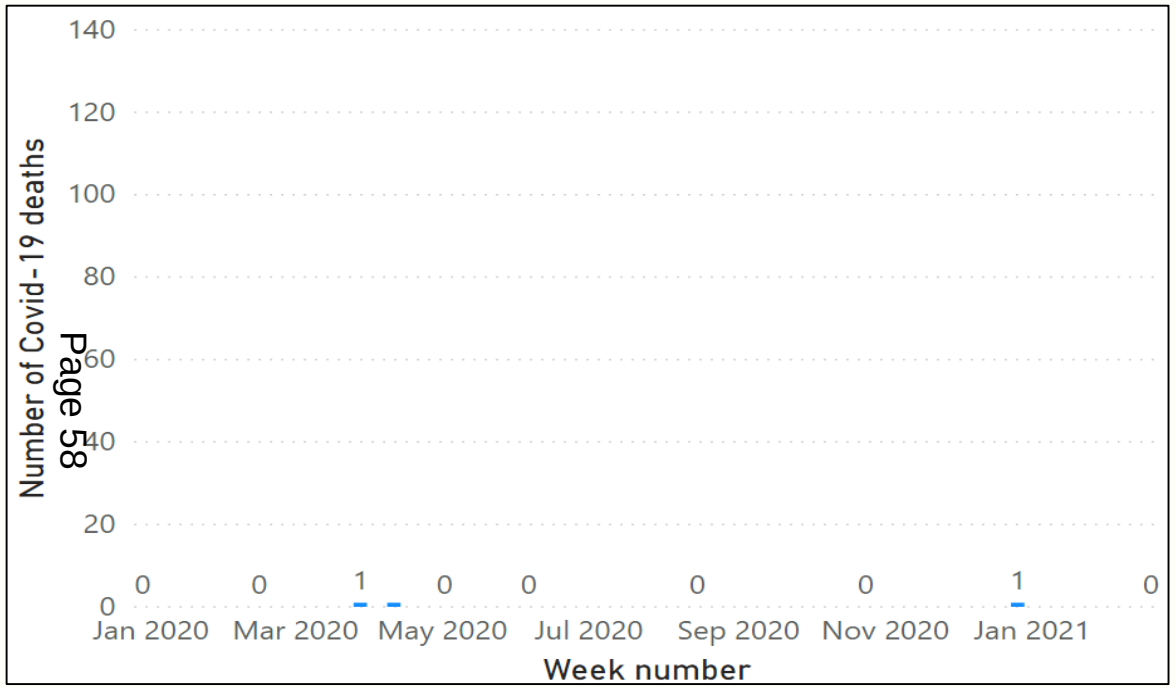


Notes:

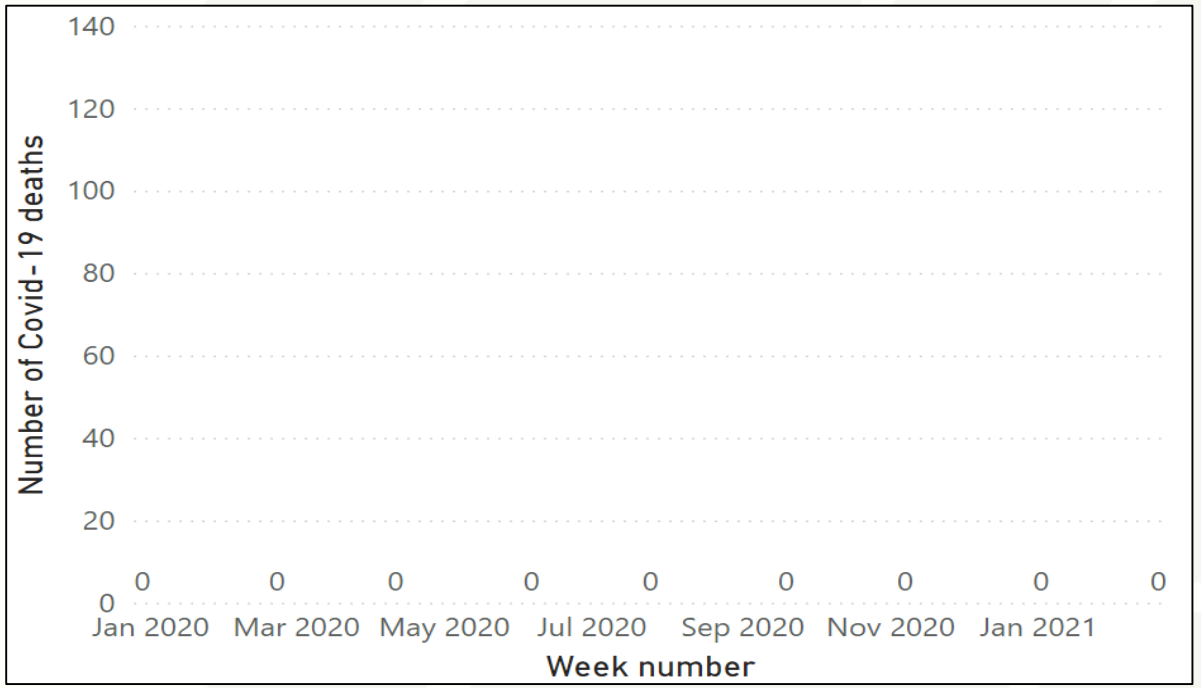
- *Includes deaths that occurred up to 26th February 2021 (Week 8 2021) but were registered up to 6th March 2021. Occurrences will rise as we receive more death registrations so data by week of occurrence are updated each week.*
  Link to data set: www.ons.gov.uk

Brent Covid-19 deaths (numbers) by place of deaths. For deaths that occurred up to 26th February 2021 but were registered up to 6th March 2021.

Elsewhere



Other Communal Establishments



Notes:

- *Includes deaths that occurred up to 26th February 2021 (Week 8 2021) but were registered up to 6th March 2021. Occurrences will rise as we receive more death registrations so data by week of occurrence are updated each week.*
  Link to data set: www.ons.gov.uk

PCR Testing

5.1 PCR Testing

PCR testing sites locations in Brent

Brent

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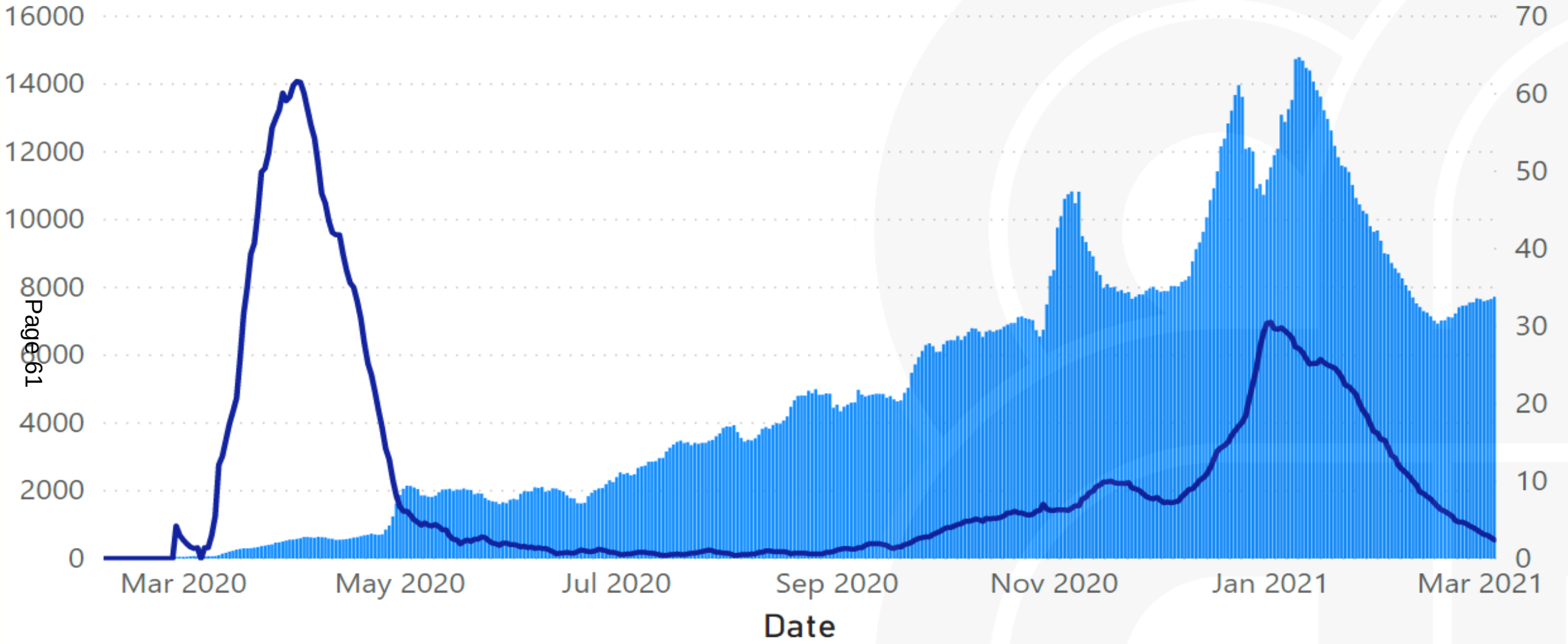
Brent weekly number of people receiving a PCR test and positivity. Data from 8th February, 2020 until 5th March, 2021.



Brent

Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

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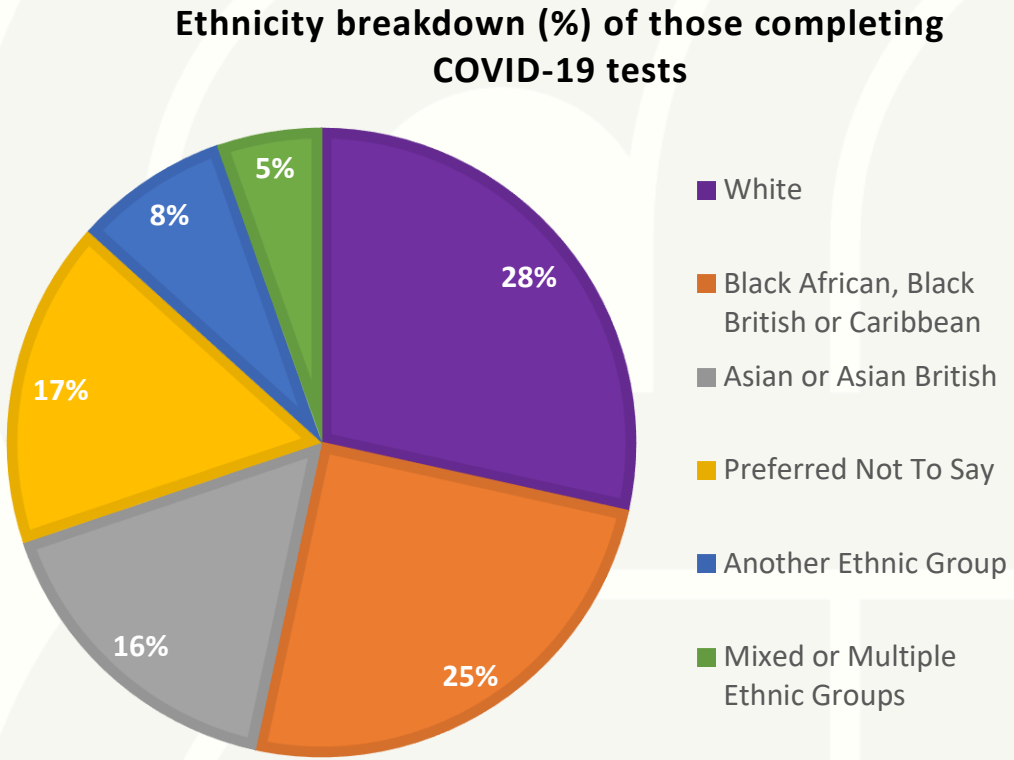
PCR Testing – Harlesden testing site

- Harlesden testing site opened as a PCR Testing site on the 9th of June 2020.

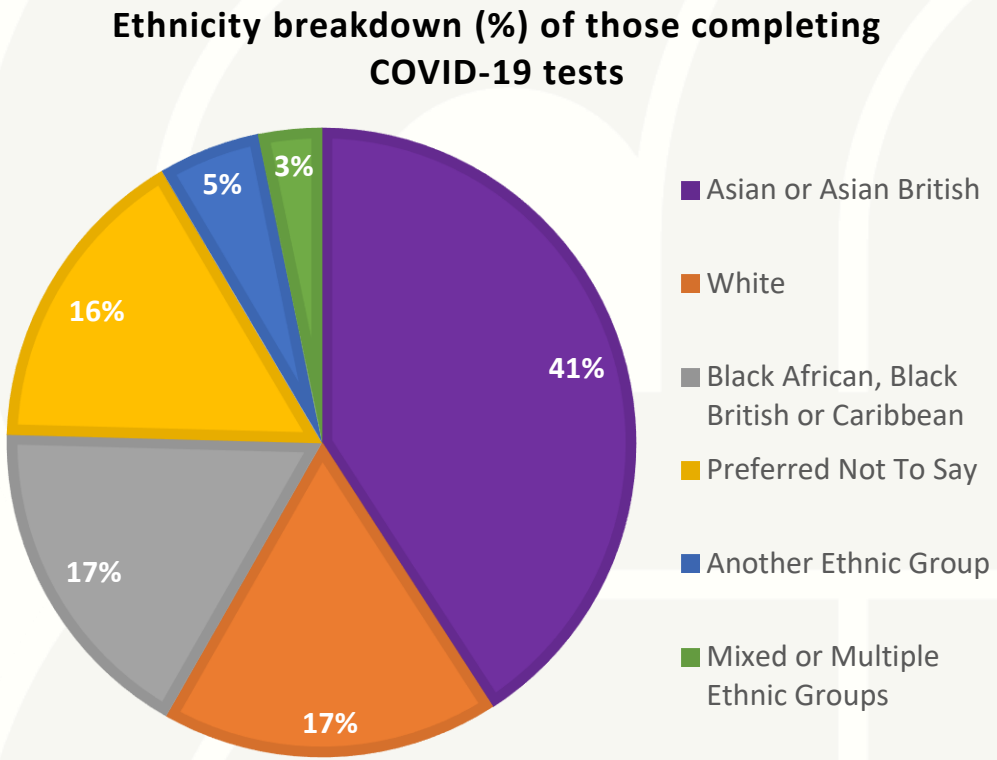


Brent

BUILDING A BETTER BRENT

PCR Testing – Wembley testing site

- Harlesden testing site opened as a PCR Testing site on the 22nd September.

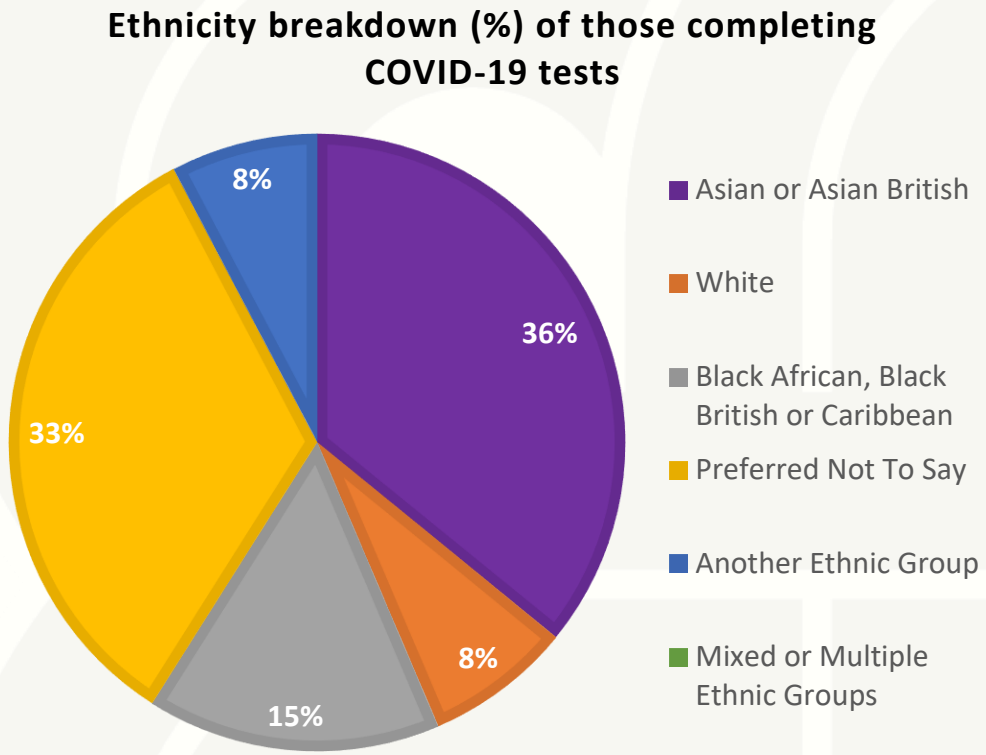


Brent

BUILDING A BETTER BRENT

PCR Testing – Northwick Park testing site

- Harlesden testing site opened as a PCR Testing site on the 21st December 2020, with a total of 38 test completed so far.



Brent

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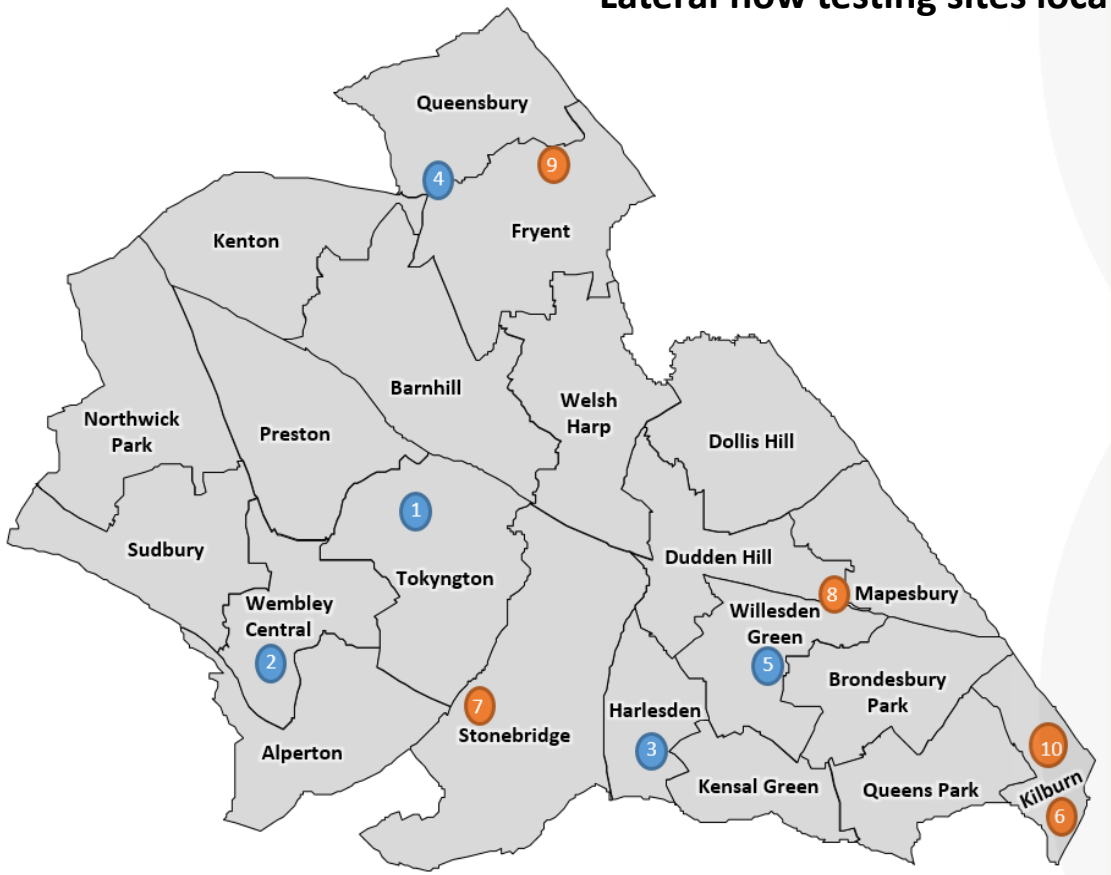
Lateral Flow Testing

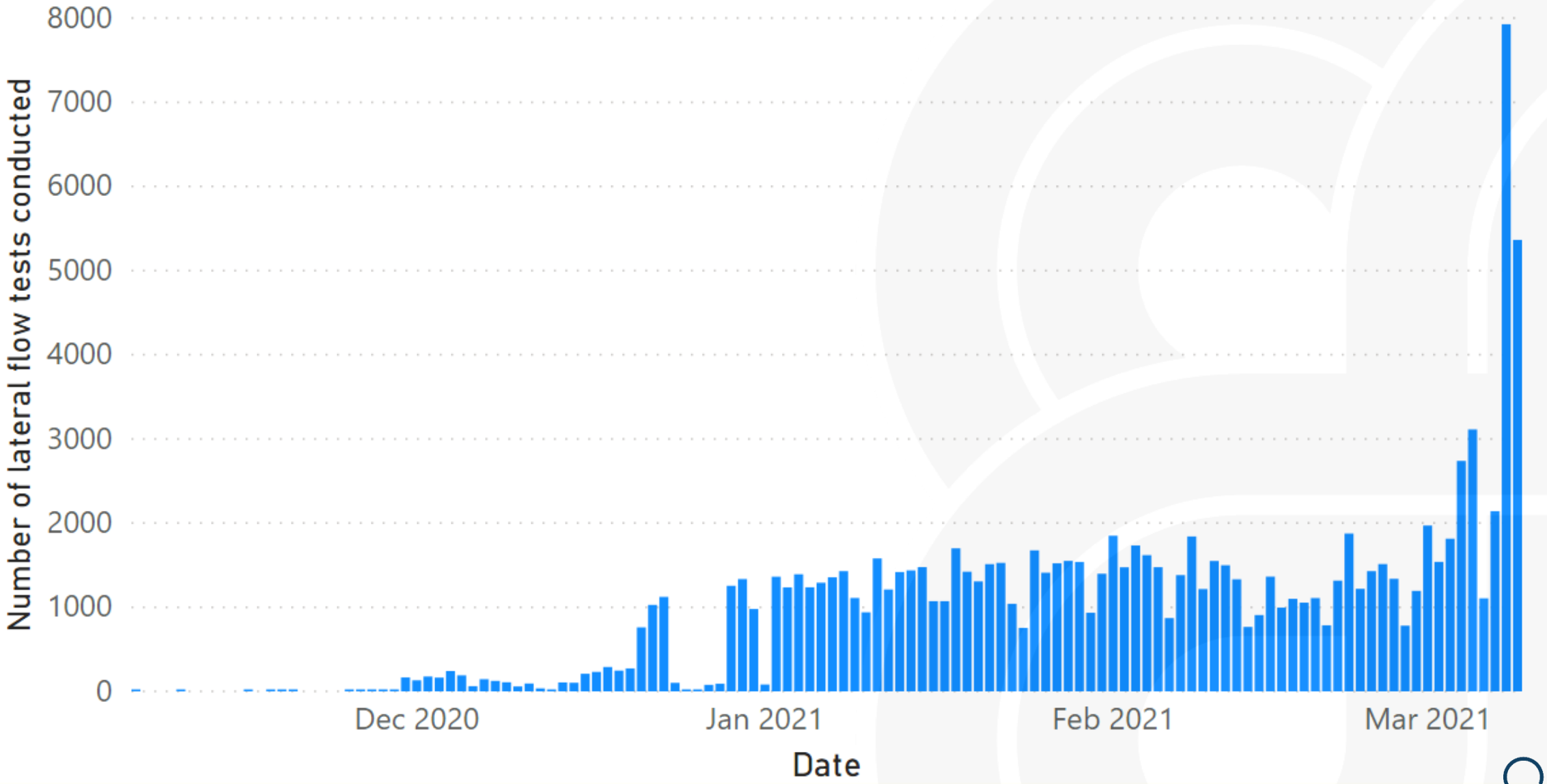
5.2 Lateral Flow Testing

Lateral flow testing sites locations in Brent



1. Brent Civic Centre
2. Ealing Road Library
3. Harlesden Library
4. Kingsbury Library
5. Willesden Green Library
6. Marian Community Centre (Closed)
7. Bridge Park Community Centre (Closed)
8. Brent Central Mosque (Closed)
9. Father O'Callaghan Centre (Closed)
10. The Granville (Closed

Number of lateral flow test conducted in Brent by Brent Council. Data from 6th November, 2020 until 9th March, 2021.



Brent

Source: Public Health England (PHE)
Link to data set: https://coronavirus.data.gov.uk/

BUILDING A BETTER BRENT

Lateral Flow Testing – Overall Demographic Analysis

About our visitors

- **66%** of visitors live in Brent
- **24%** of visitors work in Brent
- **2%** of visitors are Ealing residents
- **2%** are University students
- **1%** work in Brent schools

Ethnicity

- **53%** of visitors are white
- **29%** of visitors are Asian
- **9%** of visitors are black
- **4%** are of mixed or multiple ethnic backgrounds
- **5%** identified as 'other'

Brent

BUILDING A BETTER BRENT

Lateral Flow Testing – Overall Demographic Analysis

Age profiles

- **30-39 years old** is the most frequent age group
- **20-29 years old** the second most frequent
- **40-49 years old** the third most frequent
- **154** people between **80-89 years old** have visited a Brent LFT site
- **9** people over the age of **90 years old** have been tested at a Brent LFT site

Key workers

- **39%** of total visitors are Key Workers

Gender

- **49%** Female
- **51%** Male

Brent

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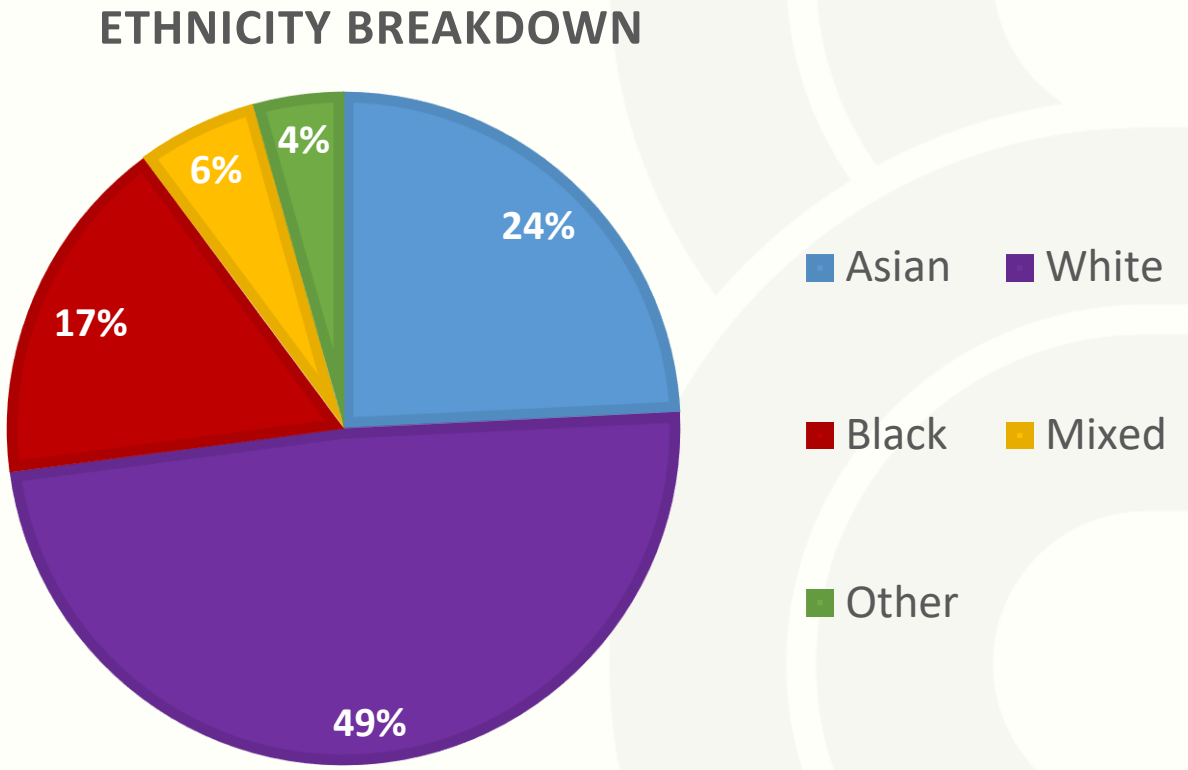
Lateral Flow Testing Sites – Bridge Park Community Centre

- Bridge Park Community Centre opened as a Lateral Flow Testing site on the 21st December, 2020 and closed on the 28th February, 2021.
- In total 4,880 lateral flow tests were conducted at Bridge Park.

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Bridge Park Community Centre.

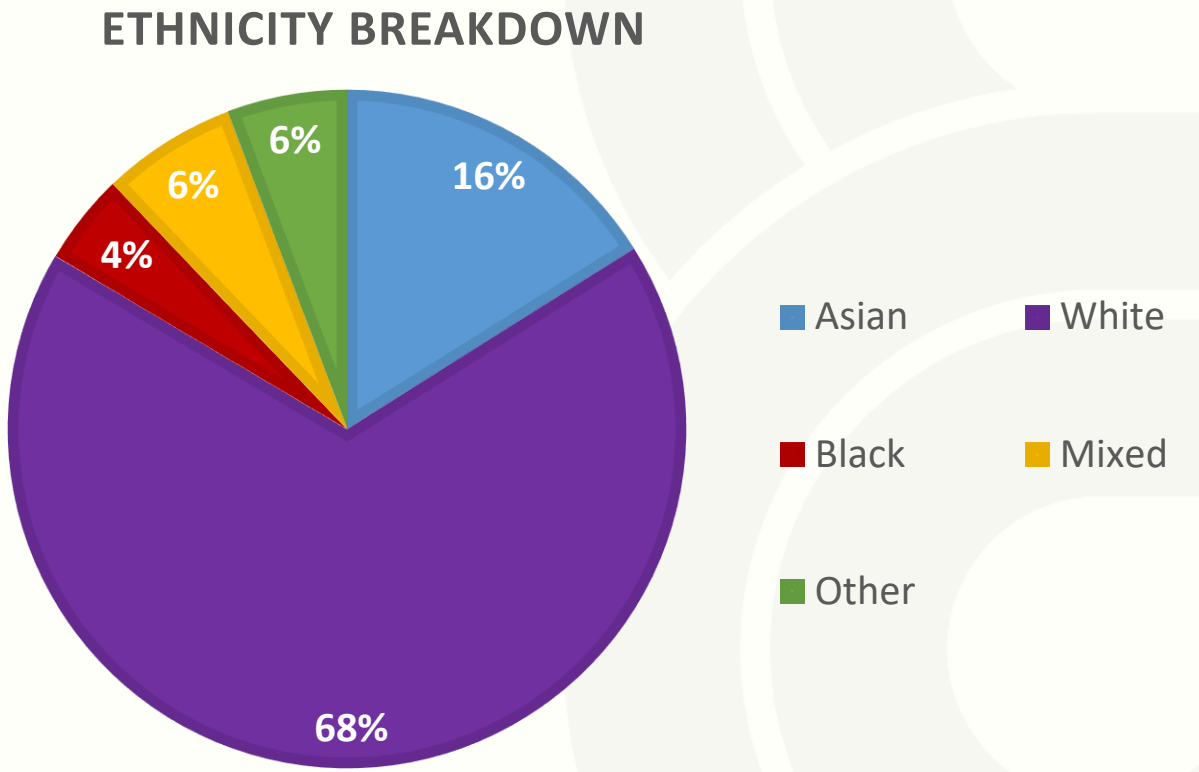


Brent

Lateral Flow Testing Sites – Brent Central Mosque

- Brent Central Mosque opened as a Lateral Flow Testing site on the 21st December, 2020 and closed on the 28th February, 2021.
- In total 4,502 lateral flow tests were conducted at Central Mosque

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Brent Central Mosque.

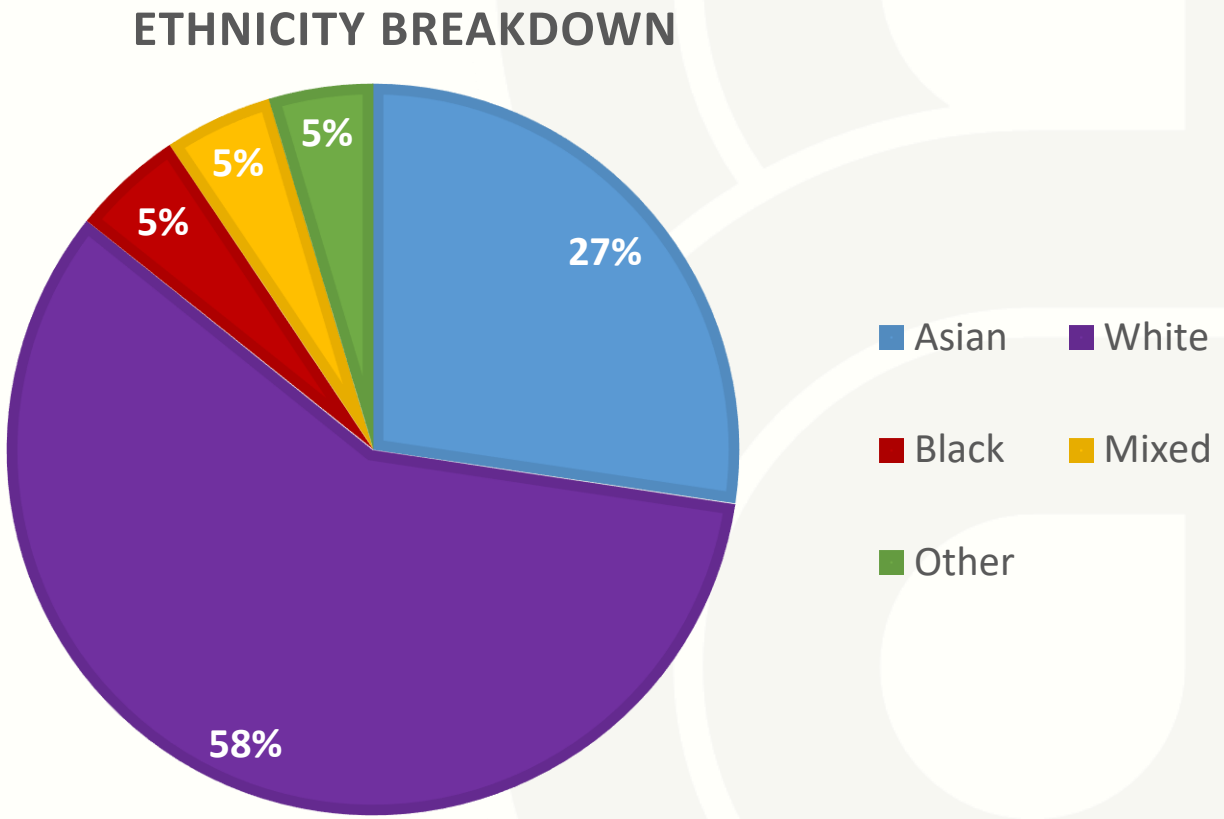


Brent

Lateral Flow Testing Sites – Father O'Callaghan Centre

- The Father O'Callaghan Centre opened as a Lateral Flow Testing site on the 21st December, 2020 and closed on the 28th February, 2021.
- In total 4,186 lateral flow tests were conducted at Father O'Callaghan Centre.

- Below is an ethnicity breakdown of all the people who took a lateral flow test at the Father O'Callaghan Centre.

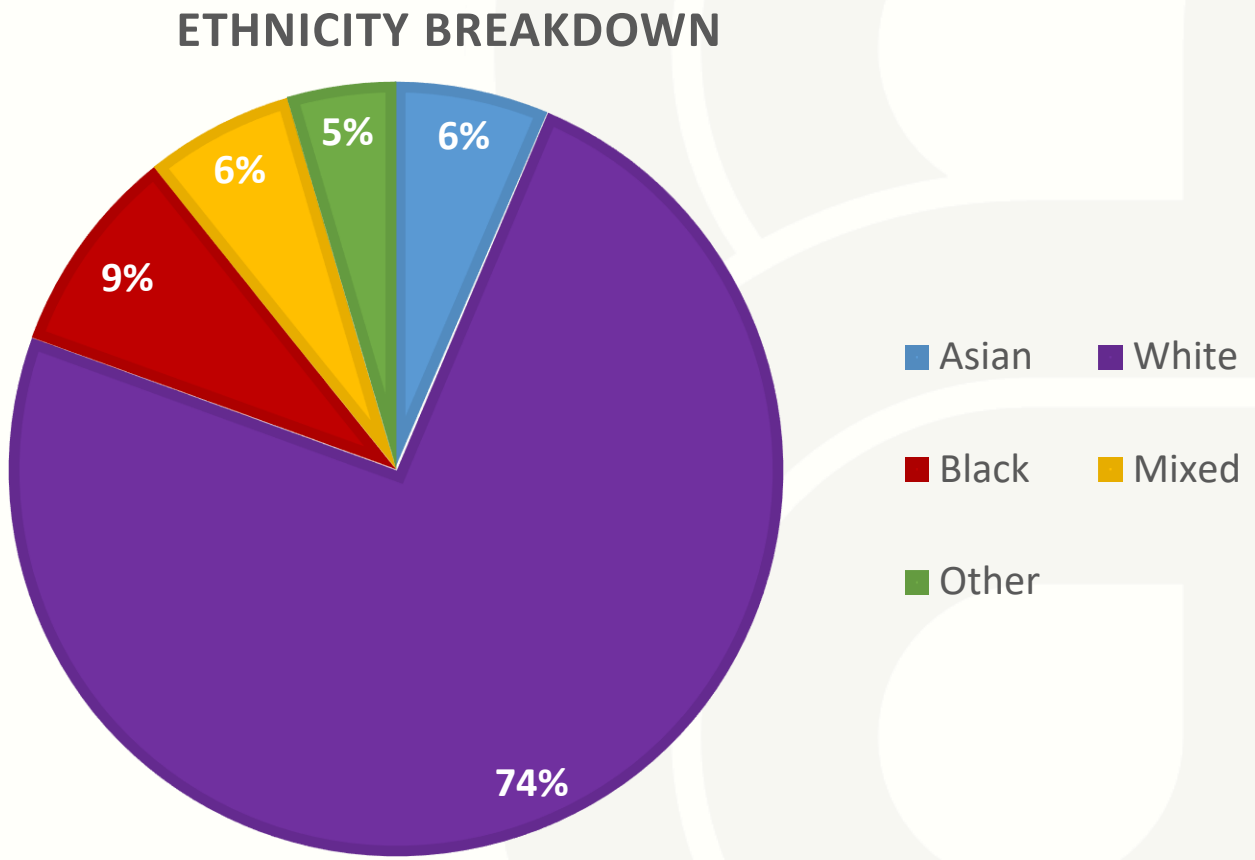


Brent

Lateral Flow Testing Sites – The Granville

- The Granville opened as a Lateral Flow Testing site on the 21st December, 2020 and closed on the 1st February, 2021.
- In total 3,395 lateral flow tests were conducted at the Granville.

- Below is an ethnicity breakdown of all the people who took a lateral flow test at the Granville.

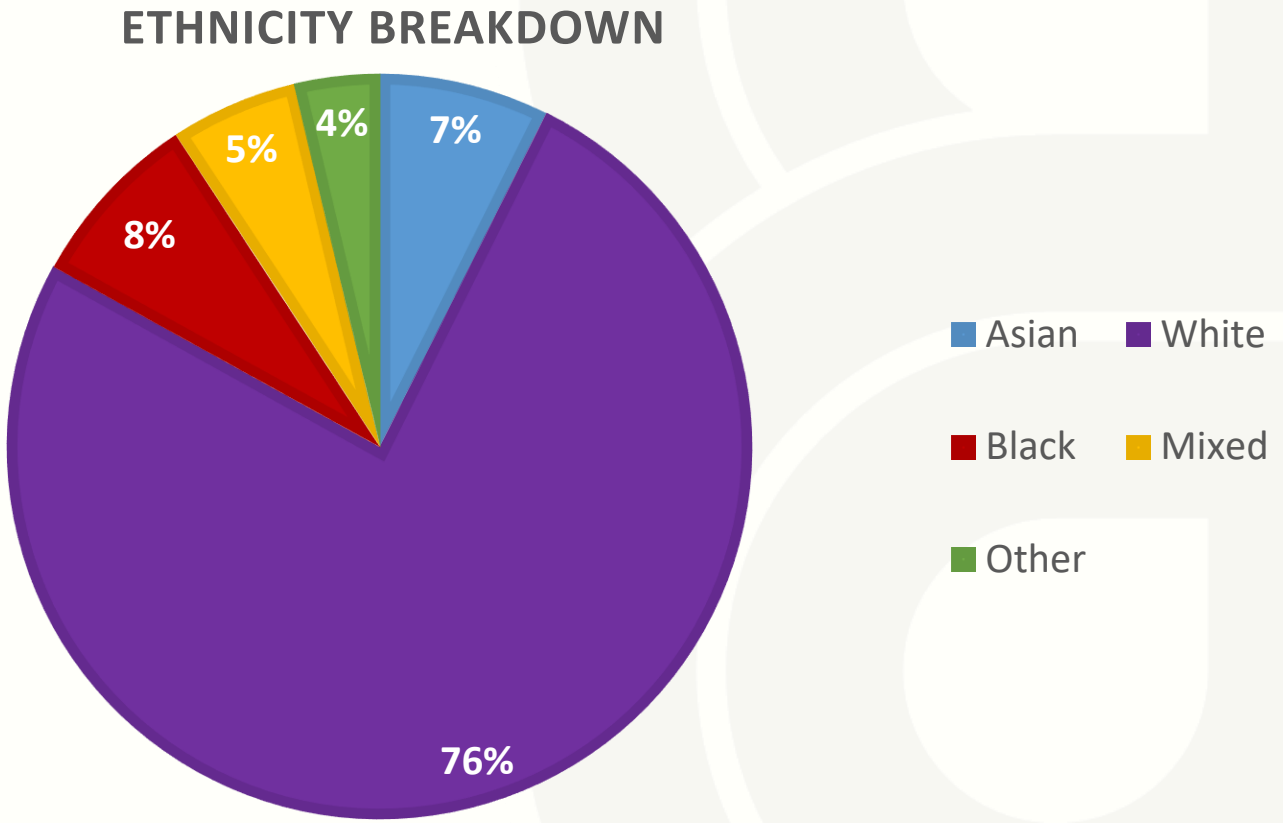


Brent

Lateral Flow Testing Sites – Marian Community Centre

- The Marian Community Centre opened as a Lateral Flow Testing site on the 22nd February, 2021 and will be closing on the 22nd March, 2021.
- In total 1,310 lateral flow tests has bee conducted at Marian Community Centre.

- Below is an ethnicity breakdown of all the people who took a lateral flow test at the Marian Community Centre.

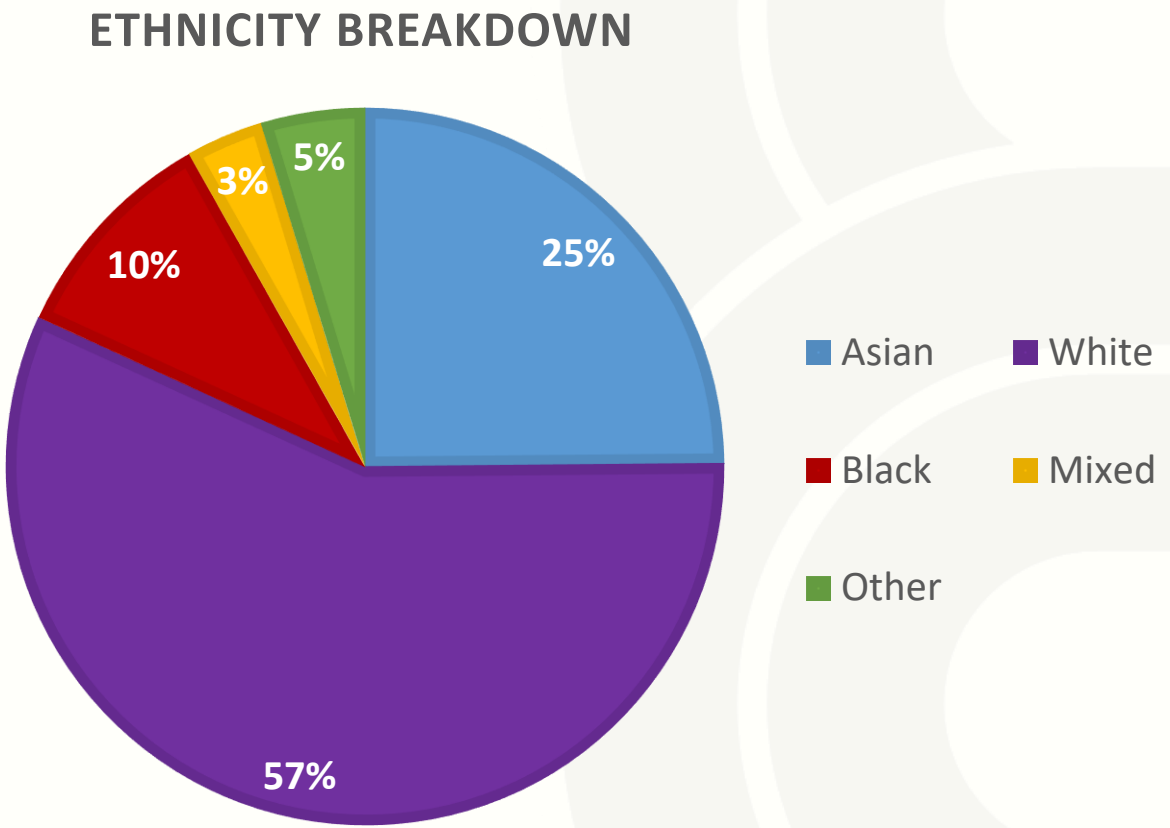


Brent

Lateral Flow Testing Sites – Brent Civic Centre

- Brent Civic Centre opened as a Lateral Flow Testing site on the 10th December, 2020.
- In total 17,742 lateral flow tests have been conducted at Brent Civic Centre

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Brent Civic Centre.

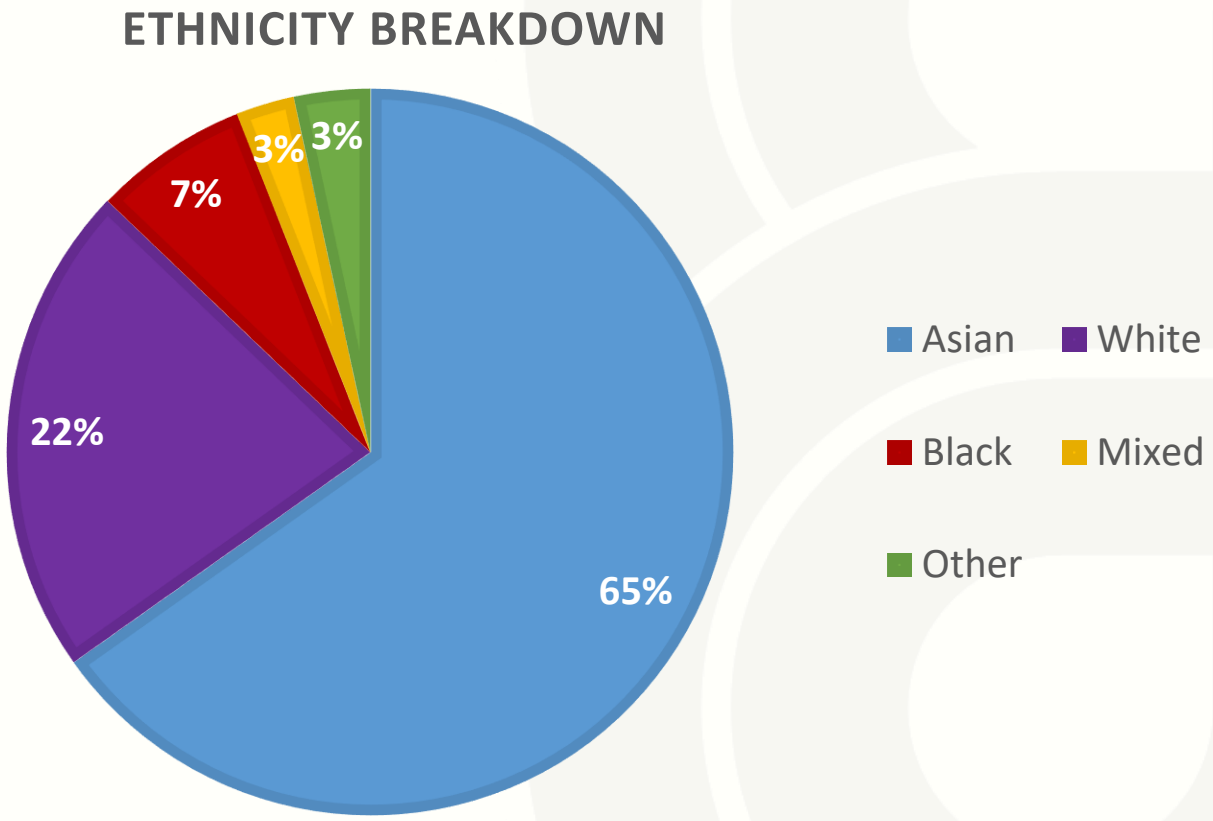


Brent

Lateral Flow Testing Sites – Ealing Road Library

- Ealing Road Library opened as a Lateral Flow Testing site on the 21st December, 2020.
- In total 7,998 lateral flow tests have been conducted at Ealing Road Library

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Ealing Road Library.

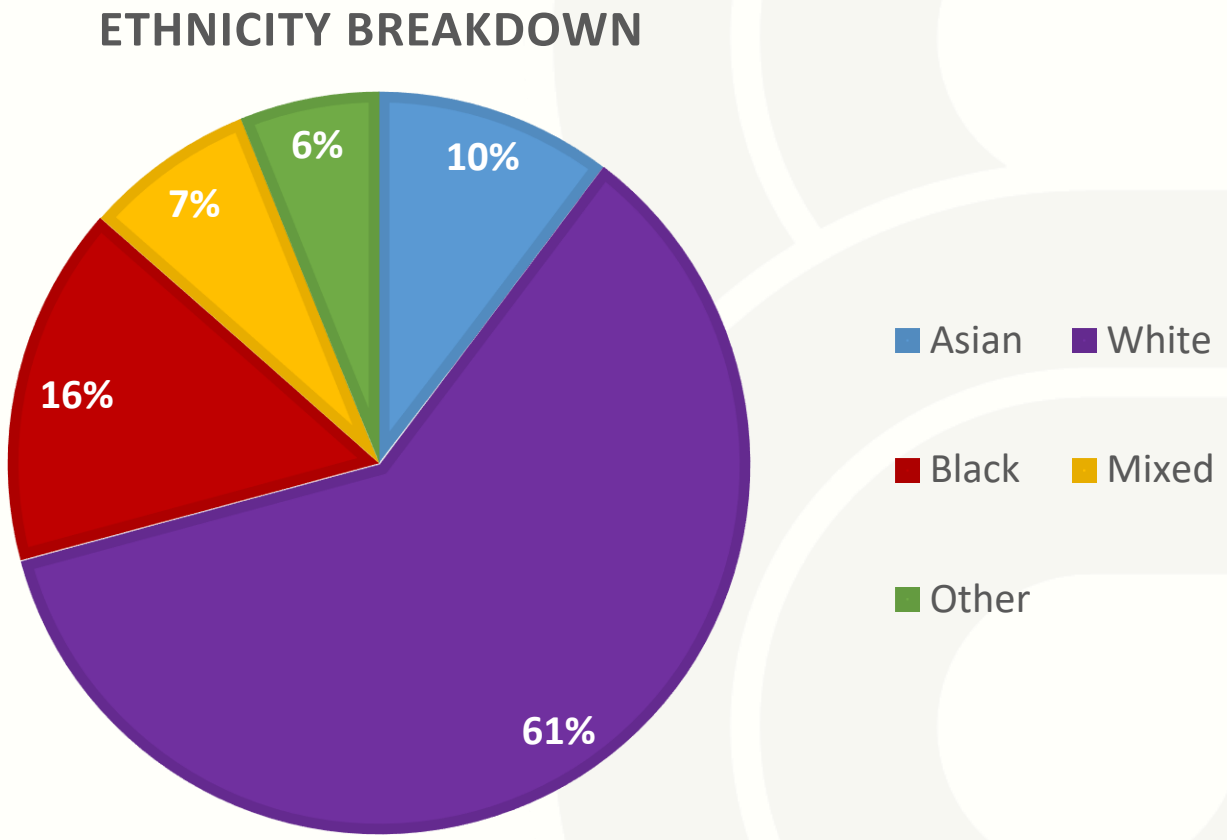


Brent

Lateral Flow Testing Sites – Harlesden Library

- Harlesden Library opened as a Lateral Flow Testing site on the 21st December, 2020.
- In total 4,952 lateral flow tests have been conducted at Harlesden Library

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Harlesden Library.

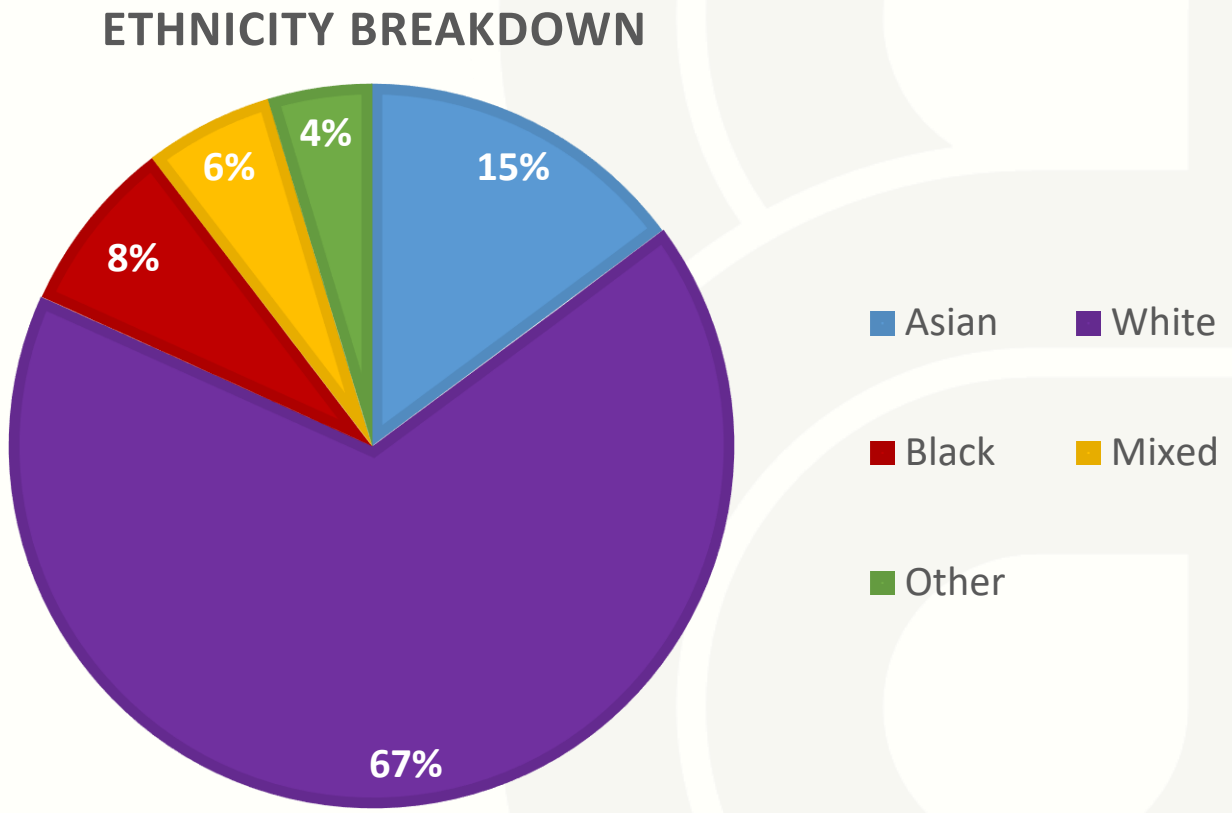


Brent

Lateral Flow Testing Sites – Willesden Green Library

- Willesden Green Library opened as a Lateral Flow Testing site on the 12th December, 2020.
- In total 12,083 lateral flow tests have been conducted at Willesden Green Library

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Willesden Green Library.

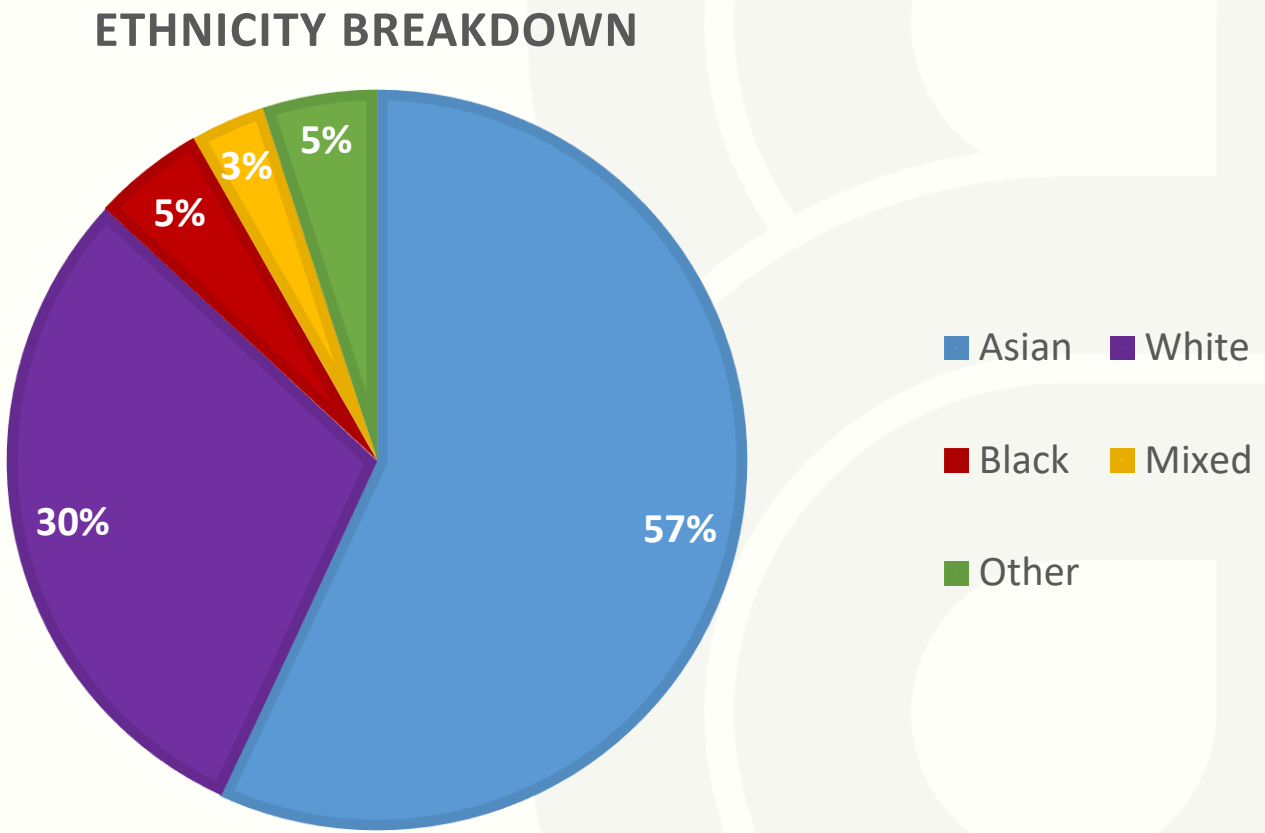


Brent

Lateral Flow Testing Sites – Kingsbury Library

- Kingsbury Library opened as a Lateral Flow Testing site on the 21st December, 2020.
- In total 7,015 lateral flow tests have been conducted at Kingsbury Library

- Below is an ethnicity breakdown of all the people who took a lateral flow test at Kingsbury Library.



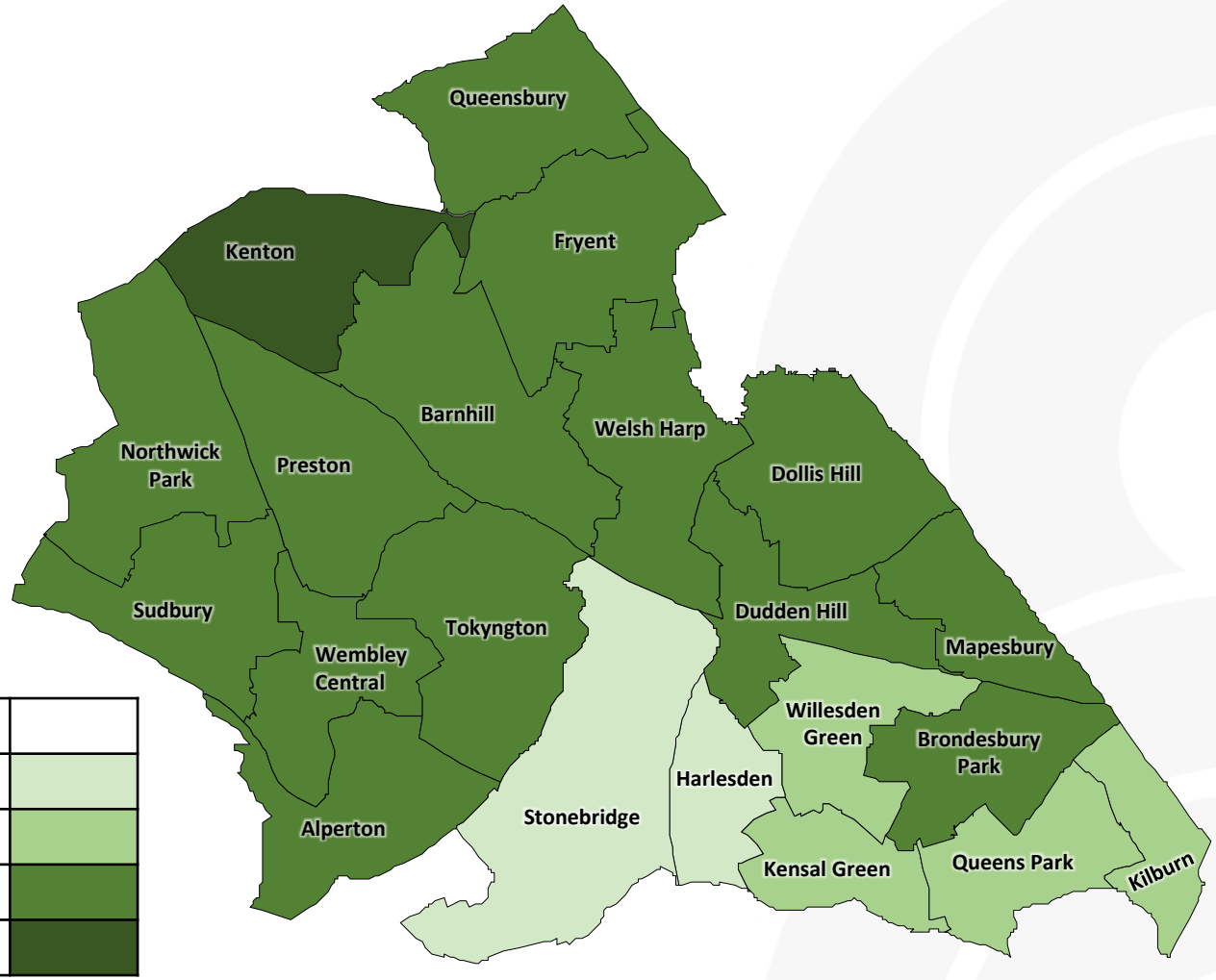
Brent

COVID-19 Vaccination Priority Group: 80 year olds and above

Brent

BUILDING A BETTER BRENT

6.1 First dose vaccination uptake (%) by Brent wards for those aged 80 years and over. Data up to the 15th March, 2021



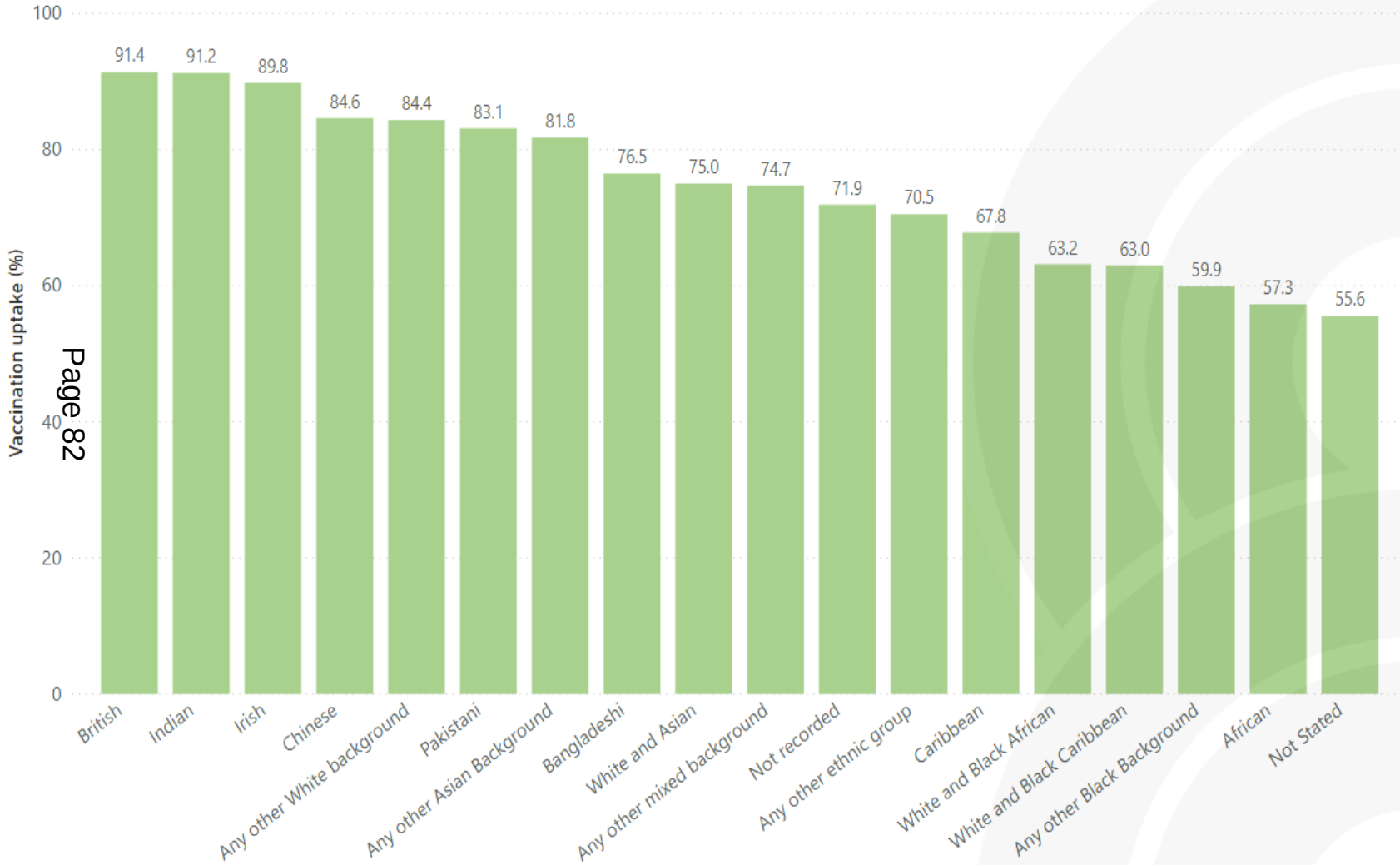
<60%	
60.5% – 70.5%	
70.6% – 80.5%	
80.6% – 90.5%	
>90.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those aged 80 years and over. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

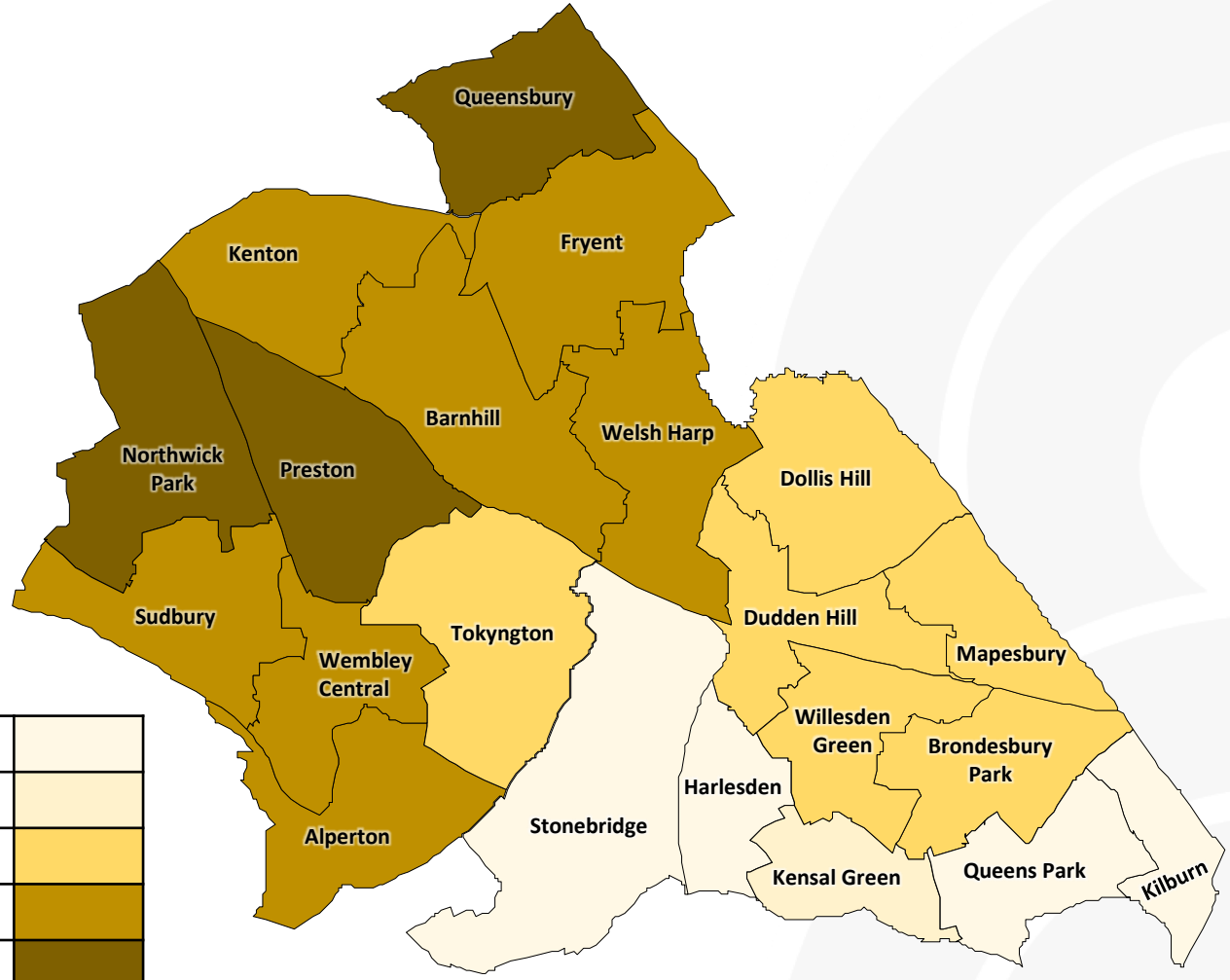
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: 79 to 75 year olds

Brent

BUILDING A BETTER BRENT

6.2 First dose vaccination uptake (%) by Brent wards for those aged between 79 to 75 years. Data up to the 15th March, 2021



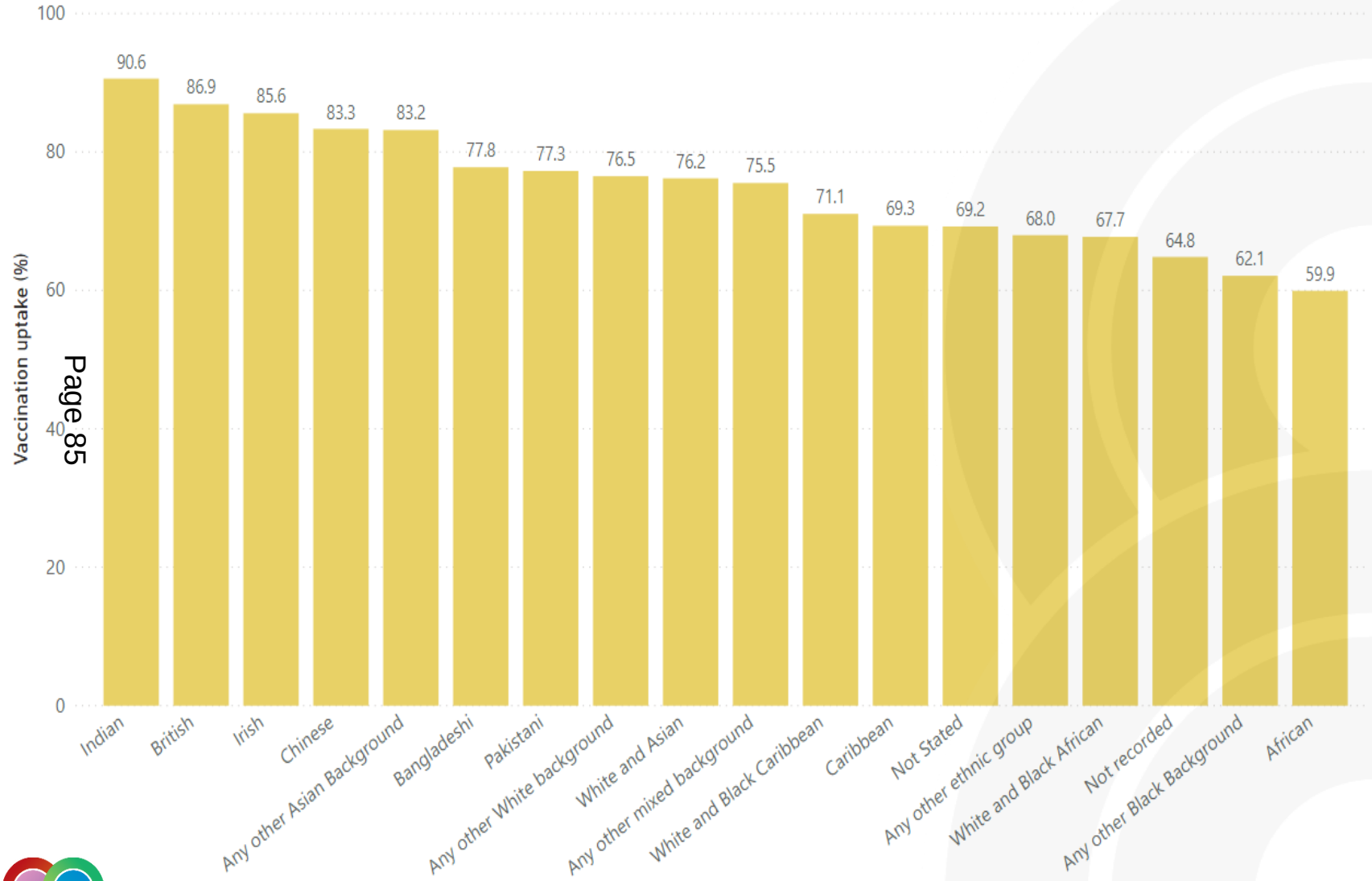
<70%	
70.5% – 75.5%	
75.6% – 80.5%	
80.6% – 85.5%	
>85.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those aged between 79 to 75 years. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

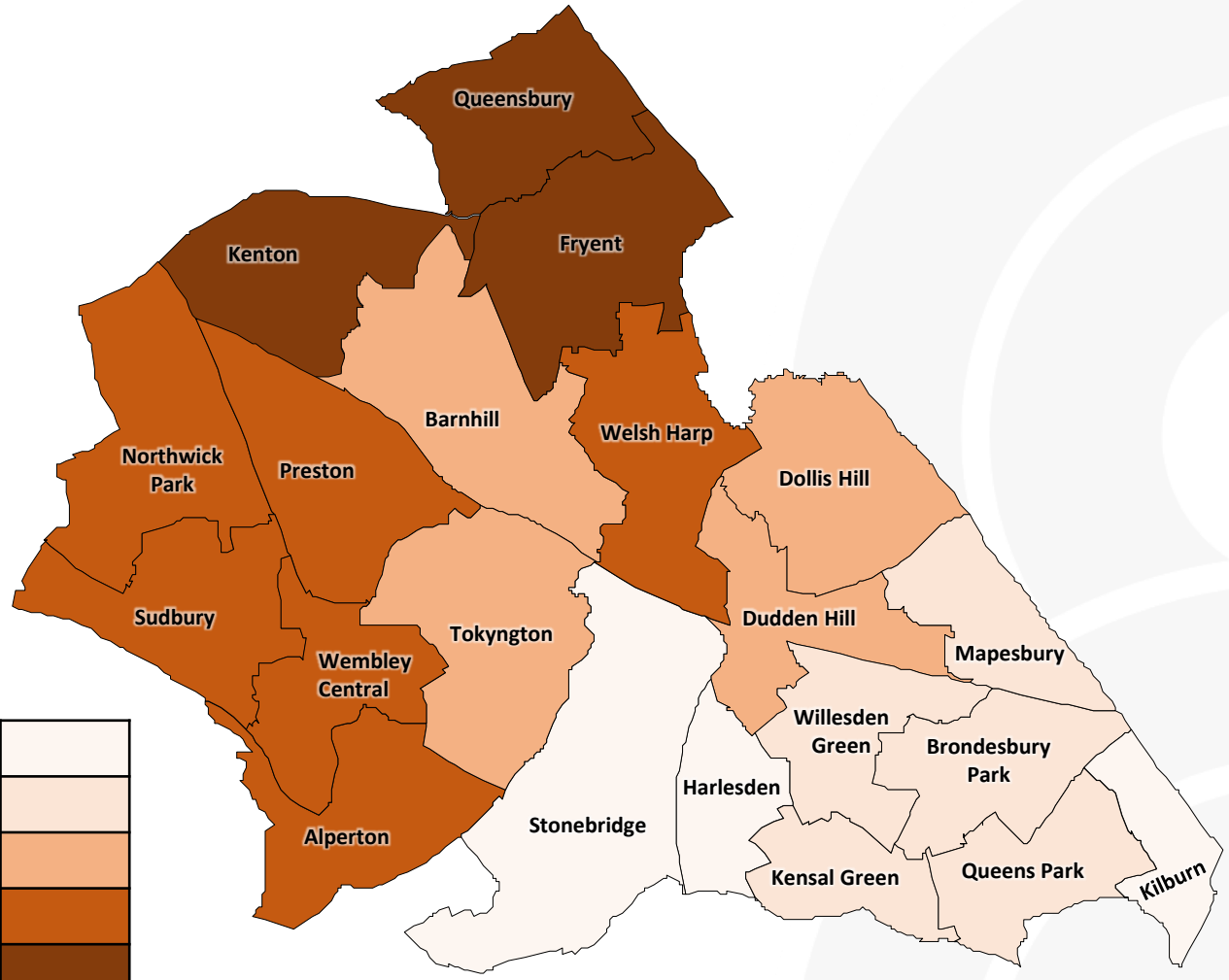
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: 74 to 70 year olds

Brent

BUILDING A BETTER BRENT

6.3 First dose vaccination uptake (%) by Brent wards for those aged between 74 to 70 years. Data up to the 15th March, 2021



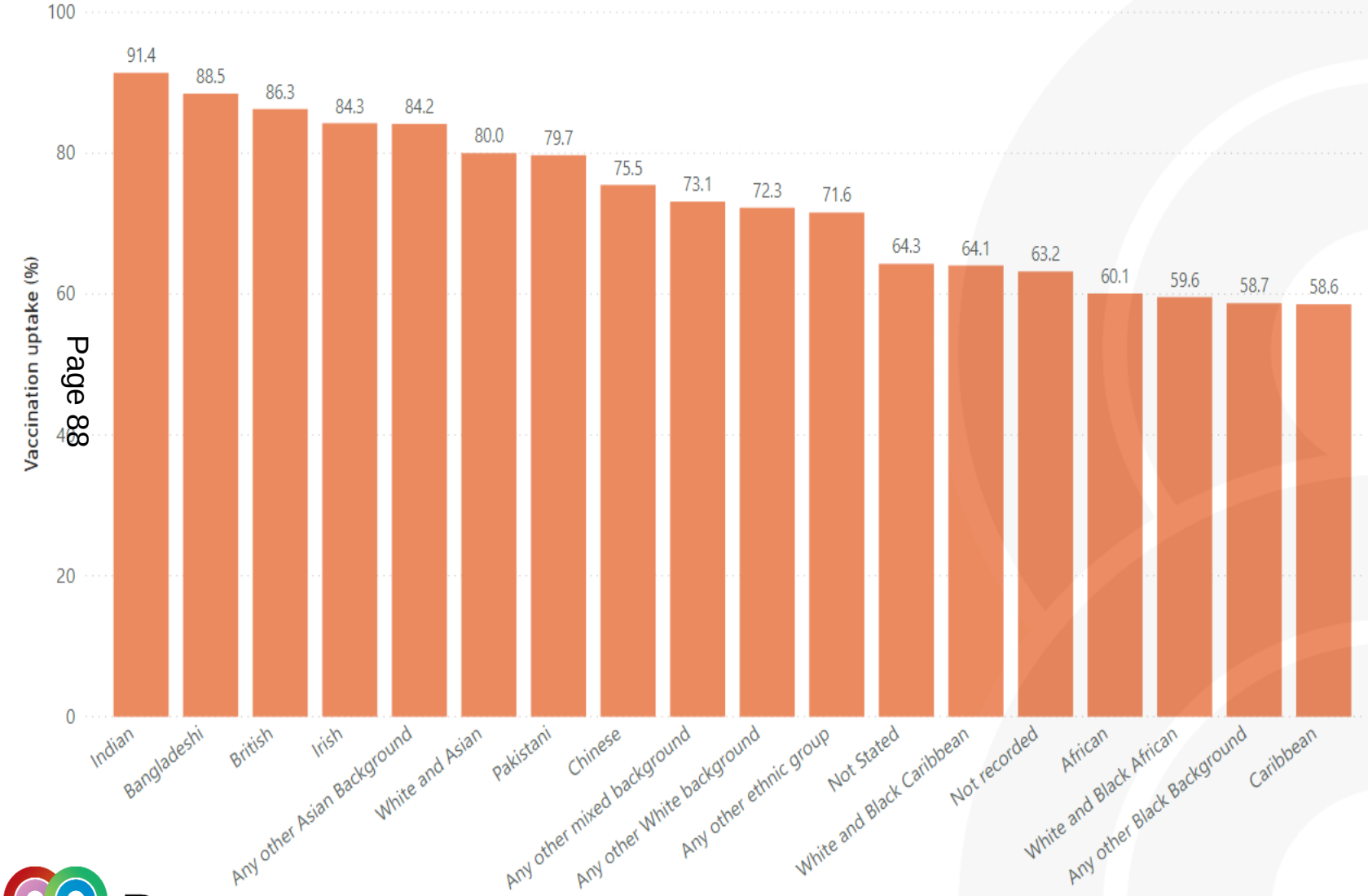
<70%	
70.5% – 75.5%	
75.6% – 80.5%	
80.6% – 85.5%	
>85.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those aged between 74 to 70 years. Data up to the 16th March, 2021



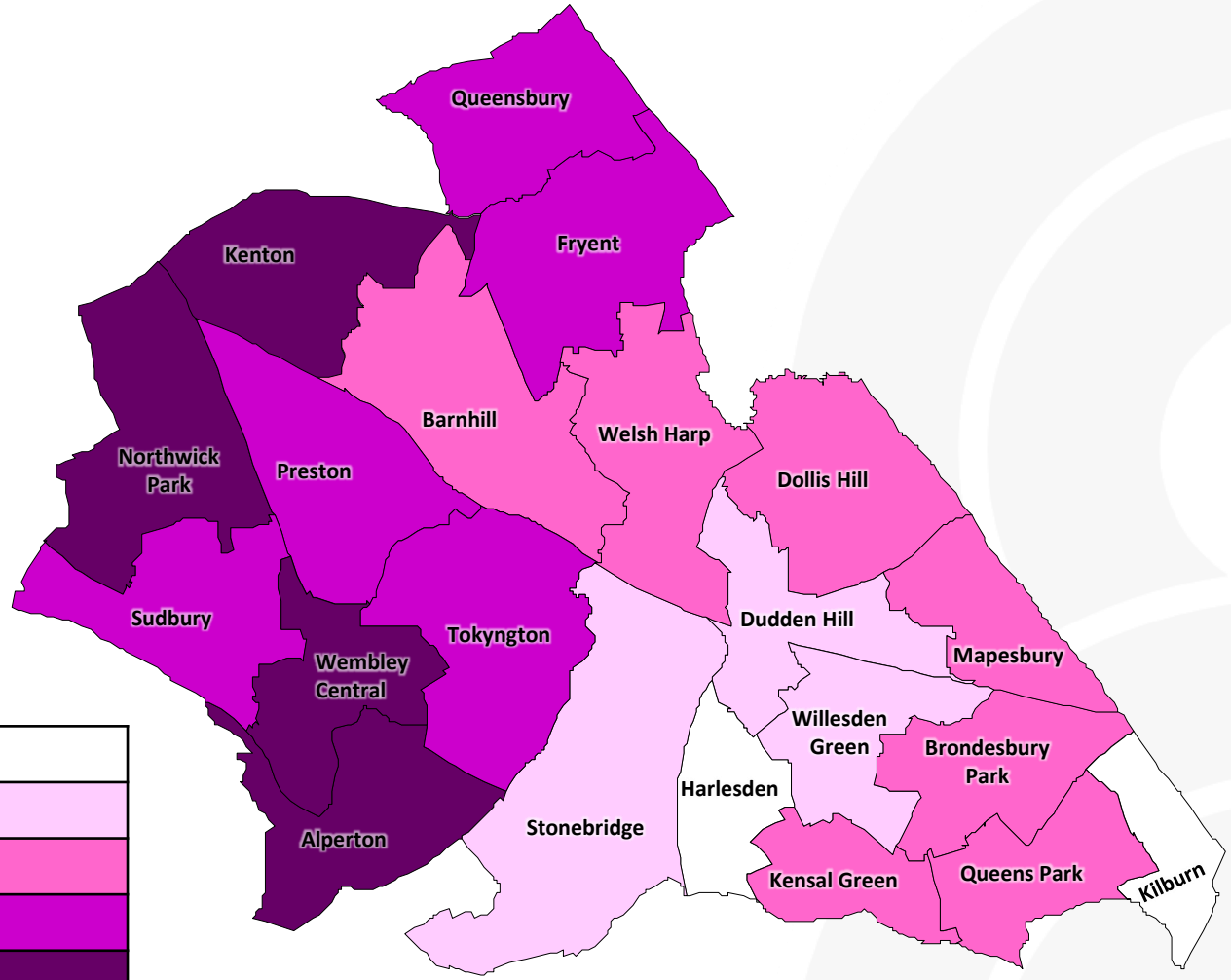
Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: Clinically Extremely Vulnerable (CEV)

6.4 First dose vaccination uptake (%) by Brent wards for those Clinically Extremely Vulnerable (CEV). Data up to the 15th March, 2021



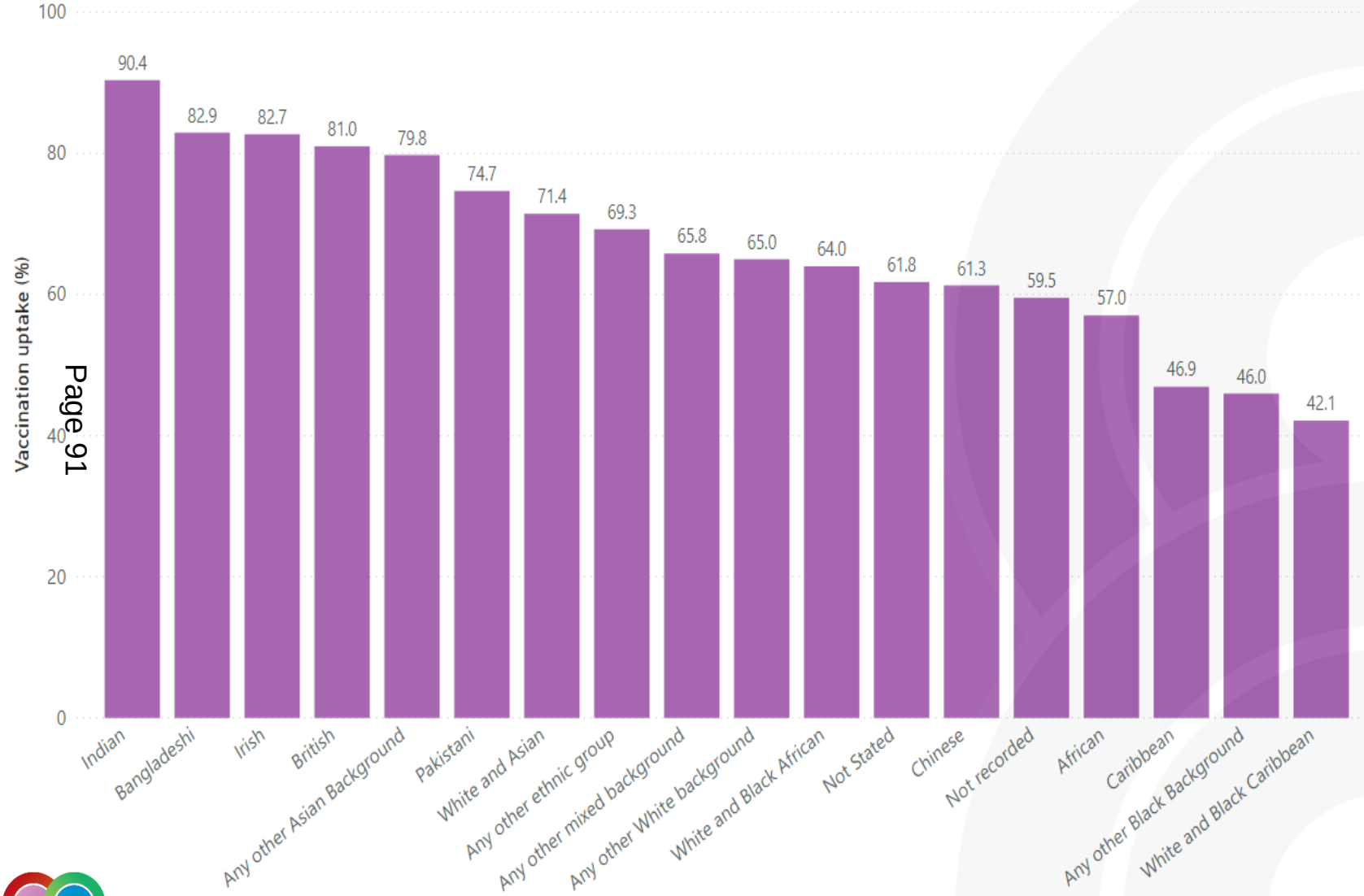
<60%	
60.5% – 65.5%	
65.6% – 70.5%	
70.6% – 75.5%	
>75.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those Clinically Extremely Vulnerable. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

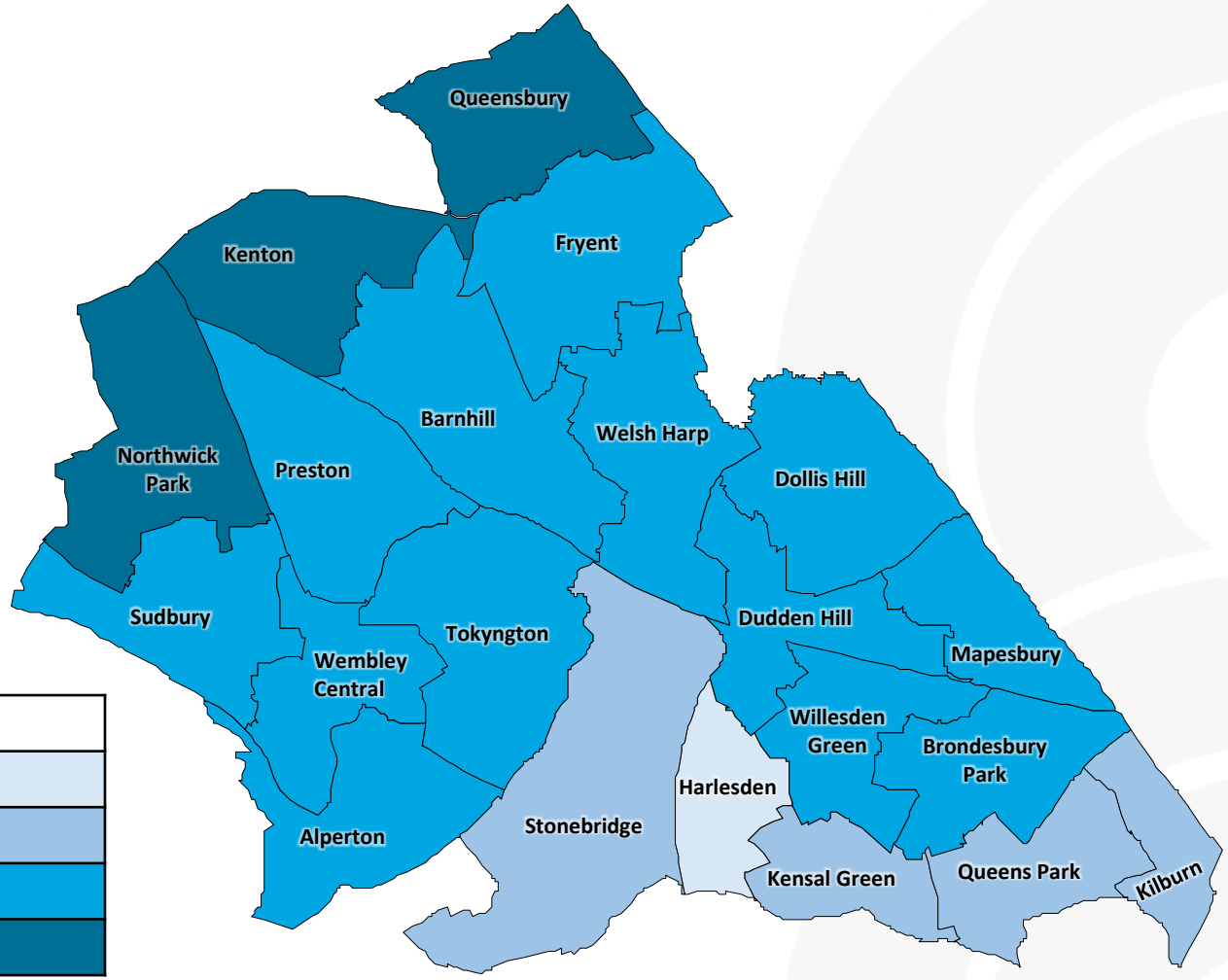
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: 69 to 65 year olds

Brent

BUILDING A BETTER BRENT

6.5 First dose vaccination uptake (%) by Brent wards for those aged between 69 to 65 years. Data up to the 15th March, 2021



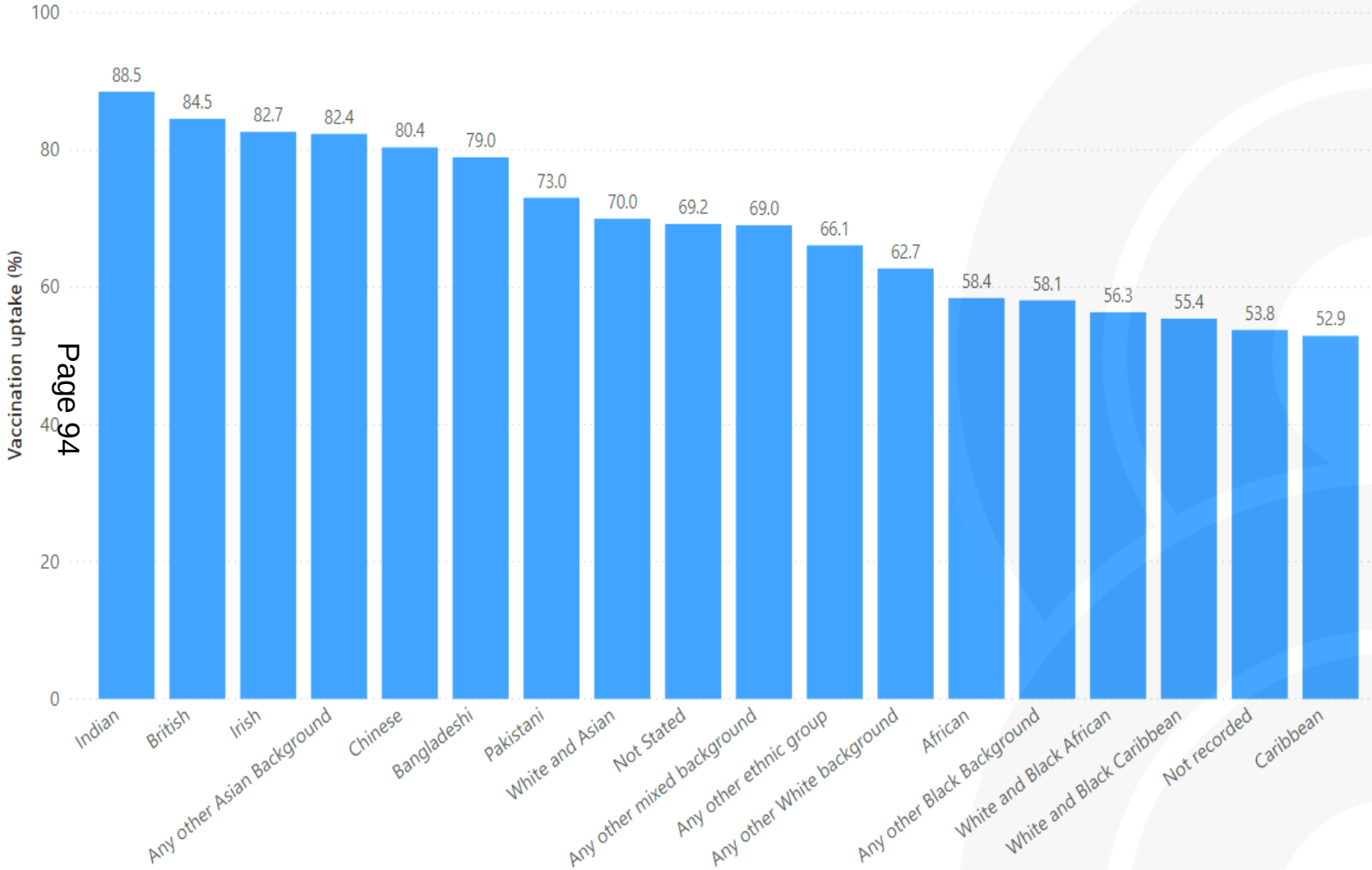
<50%	
50.5% – 60.5%	
60.6% – 70.5%	
70.6% – 80.5%	
>80.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those aged between 69 to 65 years. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

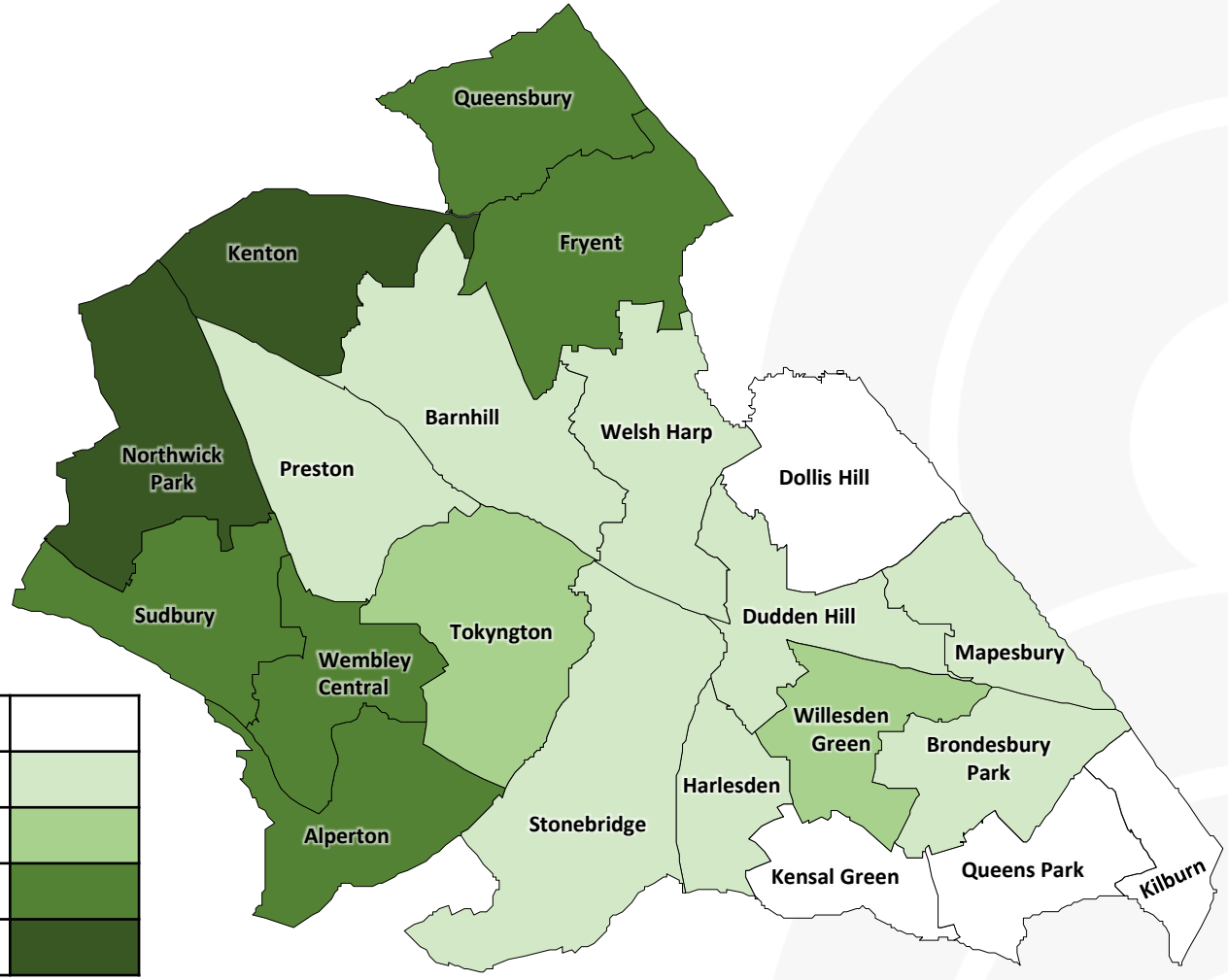
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: QCovid Patients

Brent

BUILDING A BETTER BRENT

6.6 First dose vaccination uptake (%) by Brent wards for Qcovid patients. Data up to the 15th March, 2021



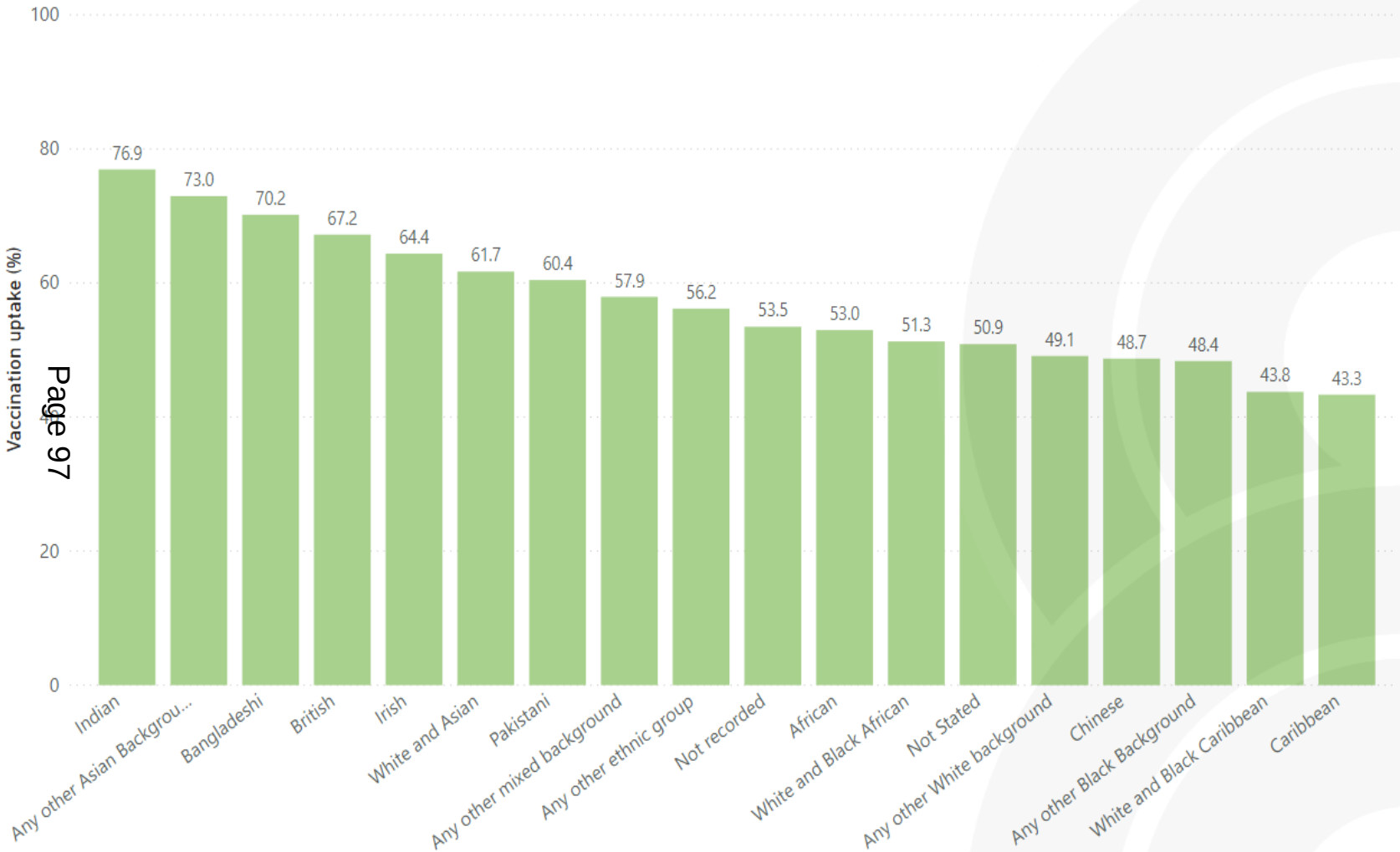
<55%	
55.5% – 60.5%	
60.6% – 65.5%	
65.6% – 70.5%	
>70.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for Qcovid patients. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

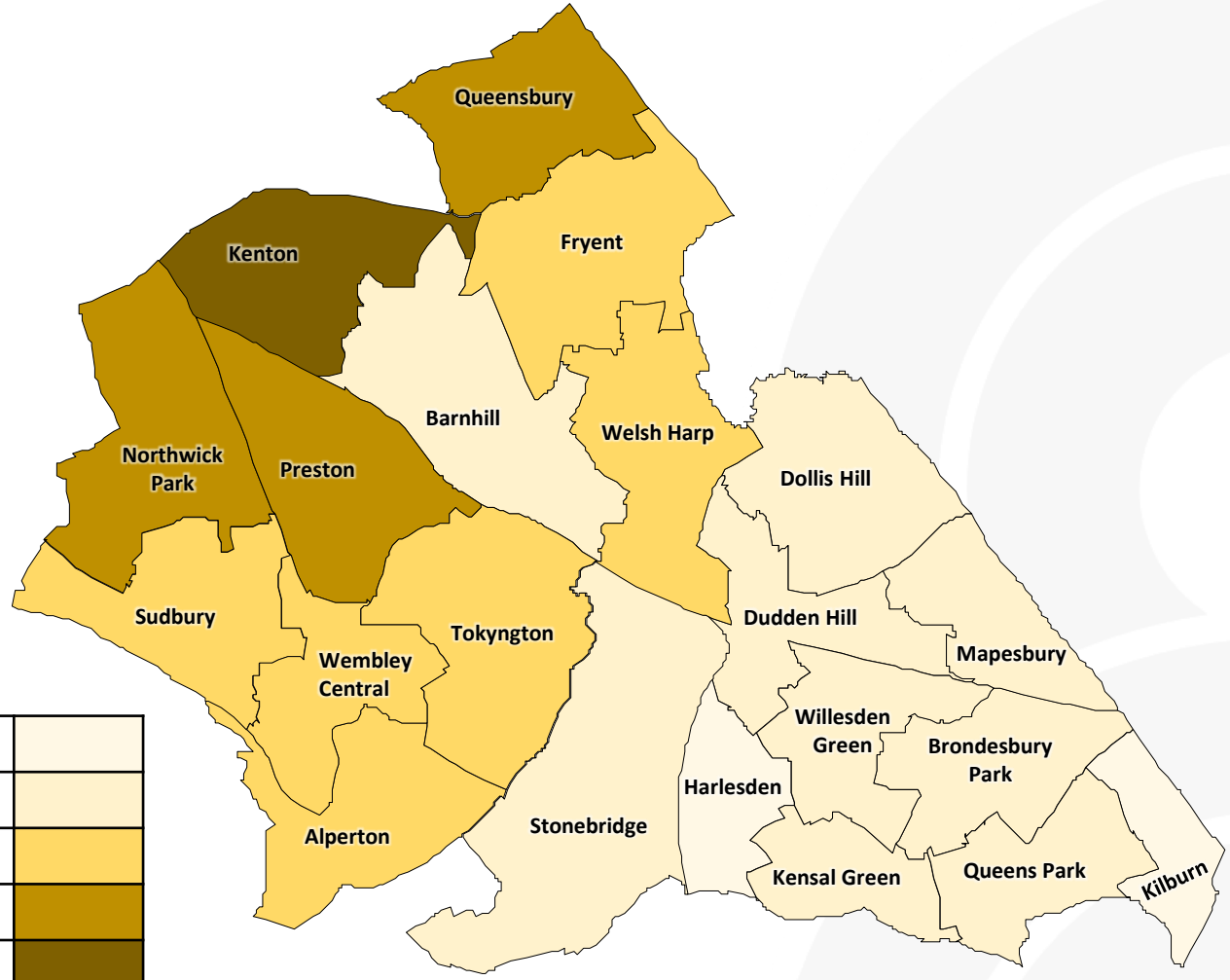
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: At Risk 16 to 64 year olds

Brent

BUILDING A BETTER BRENT

6.7 First dose vaccination uptake (%) by Brent wards for those At Risk aged between 16 to 64 years. Data up to the 15th March, 2021



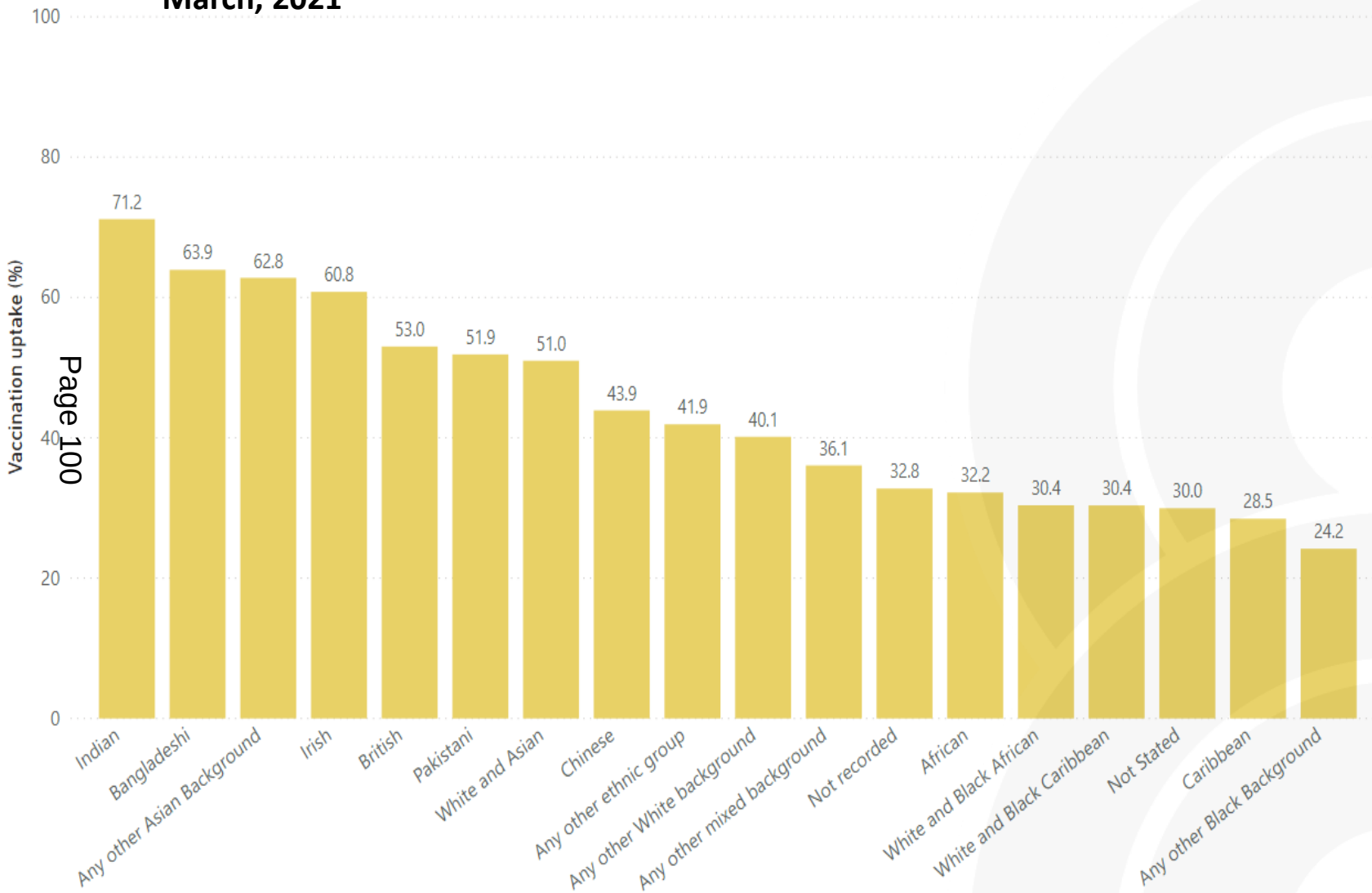
<35%	
35.5% – 45.5%	
45.6% – 55.5%	
55.6% – 65.5%	
>65.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those At Risk aged between 16 to 64 years. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

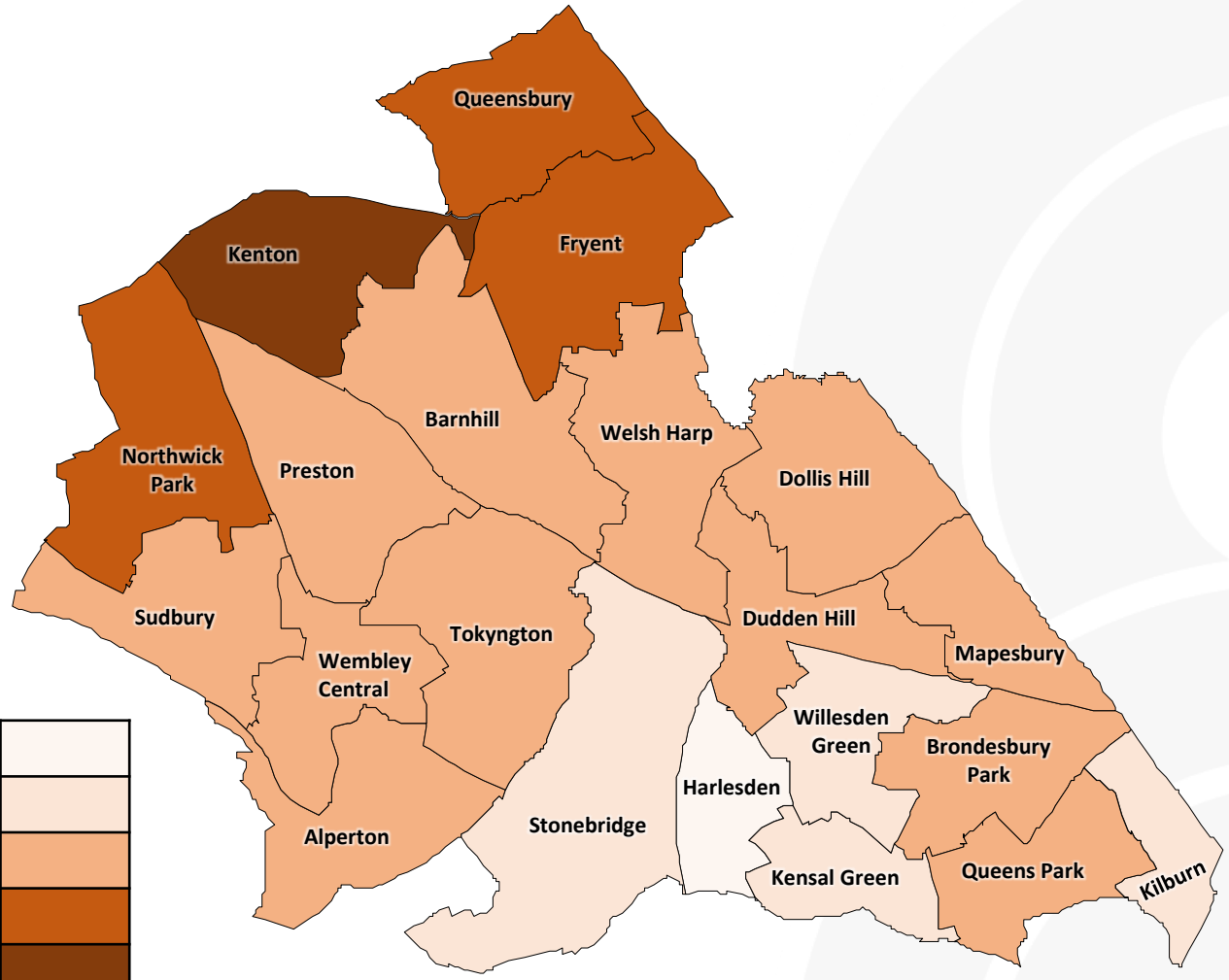
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: 64 to 60 year olds

Brent

BUILDING A BETTER BRENT

6.8 First dose vaccination uptake (%) by Brent wards for those aged between 64 to 60 years. Data up to the 15th March, 2021



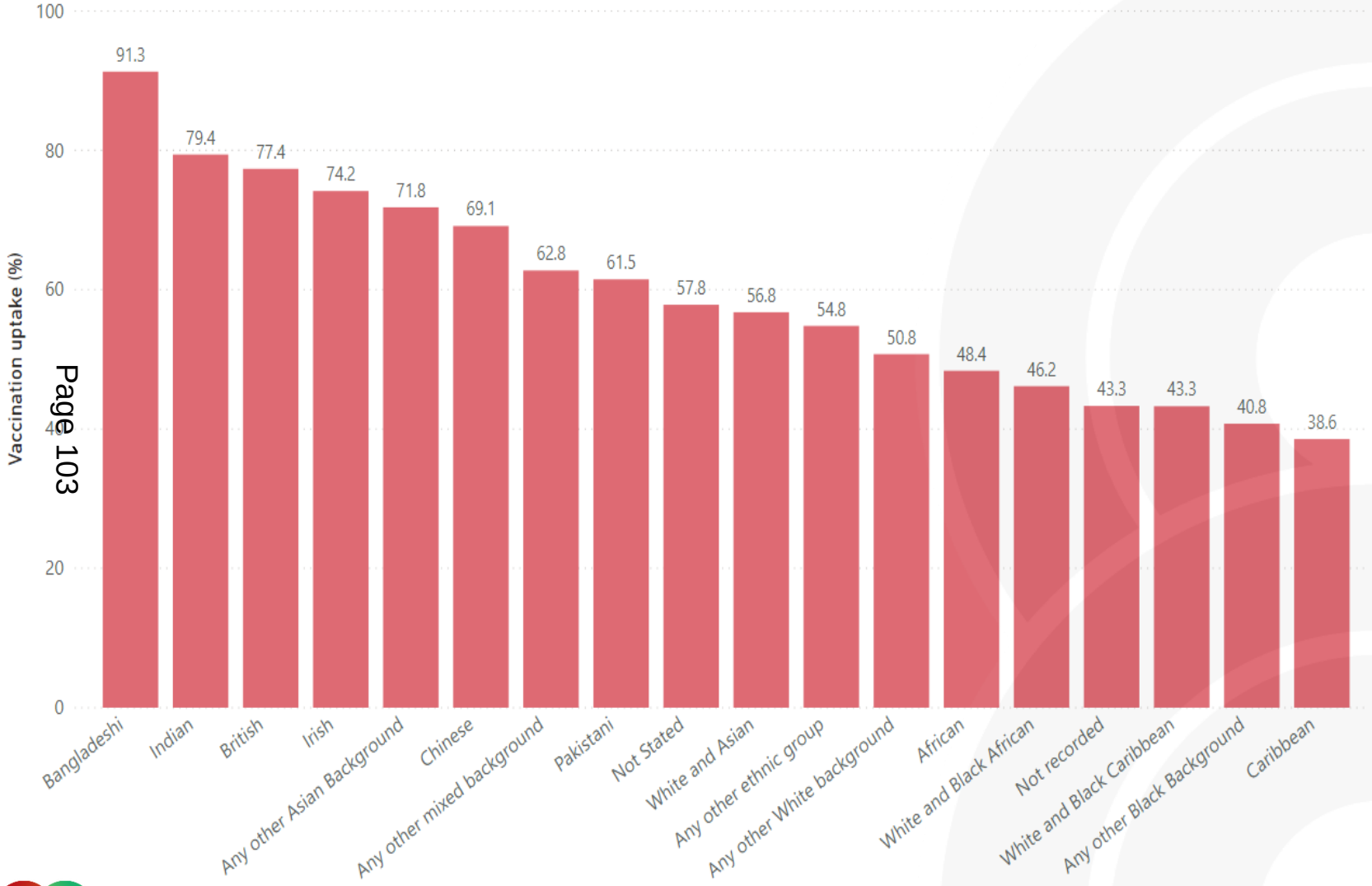
<45%	
45.5% – 55.5%	
55.6% – 65.5%	
65.6% – 75.5%	
>75.6%	

Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for those aged between 64 to 60 years. Data up to the 16th March, 2021



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

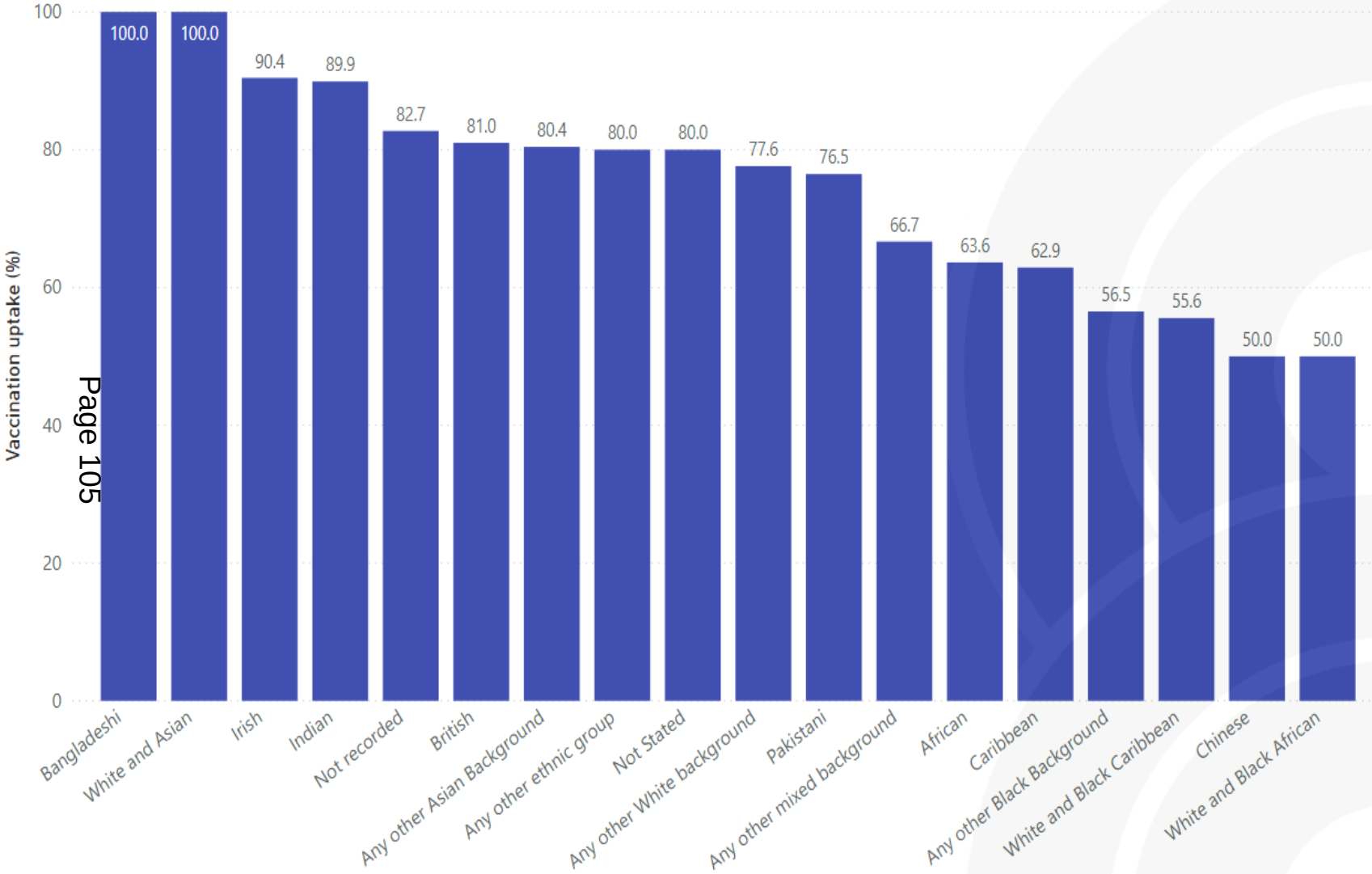
BUILDING A BETTER BRENT

COVID-19 Vaccination Priority Group: Care home residents

Brent

BUILDING A BETTER BRENT

First dose vaccination uptake (%) in Brent by Ethnicity, for Care Home residents. Data up to the 16th March, 2021



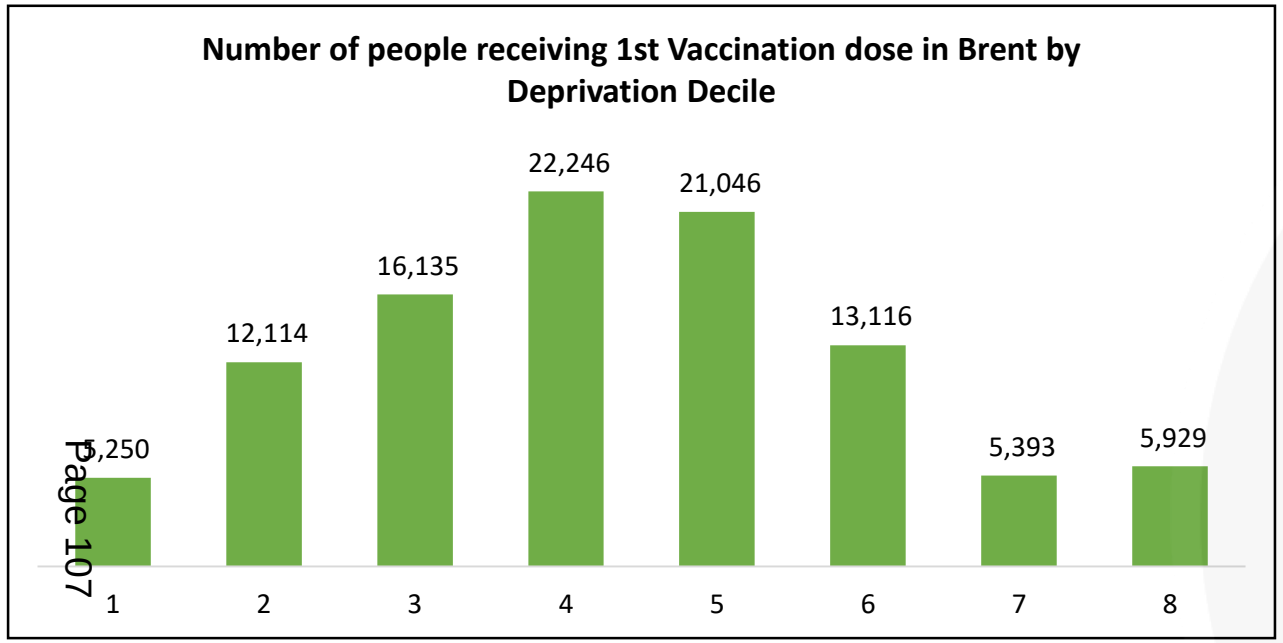
Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

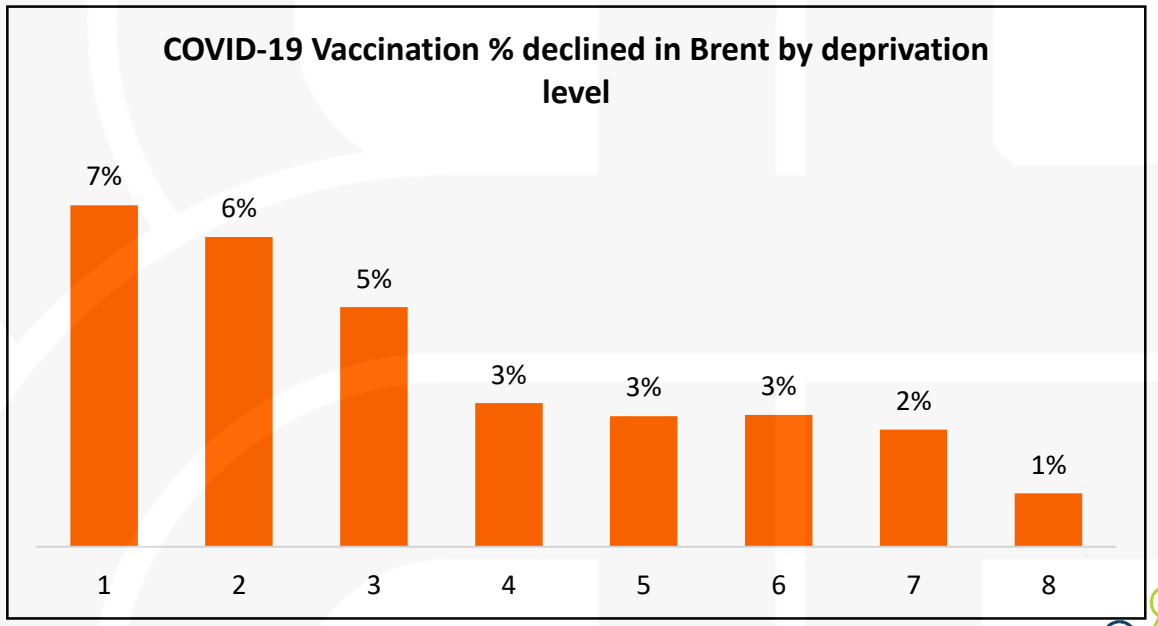
BUILDING A BETTER BRENT

COVID-19 Vaccination by Deprivation deciles

6.9COVID-19 by Vaccination by Deprivation Decile. Data up to the 21st March, 2021



(1 = most deprived, 8 = least deprived)



Brent

Source: Whole Systems Integrated Care (WSIC) – Covid-19 Vaccination Dashboard

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 6 April 2021
	Report from Strategic Director of Community Wellbeing

Covid-19: Summary of partner responses to the pandemic

Wards Affected:	All
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)	Angela d'Urso, Strategic Partnerships Manager, angela.d'urso@brent.gov.uk

1.0 Purpose of the Report

1.1 To summarise the responses of some of the Brent Health and Wellbeing Board partners to the Covid-19 pandemic. Verbal updates will also be provided from partners at the next Board meeting.

1.2 This report should be considered alongside the Brent Local Outbreak Control Plan.

2.0 Recommendation(s)

2.1 The Board notes the information in this paper as basis for further discussion.

3.0 Detail

3.1 *CNWL Foundation Trust update*

The pandemic response from mental health services in Brent was based on a series of principles to support communities, partners and staff in the face of Covid-19. Some of these critical areas and actions:

- Ensured proactive work for patients in the community to reduce crisis with an emphasis on face-to-face contact supported by IPC and risk assessment. This included proactive work with higher intensity users or those with high risk of relapse

- Focused support to acute colleagues enabling their bed capacity and A&E avoidance – this included setting up a Brent assessment lounge at Park Royal and running 7-days a week bed capacity calls
- All services remained operational, however a limited number slightly reduced capacity, for example some reduced capacity in memory services without compromising core functions, to divert staff to priority areas and cover absence where required

- Continued focus on staff wellbeing and providing a range of offers to support staff resilience and wellbeing

- Check in and chat joined the teams - OPHA and CMHT

- Targeted partnership work with communities significantly impacted by Covid in Church End and Alperton has started and will continue, including:
    - Developed culturally appropriate communication material to raise awareness of Covid and mental health service available to support
    - Co-developed 'community connector' roles to work as positive role models raising awareness and sharing key information that will enable the community to make positive choices. Roles recruited from the local community, raised awareness of roles – 2 people in post – all posts now offered
    - Donated 500 masks to the community. Sourced material for face covering and partnered with local tailors to make the face coverings. Community leader led on the distribution
    - Exec and other staff had various meetings and engagement events with Faith leaders and congregations were they discussed challenges faced by the community, raised awareness of services offered
    - Delivered IPC (Infection, prevention and control) training sessions/ workshops to educate on infection control within Covid context
    - Good Thinking podcast on Friday 12 March; aim to discuss young people in Brent, anxiety/worry, sleep, easing of lockdown etc. This will be shared using various routes.
    - Partnered with SAAFI (Somali Advice and Forum of Information) to support people who have been affected by Covid with non-medical issues to access a range of community-based services, through signposting and one to one support, voluntary sector organisations, Council, carers and community leaders.
    - Linked with Crisis (homeless charity) around mental health and wellbeing delivery
    - Community Mapping – focussed collecting information on community make-up (demographics, assets) to tailor recruitment to meet local needs
    - Evaluated Co-producing courses with Recovery College

3.2 *London NW University Healthcare Trust update*

The evolution of the pandemic and significant milestones in our journey so far.

- Lessons learned from the first wave have been incorporated into both our approach to the recovery of services and our response to Covid. Areas that have proved particularly important in this regard include: digital working, use of the independent sector and the new governance arrangements that were introduced. In particular our internal Gold Command structure and the corresponding mutual aid arrangements put in place by the sector.

- Wave two reversed the substantial progress made, returning services to pre-Covid capacity. Although, in contrast to the first wave, we were able to maintain access to planned care for urgent cases on our waiting lists.

- The spring recovery plan is still being finalised. A significant challenge facing the organisation is to balance a rapid recovery with both the requirement to maintain a greater reserve level of critical care capacity, and to ensure we enable staff to rest and recuperate after an extremely demanding year.

- We anticipate that the high levels of collaboration established so successfully across NW London will continue. Joint working will very much dominate the future and we expect LNWH to continue to play a significant role both at the sector level – for example as the host of one of the main High Volume Low Complexity surgical hubs at Central Middlesex Hospital – and locally. For example, working with our local partners to establish post-Covid services and develop other innovations services, such as using the remote monitoring model to redesign the support available to patients with long-term conditions.

3.3. Verbal updates will be provided at the meeting, and the following report offers the council's update.

4.0 Financial Implications

4.1 None arising

5.0 Legal Implications

5.1 None arising

Report sign-off:

Phil Porter
Strategic Director Community Wellbeing

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 6th April 2021
	Report of the Director of Public Health

Brent COVID 19 Outbreak Control and Management Plan: Updated

Wards Affected:	All
Key or Non-Key Decision:	Non-key
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:	5 Appendix 1 – Brent outbreak plan Appendix 2 – Brent outbreak plan for care homes Appendix 3 – Brent outbreak plan for early years Appendix 4 – Brent outbreak plan for schools Appendix 5 – Brent outbreak plan for workplaces
Background Papers:	Nil
Contact Officer(s):	Melanie Smith Director of Public Health melanie.smith@brent.gov.uk

1.0 Purpose of the Report

1.1 This report presents the updated Brent COVID-19 Outbreak Control and Management Plan to the Health and Wellbeing Board ('the Board').

2.0 Recommendation(s)

2.1 The Board is asked to review and note the Brent COVID-19 Outbreak Management Plan

3.0 Detail

3.1 In June 2020, the Board approved the Brent COVID-19 Control Plan. Since that time, there have been a number of notable developments including a second wave of infection. Health and wellbeing partners have been developing with local communities the local response to the health inequalities which COVID 19 has highlighted: Brent Health Matters. There have been significant developments in the availability of testing, the Council has locally enhanced NHS Test & Trace and deployed our COVID Community Advisors, variants have emerged and the vaccination programme is now well underway.

3.2 In March 2021, local authorities were asked to submit a refreshed local outbreak control management plan. The deadlines for submission did not allow the Plan to be reviewed by the Board. The Plan was received and reviewed by the Council Gold and the local Health Protection Board. The Plan remains a live document and will be iterated. It is now presented to the Board.

4.0 Financial Implications

4.1 The Government has identified £300m to support local authorities in England develop and implement their plans to control COVID-19. Allocations of this funding were made on the basis of the public health grant. Brent will receive £1,993,129 or £5.92 per capita.

4.2 It is disappointing that with robust and current measures of the differential impact of COVID-19 on communities, particularly older and more deprived and more diverse communities, national government used the historical identification of public health spending by Primary Care Trusts to distribute funding for outbreak control. This has resulted in Brent, which has the highest death rate in the England and Wales and the second highest number of cases in London, receiving significantly less funding than some neighbouring boroughs, which have been far less impacted by COVID-19.

5.0 Legal Implications

5.1 PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Local Authorities, emergency services and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.

5.2 Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in their areas. These responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

5.3 Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities (which include Brent Council) have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.

5.4 Over and above their existing responsibilities as Category 1 responders under the Civil Contingencies Act 2004, pursuant to the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, upper tier and unitary local authorities are required to take certain steps to protect the health of their local population and in particular, they are required to provide information and advice with a view to promote the preparation of health protection arrangements by key health and care partners within the local area.

5.5 Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020

6.0 Equality Implications

6.1 In June 2020 the Board recognised the disproportionate impact COVID-19 had had upon deprived and BAME communities and agreed it's response, a programme of activity which has become Brent Health Matters which is the subject of a separate report to the Board.

Report sign off:

Melanie Smith

Director of Public Health

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Brent Outbreak Control Plan

March 2021

Contents

Local, Regional and National Roles (1/3)

	Place Based Leadership	Public Health Leadership
Local	*LA CE, in partnership with DPH and PHE HPT to:* a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Health and Wellbeing Board (the Member-Led Covid-19 Engagement Board	*DPH with the PHE HPT together to:* a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead) b) Review the data on testing and tracing and Vaccine uptake data c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board

Local, Regional and National Roles (2/3)

	Place Based Leadership	Public Health Leadership
Regional	*Regional team (PHE, JBC, T&T, London councils and ADPH lead* a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview of risks issues and pressures across the region especially cross-boundary issues	*PHE Regional Director with the ADPH Regional lead together* a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake b) Prioritisation decisions on focus for PHE resource with Las or sub regions c) Sector-led improvement to share improvement and learning d) Liaison with the national level

Local, Regional and National Roles (3/3)

	Place Based Leadership	Public Health Leadership
National	*Contain SRO and PHE/JBC Director of Health Protection* a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources	*PHE/JBC Director of Health Protection (including engagement with CMO)* a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre

Addressing Inequalities: Brent Health Matters

- In June 2020 PHE reported on the disproportionate impact of COVID on Black and Minority Ethnic Communities.
- Brent was particularly impacted in the first wave of COVID with high death rates in Alperton and Church End in particular
- The Council and the NHS responded with a Health Inequalities Programme (now named Brent Health Matters by the Community Champions) which
  - Is co-produced with residents
  - Initially focuses on Alperton and Church End but will become borough wide
  - Recruited, trained and practically supported a number of Community Champions
  - And embedded these in our communications and engagement activities
  - Secured over £1m additional NHS funding for a new model of primary care in Alperton and Church End
  - Secured £733k of MHCLG funding to expand the programme to the whole of Brent
  - Commissioned a “task force” of paid Health Educators drawn from the local community
  - Ran a community grants programme to support community led initiatives to taking health inequalities
- Council workforce:
  - Culturally competent occ health risk assessment for all staff before return to workplace
  - Anti racism organisational development

London Testing Strategy (1/2)

Aims and Purpose of testing

- To **find** people who have the virus, trace their contacts and ensure both self-isolate to **prevent onward spread**
- **Surveillance,** including identification for vaccine-evasive disease and new strains
- To investigate and **manage** outbreaks
- To **enable** safer re-opening of the economy

London Testing Strategy (2/2)

Pillar 1 (NHS Settings) **PCR swab testing and LFD antigen testing in PHE and NHS labs** **(RT-qPCR, LAMP & quicker testing**	**Pillar 2 (Mass Population/Community)** **Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing**	**Pillar 2 (Mass Population/Community)** **Asymptomatic rapid antigen testing (Lateral Flow Device tests)**

• Symptomatic patients that arrive in a hospital setting
• Asymptomatic patients to support infection prevention & control e.g. elective care, inpatient care, mental health, maternity and discharge planning
• Symptomatic NHS frontline staff and in an outbreak situation and household members
• Routine testing of asymptomatic NHS staff and contractors
• Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study
	• 5 Drive-thru Regional Test Sites
	• 29 MTUs available across London for routine testing and surge capacity deployment
	• 84 LTS across 32 Boroughs
	• Home Testing Kits
	• Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
	• CQC-registered domiciliary care provider weekly staff testing
		• LFD tests delivered through asymptomatic testing sites
		• Whole student population in higher education institutions
		• National pilots/programmes
		• Workplaces
		• Schools
		• Adult social care:
		  ○ visitors
		  ○ visiting professionals
		• Rapid response LFD testing following care home outbreaks
		• Domiciliary care
		• NHS staff
		• Private sector testing
		• Pilots

Testing

Symptomatic testing

COVID-19 testing for people with symptoms is available at the following sites Monday to Sunday, from 8am-8pm:

- Harlesden Local Testing Site - Harlesden Town Garden, Challenge Close, Harlesden, NW10 4BF
- Wembley Local Testing Site - Large Car Park, London Road, Wembley, HA9 7EU
- Northwick Park Local Testing Site - Northwick Park Sports Pavillion, Capital Ring, HA1 3GX
- Neasden Mobile Testing Unit (only available on selected dates)- Brentfield Road, opposite Neasden Temple, NW10 8HE

Rapid Lateral Flow Testing is available at the following sites Monday to Sunday, from 9am-6pm:

- Brent Civic Centre - Engineers Way, Wembley Park, Wembley, HA9 0FJ
- Ealing Road Library - Coronet Parade, Ealing Road, Wembley, HA0 4BA
- Harlesden Library - Craven Park Road, Harlesden, NW10 8SE
- Kingsbury Library - 522-524 Kingsbury Road, Kingsbury, NW9 9HE
- Marian Community Centre - 1 Stafford Road, Carlton Vale, London, NW6 5RS
- The Library at Willesden Green - 95 High Rd, Willesden, London, NW10 2SF

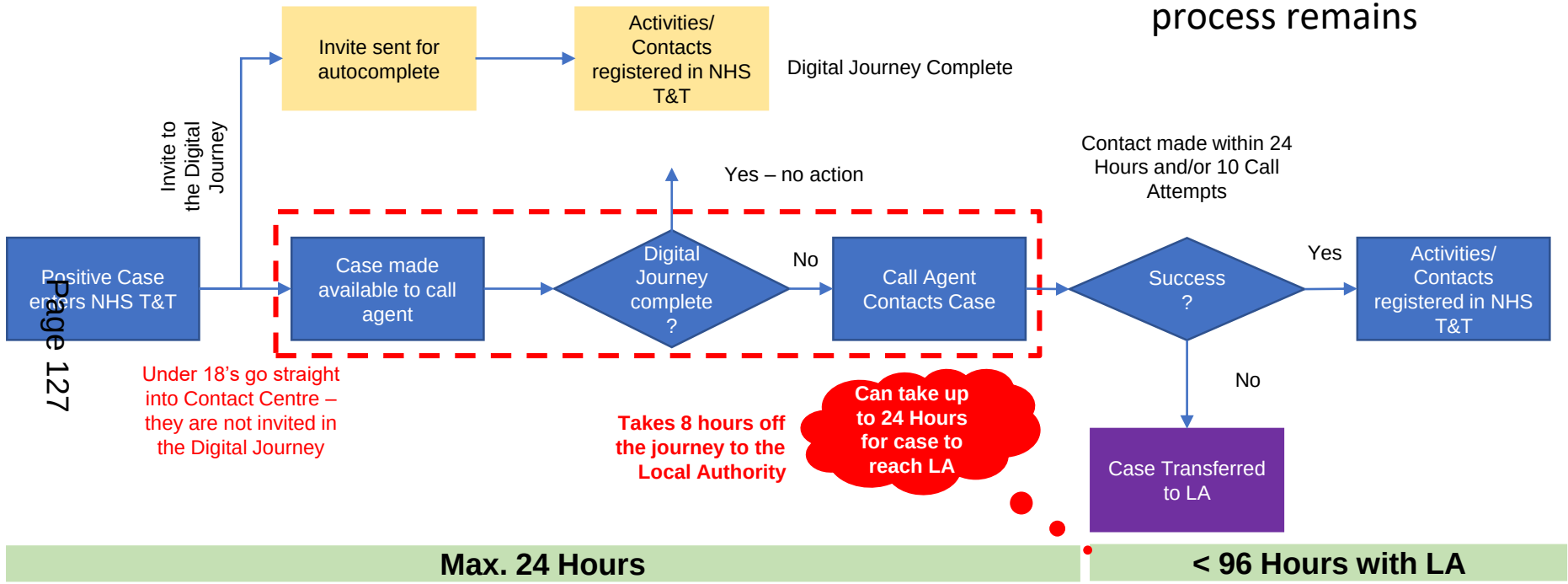
Testing promotion to date

- **Corporate communication channels mobilised** e.g. e-Signature, e-Newsletters and ongoing social media activity
- **Press notices** issued with guidance from DHSC to announce the opening of any new testing sites
- **Webpage** set-up to signpost people to book the most appropriate test depending on whether they have symptoms or not – www.brent.gov.uk/testing
- **Leaflets** have been distributed to promote the 'get tested' message and extra copies made available for Town Centre Managers and Community Champions to distribute through the community
- **Trusted community voices** have been key to building trust within communities e.g. through community language videos and using Community Champions as advocates
- **Members** have been provided with information and resources that can be distributed through their wards
- **Billboards** commissioned in high-footfall areas where testing take-up has been lower
- Commissioned adverts on **community radio stations**
- To promote surge testing, a **digital van** was commissioned for three days a week to drive around enhanced testing area encouraging people to get tested
- Council's **IVR system** updated to include testing message which will appear to anyone calling the council

Local Contact Tracing Partnership

Process flow:

LA & Tier 2 escalation process remains



In the new process:

- The Index Case record is made available to the National Contact Centre at the same time as the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours and/or 10 call attempts the Index Case is transferred to the Local Authority..

This process commenced on the 1st March 2021

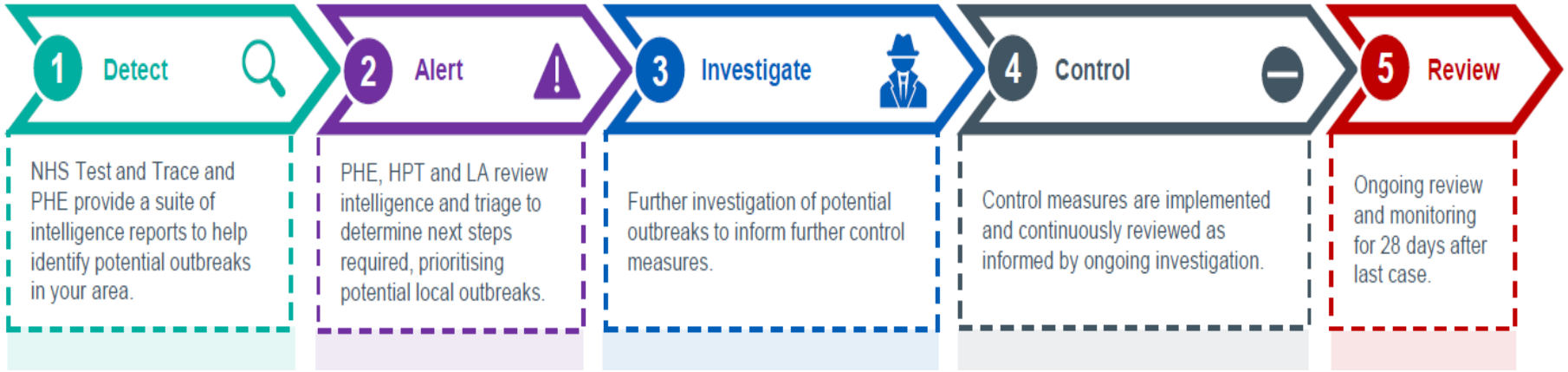
Locally Enhanced Contact Tracing

Locally enhanced contact tracing in place: over 90% completion rate
To 5/4/21: 3955 cases handed from NHS Test and Trace to local team
Of these 198 were referred for financial and food support
Current resourcing: 1 Team Leader, 1 Support Team Leader, 8 full time staff members and 4 weekend staff.

Good Practice	Challenges
• Northgate and Client index is used to retrieve contact details if not provided by the NHS • Regular quality checks and mop up sessions • Cases called over several days and at different times. Voicemail left, 2 text messages are left on the 2nd and 3rd call. Plan to include an email to the case, which will give feedback once opened by case. • Promotion of Self Isolation payment and Resident Support Fund	• HMOs: cases fail to /unable to give details of other members of their household • Employers – failing to allow customers to isolate • Cases in hospital or deceased: distress to family members • Late transfer of cases • Erratic timing of downloads • Duplicate cases transferred

Enhanced Contact Tracing

The 5 stages of Enhanced Contact Tracing and Bespoke Support



Support levers

1 Detect	2 Alert	3 Investigate	4 Control	5 Review
• Improved Common Exposure Reports • Postcode Incidence Reports • ICert	• Toolkit • Training to interpret reports • Toolkit training	• National Resource - Local Based Contact Tracers • National Resource - Local Based Health Professionals • Mobile Testing Units • Postcode push-Home Channel	• Regular touchpoint meetings and Comms • National Resource - Local Based Contact Tracers	• Capability and capacity building • National Resource - Local Based Contact Tracers

Support for self isolation and shielding

- Covid support line open 7 days a week
- Resident support fund:
  - 3628 applications
  - 531 grants made
  - 193 digital inclusion grants made
- Social Isolation payments:
  - Provision remains for 57 SIP and 130 discretionary payments
- CEV, Q COVID identified residents and those indicating they require LA assistance will continue to be contacted by text / email / letter to determine support needs and signposted accordingly

Surveillance

- Daily sitrep produced from LCRC reports
- Weekly reports to Council Gold also include testing, death registrations and NHS activity
- Health Protection Board reviews epidemiology, NHS activity and vaccination uptake weekly
- Brent Public Health attend the North West London Covid-19 Surveillance group, which is an advisory group reporting to NWL ICS Gold. The purpose of this group is to:
    - To establish reliable data sources, data sharing, and multi-agency data interpretation of Covid-19 levels and outbreaks.
    - To provide consistent, evidence-informed advice to NWL strategic decision-makers.
    - To rehearse and stress-test NWL Covid-19 outbreak management plans in advance of any second surge or winter pressures
- Brent and Barnet public health teams meet fortnightly. The two boroughs are in different subregions. They share a common border with populations either "side" with similar demographic profiles. This meeting allows for the
    - The review intelligence about cases on Barnet Brent border,
    - Investigation and management of incidents with cross-border potential
    - Agreement of when and how we communicate around arising COVID-19 issues.
    - Sharing of strategic approaches and information, communication and other assets.

Waste water

- The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.

- Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population.

- The size of the catchment areas of the sampling sites vary, and this needs to be borne in mind when interpreting results.

Respective roles of LA and LCRC (1/4)

Variants of Concern (VOCs) and Variant under Investigation (VUIs)	
LA	LCRC
Investigate and manage those VOC/VUI etc cases and contacts lost to follow up Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters	Investigate and manage initially VOC/VUI etc cases and contacts Liaise with LA contact tracing for help with no contact cases Investigate and manage any identified settings Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters

Respective roles of LA and LCRC (2/4)

Variants of Concern (VOCs) and Variant under Investigation (VUIs)	
LA	LCRC
Investigate and manage those VOC/VUI etc cases and contacts lost to follow up Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters	Investigate and manage initially VOC/VUI etc cases and contacts Liaise with LA contact tracing for help with no contact cases Investigate and manage any identified settings Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters

Respective roles of LA and LCRC (3/4)

Cluster investigation and management	
LA	LCRC
Investigate, identify priority clusters Manage clusters as per relevant settings SOPs Chair IMTs if required	Overview of cluster identification and management Overview management of priority settings Attend IMTs if required

Respective roles of LA and LCRC (4/4)

Settings (care homes workplaces, schools, homeless etc)	
LA	LCRC
Receive notification of cases and clusters via a number of different routes Investigate and manage cases and clusters in settings. Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Chair IMTs if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting	Receive notification of cases and clusters via a number of different routes Overview and investigate and manage cases and clusters in high priority settings Review and update resources Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Attend IMT if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting

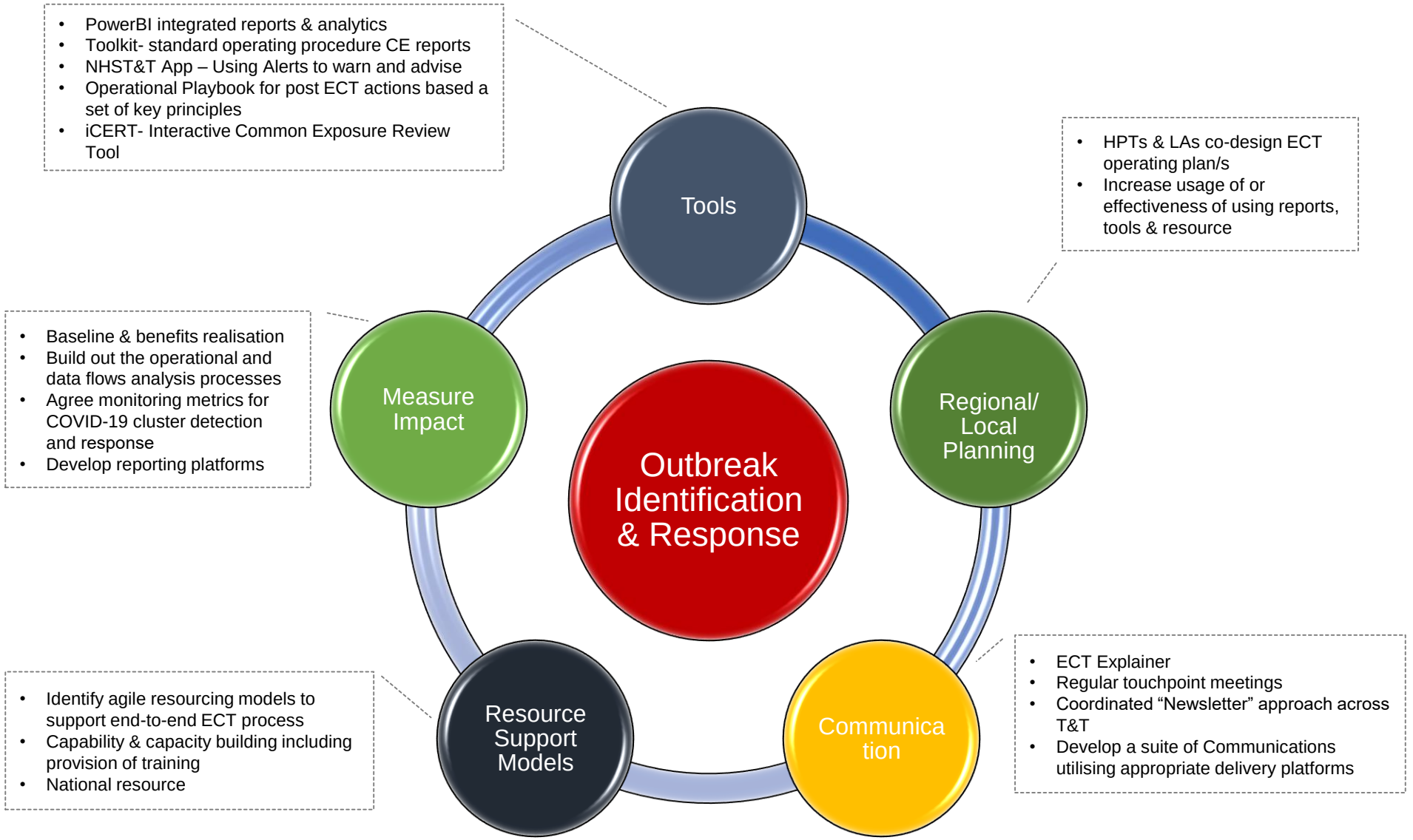
Outbreak Management (1/2)

- Standard Operating Procedures exist for the management of investigation and management of outbreaks in:
  - Care settings. appendix A
  - Schools: appendix B
  - Early Years settings: appendix C
  - Workplaces: appendix D
- Examples of good practice:

Outbreak Management (2/2)

- <u>Examples of good practice:</u>
- Weekly ASC / PH / NHS Provider Forum for adult social care sector (opportunities for peer support and learning as well as two way communication between sector / ASC / NHS)
- Infection control training by PH for care sector, schools, Council staff
- Strategic Director CYP and DPH regular webinars with Heads
- OD CYP and CPH regular meeting with teaching Unions

Outbreak Identification & Rapid Response Framework



- PowerBI integrated reports & analytics
- Toolkit- standard operating procedure CE reports
- NHST&T App – Using Alerts to warn and advise
- Operational Playbook for post ECT actions based a set of key principles
- iCERT- Interactive Common Exposure Review Tool

- HPTs & LAs co-design ECT operating plan/s
- Increase usage of or effectiveness of using reports, tools & resource

- Baseline & benefits realisation
- Build out the operational and data flows analysis processes
- Agree monitoring metrics for COVID-19 cluster detection and response
- Develop reporting platforms

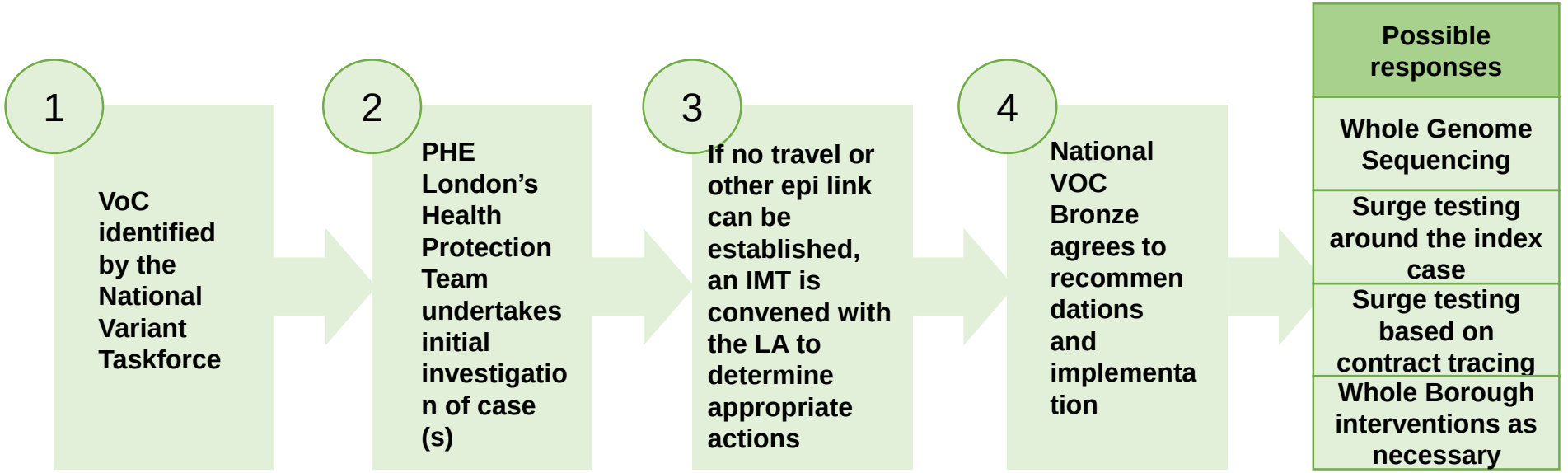
- Identify agile resourcing models to support end-to-end ECT process
- Capability & capacity building including provision of training
- National resource

- ECT Explainer
- Regular touchpoint meetings
- Coordinated “Newsletter” approach across T&T
- Develop a suite of Communications utilising appropriate delivery platforms

Variants of Concern (VOC)

- Mutations and variants of the SARS-CoV-2 virus naturally occur. Those variants assessed as being *potentially* more transmissible, virulent or able to bypass natural or vaccine acquired immunity are designated Variants of Concern (VOC)
- The response to VOC aims to restrict their widespread growth by:
    1. **detecting, tracing and isolating cases to drive down overall community transmission, and**
    2. **case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant**.

Variants of Concern (VoC): Principles of Investigation and Management



Approaches to the management of VOC (1/3)

- “Switch on” whole genome sequencing (in addition to routine 5% surveillance) for PCR positives
  - Determine geography or setting and time period for WGS of all PCRs (pillars 1 & 2)
  - Contingent on national capacity
- Targeted surge asymptomatic PCR testing
  - Up to 5000 tests, contingent of national capacity
  - Determine target population, geography or setting
  - Determine best operational method(s) for targeted surge testing eg one of more of:
    - Door drop model (Council, VCS or other trusted delivery partner, commercial partner)
    - Collect and drop model, roving model
    - ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives)
    - MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system
  - Local communications to encourage testing
- Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours, or increased local booking at LTS
  - Local communications to encourage and ensure people get tested

Approaches to the management of VOC (2/3)

- Rapid and enhanced contact tracing
  - Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS
  - A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting
  - LA's Local CT Partnership service works alongside national VOC Trace cell to same script
  - Re-enforcement of isolation and public health advice to all cases and contacts
  - Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider outbreak control
- Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions
- Reinforce covid-secure and IPC measures in key settings

Approaches to the management of VOC (3/3)

- Support for self-isolation of cases and contacts
- Monitoring and evaluation
  - to assess impact of local measures and inform future VOC response
  - requires data on sequencing to be made available to the LA and IMT in timely manner
- Locally led, culturally competent communications and engagement
  - Coordination of announcements and messaging between LA and DHSC
  - Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes
  - Harness existing community assets, networks and trusted messengers eg community champions
  - Brief 020 8937 4440 call handlers
  - Consider postcode checker on Council website

Approach to enduring transmission

- DPH and LCRC to jointly identify communities / geographies / settings of possible or actual enduring transmission
- Consideration of enhanced and targeting rapid testing, including method of deployment
- Identification of assets (eg community leaders) and risks (settings / behaviours)
- Co-production of a “combination prevention” approach in which **multiple** interventions including biological (eg vaccination), behavioural and social (eg reductions in social contact) and environmental (eg “covid secure” workplaces) tailored to the local circumstances are introduced and resourced
- Underpinned by culturally competent communications and engagement

COVID safe

- **Promotion of NPIs**
- Rolling out new on-street signage around high streets and parks ahead of businesses reopening and small gatherings being allowed again, to remind people of the importance of social distancing (Hands, Face, Space & especially the 2 metre rule).
- When the rules around reopening do become clear, work with regulatory officers to produce leaflets and other collateral to help them to engage with and advise businesses.
- Drumbeat of stories across various corporate channels where there's a strong news angle, to reinforce enforcement presence/actions being taken (e.g. rule-breaking barber fined)

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Step 1

Regulatory Service Impacts	**Community Protection Impacts**
Misconception that it is now safe and restrictions are over Increased advice from businesses Increase in high street footfall especially after school resulting in overcrowding of shops and high numbers not wearing face coverings	Increased activity in parks and open spaces and particular focus on school pupils in high streets and business premises out of school hours and COVID compliance Improving weather will also increase socialising in other public areas Potential to see increase in street robberies Groups using fitness facilities in parks will increase demand and risks Increase of visitors to the area, especially in student residences as the travel outside of local area rules end Increased reporting from residents regarding outside meetings Potential for increase in street drinking due to more off licences returning to business normality.

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Council response to step 1

- If the public follow the rules, this stage should not have much impact. There should be no change to the businesses reopening on our high streets and although there is a step towards meeting others outdoors, the rules will only permit this in numbers of no greater than six.
- Continue to hold daily intel meetings with police outlining problem locations and issues and task officers appropriately.
- Continue joint patrols with the Safer Neighbourhood Teams and police Covid response officers
- Utilise the Neighbourhood Patrol, CRSOs and Frontline Officers to target high streets and open spaces
- Weekly meeting with Parks Team to ensure a joined up approach with Wardens and our tasking.
- Conduct an audit of previous measures to ensure compliance such as signage, stickers and other resources used.
- Work with the Communications teams to proactively engage with communities including our student community.
- Continue to monitor the overall situation on our high streets via the CCTV network and report specify concerns to CRSOs
- Ahead of Step 2, start engaging with businesses due to reopen and advise of any updated guidance.

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Step 2

Regulatory Service Impacts	**Community Protection Impacts**
Significant increased activity from both businesses and shoppers in our high streets Possible noncompliance from businesses trying to open ahead of permitted date Possible noncompliance from businesses trying to opening but not following any required guidance Communications needed to businesses should there be any variance from the current roadmap or specific directions for certain business types. For example, what are the PPE requirements for those offering close contact services? Enforcement required of the only outdoor hospitality requirement and what this actually means. For example, does drinking in an Increase in licensed premises returning to normal hours with potential for late night noise. Ensuring indoor leisure is operating in compliance with any required guidelines	Increased ASB activity high street areas Increase in footfall around betting establishments Fly tipping and Environment Crime likely to increase Emergence of UMEs and other unauthorized gatherings. Increase in licensed premises returning to normal hours with potential for late night noise.

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Council response to step 2

- Review and where required, continue with actions set out above in Step 1 Response
- Increase frontline staff deployment ahead, during and after 12 April on our high streets to advise and support business with their reopening.
- Provide support to high footfall areas where there are likely to be an increase of shoppers.
- Assist in managing queues/crowds at busy premises such as barbers, hair salons and homeware or clothing stores.
- Conduct checks of leisure premises and outdoor hospitality to advise on any new guidance and oversee compliance.
- We are currently reviewing our out of hours service provision for Noise complaints.
- A location of known waste crime hotspots will be proactively targeted to prevent issues such as fly-tipping as households come out of lockdown and make improvements to their gardens
- Ahead of Step 3, start engaging with hospitality businesses due to reopen and advise of any updated guidance.

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Step 3

Regulatory Service Impacts	**Community Protection Impacts**
Misconception that it is now safe with outdoor social contact rules lifted People applying the outdoor social contact rules indoors in business premises Enforcement required of any indoor hospitality requirements Communications needed to businesses should there be any variance from the current roadmap or specific directions for certain business types	Increased activity of large groups in parks and open spaces and increase in footfall in town centres and defined crime/ASB hotspot areas. Increased community tensions and possible ASB and increase in Noise Nuisance and demand from dwellings

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Council response to step 3

- Review and where required, continue with actions set out above in Step 1 Response
- Increase frontline staff deployment ahead, during and after 12 April on our high streets to advise and support business with their reopening.
- Provide support to high footfall areas where there are likely to be an increase of shoppers.
- Assist in managing queues/crowds at busy premises such as barbers, hair salons and homeware or clothing stores.
- Conduct checks of leisure premises and outdoor hospitality to advise on any new guidance and oversee compliance.
- We are currently reviewing our out of hours service provision for Noise complaints.
- A location of known waste crime hotspots will be proactively targeted to prevent issues such as fly-tipping as households come out of lockdown and make improvements to their gardens
- Ahead of Step 3, start engaging with hospitality businesses due to reopen and advise of any updated guidance.

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Step 4

Regulatory Service Impacts	**Community Protection Impacts**
Possible noncompliance from businesses trying to open ahead of permitted date If any rules/guidance remains in place, this will need communication and enforcement	Increased activity of all groups of people in public areas leading to UMEs and/or other celebrations

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Council response to step 4

- Review and where required, continue with actions set out above in Step 1, 2 and 3 Responses
- Update businesses with any changes in legislation or guidance
- Consider specific actions for any problem premises or hotspot areas
- Review intelligence and work with police to tackle any gathering or unlicensed music events or end of Covid parties or similar
- Respond to any longer term guidance or best practice that may arise towards the end of the pandemic
- Oversee the removal of signage or other changes to public realm that are no longer considered necessary

- *Which of these are the most probable and what would their impact be*

Risks

Risk	Likelihood	Impact	Mitigation
Residents unable to self isolate effectively because of financial insecurity / employment insecurity / housing (overcrowding or HMOs)	High	High	• Limited at local level but welfare assistance linked to local CT
Multiple testing regimes cause confusion or result in "gaming" by residents or employers	High	Medium	• Limited at local level but professional and public "explainers" being updated
Demand for testing continues to decline	High	Medium	• Monitor testing rates by site and ethnicity to inform targeted communications • Application for collect+ from Council libraries
Reduced compliance with NPIs	High	Medium	• Targeted engagement and enforcement activity: daily MPS / Council tasking meetings • Covid Community Advisors: advise and inform and act as "eyes and ears" of the Council 7/7
Differential uptake of vaccines exacerbates inequalities	High	High	• Advocate for and support community and pop up vaccination sites • Provide practical assistance with booking / transport • Health Educators Programme • Videos of role models advocating for vaccination • Information webinars for staff • Outreach into care homes • Workforce Development Fund deployed to allow staff to be paid for time to attend for vaccination

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

Step 4

Regulatory Service Impacts	**Community Protection Impacts**
Possible noncompliance from businesses trying to open ahead of permitted date If any rules/guidance remains in place, this will need communication and enforcement	Increased activity of all groups of people in public areas leading to UMEs and/or other celebrations

Vaccination: addressing hesitancy and inequalities (1/2)

- Data and evidence:
  - the Health Protection Board tracks vaccine uptake by PCN, cohort, ethnicity and deprivation weekly
  - Council undertaking telephone survey to understand practical / belief barriers
- Addressing residents' concerns:
  - Culturally competent communications: webinars with local BAME professionals and faith leaders; radio ads; Keep London Safe assets populated with local clinicians; communication toolkit for use by Champions, mutual aid groups etc

Vaccination: addressing hesitancy and inequalities (2/2)

- Promotion of vaccination in social care sector:
  - Webinars with public health.
  - Team leader video messages on their reasons for taking the vaccine
  - Care home staff vaccinated with residents
  - Workforce Development Fund passed to providers to allow staff paid time to take vaccine
  - Exploring pop ups at larger home care providers

- Practical aspects:
  - Council support for mass vaccination sites (signage, traffic management, secondment of logistics staff)
  - Identification of accessible and familiar venues for vaccination sites, including “pop ups”
  - Pilot of assistance with booking / transportation (library staff calling GP patients who have not attended for vaccination)

Communications: Keep London Safe

The LA contributes to and participates in the Keep London Safe Campaign

- The next phase of **the Keep London Safe camp**aign is planned around the key steps in the **Government's Roadmap** and beyond.
- Communications assets will be produced for the boroughs to use, with core messages promoting
  - **vaccination uptake**
  - **test and trace**
  - **infection control**
  - and **Living with Covid**
- Pan-London communications assets are **aligned with national campaigns** and messaging and based on insight.
- **New creative visuals** and messaging are based on insight to **maintain interest** in the campaign.
- New campaign material will be produced to support key **upcoming dates and events:** for example Ramadan, Easter Bank Holidays etc; a social media campaign calling on Londoners to enjoy parks responsibly; specific messaging aimed at younger Londoners when it's their turn to get the vaccine etc.

Find and Treat

The Find and Treat service, funded by all London Boroughs and provided by outreach from University College Hospitals, provides the following for rough sleepers, homeless hostels, hotels, night-shelters, pay to sleep, large houses in multiple occupation (HMOs) and daycentres:

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with the LCRC.
- **Support for local surge testing:** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing.
- **Training and support**: Provision of training for testing and contact tracing for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships).
- **Sentinel screening:** Testing residents and staff of high risk locations (e.g. prioritised based on size, shared facilities etc) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing.
- **Vaccination**: Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)

Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to **asylum hotels** in London (**funded until end March 2021**).

Appendices

- Appendix A: Outbreak management plan for health and care settings
  Appendix B: outbreak management plan for schools
- Appendix C: outbreak management plan for early years settings
- Appendix D: outbreak management plan for workplaces

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Brent Outbreak Plan for Care Homes 05/03/2021

	Summary actions
The Local Authority model: core requirements and structures **Symptoms of Covid-19 in a staff member** **Symptoms of Covid-19 in a resident** **Households of symptomatic staff**	**Core requirements for engaging/co-ordinating with Care Homes:** • A complete list of Care Homes with contact details to be available. • ASC to develop a Single Point of Contact (SPoC) for each care homes – this should be through the Provider Relationship Officer (PRO) who is attached to each home • Capacity tracker developed and completed daily by providers • Daily recording of the situation in each home, with escalation via the PRO if outbreak is reported.
	• Manager on a daily basis to inform the PRO of any changes that are occurring in the home • Notify LCRC if two or more cases • Weekly testing of staff and monthly testing of residents using PCR tests; LFT testing carried out twice a week. • If a staff member is showing symptoms of Covid 19 they must be sent home immediately to self-isolate for 14 days. • If test is negative staff member to return to work when feeling better • If test is positive, staff colleagues should not need to self-isolate as social distancing should have been adhered to and PPE worn by the staff members if 2 metres cannot be followed. • If social distancing hasn't been observed, or PPE not worn appropriately, all members of staff that have come into contact with positive staff member need to self-isolate for 14 days and not come into work.
	• Manager of the home to email LCRC if two or more residents are positive. • Resident to be isolated for 14 days
	• Household of staff with symptoms should stay at home and self-isolate for 10 days • If the staff member test is negative, the household members can end their self-isolation • If household members develop symptoms they must arrange a test for themselves

Supporting and protecting Vulnerable groups	• Consider specific residents who may need additional support as a result of being asked to self-isolate. • Ensure staff are wearing the appropriate PPE equipment
Prevention work and respond to enquiries	• Public health team to support care homes with preventive work – infection control training and advice as required • SPoC to respond to any queries from Care Homes • Ensure risk assessments are reviewed where relevant
Access to PPE	• Care homes to continue to order their open supply of PPE. Brent Council is also providing additional PPE to care providers. • If Care home has a shortage of PPE contact the National supply line or the council (if PPE is required urgently) • If Care home is unable to obtain PPE – contact the LA who will speak with the NWL Alliance group
Leading the local partnership response	• LCRC/PH LA team will convene Local IMT if required • Public Health to liaise with the local CCG/ GP and other health providers
Infection control follow up together with CCG named person	• Public Health to provide further infection control training if required • Public health to liaise with LCRC if the outbreak becomes complex. • Consider mitigating the risk of individuals refusing to be tested
Local communications e.g. briefings for Cllrs, local press	• Agreement for press release and briefings to be decided at IMT meeting

Brent Outbreak Plan for Early Years settings

	Summary actions
The Local Authority model: core requirements and structures	**Core requirements for engaging/co-ordinating with the early years settings:** • A complete list of early years settings with names and contact details is maintained. • CYP department are providing a Single Point of Contact (SPoC) for settings
Symptoms of Covid-19 in a staff member or child	• If a child/staff member is showing symptoms of Covid 19 they must be sent home immediately. • Staff members showing symptoms should take a test. They can access a test through the setting's supply where available, via the NHS testing and tracing for coronavirus (COVID-19) website or by calling 119 if they don't have access to the internet. • The child should be separated from the rest of the bubble • PPE must be worn by any staff member supporting a child waiting to go home, if 2 metres cannot be adhered too, prior to the parent collecting the child. • The setting should inform the parent to have the child tested via the NHS testing and tracing for coronavirus (COVID-19) website or by calling 119 if they don't have access to the internet. • The remaining children and staff in the bubble don't need to self-isolate, they can stay in the setting.
Positive test in staff or child	• If a child/staff member is tested *positive,* settings need to notify the SPoC. They can also contact the dedicated PHE DfE helpline should they require advice on 0800 046 8687. • All children and staff who have been a close contact need to be sent home immediately. • If a setting has 2 or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, the setting should call the DfE Helpline on 0800 046 8687 who will discuss with the local health protection team where necessary and advise if any additional action is required.
Household contacts of staff or child test positive	• Household members to stay at home and self-isolate for 10 days • If symptoms develop to contact the NHS testing and tracing for coronavirus (COVID-19) website or 119 for a test.
Supporting and protecting	• Consider specific residents who may need additional support as a result of being asked to self-isolate.

vulnerable groups	• Shielding team from LA to contact those who are self-isolating to establish if they need any assistance
Prevention work and respond to enquiries	• Public health team to support settings with preventive work • SPoC to respond to any queries from settings • Ensure risk assessments are reviewed where relevant
Liaison with settings and support with communication to parents	• CYP department to liaise with specific settings as appropriate • CYP department to notify settings more widely through electronic updates • CYP department to support communication with parents which will be in the first instance through their child's setting
Leading the local partnership response	• LCRC to Convene Local IMT if required with support from Public Health • Public Health to liaise with the local CCG/ GP and other health providers
Infection control follow up	• Public Health to provide further infection control training if required • Public health to liaise with LCRC if the outbreak becomes complex. • Consider mitigating the risk of individuals refusing to be tested

Brent Outbreak Plan for School setting updated March 2021

	Summary actions
The Local Authority model: core requirements and structures	**Core requirements for engaging/co-ordinating with School settings:** • A complete list of schools in Brent with contact details is maintained by the SPoC. • CYP department has a confirmed Single Point of Contact (SPoC) known to all schools
Symptoms of Covid-19 in a staff member of pupil	• If a child/staff member is showing symptoms of Covid 19 they must be sent home immediately. • Staff members showing symptoms should take a test. They can access a test through the school's supply, via the NHS testing and tracing for coronavirus (COVID-19) website or by calling 119 if they don't have access to the internet. • A child showing symptoms should be isolated from the rest of their bubble where possible. • PPE must be worn by any staff member supporting a child waiting to go home, if 2 metres cannot be adhered too, prior to the parent collecting the child. • The school should inform the parent of a child showing symptoms to have the child tested via the NHS testing and tracing for coronavirus (COVID-19) website or by calling 119 if they don't have access to the internet. • The remaining pupils and staff members in the bubble don't need to self-isolate, they can stay in school.
Positive test in staff or pupil	• If a child/staff member is tested *positive,* schools need to notify the SPoC. They can also contact the dedicated PHE DfE helpline should they require advice on 0800 046 8687 • All pupils and staff who are close contacts need to be sent home immediately. • If a school has 2 or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, the school should call the DfE Helpline on 0800 046 8687 who will discuss with the local health protection team where necessary and advise if any additional action is required.

Household contacts of staff or pupils test positive	• Household members to stay at home and self-isolate for 10 days • If symptoms develop household members should contact the NHS testing and tracing for coronavirus (COVID-19) website or 111 for a test.
Supporting and protecting vulnerable groups	• Consider specific residents who may need additional support as a result of being asked to self-isolate. • Shielding team from LA to contact those who are self-isolating to establish if they need any assistance
Prevention work and response to enquiries	• Public health team to support schools with preventive work • SPoC to respond to any queries from schools • Ensure risk assessments are reviewed as appropriate
Liaison with schools and support with communication to parents	• CYP department to liaise with specific schools as appropriate • CYP department to notify schools more widely through the headteachers bulletin. • CYP department to support communication with parents which will be in the first instance through their child's school
Leading the local partnership response	• LCRC to Convene Local IMT if required with support from Public Health • Public Health to liaise with the local CCG/ GP and other health providers
Infection control follow up	• Public Health to provide further infection control training if required • Public health to liaise with LCRC if the outbreak becomes complex. • Consider mitigating the risk of individuals refusing to be tested

Brent Outbreak Plan for Workplaces

	Summary actions

Prevention	• LA communication
	  ○ of government regulations and advice to Food businesses, Licensed premises, Businesses, High Streets: Regeneration and Environment
	  ○ of public health advice (social distancing, testing, self isolation) to employees: Communications
	• LA inspection of food premises, enforcement if needed
	• Workplaces: adopt COVID secure working practices

Core requirements and structures	**Core requirements for responding to a COVID 19 incident associated with a workplace:** • Currently, the local authority is dependent on PHE or a workplace notifying it of a possible outbreak

Two or more positive cases in a workplace within 2 weeks of each other	• Risk assess workplace LCRC / LA:
	  ○ Contacts of positive cases self isolating?
	  ○ Other symptomatic employees?
	  ○ COVID 19 secure workpractices?
	  ○ Contact with the public?
	  ○ Staff contact outside the workplace (travel / accommodation)
	• Public facing workplace / additional cases: convene Incident Management Team

IMT	**Membership:** • PHE (convene and chair) • LA public health • Regulatory services • Business support / town centre manager if appropriate • CCG / Acute Trust if admissions associated with the workplace • LA Communications • Representative of the workplace with decision making authority **To consider:** • Changes to working practices needed?

	• Indications for closure of the workplace? • Further testing? How – home tests / tests kits sent to workplace / staff booked by employer into existing test site / mobile unit? • Communication to workforce • Communication to customers, if appropriate? • Communication to the public? • Monitoring mechanisms
Post incident	IMT to consider lessons learnt and adapt outbreak plan for workplaces as necessary

Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 6 April 2021
	Report of the Director of Public Health

Vaccination programme update

Wards Affected:	All
Key or Non-Key Decision:	Non-key
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 – Brent Vaccination Plan (this will follow as a supplementary) Appendix 2 – Brent Vaccination Engagement
Background Papers:	Nil
Contact Officer(s):	Melanie Smith Director of Public Health melanie.smith@brent.gov.uk

1.0 Purpose of the Report

1.1 This report presents the updated Brent COVID 19 vaccination programme to the Brent Health and Wellbeing Board (BHWB).

2.0 Recommendation(s)

2.1 The BHWB is asked to review and note the vaccination programme update (please see Appendix 1 and 2).

3.0 Detail

3.1 A huge amount has been achieved in the first 100 days of the vaccination programme, in particular:

- As at 27 March 20201, **117,984** Brent residents have received their first dose, with **8,533** patients receiving second doses – 33.71% of the total population.
- Brent GPs have worked closely with faith leaders to convert facilities at Temples, Mosques and Churches into **Covid vaccination centres**. Volunteers from both faith groups and local mutual aid groups have supported the vaccination programme, with volunteers assuming responsibilities for marshalling at centre, supporting back office functions

and as community liaison support. GP practices, volunteers and their support organisations have worked tirelessly over weekends and bank holidays to immunise the Brent population

- A **mass vaccination centre** has been established at Wembley
- **Brent Health Matters** – a comprehensive programme to promote vaccine take up as well as wider health messages and reducing health inequalities in the community through hyper local action plans, community leadership and outreach days
- **A joint NHS and council communications and engagement strategy** - A detailed plan which focuses in on those groups who are less confident or may be vaccine hesitant. There has been a proactive and targeted engagement with residents by council library staff who may be vaccine hesitant to better understand concerns and offer practical support

3.2 It is important to note, we are learning as we go and we will need to ensure this plan is regularly monitored to ensure we continue to deliver the core priorities for Brent. In particular the partners will ensure:

- **Reduction in variation of uptake** between different communities, providing support so as not to reinforce health inequalities
- **Responding to national vaccine supply variation issues**, particularly to ensure that second doses and eligible cohorts 1-9 are prioritised
- Returning to delivery of **core services** by all providers, with mass vaccination sites and community pharmacists to vaccinate Cohort 10 to 12 (patients aged 18 to 49). PCNs and primary care will continue to hold the more challenging role of encouraging uptake in those people who are less likely to come forward.
- Delivery of **second doses**, generally delivered by the same GP led PCN Vaccination Team and ideally at the same premises (where the site is still available)

Please see Appendix 1 and 2 for full detail of the vaccination programme update

4.0 Financial Implications

4.1 Not applicable

5.0 Legal Implications

5.1 Not applicable

6.0 Equality Implications

6.1 The regular review of the vaccination programme as outlined above and in the appendix will ensure the partners respond effectively to any equalities implications.

Report sign off:

Melanie Smith
Director of Public Health

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Brent COVID 19 Vaccination Comms & Engagement

Update – February 2021

Brent

Background

Objectives

- Building public trust in the COVID 19 vaccine by sharing facts, mainly through trusted voice in the community, to tackle fear
- Tackling misinformation and enabling people to make their own informed choices
- Informing and engaging priority audiences Helping to reduce health inequality

Strategy

- Adapting national and regional messaging for our audiences in Brent – content generation
- Reaching priority audiences through trusted community voices – mix of engagement and comms e.g. three webinars so far have attracted more than 2,000 to dial in live

Brent

Key insights

- 76% of Londoners said they were likely to get the vaccine, followed by 15% who said they were unlikely
- BAME communities are significantly less likely to want to take the vaccine (52% of Black Londoners and 72% of Asian Londoners)
- Due to health inequalities, BAME groups have higher rates of infection and mortality.
- Barriers include concerns about safety, side effects, ingredients, trust and general hesitancy.
- BAME communities therefore need specific messaging, to complement the national campaigns which are less likely to be effective
- Key audiences in Brent: Black and Muslim communities e.g Pakistani and Somali heritage

Brent

Progress so far – trusted voices approach

- Content across our external channels, focused on the trusted voices approach:
    - Video - A behind the scenes look at the vaccination hub at Willesden Centre for Health and Care
    - Video - Adult Social Care Manager Yvonne Olusankamni, encouraging her community get the vaccine
    - Video - A first look at the Wembley large vaccination centre with another Adult Social Care Manager, Amy Manji
    - News - Extensive promotion of the opening of the Wembley vaccination centre, and additional promo of the opening of the vaccination centre at Kingsbury Temple
    - Video - A video message for our BAME residents Brent Public Health's Dr John Licorish.
    - Translations - Promotion of community translation videos filmed by NHS workers in 11 community languages
    - Sharing facts, not fear – sharing a series of designed assets designed to counter common misconceptions
    - Community Toolkit - Sharing all of the above through our community networks, councillors and in our weekly community toolkit
    - E-Newsletter - Weekly updates in our e-newsletter to 20k subscribers

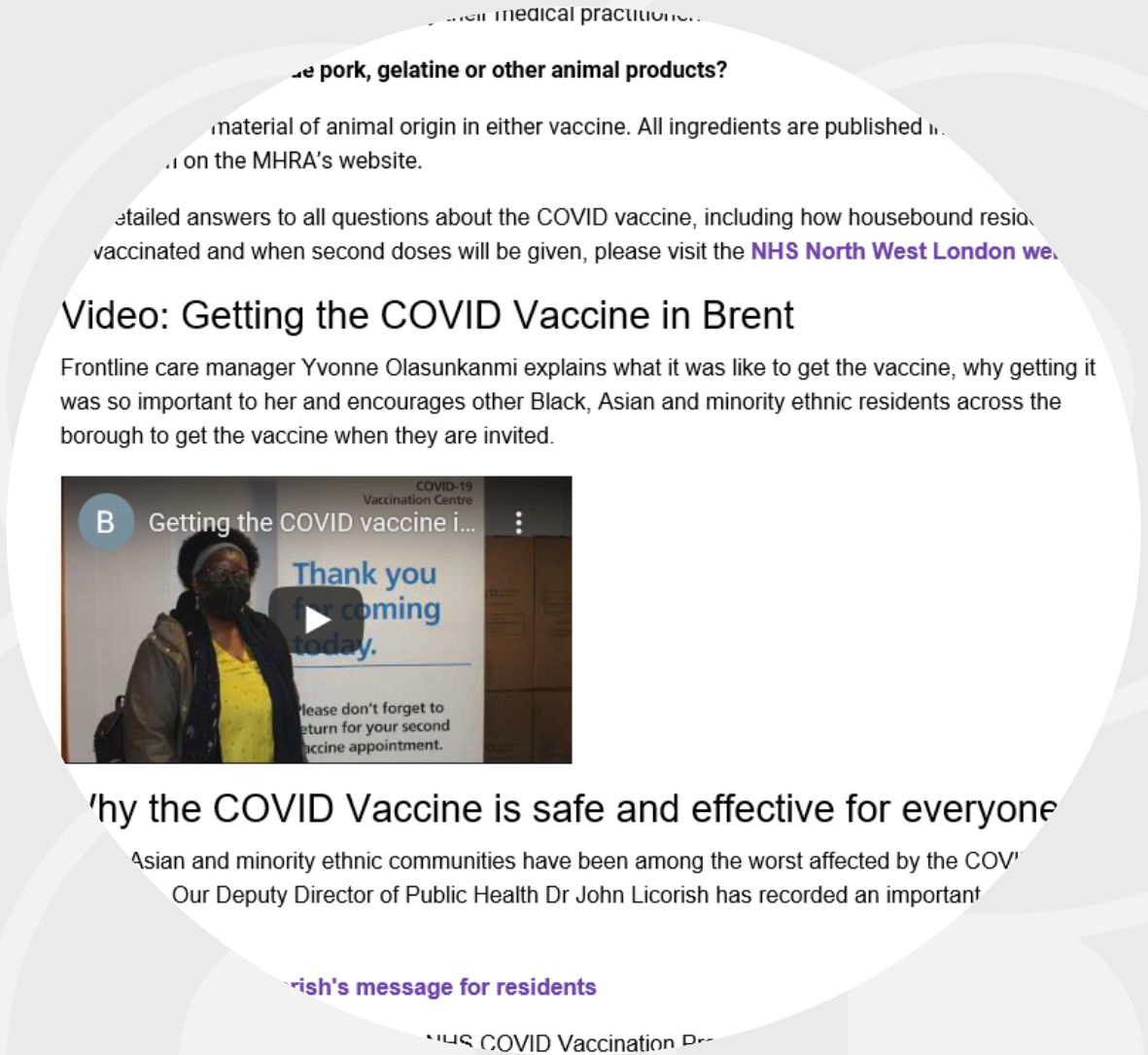
- **Community Webinars** – Successful series of three webinars, with a panel of community leaders and health experts answering residents' questions in real time. One session specifically focused on the black communities, and another on Asian communities. Recordings of all are available on our website: https://brent.public-i.tv/core/portal/home

- **Community Champions** - additional funding from the government as part of the Community Champions scheme. The funding will help us to reach out to priority groups more quickly and efficiently.

Brent

Website – hub for all content

- Dedicated section of the council's website at **www.brent.gov.uk/vaccine** includes:
  - Who can get the vaccine
  - Why the vaccine is safe and effective
  - FAQs
  - Leaflets
  - Videos from trusted voices
  - Videos in community languages
  - Advice on avoiding scams
  - Links to the NW London CCG and NHS websites.



Brent

Aims of programmatic advertising campaign

- Raise awareness and relevance of the vaccine among key audiences on websites and digital spaces that they are on
- Support direct engagement already taking place with ongoing background comms – cementing buy-in and driving actions

Strategy for programmatic campaign

SOCIAL

Delivering facts and emotive messages directly through social, news and video platforms

SEARCH

Serving our content next to search results relating to the vaccine

CONTEXTUAL

Targeted advertising placement on home news channels, religious services and cultural platforms

Mixture of emotive human stories and factual content served directly to demographically targeted audiences

Brent

Creative 1 – Don’t wait

Brent

Creative 2 – What's in the vaccine

Brent

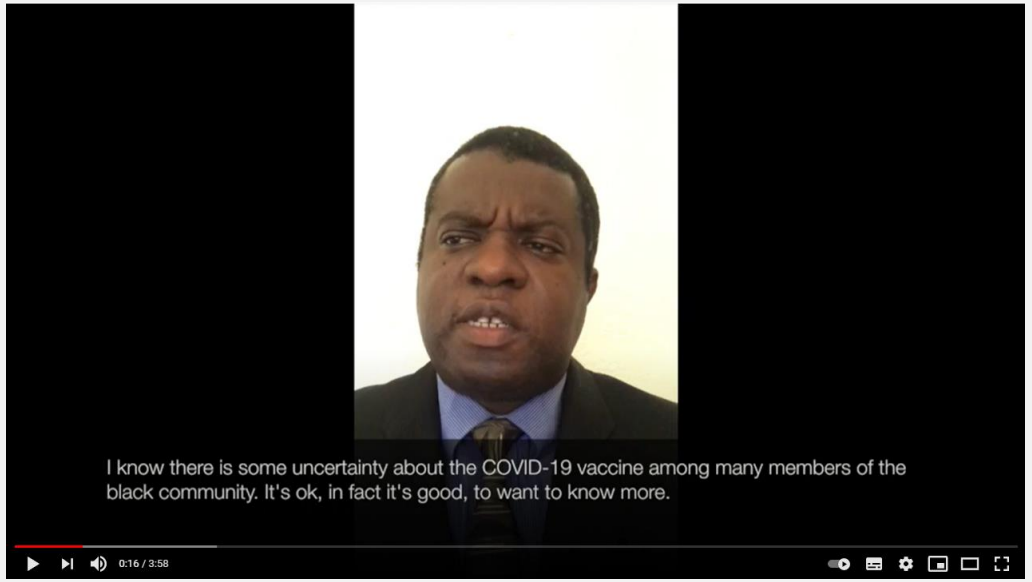
Creative 3 – How was it produced so quickly?

Brent

Creative 4 – Who was it tested on?

Brent

Creatives – targeted video content



Brent

Next steps

- Adapt artworks to our audiences in Brent
- Launch campaign, benchmarking engagement
- Tailor media spend and targeting to demographics, as our insights evolve
- Add more of own-generated, emotive content as the vaccination programme moves ahead

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** April 2020
	Report from Director of Integrated Care

Health Inequalities – Brent Health Matters programme update

Wards Affected:	All – currently Church End and Alperton areas in particular
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 progress of the health inequalities programme since the last report presented in October.

1.2 To seek input and steer on the direction of the programme overall.

2.0 Recommendations

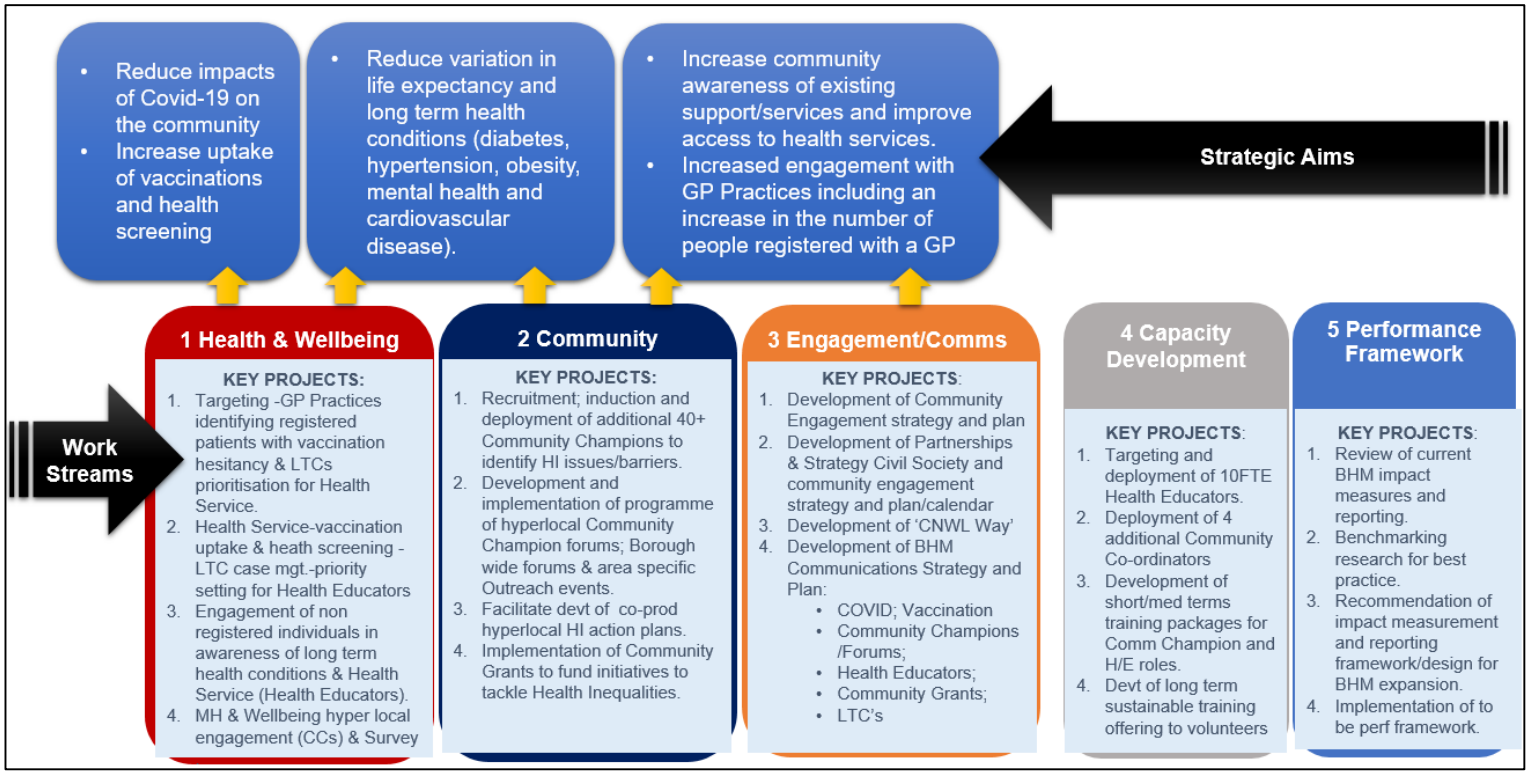
2.1 Note and provide comment upon the refocus (to expansion) and progress of the programme, and delivery to date.

2.2 Note and provide comment upon the key actions being implemented by the five individual BHM programme work streams.

2.3 Provide comment and endorse the 'whole system' approach of NHS and council partners under a single programme of work, with consideration to the alignment of key Health Inequality strategies.

3.0 Detail

3.1 During the last month, the Brent Health Matters programme structure has been revised to include 5 key work streams represented in the diagram below - the work streams are specifically aligned with the delivery of the programme's strategic aims:



3.2 *Health and Wellbeing Work Stream: Update*

Brent Health Matters Clinical Service (BHMCS)

- Brent Health Matters Clinical Service (BHMCS) is currently provided by London Northwest University Healthcare NHS Trust. The service provides a multi-disciplinary team of health professionals, focusing on reducing inequalities through targeting the hard-to-reach and less engaged population groups, and supports them to better manage their health conditions.
- The updated structure of the BHMCS now consists of a Team Lead (Physiotherapist), Nurses (3WTE), Healthcare Coordinators (2.5WTE), admin staff (2WTE), Mental Health Practitioner (1WTE) and a Mental Health Coordinator (1WTE). Some vacancy factor exists within the team and further recruitment is currently in discussion. The team is provided with additional clinical leadership from Dr MC Patel (chair Brent CCG) who is overseeing the clinical team and providing guidance and clinical support as the Clinical Director of the BHM programme. The BHMCS is also working closely with the ICP team, GPs and other health and social care services to improve the care of patients on their caseload.
- Over the last few months the BHMCS team have undertaken a comprehensive training programme, in line with their competencies to learn new skills, terminologies and knowledge. Each have "shadowed" an ICP clinician for patient visits and undertaken basic observational assessments and clinical discussion around patient care.

- The initial focus of this team has been on improving the uptake of preventative services, particularly flu vaccinations and improving health outcomes for a range of long-term conditions.
- The BHMCS have received in excess of 3000 patients from 10 GP practices and have contacted 2600 patients where an initial assessment has been undertaken. Following this, the team have provided a number of interventions for these patients including blood tests, flu vaccinations, asthma control tests as well as providing bespoke health promotion and education on key messages tailored for patient needs. In addition to this, many patients have been signposted or referred to other health and social care services where relevant.
- Furthermore, the team have conducted door to door visits for those hard-to-reach patients that they were unable to contact via telephone. The success rate of these visits has been variable due to lockdown, however the team will continue to persevere to reach these groups to improve the health outcomes for the less engaged population in our community.
- The team are also supporting the Brent care home Covid vaccination programme, in terms of myth busting and working towards improving uptake of the Covid vaccinations through telephone discussions with reluctant patients. Both the nursing and healthcare coordinators have also been engaging with the community, participating in a number of BHM coordinated outreach days as well as communicating key messages through various digital platforms regarding flu vaccination, Covid myth busting and the Patient Advice Line.
- The Brent Patient Advice Line is provided by the team where patients can ring regarding any non-clinical queries related to their health or social care. This service was initially provided to only Church End and Alperton residents, but has now been extended to all Brent residents. Despite extensive communications provided regarding this service, uptake still appears to be low and the BHM programme communication team will continue to raise awareness around this service in order to improve uptake.

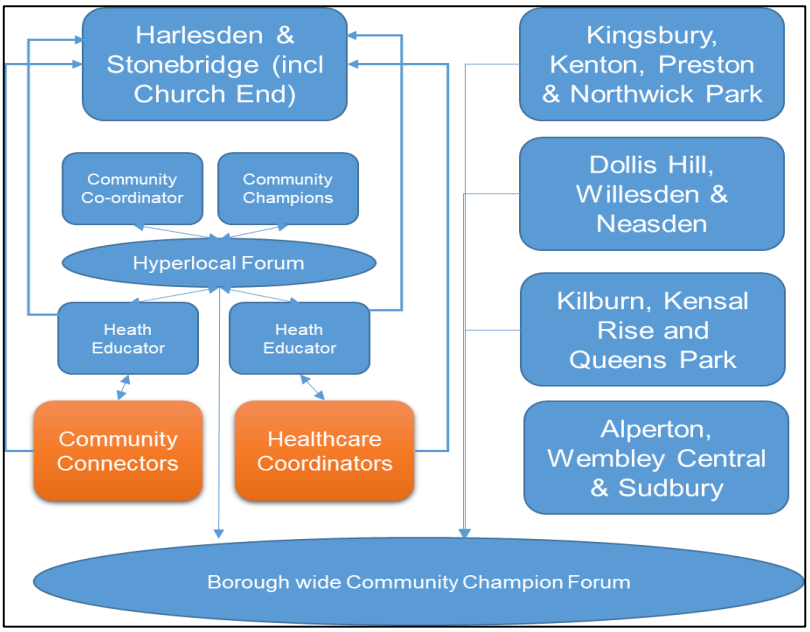
  Mental Health and Wellbeing CNWL involvement in the BHM Programme including:

- MH and wellbeing training programmes for Health Educators, Community Champions and a longer term offer to other community groups and the public.
- Developing, disseminating and understanding a MH and Wellbeing survey being carried out in Alperton and Church End – particularly looking at what can be put in place in the community as an asset to reduce need for statutory care.
- Developing a funding programme across NWL so that groups and individuals can seek support for programmes. This has been linked with the Brent Community Grants programme so that applications not relevant to one fund may be referred to the other.

3.3 *Community Work Stream: Update*

- 5 additional Community Co-ordinators have been recruited and will be in post by the start of April.

- The procurement for a Health Educators Partner completed with Brent Carers Centre being selected to lead/co-ordinate a delivery partnership that will include: SAAFI; PLIAS; Kilburn PCN; Brent Mencap; and Healthwatch Brent to recruit 20-30 Health Educators and to ensure they have access to an extended range of hyperlocal community organisations; faith groups; business; schools etc.
- The £250,000 BHM Community Grants scheme has been launched and 12 applications have been received to date. This first BHM Grants Panel round evaluated 5 of those on Friday 10th March and 3 organisations have subsequently been notified that their applications have been successful. These proposals related to: provision of a new Mental Health and Wellbeing online hub; dance classes for social isolated elderly residents providing both health and wellbeing benefits; and a service to provide private renters support and advice to force HMO landlords to improve their unhealthy living conditions. If Grant awards are finalised, this represents a commitment of over £61,000 of the grant in round 1.
- The programme is gearing up for expansion to a pan-borough focus engaging additional localities, each with dedicated Community Co-ordinator and Health Educator resource interacting with area specific hyper-local forums. This will facilitate collaboration and alignment with other roles engaging the community such as the MH and Wellbeing Community Connectors (CNWL) and the Healthcare Co-ordinators (BHMCS) as shown in the diagram below:



- Borough-wide Community Champions Forums will be used to share thinking on co-produced initiatives across the borough following expansion.
- Four community outreach events have been delivered at sites across Church End and Alperton.
- A borough wide Time to Talk event was held online on March 17th with well over 100 residents attending. Initial presentations on COVID and Health Inequalities were followed by an overview of the current BHM programme approach by Community Champions. Five locality specific breakout sessions were then held, in which residents and community organisations proposed a number of themed improvements to refocus the targeting and delivery of the

programme. The themes identified include: engaging with younger people, the elderly, and people with disabilities; moving to proactive engagement with local groups and small organisations who have hyperlocal connections to the community and are tackling local issues; supporting the community to take advantage of funding through grant aid to deliver planned initiatives.

3.4 *Engagement and Communications Work Stream Update:*

Activities since last report:

- Digital campaign on Facebook, Instagram and Google Display Network, with the theme of 'Get the Facts in 10 seconds'. Seen 35,000 times and resulted in 4,000 clicks to our website
- Website – vaccine landing page on our website has had 15,000 visits from 10,000 unique visitors since launching at the start of January
- Video – content filmed with Dr John Licorish, Adult Social Care managers and behind the scenes at Willesden Heath & Care Centre, and Wembley Vaccination Centre, watched over 4,000 times.
- Leaflet on key facts about the vaccine and testing delivered to all households in the borough
- 4 webinars run involving (attending or watching the live stream) almost 2,000 residents with specific focus on black, Muslim and Somali and Hindu populations. Recorded versions available on website
- 17 videos snippets taken from vaccine webinars shared on Council YouTube channel, along with 7 community language videos recorded by community representatives (including some Community Champions)
- A series of 10 lamppost banners designed with messaging around testing and vaccination involving people from the community including clinicians and Community Champions
- Programmatic advertising campaign around vaccine uptake targeted at hesitant communities
- Messaging shared with Arab Nation community representatives and used in religious and community settings
- Various media opportunities realised (ITN National ITV London, Kilburn Times, German TV)
- A BHM communication plan has been document to support expansion.

3.5 *Capacity Development Work Stream Update*

- Short term planning has been completed for the delivery of induction and Long Term Condition focussed training for the Health Educators. Focussed training has been planned for Community Champions around requested areas such as Mental Health and Wellbeing First Aid provision.
- A Training lead has been identified for the work stream who will be tasked with co-ordinating (with BHM programme partners) the delivery of short term training requirements, but also the development of a sustainable longer term BHM Programme training offer to volunteers and the wider community affected by Health Inequalities.

3.6 *Performance Framework Work Stream Update:*

The BHM programme has commissioned Imperial College Health Partners to:

- Undertake a gap analysis on current impact measurement for the BHM programme as it moves into expansion.
- Produce a benchmarked report drawing on best practice elsewhere on recommended impact measures for the expanded programme.
- Establish the hierarchy model for data gathering from individual roles e.g. Community Connectors; Health Educators- to the (5) area level reports -to partner level -Council and Health data and the assimilation of existing tracking. Establish the baseline positions.
- Design and develop an integrated BHM programme level dashboard in conjunction with the programme & performance team – or at least develop the specification.
- Recommend an implementation approach by the end of March.

3.7 Strategy alignment

- Activity has been initiated to align strategic engagement planning between:
  - The Brent Health Matters Strategy
  - The Joint Health and Wellbeing Strategy
  - The 'CNWL Way' Strategy
  - The Black Community Action Plan

4.0 Financial Implications

4.1 Note the Health Educator Partnership spend of £250k and BHM Community Grant commitment of £260k, with £61k provisionally spent to date.

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 The hyperlocal approach supports 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.

Report sign off:
Phil Porter
Strategic Director Adults and Housing, Brent Council

Robyn Doran
Chief Operating Officer, CNWL NHS Trust

Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** April 2021
	Report from the Chair of Brent Children's Trust

Brent Children's Trust update and priority areas of focus for April 2021 – March 2022

Wards Affected:	
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:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Gail Tolley, Strategic Director Children and Young People Gail.tolley@brent.gov.uk Wendy Proctor, Strategic Partnerships Lead 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. To strengthen the Health and Wellbeing Board oversight and remit, the BCT provides the HWB with an annual priorities report at the start of each municipal year plus one additional update report per year.

1.3. The most recent report was presented to the HWB in October 2020. Due to the impact of the COVID-19 Pandemic, the BCT was not required to provide a priorities report in April 2020, therefore this paper provides an update of the BCT work programme covering the period between October 2020 and March 2021.

1.4. This paper also outlines the priority areas of focus for the BCT from April 2021 to March 2022.

2.0 Recommendations

2.1. The Health and Wellbeing Board (HWB) is asked to note the priority areas of focus for the Brent Children's Trust from April 2021 to March 2022.

3.0 Detail

3.1. The BCT meets every two months to review progress against the priority areas of focus and address any emerging local and national issues. Since October 2020, the BCT met three times on 24 November 2020, 19 January 2020 and 23 March 2021.

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

3.3. The BCT, JCG and 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.

3.4. Since October 2020 the BCT has examined three main strategic themes:

a) Family Wellbeing Centres implementation
b) Health and Wellbeing Board strategy update and project plan
c) Children and Young People's Mental Health and Wellbeing

Family Wellbeing Centres implementation

3.5. The BCT is assured that significant progress has been made in the establishment of Family Wellbeing Centres (FWC) from existing Children's Centres.

3.6. The BCT acknowledged the risks that have been identified and noted that the main risk is potential budget reductions which may impact on the scope and range of services that were originally intended to be delivered.

3.7. The BCT is also assured that FWCs will be working closely with health providers including the 0-19 service, speech and language service and midwifery services. The BCT also endorsed the agreement for paediatricians to be part of the team working in one of the FWCs.

Health and Wellbeing Board Strategy update and project plan

3.8. Following the Health and Wellbeing Board (HWB) agreement in October 2020 to redevelop the Joint Health and Wellbeing Board Strategy, the BCT was updated on the high-level project methodology and timeline agreed to undertake this piece of work.

3.9. The BCT provided strategic input and direction to the development process and related project plan with a focus on the following:

- How the HWB can meaningfully capture the experiences of children and young people, through existing forums such as Brent Youth Parliament and the Brent Parent Carer Forum

- The effective engagement from partners including through engagement with the Brent Safeguarding Children Forum.

- Accessing rich sources of data and intelligence such as Education, Health and Care Plans, commissioning data, service data, the Bright Spots survey and the Safeguarding Forum Section 11 audit response data.

Children and Young People's Mental Health and Wellbeing

3.10. During the March 2021 meeting, the BCT explored, in detail, the progress made on the delivery against the Brent vision for Children and Young People's Mental Health and Wellbeing Transformation Plan.

3.11. The BCT are satisfied with the progress made on a number of services including:

- **Perinatal mental health -** all women with mental health needs during pregnancy and the post-natal period can now receive psychological support when needed.
- **Eating Disorders (ED) Service -** work is ongoing to improve access for children and young people who require urgent and routine assessments across the NWL Integrated Care System. Brent has also seen an increase in demand for eating disorders support during the pandemic.
- **Learning Disability (LD) & Autistic Spectrum Disorder (ASD) -** a review of specifications and associated ASD/LD pathway is underway. Also in progress is work to review and address the long wait for assessments as well as joint working between paediatric services and CAMHS.
- **CAMHS Gateway -** work to review pathways of the screening process for diagnosable mental illness and improve links with the LA and voluntary sector services is underway.
- **KOOTH – on-line counselling services for young people –** work on aligning this service across the NWL Integrated Care System under one contract is underway, the BCT were assured that this process is aimed to

enhance the existing KOOTH service in Brent which has been extremely well received.

- **Community engagement & anti-stigma work -** Brent Young People Thrive (BYPT) continues to engage with schools, GPs, children and families around children's mental health and wellbeing.

3.12. The BCT acknowledged a review in being undertaken on the clinical capacity and capability of CAMHS looking at access, waiting times and reasons for non-attendance. The BCT noted that there have been several reviews of this service in the past few years and agreed to explore the purpose and outcome of this review in more detail during the next meeting (May 2021).

3.13. The BCT also highlighted the multiagency learning that has been identified through the serious safeguarding incident review work (known as Rapid Reviews) undertaken by the Safeguarding Children Partnership. Some of the Rapid Reviews that have been undertaken have identified specific learning points in relation to the areas of work outlined in paragraph 3.12.

3.14. The BCT agreed that the relevant learning from these Rapid Reviews will:

- Link into the Children and Young People's Mental Health and Wellbeing Transformation Plan delivery programme.
- Be shared with Brent GP practices and other health service providers.
- Link into work being undertaken in the borough to support vulnerable children who self-harm or have suicidal ideation.

3.15. The BCT also has oversight of two projects supporting children and young people's wellbeing in schools. Consideration is being given to how these programmes can be linked to complement each other. These two projects are:

- Mental Health Support in Schools (2 year trailblazing project) - led by the CCG the local CAMHS provider CNWL, supported by Brent Council to help meet the mental health needs of children and young people in education settings.
- Wellbeing for Education Return Programme – delivery of a national programme led by the Brent Educational Psychology Team within the Inclusion Team. The programme offers a package of training and resources intended to support education staff to promote the mental wellbeing of children and young people, their colleagues, themselves and parents and carers during the pandemic and as part of the recovery phase.

Covid-19 Recovery

3.16. Since 12 May 2020, the BCT moved to meeting virtually and a standing item remains on the BCT meeting agenda has been a specific focus on Covid-19 related partnership planning activity. This has enabled the BCT to remain in a strong position to address partnership challenges whilst moving into the recovery process.

3.17. The Trust was assured that the local authority and CCG continue to build upon the partnership work in responding to lockdown restrictions and recovery work.

3.18. The BCT has recognised one concern emerging from the pandemic has been a decline in parents and carers accessing medical services for children and young people. The BCT has agreed this as a priority area of focus for 2021-2022.

Priority Areas of Focus for 2021/2022

3.19. The BCT has identified a number of priority areas of focus for April 2021 to March 2022 as a result of emerging issues supported by local and national data:

a) Working with parents and carers to positively impact on children's health and wellbeing with specific focus on:

- Healthy weight in childhood
- Oral health
- Childhood immunisation

b) Special Educational Needs and Disabilities (SEND) – with a focus on early intervention and prevention in light of the major national review into support for children and young people with SEND to be launched in 2021.

c) Children and Young People's Mental Health and Wellbeing – with a continued focus on the delivery of the transformation plan.

d) Integrated Disabled Children and Young People Service 0-25 - with a focus on Stage 2, the integration of health and local authority provision, which was paused in 2020 due to Covid-19 Pandemic.

e) Transitional safeguarding between CYP and Adult Services - with a focus on adolescent safeguarding.

f) Young Carers - with a renewed focus on raising awareness of young carers across the partnership.

3.20. The BCT have agreed to consider other areas of focus which may arise over the course of the year including;

- any legislative changes relating to the functions under the BCT
- the redevelopment of existing local services
- any appropriate newly identified commissioning arrangements

4.0 Financial Implications

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

5.0 Legal Implications

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

6.0 Equality Implications

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

7.0 Consultation with Ward Members and Stakeholders

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

Report sign off:

Gail Tolley
Strategic Director Children and Young People

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

Brent's Joint Health and Wellbeing Strategy: progress update

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
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:	1 Appendix A: Project plan
Background Papers:	
Contact Officer(s): (Name, Title, Contact Details)	Angela d'Urso Strategic partnerships manager angela.d'urso@brent.gov.uk

1.0 Background

1.1 In July 2019, the Brent Health and Wellbeing Board (BHWB) agreed to refresh the Brent Joint Health and Wellbeing Strategy (JHWS) based on the refreshed Joint Strategic Needs Assessment (JSNA), which was scheduled for completion in January 2020. As work on the JHWS was due to commence, the Covid-19 pandemic hit. Work was paused while partners responded to the needs of our communities.

1.2 At the October 2020 BHWB meeting, the BHWB agreed that in the context of the seismic changes and fundamental issues exposed by the pandemic, a fundamental rewrite of the JHWS was required. The BHWB also agreed the focus of the JHWS should be a 'whole systems' approach to tackling health inequalities and wider determinants of health inequalities, as exposed and exacerbated by Covid-19. A high-level project methodology and timeline was agreed.

1.3 Since October, we have had further periods of restrictions in order to combat Covid-19. We are currently in a further period of national lockdown, from which we are currently easing. Response and recovery activity will continue into the medium and long term, and will affect all BHWB partners.

2.0 Recommendations

2.1 The Brent Health and Wellbeing Board is asked to:

1. Note the detailed project plan (please see Appendix 1) and progress made so far, including the establishment of the strategy development working group and the conclusion of the first phase of consultation.

2. Note the activity to create a Covid-19 Joint Strategic Needs Assessment (JSNA) chapter.

3. Discuss, provide strategic input to and agree the emerging areas of focus to move forward to the next stage of consultation. The emerging areas of focus are:
   - Ensuring a healthy standard of living for all, and making the healthy choice the easy choice
   - Creating and developing healthy and sustainable communities and places
   - Strengthening the role of ill health prevention, including mental health
   - Working to ensure a rapid recovery of the system and its workforces, including a better, more consistent use of data to ensure we meet the needs of all service users
   - Ensuring those who need services are able to influence how they work, and that they are able to access them when they need them

4. Discuss the way the BHWB interfaces with other key relevant strategies and delivery mechanisms e.g. the Poverty Commission's work to ensure fair employment, especially in the post Covid-19 context.

5. Agree the high-level proposal for the next phase of consultation.

6. Note the potential impacts of current and any further lockdown/emergency periods upon the strategy development process and key work streams, for example consultation and engagement. Provide guidance to the strategy development working group on the effective management of these.

3.0 Detail for consideration

<u>Activity December 2019 – March 2020</u>

3.1 Officers developed the detailed project plan (see Appendix 1) based on the discussion and agreement at the BHWB 20 October 2020 meeting.

3.2 A strategy development working group was established. The group is made up of officers from across the BHWB partners. The group meets monthly and is responsible for the delivery of the project plan. The officer working group receives expert input from a data leads group. Activity has included:
- Reviewing the JSNA, finalising chapters and developing plans for a further refresh in line with the publication date of the new JHWS
- Agreeing the creation of a Covid-19 JSNA chapter and providing resource to enable this
- Reviewed key relevant national publications e.g. The King's Fund 'The Health of People from Ethnic Minority Groups in England' and 'Build Back Fairer: The Covid-19 Marmot Review' produced by University College

London Institute of Health Equity and commissioned by the Health Foundation
- Designed the first phase of consultation and engagement, and reviewed emerging findings
- Identified other relevant consultation and engagement that can add value to the prioritisation and strategy development process, for example the lived experiences gathered as part of the Poverty Commission and community voice as part of the Brent Health Matters programme.

Consultation

3.3 Healthwatch was commissioned to consult with our most vulnerable, seldom heard communities and those most impacted by health inequalities. Officers worked with Healthwatch to develop a survey and virtual roadshow approach, as well as data analysis mechanisms.

3.4 The Healthwatch consultation took place during February 2021, with an online and physical survey distributed to get target audiences and six virtual community roadshows held. Healthwatch targeted the consultation at the most vulnerable and seldom heard communities.

3.5 Key emerging findings from the roadshows are:
- There is a strong focus on wellbeing, with consultees considering the role of strategic partners to be one of supporting people by making self-care easy. There were a number of ideas around how this could happen, but the most frequently heard priorities were:
  - Improving access to reasonably priced fresh fruit and vegetables (not from a supermarket)
  - Decreasing unhealthy food availability e.g. reducing the number of fast food outlets on High Streets
  - Improving access to high quality green space, with desires for community gardens, more allotments and improving accessibility to green spaces
- Young people and the impacts of the pandemic upon them is a clear priority for many, with concerns about their mental health needs, now and into the future
- Active volunteers and community groups are well connected in their areas, but there is a job to do in how we engage to connect to those who need information, advice and guidance the most

3.6 There is a differential between how people describe their priorities for health and wellbeing and the language used in the health and wellbeing sector. For example, people did not describe tackling obesity as a priority, but they did describe wanting access to healthier foods, improved community facilities and green spaces to exercise in. This must be reflected in the development of the JHWS and our activity.

3.7 The survey responses are being compiled and analysed. Early emerging findings include:
- Responses identified barriers that people feel prevent them from effectivity accessing services and opportunities. These included time, financial

resources, other responsibilities e.g. as a primary carer, digital exclusion and language (including technical language)

3.8 The Brent Health Matters Time to Talk event also provided a number of key insights:

- We need to rethink how we are seeking to connect with the community (particularly in relation to young people and older, frail people), and we need to allow the time and space for genuine co-production.
- There is clear feeling that people with disabilities have been profoundly impacted by the Covid-19 pandemic and this is a key group affected by health inequalities

The themes identified at this event are currently being evaluated and insights will be shared with the strategy development working group.

3.9 There has also been input from key steering groups that is relevant in the development of the emerging priority areas, for example the need to ensure an effective focus on children, young people and families weaved throughout the whole strategy.

JSNA

3.10 The JSNA presented the development group with some issues:

- Some chapters still required sign off
- There are some chapters outstanding, although this is understandable in the context of the pandemic
- Some of the chapters awaiting sign off and those already signed off are now out of date, given they were reviewed in 2019
- There was a gap in terms of a JSNA chapter that covered issues of inequalities in the context of Covid-19 in order to properly inform JHWS development

3.11 In order to address the issues and still meet project timetables, the JHWS development group has:

- Worked to secure sign off to as many of the JSNA chapters as possible
- Created a Covid-19 JSNA chapter, bringing together a range of data sets to enable effective analysis of the impact of Covid-19, particularly in relation to health inequalities and wider determinant of health inequalities

The activity described above has ensured we are on track to meet our project plan deadlines.

3.12 The Covid-19 JSNA chapter will be large and will cover a range of focuses, including:

- Epidemiology
- Demographics and equalities data
- Wider determinants of health e.g. housing, jobs, welfare, substance misuse, domestic abuse
- Key service data e.g. mental health, disabilities

3.13 In reviewing our data sources, it is apparent that there needs to be consistency of recording key information, for example ethnicity and learning and physical

disability. This is critical for the BHWB partners to be assured that services are meeting the needs of all, and that key inequalities are not being masked.

3.14 The development group will continue to review, revise and update the JSNA chapters throughout the lifetime of the JHWS development process. We will work together closely, so any emerging analysis can be fed into JHWS priorities and responses. This will enable us to publish an up to date JSNA alongside the JHWS in September 2021.

3.15 Moving forward we would like to improve our approach to the JSNA, how we present it alongside the JHWS and how we use and refresh it as part of the performance framework and annual delivery planning process. The BHWB should receive quarterly progress updates for the JHWS once it is agreed, and an annual outcomes report based on the JSNA structure and content.

Other considerations

3.16 In the development of the JHWS, officers have been mindful of the changing health and wellbeing economy and the Health and Social Care White Paper, which may have implications for our ways of working and duties. Officers will continue to ensure the JHWS is developed in a future proof manner.

Emerging areas for focus

3.17 Based on the above, the development group has agreed the following emerging priority areas to take forward to the next phase of consultation:

- Ensuring a healthy standard of living for all, and making the healthy choice the easy choice
- Create and develop healthy and sustainable communities and places
- Strengthen the role and impact of ill health prevention, including mental health
- Working to ensure a rapid recovery of the system and its workforces, including a better, more consistent use of data to ensure we meet the needs of all service users
- Ensuring those who need services are able to influence how they work, and that they are able to access them when they need them

It is suggested that children, young people and families are embedded within these priorities, rather than considered as a separate priority

3.18 Creating fair employment and improving access to high quality housing have also emerged as inequalities that people state impact upon their health and wellbeing. The BHWB will need to consider how it interfaces with other programmes and functions that are responsible for these areas of work. It is proposed that this insight is shared into the relevant key council strategies e.g. the Poverty Commission delivery plans, and the BHWB take steps to ensure these plans address the needs in a post Covid19 context.

Next steps and key dates

3.19 As outlined in the project plan, the next step is to test these emerging areas of focus through further consultation during April 2021.

3.20 The current proposal is to virtually attend a range of internal and external forums and groups, as well as arrange a number of specific sessions. Key audiences will include:

- Councillors, Brent Youth Parliament
- Other strategic partnerships – the Safeguarding Adults Board, the Safeguarding Children Forum
- Other key forums – the Disability Form, the Multi Faith Forum, the Parent and Carers' Forum, Thrive, Care Leavers in Action
- Relevant community and voluntary sector thematic groups

3.21 The focus of the sessions would be to share our key findings from data and consultation so far, and test the emerging areas of focus and possible related future activity. We are working with the new Healthwatch provider to ensure seamless consultation.

3.22 The Covid-19 JSNA chapter is scheduled to be completed by the beginning of April 2021, and it will be signed off as part of the existing JSNA processes.

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. It is anticipated that associated costs will be funded from the existing budgets.

5.0 Legal implications

5.1 The duty in respect of Joint Health and Wellbeing Strategies (JHWSs) is set out in s116A of 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 (CCGs) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA). 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
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 JSNAs) and the effects decisions have, or are likely to have on their health and wellbeing*".

Related documents:

- Brent's Joint Health and Wellbeing Strategy: A long term response 20 October 2020, Item 6
- Brent's Joint Health and Wellbeing Strategy: Progress update January 2021, email circulation

Report sign off:

Phil Porter
Strategic Director, Community Wellbeing

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Appendix 1 – JHWS project plan

Workstream	Task	Details	Output/product	Timeframe											Lead	Resources	R/A/G
				Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21			
1 - Establish key mechanisms																	
	Use of existing forums as strategy development steering/oversight groups	Ensure strategic input from and update/approval reports to key groups (as required by each group), including: * BHWB * BCT * HIRG * Quartet Note - attendance dates to be confirmed where not already shown	Update and strategic input reports			25-Jan 19-Jan	03-Feb 19-Feb		06-Apr						SH/MS	Ad'U, strategy development working group	
	Use of exisiting forums to ensure effective engagement across the council and partners	Ensure effective communication, engagement and strategic input across a range of forums, including: * CMT * HI reference group * BSAF * BSCF * Community Safety Partnership * Partners for Brent Note - attendance dates to be confirmed where not already shown	Communication and engagement												SH/MS	Ad'U, strategy development working group	
	Establish strategy development working group	This group will ensure delivery of the strategy as guided by the strategic directions set by the steering group. The working group will include: • Shazia Hussain (ACE, Brent Council) • Angela d'Urso (BHWB officer link, S&P) • Julia Mlambo (community engagement, S&P) • Veronica Awuzudike, Healthwatch • Michelle Johnson, communications, Brent CCG • Janice Constance (public health) • Bruno Davey (senior insight analyst, CW) • Shirley Parks (head of FP, P & P, CYP) • Ralph Elias, LNWHT • Jenny Lanyero, CNWL	Group established and meeting		08-Dec	06-Jan	03-Feb	03-Mar	07-Apr	05-May	02-Jun	07-Jul	04-Aug	01-Sep	Ad'U		
2 - Data and intelligence analysis																	
	Central data repository established	Shared point created and key documents added by all development and data group members	Shared access folder												Ad'U		
	Data leads officer group established	Meeting to include key data officers from across council and development group partners. Focus will be to dovetail key quantative and qualitative data sources to inform development and steering groups	Group established and meeting			05-Jan									BD	Ad'U	
	Review of JSNA	Analysis of information to identify key community needs	Key findings document												BD/Ad'U	Data leads group	
	Collation of previous relevant consultation outcomes	Review of consultation findings emerging from the Poverty Commission, BCAP, health inequalities, community champions etc.	Key findings document												BD/Ad'U	Data leads group	
	Review of other key data sources	Collation and analysis of relevant data held across council and partners e.g. borough plan data, equalities, Covid19 Marmot review	Key findings document												BD/Ad'U	Data leads group	
3 - Consultation and engagement (phase 1 - specialist)																	
	Design initial consultation to guide priority setting process	Agree questions to enable effective qualitative data collation to inform decision making													SH/MS	Ad'U, strategy development working group	
	Hard to reach/specialist/focused consultation	Healthwatch to lead community engagement with a focus on hard to reach communities	Key findings document												VA	BD/Ad'U/JM	
		Healthwatch survey shared across key relevant council / partnership forums e.g. disability forum, parents and carers forum													VA	Ad'U/JM	
		Anaylsis and findings report													VA	BD/Ad'U/JM	

Workstream	Task	Details	Output/product	Timeframe											Lead	Resources	R/A/G
				Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21			
4 - Consolidation - findings from workstreams 2 and 3																	
	Analysis of intelligence across workstreams 2 and 3, identification of emerging themes/priorities	Strategy development working group to: * Interpret and agree emerging findings across workstreams 2 and 3 * Secure agreement of interpretation with the strategy development steering groups * Agree reports to strategy development strategic steering groups (dates outlined in workstream 1) - report to include preliminary messages emerging from data analysis and initial consultations, as well as provide steer towards emerging themes/priorities	Report												SH/Ad'U	Strategy development working group	
	Secure agreement to the emerging findings and interpretations	Update to relevant strategy steering groups * HISOG * Quartet	Agreed report					03-Mar							SH/MS	Strategy development working group	
5 - Consultation and engagement (phase 2 - partners)																	
	Internal and partnership engagement	Dedicated virtual events/meetings to be set up as follows: * Elected members session - councillors, Youth Parliament, CCG governing body members, clinical directors * Voluntary sector organisations e.g. Age UK, Mind, Mencap, Crisis, Step Up Hub, Young Brent Foundation * Key groups e.g. Care in Action, Care Leavers in Action, Thrive, Multi Faith Forum, Pensioners Forum * Further suggestions include police, FE, Quintain, local businesses, Partners for Brent Emerging themes/priorities to be tested, with opportunity to consider additional data/intelligence from wider partners	Key findings document					Preparation	Events						SH/MS	Ad'U/JM	
6 - Consolidation - all activity to date																	
	Develop proposed priorities and actions based on findings from workstreams 2, 3, 4 and 5	Strategy development working group to : Consolidate and review all products to date and develop into final proposed priorities and key activities. The emerging priorities will need to ensure close alignment with: * Emerging single CCG and ICP priorities * Key council strategies/groups e.g. BCAP, the Poverty Commission recommendations, Borough Plan, BCT * Any other relevant systems links	Proposed priorities and activities document					Drafting							SH/MS	Strategy development working group	
	Finalise and agree proposed priorities/actions	Strategy steering groups to review and agree the document in advance of public consultation: * HISOG * Quartet	Final document for consultation												SH/MS	Ad'U	
	Note progress and agree priorities/actions for consultation, as well as consultation document	Update and progress reports as required in advance of public consultation: * CMT * BHWB	Final document for consultation						06-Apr						SH/MS	Strategy development working group	
7 - Consultation and engagement (phase 3 - universal)																	
	Formal public consultation to commence	* Document produced as part of workstream 6 put on consultation portal * External and internal comms across partners to raise awareness and increase engagement * Brent Connects sessions													JM/Ad'U	Strategy development working group	
	Analysis of formal consultation findings	Consultation outcomes to be considered and strategy and plans adapted accordingly	Key findings document, updated priorities and activities document												SH/MS	Strategy development working group	

Workstream	Task	Details	Output/product	Timeframe											Lead	Resources	R/A/G
				Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21			
8 - Strategy drafting																	
	Drafting and securing agreement on a draft strategy that meets the requirements of the BHWB and key partners/stakeholders	* Draft strategy produced, inlcuding action plans and related PMF * Draft strategy discussed, amended and agreed by strategy development working group * Draft strategy reviewed, amended and agreed by strategy development steering groups * Draft document to be circulated to BHWB members for input and comment * Draft document to be considered and approved by: - Quartet - July 2021 - CMT - July 2021 - BCT - July 2021 (Note - dates for Board meetings to be confirmed via new municipal calendar May 2021 so subject to change)	Agreed final draft strategy								Drafting, email circulations				SH/Ad'U	Strategy development working group	
	Securing agreement to the final strategy across council and partnership processes	Final strategy produced and agreed, including related action plan and performance management framework: * BHWB * Community and Wellbeing Scrutiny Committee - (tbc with Chair) * Cabinet (CMT,PCG) - September 2021 (Note - dates for Board meetings to be confirmed via new municipal calender May 2021 so subject to change)	Agreed final strategy												SH/Ad'U	Strategy development working group	
9 - Publication and dissemination																	
	Publication and awareness raising	Strategy development working group to consider ideas e.g. knowledge bite sessions, formal and informal existing mechanisms	Published and embedded strategy												Ad'U	Strategy development working group	

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** April 2021
	Report from Borough Lead Director CCG

Brent Community Services Transfer

Wards Affected:	All
Key or Non-Key Decision:	For Information
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1: List of Community Services
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Isha Coombes Programme Director, Integrated Care & Community Services Isha.Coombes@brent.gov.uk

1.0 Purpose of the Report

1.1 The purpose of this report is to update the Health and Well-being Board on the transfer of community based services from London North West University Hospital Trust's (LNWUHT) to Central London Community Healthcare NHS Trust (CLCH) with effect from 01 August 2021.

2.0 Recommendation(s)

The Health & Wellbeing Board is asked to note the decision to transfer community services to CLCH and the update on the mobilisation process.

3.0 Details / Background

3.1 The Brent and Harrow community health services contracts both expire on 31 March 2021. The Brent community health services contract is an annually renewed contract with London North West University Hospital Trust (LNWHUT). The Harrow community contract for adult services sits with Central London Community Healthcare NHS Trust (CLCH). Some elements of paediatric community health services are provided by LNWUHT for Harrow.

Local Authority commissioned children's services such as health visiting and School Nursing are provided by CLCH in Brent and by CNWL in Harrow. The full lists of services are listed in *Appendix 1.*

Brent CCG received notice from LNWUHT in respect of some community services provided to Brent residents with effect from 1st April 2021. The strategic direction for North West London is the integration of services; the CCG and collaboration with stakeholders including both Brent and Harrow Local Authorities took the decision to service notice to the LNWHUT on all community services. This approach supports the integration agenda and consolidating the number of community services providers in North West London. A further two drivers are:

- the services provided at LNWHUT are fragile and we need to transfer services by the end of March 2021. Subsequently all providers agreed that the 1st April did not allow sufficient time to safely mobilise the services and proposed a revised go live date of 1st August 2021, which was approved by the ICS Executive.
- we need services in place that are responsive to LNWHUT in preventing admissions and supporting early discharge; a provider already established in NWL is likely to be best place to achieve this.

It was not considered that going out to open competition would be advantageous in this scenario. At that point in time the NHS had just moved from a level 3 to a level 4 pandemic with our resource focused on responding to an increased in the number of COVID cases, vaccinations and continued recovery of services. Procurement would remove focus from recovery both for commissioners and those responding to bids who are delivering services.

Brent CCG Governing Body met and considered a number of options and approved a limited competition process within the NHS family as this would have the advantage of reducing the multiplicity of providers in NWL and allowing those remaining in the market to focus and concentrate on delivering high quality community services across the landscape, with more standardisation of service specification and delivery and the ability to rapidly implement changes across multiple boroughs. Greater sharing of provision across boroughs would also bring greater consistency with the interface between LNWUHT and local boroughs, increase equitable access, and streamline front door facilities.

3.2 Selection Process

In discussion with Community and Mental Health Chief Executives and ICS Chief Executive with the CCG Accountable Officer, three main options were put forward for consideration for the selection of a new provider, for Brent adult and paediatric community services and some elements of Harrow paediatric community services. The options are outlined below.

Option 1 – Full Competition

This option would involve running a full OJEU procurement process, inviting full competition from inside and outside of the NHS to compete for the services, with a Pre-Qualifying Stage and an Invitation to Tender Stage. The overall timescale for the process would be around 3 months to reach a preferred provider and then a minimum of further 3 months' mobilisation period for the providers to undertake the transfer work. Under this process, a tender would be openly advertised to the market.

Option 2 - Light Touch Internal Selection Process
This would be an internal competition only between established NHS community services providers in North West London. This would mean inviting CLCH and CNWL to respond to a Memorandum of Information setting out the scope of the services and responding to a broad range of leadership criteria for selection (rather than a service specification). This would include aspects such as:

- Vision for the services
- Leading integration between providers
- Strategic fit
- Leadership and Credibility
- Governance in place for a safe and responsive service
- Workforce
- Efficiency

Option 3 – Direct Award to an NHS Provider Agreed by the Governing Body
This would involve the awarding a one of the current NHS community services providers, selected on the basis of best strategic fit to provide the services, integration with other services such as local authority children's services and proposed delivery against benefit criteria. The overall timescale for the process is around 3 months to reach a preferred provider and then a minimum of further 3 months' mobilisation period for the providers to undertake the transfer work. Under this process, a tender would be openly advertised to the market.

Brent CCG Governing Body considered the options on 16 December 2020 and approved Option 2 because this achieves a balance between meeting the service requirements to transfer services rapidly and safely within an on-going Covid pandemic incident and delivering a degree of assurance that the provider has the capabilities to provide improved high quality services for Brent patients.

A final selection process was concluded on 13 January 2021, and CLCH was announced as the preferred provider for Brent community services on 15 January 2021. Harrow subsequently announced CNWL as the preferred provider for their paediatric community services. The selection panel comprised of Brent & Harrow CCGs Accountable Officer & Clinical Chairs, Brent Local Authority Chief Executive, Harrow Local Authority Deputy Chief Executive and NWL ICS Chief Financial Officer.

3.3 Future arrangements for community services.

CLCH will be expected to deliver services as currently configured from the 01 August 2021 and then enter into the transformation journey in partnership with the CCGs, services users and carers, general practice, the local authority and other stakeholders. The transformation programme is expected to be a longer term initiative which will focus on reducing health inequalities and improving services and pathways.

3.4 Mobilisation of the Community Services

Governance

A Joint Mobilisation Steering Group has been set up, including representatives from CLCH, CNWL, LNWUHT and Brent and Harrow CCGs.

The Joint Mobilisation Steering Group is responsible for ensuring the development and agreement of a project plan and ensuring safe service transfer. It provides executive oversight and support to the mobilisation programme as well as the post go live period of transition.

The Steering Group will also ensure coordination and alignment of Harrow CCG Children's Services from LNWHUT to CNWL.

The Steering Group reports into the NWL ICS Executive which provides scrutiny and oversight of the mobilisation process ensuring that gateways are delivered within agreed timelines.

Due diligence & business service transfer planning

As part of the mobilisation process, the CCG will engage with CLCH and LNWHUT to plan progression toward contract signature following completion of due diligence.

CLCH has provided a list of due diligence information requirement to LNWHUT covering the following domains; finance details, estates, medical devices, workforce, quality, infection prevention, clinical systems, communications, medicines management and information management and technology.

All 3 provider organisations are continuing to work together through the work stream leads to obtain the due diligence required. The process includes a strong focus on the quality and safe transfer of the services underpinned by an agreed process for gathering and sharing information.

Contract award decision and market transparency

For the purposes of market transparency, the CCG published Contract Award Notice (CAN) to ensure compliance with the lawful obligation for market transparency of the contract award decision. Ultimately this process seeks to limit the risk of a legal challenge therefore the CCG will set out how it is complying with procurement regulations. In setting out how the CCG is

complying with the regulations, this would include confirming and also justifying the grounds on which the contract is being lawfully awarded. The CAN was published in the Find a Tender Services (FTS) for a 30-day period which ended on 11 March 2021. The CCG has not, so far, received any notification of challenges to the decision to award the contract to CLCH.

Contract signature

All parties will work towards a contract signature to be completed before the 31st July 2021. The CCG is working with providers during the mobilisation period to prepare and negotiate the full set of contract documentation.

4.0 Financial Implications

4.1 The contract envelopes are provisional at this stage, pending agreement between Trust and Finance teams. The indicative envelopes are based on the contract values held with LNWHUT for the existing services. This selection process takes place on the assumption that the ICS does not have any more funds available than are currently committed.

Brent contract value (all services): **£28.1 million** (indicative 20/21 figures)

5.0 Communications Plan

The Steering Group will review with a view to sign off a joint communication plan. The communication plan will outline the approach for both internal and external communications. However, as part of the TUPE process internal communication with staff has started.

Because there is no significant service change to the specifications and delivery of services this transfer from one NWL NHS provider to another NWL NHS provider does not trigger any engagement or consultation obligations, since it is only a change in the identity of the service provider. However, websites and paperwork will be changed so that patients understand which service provider they are receiving services from and how to make raise issues about services, who they can complain to etc.

6.0 Legal Implications

6.1 Legal advice was sought on the process of transfer of the community services to a new provider. The decision not to run a procurement process posed some legal risks to the CCG, which it mitigated through publication of a Contract Award Notice prior to entering into the contract with the new provider. The decision did not pose any legal risks to Brent Council, since it was the CCG and not the Council that awarded the contract.

The contract award decision was ratified by Brent and Harrow CCG Governing Bodies, informed by the contract recommendation report from the Assessment Panel.

7.0 Equality Implications

7.1 Equality and Health Inequalities Impact Assessment (EHIA)

Brent CCG has recently undertaken a review of a number of service specifications for their community services to ensure they are in line with new NHS England standards and are inclusive or quality and safety developments. The expectation is that the new provider will be able to deliver the services as specified. The CCG and CLCH will work with stakeholders to develop and agree a service development plan that will seek to ensure continuous improvement in outcomes for our patients.

The provider will be required to provide holistic and integrated care that empowers people to be in control of their healthcare outcomes, working seamlessly with the local authority, primary, mental health, acute care services and the voluntary sector/s.

The new provider will be required to build upon the North West London ICS intentions for Integrated Out of Hospital Care and strengthen community services through transformation to deliver a borough based partnership.

The proposed principles governing the transfer include the following:

- Increased concentration of community services and consolidation of the provider landscape
- One community services provider for adult and paediatric services for Brent residents
- Support ICS delivery programmes including reducing health inequalities and improving local care provisions
- Supports sustainability of community services - workforce, financial and clinically

6.2 Quality Impact Assessment (QIA)

In order to address the combined pressures of population growth, deepening levels of health and social care needs and the demand for cost containment, the community service specifications will be reviewed and redesigned to ensure that patients are managed at the right time, in the right place and by the right people. The CCG's vision is that a greater proportion of patients will be treated and managed proactively in their own homes and communities, with acute, hospital based care used only when necessary.

Service Specifications

The service specification reviews are expected to contribute to the following positive outcomes for patients:

- Improved and/or maintained health status through coordinated delivery of high quality care in the most appropriate setting

- Improved experience and satisfaction with the care an individual is receiving
- Increased feelings of personal control and reduced levels of confusion about the packages of care being delivered
- Streamlined and coordinated access to appropriate Health and Social Care services in the community
- Reduced duplication of professional assessments and time spent on inappropriate assessments
- Seamless patient pathways so patients do not fall through the gaps
- Reduced need for hospital admissions and re-admissions, along with a reduced length of stay in acute & community hospitals when required.

7.0 Consultation with Ward Members and Stakeholders

There will be on-going engagement events with stakeholders affected by the transfer of community services to the new provider. The CCG will be working with LA engagement colleagues to develop a detailed engagement plan.

8.0 Human Resources/Property Implications (if appropriate)

The existing workforce will be expected to be TUPE transfer across to the new provider for both the Adults and Children's Services. The existing NWL community services providers currently have a very large workforce across the NWL patch to support and accommodate the new service/s transition.

Report sign off:

Jonathan Turner – Borough Director Brent CCG

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Appendix 1 – Services In-Scope for Transferring to a New Provider

Children's Services

Service	CCG	Descriptor
Children Nursing	Brent	Specialist community nursing support to CYP with acute short term conditions, long term conditions, disabilities and complex conditions (including requirement for continuing care), life-limiting & life-threatening illnesses, palliative and end of life care. Team includes children's community nursing, specialism in diabetes, palliative care, asthma, continuing care
Children Looked After	Brent	Supports local authority in promoting health and wellbeing of CYP in their care. Undertakes review of adult health assessments of foster carers and prospective adoptive parents who are assessed and approved by LBB. Support and advice on adoption and permanency matters to professionals, carers and the Adoption and Permanence Panel.
Consultant Paediatric	Brent	Assessment, treatment and review service for CYP with physical, sensory, learning or neurological disabilities or other developmental delay or disorder or serious emotional or behavioural disorders or nutritional difficulties.
Paediatric Occupational Therapy	Brent	Occupational Therapy assessment and treatment service for CYP with Autistic spectrum disorders, social communication disorders, special needs or specific developmental disorders
Safeguarding	Brent	Specialist advice, support and training to promote the welfare of children and protect them from harm
Paediatric Speech & Language Therapy	Brent	Assessment and treatment service for CYP with complex communication and/or swallowing problems
Paediatric Physiotherapy	Brent	Physiotherapy assessment and treatment for CYP with disabilities, respiratory, neuro-developmental, neuromuscular and orthopaedic needs
Paediatric Audiology	Brent	CYP Tier 2 assessment, diagnostic, referral or discharge.

Adult Services

Services	CCG	Descriptor
Nutrition & Dietetics	Brent	Assessment and education service for adults with medical conditions, to prevent illness and promote good health
Respiratory	Brent	Education and exercise classes for adults diagnosed with COPD and other chronic respiratory disease

Podiatry	Brent	Assessment and treatment service for adults with foot and lower limb pathologies
Integrated Diabetes	Brent	Prevention & health promotion through to intensive care and support (case management & self-management programmes) for adults with Type II Diabetes.
Bowel and Bladder	Brent	Assessment and treatment service for adults with faecal and/or urinary incontinence
District Nursing	Brent	Community based nursing support for adults with disability, long-term conditions or following discharge from acute setting
Tissue Viability	Brent	Assessment and treatment service for adults with impaired tissue viability
Stoma	Brent	A specialist nursing service designed to undertake a full range of Stoma care. The service provides advice in relation to prescribing needs to ensure that all prescriptions are in line with patients' needs
Community Neuro-Rehabilitation Bedded Service	Brent	This is a specialist neurological rehabilitation service (level 2) providing inpatient neurological rehabilitation for patients with acquired brain injury of any cause, progressive neurological conditions, partial spinal cord injury or other neuro muscular disorders.
Integrated Rehabilitation and Reablement	Brent	Section 74 Agreement with Brent LA. The Rehab and Reablement service supports people to achieve independence in daily living skills and/or rehab goals in own home. Promote, encourage, and support self-care and self-management in the community.
Community General Rehabilitation Bedded Service	Brent	Consultant and therapy input into the bedded service only. Provision of general rehabilitation for those patients that do not require an acute bed but cannot be safely treated/supported in their own home or other community setting.
STARRS – Rapid Response	Brent	The Rapid Response Service is a multi-disciplinary team that provides care in the community for up to 5 days as an alternative to a hospital admission. service is a consultant-led service and the consultants have embedded strong relationships with the NWP AE consultants & Assessment Units thus enabling/facilitating quick identification of patients who can be discharged and managed at home.
Integrated Care Team • Enhanced Care Homes Service • Cardio-Respiratory Service	Brent	The service bringing together healthcare professionals (including doctors, nurses, pharmacists, social workers, and hospital specialists); the voluntary and community sectors; local council representatives; and service users and carers, to design and coordinate local health and social care services.

• Integrated Complex Patient Management • Health Inequalities Team		Staff are drawn from GP surgeries, community services, mental health, acute trusts, social care and the voluntary sector to focus on the specific and individual needs of local Brent populations.
Palliative Care	Harrow	Rapid and planned palliative nursing support for patients (and their carers) for adults in the end of life stage.
Patient Transport	Brent & Harrow	Service for patients/ older people that have poor mobility; find it difficult to use public transport to attend hospital appointments and GP/community services.
Direct Access MSK	Brent & Harrow	Assessment, diagnosis, advice and treatment of people with muscle, joint and bone problems.
Direct Access Adult Speech & Language Therapy	Brent & Harrow	Assessment, specific advice and therapy for people with acquired communication and swallowing difficulties. This may include those with stroke, brain injury, acquired progressive disorders, head and neck cancers, dementia, and voice disorders.
HIV	Brent & Harrow	The service provides comprehensive specialist nursing services relation to the physical, emotional, psychological and social needs for People Living with HIV

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