Public Document Pack

Health and Wellbeing Board

Tuesday 19 October 2021 at 6.00 pm

Conference Hall – Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Please note that this meeting will be held as a socially distanced physical meeting, with all members of the Board required to attend in person.

Guidance on the safe delivery of face-to-face meetings is included at the end of the agenda front sheet.

Due to current restrictions and limits on the socially distanced capacity, any press and public wishing to attend this meeting are encouraged to do so via the live webcast. The link to view this is here: https://brent.public-i.tv/core/portal/home

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor McLennan	Brent Council
Councillor Nerva	Brent Council
Councillor M Patel	Brent Council
Councillor Kansagra	Brent Council
Sheik Auladin	Brent CCG
Dr Ketana Halai	Brent CCG
Jonathan Turner	Brent CCG
Judith Davey	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Gail Tolley	Brent Council - Non-Voting
Dr Melanie Smith	Brent Council - Non-Voting
Basu Lamichhane	Brent Nursing and Residential Care Sector - Non Voting
Simon Crawford	London North West Healthcare NHS Trust - Non Voting

Substitute Members (Brent Councillors)

Councillors:

Knight, Krupa Sheth, Southwood and Stephens

Councillors:

Colwill and Maurice

recycle for Brent

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

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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 - 10

To approve the minutes of the previous meeting as a correct record.

To ratify any decisions made at the previous meeting.

4 Matters arising (if any)

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

5 Brent Children's Trust Update 11 - 18

To provide an update of the Brent Children's Trust (BCT) work programme covering the period April 2021 to September 2021.

6 Integrated Care Partnership (ICP) Update 19 - 26

To present the Brent Health and Wellbeing Board with an update on the work of the Integrated Care Partnership (ICP) community services group.

**This item was published to the agenda on 13 October 2021.*

7 Changes to services during Covid-19 27 - 36

To provide the Brent Health and Wellbeing Board with an overview of the main service changes at London North West University Healthcare NHS Trust (LNWH) since the start of the pandemic.

8 Public Health Covid-19 Update 37 - 44

To receive a Public Health Covid-19 update.

**This item was published to the agenda on 18 October 2021.*

9 The Joint Health and Wellbeing Strategy Development Update 45 - 90

To receive an update on the Joint Health and Wellbeing Strategy (JHWS) Development.

**This item was published to the agenda on 13 October 2021, and a further Appendix added on 15 October 2021.*

10 Any other urgent business

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

11 Date of next meeting

The next scheduled meeting of the Health and Wellbeing Board is on Thursday 13 January 2021

Guidance on the delivery of safe meetings at The Drum, Brent Civic Centre

- We have revised the capacities and floor plans for event spaces to ensure they are Covid-19 compliant and meet the current social distancing guidelines.
- Attendees will need to maintain the necessary social distancing at all times.
- Signage and reminders, including floor markers for social distancing and one-way flow systems are present throughout The Drum and need to be followed.
- Please note the Civic Centre visitor lifts will have reduced capacity to help with social distancing.
- The use of face coverings is encouraged with hand sanitiser dispensers located at the main entrance to The Drum and within each meeting room.
- Those attending meetings are asked to scan the coronavirus NHS QR code for The Drum upon entry. Posters of the QR code are located in front of the main Drum entrance and outside each boardroom.
- Although not required, should anyone attending wish to do book a lateral flow test in advance these are also available at the Civic Centre and can be booked via the following link: *https://www.brent.gov.uk/your-community/coronavirus/covid-19-testing/if-you-dont-have-symptoms/*

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Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a Hybrid Meeting on Wednesday 14 July 2021 at 6.00 pm

PRESENT: Councillor Farah (Chair), Councillor McLennan (Brent Council), Councillor Nerva (Brent Council), Jonathan Turner (Borough Lead Director – Brent, NWL CCG)

Also Present (all present in a remote capacity): Councillor Kansagra (Brent Council), Sheik Auladin (NWL CCG), Dr M C Patel (NWL CCG), Dr Ketana Halai (NWL CCG), Phil Porter (Strategic Director Community Wellbeing, Brent Council – non-voting), Gail Tolley (Strategic Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Judith Davey (CEO, Healthwatch Brent), Basu Lamichaane (Brent Nursing and Residential Care Sector – non-voting) Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust – non-voting), (Robyn Doran (Chief Operating Officer, CNWL – non-voting), Janet Lewis (Director, Central London Community Healthcare NHS Trust – non-voting)

In attendance: Hannah O'Brien (Governance Officer, Brent Council), James Kinsella (Governance Officer, Brent Council), Angela D'Urso (Strategic Partnership Manager, Brent Council), Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) (remote attendance), Jo Kay Patel (HealthWatch Brent) (remote attendance), Steve Innit (Healthwatch Brent) (remote attendance)

The Chair led opening remarks, reminding the Board that due to legislation there was a requirement for all voting members of the Board to be physically present at the meeting, in person, in order to be counted as present for the purposes of quorum, and to be able to vote should the need arise. As such, the Chair stated that the meeting was not quorate and therefore any formal decisions would require ratification at the next quorate Board meeting.

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

Apologies for absence were received from the following:

- Carolyn Downs (Chief Executive, Brent Council)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting (6 April 2021)**

RESOLVED: That the minutes of the meeting held on 6 April 2021 be approved as an accurate record of the meeting, subject to ratification at the next quorate Board meeting.

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

The Board sought clarification that the STARR service would be transferred as part of the transfer of community services from NWL hospitals to Central London Community Healthcare Trust (CLCH), and would be available to all people with a Brent GP. Jonathan Turner (Borough Lead Director – Brent, NWL CCG) advised that there would be no change in the service specification or who it was offered to and the service would form part of the transfer, continuing

to provide services to all registered Brent patients. Janet Lewis (CLCH) added that STARR would continue to operate as it did currently, taking referrals from Imperial College London, Royal Free Hospital and Brent, and that the team would be based at Sudbury Centre for Health and Care instead of Northwick Park. The transfer to the new site would take place the weekend prior to the 1 August 2021 and there would be no disruption to service during the transfer.

5. **Brent Health and Wellbeing Board Governance and the New Arrangements**

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the item relating to the Governance of the Health and Wellbeing Board and wider health system. The item had been discussed at the previous Board meeting, but brought back to Board as there had been quite significant changes to the governance arrangements, which brought together all key stakeholders to ensure overall accountability. The paper set out this new structure and gave clarity on where partners had built on existing good practice governance, such as the Brent Children's Trust which would be included in the Integrated Care Partnership (ICP) Executive Board. Phil Porter highlighted that, for adults, the ICP would be where everyone came together to solve problems and have joint accountability, but it would not replace existing governance structures such as Cabinet and the individual governance of each organisation. It was believed the ICP would complement those existing structures, ensuring those groups worked together. The Board were directed to section 3.6 of the report which confirmed the Health and Wellbeing Board would still have a statutory role under the new Health and Social Care Act being introduced, but there was a need to wait to see exactly how that would work as details of the legislation came through. Referring to the priorities laid out in section 3.24, Phil Porter confirmed they were interim to ensure that, as a system, partners were making a difference in the short term, while the long term strategy was in progress.

Robyn Doran (Chief Operating Officer, CNWL and ICP Director) reinforced the comments regarding the structures proposed, explaining the ICP had tried to work with the grain on what was already in Brent. The aim was to work together, with the voice of residents in Brent very much at the core. She advised that there was still more to do working with residents, and Healthwatch was working alongside them on this and would form part of the group. In relation to timescales, Robyn Doran informed the Board that the statutory changes around the Integrated Care System (ICS) would take place in March 2022 and likely evolve again, and in the meantime partners would focus on practical joint work within the current governance structures and with Brent residents.

Gail Tolley (Strategic Director Children and Young People, Brent Council) reinforced the importance of the inclusion of the Brent Children's Trust on the ICP Executive Board, which she highlighted was a strength in Brent, and thanked ICP colleagues for arranging the inclusion. She pointed out that the inclusion of the Strategic Director for Children's Services on the ICP Board was not the case in many other areas, with Directors of Children's Services being encouraged to see how they could become involved, in comparison to Brent, where the Trust was automatically a part of the Partnership Board. She felt this showed Brent leading the way in putting children and young people first.

The Chair thanked colleagues for introducing the item, and invited comments and questions from those present, with the following raised:

- The Board welcomed the involvement of the Brent Children's Trust in the governance arrangements of the Partnership Board, and the focus on transitional safeguarding for young adults and also young carers detailed in the report. They asked partners to ensure it was evidenced in future meetings and reports that the voice of young people was heard.

- A question was raised regarding whether North West London (NWL) CCG could invest appropriately in terms of time and energy to provide the place based Brent response the Health and Wellbeing Board were seeking. Robyn Doran advised there was an expectation under the new arrangements that there would be much more autonomy within the Brent Place to carry out what was needed. The national best practice guidance was that 80% of business should be done locally and 20% at system level. An example of this model being used was the review of palliative care across the system due to be undertaken. The review would look across the 8 NWL Boroughs but each borough would be looked at individually with its individual needs taken into account.

- In relation to the selection and formalisation process of the Mental Health and Wellbeing Executive, Robyn Doran confirmed that the representative from CVS had been agreed due to the representative having previously chaired the Mental Health Subgroup of all agencies in Brent which was set up during Covid-19, and therefore they felt it appropriate to appoint someone who had brought together all the third sector and statutory services.

RESOLVED, subject to ratification at the next quorate Board meeting:

i) To note the delivery mechanisms of the Integrated Care Partnership Executive Committee (ICPEC) and the membership and priorities of the four executive groups.

ii) To agree the draft work plan of the Brent Health and Wellbeing Board for 2021/22.

6. Covid-19 Vaccination Programme Update

Jonathan Turner (Borough Lead Director – Brent, NWL CCG) introduced the vaccination programme update, highlighting that the positive working relationship with partners was in place, and he hoped it could be taken forward for other programmes. A weekly meeting took place with all partners involved in delivering the vaccination programme, with very close working between health and social care. Health colleagues had depended on the Council for the logistics and communications of organising the pop-up vaccination clinics and working with the voluntary sector. Jonathan Turner highlighted that the figures within the report presented to the Board were now around a week out of date from when the paper was submitted.

Vaccination had now moved to 18+ groups, in line with national programmes. The biggest challenge in relation to Covid-19 was thought to be the reopening and lifting of restrictions on 19 July 2021, and partners were being pressed to increase the rate of vaccination of people in 18+ ages to be ready for that. Nationally, cases of Covid-19 were rising, so there was a need to vaccinate many people as quickly as possible. The Board were advised that the programme was focusing on the South of the Borough, as throughout the programme the rates of vaccination in the South of Brent had been lower, and there appeared to be more vaccination hesitancy in some parts of the borough. There was also work being done to host a mass vaccination event at Wembley stadium on 24 July 2021, but that was yet to be confirmed. A big communications push had been done with leaflets, social media campaigns and there was potential for celebrity endorsements.

The Board were informed that further information was coming out from NHS England about phase 3 of the national vaccination programme, where a booster campaign would start in September, most likely delivered by GPs. This would start with the higher risk groups, as the original programme had.

The Chair thanked Jonathan for the introduction and invited comments and questions from those present, with the following issues raised:

Vaccination figures and data:

- In relation to the vaccination figures from the vaccination bus situated in Church End and Harlesden, the Board queried whether the figure of 44 vaccinations was for one week. Jonathan Turner confirmed it was a weekly figure that showed only vaccinations that had been done on the bus, and highlighted that the system was not dependent on just the bus for vaccinations as there were pop-up clinics, large vaccination sites and mass sites. The bus was only one way of reaching people. He added that to some extent the bus acted as an awareness raising piece.

- The take-up for under 30s was moving, but Jonathan Turner highlighted there was some hesitancy within that cohort depending on the population. Some young people wanted to be vaccinated so that they could travel or go on holiday, but there was some complacency amongst other young people feeling that they were not affected by Covid-19. There were differing views but he advised of the need to continue to get the message out to emphasise the importance of getting vaccinated to protect yourself and the population.

- The Board discussed the data which showed that Black communities were not taking the vaccination up in the way other communities in Brent were, and asked what was constructively being done to target and work with those communities. Jonathan Turner advised there were specific pieces of work that had targeted Black communities such as pop-up clinics and going into Churches with a high attendance from Black communities, as well as a number of webinars, and working with faith leaders. Robyn Doran added that there was a recognition, particularly around Church End and Harlesden, that there needed to be more focused work with Black communities. It had been agreed that a Primary Care Clinical Director and Shazia Hussain (Assistant Chief Executive, Brent Council) would conduct a focused piece of work with 6 GPs with some of the Community Leaders and members of Black communities to find out what more could be done to engage people, taking lessons learnt from other parts of London. She believed that they needed to keep talking and listening, asking what more could be done and how flexible partners could be. Board members highlighted that intersectionality played a big part and not all members of Black communities were faith based, and those nuances were very important to understand.

- Continuing the discussion around vaccination hesitancy, Dr M C Patel (NWL CCG) advised of the law of diminishing returns, where eventually the output on messaging would be larger than the outcomes. Conversations were happening at various levels, GPs were calling patients and the health inequalities team were calling people and the return was around 5%. He felt that there was a historical mistrust, which was aggravated by a number of people determined to spread false information about the vaccine. Partners would continue to do the work to dispel the myths and inform people of the importance of vaccination, but acknowledged the need to be realistic with how far they could go with messaging before getting no return.

- Board members noted the ethnicity data terminology may not best reflect British young people. It was highlighted that Brent had young people of Bangladeshi, Indian or Caribbean heritage who were also British which was not being reflected in the data currently. Jonathan Turner acknowledged the point and agreed to take away for future iterations.

- Members of the Board queried whether there was any regular analysis, such as a postcode analysis, on who was coming in to vaccination centres, pop-ups and the bus. Jonathan Turner advised there was analysis of whether someone receiving the vaccination in Brent lived in Brent, North West London or outside of that which was done centrally at NWL. The

figures looked relatively good, with around 75% of vaccinations in Brent being given to those from Brent, which was better than many London boroughs particularly inner London. It was concluded that Brent was not vaccinating a disproportionate number from outside of the Borough.

- Members requested that healthcare looked into whether it would be possible to compare data with the marked register, and whether there was a way of linking with social and private landlords as a way of reaching residents who may not be vaccinated. Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that there was work being done with housing associations but data was not being shared.

Care providers:

- Vaccination numbers in care homes and care home / home care staff were discussed. Phil Porter advised that care home and home care vaccinations were a central feature of the Care Provider Forum and there was variation in figures across homes. A range of support was available to make vaccination as accessible as possible, and the differential rates of vaccination in care home staff compared to home care staff was likely due to vaccination being easier to administer in institutional settings. As a Council, the workforce fund had been distributed to care providers to ensure money was not acting as a barrier to vaccination, and commissioners were working hard with providers trying to find solutions to make it easier for staff to get vaccinated. He added that the leadership of providers and care homes may have a big impact on vaccination rates as the views of the leadership influenced staff. Work was now being done with individual providers to tackle individual barriers.

- Basu Lamichaane (Brent Nursing and Residential Care Sector) added that there had been many incentives to encourage care home staff and residents to get vaccinated and the vaccination was now widely accessible. The feedback from staff was that they were still unsure on side effects and some were waiting to speak with their doctor, but he noted that media and news coverage had been pushing staff to come forward. The Care Provider Forum had discussed the potential for vaccinations to become compulsory for care staff and could see the benefits to that, with most registered provider managers feeling it would be a good thing. This may have an impact on staffing but most providers were of the view that staffing would not be an issue as there was enough time to ensure contingency was in place to ensure services were able to run.

- In relation to the figures in individual care homes, the Board queried whether there were plans to publish that data on a regular basis so the public could see those figures. They considered that families of vulnerable people who may need to be placed in a care home may want to know the figures in care homes and levels of protection in each home. Phil Porter advised that there were no plans to make the data public but Adult Social Care had access to it to target the approach. He agreed that the big impact would be if there was mandatory vaccination. Sheik Auladin (NWL CCG) advised that there were ongoing discussions within Parliament on the issue of mandatory vaccination with plans in the pipeline for the vaccination to be mandated to care home staff from December 2021.

- Regarding phase 3 of the vaccination programme, there was a planning session that week looking at how the booster Covid-19 vaccination might be administered together with the flu vaccination. Research was being undertaken but no decision had yet been made. An enhanced service had now been released to GPs to start running the booster campaign from September and, depending on the research and trials, the flu vaccination may also be given.

RESOLVED: to note the information provided in the paper.

7. **Brent Health Matters update**

Tom Shakespeare (Director of Health and Social Care Integration, Brent Council) introduced the update on the Brent Health Matters Programme, which he explained was the Brent system response to the challenges of health inequalities within the Borough. It had been 9 months in delivery and development, and 6 months since additional funding had been received from central government for the programme. He highlighted the following key points in relation to the update:

- The programme had 5 main strategic aims; to reduce the impact of Covid-19; to increase the uptake of vaccinations and health screenings; to reduce variation in life expectancy for those with long term conditions; to increase community awareness of existing support and services within the community and; to increase engagement with GPs and the number of people with a registered GP. This would be done through listening to communities and working with them to address the main aims.

- The workstreams of the clinical service had focused on improving health assessments and the uptake of particular services such as flu vaccinations, health checks and blood checks. There was a dedicated phone line for Brent residents to call for help and advice, staffed 5 days a week by clinicians within the clinical team. The team had also focused on Covid-19 over the last few months, supporting some of the vaccination pop-ups alongside the community team, community champions and volunteers.

- The community element of the service now had 27 Health and Wellbeing Community Champions and 7 Community Co-ordinators across the 5 Brent Connects areas. Page 57 of the agenda pack gave an overview of the £250k grants programme organisations had bid to and the types of impact those grants would deliver.

- The programme had contracted with a consortium of volunteer organisations for the recruitment of a number of health educators across the Borough working as a voice and bringing people towards health services, improving the awareness of health and clinical conditions.

- Communications work had been done around vaccination, including with younger people and there had been positive coverage in the guardian about the work of the Brent Health Matters programme.

- The next phase of the programme was to bring together the work by primary care colleagues on the development of a diabetes model alongside community engagement and health educators to promote those services and tackle those challenges.

- Community co-ordinators were working across the patch with housing associations such as Catalyst, using the Unity Centre to help promote the programme.

The Chair thanked Tom Shakespeare for the update and invited members to comment, with the following issues raised:

- Dr M C Patel (NWL CCG) advised that, working with Imperial College London, NWL would be looking for the first time to put blood pressure results, glucose levels, BMI, age and ethnicity together to give individual profiles to practices about their patients. The piece of work would be presented in a few days' time to NWL and could be

presented in 3-4 months' time at the Health and Wellbeing Board. He advised that while there were national targets for blood pressure, Brent were challenging the prevailing views based on the evidence it had, which was that if the traditional targets were stuck to the improvement was not as great. For example, within 34 practices in Brent, 1093 patents had blood pressure above 140 over 90 and were diabetic, but, if that threshold changed to 130 over 80, there were 5,000 patients with that blood pressure, meaning that by sticking to traditional targets they missed 4,000 patients that could be affected over the coming years. A 5mm reduction in blood pressure could decrease the risk of heart attack by 25-28% which Dr Patel highlighted was a significant figure. He explained those were the sorts of interventions Brent wanted to make, challenging established thinking and making a material difference to patients through this programme, alongside research, for tangible outcomes.

- In relation to the work focused on diabetes, the Board queried what support or integrated partnership working was happening with community services, or whether the bulk of that strategy would start after community services had transferred on 1 August 2021. Janet Lewis (CLCH) advised that, for diabetes work, the transformation on that piece of work would start post 1 August 2021 and agreed there was some work to do as a community provider that they were committed to. Community services were currently looking to recruit to vacancies in the team and had reassured the team this would happen. Janet Lewis had met with the Brent Health Matters Programme Director the previous week about the project and were much clearer what the programme was and were happy to be a part of it as a community provider.

RESOLVED: To note the Brent Health Matters Update.

8. **Joint Health and Wellbeing Strategy update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update on the progress of the Joint Health and Wellbeing Strategy. She reminded the Board that a previous Health and Wellbeing Board meeting had agreed that, recognising the light Covid-19 had shone on health inequalities and the very real disproportionate impact of Covid-19 on Brent's Communities, the Strategy would focus on inequalities. She advised that from that came a focus on the social determinants of health, rather than the narrow focus on the health and care system that the previous strategy had.

The Board heard that, since the last update, work had been done with the assistance of Healthwatch and other community groups to consult with local communities about what they felt was important about their health. The outcome of those conversations had shown that the focus on social determinants of health was what communities expected to see from the Council and NHS. Dr Melanie Smith advised that there were particularly concerns about the impact of the pandemic on young people and people with disabilities. There was a desire from communities for the strategy to recognise the very real assets, such as community organisations, that existed within communities and how those assets could be mobilised. Language was also discussed. For example, when the team had spoken about obesity, communities had not spoken to the team about obesity, but instead about the desire to be able to eat healthily, for a healthy diet to be easier and more accessible, and for children to be more physically active.

Dr Melanie Smith drew the Board's attention to paragraph 3.15 of the report which detailed the areas of focus agreed at the last Board meeting, and 3.17 which described those priorities in a way it was hoped would resonate with communities. The Appendix to the report included some infographics which would form the basis of the next stage of consultation, going back to the communities that had been engaged and expanding the conversation to ensure that what had been heard had been heard correctly, whether priorities and actions were being described

in a way that resonated, and asking what should be done about those actions by the Council, NHS, individual families and communities.

Councillor Nerva (Lead Member for Public Health, Culture and Leisure) emphasised the need for a strategy which, for the first time, recognised the need to address inequalities to keep people healthy. He added that the document should be seen as integral to the authority's current strategies such as the Climate Emergency Strategy, the Black Community Action Plan, the Poverty Commission and the overall Borough Plan. The Strategy had been taken through the Community and Wellbeing Scrutiny Committee and a useful member development session, which had raised points around active travel and school streets. Both the Community and Wellbeing Scrutiny Committee and the Resources and Public Realm Scrutiny Committee had done pieces of work that Councillor Nerva felt were useful to benchmark to see how they could be embedded into the strategy, such as the Poverty Task Group, Air Quality Task Group and Access to GP and Primary Care Task Group. On a final note he spoke about how far the Council and NHS could go to 'bend the spend' and invest in prevention to avoid treatment.

The Chair thanked Dr Melanie Smith and Councillor Nervafor the introduction and invited comments and questions from those present, with the following issues raised:

- Judith Davey (CEO, Healthwatch Brent) advised that as the champion for resident and patient voice in the Borough, the focus on social determinants of health was welcomed. She advised she was delighted to be partnering with colleagues on the consultation of the strategy and working alongside Brent Health Matters. In terms of reception, she advised that the emerging priorities were landing well with the public and it was felt they addressed the issues people faced.

- Dr M C Patel (NWL CCG) also welcomed the approach on the social determinants of health, noting it was incredibly important to prevent people getting ill in the first place and teach people how to be healthy. However, he advised there were still a vast number of people within the community with illnesses and long term conditions that needed to be controlled, and felt there was a need for equal focus on prevention and controlling symptoms of those who had already developed conditions so that they could lead healthier lives.

RESOLVED:

i) To note the work so far to develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy, and to note the emerging interim priorities currently in stage two consultation.

9. Healthwatch Workplan

Judith Davey (CEO, Healthwatch Brent) introduced the report detailing the Healthwatch workplan. She advised that the period from April to June 2021 had been the mobilisation period for the service and they had worked hard to ensure a smooth and effective handover. One member of staff had transferred from the previous provider therefore there had been a need to put in place temporary staff as well as hire a permanent staff team. She felt there had been a lack of information on the strategic priorities and connections made from the previous provider. Despite the challenges during mobilisation, Judith Davey expressed that Healthwatch had a good first quarter and were delivering the service with a robust governance arrangement in place. The grassroots steering group had been started and engagement strategies and prioritisation policies had been developed. Healthwatch had also met with residents, patients and volunteers, gathering local intelligence to take to the advisory group to agree the issues which would be confirmed as priorities for the year's workplan. She detailed

the types of issues identified by Healthwatch through engagement with residents, service users, volunteers and councillors as; safeguarding reporting and working with the head of safeguarding to understand whether certain groups were over or under-represented in safeguarding data; GP access; and access to mental health services for adults and children. It was felt these emerging priorities sat squarely within the priorities of the Health and Wellbeing Strategy. She added that they were grateful to stakeholders for the help and support in getting the new Healthwatch service launched.

Councillors present at the Board meeting welcomed a discussion outside of the Board meeting within their formal Cabinet roles to discuss the workplan.

RESOLVED: To note the progress in implementing the new Healthwatch service, and the development of the draft work plan 2021-22.

10. **Any other urgent business**

None.

The meeting was declared closed at 19:42
COUNCILLOR FARAH, Chair

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

Brent Children's Trust update April 2021 – September 2021

Wards Affected:	N/A
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. This paper provides an update of the BCT work programme covering the period April 2021 to September 2021.

2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to note the work of the Brent Children's Trust for the period April 2021 to September 2021.

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. The BCT met three times during the period covered within this report, on 25 May 2021, 20 July 2021 and 21 September 2021.

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

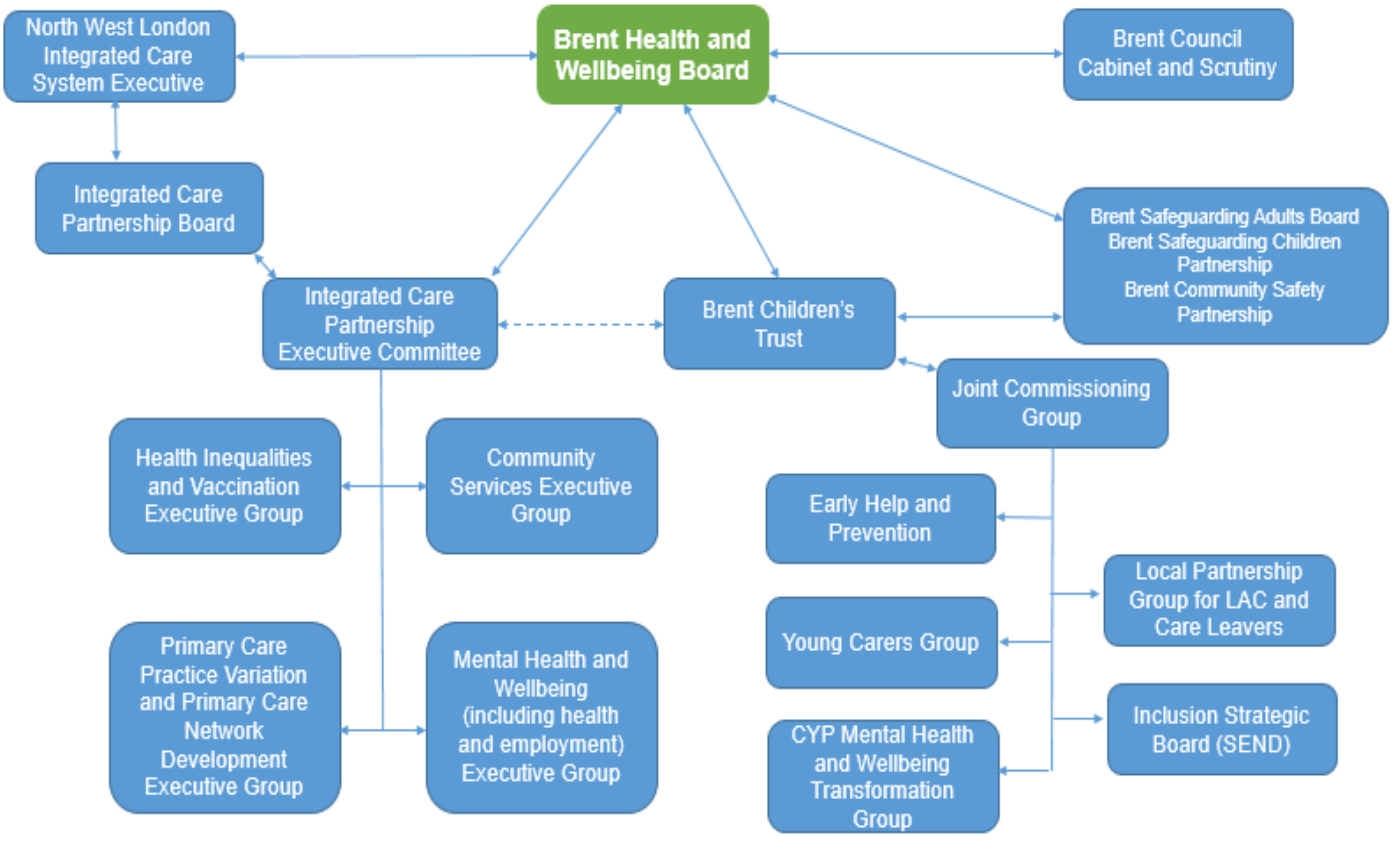
- Children and Young People's Mental Health and Wellbeing
- Local Partnership Group LAC and Care Leavers
- Inclusion Strategic Board (Children and Young People with SEND)
- Early Help and Prevention Group
- Young Carers Group

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 attend the JCG, which includes three school head teachers who have been active members since September 2017.

3.4. In May 2021, the NWL Brent Integrated Care Partnership (ICP) Lead joined the BCT as a standing member to strengthen the links between the Trust and the development of the NWL, Brent ICP.

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

3.6. The diagram below illustrates the governance structure in which the BCT currently sits.



3.7. Since April 2021 the BCT has examined three main strategic themes:

a) Transitional Safeguarding
b) Children and Young People's Mental Health and Wellbeing
c) Support for children with special needs and disabilities (SEND) in Brent

Transitional Safeguarding

3.8. Since November 2019, the BCT has considered Transitional Safeguarding as a priority area of focus. There has been a continued focus through the Brent Children's Trust on developing transitional safeguarding to ensure there is a seamless approach for young people as they reach adulthood, recognising that harm and its impact does not stop at eighteen.

3.9. Transitional safeguarding has solid links with evolving work around Contextual Safeguarding and it is recognised that risks continue into adulthood and particularly for young people during the 18-25 transitional period. There are several reasons why a more fluid and transitional safeguarding approach is needed for young people entering adulthood. These are summarised as:

- Adolescents may experience a range of distinct risks and harms, and so may require a distinctive safeguarding response
- Harm, and its effects, do not stop on the 18th birthday
- Many of the environmental and structural factors that increase a child's vulnerability persist into adulthood and can result in unmet needs and costly later interventions
- The children's and adults' safeguarding systems are conceptually and procedurally different, and governed by different statutory frameworks, which can make the transition to adulthood harder for young people facing ongoing risk and arguably harder for the professionals who are trying to navigate an effective approach to helping them
- Young people entering adulthood can experience a 'cliff-edge' in terms of support, exacerbated by the notable differences between thresholds/eligibility criteria of children's and adults' safeguarding and health services

3.10. Since the original workshop held in November 2019, Brent safeguarding partnerships have been focussed on developing practice based on questions raised by Dez Holmes, Director of Research in Practice:

- What do we really know about our local population of older adolescents, and their lives, as they become young adults? How are we planning for their needs?
- What leadership behaviours do we demonstrate to enable courageous, creative and coherent practice and services for these people?
- What learning is there from SCRs, SARs, and DHRs around how our approach to safeguarding across transitions could be improved?
- How are we ensuring that our strategic approach to this group is underpinned by data, research, practice wisdom and people's lived experience?

3.11. Additional training sessions were developed in partnership with Research in Practice. Four sessions of multi-agency training were conducted in early 2021. Attendees included practitioners from Community Wellbeing, Children and Young People alongside health partners, commissioned services, schools and local charities. There was overall positive feedback from the sessions.

3.12. The BCT is encouraged by the introduction of the Transitional Safeguarding Sub-group of the Contextual Safeguarding Strategic Group, which was launched in October 2020. This group is focussed on ensuring there is a seamless approach to transitional safeguarding for young people as they reach adulthood, recognising that harm and its impact does not stop at eighteen. There are representatives from Children and Young People, Community Wellbeing and Regeneration and Environment. The current work

is focused on transitions for children leaving care, with a specific focus on developing transitional and contextual safeguarding. Current areas of work around transitional safeguarding include:

- Drafting guidance and a flowchart on how Children and Young People and Community Wellbeing can work more effectively together including referral processes and eligibility criteria
- Understanding the process for young people who do not meet the thresholds for adult safeguarding
- Sharing best practice on Mental Capacity Assessments

3.13. A more collaborative approach was piloted between Leaving Care and Adult Safeguarding. Although there was support for the pilot and the need to do things differently, many of the cases identified did not meet Community Wellbeing statutory criteria, where there is no duty or current resources to support these young people. There is agreement that there needs to be further work on how vulnerable young people are supported where non-statutory safeguarding interventions are needed.

3.14. A learning event took place in February 2021 to discuss the challenges and opportunities emerging from the pilot, looking at innovative ways to reimagine systems to support this cohort, encouraged by the new SMART team in Community Wellbeing that has been set up to support people who were 'falling through gaps' in the system.

3.15. The BCT supports the identified next steps for progressing the transitional safeguarding process in Brent which include:

- A mapping exercise looking at transitional safeguarding services and interventions in Brent aimed to inform a Council-wide approach for transitional safeguarding for over 18s that reflects vulnerability whilst balancing issues around adult consent.
- Developing a multi-agency pathway for children transitioning to adulthood with concerns around exploitation, including ensuring a good understanding of our local response when a police referral is completed for a young person aged 18-25.

3.16. The BCT requested that the Brent Safeguarding Adults Board be apprised of the progression of this joint work in Brent. A report is going to the Safeguarding Adults Board on 18th October.

Children and Young People's Mental Health and Wellbeing

3.17. During the July 2021 meeting, the BCT explored, in detail, the Brent mental health and emotional wellbeing provision with a focus on potential solutions to service pressures.

3.18. The BCT expressed growing concerns regarding the increase in demand for children's mental health services in the borough, which have been exacerbated by the Covid-19 pandemic. Examples of this increasing demand include:

- 10% increase each quarter in 20/21 in children and young people logging onto KOOTH (online mental health support for 11 to 25-year-olds.) out of hours service and a 20% rise in new registrations.
- Increase in children and young people presenting at Brent Centre for Young People with moderate/severe complex needs
- Increasing demand on specialist services resulting in increased waiting times
- Increasing number of children and young people presenting in crisis to A&E or as urgent referrals to core CAMHS - in particular children and young people who have autism or eating disorders

- Increasing demand on eating disorder services - the CYP Eating Disorder team saw higher levels of activity towards the end of 2020. This has continued throughout 2021 and, with few exceptions, it has been 70% higher than the same period in the previous year.
- CAMHS Adolescent Community Treatment Service (ACTS) saw elevated levels of activity in the last two months of 2020. This has continued into 2021 with weekly activity levels routinely above that seen in the same period in 2020.
- Increasing demand for the Wellbeing and Emotional Support Team (WEST) service commissioned by the Anna Freud Centre.
- Urgent care CAMHS teams have seen increased rates of referrals between September and November 2020, and again since March 2021, in line with schools opening.
- May 2021 saw the highest number of monthly referrals received and accepted in any month ever.

3.19. It is clear that CAMHS (commissioned by CCG and delivered by CNWL in Brent) is struggling to meet demand for specialist services and longer-term therapeutic services and is currently unable to provide a full service for children and young people who have moderate to severe levels of mental health and emotional wellbeing need.

3.20. All CAMHS services have long waiting times for assessment and clinical interventions and there is a need for more capacity to increase access. Overall, it has been identified there needs to be a 20% increase in capacity to keep up with current demand, with an additional 76% short term increase in capacity to clear current backlog (CReST Data from CNWL).

3.21. The BCT recognised that there is a need to strengthen a number of areas including:
- coordination, awareness and promotion of universal services offering advice to CYP and their families with emotional wellbeing mental health issues
- services for children and young people with moderate to severe need to address gap between targeted services and specialist services
- services for children and young people with moderate/severe complex needs who do not meet the criteria for LD Specialist CAMHS
- support for parents with children who have been diagnosed, or are awaiting diagnosis, of neurodevelopmental need, such as autism and ADHD
- bereavement support
- targeted services that are ethnically sensitive, for example, for black young men
- an early intervention and prevention service that would see children and young people within 2/4 weeks
- co-ordinated approach to commissioning mental health services in schools and education settings
- services for children suffering from trauma due to violence or fear of violence
- clarity on the current pathways for access to services

3.22. It was also highlighted that:
- There is a need to establish a robust Joint Strategic Needs Assessment (JSNA)
- It is vital that pathways for services are articulated in a clear and legible way
- There is a need to produce a strong workforce development plan

3.23. The BCT requested that priority is given to developing an action plan that addresses the identified areas of improvement. It was agreed that this activity would be carried out through a newly formed ICP Mental Health and Wellbeing working group.

3.24. The BCT is encouraged by the planned development of:

- a piece of work, led by Brent CYP and CNWL to match the CAMHS waiting list cohort with a range of other mental health support services
- a communication strategy aimed at children, young people and parents/carers to update them whilst on the waiting list
- a review of what provision schools and education settings are offering to their students to support their mental health and wellbeing

3.25. The ICP Mental Health and Wellbeing working group will provide progress updates to the BCT at future meetings.

Support for children with special needs and disabilities (SEND) in Brent

3.26. In September the BCT approved the draft Brent SEND Strategy 2021-2025 which describes Brent's strategy for children and young people aged 0-25 years with Special Educational Needs and Disabilities (SEND).

3.27. The refreshed strategy sets the direction of travel for partners in Brent over the next four years. It is informed by the progress made through the 2018-2021 SEND Strategy as well as other key local strategic documents such as the 2021 Brent Health and Wellbeing Strategy refresh, Brent Borough Plan 2021-2022, Brent Inclusive Growth Strategy 2019-2040, Brent Black Community Action Plan, Brent Poverty Commission Report 2020, Brent Youth Strategy 2021. At a national level the strategy is informed by the National Autism Strategy 2021, National Disability Strategy 2021 and NHSE 10 Year Plan.

3.28. This strategy is also cognisant of the expected SEND review and the principles that Ofsted and the CQC identified (July 2021) as critical for an effective SEND system:

- The first is Strategic Leadership, a shared and ambitious vision for children and young people with SEND, with local area partners working together to provide the foundations for strong and robust strategic commissioning arrangements that are rooted in co-production.
- The second feature is practice. The quality and impact of practice, relationships and a clear graduated approach/response in place that results in children's needs being identified at the right time and assessed in a timely and effective way.
- The third feature is entitled experiences. In the best area SEND arrangements, children and families are influential in decision-making, they can articulate how the support they have received has enabled them to progress, and make effective transitions from one stage of their lives to the next, with a clear pathway into adulthood. Children and young people will be valued, visible and included in the communities where they live and work.

3.29. The refresh of the Strategy has been the result of a five month consultation period (February 2021-July 2021). A working group drawn from the Strategic Inclusion Board, a group of young people with SEND and parents from the Brent Parent Carer Forum (BCPF) has provided oversight of the consultation process. This has included designing the questions for the survey and reviewing the feedback from the consultation.

3.30. During the consultation period 350 individual and group responses were received from an online survey. Additionally, group feedback was received from two special schools as well as engagement with approximately 100 young people, parents and carers in various focus group sessions. Three specific workshops were held for professionals to identify both the successes from the ambitions identified in the last strategy as well as to identify the key future priorities. The final consultation session was held on 9th

September 2021 at the Strategic Inclusion Board where the draft contents of the Strategy were discussed along with the outline priorities captured in the document.

3.31. The BPCF plans to launch the Strategy on 19th October 2021 along with a new website designed with, and for young people with SEND that will sit on the Brent Youth Zone platform.

3.32. It was agreed that the ICP Director will co-sign the strategy alongside the Strategic Director (CYP) and the Director of the BPCF.

3.33. The BCT will continue to have oversight of the implementation of the strategy and will scrutinise the progress of the implementation plan on a regular basis.

Other BCT work programme activity

3.34. The BCT continues to have oversight of:

- the local implementation of Supporting Families Programme (formerly known as the Troubled Families Programme)
- the development of the Integrated Disabled Children and Young People's 0-25 Service
- the progress of the Young Carers (YC) Champions Group and activity to support Young Carers in Brent

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

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** October 2021
	Report from Chairs of Integrated Care Partnership Executive

Integrated Care Partnership (ICP) – Community Services update report

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Janet Lewis, Director CLCH NHS Trust Simon Crawford, Deputy Chief Executive LNW Trust Tom Shakespeare, Director of Integrated Care Tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To update the board on the setup and progress of community health services in the Borough as part of the new Integrated Care Partnership (ICP)

2.0 Recommendations

2.1 Note and provide comment upon the overall approach to community services as part of the Integrated Care Partnership (ICP) Exec

2.2 Note and provide comment upon the shared priorities and work programme as well as progress against these priorities

3.0 Summary of ICP Community Services Executive priorities

3.1 Following the Government's legislative changes in February 2021 requiring the establishment of Integrated Care System (ICS) at a NW London level, and the expectation about establishing 'place' based Integrated Care Partnership (ICP) arrangements, Brent has established a ICP Executive Committee made

up of key system partners across the council and NHS to drive change. The Committee is co-chaired by the Strategic Director of Community Wellbeing and the Chief Operating officer of CNWL NHS Trust. The ICP Executive reports locally to the Health and Wellbeing Board. Full details on the governance arrangements were set out in the papers for the July meeting of the Health and Wellbeing Board.

3.2 Community and intermediate care services are one of the key strategic priorities for the Committee, along with Health inequalities and vaccination, Primary Care Network (PCN) Development and GP practice variation and mental health and wellbeing. Each of these strategic priorities has an established Executive subgroup, which are co-chaired by core members of the ICP Executive.

3.3 The proposed priorities for the Community Services Exec are:

3.3.1 Planned care – including the development of multi-disciplinary locality based teams aligned to Primary Care Networks (PCNs), as well as improved end of life care

3.3.2 Unplanned care – including the delivery of enhanced care in care homes, working alongside PCNs

3.3.3 Hospital discharge and community bedded units – including the development of hospital discharge hubs, and a new enhanced community based integrated rehabilitation and reablement service

3.3.4 Children's services – linking in with the priorities of the Children's Trust Board

3.4 These priorities areas reflect whole system priorities and does not include all work within partner organisations. There are significant interdependencies between all four Executive subgroups work priorities which are managed at the ICP Executive level

3.5 This report sets out key developments and progress against these shared priorities. As a number of these programmes are new, work is currently underway to further define the scope and develop detailed delivery and resource plans for these work areas. Following confirmation from the Board that these priorities are supported, further progress will be reported at a future Health and Wellbeing Board on the detailed plans and implementation.

4.0 NHS Community Services Transfer

4.1 As part of changes to the NHS structures and the move to a single CCG across NW London, it was determined that community health services would shift to a new community health provider (CLCH NHS Trust) from the existing acute and community health provider (LNW NHS Trust). This has taken significant time and capacity to achieve, and this has undoubtedly meant that delivery against

priorities areas has been somewhat delayed. The following changes have taken place, and services have, as of 1 August, transferred, enabling a greater focus now on transformation.

4.2 Governance

A Joint Mobilisation Steering Group including representatives from CLCH, CNWL, LNWUHT and Brent and Harrow NWL CCGs has been responsible for ensuring the development and agreement of a project plan and ensuring safe community services transfer. It provided executive oversight and support to the mobilisation programme as well as the post go live period of transition.

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

4.3 Due diligence & business service transfer planning

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 have work extremely well 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.

4.4 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. 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.

4.5 Communications

As there is no significant service change to the specifications and delivery of services, the 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 has been updated so that patients understand which service provider they are receiving services from and how to make/raise issues about the services, who they can complain to etc.

4.6 Engagement with Stakeholders on Transformation

There will be on-going engagement events with stakeholders affected by the transfer of community services to the new provider. The CCG is working with partners such as LA and VCS to develop detailed engagement plan, largely looking at further service improvement / transformation to reflect the ICS

journey localised within the needs of our population (place-based) in the London Borough of Brent.

5.0 Rehabilitation and reablement update

5.1 The main aim of the ICP rehab and reablement programme is to improve the effectiveness of pathways from hospital and increase the support from home; to help people to recover quickly from serious illness and injury and regain or build skills and function so they can live as independently as possible and get on with their lives.

5.2 This will be achieved by reviewing the way rehab and reablement services work together. The work programme will identify and tackle the issues so services are much more joined up and have the necessary skills and capabilities to deliver effective support in people's homes and enable them to achieve the best possible outcomes. Delivering responsive and joined up rehab and reablement in the right place and at the right time will reduce or avoid the need for acute hospital stays and ongoing social service care.

5.3 Joint project governance arrangements are now in place and delivery teams have been set up and are working together to confirm priorities, produce a transformation roadmap and detailed delivery plans. Work is already underway to review operational processes following the recent transfer of community services from LNWH and plans are being implemented to bring reablement services back under local authority control from April 2022. This work is opening up opportunities to develop and try out different ways of working and alternative models of care.

6.0 Hospital discharge

6.1 Brent partners have been working jointly with partners to drive service transformation and deliver seamless transfer of care for Brent residents from hospital to community setting through a Discharge to Assess (D2A) approach, led by NW London CCG, working collaboratively across Brent and Harrow with LNW Trust. This builds on the locally led work to implement the Integrated Discharge Hub, working jointly with key stakeholders; London North West NHS Trust and Brent CCG. This included the development of a single referral form and standard operating procedures.

6.2 London North West has been working to develop standard operating procedures with all stakeholders (inc. Local Authorities, CHC and third sector) and a joint referral form for all stakeholders has been progressed.

6.3 There is an established Social Work –MDT input at the integrated discharge hub in screening and triaging. Brent LA social care staff attend screening calls with acute trust colleagues, managers attend the escalation calls.

6.4 There are plans to establish joint appointment for lead practitioners to support the hub; - with a proposal to appoint 1.5 x FTE Social Workers between Brent and Harrow, which is yet to be implemented.

6.5 Brent continues to have adequate home care capacity to support Home First discharges (for simple cases) still above the target of 30 per week. There has been a slight improvement in the number of cancelled discharges to about 12% in August and 14% in September.

6.6 Following the outbreak of covid-19 the NHS Continuining Healthcare (CHC) team took responsibility for all nursing placements. Additionally, there was a national suspension on the reporting of delayed transfers of care (DToC).

6.7 Brent council is looking to develop a rotational OT role with London North West to support integration and promote collaborative practice between the acute and community therapy service; though a joint Service Level Agreement that is in currently being discussed.

7.0 Care homes

7.1 Covid19 Vaccination Programme: To date Resident uptake for the 1st dose is 94% and the 2nd dose is 92%. Staff uptake for permanent staff is 95% and Agency Bank Staff is 98%. Mandatory vaccine for Care Home staff comes into effect on 11th November 2021. The Booster vaccination is currently being rolled out by Primary Care Networks (PCN's).

7.2 Brent Care Home Forum is held on a monthly basis with good engagement From Care Homes and Key Stakeholders. A new Chair has been in role since August 2020- Basu Lamichhane (Manager at Victoria Care Centre). There is good partnership working in place between Health and Local Authority colleagues to support the Care Homes to move forward the initiatives including the Enhanced Health in Care Homes Framework

7.3 Enhanced Health in Care Homes - DES implementation in Brent Care Homes: A Stakeholder meeting was held in August to review progress and delivery across Brent. Outcomes of the meeting where; to conduct a survey for both Care Home Managers and PCN Clinical Directors to identify gaps & training needs in the delivery of the DES requirements, to develop a Terms of Reference for the Multidisciplinary Team meetings. A further meeting is planned for early November.

7.4 The Peer Programme started in November 2020 and is facilitated by Mark Bird (previously manager at Birchwood Grange care home). The programme engages with Care Home Managers/Providers who have agreed to be part of the programme and runs for 8-12 weeks. To date 8 homes have participated on the programme, and two homes that were inspected by CQC improved their CQC rating to Good. There are 57 Care Homes in Brent, 9 of which received a CQC rating of Requires Improvement. Of these 9 Care Homes, to

date 3 have participated on the Peer Programme and are awaiting their next CQC Inspection. One declined to participate.

7.5 Training in care homes continues to be a priority in supporting our Care Homes, and over the past year there has been a number of training sessions via Microsoft Teams to support the care homes in improving their quality of care. These include Meeting Care Quality Commission Standards for Older LGBT+ People Training for Care Homes in Brent, Improving Medication Safety in Care Homes (one of the Brent Care Homes received national recognition for the work they have done in achieving good medication practices. Ogilvy Care Home participated in a project with Imperial College to reduce medication errors and were recognised for their initiative demonstrated, creativity and determination to achieve their goal in two months. Other training offered included Oral Health Care, Safeguarding, Mental Capacity Assessment & Deprivation of Liberty Safeguards, Dementia-Managing challenging behaviour, Briefing on Infection Control& Personal Care (for Care Home Settings), Verification of Death training, Positive Behaviour, Diabetes Management, Advanced Care Planning, CNWL Training to LD/MH for Care Homes and Care Planning Training facilitated by Managers who participated on the Peer Program.

7.6 Data Protection Security Toolkit (DSPT) has been promoted at the Care Home Forum for all Care Homes to be Data Protection compliant. At present Brent is 92% of care homes compliant. Brent was commended for the quick progression of Care Homes becoming compliant moving from 23% to 62% in 2 weeks. We are currently the highest in the NWL Boroughs

8.0 Winter planning

8.1 The winter plan enumerates the schemes that are currently funded and unfunded that supports / will support our resilience in the coming winter months. Largely, the scheme/s aims to:

8.1.1 Reduce avoidable unplanned admissions to hospitals and other UEC services

8.1.2 Improve pro-active and re-active care

8.1.3 Improve access to community (out of hospital) services

8.1.4 Promote self-care & well-being

8.2 As with previous years, there will be significant enhanced support from the council and partners to the hospital discharge and Home First Teams, as well as provision of step down beds to support hospital flow.

8.3 A detailed plan has been developed which has been agreed at the A&E Delivery Board and will be reviewed subject to agreement in detail at the next ICP Executive. As yet no funding has been allocated to NHS systems to support the delivery of these plans. As with previous years, the winter pressures allocation for adult social care are subsumed into Better Care Fund Plans

8.4 Key proposed key changes/additions for this year will include:

- Work with individual GP practices to improve GP access
- Better remote monitoring through digital tools and platforms
- Additional capacity to primary care, especially in relation to flu vaccination, enhanced care in care homes
- 'Ageing Well' funding to CLCH to support diabetes, care homes, palliative care and community rehab
- Additional B&B capacity to support step down discharges, additional support for handyman service, and voluntary sector support

9.0 Legal Implications

9.1 None

10.0 Equality Implications

10.1 None

11.0 Consultation with Ward Members and Stakeholders

11.1 None

11.0 Human Resources/Property Implications (if appropriate)

11.1 None.

Report sign off:

Phil Porter
Strategic Director Community Wellbeing, Brent Council

Robyn Doran
Chief Operating Officer, CNWL

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** October 2021
	Report from the Director of Strategy and Deputy CEO, LNWH

LNWH NHS Trust Covid service moves: overview and update

Wards Affected:	All
Key or Non-Key Decision:	Non-key decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 – summary of main service changes continuing involving change in site location
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Simon Crawford Director of Strategy and Deputy CEO simon.crawford1@nhs.net

1.0 Purpose of the Report

1.1 This paper provides an overview of the main service changes at London North West University Healthcare NHS Trust (LNWH) made since the start of the pandemic. Where changes have revealed emergent sustainable advantages over the antecedent (pre-Covid) situation, these are summarised. This is so that informed consideration can be given to agreeing how to assure and embed long-term and sustainable improvements, where they will support a collaborative tripartite of safe, effective, and reliant hospitals.

2.0 Recommendation(s)

2.1 The committee is asked to note the contents of the report

3.0 Detail

3.0.1 As part of responding to the Covid-19 pandemic, London North West University Healthcare NHS Trust (LNWH) has had to make changes to the way we provide clinical services across our three hospital sites. These changes range from temporary reductions in operating hours and service pauses, to partial or full service-relocations within sites and between sites.

3.0.2 All services, sites and points of delivery were affected to some extent, particularly during the first wave and the initial recovery phase over the spring

and summer of 2020. Some changes have now been in place for around 16 months.

3.1 Purpose of the paper

3.1.1 LNWH aims to build back better than normal. We must do so while meeting the new safety requirements necessitated by ongoing infection control pathways, and the resulting impact on both our physical environment and location, and our staffing levels. Achieving this will necessitate learning from our recent past, changing the way we work, and identifying sustainable improvements.

3.1.2 As we re-focus from recovery to a sustainable model of care for the future, it is important that we review all the service changes that have taken place. Some changes were necessary for patient and staff safety during the pandemic. However, the successful vaccine rollout and changing disease prevalence allows for their reassessment. Other changes prompted by Covid have brought benefits to patient outcomes and experience which we do not want to lose, both for the way LNWH operates and also as we move to being part of the North West London Integrated Care System (NWL ICS).

3.1.3 This paper provides an overview of the main service changes made since the start of the pandemic. Where changes have revealed emergent sustainable advantages over the antecedent (pre-Covid) situation, these are summarised. This is so that informed consideration can be given to agreeing how to assure and embed long-term and sustainable improvements, where they will support a collaborative tripartite of safe, effective, and reliant hospitals.

3.2 Approach for service change proposals

3.2.1 We will work closely with our partners and stakeholders on service change proposals, in accordance with the NWL ICS approach. As per best practice, the level of stakeholder interaction will be based on the three types of changes (minor, significant or substantial), and will increase as developments become more substantial.

3.2.2 The ICS recognises that there is no single, accepted definition of ‘major service change’. However, this is generally understood to involve a significant shift in the way front line health services are delivered, usually involving a change in the geographical location where services are delivered.

3.2.3 Even with no changes to the services provided, a change in location alone would normally require consultation with the local authority. Of note, the threshold for reporting proposals to the local authority Overview and Scrutiny Committee (OSC) is higher than that for the duty to involve the public.

3.2.4 In considering any changes that may be valuable to sustain, LNWH will work with the local authority OSC to determine whether the changes are deemed to be substantial and what level of stakeholder engagement is warranted. In this way the local authority OSC (and, if necessary, the Joint Health Overview and Scrutiny Committee, or JHOSC) will agree the change level and engagement approach.

3.2.5 Ultimately a duty to consult remains with any service change proposals. In some circumstances, this may include informal engagement processes, should the OSC agree that there is not a need to formally consult. In particular, there may be a case for this approach in specific situations where changes have already occurred, have been in place for some time, and have demonstrable performance improvements including for example as a consequence of pandemic responsiveness.

3.2.6 It is therefore essential that we demonstrate a good understanding of patient impact and need when assessing which services we many want to sustain in their current configuration, rather than return to their pre-Covid situation.

3.3 Analysis of services moves

3.3.1 A task and finish group was convened at the beginning of June by the Director of Strategy, to take stock of service changes since the start of the pandemic. This process identified nearly 90 service changes, although many involved relatively small changes within sites or services that have since been restored.

3.3.2 The Covid drivers for change were and continue to be:

- safety
- continuity
- infection control.

3.3.3 In many cases, changes involved providing the same service, but in a modified and improved way. Where a service was moved to a different location, this was frequently within the same borough (and often within the same site). In many cases the resultant redesign of the patient pathway has led to an improvement in service.

3.3.4 The most significant temporary changes in site location in response to Covid took place at Central Middlesex Hospital. The Trust had historically transferred some patients receiving elderly care from Northwick Park to Central Middlesex Hospital for step-down recovery care and to improve patient flow on the highly pressured Northwick Park site. In the summer of 2020, these transfers were stopped. This had two key benefits:

- It allowed Central Middlesex Hospital to become a “green” site without emergency pathway pressures and where only staff and patients who had not tested positive for Covid could visit. This supported elective surgical work to continue safely throughout the second wave of the pandemic, something many other hospitals were unable to do or to the same degree
- Elderly care patients did not have move site as part of their patient pathway. Not only is this an improvement in patient and friends and family experience, but it also had a measurable impact on reducing the length of time these patients needed to stay in hospital, helping them return home sooner, and reducing the risk to exposure of hospital acquired infections.

3.3.5 The move to make Central Middlesex Hospital a “green” site has also allowed for the creation of a high volume, low complexity surgical hub at Central

Middlesex for LNWHT activity, including fast track hubs for Ophthalmology, Urology, Ear Nose and Throat surgery (ENT) and Orthopaedics. There is a clear link between the volume of procedures undertaken and the associated mortality (the more a surgical and clinical team performs a particular procedure, the better they get). The move therefore aligns with national guidance for minimum safe volumes per unit or 'hub' and enables the pathways to meet the "getting it right first time' ('GIRFT') guidelines for improved productivity.

3.3.6 In the autumn of 2020, and as part of the 2020-21 Winter Plan, many of St. Mark's Hospital (StM) services were relocated from the NPH site to CMH. This included the intestinal failure unit, a number of surgical procedures, outpatients, education and some offices.

3.3.7 The StM move to CMH has increased bed capacity at Northwick Park and supported delivery of the winter plan. Every winter sees an increase in certain conditions and a greater pressure on health services and beds. Covid service pressures and infection control needs further reduced available beds at Northwick Park. The move created essential additional bed capacity to support NPH's emergency pathway, which hosts one of the busiest A&Es in London. This created vital capacity during Wave 2 and has played a major part in ongoing improvements to A&E patient safety and performance. These improvements were among those noted by the CQC in April 2021. Recognising its impact last year and on-going Covid risks, this temporary configuration will continue in our Winter Plan for 2021-22.

3.3.8 Whilst this temporary move supported emergency pathways, it has also created significant benefits to StM and its patients. These included protected pathways and capacity, allowing surgery, cancer care and appointments to continue safely in the face of the pandemic, and these elective services are offered on a dedicated, modern, elective site.

3.3.9 Alongside moves between sites, there have been changes to outpatient pathways in response to Covid which have provided more care closer to patients' homes. From Spring 2020, a high proportion of consultations were conducted digitally and over the phone. Many patients and staff have shared positive feedback about the improved flexibility, reduction in travel stress, and time saved. Where remote consultations are appropriate to patient needs and clinical outcomes, they have continued even as lockdown restrictions have eased. The benefits of this have been recognised in national policy as being an important and integral part of the NHS outpatients going forward.

3.3.10 Other significant service improvements have taken place without changing site location. This includes the expansion of Same Day Emergency Care services at Northwick Park at Ealing Hospitals. These services provide diagnostic and treatment alternatives for patients who previously needed short-stay hospital admissions, allowing patients to return home quickly and without delays in a hospital bed. These pathways and their physical locations were expanded in response to Covid, allowing an enhanced service that now supports approximately half of patients needing support outside of the emergency department.

3.3.11 As our transformation programme gathers pace and our plans for each of the hospital sites clarify, we expect proposals for further service developments to arise. Other service changes will also emerge as sector clinical reference groups develop their clinical visions as part of the NWL acute strategy refresh. We have summarised in Appendix 1 the more significant service changes due to Covid, either involving changes in site location or restrictions in service and their rationale.

3.3.12 LNWH recognises that local authorities remain central to the smooth passage of service changes, and we welcome the opportunity to share a consistent narrative with our local authority partners. Agreeing a case for change early can, and often will, help surface potential issues sooner and avoid problems further along.

3.4 Next steps

3.4.1 The necessities of responding to the Covid pandemic have meant service changes of some scale were implemented. We recognise that though planned as temporary, these changes have been in-situ for some months and are incorporated into agreed plans for the coming winter. We also have feedback from engaging with patients and staff that they would value certainty over the longer-term arrangement of these services. Services operating under 'temporary' arrangements challenge recruitment, retention and economic cases for quality and productivity improving investments.

3.4.2 In light of the emerging benefits from the changes, we would welcome the opportunity to agree a process for assuring the public and the committee on the determination of longer-term service arrangements. We propose creating a detailed analysis of the case for change, including evidencing quality improvements and other benefits enabled by the in-situ changes, along with any challenges and trade-offs. The development of the case will include engagement with key stakeholders including; patients, staff, Local Authority, Healthwatch and NWL ICS. This report could then be scrutinised by the Health Overview and Scrutiny Committee and used to inform what further steps should be taken to embed longer term service changes.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None – the service moves summarised were made temporarily during Covid when NHS National Incident Level 4 was in effect. Agreement with the local authority on appropriate assurance and consultation would take place before any service moves could be made permanent.

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 None

8.0 Human Resources/Property Implications (if appropriate)

8.1 None

Report sign off:

Simon Crawford
Director of Strategy and Deputy CEO, LNWH

Appendix 1: summary of main service changes continuing today involving change in site location

Service	Change	Effective from	Rationale
Vascular cases (from joint ICHT & LNWUHT initiative)	AAA elective and emergency pathways consolidated at St Mary's Hospitals. LNWH consultants operate at ICHT for AAA. Except inpatient stay, the other parts of the pathway remain at local hospital	Aug-21	GIRFT and Vascular Society minimum volume recommended to be 50+ AAA procedures per year to support better clinical outcomes. NWL outlier as an ICS having two aortic aneurysm vascular centres. LNWH averaged 40 cases per year prior to Covid and ICHT 120. Clinical case for change identified opportunities to improve care by joining pathway into ICHT centre, co-located with Major Trauma Centre. This change was communicated to all NWL local authorities in April 2021 and is a permanent pathway change.
Elderly care rehab and medical inpatients	Site transfer -Central Middlesex to Northwick Park, Ealing and community	Apr-20	Central Middlesex to be used as a green site, to enable elective surgical work to continue throughout wave 2 of the pandemic. Supported the NWL elective recovery programme, specifically the creation of a green surgical site for the NWL orthopaedic and ophthalmology services Consolidated model of care at NPH supported winter plan capacity and has enabled a reduction in length of stay for care of the elderly services, requiring fewer total medical beds than the CMH step down pathway previously required. This change reduced staffing pressures during Covid, made more challenging by staff Covid absences during Wave 2, and the time patients spent in hospital.
Colorectal services (St. Mark's - includes elective surgery, intestinal rehab, outpatients, biofeedback, stoma care, IBD, psychological medicine and polyposis registry)	Site transfer - Northwick Park to Central Middlesex	Oct-20	2020 Winter Plan identified acute medical bed capacity shortage at Northwick Park due to ring-fencing of elective 'green' pathway beds, infection control measures, and consolidation of frailty beds from CMH to enable it to be 'green' inpatient site. Transfer of St Marks services to unutilised ward capacity at CMH freed up necessary bed capacity at NPH to ensure safe emergency pathways through winter period. Further benefits that it protected cancer services and elective surgical work to continue throughout wave 2 of the pandemic.

High volume, low complexity hubs	Change in service delivery model to expand urology, ENT, ophthalmology and orthopaedics at CMH	Autumn 2020	ICS strategy to expand access, consolidate expertise, and support best practice productivity on high volume procedures to support elective recovery across NWL. Prioritised expansion and support at Covid protected site without emergency care admissions. Part of ICS elective programme. Complementary changes at other acute sites also affecting General Surgery and gynaecology
Paediatric surgery	Site transfer - Central Middlesex to Northwick Park	Sep-20	Recommendation following the CQC inspection in 2019. Environment not considered sufficiently suitable for paediatric surgery.
Ealing trauma surgery	Reduction of service hours (24/7 to 8am-8pm)	Jul-20	COVID response Historically, demand for emergency out of hours surgery has been low at Ealing Hospital (1-2 a week or less). LNWH has had to balance the deployment of resources. Specifically, between maintaining a CEPOD list and out of hours trauma rota at Ealing Hospital and maintaining additional critical care capacity and maximising elective recovery overall. Notably, COVID has also increased demand on anaesthetic and critical care staff, and theatre and recovery staff above pre-COVID levels. To maximise the efficient use of staff, trauma surgery was initially paused temporarily at Ealing Hospital and then subsequently reinstated for reduced hours. No change was made to the NPH trauma service, which continues to provide 24/7 cover. LAS protocols have been changed to convey trauma cases to NPH and additional triage arrangements put in place at Ealing to transfer patients to NPH.
Mutual aid (predominantly gynaecology and colorectal surgery)	Additional capacity	Jun-21	COVID - lack of critical care capacity and anaesthetic cover Mutual aid arrangements have been implemented as part of the NWL elective recovery plan. The focus is on providing additional capacity in areas where it has not been possible to bring backlogs of patients classified as priority P2 (procedure to be completed within 31 days) into equilibrium. The principal constraint is the availability of staffed theatre capacity, which in turn is due to shortages of anaesthetic cover due to the additional critical care bed

			capacity and infection prevention control measures that require the separation of green pathways.
Independent sector provision of cancer surgery	Service provider changed from LNWH to independent sector	May-20	COVID response Changes were initially made in response to the first wave of COVID, when surgery was temporarily suspended at the majority of NHS sites. ISP capacity was secured to enable cancer surgery to continue for the most urgent cases. Subsequently, ISP capacity has been retained by LNWH as part of NWL arrangements to provide additional capacity to reduce backlog waiting lists. The main providers being the Clementine Churchill Hospital and The London Clinic (complex colorectal cancers only). Ongoing use of ISP capacity mitigates the shortage of critical care capacity, in particular for green pathways, and shortage of anaesthetic staffing needed to meet the increased demands of elective recovery and the maintaining of higher levels of critical care capacity then pre-COVID.
Independent sector outsourcing	Additional capacity for surgery, outpatients, radiology and endoscopy	May-20	COVID response Additional ISP capacity was introduced for non-cancer priority P2 and long waiting patients, building on the model developed for cancer surgery. As part of the initial recovery phase following first wave of COVID. Current NWL plans are to retain additional ISP capacity for H2 2021/22 to support backlog waiting list reduction. The main providers for LNWH are the Clementine Churchill Hospital (general surgery, gynaecology, orthopaedics, colorectal, ENT and urology; radiology and endoscopy) and The London Clinic (complex colorectal only). Ongoing use of ISP capacity mitigates the shortage of critical care capacity, in particular for green pathways, and shortage of anaesthetic staff needed to meet the increased demands of elective recovery and the maintaining of higher levels of critical care capacity then pre-COVID.

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Updated: 15/10/2021

(Data subject to change)

Brent Covid-19 SitRep

Agenda Item 8

Prepared by:	Mo Keshavji – PII Team
Approved by:	Clementine Djatmika– Public Health Intelligence Team
Sign off:	Dr John Licorish – Public Health Consultant

Brent

Brent Covid-19 Surveillance

7-Day Period: 04/10/2021 – 10/10/2021

Brent 7-Day New Cases per 100K

176

7-Day Change 1.0%

Brent 7-Day Positivity Rate

4.4%

London 7-Day New Cases per 100K

220

England 7-Day New Cases per 100K

384

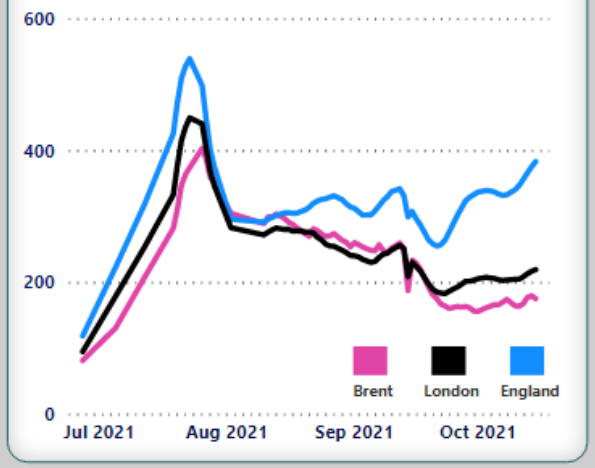
London 7-Day Positivity Rate

5.0%

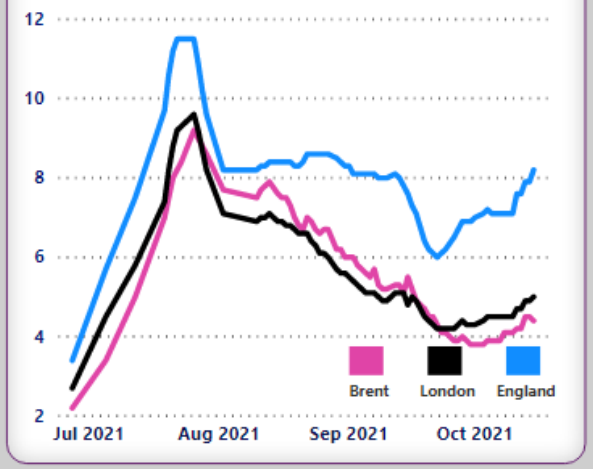
England 7-Day Positivity Rate

8.2%

7-Day New Cases per 100K



7-Day Positivity %



Aged 60+ Brent 7-Day New Cases per 100K

83 7DC -9.0%

Aged 60+ Brent New Cases Weekly

49

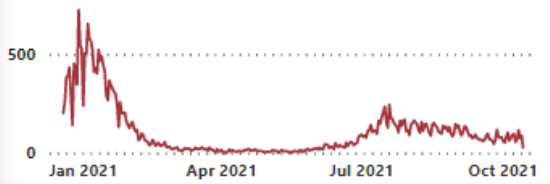
Brent Testing 7-Day Rate per 100K

595

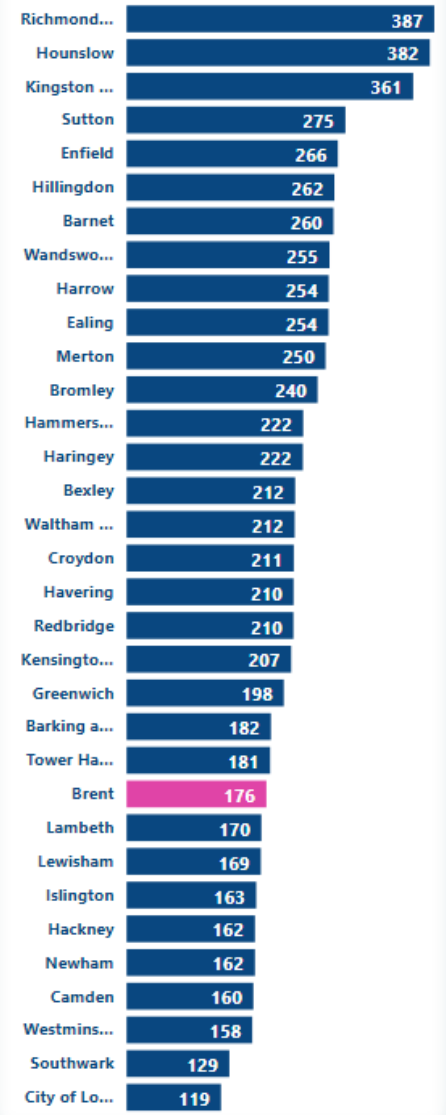
All Ages Brent New Cases Weekly

577

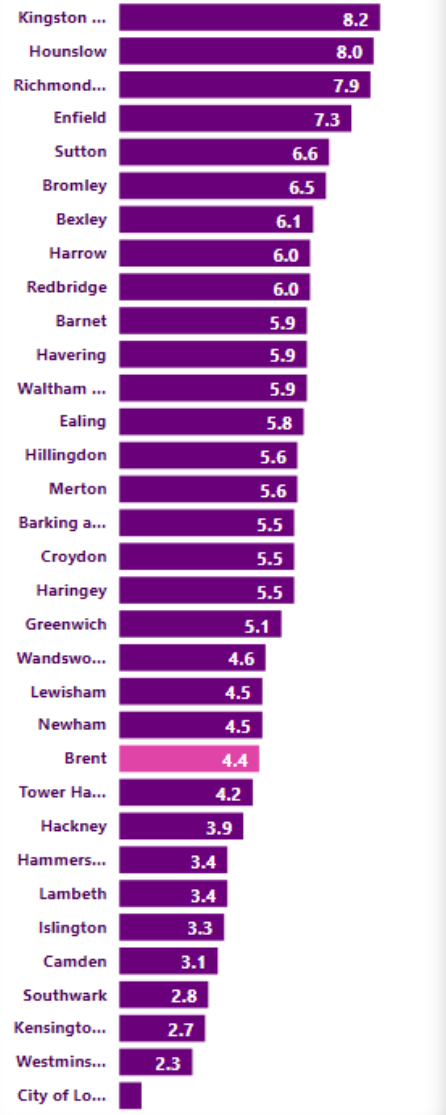
Brent Number of Cases by Specimen Date



7-Day Rate per 100K by LA



7-Day Positivity % by LA



Testing and Positivity rates are unavailable on Tuesdays and Thursdays so the previous day's data is used on these days

Data are derived from SGSS, HPZone, the cleaned PHE COVID-19 daily linelist shared with Field Services, and the Unified Dataset (for test positivity and testing rates)

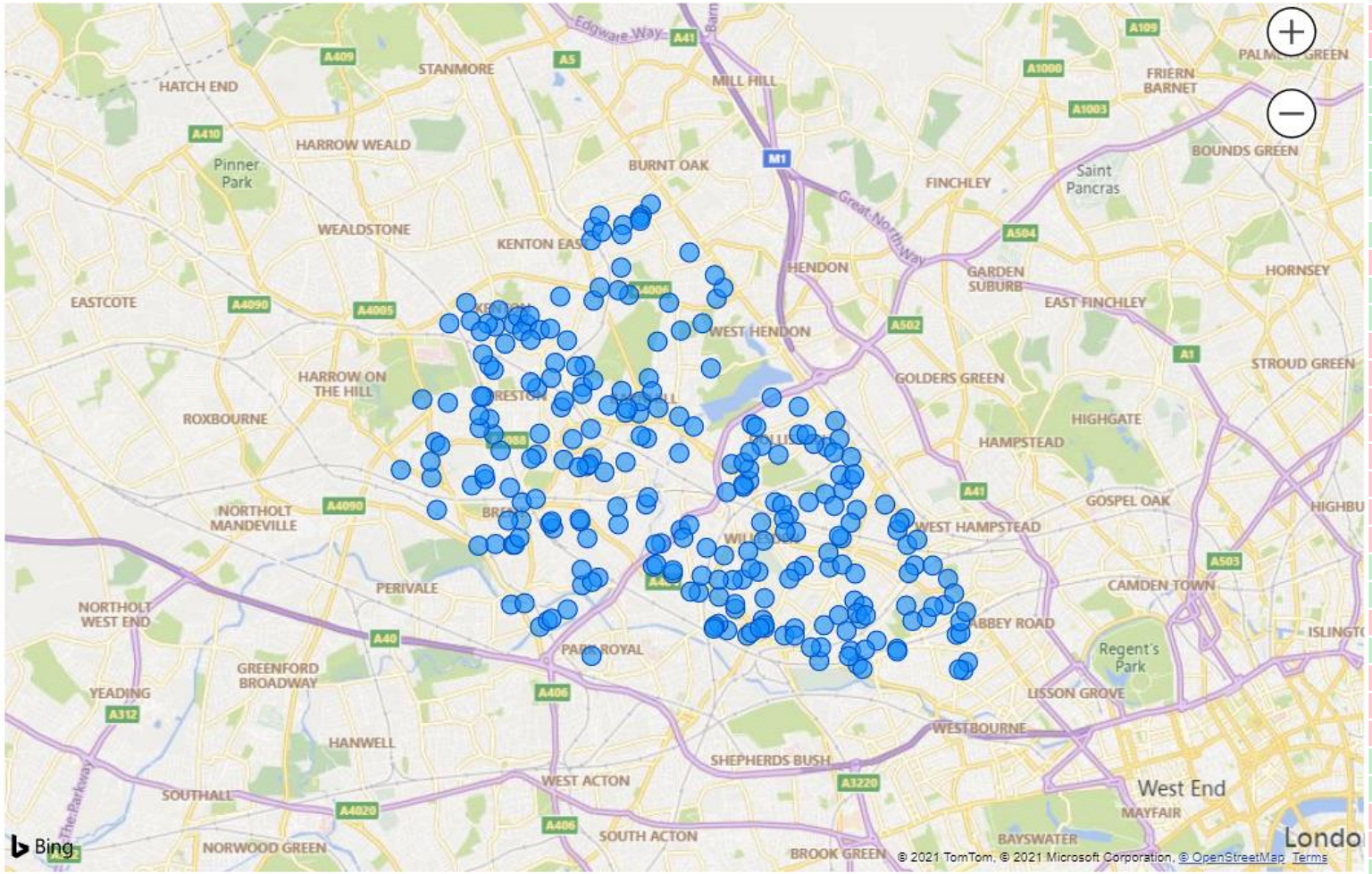
Due to the reporting delays for comparison between Local Authorities the most recent 4 days are excluded from the calculations of rates and moving averages.

Brent

Map of new confirmed COVID-19 cases in Brent - w/c 11th October 2021

Wards	ID
Barnhill	23
Queens Park	21
Mapesbury	20
Dollis Hill	18
Kensal Green	18
Dudden Hill	17
Wembley Central	17
Harlesden	16
Kenton	16
Preston	16
Stonebridge	16
Fryent	14
Northwick Park	14
Queensbury	13
Tokyngton	13
Alperton	12
Kilburn	12
Willesden Green	12
Sudbury	11
Brondesbury Park	10
Welsh Harp	8

Postcode	ID
HA97EW	4
NW26JY	4
HA02JH	3
HA03DP	3
HA98LZ	3
NW100EJ	3
NW105NQ	3
NW109TD	3
NW26XL	3
NW66SL	3
NW66TL	3
NW98AG	3
HA01TA	2
HA03RZ	2
HA03SH	2
HA30JE	2
HA85JN	2
HA90FY	2
HA96RU	2
HA98HZ	2
HA98PP	2
HA99RR	2
HA99SZ	2
NW100AN	2
NW100PZ	2
NW100TF	2
Total	320

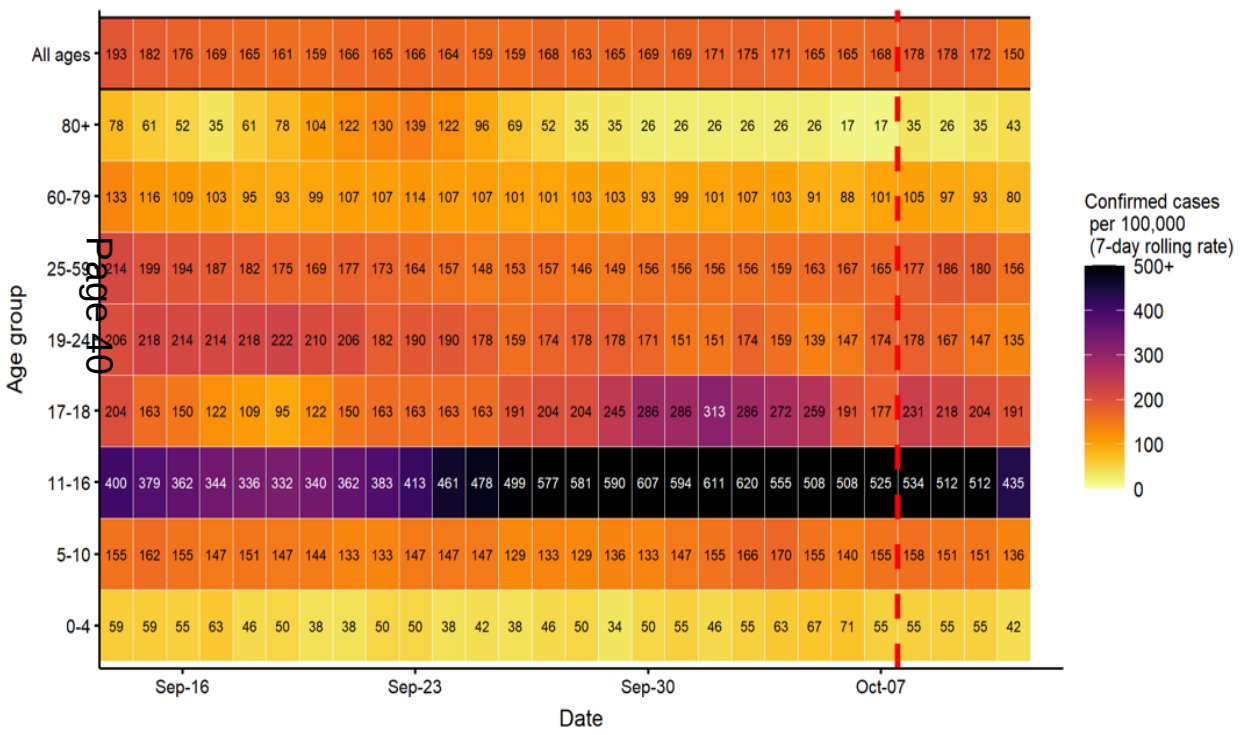


W/C (Specimen Date)	No. of Cases	% Change
11/10/2021 (Mon - Thu)	320	
04/10/2021	571	4%
27/09/2021	547	9%
20/09/2021	499	-5%
13/09/2021	527	-28%
06/09/2021	727	-13%
30/08/2021	840	-1%
23/08/2021	845	-6%
16/08/2021	901	0%
09/08/2021	901	-10%
02/08/2021	1,001	3%
26/07/2021	973	-15%
19/07/2021	1,147	-8%
12/07/2021	1,241	51%
05/07/2021	823	40%
28/06/2021	586	66%
21/06/2021	354	30%
14/06/2021	272	5%
07/06/2021	258	47%
31/05/2021	175	38%
24/05/2021	127	51%
17/05/2021	84	-1%
10/05/2021	85	-4%
03/05/2021	89	17%
26/04/2021	76	-37%
19/04/2021	121	7%
12/04/2021	113	19%
05/04/2021	95	14%
29/03/2021	83	-38%
22/03/2021	133	-27%
15/03/2021	181	12%
08/03/2021	161	4%
01/03/2021	155	-40%
22/02/2021	257	-28%
15/02/2021	355	-26%
08/02/2021	478	-41%
01/02/2021	816	-38%
25/01/2021	1317	-36%
18/01/2021	2,048	-30%
11/01/2021	2,914	-19%
04/01/2021	3,583	5%

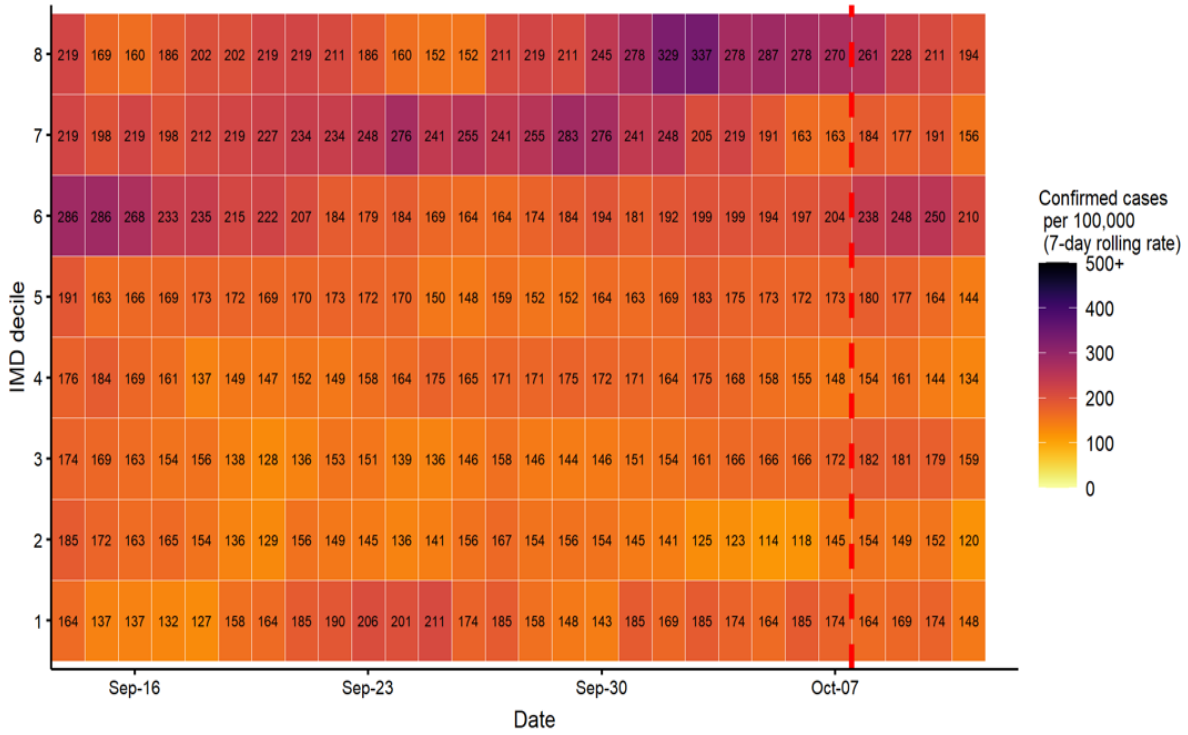
Source: Public Health England (PHE) Situational Awareness Explorer - Positive Line List

Age and IMD Covid Rate per 100K Heat Maps from 14 September to 11 October 2021

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



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



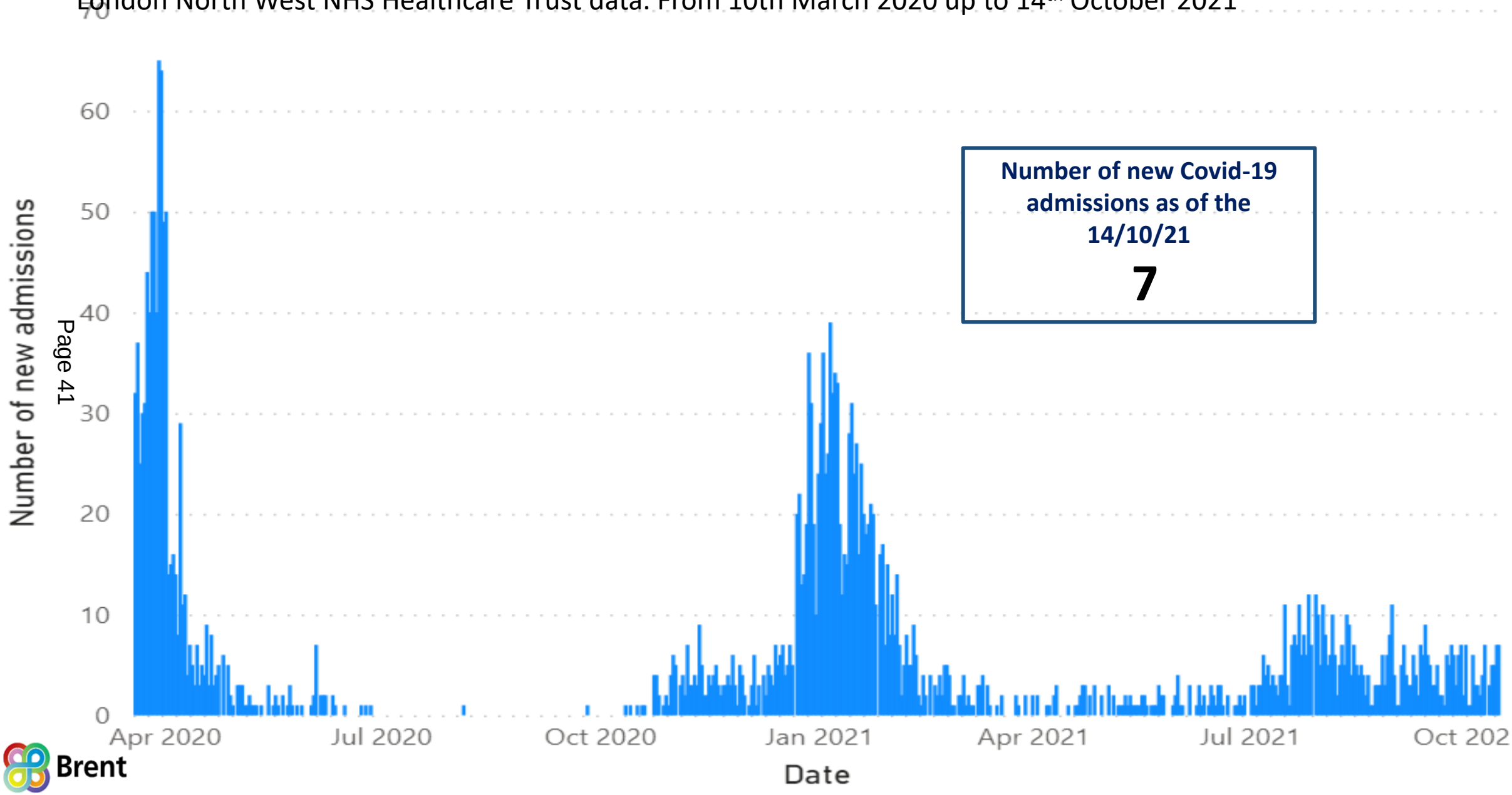
The red dashed line denotes the 4 most recent days data are provisional

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

Brent

Number of new Covid-19 admissions as of 8 AM

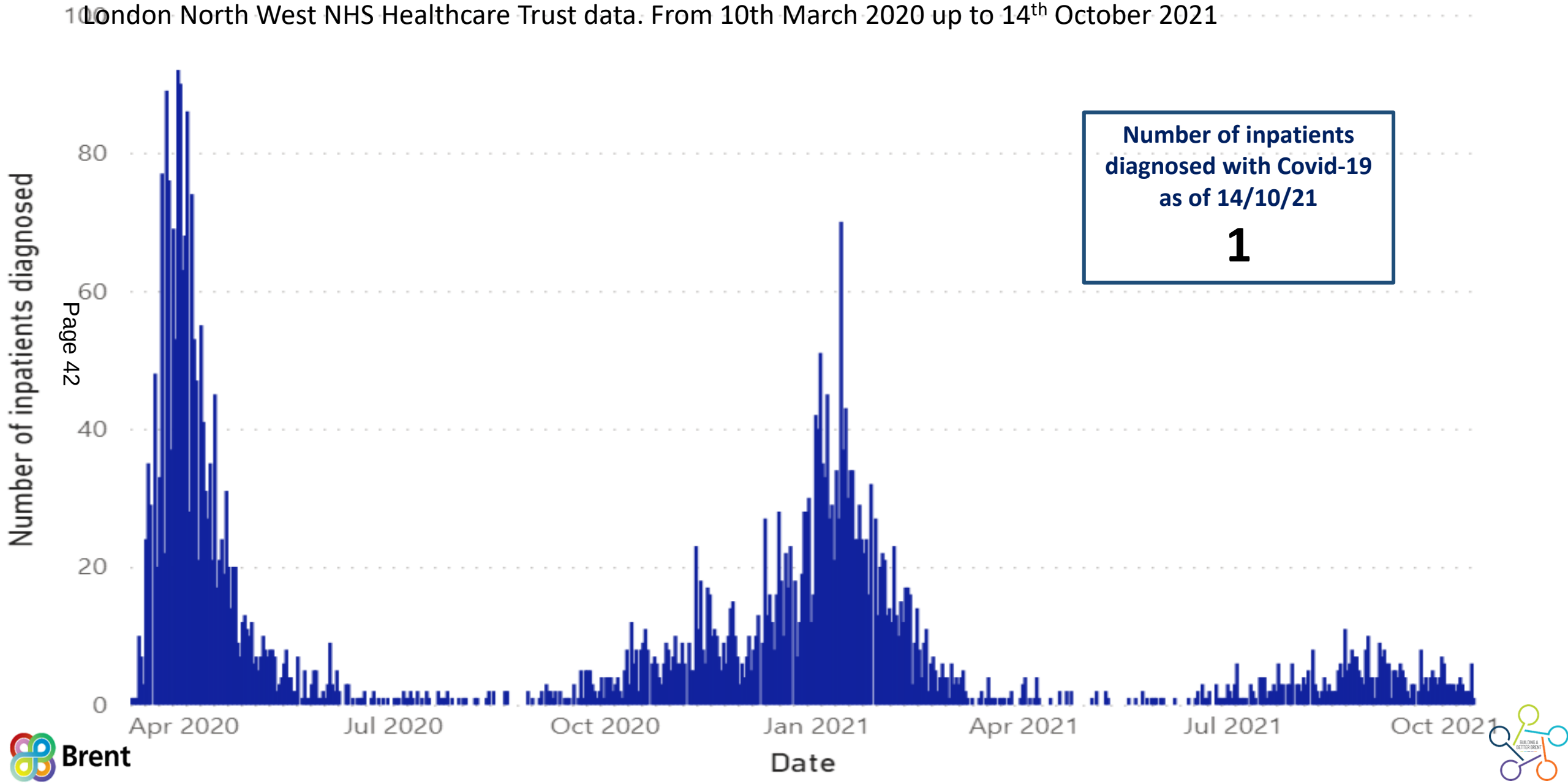
London North West NHS Healthcare Trust data. From 10th March 2020 up to 14th October 2021



Brent

Number of inpatients diagnosed with Covid-19 as of 8 AM

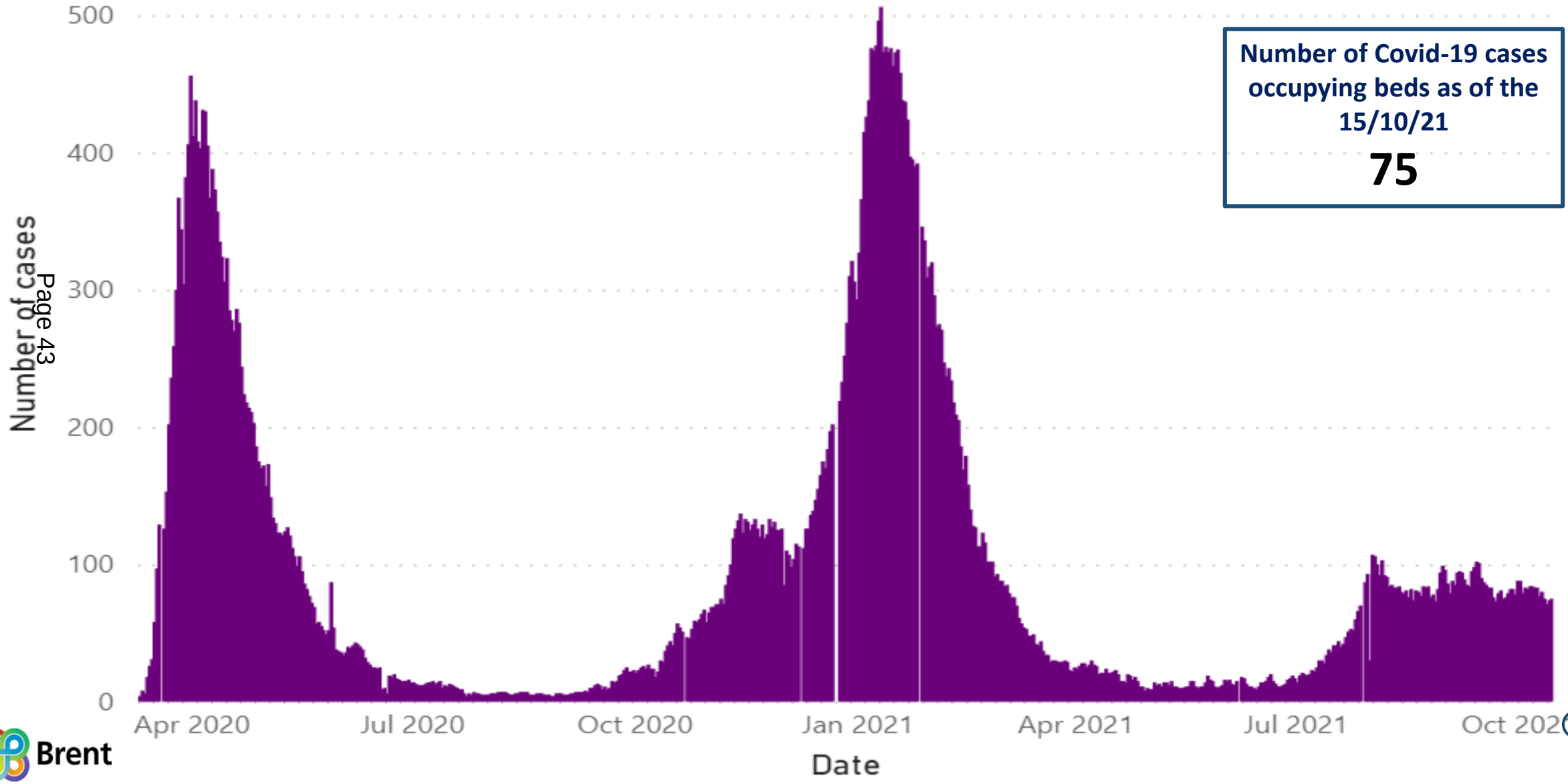
London North West NHS Healthcare Trust data. From 10th March 2020 up to 14th October 2021



Brent

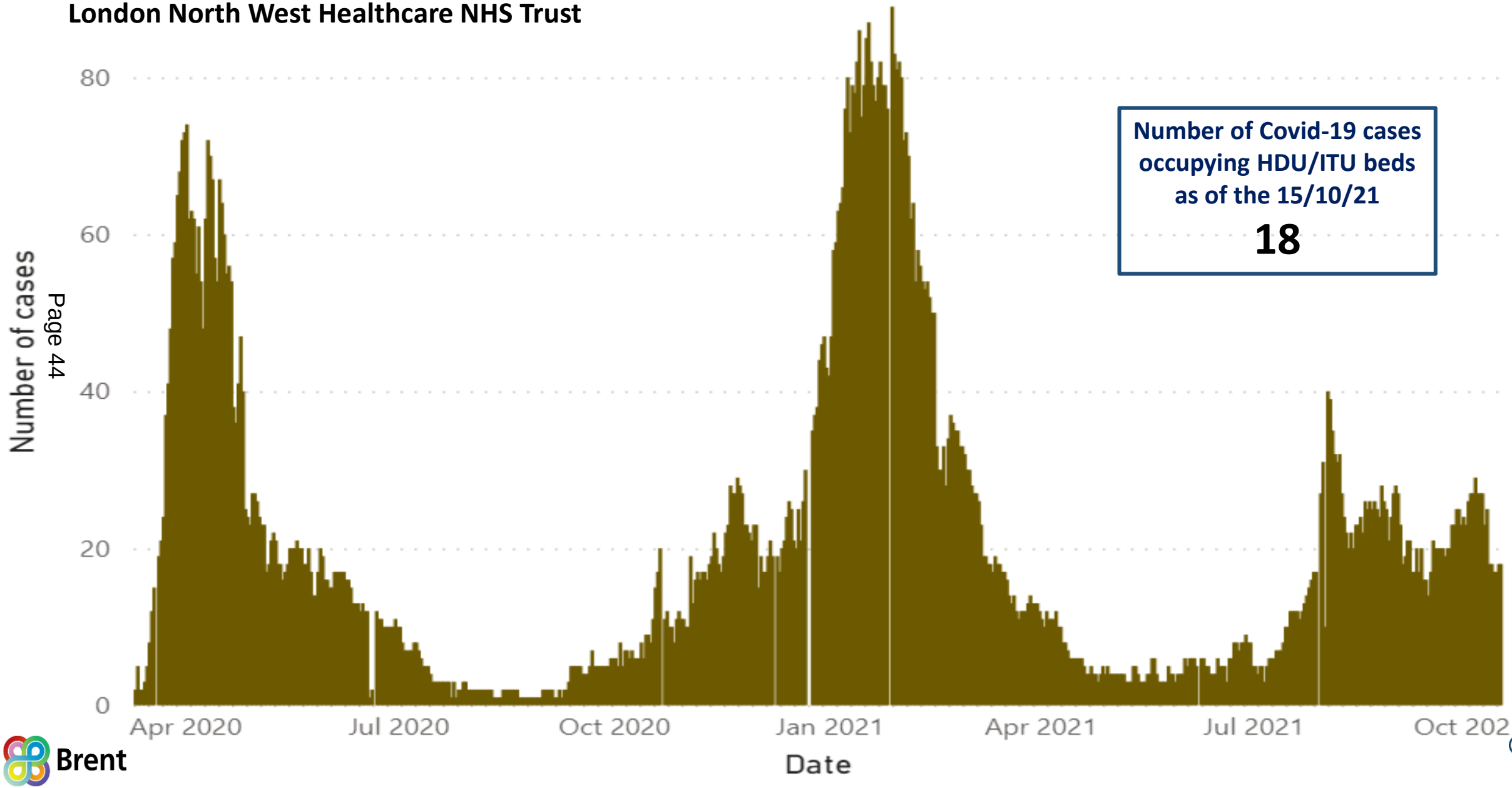
Number of Covid-19 confirmed cases occupying beds as of 8 AM, from 10th March until 15th October 2021

London North West NHS Healthcare Trust data



Number of confirmed Covid-19 cases occupying HDU/ ITU beds, from 10th March 2020 to 15th October 2021

London North West Healthcare NHS Trust



Number of Covid-19 cases occupying HDU/ITU beds as of the 15/10/21

18

Brent

Brent / NHS Brent Clinical Commissioning Group	**Brent Health and Wellbeing Board** 19 October 2021
	Report from the Strategic Director for Community and Wellbeing

The emerging Joint Health and Wellbeing Strategy (JHWS)

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 – Draft Joint Health and Wellbeing Strategy
Background Papers	0
Contact Officer(s): (Name, Title, Contact Details)	Melanie Smith - Director of Public Health melanie.smith@brent.gov.uk Angela d'Urso - Strategic Partnerships / Policy and Scrutiny Manager angela.d'urso@brent.gov.uk

1.0 Purpose of the Report

1.1 This report outlines the BHWB agreed priorities of the Joint Health and Wellbeing Strategy and highlights key finding from Stage 2 of public consultation (JHWS).

1.2 The report seeks to engage Brent Health and Wellbeing Board (BHWB) input into the process of moving to Stage 3 of public consultation.

2.0 Recommendations

2.1 To note the work so far to develop the Joint Health and Wellbeing Strategy (JHWS) and to note the key findings from Stage 2 of consultation.

2.2 To provide any strategic input to the process of moving to Stage 3 of public consultation, including ensuring the draft JHWS has been considered within individual member organisations, and to note the timetable for finalisation of the JHWS.

2.3 To consider financial and resource implications across the system for the delivery of the JHWS, and any change management required to deliver the strategy across the system.

3.0 Detail

Background

3.1 Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population. HWBs have a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. The **Brent Health and Wellbeing Board** (BHWB) has responsibility for this duty.

The Emerging JHWS

3.2 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 **Joint Health and Wellbeing Strategy** (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 Covid19. The BHWB also gave clear instruction that the JHWS must be developed with communities, and that consultation throughout the development process was critical.

3.3 A strategy development working group was established. Nominated officers from across the BHWB partners attend. The group meets monthly. Activity has included:

- Designing the first and second phase of consultation and engagement, and undertaking analysis of the findings in order to inform priorities and actions. This has included internal council consultations e.g. SMG session, management team meetings, staff networks and a member development session.
- Identifying other critical strategies and plans across the partnership and ensuring connectivity and synergy, for example making the fit and connections across the Borough Plan, the Climate and Ecological Emergency Strategy, the Poverty Commission, the Youth Strategy, the draft SEND Strategy, the Brent Long Term Transport Strategy, the Local Plan, the Integrated Care Partnership priorities and objectives, the Northwest London Integrated Care System priorities.
- Identifying 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.
- Reviewing 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 Covid19 Marmot Review' produced by the University College London Institute of Health Equity and commissioned by the Health Foundation

Stage one consultation

3.4 For the first stage of consultation, Healthwatch was commissioned to consult with our most vulnerable, seldom heard communities and those most impacted by health inequalities. Essentially communities were asked three key questions:

- What were the inequalities they experienced that impacted on their health and wellbeing
- What they thought were the drivers of those inequalities
- What they thought could be done about it – across communities and services

As part of the first phase of consultation, officers worked with Healthwatch to develop a survey and virtual roadshow approach, as well as data analysis mechanisms.

3.5 The Healthwatch consultation took place during February 2021, with an online and physical survey distributed to target audiences and six virtual community roadshows held. Healthwatch targeted the consultation through their networks – the aim was to speak to those who were most affected by health inequalities, the most vulnerable and those who were seldom heard.

3.6 Key findings from the roadshows were:

- There was 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. 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

3.7 There was 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 will be reflected in the development of the JHWS and our activity.

3.8 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).

3.9 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 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.

3.10 There was also 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.

3.11 In April 2021, the BHWB agreed the following interim 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

The BHWB agreed that children, young people and families are embedded within these priorities, rather than considered as a separate priority.

3.12 The BHWB also noted that wider determinants such as creating fair employment and improving access to high quality housing emerged as inequalities that people state impact upon their health and wellbeing. This has been considered in the drafting of the JHWS – in its connections to and relationship with other key strategies and plans, and the space it can occupy as a result.

Stage two consultation

3.13 Given the insight around shared language uncovered in the stage one consultation, the emerging interim priorities were reworked by the strategy development working group to take forward to Stage 2 of the consultation as follows:

- Healthy lives (ensuring the healthy choice is the easy choice)
- Healthy places (creating and developing sustainable communities and places)
- Staying healthy (ensuring people can practise self-care, and know where and how to get the help they need when they need it)
- Healthy workforces (ensuring our workforces and systems recover rapidly post pandemic)
- Healthy ways of working (ensuring people can influence the design of the services they need or access, and ensuring our data is fit for purpose)

3.14 Stage two of the consultation sought to understand stakeholder and key community group opinion of the interim emerging priorities, focused on the following questions:

- Have we interpreted what people told us in stage 1 correctly? Have we missed anything?
- Do the priorities make sense for you/those you care for/your client groups?
- If they are correct, what can we – services and communities – contribute to these priorities?

3.15 Healthwatch and officers consulted from June to September 2021 across a range of audiences. Stage 2 consultees include partners, key external and internal forums, and key community and voluntary sector groups, including:

- Multi Faith Forum
- Disability Forum
- Carers' Forum
- Brent Youth Parliament
- Care Leavers
- Young Minds
- Head Teachers' network
- Brent Health Matters Community Champions network
- Safeguarding Adult's Board
- Ashford Place older adults and dementia community
- Mutual Aid groups
- Councillors – Policy Coordination Group, member development session and Community and Wellbeing Scrutiny Committee
- Senior staff – Corporate Management Team, Senior Management Group, leadership and management teams, Integrated Care Partnership Executive Committee and Board
- Council staff networks

3.16 Consultation was through a variety of mechanisms, including specific workshops and sessions at other events. A digital survey was launched in June.

3.17 Participants agreed that the identified priorities were the correct ones, and that we have understood what we had heard in stage one of consultation correctly. They also thought we had correctly understood issues they had highlighted to us e.g. barriers, groups experiencing health inequalities. We heard many ideas for how people thought we – services and communities – could deliver these priorities. These have been captured within the draft strategy and include:

- Healthy lives – addressing barriers such as low income, providing educational information on healthy living in accessible and culturally relevant ways, improving access to resources and facilities to support people to live a healthy life, reducing the harms caused by unhealthy fast food outlets
- Healthy places – making existing spaces tidier, safer, and accessible to all (including the free outdoor gyms in parks), increasing the amount of usable green space – including community garden spaces, better facilities such as public toilets, including accessible toilets, improving the physical, social and cultural offer for all, particularly young people and people with a disability
- Staying healthy – more and better information and support (including advocacy) that is accessible to all (particularly those people with a learning disability), better engagement for those experiencing specific health conditions, better access to primary care and mental health services (especially for children and young people), prioritisation of prevention and early intervention services, improvement of services to support people to self-manage and self-care in their own homes
- Healthy workforces – support for the community and voluntary sector through a more joined up approach, a collaborative approach to addressing the back log
- Healthy systems – community voices must be the main feature within the JHWS and communities should be involved in solutions, Brent Health Matters is a successful model and we should build on this to develop further initiatives at a hyper local level, a commitment to working collaboratively across systems, increased focus on the marginalised / disadvantaged community groups, improving digital innovation but ensuring all are able to access services in an alternative way

<u>Next steps</u>

3.18 Following on from stage two consultation, a draft strategy has been produced. It is proposed to share the draft with BHWB members to ensure member organisations are able to input to the current draft of the strategy prior to stage three of consultation. This is planned to happen during October 2021, with the draft JHWS considered by the Integrated Care Partnership Executive Committee. The draft will also be considered by the Brent Children's Trust in November.

3.19 BHWB members are requested to provide details of any other forum where the draft JHWS should be considered before moving forward to stage three of consultation. Strategic input to the draft JHWS is sought including priorities, commitments, ensuring strategic connections and change management approach that guarantees appropriate development of JHWS action plans and performance framework.

3.20 The draft JHWS will then go forward to stage three universal consultation. It is proposed that this will take place during November – December 2021. The consultation will include:

- Publishing the draft on Citizen Lab, the council's consultation portal
- Direct consultation with key relevant partners including the voluntary and community sector, businesses and key stage 1 and stage 2 audiences

3.21 A final strategy and related action plans will then be developed for agreement by the BHWB in January 2022. The action plans will be developed by the officer group and will be signed off through BHWB member organisations. Design work will then take place before a publication date in early 2022.

3.22 The BHWB will also agree a performance management framework for the JHWS in January 2022 and will receive regular reports accordingly. The BHWB will need to consider the delivery structures for the JHWS.

4.0 Financial Implications

4.1 In terms of the JHWS development, there are resource implications for both Brent Council and NWL CCG in terms of officer time and 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 any associated costs will be funded from the existing budgets.

4.2 There will be financial implications for the delivery of the strategy. The JHWS sets out our approach to reducing health inequalities, but there are significant financial constraints across the system. The focus must be on how we do better for less, by working as a system deliver the priorities within the JHWS. BHWB members may also wish to consider our approach to ensuring a fair allocation of resources for Brent.

4.3 The draft JHWS includes a significant focus on public realm voluntary and community sector delivery. There will be external as well as internal resource requirements.

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 JSNAs and JHWSs 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*".

Relevant documents:

- Item 8: Brent's Joint Health and Wellbeing Strategy - progress update, Brent Health and Wellbeing Board, 6 April 2021
- Item 8: Brent's Joint Health and Wellbeing Strategy update, Brent Health and Wellbeing Board, 14 July 2021

Report sign off:

Phil Porter
Strategic Director, Community and Wellbeing

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Brent Health and Wellbeing Board

DRAFT

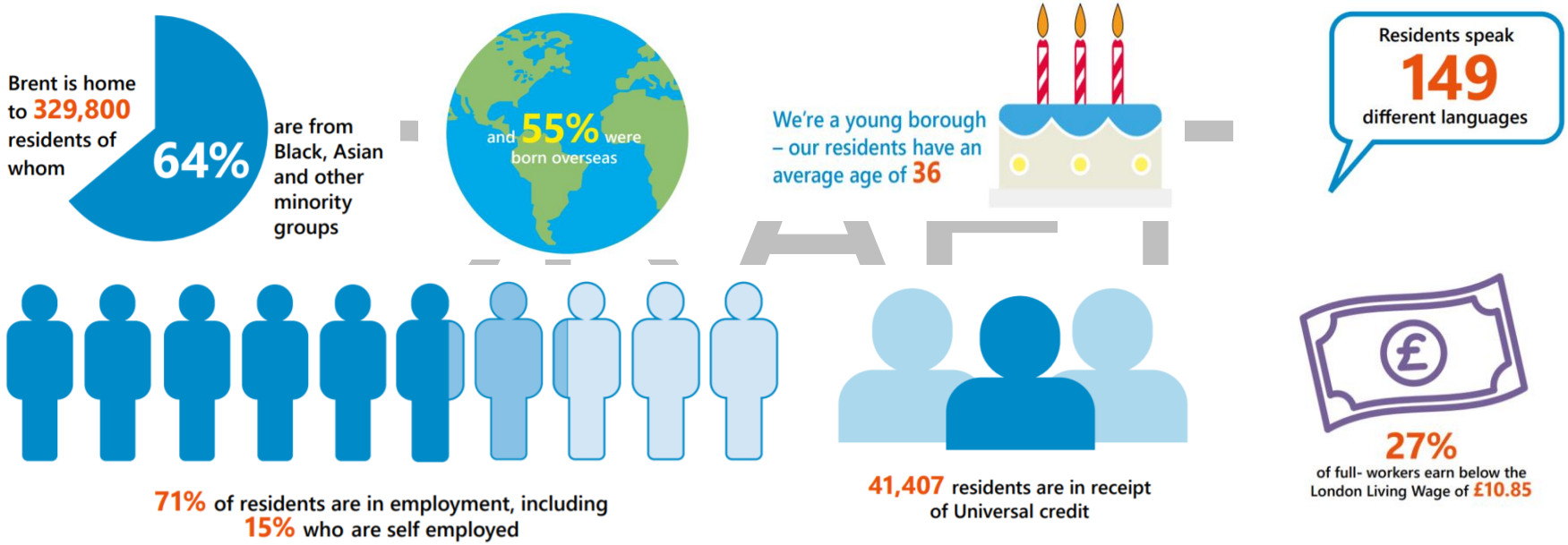
Joint Health and Wellbeing Strategy:

Tackling Health Inequalities

2022-2027

About Brent

Brent is situated in North West London. It covers an area of 4,325 hectares, making it London's fifteenth largest borough; about 22% of this is green space. It is also the capital's seventh most populous borough, with a population of 329,800. Brent has a young population; the median age is 36, four years below the average for England; 24% of local people are under the age of 18. It is the second most ethnically diverse borough in London - 64% of the local population is from Black, Asian and other minority groups; the largest single group is the Indian population (the fourth largest in London), who comprise 17% of residents. Some 55% of Brent residents were born overseas. The borough has the second largest Hindu population in England and Wales, and the tenth largest Muslim population (as a percentage of the population). Over 149 languages are spoken in the borough; 37% of residents do not have English as their main language – the second highest proportion in London.



Who is responsible for delivering the JHWS?

The Health and Wellbeing Board is responsible for delivering the Joint Health and Wellbeing Strategy.

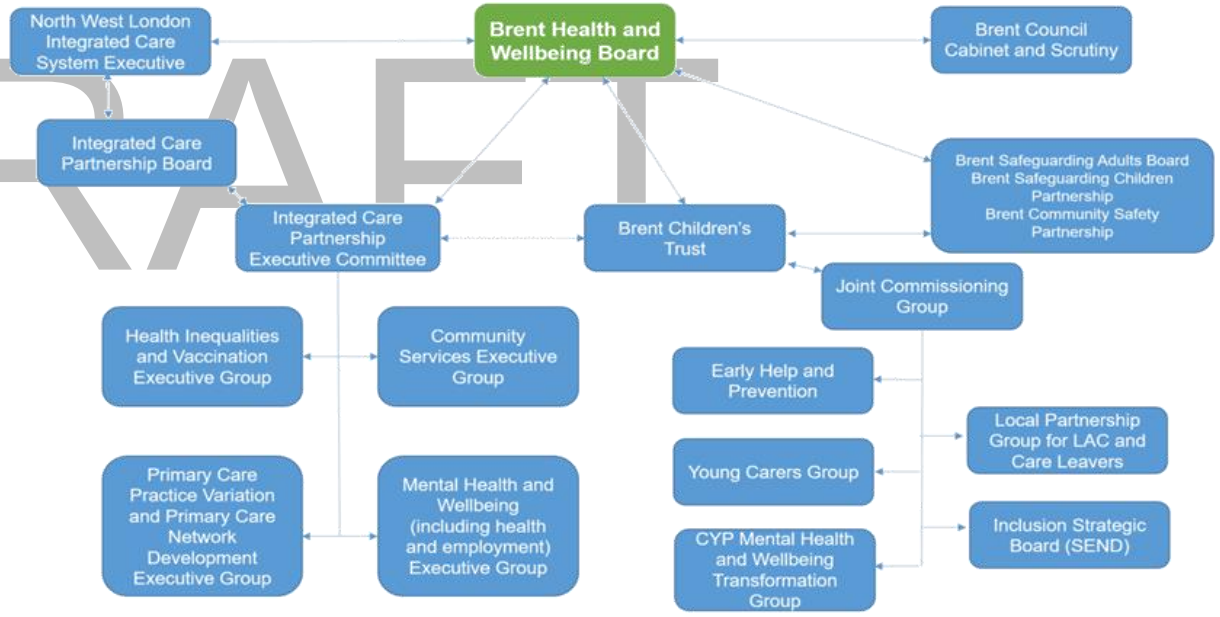
Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population.

Health and Wellbeing Boards have a statutory duty to produce a Joint Health and Wellbeing Strategy (JHWS) for their local population, as set out in the Health and Social Care Act 2021. All Board members must have regard for the JHWS in the delivery of their health and wellbeing services and responsibilities.

The **Brent Health and Wellbeing Board** (BHWB) is made up of key partners, with representatives from:

- Brent Council (including Councillors, Public Health, Adult Social Care, and Children and Young People)
- NHS Brent Integrated Care Partnership Executive Committee
- NHS Northwest London Clinical Commissioning Group
- NHS Northwest London Integrated Care System
- Nursing and residential care
- Healthwatch Brent

As well as its statutory role, the BHWB ensures system leadership across commissioners and providers working in Brent. The Joint Health and Wellbeing Strategy (JHWS) outlines the key priorities for the BHWB. A lot of the delivery of the strategy will sit with the Integrated Care Partnership (ICP) and Brent Children's Trust (BCT)..



Key partnerships in delivering the JHWS

The Integrated Care Partnership (ICP) Executive Committee is the place based partnership for Brent within the North West London Integrated Care System. Membership includes:

- Brent Council
- North West London Clinical Commissioning Group (NWL CCG)
- Central and North West London NHS Foundation Trust (CNWL)
- London North West University Healthcare NHS Trust (LNWUHT)
- Central London Community Healthcare NHS Trust (CLCH)

The ICP Executive Committee oversees four sub groups tasked with implementing specific priorities. These are:

- Health inequalities and vaccination
- Primary Care Network (PCN) practice variation and development
- Community and intermediate health and care services
- Mental health and wellbeing

The ICP is responsible for co-ordinating health and social care services across Brent and will drive the delivery of the JHWS, reporting to the BHWB.

The Brent Children's Trust (BCT) is a statutory 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 used to deliver maximum benefits for children and young people in Brent. The BCT works alongside the ICP to improve the health and wellbeing of young people. The BCT, through its Joint Commissioning Group (JCG), oversees five groups tasked with implementing specific priorities. These are:

- Children and Young People's Mental Health Wellness Group
- Local Partnership Group for Care Experienced Children and Young People
- Inclusion Strategic Board (Children and Young People with Special Educational Needs and/or Disability)
- Early Help and Prevention Group
- Young Carers Champions Group

The BCT will ensure delivery of the JHWS priorities for children and young people, with progress updates provided to the to the BHWB.

Brent

NHS North West London Clinical Commissioning Group

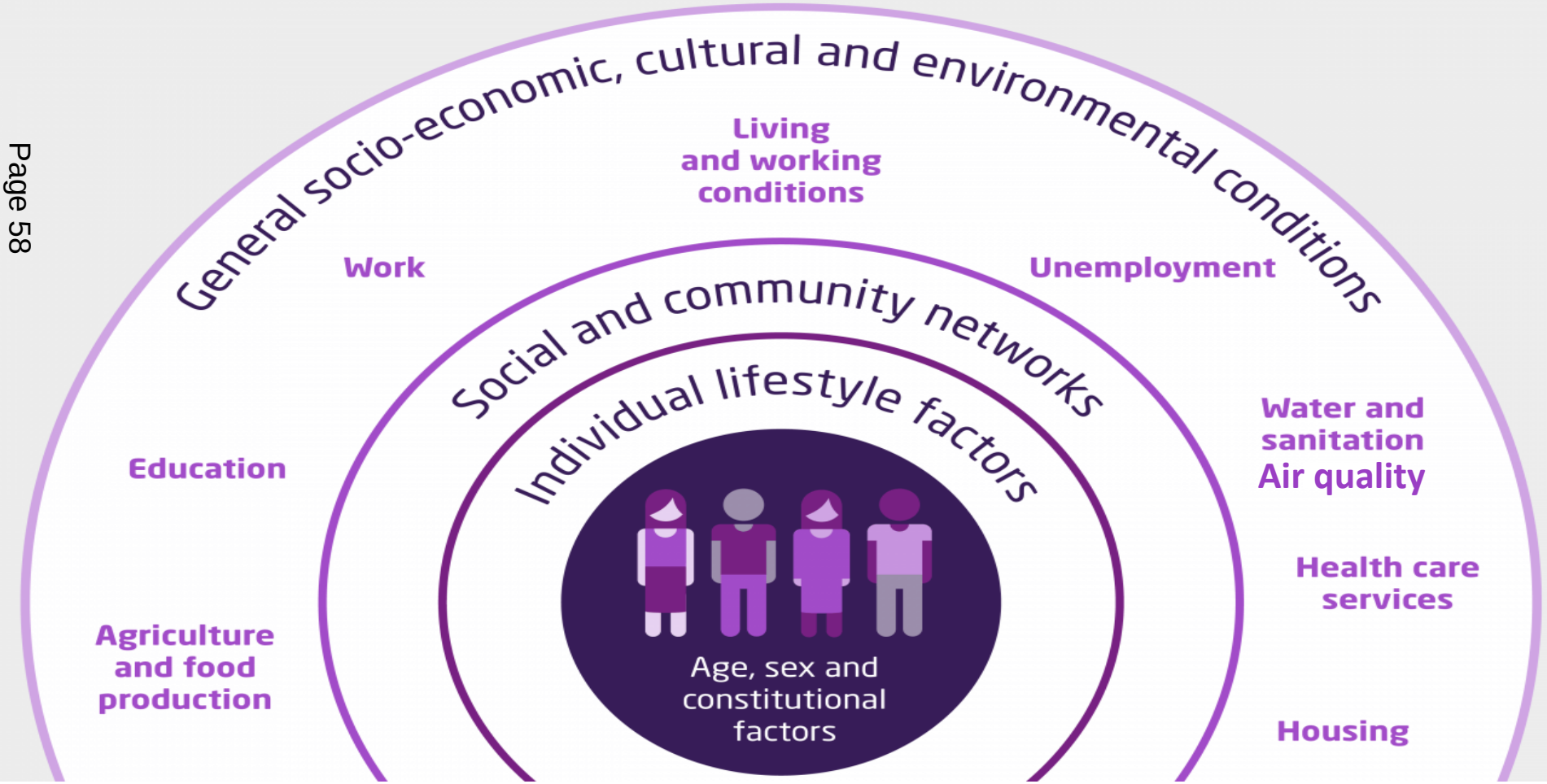
NHS Central London Community Healthcare NHS Trust

NHS London North West Healthcare NHS Trust

NHS Central and North West London NHS Foundation Trust

What do we mean by Health and Wellbeing?

Health and wellbeing can be described as the achievement and maintenance of physical fitness and mental stability, as a result of a combination of physical, social, intellectual and emotional elements. This means there are many things that influence our health and wellbeing. It can be affected by a range of factors and conditions such as where we are born, our sex, our age, our education, our job, the food we eat, whether we drink alcohol or smoke and the health services available to us – as the below diagram shows.



What are Health and Wellbeing Inequalities?

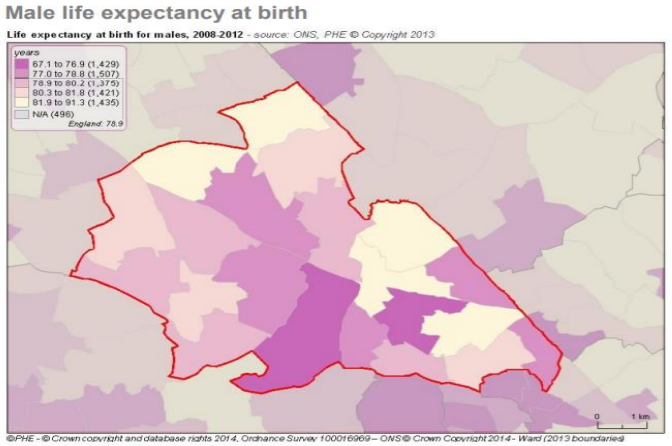
Health inequalities are ultimately differences in the status of people's health, that can be related to a range of different issues that impact on the opportunities they have to lead healthy, well lives. These can include:

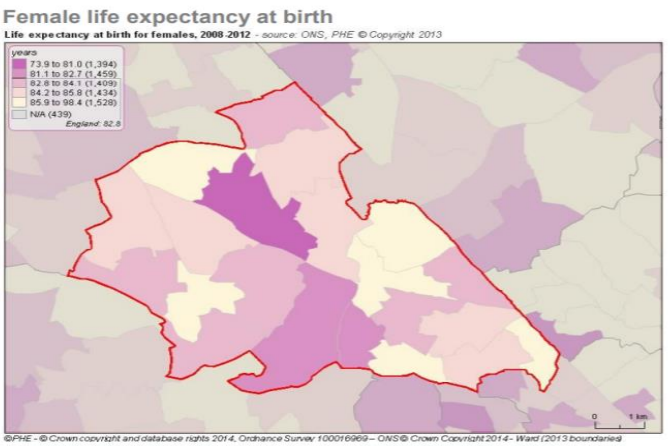
- If someone has any health conditions
- If people are able to access treatment when they need it
- The quality of the care and treatment when it is needed
- Behaviours including drinking alcohol and smoking
- Wider socio and economic determinants of health, for example where someone lives, their housing situation, the nature of their job

Often these inequalities can be experienced by different groups of people for example:

- Those living in more deprived areas and other socio-economic factors, for example those on lower incomes
- Young people, ethnicity and disability
- Socially excluded groups such as people experiencing homelessness

People will experience different and/or multiple combinations of these factors, and this will impact on the health inequalities they experience. A simple way of understanding the impacts of these factors is looking at the inequalities in life expectancy. Life expectancy for males at birth in Brent 2018-2020 80.4 years, female at birth is 85.0 years. These are lower than most of our neighbouring boroughs. There are differences in life expectancy within Brent too:



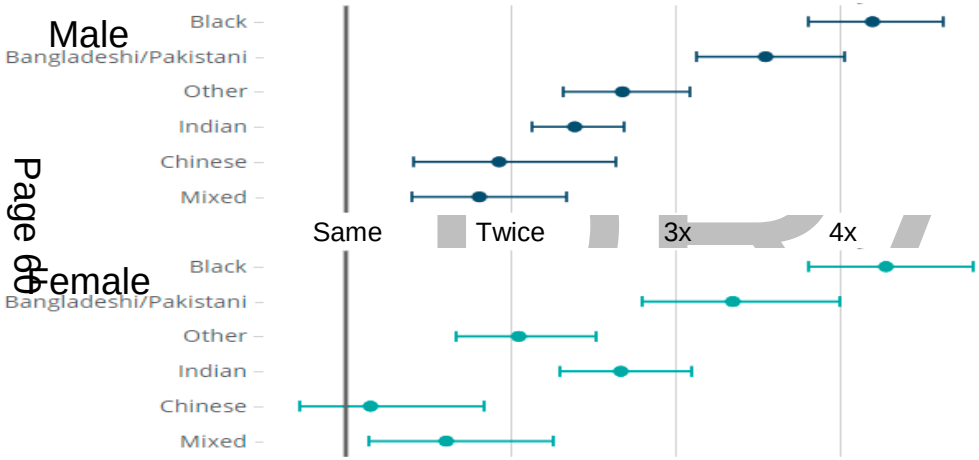


Covid-19

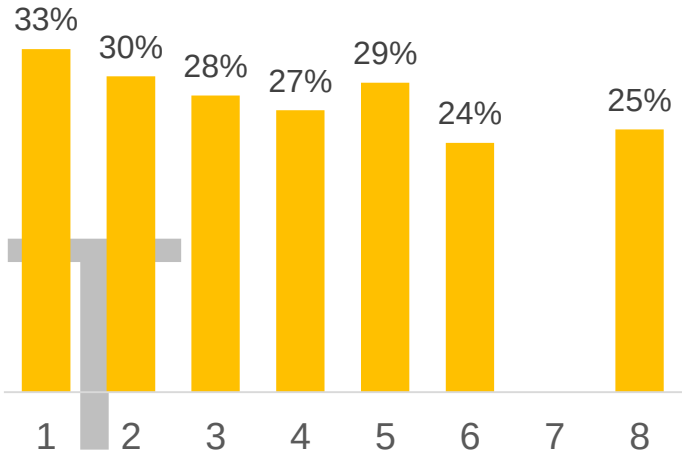
Covid-19 has had a major impact on the world, the country, and right here on Brent communities, where the first wave hit particularly hard. Many people in Brent lost people they loved and cared for, and others are still suffering from Long Covid.

Covid-19 has not affected all communities equally. People with disabilities, from deprived areas or from Black, Bangladeshi and Pakistani ethnicity were more likely to be hospitalised or die if they caught Covid-19, as the below charts show.

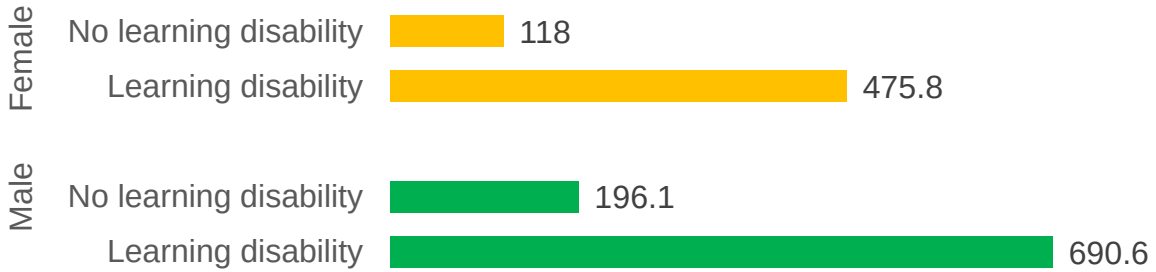
Likelihood of dying from Covid compared to white ethnic group (first wave)



Proportion of deaths due to Covid by deprivation decile (Mar 20-Apr 21)



Death rate per 100,000 population (first wave)



39,221
Covid-19 cases in Brent

189,406
people received two vaccinations in Brent

884
Covid-19 deaths in Brent

Our Communities and Covid-19

As well as the direct impact of the disease Covid-19, there have been many other impacts on Brent communities. Children and young people have missed out on school and extra-curricula activities. Many people have been furloughed or lost their jobs – in March 2021 one in five workers in Brent were on furlough. People have told us they have experienced isolation as they were cut off from their communities when daily routines changed and when lots of service and interventions moved online. Some people have had to wait for routine appointments and surgeries, or even had them cancelled.

These, and many other impacts of Covid-19 have affected all of our lives in different ways. Schools, parents and children and young people had to adapt to new ways of working. The experiences of children and families were affected by where they lived, whether in large family houses with gardens or flats with no access to private outdoor space. Many workers with desk jobs were able to continue working as organisations adapted and enabled people to work from home. While by direct contrast many workers in the hospitality industry, which closed down during the pandemic, were either placed on furlough or became unemployed as businesses closed down. Throughout workers in low paid work with little job security have been more likely to put themselves at risk of contracting the disease to keep themselves in work.

Despite this, there were encouraging outcomes from Covid-19 too. Communities came together to look after each other, building resilience and cohesion. Some people took up new hobbies and activities. The reduction in traffic during the first lockdown had a positive impact on air quality. Some services transformed how they operated, and as a result became more accessible and convenient for service users, improving performance.

We now have to work together to recover from the pandemic, and move forward in the best way possible, recovering from the immense strain which has been put on our health and wellbeing and our health, care and wellbeing services.

By autumn 2020/21, primary school pupils had experienced 1.8 months of learning loss in reading and 3.7 months in mathematics.

Secondary school pupils also experienced a loss of 1.7 months in reading.

In spring 2021, learning loss increased in reading & reduced in maths for primary school children - estimated at 2-2.3 months in reading and 3.1-3.6 months in maths.

Source: The Health Foundation, 'Unequal pandemic, fairer recovery: The Covid 19 impact inquiry report' July 2021

What else do we know?

‘Build Back Fairer: the Covid-19 Marmot Review’ investigated how the pandemic has affected health inequalities in England.

The report highlights that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from Covid-19, as parts of the UK were more vulnerable than others. The report identified a number of priorities:

- Give every child the best start in life
- Children and young people
- Create fair employment and good work for all
- Ensure a health standard of living
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

‘Unequal pandemic, fairer recovery’ is a Covid-19 impact inquiry report has a number of findings we have also considered in the development of this strategy:

- Those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from Covid-19 than those in the wealthiest 10% of areas.
- Restrictions were necessary but have had wide ranging consequences including unmet health needs, mental health problems, education gaps, lost employment and financial insecurity
- Neighbours started connecting and looking out for each other more than usual and informal support groups in local areas organised to support people in need. By the end of May 2020 over 2000 groups were listed on the mutual aid website and more than 750,000 NHS volunteers signed up to provide support to vulnerable people through Check In and Chat, Community Response, and NHS Patient Transport.

Costs of ill health (holding slide – to be completed)

The Joint Health and Wellbeing Strategy

As we have seen from the experience of Covid-19, health and wellbeing inequalities are a major issue in Brent. Different communities have very different health experiences, and very different outcomes from those experiences.

Health inequalities have always been present, but they have been exposed and cruelly exacerbated by the Covid-19 global pandemic.

The BHWB's vision is to achieve a whole systems approach to reducing health inequalities and wider determinants of health inequalities.

The BHWB believes that the starting point to reducing health inequalities is communities. We need to work with and truly understand our communities, their lives and experiences to work together to come up with solutions that tackle health inequalities and deliver lasting change. We need to think and act differently if we want to achieve different results.

We have taken a community centred approach to the development of this Joint Health and Wellbeing Strategy. We have worked with Healthwatch Brent to undertake a significant three stage consultation exercise. Everything in this strategy has come from the findings of this consultation with communities, which took place during 2021.

Community conversations

Working with Healthwatch, the BHWB engaged with communities to understand their priorities for health and wellbeing.

The BHWB held a number of workshops and circulated a digital and physical survey.

We asked people about what was important to them, and those they cared for in relation to their health and wellbeing.

These are some of the things we heard…

Time and money are big barriers for me

There are lots of things happening in the community, but I don't hear about it until it's too late

Green space is really important to our wellbeing

I don't feel safe exercising alone in the park

Prioritise prevention and early intervention

The mental health of children and young people post pandemic is our big worry

I can't access reasonably priced fresh fruit and veg in my area

There are too many fast food shops

We worry about the impact of the pandemic on our services, like our GPs

The Strategic Context

Many of the issues communities said impacted upon their health and wellbeing are already being addressed by other strategies owned by BHWB partners. For example Brent Council's Poverty Commission has delivery plans to improve housing standards and access to good quality housing and Brent Council's Climate and Ecological Emergency Strategy outlines activity to make it easier to walk and cycle in Brent. In order to achieve the ambitions of our Joint Health and Wellbeing Strategy, there will need to be delivery across other strategies and plans.

The BHWB will undertake steps to assure themselves of delivery of other relevant strategies and plans, including those outlined below:

JHWS

NHS long term plan
- Preventing illness and tackling health inequalities
- Making better use of data
- Integrated care systems

Poverty Commission
- Housing
- Employment
- Financial inclusion

Climate and Ecological Emergency Strategy
- Nature and green space
- Supporting communities
- The green economy

Black Community Action Plan
- Developing community spaces
- Support for employment and enterprise
- Homes and homelessness

Equalities Strategy
- Removing barriers to equality
- Provide accessible information and services tailored to needs

Other strategies
- Local Plan
- Brent Youth Strategy
- Long-term Transport Strategy
- Brent SEND Strategy
- Housing Strategy
- Addressing health inequality across NWL

&..

Our Priorities

After full consideration of what we heard during consultation with our communities, and understanding the priorities and plans in other key strategies and plans, the below emerging priorities have been developed for further conversations with communities…

Healthy Lives

I am able to make the healthy choice and live in a healthy way, for myself and the people I care for.

Healthy Places

Near me there are safe, clean places where I, and people I care for, can go to exercise for free, meet with like-minded people, relax, and where we can grow our own food.

Healthy Systems

I, and those I care for, can have our say and contribute to the way services are run; BHWB data are good quality and give a good picture of health inequalities

Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

Healthy ways of working

The health, care and wellbeing workforce will be happy and strong; and the health and wellbeing system will recover quickly from the impacts of the pandemic.

Continuing community conversations

Working with Healthwatch, the BHWB then went back to talk to communities to check we had understood everything they told us so far.

We went to many different events and groups to ensure we had captured the health and wellbeing priorities of our residents and workforces correctly.

We also asked people to tell us what are the things we could all – individuals, organisations and communities - do to deliver the priorities?

These are some of the things we heard…

You must do more for people with a disability to access spaces and services

Could residents be involved in decisions?

I really want equal access to spaces for food growing or community gardens

Things need to be culturally accessible

Young people's needs services should be considered throughout these priorities

We worry about future funding of services we love

You will need to do alternatives for different groups of people to deliver these priorities and tackle inequalities

You've got these priorities bang on

Self management and self care is a fundamental part of my wellbeing – but I need accessible information and support

We need to strengthen engagement and trust

Our Priorities

Following on from the community conversations, the BHWB has agreed the priorities for our Joint Health and Wellbeing Strategy as:

- Healthy Lives
- Healthy Places
- Staying Healthy
- Healthy Ways of Working
- Healthy Systems

The following infographics capture the key things we heard in the consultation, key facts and data on health inequalities in Brent and some of the key issues within each priority.

We will target our actions outlined in the following sections to make sure those experiencing inequalities most acutely are those who benefit from delivery of this strategy. We will always apply the lenses of deprivation, disability and ethnicity to our understanding of the issues our communities face. By taking this approach, we will reduce the gap between those with the best health outcomes and those with the worst.

Everyone gets the same.

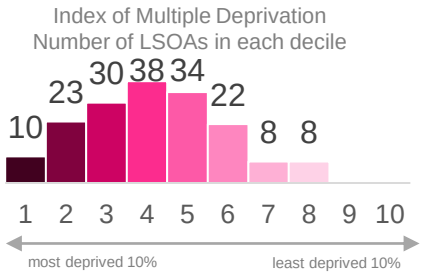
Everyone gets what they need.

The inequality is removed.

Infographic One

Deprivation

The pandemic has highlighted the link between health inequalities and poverty



- Poverty varies across Brent and plays a large part in people's ability to make healthy choices.
- According to the Indices of Multiple Deprivation 2019, Stonebridge is the most deprived ward in the borough.

Alcohol

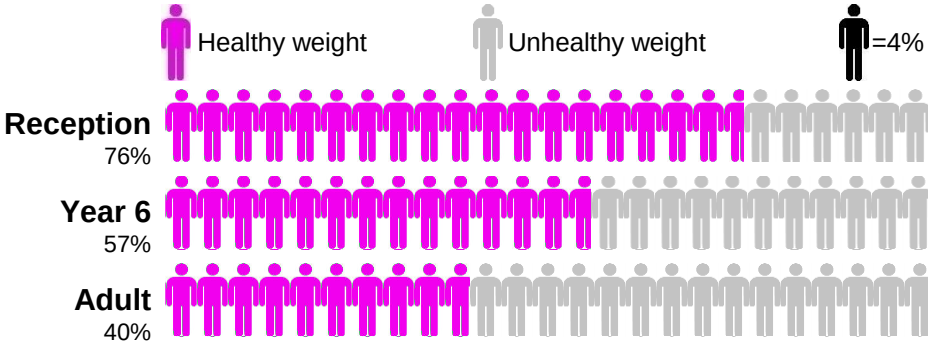
16%

Hospital admissions for alcohol-related conditions increased in 2018/19 to 646 per 100,000

Brent deaths from alcohol-related illnesses are lower than the London average. This may be due to the time lapse between hospital admission and death. We need to tackle alcohol abuse before people become ill.

Healthy weight

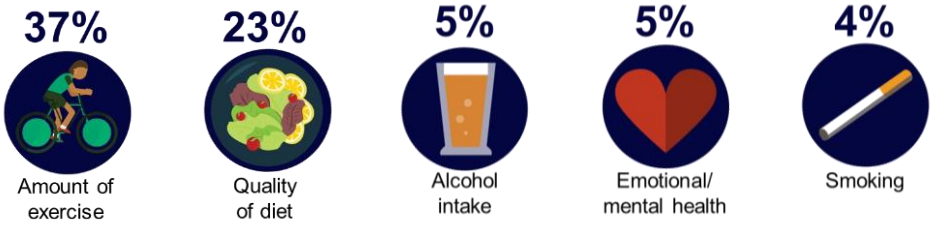
In the consultation people talked about healthy diet and lifestyle as important. Data show healthy weight decreases with age.



Healthy Lives

I am able to make the healthy choice and live in a healthy way, for myself and the people I care for

The 2018 Resident Attitudes Survey (RAS) asked what behaviours people wanted to change to improve their health:



Barriers

Barriers to residents keeping healthy:

- Financial constraints
- Work/caring constraints
- Lack of motivation
- Language
- Digital exclusion

Food

Food insecurity and unequal access to fresh fruits and vegetables is a driver and source of health inequality.

Some residents said there are too many fast food shops where they live and not enough fresh fruit and vegetables to buy at a reasonable price near to them.

59% of adults regularly eat **five-a-day**

Sources: Brent RAS 2018; PHE fingertips Obesity profile; wider impacts of Covid 19 on health; Local Alcohol Profiles for England; IMD 2019; Healthwatch survey

1. Healthy Lives

I am able to make the healthy choice and live in a healthy way, for myself and the people I care for

You told us that one of the key things for healthy living is healthy eating. You told us one of the biggest barriers to being able to eat healthily is deprivation.

We will take a whole system approach to increase the uptake of Healthy Start Vouchers and vitamins

Access to fresh fruit and vegetables depends on where you live. In some areas there are many fruit and vegetable shops selling fresh produce at reasonable prices, but this is not the case for all areas. We know there are food deserts in some local areas. Addressing food poverty and access to foodbanks is included in the Poverty Commission delivery plan, but there is more to be done.

Families with children under 4 claiming benefits can get help to buy milk, fruit and veg, and pulses. This is through an NHS scheme called Healthy Start. In Brent only 43% of eligible families make use of this scheme. This means there are many deprived families who could benefit but currently don't. We will raise awareness with these families of the scheme, and make sure the vouchers are easily available.

We will increase sign up to the Healthier Catering Commitment

You said there are too many fast food shops selling unhealthy food across the borough. We have already put policies in place to limit the number of fast food shops in every high street and near secondary schools.

On top of this we will increase the sign up of takeaways to the Healthier Catering Commitment. The award acknowledges businesses that are actively promoting healthier cooking practices that reduce the level of saturated fat, salt and sugar.

We will create an incredible edible Brent

You said you wanted to have the opportunity to grow your own food, and to learn ways to cook culturally appropriate food. The incredible edible scheme allows for both these things; it enables the community to come together, to learn from experts and each other, and celebrate healthy and nutritious food.

Incredible edible schemes provide opportunities for people to grow food in fun and interesting ways, and learn what to do with the harvested produce. The scheme also aims to support a local food economy. Anyone can join in.

Brent Council will also work with partners to develop a food strategy.

1. Healthy Lives

I am able to make the healthy choice and live in a healthy way, for myself and the people I care for

We will increase the number of children with a healthy weight, working with families to increase engagement

Upon starting school, 24% of children have an unhealthy weight. By year 6, this increases to 43% of children. We know this continues into adulthood - 60% of adults in Brent have an unhealthy weight. We know that highest levels of unhealthy weight are seen in children from Black families. The Brent 4 Life team supports healthy weight in children and young people, targeting those in the upper centiles. We are developing a new programme to maximise opportunities for engagement to work with families experiencing high levels of deprivation and unhealthy weights. We will ensure the service is culturally relevant through co-production.

We will improve the oral health of children in Brent

Sadly, children in Brent have very poor oral health. On starting school, 46% of children have at least one decayed, missing or filled tooth.

We have introduced a dental health bus and demand for this has been very high. We will continue to offer this and will target the bus at those areas and for those communities who need it the most.

We will work with North West London partners to set up a Tobacco Alliance to reduce smoking

Tobacco use is a powerful driver of health inequalities. It accounts for about half of the difference in life expectancy between the lowest and highest income groups at a national level.
Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles and unemployed people are twice as likely to smoke as those in employment. 29% of adults in Brent with a long term mental health condition smoke. We will work with regional partners to reduce these inequalities.

We will review alcohol misuse patterns as part of our JSNA

We need to understand how drinking patterns have changed during the Covid-19 pandemic and if those behaviour changes are permanent. Once this has been understood we will review service provision to ensure it is still appropriate and meeting the needs of service users. We will also respond to the recommendations fro the Dame Carol Black Independent review of drugs when it is published in 2022.

We will review gambling patterns as part of our JSNA

Gambling is addictive. We want to ensure our residents can access any help and support they need. The Covid-19 pandemic has changed the way we behave and pushed much activity online. We need to understand gambling behaviours in Brent to take a responsible view so we can support those in difficulty and prevent people from getting into difficulty in the first place

1. Healthy Lives

I am able to make the healthy choice and live in a healthy way, for myself and the people I care for

We will develop the MESCH programme to work across the system to further improve outcomes

The Maternal Early Childhood Sustained Home-visiting (MECSH) service is a structured programme of home visiting for families at risk of poorer maternal and child health and development outcomes. It is a voluntary programme, delivered as part of a comprehensive, integrated approach to services for young children and their families. Our health visitors deliver the programme, which takes place from the antenatal period until the child is two years old. The programme aims to:

- Support the health and wellbeing of the mother and child
- Support mothers to be aspirational for the future
- Support family and social relationships
- Facilitate child development through parent education
- Provide additional support in response to needs identified

The service builds resilience in families and aims to reduce potential future dependency on other services, including our social care services.

We will develop this service so that delivery happens across services and systems, ensuring a team approach around the mother and child.

This client was enrolled antenatally. Her child was on a pre-birth Child Protection (CP) Plan. The client had involvement from the Perinatal Mental Health team but they then discharged her as she was mentally stable. By the time her child was 6 months, the CP plan had been de-escalated to a Child in Need plan (CIN) and then closed shortly after.

In Brent the MESCH programme has successfully supported 182 mothers so far:

- 13% young mothers
- 49% families on a safeguarding plan
- 53% families exited safeguarding plan
- 56% maternal mental ill health
- 2% maternal disability
- 2% child disability

CLIENT REFLECTION

My experience with [MECSH] has been amazing. Leona has really helped me the past two years in becoming more confident as a mother. She is always available to help me and give me advice with whatever I need help with.

I feel very pleased with my experience [during] the past two years and how much help I've received in the last two years and also just having someone to chat to about my son has been really helpful.

Leona has also helped me improve my mental health and had faith in me when nobody else did.

I've learnt a lot of new things over the years and was especially helpful when my son was a new born with tips on feeding and then onto weaning him on to food etc.

She also given me good advice on toys and learning stuff for my son and made me always feel like I'm doing a good job.

I'm so grateful to have had this help the past two years.

Brent Mother

Infographic Two

This is us.
This is Brent.
We are English and Irish, Indian and Windrush,
We are Somali, Italian, Romanian, Chinese.
We sing in temples, in pubs and in stadiums.
We speak on the high-roads, in the libraries (shush),
and on the Bakerloo line.
From Stonebridge to Cricklewood
From Queensbury to Queens Park
From Kilburn to Kensal Green,
We are mixing, melding, sharing, cooking,
dancing, praising, raising, playing.
We are unplanned and unfiltered,
We are the first place people come to
and the place people stay.
We are the past, the present and the future.
This is us.
This is Brent.

We are not just a borough of culture,
We are the Borough of Cultures.

London Borough of Culture Legacy

Four core outcomes have been identified as areas to take forward the Brent 2020 Legacy.

Pride: Raising pride in the borough by working to ensure all residents are proud to come from the borough. We do this by platforming histories, residents and culture from the borough through ambitious and exiting cultural programmes.

Movement in Thinking: to ensure borough stakeholders recognize the unique cultural power of Brent and mobilise it within their work.

Skills: To support young people, artists, communities, schools and teachers to develop skills to harness cultures

Infrastructure: To create new places and equip them with creative and cultural certainty

Parks

Parks are very important for Brent residents. They would like the parks improved, so they can use them more. Residents wanted:

- Safer outdoor spaces
- Public toilets

Healthy places

Near me there are safe, clean places where I, and people I care for, can go to exercise for free, meet with like-minded people, and where I have the opportunity to grow my own food

Youth voice

The Youth Survey (our consultation to develop the Youth Strategy) asked "How do you think we can make Brent a better place for young people?"

The second biggest demand was for more activities. Many young people mentioned wanting safe, accessible parks with good facilities in them.

To have more public activities taking place, to be social

More libraries and green spaces, where litter is picked up more often

Outdoor spaces

Growing your own food has become more popular access to community gardens or spaces to grow food. Healthwatch's discussions with residents revealed a demand for spaces where they could do this.

Green space is important for physical and mental wellbeing. Not everyone has equal access to the suitable outdoor spaces they need to improve their personal wellbeing.

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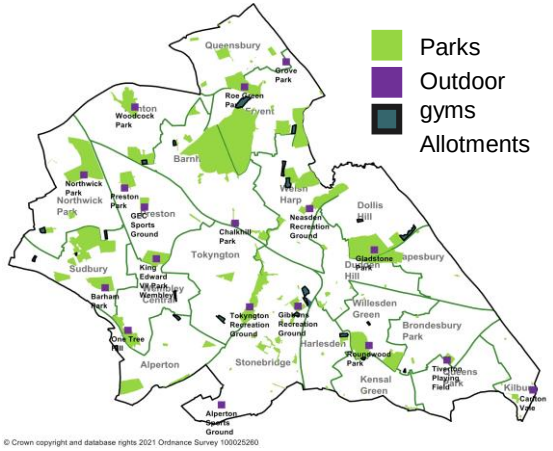
Parks, outdoor gyms, and allotments



Source: https://www.ons.gov.uk/economy/environmentalaccounts/articles/howhaslockdownchangedourrelationshipwithnature/2021-04-26; https://neweconomics.org/2021/01/escaping-green-deprivation

2. Healthy Places

Near me there are safe, clean places where I, and people I care for, can go to exercise for free, meet with like-minded people, relax, and where I have the opportunity to grow my own food

We will ensure accessible, affordable physical activities for all Brent residents

You told us you wanted more free outdoor exercise opportunities, especially group activities. Young people especially told us they wanted more opportunities for physical activity. Across Brent we have 19 outdoor gyms which are free for the public to access. We also commission Our Parks which provide free classes in parks across Brent. We will map the results from the Resident Attitudes Survey 2021 alongside the Our Parks provision to identify gaps in service that need to be addressed and areas where more promotion is needed, where we will raise awareness of the free exercise opportunities.

improve access to toilets in the community across Brent

You told us time outside was important to your physical health and your mental wellbeing. You told us being able to use a toilet was important, as it allows you to stay outdoors for longer. We also heard from residents with a disability that accessible toilets are really important for them being able to access facilities. We will look for opportunities to create Changing Places public toilets in parks across Brent as the relevant funding becomes available. We will also work with businesses to introduce a community toilet scheme.

We will increase usable green spaces in Brent

You told us you wanted easier access to green space. The incredible, edible scheme we will launch will ensure innovative use of space to create green space. We will also support those wanting to create community gardens to bid for funding. We will create more usable 'pocket parks' and ensure that trees, green space and/or water features are built into all our new build housing developments.

We are working to improve green spaces in Brent Council housing estates. We are removing 'No ball games' signs from our estates, and replacing them with signs that say 'Play here'.

Young people told us they wanted outdoor spaces to be clean and free from litter. They also told us they wanted outdoor spaces where they feel safe, a key element of our contextual safeguarding approach.

Young people and parents told us about their desire for things to do. Recreational, cultural and sporting activities and events can be enriching and rewarding experiences. High quality, inclusive and diverse offers that appeal to young people of all backgrounds are essential in enabling them to lead happy and healthy lives. The Youth Strategy has this as a priority action.

2. Healthy Places

Near me there are safe, clean places where I, and people I care for, can go to exercise for free, meet with like-minded people, relax, and where I have the opportunity to grow my own food

We will improve access for people with a disability to places, parks and events

We heard very clearly that we need to do more to support children and adults with disabilities to access opportunities to access parks, activities and events. We have launched Relaxed performance events, especially designed to be welcoming for people of all ages with learning disabilities, cognitive challenges, sensory impairments, dementia or anyone who would prefer a relaxed environment. We need to improve physical accessibility to parks, for example improving car park areas and pathways.

We also heard from parents and carers of young people with Special Educational Needs and Disabilities (SEND) that our outdoor spaces are not SEND friendly, and that it is crucial for parents of children with SEND that these spaces are inclusive and well maintained.

Case study

CAM gardening group has been established for several years now and consist of a small group of residents who love to plant and garden. These residents contacted Brent Housing Management (BHM) to request some help with their small vegetable patch, which needed to be rebuilt.

It was agreed with the residents that the playground would be cleaned, the overgrown grass and weeds addressed and there would be a planting day arranged to bring the flower beds and vegetable patches back up to scratch. Volunteers from BHM, Wates and Veolia as well as local residents and Ward Councillors attend this planting event. New planters that included spaces for residents to sit or lean whilst gardening were constructed; walkways cleared, and bushes and trees trimmed.

We will improve our estates, creating green, safe and healthy places based on what residents say they need

Over the next few years Brent Council will improve housing estates, by talking to the residents, supporting them to identify what will improve their health and wellbeing and then supporting them to implement changes.

2. Healthy Places

Near me there are safe, clean places where I, and people I care for, can go to exercise for free, meet with like-minded people, relax, and where I have the opportunity to grow my own food

We will ensure access to creative experiences for children and young people

You told us creative experiences and activities were important to your wellbeing. We will build a legacy from Brent's year as the London Borough of Culture 2020. Brent Council, working with Young Brent Foundation and Metroland Cultures, will create an innovative, progressive and sustainable arts and cultural offering that is accessible and culturally relevant for children and young people.

We have established a Local Cultural Education Partnership (LCEP) that will support access to arts and culture for our most vulnerable children and young people. Working with schools through the Cultural Leads Network, the Young Brent Foundation, arts and creative industries and the voluntary and community sector organisations, the LCEP will develop a creative offering that can help children and young people to be resilient, through supporting their mental health, self-esteem, friendships and relationships. The LCEP will also promote pathways into employment in the creative industries as a viable career for Brent young people.

We will expand the use of our family wellbeing centres

In December 2020, eight family wellbeing centres were established across Brent, offering a wide range of services for children, young people and their families. This includes health services (such as access to health visitors, development checks, speech and language therapy for early years) and support and advice for parents and carers (including managing finances, housing advice, jobs clubs, employment advisors). We will expand the use of family wellbeing centres as hubs of support for parents and carers and children and young people.

Infographic Three

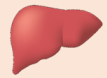
Cancer screening

In 2020, cancer screening in Brent was worse than the national average (for breast, cervical and bowel cancer).

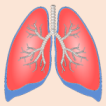
If caught early, there is a higher chance that cancer can be successfully treated

Risk factors for Long Term Conditions

- Being overweight and inactive can lead to heart disease, strokes, cancer and diabetes.
- Healthy eating and physical activity can reduce this risk.
- Some ethnic groups are more likely to suffer and die from these conditions, along with liver disease and respiratory disease.
- We need to help people with these conditions look after themselves.



Liver disease 12.9



Respiratory disease 11.5

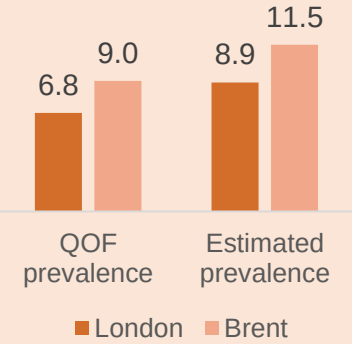
Cancer 44.4

Heart disease and stroke 30.6

Diabetes

Under 75 preventable mortality rate (per 100,000 population)

Diabetes prevalence



1 in **5** adults have a common mental disorder

Staying healthy

People understand how to keep themselves physically and mentally healthy. They are able to manage their health conditions using self-care first and have access to good medical care when needed.

The Policy Institute at King's College London found

43%

expected their mental health to be worse due to Covid

Five +1 ways to wellbeing

Building these actions into your daily life can help improve your mental health and wellbeing.

These behaviours may reduce the number of people who develop mental health disorders in the long term.

Young people

In consultation for the Youth Strategy, young people repeatedly raised concerns about the impact of Covid-19 and lockdown has had on their mental health. Covid-19 has also impacted on the mental health of parents which impacts on their children.

Other risk factors that impact on children and young people's mental health include deprivation and low family incomes, housing pressures and family homelessness.

Brent is worse than the national average for these factors.

Risk factors

- Socio-economic factors like housing, employment and poverty affect mental health.
- Mental health affects ethnic groups differently.
- Asian people have better mental health overall.
- Black and Irish groups have more mental health hospital admissions.

Source: PHE profiles: children's mental health and wellbeing; public health profiles; mental health and wellbeing; JSNA; https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#Overall

3. Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

You told us that self care and self management is a fundamental part of maintain your health and wellbeing. You told us that your efforts can be frustrated sometimes, and you told of us support you needed in some particular areas – including the need for more and better accessible information, initiatives to address fundamental barriers to access for those from the most deprived communities, a need to secure improved access to services supporting better mental health and prioritising prevention and early intervention rather than crisis management.

We will develop the strategic approach to children's mental health, working with partners to ensure the needs of all are met

The impacts of the pandemic on children and young people is a big concern for Brent residents, particularly impacts on their mental and physical health. We also listened to what young people said in the development of the Brent Youth Strategy -*"we must not become victims of the pandemic – we must come out the end of it stronger than before".* The impact of multiple lockdowns, where young people have been at risk of isolation and increased vulnerabilities, is at the forefront of their concerns for themselves and their peers. Young people have told us that they are more likely to approach their peers than adults when facing serious challenges, including about not eating, self harming, and challenging home lives. We know that early help is critical – and we will map the pathways and access to support, as well identify any gaps in provision and develop solutions to address them. We will ensure coherence, effectiveness and responsiveness.

In 2020-21 55% of children and young people accessing CAMHS referral services received treatment within 18 weeks of referral (specialist CAMHS)

We will also support the activity contained within the Black Community Action Plan to enable young people to develop personal resilience skills and to deliver a mental health and wellbeing recovery programme, including community based peer to peer support.

We will work across partners to increase awareness of services, including of the VCS offer, and will ensure support for individuals with mental illness to navigate services to get the right support and the right time

You also told us you were worried about mental health in adults – at a day to day level and when you needed help for services. You told us about the elements that were important to you in managing your mental wellbeing – they included access to a fair job for a fair wage, and good quality housing. We also know that awareness of mental health and wellbeing services and accessing them is a particular issue for some of you. We also know that when managing mental illness, it is not always easy to get to where you need to be and access the support that you need to recover your mental health.

3. Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

We will ensure all can access their GP when they need to, and practice variations are reduced

You told us that getting time with your GP when you were unwell was difficult. We also know that there are variations in access, services and outcomes across practices. The BHWB will provide support to GP practices and Primary Care Networks to reduce these variations. We will also support practices to develop and deliver services based on the needs of the people who use them – supporting a population health management approach. This means practices will reduce health and wider determinant of health inequalities experienced by their patients, understand local needs and responding to them. We will work with practices to understand the greatest community need in their area and pilot new, proactive models of care.

We will also work to ensure consistency across the primary care networks and that all are able to access their GPs when they need them, in the way they need to.

Space to allow for findings from GP access task group –

We will reduce the variation of impact from long term conditions between communities, starting with diabetes

You told us prevention and day to day management were more important than crisis management, and support to prevent people developing or worsening long term health conditions, such as diabetes, was a priority to ensure people lived a healthy, well life for as long as possible. We will improve the management of long term conditions, particularly diabetes.

We have mapped our diabetes services and we know that to achieve this, we need a whole systems pathway across primary care, community care and the community. We will transform our community services to ensure are services are robust….. We will continue to develop diabetes prevention campaigns and improved diabetes awareness in Brent. We will establish diabetes peer support groups, ensuring these are led in community languages.

3. Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

We will introduce a mobile health bus, ensuring outreach in areas experiencing health inequalities

You told us about a number of barriers you experience that prevent you from self managing your health and wellbeing. These barriers included time and money. We will take health and wellbeing to where people are and to those who need support to self-care and self-manage the most. We will introduce a health and wellbeing bus. The bus will move around the borough, targeting those areas most affected by health and wider determinant of health inequalities. The bus will ensure access to a range of information and health and wellbeing advice and guidance for residents, near their homes.

We will increase community awareness and use of services, and address needs in commissioning processes

You told us you don't always know what's available to you. You told us that information, advice and guidance on how people can manage their own health and wellbeing is important, as well as services available to support you. We will ensure services available are mapped and clearly promoted. You told us information needs to be accessible, including the consideration of language, easy read formats and considering digital exclusion. We know that translation of messages into community languages has been effective. We will ensure information, advice and guidance is accessible to all. People with a disability and parents of children with a disability or complex health needs also told us of their difficulty in accessing some services, and adults with a disability told us that there was a need for support and advocacy at a level below the statutory thresholds. We will explore opportunities to provide this advocacy in our commissioning activity.

3. Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

We will improve your experience of hospital care

You told us that you wanted excellent hospital care when you needed it. We want our hospitals to be centres of excellence.

We will improve maternity outcomes in our hospital, particularly Northwick Park. We will support and ensure the delivery of the Maternity Services Improvement Plan.

Central Middlesex Hospital, Northwick Park Hospital improvements

We will ensure excellence in our care homes

You told us that people in care homes have been heavily impacted by the Covid-19 pandemic. Brent has approximately xx care beds. Older people told us they wanted to live active, engaged and independent lives, with dignity.

We have in place an Enhanced Care Homes Response team. The team supports care settings with coordinated care, training, crisis management and resilience. It reduces avoidable visits to A&E.

We will refresh our older people's frailty strategy. This will include enhancing our multi disciplinary teams supporting care homes and other patients with frailty and/or complex needs.

Dementia friendly standards…

We will make sure you have what you need to be safe and well at home

We will ensure effective and integrated discharge from hospital to make sure people have the support and services they need to stay at home.

Homecare

Rapid response

Virtual hospitals at home

We will ensure that children with complex health needs can access the support they need

We know that children with SEND sometimes encounter delays in accessing services. For example, there are waiting lists for Autistic Spectrum Disorder assessments.

We will ensure that children with SEND can access local healthcare. This includes good therapy and community health care, including sexual health and timely access to emotional health and wellbeing services.

3. Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

We will increase take up of vaccinations and testing, targeted at those experience health inequalities and disadvantages

We know Covid-19 has exacerbated health inequalities. We want make sure we address this and reduce health inequalities.

A key part of this will be ensuring the pandemic does not continue to wreak further damage on vulnerable or disadvantaged communities. We have worked to deliver the vaccine programme across Brent, including through vaccination pop up sites close to vaccine hesitant communities, and by introducing a vaccination bus. We have also undertaken a number of community events to talk to communities about the vaccination. We have worked with care homes closely. We have encouraged children with complex health needs and children aged 12-15 who are eligible for vaccines to take up this offer.

We will build on this work and continue to improve the take up of Covid-19 and Flu vaccinations in all communities, particularly those where take up has been lower. We will also prioritise the Covid-19 booster vaccination, particularly for care home priority residents.

Post Covid-19 care…

We will build on the community relations developed during the pandemic to ensure we continue to engage with our vulnerable communities moving forward on any area of health improvement. Community health champions…

Infographic Four

The workforce

The pandemic has put great strain on health and council workers. The Guardian reports that "*A quarter of NHS workers are more likely to quit their job than a year ago because they are unhappy about their pay, frustrated by understaffing and exhausted by Covid-19, a survey suggests.*"

The challenge is how to recover; how to catch up on work which has been postponed and provide the care needed.

1 in **4**
NHS workers are more likely to quit their job than a year ago

New way of working

In February 2021, the Department for Health and Social Care published a white paper: **Integration and Innovation; working together to improve health and social care for all**.
It introduces Integrated Care Systems across NW London, which comprise of NHS bodies and health and care partnerships:

- ICSs are responsible for NHS strategic planning and funding allocation decisions
- ICS health and care partnerships have a responsibility to develop local plans to address each borough's health and social care needs.

Healthy ways of working

Our workforce will be healthy and happy; and the health and wellbeing system will recover quickly

The number of people who have been waiting over one year from referral to treatment had risen more from 384 in April 2020 to 4351 in June 21

North West London Integrated Care System pressures

As of June 2021, there were over 50,000 people waiting longer than 18 weeks from referral to treatment. This is more than double the number of people from the same time in 2019

Mutual aid and volunteering

The long term effects of Covid on individual will affect our health care's recovery and resilience. Community action has been a positive aspect of the pandemic. This should be nurtured and developed.

Anchor institutions are large public sector organisations unlikely to relocate that have a significant stake in a geographical area – they are 'anchored' in their surrounding communities. Partners in the BHWB are anchor institutions.

Within the North West London Integrated Care System

Our councils, hospitals, GPs and health organisations employ over 60,000 people across our community, in a wide range of jobs.

Source: https://www.theguardian.com/society/2021/mar/30/one-in-four-nhs-workers-more-likely-to-quit-than-a-year-ago-survey-finds

4. Healthy ways of working

Our workforce will be healthy and happy; and the health and wellbeing system will recover quickly

BHWB anchor institutions will develop and implement social value policies

As anchor organisations, there are a number of practices the partners of the BHWB can do to support the tackling of health inequalities in Brent by having a greater impact on the wider factors influencing health and wellbeing. These include:

- Purchasing more locally and for social benefit, as outlined in Brent Council's procurement and social value policy.
- Working closely with communities and local partners – modelling civic responsibility, spreading good ideas and supporting smaller organisations
- Using buildings and spaces to support communities
- Reducing our environmental impact, like Brent Council has outlined in it's Climate and Ecological Emergency Strategy
- Supporting local employment, and fair wages for a good job – paying the London Living Wage

BHWB will support the delivery of this strategy, and ensure we provide local jobs for local people

A positive impact of the Covid-19 pandemic has been the number of people coming forward as volunteers. We will influence the developing NWL ICS volunteering to employment strategy to ensure there is a clear process and career pathway for the many health and care volunteers. We will also ensure we implement Disability Confident standards across BHWB members. Supporting work experience as a pathway to employment

We will create a community health and wellbeing projects group to share learning and expertise

We will review grant funding opportunities available for communities to deliver local health and wellbeing initiatives, for example creating community gardens, and how these funding streams support areas and communities affected by greater health inequalities. We will work with communities receiving funding to support the achievement of maximum outcomes. We will also lobby regional and national partners to ensure the appropriate allocation of funding is awarded to Brent based on the needs of our communities.

The BHWB will ensure the planned hospital care backlog is managed to reduce further health inequalities

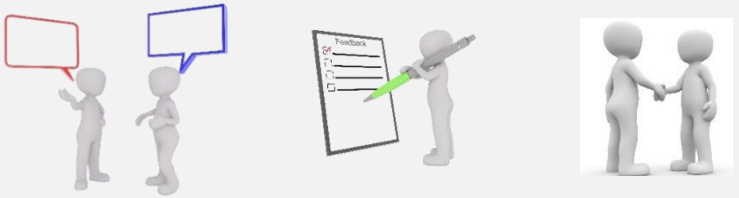
The NWL ICS will work to reduce the planned hospital care backlog, ensuring services get back on track and the number of people waiting for support is reduced as quickly as possible. Here in Brent, we will explore options to prioritise those experiencing health inequalities, for example prioritising those who live in more deprived areas, people with a disability or from an ethnic group disproportionately experiencing health inequality.

Ensuring we get our fair share of the funding?? Workforce skills and assets?

Infographic Five

Collaborative ways of working

- Brent Health Matters was set up by the Health and Wellbeing Board to tackle health inequalities – the avoidable, unfair and systemic differences in health between different groups of people. It is community led.
- It was formed by Brent Council, Brent Clinical Commissioning Group, Central North West London Mental Health Services, Northwick Park Hospital and local GPs and community leaders
- The programme will build a better picture of Brent's health needs, a greater understanding of the challenges different groups face in accessing healthcare and how to overcome them – with communities at the heart of designing the solutions.



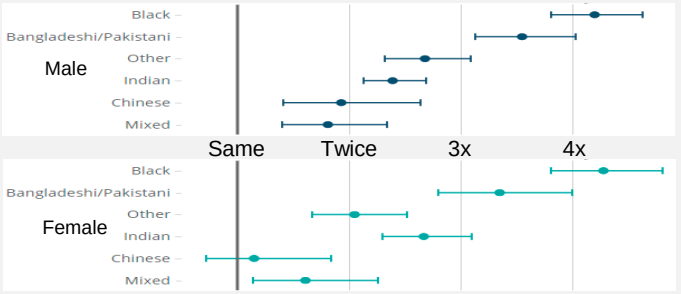
Healthy Systems

I can have my say and contribute to the way services are run;
Data are good quality and give a good picture of health inequalities

Data quality

- The pandemic highlighted the impact of disability, ethnicity and deprivation on health inequalities.
- We need a better understanding of the health issues which affect different groups.
- To do this, we need to improve the quality of our data.

Likelihood of dying from Covid compared to white ethnic group



Source:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020

5. Healthy systems

I can have my say and contribute to the way services are run; Data are good quality and give a good picture of health inequalities

We will continue to identify and deliver the local health and wellbeing offer through Brent Health Matters

You told us that you wanted our support to tackle health inequalities. We know that communities are best able to identify whether they have the right services, in the right place, at the right time and accessible in the right way for the people who need them. We will work to equip communities that experience the greatest inequalities with resources, tools and investment so that they can decide on sustainable solutions to reducing health inequalities. The Brent Health Matters Programme puts communities in charge. It acknowledges we need a whole systems approach on a hyper local basis to deliver long term change. The programme aims to increase community awareness, increase GP registration, reduce variation in life expectancy ad long term health conditions and work with partners to address wider determinant of health. It also works to reduce the impacts of Covid-19 and take up of vaccinations. We have community co-ordinators in post to build community and support community networks. 17 new services or community activities have been set up as a result of BHM. We will continue to invest in and build upon the Brent Health Matters Programme. We will build on our outreach work during Covid-19 to support programmes of health improvement.

We will improve data collation and use across the system

We have seen the benefits of better collection and use of data through the Covid-19 vaccine programme. Our data has enabled us to identify inequalities and start to tackle them. We will use as granular data as possible in order to inform the best targeting of activity to tackle inequalities – using data at a neighbourhood level to ensure a shared understanding of needs and our responses.

Improving patient experience

We will consider health inequalities in our impact assessments

We know that health and wellbeing is affected by a broad range of factors. BHWB partner organisations will ensure within their decision making processes that all equality impact assessments consider health inequalities and embed the responsibility of all in improving health and wellbeing.

We will continue to digitally innovate, and make sure no one is left behind

We know that digital innovation has meant improved access to services for many. However, you told us that digital exclusion is an issue. People were worried that being digitally excluded would result in being unable to access services. Post Covid-19, an increasing number of services, activities and events are available on line and this will continue as we develop our digital innovations. For many, this makes accessing what they need easier, but we know for some it does not. We will ensure that services remain accessible to all who need it.

Our Priorities

In order to deliver the Joint Health and Wellbeing Strategy, the BHWB has developed a number of action plans, shown in the following pages. These plans will be owned and monitored on a regular basis by the BHWB to ensure progress. The action plans will be annually refreshed to ensure we continue to address the issues raised by communities. We will do this through continuing our conversations with you.

Healthy Living

I am able to make the healthy choice and live in a healthy way, for myself and the people I care for.

Healthy Places

Near me there are safe, clean places I, and people I care for, can go to exercise for free, meet with like-minded people, relax, and where we can grow our own food.

Healthy Systems

I, and those I care for, can have our say and contribute to the way services are run; BHWB data are good quality and give a good picture of health inequalities

Staying Healthy

I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.

Healthy ways of working

The health, care and wellbeing workforce will be happy and strong; and the health and wellbeing system will recover quickly from the impacts of the pandemic.

Glossary

HWB	Health and Wellbeing Boards
BHWB	Brent Health and Wellbeing Board
NWL ICS	North West London Integrated Care System
ICP	Integrated Care Partnership
BCT	Brent Children's Trust
PCNs	Primary Care Networks
GPs	General Practitioners
JHWS	Joint Brent Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
RAS	Resident Attitudes Survey
MESCH	Maternal Early Childhood Sustained Home-visiting
SEND	Special Educational Needs and/or Disabilities
BHM	Brent Health Matters
BCAP	Black Community Action Plan

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